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# AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2006:
## Findings from the Ecstasy and related Drugs Reporting System (EDRS)

NDARC Monograph No. 61

# AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2006


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

**Matthew Dunn, Louisa Degenhardt, Gabrielle Campbell, Jessica George, Jennifer Johnston, Stuart Kinner, Allison Matthews, Jaclyn Newman and Nancy White**

**NDARC MONOGRAPH No. 61**

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This is the fourth year the Ecstasy and Related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative) has been conducted nationally. In 2006 the EDRS was funded by the Australian Government Department of Health and Ageing (AGDH&A), and was coordinated by the National Drug and Alcohol Research Centre (NDARC). The EDRS team would like to thank Ms Karen Price, Mr Patrick Smith, Ms Kirsten Buckingham and Mr George Philips of the National Drug Strategy Branch, Population Health Division, AGDH&A for their continued assistance with the EDRS. We would also like to thank Dr Libby Topp, Dr Rebecca McKetin and Ms Courtney Breen who contributed greatly to the National EDRS in previous years.

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- Ms Jaclyn Newman and Mr Chris Moon, Department of Health and Community Services, Northern Territory;

- Dr Stuart Kinner and Ms Belinda Lloyd, Queensland Alcohol and Drug Research and Education Centre, University of Queensland;

- Ms Nancy White, Ms Robyn Vial and A/Prof Robert Ali, Drug and Alcohol Services of South Australia[1];

- Ms Allison Matthews and Dr Raimondo Bruno, School of Psychology and School of Pharmacy, University of Tasmania;

- Dr Jennifer Johnston, Ms Rebecca Jenkinson, Mr Brendan Quinn and Mr Craig Fry, Turning Point Alcohol and Drug Centre, Inc., Victoria; and

- Ms Jessica George and A/Prof Simon Lenton, National Drug Research Institute, Curtin University of Technology, Western Australia.

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[1] Please note that in 2005, the Drug and Alcohol Services Council of South Australia underwent a name change to become Drug and Alcohol Services of South Australia (DASSA) and will be referred to as such in future EDRS publications.

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- Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence);
- Australian Bureau of Statistics (ABS);
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# ABBREVIATIONS

| | |
|---|---|
| 1,4B | 1,4 butanediol |
| 2CB | 4-bromo-2,5-dimethoxyphenethylamine |
| 2CI | 2,5-dimethoxy-4-iodophenethylamine |
| ABCI | Australian Bureau of Criminal Intelligence |
| ABS | Australian Bureau of Statistics |
| ACC | Australian Crime Commission |
| ACT | Australian Capital Territory |
| ADIS | Alcohol and Drug Information Service |
| AFP | Australian Federal Police |
| AGDH&A | Australian Government Department of Health and Ageing |
| AIHW | Australian Institute of Health and Welfare |
| AOD | Alcohol and other drug |
| AODTS-NMDS | Alcohol and Other Drug Treatment Services National Minimum Data Set |
| AUDIT | Alcohol Use Disorders Identification Test |
| A&TSI | Aboriginal and/or Torres Strait Islander |
| BBVI | Blood-borne viral infections |
| CNS | Central Nervous System |
| DASSA | Drug and Alcohol Services of South Australia |
| DOB | 2,5-dimethoxy-4-bromoamphetamine |
| DOM | 2,5-dimethoxy-4-methylamphetamine |
| DMT | Dimethyl tryptamine |
| DXM | Dextromethorphan hydrobromide |
| D&A | Drug and Alcohol worker |
| EDRS | Ecstasy and Related Drugs Reporting System |
| ERD | Ecstasy and related drug |
| GBL | Gamma-butyrolactone |
| GHB | Gamma-hydroxybutyrate |
| GLBTQ | Gay/lesbian/bisexual/transgender/queer |
| GP | General Practitioner |
| HBV | Hepatitis B virus |
| HCV | Hepatitis C virus |
| HIV | Human immunodeficiency virus |
| 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 | Injecting drug user(s) |
| K10 | Kessler Psychological Distress Scale |
| KE | Key experts(s) |
| LSD | *d*-lysergic acid |
| MDA | 3,4-methylendioxyamphetamine |
| MDEA | 3,4-methylenedioxyethylamphetamine |
| MDMA | 3,4-methylendioxymethamphetamine |

| | |
|---|---|
| MSIC | Medically Supervised Injecting Centre |
| N | (or n) Number of participants |
| 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 |
| NSP | Needle and Syringe Program |
| NSW | New South Wales |
| NT | Northern Territory |
| PDI | Party Drugs Initiative |
| PMA | Para-methoxyamphetamine |
| QLD | Queensland |
| REU | Regular ecstasy users(s) |
| SA | South Australia |
| SDS | Severity of Dependence Scale |
| SPSS | Statistical Package for the Social Sciences |
| TAS | Tasmania |
| TMA | 3,4,5 trimethoxyamphetamine |
| VIC | Victoria |
| WA | Western Australia |

# EXECUTIVE SUMMARY

The *Australian Drug Trends 2006* report presents the findings from the fourth year in which data has been collected in all states and territories in Australia on the markets for ecstasy and related drugs. The Ecstasy and Related Drugs Reporting System (EDRS; formerly the Party Drugs Initiative, or PDI) is the most comprehensive and detailed study of ecstasy and related drug markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (MDMA) and other drugs such as methamphetamine, cocaine, GHB, LSD, MDA and ketamine. It also examines trends in the use and harms of these drugs. It utilizes data from three sources: a) surveys with regular ecstasy users (REU); b) surveys with key experts (KE) who have contact with regular ecstasy users through the nature of their work; and c) the analysis of existing data sources that contain information on ecstasy and related drugs. 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 REU surveys are not representative of ecstasy 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. REU are a *sentinel* group of REU that provide information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ecstasy and related drug market in Australia, but in total they help to provide an evidence base for policy decisions; for helping inform harm reduction messages; and to provide directions for further investigation when issues of concern are detected. Continued monitoring of the ecstasy and related drug markets in Australia will help add to our understand 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, in which new drug trends are likely to emerge. Patterns of drug use may vary among other groups of REU in the capital cities and in regional areas.

### Demographic characteristics of regular ecstasy users interviewed

Regular ecstasy users interviewed in 2006 were young, with a mean age of 25 years; relatively well-educated, with most reporting twelve years of secondary education; and likely to be employed or engaged in full-time study. Few participants were in treatment for drug-related problems, and only a small proportion had previously been incarcerated. Two-fifths of the sample was male, and the majority (84%) identified as heterosexual. Despite general consistency across jurisdictions regarding demographic characteristics, differences were identified. Data collected across four years of national sampling indicates that the demographic profile of REU interviewed nationally has remained largely unchanged.

## Patterns of drug use among regular ecstasy users

Regular ecstasy users may be defined by their lifetime and recent use of a wide range of other drugs. Alcohol, cannabis and tobacco were the drugs with the highest reported lifetime and recent use. More than three-fifths of the sample reported lifetime use of speed, crystal, cocaine and LSD; more than one-third reported the recent use of such drugs as cocaine, base and crystal. One-fifth of the sample had a lifetime history of injecting drug use and 14% had injected a drug in the six months prior to interview. Half of the national sample had used ecstasy and other drugs for more than 48 hours without sleep ('binge') in the six months preceding interview, with the median length of a binge session being three days.

Data collected across four sampling years suggests trends in the use of drugs with high proportions reporting lifetime and recent use, such as cocaine and methamphetamine, as well as trends in the use of drugs with less frequently reported prevalence, such as MDA.

## Ecstasy

The median age at which ecstasy was first used was 18 years, while the median age at which regular (at least monthly) use occurred was 19 years. REU in the national sample had been using ecstasy regularly for a median duration of 3 years. Females first used ecstasy at a significantly younger age than males. Half (48%) of the national sample reported using ecstasy between monthly and fortnightly; just over one-fifth (23%) reported using more than once per week.

Participants reported using a median of two ecstasy tablets in a typically session of use and a median of four tablets in a heavy session of use. Large proportions reported typically using more than one ecstasy tablet in a typical use session, and trends over time suggest jurisdictional differences are evident. Almost all participants reported swallowing ecstasy in the six months prior to interview; small minorities reported smoking or injecting ecstasy in this time. Swallowing was the most common main route of administration reported in all jurisdictions.

The majority (93%) of the national sample reported that they typically used other drugs with ecstasy, with alcohol and tobacco the most commonly reported drugs being used with ecstasy. Four-fifths (80%) reported using other drugs to comedown from ecstasy, with cannabis, tobacco and, to a lesser extent, alcohol, being commonly used to come down from ecstasy.

Half (48%) of the national sample reported that most of their friends use ecstasy, and a further one-quarter (24%) reported that half of their friends use ecstasy. Friends were common sources of purchasing ecstasy, with 80% nominating friends as a usual source of ecstasy, followed by known dealers (50%). Ecstasy was purchased from a range of locations, including friends' homes (65%), nightclubs (43%) and dealers' homes (36%). Ecstasy was also used in a variety of locations, including nightclubs (81%), raves (57%), friends' homes (56%) and private parties (54%). Data collected across time suggests that, while ecstasy is most frequently reported to be used at entertainment venues such as nightclubs and raves, significant proportions use ecstasy in private locations such as their own home.

The majority of participants in all jurisdictions reported that the price of ecstasy had remained 'stable' in the six months prior to interview, and jurisdictional data reported that a larger proportion of users in all jurisdictions reported that price had remained stable. Data across time suggests that despite prices remaining consistent in some jurisdictions (e.g. VIC, the ACT and the NT), some have noted a decline in the price of ecstasy (e.g. NSW). Participants purchased ecstasy from a median of three different people, and almost three-quarters reported that when they

purchased ecstasy, they purchased it for themselves and others. Seventy-two percent were able to purchase other drugs from their main ecstasy source, including cannabis, speed, crystal and cocaine.

More than half of the national sample reported the current purity of ecstasy to be medium to high. One-third reported that purity had remained stable in the six months prior to interview, with the same proportion reporting that purity had fluctuated during this time. This is consistent with data collected across time, where approximately one-third of the sample reported purity as either remaining stable or fluctuating.

Large proportions of the national sample reported the current availability of ecstasy to be very easy or easy, and the majority of REU in each jurisdiction reported that availability had remained stable in the six months preceding interview. There were, however, some jurisdictional differences, with the proportion reporting that availability had remained stable varying from 51% in QLD to 80% in NSW.

Participants were asked, for the first time in 2006, about their beliefs concerning ecstasy possession and the law. Two-thirds of the national sample reported that they did not know the amount of ecstasy that could be classified as a trafficable amount. Amongst those who did report knowing the amount, there was wide variation in not only the quantity of product but also the purity of the product that a person needed to be in possession of.

Participants were able to nominate a range of benefits, and risks, which they perceived to be associated with their ecstasy use. The most commonly reported benefits included social benefits, such as ecstasy facilitating social interaction as well as producing feelings of closeness with others. Participants nominated a range of risks associated with their ecstasy use, such as those pertaining to mental and physical health; however, 5% of the sample identified no risks associated with taking ecstasy.

## Methamphetamine

Participants were asked about their use of methamphetamine powder (speed), methamphetamine base (base) and crystal methamphetamine (crystal or ice).

*Speed*

The majority (84%) of participants reported lifetime use of speed and two-thirds (64%) had used speed in the six months prior to interview. Speed was used on a median of six days in the six months prior to interview, with half reporting that speed use occurred less than once per month. Snorting and swallowing were the most common routes of administration, though one-quarter had smoked speed in the six months prior to interview.

Friends (64%) and known dealers (46%) were common sources of speed, with friends' homes (53%) and dealers' homes (32%) the most commonly nominated locations of purchase. Speed was used in such locations as nightclubs (72%), friends' homes (53%), participants' own homes (50%) and raves (46%).

The price for a gram of speed ranged from $50 in SA to $325 in TAS. Three-fifths of those who commented on the changes in the price of speed reported that price had remained 'stable' in the six months prior to interview. The purity of speed was reported to be 'medium' (32%) to 'high' (27%) by those who commented, with two-fifths (38%) of those who commented reporting that purity had remained 'stable' in the six months prior to interview. Speed was reported to be 'easy'

(39%) to 'very easy' (37%) to obtain by those who commented, and the majority largely reported that availability had remained 'stable' in the six months prior to interview.

*Base*

Half (52%) of the national sample reported lifetime use of base, and one-third (34%) reported using base in the six months preceding interview. Use occurred on a median of four days; three-fifths of recent base users had used the drug less than once per month in the six months prior to interview. Swallowing (84%) was the most commonly nominated route of administration; a small proportion had injected (18%) and smoked (16%) base in the six months before interview. Recent users reported using a median of two points in both a 'typical' and 'heavy' session of use.

Friends (68%) and known dealers (44%) were common sources for scoring base, and this occurred in friends' homes (56%) and dealers' homes (30%). Use occurred in such locations as nightclubs (60%), friends' homes (56%) and participants' own homes (54%) as well as at private parties (46%).

The price of base ranged from $22.5 in SA to $80 in the NT; three-fifths of those who commented reported that the price of base had remained 'stable' in the six months prior to interview. Of those who commented, the purity of base was reported to be 'high' (35%) to 'medium' (34%), and more than two-fifths of those who commented reported that the purity had remained 'stable' in the six months prior to interview. Base was reported to be 'easy' (40%) to 'very easy' (33%) to obtain by those who commented, and three-fifths of those who commented reported that availability had remained 'stable' in the six months preceding interview.

*Crystal methamphetamine*

Two-thirds (65%) of the sample reported the lifetime use of crystal, and half (49%) reported using crystal in the six months prior to interview. Use occurred on a median of five days in the six months prior to interview, with more than half (56%) reporting that crystal use occurred less than once per month. Half of those who reported binging on ecstasy and other drugs reported using crystal in a binge episode. Recent users reported using one point in a 'typical' session of use and two points in a 'heavy' session of use. Of those who had recently used crystal, 79% had recently smoked it; one-fifth of recent crystal users had injected crystal in the six months prior to interview.

Friends (51%) and known dealers (43%) were commonly nominated as sources of crystal, and the drug was commonly scored from friends' homes (44%) and dealers' homes (36%). Crystal was more usually used at friends' homes (58%), at participants' own homes (57%) and in nightclubs (48%).

The price of a point of crystal ranged from $47.5 in VIC to $80 in the NT, and in all other jurisdictions, the median price for a point of crystal was $50. Almost half (47%) of those who commented on the change in the price of crystal reported that price had remained 'stable' in the six months prior to interview. Current purity was reported to be 'high' (49%) to 'medium' (25%) by those who commented, and purity was reported to have remained 'stable' by two-fifths of those who commented. Crystal was reported to be 'easy' (36%) to 'very easy' (30%) to obtain by those who commented, and availability was reported to have remained 'stable' in the six months prior to interview by almost half (47%) of those who commented.

Twenty percent of those who had recently used methamphetamine scored four or more on the Severity of Dependence Scale, which has been validated as indicating dependence. Indicator data suggest that amphetamine-related inpatient hospital admissions have remained relatively stable in

2004/05, as have closed treatment episodes where amphetamines were the principal drug of concern.

## Cocaine

Almost two-thirds (63%) of the national sample reported lifetime cocaine use and two-fifths (37%) reported recent use. The median age of first use was 21 years. Five percent of the national sample nominated cocaine as their drug of choice. Jurisdictional differences were observed in the proportions reporting lifetime and recent use.

Frequency of use was low; the median days of use was two, and the majority of recent users reported using cocaine less than once per month. Eighteen percent of participants who reported bingeing on ecstasy and other drugs reported using cocaine in a binge session. The median amount used in a typical session of cocaine use was half a gram, and the median amount used in a heavy session of use was one gram. Amongst recent users, snorting (95%) was the most common route of administration, followed by swallowing (25%). Small proportions had recently injected or smoked cocaine.

Cocaine was most commonly acquired through friends or known dealers, however, there were jurisdictional differences noted. Cocaine was used in a variety of locations, with nightclubs, friends' homes, and participants' own homes commonly nominated. Data collected across time shows an increase in the proportion nominating nightclubs as locations of usual use, however a large proportion still engages in cocaine use in private locations.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $275 in the NT to $350 in TAS and WA. Data collected across time suggests that, for the majority of jurisdictions, the price of cocaine has increased. The NT observed the largest decrease in cocaine price, from $375 in 2005 to $275 in 2006. One-third of those who commented reported that the price of cocaine had remained stable in the six months prior to interview.

Of those who commented, the purity of cocaine was considered to be 'medium' (33%) or 'high' (21%). One-quarter of those who commented reported that purity had remained 'stable' in the six months prior to interview. Varying reports were given concerning the current availability of cocaine, with 41% reporting it to be 'difficult' to obtain and 28% reporting it to be 'easy' to obtain. More than half (58%) of those who commented reported that availability had remained 'stable' in the six months prior to interview.

## Ketamine

Thirty-five percent of the national sample reported the lifetime use of ketamine, and 14% reported using ketamine in the six months preceding interview. Ketamine was first used at a median age of 21 years.

Recent ketamine use occurred on a median of two days. The majority (79%) of recent ketamine users reported using ketamine less than once per month. Snorting was the most commonly nominated route of administration (78%) amongst recent users, however, one-third (37%) had also swallowed it. Five participants reported injecting ketamine in the six months prior to interview.

Ketamine was obtained from friends (55%) and known dealers (30%), in private locations such as friends' homes (43%), dealers' homes (30%) and participants' own homes (15%). Ketamine use occurred in a variety of locations, such as friends' homes (48%), nightclubs (43%), participants' own homes (33%) and raves (23%).

Only a small proportion commented on the price of ketamine. The price for a gram of ketamine varied from $40 in ACT to $300 in SA. Amongst those who commented, 55% reported that the price of ketamine had remained 'stable' in the six months preceding interview.

The current purity of ketamine was reported to be 'high' (47%) to 'medium' of those who commented. Half (51%) of those who commented reported that the purity of ketamine had remained 'stable' in the six months preceding interview.

Varying reports were obtained regarding the current availability of ketamine, with 39% of those commenting reporting it to be 'difficult' to obtain while 37% reported it to be 'easy' to obtain. Despite this variability, just over half (53% of those who commented) reported that availability had remained 'stable' in the six months preceding interview.

**GHB**

Twenty percent of the national sample reported the lifetime use of GHB, with the median age of first use being 22 years. Eight percent of the national sample reported the recent use of GHB, however, jurisdictional differences were observed, with the proportion of REU reporting recent GHB use highest in NSW (21%) and VIC (14%); no participants in the NT reported using GHB in the six months preceding interview.

Ten participants reported lifetime use of 1,4-B and ten participants reported the lifetime use of GBL. Three participants had used 1,4-B in the six months preceding interview while six participants had used GBL in the six months preceding interview.

Recent GHB use occurred on a median of two days, with the majority (75%) reporting that GHB use had occurred less than once per month. GHB was consumed orally, with no participants injecting GHB in the six months preceding interview.

GHB was scored from friends (53%) and known dealers (25%), in friends' homes (50%) and dealers' homes (22%). GHB was used in a variety of locations, including friends' homes (58%), nightclubs (56%) and participants' own homes (42%).

Only twenty participants were able to comment on the price of a millilitre of GHB. Thirty-six percent of those who commented reported that the price of GHB had remained 'stable' in the six months preceding interview. Half of those who commented reported that GHB purity was 'high', and one-third (32%) of those who commented reported that purity had remained 'stable' in the six months preceding interview. Forty percent, of those who commented, reported that GHB was 'difficult' to obtain though 32% reported that it was 'easy' to obtain. Almost half (46%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

**LSD**

Sixty-one percent of the national sample reported lifetime use of LSD, with the median age of first use being 18 years. Twenty-nine percent reported the recent use of LSD. The median days of

LSD use amongst recent users was two. The majority of recent users reported using LSD less than once per month; 3% reported using LSD more than once per week. Recent users reported using a median of one LSD tab in both 'typical' and 'heavy' sessions of use.

LSD was obtained from friends (67%) and known dealers (35%). LSD was scored from friends' homes (43%) and dealers' homes (28%). LSD was used in a variety of locations, including participants' own homes (49%), friends' homes (43%), outdoors (38%), raves (38%), private parties (32%) and nightclubs (27%).

The price of a tab of LSD ranged from $10 in SA, $12 in VIC and $20 in all other jurisdictions. Of those who commented, 51% reported that the price of LSD had remained 'stable' in the six months prior to interview.

Of those who commented, 41% reported that the current purity of LSD was 'high' and 30% reported to it be 'medium'. Thirty-five percent, of those who commented, reported that the purity of LSD had remained 'stable' in the six months preceding interview.

Reports concerning the availability of LSD were mixed. More than one-third of those who commented (37%) reported that LSD was 'easy' to obtain while 33% reported it to be 'difficult' to obtain. Half (49%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

**MDA**

One-quarter (23%) of the national sample reported lifetime use of MDA. The median age of first use was 20 years. Seven percent of the national sample reported using MDA in the six months preceding interview. Use occurred on a median of two days, with the majority (84%) of recent users reporting that use had occurred less than once per month. No participants in WA reported recent MDA use.

Swallowing was the most frequently nominated route of administration (82%), followed by snorting (40%). A median of one capsule was used in both a 'typical' and 'heavy' session of use.

Only a small proportion was able to comment on purchase and use patterns of MDA. Of those that commented, friends (52%) and known dealers (48%) were the most commonly nominated sources of MDA, and MDA was scored from friends' homes (39%) and dealers' homes (35%). MDA was usually used in nightclubs (65%), raves (35%) and private parties (35%). Small numbers were able to comment on the price, purity and availability of MDA in all states and, therefore, the results should be interpreted with caution.

The median price of a cap of MDA ranged from $32.50 in SA to $50 in the ACT and NT. Two-fifths of those who commented reported that the price of MDA had remained 'stable' in the six months preceding interview.

**Cannabis**

Almost all (98%) of the sample reported lifetime cannabis use, and more than four-fifths (83%) reported cannabis use in the six months preceding interview. Of those who used cannabis in the six months preceding interview, use occurred on a median of 48 days during this time, or approximately twice per week; one quarter of recent cannabis users were daily smokers. Cannabis

was the drug of choice for 15% of the sample. Despite little difference in lifetime use across jurisdictions, there was some variability in the proportion of REU reporting recent use, from 73% in NSW to 92% in QLD.

Reported prices for cannabis were relatively consistent across jurisdictions. In most jurisdictions, the price of a gram of bush and hydro were similar, though in almost all jurisdictions, the price for an ounce of hydro was higher than for bush cannabis. More than two-thirds (68%) of those who commented reported that the price of bush had remained 'stable' in the six months preceding interview, and almost three-quarters (70%) of those who commented reported that the price of hydro had remained 'stable' in the six months preceding interview.

Hydro was reported to be of 'high' potency by 59% of those who commented, compared with 19% who reported that bush cannabis potency was 'high'. More than half (57%) who commented on the potency of hydro reported that it had remained 'stable' in the six months preceding interview, and an equal proportion (57% of those who commented) reported that the potency of bush cannabis had remained 'stable' in the six months preceding interview.

More than two-fifths (43%) of those who commented reported that bush cannabis was 'very easy' to obtain while 35% reported that it was 'easy' to obtain; the majority (67%) of those who commented reported that availability had remained 'stable' in the six months preceding interview. Of those who commented on the availability of hydro cannabis, 66% reported that it was 'very easy' to obtain and 27% reported that it was 'easy' to obtain; 74% of those who commented reported that availability had remained 'stable' in the six months preceding interview.

Both hydro and bush cannabis were commonly scored from friends as well as known dealers. Friends' homes were the most common location for both bush and hydro cannabis to be scored from.

**Other drugs**

Almost all (99%) participants reported lifetime use of alcohol, and 96% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median number of days that alcohol was used in the six months preceding interview was 48. Seventy-three percent reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.

Eighty-nine percent reported lifetime tobacco use and 75% had used tobacco in the six months preceding interview. Two-thirds (66%) of recent tobacco users were daily smokers.

Half (48%) of the sample reported lifetime benzodiazepine use and one-third (31%) reported recent use. Five percent of lifetime users had injected benzodiazepines and only one participant had injected in the six months preceding interview. Use occurred on a median of five days in the six months preceding interview.

Over one-quarter (28%) reported lifetime antidepressant use and twelve percent reported recent use. Thirty-three precent of recent antidepressant users reported daily use.

Half (49%) of the sample reported lifetime nitrous oxide use and almost one-quarter had used nitrous oxide in the six months preceding interview. Use occurred on a median of two and a half days; one-third (34%) of recent users reported using nitrous once in the six months preceding interview.

Two-fifths (41%) of the sample reported lifetime amyl nitrate use and 14% reported use in the six months preceding interview on a median of three days. Thirty-four percent of recent users reported using amyl nitrate once in the preceding six months.

Half (51%) of the sample reported having ever used mushrooms and 19% reported recent mushroom use. Use occurred on a median of two days, and 86% of recent users had used less than once per month.

Sixteen percent reported lifetime heroin use and 4% reported heroin use in the six months preceding interview. Twelve percent reported having ever injected heroin. Use occurred on a median of six and a half days in the six months preceding interview.

Half (49%) of the national sample had ever used pharmaceutical stimulants and one-fifth (21%) had used them in the six months preceding interview, on a median of three days. Twelve percent of recent users reported using once per week or more.

**Risk behaviour**

One in five (20%) of the national sample reported having injected at some time in their lives. Of those that had ever injected, 69% reported injecting in the six months preceding interview. A mean of 4.5 drugs (range 1-12) had ever been injected, while those who reported injecting in the preceding six months had injected a mean of 2.3 (range 1-7) drugs.

Two-fifths (43%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (45%) followed by heroin (25%).

When lifetime injectors were asked to specify how they learned to inject, over half (57%) reported that a friend or partner showed them how. Of those that injected in the preceding six months, four participants reported using a needle after someone else in the month preceding interview.

Thirty-two percent of the national sample reported they had never been vaccinated for HBV. A further 42% reported they had completed the vaccination schedule, 7% did not finish the vaccination schedule and 19% did not know if they had been vaccinated.

Of the national sample, 48% reported they had never been tested for HCV, while 26% had been tested in the last year, 20% were tested more than a year ago and 7% either did not know or did not get their result. Thirty-one percent of the national sample had been tested for HIV in the last year and a further 22% had been tested more than a year ago.

The majority (92%) of participants reported penetrative sex in the six months preceding interview. Two-fifths (41%) reported one sex partner during the preceding six months and one-fifth (20%) of participants had had penetrative sex with two people. Over one-quarter (28%) reported sex with between three and five people. One-quarter (25%) of those who reported penetrative sex in the preceding six months had had anal sex.

The majority (85%) of those reporting recent penetrative sex reported using drugs during sex at some time in the previous six months. The most commonly used drug during sex was ecstasy, followed by alcohol and cannabis.

Of the national sample, 81% had driven a car in the last six months. Of those who had driven a car, 41% had driven while over the limit of alcohol and 77% had driven soon (within one hour) of taking an illicit drug). The drug most commonly taken was ecstasy (78%) followed by cannabis (59%) and speed (34%).

**Health-related issues**

More than half (55%) were classified as being at 'medium risk' for psychological distress on the Kessler Psychological Distress Scale. Only a small proportion (7%) were classified as being at 'high risk' for psychological distress.

Of the national sample, 21% had ever overdosed on either ecstasy or other related drugs. Of those that had recently overdosed, the main drug used was ecstasy (36%), followed by alcohol (26%) and GHB (13%).

Of the national sample, 22% had accessed either a medical or health service in the preceding six months of the interview. Of those who had accessed help, the majority accessed their GP (50%) and 29% accessed a counsellor. For those who saw a GP, 31% reported that the main drug involved was ecstasy, followed by crystal (12%), and the main issue of concern was dependence.

Social or relationship problems were reported by 42% of the national sample, while approximate proportions reported occupation or educational problems (40%) and financial problems (40%). Only a small proportion reported police or legal problems (7%). Ecstasy was the drug frequently attributed to causing social/relationship problems, nominated by 39% of those who had experienced such problems. Ecstasy was also the drug most frequently attributed to occupational/educational problems (46%) and financial problems (48%). Cannabis was the drug most frequently nominated as causing police/legal problems, by 27% of those who had experienced such problems.

**Criminal activity and perceptions of policing**

Twenty-nine percent of the sample reported engaging in some form of criminal activity in the month prior to interview. There were differences across states in the proportion reporting involvement in crime, ranging from 16% in the NT to 38% in the ACT. Drug dealing was the most common crime reported in all jurisdictions.

Eight percent of the national sample reported property crime in the last month. Four-fifths (82%) reported that they had done so less than once a week. Small 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.

Two-fifths (40%) reported that police activity had increased and 30% thought that police activity had remained stable. Few (17%) responded that police activity had made it more difficult for them to score drugs.

Two-fifths (40%) of the national sample reported seeing sniffer dogs on an average of two occasions in the six months preceding interview; the majority (96%) reported taking some kind of precaution if they were made aware that dogs would be at an event they were to attend.

## Implications

*Australian Trends in Ecstasy and Related Drug Markets 2006* presents four years of Ecstasy and Related Drugs Reporting System (EDRS) data from all states and territories in Australia. The collection and analysis of information regarding ecstasy and related drug markets in all jurisdictions, across time, provides a context in which past, present and future findings can be placed. It also allows for the examination, across time, of trends in behaviours associated with drug use. In recent years, this has included users' experiences of seeking information regarding drug content and purity; sexual and driving risk behaviours; and injecting drug use.

As in previous years, the 2006 findings indicate that although some trends in the use of ecstasy and related drugs may be common across Australia, there are also trends which are unique to individual jurisdictions. It is important to recognize that different patterns of use may impact upon the consequences and outcomes of such use; therefore, policy and harm reduction responses need to take this into consideration.

The demographic profile of regular ecstasy users in 2006 has remained consistent across the four sampling years. Regular ecstasy users are predominantly male, aged in their mid-twenties, from English-speaking backgrounds, and largely identify as being heterosexual. They are engaged in either full-time or part-time employment, or are currently undertaking tertiary studies. Few participants report having a prison history or currently being in treatment for their drug use.

The EDRS data shows that in 2006, ecstasy tablets had been used for a median of twelve days in the six months preceding interview, with half of the sample reporting that use occurred on a monthly to fortnightly basis; there was little jurisdictional difference observed in the frequency of ecstasy use in 2006. Across time, the frequency of use in all jurisdictions has either remained stable, fluctuated or decreased.

In 2006, users reported using two ecstasy tablets in a typical session of use and four tablets in a heavy session of use. Of concern are the short- and long-term effects that may occur from consuming increased quantities of ecstasy, not only physical but also psychological. One of the acute, potentially serious consequences of ecstasy use includes serotonin syndrome. Serotonin syndrome is a drug-induced toxic state caused by an excess of serotonin in the central nervous system (Gillman 2006). A study recently conducted at NDARC has explored this issue (Silins 2006). Given the potential for harm resulting from consuming larger quantities of ecstasy in a single use occasion, harm reduction messages might focus on targeting the quantity of ecstasy being used.

Participants in the current sample, as in previous years, were polydrug users. Polydrug use remains an issue of concern, and despite the consequences being less well understood, there is some evidence for the negative effects of polydrug use. For example:

- ecstasy used in combination with alcohol can lead to dehydration;
- concurrent stimulant use may potentiate stimulant toxicity, increasing the risk of overdose;
- the sedative effects of depressant drugs may be masked by the use of stimulants. This may reduce the user's ability to detect the onset of an overdose caused by the depressant drug;

- alcohol used with cocaine forms cocaethylene, which has been shown to exert more cardiovascular toxicity than either cocaine or alcohol alone; and
- multiple depressant drug use, such as GHB and alcohol, may potentiate depressant toxicity.

For this population, benefit may come from disseminating evidence regarding the negative effects from specific drug interactions rather than broader messages that focus on polydrug use in general.

Polydrug use has implications for treatment and other interventions. As the present findings show, only a small proportion of regular ecstasy users were in current treatment for their drug use; however, substantial proportions reported that their drug use impacted upon other facets of their lives, such as their relationships, employment and education. A smaller proportion reported accessing medical or health services due to their drug use. Thus, it may be advantageous to equip primary health care workers, such as General Practitioners (GP), with knowledge regarding the impact that drug use may have on areas of people's lives aside from physical harms. This may include such areas as psychological harm, impaired relationships, and the impact of drug use on education and employment. Furthermore, it may be warranted to explore how best to disseminate information to users regarding the broad range of harms which they may face as a result of their drug use, and where they can seek assistance.

Although participants in the current study were regular users of ecstasy, they were not necessarily regular users of other drugs. The use of other drugs such as methamphetamine, cocaine, GHB and ketamine occurred on a median occurrence of once per month or less. There were some exceptions however: one-fifth of the national sample reported daily cannabis use; two-thirds of recent tobacco users were daily smokers; and one in ten recent users of alcohol were daily drinkers.

The use of tobacco amongst this group is an issue of concern. For a large proportion of this population, tobacco use is a part of their daily lives. Smoking tobacco gives rise to a number of negative health consequences, such as increased blood pressure and heart rate, chronic lung disease, coronary heart disease and cancer of the lungs, larynx, esophagus, mouth, and bladder. The difficulty may lie in addressing the issue of smoking cessation in a sample of young adults.

The 2006 findings highlight the high prevalence of alcohol use amongst this group. Ten percent of recent alcohol users were daily drinkers, and more than two-thirds of the national sample reported that they usually used alcohol with ecstasy. The use of alcohol while under the influence of stimulants allows for the consumption of larger quantities of alcohol without obvious signs of intoxication, yet the harms associated with this use still occur.

For the first time in 2006, the EDRS included the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT is a brief screening scale designed to assess alcohol intake, dependence, and adverse consequences. Three-quarters of the sample scored at levels which indicated hazardous and harmful alcohol consumption, and which may also reflect a greater severity of alcohol problems and dependence. For young people, alcohol use is particularly associated with acute harms resulting from intoxication, including accidents, injuries, crime, health and social problems.

Given these findings concerning alcohol use, there appears to be a need to address responsible consumption of alcohol amongst this group. Harm reduction messages may be presented in entertainment venues and licensed premises, however, the challenge may be presenting this information in such a way that it is received well by this group. Specific, targeted messages may

be the optimum alternative, presenting credible messages on the specific short- and long-term effects of alcohol consumption, as well as using alcohol in a polydrug use setting.

As in previous years, the markets for drugs such as GHB, ketamine and MDA continued to operate differently across jurisdictions. In 2006, NSW reported a notable increase in the proportion of REU reporting lifetime and recent GHB use. Recent use of MDA decreased in WA, from almost one in ten reporting recent use in 2005 to no participants reporting recent use in 2006; however, recent use of MDA increased in QLD during this same time period. Monitoring trends in drug use across time is advantageous not only in its ability to detect present emerging trends, but also to provide a framework that can be used to anticipate whether such trends will spread to other jurisdictions. Continued monitoring will allow for the detection of trends in jurisdictions which do not have traditionally large markets for these drugs.

The findings from the current study suggested that many users lack knowledge of laws regarding drug possession. Regular ecstasy users are also a polydrug *purchasing* group, able to purchase a wide range of drugs from their main source. Furthermore, users purchase drugs not only for themselves but for others as well. This places users at a heightened risk for more serious penalties were they to be apprehended by law enforcement. Many may be underestimating the quantity of drugs needed to have a charge upgraded from possession to trafficking. Given that the vast majority of this group has little to no contact with law enforcement, dissemination of the law surrounding illicit substances may need to come from other sources with which users come into contact.

As in previous years, the EDRS explored drug use and risk behaviours. One in five REU had ever injected a drug, and two-thirds of these had injected in the six months preceding interview. Only a small proportion of recent injectors had used a needle after someone else, and a small proportion reported sharing other injecting equipment. There is a clear need for harm reduction initiatives for this group, which need to be tailored to the characteristics and drug use context of these users.

The issue of driving under the influence of alcohol, as well as ecstasy and other drugs, was an issue of concern which arose from the 2006 findings. Of those who had driven a car in the past six months, two-fifths had done so under the influence of alcohol and three-quarters had driven within an hour of taking an illicit drug. Half of those who had driven after taking an illicit drug felt that their driving ability was not impaired the last time they engaged in this behaviour. There is a need to educate users about the effects of drug use on driving behaviour, to emphasize the message that driving under the influence of ecstasy and other drugs not only places themselves at risk, but other road users at risk as well. It may be timely to disseminate messages regarding drug use and driving, given that many jurisdictions have already implemented, or are considering implementing, random roadside drug testing (Degenhardt, Dillon et al. 2006; Ross 2007).

# 1 INTRODUCTION

This report provides a national summary of trends from the fourth year of monitoring ecstasy and related drug markets across Australia. These trends have been extrapolated from the three data sources: interviews with current regular ecstasy users, interviews with professionals who have contact with ecstasy users (key experts), 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' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. Ecstasy and related drugs include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

In 2006, the EDRS was funded by the Australian Department of Health and Ageing. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (Topp, Breen et al. 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture 'ecstasy and related drug' use and, therefore, a different population needed to be accessed to obtain information on ecstasy and related drug markets. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

The focus is on the capital city in each state, as 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 is presented in individual state reports and are available from the NDARC website. This report focuses on the 2006 data collection in all states; reports from this and all previous years are available on the NDARC website at the following address: http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRSNational. Before 2003, data was collected in NSW, QLD and SA and some trend data is reported here, but the reader should refer to the jurisdictional reports for more detailed trend information available at http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRSJurisdictional.

## 1.1 Study aims

In 2006, the specific aims of the EDRS were:

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

# 2 METHOD

The EDRS used the methodology trialled in the feasibility study (Breen, Topp et al. 2002; Topp, Breen et al. 2004) to monitor trends in the markets for ecstasy and related drugs. The three main sources of information used to document trends were:

1. face-to-face interviews with current regular ecstasy users (REU) recruited in each capital city across Australia;

2. face-to-face and telephone interviews with key experts (KE) (formally known as key informants) who, through the nature of their work, have regular contact with REU; 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 three data sources were triangulated to provide an indication of emerging trends in ecstasy and related drug markets.

## 2.1 Survey of regular ecstasy users

The sentinel population chosen to monitor trends in ecstasy and related drug markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the category 'ecstasy and related drugs', ecstasy is the third most widely used illicit drug after cannabis and meth/amphetamines[2] with over one in ten (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting recent ecstasy use in the 2004 National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2005).

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

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – REU (Topp and Darke 2001). A sample of this population was successfully recruited and interviewed in the two year feasibility trial, and was able to provide the data that were sought. Therefore, REU have been used again in 2006 to provide information on ecstasy and related drug markets.

[2] AIHW definition of meth/amphetamines includes all amphetamine-type stimulants excluding ecstasy

### 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, gay and lesbian newspapers, 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 (Solowij, Hall et al. 1992; Ovendon and Loxley 1996; Boys, Lenton et al. 1997) and international (Solowij, Hall et al. 1992; Dalgarno and Shewan 1996; Forsyth 1996; Peters, Davies 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 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 at least six times during the preceding six months, 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, as 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 would take approximately 45 minutes. All respondents were volunteers who were reimbursed $30 for their participation. 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, Hando et al. 1998; Topp, Hando et al. 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall et al. 1992) and powder amphetamine/methamphetamine (Darke, Cohen et al. 1994) (Hando and Hall 1993; Hando, Topp et al. 1997). The interview focused primarily on the preceding six months, and assessed demographic characteristics; patterns of ecstasy and related drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of different ecstasy and related drugs; risk behaviours (such as injecting, vaccinations, sexual behaviour, driving under the influence of alcohol and other drugs), self-reported symptoms of amphetamine dependence, help-seeking behaviour, and self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; and general trends in ecstasy and related drug markets, such as new drug types, new drug users and perceptions of police activity.

### 2.1.4 Data analysis

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians are 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 $\chi^2$. To investigate differences between states, dummy variables were created and an individual state was compared against all the other states combined. All analyses were conducted using SPSS for Windows, Version 14.0 (SPSS Inc, 2006).

## 2.2 Survey of key experts

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 REU 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 an 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.

One-hundred and forty-nine KE across the country, from a broad range of occupations, participated in the 2006 EDRS. Law enforcement personnel including intelligence analysts, intelligence officers, commanders of local area commands and drug squad officers were interviewed. Health professionals such as drug treatment staff, medical officers, counsellors, health promotion officers and hospital emergency staff participated in the study. People that worked in the entertainment industry such as DJs, party promoters, venue managers and events organisers were also interviewed. Researchers, user group representatives and drug dealers also participated as KE in 2006.

Many KE reported they had contact with a range of REU, although KE also reported having contact with specific groups such as youth, women, injecting drug users, HIV-positive people, and the gay and lesbian community.

Detailed reports of KE interviews may be found in each jurisdictional report at http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRSJurisdictional.

## 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 used in this report included:

- The 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005).
- Australian Crime Commission (formally the Australian Bureau of Criminal Intelligence); number and purity of seizures of ecstasy by state and federal law enforcement agencies analysed across sampling years, and data on the number of drug-related arrests by drug type.

- Australian Customs Service; data on the number and weight of seizures of ecstasy, cocaine and methamphetamine made at the border.
- Data from the National Hospital Morbidity Database (NHMD) (Australian Institute of Health and Welfare 2002).
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) (Australian Institute of Health and Welfare 2002).
- Cocaine and amphetamine-related fatalities data from the Australian Bureau of Statistics.

# 3 OVERVIEW OF REGULAR ECSTASY USERS

A total of 752 REU were interviewed for the 2006 EDRS. The national sample comprised of 101 REU from Adelaide (SA), 100 each from Sydney (NSW), Melbourne (VIC), Hobart (TAS), Canberra (ACT), Perth (WA) and Brisbane (QLD), and 51 from Darwin (NT). The sample size was predetermined, with each state aiming to interview 100 REU. Although the same recruitment strategies were employed in the NT, 100 eligible participants were not identified in the required timeframe. This may indicate a smaller or more hidden population of REU in this jurisdiction.

## 3.1 Demographic characteristics of the regular ecstasy users sample

Almost two-thirds (63%) of the national sample interviewed in 2006 were male (Table 1). The mean age of the sample was 25 years (SD 7.0; range 16-71). Males were significantly older than females (25.8 vs. 23.4, $t_{730.4}$=-5.0, $p$<0.001). The majority (84%) of participants identified as heterosexual.

The vast majority (98%) of the sample spoke English as their main language at home. A minority (3%) identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent. The majority lived in either their own premises (purchased or rented; 62%) or in their parents' or family's house (27%).

The mean number of years of school education completed by the sample was 12 (SD 1.0; range 7-13), and 74% had completed high school education (year 12 or above). More than two-fifths (45%) had completed courses after school, with 26% having completed a trade or technical qualification and 19% having completed a university degree or college course. More than one-third (37%) were currently employed full-time, 23% were employed either part-time or on a casual basis, and 22% were full-time students; 16% were not employed.

Four percent (n=29) of the national sample reported that they were currently in drug treatment; of those who were in treatment, seven participants were in methadone and four were in drug counselling. Three participants were currently in buprenorphine treatment, including one participant in Suboxone® treatment.

Seven percent of the sample had a previous criminal conviction for which they had served a custodial sentence.

**Table 1: Demographic characteristics of REU, 2006***

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Mean age (years) | **25** **(24)** | 28 (26) | 25 (22) | 24 (24) | 25 (24) | 23 (23) | 25 (23) | 29 (24) | 22 (23) |
| % Male | **63** **(59)** | 68 (67) | 72 (68) | 59 (52) | 58 (55) | 63 (58) | 60 (58) | 57 (57) | 61 (51) |
| % English speaking background | **98** **(98)** | 97 (95) | 100 (94) | 94 (95) | 99 (100) | 98 (99) | 95 (99) | 98 (100) | 100 (100) |
| % A&TSI | **3** **(3)** | 2 (3) | 2 (2) | 2 (2) | 2 (2) | 7 (1) | 2 (3) | 8 (10) | 1 (6) |
| % Heterosexual | **84** **(84)** | 57 (61) | 85 (81) | 91 (86) | 91 (94) | 89 (89) | 86 (90) | 80 (88) | 92 (87) |
| Mean years of school education | **12** **(12)** | 11 (12) | 11 (13) | 12 (12) | 12 (12) | 12 (11) | 11 (12) | 11 (11) | 12 (12) |
| % Tertiary qualifications | **45** **(50)** | 58 (54) | 34 (32) | 42 (52) | 47 (51) | 50 (54) | 51 (57) | 53 (65) | 31 (43) |
| % Employed full-time | **37** **(35)** | 36 (35) | 37 (29) | 26 (33) | 33 (41) | 28 (39) | 52 (33) | 51 (32) | 41 (40) |
| % Full-time students | **22** **(24)** | 21 (29) | 27 (45) | 16 (17) | 32 (31) | 26 (19) | 19 (16) | 12 (6) | 16 (18) |
| % Unemployed | **16** **(14)** | 16 (15) | 17 (8) | 20 (15) | 14 (5) | 14 (17) | 14 (15) | 22 (35) | 12 (10) |
| % Prison history | **7** **(5)** | 6 (6) | 8 (3) | 6 (4) | 3 (3) | 5 (1) | 8 (2) | 24 (13) | 3 (6) |
| % Currently in drug treatment | **4** **(3)** | 5 (5) | 4 (1) | 4 (0) | 2 (2) | 2 (2) | 5 (6) | 12 (9) | 1 (4) |

**Source: EDRS interviews 2006**
*Comparable data from 2005 presented in brackets

The demographic characteristics of REU recruited were generally consistent across jurisdiction, though some jurisdictional differences were noted.

The REU in NSW were significantly older than the other states (28 years vs. 24 years, $t_{118}$ = -3.8, $p$<0.001). The REU in the NT were also significantly older than the other states (29 years vs. 24 years, $t_{53.9}$ = -3.7, $p$<0.001).

The REU in NSW were significantly more likely to identify as gay/lesbian/bisexual/transgender /queer (GLBTQ) than participants in other states (43% vs. 12%; OR=5.7; 95%CI=3.6, 9.1; $p$<0.001).

The REU in SA were significantly more likely to identify as being of A&TSI descent than participants in other states (7% vs. 2%; OR=3.2; 95%CI=1.3, 7.9; $p$<0.05). The REU in the NT were significantly more likely to identify as being of A&TSI descent than participants in the other states (8% vs. 3%; OR= 3.2; 95%CI=1.1, 9.9; $p$<0.05).

The REU in the NT were significantly more likely to currently be in drug treatment than participants in the other states (12% vs. 3%; OR=3.9; 95%CI=1.5, 10.4; $p$=0.01) and to have ever been in prison (24% vs. 6%; OR=5.2; 95%CI=2.5, 10.7; $p$<0.001).

The REU in the NT were significantly more likely to be currently in full-time employment than participants in the other states (51% vs. 36%; OR=1.8; 95%CI=1.0, 3.3; $p$<0.05). The participants in WA were significantly more likely to be currently in full-time employment than participants in the other states (52% vs. 35%; OR=2.0; 95%CI=1.3, 3.1; $p$=0.001).

The reasons for demographic differences between jurisdictions are unclear. Participants were recruited using the same methodology and eligibility criteria. It may be that there are differences between groups of REU around the country.

Table 2 presents key demographic characteristics across time. For the national sample, REU have consistently been aged, on average, in their mid-twenties. Other key demographic characteristics have also remained consistent across time; the proportion reporting a prison history has remained low and constant, supporting previous findings that REU are a group with little contact with law enforcement.

**Table 2: Demographic characteristics of REU across time, 2003-2006**

| | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|
| Mean age (range) | 25 (15-59) | 24 (16-61) | 24 (16-61) | 25 (16-71) |
| % Male | 60 | 62 | 59 | 63 |
| % English speaking background | 98 | 98 | 98 | 98 |
| % Heterosexual | 82 | 83 | 84 | 84 |
| % Tertiary qualifications | 46 | 50 | 50 | 45 |
| % Employed full-time | 30 | 37 | 35 | 37 |
| % Unemployed | 25 | 16 | 14 | 16 |
| % Prison history | 8 | 7 | 8 | 7 |
| % Currently in drug treatment | 6 | 3 | 3 | 4 |

**Source: EDRS interviews 2003-2006**

## 3.2 Summary of demographics

- Two-thirds of the national ecstasy and related drug sample were male, with a mean age of 25 years.
- The REU interviewed were well educated – more than two-fifths had obtained post-secondary qualifications and one-fifth was currently engaged in full-time tertiary education.
- Almost two-fifths of the national sample were currently in full-time employment.
- Few of the REU interviewed had a criminal history or were involved in drug treatment.
- Data across time shows that key demographic characteristics of the sample have remained consistent. REU have been found to be aged in their mid-twenties, predominantly male, with a majority identifying as heterosexual. Small proportions have reported a prison history or currently being in drug treatment.

## 3.3 Drug use history and current drug use

In 2006, participants were asked about lifetime and recent use of 20 different drug types. Recent use was defined as use in the six months preceding interview. Participants reported the lifetime use of around 9 drugs types (SD 3.3; range 2-19), and had used around 7 drug types (SD 2.3; range 2-15) in the six months prior to interview (Table 3). These figures are similar to those reported in 2005, where participants had used a mean of around 10 drugs in their lifetime and 7 drugs in the six months prior to interview.

Alcohol (99%) followed by cannabis (98%) and tobacco (89%) were the drugs most likely to be ever used and used the most in the preceding six months (96%, 83% and 75% respectively) (Table 3).

As can be seen in Table 3, participants reported the use of a wide range of other drugs in their lifetime. A small proportion of REU reported the use of less commonly used substances, including DMT (a powerful hallucinogen); synthetic drugs such as 2CI, 2CB and PMA; and naturally occurring drugs, such as Kava. Jurisdictional reports provide a more detailed overview of the use of these drugs in those areas.

The similarities in levels of drug use across jurisdictions are noteworthy both in terms of number of drug types ever tried and drugs used recently.

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

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Mean drug types ever used* (range) | **9.1** | 9.9 | 8.3 | 9.6 | 9.0 | 9.0 | 9.1 | 9.5 | 8.5 |
| | **(2-19)** | (4-19) | (2-18) | (3-18) | (3-19) | (4-17) | (5-17) | (3-16) | (3-18) |
| Mean drug types used last 6 mths* (range) | **6.7** | 6.6 | 6.4 | 7.3 | 6.9 | 6.7 | 6.7 | 6.0 | 6.8 |
| | **(2-15)** | (2-12) | (2-14) | (2-15) | (2-13) | (2-13) | (4-13) | (3-11) | (2-12) |
| Ever injected (%) | **20** | 25 | 17 | 18 | 18 | 21 | 20 | 39 | 14 |
| Alcohol | | | | | | | | | |
| ever used (%) | **99** | 98 | 98 | 99 | 100 | 100 | 100 | 100 | 100 |
| used last 6 mths (%) | **96** | 94 | 94 | 97 | 95 | 97 | 99 | 88 | 97 |
| Cannabis | | | | | | | | | |
| ever used (%) | **98** | 95 | 94 | 97 | 100 | 98 | 100 | 100 | 100 |
| used last 6 mths (%) | **83** | 73 | 83 | 79 | 82 | 83 | 85 | 84 | 92 |
| Tobacco | | | | | | | | | |
| ever used (%) | **89** | 86 | 79 | 92 | 94 | 87 | 97 | 98 | 86 |
| used last 6 mths (%) | **75** | 68 | 69 | 78 | 81 | 73 | 74 | 86 | 77 |
| Meth powder (speed) | | | | | | | | | |
| ever used (%) | **84** | 88 | 81 | 100 | 83 | 75 | 87 | 88 | 75 |
| used last 6 mths (%) | **64** | 55 | 66 | 91 | 62 | 52 | 65 | 59 | 58 |

**Source: EDRS interviews 2006**

* Out of a possible 20 drug types

**Table 3: Lifetime and recent polydrug use of REU, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Meth base | | | | | | | | | |
| ever used (%) | **52** | 50 | 48 | 32 | 49 | 72 | 56 | 53 | 52 |
| used last 6 mths (%) | **34** | 24 | 34 | 12 | 40 | 63 | 32 | 18 | 38 |
| Crystal meth (crystal) | | | | | | | | | |
| ever used (%) | **65** | 68 | 55 | 73 | 42 | 73 | 89 | 49 | 63 |
| used last 6 mths (%) | **49** | 56 | 37 | 49 | 27 | 61 | 77 | 26 | 50 |
| Cocaine | | | | | | | | | |
| ever used (%) | **63** | 80 | 68 | 82 | 55 | 49 | 55 | 55 | 56 |
| used last 6 mths (%) | **37** | 45 | 44 | 55 | 33 | 31 | 29 | 10 | 36 |
| LSD | | | | | | | | | |
| ever used (%) | **61** | 65 | 46 | 60 | 52 | 71 | 67 | 78 | 60 |
| used last 6 mths (%) | **29** | 17 | 18 | 37 | 29 | 34 | 25 | 41 | 38 |
| MDA | | | | | | | | | |
| ever used (%) | **23** | 42 | 25 | 26 | 14 | 21 | 6 | 16 | 27 |
| used last 6 mths (%) | **7** | 14 | 8 | 8 | 3 | 9 | 0 | 2 | 12 |
| Ketamine | | | | | | | | | |
| ever used (%) | **35** | 57 | 32 | 56 | 23 | 35 | 14 | 26 | 31 |
| used last 6 mths (%) | **14** | 27 | 15 | 29 | 6 | 11 | 4 | 6 | 12 |
| GHB | | | | | | | | | |
| ever used (%) | **20** | 40 | 17 | 35 | 9 | 26 | 5 | 4 | 17 |
| used last 6 mths (%) | **8** | 21 | 7 | 14 | 3 | 7 | 2 | 0 | 9 |
| Amyl nitrate | | | | | | | | | |
| ever used (%) | **41** | 66 | 43 | 42 | 41 | 30 | 34 | 47 | 26 |
| used last 6 mths (%) | **14** | 37 | 23 | 10 | 10 | 9 | 8 | 10 | 6 |
| Nitrous oxide | | | | | | | | | |
| ever used (%) | **49** | 38 | 34 | 32 | 69 | 67 | 57 | 33 | 56 |
| used last 6 mths (%) | **22** | 6 | 14 | 14 | 39 | 33 | 23 | 2 | 32 |
| Benzodiazepines | | | | | | | | | |
| ever used (%) | **48** | 47 | 37 | 51 | 48 | 50 | 57 | 53 | 44 |
| used last 6 mths (%) | **31** | 25 | 20 | 36 | 33 | 33 | 32 | 29 | 37 |
| Pharm. stimulants | | | | | | | | | |
| ever used (%) | **49** | 39 | 41 | 33 | 50 | 49 | 92 | 51 | 40 |
| used last 6 mths (%) | **21** | 7 | 20 | 9 | 12 | 20 | 60 | 24 | 15 |
| Antidepressants | | | | | | | | | |
| ever used (%) | **28** | 40 | 29 | 25 | 20 | 33 | 29 | 24 | 23 |
| used last 6 mths (%) | **12** | 20 | 12 | 10 | 9 | 16 | 14 | 8 | 6 |

**Source: EDRS interviews 2006**

* Out of a possible 20 drug types

**Table 3: Lifetime and recent polydrug use of REU, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Mushrooms | | | | | | | | | |
| ever used (%) | **51** | 44 | 33 | 55 | 74 | 50 | 53 | 63 | 40 |
| used last 6 mths (%) | **19** | 7 | 3 | 32 | 55 | 18 | 13 | 8 | 13 |
| Heroin | | | | | | | | | |
| ever used (%) | **16** | 19 | 18 | 23 | 10 | 9 | 10 | 35 | 12 |
| used last 6 mths (%) | **4** | 7 | 8 | 8 | 2 | 1 | 1 | 6 | 2 |
| Methadone | | | | | | | | | |
| ever used (%) | **9** | 10 | 11 | 11 | 9 | 6 | 4 | 16 | 5 |
| used last 6 mths (%) | **4** | 5 | 6 | 6 | 5 | 2 | 2 | 4 | 1 |
| Buprenorphine | | | | | | | | | |
| ever used (%) | **5** | 2 | 4 | 9 | 3 | 3 | 3 | 16 | 4 |
| used last 6 mths (%) | **2** | 1 | 3 | 3 | 1 | 2 | 1 | 8 | 2 |
| Other opiates | | | | | | | | | |
| ever used (%) | **25** | 17 | 22 | 29 | 33 | 21 | 24 | 39 | 23 |
| used last 6 mths (%) | **11** | 6 | 12 | 15 | 14 | 4 | 13 | 22 | 10 |

**Source: EDRS interviews 2006**
* Out of a possible 20 drug types

Table 4 presents the proportion of REU reporting lifetime and recent use of the main drug types investigated by the EDRS across the four sampling years (methamphetamine, cocaine, LSD, MDA, GHB and ketamine) as well as the proportion reporting lifetime and recent use of alcohol and cannabis. The proportion of participants reporting lifetime use of the drugs presented in Table 4 has remained consistent across the four sampling years.

As with lifetime use, the recent use of the drug types presented in Table 4 have remained relatively stable across time. A decrease was observed in recent speed use between 2005 (74%) and 2006 (64%). The proportion reporting recent crystal use has fluctuated across time, though an increase was observed between 2005 (38%) and 2006 (49%). The recent use of MDA has slightly declined across the four sampling years; future monitoring will be able to place this in a broader context, explained by such market factors as price, purity and availability.

**Table 4: Lifetime and recent polydrug use of REU, 2003-2006**

| | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|
| Alcohol | | | | |
| ever used (%) | 98 | 99 | 99 | 99 |
| used last 6 months (%) | 93 | 95 | 97 | 96 |
| Cannabis | | | | |
| ever used (%) | 96 | 96 | 97 | 98 |
| used last 6 months (%) | 85 | 81 | 84 | 83 |

**Source: EDRS interviews 2003-2006**

**Table 4: Lifetime and recent polydrug use of REU, 2003-2006 (continued)**

| | 2003 | 2004 | 2005 | 2006 |
|---|---|---|---|---|
| Meth Powder (Speed) | | | | |
| ever used (%) | 87 | 85 | 89 | 86 |
| used last 6 months (%) | 73 | 68 | 74 | 64 |
| Meth base | | | | |
| ever used (%) | 51 | 53 | 52 | 52 |
| used last 6 months (%) | 36 | 39 | 38 | 34 |
| Crystal meth (crystal) | | | | |
| ever used (%) | 63 | 63 | 60 | 65 |
| used last 6 months (%) | 52 | 45 | 38 | 49 |
| Cocaine | | | | |
| ever used (%) | 54 | 54 | 61 | 63 |
| used last 6 months (%) | 24 | 27 | 41 | 37 |
| LSD | | | | |
| ever used (%) | 65 | 60 | 64 | 61 |
| used last 6 months (%) | 29 | 26 | 32 | 29 |
| MDA | | | | |
| Ever used (%) | 33 | 32 | 20 | 23 |
| Used last 6 months (%) | 19 | 15 | 9 | 7 |
| Ketamine | | | | |
| ever used (%) | 40 | 40 | 38 | 35 |
| used last 6 months (%) | 26 | 23 | 21 | 14 |
| GHB | | | | |
| ever used (%) | 22 | 23 | 21 | 20 |
| used last 6 months (%) | 11 | 10 | 9 | 8 |

**Source: EDRS interviews 2003-2006**

In 2006, ecstasy was the drug of choice for more than two-fifths (45%) of respondents. The next most commonly preferred drug was cannabis (15%), followed by alcohol (9%), crystal methamphetamine (6%) speed powder (5%) and cocaine (5%) (Table 5).

### 3.3.1 Binge drug use

Participants were asked whether they had binged on ecstasy and related drugs in the six months proceeding interview. Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley 1996). Half (49%) of the national sample had binged on one or more drugs in the preceding six months. The median length of the longest binge was three days. Amongst those who had binged for over 48 hours, ecstasy (90%) was the drug most commonly reported being used in a binge session. Alcohol (60%), methamphetamine

speed (54%), cannabis (50%) and crystal methamphetamine (49%) were also frequently reported as being used in a binge session. Other drugs mentioned included methamphetamine base (23%), cocaine (18%), LSD (13%), ketamine (7%), GHB (6%) and mushrooms (6%).

There were no gender differences between those who had binged on ecstasy in the preceding six months and those who had not; however, those who had binged on ecstasy had used ecstasy on a significantly greater number of days in the preceding six months (20 days vs. 12 days; $U$ =44,969; $p$<0.001), and used significantly more ecstasy in heavy use episodes (5 tabs vs. 3 tabs; $U$=41,818; $p$<0.001) than those who had not binged on ecstasy.

Those who had binged on ecstasy and related drugs in the preceding six months also had a more extensive polydrug use history, having used significantly more drugs ever (9.9 vs. 8.3; $t_{744}$= -7.0; $p$<0.001) and in the last six months (7.3 vs. 6.1; $t_{747}$= -8.2; $p$<0.001) than those that had not binged on ecstasy and related drugs.

**Table 5: Drug of choice and recent bingeing among REU, by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Drug of choice (%)** | | | | | | | | | |
| Ecstasy | **45** | 44 | 50 | 32 | 59 | 54 | 41 | 37 | 40 |
| Cannabis | **15** | 20 | 20 | 7 | 10 | 10 | 19 | 16 | 20 |
| Alcohol | **9** | 6 | 5 | 14 | 10 | 3 | 15 | 12 | 9 |
| Crystal meth | **6** | 9 | 1 | 6 | 3 | 13 | 6 | 4 | 5 |
| Speed powder | **5** | 4 | 7 | 10 | 1 | 4 | 4 | 8 | 4 |
| Cocaine | **5** | 4 | 2 | 5 | 6 | 4 | 2 | 5 | 9 |
| Binged* on any stimulant (%) | **49** | 48 | 49 | 49 | 46 | 57 | 54 | 47 | 43 |

**Source: EDRS interviews 2006**
* Binged defined as the use of any stimulant for more than 48 hours continuously without sleep

### 3.3.2 Injecting drug use

One-fifth (20%) of the national sample reported that they had injected a drug in their lifetime. Most of the injectors commenced injecting with methamphetamine powder (48%) followed by heroin (21%); methamphetamine base (9%), crystal methamphetamine (9%), ecstasy (4%) and other opiates (4%) were nominated by smaller proportions.

Fourteen percent of the national sample reported that they had recently (i.e. in the last six months) injected. The most commonly reported drugs injected in the preceding six months were methamphetamines, with 10% of the national sample injecting crystal methamphetamine, 8% methamphetamine powder and 6% methamphetamine base. Four percent of the sample had injected ecstasy in the preceding six months. Heroin (4%), other opiates (4%), cocaine (2%) and methadone (2%) were injected by small proportions in the six months preceding interview.

A number of comparisons were drawn between those who had injected a drug at some time and those who had not. A significant difference was found in terms of gender, with injectors more likely to be male than non-injectors (74% vs. 60%; OR=1.9; 95%CI=1.3, 2.8). There was also a difference observed regarding age: those who had ever injected a drug were significantly older (30 yrs vs. 24 yrs; $t_{189}$=-8.1; $p$<0.001). Those that had injected reported fewer years of education (11

yrs vs. 12 yrs; $t_{808}$=7.5; $p$<0.001) and were more likely to have a prison history than non-injectors (21% vs. 3%; OR=8.1; 95% CI=4.4, 14.7).

A difference was found between the injectors and non-injectors in terms of the mean number of drugs they had used in their lifetime (12.5 vs. 8.2; $t_{202.1}$=-14.0; $p$<0.001) and the mean number of drugs they had used recently (7.5 vs. 6.5; $t_{207.4}$=-4.4; $p$<0.001), though not in the median amount of ecstasy used in a typical episode (median 2 tabs vs. 2 tabs; $U$=42,164; $p$>0.05) or heavy episode of use (median 4 tabs vs. 2 tabs; $U$=42,330; $p$>0.05). Injectors were significantly more likely than non-injectors to report both lifetime heroin use (65% vs. 3%; OR=58.0; 95%CI=32.7, 101.4) and recent heroin use (20% vs. 0%; OR=151.6; 95%CI=20.5, 1,123.7). Further, only seven participants from the national sample were currently in methadone treatment and two participants were in buprenorphine treatment. Two percent of the national sample nominated heroin as their favourite drug, and heroin had been injected in the preceding six months by four percent of the national sample on a median of seven days (range 1-180). Only one participant was a daily heroin injector. Thus, a very small proportion of past and current heroin users were included in the national sample.

The proportion of REU that reported lifetime injecting drug use varied across jurisdictions, ranging from 14% in QLD to 39% in the NT. Likewise, of those who had ever injected, the proportion of REU that reported recent injection varied across states, and ranged from 50% in TAS to 88% in the ACT. As discussed previously, although the eligibility criteria and recruitment strategies were the same across jurisdictions, the size of the ecstasy and related drug markets, the size of the city, and the power of word of mouth, may vary across jurisdictions and may have contributed to larger proportions of injecting drug users being interviewed in the NT. Alternatively there may be a subgroup of REU that inject and this group may have been accessed in some states and not in others. All participants were regular users of ecstasy and were recruited with the same criteria.

## 3.4 Summary of polydrug use trends in regular ecstasy users

- Regular ecstasy users are polydrug users, with participants reporting lifetime use of around 9 drugs and recent use of around 7 drugs. These findings are consistent with those reported in 2005.
- Despite their use of a range of other drugs, two-fifths reported that their drug of choice was ecstasy. Smaller proportions reported that their drug of choice was cannabis, alcohol and crystal meth.
- Despite relative stability in proportions reporting lifetime and recent use of such drugs as alcohol and cannabis, some variation has been observed in both lifetime and recent use of such drugs as cocaine, speed and crystal.
- Half (49%) of the national sample had binged on ecstasy and related drugs, with ecstasy the most commonly reported drug involved in a binge session, followed by alcohol and methamphetamine powder.
- One-fifth (20%) of the national sample had ever injected a drug, with speed and heroin the drugs more frequently nominated as the drug first injected. Fourteen percent of the national sample had injected recently.

# 4 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylendioxymethamphetamine. MDMA is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances that do not include MDMA, and are more likely to contain methamphetamine, perhaps in combination with a hallucinogenic such as ketamine. They may also contain other illegal chemicals such as 3,4-methylenedioxyamphetamine (MDA), para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA), or substances like caffeine or paracetamol. The results presented in this section relate to the participants' use and knowledge of tablets sold as 'ecstasy'.

The median age at which participants in the 2006 national sample first used ecstasy was 18 years (range 12-55) (Table 6); participants reported that regular (monthly) ecstasy use occurred at a median of 19 years (range13-59 years). Participants had been using ecstasy regularly for a median of 3 years (0-28 years). There was a significant difference between gender and age of first ecstasy use: females were more likely to have started at a younger age than males (18.6 years vs. 20.0 years; $t_{750}$=-3.4; $p$<0.01).

## 4.1 Ecstasy use among regular ecstasy users

Participants in the national sample had used ecstasy (referring to ecstasy tablets only) on a median of 12 days in the preceding six months (range 4-120 days). Half (51%) of participants had used between monthly and fortnightly, 30% between fortnightly and weekly, and 20% had used ecstasy more than once per week.

The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was two tablets (range 0.50-20). Over two-thirds (72%) of the national sample reported that they typically used more than one tablet. During their 'heaviest' use episode in the preceding six months, participants reported a median of four tablets (range 1-35).

Participants were asked which form of ecstasy they used most in the last six months. The majority (99%) reported using pills and one percent reported mainly using ecstasy powder.

**Table 6: Patterns of ecstasy use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Median age first used ecstasy (years) | **18** | 18 | 18 | 18 | 19 | 18 | 18 | 18 | 18 |
| Median age first used ecstasy regularly (years) | **19** | 19 | 19.5 | 20 | 20.5 | 19 | 19 | 21 | 19 |
| Median days used ecstasy in the last 6 months# | **12** | 15 | 16 | 12 | 12 | 12 | 12 | 12 | 13.5 |
| Used ecstasy# more than weekly (%) | **20** | 18 | 21 | 25 | 15 | 11 | 18 | 24 | 28 |
| Median tablets in 'typical' session | **2** | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Typically use >1 tablet (%) | **72** | 69 | 73 | 75 | 78 | 80 | 70 | 57 | 63 |
| Form mainly used (%) | | | | | | | | | |
| Pills | **99** | 100 | 99 | 98 | 100 | 99 | 100 | 100 | 99 |
| Powder | **1** | 0 | 1 | 2 | 0 | 1 | 0 | 0 | 1 |
| Recently binged* on ecstasy (%) | **45** | 41 | 45 | 44 | 43 | 55 | 45 | 45 | 38 |
| Ever injected ecstasy (%) | **12** | 11 | 14 | 10 | 10 | 10 | 12 | 22 | 11 |
| Use other drugs with ecstasy (%) | **93** | 85 | 90 | 97 | 94 | 93 | 94 | 98 | 95 |
| Use other drugs to come down from ecstasy (%) | **80** | 68 | 75 | 82 | 73 | 85 | 86 | 84 | 85 |

**Source: EDRS interviews 2006**

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

# Refers to ecstasy 'pills' only; excludes powder

### 4.4.1 Drug use with ecstasy and when coming down from ecstasy

The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy. There was little jurisdictional difference in the proportions reporting other drug use in combination with ecstasy (85% in NSW to 98% in NT). Alcohol and tobacco were most commonly reported drugs typically used with ecstasy. Nearly three-quarters (72%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks. Cannabis was used by nearly half (45%) of participants in conjunction with ecstasy. More than one-fifth (27%) of those that reported use of other drugs with ecstasy used speed; other drugs reported included crystal methamphetamine (17%) and base (9%). Smaller proportions used cocaine (5%), LSD (5%) and nitrous oxide (4%). Few participants nominated GHB, ketamine, amyl nitrate and MDA as drugs they usually used with ecstasy.

There were some state differences observed: the use of alcohol in combination with ecstasy was highest in TAS and QLD (84% respectively). The use of cannabis in combination with ecstasy

was highest at 60% in the NT; speed use was highest in VIC (69%). The use of crystal in conjunction with ecstasy was highest in WA (28%), followed by NSW (27%). Base use in conjunction with ecstasy was highest in SA (28%). The use of LSD was highest in VIC (16%). Cocaine use in combination with ecstasy was highest in VIC (16%) as was the use of ketamine (8%). GHB use was highest in NSW and VIC (6% respectively).

**Table 7: Drugs usually used in combination with ecstasy among those that used other drugs, by jurisdiction, 2006**

| % | National N=699 | NSW n=85 | ACT n=90 | VIC n=97 | TAS n=94 | SA n=94 | WA n=94 | NT n=50 | QLD n=95 |
|---|---|---|---|---|---|---|---|---|---|
| Alcohol | **75** | 64 | 68 | 76 | 84 | 71 | 77 | 80 | 84 |
| > 5 standard drinks* | **72** | 52 | 74 | 67 | 85 | 73 | 68 | 75 | 79 |
| Tobacco | **64** | 58 | 62 | 72 | 70 | 70 | 56 | 72 | 56 |
| Cannabis | **45** | 29 | 51 | 38 | 40 | 46 | 40 | 60 | 57 |
| Meth powder | **27** | 21 | 26 | 69 | 4 | 21 | 25 | 22 | 24 |
| Crystal | **17** | 27 | 13 | 18 | 3 | 18 | 28 | 2 | 20 |
| Meth base | **9** | 4 | 9 | 2 | 6 | 28 | 9 | 4 | 11 |
| Cocaine | **5** | 2 | 7 | 16 | 0 | 1 | 3 | 0 | 5 |
| LSD | **5** | 5 | 0 | 16 | 0 | 6 | 2 | 10 | 6 |
| Nitrous | **4** | 0 | 7 | 2 | 6 | 7 | 4 | 0 | 6 |
| Pharm. Stim# | **4** | 0 | 2 | 0 | 2 | 3 | 17 | 0 | 2 |
| Ketamine | **2** | 4 | 1 | 8 | 0 | 2 | 0 | 0 | 1 |
| Amyl | **2** | 2 | 8 | 2 | 3 | 0 | 2 | 0 | 1 |
| GHB | **2** | 6 | 2 | 6 | 0 | 2 | 0 | 0 | 1 |
| MDA | **1** | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 2 |

**Source: EDRS interviews 2006**
* Of those that reported usually drinking alcohol
#Pharmaceutical stimulants

The majority (80%) used other drugs to come down from ecstasy. Cannabis (70%), tobacco (64%) and alcohol (41%) use were also commonly reported during the comedown period from ecstasy. A smaller proportion reported the use of alcohol during the comedown than those that reported using it in conjunction with ecstasy; however, of those that reported alcohol use when coming down, more than two-thirds in all but two jurisdictions reported drinking more than five drinks. Again, jurisdictional differences were observed regarding the use of drugs n the comedown period. Cannabis use was highest in QLD (84%) followed by the ACT (83%). Benzodiazepines were used by 13% of the national sample, with the largest proportions being in VIC (21%). Crystal (6%), methamphetamine powder (5%) and nitrous oxide (5%) were also used in the comedown by the national sample. SA reported the highest rates of concomitantly using nitrous oxide (11%) and antidepressants (11%) during the comedown from ecstasy while WA reported the highest rates of concomitantly using crystal (15%) during the comedown from

ecstasy. Smaller numbers in the sample reported the use of antidepressants (4%), base (3%). ketamine (2%), GHB (1%) and heroin (1%) during the comedown (Table 8).

**Table 8: Drugs used to come down from ecstasy, among those that used drugs to comedown, by jurisdiction, 2006**

| % | National N=598 | NSW n=68 | ACT n=75 | VIC n=82 | TAS n=73 | SA n=86 | WA n=86 | NT n=43 | QLD n=85 |
|---|---|---|---|---|---|---|---|---|---|
| Cannabis | **70** | 57 | 83 | 65 | 60 | 62 | 71 | 77 | 84 |
| Tobacco | **64** | 54 | 65 | 70 | 75 | 72 | 54 | 67 | 55 |
| Alcohol | **41** | 22 | 36 | 45 | 56 | 36 | 38 | 51 | 47 |
| > 5 standard drinks* | **66** | 43 | 67 | 69 | 68 | 68 | 52 | 77 | 70 |
| Benzodiazepines | **13** | 10 | 13 | 21 | 8 | 14 | 13 | 7 | 15 |
| Crystal | **6** | 10 | 0 | 5 | 1 | 4 | 15 | 2 | 5 |
| Meth powder | **5** | 3 | 1 | 13 | 1 | 6 | 6 | 5 | 4 |
| Nitrous oxide | **5** | 0 | 1 | 1 | 7 | 11 | 5 | 0 | 8 |
| Antidepressants | **4** | 2 | 3 | 2 | 3 | 11 | 4 | 9 | 1 |
| Meth base | **3** | 0 | 0 | 0 | 4 | 8 | 5 | 0 | 4 |
| Ketamine | **2** | 0 | 0 | 9 | 0 | 1 | 0 | 0 | 1 |
| Other opiates | **2** | 0 | 5 | 5 | 4 | 1 | 0 | 5 | 0 |
| LSD | **2** | 0 | 0 | 6 | 0 | 0 | 2 | 2 | 1 |
| GHB | **1** | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| Heroin | **1** | 0 | 3 | 4 | 0 | 0 | 0 | 0 | 1 |
| Pharm. Stimulants | **1** | 0 | 0 | 0 | 0 | 1 | 8 | 0 | 0 |

**Source: EDRS interviews 2006**

* Of those that reported usually drinking alcohol

### 4.1.2 Route of administration

In the six months preceding the interview, 99% of participants swallowed ecstasy; 68% had snorted ecstasy, 8% shelved/shafted (refers to vaginal/anal administration respectively), 6% smoked and 4% had injected ecstasy. Table 9 presents the *main* route of administration by jurisdiction. Although the vast majority of participants (94%) nominated oral ingestion as their main route of ecstasy administration, 4% mainly snorted the drug and 2% mainly injected it.

There was some jurisdictional variation in main route of administration. The highest proportion in SA (11%) reported snorting as the main method compared to 6% in the NT and less in the other states (Table 9). Six percent in the NT reported injecting as the main method compared to 4% or less in the other states.

**Table 9: Main route of administration of ecstasy in the last six months by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Swallow | **94** | 100 | 93 | 94 | 95 | 84 | 98 | 88 | 97 |
| Snort | **4** | 0 | 4 | 4 | 4 | 11 | 1 | 6 | 3 |
| Inject | **2** | 0 | 2 | 2 | 1 | 4 | 0 | 6 | 0 |
| Smoke | **<1** | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| Shelve/shaft | **<1** | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 |

**Source: EDRS interviews 2006**

### 4.1.3 Patterns of use

Participants were asked what proportion of their friends used ecstasy. Forty-eight percent of the national sample reported that 'most' of their friends used ecstasy and 24% reported that about 'half' of their friends used ecstasy. Smaller proportions reported that a 'few' of their friends used ecstasy (18%) or that 'all' of their friends used ecstasy (9%).

In 2006, the majority of participants in the national sample reported that in the six months preceding the interview they had obtained ecstasy from friends (84%) or known dealers (50%). Ecstasy was also recently obtained from acquaintances (35%), through people unknown to participants (18%) and from workmates (14%) (Table 10). Two percent of the national sample reported that they had not obtained ecstasy, only used it.

Ecstasy was most often obtained at friends' homes (65%), nightclubs (43%) and dealers' homes (36%). Other purchase locations included at their own home (32%), at an agreed public location (27%), at raves (26%), at a private party (23%), at the pub (18%), at an acquaintance's home (14%), at work (7%), on the street (6%), at a day club (3%) and at an educational institute (2%) (Table 10).

The highest proportion in all jurisdictions reported that they normally obtained ecstasy from friends, scoring from their friend's home.

Ecstasy was used at a variety of locations, most commonly, in nightclubs (81%), at raves (57%), friends' homes (56%) and at a private party (54%) (Table 10). Other locations of usual use included participants' own homes (49%), at a live music event (46%), at pubs (35%), outdoors (21%), as a passenger in a vehicle (13%) and in a public place (13%). Smaller proportions used at a day club (9%), at a dealer's house (7%), at work (3%) and at a restaurant/café (2%) (Table 10).

Over one-third (37%) of the national sample reported last using ecstasy in a nightclub (Table 10), while 8% last used at a rave. However, ecstasy is not exclusively used in clubs or at dance parties. Ecstasy was last used in a private home by substantial minorities – 18% last used in their own home and 15% reported last using at a friend's home. Small numbers reported that the last venue of use was a pub (5%) or at a dealer's home (less than 1%).

**Table 10: Source, purchase location and use location of ecstasy by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| Friends | **84** | 79 | 80 | 87 | 90 | 88 | 81 | 78 | 82 |
| Known dealers | **50** | 44 | 51 | 66 | 63 | 56 | 39 | 24 | 47 |
| Acquaintances | **35** | 18 | 33 | 47 | 40 | 39 | 37 | 22 | 37 |
| Workmates | **14** | 7 | 8 | 21 | 11 | 20 | 15 | 8 | 15 |
| Unknown dealers | **18** | 10 | 17 | 30 | 11 | 22 | 18 | 8 | 21 |
| Used, not scored | **2** | 4 | 0 | 1 | 3 | 1 | 1 | 6 | 3 |
| **Locations scored (%)** | | | | | | | | | |
| Friend's home | **65** | 55 | 55 | 66 | 80 | 69 | 71 | 59 | 64 |
| Dealer's home | **36** | 37 | 34 | 39 | 38 | 37 | 37 | 20 | 35 |
| Nightclub | **43** | 31 | 48 | 62 | 49 | 41 | 33 | 45 | 33 |
| At own home | **32** | 21 | 24 | 28 | 42 | 38 | 22 | 51 | 36 |
| Agreed public location | **27** | 23 | 37 | 37 | 12 | 42 | 24 | 28 | 17 |
| Raves* | **26** | 12 | 17 | 38 | 57 | 29 | 19 | 18 | 13 |
| Private party | **23** | 8 | 14 | 30 | 39 | 36 | 20 | 29 | 14 |
| Pubs | **18** | 11 | 12 | 20 | 21 | 24 | 16 | 29 | 15 |
| Acquaintance's home | **14** | 5 | 7 | 13 | 9 | 24 | 22 | 12 | 16 |
| Street | **6** | 7 | 2 | 5 | 4 | 8 | 5 | 2 | 10 |
| Work | **7** | 6 | 4 | 10 | 3 | 13 | 7 | 6 | 8 |
| Educational institution | **2** | 0 | 5 | 3 | 1 | 3 | 1 | 0 | 3 |
| Day Club | **3** | 4 | 1 | 9 | 0 | 7 | 0 | 0 | 3 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

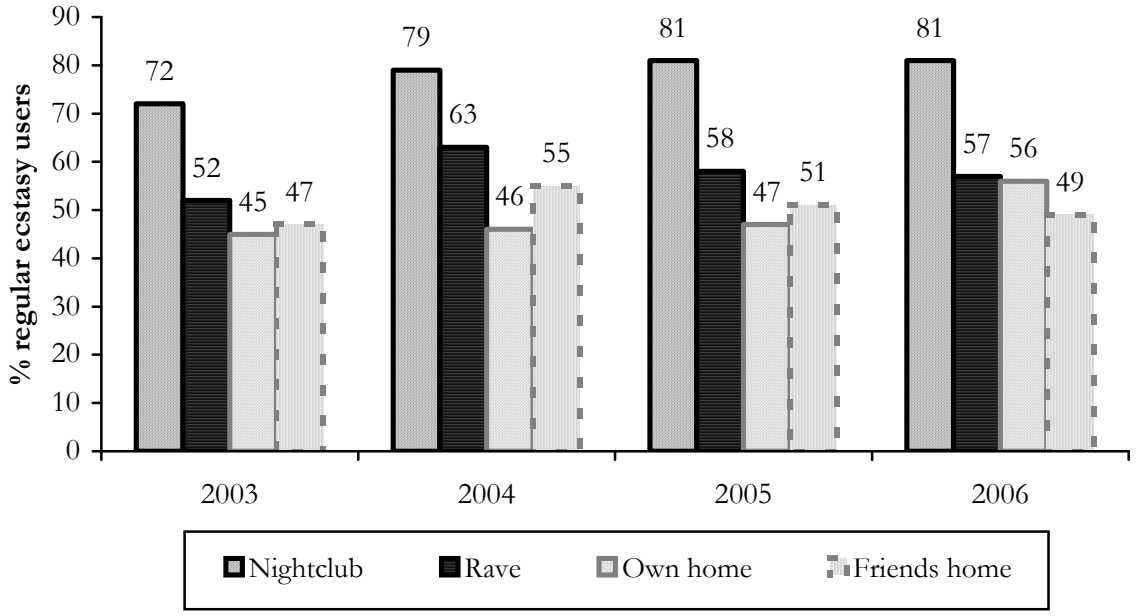
**Table 10: Source, purchase location and use location of ecstasy by jurisdiction, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Usual use venue (%)** | | | | | | | | | |
| Nightclub | **81** | 81 | 85 | 86 | 77 | 80 | 83 | 71 | 82 |
| Raves* | **57** | 62 | 40 | 66 | 81 | 63 | 55 | 29 | 42 |
| Private party | **54** | 39 | 36 | 52 | 75 | 65 | 63 | 53 | 49 |
| Friend's home | **56** | 26 | 40 | 56 | 86 | 70 | 65 | 49 | 50 |
| At own home | **49** | 40 | 37 | 42 | 59 | 55 | 54 | 49 | 55 |
| Pubs | **35** | 25 | 22 | 39 | 46 | 44 | 35 | 39 | 29 |
| Dealer's home | **7** | 3 | 6 | 6 | 14 | 8 | 10 | 0 | 3 |
| Restaurant/café | **2** | 2 | 3 | 2 | 1 | 3 | 1 | 4 | 3 |
| Public place | **13** | 12 | 7 | 12 | 11 | 21 | 14 | 10 | 18 |
| Vehicle – passenger | **13** | 6 | 9 | 12 | 9 | 26 | 19 | 12 | 10 |
| Vehicle – driver | **6** | 4 | 4 | 6 | 3 | 12 | 10 | 4 | 4 |
| Outdoors | **21** | 7 | 9 | 24 | 32 | 30 | 23 | 20 | 20 |
| Live music event | **46** | 40 | 40 | 44 | 66 | 38 | 55 | 12 | 52 |
| Work | **3** | 3 | 2 | 4 | 3 | 5 | 1 | 4 | 5 |
| Day club | **9** | 16 | 2 | 18 | 2 | 14 | 5 | 0 | 10 |
| **Last use venue (%)** | | | | | | | | | |
| Nightclub | **37** | 44 | 43 | 40 | 18 | 32 | 43 | 35 | 37 |
| Friend's home | **15** | 7 | 14 | 17 | 22 | 16 | 16 | 6 | 18 |
| At own home | **18** | 17 | 18 | 14 | 20 | 22 | 12 | 26 | 17 |
| Raves* | **8** | 12 | 4 | 8 | 18 | 4 | 5 | 6 | 5 |
| Private party | **7** | 2 | 3 | 4 | 14 | 10 | 8 | 12 | 4 |
| Pubs | **5** | 3 | 3 | 8 | 0 | 5 | 6 | 8 | 5 |
| Dealer's home | **<1** | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

Figure 1 presents trends over time in the locations of usual ecstasy use. Nightclubs have been the most common location of usual ecstasy use across time, followed by raves. However, despite the traditional association of ecstasy with these venues, more than two-fifths of the national sample across time has reported that their own homes and friends' homes are also locations of usual use.

**Figure 1: Location of usual ecstasy use across time, 2003-2006**

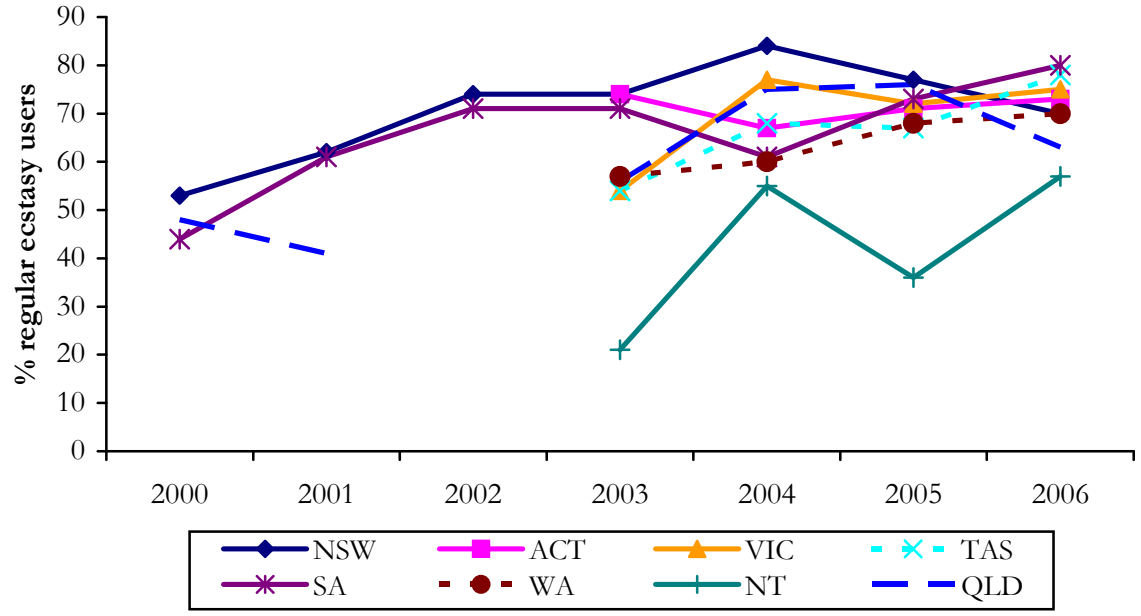



**Source: EDRS interviews 2003-2006**

## 4.2 Trends over time

Data has been collected in NSW, QLD and SA since 2000, and all other jurisdictions since 2003. The 2006 results provide additional information on ecstasy trends over time: in NSW there has been a decline since 2004 in the proportion reporting typically using more than one tablet, from a peak of 84% in 2004 to 70% in 2006 (Figure 2). QLD also observed a decrease between 2005 (76%) and 2006 (63%). TAS has observed an increase in the proportion of REU typically using more than one tablet, from 34% in 2003 to 78% in 2006.

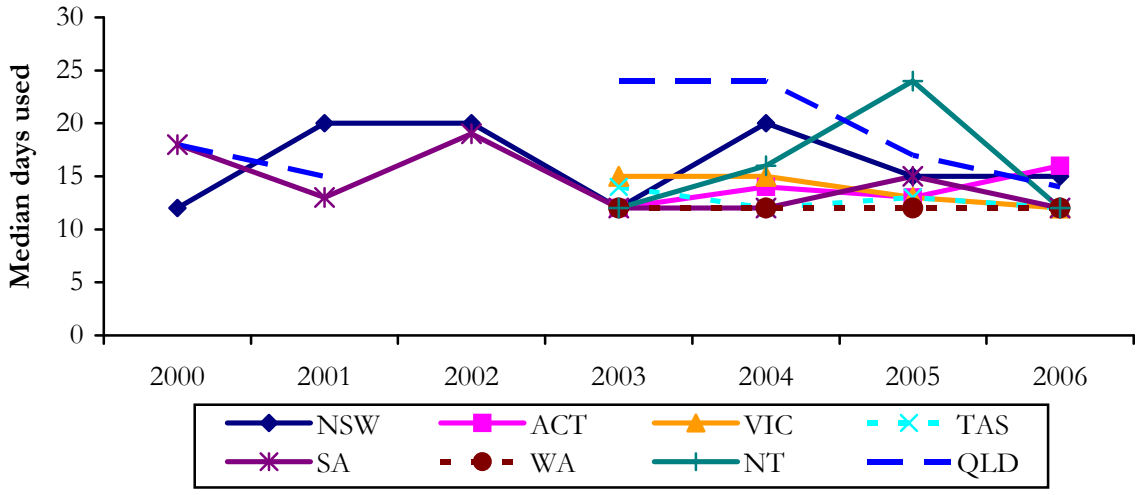
**Figure 2: Proportion of REU that report typically using more than one ecstasy tablet by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

Figure 3 presents the frequency of ecstasy use over time. The frequency of ecstasy use has fluctuated in NSW across time, with a slight decline observed since 2004 (20 days in 2004 vs. 15 days in 2005 and 2006). QLD has also seen a decline since 2004 (24 days in 2004; 17 days in 2005; 14 days in 2006). The NT observed the largest decrease in frequency of use in 2006, from 24 days in 2005 to 12 days in 2006.

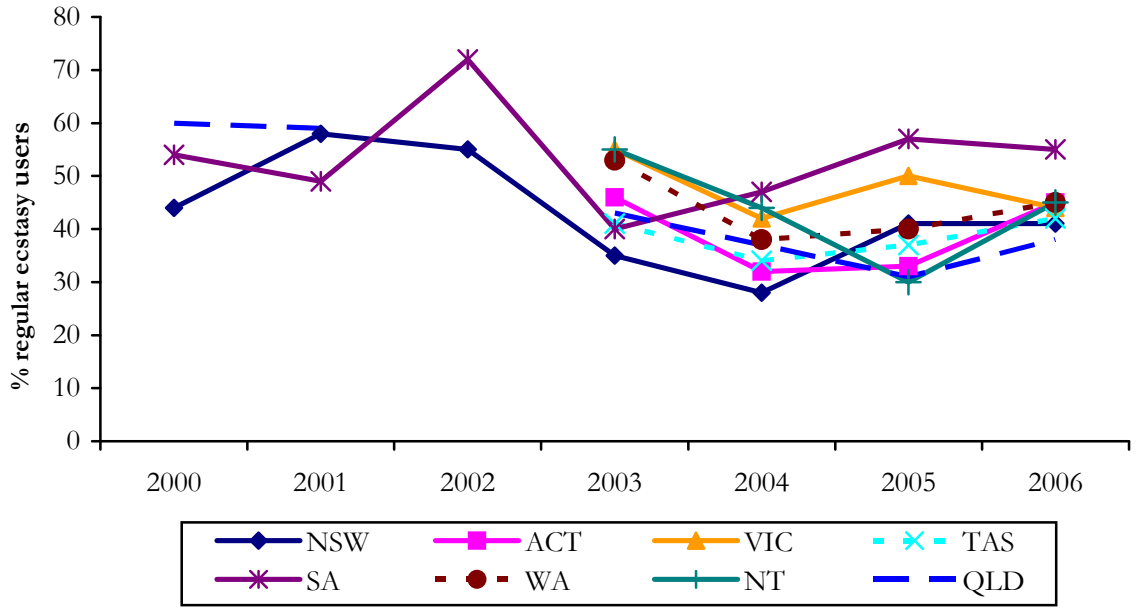
**Figure 3: Median days used ecstasy in the six months preceding interview, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002. Refers to ecstasy pills only

Figure 4 presents the proportion of REU who report 'bingeing' on ecstasy over time. Jurisdictions such as NSW, VIC, SA and the ACT have observed fluctuating patterns across time. The NT reported the largest increase in the proportion reporting bingeing on ecstasy, with an increase from 30% in 2005 to 45% in 2006.

**Figure 4: Proportion of REU that reported bingeing* on ecstasy, 2000-2006**

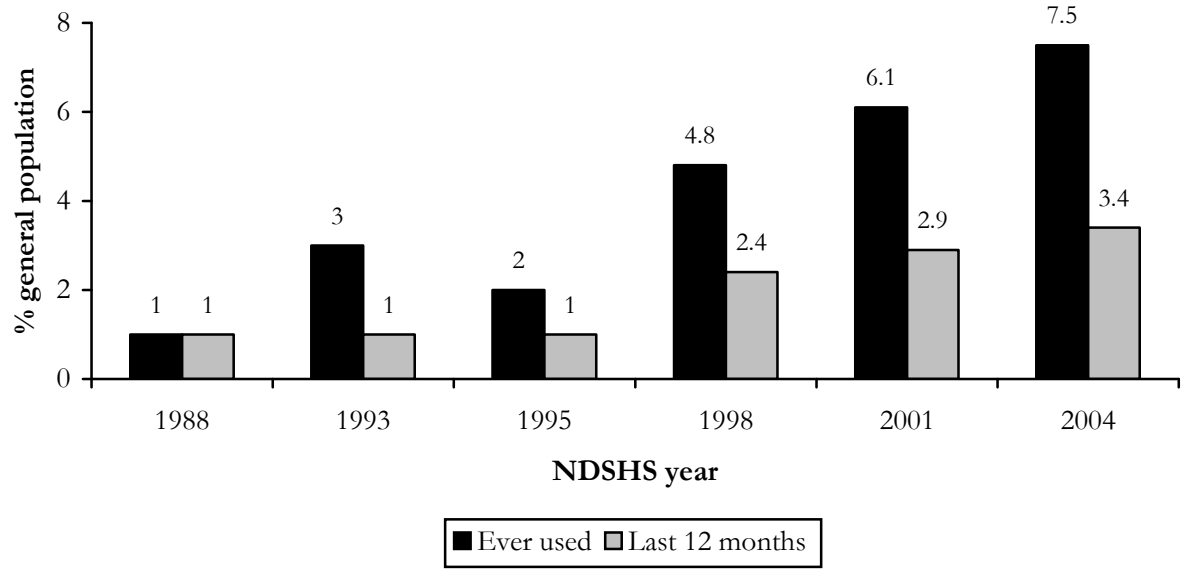



**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002
* Bingeing defined as the use of ecstasy for more than 48 hours continuously without sleep

## 4.3 Use of ecstasy in the general population

Since ecstasy was first included in the National Drug Strategy Household Survey (NDSHS) in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 and above increased; from 1% in 1988 to 7.5% in 2004 (Australian Institute of Health and Welfare, 2005). Similarly, as shown in Figure 5, the proportion of the general population who reported using ecstasy in the preceding 12 months has increased over time from 1% in 1988 to 3.4% in 2004 (Australian Institute of Health and Welfare 2005).

**Figure 5: Prevalence of ecstasy use in Australia, 1988-2004**




**Source: National Drug Strategy Household Surveys 1988-2004**
Note: In the 2001 and earlier NDSHS surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' never being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'

The prevalence of ecstasy use varies slightly according to gender, although differences are modest compared to other drugs. In the 2004 NDSHS, 9.1% of males and 6% of females reported lifetime ecstasy use. This is consistent with data from previous surveys (Commonwealth Department of Health and Family Services 1996; Higgins, Cooper-Stanbury et al. 2000; Australian Institute of Health and Welfare 2002).

In the 2004 survey, both lifetime (22%) and past year (12%) ecstasy use was most common among those aged 20-29 years. Again, more males than females in this age group reported lifetime use (25.8% vs. 18.2%) and recent use (i.e. in the preceding 12 months) (15.1% vs. 8.8%). Those aged 30-39 years reported lifetime use of 12.5% and a recent use of 4%. Those aged 14-19 reported a lifetime use of 6.2% and recent use of 4.3% (Australian Institute of Health and Welfare 2005).

The availability of ecstasy has increased in recent years as indicated by the proportion of people in the general population who report having experienced an opportunity to use ecstasy. In 2004 and 2001, 7.8% of the general population aged 14 years and over had had the opportunity to use ecstasy compared to 4.8% in 1998 and 3% in 1995. In the earlier surveys this question referred to lifetime exposure rather than exposure in the preceding 12 months; however, the increased trend is clear even with a longer window of opportunity in previous surveys; in 1988, 4% of the population had ever been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai and McAllister 1998).

(Degenhardt, Barker et al. 2004) investigated recent ecstasy users (i.e. those who had used ecstasy in the twelve months prior to interview) from the 2001 NDSHS. In comparison to those who had not recently used ecstasy, recent users were more likely to have used a range of other drugs. Ecstasy use itself followed an occasional use pattern: the majority of recent ecstasy users described relatively infrequent use, with around two-thirds of those aged 14-19 and 20-29 reporting ecstasy use every three months or less often in the preceding year, and around 20%

reporting ecstasy use on a monthly basis in that time. Despite the regular ecstasy users in the EDRS engaging in more frequent ecstasy use (as expected, given the study inclusion criteria), polydrug use amongst ecstasy users in the general population appears consistent with the REU in this study.

## 4.4 Price

The median price of ecstasy ranged from $30 in NSW, VIC, SA and QLD to $50 in the NT (Table 11). The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months, ranging from 54% in TAS to 78% in the NT. The proportion of ecstasy users reporting that the price had 'decreased' also varied, from 4% in the NT to 28% in TAS.

**Table 11: Median price of ecstasy and participants' reports of price change by jurisdiction, 2006**

| | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|
| Median price ($) per tablet (range) | 30 (20-50) | 35 (5-50) | 30 (15-40) | 40 (30-60) | 30 (16-45) | 40 (25-50) | 50 (40-60) | 30 (5-60) |
| **Price change (%)** | | | | | | | | |
| Increased | 3 | 9 | 10 | 5 | 9 | 6 | 6 | 9 |
| Stable | 69 | 64 | 60 | 54 | 62 | 61 | 78 | 57 |
| Decreased | 16 | 15 | 21 | 28 | 19 | 19 | 4 | 19 |
| Fluctuated | 7 | 8 | 6 | 13 | 8 | 12 | 6 | 11 |
| Don't know | 5 | 4 | 3 | 0 | 2 | 2 | 6 | 4 |

**Source: EDRS interviews 2006**

Table 12 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 WA and the NT, whilst larger jurisdictions such as NSW and VIC report lower prices. In most jurisdictions, with the exception of the NT, the price of ecstasy has steadily declined across time.

**Table 12: Median price of ecstasy, 2000-2006**

| | 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 |

**Source: EDRS interviews 2000-2006**
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

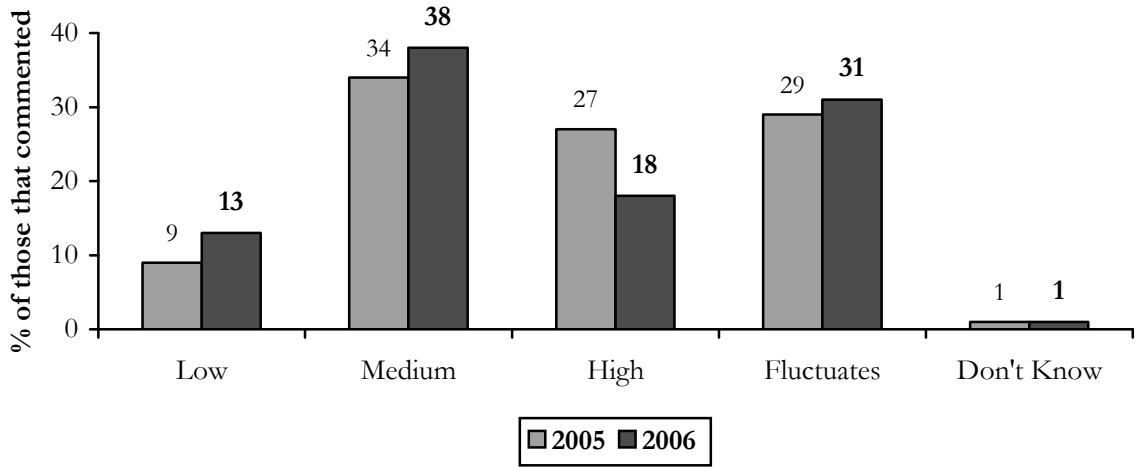
Participants were asked how many different people they purchased ecstasy from in the six months preceding interview. Of the national sample, participants purchased ecstasy from a median of three people, ranging from not having purchased ecstasy to thirty-five different people. Participants were asked whom they purchased the tablets for: 71% reported 'self and others' and 27% reported for themselves only. Forty percent of the national sample reported purchasing ecstasy between one and six times in the last six months. Thirty-four percent reported between seven and twelve times. The median number of tablets purchased nationally was five tablets.

Of those who purchased ecstasy, 72% reported that they were able to purchase other drugs (besides ecstasy) from their main ecstasy dealer (ranging from 64% in TAS to 82% in QLD). The other drugs sold by the main ecstasy dealer included cannabis (65%), speed (59%), crystal (48%), cocaine (29%), base (26%), LSD (24%), ketamine (14%), GHB (12%), pharmaceutical stimulants (7%), MDA (7%), mushrooms (6%) and heroin (5%).

## 4.5 Purity

More than half of the sample (56%) reported that the purity was 'medium' to 'high' while nearly one-third (31%) reported that purity 'fluctuates'; 13% reported current purity as 'low' and 1% 'did not know' (Figure 6). The proportion of participants who nominated the current purity as 'high' decreased between 2005 and 2006, from 27% to 18%.

**Figure 6: National REU reports of current ecstasy purity, 2005-2006**




**Source: EDRS interviews 2005-2006**

There was some variation in jurisdictional reports of the current purity of ecstasy, with WA having the highest proportion reporting that ecstasy was currently 'low' (22%) and those in the NT having the highest proportion of those reporting that ecstasy was currently 'medium' (53%) (Table 13).

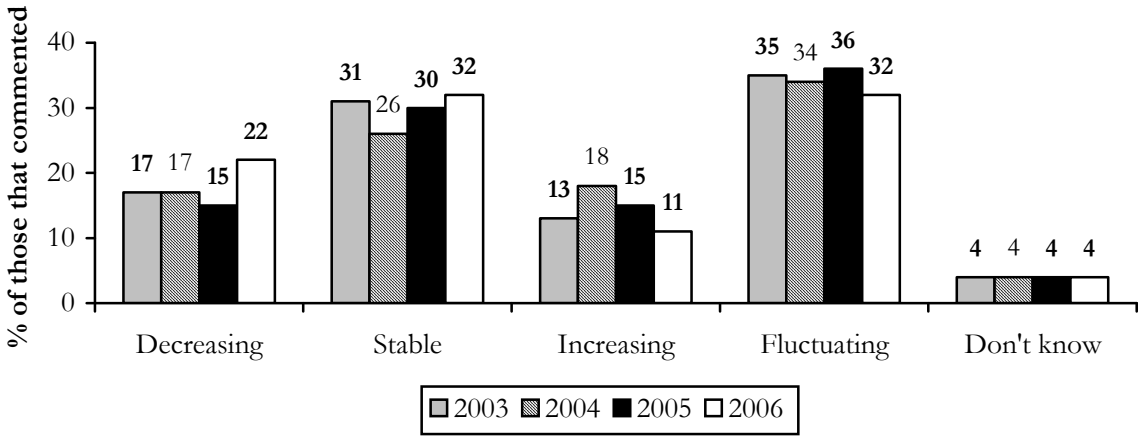
**Table 13: Participant reports of current ecstasy purity, by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Current purity (%)** | | | | | | | | | |
| Low | **13** | 12 | 7 | 13 | 12 | 11 | 22 | 14 | 14 |
| Medium | **38** | 42 | 47 | 35 | 39 | 31 | 28 | 53 | 34 |
| High | **18** | 20 | 23 | 18 | 13 | 17 | 13 | 12 | 22 |
| Fluctuates | **31** | 25 | 21 | 33 | 36 | 40 | 36 | 22 | 29 |
| Don't know | **1** | 1 | 2 | 0 | 0 | 2 | 1 | 0 | 1 |

**Source: EDRS interviews 2006**

Participants were asked to comment on the change of ecstasy purity in the preceding six months. One-third each (32%) reported that the purity of ecstasy had remained 'stable' or 'fluctuated'; 22% reported that the purity of ecstasy had 'decreased'. Smaller proportions reported that the purity had 'increased' (11%) and 4% reported that they did not know. Figure 7 presents national data across the four sampling years. Similar proportions across time have reported that the purity of ecstasy fluctuated in the six months prior to interview, as well as approximate proportions reporting that purity had remained stable.

**Figure 7: National REU reports of recent change in ecstasy purity, 2003-2006**




**Source: EDRS interviews 2003-2006**

Table 14 presents jurisdictions' reports of purity change in the six months preceding interview. Small proportions across all jurisdictions reported that purity had increased. Approximately one-third or more of REU in all jurisdictions (with the exception of SA and WA) reported that purity had remained stable in the six months prior to interview.

**Table 14: Participant reports of changes in ecstasy purity in the past six months, by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Purity change (%)** | | | | | | | | | |
| Don't know | **4** | 4 | 4 | 4 | 3 | 8 | 2 | 6 | 2 |
| Increasing | **11** | 13 | 16 | 11 | 8 | 10 | 7 | 6 | 11 |
| Stable | **32** | 32 | 39 | 38 | 33 | 21 | 22 | 33 | 36 |
| Decreasing | **22** | 24 | 20 | 18 | 25 | 24 | 24 | 14 | 23 |
| Fluctuates | **32** | 27 | 21 | 28 | 31 | 38 | 45 | 41 | 28 |

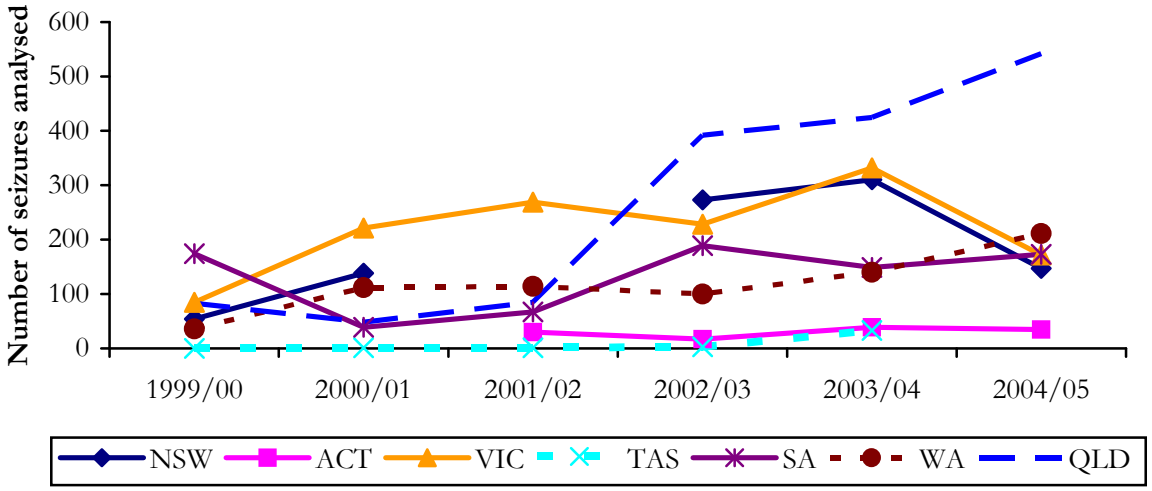
**Source: EDRS interviews 2006**

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 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 Australian Crime Commission (ACC), and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provide data on state and territory police and Australian Federal Police (AFP) seizure data, including number and weight of seizures. In 1999/00 the purity was reported as 'ecstasy' seizures. Since 2000/01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (Australian Crime Commission 2005) and seizures of these drugs are included in the seizure data from 2000/01.

The number of state police seizures analysed has increased over time. In 2004/05 the number of state seizures analysed increased in QLD and decreased in NSW and VIC. The other states remained stable (Figure 8). The NT is not included on the graph. In TAS there was one seizure analysed in 2000/01 and 2001/02, three in 02/03, which increased in 2003/04 to 33 and in 2004/05 there were no seizures. In the NT there were eleven phenylethylamine seizures analysed in 2001/02, 2002/03 and none in 2003/04 or 2004/05. From figures 7 to 10 below the following caveat applies: figures do not represent the purity levels of all phenethylamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania 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.

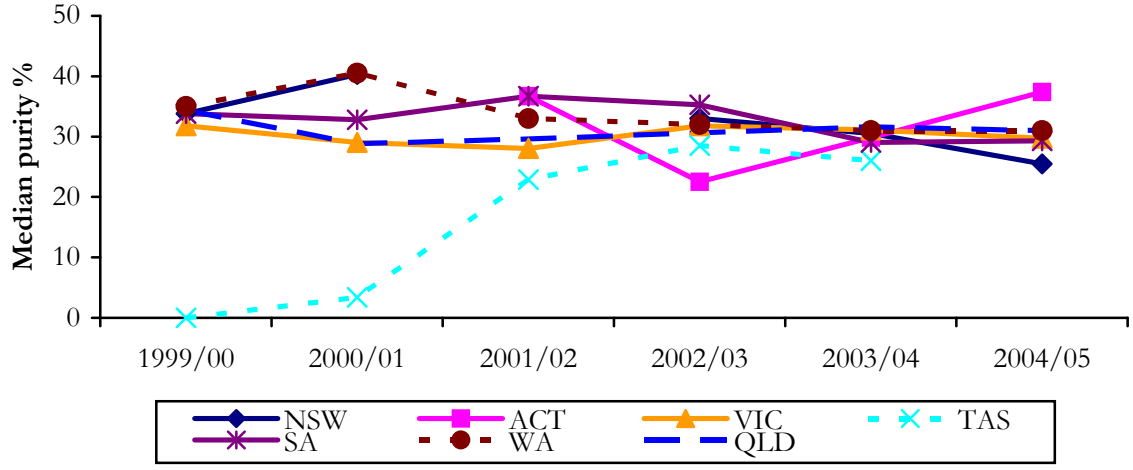
**Figure 8: Number of phenethylamine state police seizures, by jurisdiction, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were not available at time of publication.

The analysed median purity of the state police seizures indicates that, generally, purity of phenylethylamine seizures has remained relatively stable at around 30% purity (Figure 9).

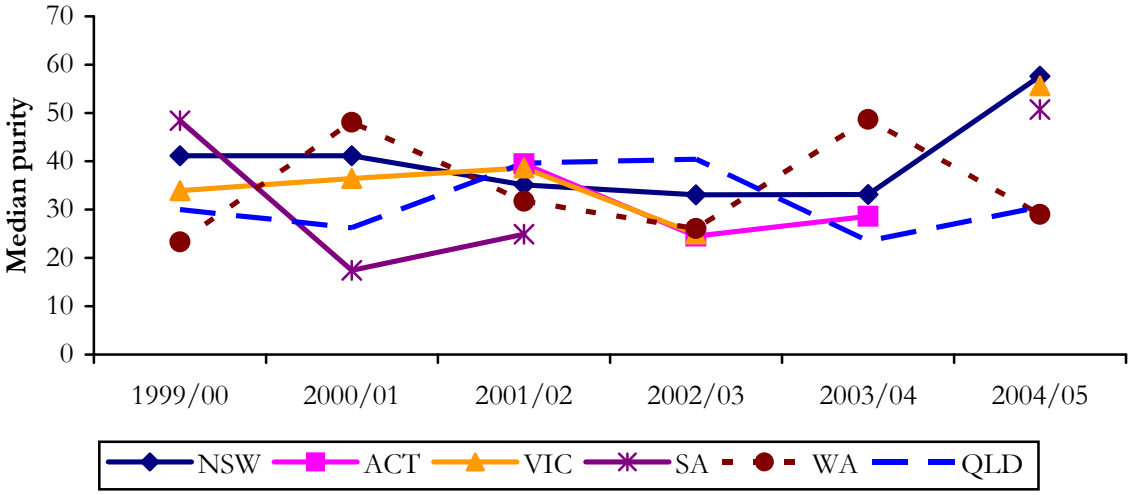
**Figure 9: Median purity of state police phenethylamine seizures, by jurisdiction, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were not available at time of publication.

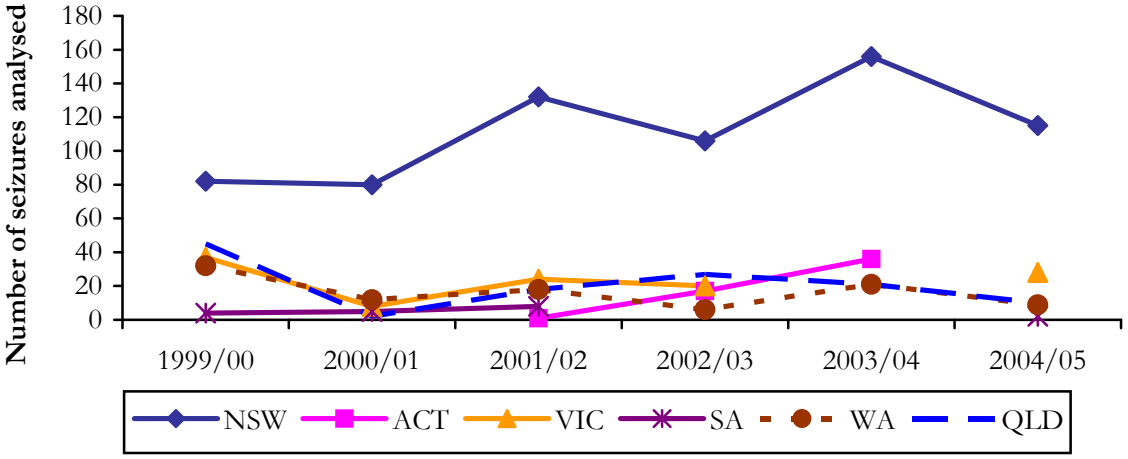
The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity (Figure 10). Figure 11 presents the number of AFP phenethylamines seizures over time by jurisdiction except the NT and TAS. As can be seen, the median purity was indeed higher for these seizures than for state police seizures.

**Figure 10: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were unavailable at time of publication.

**Figure 11: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were unavailable at time of publication.

## 4.6 Availability

Just over half (54%) of the national sample considered ecstasy to be 'very easy' to obtain and 38% considered it to be 'easy' (Table 15). Six percent reported that ecstasy was 'difficult'; one percent thought it was 'very difficult' and one percent 'did not know'. The majority reported that the availability had either remained 'stable' (65%) or become 'easier' (16%) to obtain in the six months preceding interview.

In all jurisdictions, almost all participants described ecstasy as 'very easy' or 'easy' to obtain, and the majority reported that availability had remained 'stable'.

**Table 15: REU reports of availability of ecstasy in the preceding six months, 2006**

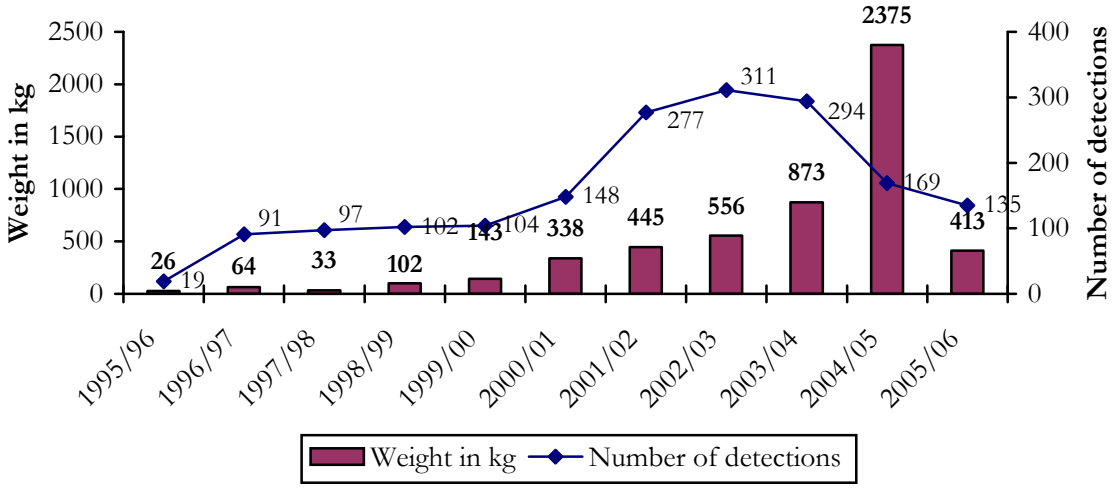
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability of ecstasy (%)** | | | | | | | | | |
| Don't know | **1** | 1 | 0 | 0 | 1 | 1 | 0 | 10 | 0 |
| Very easy | **54** | 60 | 47 | 67 | 51 | 64 | 47 | 45 | 49 |
| Easy | **38** | 34 | 43 | 31 | 46 | 31 | 42 | 35 | 42 |
| Difficult | **6** | 5 | 7 | 2 | 2 | 4 | 11 | 10 | 8 |
| Very difficult | **1** | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 1 |
| **Change in availability (%)** | | | | | | | | | |
| Don't know | **3** | 1 | 3 | 0 | 3 | 2 | 1 | 16 | 2 |
| More difficult | **11** | 10 | 10 | 7 | 13 | 6 | 17 | 4 | 20 |
| Stable | **65** | 80 | 61 | 77 | 68 | 65 | 55 | 61 | 51 |
| Easier | **16** | 5 | 21 | 13 | 13 | 22 | 17 | 14 | 20 |
| Fluctuates | **5** | 4 | 5 | 3 | 3 | 5 | 10 | 6 | 7 |

**Source: EDRS interviews 2006**

### 4.6.1 Ecstasy detected at the Australian border

Data from the Australian Customs Service suggest an increase in the number and weight of detections of ecstasy in recent years. The weight presented is the weight of the tablets, not the weight of the active drug MDMA. It appears the number of detections of ecstasy tablets has increased over time, with several large-scale detections in 2004/05, including what is believed to be the world's largest single MDMA detection in VIC in April 2005, which accounted for 1,236kg of the total 2,375kg in 2004/05. Detections for 2005/06 did not include such large quantities (Figure 12).

**Figure 12: Number and weight in kilograms of detections of MDMA at the Australian border, financial years 1995/96-2005/06**




**Source: Australian Customs Service (2006)**

## 4.7 Participant knowledge of ecstasy and the law

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

Participants were firstly asked if they knew the quantity of ecstasy that qualified as 'supply' according to police. Two-thirds (64%) of the national sample reported that they did not know the quantity, while the remaining one-third (34%) of the sample reported that they did know. Of those who reported they did know the quantity, 7% believed that the quantity was measured in 'grams' while 94% believed that the quantity was measured in 'tabs', or ecstasy tablets.

Three-quarters (77%) believed that, to be charged with supply, the product could be tablets sold as 'ecstasy' regardless of the amount of MDMA in the product; 5% believed that the product had to be pure MDMA; and 17% responded that they did not know.

More than half (55%) of the national sample reported that they knew the outcomes of being convicted for supplying ecstasy, while 46% reported that they did not know. Of those who reported that they knew the outcomes of being convicted for supplying ecstasy, 77% reported that the outcome would be a prison sentence, 38% reported a fine, 16% reported community service and 13% reported that the outcome would result in a caution. Sixteen percent reported a range of other outcomes, such as being admitted to detoxification (n=1), rehabilitation (n=4) or being unable to travel to foreign countries (n=1). Others reported that the outcome was dependent on such factors as age, prior convictions, discretion of the police and the courts. (Note: participants could choose more than one outcome).

Participants were asked if they believed there was a difference between being caught in possession of ecstasy that was for their personal use and being caught with ecstasy that was intended to be used by others. Half (52%) of the national sample believed there was no difference.

The state reports provide more detailed analysis regarding participants' beliefs surrounding ecstasy possession and the law.

Appendix E presents the gram amounts in each state for MDMA that can be judged as a 'traffickable' amount (i.e. drug dealing), as well as the websites which provide more information regarding drug quantities and possession in each state and territory in Australia.

## 4.8 Ecstasy-related harms

### 4.8.1 Law enforcement

A number of jurisdictions do not differentiate between arrests associated with amphetamine-type stimulants and phenylethylamines, the class of drug to which ecstasy belongs (Australian Crime Commission 2006); ecstasy arrests are therefore included under amphetamine-type stimulants. This data is presented in the methamphetamine section.

Information on criminal activity and arrests among the 2005 national REU sample is presented in Chapter 15.

### 4.8.2 Treatment for ecstasy

Although ecstasy users do not typically come into contact with health professionals, and few of the REU were currently in drug treatment, there is some evidence that there are people experiencing problems with their ecstasy use and have sought treatment.

Of the 135,202 closed drug treatment episodes in Australia in 2004/05 (not including pharmacotherapy), 0.4% nominated ecstasy as their principal drug of concern: a total of 580 treatment episodes for the treatment of ecstasy-related problems (AIHW (Australian Institute of Health and Welfare) 2004). Clients may have been seeking treatment for more than one drug type.

## 4.9 Benefit and risk perception

Participants were asked to describe the risks and benefits they perceived to be associated with taking ecstasy. They were asked if they thought there were risks or benefits associated with taking ecstasy and, if so, they were asked to specify the risks.

### 4.9.1 Perceived benefits

Participants nominated a wide variety of benefits associated with taking ecstasy. Ninety-three percent of the participants identified at least one benefit, and a range of benefits were reported. Six percent reported there were no benefits to taking ecstasy.

Participants commonly reported social benefits associated with taking ecstasy. Ecstasy was considered to facilitate social interaction by making the user less self conscious, more friendly and talkative, and enabling the user to facilitate conversations with others. Participants described a feeling of closeness with others while on ecstasy.

There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance longer. Ecstasy was also purported to heighten users' sensations; participants reported an increased appreciation of music when taking ecstasy.

The state reports provide more detailed analysis on the perceived benefits of ecstasy use.

### 4.9.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking ecstasy. The majority (95%) identified that there was some risk associated with ecstasy use and a range of potential health and other risks were identified. Participants often nominated more than one issue. However, 5% of the national sample reported there were no risks with taking ecstasy, less than 1% were unsure, and data were missing for two participants.

Participants were not asked whether they knew of these risks prior to taking the drug or if these perceived risks would deter them from taking drugs in the future.

There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long-term risks.

The state reports provide more detailed analysis on the perceived risks of ecstasy use.

## 4.10 Jurisdictional trends in ecstasy use

### 4.10.1 NSW

Regular ecstasy users in NSW first used ecstasy in their late teens, and regular (at least monthly) use occurred soon after. Ecstasy was consumed orally by all participants in the six months prior to interview.

Ecstasy was used in a median of fifteen days in the six months prior to interview, with 19% reporting that they used ecstasy more than once per week. This is a decrease from previous years; in 2005, 40% reported using ecstasy more than once per week. Participants reported using two tablets in a typical use episode, and 69% reported that they typically used more than one tablet when they used ecstasy.

The median price for a single ecstasy tablet was $30, with large proportions of participants reporting that this price had remained stable in the six months preceding interview. Ecstasy was commonly purchased from people known to participants, such as friends, in private locations,

such as friends' homes. Ecstasy was typically used in nightclubs and raves, though substantial proportions reported also typically using ecstasy in private locations such as their own homes, at private parties, or at friends' homes.

Two-fifths of the NSW sample reported that the current purity of ecstasy was medium while one-fifth reported that the current purity was high. Reports varied regarding the change in purity in the six months prior to interview, with reports suggesting that purity had either remained stable, had fluctuated, or had decreased. Participants reported that ecstasy was very easy or easy to obtain, and the majority reported that this had remained stable in the six months prior to interview.

Participants perceived benefits, and risks, associated with their ecstasy use. The most commonly identified benefits perceived to be related to ecstasy use were the enhanced feelings of closeness and bonding with others, followed by an enhanced mood. The most commonly identified risks of ecstasy use were depression and ecstasy containing unknown contaminants/cutting agents.

### 4.10.2 ACT

The primary mode of ecstasy administration was swallowing, although two-thirds of the sample also reported having snorted ecstasy in the past six months. Small proportions of the sample also reported having smoked, shelved or injected ecstasy in the preceding six months.

Just under half of the sample reported bingeing on ecstasy and related drugs in the preceding six months. Three-quarters of the sample typically used more than one tablet each time they took ecstasy, and over half the REU interviewed had used more than four tablets in a single episode of use in the past six months.

Almost the entire sample reported that they typically used other drugs in combination with ecstasy, and three-quarters had typically used other drugs to facilitate the 'comedown' from ecstasy. Of those participants who reported drinking alcohol when taking ecstasy, two-thirds reported excessive alcohol use (having more than five standard drinks) when they consumed ecstasy.

The median price of ecstasy in the ACT is currently $35 per tab. The majority of participants believed the current purity of ecstasy to be 'medium' to 'high'. Almost the entire sample reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT, and the majority of participants believed the availability of ecstasy to have remained stable in the past six months. Ecstasy was primarily obtained through friends and known dealers.

Ecstasy users identified a number of both risks and benefits that they believed to be associated with their own ecstasy use. The most commonly reported benefits of taking ecstasy were: that it was fun; ecstasy enhanced communication and sociability; and enhanced closeness and bonding with others. Conversely, the most frequently reported risks associated with ecstasy use were: damage to brain function; unknown contaminants; and depression.

### 4.10.3 VIC

The 2006 REU sample reported first use of ecstasy, on average, in their late teens, typically commencing regular use in their early twenties. Although there was a wide range of patterns of current ecstasy use reported by the 2006 REU sample, over half (53%) reported using ecstasy pills fortnightly or less frequently. The median number of ecstasy pills used in a session was reported as two, with a median of four used in a heavy session.

Ecstasy pills are most commonly used orally. Regular ecstasy users take ecstasy in a wide range of locations, most commonly nightclubs, dance parties/raves/doofs, private homes/parties and at live music events. The perceived (user defined) benefits of ecstasy use include fun, and enhanced bonding with others, mood and communication. The user-defined risks of ecstasy use include psychological/mental health concerns, physical harms and neuropsychological harms.

In addition to ecstasy, the REU reported having ever and recently used a range of other drugs. The drugs used by the 2006 sample were comparable to previous years, with recent use of alcohol, cannabis, tobacco and speed commonly reported. Less than half the 2006 REU sample reported bingeing (defined as continuous use of drugs for more than 48 hours) on drugs in the six months prior to interview, most commonly on speed, ecstasy, alcohol and cannabis.

As in previous years, polydrug use was the norm among the 2006 EDRS participants, a pattern of use confirmed among ecstasy and related drug (ERD) users more generally by the KE reports. Most of the 2006 REU sample reported the use of other drugs in combination with ecstasy (82%) and during the 'come down' from ecstasy (82%).

The price of ecstasy appears to have remained stable over the last four years, with ecstasy typically costing $30 per pill. The purity of ecstasy tends to be rated as medium or fluctuating. Ecstasy remains readily available, and is predominantly sourced from friends or known dealers in private residences and nightclubs.

Regular ecstasy users tend to have a number of people they can purchase ecstasy from and typically purchase for themselves. In addition to ecstasy, most regular ecstasy users can obtain a range of other drugs from the dealers, most commonly speed and cannabis.

### 4.10.4 TAS

Most participants had first used ecstasy at around 20 years of age and a large majority (87%) had been using ecstasy for two years or more. The entire sample had recently used ecstasy in tablet form although a minority had also recently used ecstasy in capsule (19%) or powder (13%) forms. Ecstasy tablets were typically swallowed, but snorting of ecstasy was also common and small proportions had recently shelved/shafted, smoked or injected ecstasy.

On average, ecstasy had been used fortnightly with two tablets taken orally in a typical session. Almost four-fifths (79%) had typically used more than one tablet in a typical session of use, which is greater than the proportion reported in previous years (54-69%). Over two-fifths (43%) had recently used ecstasy in a 'binge session' (a continuous 48 hour period of drug use without sleep), which is slightly higher relative to 2004 (34%) and 2005 (37%).

Ecstasy was typically used at music-related venues including dance parties, nightclubs and live music events but was also used at a range of other locations. REU reports and anecdotal comments of KE suggest an increase in the use of ecstasy at locations such as private residences and public bars.

The majority of REU had typically used other drugs when under the influence (94%) and when coming down form ecstasy (73%). Alcohol, cannabis and tobacco were the drugs most commonly used. The proportion reporting 'binge drinking' (consuming more than 5 standard drinks) when under the influence of ecstasy has declined from the levels reported among local cohorts in 2005 (78% in 2005, 66% in 2006).

Whereas there was evidence for an expanding ecstasy market in 2004, marked by decreased price, increased purity, and increased availability relative to 2003, the market tightened slightly in 2005, with a slight increase in price and a decrease in purity and availability relative to 2004. In 2006, a slight decrease in price and purity was observed, while availability remained relatively stable.

The median price for one tablet of ecstasy was $40, representing a drop in price from the median of $45 reported in 2005. Over one-half indicated that this price had remained stable during the preceding six months, but one-quarter reported a recent decrease in price.

REU reported that ecstasy was medium (39%) or fluctuating (36%) in purity, with a smaller proportion (13%) reporting that ecstasy was high in purity relative to previous years. REU indicated that this purity had remained stable (34%) or had fluctuated (32%) during the six months preceding the interview.

Both KE and REU indicated that ecstasy is currently 'easy' or 'very easy' to obtain and that recent availability had remained stable in recent months. Ecstasy was typically purchased from friends and obtained from friends' homes. Over one-half (54%) had typically purchased ecstasy for themselves and others, and the remainder (44%) typically purchased ecstasy for themselves only. Two-thirds (66%) were able to obtain other drugs (most typically cannabis, methamphetamine and cocaine) when they purchased ecstasy.

### 4.10.5 SA

In the South Australian sample, REU were a median of 18 years when they first began using ecstasy, and 19 years when they used ecstasy on a more regular basis. Ecstasy was the main drug of choice for 54% of the sample in 2006, and had increased slightly compared to 2005.

In the six months prior to interview, REU reported using any ecstasy (pills or powder) on a median of 12 days, with the median number of ecstasy tablets used in a 'typical' session being two, and four tablets during a 'heavy' use episode. Over half (55%) of the sample reported that they had binged on ecstasy in the six months prior to the interview. Almost all REU reported swallowing ecstasy tablets in the previous six months (98%), with two-thirds snorting ecstasy tablets (67%) in the same period.

The majority of REU reported typically using at least one other substance with ecstasy (93%), or when coming down from ecstasy (85%), in the last six months. The substances most commonly reported as being typically used with ecstasy were tobacco, alcohol, cannabis or some form of methamphetamine. The substances most commonly reported as being typically used when coming down from ecstasy were tobacco, cannabis, benzodiazepines, and alcohol.

KE information confirmed that REU commonly combine other licit and illicit drug use with ecstasy use, with methamphetamine and alcohol particularly common, and that there was a wide range in frequency of ecstasy and related drug use, from every weekend (particularly among younger users) to less frequent or 'special occasion' use.

REU reported the price of ecstasy was stable, availability continued to be considered 'easy' or 'very easy' and most reported usually obtaining their ecstasy from a friend. As in previous years, the majority of REU believed that the purity of ecstasy was either medium or fluctuating.

Ecstasy was generally purchased for both self and others and purchased from a median of four people in the last six months. The majority of REU purchased ecstasy one to six times in the previous six months, with three percent purchasing ecstasy over 25 times in that period.

The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness and empathy toward others, that it added more fun or enjoyment to an occasion and enhanced mood. The most commonly perceived risks associated with taking ecstasy were some kind of physical, psychological or neuropsychological harm or risk associated with the unknown content of ecstasy pills.

### 4.10.6 WA

Demographics of regular ecstasy users (REU) interviewed in WA were largely comparable to those sampled in previous years. Sixty percent of the current sample was male (58% in 2005) and there was a slight increase in average age to 24.7 years (22.7 years in 2005). Approximately three-quarters (73%) of current respondents had completed secondary education. There was a significant increase in the proportion in full-time employment from 33% in 2005 to 52% in 2006. Rates of unemployment remained similar, reported by 15% in 2005 versus 14% in 2006.

As in previous years, all respondents reported typically consuming ecstasy by swallowing it in tablet form. The average amount used in a typical session was 2 tablets, and just over a third of the current sample reported using ecstasy weekly (35%). There was a significant decrease in the proportion nominating ecstasy as their 'drug of choice' from 51% last year to 41% in 2006.

Forty five percent of the current sample reported using ecstasy for more than 48 hours without sleep during the previous six months. 'Nightclubs' were nominated by most respondents as the usual location of use and most recent location of use. As in previous years, the vast majority of current respondents reported typically using other drugs both with ecstasy (94%) and during the period of recovery (86%). Alcohol and cannabis were the most frequently identified drugs used on both occasions.

The median price of ecstasy remained the same as last year at $40 per tablet. The majority of the current sample rated the price as 'stable' during the previous 6 months. Current purity was rated by the greatest proportion of current respondents as 'fluctuates' compared to the majority rating it as 'medium' last year.

There was some indication of a perceived decrease in the availability of ecstasy. While 47% of the current sample rated current availability as 'very easy', 62% rated it as such last year. Similarly, availability during the previous six months was rated by 55% of the current sample as 'stable' compared to 72% in 2005. 'Friends' remained the most common person to score ecstasy from and 'friends' homes' the most common location for scoring.

### 4.10.7 NT

This year's sample of regular ecstasy users started to use ecstasy at a median of 18 years and began using it regularly when they were 21.
Patterns of regular use show some changes compared to 2005: the proportion using ecstasy weekly or more declined from 52% to 33%; the quantity usually used in a session increased from 1 tablet to 2; and the proportion reporting ecstasy as their preferred drug dropped from 61% to 37%.

Consistent with previous years, most of the sample used other drugs with ecstasy (98%) and whilst coming down from ecstasy (84%). Cannabis, alcohol and tobacco were the main other drugs used with and while coming down from ecstasy with the majority of REU since 2004 drinking alcohol at hazardous levels in these circumstances.

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

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

The price of ecstasy has been stable for the last three years at $50 per tablet. Regular ecstasy users, as in prior years, rated ecstasy as 'easy' (35%) or 'very easy' (45%) to obtain. In 2006 REU purchased, on average, four tablets from three sources, buying for themselves and others, between 7 and 24 times in the past six months. Ecstasy was usually scored from friends (78%) at a friend's home (59%).

Ninety-four percent of REU perceived at least one benefit in the use of ecstasy, mainly enhanced mood (44%) and enhanced communication (38%). A larger proportion this year (21%) than in 2004 or 2005 perceived ecstasy having a different effect to alcohol as a benefit. Eighty-eight percent of REU perceived risks in the use of ecstasy, mainly dehydration (33%) unknown drug contaminants or cutting agents (20%) and unknown long-term harm (20%).

### 4.10.8 QLD

Ecstasy was typically used about once a fortnight in the last six months and in a typical session two tabs were consumed. Swallowing was the most common route of administration for both ecstasy pills and powder. Ninety five percent of participants reported using other drugs with ecstasy and 85% reported using other drugs to come down from ecstasy. The drugs most commonly used with ecstasy were alcohol (80%), cannabis (54%) and tobacco (53%). The drugs most commonly used to come down from ecstasy were cannabis (71%), alcohol (40%) and tobacco (47%).

The most common locations where ecstasy was usually used were nightclubs (82%), user's own home (55%), live music events (52%), friends' homes (50%) and private parties (49%). The most common last use venue was nightclubs (37%).

In 2006 the median reported price of an ecstasy tablet was $30, compared with $32 in 2005 and $35 in 2004. Over half (57%) of participants reported that the price of ecstasy had been 'stable' in the last six months. The majority of respondents (76%) reported usually obtaining ecstasy for themselves and others, and the median number of tabs purchased at a time was 4.

A third (34%) of participants reported current ecstasy purity as 'medium', 22% as 'high' and 29% as 'fluctuating'. While over a third (36%) reported that ecstasy purity had been 'stable' in the last six months, 28% reported that purity had been 'fluctuating' during this period.

As in previous years, almost all participants (91%) reported that ecstasy was currently 'easy' or 'very easy' to obtain. Half (51%) reported that access had remained 'stable' in the last six months, however, 20% reported that it had become 'easier' to obtain ecstasy recently.

## 4.11 Summary of ecstasy trends

- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 19 years. Participants reported a median duration of use of four years.
- Half (50%) of participants had used ecstasy tablets between monthly and fortnightly, with one-fifth (20%) using ecstasy tablets more than once per week. Ecstasy tablets were used on a median of 12 days in the six months prior to interview.
- Participants reported using a median of two tablets in a typical session of use, and a median of four tablets in a heavy session of use. More than two-thirds (72%) reported typically using more than one tablet.
- Two-fifths (45%) of the national sample reported bingeing on ecstasy, the median length of time was three days.
- The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy and 80% reported using other drugs with ecstasy to 'come down'.
- The median price of a tablet of ecstasy was $33, ranging from $30 in NSW, VIC, SA and QLD to $50 in the NT. Data across time suggests that, in some jurisdictions, the price of ecstasy has steadily decreased.
- The majority of the REU in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months. Substantial proportions in all states except the NT reported a recent 'decrease' in price.
- More than half (56%) of the sample reported that the purity of ecstasy was 'medium' to 'high' while a further one-third (31%) reported that the purity 'fluctuates'. One-third (32%) reported that the purity had remained 'stable' in the six months prior to interview while an equal proportion reported that the purity had 'fluctuated' during this time.
- Just over half (54%) of the national sample considered ecstasy to be 'very easy' to obtain and 38% considered ecstasy to be 'easy' to obtain. This was consistent across all jurisdictions. The majority also reported that availability had remained 'stable' in the six months prior to interview.
- Two-thirds (64%) of the national sample reported that they did not know the quantity of ecstasy that was deemed to be a traffikable quantity in their jurisdiction, and amongst those who reported knowing so, participant reports varied widely.
- Participants were able to nominate a range of benefits, and risks, associated with their ecstasy use. Commonly identified benefits included the increased social interaction and bonding with other people. Commonly identified risks included risks associated with mental and physical health.

# 5 METHAMPHETAMINE

Amphetamine sulphate was traditionally the form of illicit amphetamine available in Australia throughout the 1980s (Chesher 1993). Legislation was introduced in the early 1990s to curtail the distribution of the main precursor chemicals to manufacture amphetamine sulphate (Wardlaw 1993) and, as a result, manufacturers were forced to rely on different recipes for 'cooking' amphetamine. Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulphate) steadily increased, until methamphetamine dominated the market. In the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine (Australian Bureau of Criminal Intelligence 2002).

In Australia, the powder traditionally known as 'speed' is generally methamphetamine rather than amphetamine. The more potent forms of methamphetamine are known by terms such as ice, shabu, crystal meth, base and paste, and were identified by the 2000 IDRS as becoming more widely available and used in Australia among injecting drug users (Topp, Kaye et al. 2002). These drugs are also used among REU.

This report distinguishes between the powder form of methamphetamine that has traditionally been available in Australia ('speed'), and the more potent forms of methamphetamine base ('base') and crystalline methamphetamine ('crystal'). 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base, like speed, is thought to be manufactured in Australia. 'Crystal' (also called ice, shabu, or crystal meth), is a crystal or course powder that ranges from translucent to white but may also have a green, blue or pink tinge. Crystal is thought to be manufactured in Asia and imported (Topp and Churchill 2002), although there has been reported increases in the extent of domestic production of crystal methamphetamine in recent years.

## 5.1 Methamphetamine use among regular ecstasy users

### 5.1.1 Methamphetamine powder (speed)

The majority (84%) of participants in the 2006 national sample reported lifetime speed use and two-thirds (64%) had used speed in the preceding six months (Table 16). Those who had used speed reported first using it at mean age of 18 years (SD 4.5; range 12-60).

Five percent of the national sample reported that methamphetamine powder (speed) was their drug of choice. More than half (54%) of those who reported bingeing in the preceding six months used speed in their binge. One-quarter (27%) of those who reported typically using other drugs with ecstasy typically used speed with ecstasy.

Seventeen percent of the national sample reported that they had injected speed at some time (Table 16). Eight precent of the national sample reported injecting speed powder in the six months preceding interview.

Among participants that reported using speed in the six months prior to interview, snorting (75%) was the most common route of administration for speed, followed by swallowing (73%). Smaller proportions reported recently smoking (24%) or injecting (12%) speed (Table 16).

Of those that recently used speed, the median number of days used was six (once a month), ranging from having used once to daily use. Half (48%) used less than once a month, 30% used speed between monthly and fortnightly, 12% between fortnightly and weekly, and 10% used speed more than once a week.

The median amount of speed used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.10-5). Recent speed users reported using a median of one gram (range 0.10-10) during a 'heavy' session of use.

Speed use was also quantified in terms of points, with 219 recent speed users reporting using a median of one point in a 'heavy' session (range 0.25-5) and 180 users reporting a median of two points used in a 'typical' session (range 0.25-8).

Recent speed users also reported using lines of speed, with 45 participants reporting a median of two lines used in a 'heavy' session (range 1-8 lines) and 43 reporting a median of two lines used in a 'typical' session (range 1-14 lines).

**Table 16: Patterns of methamphetamine powder (speed) use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **84** | 88 | 81 | 100 | 83 | 75 | 87 | 88 | 75 |
| Ever injected (%) | **17** | 20 | 15 | 16 | 14 | 12 | 19 | 39 | 12 |
| Used last six months (%) | **64** | 55 | 66 | 91 | 62 | 52 | 65 | 59 | 58 |
| | **N=479** | n=55 | n=66 | n=91 | n=62 | n=52 | n=65 | n=30 | n=58 |
| Snorted* | **75** | 80 | 76 | 87 | 63 | 87 | 86 | 60 | 50 |
| Swallowed* | **73** | 64 | 70 | 67 | 89 | 90 | 57 | 73 | 81 |
| Injected* | **12** | 13 | 15 | 10 | 8 | 6 | 9 | 33 | 16 |
| Smoked* | **24** | 15 | 15 | 50 | 8 | 33 | 25 | 13 | 14 |
| Median days used* last 6 mths (range) | **6** **(1-180)** | 5 (1-180) | 4 (1-72) | 12 (1-120) | 3 (1-48) | 12 (1-90) | 6 (1-96) | 3.5 (1-48) | 5 (1-26) |

**Source: EDRS interviews 2006**
* Of those that used in the six months preceding interview

Recent speed users reported that they usually score from friends (64%), known dealers (46%), acquaintances (20%), workmates (7%) and unknown dealers (7%) (Table 17). Recent speed users scored speed from a variety of locations. These included private locations, such as a friend's home (53%), dealer's home (32%), and own home (21%), as well as public locations, such as an agreed public location (16%) and a nightclub (14%; Table 17). Other locations where speed was scored included raves (10%), private parties (8%), pubs (7%), acquaintances' homes (7%) and at work (2%).

**Table 17: Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=362)** | (n=41) | (n=52) | (n=62) | (n=50) | (n=35) | (n=53) | (n=25) | (n=44) |
| Friends | **64** | 66 | 42 | 69 | 66 | 69 | 76 | 56 | 64 |
| Known dealers | **46** | 39 | 54 | 58 | 52 | 40 | 34 | 28 | 50 |
| Acquaintances | **20** | 7 | 19 | 29 | 16 | 23 | 36 | 12 | 11 |
| Workmates | **7** | 5 | 2 | 15 | 6 | 9 | 8 | 4 | 7 |
| Unknown dealers | **7** | 0 | 6 | 11 | 4 | 6 | 8 | 8 | 9 |
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=361)** | (n=41) | (n=52) | (n=62) | (n=49) | (n=35) | (n=53) | (n=25) | (n=44) |
| Friend's home | **53** | 49 | 31 | 53 | 55 | 63 | 76 | 44 | 48 |
| Dealer's home | **32** | 27 | 33 | 42 | 31 | 23 | 26 | 16 | 43 |
| Nightclub | **14** | 2 | 17 | 19 | 16 | 20 | 9 | 12 | 11 |
| At own home | **21** | 17 | 15 | 23 | 20 | 23 | 13 | 36 | 27 |
| Agreed public location | **16** | 20 | 17 | 24 | 12 | 29 | 8 | 8 | 11 |
| Private party | **8** | 0 | 2 | 8 | 12 | 20 | 11 | 4 | 7 |
| Raves* | **10** | 0 | 6 | 13 | 22 | 14 | 8 | 8 | 7 |
| Pubs | **7** | 2 | 6 | 3 | 8 | 17 | 4 | 12 | 7 |
| Street | **3** | 5 | 4 | 2 | 2 | 3 | 0 | 4 | 7 |
| Work | **2** | 2 | 0 | 3 | 0 | 9 | 0 | 0 | 2 |
| Acquaintance's home | **7** | 7 | 6 | 5 | 0 | 14 | 15 | 12 | 0 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

**Table 17: Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Usual use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=363)** | (n=41) | (n=52) | (n=63) | (n=50) | (n=35) | (n=53) | (n=25) | (n=44) |
| Nightclub | **72** | 78 | 69 | 78 | 60 | 80 | 83 | 52 | 68 |
| Raves* | **46** | 37 | 33 | 51 | 62 | 60 | 53 | 8 | 43 |
| Private party | **44** | 32 | 25 | 43 | 58 | 69 | 55 | 48 | 30 |
| Friend's home | **53** | 37 | 37 | 57 | 74 | 57 | 72 | 40 | 43 |
| At own home | **50** | 39 | 39 | 59 | 48 | 46 | 60 | 68 | 48 |
| Pubs | **30** | 20 | 12 | 37 | 28 | 46 | 40 | 36 | 23 |
| Dealer's home | **8** | 5 | 0 | 11 | 8 | 20 | 9 | 0 | 11 |
| Restaurant/café | **3** | 0 | 2 | 3 | 4 | 3 | 8 | 0 | 2 |
| Public place | **11** | 10 | 10 | 8 | 10 | 23 | 13 | 8 | 9 |
| Vehicle – passenger | **14** | 0 | 8 | 24 | 8 | 34 | 21 | 0 | 7 |
| Vehicle – driver | **7** | 0 | 4 | 10 | 2 | 20 | 11 | 0 | 7 |
| Outdoors | **15** | 5 | 8 | 19 | 16 | 29 | 21 | 8 | 11 |
| Live music event | **33** | 20 | 19 | 33 | 34 | 46 | 55 | 4 | 36 |
| Work | **12** | 10 | 8 | 19 | 4 | 20 | 13 | 16 | 7 |
| Educational institution | **2** | 2 | 0 | 3 | 0 | 0 | 6 | 4 | 0 |
| Acquaintance's home | **7** | 5 | 2 | 5 | 0 | 23 | 17 | 0 | 7 |
| Day club | **6** | 7 | 0 | 13 | 0 | 11 | 6 | 0 | 11 |
| **Last use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=362)** | (n=41) | (n=52) | (n=63) | (n=50) | (n=34) | (n=53) | (n=25) | (n=44) |
| Nightclub | **23** | 34 | 23 | 29 | 18 | 24 | 17 | 20 | 18 |
| Friend's home | **20** | 12 | 15 | 24 | 22 | 24 | 28 | 12 | 16 |
| At own home | **23** | 22 | 29 | 24 | 10 | 24 | 25 | 32 | 23 |
| Raves* | **8** | 10 | 6 | 6 | 12 | 3 | 4 | 0 | 18 |
| Private party | **8** | 5 | 8 | 2 | 18 | 18 | 8 | 12 | 2 |
| Pubs | **5** | 5 | 4 | 8 | 2 | 3 | 2 | 12 | 7 |
| Work | **3** | 5 | 6 | 3 | 0 | 0 | 8 | 0 | 0 |
| Live music event | **6** | 5 | 8 | 2 | 10 | 0 | 4 | 4 | 16 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

Speed was usually used in a range of locations, most commonly in nightclubs (72%), friends' homes (53%), users' own homes (50%) and at raves (46%) (Table 17). Recent speed users also reported using speed at a private party (44%), at a live music event (33%), pubs (30%), outdoors (15%), as a passenger in a vehicle (14%) and at work (12%). Less frequently mentioned locations included public places (11%), at a dealer's home (8%), in a vehicle as a driver (7%), an acquaintance's home (7%), day club (6%), in a restaurant/café (3%) and at an educational institute (2%).

REU were also asked where they had last used speed. One-quarter had last used speed in a nightclub (23%) or at their own home (23%) (Table 17). Other locations of last speed use included at a friend's home (20%), a rave (8%), a private party (8%), live music event (6%), pub (5%) and at work (3%).

### 5.1.2 Methamphetamine base

Half (52%) of participants in the national sample reported lifetime use of methamphetamine base ('base') and one-third (34%) had used base in the six months preceding interview (Table 18). The median age of first use, among those that reported the lifetime use of base, was 20 years (range 12-47). Only two percent (n=13) of the national sample reported that base was their drug of choice. Nine percent of those who typically used other drugs with ecstasy reported that they typically used base with ecstasy. One-quarter (23%) of those who reported bingeing on ecstasy and other drugs in the six months preceding interview reported using base in a binge session.

Thirteen percent of the national sample reported that they had injected base at some time (Table 18). Six percent of the national sample reported injecting base in the six months preceding interview.

Of those that reported recent use of base, 84% swallowed, 32% snorted, 18% injected and 16% smoked it. Of those that used base, the median number of days used was four, ranging from having used base once to daily use (Table 18). Three-fifths (61%) used less than monthly; 19% used base between monthly and fortnightly; 10% between fortnightly and weekly and 9% used base more than once a week.

**Table 18: Patterns of methamphetamine base use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **52** | 50 | 48 | 32 | 49 | 72 | 56 | 53 | 52 |
| Ever injected (%) | **13** | 13 | 14 | 6 | 11 | 17 | 14 | 26 | 9 |
| Used last six months (%) | **34** | 24 | 34 | 12 | 40 | 63 | 32 | 18 | 38 |
| | **N=253** | n=24 | n=34 | n=12 | n=40 | n=64 | n=32 | n=9 | n=38 |
| Snorted* | **32** | 38 | 32 | 58 | 15 | 27 | 53 | 22 | 29 |
| Swallowed* | **84** | 79 | 85 | 75 | 88 | 94 | 63 | 78 | 87 |
| Injected* | **18** | 8 | 27 | 8 | 20 | 17 | 19 | 33 | 13 |
| Smoked* | **16** | 21 | 12 | 33 | 3 | 17 | 34 | 0 | 11 |
| Median days used* last 6 mths (range) | **4** **(1-180)** | 3.5 (1-180) | 4 (1-150) | 4 (1-15) | 4 (1-150) | 6 (1-180) | 5 (1-120) | 2 (1-36) | 3 (1-180) |

**Source: EDRS interviews 2006**
* Of those that used in the six months preceding interview

Recent base users reported using a median of two points in both a 'typical' session of use (range 0.05-15) and in 'heavy' session of use (range 0.05-30).

Base use was also quantified in terms of grams, with 21 recent base users reporting using a median of 0.75 grams in a 'typical' session (range 0.13-2.5 grams) and 36 users reporting using a median of one gram in a 'heavy' session (range 0.2-3 grams).

Base was commonly reported to be bought from friends (68%) and known dealers (44%). Other sources included acquaintances (20%), unknown dealers (6%) and workmates (3%). Base was also purchased from a range of locations, including from friends' homes (56%), dealers' homes (30%), participants' own homes (24%) and agreed public locations (20%). Less frequently mentioned purchase locations included nightclubs (11%), private parties (10%), raves (8%), acquaintances' homes (6%) and pubs (4%) (Table 19).

Base was also used in a range of locations. When asked the usual location they used in, nightclubs (60%) were the most common location, followed by friends' homes (56%) and their own home (54%), at private parties (46%) and at raves (44%). Participants' own homes (24%), nightclubs (22%) and friends' homes (22%) were reported to be the most common venues of last use; less common locations of last use included private parties (10%), raves (7%), live music event (5%) and pubs (3%) (Table 19).

**Table 19: Source, purchase location and use location of methamphetamine base by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=158)** | (n=15) | (n=23) | (n=2) | (n=35) | (n=38) | (n=20) | (n=2) | (n=23) |
| Friends | **68** | 67 | 48 | 0 | 74 | 74 | 75 | 0 | 78 |
| Known dealers | **44** | 33 | 61 | 0 | 51 | 47 | 35 | 50 | 30 |
| Acquaintances | **20** | 0 | 22 | 50 | 23 | 24 | 35 | 0 | 9 |
| Workmates | **3** | 0 | 4 | 0 | 3 | 3 | 10 | 0 | 0 |
| Unknown dealers | **6** | 7 | 9 | 0 | 0 | 8 | 5 | 50 | 4 |
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=158)** | (n=15) | (n=23) | (n=2) | (n=35) | (n=38) | (n=20) | (n=2) | (n=23) |
| Friend's home | **56** | 33 | 26 | 0 | 71 | 66 | 75 | 0 | 57 |
| Dealer's home | **30** | 20 | 39 | 0 | 29 | 34 | 35 | 50 | 17 |
| Agreed public location | **20** | 33 | 17 | 50 | 14 | 26 | 5 | 0 | 22 |
| At own home | **24** | 13 | 26 | 0 | 29 | 40 | 10 | 50 | 9 |
| Nightclub | **11** | 0 | 13 | 0 | 14 | 13 | 15 | 0 | 9 |
| Private party | **10** | 0 | 4 | 0 | 14 | 13 | 15 | 0 | 4 |
| Raves* | **8** | 7 | 4 | 0 | 11 | 8 | 10 | 0 | 4 |
| Pubs | **4** | 0 | 0 | 0 | 3 | 8 | 5 | 50 | 4 |
| Street | **6** | 7 | 4 | 0 | 3 | 11 | 0 | 50 | 4 |
| Acquaintance's home | **6** | 0 | 9 | 0 | 3 | 11 | 10 | 0 | 0 |

**Source: EDRS interviews 2006**

* Includes 'doofs' and dance parties

**Table 19: Source, purchase location and use location of methamphetamine base by jurisdiction, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Usual use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=158)** | (n=15) | (n=23) | (n=2) | (n=35) | (n=38) | (n=20) | (n=2) | (n=23) |
| Nightclub | **60** | 47 | 57 | 100 | 40 | 66 | 75 | 100 | 70 |
| Raves* | **44** | 20 | 26 | 50 | 57 | 55 | 45 | 50 | 35 |
| Private party | **46** | 33 | 26 | 0 | 60 | 61 | 50 | 50 | 26 |
| Friend's home | **56** | 33 | 30 | 0 | 91 | 61 | 50 | 50 | 44 |
| At own home | **54** | 40 | 52 | 50 | 54 | 61 | 65 | 100 | 44 |
| Pubs | **30** | 13 | 17 | 0 | 31 | 37 | 40 | 100 | 26 |
| Dealer's home | **7** | 0 | 0 | 0 | 6 | 13 | 10 | 0 | 9 |
| Restaurant/café | **6** | 0 | 0 | 0 | 6 | 5 | 15 | 50 | 4 |
| Public place | **11** | 7 | 0 | 0 | 6 | 13 | 25 | 50 | 17 |
| Vehicle – passenger | **12** | 0 | 0 | 0 | 6 | 24 | 30 | 50 | 4 |
| Vehicle – driver | **9** | 0 | 0 | 0 | 6 | 18 | 15 | 50 | 4 |
| Outdoors | **20** | 0 | 9 | 0 | 20 | 32 | 30 | 50 | 13 |
| Live music event | **25** | 7 | 17 | 0 | 34 | 24 | 40 | 50 | 22 |
| Work | **9** | 0 | 17 | 0 | 3 | 13 | 5 | 100 | 4 |
| Educational institution | **3** | 0 | 0 | 0 | 3 | 0 | 10 | 50 | 0 |
| Acquaintance's home | **10** | 0 | 0 | 0 | 9 | 16 | 25 | 50 | 4 |
| Day club | **6** | 0 | 0 | 0 | 0 | 16 | 10 | 0 | 9 |
| **Last use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=156)** | (n=15) | (n=23) | (n=1) | (n=35) | (n=37) | (n=20) | (n=2) | (n=23) |
| Nightclub | **22** | 20 | 22 | 100 | 14 | 22 | 25 | 0 | 35 |
| Friends' home | **22** | 33 | 22 | 0 | 23 | 16 | 25 | 0 | 26 |
| At own home | **24** | 20 | 30 | 0 | 14 | 30 | 30 | 100 | 13 |
| Raves* | **7** | 13 | 13 | 0 | 6 | 8 | 0 | 0 | 4 |
| Private party | **10** | 0 | 4 | 0 | 29 | 8 | 0 | 0 | 4 |
| Pubs | **3** | 0 | 0 | 0 | 6 | 5 | 0 | 0 | 4 |
| Work | **1** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| Day club | **1** | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Live music event | **5** | 7 | 9 | 0 | 3 | 3 | 5 | 0 | 9 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

### 5.1.3 Crystal methamphetamine

Two-thirds (65%) of the participants in the 2006 national sample reported lifetime use of crystal and half (49%) had used crystal in the six months preceding interview (Table 20). The median age of first use, among those that reported using crystal, was 21 years (range 13-55). Six percent (n=45) of the national sample reported that crystal was their drug of choice. Of those who

typically used other drugs with ecstasy, 17% reported that they typically used crystal with ecstasy. Half (49%) of those who reported bingeing on ecstasy and other drugs in the six months preceding interview had used crystal in a binge session.

Fifteen percent of the national sample reported that they had injected crystal at some time (Table 20). Ten percent of the national sample reported injecting crystal in the six months preceding interview.

Of those that reported recent use of crystal, four-fifths (79%) reported smoking it, almost two-fifths (37%) reported swallowing it, one-third (31%) reported snorting it and one-fifth (20%) reported injecting it in the six months prior to interview (Table 20).

Of those that reported recent use of crystal, the median number of days used was five, ranging from having used crystal once to daily use (Table 20). Nearly one-quarter (23%) used between monthly and fortnightly, 9% used between fortnightly and weekly, and 12% reported using more than weekly; more than half (56%) reported using on a less than monthly basis.

**Table 20: Patterns of crystalline methamphetamine use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **65** | 68 | 55 | 73 | 42 | 73 | 89 | 49 | 63 |
| Ever injected (%) | **15** | 21 | 13 | 12 | 12 | 14 | 18 | 28 | 9 |
| Used last six months (%) | **49** (N=371) | 56 (n=56) | 37 (n=37) | 49 (n=49) | 27 (n=27) | 61 (n=62) | 77 (n=77) | 26 (n=13) | 50 (n=50) |
| Snorted* | **31** | 9 | 30 | 31 | 15 | 36 | 69 | 8 | 6 |
| Swallowed* | **37** | 20 | 35 | 29 | 48 | 55 | 44 | 23 | 32 |
| Injected* | **20** | 27 | 30 | 16 | 22 | 15 | 16 | 54 | 12 |
| Smoked* | **79** | 88 | 60 | 84 | 78 | 65 | 88 | 54 | 88 |
| Median days used* last 6 mths (range) | **5** **(1-180)** | 6 (1-180) | 5 (1-50) | 5 (1-48) | 5 (1-50) | 4 (1-180) | 6 (1-100) | 2 (1-5) | 4 (1-90) |

**Source: EDRS interviews 2006**
* Of those that used in the six months preceding interview

The median amount of crystal used in a 'typical' or 'average' use episode in the preceding six months was one point (range 0.10-10). Recent crystal users reported using a median of two points (range 0.20-40) during their 'heaviest' use episode.

Crystal use was also quantified in terms of grams, with 55 recent crystal users reporting a median of half a gram (0.50 grams) used in the typical session (range 0.2-2.5 grams) and 52 users reporting a median of one gram used in a heavy session (range 0.2-7 grams).

Half of those who commented reported that they scored crystal from their friends (51%), with known dealers also reported as a common source (43%) (Table 21).

The location where users scored was reflective of who they sourced the drug from, with most reporting they scored from a friend's home (44%), followed by dealer's home (36%), their own home (17%) and an agreed public location (13%) (Table 21).

Crystal was used in a variety of locations. The most common locations of usual crystal use were friends' homes (58%), participants' own homes (57%) and nightclubs (48%) (Table 21). The most common location of the last use of crystal was in private homes (participants' own homes, 33% and friends' homes, 29%) (Table 21).

**Table 21: Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=269)** | (n=48) | (n=34) | (n=25) | (n=19) | (n=43) | (n=60) | (n=7) | (n=33) |
| Friends | **51** | 42 | 38 | 52 | 63 | 51 | 65 | 14 | 52 |
| Known dealers | **43** | 46 | 47 | 48 | 21 | 40 | 43 | 29 | 52 |
| Acquaintances | **19** | 15 | 15 | 20 | 0 | 30 | 30 | 14 | 9 |
| Workmates | **5** | 2 | 6 | 4 | 0 | 5 | 7 | 0 | 9 |
| Unknown dealers | **6** | 4 | 6 | 8 | 0 | 7 | 5 | 14 | 6 |
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=269)** | (n=48) | (n=34) | (n=25) | (n=19) | (n=43) | (n=60) | (n=7) | (n=33) |
| Friend's home | **44** | 31 | 29 | 40 | 47 | 51 | 65 | 14 | 33 |
| Dealer's home | **36** | 38 | 35 | 52 | 11 | 30 | 37 | 14 | 46 |
| Agreed public location | **13** | 17 | 9 | 28 | 5 | 21 | 5 | 14 | 12 |
| At own home | **17** | 13 | 18 | 0 | 5 | 26 | 20 | 29 | 21 |
| Nightclub | **6** | 2 | 3 | 8 | 11 | 9 | 10 | 0 | 3 |
| Private party | **5** | 0 | 0 | 0 | 0 | 7 | 10 | 0 | 9 |
| Raves* | **5** | 4 | 3 | 4 | 5 | 7 | 7 | 0 | 0 |
| Pubs | **3** | 2 | 3 | 4 | 0 | 5 | 3 | 0 | 6 |
| Street | **4** | 2 | 6 | 4 | 0 | 2 | 5 | 0 | 6 |
| Work | **3** | 2 | 0 | 4 | 0 | 9 | 2 | 0 | 3 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

**Table 21: Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2006 (continued)**

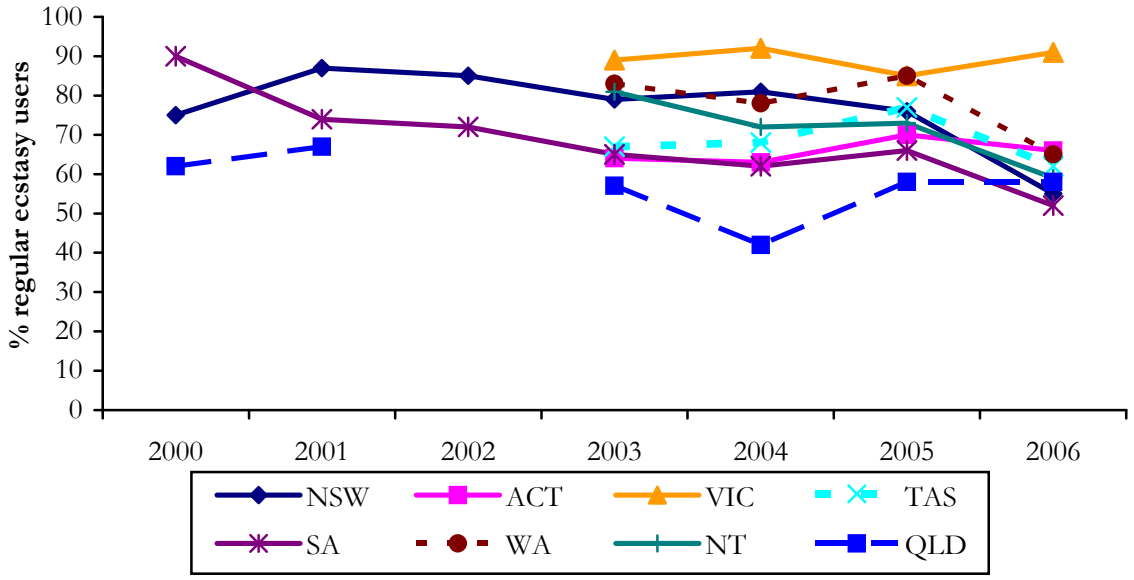
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Usual use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=269)** | (n=48) | (n=34) | (n=25) | (n=19) | (n=43) | (n=60) | (n=7) | (n=33) |
| Nightclub | **48** | 38 | 44 | 52 | 42 | 56 | 62 | 43 | 33 |
| Raves* | **26** | 23 | 18 | 20 | 37 | 37 | 32 | 0 | 21 |
| Private party | **29** | 21 | 18 | 20 | 26 | 42 | 42 | 29 | 24 |
| Friend's home | **58** | 50 | 44 | 56 | 68 | 58 | 78 | 14 | 52 |
| At own home | **57** | 63 | 53 | 52 | 37 | 47 | 67 | 43 | 70 |
| Pubs | **26** | 19 | 15 | 12 | 21 | 37 | 42 | 29 | 18 |
| Dealer's home | **12** | 10 | 9 | 12 | 11 | 14 | 13 | 0 | 12 |
| Restaurant/café | **2** | 0 | 0 | 0 | 0 | 5 | 3 | 0 | 0 |
| Public place | **9** | 2 | 3 | 12 | 11 | 16 | 13 | 0 | 9 |
| Vehicle – passenger | **14** | 8 | 3 | 12 | 11 | 23 | 27 | 0 | 3 |
| Vehicle – driver | **8** | 6 | 0 | 16 | 5 | 12 | 15 | 0 | 0 |
| Outdoors | **14** | 2 | 9 | 4 | 21 | 26 | 22 | 0 | 12 |
| Live music event | **18** | 6 | 15 | 0 | 16 | 21 | 32 | 0 | 24 |
| Work | **9** | 15 | 3 | 8 | 0 | 14 | 13 | 0 | 3 |
| Educational institution | **2** | 2 | 0 | 4 | 0 | 5 | 3 | 0 | 0 |
| Acquaintance's home | **7** | 6 | 0 | 4 | 11 | 12 | 12 | 0 | 0 |
| Day club | **6** | 6 | 0 | 8 | 0 | 16 | 3 | 0 | 6 |
| **Last use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=265)** | (n=47) | (n=34) | (n=24) | (n=19) | (n=43) | (n=59) | (n=7) | (n=32) |
| Nightclub | **12** | 6 | 24 | 17 | 0 | 9 | 17 | 29 | 3 |
| Friend's home | **29** | 21 | 24 | 29 | 47 | 28 | 36 | 0 | 31 |
| At own home | **33** | 49 | 32 | 29 | 21 | 30 | 29 | 43 | 28 |
| Raves* | **3** | 6 | 3 | 0 | 0 | 9 | 0 | 0 | 3 |
| Private party | **5** | 2 | 0 | 4 | 16 | 7 | 2 | 14 | 6 |
| Pubs | **4** | 4 | 3 | 0 | 0 | 7 | 5 | 14 | 3 |
| Dealer's home | **4** | 4 | 9 | 0 | 5 | 2 | 3 | 0 | 3 |
| Public place | **1** | 0 | 0 | 8 | 0 | 0 | 0 | 0 | 0 |
| Live music event | **3** | 0 | 3 | 0 | 5 | 2 | 0 | 0 | 13 |

**Source: EDRS interviews 2006**
*Includes 'doofs' and dance parties

### 5.1.4 Trends over time

Figures 13, 14 and 15 present data over time showing the proportion of REU reporting the recent use of speed, base and crystal respectively. The recent use of speed has remained stable in such jurisdictions as VIC, QLD and the ACT (Figure 13). In NSW, the recent use of speed has declined since 2004, from 81% in 2004 to 55% in 2006. Between 2005 and 2006, decreases were also observed in the recent use of speed in TAS (77% to 62%), SA (66% to 52%), WA (85% to 65%) and the NT (73% to 59%).

**Figure 13: Proportion of REU that reported recent use of methamphetamine powder (speed) by jurisdiction, 2000-2006**

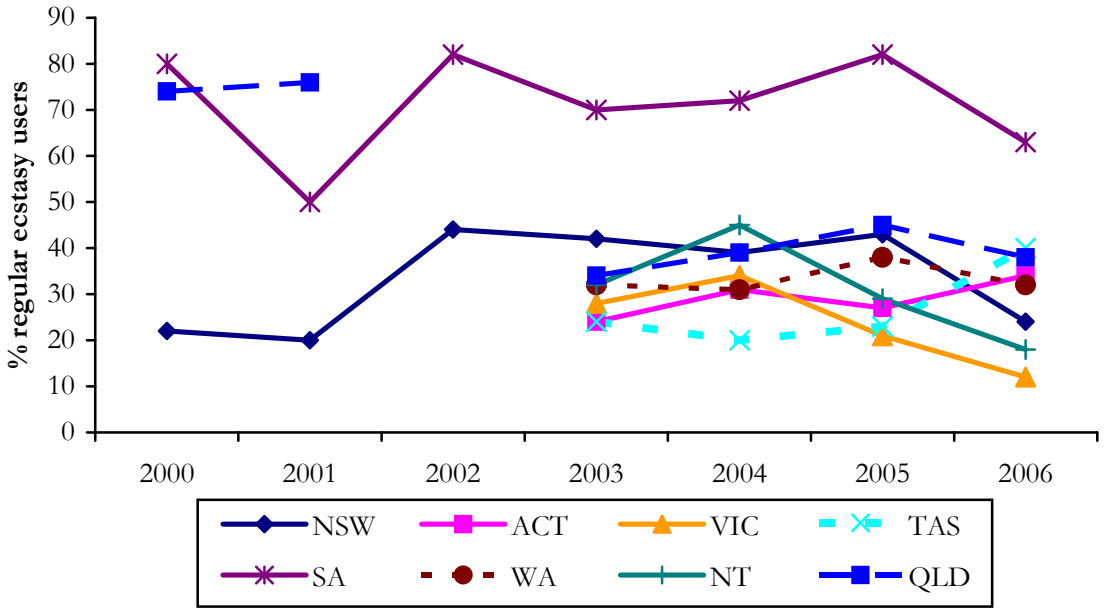



**Source: EDRS interviews 2000-2006**

Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

Figure 14 presents data over time showing the proportion of REU reporting recent base use. In NSW, despite remaining constant since 2002, a decrease was observed between 2005 and 2006, with the proportion of REU reporting recent base use declining from 43% to 24%. A decline since 2004 has been observed in both VIC (34% in 2004; 21% in 2005; 12% in 2006) and the NT (45% in 2004; 29% in 2005; 18% in 2006). TAS reported an increase between 2005 (23%) and 2006 (40%) in the proportion of REU recently using base. Trends in SA show a fluctuating pattern over time.

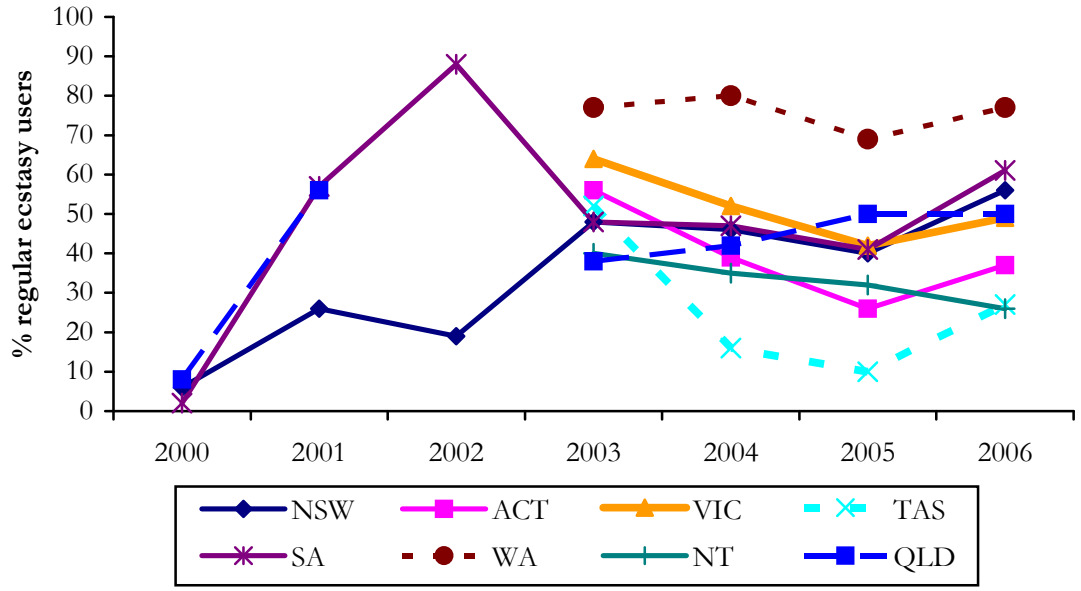
**Figure 14: Proportion of REU that reported recent use of methamphetamine base by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

Figure 15 presents data showing the proportion of REU reporting recent crystal use over time. In NSW, the proportion of recent crystal users increased between 2005 (40%) and 2006 (56%); this was also observed in SA (41% to 61%). Data across time in VIC and TAS show that there was also an increase in the proportion of REU reporting recent crystal use between 2005 and 2006. In VIC, recent use declined from 2003 to 2005 (64% in 2003; 52% in 2004; 42% in 2005), then increased to 49% in 2006. Similarly, in TAS, the proportion declined from 52% in 2003 to 16% in 2004 and 10% in 2005, before increasing to 27% in 2006.

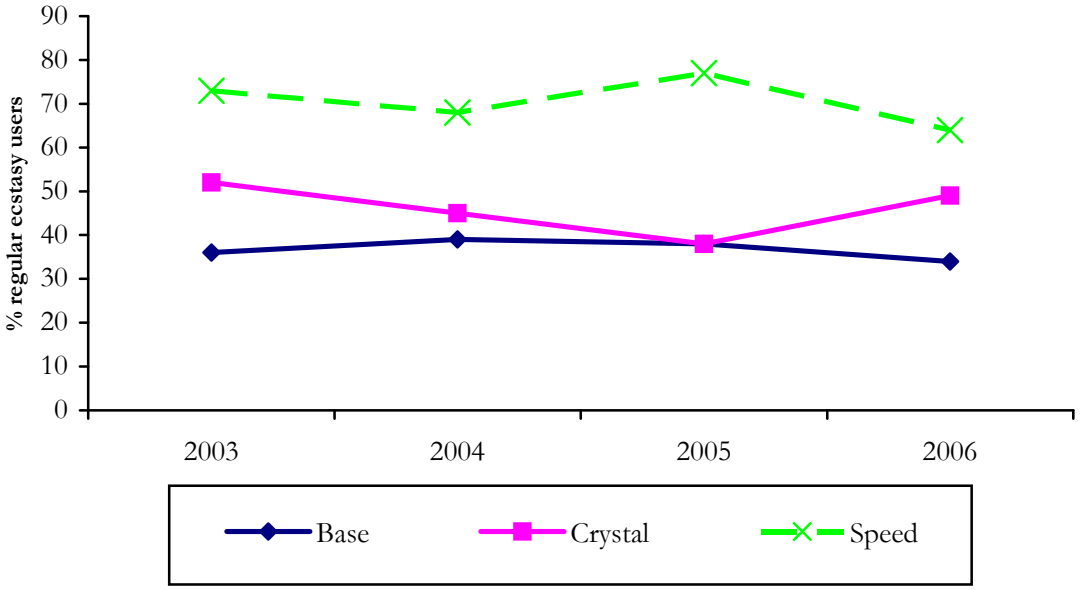
**Figure 15: Proportion of REU that reported recent use of crystal methamphetamine by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

Figure 16 presents data showing the proportion of REU reporting all three forms of methamphetamine in the national sample across time. Despite jurisdictional differences being evident (see Figures 13, 14 and 15), national reports of methamphetamine have not fluctuated to such an extent. Recent crystal use has increased between 2005 and 2006; however, levels reporting recent crystal use have yet to reach the proportion reporting recent speed use.

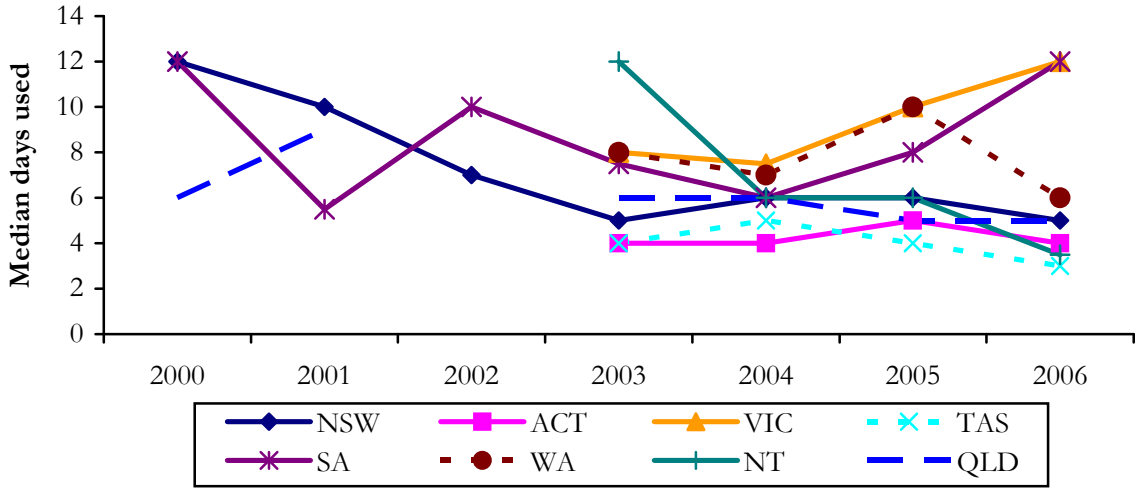
**Figure 16: Proportion of REU that reported recent use of methamphetamine, 2003-2006**




**Source: EDRS interviews 2003-2006**

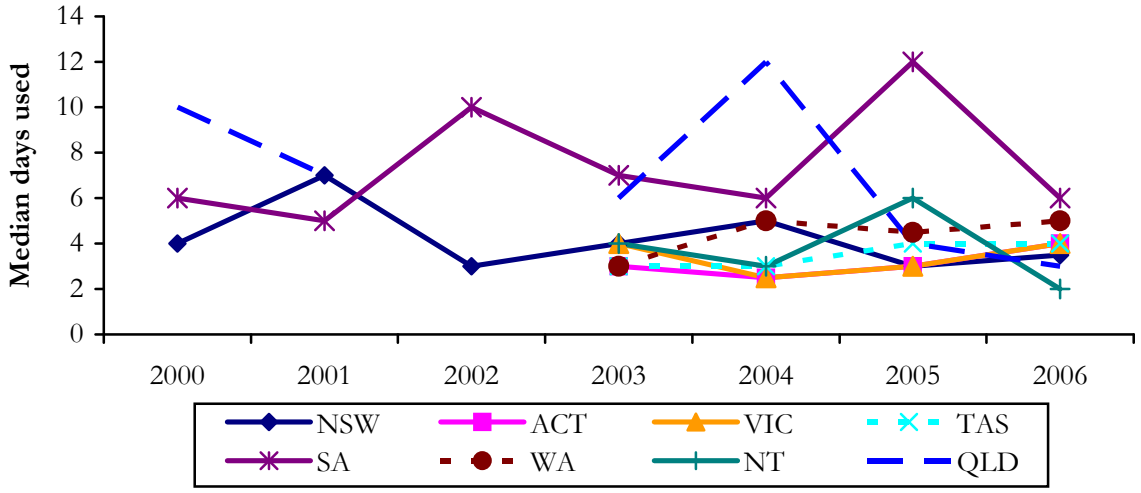
Figures 17, 18 and 19 present the median days of speed, base and crystal use respectively by jurisdiction over time. As can be see, median use of all three forms of methamphetamine approximates fortnightly use, and in most jurisdictions across time, use of all three forms of methamphetamine occurs on average less than once per month.

**Figure 17: Median days used speed in the six months preceding interview, 2000-2006**



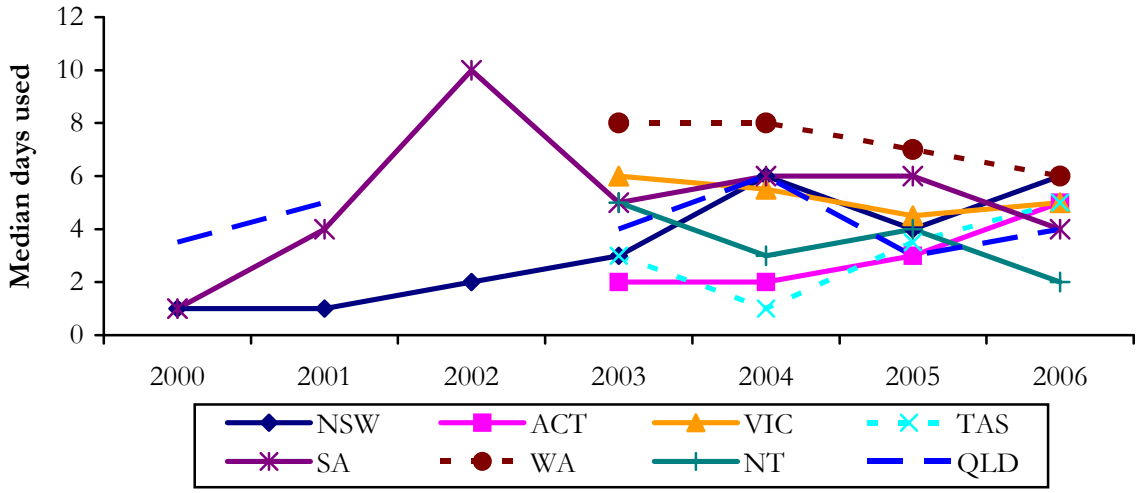

**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

**Figure 18: Median days used base in the six months preceding interview, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

**Figure 19: Median days used crystal in the six months preceding interview, 2000-2006**

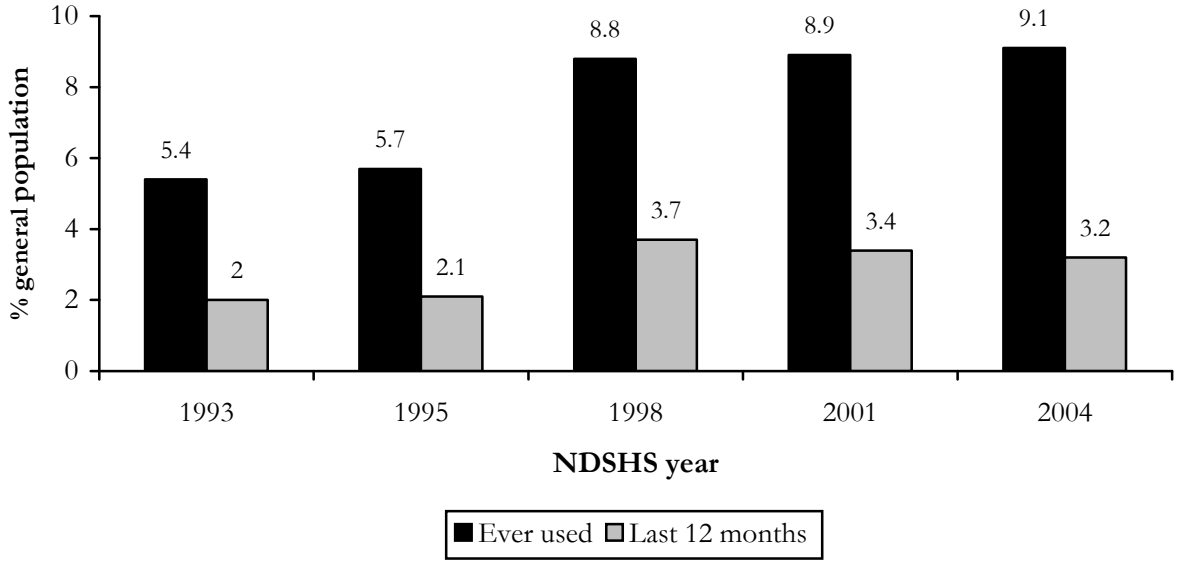



**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

## 5.2 Meth/amphetamine use in the general population

Figure 20 presents the proportion of the Australian general population who have ever used meth/amphetamine as well as the proportion that have used the drug in the past twelve months. A noticeable increase in the lifetime use occurred between 1995 and 1998, with the proportion of the Australia general population having ever used meth/amphetamine remaining stable since this time. Past-year use of meth/amphetamine also increased between 1995 and 1998, and again, the proportion using the drug in the past year has since remained stable (AIHW, 2005).

**Figure 20: Prevalence of meth/amphetamine use in Australia, 1993-2004**




**Source: National Drug Strategy Household Surveys 1993-2004**

## 5.3 Price

Participants were asked to comment on the price of all three forms of methamphetamine. The median prices, by jurisdiction, are presented in Table 22. The price of speed was reported both by gram and by point. The price of a gram of speed ranged from $50 in SA (range $20-$200) to $325 in TAS (range $45-$400) (Table 22). The price for a point of speed ranged from $25 in VIC (range $20-$60), SA (range $15-$50) and QLD (range $15-$100) to $50 in WA (range $40-$100) and in the NT ($35-$100).

Fifty-four percent (N=408) of the national sample commented on whether the price of speed had changed in the preceding six months. Over half (58%; n=235) reported the price of speed had remained 'stable' in the preceding six months, 10% (n=40) reported that the price had 'increased', 8% (n=31) that price had 'decreased' and 19% (n=78) 'did not know' (Table 23).

The price of base was commonly reported in points. Prices for a point of base ranged from $22.50 in SA (range $15-$200) to $80 in the NT (range $60-$100). No participants in VIC reported the price of a point of base. The number of participants reporting the price of a gram of base in most jurisdictions (except TAS, SA and QLD) were small (n<10). Ten participants reported the price for a gram of base at a median price of $300 (range $300-$350). Twelve participants in SA reported the price of a gram of base at a median price of $200 (range $140-$200). Eleven participants in QLD reported the price of a gram of base at a median price of $200 (range $50-$300).

Twenty-three percent (N=178) of the national sample commented on whether there had been changes in the price of base. Of those who were able to comment, three-fifths (62%; n=111) reported the price of base had remained stable in the preceding six months. Eleven percent (n=19) thought the price of base had increased (Table 23). In comparison to the other forms of methamphetamine under investigation in the EDRS, only a small proportion of the total EDRS sample were able to comment on the change in price of base in the six months preceding interview, perhaps reflecting the low rates of use of this drug and thus lower awareness of trends in the market.

The price of crystal was commonly reported in points, and prices are presented in Table 22. The price for a point of crystal varied from $47.50 (range $25-$50) in VIC to $80 in the NT (range $50-$150); NSW, ACT, TAS, SA, WA and QLD all reported a median price of $50 for a point of crystal. The number of participants reported on the price of a gram of crystal were small in some jurisdictions (n<10). In the ACT, the price of a gram of crystal was reported by ten participants to be at a median price of $200 (range $15-$350). In VIC, sixteen participants reported the price of a gram of crystal at a median price of $350 (range $130-$400). Eleven participants in TAS reported the price of a gram of crystal to be at a median price of $350 (range $150-$450). Thirteen participants in SA reported the price of a gram of crystal to be at a median price of $400 (range $120-$600). Nineteen participants in WA reported the price of a gram of crystal to be at a median price of $400 (range $200-$500). Eleven participants in QLD reported the price of a gram of crystal to be at a median price of $350 (range $50-$1200).

**Table 22: Median price of various forms of methamphetamine by jurisdiction, 2006**

| Median price | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|
| **Speed** | | | | | | | | |
| Gram | n=23<br>$60<br>(30-350) | n=20<br>$200<br>(50-350) | n=45<br>$200<br>(80-250) | n=28<br>$325<br>(45-400) | n=15<br>$50<br>(20-200) | n=19<br>$300<br>(100-400) | n=12<br>$122.75<br>(50-350) | n=26<br>$150<br>(50-350) |
| Point | n=12<br>$40<br>(30-50) | n=32<br>$40<br>(20-100) | n=21<br>$25<br>(20-60) | n=31<br>$40<br>(30-50) | n=22<br>$25<br>(15-50) | n=39<br>$50<br>(40-100) | n=11<br>$50<br>(35-100) | n=16<br>$25<br>(15-100) |
| **Base** | | | | | | | | |
| Point | n=12<br>$37.5<br>(20-50) | n=10<br>$42.5<br>(20-50) | n=0<br>N/A | n=26<br>$40<br>(30-300) | n=28<br>$22.5<br>(15-200) | n=10<br>$50<br>(50-50) | n=2<br>$80<br>(60-100) | n=13<br>$25<br>(20-50) |
| **Crystal** | | | | | | | | |
| Point | n=42<br>$50<br>(30-80) | n=25<br>$50<br>(30-100) | n=12<br>$47.5<br>(25-50) | n=7<br>$50<br>(35-50) | n=31<br>$50<br>(20-60) | n=42<br>$50<br>(50-100) | n=5<br>$80<br>(50-150) | n=22<br>$50<br>(35-50) |

**Source: EDRS interviews 2006**

Thirty-eight percent of the national sample (N=288) reported on the price change of crystal in the preceding six months. Almost half (47%; n=135) reported that the price of crystal had remained 'stable'; 18% (n=51) reported that price had 'decreased'; 9% (n=25) reported that the price had 'increased', and 6% (n=17) reported that the price of crystal had 'fluctuated' in the six months preceding interview. One-fifth (21%; n=60) 'did not know' about the price change for crystal (Table 23).

**Table 23: Price changes of methamphetamine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Speed price changes** | | | | | | | | | |
| Those responded (n) | **(N=408)** | (n=50) | (n=61) | (n=66) | (n=56) | (n=36) | (n=63) | (n=29) | (n=47) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **19 (78)** | 26(13) | 30(18) | 9 (6) | 21(12) | 8 (3) | 11 (7) | 38(11) | 17 (8) |
| Increased | **10 (40)** | 6 (3) | 8 (5) | 17(11) | 2 (1) | 6 (2) | 11 (7) | 21 (6) | 11 (5) |
| Stable | **58(235)** | 54(27) | 53(32) | 55(36) | 61(34) | 64(23) | 75(47) | 35(10) | 55(26) |
| Decreased | **8 (31)** | 8 (4) | 7 (4) | 15(10) | 7 (4) | 11 (4) | 0 (0) | 3 (1) | 9 (4) |
| Fluctuated | **6 (24)** | 6 (3) | 3 (2) | 5 (3) | 9 (5) | 11 (4) | 3 (2) | 3 (1) | 9 (4) |

**Source: EDRS interviews 2006**

**Table 23: Price changes of methamphetamine by jurisdiction, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Base price changes** | | | | | | | | | |
| Those responded (n) | **(N=178)** | (n=24) | (n=24) | (n=2) | (n=35) | (n=39) | (n=25) | (n=4) | (n=25) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **18 (32)** | 38(9) | 29(7) | 100(2) | 11 (4) | 5 (2) | 16 (4) | 25 (1) | 12 (3) |
| Increased | **11 (19)** | 4 (1) | 13 (3) | 0 (0) | 11 (4) | 10 (4) | 16 (4) | 0 (0) | 12 (3) |
| Stable | **62(111)** | 46(11) | 54(13) | 0 (0) | 66(23) | 77(30) | 64(16) | 75 (3) | 60(15) |
| Decreased | **5 (8)** | 8 (2) | 0 (0) | 0 (0) | 3 (1) | 8 (3) | 0 (0) | 0 (0) | 8 (2) |
| Fluctuated | **5 (8)** | 4 (1) | 4 (1) | 0 (0) | 9 (3) | 0 (0) | 4 (1) | 0 (0) | 8 (2) |
| **Crystal price changes** | | | | | | | | | |
| Those responded (n) | **(N=288)** | (n=54) | n=38) | (n=25) | (n=22) | (n=42) | (n=62) | (n=10) | n=35) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **21 (60)** | 17 (9) | 29(11) | 12 (3) | 46(10) | 17 (7) | 15 (9) | 60 (6) | 14 (5) |
| Decreased | **18 (51)** | 19(10) | 18 (7) | 32 (8) | 23 (5) | 10 (4) | 13 (8) | 0 (0) | 26 (9) |
| Stable | **47(135)** | 41(22) | 40(15) | 36 (9) | 27 (6) | 60(25) | 69(43) | 30 (3) | 34(12) |
| Increased | **9 (25)** | 17 (9) | 8 (3) | 4 (1) | 0 (0) | 10 (4) | 2 (1) | 10 (1) | 17 (6) |
| Fluctuated | **6 (17)** | 7 (4) | 5 (2) | 16 (4) | 5 (1) | 5 (2) | 2 (1) | 0 (0) | 9 (3) |

**Source: EDRS interviews 2006**

Table 24 presents data across time regarding the price of a gram of speed. The price has remained relatively stable across time in NSW, TAS, SA and WA. Slight fluctuations have been observed across time in QLD. The price in VIC, after remaining stable from 2003 to 2005, increased slightly from $180 to $200 in 2006. Prices in the ACT and in the NT have varied across time, though the price from 2005 to 2006 in the ACT increased substantially from $80 to $200 while decreasing in the NT from $200 in 2005 to $122.75 in 2006.

**Table 24: Median price of a gram of speed by jurisdiction across time, 2000-2006**

| Median price per gram ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2000 | 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 |
| 2002 | 60 | N/A | N/A | N/A | 43 | N/A | N/A | N/A |
| 2003 | 55 | 175 | 180 | 200 | 40 | 200 | 60 | 200 |
| 2004 | 60 | 80 | 180 | 300 | 50 | 300 | 100 | 180 |
| 2005 | 60 | 80 | 180 | 325 | 65 | 300 | 200 | 180 |
| 2006 | 60 | 200 | 200 | 325 | 50 | 300 | 122.75 | 150 |

**Source: EDRS interviews 2000-2006**

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

Table 25 presents data across time regarding the price of a point of base. The price for a point of base has remained stable in the ACT, WA and SA. Fluctuations have been reported in NSW, VIC, and across time in the NT and QLD.

**Table 25: Median price of a point of base by jurisdiction across time, 2000-2006**

| Median price per point ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2000 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 30 |
| 2001 | 50 | N/A | N/A | N/A | 30 | N/A | N/A | 30 |
| 2002 | 40 | N/A | N/A | N/A | 25 | N/A | N/A | N/A |
| 2003 | 40 | 40 | 32.5 | 50 | 25 | 50 | 50 | 25 |
| 2004 | 37.5 | 40 | 29 | 50 | 25 | 50 | 50 | 27.5 |
| 2005 | 30 | 40 | 22.5 | 50 | 25 | 50 | 75 | 25 |
| 2006 | 37.5 | 42.5 | N/A | 40 | 22.5 | 50 | 80^ | 25 |

**Source: EDRS interviews 2000-2006**

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

^Denotes that a small number of participants commented

Table 26 presents the median price of a point of crystal across time by jurisdiction. The price for a point of crystal has been stable in NSW, TAS and WA across time, with a point costing $50. Across time, the price of a point of crystal in QLD has increased from $35 in 2000 to $50 in 2006. SA and the Act both observed increased in the price of crystal from 2005 to 2006, with the price in SA rising from $25 in 2005 to $50 in 2006, and the price in the ACT rising from $35 in 2005 to $50 in 2006.

**Table 26: Median price of a point of crystal by jurisdiction across time, 2000-2006**

| Median price per gram ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2000 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | 35 |
| 2001 | 50 | N/A | N/A | N/A | 35 | N/A | N/A | 40 |
| 2002 | 50 | N/A | N/A | N/A | 25 | N/A | N/A | N/A |
| 2003 | 50 | 45 | 40 | 50^ | 25 | 50 | 65 | 40 |
| 2004 | 40 | 47.5 | 40 | 50^ | 25 | 50 | 50 | 40 |
| 2005 | 50 | 35 | 40 | 50^ | 25 | 50 | 80 | 47.5 |
| 2006 | 50 | 50 | 47.5 | 50^ | 50 | 50 | 80^ | 50 |

**Source: EDRS interviews 2000-2006**

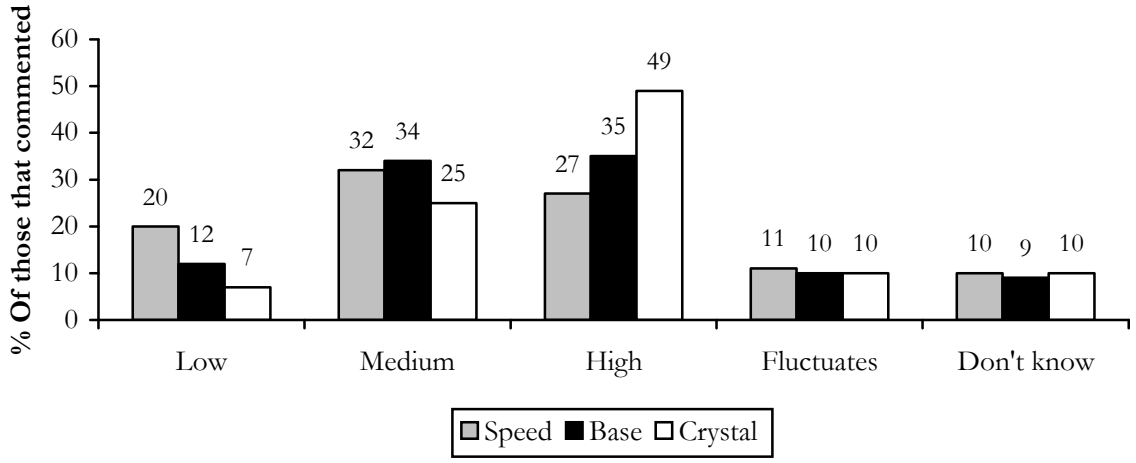
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here.

^Denotes that a small number of participants commented

## 5.4 Purity

Participants were asked what the current purity or strength of speed, base and crystal were in the last six months. Fifty-four percent of the national sample commented on the purity of speed, 38% commented on the purity of crystal and 24% commented on the purity of base. Half of those who commented on the purity of crystal reported it to be 'high' (49%; n=141) with another quarter reporting 'medium' purity. The purity of base was reported to be either 'medium' (34%; n=60) or 'high' (35%; n=62) while speed was reported to be of either 'medium' (32%; n=132) or 'high' (27%; n=110) purity (Figure 21).

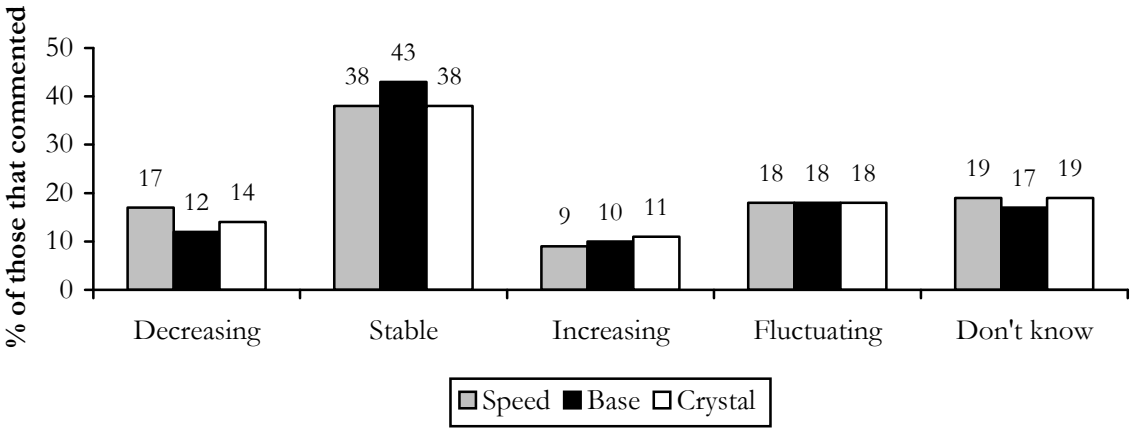
**Figure 21: National REU reports of current methamphetamine* purity, 2006**




**Source: EDRS interviews 2006**
* Among those who commented (speed n=409, base n=178, crystal n=289)

Participants were asked if the purity or strength of each form of methamphetamine had changed in the preceding six months. The largest proportion of users of all forms of methamphetamine reported that the purity remained 'stable' in the six months preceding interview (Figure 22). Approximate proportions reported that purity of the three forms of methamphetamine had 'increased' while equal proportions reported that purity had 'fluctuated'.

**Figure 22: National REU reports of recent change in methamphetamine* purity, 2006**




**Source: EDRS interviews 2006**.
*Among those who commented (speed n=409, base n=178, crystal n=289)

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 methamphetamine purity data. The Australian Crime Commission (ACC) has provided the purity figures for state police and AFP seizures. At present, it is not feasible to distinguish the average purity of speed from the more potent forms of base and crystal. Therefore, median methamphetamine purity figures for 2004/05 displayed in Figure 23 reflect purity of seizures of all methamphetamine forms (i.e. speed, base and crystal) combined.

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

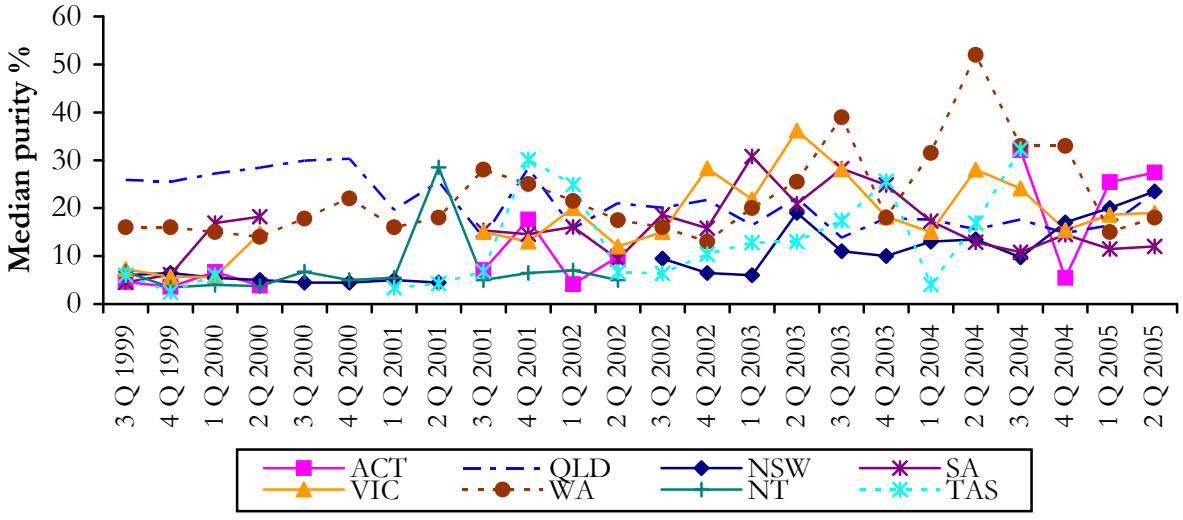
drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission 2006).

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 and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2004/05, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 86%. This wide range in purity should be considered when looking at the median purity figures presented.

The figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 23 and 24 the following caveat applies: figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine 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.

Figure 23 shows the median purity across jurisdictions of methylamphetamine seizures by quarter from the start of the financial year 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not included on the graph. As can be seen from the graph, there is no clear trend in the purity of methylamphetamine at a national level, although overall, the median purity generally remains low at less than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004.

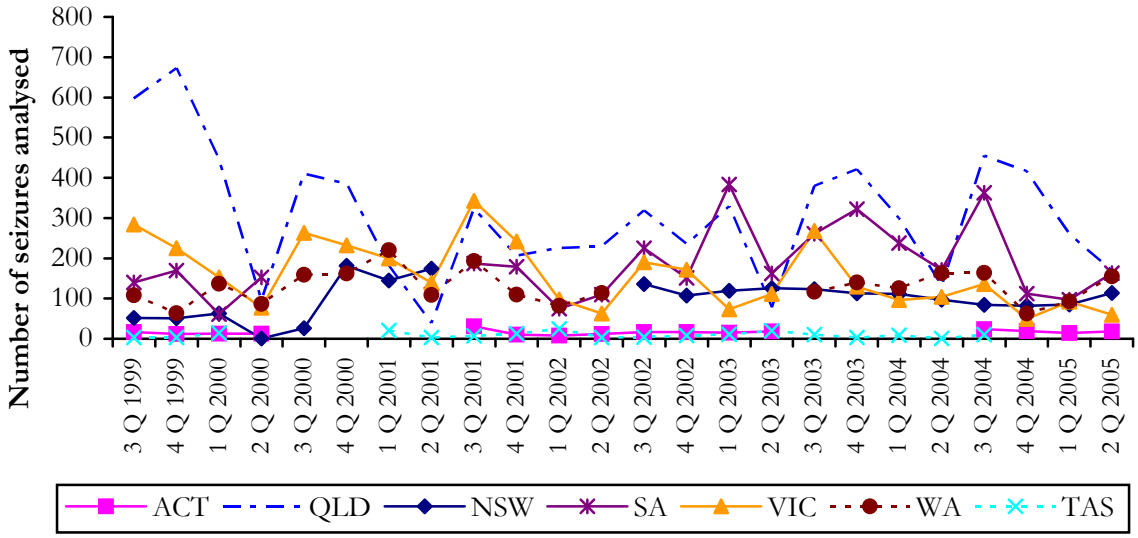
**Figure 23: Median purity of methylamphetamine seizures analysed by state police by jurisdiction, 1999/00-2004/05**




**Source: ABCI (2000, 2001 & 2002), ACC (2003, 2004 & 2005)**
Note: Seizures ≤2g and >2g combined. 2001/02 data not available for NSW. 2002/03 data not available for NT. In 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT. Data for 2005/06 were unavailable at time of publication

The number of seizures analysed shows no clear trend (Figure 24). As mentioned previously, not all seizures are analysed, so these data do not provide an indication of whether there have been changes in the number of seizures made. Instead, it provides an indication of how many seizures contribute to the median purity presented in Figure 23.

**Figure 24: Number of methamphetamine seizures analysed by state police by jurisdiction, 1999/00-2004/05**




**Source: (Australian Bureau of Criminal Intelligence 2000; Australian Bureau of Criminal Intelligence 2001; Australian Bureau of Criminal Intelligence 2002); (Australian Crime Commission 2003; Australian Crime Commission 2004; Australian Crime Commission 2005).**
Note: Data for 2001/02 not available for NSW. 2002/03 data not available for the NT. In 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT. Data for 2005/06 were unavailable at time of publication

There were only limited AFP seizures analysed. In the 2004/05 financial year, there were only four AFP seizures analysed in QLD with a median purity of 58.5% and two AFP seizures analysed in NSW with a median purity of 4%. There were no methamphetamine AFP seizures analysed in the other states in 2004/05.

## 5.5 Availability

Fifty-four percent of the national sample commented on the recent availability of speed; the majority reported it to be either 'easy' (39%; n=158) or 'very easy' (37%; n=153) to obtain, and this pattern was relatively consistent across jurisdictions (Table 27).

Fifty-four percent of the national sample commented on the change of availability in speed in the six months preceding interview. The majority (61%; n=249) reported that the availability of speed had remained 'stable'; 16% (n=64) reported it had become 'more difficult' to obtain while 10% (n=42) reported it had become 'easier' to obtain (Table 27). These trends were largely consistent across jurisdictions, except in QLD where more than one-quarter (28%) reported that speed had become 'more difficult' to obtain.

**Table 27: Availability of methamphetamine speed by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=409)** | (n=50) | (n=61) | (n=66) | (n=56) | (n=36) | (n=63) | (n=30) | (n=47) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **3 (14)** | 8 (4) | 0 (0) | 0 (0) | 2 (1) | 3 (1) | 5 (3) | 10 (3) | 4 (2) |
| Very easy | **37(153)** | 46(23) | 28(17) | 49(32) | 16 (9) | 58(21) | 44(28) | 20 (6) | 36(17) |
| Easy | **39(158)** | 26(13) | 53(32) | 39(26) | 59(33) | 19 (7) | 33(21) | 47(14) | 26(12) |
| Difficult | **19 (77)** | 18 (9) | 16(10) | 12 (8) | 23(13) | 17 (6) | 16(10) | 20 (6) | 32(15) |
| Very difficult | **2 (7)** | 2 (1) | 3 (2) | 0 (0) | 0 (0) | 3 (1) | 2 (1) | 3 (1) | 2 (1) |
| **Availability changes (%)** | | | | | | | | | |
| Those responded (n) | **(N=409)** | (n=50) | (n=61) | (n=66) | (n=56) | (n=36) | (n=63) | (n=30) | (n=47) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **8 (33)** | 12 (6) | 12 (7) | 0 (0) | 11 (6) | 6 (2) | 5 (3) | 17 (5) | 9 (4) |
| More difficult | **16 (64)** | 10 (5) | 13 (8) | 12 (8) | 18(10) | 14 (5) | 19(12) | 10 (3) | 28(13) |
| Stable | **61(249)** | 70(35) | 57(35) | 62(41) | 57(32) | 61(22) | 59(37) | 67(20) | 57(27) |
| Easier | **10 (42)** | 6 (3) | 13 (8) | 21(14) | 9 (5) | 11 (4) | 8 (5) | 3 (1) | 4 (2) |
| Fluctuates | **5 (21)** | 2 (1) | 5 (3) | 5 (3) | 5 (3) | 8 (3) | 10 (6) | 3 (1) | 2 (1) |

**Source: EDRS interviews 2006**

One-quarter (24%) of the national sample commented on the current availability of base. The majority reported that it was 'easy' (40%; n=72) or 'very easy' (33%; n=58) to obtain (Table 28). There was jurisdictional differences regarding the availability of base, however in some instances few participants were able to comment and, thus, caution should be taken when interpreting results.

One-quarter (24%) of the national sample reported on the change in availability of base in the past six months. The majority (61%; n=108) reported that availability had remained 'stable'. Small proportions reported that base had become 'more difficult' (13%; n=23) or 'easier' (10%; n=17) in the past six months (Table 28).

**Table 28: Availability of methamphetamine base by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=178)** | (n=24) | (n=24) | (n=2) | (n=35) | (n=39) | (n=25) | (n=4) | (n=25) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **5 (9)** | 13 (3) | 8 (2) | 0 (0) | 6 (2) | 0 (0) | 4 (1) | 0 (0) | 4 (1) |
| Very easy | **33(58)** | 33 (8) | 25 (6) | 0 (0) | 17 (6) | 54(21) | 32 (8) | 50(2) | 28 (7) |
| Easy | **40(72)** | 38 (9) | 54(13) | 50 (1) | 60(21) | 28(11) | 48(12) | 0 (0) | 20 (5) |
| Difficult | **20(36)** | 17 (4) | 13 (3) | 50 (1) | 17 (6) | 18 (7) | 12 (3) | 25(1) | 44(11) |
| Very difficult | **2 (3)** | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 4 (1) | 25(1) | 4 (1) |
| **Availability changes (%)** | | | | | | | | | |
| Those responded (n) | **(N=178)** | (n=24) | (n=24) | (n=2) | (n=35) | (n=39) | (n=25) | (n=4) | (n=25) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **10 (18)** | 21 (5) | 17 (4) | 0 (0) | 9 (3) | 3 (1) | 8 (2) | 25(1) | 8 (2) |
| More difficult | **13 (23)** | 13 (3) | 8 (2) | 50 (1) | 11 (4) | 13 (5) | 4 (1) | 0 (0) | 28 (7) |
| Stable | **61(108)** | 46(11) | 54(13) | 0 (0) | 71(25) | 67(26) | 72(18) | 75(3) | 48(12) |
| Easier | **10 (17)** | 17 (4) | 17 (4) | 0 (0) | 3 (1) | 10 (4) | 8 (2) | 0 (0) | 8 (2) |
| Fluctuates | **7 (12)** | 4 (1) | 4 (1) | 50 (1) | 6 (2) | 8 (3) | 8 (2) | 0 (0) | 8 (2) |

**Source: EDRS interviews 2006**

Two-fifths (38%; n=289) of the national sample commented on the availability of crystal. Thirty-six percent (n=105) reported the availability of crystal to be 'easy' while 30% (n=87) reported it to be 'very easy' (Table 29). One-fifth (n=61) of those who commented reported crystal to be 'difficult' to obtain.

Two-fifths (38%, n=289) reported on the change in availability of crystal in the preceding six months. Almost half (47%; n=135) reported that the availability of crystal had remained 'stable' in the preceding six months. This was consistent across jurisdictions with the exception of TAS and the NT (Table 29). Nineteen percent (n=54) reported that crystal had become 'easier' to obtain while 18% (n=51) reported that crystal had become 'more difficult' to obtain.

**Table 29: Availability of crystalline methamphetamine by jurisdiction, 2006**

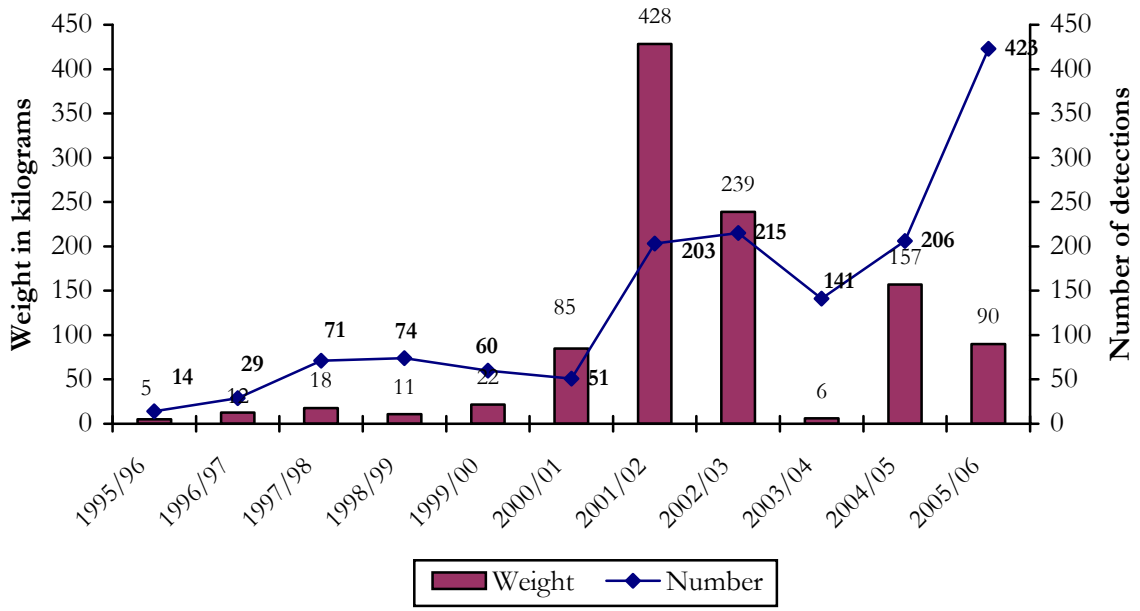
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=289)** | (n=54) | (n=38) | (n=25) | (n=22) | (n=43) | (n=62) | (n=10) | (n=35) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **7 (20)** | 7 (4) | 5 (2) | 4 (1) | 5 (1) | 5 (2) | 5 (3) | 50 (5) | 6 (2) |
| Very easy | **30(87)** | 41(22) | 29(11) | 16 (4) | 5 (1) | 33(14) | 42(26) | 10 (1) | 23 (8) |
| Easy | **36(105)** | 33(18) | 45(17) | 32 (8) | 14 (3) | 35(15) | 42(26) | 10 (1) | 49(17) |
| Difficult | **21(61)** | 17 (9) | 16 (6) | 36 (9) | 32 (7) | 28(12) | 11 (7) | 30 (3) | 23 (8) |
| Very difficult | **6 (16)** | 2 (1) | 5 (2) | 12 (3) | 46(10) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| **Availability changes (%)** | | | | | | | | | |
| Those responded (n) | **(N=289)** | (n=54) | (n=38) | (n=25) | (n=22) | (n=43) | (n=62) | (n=10) | (n=35) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **10 (29)** | 9 (5) | 13 (5) | 4 (1) | 5 (1) | 9 (4) | 7 (4) | 50 (5) | 11 (4) |
| More difficult | **18 (51)** | 11 (6) | 13 (5) | 28 (7) | 77(17) | 7 (3) | 13 (8) | 0 (0) | 14 (5) |
| Stable | **47(135)** | 57(31) | 47(18) | 40(10) | 9 (2) | 54(23) | 55(34) | 20 (2) | 43(15) |
| Easier | **19 (54)** | 20(11) | 24 (9) | 8 (2) | 9 (2) | 19 (8) | 19(12) | 0 (0) | 29(10) |
| Fluctuates | **7 (20)** | 2 (1) | 3 (1) | 20 (5) | 0 (0) | 12 (5) | 7 (4) | 30 (3) | 3 (1) |

**Source: EDRS interviews 2006**

### 5.5.1 Amphetamine-type stimulants detected at the Australian border

Figure 25 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs Service. In 2005/06 the number (423) of detections increased, while the weight (90kgs) decreased since 2003/04 (Figure 25), most likely reflecting higher numbers of smaller quantities being detected through cargo, postal or air passengers/crew (Australian Customs Service 2006).

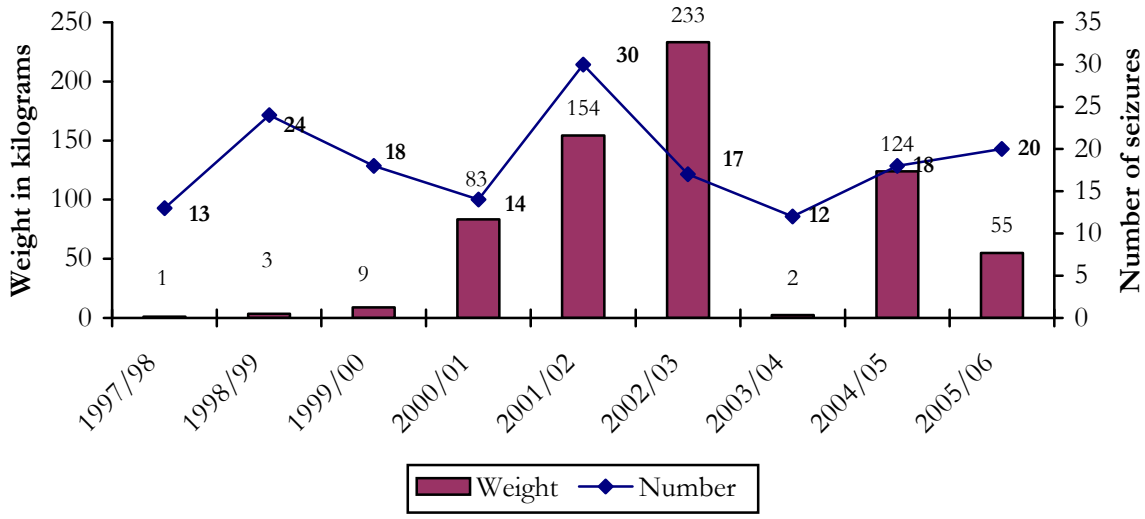
**Figure 25: Total weight and number of amphetamine-type stimulants* detected by the Australian Customs Service, 1995/96-2005/06**




**Source: Australian Customs Service (2006)**
* Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA

The number of crystal methamphetamine seizures detected at the Australian border remained relatively stable in 2005/06 (Figure 26), while the weight decreased from 124 kilograms in 2004/05 to 55 kilograms in 2005/06.

**Figure 26: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98-2005/06**



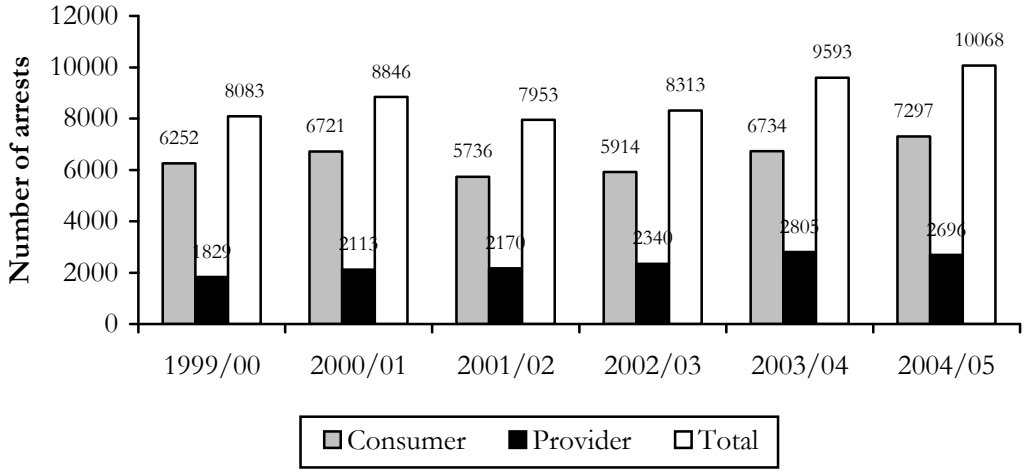

**Source: Australian Customs Service (2006)**

## 5.6 Methamphetamine-related harms

### 5.6.1 Law enforcement

Consumer and provider arrests Australia-wide increased from 9,593 in 2003/04 to 10,068 in 2004/05 (Figure 27). It should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy (MDMA belongs), so these classes have been aggregated (Australian Crime Commission 2006).

**Figure 27: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001 & 2002); Australian Crime Commission (2003, 2004 & 2005)**
Note: Data for 2005/06 unavailable at time of publication. Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

The number of amphetamine-type stimulant arrests increased in the majority of jurisdictions in 2004/05. In WA the number of arrests increased from 1,711 in 2003/04 to 2,045 in 2004/05. QLD also had an increase from 3,000 in 2003/04 to 3,337 in 2004/05. The arrest data for each state and territory include AFP data.

Information on criminal activity and arrest among the 2006 national REU sample is presented in Chapter 16.

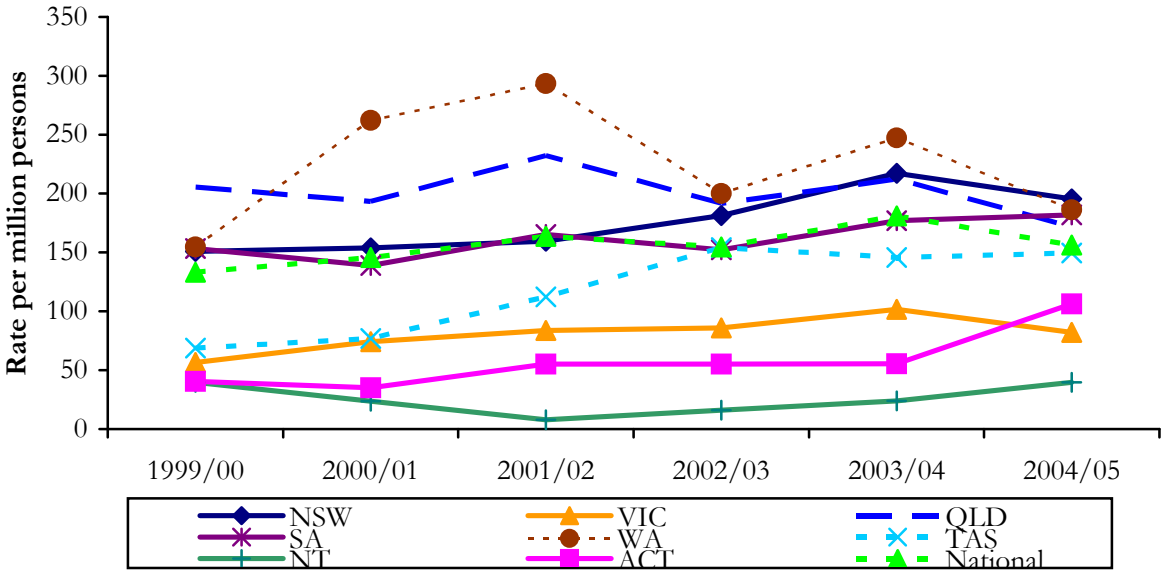
### 5.6.2 Health

*Hospital admissions*

Figure 28 shows the number of inpatient hospital admissions per million persons, since 1999/2000, with a principal diagnosis relating to amphetamines among persons aged 15 to 54. The figures have fluctuated at a national level during the six-year period, with a decrease recorded from 180 per million persons in 2003/04 to 156 per million persons in 2004/05. For the majority of the period, WA recorded the highest number of amphetamine-related hospital admissions, which reached a peak of 293 per million persons aged 15-54 years in 2001/02, and have since

decreased to 186 in 2004/05. QLD and NSW also had relatively high numbers of amphetamine-related hospital admissions during this period.

**Figure 28: Number of principal amphetamine-related hospital admissions per million persons among people aged 15 -54 years, by jurisdiction, 1999/00-2004/05**



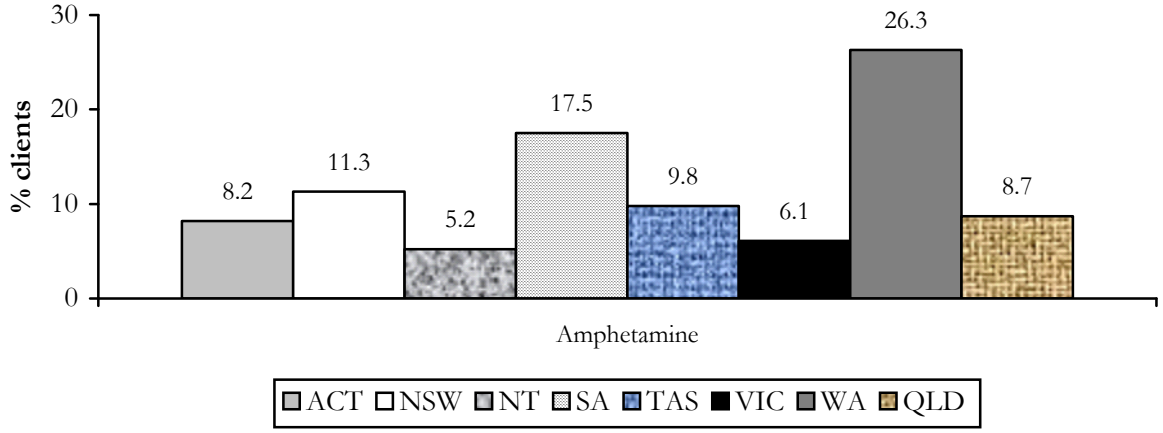

**Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments.**

Note: From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

*Treatment*

Data from the AODTS-NMDS indicate that in 2004/05 WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (26%), followed by SA (17%) and NSW (11%) (Figure 29). With the exception of the ACT (which recorded a decrease from 17% in 2003/04 to 8% in 2004/05), these proportions remained relatively unchanged from last years figures (Australian Institute of Health and Welfare 2006).

**Figure 29: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2004/05***




**Source: AODTS-NMDS (Australian Institute of Health and Welfare 2004)**
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Treatment utilisation depends on demand and jurisdictional funding; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters

*Mortality*

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 contributes to the death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

Recently, Australian Bureau of Statistics (ABS) data on accidental deaths due to poisoning by methamphetamine, due to methamphetamine use (usually dependence), or drug-induced deaths where methamphetamine was mentioned were analysed (Degenhardt and Roxburgh 2007). In 2005, there was a total of 68 "drug induced" deaths in which methamphetamine was mentioned among those aged 15 to 54 years. Methamphetamine was determined to be the underlying cause of death in 38% (n=26) of all methamphetamine related deaths in 2005. The rate of methamphetamine related deaths among those aged 15 to 54 years decreased to 5.9 per million persons in 2005, from 6.6 in 2004 (Degenhardt and Roxburgh 2007). Numbers have remained relatively stable over the past two years.

## 5.7 Self-reported symptoms of dependence

In 2006, participants were asked questions from the Severity of Dependence Scale (SDS) for the use of methamphetamine; previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick 1997).

Of those that had used methamphetamine, the median SDS score was zero (range 0-15), with 20% scoring four or above, the level of dependence (Topp and Mattick 1997). There were no significant differences regarding gender and median methamphetamine SDS score, or regarding gender and those who scored four or above. Of those who scored four or above on the SDS, 18% reported specifically attributing responses to speed, 35% to crystal, 13% to base and 33% reported no specific methamphetamine.

## 5.8 Jurisdictional trends in methamphetamine use

### 5.8.1 NSW

A majority (88%) of participants reported lifetime use of speed and 55% reported its use in the six months prior to interview. Amongst recent users, the medians days of use were five. Snorting and swallowing were the most prevalent routes of administration, with only small numbers reporting recently injecting speed.

Of those who commented, speed was purchased for a median of $40 per point or $60 per gram. Current purity varied, though purity was largely thought to have remained stable in the six months prior to interview. Speed was reported to be very easy to easy to obtain and availability was considered to have remained stable in the six months preceding interview. Speed was commonly purchased from friends in friends' homes, though use occurred more frequently in nightclubs.

Half (50%) of the sample reported lifetime use of base and 24% reported its use in the six months prior to interview. Median days of use, amongst recent users, were three and a half. Swallowing was the most common route of administration, though a proportion did report snorting and smoking base in the six months prior to interview; a minority reported recently injecting base.

Of those who commented, base was purchased for a median of $37.5 per point or $100 per gram, and price was largely reported to have remained stable in the six months preceding interview. Current purity was reported to be high, though reports of purity change in the six months preceding interview were mixed. Base was considered very easy to easy to obtain; most reported that this had remained stable. Base was mostly obtained from friends in a variety of both private (e.g. friends' homes) and public (agreed public location) locations. Use also occurred in a variety of locations, such as nightclubs and participants' own homes.

Two-thirds (68%) of the sample reported lifetime crystal use and more than half (56%) reported recent use, on a median of six days in the six months prior to interview. Smoking was the primary route of administration, though one-quarter of recent crystal users had also injected the drug.

Of those who commented, crystal was purchased for $50 per point or $350 per gram. Current purity was reported to be high to medium, and that purity had remained stable in the six months prior to interview. Crystal was obtained from dealers and friends in dealers' and friends' homes, and was more commonly used in private locations, such as participants' or friends' homes.

### 5.8.2 ACT

The predominant form of methamphetamine used recently by REU in the ACT is speed, followed by crystal methamphetamine and base.

The price for a point of methamphetamine varied according to each form: speed ($40); base ($42.50); and crystal methamphetamine ($50). The majority of respondents commenting on each form of methamphetamine believed that the price had remained stable in the preceding six months.

When commenting on the current purity of methamphetamine, respondents most commonly reported all three forms to be 'medium' to 'high' in purity.

The majority of REU reported that speed, base and crystal methamphetamine were easy to very easy to obtain in the ACT and that this had remained stable over the six months prior to interview. The people from whom participants reported usually scoring speed, base and crystal methamphetamine from were friends and known dealers.

### 5.8.3 VIC

Of the three forms of methamphetamine, speed continues to be the most widely used by regular ecstasy users (in terms of both lifetime and recent use), followed by crystal meth and then base. Regular ecstasy users commonly use speed in conjunction with ecstasy and during binges. Methamphetamines are used in a variety of locations, predominantly nightclubs and in private homes.

The price of methamphetamines has remained stable, with crystal meth (median of $360 per gram) more expensive than speed (median of $200 per gram). According to the REU reports, the purity of crystal meth is relatively high and stable, whereas the purity of speed is medium to high and less consistent. Speed remains readily available, with ease of access to crystal meth stable or declining. Both speed and crystal meth are most commonly acquired through friends and known dealers. Methamphetamine use has the potential to be associated with considerable harms (i.e. violence and mental and physical health problems).

### 5.8.4 TAS

Consistent with previous years, use of methamphetamine was common among REU in 2006. Over three-quarters (78%) had used some form of methamphetamine in the preceding six months. Methamphetamine was typically swallowed or snorted and was used on a median frequency of six times during this period (approximately once monthly).

Recent use of methamphetamine powder was most common (62%) followed by methamphetamine base (40%), and crystal methamphetamine (27%). Relative to 2005, the proportion that had recently used powder was lower (66% in 2006 vs. 77% in 2005) and the proportion that had recently used base (23% vs. 40%) and crystal (10% vs 27%) was higher in 2006. While the recent use of crystal has increased relative to the 2005 cohort, it is still half of that reported among the sample in 2003 (52%).

Methamphetamine powder was typically swallowed or snorted, and used on a median of 3 occasions, in small amounts (0.1g). The frequency of methamphetamine powder use has decreased slightly over the last three years.

Methamphetamine base was typically swallowed, and was used on a median of 4 days during the six months preceding the interview. A median of two 'points' (~0.2g) of base was used in a typical session compared to a median of one 'point' in previous years.

Crystal methamphetamine was typically smoked or swallowed, and a greater proportion reported smoking the drug in 2006 relative to 2005. Crystal had been used on a median frequency of 5 days in the preceding six months, with a median of one 'point' used in a typical session of use.

Over half of recent methamphetamine users (52%) had experienced no symptoms of psychological dependence on the methamphetamine SDS. However, almost one-fifth (19%) had experienced significant symptoms of dependence.

The median price for one 'point' (0.1g) of methamphetamine powder and methamphetamine base was $40, and the median price for one 'point' of crystal was $50. The price of methamphetamine base was $10 less in comparison to 2005.

Methamphetamine powder and base were reported to be 'medium' to 'high' purity, whereas crystal methamphetamine was reported to be 'high' in purity. Subjective reports of REU suggest decreased purity of methamphetamine base relative to 2005.

Methamphetamine powder and base were considered to be 'easy' or 'very easy' to obtain, and crystal methamphetamine was typically considered to be 'difficult' or 'very difficult' to obtain. The availability of base appears to have increased relative to 2005. Those that commented on crystal methamphetamine indicated that it had recently become more difficult to obtain at the time of interview.

### 5.8.5 SA

In 2006, the proportions of REU reporting both lifetime and recent use of methamphetamine powder and base decreased compared to 2005. However, an increase was seen in lifetime use (from 62% in 2005 to 73% in 2006) and recent use (from 41% in 2005 to 62% in 2006) of ice/crystal methamphetamine. The largest proportion of the 2006 REU sample reported recent use of base (63%), followed by crystal (62%) and powder (51%) in 2006.

The frequency of recent methamphetamine use was somewhat different for the three forms of methamphetamine (a median of 12 days for powder, 6 days for base and 4 days for crystal). Frequency of use of base and crystal forms decreased, but frequency of powder use increased compared to 2005.

An increase in both lifetime and recent smoking of crystal methamphetamine was noted. This was the first time that smoking as a route of administration of crystal methamphetamine has been used as the preferred method of administration by REU, with larger proportions of REU usually swallowing in previous years. There was some support of increased smoking of crystal among REU from KE reports.

There were some small differences in the most commonly reported locations of usual use between the different types of methamphetamine, but overall the most common locations REU reported usually using methamphetamine were nightclubs, friends' homes, their own home, raves/dance parties, private parties or pubs.

In comparison to 2005, in 2006 there was a decrease in the price of a point of base methamphetamine and for a gram of methamphetamine powder. Increases in price were seen for both points and grams of crystal methamphetamine.

Availability of all forms of methamphetamine remained generally easy, with the majority of REU reporting that availability had remained stable in the six months prior to interview.

REU most commonly obtained all three forms of methamphetamine from their friends' homes, with substantial proportions also reporting scoring at a dealer's home, their own home or at an agreed public place.

In 2006, seventeen percent of recent methamphetamine users were found to fit the criteria of clinically significant dependence on the drug, according to the Severity of Dependence Scale.

The number of amphetamine-related calls to ADIS, and the number of clients to DASSA treatment services with amphetamine as the primary drug of concern remain stable.

### 5.8.6 WA

There were significant decreases in both lifetime and recent use (previous six months) of speed powder. In 2006, 87% reported ever using speed compared to 94% in 2005, and 65% reported recent use compared to 85% in 2005. These are the lowest rates reported since data collection began in WA in 2003.

Prevalence of use of base was highly similar across years, with lifetime use reported by 56% in 2006 (59% in 2005) and recent use by 32% in 2006 (38% in 2005). Lifetime use of crystal remained the same (89% in 2006 vs. 88% in 2005), while there was a non-significant increase in recent use from 69% in 2005 to 77% in 2006.

Consistent with that reported last year, methods of use differed across forms. Snorting (86%) was the most common method of administration for speed, swallowing (63%) for base and smoking (88%) for crystal. 'Nightclubs' were reported as the most common usual location of use for both speed and base, while 'friend's home' was nominated by most for crystal.

The median price per 'point' (0.1 gram) for all forms of methamphetamine has consistently been $50 across all survey years. The median price for a gram of speed was the same as last year at $300. There were increases in the median price of both a gram of base from $325 to $350, and a gram of crystal from $350 to $400. With regards changes in price during the previous 6 months, the majority of current respondents reported the price as 'stable' for all forms of methamphetamine.

There was a decrease from last year in the perceived purity of both speed and base. Current purity of speed was rated by 30% of the current sample as 'medium' compared to 40% of last year's sample. Current purity of base was rated by 44% of the current sample as 'medium' and by 25% as 'low', while 41% of last year's sample each rated it as 'medium' and as 'high'. Ratings of crystal were comparable across years, with 40% of current respondents rating it as 'high' (39% in 2005) and 31% as 'medium' (26% in 2005).

All forms of methamphetamine were rated as either 'very easy' or 'easy' to obtain by the majority of the current sample. Similarly, availability over the previous six months was rated as 'stable' for all forms by the greatest proportion of respondents. Persons from whom methamphetamine was purchased were the same across forms, with 'friends', 'known dealers' and 'acquaintances' the most common sources reported. Accordingly, 'friend's home' was the most common location for purchasing all forms.

### 5.8.7 NT

In 2006 the majority of the sample had used speed (59%, 73% in 2005) in the past six months and substantial proportions had used crystal (26%, 32% in 2005) and base (18%, 29% in 2005). The average age for speed powder initiation remained consistent with previous years at 19 years old; mean initiation age for base increased slightly from 20 to 22 years and the mean initiation age for crystal increased substantially from 20 to 26 years.

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

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

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

Twenty-four percent of this year's REU sample had used pharmaceutical stimulants within six months of interview. Median days of use declined from 6 days in 2005 to 3 days in 2006 and no one reported using pharmaceuticals on a weekly or more often basis. The amounts used in typical and heavy sessions increased to 5 tablets and 7 tablets respectively. A majority of the recent users swallowed pharmaceutical stimulants, with 17% injecting.

The median point prices of speed ($50) and crystal ($80) were the same as those found in 2005; the median point price of base increased slightly from $75 to $80. When commenting on the availability of methamphetamine the most frequently nominated categories were: easy for speed; very easy for base; and difficult for crystal.

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

### 5.8.8 QLD

Seventy-five per cent of Queensland regular ecstasy users (REU) reported having ever used methamphetamine powder (speed) and 58% reported using speed recently (last 6 months). Speed had been used on a median of five days (range 1-26) in the last six months and most commonly consumed by swallowing (47%). The usual locations for speed use were nightclubs (64%), users' own homes (45%) and at a friend's home (40%). The most common last location of speed use was the respondent's own home (21%).

Fifty-two per cent of Queensland REU reported having ever used methamphetamine base and 38% reported having recently used base. Base had been used on a median of 3 days (range 1-180) in the last six months and the majority of recent users reported consuming base by swallowing (46%). The most common usual locations for base use were nightclubs (64%), a friend's home (40%) and at raves (32%). The most common venue for last use of methamphetamine base was at a nightclub (32%).

Sixty-three per cent of Queensland REU reported having ever used crystal methamphetamine (crystal) and 50% reported recent use. Crystal was used on a median of four days (range 1-90) in the last six months and most commonly consumed by smoking (44%). Usual locations reported for crystal use were a friend's home (49%), nightclubs (31%), private parties (23%) and live music events (23%). The most common last use location was a friend's home (30%).

In 2006 the median price for a gram of speed was $150 (range $50-$350) which was less than in 2005 (median $180). The median price for a point of speed and base was $25, while the median

price for a point of crystal was $50. These prices are similar to those reported in 2005. REU most commonly reported that the price of speed and base had remained 'stable' in the last six months (speed: 55%; base: 60%). There was less agreement with respect to the price of crystal, with 34% reporting that it had been 'stable', 26% reporting that it had 'increased' and 17% reporting that it had 'decreased'.

There was inconsistency in REU reports of the current availability of speed, with 36% reporting that it was 'very easy' to obtain, 26% reporting that it was 'easy' to obtain and 32% reporting that it was 'difficult' to obtain. Similarly, with respect to base 28% reported that it was 'very easy' to obtain, 20% reported that it was 'easy' to obtain, and 44% reported that it was 'difficult' to obtain. Crystal was perceived to be less readily available, with 23% reporting that it was 'very easy' to obtain, 49% reporting that it was 'easy' to obtain and 23% reporting that it was 'difficult' to obtain.

## 5.9 Summary of methamphetamine trends

- The majority (84%) of participants reported lifetime speed use and two-thirds (64%) reported the use of speed in the six months prior to interview. Age of first use was 18 years.
- Amongst recent speed users, snorting was the most common route of administration (75%), followed by swallowing (73%). However, one-quarter (24%) had smoked speed in the six months prior to interview and 12% had injected speed in this same period.
- The median days of use was six days in the six months prior to interview; half (48%) reported using speed less than once per month.
- Half (52%) of the national sample reported lifetime use of base, with a median age of first use being 20 years. One-third (34%) reported using base in the six months prior to interview, on a median of four days; three-fifths (61%) of recent base users had used less than once per month.
- Amongst recent base users, swallowing was the most frequently nominated route of administration (84%), with one-third (32%) reporting having snorted base during this time.
- Two-thirds (65%) of the national sample reported lifetime use of crystal, with a median age of first use being 21 years. Half (49%) of the sample had recently used crystal, on a median of five days in the past six months; more than half (56%) reported using crystal less than once per month.
- Half (49%) of those who had binged on ecstasy and other drugs reported using crystal in a binge episode.
- The price for a gram of speed ranged from $50 in SA to $325 in TAS; three-fifths (58%) of those who commented on the change in speed price in the six months preceding interview reported that price had remained 'stable'.
- The price for a point of base ranged from $22.5 in SA to $80 in the NT; three-fifths (62%) of those who commented reported that the price of base had remained 'stable' in the six months prior to interview.
- The price for a point of crystal ranged from $47.5 in VIC to $80 in the NT; in all other jurisdictions, the price for a point of crystal was $50. Almost half (47%), of those who commented, reported that the price of crystal had remained 'stable' in the six months prior to interview.
- Of those who commented, the current purity of speed was reported to be 'medium' (32%) to 'high' (27%), with 38% of those who commented reported that purity had remained 'stable' in the six months prior to interview.
- Base was reported, by those who commented, to have a current purity that was 'high' (35%) to 'medium' (34%), and 43% of those who commented reported that purity had remained stable in the six months prior to interview.
- Half (49%) of those who commented on crystal purity reported it to be 'high', with a further one-quarter (25%) reporting it to be 'medium'. Two-fifths (38%) of those who commented reported that purity had remained 'stable' in the six months prior to interview.

- More than half (54%) of the sample commented on the availability of speed, with the majority reporting it to be 'easy' (39%) or 'very easy' (37%) to obtain. Of those who commented, the majority (61%) reported that availability had remained 'stable' in the six months prior to interview.
- One-quarter (24%) of the national sample reported on the availability of base, with the majority reporting it to be 'easy' (40%) or 'very easy' (33%) to obtain. Of those who commented, 61% reported that base availability had remained stable in the six months prior to interview.
- Two-fifths (38%) of the national sample commented on the availability of crystal, with 36% reporting to it to be 'easy' to obtain and 30% reporting it to be 'very easy' to obtain. Of those who commented, almost half (47%) reported that availability had remained 'stable' in the six months prior to interview.
- Amphetamine-related inpatient hospital admissions have remained relatively stable in 2004/05, as have closed treatment episodes where amphetamines were the principal drug of concern.

# 6 COCAINE

Cocaine is a colourless or white crystalline alkaloid. Cocaine hydrochloride, a salt derived from the cocoa plant, is the most common form of cocaine available in Australia (little or no 'crack' cocaine is available or used in this country) (Australian Crime Commission 2003). 'Crack' is a form of freebase cocaine (hydrochloride removed) which is particularly pure. Cocaine is a stimulant, like methamphetamine.

Street cocaine is usually 'cut' or diluted with other substances, some which mimic the taste or appearance of cocaine. There is not a great deal of information on the adulterants found in street cocaine, but glucose, lactose, baking soda and even talcum powder have been found.

## 6.1 Cocaine use among regular ecstasy users

Five percent of the national sample reported cocaine as their drug of choice. Nearly two-thirds (63%) of the participants in the national sample reported lifetime use of cocaine and two-fifths (37%) had used cocaine in the six months preceding interview (Table 30). The median age of first use, among those that reported having ever used cocaine, was 21 years (range 10-54 years).

Eight percent of the national sample reported that they had injected cocaine at some time (Table 30). Two percent (n=13) of the national sample reported injecting cocaine in the six months preceding interview.

Of those that used cocaine in the six months preceding interview, the majority (95%) had used intranasally and one-quarter (25%) had swallowed it; small proportions reported injecting (5%) and smoking (4%) smoked in the six months prior to interview (Table 30).

Of those that used cocaine, the median number of days of use was two, ranging from having used cocaine once to almost every second day (Table 30). The majority (85%) had used less than monthly; 10% had used between monthly and fortnightly; four percent (n=10) reported using between fortnightly and weekly; and one percent (n=4) had use cocaine once a week or more.

Eighteen percent of those that had binged in the six months preceding interview used cocaine in their binge.

**Table 30: Patterns of cocaine use by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **63** | 80 | 68 | 82 | 55 | 49 | 55 | 55 | 56 |
| Ever injected | **8** | 11 | 10 | 6 | 5 | 4 | 7 | 22 | 6 |
| Used last six months (%) | **37** | 45 | 44 | 55 | 33 | 31 | 29 | 10 | 36 |
| | **N=278** | n=45 | n=44 | n=55 | n=33 | n=31 | n=29 | n=5 | n=36 |
| Snorted* | **95** | 84 | 98 | 98 | 94 | 90 | 100 | 100 | 100 |
| Swallowed* | **25** | 18 | 19 | 33 | 39 | 23 | 17 | 40 | 22 |
| Injected* | **5** | 16 | 2 | 2 | 6 | 7 | 0 | 0 | 0 |
| Smoked* | **4** | 2 | 5 | 2 | 0 | 7 | 7 | 0 | 11 |
| Median days used* last 6 mths (range) | **2** | 2 | 2 | 2 | 2 | 2 | 2 | 3 | 2 |
| | **(1-90)** | (1-14) | (1-48) | (1-72) | (1-6) | (1-12) | (1-7) | (1-6) | (1-90) |

**Source: EDRS interviews 2006**
*Of those that used in the six months preceding interview

The median amount of cocaine used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.1-4). Recent cocaine users reported using a median of one gram (range 0.1-9) during their 'heaviest' use episode.

Cocaine use was also quantified in terms of lines, with 65 recent cocaine users reporting a median of two lines during the 'typical' session (range 1-12) and 64 users reporting a median of two lines in a 'heavy' session (range 1-12).

Cocaine use was also quantified in terms of points, with 65 recent cocaine users reporting a median of two points used during a 'typical' session (range 0.25-5) and 56 users reporting a median of two points in a 'heavy' session (range 0.25-7).

Cocaine was most commonly acquired through friends (44%) or known dealers (30%) (Table 31); there was some jurisdictional variation noted. Participants obtained their cocaine from private homes, most commonly friends' homes (36%), dealers' homes (22%) or at their own home (8%). Smaller proportions reported scoring in nightclubs (13%), pubs (7%), acquaintances' homes (6%), raves (4%), private parties (4%) and on the street (3%) (Table 31).

**Table 31: Source, purchase location and use location of cocaine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=135)** | (n=23) | (n=30) | (n=17) | (n=21) | (n=7) | (n=14) | (n=2) | (n=21) |
| Friends | **44** | 39 | 47 | 41 | 48 | 57 | 21 | 50 | 52 |
| Known dealers | **30** | 4 | 47 | 29 | 43 | 0 | 21 | 0 | 38 |
| Acquaintances | **14** | 4 | 13 | 18 | 10 | 29 | 21 | 0 | 19 |
| Workmates | **3** | 0 | 3 | 6 | 0 | 0 | 0 | 0 | 10 |
| Unknown dealers | **4** | 4 | 10 | 0 | 0 | 14 | 0 | 0 | 0 |
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=135)** | (n=23) | (n=30) | (n=17) | (n=21) | (n=7) | (n=14) | (n=2) | (n=21) |
| Friend's home | **36** | 30 | 33 | 47 | 48 | 57 | 7 | 50 | 38 |
| Dealer's home | **22** | 4 | 33 | 24 | 33 | 0 | 21 | 0 | 19 |
| Agreed public location | **4** | 0 | 7 | 0 | 10 | 14 | 7 | 0 | 0 |
| At own home | **8** | 4 | 3 | 12 | 5 | 0 | 14 | 50 | 14 |
| Nightclub | **13** | 4 | 23 | 18 | 10 | 29 | 0 | 0 | 14 |
| Private party | **4** | 0 | 3 | 6 | 5 | 14 | 0 | 0 | 5 |
| Raves* | **4** | 0 | 7 | 6 | 5 | 14 | 0 | 0 | 0 |
| Pubs | **7** | 0 | 7 | 18 | 5 | 14 | 0 | 0 | 10 |
| Street | **3** | 4 | 0 | 0 | 0 | 14 | 0 | 0 | 10 |
| Acquaintance's home | **6** | 4 | 3 | 6 | 5 | 0 | 7 | 0 | 14 |
| **Usual use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=135)** | (n=23) | (n=30) | (n=17) | (n=21) | (n=7) | (n=14) | (n=2) | (n=21) |
| Nightclub | **47** | 52 | 40 | 65 | 29 | 57 | 43 | 0 | 57 |
| Raves* | **15** | 4 | 20 | 18 | 14 | 29 | 21 | 0 | 10 |
| Private party | **28** | 13 | 30 | 35 | 33 | 29 | 21 | 0 | 38 |
| Friend's home | **42** | 35 | 37 | 59 | 48 | 71 | 36 | 0 | 38 |
| At own home | **35** | 22 | 40 | 35 | 33 | 14 | 43 | 50 | 43 |
| Pubs | **19** | 9 | 3 | 35 | 10 | 29 | 29 | 100 | 29 |
| Dealer's home | **5** | 0 | 0 | 6 | 14 | 0 | 0 | 0 | 14 |
| Restaurant/cafe | **2** | 0 | 7 | 6 | 0 | 0 | 0 | 0 | 0 |
| Public place | **3** | 4 | 0 | 6 | 5 | 0 | 7 | 0 | 0 |
| Vehicle – passenger | **6** | 4 | 3 | 18 | 10 | 0 | 0 | 0 | 5 |
| Vehicle – driver | **2** | 0 | 3 | 6 | 0 | 0 | 0 | 0 | 5 |
| Outdoors | **4** | 0 | 3 | 6 | 10 | 14 | 0 | 0 | 5 |
| Live music event | **10** | 0 | 17 | 18 | 5 | 14 | 14 | 0 | 10 |
| Work | **3** | 0 | 10 | 0 | 0 | 0 | 0 | 0 | 5 |
| Day club | **3** | 0 | 3 | 6 | 0 | 14 | 7 | 0 | 0 |
| Acquaintance's house | **4** | 0 | 3 | 6 | 5 | 14 | 7 | 0 | 0 |

**Source: EDRS interviews 2006**
*Includes 'doofs' and dance parties

**Table 31: Source, purchase location and use location of cocaine by jurisdiction, 2006 (continued)**

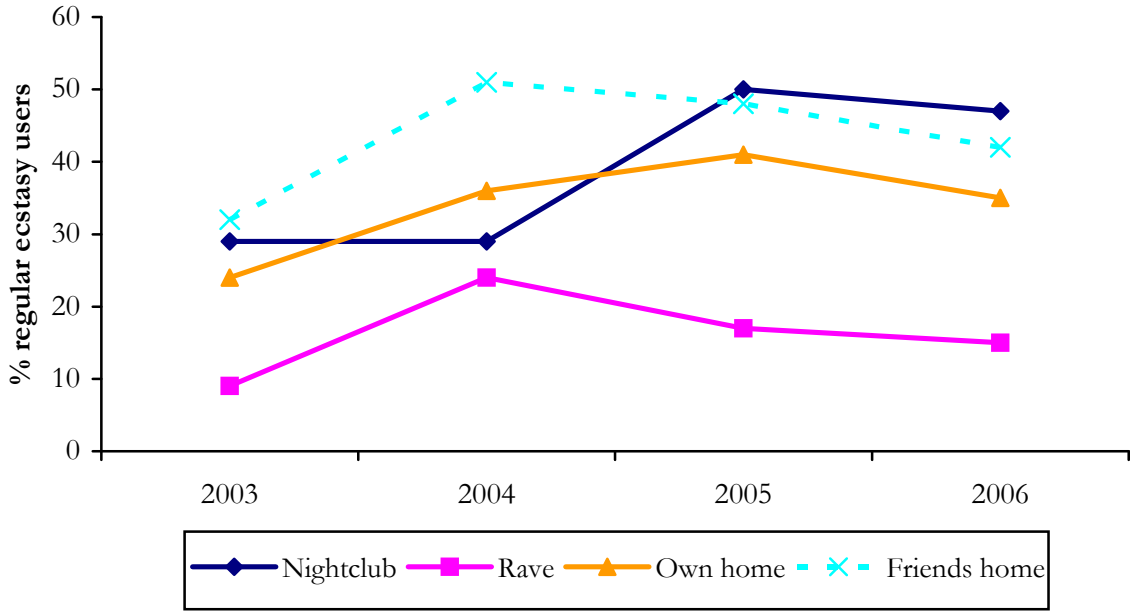
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Last use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=134)** | (n=22) | (n=30) | (n=17) | (n=21) | (n=7) | (n=14) | (n=2) | (n=21) |
| Nightclub | **22** | 36 | 13 | 24 | 19 | 29 | 14 | 0 | 29 |
| Friend's home | **21** | 23 | 13 | 18 | 33 | 43 | 21 | 0 | 14 |
| At own home | **19** | 9 | 23 | 18 | 19 | 0 | 21 | 50 | 24 |
| Raves* | **3** | 5 | 7 | 0 | 0 | 0 | 7 | 0 | 0 |
| Private party | **10** | 9 | 10 | 6 | 14 | 14 | 14 | 0 | 10 |
| Pubs | **6** | 5 | 0 | 18 | 0 | 0 | 7 | 50 | 10 |
| Work | **2** | 0 | 7 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dealer's home | **2** | 0 | 0 | 0 | 5 | 0 | 0 | 0 | 5 |
| Day club | **2** | 0 | 0 | 0 | 0 | 14 | 7 | 0 | 0 |

**Source: EDRS interviews 2006**
* Includes 'doofs' and dance parties

REU reported that they used cocaine in a variety of locations including private homes (42% friend's home and 35% own home), nightclubs (47%), private parties (28%), pubs (19%), raves (15%) and live music events (10%) (Table 31). Less common locations included in cars, either as a passenger (6%) or driver (2%), at acquaintances' houses (4%), work (3%), day club (3%) and in restaurants/cafes (2%). Similar proportions reported they had last used cocaine at a nightclub (22%), friend's home (21%), and in their own home (19%) (Table 31).

Figure 30 presents trends over time in the locations of usual cocaine use. An upward trend is observed in the proportion reporting nightclubs as a location of usual use, overtaking both participants' homes and friends' homes as the most frequently nominated location of usual use. Raves, though nominated by a small proportion of respondents across time, have not been a frequently nominated location of usual use.

**Figure 30: Location of usual cocaine use across time, 2003-2006**

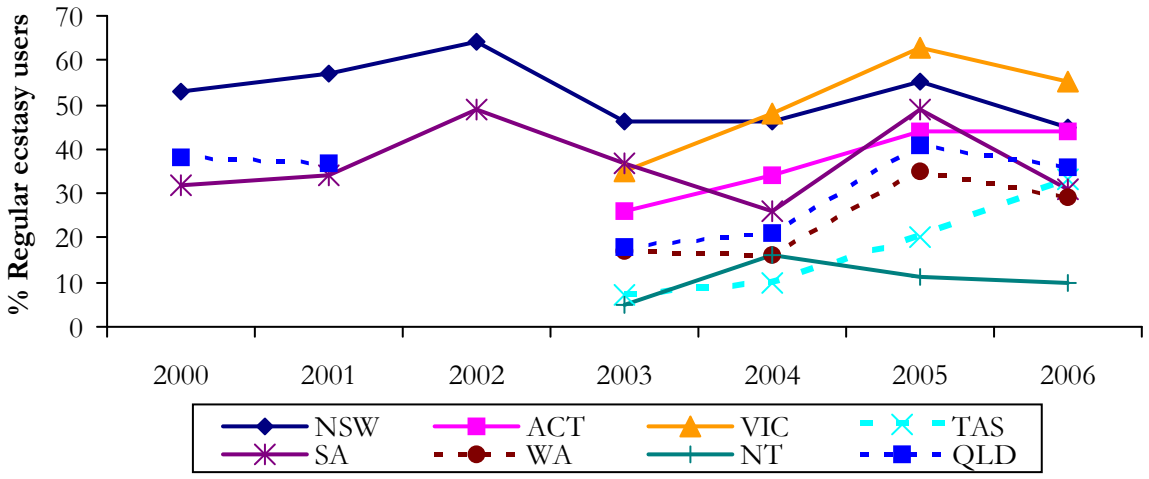



**Source: EDRS interviews 2003-2006**

### 6.1.1 Trends over time

In NSW, QLD and SA data has been collected since 2000 (no data was collected from QLD in 2002) and since 2003 in the other states. In NSW, the proportion of REU reporting recent cocaine use has fluctuated over time, however, a decrease was observed between 2005 (55%) and 2006 (45%) (Figure 31). SA also observed a decrease in the proportion of REU reporting recent cocaine use during this period, declining from 49% to 31%. Since data was first collected in TAS in 2003, the proportion reporting recent use has increased from 7% in 2003, 10% in 2004, 20% in 2005 to 33% in 2006. Despite increases in VIC from 2003 to 2005 (35%, 49% and 63%), a decline was observed in 2006 (55%). Despite these jurisdictional trends, recent cocaine use appears to be centred in large, eastern jurisdictions.

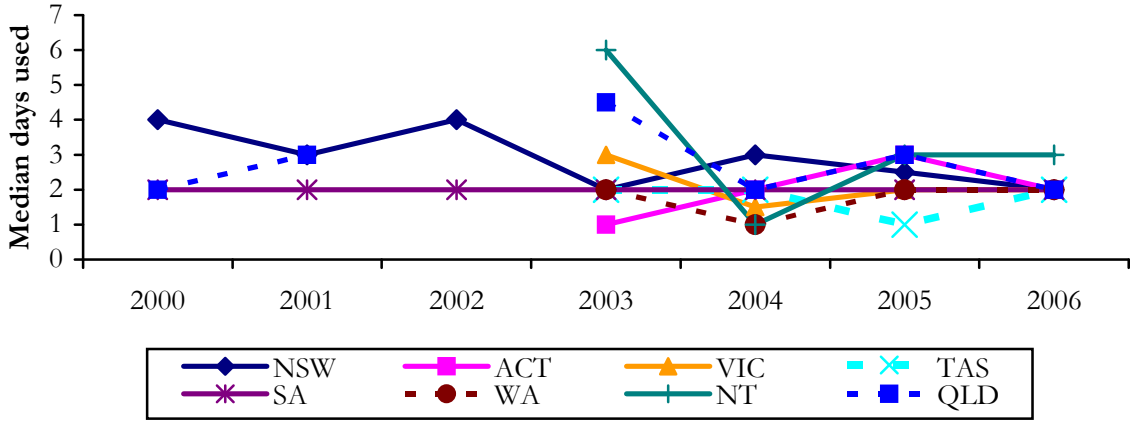
**Figure 31: Proportion of REU that reported recent use of cocaine by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

In NSW, QLD and SA the frequency of recent cocaine use data has been collected since 2000, and since 2003 in the remaining states (no data was collected for QLD in 2002). The frequency of recent cocaine use remained fairly stable in all jurisdictions in 2006 (Figure 32). However, data across time suggests a decline in the frequency of cocaine use in such jurisdictions as the NT (6 days of use in 2003, declining to 3 days of use in 2006) and QLD (4.5 days of use in 2003, declining to 2 days of use in 2006).

**Figure 32: Frequency of cocaine use among REU that reported using cocaine in six preceding months, by jurisdiction, 2000-2006**

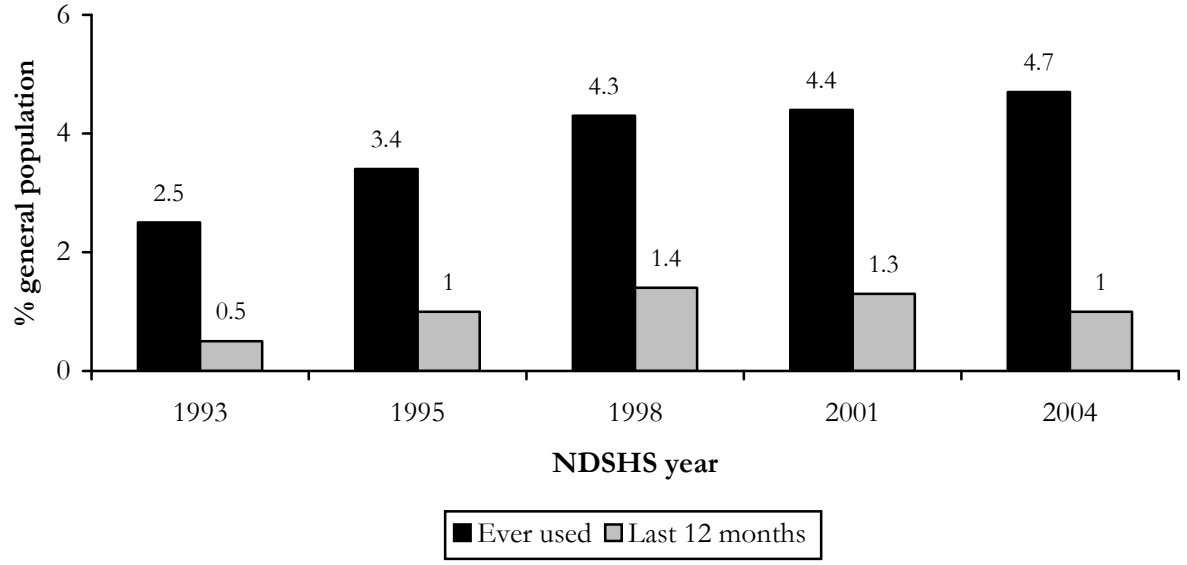



**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

## 6.2 Use of cocaine in the general population

Reports of lifetime cocaine use amongst the Australian general population remained consistent between 1993 and 1995, with approximately 3% of the population having ever used the drug. This figure rose to 4.3% in 1998, and has remained consistent in 2001 and 2004 (Figure 33) (Australian Institute of Health & Welfare, 2005). Recent use of cocaine has remained relatively stable across the five sampling years (Australian Institute of Health & Welfare, 2005).

**Figure 33: Prevalence of cocaine use in Australia, 1993-2004**




**Source: National Drug Strategy Household Surveys 1993-2004**

## 6.3 Price

Small numbers were able to comment on the price of a gram of cocaine in some jurisdictions and, therefore, the results should be interpreted with caution. Cocaine was commonly purchased in grams. Seventeen percent of the national sample (n=130) commented on the price of a gram of cocaine. The median price of a gram of cocaine ranged from $275 in the NT to $350 in TAS (Table 32).

**Table 32: Median price of cocaine by jurisdiction, 2006**

| Median price ($) | NSW n=23 | ACT n=25 | VIC n=18 | TAS n=21 | SA n=7 | WA n=14 | NT n=2 | QLD n=20 |
|---|---|---|---|---|---|---|---|---|
| Gram (range) | $300 (100-300) | $300 (50-400) | $300 (200-400) | $350 (250-500) | $300 (250-400) | $350 (210-600) | $275 (250-300) | $300 (150-400) |

**Source: EDRS interviews 2006**

Twenty-two percent (n=167) of the national sample commented on whether the price of cocaine had changed in the preceding six months. Thirty-four percent (n=57) of those who commented reported that the price of cocaine had remained 'stable' in the six months prior to interview (Table 33). Similar proportions reported that the price of cocaine had either 'increased' (8%; n=14), 'decreased' (8%; n=13) or had 'fluctuated' (8%; n=14).

**Table 33: Price changes of cocaine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Price change (%)** | | | | | | | | | |
| Those who responded (n) | **(N=167)** | (n=34) | (n=34) | (n=18) | (n=25) | (n=10) | (n=19) | (n=3) | (n=24) |
| (% who commented; n) | | | | | | | | | |
| Don't know | **41 (69)** | 41(14) | 50(17) | 28 (5) | 56(14) | 20 (2) | 58(11) | 33(1) | 21 (5) |
| Increased | **8 (14)** | 15 (5) | 6 (2) | 6 (1) | 0 (0) | 20 (2) | 5 (1) | 0 (0) | 13 (3) |
| Stable | **34 (57)** | 27 (9) | 38(13) | 44 (8) | 32 (8) | 50 (5) | 21 (4) | 33(1) | 38 (9) |
| Decreased | **8 (13)** | 9 (3) | 3 (1) | 6 (1) | 12 (3) | 10 (1) | 11 (2) | 0 (0) | 8 (2) |
| Fluctuated | **8 (14)** | 9 (3) | 3 (1) | 17 (3) | 0 (0) | 0 (0) | 5 (1) | 33(1) | 21 (5) |

**Source: EDRS interviews 2006**

Table 34 presents data across time regarding the price of a gram of cocaine. The majority of jurisdictions have reported an increase in the price of a gram of cocaine over time, such as NSW, TAS, SA, QLD and the ACT. Despite the price in VIC remaining constant in 2005 and 2006, overall the price has increased from $250 in 2003 to $350 in 2006. The price in WA has remained constant in the past two sampling years, while the price in the NT has fluctuated, with a marked decrease from 2005 ($375 per gram) to 2006 ($275 per gram).

**Table 34: Median price of cocaine by jurisdiction across time, 2003-2006**

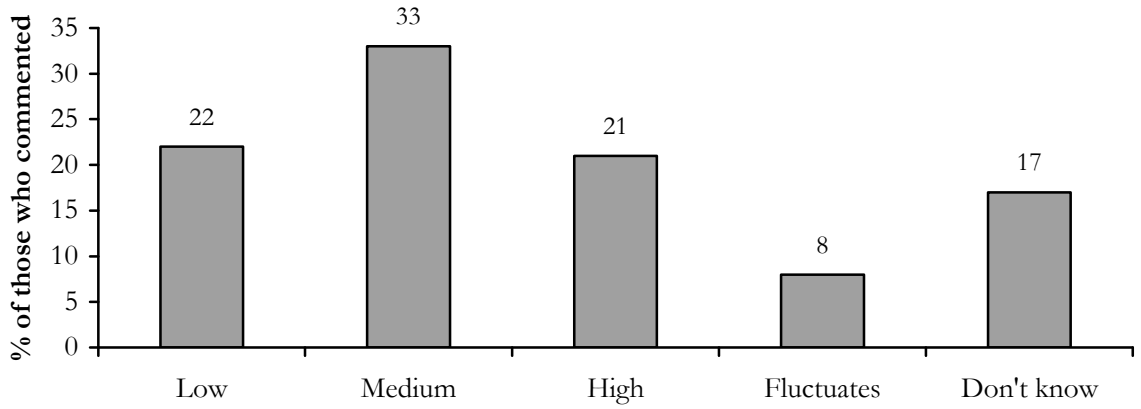
| Median price per gram ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2003 | 200 | 250 | 250 | 250 | 210 | 325 | 280 | 250 |
| 2004 | 200 | 250 | 277.50 | 325^ | 250 | 400 | 250 | 237.50 |
| 2005 | 270 | 250 | 300 | 350 | 300 | 350 | 375 | 300 |
| 2006 | 300 | 300 | 300 | 350 | 300^ | 350 | 275^ | 300 |

**Source: EDRS interviews 2003-2006**
Note: The price of cocaine was first collected in 2003
^Denotes that a small number of participants commented

## 6.4 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. Twenty-two percent (n=167) of the national sample commented on the purity of cocaine. One-third (33%; n=55) of those who commented reported the purity of cocaine to be 'medium' and a further 21% (n=35) reported cocaine strength was 'high' (Figure 34). Twenty-two percent (n=36) reported cocaine purity was 'low' and 8% (n=13) reported it as 'fluctuating'. Seventeen percent (n=28) 'did not know' the current purity of cocaine.

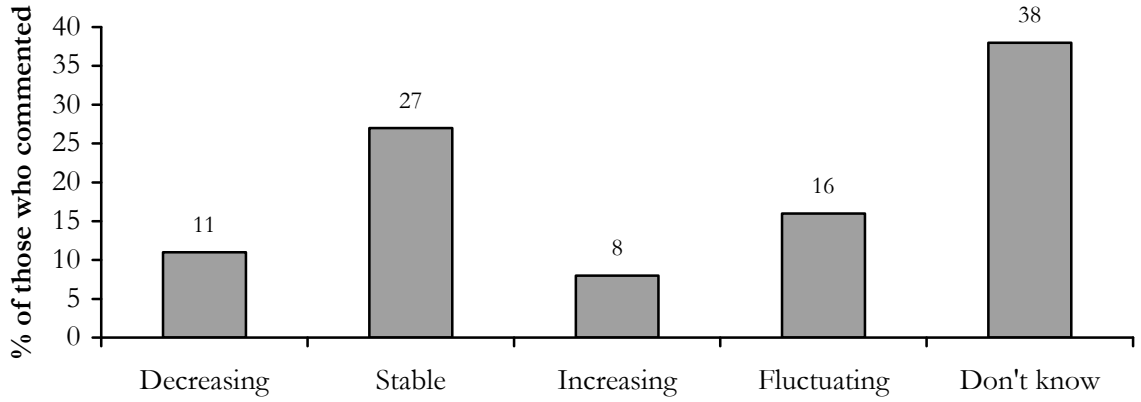
**Figure 34: National REU reports of current cocaine* purity, 2006**




**Source: EDRS interviews 2006**
* Among those who commented (N=167)

Of those that commented (N=167) on whether the purity of cocaine had changed in the six months preceding interview, almost two-fifths (38%; n=63) 'did not know'; 27% (n=45) reported that purity had remained 'stable'; 16% (n=26) reported that it had 'fluctuated'; 11% (n=19) reported that it had 'decreased'; and 8% (n=14) reported that purity had 'increased' in the six months prior to interview (Figure 35).

**Figure 35: National REU reports of recent change in cocaine* purity, 2006**




**Source: EDRS interviews 2006**
* Among those who commented (N=167)

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 in also presented. The purity data is provided by the Australian Crime Commission.

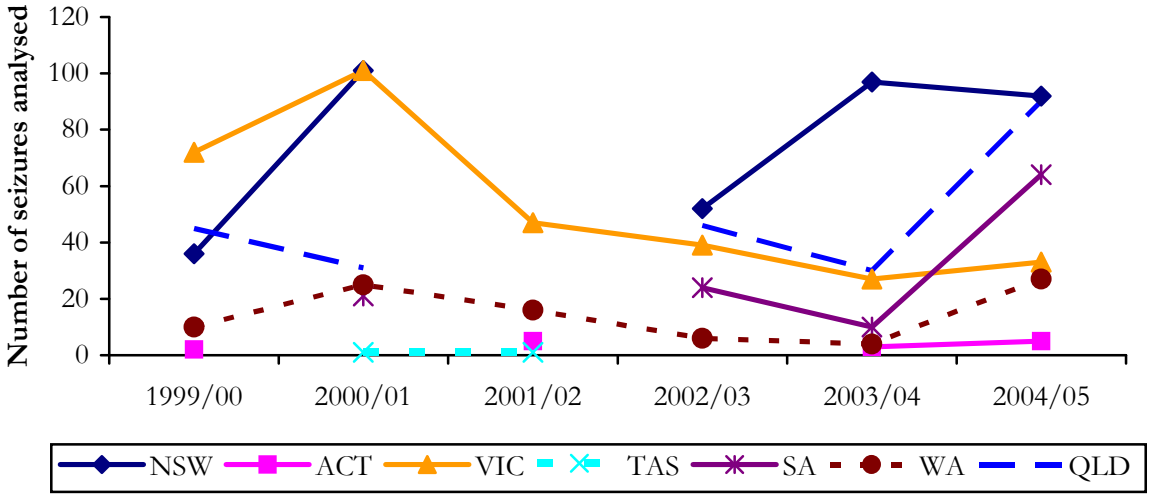
The purity of state police seizures analysed varied in each state in 2003/04, ranging from 30.7% in SA to 64.3% in NSW (n=92) (Figures 36 and 37). Many jurisdictions had few or no state police seizures analysed. In 2004/05 most of the cocaine seizures analysed were from NSW, VIC, QLD and SA. The AFP generally seizes cocaine at the border, with higher purity (Figures 38 and 39). There were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT, and no TAS or NT state police cocaine seizures analysed in 2004/05.

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).

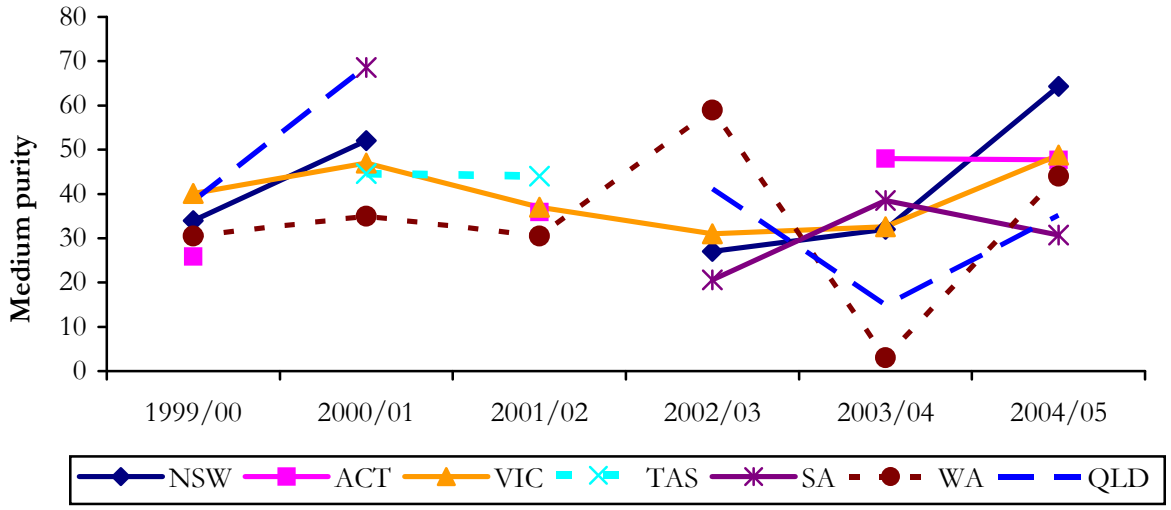
Figures reported include seizures ≤2grams and >2grams, reflecting both street and larger seizures. The following caveat applies to Figures 36 to 39: figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) 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.

**Figure 36: Number of state police cocaine seizures, by jurisdiction, 1999/00-2004/05**



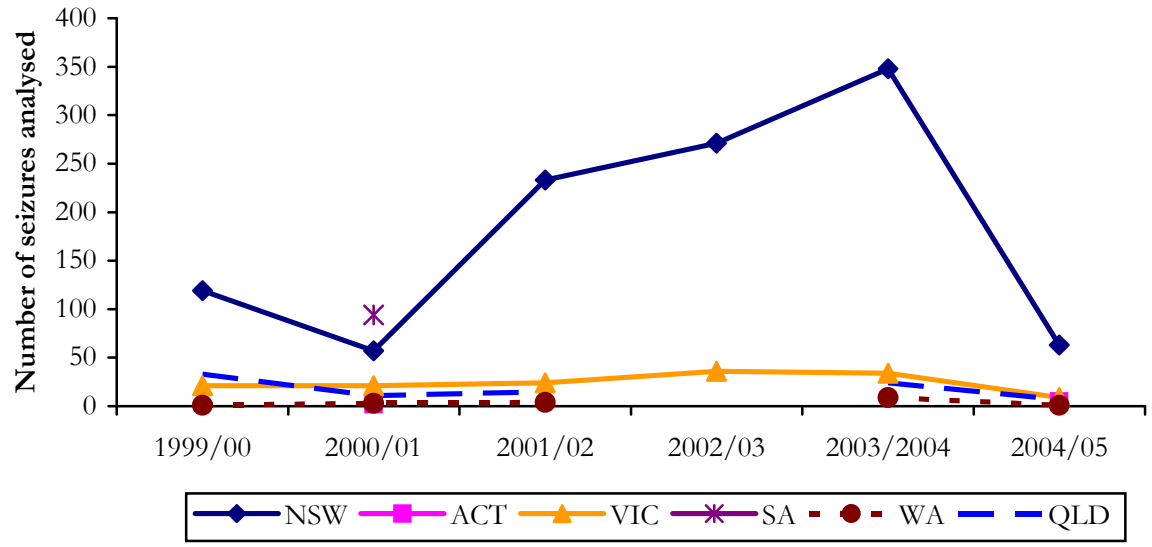

**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005)**.
Note: Data for 2005/06 were unavailable at time of publication

**Figure 37: Median purity of state police cocaine seizures, by jurisdiction, 1999/00-2004/05**



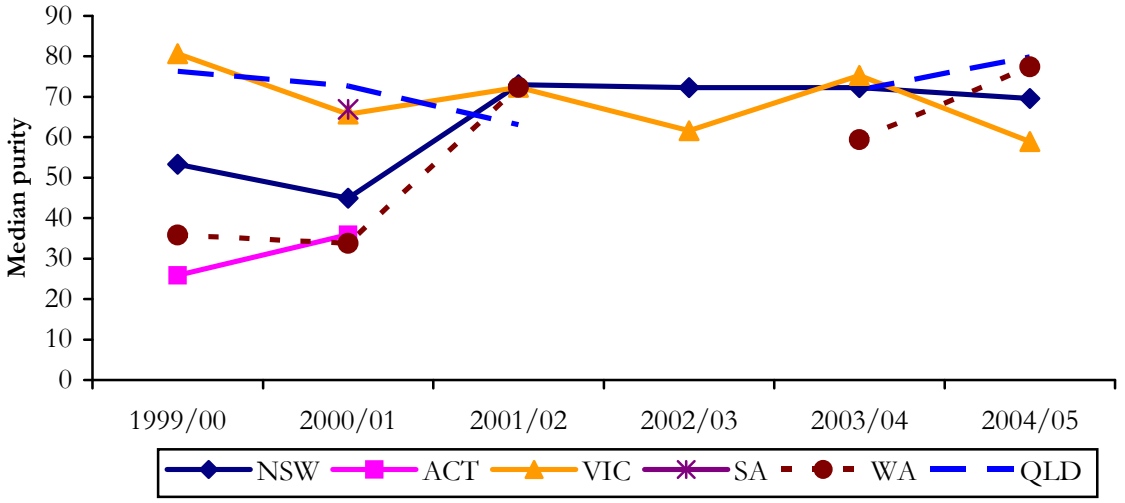

**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were unavailable at time of publication.

**Figure 38: Number of AFP cocaine seizures, by jurisdiction, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were unavailable at time of publication

**Figure 39: Median purity of AFP cocaine seizures, by jurisdiction, 1999/00-2004/05**




**Source: Australian Bureau of Criminal Intelligence (2001 & 2002), Australian Crime Commission (2003, 2004 & 2005).**
Note: Data for 2005/06 were unavailable at time of publication

## 6.5 Availability

Of those who commented, two-fifths (41%; n=69) reported that cocaine was 'difficult' to obtain, while one-quarter (28%; n=46) reported that cocaine was 'easy' to obtain (Table 35). Smaller proportions reported that cocaine was 'very easy' (14%; n=24) and 'very difficult' to obtain (11%; n=19). Five percent (n=9) did not know about the current availability of cocaine.

More than half (58%; n=96) of those who commented reported that cocaine availability had remained 'stable' in the six months preceding interview (Table 35), while one-fifth (20%; n=34) did not know. Fifteen percent (n=25) reported that availability had become 'easier', 5% (n=8) reported it had become 'more difficult' to obtain, and 2% (n=4) reported that availability had 'fluctuated' in the six months preceding interview.

**Table 35: Availability of cocaine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=167)** | (n=34) | (n=34) | (n=18) | (n=25) | (n=10) | (n=19) | (n=3) | (n=24) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **5 (9)** | 9 (3) | 9 (3) | 0 (0) | 4 (1) | 0 (0) | 5 (1) | 0 (0) | 4 (1) |
| Very easy | **14 (24)** | 18 (6) | 12 (4) | 44 (8) | 12 (3) | 10 (1) | 0 (0) | 0 (0) | 8 (2) |
| Easy | **28 (46)** | 35(12) | 32(11) | 33 (6) | 36 (9) | 20 (2) | 5 (1) | 0 (0) | 21 (5) |
| Difficult | **41 (69)** | 32(11) | 44(15) | 11 (2) | 32 (8) | 70 (7) | 63(12) | 33(1) | 54(13) |
| Very difficult | **11 (19)** | 6 (2) | 3 (1) | 11 (2) | 16 (4) | 0 (0) | 26 (5) | 67(2) | 13 (3) |

**Source: EDRS interviews 2006**

**Table 35: Availability of cocaine by jurisdiction, 2006 (continued)**

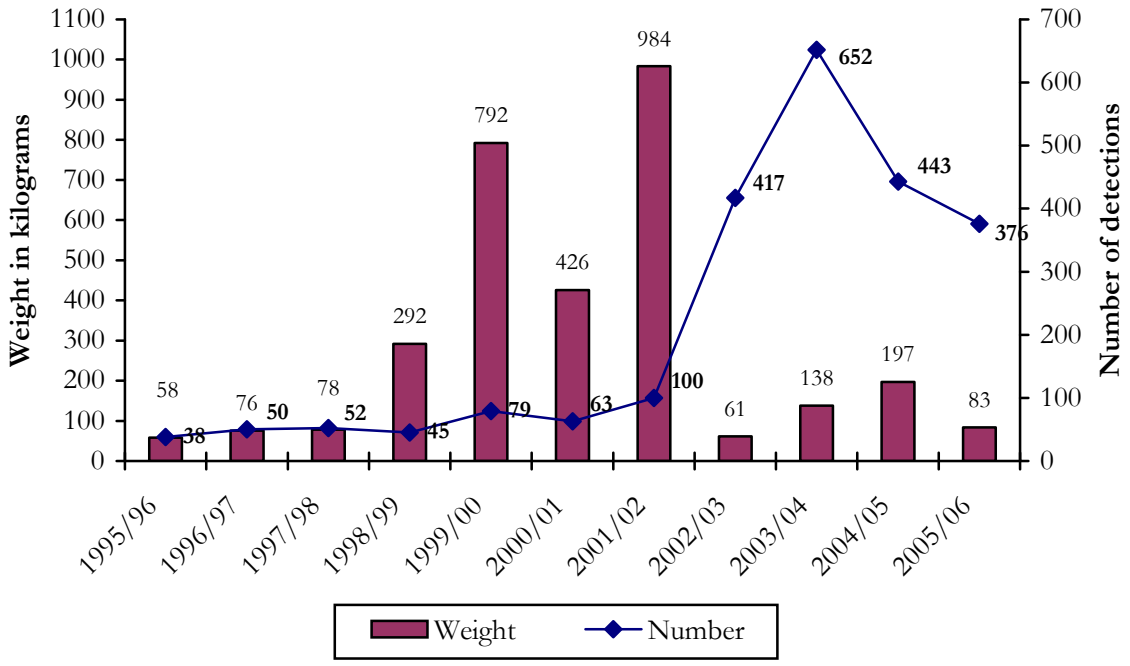
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability change %)** | | | | | | | | | |
| Those responded (n) | **(N=167)** | (n=34) | (n=34) | (n=18) | (n=25) | (n=10) | (n=19) | (n=3) | (n=24) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **20 (34)** | 18 (6) | 32(11) | 17 (3) | 28 (7) | 0 (0) | 21 (4) | 0 (0) | 13 (3) |
| More difficult | **5 (8)** | 3 (1) | 6 (2) | 11 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 13 (3) |
| Stable | **58 (96)** | 68(23) | 47(16) | 50 (9) | 44(11) | 90 (9) | 63(12) | 100(3) | 54(13) |
| Easier | **15 (25)** | 12 (4) | 15 (5) | 22 (4) | 24 (6) | 10 (1) | 11 (2) | 0 (0) | 13 (3) |
| Fluctuates | **2 (4)** | 0 (0) | 0 (0) | 0 (0) | 4 (1) | 0 (0) | 5 (1) | 0 (0) | 8 (2) |

**Source: EDRS interviews 2006**

### 6.5.1 Cocaine seized at the Australian border

During 2005/06, the Australian Customs Service made 376 detections of cocaine at the Australian border. The detections weighed a total of 83 kilograms. The larger number of detections, and smaller total weight recorded over the past four years most likely reflects a shift in importation methods from shipping to cargo and postal, and air passengers and crew (Figure 40). The large weight detected in the 2001/02 financial year was mainly due to a single detection in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

**Figure 40: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, 1995/96-2005/06**




**Source: Australian Customs Service (2006)**

## 6.6 Cocaine-related harms

### 6.6.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine type stimulant arrests. In 2004/05 the number of cocaine arrests increased from 328 in 2003/04 to 425 in 2004/05. The majority of these arrests (54%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW the number of arrests in 2004/05 was 229 (compared to 185 in 2003/04). In 2004/05 VIC reported 91 cocaine arrests (increased from 85 in 2003/04) while in QLD there were 65 reported arrests (35 in 2003/04). Data for 2005/06 were not available at the time of publication of this report.

### 6.6.2 Health

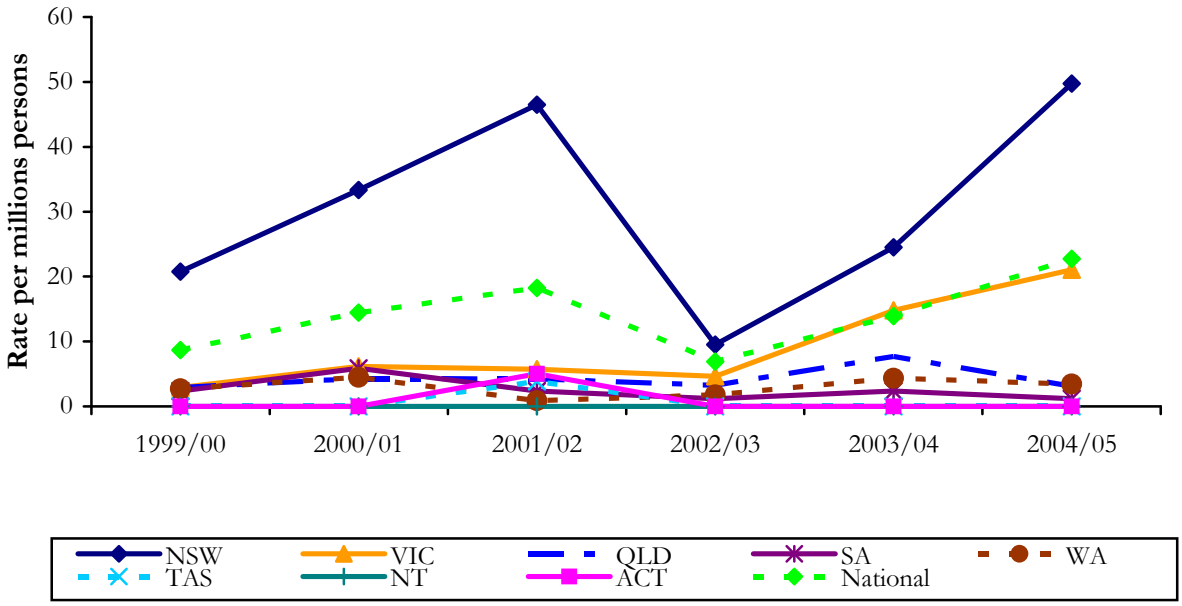
*Treatment*

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2004/05 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions (Australian Institute of Health and Welfare 2006).

*Hospital admissions*

Figure 41 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the six year period, and have steadily increased over the past three years from 7 per million persons to 23 per million persons. 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 reached a peak of 49 per million persons in 2004/05. Figures were relatively lower in all other jurisdictions.

**Figure 41: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2004/05**




**Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments**.
Note: From 2001, numbers in TAS included admissions from an additional drug withdrawal unit.

*Overdose*

Fifteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2005 (Degenhardt and Roxburgh 2007). Cocaine was determined to be the underlying cause of death in two-thirds (66%) of all cocaine related deaths in 2005 (n=10). The rate of death per million persons aged 15-54 years in Australia where cocaine was mentioned (1.3 per million persons) remained relatively stable in 2005 compared to 2004 (where it was 1.7 per million persons).

## 6.7 Jurisdictional trends in cocaine use

### 6.7.1 NSW

The prevalence of lifetime cocaine use remained stable in 2006, with 80% reporting having ever used the drug. However, a decrease was observed in the proportion reporting recent use, a decline from 55% in 2005 to 45% in 2006. This decrease was consistent not only with the majority of KE who commented, but also with other data sources that suggest low or declining prevalence of use.

Of those who commented, cocaine was purchased for $300 per gram, and the reported price change varied from remaining stable (27%) to having increased (15%). Reports of current purity also varied, though one-third suggested purity had remained stable in the six months prior to interview. Regarding availability, one-third (35%) of those who commented suggested it was easy to obtain while similar proportions (32%) reported it was 'difficult' to obtain; availability was reported to have remained stable in the six months prior to interview.

Cocaine was commonly purchased from friends (75%) at friends' homes (75%), though use commonly occurred in nightclubs (52%) and, to a lesser extent, in friends' homes (35%).

### 6.7.2 ACT

Approximately two-fifths of the sample reported recent use of cocaine. Among these participants the median number of days of cocaine use was two, although the majority of recent users had used cocaine on only one day in the six months prior to interview.

The dominant form of administration was snorting, although one-fifth of recent cocaine users reported swallowing cocaine in the preceding six months.

The median price for a gram of cocaine was reported to have increased from $250, in previous years, to $300 per gram in 2006. The majority of respondents believed the current purity of cocaine to be 'medium' or 'high'.

The response of participants regarding the current availability of cocaine in the ACT was mixed. Despite this, the majority of respondents believed that the availability of cocaine had remained stable in the past six months.

### 6.7.3 VIC

Reports from the Victorian REU and KE suggest that a high proportion of regular ecstasy users have ever used cocaine, with a considerable number also reporting recent use. Prevalence of recent cocaine use has fluctuated over the four years of the study, with a decrease from 2005 to 2006 from 63% to 55%. Since 2003, however, those regular ecstasy users using cocaine have tended to report using it infrequently, typically snorting it, and using cocaine in a wide range of locations, most commonly nightclubs, pubs and private homes.

Perhaps contributing to the relatively low frequency of recent use, cocaine is an expensive drug. The purity of cocaine is typically rated as medium, it is considered as readily available, with availability recently stable or increasing. Cocaine is commonly purchased from friends or known dealers in private homes.

### 6.7.4 TAS

The lifetime and recent use of cocaine has increased steadily among the Tasmanian REU cohort since 2003. In 2006, over half (55%) had ever used cocaine, compared to two-fifths (43%) in 2005. One-third (33%) had used cocaine during the six months preceding the interview in 2006, compared to one-fifth (20%) in 2005, and one-tenth in 2004 (10%) and 2003 (7%).

Cocaine was typically snorted and was used on a median frequency of two days (range 1-6 days) in the six months preceding the interview, with an average of 0.2 to 0.5 grams used in a typical session. Cocaine was typically used at private residences or nightclubs.

Consistent with increased use of cocaine among REU, a greater number of participants were able to comment on the price, purity and availability of the drug relative to previous years. The median price for one gram of cocaine was $350 (range $250-500) and the price for one 'point' (0.1g) of cocaine was $50 (range $35-50). Three-quarters of those that commented (73%) indicated that the price of cocaine had remained stable in the preceding six months, and one quarter (27%) indicated that the price of cocaine had recently decreased.

Cocaine was typically considered to be 'medium', 'low' or 'fluctuating' in purity, and to have recently remained 'stable' or 'fluctuated' in purity during the six months preceding the interview.

REU reports on the availability of cocaine were mixed, with one-half of those who commented indicating that it was 'easy' or 'very easy' to obtain and one-half indicating that it was 'difficult' or 'very difficult' to obtain. Three-fifths (61%) indicated that the availability of cocaine had remained stable during the six months preceding the interview, but one-third (33%) indicated a recent increase in availability. KE comments also indicated a recent increase in the use and availability of cocaine among REU in Hobart.

Cocaine had typically been purchased from friends or dealers, but almost one-third of those that had used cocaine (29%) had not scored the drug themselves.

Whereas the lifetime and recent use and the reported availability of cocaine is greater among the 2006 sample, the median frequency of cocaine use is still relatively low, and there have been no recent changes in the low-levels of cocaine-related harms in Tasmania.

### 6.7.5 SA

There was a decrease in the proportion of REU reporting recent use of cocaine in 2006 (31%, compared to 49% in 2005), although there was no reported change in the frequency of cocaine use which remains low among those who had recently used.

The most commonly reported locations of both usual and last use were a friend's home, and nightclubs.

Though the number of REU able to comment on these parameters was small, reports indicated that cocaine price had increased, and the perception was that purity was high and availability had decreased, compared to 2005. Despite this KE commented that the availability of cocaine had increased in 2006.

As in previous years, KE suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

### 6.7.6 WA

Prevalence of both lifetime and recent use of cocaine was comparable to last year. In 2006, 55% of respondents reported ever using cocaine (57% in 2005) and 29% reported use in the previous six months (35% in 2005). All those who reported recent use of cocaine nominated snorting as the most common method of use.

Cocaine was commonly purchased in grams and the median price remained the same as last year at $350 per gram. While the majority of last year's sample reported the price over the last six months as 'stable' (60%), the majority of the current sample was unable to comment (58% reported 'don't know').

Ratings of current purity were highly similar across years with equal proportions of 37% rating it as 'low' and 'medium' in 2006 (rated by 38% each in 2005). However, as with changes in price, the greatest proportion of the current sample was unable to comment on recent changes in purity (42% reported 'don't know'), while 50% rated it as 'stable' last year.

In 2006, current availability of cocaine was rated by the majority as 'difficult' (63%) and 26% rated it as 'very difficult'. In 2005, current availability was rated by 43% as 'difficult' and by 36% as 'easy'. This suggests that cocaine was less available in WA and may account for the inability expressed by respondents to comment on price and purity over the previous six months.

'Nightclubs' and 'own home' were nominated by the greatest proportions (43% each) as usual locations of cocaine use. Among the current sample, 21% each reported 'friends', 'known dealers' and 'acquaintances' as persons from whom cocaine was typically purchased.

### 6.7.7 NT

In the current year lifetime cocaine use increased to 55% and recent use was stable at 10%. Among those who recently used cocaine, use was infrequent with a median of three days use in the preceding six months, unchanged from 2005.

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

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

The median price for a gram of cocaine declined from the $375 reported in 2005 to $275 this year, although only 2 respondents were able to comment. The small number of REU who were able to comment rated current cocaine purity as medium to high, and availability as difficult to very difficult.

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

### 6.7.8 QLD

Fifty-six per cent of REU reported having ever used cocaine and 36% reported using cocaine recently. Cocaine was typically snorted (36%) and used on a median of two days in the last six months (range: 1-90).

Twenty participants reported a median price of $300 per gram, which is the same as reported in 2005. REU typically reported the price of cocaine had been 'stable' recently.

Twenty-four participants reported on cocaine availability and purity. Most reported that cocaine was either 'difficult' or 'very difficult' (n=16) to obtain. The greatest proportion of those who responded stated that the current purity of cocaine was 'medium' (n=9).

Among those who were able to comment, the most common person from whom cocaine was obtained recently was a friend (n=11) followed by a known dealer (n=8). Cocaine was mainly obtained in private venues including a friend's home (n=8), a dealer's home (n=4) or in the respondent's own home (n=3). Whilst cocaine was reported to have been used in a range of settings, among those able to comment the most common usual location for use (n=12) and last location of use (n=6) was a nightclub.

## 6.8 Summary of cocaine trends

- Almost two-thirds (63%) of participants reported lifetime cocaine use and two-fifths (37%) reported cocaine use in the six months prior to interview.
- Jurisdictional differences were observed in the proportion of REU reporting cocaine use. Lifetime use ranged from 49% in SA to 82% in VIC; recent use ranged from 10% in the NT to 55% in VIC.
- Five percent nominated cocaine as their drug of choice.
- Cocaine was used on a median of two days in the six months prior to interview. The majority had used less than once per month; four participants reported using cocaine once a week or more.
- The median age of first use amongst those who reported lifetime use was 21 years.
- The majority (95%) of recent cocaine users reported using cocaine intranasally, while one-quarter (25%) reported swallowing it. Small proportions had recently injected or smoked cocaine.
- The median amount of cocaine used in a typical session of use was half a gram, and a median of one gram was used in a heavy session of use.
- Eighteen percent of those that had binged in the six months preceding interview had used cocaine in binge session.
- Cocaine was most commonly acquired through friends or known dealers, though some jurisdictional differences were noted. REU obtained their cocaine from private homes, most commonly friends' homes, a dealer's home or at their own home.
- Cocaine was used in a variety of locations, such as nightclubs, friends' homes and participants' own homes. The location of last cocaine use was similar to location of usual use.
- Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $275 in the NT to $350 in TAS and WA. Data collected across time suggest that the price of cocaine, in most jurisdictions, has increased.
- One-third (34%) of those who commented reported that the price of cocaine had remained 'stable' in the six months preceding interview, though a large proportion did not know and were unable to comment.
- One-third (33%) of those who commented reported that the current purity of cocaine was 'medium' and a further 21% reported the current purity to be 'high'. One-quarter (27%) of those who commented reported that cocaine purity had remained 'stable' in the six months prior to interview.
- Of those who commented, two-fifths (41%) reported that cocaine was 'difficult' to obtain while one-quarter (28%) reported it to be 'easy' to obtain. More than half (58%) of those who commented reported that cocaine availability had remained 'stable' in the six months prior to interview.
- The Australian Customs Service made 376 detections of cocaine at the Australian border in 2005/06.
- In Australia, there are only small numbers presenting for treatment of cocaine dependence, being admitted to hospital for cocaine, or dying from a cocaine-related overdose.

# 7 KETAMINE

Ketamine is a rapid acting dissociative anaesthetic that is used in veterinary surgery and less commonly in human surgery. Ketamine is a liquid that can be injected for legitimate use. It is typically converted into a fine powder through evaporation, which is typically snorted. Ketamine can also be made into tablets that are swallowed.

Ketamine produces a dissociative state in the user, commonly eliciting an out-of-body experience. Too much ketamine can result in the user having a 'near death experience' or falling into a 'k-hole'.

As ketamine is complicated to manufacture, and precursor chemicals are difficult to obtain, it is unlikely that it is produced in clandestine laboratories. The majority of ketamine used by REU is probably diverted from veterinary sources (Australian Crime Commission, 2003).

Ketamine is also known as K, Special K or Vitamin K.

## 7.1 Ketamine use among regular ecstasy users

Five participants (1%) of the national sample nominated ketamine as their drug of choice. Thirty-five percent of the 2006 national sample reported lifetime use of ketamine and less than one-fifth (14%) had used ketamine in the six months preceding interview (Table 36). Ketamine was first used at a median age of 21 years (range 12-51 years). Three percent (n=25) of the national sample reported that they had injected ketamine at some time (Table 36).

In the six months preceding interview, snorting was the most common route of administration of ketamine, with more than three-quarters (78%) having used ketamine in this way (Table 36). More than one-third (37%) had recently swallowed ketamine, 5% of recent ketamine users had injected ketamine in the six months preceding interview and 2% of recent ketamine users had smoked ketamine during this time.

Of those that used ketamine, the median number of days used was two, ranging from having used ketamine once in the six months preceding interview, to one participant reporting ketamine use approximately twice per week in the six months preceding interview (Table 36). The majority (79%) had used less than monthly; 18% used ketamine between monthly and fortnightly and 2% used between fortnightly and weekly; one participant reported using ketamine more than once per week.

Seven percent of those that had binged in the six months preceding interview used ketamine in their binge. Fifteen participants reported usually using ketamine with ecstasy and nine participants reported usually using ketamine to come down from ecstasy.

**Table 36: Patterns of ketamine use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **35** | 57 | 32 | 56 | 23 | 35 | 14 | 26 | 31 |
| Ever injected | **3** | 6 | 4 | 5 | 3 | 2 | 3 | 2 | 1 |
| Used last six months (%) | **14** **N=107** | 27 n=27 | 15 n=15 | 29 n=29 | 6 n=6 | 11 n=11 | 4 n=4 | 6 n=3 | 12 n=12 |
| Snorted* | **78** | 89 | 67 | 86 | 50 | 73 | 75 | 33 | 75 |
| Swallowed* | **37** | 26 | 87 | 28 | 50 | 18 | 0 | 67 | 42 |
| Injected* | **5** | 0 | 0 | 7 | 0 | 9 | 25 | 33 | 0 |
| Smoked* | **2** | 0 | 7 | 3 | 0 | 0 | 0 | 0 | 0 |
| Median days used* last 6 mths (range) | **2** **(1-48)** | 2 (1-48) | 2 (1-6) | 3 (1-14) | 1.5 (1-3) | 2 (1-10) | 2 (1-5) | 6 (1-20) | 1 (1-10) |

**Source: EDRS interviews 2006**
*Of those that used in the six months preceding interview

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 1.25 bumps (range 0.5-10) for a 'typical' or 'average' use episode and 2 bumps (range 0.5-20) for the 'heaviest' use episode.

Ketamine use was also quantified in points, pills and grams. Twenty-nine participants reported using a median of two points (range 0.5-4) in a 'typical' session of use and twenty-three participants report this same amount in a 'heavy' session of use. Fifteen participants reported using a median of 1.5 pills (range 0.5-20) in a 'typical' session of use and a median of 2 pills (range 0.5-20) in a 'heavy' session of use. Fourteen participants reported using a median of 0.62 grams (range 0.25-2) of ketamine in a 'typical' session of use, and nineteen participants used a median of 0.5 grams of ketamine (range 0.25-4) in a 'heavy' session of use.

Ketamine was predominantly obtained from friends (55%) and known dealers (30%), with small proportions reporting that they obtained ketamine from acquaintances (10%) and unknown dealers (10%). It was predominantly obtained from private locations, such as friends' homes (43%) and dealers' homes (30%), with other locations mentioned including participants' own homes (15%), nightclubs (15%) and agreed public locations (13%).

In all jurisdictions excluding NSW and the ACT, less than ten participants were able to comment on the source of ketamine purchase. In NSW, friends (82%) and known dealers (36%) were sources of ketamine, and this was similar in the ACT (friends, 40%; known dealers, 30%). In NSW, ketamine was obtained from friends' homes (46%) and dealers' homes (27%), and again, this was similar in the ACT (friends' homes, 30%; dealers' homes, 30%).

Ketamine was used in a variety of locations, including friends' homes (48%), nightclubs (43%), participants' own homes (33%), and raves (23%). Locations of last ketamine use included friends' homes (34%), participants' own homes (26%) and nightclubs (16%).

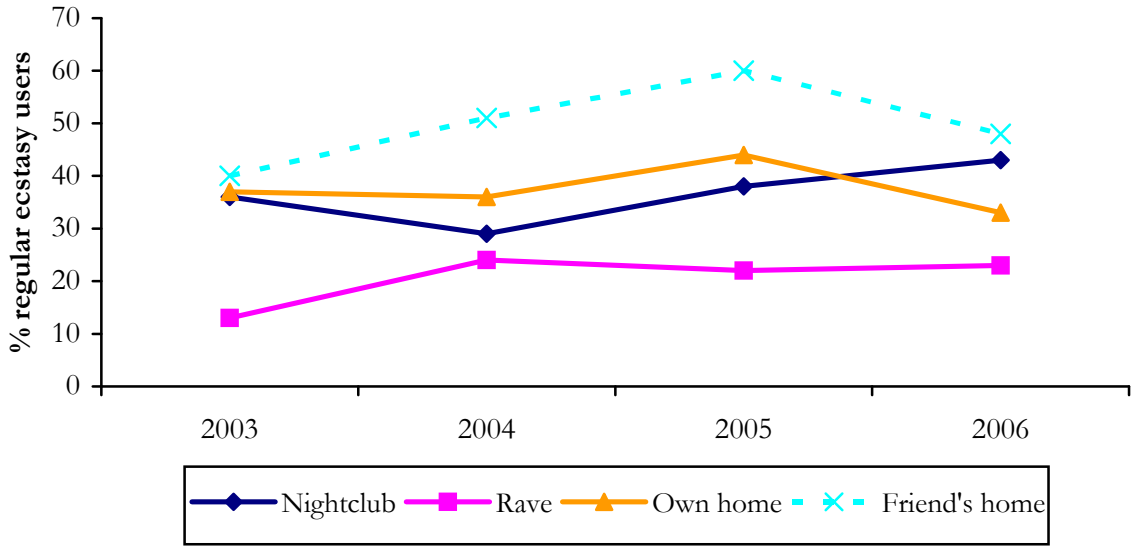
In all jurisdictions excluding NSW and the ACT, less than ten participants were able to comment on the location of usual and last ketamine use. In NSW, nightclubs (73%) and raves (46%) were

common locations of usual use, followed by friends' homes (27%) and participants' own homes (27%). Locations of last ketamine use included nightclubs (36%), friends' homes (18%) and raves (18%).

In the ACT, locations of usual ketamine use included friends' homes (50%) and participants' own homes (50%), followed by nightclubs (40%) and private parties (30%). Locations of last ketamine use included participants' own homes (40%) and friends' homes (30%).

Figure 42 presents trends over time in the locations of usual ketamine use. Across time, friends' homes have been the most frequently mentioned location of usual use, though a decline has been observed between 2005 and 2006. Between 2004 and 2006, an upward trend has been observed in the proportion reporting that a nightclub is the usual location of use. Participants' own homes also declined as a location of usual use between 2005 and 2006.

**Figure 42: Location of usual ketamine use across time, 2003-2006**



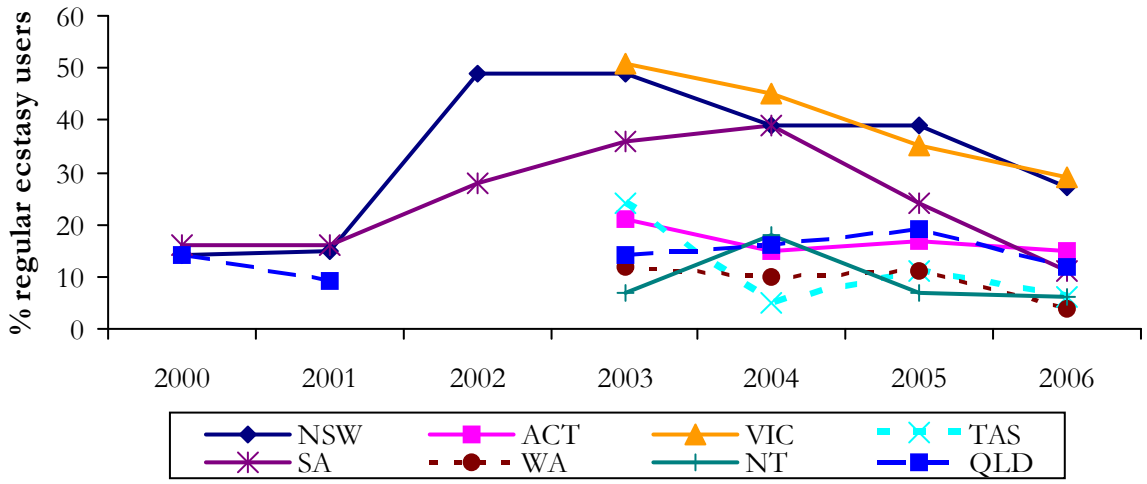

**Source: EDRS interviews 2003-2006**

### 7.1.1 Trends over time

Figure 43 presents data across time regarding the proportion of REU reporting recent ketamine use. In NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002), and from 2003 in the other states.

Over time, trends in most states have shown a decrease in recent ketamine use. This may be related to a number of reasons, such as availability of the drug. In NSW, where data has been collected since 2000, there has been a gradual decrease since 2002, a pattern that has been displayed in other jurisdictions (such as VIC and SA) since 2003. Recent use in TAS has fluctuated since 2003 (Figure 43).

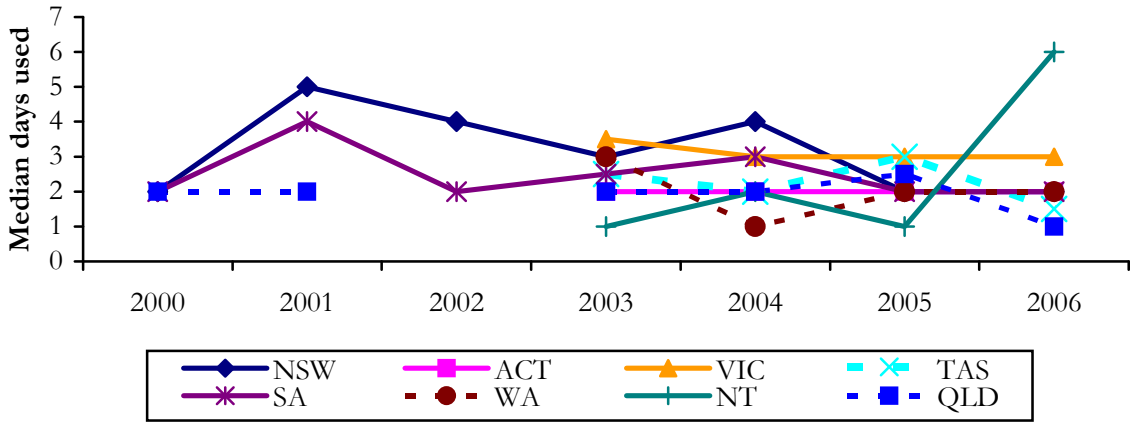
**Figure 43: Proportion of REU that reported recent use of ketamine by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in the ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002

In NSW, QLD and SA data concerning the frequency of recent ketamine use has been collected since 2000, and since 2003 in the remaining states (no data was collected for QLD in 2002). Across time in all jurisdictions, ketamine use in the six months preceding interview has remained low, with use occurring less than once per month (Figure 44). In 2006, the NT reported a median of six days use in the six months preceding interview.

**Figure 44: Frequency of ketamine use among REU that reported using ketamine in six preceding months, by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in the ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002

## 7.2 Ketamine in the general population

The 2004 National Drug Strategy Household Survey (NSDSHS) was the first to investigate the prevalence of ketamine use in the general population. Use of ketamine in those aged 14 years and above was low – only 1% had ever used ketamine, and 0.3% had used ketamine in the past year (Australian Institute of Health and Welfare 2005). One-quarter (27%) of lifetime users had used ketamine in the past year (Australian Institute of Health and Welfare 2005).

## 7.3 Price

Only a small proportion of the sample was able to comment on the price of a gram of ketamine in all jurisdictions and, therefore, the results should be interpreted with caution. Three percent of the national sample (n=20) commented on the price of a gram of ketamine. The median price of a gram of ketamine ranged from $40 in the ACT (n=1) to $300 in SA (n=3) (Table 37).

**Table 37: Median price of ketamine by jurisdiction, 2006**

| Median price ($) | NSW n=7 | ACT n=1 | VIC n=5 | TAS n=1 | SA n=3 | WA n=1 | NT n=1 | QLD n=1 |
|---|---|---|---|---|---|---|---|---|
| Gram (range) | $175 (80-200) | $40 | $100 (80-200) | $180 | $300 (200-300) | $160 | $50 | $180 |

**Source: EDRS interviews 2006**

Seven percent (n=51) of the national sample commented on whether the price of ketamine had changed in the preceding six months (Table 38). More than half (55%, n=28) reported that the price had remained 'stable' in the preceding six months; smaller proportions reported that the price had either 'increased' (6%; n=3), 'decreased' (6%; n=3) or 'fluctuated' (2%; n=1). One-third (31%; n=16) did not know about the price change of ketamine in the six months preceding interview.

**Table 38: Price changes of ketamine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Price change (%)** | | | | | | | | | |
| Those who responded (n) | **(N=51)** | (n=16) | (n=13) | (n=9) | (n=2) | (n=4) | (n=1) | (n=1) | (n=5) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **31 (16)** | 25 (4) | 31 (4) | 56 (5) | 50 (1) | 0 (0) | 0 (0) | 0 (0) | 40 (2) |
| Decreased | **6 (3)** | 6 (1) | 15 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Stable | **55 (28)** | 56 (9) | 46 (6) | 44 (4) | 50 (1) | 75 (3) | 100(1) | 100(1) | 60 (3) |
| Increased | **6 (3)** | 13 (2) | 0 (0) | 0 (0) | 0 (0) | 25 (1) | 0 (0) | 0 (0) | 0 (0) |
| Fluctuated | **2 (1)** | 0 (0) | 8 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |

**Source: EDRS interviews 2006**

Table 39 presents data across time regarding the price of a gram of ketamine. In most jurisdictions across years, the proportion of REU able to comment on the price of ketamine has been low, so caution should be made when interpreting results. Data is available in NSW, ACT, VIC, TAS and SA across time concerning a gram of ketamine. In NSW, the price has remained relatively stable, with a fluctuation occurring between 2004 and 2006. In the ACT, the price has fallen for a gram of ketamine, from $200 in 2004 to $40 in 2006. The price in VIC has also decreased across sampling years, from $200 in 2003 to $100 in 2006. Though the price in TAS remained consistent between 2005 and 2006, the price fluctuated prior to this. In SA, the increase from $200 in 2005 to $300 in 2006 has been the first reported increase in the price for a gram of ketamine in this jurisdiction.

**Table 39: Median price of ketamine across time, 2000-2006**

| Median price per gram ($) | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| 2000 | 200 | N/A | N/A | N/A | N/A | N/A | N/A | 50 |
| 2001 | 150 | N/A | N/A | N/A | N/A | N/A | N/A | 142.50 |
| 2002 | 160 | N/A | N/A | N/A | 40 | N/A | N/A | N/A |
| 2003 | 150 | N/A | 200 | 100^ | 200 | N/A | N/A | 180 |
| 2004 | 200 | 200^ | 195 | 50^ | 200 | N/A | 200^ | N/A |
| 2005 | 100 | 65^ | 180 | 190^ | 200 | 150 | 80^ | 150^ |
| 2006 | 175^ | 40^ | 100^ | 180^ | 300^ | 160^ | 50^ | 180^ |

**Source: EDRS interviews 2000-2006**

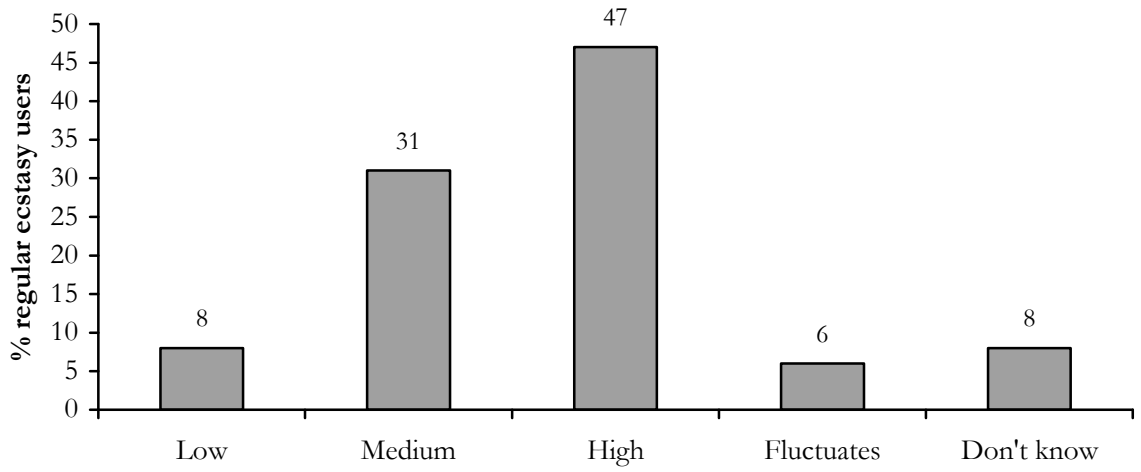
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003; no participants in the ACT commented on the price of a gram of ketamine in 2003; no participants in WA commented on the price of a gram of ketamine in 2003 and 2004; no participants in the NT commented on the price of a gram of ketamine in 2003; no participants in QLD commented on the price of a gram of ketamine in 2004

^Denotes that a small number of participants commented

## 7.4 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=51) of the national sample commented on the purity of ketamine. Almost half (47%; n=24) of those who reported on the current purity of ketamine believed it to be 'high', while 31% (n=16) reported the current purity to be 'medium' (Figure 45).

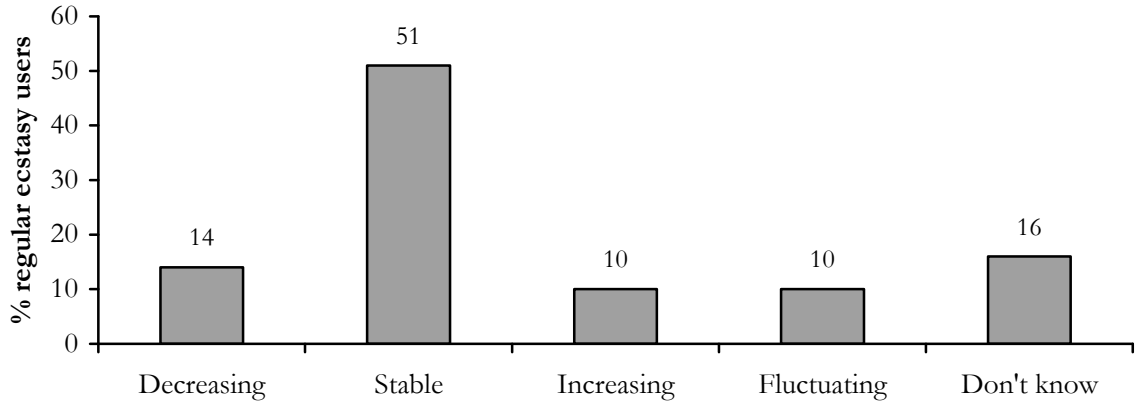
**Figure 45: National REU report of current ketamine* purity, 2006**




**Source: EDRS interviews 2006**
*Among those who commented (N=51)

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 51% (n=26) reported that the purity of ketamine had remained 'stable'; 16% (n=8) 'did not know'; 14% (n=7) reported that the purity had 'decreased'; 10% (n=5) said that purity had 'increased'; and 10% (n=5) reported that purity had 'fluctuated' in the six months preceding interview (Figure 46).

**Figure 46: National REU reports of recent change in ketamine* purity, 2006**




**Source: EDRS interviews 2006**
*Among those who commented (N=51)

## 7.5 Availability

Seven percent of the national sample commented on the recent availability of ketamine. Mixed reports were obtained, with 39% (n=20) reporting that ketamine was 'difficult' to obtain while 37% (n=19) reported that ketamine was 'easy' to obtain (Table 40). Fourteen percent (n=7) reported that ketamine was 'very easy' to obtain while 8% (n=4) reported that it was 'very difficult' to obtain. One participant was unable to comment.

Over half (53%; n=27) of those that commented reported the availability of ketamine had remained 'stable' over the preceding six months, while more than one-fifth (24%; n=12) reported

that ketamine was 'more difficult' to obtain. Twelve percent (n=6) considered it to be 'easier', 6% (n=3) 'did not know' and 6% (n=3) reported it as 'fluctuating' (Table 40).

**Table 40: Availability of ketamine by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=51)** | (n=16) | (n=13) | (n=9) | (n=2) | (n=4) | (n=1) | (n=1) | (n=5) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **2 (1)** | 0 (0) | 8 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Very easy | **14 (7)** | 31 (5) | 8 (1) | 11 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Easy | **37 (19)** | 31 (5) | 46 (6) | 33 (3) | 50 (1) | 50 (2) | 100(1) | 0 (0) | 20 (1) |
| Difficult | **39 (20)** | 38 (6) | 23 (3) | 44 (4) | 50 (1) | 50 (2) | 0 (0) | 100(1) | 60 (3) |
| Very difficult | **8 (4)** | 0 (0) | 15 (2) | 11 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 20 (1) |
| **Availability change (%)** | | | | | | | | | |
| Those responded (n) | **(N=51)** | (n=16) | (n=13) | (n=9) | (n=2) | (n=4) | (n=1) | (n=1) | (n=5) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **6 (3)** | 0 (0) | 15 (2) | 0 (0) | 50 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Easier | **12 (6)** | 25 (4) | 8 (1) | 0 (0) | 50 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Stable | **53 (27)** | 50 (8) | 39 (5) | 67 (6) | 0 (0) | 25 (1) | 100(1) | 100(1) | 100(5) |
| More difficult | **24 (12)** | 19 (3) | 31 (4) | 33 (3) | 0 (0) | 50 (2) | 0 (0) | 0 (0) | 0 (0) |
| Fluctuates | **6 (3)** | 6 (1) | 8 (1) | 0 (0) | 0 (0) | 25 (1) | 0 (0) | 0 (0) | 0 (0) |

**Source: EDRS interviews 2006**

### 7.5.1 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 then, suspected ketamine importations were referred to police for investigation under state and territory laws. In the 2001/02 financial year, Customs detected two attempted imports by air passengers, the largest being 43 grams in air passenger baggage. There were six ketamine detections in 2002/03 with a total weight of 260 grams, increasing in 2003/04 to 10 ketamine detections weighing a total of 75 grams. In 2004/05 there were three detections of ketamine. Unfortunately the total weight was not available in 2004/05. In 2005/06 there were eight detections of ketamine at the Australian border, however, the total weight was not available (Australian Customs Service 2006).

## 7.6 Ketamine-related harms

### 7.6.1 Law enforcement

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 Victoria 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.

### 7.6.2 Health

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, Copeland 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 given that 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.

Very few deaths by 'pure' ketamine overdose have ever been recorded. Of 87 ketamine-linked deaths in New York City, none was purely due to the use of ketamine (Gill and Stajic 2000). No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. Data from the Forensic Toxicology Laboratory Database at the Division of Analytical Laboratories show there was one drug-related death in NSW in which ketamine was detected in 2000 and one in 2001. There were no deaths where ketamine was detected in 2002 and two in 2003. There were no deaths where ketamine was detected in 2004; however, there was one death in 2005 where ketamine was detected. No deaths, where ketamine was detected, were documented in 2006.

### 7.6.3 Treatment

Case studies of ketamine dependence in the medical literature are accumulating (Ahmed and Petchovsky 1980; Kamaya and Krishna 1987; Jansen 1990; Soyka, Krupinski et al. 1993; Hurt and Ritchie 1994; Moore and Bostwick 1999). Standard reporting in the AODTS-NMDS 2003/04 did not include statistics on the number of persons in Australia who have received treatment for problematic ketamine use.

Treatment-seeking for problems with ketamine use is low compared to other drugs. Data from the NSW Minimum Dataset show there were six closed treatment episodes based on the date of commencement where the principal drug of concern was ketamine (NSW MDS DATS, NSW Department of Health). One of these was in 2002 and four people nominated ketamine as their principal drug of concern in 2003. There was one treatment episode in 2005. There were no closed treatment episodes for ketamine in 2006. The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

## 7.7 Jurisdictional trends in ketamine use

### 7.7.1 NSW

The proportion of REU reporting lifetime ketamine use decreased in 2006, with 57% reporting having ever used the drug. Reports of recent ketamine use also decreased, declining from 39% in 2005 to 27% in 2006. This represents the lowest proportion of the sample reporting recent use in five years. The majority of recent users had used ketamine less than once per month. Snorting was the most common route of administration; no participants had injected ketamine in the six months prior to interview.

Amongst those who commented, ketamine was purchased for $175 per gram, and more than half reported that the price had remained stable in the six months prior to interview (56%). Most (69%) reported that the current purity was high, with more than half (56%) reporting that purity had remained stable in the six months prior to interview. Reports concerning current availability varied, from 'very easy' (31%) and 'easy' (31%) to 'difficult' (38%), though half (50%) reported that availability had remained 'stable' in the six months prior to interview.

Ketamine was commonly purchased from friends in friends' homes; use occurred in a range of locations, such as nightclubs (73%), raves (43%), participants' own homes (27%) and friends' homes (27%).

### 7.7.2 ACT

Fifteen percent of the ACT sample reported the use of ketamine in the previous six months. All recent ketamine users had used on a less than monthly basis in the six months prior to interview.

The modes of ketamine administration reported by recent ketamine users were swallowing and, less often, snorting.

The median price for ketamine in the ACT was reported to be stable at $27.50 a tablet and $40 for a gram.

REU believed the current purity of ketamine to be high and to have remained stable or decreasing in the past six months. Participants were divided in their response to the current availability of ketamine in the ACT.

### 7.7.3 VIC

Reports from the 2006 Victorian REU and KE reflect decreasing levels of both lifetime and recent ketamine use among regular ecstasy users since 2003. Those reporting recent ketamine use typically use it infrequently, in a range of public and private locations.

The purity of ketamine is generally reported as medium or high. Reports of ketamine availability are inconsistent, with a recent trend of stable availability. Ketamine is most commonly purchased from friends and known dealers in private homes and dance parties/raves/doofs.

### 7.7.4 TAS

One-quarter of the 2006 REU sample (24%) had ever used ketamine, and less than one-tenth (6%) had used ketamine during the six months preceding the interview. The lifetime and recent use of ketamine has decreased among the Tasmanian EDRS sample since 2003.

Ketamine had been used on an average of two occasions in the preceding six months in relatively small amounts. This, along with anecdotal reports of KE, suggests predominately experimental use by a small number of people amongst this regular ecstasy consuming cohort. Ketamine was typically swallowed or snorted and had been purchased in powder form.

Consistent with the relatively low use of ketamine among the 2006 REU sample, few participants were able to comment on the price, purity and availability of the drug and these estimates should, therefore, be interpreted with caution. One participant indicated that the price for one gram of ketamine was $180 and another indicated that they had purchased one point of ketamine for $40 during the six months preceding the interview. The purity of ketamine was considered to be high or medium and to have remained stable in recent months. The comments of KE, and the low use of the drug among the REU sample, both indicate relatively low availability of ketamine in Tasmania.

### 7.7.5 SA

Eleven percent of REU reported recent use of ketamine in 2006 (a decrease from 2005 at 24%), though frequency of use remained low. The prevalence of use of ketamine among REU decreased in 2006, following a steady increase in use from 2001 to 2004.

The most commonly reported location of both usual and last use of ketamine was a friend's home.

Though the number of REU able to comment on these parameters was very small, reports indicated that the current estimated price of ketamine was stable at $200/gram, and it was considered to be of good quality, though difficult to obtain.

KE comments suggested use of ketamine was either 'accidental' (in ecstasy pills) or restricted to a subset of users, and supported REU reports of use at private venues.

### 7.7.6 WA

Rates of ketamine use have been consistently low among REU in WA and the current sample reported the lowest rates since collection commenced in 2003. Lifetime use of ketamine significantly decreased from 25% in 2005 to 14% in 2006, and recent use from 11% in 2005 to 4% in 2006. Only one respondent commented on locations of use, purchasing practices and market aspects such as price, purity and availability.

### 7.7.7 NT

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

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

Frequency and quantity of ketamine use was stable.

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

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

### 7.7.8 QLD

In 2006 around one third (31%) of REU reported ever using ketamine, with 12% reporting recent use (compared with 20% in 2005 and 16% in 2004 reporting recent use). Among those reporting recent use in 2006, ketamine was typically used on one day in the last six months (range 1-10 days) and the median quantity used was 1.25 bumps (range 1.1-5 bumps).

Few users were able to comment on price, purity and availability, however, of those who did the most common response was that price was 'stable', that purity was 'medium' (n=2) or 'fluctuating' (n=2) and that availability was 'difficult' (n=3).

## 7.8 Summary of ketamine trends

- Thirty-five percent of the national sample reported lifetime use of ketamine, and 14% reported using ketamine in the six months preceding interview. The median age of first use was 21 years.
- One percent of the national sample reported ketamine as their drug of choice.
- Amongst recent ketamine users, the majority (78%) snorted, while one-third (37%) had swallowed it. Very small proportions reported smoking and injecting ketamine in the six months preceding interview.
- The median days in which ketamine was used was two; the majority (79%) had used ketamine less than once per month. A small proportion (2% of recent users) reported using ketamine between fortnightly and weekly.
- The median amount of ketamine used in a 'typical' episode of use was 1.25 'bumps', and a median of 2 'bumps' was used in a 'heavy' episode of use.
- Ketamine was obtained from friends (55%) and known dealers (30%). Ketamine was mostly obtained in private locations, such as friends' homes (43%), dealers' homes (30%) and participants' own homes (15%).
- Locations of usual use included friends' homes (48%), nightclubs (43%), participants' own homes (33%) and raves (23%).
- Small proportions reported on the price of a gram of ketamine, which ranged from $40 in the ACT to $300 in SA. Of those who commented, the price of ketamine was reported to have remained 'stable' in the six months preceding interview by 55%.
- The current purity of ketamine was reported to be 'high' (47%) to 'medium' (31%) of those who commented. Half (51%) of those who commented reported that the purity of ketamine had remained 'stable' in the six months preceding interview.
- Varying reports were obtained regarding the current availability of ketamine, with 39% of those who commented reporting it to be 'difficult' to obtain and 37% of those who commented reporting it to be 'easy' to obtain. Just over half (53%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

# 8 GHB

Gamma hydroxybutyrate (GHB) was originally developed as an anaesthetic (Vickers 1968), but was not widely used due to the incidence of unwanted side effects including vomiting and seizures (Hunter, Long et al. 1971). Research has examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak 1989; Chin, Kreutzer et al. 1992; Mack 1993) and for alcohol dependence and opioid withdrawal (Kam and Yoong 1998; Nicholson and Balster 2001).

The use of GHB as a recreational drug has been documented in recent years (Degenhardt, Darke et al. 2002). Common street names for GHB in Australia include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro'.

Following restrictions on the availability of GHB, there have been reports of the production of GHB from its precursor, gamma-butyrolactone (GBL). GBL is a common ingredient in paint thinners and varnishes. GBL is mixed with substances that are easily obtainable to make GHB. In addition, GBL and a similar chemical, 1,4-butanediol (1,4-B), are metabolised into GHB in the body when consumed. The recreational use of these drugs has also been documented (Ingels, Rangan et al. 2000). They may be used as substitutes for GHB, but are pharmacologically different.

Unlike many of the drugs examined here, GHB is a central nervous system (CNS) depressant. When mixed with other depressants, such as alcohol, the depressant effects are increased and this may lead to respiratory difficulties and overdose. GHB is very dose-dependent, which means that there is an extremely small difference between the 'desired' dose and one that induces unconsciousness (Degenhardt, Darke et al. 2003).

## 8.1 GHB use among regular ecstasy users

Nine participants (1%) of the 2006 national sample nominated GHB as their drug of choice. Twenty percent of the 2006 national sample reported lifetime use of GHB and 8% had used GHB in the six months preceding interview (Table 41). GHB was first used at a median of 22 years (range 15-42 years).

All participants reported recently swallowing GHB. Three participants in the national sample reported that they had injected GHB at some stage in their lives. No participants reported injecting GHB in the six months preceding interview.

Of those that used GHB in the six months preceding interview, the median number of days used was two (Table 41). Three-quarters (75%) reported using GHB less than once per month; 11% used between monthly and fortnightly; 10% reported using between fortnightly and weekly; and 5% reported using GHB more than once per week.

Of those who reported bingeing on drugs in the preceding six months, 6% (n=22) had used GHB in a binge episode. Of those who typically use other drugs with ecstasy only 2% (n=16) reported that they typically used GHB with ecstasy; five participants reported that they usually used GHB to come down from ecstasy.

**Table 41: Patterns of GHB use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **20** | 40 | 17 | 35 | 9 | 26 | 5 | 4 | 17 |
| Used last six months (%) | **8** | 21 | 7 | 14 | 3 | 7 | 2 | 0 | 9 |
| Median days used* last 6 mths (range) | **2 (1-48)** | 3 (1-40) | 1 (1-5) | 2.5 (1-20) | 2 (1-14) | 2 (2-48) | 3 (2-4) | NA | 1 (1-30) |

**Source: EDRS interviews 2006**
*Of those that used in the six months preceding interview

GHB use was typically quantified in millilitres (mls). The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 4 mls (range 0.25-60). Recent GHB users reported using a median of 6 mls (range 0.25-100) during their 'heaviest' use episode.

Eleven participants reported using a median of 1 vial (range 0.25-4) of GHB in a 'typical' session of use, and a median of 1 vial (range 0.50-4) in a 'heavy' session of use. Given the ambiguity of the volume of a 'vial', this data should be interpreted with caution.

GHB was obtained from friends (53%) and known dealers (25%); small proportions reported that they obtained GHB from acquaintances (8%), workmates (3%) and unknown dealers (3%). Half (50%) scored from their friend's home while 22% scored from their dealer's home. Other locations from which GHB was obtained included agreed public locations (14%), acquaintances' homes (8%) and nightclubs (6%).

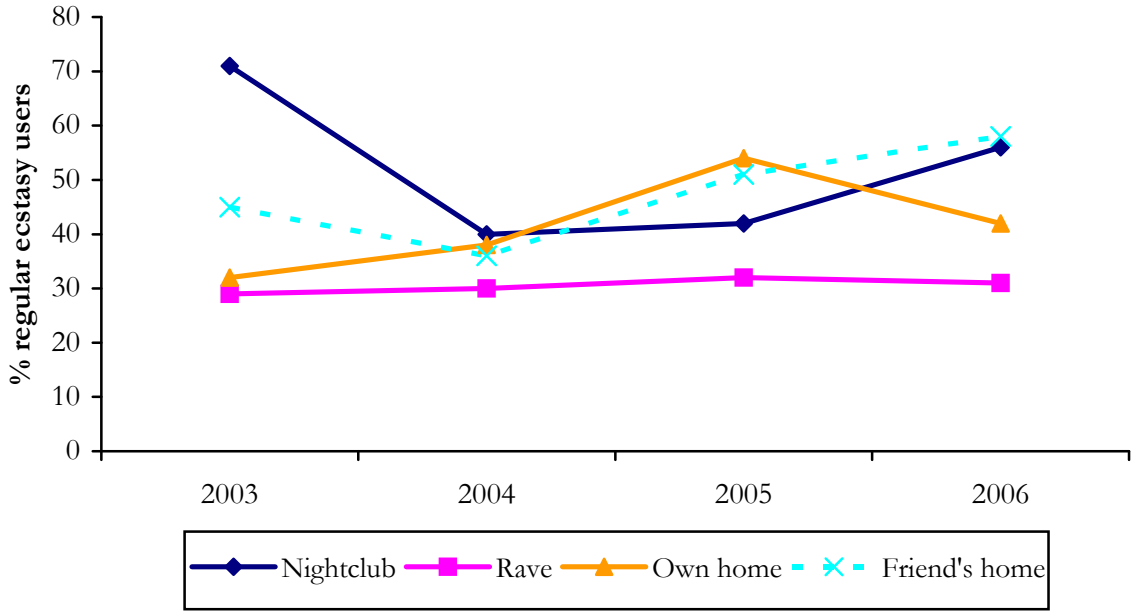
In all jurisdictions excluding NSW, less than ten participants were able to comment on the source and purchase location of GHB. In NSW, friends (54%) and known dealers (23%) were the common sources of GHB, and GHB was obtained from such locations of friends' homes (39%) and dealers' homes (23%).

GHB was used in a variety of locations, including friends' homes (58%), nightclubs (56%), participants' own homes (42%), raves (31%) and private parties (28%). Locations of last use included friends' homes (53%), participants' own homes (11%) and nightclubs (11%).

In all jurisdictions excluding NSW, less than ten participants were able to comment on the usual and last location of GHB use. In NSW, GHB was usually used in such locations as participants' own homes (62%), friends' homes (46%), nightclubs (46%), raves (31%) and private parties (23%). Locations of last use included friends' homes (54%) and participants' own homes (15%).

Figure 47 presents trends over time in the locations of usual GHB use. In 2004, nightclubs were the most commonly mentioned location of usual use, however, this decreased between 2004 and 2005. An increase in nightclubs as a location of use has been observed since 2005, though this number has not risen to that seen in 2003. Between 2003 and 2005, the proportion reporting their own home as a location of usual use increased, though this decreased from 2005 to 2006. Since 2004, friends' homes have increased as a location of usual use.

**Figure 47: Location of usual GHB use across time, 2003-2006**




**Source: EDRS interviews 2003-2006**

### 8.1.1 Use of 1,4-B

Just over one percent (n=10) of the national sample reported lifetime use of 1,4-butanediol (1,4-B) and less than one percent (n=3) had used 1,4-B in the six months preceding interview, all of whom had swallowed it. Those that had used 1,4-B in the last six months were from VIC (n=2) and SA (n=1). The median days used was twenty-eight days (range 1-55 days) in VIC and the one participant in SA had used for 2 days.

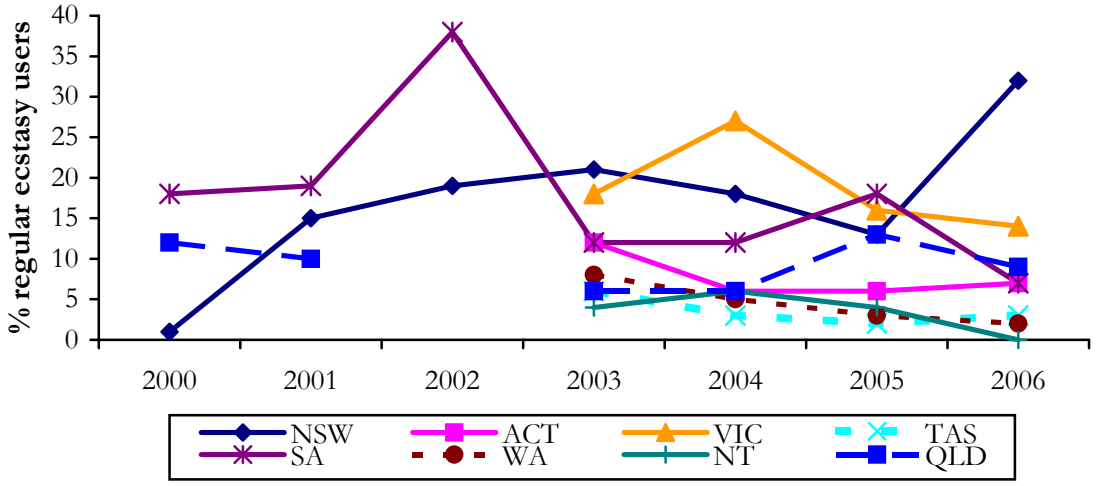
### 8.1.2 Use of GBL

One percent (n=10) of the national sample reported use of gamma-butyrolactone (GBL) in their lifetime and less than one percent (n=6) had used GBL recently. Those that had used GBL (NSW = 2, QLD = 2, VIC = 1 and SA=1) in the preceding six months reportedly swallowed it. In QLD the median days used was 2 days (range 1-3 days), in NSW twelve and a half days (range 5-20 days), and in VIC the one participant had used GBL for 5 days and in SA one participant had used GBL on 1 day in the last six months.

### 8.1.3 Trends over time

In NSW, QLD and SA, data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states. The proportion of REU reporting recent GHB use increased in NSW between 2005 and 2006, from 13% to 32%. A decline appears to be occurring in VIC, with the proportion of REU reporting recent GHB use in that jurisdiction declining since 2004, from 27% in 2004 to 14% in 2006. SA has observed a fluctuating trend, though levels have not returned to the highest reported in that jurisdiction (38% in 2002). No participants in the NT reported GHB use in the six months prior to interview. The proportion of recent GHB users has consistently been lower in jurisdictions such as TAS, WA and the NT (Figure 48).

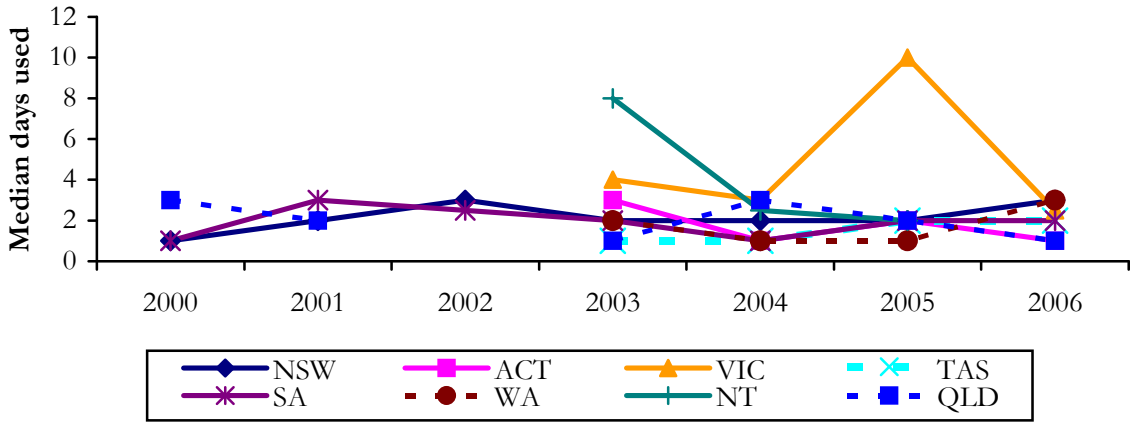
**Figure 48: Proportion of REU that reported recent use of GHB by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002

In NSW, QLD and SA the frequency of recent GHB use data has been collected since 2000, and since 2003 in the remaining states (no data was collected for QLD in 2002). As with ketamine, the data across time shows that GHB use has occurred less than once per month amongst recent GHB users (Figure 49). However, in 2005 the median days of GHB use in VIC was 10, declining to 2.5 days in 2006. In 2003, the medians days use in the NT was 8, however, this declined to 2.5 in 2004 and 2 in 2005, and in 2006 no participants in the NT reported recent GHB use.

**Figure 49: Frequency of GHB use among REU that reported using GHB in six preceding months, by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002

## 8.2 GHB use in the general population

The 2004 National Drug Strategy Household Survey (NSDSHS) was the first to investigate the prevalence of GHB use in the general population. Use of GHB in those aged 14 years and above was low – only 0.5% had ever used GHB, and 0.1% had used GHB in the past year (AIHW, 2005). One-quarter (24%) of lifetime users had used GHB in the past year (Australian Institute of Health and Welfare 2005).

## 8.3 Price

Only twenty 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. The price per millilitre in each jurisdiction is presented in Table 42.

**Table 42: Price per ml of GHB by jurisdiction, 2006**

| Price ($) | NSW n=2 | ACT n=2 | VIC n=5 | TAS n=2 | SA n=5 | WA n=0 | NT n=0 | QLD n=4 |
|---|---|---|---|---|---|---|---|---|
| Per ml | 2 x $5 | 1 x $1<br>1 x $10 | 1 x $2<br>1 x $2.50<br>3 x $3 | 2 x $3 | 1 x $3<br>2 x $3.50<br>1 x $4<br>1 x $10 | - | - | 1 x $4<br>2 x $5<br>1 x $15 |

**Source: EDRS interviews 2006**

Fifty participants of the national sample commented on whether the price of GHB had changed in the preceding six months. One-third (34%; n=17) 'did not know' whether there had been a change; 36% (n=18) reported that price had remained 'stable'; 18% (n=9) reported that the price had 'increased'; 4% (n=2) reported that the price had 'decreased'; and 8% (n=4) reported that the price of GHB had 'fluctuated' in the six months preceding interview (Table 43).

**Table 43: Price changes of GHB by jurisdiction, 2006**

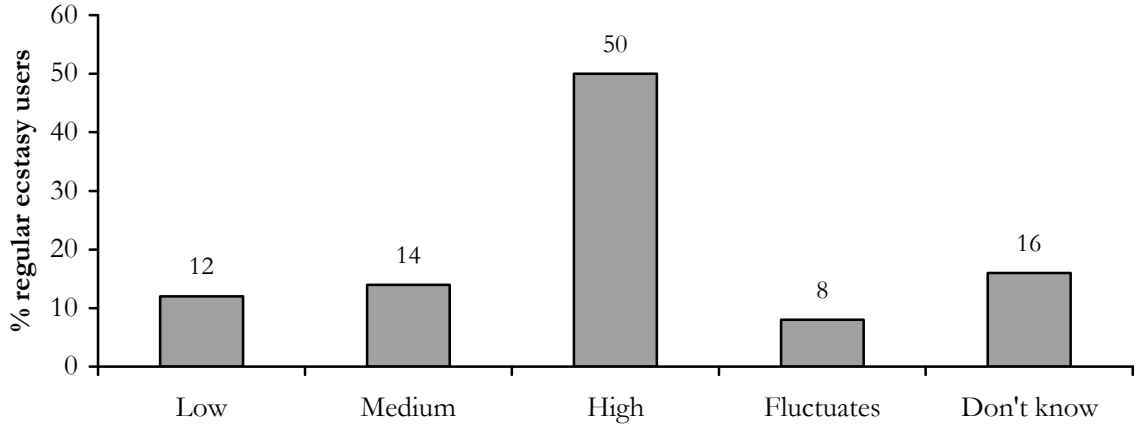
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Price change (%)** | | | | | | | | | |
| Those responded (n) | **(N=50)** | (n=18) | (n=10) | (n=7) | (n=4) | (n=6) | (n=0) | (n=0) | (n=5) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **34 (17)** | 33 (6) | 30 (3) | 14 (1) | 75 (3) | 33 (2) | 0 (0) | 0 (0) | 40 (2) |
| Decreased | **4 (2)** | 11 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Stable | **36 (18)** | 39 (7) | 70 (7) | 29 (2) | 25 (1) | 0 (0) | 0 (0) | 0 (0) | 20 (1) |
| Increased | **18 (9)** | 6 (1) | 0 (0) | 57 (4) | 0 (0) | 50 (3) | 0 (0) | 0 (0) | 20 (1) |
| Fluctuated | **8 (4)** | 11 (2) | 0 (0) | 0 (0) | 0 (0) | 17 (1) | 0 (0) | 0 (0) | 20 (1) |

**Source: EDRS interviews 2006**

## 8.4 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. Fifty participants commented on the purity of GHB. Half (50%; n=25) reported the purity of GHB to be 'high' and 14% (n=7) reported GHB strength as 'medium' (Figure 50). Twelve percent (n=6) reported that the purity was 'low'; 8% (n=4) reported that the purity 'fluctuates' while 16% (n=8) did not know what the current purity of GHB was.

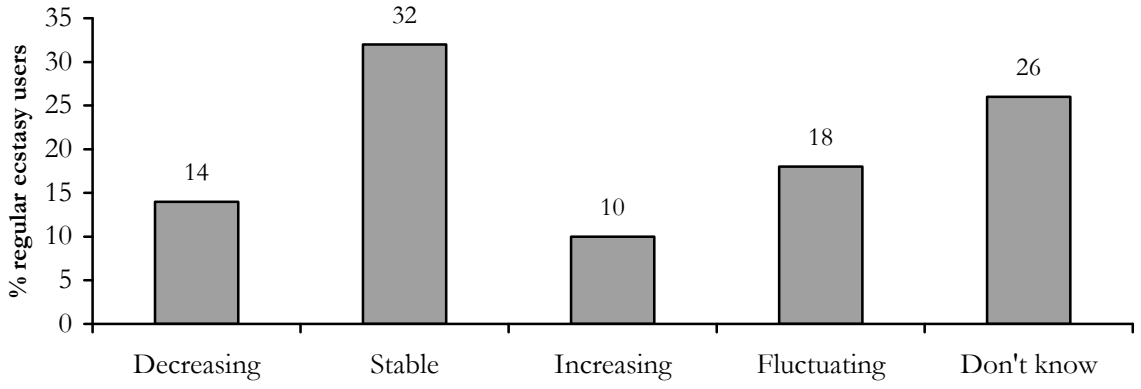
**Figure 50: National REU reports of current GHB* purity, 2006**




**Source: EDRS interviews 2006**
*Among those who commented (N=50)

Of those that commented (N=50) on whether the purity of GHB had changed in the six months preceding interview, 26% (n=13) 'did not know'; 32% (n=16) reported it was 'stable'; 14% (n=7) said 'decreasing'; 10% (n=5) 'increasing'; and 18% (n=9) 'fluctuating' (Figure 51).

**Figure 51: National REU reports of recent change in GHB* purity, 2006**




**Source: EDRS interviews 2006**
*Among those who commented (N=50)

## 8.5 Availability

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

There were differences regarding reports of the availability of GHB among the jurisdictions. Nationally, 40% (n=20) of the sample reported the availability of GHB as 'difficult' (Table 44) and 4% (n=2) reported the availability of GHB as 'very difficult'. One-third (32%; n=16) reported that GHB was 'easy' to obtain and 18% (n=9) reported GHB was 'very easy' to obtain. Six percent (n=3) reported that they 'did not know' the current availability of GHB.

Nationally, GHB availability was reported to have remained 'stable' in the preceding six months by 46% of those who commented (n=23); 18% (n=9) reported it had become 'more difficult' though 16% (n=8) reported that it had become 'easier' to obtain. Two percent (n=1) reported GHB availability had 'fluctuated' in the six months preceding interview and 18% (n=9) were unable to comment (Table 44).

**Table 44: Availability of GHB by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=81 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Current availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=50)** | (n=18) | (n=10) | (n=7) | (n=4) | (n=6) | (n=0) | (n=0) | (n=5) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **6 (3)** | 6 (1) | 0 (0) | 0 (0) | 50 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Very easy | **18 (9)** | 39 (7) | 10 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 20 (1) |
| Easy | **32 (16)** | 28 (5) | 40 (4) | 43 (3) | 0 (0) | 33 (2) | 0 (0) | 0 (0) | 40 (2) |
| Difficult | **40 (20)** | 28 (5) | 40 (4) | 43 (3) | 50 (2) | 67 (4) | 0 (0) | 0 (0) | 40 (2) |
| Very difficult | **4 (2)** | 0 (0) | 10 (1) | 14 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| **Availability change (%)** | | | | | | | | | |
| Those responded (n) | **(N=50)** | (n=18) | (n=10) | (n=7) | (n=4) | (n=6) | (n=0) | (n=0) | (n=5) |
| (% who responded; n) | | | | | | | | | |
| Don't know | **18 (9)** | 11 (2) | 50 (5) | 0 (0) | 50 (2) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| Easier | **16 (8)** | 11 (2) | 10 (1) | 29 (2) | 25 (1) | 17 (1) | 0 (0) | 0 (0) | 20 (1) |
| Stable | **46 (23)** | 67 (12) | 30 (3) | 29 (2) | 25 (1) | 50 (3) | 0 (0) | 0 (0) | 40 (2) |
| More difficult | **18 (9)** | 11 (2) | 10 (1) | 43 (3) | 0 (0) | 33 (2) | 0 (0) | 0 (0) | 20 (1) |
| Fluctuates | **2 (1)** | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 20 (1) |

**Source: EDRS interviews 2006**

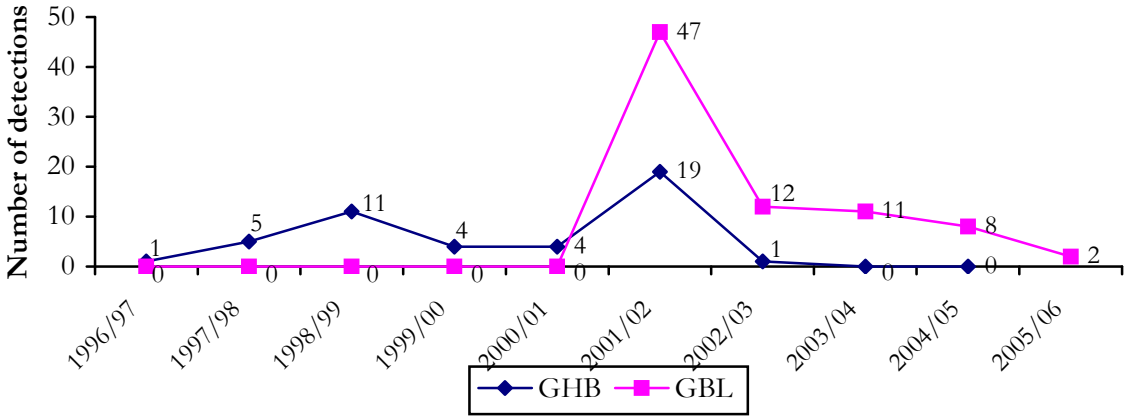
### 8.5.1 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 52 indicates an increase in recent years in the number of detections of GBL at the Australian border since 2001/02. There was a record number of 47 detections of GBL in 2001/02. This was the first year that any such detection had been made of this drug at the Australian border.

In 2004/05, there were eight GBL detections at the border. This may be an indication that GBL is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself. In 2005/06 there were twenty-nine GBL detections at the border, however, the total weight was not available (Australian Customs Service 2006).

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 may also be a reflection of this fact.

**Figure 52: Number of GHB and GBL detections at the border by Australian Customs Service, financial years 1996/97-2005/06**




**Source: Australian Customs Service 2006**

## 8.6 GHB-related harms

### 8.6.1 Law enforcement

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, as GHB is not separately recorded in police databases.

### 8.6.2 Health

*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 and 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, Darke 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 ten 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, Chow et al. 2004).

It is not possible at this time, however, to report statistics on the numbers of GHB overdoses presenting to emergency departments and hospitals in Australia. This is because GHB is not a separately recorded drug type in ICD-9 or ICD-10 (the classification system used in these settings), and no alternative mechanism for routinely documenting GHB overdoses has yet been developed around the country.

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

Data from the Forensic Toxicology Laboratory Database at the Division of Analytical Laboratories show that, since 2000, there have been three suspected drug-related deaths in which GHB was detected. These deaths occurred in March and September of 2003 and in April 2006.

*Treatment*

Tolerance to, and physical dependence upon, GHB can and does develop. This is suggested by a withdrawal syndrome that may include insomnia, muscular cramping, tremor and anxiety (Galloway, Frederick et al. 1997). There have been published case reports of GHB dependence among chronic heavy users (Friedman, Westlake et al. 1996; Galloway, Frederick et al. 1997; Craig, Gomez et al. 2000; McDaniel and Miotto 2001), which have typically followed sustained periods of heavy, regular use of GHB. In the Australian study of GHB users, 4% were classed as 'dependent' (Degenhardt, Darke et al. 2002).

No data from the AODTS-NMDS have been reported on the number of persons in Australia who have received treatment primarily for GHB dependence in 2003/04. In 2004/05, there were six people who received treatment primarily for GHB dependence. GHB is categorised under 'all other drugs' in the AODTS-NMDS.

## 8.7 Jurisdictional trends in GHB use

### 8.7.1 NSW

Two-fifths (40%) of the sample reported lifetime GHB use, and one-fifth (21%) reported recent GHB use. NSW reported the largest increase in the proportion of the sample reporting recent use, observing an increase from 13% in 2005 to 21% in 2006. Despite low general population use of GHB, the increase observed in recent use is consistent with not only KE reports, but also with data from other populations of drug users. Three-quarters (71%) of recent users reported using less than once per month.

Small numbers were able to comment on price, purity and availability, and thus caution should be used when interpreting data. However, the median price of a 'vial' of GHB was $25 and two-fifths (39%) of those who commented reported that price had remained stable in the six months prior to interview. Two-thirds (69%) of those who commented reported the current purity to be 'high', though varying reports were given regarding purity change in the six months prior to

interview. Concerning availability, reports were mixed, though two-thirds (67%) of those who commented reported that availability had remained stable in the six months prior to interview.

GHB was commonly purchased from friends and known dealers in private locations, and use tended to occur more in private locations such as participants' own homes (44%) and friends' homes (33%), though one-third (33%) also used GHB in nightclubs.

### 8.7.2 ACT

Only a small proportion of REU reported lifetime or recent use of GHB.

All recent GHB users had used infrequently (less than monthly) in the six months prior to interview. Swallowing was the main and only route of administration

Only five respondents were able to comment on the current price, purity and availability of GHB in the ACT. The median reported price of GHB was $5.50 for one millilitre. All respondents reported that the current purity of GHB was 'high' and there were mixed reports regarding current availability of GHB in the ACT in the preceding six months.

### 8.7.3 VIC

Reports from the 2006 Victorian EDRS suggest moderate prevalence of lifetime and low prevalence of recent GHB use among regular ecstasy users. Indeed, fewer of the 2006 REU sample reported recent GHB use than previous years. REU tend to use GBH infrequently across a wide range of locations, predominantly private homes, dance parties and nightclubs.

GHB remains inexpensive (median $3 per ml) and is currently considered to be of medium purity. GHB also remains readily available, although this may have recently decreased. GHB tends to be purchased from friends in their homes. There remains concern regarding GHB among professionals working in a range of capacities with regular ecstasy users.

### 8.7.4 TAS

Less than one in ten (9%) of the REU sample had ever used GHB, and only three participants (3%) had used GHB during the six months preceding the interview. This is consistent with the low levels of use reported among the Tasmanian REU sample in previous years.

GHB was taken orally in liquid form on a median of 2 days (range 1-3 days) during this time.

There was no lifetime or recent use of GHB-like substances such as 1,4-B or GBL among the 2006 REU cohort.

Patterns of use among REU and anecdotal comments of KE indicate low availability of GHB in Tasmania and predominantly experimental use by few people. However, considering the potentially harmful nature of GHB, future monitoring of GHB markets in Tasmania is important.

### 8.7.5 SA

Less than a tenth (seven percent) of REU reported recent use of GHB, a decrease compared to 2005. The frequency of recent use was low, consistent with previous years.

Price, purity and availability data for GHB in 2006 were based on a very small sample of REU and, therefore, are of limited value. Data suggest that the price of GHB was stable and that it remained difficult to obtain GHB in general compared to earlier years (2001 and 2002).

Forensic KE indicated that there had been some seizures of GHB in the previous six months, indicating local manufacture, and that there was a 'bit around' with GHB making a comeback.

### 8.7.6 WA

Similar to ketamine, rates of GHB use have remained low among REU in WA. In 2006, only 5% reported lifetime use of GHB (10% in 2005) and 2% reported use of GHB in the previous six months (3% in 2005). No respondents commented on locations of use, purchasing practices, or aspects of the GHB market in WA.

### 8.7.7 NT

No REU reported recent GHB or GBL use this year.

KE reported that GHB was 'pretty rare' in Darwin.

### 8.7.8 QLD

In 2006, 17% of REU reported lifetime use of GHB and 9% reported recent use. These proportions are comparable with previous years. Among those who reported recent use, GHB was typically used on one day in the last six months and the median amount used was 3.5 ml in a typical session (5ml in a heavy session).

Five participants were able to comment on price, purity and availability of GHB. As in previous years, the median reported price was $5 per ml. There was little consensus among REU with respect to changes in price, purity or availability.

## 8.8 Summary of GHB trends

- Twenty percent of the national sample reported lifetime use of GHB, with the median age of first use being 22 years.
- Eight percent of the national sample reported recent use of GHB. The proportion of REU reporting recent GHB use was highest in NSW (21%) and VIC (14%); no participants in the NT reported recent GHB use.
- Only 10 participants in the national sample reported the lifetime use of 1,4-B and three had used 1,4-B in the six months preceding interview. Ten participants reported lifetime use of GBL and six had used GBL in the six months preceding interview.
- Recent GHB use occurred on a median of two days in the six months preceding interview; the majority (75%) reported using GHB less than once per month.
- Recent GHB users reported using a median of 4mls in a 'typical' episode of use and a median of 6mls in a 'heavy' episode of use. GHB was consumed orally; no participants reported injecting GHB in the six months preceding interview.
- GHB was scored from friends (53%) and known dealers (25%). Locations where GHB was scored include friends' homes (50%), dealers' homes (22%) and agreed public locations (14%).
- GHB was usually used in a variety of locations, including friends' homes (58%), nightclubs (56%), participants' own homes (42%) and raves (31%). More than half (53%) who commented had last used GHB at a friend's home.
- Only twenty participants were able to comment on the price of a millilitre of GHB. Thirty-six percent of those who commented reported that the price of GHB had remained 'stable' in the six months preceding interview.
- Half of those who commented reported the purity of GHB to be 'high'. Regarding the change in GHB purity, of those who commented 32% reported that it had remained 'stable'; 18% reported it had 'fluctuated'; 14% reported it had 'decreased'; and 10% reported that it had 'increased'.
- Of those who commented on GHB availability, 40% reported that it was 'difficult' to obtain while 32% reported that it was 'easy' to obtain. Almost half (46%) of those who commented reported that GHB availability had remained 'stable' in the six months preceding interview.

# 9 LSD

Lysergic acid diethylamide is commonly known as LSD, trips or acid, which became popular in the 1960s. It is a powerful hallucinogen which can produce significant changes in perception, mood and thought. Only a small amount is needed to cause visual hallucinations and distortions. These experiences are known as 'trips'.

LSD is usually sold in perforated sheet form. Small paper squares ('tabs') are detached from these sheets and usually decorated with designs which can often be culturally specific to the user groups. LSD is potent, so trips are often cut into halves or quarters and shared with others.

Unpleasant reactions to LSD include fear, anxiety and depression. LSD is manufactured in illicit laboratories and the majority of LSD is believed to be imported from overseas.

## 9.1 LSD use among regular ecstasy users

Sixty-one percent of the 2006 national sample reported lifetime use of LSD and 29% had used LSD in the six months preceding interview (Table 45). The median age of first use was 18 years (range 11-46 years).

Thirteen percent of those that had binged in the six months preceding interview used LSD in their binge. Three percent (n=24) of the 2006 national sample reported LSD was their drug of choice

Five percent (n=36) of the national sample reported that they had injected LSD at some time (Table 45). No participants had injected LSD in the six months preceding interview.

All but two participants reported recently swallowing LSD in the six months preceding interview. Three participants had snorted and one had smoked LSD in the preceding six months.

Of those that used LSD in the six months preceding interview, the median number of days used was two, ranging from having used LSD once in the six months preceding interview to having used more than once per week during this same period. The majority (80%) had used LSD less than monthly; 14% used LSD between monthly and fortnightly; 4% used between fortnightly and weekly; and another 3% used LSD more than once a week.

**Table 45: Patterns of LSD use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **61** | 65 | 46 | 60 | 52 | 71 | 67 | 78 | 60 |
| Ever injected (%) | **5** | 5 | 5 | 2 | 5 | 5 | 3 | 16 | 3 |
| Used last six months (%) | **29** | 17 | 18 | 37 | 29 | 34 | 25 | 41 | 38 |
| Median days used* last 6 mths (range) | **2 (1-48)** | 2 (1-25) | 1.5 (1-20) | 3 (1-20) | 2 (1-15) | 3 (1-40) | 2 (1-15) | 2 (1-48) | 1.5 (1-26) |

**Source: EDRS interviews 2006**
*Of those that used in the six months preceding interview

The median amount of LSD used in a 'typical' or 'average' use episode in the preceding six months was one tab (range 0.25-10). The median amount used in a 'heavy' session was also one tab (range 0.5-16).

LSD was predominantly obtained from friends (67%), while one-third (35%) also obtained LSD from known dealers (Table 46). This was also reflected in locations where LSD was obtained from: more than two-fifths (45%) obtained LSD from friends' homes while more than one-quarter (28%) obtained LSD from dealers' homes.

LSD was most frequently used at participants' own homes (49%) and friends' homes (43%); other locations where LSD was usually used included outdoors (38%), raves (38%), private parties (32%), nightclubs (27%), live music events (19%) and in public places (16%) (Table 46). Participants' own homes (27%) and friends' homes (20%) were common locations of last LSD use.

**Table 46: Source, purchase location and use location of LSD by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=145)** | (n=14) | (n=16) | (n=11) | (n=27) | (n=24) | (n=13) | (n=17) | (n=23) |
| Friends | **67** | 43 | 44 | 36 | 78 | 71 | 77 | 82 | 78 |
| Known dealers | **35** | 36 | 38 | 73 | 41 | 29 | 31 | 0 | 44 |
| Acquaintances | **16** | 14 | 19 | 36 | 7 | 21 | 8 | 18 | 13 |
| Workmates | **3** | 0 | 0 | 0 | 11 | 8 | 0 | 0 | 0 |
| Unknown dealers | **7** | 7 | 6 | 18 | 0 | 17 | 0 | 6 | 4 |
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=145)** | (n=14) | (n=16) | (n=11) | (n=27) | (n=24) | (n=13) | (n=17) | (n=23) |
| Friend's home | **45** | 43 | 25 | 27 | 52 | 38 | 54 | 47 | 61 |
| Dealer's home | **28** | 21 | 31 | 64 | 26 | 25 | 31 | 12 | 30 |
| Agreed public location | **17** | 43 | 19 | 18 | 11 | 29 | 0 | 12 | 9 |
| At own home | **21** | 7 | 25 | 18 | 19 | 13 | 15 | 53 | 22 |
| Nightclub | **8** | 0 | 13 | 18 | 11 | 13 | 0 | 6 | 0 |
| Private party | **12** | 0 | 19 | 9 | 15 | 21 | 0 | 18 | 4 |
| Raves* | **20** | 14 | 25 | 27 | 37 | 17 | 8 | 18 | 9 |
| Acquaintance's home | **8** | 7 | 6 | 9 | 0 | 17 | 8 | 12 | 9 |
| Pubs | **5** | 0 | 6 | 0 | 4 | 8 | 0 | 6 | 9 |

**Source: EDRS interviews 2006**
*Includes 'doofs' and dance parties

**Table 46: Source, purchase location and use location of LSD by jurisdiction, 2006 (continued)**

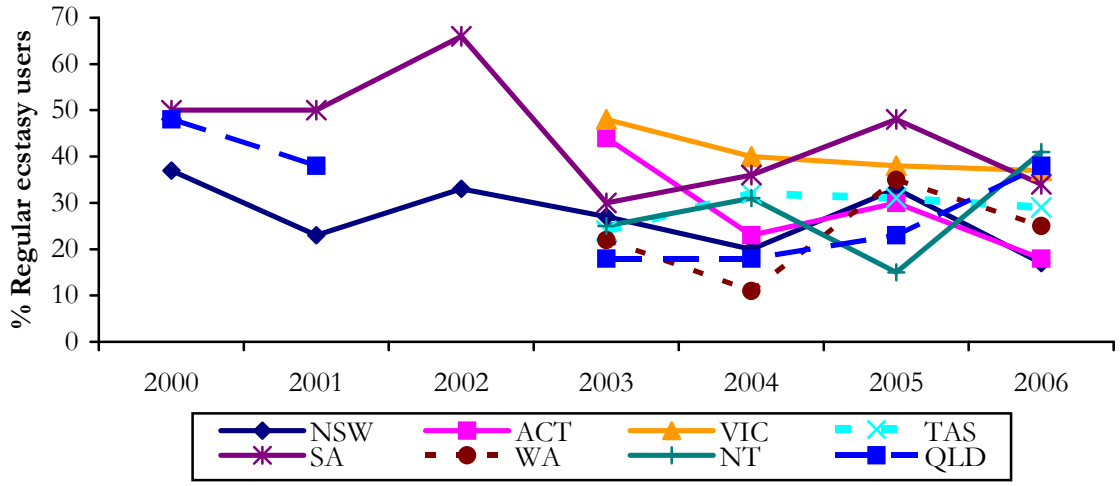
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Usual use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=146)** | (n=14) | (n=16) | (n=12) | (n=27) | (n=24) | (n=13) | (n=17) | (n=23) |
| Nightclub | **27** | 36 | 25 | 42 | 33 | 13 | 15 | 29 | 26 |
| Raves* | **38** | 36 | 31 | 67 | 56 | 29 | 15 | 41 | 30 |
| Private party | **32** | 21 | 31 | 50 | 41 | 25 | 31 | 47 | 13 |
| Friend's home | **43** | 50 | 38 | 50 | 44 | 58 | 31 | 35 | 30 |
| At own home | **49** | 36 | 56 | 50 | 52 | 42 | 46 | 47 | 61 |
| Pubs | **14** | 21 | 13 | 25 | 0 | 25 | 0 | 18 | 17 |
| Dealer's home | **6** | 7 | 0 | 8 | 7 | 8 | 8 | 0 | 4 |
| Restaurant/café | **1** | 7 | 0 | 0 | 0 | 4 | 0 | 0 | 0 |
| Public place | **16** | 50 | 13 | 8 | 11 | 29 | 15 | 0 | 9 |
| Vehicle – passenger | **8** | 0 | 6 | 17 | 7 | 21 | 0 | 0 | 4 |
| Vehicle – driver | **6** | 7 | 6 | 8 | 0 | 17 | 0 | 6 | 4 |
| Outdoors | **38** | 43 | 19 | 67 | 37 | 46 | 31 | 47 | 26 |
| Live music event | **19** | 7 | 13 | 59 | 19 | 17 | 8 | 6 | 30 |
| Acquaintance's home | **4** | 7 | 0 | 8 | 0 | 17 | 0 | 0 | 0 |
| Day club | **2** | 7 | 0 | 0 | 0 | 4 | 0 | 6 | 0 |
| **Last use venue (%)** | | | | | | | | | |
| (% who commented) | **(N=144)** | (n=14) | (n=16) | (n=12) | (n=26) | (n=24) | (n=13) | (n=16) | (n=23) |
| At own home | **27** | 21 | 38 | 25 | 23 | 25 | 31 | 31 | 26 |
| Friend's home | **20** | 14 | 31 | 17 | 15 | 25 | 31 | 13 | 17 |
| Outdoors | **15** | 21 | 6 | 8 | 12 | 25 | 15 | 19 | 9 |
| Raves* | **15** | 7 | 19 | 8 | 31 | 8 | 8 | 6 | 17 |
| Private party | **8** | 7 | 6 | 17 | 12 | 0 | 8 | 19 | 4 |

**Source: EDRS interviews 2006**
*Includes 'doofs' and dance parties

### 9.1.1 Trends over time

In NSW, QLD and SA data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states. Figure 53 presents the trend over time in the proportion of REU reporting recent LSD use. The proportion of REU reporting recent LSD increased noticeable from 2005 to 2006 in both QLD (23% to 38%) and in the NT (15% to 41%). In the ACT the proportion reporting recent LSD use has fluctuated, from 44% in 2003, 23% in 2004, 30% in 2005 and 18% in 2006. In this same time period, patterns of fluctuation have also been observed in NSW (2003: 27%; 2004: 20%; 2005: 33%; 2006: 17%) and WA (2003: 22%; 2004: 11%; 2005: 35%; 2006: 25%).

**Figure 53: Proportion of REU that reported recent use of LSD by jurisdiction, 2000-2006**

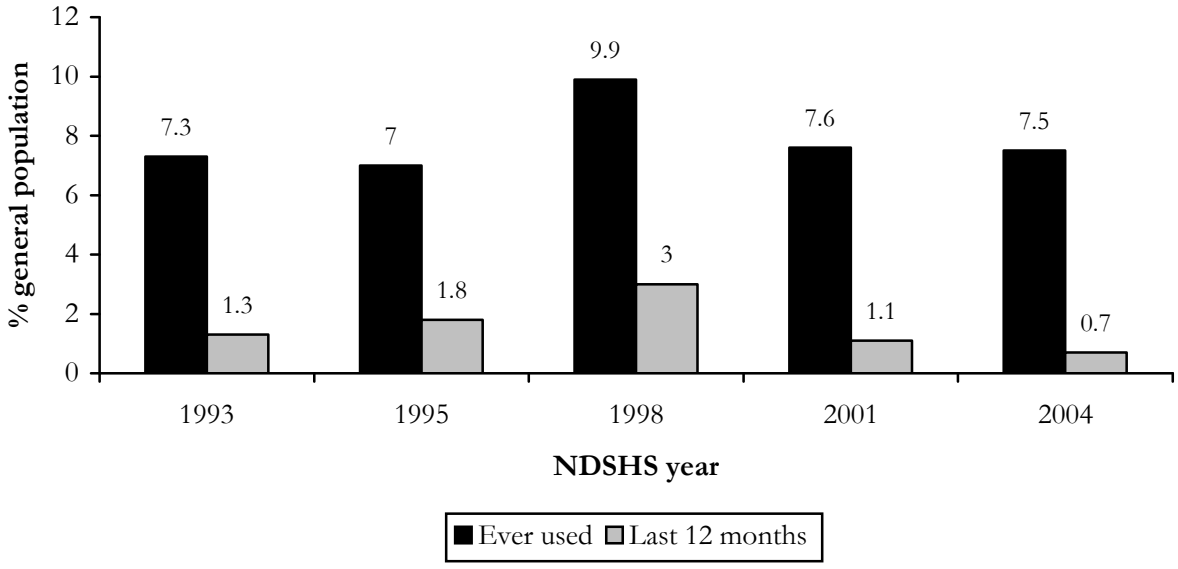



**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002

## 9.2 Hallucinogen use in the general population

Figure 54 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 2004, with a slight increase between 1995 and 1998, and a subsequent decrease between 1998 and 2001. Recent hallucinogen use increased between 1993 and 1998, though subsequently decreased from 1998 onwards.

**Figure 54: Prevalence of hallucinogen use in Australia, 1993-2004**




**Source: National Drug Strategy Household Surveys 1993-2004**

## 9.3 Price

LSD was most commonly purchased in tabs. One quarter (25%; n=189) of the national sample commented on the price of a tab of LSD. The median price of a tab of LSD ranged from $10 in SA to $20 in NSW, TAS, WA, QLD and in the ACT and the NT (Table 47).

**Table 47: Median price per tab of LSD by jurisdiction, 2006**

| Median price ($) | NSW n=27 | ACT n=22 | VIC n=11 | TAS n=32 | SA n=32 | WA n=20 | NT n=19 | QLD n=26 |
|---|---|---|---|---|---|---|---|---|
| Per tab (range) | $20 (10-70) | $20 (2-30) | $12 (7.5-25) | $20 (10-40) | $10 (5-15) | $20 (10-50) | $20 (10-30) | $20 (8-40) |

**Source: EDRS interviews 2006**

Twenty-six percent (n=196) 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' (51%; n=99), with 12% (n=23) reporting that price had 'fluctuated' in the preceding six months. Twenty percent (n=39) reported that they 'did not know' if the price had changed in the six months preceding interview (Table 48).

**Table 48: Price changes of LSD by jurisdiction, 2006**

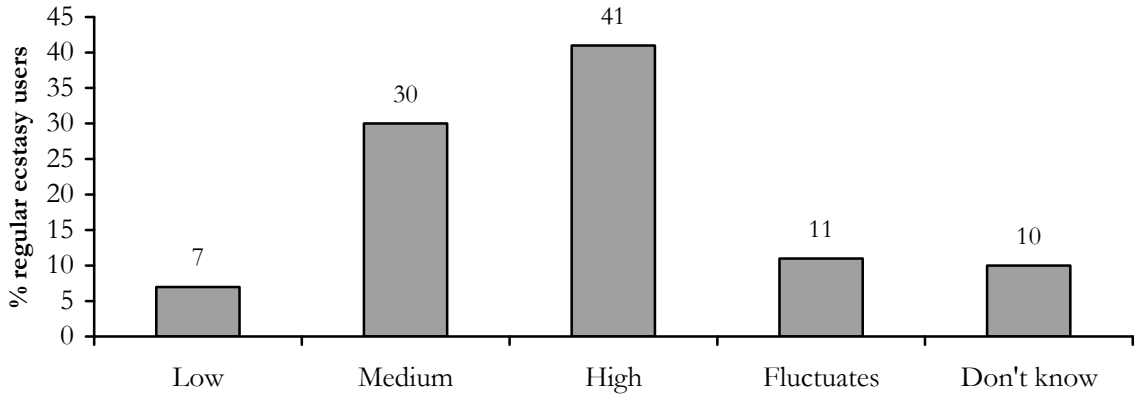
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Price change (%)** | | | | | | | | | |
| Those responded (n) | **(N=196)** | (n=28) | (n=24) | (n=12) | (n=34) | (n=32) | (n=20) | (n=19) | (n=27) |
| (% commented; n) | | | | | | | | | |
| Don't know | **20 (39)** | 29 (8) | 21 (5) | 8 (1) | 12 (4) | 25 (8) | 35 (7) | 16 (3) | 11 (3) |
| Increased | **9 (18)** | 11 (3) | 8 (2) | 17 (2) | 9 (3) | 9 (3) | 10 (2) | 5 (1) | 7 (2) |
| Stable | **51 (99)** | 46(13) | 67(16) | 58 (7) | 47(16) | 41(13) | 45 (9) | 53(10) | 56(15) |
| Decreased | **9 (17)** | 7 (2) | 4 (1) | 8 (1) | 12 (4) | 9 (3) | 5 (1) | 11 (2) | 11 (3) |
| Fluctuated | **12 (23)** | 7 (2) | 0 (0) | 8 (1) | 21 (7) | 16 (5) | 5 (1) | 16 (3) | 15 (4) |

**Source: EDRS interviews 2006**

## 9.4 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. One-quarter (26%; n=196) of the national sample commented on the purity of LSD. Forty-one percent (n=81) of those who commented reported the purity of LSD to be 'high' and a further 30% (n=59) reported LSD strength as 'medium' (Figure 55). Eleven percent (n=22) reported that the strength 'fluctuates', while 7% (n=14) reported the strength as 'low'; 10% (n=20) 'did not know' the current purity of LSD.

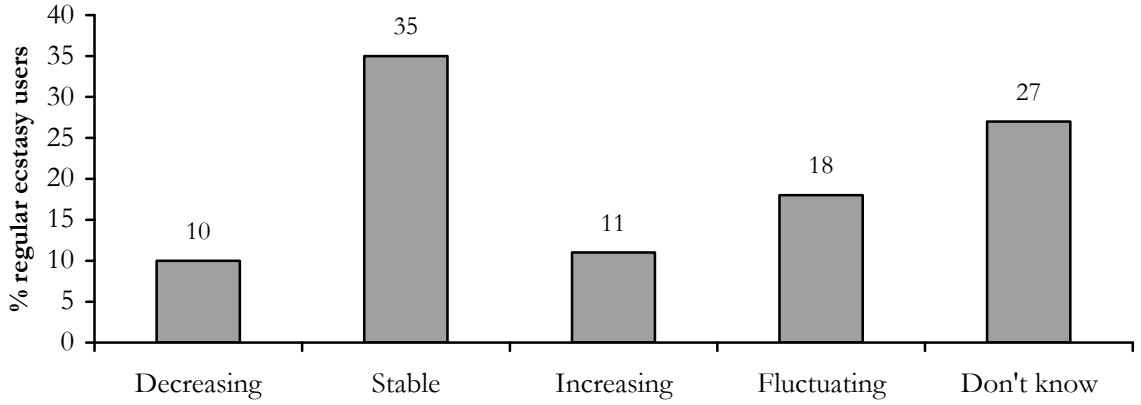
**Figure 55: National REU reports of current LSD* purity, 2006**




**Source: EDRS interviews 2006**
*Among those who commented (N=196)

Of those that commented (N=196) on whether the purity of LSD had changed in the six months preceding interview, 35% (n=68) reported that it had remained 'stable'; 18% (n=36) reported that it had 'fluctuated'; 11% (n=21) reported it had 'increased'; and 10% (n=19) reported that it had 'decreased'. Twenty-seven percent (n=52) reported that they did not know about the change in LSD purity in the six months preceding interview (Figure 56).

**Figure 56: National REU reports of recent change in LSD* purity, 2006**




**Source**: **EDRS interviews 2006**
* Among those who commented (N=196)

## 9.5 Availability

One quarter (26%; n=196) of the national sample commented on the recent availability of LSD.

Reports of the availability of LSD were mixed. More than one-third (37%; n=73) reported that the availability of LSD as 'easy' while one-third (33%; n=64) reported the availability as 'difficult' to obtain. Nineteen percent (n=38) reported that LSD was 'very easy' to obtain while 6% (n=11) reported that LSD was 'very difficult' to obtain; 5% (n=10) 'did not know' (Table 49).

Of those who commented, the availability of LSD was reported to have remained 'stable' (49%, n=95) in the six months preceding interview. Eighteen percent (n=36) reported that LSD had become 'more difficult' to obtain, while 15% (n=30) reported that LSD had become 'easier' to

obtain. Six percent (n=12) reported that the availability of LSD had 'fluctuated' in the six months preceding interview while 12% (n=23) reported that they 'did not know' (Table 49).

**Table 49: Availability of LSD by jurisdiction, 2006**

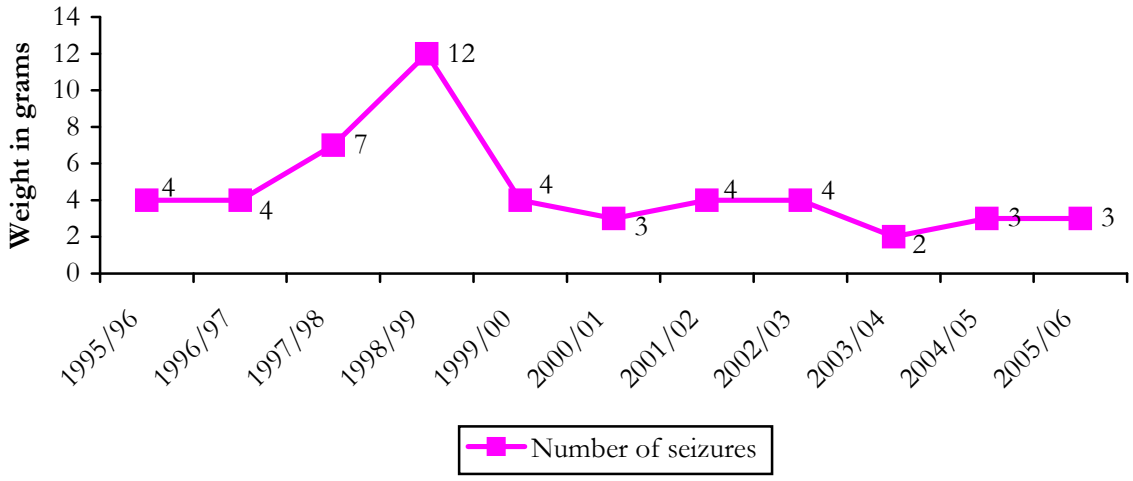
| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=196)** | (n=28) | (n=24) | (n=12) | (n=34) | (n=32) | (n=20) | (n=19) | (n=27) |
| (% commented; n) | | | | | | | | | |
| Don't know | **5 (10)** | 7 (2) | 8 (2) | 0 (0) | 9 (3) | 6 (2) | 5 (1) | 0 (0) | 0 (0) |
| Very easy | **19 (38)** | 14 (4) | 13 (3) | 25 (3) | 24 (8) | 25 (8) | 20 (4) | 11 (2) | 22 (6) |
| Easy | **37 (73)** | 14 (4) | 38 (9) | 33 (4) | 38(13) | 34(11) | 40 (8) | 74(14) | 37(10) |
| Difficult | **33 (64)** | 50(14) | 38 (9) | 33 (4) | 24 (8) | 34(11) | 25 (5) | 11 (2) | 41(11) |
| Very difficult | **6 (11)** | 14 (4) | 4 (1) | 8 (1) | 6 (2) | 0 (0) | 10 (2) | 5 (1) | 0 (0) |
| **Availability change (%)** | | | | | | | | | |
| Those responded (n) | **(N=196)** | (n=28) | (n=24) | (n=12) | (n=34) | (n=32) | (n=20) | (n=19) | (n=27) |
| (% commented; n) | | | | | | | | | |
| Don't know | **12 (23)** | 18 (5) | 25 (6) | 0 (0) | 12 (4) | 13 (4) | 10 (2) | 5 (1) | 4 (1) |
| Easier | **15 (30)** | 14 (4) | 17 (4) | 0 (0) | 21 (7) | 9 (3) | 15 (3) | 0 (0) | 33 (9) |
| Stable | **49 (95)** | 54(15) | 46(11) | 58 (7) | 47(16) | 50(16) | 40 (8) | 58(11) | 41(11) |
| More difficult | **18 (36)** | 14 (4) | 13 (3) | 33 (4) | 15 (5) | 16 (5) | 25 (5) | 21 (4) | 22 (6) |
| Fluctuates | **6 (12)** | 0 (0) | 0 (0) | 8 (1) | 6 (2) | 13 (4) | 10 (2) | 16 (3) | 0 (0) |

**Source**: **EDRS interviews 2006**

### 9.5.1 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years. In 2005/06 there were only three detections of LSD made. Unfortunately the total weight is not available (Figure 57).

**Figure 57: Number and weight of LSD detected at the border by the Australian Customs Service, financial years 1995/96-2005/06**




**Source: Australian Customs Service (2006)**

## 9.6 Jurisdictional trends in LSD use

### 9.6.1 NSW

Two-thirds (65%) reported the lifetime use of LSD, though recent use was considerably lower, with only 17% reporting recent use. Two-thirds (65%) of recent users reported using LSD less than once per month in the six months prior to interview. LSD was commonly reported to be used at friends' homes (50%), in public places (50%) and outdoors (43%).

Of those who commented, LSD was purchased for $20 per tab, and almost half (46%) of those who commented suggested that the price had remained 'stable' in the six months prior to interview. Data collected since 2000 has shown a steady increase in the price of LSD, from $10 per tab in 2000-01, $15 in 2002-2003, and $20 in 2004-2006.

Reports concerning current purity were mixed, with reports (from those who commented) ranging from 'high' (36), 'medium' (25%) to 'fluctuating' (11%). Reports concerning purity change were also mixed. Half (50%) of those who commented reported that LSD was 'difficult' to obtain and more than half of those who commented (54%) reported that availability had remained 'stable' in the six months prior to interview.

### 9.6.2 ACT

Approximately one-fifth of the ACT sample reported the recent use of LSD.

Most recent LSD users had used on a less than monthly basis in the preceding six months.

The median reported price for an LSD 'trip' was $20, and two-thirds of the respondents commenting on the price of LSD believed it to have remained stable.

The majority of REU reported the current purity of LSD to be 'medium' to 'high'.

There were mixed reports regarding the current availability of LSD in the ACT in the six months preceding interview. Fewer than half the respondents reported the availability of LSD to have remained stable, and approximately one-fifth indicated that it had become 'easier' to obtain over the past six months.

### 9.6.3 VIC

Evidence suggests a high prevalence of lifetime use of LSD with moderate levels of recent use among REU. There has been a slight decrease in levels of recent use reported by REU participants since 2003. Recent users report infrequent use of LSD across a wide range of locations, predominantly 'outdoors', live music events and dance parties.

LSD is relatively cheap (median $12 per tab) and the price has remained stable. Current LSD purity is regarded as high, with purity described as stable. There is little consistency in the reported current availability of LSD, although availability tends to be reported as stable over the previous six months. REU most commonly purchase LSD from dealers in private homes.

### 9.6.4 TAS

Over half (52%) of the 2005 REU sample had used LSD at some stage of their lives and almost one-third (29%) had used LSD in the six months preceding the interview.

A significantly greater proportion of males had ever and recently used LSD in comparison to the proportion of females, and a significantly greater proportion of 'older' participants (aged over 23) had ever used LSD in comparison to 'younger' participants.

One tab or one drop of liquid LSD (range 1-3) was taken orally in a typical session of use and LSD had been used on a median of 2 days (range 1-15 days) in the preceding six months amongst the current cohort.

LSD was typically used at private residences such as the consumer's own home, a friend's home, and at private parties, as well as dance-related events, outdoor locations and nightclubs. The proportion reporting recent use of LSD at dance-related events, nightclubs and private parties was greater in 2006 relative to previous years.

The median price for one tab of LSD in 2006 was $20 (range $10-40) and this price was considered to have remained stable in the last six months.

The purity of LSD was considered by REU to be 'medium' (45%) to 'high' (26%) and stable during the six months preceding the interview.

Two-thirds of the 2006 REU sample reported that LSD was 'easy' or 'very easy' to obtain, and the remainder reported that it was currently 'difficult' or 'very difficult' to obtain. Subjective reports from REU indicate a gradual increase in the availability of LSD since 2003, however levels of use have remained stable across successive REU cohorts.

LSD was typically obtained from friends or dealers and was typically accessed from a friend's home, a dealer's home or at a dance-related event.

### 9.6.5 SA

Approximately one-third of the REU sample reported recent use of LSD, a decrease compared to 2005, and the prevalence of recent use also decreased in 2006. Frequency of use of LSD remains consistently low.

The price of LSD in 2006 was unchanged and low (at $10 per tab). Perceived purity had increased and availability had remained stable, compared to 2005.
KE reports suggested that LSD use was not common among REU and used only occasionally among those who did use.

### 9.6.6 WA

Lifetime use of LSD was similar to last year, reported by 67% of the current sample and 71% of last year's sample. There was a significant decrease in recent use, with 25% of the current sample reporting use of LSD in the previous six months compared to 35% in 2005.

The current sample reported usually using 1 tab of LSD in both a typical and a heavy session. All respondents who had recently used LSD reported swallowing as the only method of administration. 'Own home' (46%) and 'friend's home' (31%) were the most common locations of usual use.

The median price of LSD decreased to $20 per tab, compared to $25 last year. Price during the previous six months was rated as 'stable' by 45% of those who commented in 2006 compared to 29% last year. Ratings of current LSD purity were comparable across survey years. In 2006, 50% reported current purity as 'high' (54% in 2005) and 35% as 'medium' (23% in 2005).

There was some indication of an increase in availability of LSD in WA. In 2006, 40% rated current availability as 'easy' compared to 34% in 2005, and 25% rated it as 'difficult' in 2006 compared to 34% in 2005. 'Friends' were nominated by the majority as the most common person for purchasing LSD across survey years.

### 9.6.7 NT

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

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

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

Bingeing with LSD amongst recent users declined from 25% in 2005 to 10% in 2006. LSD was most commonly used in a person's home, at a private party or 'outdoors'.

Recent users reported a median price of $20 for a tab, a decrease on the $20 found in 2005. In 2006, a higher proportion nominated the current purity of LSD as medium (53%), and a lower proportion nominated the current purity as high (32%), when compared to 2005.

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

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

### 9.6.8 QLD

The proportion of REU reporting LSD use has increased in recent years. In 2006, 60% of REU reported lifetime LSD use (vs. 58% in 2005, 52% in 2004, 41% in 2003), and 38% reported using LSD in the last six months (vs. 24% in 2005, 18% in 2004 and 18% in 2003)

Consistent with last year, those REU in 2006 who had used LSD recently reported doing so on 1.5 days in the last six months (range 1-26 days). However, the typical quantity used increased slightly from 1 tab in 2005 to 1.25 tabs in 2006.

Twenty-seven participants reported on LSD price, purity and availability. The median price reported for an LSD tab in 2006 was $20 (range $8-$40). More than half of those who responded (n=15) reported that this price was 'stable'. The majority of those reporting indicated that the current purity of LSD was 'high' (n=13), however, there was little consensus with respect to changes in purity. Similarly, perceptions of current availability were varied with 11 reporting that current availability was 'difficult', 10 reporting that it was 'easy' and 6 reporting that it was 'very easy' to obtain.

## 9.7 Summary of LSD trends

- Sixty-one percent of the national sample reported the lifetime use of LSD, with the median age of first use being 18 years. Twenty-nine percent reported the recent use of LSD.
- The median days of LSD use amongst recent users was two. The majority of recent users reported using LSD less than once per month; 3% reported using LSD more than once per week.
- Recent users reported using a median of one LSD tab in both 'typical' and 'heavy' sessions of use.
- LSD was obtained from friends (67%) and known dealers (35%). LSD was scored from friends' homes (45%) and dealers' homes (28%).
- LSD was used in a variety of locations, including participants' own homes (49%), friends' homes (43%), outdoors (38%), raves (38%), private parties (32%) and nightclubs (27%).
- The price of a tab of LSD ranged from $10 in SA, $12 in VIC, and $20 in all other jurisdictions. Of those who commented, 51% reported that the price of LSD had remained 'stable' in the six months prior to interview.
- Of those who commented, 41% reported that the current purity of LSD was 'high' and 30% reported to it be 'medium'. Thirty-five percent, of those who commented, reported that the purity of LSD had remained 'stable' in the six months preceding interview.
- Reports concerning the availability of LSD were mixed. More than one-third of those who commented (37%) reported that LSD was 'easy' to obtain while 33% reported it to be 'difficult' to obtain. Half (49%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

# 10 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects as ecstasy. It generally comes in powder or tablet form and may be in pills sold as ecstasy. The results presented in this section relate to the participants use and knowledge of the substance sold and purchased as 'MDA'.

## 10.1 MDA use among regular ecstasy users

Two participants in the 2006 national sample nominated MDA as their drug of choice. Almost one-quarter (23%) of the 2006 national sample reported lifetime use of MDA and 7% had used MDA in the six months preceding interview (Table 50). The median age of first use was 20 years (range 13-44 years).

Three percent (n=23) of the national sample reported that they had injected MDA at some time (Table 50). Three participants reported injecting MDA in the six months preceding interview.

The majority (82%) of those that reported recent MDA use reported recently swallowing MDA. Two-fifths (40%) snorted MDA, while smaller proportions reported injecting (6%); no participants reported smoking MDA in the six months preceding interview (Table 50).

Of those that recently used MDA, the median number of days of use was two (range 1-40 days). The majority (84%) had used MDA less than once per month; 11% used between monthly and fortnightly; 4% reported using between fortnightly and weekly; and 2% reported using more than once per week. Only two percent (n=8) of those that had binged in the six months preceding interview used MDA in their binge.

There were jurisdictional differences in reports of recent use of MDA, ranging from no participants having recently used MDA in WA to 14% in NSW (Table 50).

**Table 50: Patterns of MDA use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **23** | 42 | 25 | 26 | 14 | 21 | 6 | 16 | 27 |
| Ever injected (%) | **3** | 5 | 5 | 3 | 3 | 2 | 1 | 4 | 2 |
| Used last six months (%) | **7** | 14 | 8 | 8 | 3 | 9 | 0 | 2 | 12 |
| | **N=55** | n=14 | n=8 | n=8 | n=3 | n=9 | n=0 | n=1 | n=12 |
| Snorted* | **40** | 29 | 50 | 38 | 33 | 44 | 0 | 0 | 50 |
| Swallowed* | **82** | 86 | 63 | 63 | 67 | 100 | 0 | 100 | 92 |
| Injected* | **6** | 7 | 13 | 0 | 0 | 11 | 0 | 0 | 0 |
| Smoked* | **0** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Median days used* last 6 mths (range) | **2 (1-40)** | 2 (1-10) | 2 (1-15) | 1 (1-40) | 1 No range | 3 (1-24) | N/A | 5 No range | 1.5 (1-6) |

**Source: EDRS interviews 2006**
*Of those that used in the six months preceding interview

The median amount of MDA used in a 'typical' or 'average' use episode in the preceding six months was one capsule (range 0.5-5). Recent MDA users reported using a median of one capsule (range 0.5-8) during a 'heavy' episode of use.

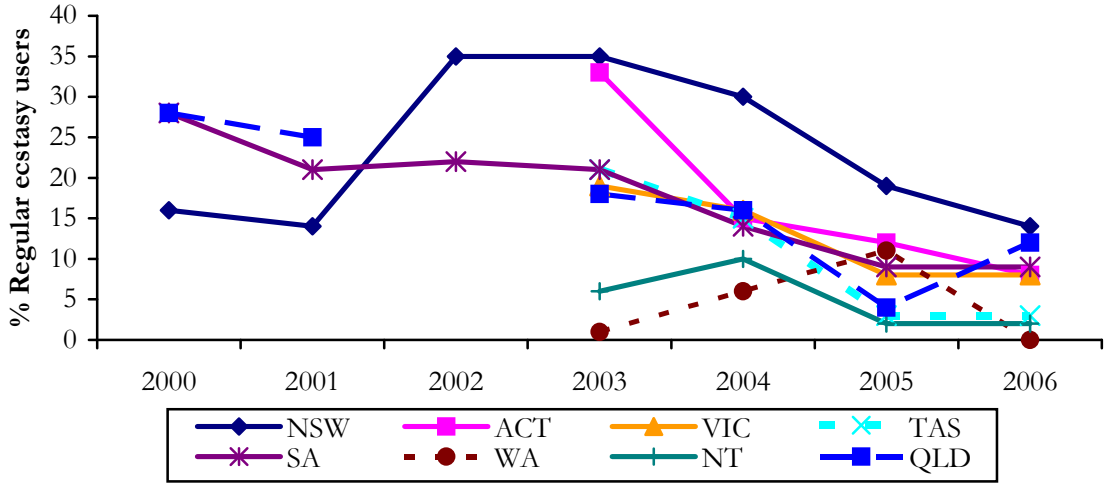
Only a small proportion of REU were able to comment on the purchase and use patterns of MDA, and as such, caution should be taken when interpreting results. MDA was most commonly obtained from persons known to participants, such as friends (52%) and known dealers (48%), and was most commonly obtained from private locations such as friends' homes (39%) and dealers' homes (35%). MDA was most commonly used at nightclubs (65%), raves (35%) and private parties (35%). Nightclubs (44%) were the most common location of last use, followed by raves (17%) and private parties (13%).

Only a small proportion of REU were able to comment on the source of MDA and locations where MDA was used. As such, caution should be used when interpreting results.

### 10.1.1 Trends over time

In NSW, QLD and SA, data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states. QLD was the only jurisdiction to report an increase in the proportion of REU reporting recent MDA use, from 4% in 2005 to 12% in 2006 (Figure 58). An increase was observed in NSW between 2000 and 2003 before decline between 2003 and 2006. Declines across time have been observed since 2003 in ACT, VIC and TAS. In WA, no participants reported the recent use of MDA in 2006, a decline from 11% in 2005.

**Figure 58: Proportion of REU that reported recent use of MDA by jurisdiction, 2000-2006**




**Source: EDRS interviews 2000-2006**
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, TAS, WA and the NT in 2000; data not collected in QLD in 2002

## 10.2 Price

Small numbers were able to comment on the price, purity and availability of MDA in all states and, therefore, the results should be interpreted with caution.

MDA was most commonly purchased in capsules. Four percent (n=22) of the national sample commented on the price of a capsule of MDA. The median price of a cap of MDA ranged from $32.50 in SA to $50 in the ACT and the NT (Table 51).

**Table 51: Median price per cap of MDA by jurisdiction, 2006**

| Median price ($) | NSW n=9 | ACT n=4 | VIC n=1 | TAS n=1 | SA n=2 | WA n=0 | NT n=1 | QLD n=4 |
|---|---|---|---|---|---|---|---|---|
| Per capsule | $40 (30-60) | $50 (35-60) | $40 No range | $40 No range | $32.50 (30-35) | N/A | $50 No range | $37.50 (30-40) |

**Source: EDRS interviews 2006**

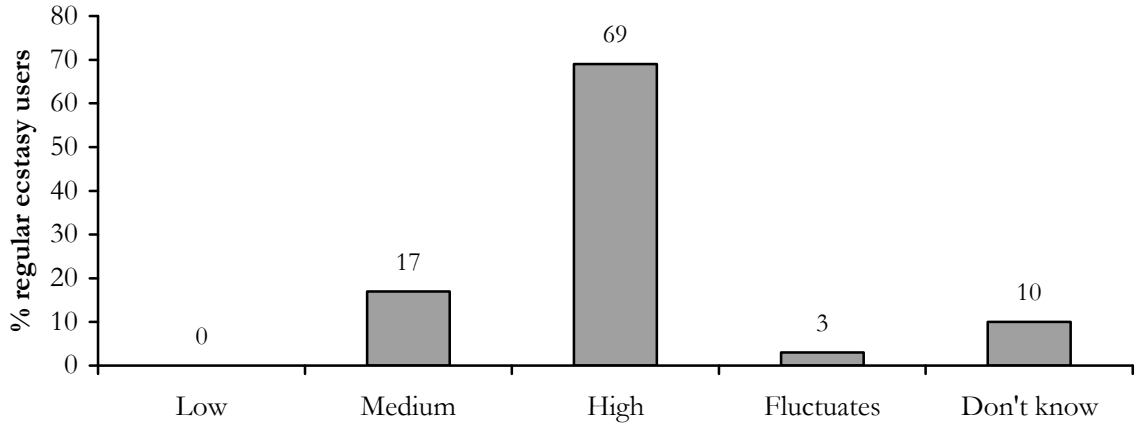
Four percent (n=29) of the national sample commented on whether the price of MDA had changed in the six months preceding interview. Of those that commented, two-fifths (41%; n=12) reported that the price had remained 'stable'; 14% (n=4) reported that the price had 'fluctuated'; 7% (n=2) reported that the price had 'increased'; 3% (n=1) reported that the price had 'decreased'; and 35% (n=10) did not know about the change in the price of MDA in the six months preceding interview.

In all jurisdictions except NSW, only a small number of participants were able to comment on whether the price of MDA had changed in the six months preceding interview. In NSW, eleven participants were able to comment. Of those, 46% (n=5) reported that the price had remained 'stable', 27% (n=3) did not know, and 9% (n=1) reported that the price had either 'fluctuated', 'increased' or 'decreased'.

## 10.3 Purity

Four percent (n=29) of the national sample commented on the purity of MDA. Over two-thirds (69%; n=20) of those who commented reported the purity of MDA to be 'high' and a further 17% (n=5) reported MDA purity as 'medium'. Three percent (n=1) reported the strength as fluctuating; 10% (n=3) 'did not know' what the current purity of MDA was; and there were no reports of MDA strength being 'low' (Figure 59).

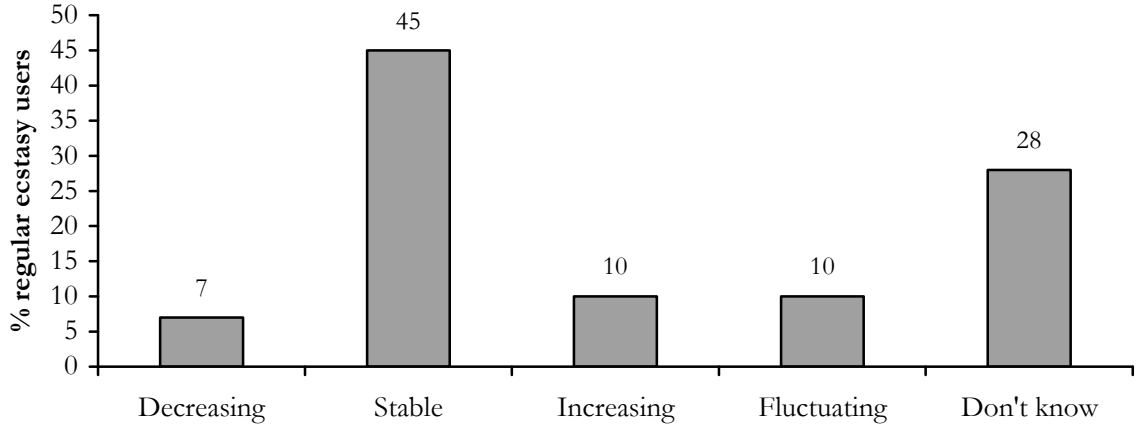
**Figure 59: National REU reports of current MDA* purity, 2006**




**Source: EDRS interviews 2006**
*Among those that commented (N=29)

Of those that commented (n=29) on whether the purity of MDA had changed in the six months preceding interview, 45% (n=13) reported it was 'stable'; 28% (n=8) 'did not know'; 10% (n=3) said 'increasing'; 10% (n=3) said 'fluctuating'; and 7% (n=2) said 'decreasing' (Figure 60).

**Figure 60: National REU reports of recent change in MDA* purity, 2006**




**Source: EDRS interviews 2006**
*Among those that commented (N=29)

## 10.4 Availability

Four percent (n=29) of the national sample commented on the recent availability of MDA.

MDA was described as 'difficult' to obtain by one-third (35%; n=10) of those who commented. A further 21% (n=6) reported MDA as 'easy' and 21% (n=6) reported it to be 'very easy' to obtain; 17% (n=5) reported MDA as 'difficult' to obtain. Half (48%; n=14) of those that commented reported that the availability of MDA had remained 'stable' in the six months prior to interview, while 31% (n=9) reported that MDA had become 'more difficult' to obtain and 7% (n=2) reported that MDA had become 'easier' to obtain; 14% (n=4) did not know about the change of MDA availability.

In all jurisdictions except for NSW, only a small number of participants were able to comment on the availability of MDA. In NSW, eleven participants were able to comment on the availability of MDA. Twenty-seven percent (n=3) reported that MDA was 'easy' to obtain, while 18% (n=2) reported that it was either 'very easy', 'difficult', or 'very difficult' to obtain; 18% (n=2) did not know about the current availability of MDA. Regarding the change in MDA availability, 46% (n=5) of those who commented in NSW reported that MDA availability had remained 'stable' in the six months preceding interview; 36% (n=4) reported that MDA had become 'more difficult' to obtain and 18% (n=2) did not know; no participants in NSW reported that MDA had become 'easier' to obtain in the six months preceding interview.

## 10.5 Jurisdictional trends in MDA use

### 10.5.1 NSW

Despite an increase in the lifetime use of MDA (42% in 2006 compared to 32% in 2005), the proportion reporting recent used decreased in this same period (19% in 2005 to 14% in 2006). Of those who reported recent MDA use, all except one participant reported use on a less-than-monthly basis. Use occurred mostly in nightclubs (67%). Friends (50%) and known dealers (33%) were the most frequently nominated source of MDA, and half (50%) scored from friends' homes.

The price for a 'cap' of MDA in 2006 was $40, with almost half (46%) of those who commented reporting that price had remained 'stable' in the six months prior to interview. Of those who commented on purity, 73% reported the current purity to be 'high' and the majority (73%) reported that purity had remained 'stable' in the six months prior to interview. Reports concerning current availability were mixed, though 46% of those who commented reported that availability in the six months prior to interview remained 'stable'.

### 10.5.2 ACT

Only a small proportion (8%) of the sample reported the recent use of MDA.

The use of MDA among most recent users was infrequent. MDA was most commonly swallowed, and one half of recent users also reported having snorted MDA in the past six months.

The median price for a cap of MDA was reported to be stable at $50.

The purity of MDA was reported to be high although only a small number of participants were able to comment. There were mixed reports regarding current availability of MDA in the ACT in the six months preceding interview. MDA was primarily obtained through dealers and friends.

### 10.5.3 VIC

Reports suggest low prevalence of lifetime and recent use of MDA among regular ecstasy users. Levels of recent use reported by REU samples have decreased since 2003, with only eight from the 2006 sample having used it in the six months prior to interview. It is not possible to comment on trends in the price, purity and availability of MDA given the small number of respondents able to comment in 2006.

### 10.5.4 TAS

Just over one-tenth (14%) of the 2006 REU sample had used MDA at some stage of their lives and only two male and one female participants (3%) had recently used MDA. The lifetime and recent use of MDA among the Tasmanian REU sample has been decreasing since 2003.

Among the current cohort, MDA had typically been purchased in capsule form and had been swallowed or snorted on single occasions during the six months preceding the interview.

Few respondents were able to confidently comment on the price, purity or availability of MDA and thus it is difficult to delineate clear trends. However, based the decline in the use of MDA since 2003, and the comments of several KE, the local availability of MDA in Tasmania appears to be relatively low.

### 10.5.5 SA

Nine percent of REU reported recent use of MDA in 2006. The proportion of REU reporting recent use of MDA was stable compared to previous years, but the frequency of use increased despite remaining consistently low across the six years of the EDRS survey.

Price, purity and availability data for MDA in 2006 were based on a very small sample of REU and therefore of limited value. Data suggested that the price and purity of MDA was stable, and that it had become easier to obtain in the last three years (2004 to 2006) compared to 2003.

KE information suggests that MDA was not commonly used by REU, except as a (suspected) constituent of pills sold as ecstasy.

### 10.5.6 WA

Lifetime use of MDA significantly decreased to 6% of the current sample from 19% in 2005. No respondent in 2006 reported use of MDA in the previous six months compared to 11% in 2005. Accordingly, no respondent commented on locations of use, purchasing practices or aspects of the MDA market in WA.

### 10.5.7 NT

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

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

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

### 10.5.8 QLD

In 2006 27% of REU reported lifetime MDA use and 12% reported use in the last six months. This represented a slight increase from 5% in 2005, however, rates remained low compared to 28% reporting recent MDA use in 2000.

Typically, MDA users reported consuming two caps and used for a median of 1.5 days (range 1-6 days) in the last six months.

In 2006, only four participants were able to comment on MDA price with a median reported price of $37.50 per cap. MDA was reported to be either 'medium' (n=2) or 'high' (n=2) in purity, and there was little consensus with respect to availability.

## 10.6 Summary of MDA trends

- One-quarter (23%) of the national sample reported the lifetime use of MDA. The median age of first use was 20 years.
- Seven percent of the national sample reported using MDA in the six months preceding interview. Use occurred on a median of two days, with the majority (84%) of recent users reporting that use had occurred less than once per month. No participants in WA reported recent MDA use.
- Swallowing was the most frequently nominated route of administration (82%), followed by snorting (40%). Six percent had injected MDA in the six months preceding interview, and no participants reported recently smoking MDA.
- A median of one capsule was used in both a 'typical' and 'heavy' session of use.
- Only a small proportion was able to comment on purchase and use patterns of MDA. Of those that commented, friends (52%) and known dealers (48%) were the most commonly nominated sources of MDA, and MDA was scored from friends' homes (39%) and dealers' homes (35%).
- MDA was usually used in nightclubs (65%), raves (35%) and private parties (35%).
- Small numbers were able to comment on the price, purity and availability of MDA in all states and, therefore, the results should be interpreted with caution.
- The median price of a cap of MDA ranged from $32.50 in SA to $50 in the ACT and NT. Two-fifths of those who commented reported that the price of MDA had remained 'stable' in the six months preceding interview.
- The majority (69%) of those who commented reported that the current purity of MDA was 'high', and 45% of those who commented reported that the purity of MDA had remained 'stable' in the six months preceding interview.
- Of those who commented, MDA was reported to be either 'difficult' (35%), 'easy' (21%) or 'very easy' (21%) to obtain. Half (48%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

# 11 CANNABIS

In 2006 the EDRS included a separate section investigating the price, potency and availability of cannabis. Previously, cannabis has been included in the 'other drugs' section of the report. Furthermore, the distinction was made between indoor-cultivated 'hydroponic' cannabis and outdoor cultivated 'bush' cannabis for price, purity and availability. As such, the sections regarding price, potency and availability make this distinction between bush cannabis and hydroponic cannabis.

A separate monitoring system investigating trends in the use of cannabis in injecting drug users has been conducted in NSW since 1996, VIC and SA since 1997 and nationally since 2000. This is called the *Illicit Drug Reporting System*, or IDRS, and reports and bulletins are available from the NDARC website (http://ndarc.med.unsw.edu.au/ndarcweb.nsf/page/home).

## 11.1 Cannabis use among regular ecstasy users

Almost all (98%) of the 2006 national sample had ever used cannabis with more than four-fifths (83%) of the sample having used cannabis in the six months prior to interview (Table 52). The median age of first use was 15 years (range 8-28 years). Cannabis was the drug of choice for 15% of the sample.

Almost all (99%) of those who had recently used cannabis had smoked it, while more than one-third (37%) had recently swallowed it (Table 52). Cannabis had been used on median of 48 days (range 1-180 days) in the six months preceding interview, which equates to use on approximately two days per week. Amongst recent users, 21% reported using less than once per month; 13% reported using between monthly and fortnightly; 9% reported using between fortnightly and weekly; and 56% reported using more than once per week. One-quarter (24%) of recent cannabis users reported using cannabis every day in the past six months.

**Table 52: Patterns of cannabis use among REU, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever used (%) | **98** | 95 | 94 | 97 | 100 | 98 | 100 | 100 | 100 |
| Recent use (%) | **83** | 73 | 83 | 79 | 82 | 83 | 85 | 84 | 92 |
| Used last six months (%) | **N=621** | n=73 | n=83 | n=79 | n=82 | n=84 | n=85 | n=43 | n=92 |
| Smoked* | **99** | 97 | 99 | 99 | 100 | 99 | 100 | 100 | 100 |
| Swallowed* | **37** | 25 | 28 | 49 | 38 | 36 | 38 | 35 | 44 |
| Median days used* last 6 mths (range) | **48** **(1-180)** | 24 (1-180) | 50 (1-180) | 48 (1-180) | 25 (1-180) | 70 (1-180) | 48 (1-180) | 90 (1-180) | 52 (1-180) |

**Source: EDRS interviews 2006**
*Of those that used in the six months preceding interview

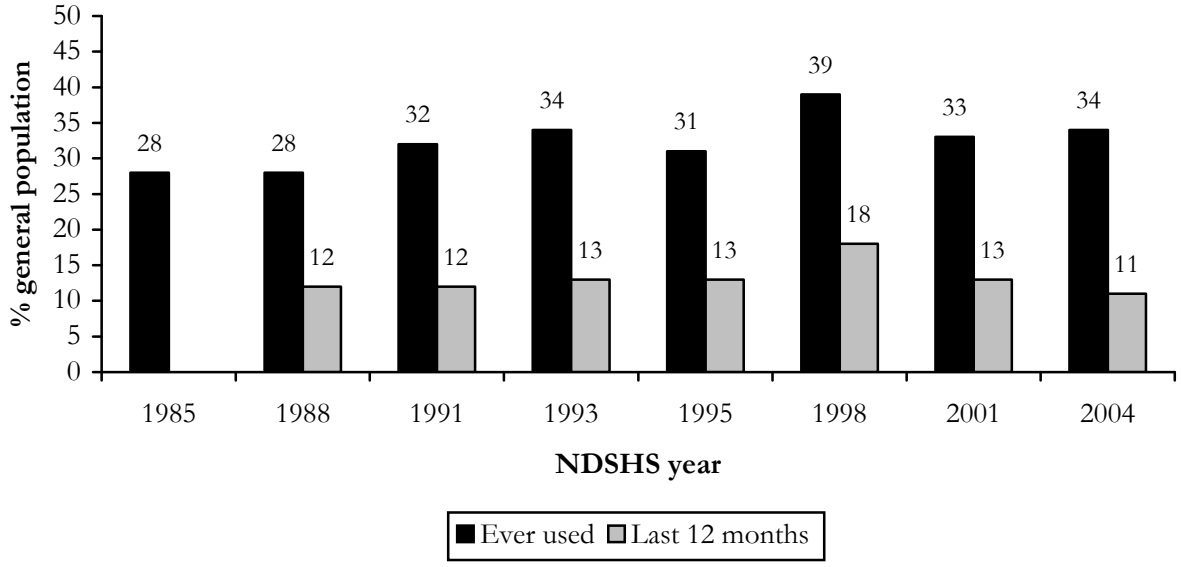
### 11.1.1 Trends over time

In NSW, QLD and SA, data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states. Over time, the proportion of REU reporting recent cannabis use has remained relatively stable in all jurisdictions, with data over time showing the proportion of REU reporting recent cannabis use. There have, however, been some jurisdictional trends of note. Since 2004, the proportion of REU in QLD reporting recent cannabis use has increased, from 70% in 2004, to 83% in 2005, to 92% in 2006. In NSW, there was a slight decline observed between 2005 and 2006, from 82% to 73%. In the past three years, the proportion has fluctuated in VIC, from 78% in 2004, to 87% in 2005, to 79% in 2006.

## 11.2 Cannabis use in the general population

As can be seen in Figure 61, 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 2004 and found that one-third (34%) of the Australian population aged 14 years and above had ever tried cannabis, while 11% had used cannabis in the twelve months prior to interview (Australian Institute of Health and Welfare, 2005).

**Figure 61: Lifetime and past year prevalence of cannabis use by Australians, 1985-2004**




**Source: National Drug Strategy Household Survey 1985-2004**
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.

## 11.3 Price

Prices in Table 53 represent the median price for a gram and an ounce of bush and hydro cannabis by jurisdiction. Prices were relatively consistent across jurisdictions. The price per gram of hydro and bush were comparable in each jurisdiction, though in TAS, SA, WA and QLD there were differences; in TAS, WA and QLD the price for a gram of hydro was slightly higher. In all jurisdictions (excluding VIC and SA), the price for an ounce of hydro was higher than for an ounce of bush cannabis.

**Table 53: Median price per ounce and gram of bush and hydro cannabis by jurisdiction, 2006**

| | NSW n=10 | ACT n=18 | VIC n=11 | TAS n=13 | SA n=2 | WA n=6 | NT n=4 | QLD n=10 |
|---|---|---|---|---|---|---|---|---|
| **Price ($) BUSH** per gram | 20 | 20 | 15 | 15 | 17.50 | 18.75 | 25 | 12.50 |
| | **NSW n=19** | **ACT n=22** | **VIC n=35** | **TAS n=14** | **SA n=3** | **WA n=11** | **NT n=15** | **QLD n=18** |
| **Price ($) HYDRO** per gram | 20 | 20 | 15 | 20 | 10 | 25 | 25 | 18.75 |
| | **NSW n=10** | **ACT n=10** | **VIC n=11** | **TAS n=38** | **SA n=33** | **WA n=28** | **NT n=6** | **QLD n=19** |
| **Price ($) BUSH** per ounce | 210 | 200 | 200 | 200 | 200 | 250 | 200 | 240 |
| | **NSW n=17** | **ACT n=24** | **VIC n=28** | **TAS n=38** | **SA n=44** | **WA n=42** | **NT n=14** | **QLD n=30** |
| **Price ($) HYDRO** per ounce | 300 | 300 | 220 | 290 | 200 | 280 | 300 | 300 |

**Source**: **EDRS interveiws 2006**

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 hydroponic and bush cannabis.

More than two-thirds (68%; n=203) of those who commented on the price of bush cannabis in the six months preceding interview reported that the price had remained 'stable'; 8% (n=23) reported that the price of bush cannabis had 'decreased'; 4% (n=13) reported it had 'fluctuated'; while 3% (n=8) reported that the price had 'increased'. Seventeen percent (n=54) did not know about the price change of bush cannabis in the past six months (Table 54).

Almost three-quarters (70%; n=307) of those who commented on the price of hydro cannabis in the six months preceding interview reported that the price had remained 'stable'; 9% (n=41) reported that the price of hydro cannabis had 'increased'; 8% (n=33) reported it had 'decreased'; while 4% (n=16) reported that the price had 'decreased'. Nine percent (n=41) did not know about the price change of hydro cannabis in the past six months (Table 54).

**Table 54: Price changes of bush and hydro cannabis by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=82 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **BUSH** | | | | | | | | | |
| **Price change (%)** | | | | | | | | | |
| Those responded (n) | **(N=299)** | (n=30) | (n=38) | (n=16) | (n=63) | (n=56) | (n=42) | (n=11) | (n=43) |
| (% responded; n) | | | | | | | | | |
| Don't know | **17 (52)** | 43 (13) | 29 (11) | 25 (4) | 16 (10) | 7 (4) | 12 (5) | 9 (1) | 9 (4) |
| Decreased | **8 (23)** | 10 (3) | 16 (6) | 6 (1) | 6 (4) | 5 (3) | 7 (3) | 0 (0) | 7 (3) |
| Stable | **68 (203)** | 43 (13) | 50 (19) | 63 (10) | 68 (43) | 80 (45) | 76 (32) | 82 (9) | 74 (32) |
| Increased | **3 (8)** | 3 (1) | 0 (0) | 0 (0) | 0 (0) | 7 (4) | 0 (0) | 9 (1) | 5 (2) |
| Fluctuating | **4 (13)** | 0 (0) | 5 (2) | 6 (1) | 10 (6) | 0 (0) | 5 (2) | 0 (0) | 5 (2) |
| | **National N=752** | **NSW n=100** | **ACT n=100** | **VIC n=100** | **TAS n=100** | **SA n=101** | **WA n=100** | **NT n=82** | **QLD n=100** |
| **HYDRO** | | | | | | | | | |
| **Price change (%)** | | | | | | | | | |
| Those responded (n) | **(N=438)** | (n=44) | (n=63) | (n=43) | (n=55) | (n=63) | (n=64) | (n=39) | (n=67) |
| (% responded; n) | | | | | | | | | |
| Don't know | **9 (41)** | 11 (5) | 16 (10) | 2 (1) | 13 (7) | 8 (5) | 8 (5) | 10 (4) | 6 (4) |
| Increased | **9 (41)** | 7 (3) | 10 (6) | 5 (2) | 4 (2) | 8 (5) | 8 (5) | 21 (8) | 15 (10) |
| Stable | **70(307)** | 77 (34) | 59 (37) | 74 (32) | 71 (39) | 73 (46) | 78 (50) | 62 (24) | 67 (45) |
| Decreased | **8 (33)** | 5 (2) | 14 (9) | 19 (8) | 6 (3) | 6 (4) | 5 (3) | 0 (0) | 6 (4) |
| Fluctuating | **4 (16)** | 0 (0) | 2 (1) | 0 (0) | 7 (4) | 5 (3) | 2 (1) | 8 (3) | 6 (4) |

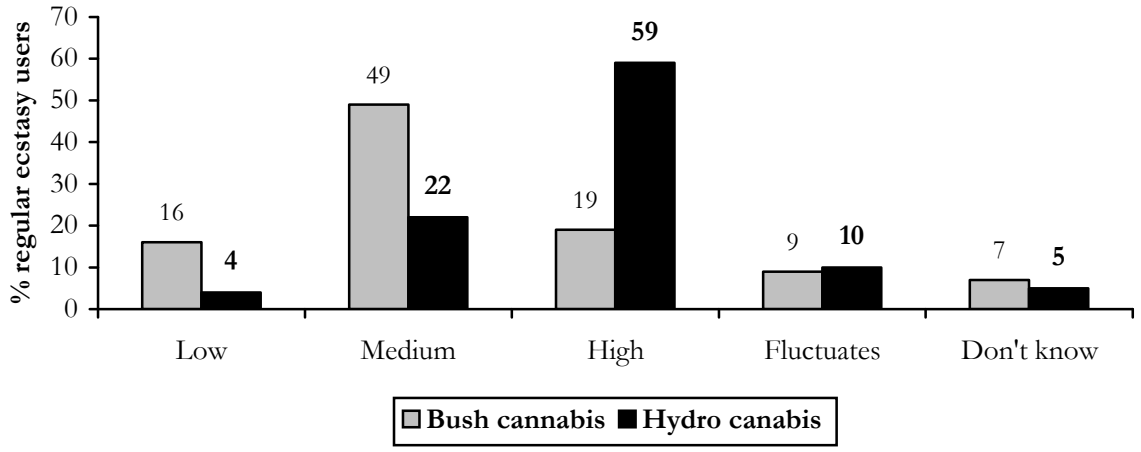
**Source: EDRS interviews 2006**

## 11.4 Potency

Half (49%; n=146) of those who commented reported that the current potency of bush cannabis was 'medium', 19% (n=56) reported that current potency was 'high' and 16% (n=48) reported that the current potency was 'low'. Nine percent (n=27) reported that the current potency 'fluctuated' while 7% (n=22) did not know (Figure 62).

More than half (59%; n=260) of those who commented reported that the current potency of hydro cannabis was 'high', 22% (n=96) reported that current potency was 'medium' and 4% (n=19) reported that the current potency was 'low'. Ten percent (n=43) reported that the current potency 'fluctuated' while 7% (n=21) did not know (Figure 62).

**Figure 62: National REU reports of current bush* and hydro** cannabis potency, 2006**

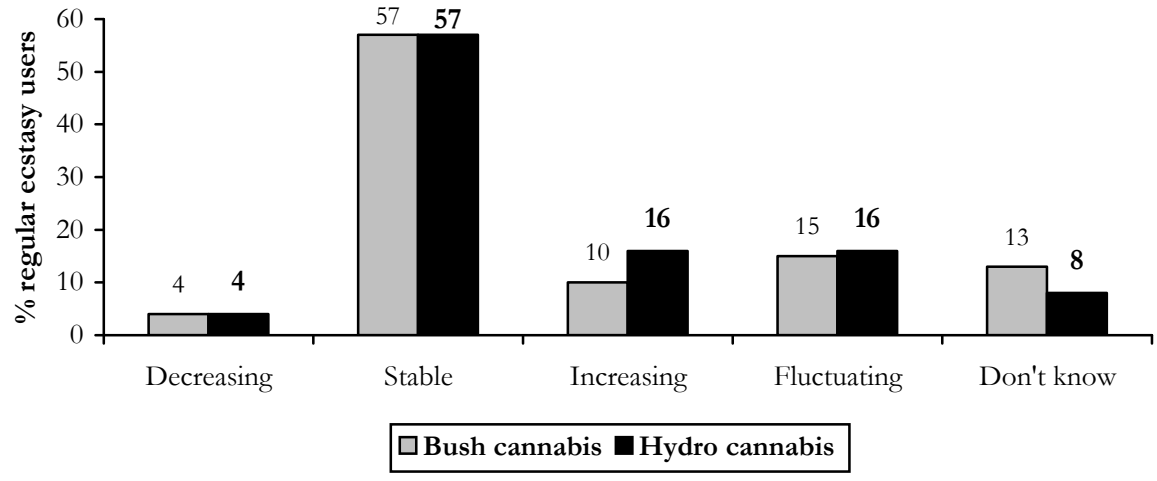



**Source: EDRS interviews 2006**
*Among those that commented (N=299)
**Among those who commented (N=439)

Of those that commented, more than half (57%; n=171) reported that the potency of bush cannabis had remained 'stable' in the six months preceding interview, while 15% (n=46) reported that potency had 'fluctuated' and 10% (n=30) reported it had 'increased'. Four percent (n=13) reported that potency had 'decreased' in the six months prior to interview while 13% (n=39) did not know (Figure 63).

Of those that commented, more than half (57%; n=249) reported that the potency of hydro cannabis had remained 'stable' in the six months preceding interview, while 16% (n=68) reported that potency had 'fluctuated' and 16% (n=68) reported it had 'increased'. Four percent (n=18) reported that potency had 'decreased' in the six months prior to interview while 8% (n=36) did not know (Figure 63).

**Figure 63: National REU reports of recent change in bush* and hydro** cannabis potency, 2006**




**Source: EDRS interviews 2006**
*Among those that commented (N=299)
**Among those who commented (N=439)

## 11.5 Availability

REU were asked to comment on the current availability of bush cannabis as well as any changes to availability in the six months preceding interview. More than two-fifths (43%; n=127) reported that bush cannabis was 'very easy' to obtain, 35% (n=104) reported that it was 'easy' to obtain, and 16% (n=49) reported that it was 'difficult' to obtain. Only 3% (n=8) reported that bush cannabis was 'very difficult' to obtain; 4% (n=11) did not know (Table 55).

Of those who commented about availability change in the six months preceding interview, the majority (67%; n=199) reported that bush cannabis availability had remained 'stable'; 13% (n=39) reported that availability had become 'easier', 9% (n=27) reported that it had become 'more difficult' to obtain, and 4% (n=13) reported that availability had fluctuated. Seven percent (n=21) did not know (Table 55).

**Table 55: Availability of bush cannabis by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=299)** | (n=30) | (n=38) | (n=16) | (n=63) | (n=56) | (n=42) | (n=11) | (n=43) |
| (% commented; n) | | | | | | | | | |
| Don't know | **4 (11)** | 7 (2) | 13 (5) | 0 (0) | 0 (0) | 2 (1) | 0 (0) | 9 (1) | 5 (2) |
| Very easy | **43(127)** | 33(10) | 42(16) | 44 (7) | 46(29) | 46(26) | 48(20) | 36 (4) | 35(15) |
| Easy | **35(104)** | 27 (8) | 32(12) | 44 (7) | 43(27) | 38(21) | 33(14) | 9 (1) | 33(14) |
| Difficult | **16(49)** | 20 (6) | 13 (5) | 13 (2) | 11 (7) | 13 (7) | 14 (6) | 46 (5) | 26(11) |
| Very difficult | **3 (8)** | 13 (4) | 0 (0) | 0 (0) | 0 (0) | 2 (1) | 5 (2) | 0 (0) | 2 (1) |
| **Availability change (%)** | | | | | | | | | |
| Those responded (n) | **(N=299)** | (n=30) | (n=38) | (n=16) | (n=63) | (n=56) | (n=42) | (n=11) | (n=43) |
| (% commented; n) | | | | | | | | | |
| Don't know | **7 (21)** | 10 (3) | 16 (6) | 6 (1) | 6 (4) | 4 (2) | 0 (0) | 9 (1) | 9 (4) |
| More difficult | **9 (27)** | 17 (5) | 8 (3) | 0 (0) | 2 (1) | 13 (7) | 10 (4) | 9 (1) | 14 (6) |
| Stable | **67(199)** | 63(19) | 66(25) | 75(12) | 65(41) | 68(38) | 69(29) | 64 (7) | 65(28) |
| Easier | **13 (39)** | 10 (3) | 8 (3) | 13 (2) | 25(16) | 9 (5) | 17 (7) | 0 (0) | 7 (3) |
| Fluctuates | **4 (13)** | 0 (0) | 3 (1) | 6 (1) | 2 (1) | 7 (4) | 5 (2) | 18 (2) | 5 (2) |

**Source**: **EDRS interviews 2006**

REU were asked to comment on the current availability of hydro cannabis as well as any changes to availability in the six months preceding interview. Two-thirds (66%; n=287) reported that hydro cannabis was 'very easy' to obtain, 27% (n=116) reported that it was 'easy' to obtain, and 7% (n=29) reported that it was 'difficult' to obtain. Only one participant reported that hydro cannabis was 'very difficult' to obtain; 1% (n=51) did not know (Table 56).

Of those who commented about availability change in the six months preceding interview, the majority (74%; n=324) reported that hydro cannabis availability had remained 'stable'; 9% (n=40) reported that availability had become 'easier', 8% (n=34) reported that it had become 'more difficult' to obtain, and 7% (n=30) reported that availability had 'fluctuated'. Two percent (n=10) did not know (Table 56).

**Table 56: Availability of hydroponic cannabis by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Availability (%)** | | | | | | | | | |
| Those responded (n) | **(N=438)** | (n=44) | (n=63) | (n=43) | (n=55) | (n=63) | (n=63) | (n=40) | (n=67) |
| (% responded; n) | | | | | | | | | |
| Don't know | **1 (5)** | 5 (2) | 2 (1) | 0 (0) | 2 (1) | 2 (1) | 0 (0) | 0 (0) | 0 (0) |
| Very easy | **66(287)** | 68(30) | 79(50) | 81(35) | 49(27) | 62(39) | 60(38) | 53(21) | 70(47) |
| Easy | **27(116)** | 21 (9) | 16(10) | 16 (7) | 40(22) | 32(20) | 27(17) | 30(12) | 28(19) |
| Difficult | **7 (29)** | 7 (3) | 2 (1) | 2 (1) | 9 (5) | 5 (3) | 13 (8) | 18 (7) | 2 (1) |
| Very difficult | **<1 (1)** | 0 (0) | 2 (1) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) | 0 (0) |
| **Availability changes (%)** | | | | | | | | | |
| Those responded (n) | **(N=438)** | (n=43) | (n=63) | (n=43) | (n=55) | (n=63) | (n=64) | (n=40) | (n=67) |
| (% responded; n) | | | | | | | | | |
| Don't know | **2 (10)** | 5 (2) | 2 (1) | 0 (0) | 4 (2) | 2 (1) | 2 (1) | 5 (2) | 2 (1) |
| More difficult | **8 (34)** | 9 (4) | 3 (2) | 7 (3) | 6 (3) | 5 (3) | 8 (5) | 25(10) | 6 (4) |
| Stable | **74(324)** | 74(32) | 79(50) | 84(36) | 71(39) | 81(51) | 67(43) | 60(24) | 73(49) |
| Easier | **9 (40)** | 7 (3) | 13 (8) | 9 (4) | 15 (8) | 5 (3) | 9 (6) | 5 (2) | 9 (6) |
| Fluctuates | **7 (30)** | 5 (2) | 3 (2) | 0 (0) | 6 (3) | 8 (5) | 14 (9) | 5 (2) | 10 (7) |

**Source**: **EDRS interviews 2006**

Table 57 shows the source person and purchase location for hydro cannabis. Hydro was scored from friends (79%), as well as from known dealers (44%). Twenty-nine percent reported that they were given hydro as a gift from a friend. Hydro was most commonly scored from friends' homes, though 41% reported that they obtained it via 'home delivery'.

**Table 57: Source person and purchase location of hydro cannabis by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=421)** | (n=40) | (n=59) | (n=42) | (n=52) | (n=61) | (n=61) | (n=40) | (n=66) |
| Friends | **79** | 73 | 80 | 81 | 87 | 79 | 82 | 73 | 76 |
| Known dealers | **44** | 50 | 37 | 60 | 39 | 41 | 36 | 33 | 56 |
| Gift from friends | **23** | 8 | 9 | 29 | 37 | 23 | 30 | 33 | 18 |
| Acquaintances | **22** | 18 | 15 | 31 | 15 | 28 | 21 | 23 | 27 |
| Workmates | **13** | 10 | 9 | 10 | 15 | 16 | 16 | 10 | 15 |
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=419)** | (n=39) | (n=59) | (n=42) | (n=52) | (n=61) | (n=61) | (n=39) | (n=66) |
| Friend's home | **63** | 49 | 66 | 62 | 71 | 62 | 71 | 69 | 55 |
| Home delivery | **41** | 28 | 32 | 48 | 44 | 46 | 28 | 64 | 42 |
| Dealer's home | **38** | 31 | 37 | 48 | 33 | 34 | 36 | 26 | 50 |
| Acquaintance's home | **15** | 5 | 9 | 17 | 10 | 23 | 15 | 26 | 15 |
| Agreed public location | **18** | 18 | 12 | 29 | 8 | 26 | 21 | 21 | 15 |

**Source**: **EDRS interviews 2006**

Table 58 shows the source person and purchase location of bush cannabis. Similar to hydro cannabis, bush cannabis was most commonly scored from friends (75%), with 29% reporting that they scored from known dealers and 21% being giving bush cannabis as a gift from a friend. Also similar to hydro cannabis, bush cannabis was scored from friends' homes (68%), with one-third (31%) reporting that they obtained bush cannabis via 'home delivery'.

**Table 58: Source person and purchase location of bush cannabis by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | **(N=277)** | (n=24) | (n=32) | (n=14) | (n=59) | (n=54) | (n=42) | (n=11) | (n=41) |
| Friends | **75** | 75 | 75 | 86 | 83 | 72 | 67 | 82 | 68 |
| Known dealers | **29** | 29 | 16 | 29 | 29 | 37 | 24 | 36 | 34 |
| Gift from friends | **21** | 4 | 3 | 7 | 41 | 22 | 29 | 0 | 17 |
| Acquaintances | **12** | 8 | 13 | 14 | 3 | 26 | 10 | 9 | 12 |
| Workmates | **7** | 0 | 3 | 0 | 12 | 7 | 7 | 9 | 5 |

**Source**: **EDRS interviews 2006**

**Table 58: Source person and purchase location of bush cannabis by jurisdiction, 2006 (continued)**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Locations scored (%)** | | | | | | | | | |
| (% who commented) | **(N=277)** | (n=24) | (n=31) | (n=15) | (n=59) | (n=53) | (n=42) | (n=11) | (n=42) |
| Friend's home | **68** | 54 | 65 | 67 | 78 | 62 | 71 | 82 | 62 |
| Home delivery | **31** | 29 | 26 | 47 | 37 | 36 | 19 | 46 | 26 |
| Dealer's home | **27** | 17 | 23 | 27 | 27 | 30 | 24 | 27 | 36 |
| Acquaintance's home | **11** | 4 | 7 | 7 | 12 | 19 | 10 | 9 | 12 |
| Agreed public location | **12** | 13 | 10 | 20 | 3 | 23 | 14 | 9 | 10 |

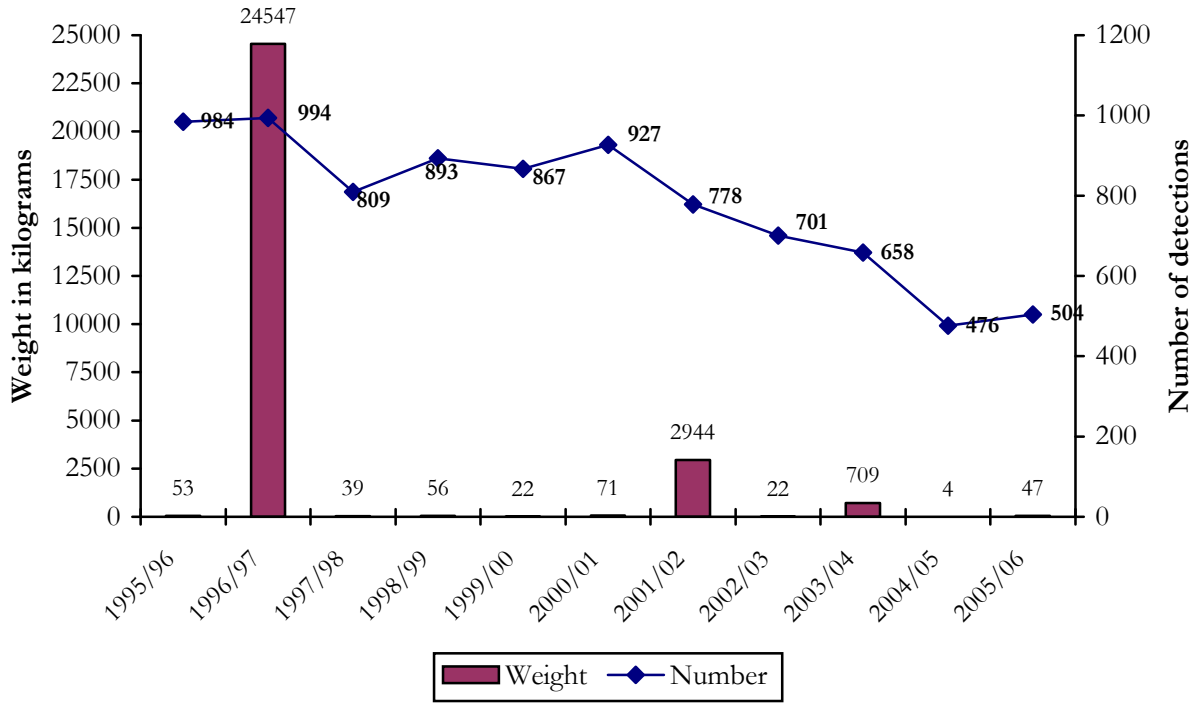
**Source**: **EDRS interviews 2006**

### 11.5.1 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is probably locally produced. However, there are also numerous cannabis detections made by the Australian Customs Service each year. Detections at the border are typically small amounts in parcels arriving by mail or found on passengers; the majority of detections of cannabis are for personal use rather than sophisticated smuggling attempts.

In 2005/06, 504 detections of cannabis were made, with a total weight of 47 kilograms. Over the eleven-year period, the total yearly weight of detections has been less than 75kg, with the exception of 1996/97, 2001/02 and 2003/04 when 24,547kg, 2,944kg and 709kg were detected respectively. The majority of the weight in 2001/02 (2,932kg) came from a single large detection from Afghanistan (Figure 64).

**Figure 64: Weight and number of detections of cannabis made at the border by the Australian Customs Service, 1995/96-2005/06**



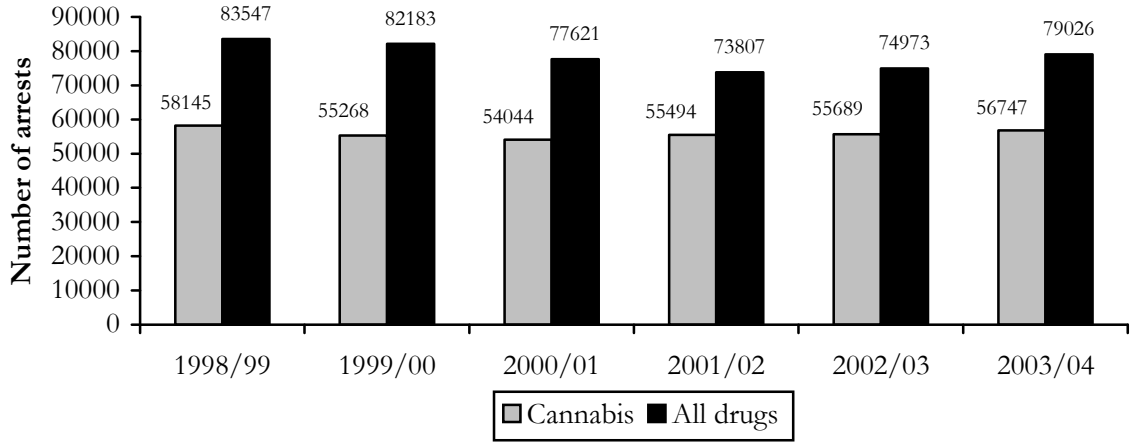

**Source: Australian Customs Service (2006)**

## 11.6 Cannabis-related harms

### 11.6.1 Law enforcement

Cannabis arrests make up the majority of consumer and provider arrests (Figure 65). In 2003/04, cannabis consumer and provider arrests accounted for 72% of all drug arrests. QLD reported the largest number of cannabis arrests increasing from 19,879 in 2002/03 to 22,065 arrests. The figure decreased in NSW from 12,368 in 2002/03 to 11,054 and in VIC increased from 7,022 in 2002/03 to 7,620 in 2003/04.

**Figure 65: Number of cannabis and all drug consumer and provider arrests, 1998/99-2003/04**

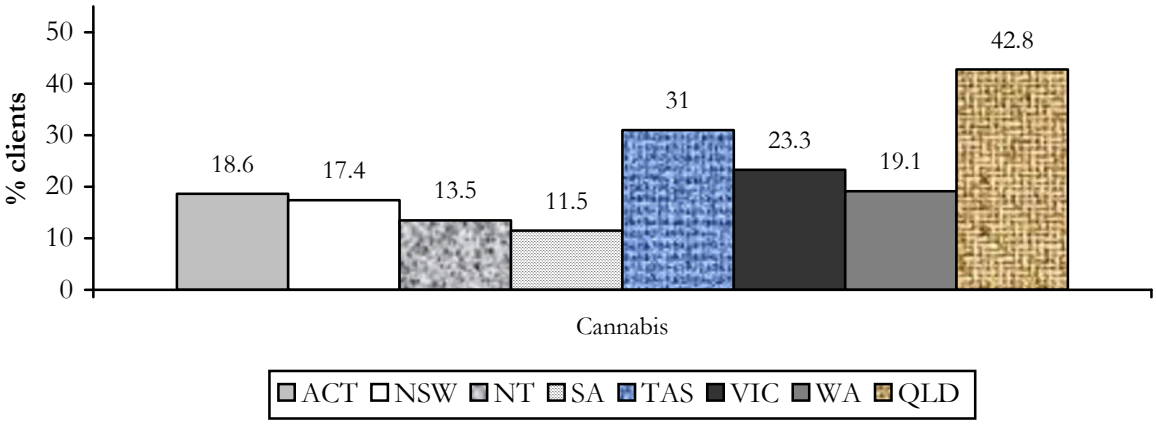



**Source: ACC, 2003 & 2004**
Note: Data for 2005/06 were unavailable at time of publication

### 11.6.2 Health

*Treatment*
Data from the AODTS-NMDS indicate that in 2004/05 (excluding QLD[#]), TAS had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (31%) followed by VIC (23%) (Figure 66) (Australian Institute of Health and Welfare 2006).

**Figure 66: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy) by jurisdiction, 2004/05***

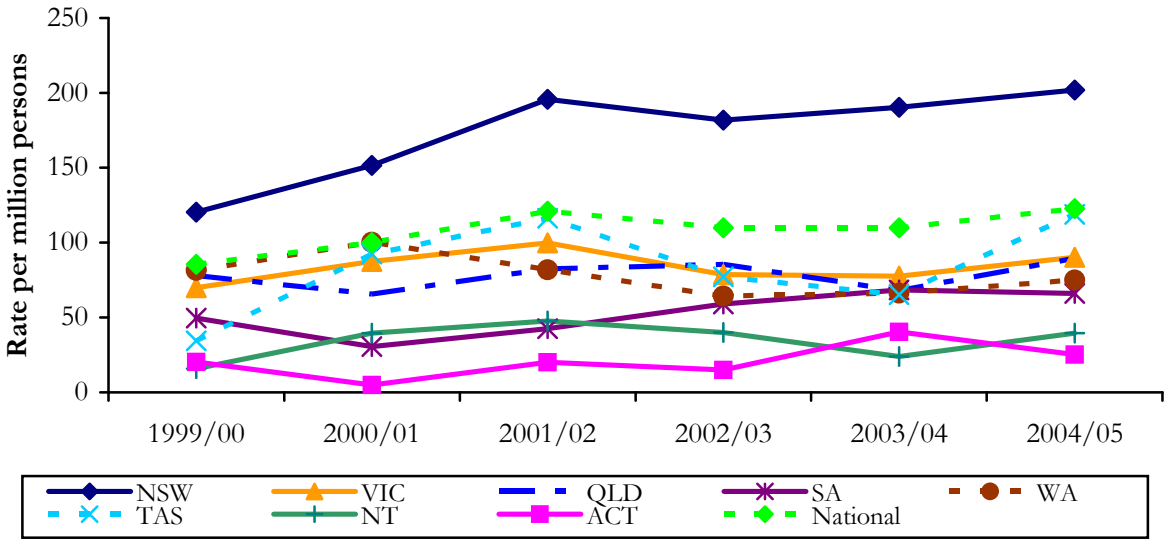



**Source: AODTS-NMDS Australian Institute of Health and Welfare**
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others.
# In QLD a client undergoing Police Diversion automatically has the principal drug of concern recorded as 'cannabis', the main treatment type as 'information and education only' and reason for cessation as 'ceased at expiation'. It is possible that the principle drug is not actually cannabis and it is expected that future modifications to data collection processes will enable this possibility to be reflected.

*Hospital admissions*

Figure 67 shows the number of inpatient hospital admissions per million persons (among those aged 15-54) with a principal diagnosis related to cannabis. At a national level these figures have steadily increased over the six year period from 85 admissions per million persons in 1999/00 to 122 per million persons in 2004/05. NSW recorded the highest figures across the period, and these have also steadily increased from 120 admissions per million persons in 1999/00 to 202 in 2004/05. Numbers of admissions have also increased in TAS, albeit on a smaller scale. Figures have remained relatively stable in the remaining jurisdictions over the period.

**Figure 67: Number of principal cannabis-related hospital admissions per million persons among people aged 15 -54 years, by jurisdiction, 1999/00-2004/05**




**Source: Australian Institute of Health and Welfare (AIHW), ACT, NSW, NT, QLD, SA, NSW, VIC and WA Health Departments.**

Note: From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit

## 11.7 Jurisdictional trends for cannabis

### 11.7.1 NSW

The lifetime prevalence of cannabis use has remained stable across sampling years, with the majority (95%) in 2006 reporting lifetime use. Recent use decreased in 2006, with 73% reporting cannabis use in the six months prior to interview, a decrease observed from 82% in 2005. Median days of use in the past six months also decreased, from 48 days in 2005, to 24 days in 2006; 18% of recent cannabis users were daily users.

For the first time in 2006, the EDRS reported on the price, purity and availability of cannabis, and, in line with the Illicit Drug Reporting System, participants were asked to distinguish between commercial 'hydroponic' cannabis and outdoor-grown 'bush' cannabis. Hydro and bush were mostly purchased from friends in friends' homes. While prices were comparable, hydro was more expensive per ounce than bush ($300 vs. $210), and of those who commented, more participants reported the price of hydro remaining 'stable' (77%) in the six months prior to interview than for bush (43%).

Of those who commented, 55% reported the potency of bush to be 'high' compared to 40% who reported bush to be 'high'. There was greater variation in reports for bush potency than for

hydro potency. Though for both cannabis types, the majority reported potency to have remained 'stable' in the six months prior to interview. Differences were observed in reports of current availability – 68% of those who commented reported that hydro was 'very easy' to obtain compared 33% of those who commented on bush; the majority who commented on both types reported availability to have remained 'stable' in the six months prior to interview.

### 11.7.2 ACT

Approximately eight in ten REU had used cannabis in the six months preceding interview. Median number of days of use increased from 39 in 2005, to 50 in 2006. One-quarter reported daily use of cannabis.

The median price for a gram of both hydroponic and bush cannabis was $20. REU reported a median price of $300 for an ounce of hydroponic and $220 for an ounce of bush. The majority reported the price of both forms to be stable.

REU reported the current purity of hydroponic cannabis to be 'medium' to 'high' and 'medium' to 'low' for bush cannabis. REU reported the purity of hydroponic cannabis to be stable to increasing, in the six months preceding interview, and stable for bush cannabis.

Both forms of cannabis were reported to be 'easy' to 'very easy' to obtain, in the six months preceding interview. Cannabis was reported to be obtained from friends and known dealers.

### 11.7.3 VIC

Evidence suggests high prevalence of both 'lifetime' and recent cannabis use among REU, with relatively frequent recent use common. Cannabis is commonly used during the comedown period from ecstasy and during ERD binges. Questions were asked about the markets for hydroponic and bush cannabis for the first time in 2006. According to REU reports, bush and hydroponic cannabis are of comparable and stable price, although hydroponic cannabis is perceived to have a higher potency than bush cannabis. Both hydroponic and bush cannabis are readily available and are purchased from friends and known dealers in private homes.

### 11.7.4 TAS

The entire REU sample had used cannabis at some stage of their life, and a majority (82%) had used cannabis during the six months preceding the interview. There was a trend for a greater proportion of males (88%) relative to females (74%) to have recently used cannabis. Cannabis had typically been smoked, and over one-third had recently swallowed the drug.

The median frequency of cannabis use was 25 days (range 1-180) or approximately weekly, and this tended to be greater for males relative to females (30 vs. 12 days), and for older relative to younger participants (72 vs. 12 days).

The median last purchase price for one gram of cannabis was $15 for both 'bush' and 'hydro' (range $10-$25). The median last purchase price for one quarter of an ounce was $85 ($70-$100) and $65 ($40-$80) for 'hydro' and 'bush' respectively, and the median price for one ounce of 'hydro' was $250 (range $200-300) compared to $200 ($50-350) for 'bush'.

The purity of 'hydro' was reported to be high and stable, and the purity of 'bush' was reported to be medium and stable in the preceding six months.

Both 'bush' and 'hydro' were reported to be 'easy' or 'very easy' to obtain, and this level of availability was perceived to have remained stable during the six months preceding the interview. Cannabis was typically purchased or received as gifts from friends at friends' homes.

### 11.7.5 SA

Eighty-three percent of REU reported recent use of MDA in 2006. The proportion of REU reporting recent use of cannabis was stable compared to 2005 (87%), but the frequency of use decreased (70 days in 2006 from 85 days in 2005).

Data suggested that the price and purity of cannabis was stable, and that it was easy/very easy to obtain and stable.

The proportion reporting binge use of cannabis decreased from 32% in 2005 to 24% in 2006

In 2006, an increase was recorded by SAPOL in the number of cannabis possession (from 316 in 2005 to 351 in 2006) and provision offences (from 1,576 in 2005 to 1,612 in 2006). However, contribution of cannabis to the total number of illicit drug possession and provision offences in 2005/06 decreased (60%), compared to 68% in 2004/05.

Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding cannabis remained stable.

The SA rate of admissions to hospital for cannabis (primary diagnosis) remained stable, however the national rate increased in 2004/05 compared to 2003/04.

### 11.7.6 WA

Prevalence of cannabis use has been consistently high among REU samples in WA and this remained the case in 2006. Lifetime use was reported by 100% of the sample and use in the last 6 months (recent use) reported by 86%. There was a decrease in frequency of recent use, with a median of 48 days in the current sample compared to a median of 60 days use in last year's sample. Among current REU, use of cannabis with ecstasy was reported by 40% of those who used other drugs in conjunction with ecstasy. Cannabis use was more common during 'comedown' from ecstasy, reported by 71% of those who used drugs during this period.

Information regarding market aspects of cannabis in WA was obtained for the first time in the EDRS in 2006. Hydroponic cannabis was bought at a median price of $280 per ounce, while bush cannabis was bought at a median of $225 per ounce. Over three quarters of respondents reported the price for both forms was 'stable' during the previous six months. Current purity of hydroponic cannabis was rated by the majority as 'high' (70%), while purity of bush was rated as 'medium' (57%). Recent purity of both forms was rated by 55% as 'stable'. Current availability of both forms was rated as 'very easy' by the greatest proportion of respondents, and two thirds rated recent availability of both forms as 'stable'. 'Friends' were the most commonly reported person and 'friend's home' the most commonly reported location for purchasing both forms of cannabis.

### 11.7.7 NT

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

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

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

Hydroponic cannabis was generally rated as being of high potency (63%) and very easy (53%) or easy (30%) to obtain. Bush cannabis was rated as being of medium (72%) potency and either very easy (36%) or difficult (46%) to obtain. Both forms of cannabis were mainly scored from friends (73% and 82% respectively) in a friend's home (69% and 82%).

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

### 11.7.8 QLD

As in previous years the vast majority of REU (92%) reported recent cannabis use, and 100% reported using cannabis during their lifetime. Almost a quarter (21%) of REU reported daily cannabis use in the last six months and just over a quarter (28%) reported use at least once a week. About half (54%) reported using cannabis with ecstasy and three quarters (74%) reported using cannabis while coming down from ecstasy.

REU reported that hydroponic cannabis typically cost $25 for a gram, $50 for a 'bag', $160 for a half ounce and $280 for one ounce. By contrast, the median reported prices of bush cannabis were $22.50/gram, $50/bag, $90 for a half ounce and $200 for one ounce. REU typically reported that the price of both forms had been stable recently. Whereas the majority of REU reported that the purity of hydro was 'high' (52%), the majority reported that bush was of 'medium' purity (51%). Similar, whereas 70% of REU reported that hydro cannabis was 'very easy' to get, 35% said that bush was 'very easy' to get and 33% said that it was 'easy' to get.

## 11.8 Summary of cannabis trends

- Almost all (98%) of the sample reported lifetime cannabis use, and more than four-fifths (83%) reported cannabis use in the six months preceding interview.
- Cannabis was the drug of choice with 15% of the sample.
- Of those who used cannabis in the six months preceding interview, use occurred on a median of 48 days during this time, or approximately twice per week; one-quarter of recent cannabis users were daily smokers.
- Despite little difference in lifetime use across jurisdictions, there was some variability in the proportion of REU reporting recent use, from 73% in NSW to 92% in QLD.
- Reported prices for cannabis were relatively consistent across jurisdictions. In most jurisdictions, the price of a gram of bush and hydro were similar, though in almost all jurisdictions, the price for an ounce of hydro was higher than for bush cannabis.
- More than two-thirds (68%) of those who commented reported that the price of bush had remained 'stable' in the six months preceding interview, and almost three-quarters (70%) of those who commented reported that the price of hydro had remained 'stable' in the six months preceding interview.
- Hydro was reported to be of 'high' potency by 59% of those who commented, compared with 19% who reported that bush cannabis potency was 'high'. More than half (57%) who commented on the potency of hydro reported that it had remained 'stable' in the six months preceding interview, and an equal proportion (57% of those who commented) reported that the potency of bush cannabis had remained 'stable' in the six months preceding interview.
- More than two-fifths (43%) of those who commented reported that bush cannabis was 'very easy' to obtain while 35% reported that it was 'easy' to obtain; the majority (67%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.
- Of those who commented on the availability of hydro cannabis, 66% reported that it was 'very easy' to obtain and 27% reported that it was 'easy' to obtain; 74% of those who commented reported that availability had remained 'stable' in the six months preceding interview.
- Both hydro and bush cannabis were commonly scored from friends as well as known dealers. Friends' homes were the most common location for both bush and hydro cannabis to be scored from.

# 12 OTHER DRUGS

## 12.1 Alcohol

Nine percent of the 2006 national sample nominated alcohol as their drug of choice. The vast majority of the national sample reported they had used alcohol in their lifetime (99%) and in the six months preceding interview (96%; Table 3). The median age of first use was 14 years (range 4-29).

Alcohol use occurred on a median of 48 days in the past six months (range 1-180). Amongst recent alcohol users, 6% reported using alcohol less than once per month; 28% reported using between monthly and fortnightly; 16% reported using between fortnightly and weekly; and 71% reported using more than once per week. Ten percent of those who recently used alcohol reported daily drinking.

Seventy percent of the national sample reported that they usually used alcohol in combination with ecstasy. Nearly three-quarters (71%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks.

### 12.1.1 Alcohol Use Disorders Identification Test (AUDIT)

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

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (Babor, de la Fluente 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 to more intensive treatment (Babor and Higgins-Biddle 2000).

The overall sample mean score on the AUDIT was 12.6 (median=12; range 0-38). No significant difference was observed between males and females (13.0 vs. 12.0; $t_{735}$=-1.9, $p$>0.05). Seventy-three percent of the national sample scored 8 or more; these are levels at which alcohol intake may be considered hazardous. Table 59 presents a jurisdictional overview of AUDIT scores.

The total AUDIT score places respondents into one of four 'zones' or risk levels. Two-fifths (40%) of the national sample scored in zone 2 (alcohol use in excess of low-risk guidelines), more than one-quarter (27%) scored in zone 1 (low-risk drinking or abstinence), 16% 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 59.

Jurisdictional differences were observed regarding AUDIT scoring. TAS and QLD had a higher proportion of participants scoring 8 or above, with participants in NSW having the lowest proportion of participants scoring at this level. NSW also had the least amount of participants scoring in zone 4, while the NT had the highest amount of participants scoring in this zone.

**Table 59: AUDIT total scores and proportion of REU scoring above recommended levels indicative of hazardous alcohol intake by jurisdiction, 2006**

| | NSW | ACT | VIC | TAS | SA | WA | NT | QLD |
|---|---|---|---|---|---|---|---|---|
| **AUDIT total score, SD (range)** | 9.5,6.9 (0-38) | 11.0,7.3 (0-31) | 13.1,6.8 (2-30) | 13.3,5.9 (0-29) | 13.2,6.5 (0-28) | 13.5,7.6 (0-32) | 14.8,8.0 (0-33) | 13.4,7.1 (0-31) |
| **Score 8 or above (%)** | 53 | 64 | 77 | 85 | 78 | 72 | 80 | 81 |
| **Zone 1** | 47 | 36 | 23 | 15 | 22 | 28 | 20 | 19 |
| **Zone 2** | 35 | 41 | 42 | 53 | 39 | 30 | 39 | 44 |
| **Zone 3** | 11 | 8 | 16 | 18 | 22 | 21 | 14 | 19 |
| **Zone 4** | 7 | 14 | 20 | 15 | 17 | 21 | 27 | 18 |

**Source: EDRS interviews 2006**

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; Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence

## 12.2 Tobacco

Eighty-nine percent of the national sample reported they had used tobacco in their lifetime and 75% had used tobacco in the six months prior to interview. Tobacco was first used at a median age of 14 years (range 5-30 years). Tobacco was the drug of choice for 2% of the sample (n=13). Two-thirds (66%) of those that reported recent tobacco use were daily smokers.

## 12.3 Benzodiazepines

Three participants nominated benzodiazepines as their drug of choice. Half (48%) of the sample reported lifetime benzodiazepine use, with one-third (31%) reporting recent use. Five percent (n=39) of the sample had ever injected and only one participant had injected in the preceding six months. REU reported first using benzodiazepines at a median of 20 years (range 10-50).

Amongst those that had used benzodiazepines recently, the median days of use was five (range 1-180); 52% reported using less than monthly; 17% reported using between monthly and fortnightly; 8% reported using between fortnightly and weekly; and 23% reported using more than once per week. Six percent of recent users were daily users.

## 12.4 Antidepressants

No participants nominated antidepressants as their drug of choice. Over one-quarter (28%) of the national sample reported lifetime antidepressant use. Twelve percent had used them in the six months prior to interview (Table 3). The median age of first use was 19 years (range 10-50 years).

Of those that used antidepressants in the preceding six months, oral use was the most common route of administration. Antidepressants were used on a median of 90 days (range 1-180); 33% of recent users reported using antidepressants daily.

## 12.5 Inhalants

### 12.5.1 Nitrous oxide

Two participants nominated nitrous oxide as their drug of choice. Half (49%) of the national sample reported lifetime use of nitrous oxide and almost one-quarter (22%) had used nitrous oxide in the six months preceding interview (Table 3). REU reported first using nitrous oxide in their late teens (median 18 years, range 11-54 years).

Nitrous oxide was used on a median of 2.5 days in the preceding six months (range 1-30 days). Frequency of nitrous oxide use ranged from using nitrous once (34%) in the six months preceding interview, to 6% (n=10) using more than once per week in the six months preceding interviews.

### 12.5.2 Amyl nitrate

Two-fifths (41%) of the REU sample reported having used amyl nitrate (a vasodilator) in their lifetime and 14% had used amyl nitrate in the six months preceding interview (Table 3). REU first used amyl nitrate at a median age of 19 years (range 11-55 years).

Frequency of amyl nitrate use was generally low, with users reporting a median of three days use in the last six months (range 1-96). Thirty-four percent had used on one day only; one participant reported using for 96 days in the past six months, or approximately four days per week.

## 12.6 Mushrooms

Nine participants nominated mushrooms as their drug of choice. Of the national sample, half (51%) had used mushrooms at some stage in their lifetime and 19% had used mushrooms in the six months preceding interview. REU first used mushrooms at a median age of 19 years (range 10-40 years).

Of those that used mushrooms in the preceding six months, oral use was the most common route of administration (99%), though small proportions reported smoking (7%) and snorting (1%) mushrooms in the past six months. Mushrooms were used on a median of two days (range 1-72 days). More than four-fifths (86%) had used mushrooms less than monthly.

## 12.7 Heroin and other opiates

Two percent (n=15) of the national sample nominated heroin as their drug of choice. Sixteen percent reported they had used heroin in their lifetime, 12% had injected heroin in their lifetime and 4% reported recently using heroin in the six months prior to interview (4% injected) (see Table 3). The median age of first use of heroin was 18 years (range 13-41).

Of those that used heroin in the six months preceding interview, the median days of use were 6.5 (range 1-180), or approximately once per month. One participant reported daily heroin use.

### 12.7.1 Methadone

Nine percent of the sample had ever used methadone, a medication used for the treatment of opioid dependence, and four percent (n=29) had used methadone in the last six months (Table 3). Five percent had ever injected methadone and two percent (n=12) had injected it in the last six months.

Methadone was used on a median of twenty-four days in the six months preceding interview (range 1-180). More than one-quarter (28%; n=8) of those that used methadone reported daily methadone use.

### 12.7.2 Buprenorphine

Five percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Two percent reported recent use of buprenorphine (Table 3).

Of those that had used buprenorphine in the last six months, 82% had swallowed buprenorphine and 47% had injected it.

The frequency of use in the last six months ranged from once to daily, with a median of 72 days (approximately three days per week). More than two-fifths (47%) reported using buprenorphine for more than 72 days in the preceding six months. Six participants reported daily use.

### 12.7.3 Other opiates

Twenty-five percent had ever used other opiates. Eleven percent had used other opiates in the six months preceding interview and four percent had recently injected other opiates (Table 3). Other opiates were first used at a median age of 20 years (range 6-51).

Other opiates were used on a median of five days (range 1-180 days) in the preceding six months. Two-fifths (41%) reported using other opiates more than once per month.

## 12.8 Pharmaceutical stimulants

Half (49%) of the national sample had ever used pharmaceutical stimulants (e.g. Ritalin, dexamphetamine) and one-fifth (21%) reported recent use. The median age of first use was 18 years (range 5-51 years). Thirty-two participants reported ever having injected pharmaceutical stimulants; seven participants had injected pharmaceutical stimulants in the past six months.

Swallowing was the most common route of administration amongst recent users (97%), though more than one-fifth (24%) reported snorting pharmaceutical stimulants in the past six months.

Pharmaceutical stimulants were used on a median of three days in the past six months, with use ranging from once to every day. Two-thirds (64%) of recent users reported using pharmaceutical stimulants less than once per month; 12% reported using once per week or more.

## 12.9 Summary of other drug use

- Almost all (99%) participants reported lifetime use of alcohol, and 96% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median number of days alcohol was used in the six months preceding interview was 48.
- Seventy-three percent reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.
- Eighty-nine percent reported lifetime tobacco use and 75% had used tobacco in the six months preceding interview. Two-thirds (66%) of recent tobacco users were daily smokers.
- Half (48%) of the sample reported lifetime benzodiazepine use and one-third (31%) reported recent use. Five percent of lifetime users had injected benzodiazepines and only one participant had injected in the six months preceding interview. Use occurred on a median of five days in the six months preceding interview.
- Over one-quarter (28%) reported lifetime antidepressant use and twelve percent reported recent use. Thirty-three precent of recent antidepressant users reported daily use.
- Half (49%) of the sample reported lifetime nitrous oxide use and almost one-quarter had used nitrous oxide in the six months preceding interview. Use occurred on a median of two and a half days; one-third (34%) of recent users reported using nitrous oxide once in the six months preceding interview.
- Two-fifths (41%) of the sample reported lifetime amyl nitrate use and 14% reported use in the six months preceding interview on a median of three days. Thirty-four percent of recent users reported using amyl nitrate once in the preceding six months.
- Half (51%) of the sample reported having ever used mushrooms and 19% reported recent mushroom use. Use occurred on a median of two days, and 86% of recent users had used less than once per month.
- Sixteen percent reported lifetime heroin use and 4% reported heroin use in the six months preceding interview. Twelve percent reported having ever injected heroin. Use occurred on a median of six and a half days in the six months preceding interview.
- Nine percent reported lifetime use of methadone and four percent reported recent methadone use, on a median occurrence of once per week. Five percent of the national sample reported lifetime buprenorphine use and two percent reported recent use, on a median occurrence of three times per week.
- Half (49%) of the national sample had every used pharmaceutical stimulants and one-fifth (21%) had used them in the six months preceding interview, on a median of three days. Twelve percent of recent users reported using once per week or more.

# 13 DRUG INFORMATION-SEEKING BEHAVIOUR

Participants were asked a series of questions relating to the content, purity and testing of ecstasy tablets and the use of 'information resources'. This is the second year in which this data was collected; in-depth analyses were conducted using data collected in 2005; readers are also directed to the paper from the EDRS on pill testing (Johnston, Barratt et al. 2006).

## 13.1 Content and testing of ecstasy

Table 60 below presents data relating to the content and testing of ecstasy and related drugs. Participants were asked a number of questions in relation to the content and purity of ecstasy (and related drugs) such as "*How <u>often</u> do you find out what the content and purity is of ecstasy before taking them?"* and "*How <u>do</u> you find out about the content and purity of ecstasy before taking them?*". Further questions were asked about 'testing kits' and if they would still take a tablet if they found out it contained a different substance than expected.

Of the national sample, half (48%) of participants 'never' found out the content of other drugs (not including ecstasy), while 16% 'always' did. Twenty-four percent reported finding out the content of an ecstasy tablet 'always' and a further 21% found out 'most times' and 23% 'sometimes'. Twenty-six percent 'never' found out the content of ecstasy. When asked how they found out about the content of ecstasy (among those who found out, n=558), 72% reported asking a friend, 54% asked a dealer, 44% used websites to find out, 28% relied on personal experiences and 25% used testing kits (Table 60).

Of those who reported using testing kits (n=129), 33% reported using them 'sometimes', 31% 'always', 23% 'most times' and 13% reported 'half the time'. Fifty-six percent stated that they were aware of the limitations of testing kits.

Those participants who reported finding out the content of ecstasy 'sometimes', 'half the time', most times' or 'always' were asked to indicate whether they would still take an ecstasy pill if pill testing indicated that certain substances were present. All participants indicated they would take a pill if it contained an 'ecstasy-like substance', 94% indicated they would take a pill if it contained an 'amphetamine-type substance', 50% would take a pill if it contained ketamine, 47% would take a pill if it contained opiates, 41% would take a pill if it contained 2CB/2CI, 32% would take a pill if it contained PMA, 33% would still take a pill if it contained DXM, and 35% would still take a pill if it showed no reaction (i.e. there was no direct information about what the contents were)(Table 60).

All participants were asked "*In the last six months, how often have you bought a drug and it has turned out to have a different content or purity than expected?"*. Of the national sample, 62% reported 'sometimes', 24% reported 'never' and small proportions reported 'half the time', 'most times' or 'always' (Table 60).

**Table 60: Content and testing of ecstasy and related drugs by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Find out the content of other drugs (not ecstasy) (%)** | **N=737** | n=100 | n=100 | n=98 | n=91 | n=101 | n=100 | n=47 | n=100 |
| Always | **16** | 13 | 18 | 26 | 8 | 11 | 24 | 21 | 11 |
| Sometimes | **17** | 16 | 15 | 20 | 28 | 13 | 10 | 17 | 17 |
| Half the time | **6** | 2 | 5 | 10 | 12 | 7 | 5 | 4 | 4 |
| Most times | **13** | 6 | 10 | 13 | 15 | 18 | 14 | 17 | 12 |
| Never | **48** | 63 | 52 | 31 | 37 | 52 | 47 | 40 | 56 |
| **Find out the content of ecstasy (%)** | **N=752** | n=100 | n=100 | n=100 | n=100 | n=101 | n=100 | n=51 | n=100 |
| Always | **24** | 24 | 27 | 33 | 15 | 20 | 36 | 20 | 16 |
| Sometimes | **23** | 15 | 16 | 21 | 34 | 27 | 19 | 22 | 28 |
| Half the time | **6** | 5 | 10 | 5 | 7 | 7 | 5 | 4 | 7 |
| Most times | **21** | 18 | 18 | 27 | 19 | 24 | 22 | 22 | 19 |
| Never | **26** | 38 | 29 | 14 | 25 | 23 | 18 | 33 | 30 |
| **Find out ecstasy content via** (%)** | **N=558** | n=62 | n=71 | n=86 | n=75 | n=78 | n=82 | n=34 | n=70 |
| Friends | **72** | 45 | 59 | 78 | 93 | 62 | 94 | 97 | 53 |
| Dealers | **54** | 53 | 44 | 71 | 61 | 40 | 59 | 56 | 43 |
| Testing kits | **25** | 23 | 32 | 30 | 13 | 35 | 13 | 9 | 33 |
| Information pamphlets | **1** | 0 | 1 | 0 | 0 | 1 | 2 | 0 | 3 |
| Websites | **44** | 39 | 28 | 59 | 36 | 45 | 55 | 29 | 51 |
| Other people | **37** | 23 | 37 | 38 | 31 | 30 | 59 | 44 | 31 |
| Personal experience | **28** | 7 | 13 | 48 | 23 | 21 | 55 | 6 | 31 |
| **Use testing kits* (%)** | **N=129** | n=14 | n=23 | n=23 | n=10 | n=23 | n=11 | n=2 | n=23 |
| Always | **31** | 29 | 30 | 61 | 0 | 30 | 18 | 0 | 26 |
| Sometimes | **33** | 21 | 30 | 13 | 50 | 30 | 55 | 100 | 39 |
| Half the time | **13** | 14 | 17 | 9 | 10 | 26 | 9 | 0 | 4 |
| Most times | **23** | 36 | 22 | 17 | 40 | 13 | 18 | 0 | 30 |
| **Are aware of limitations of testing kits* (%)** | **56** | 64 | 39 | 65 | 50 | 67 | 46 | 33 | 57 |
| **Would still take pill if contained**(%)** | **N=556** | n=62 | n=71 | n=84 | n=75 | n=78 | n=82 | n=34 | n=70 |
| Ecstasy-like substance | **100** | 98 | 100 | 100 | 100 | 99 | 100 | 100 | 100 |
| Amphetamine substance | **94** | 86 | 93 | 95 | 95 | 96 | 95 | 100 | 93 |
| Ketamine substance | **50** | 52 | 43 | 51 | 48 | 54 | 57 | 56 | 39 |
| Opiates | **47** | 42 | 49 | 39 | 53 | 39 | 63 | 62 | 37 |
| 2CB/2CI | **41** | 42 | 31 | 42 | 37 | 36 | 56 | 55 | 34 |
| PMA | **32** | 32 | 29 | 22 | 10 | 41 | 49 | 48 | 20 |
| DXM | **33** | 44 | 27 | 25 | 29 | 27 | 45 | 47 | 26 |
| No reaction | **35** | 32 | 31 | 33 | 40 | 35 | 46 | 38 | 27 |
| **Drug had a different content than expected (%)** | **N=750** | n=100 | n=100 | n=99 | n=99 | n=101 | n=100 | n=51 | n=100 |
| Always | **2** | 0 | 0 | 1 | 1 | 2 | 7 | 2 | 1 |
| Sometimes | **62** | 61 | 59 | 63 | 66 | 62 | 66 | 53 | 62 |
| Half the time | **9** | 9 | 10 | 7 | 8 | 7 | 8 | 8 | 11 |
| Most times | **4** | 6 | 5 | 2 | 2 | 1 | 4 | 8 | 3 |
| Never | **24** | 24 | 26 | 27 | 23 | 28 | 15 | 29 | 23 |

**Source: EDRS interviews 2006**

*Among those who used testing kits

**Among those who reported finding out the content of ecstasy

**Table 61: Drug information relating to ecstasy tablets by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Information resources believed to be/would be useful (%)** | **N=748** | n=100 | n=100 | n=97 | n=99 | n=101 | n=100 | n=51 | n=100 |
| Pamphlets | **44** | 32 | 44 | 46 | 57 | 50 | 42 | 35 | 43 |
| Posters | **27** | 22 | 30 | 41 | 24 | 24 | 25 | 26 | 21 |
| Postcards | **16** | 16 | 17 | 33 | 10 | 17 | 9 | 6 | 16 |
| Music CDs | **13** | 12 | 11 | 32 | 9 | 12 | 8 | 0 | 12 |
| Video/DVDs | **15** | 13 | 14 | 39 | 10 | 14 | 9 | 0 | 12 |
| Local website | **57** | 55 | 59 | 74 | 62 | 59 | 42 | 43 | 56 |
| Testing kits | **62** | 56 | 66 | 61 | 72 | 61 | 50 | 53 | 70 |
| Outreach worker | **36** | 34 | 28 | 61 | 28 | 46 | 27 | 26 | 35 |
| None | **13** | 29 | 8 | 5 | 7 | 10 | 16 | 22 | 8 |
| **Logo believed to be a good indication of what pill is like (%)** | **N=750** | n=99 | n=100 | n=100 | n=100 | n=101 | n=100 | n=50 | n=100 |
| Strongly agree | **6** | 6 | 12 | 2 | 3 | 5 | 5 | 14 | 8 |
| Agree | **26** | 27 | 36 | 20 | 24 | 21 | 31 | 24 | 22 |
| Neutral | **12** | 14 | 8 | 11 | 5 | 15 | 11 | 12 | 19 |
| Disagree | **28** | 29 | 28 | 24 | 43 | 21 | 23 | 32 | 29 |
| Strongly disagree | **28** | 23 | 16 | 43 | 25 | 39 | 30 | 18 | 22 |
| **Don't care about content as long as I have a good time (%)** | **N=751** | n=99 | n=100 | n=100 | n=100 | n=101 | n=100 | n=51 | n=100 |
| Strongly agree | **10** | 8 | 8 | 9 | 2 | 10 | 16 | 22 | 9 |
| Agree | **30** | 36 | 25 | 33 | 38 | 28 | 23 | 37 | 26 |
| Neutral | **17** | 12 | 21 | 14 | 21 | 14 | 22 | 10 | 17 |
| Disagree | **29** | 36 | 35 | 19 | 25 | 33 | 26 | 24 | 32 |
| Strongly disagree | **14** | 7 | 11 | 25 | 14 | 16 | 13 | 8 | 16 |
| **Using ecstasy should be legal (%)** | **N=751** | n=99 | n=100 | n=100 | n=100 | n=101 | n=100 | n=51 | n=100 |
| Strongly agree | **9** | 8 | 8 | 8 | 9 | 16 | 7 | 10 | 6 |
| Agree | **23** | 28 | 21 | 25 | 13 | 20 | 33 | 20 | 22 |
| Neutral | **24** | 16 | 29 | 26 | 20 | 21 | 20 | 39 | 26 |
| Disagree | **35** | 44 | 41 | 28 | 48 | 33 | 30 | 28 | 26 |
| Strongly disagree | **9** | 3 | 1 | 13 | 10 | 11 | 10 | 4 | 20 |
| **Selling ecstasy should be legal (%)** | **N=751** | n=99 | n=100 | n=100 | n=100 | n=101 | n=100 | n=51 | n=100 |
| Strongly agree | **5** | 6 | 3 | 4 | 5 | 7 | 3 | 6 | 4 |
| Agree | **16** | 18 | 16 | 18 | 7 | 13 | 19 | 24 | 18 |
| Neutral | **23** | 15 | 26 | 25 | 16 | 23 | 27 | 31 | 22 |
| Disagree | **42** | 53 | 45 | 33 | 52 | 42 | 37 | 35 | 34 |
| Strongly disagree | **15** | 8 | 10 | 20 | 20 | 16 | 14 | 4 | 22 |
| **I know the content of the pills I take (%)** | **N=751** | n=99 | n=100 | n=100 | n=100 | n=101 | n=100 | n=51 | n=100 |
| Strongly agree | **3** | 1 | 5 | 7 | 2 | 1 | 4 | 2 | 2 |
| Agree | **19** | 11 | 28 | 18 | 18 | 30 | 13 | 16 | 19 |
| Neutral | **18** | 15 | 14 | 18 | 17 | 27 | 15 | 8 | 25 |
| Disagree | **42** | 61 | 45 | 35 | 46 | 25 | 44 | 47 | 37 |
| Strongly disagree | **18** | 12 | 8 | 22 | 17 | 18 | 24 | 28 | 17 |

**Source: EDRS interviews 2006**

## 13.2 Information sources used by regular ecstasy users

Table 61 presents data from a question asked in relation to information resources. Participants were first asked *"Which of the following information resources would you personally find useful if available locally?"*. Three-fifths (62%) of the sample answered 'testing kits' followed by 'local websites' (57%) and 'pamphlets' (44%) (see Table 61).

Participants varied in the degree to which they supported the statement that the logo on an ecstasy pill was a good indication of pill content – 26% agreed with this statement, while 28% disagreed with this statement and a further 28% strongly disagreed with this statement (see Table 61).

Participants varied in their support of the statement that ecstasy should be legal. One-quarter (23%) agreed, one-third (35%) disagreed and 24% remained neutral. Participants also varied in their support for the statement that selling ecstasy should be legal – 42% disagreed, 16% agreed and 23% remained neutral (see Table 61).

More than half of the participants either disagreed (42%) or strongly disagreed (18%) with the statement that they knew the content of the ecstasy pills they took. Nineteen percent agreed that they knew they content of the pills they took, while 18% remained neutral (see Table 61).

## 13.3 Summary

- Half (48%) of the national sample 'never' found out the content of drugs other than ecstasy, and 26% 'never' found out the content of ecstasy.
- Sixteen percent 'always' found out the content of drugs other than ecstasy and 24% 'always' found out the content of ecstasy.
- Amongst those participants who reported finding out the content of ecstasy, 72% reported asking a friend, 54% asked a dealer, 44% used websites, 28% relied on personal experiences and 25% used testing kits.
- Of those who reported using testing kits, 31% 'always' used them, 23% used them 'most times', 13% used them 'about half the time' and 33% used them 'sometimes'.
- Sixty-two percent of the national sample reported that they 'sometimes' had bought a drug which had a different content than expected; 24% reported that this had 'never' occurred.
- Regarding the forms of drug information they would find useful, 62% reported that testing kits would be useful, 57% nominated internet websites, 44% nominated pamphlets, and 36% nominated outreach workers at venues.

# 14 RISK BEHAVIOUR

## 14.1 Injecting risk behaviour

As in pervious years, the EDRS asked participants about their injecting risk behaviours. One in five (20%) of the national sample reported having injected at some time in their lives, and of those, 69% reported injecting in the six months preceding interview. Out of a possible 16 drug types, a mean of 4.5 drugs (SD 3.1; range 1-12) had ever been injected; those who reported injecting in the preceding six months had injected a mean of 2.3 drugs (SD 1.4; range 1-7) (Table 62).

**Table 62: Injecting risk behaviour among REU by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever injected (%) | **20** | 25 | 17 | 18 | 18 | 21 | 20 | 39 | 14 |
| Median age first injected any drug (range) | **18 (12-42)** | 21 (14-42) | 18 (15-22) | 18 (15-32) | 18 (15-33) | 20 (13-38) | 18 (14-26) | 19 (14-36) | 18 (12-22) |
| Mean number of drugs ever injected* (range) | **4.5 (1-12)** | 3.9 (1-10) | 6.1 (1-12) | 5.1 (1-10) | 4.3 (1-12) | 3.3 (1-11) | 3.9 (1-12) | 5.1 (1-10) | 4.9 (1-10) |
| Injected last 6 months* (%) | **69** | 75 | 88 | 65 | 50 | 62 | 70 | 70 | 69 |
| Mean number of drugs injected last 6 months# (range) | **2.3 (1-7)** | 2.2 (1-6) | 2.9 (1-7) | 2.6 (1-5) | 2.9 (1-4) | 2.2 (1-4) | 1.4 (1-4) | 2.4 (1-4) | 2.0 (1-4) |

**Source: EDRS interviews 2006**
*Among those that had injected
#Among those who had recently injected
Note: The figures for mean number of drugs injected in the last 6 months may appear slightly greater than those reported in the 2004 reports; however, this is predominantly due an increase in the number of drug categories injected from 15 in 2004 to 16 in 2005. In 2005, mushrooms were considered as a separate category from 'other drugs' under which it was previously included

### 14.1.1 Lifetime injectors

*Patterns of lifetime injecting drug use*

Those who reported injecting a drug at some time first did so at a median age of 18 years (range 12-42) and had been injecting for a median of eight years (range 0-39 years). More than two-thirds (69%) of lifetime injectors had injected a drug in the preceding six months.

Most of the injectors commenced injecting with speed (48%) or heroin (21%), and 9% respectively reported base or crystal as the first drug they injected. Speed was the most common drug ever injected amongst lifetime injectors (84%), followed by crystal (74%), base (63%) and heroin (60%) (Table 63).

**Table 63: Injecting drug use history among those REU that had ever injected, 2006**

| | Ever injected (%) n=153 | First drug injected (%) n=153 |
|---|---|---|
| Speed | 84 | 48 (n=74) |
| Crystal | 74 | 9 (n=13) |
| Base | 63 | 9 (n=13) |
| Heroin | 60 | 21 (n=32) |
| Ecstasy* | 58 | 4 (n=6) |
| Cocaine | 40 | 1 (n=1) |
| Other opiates** | 39 | 4 (n=6) |
| Methadone | 26 | 0 |
| Benzodiazepines | 26 | 1 (n=1) |
| LSD | 24 | 0 |
| Pharmaceutical stimulants | 21 | 0 |
| Ketamine | 16 | 1 (n=1) |
| Buprenorphine | 16 | 0 |
| MDA | 15 | 1 (n=1) |

**Source: EDRS interviews 2006**
*Refers to ecstasy tablets only
**Includes codeine, Physeptone tablets, morphine and pethidine

Lifetime injectors were significantly more likely to be male than non-injectors (74% vs. 60%; OR=1.9; 95%CI=1.3, 2.8) and lifetime injectors were significantly older (30 yrs vs. 24 yrs; $t_{189}$=-8.1; $p$<0.001). Those that had injected reported significantly fewer years of education (11 yrs vs. 12 yrs; $t_{808}$=7.5; $p$<.001); were more likely to have a prison history (21% vs. 3%; OR=8.1; 95% CI=4.4, 14.7); more likely to be unemployed (36% vs. 11%; OR=4.8; 95%CI=3.1, 7.3); more likely to currently be in drug treatment (14% vs. 1%; OR=14.2; 95%CI=5.9, 33.9); and less likely to identify as heterosexual (77% vs. 86%; OR=0.6; 95%CI=0.3, 0.9) than non-injectors. No difference was found between the two groups in terms of A&TSI descent.

A difference was found between the injectors and non-injectors in terms of the mean number of drugs they had used in their lifetime (12.5 vs. 8.2; $t_{202.1}$=-14.0; $p$<0.001) and the mean number of drugs they had used recently (7.5 vs. 6.5; $t_{207.4}$=-4.4; $p$<0.001), though not in the median amount of ecstasy used in a typical episode (median 2 tabs vs. 2 tabs; $U$=42,164; $p$>0.05) or heavy episode of use (median 4 tabs vs. 2 tabs; $U$=42,330; $p$>0.05)

*Context of initiation to injecting*

More than two-fifths (43%) reported injecting for the first time while under the influence of drugs; the most frequently nominated drugs which participants were under the influence of when they first injected were alcohol (57%) and cannabis (49%). Of those that first injected while under the influence of drugs, the first drug injected was speed (45%) followed by heroin (25%).

When lifetime injectors were asked to specify how they learned to inject, over half (57%) reported that a friend or partner had showed them how. Twenty-six lifetime injectors (17%) reported that they did not inject themselves and another 11% reported another user taught them.

### 14.1.2 Recent injectors

*Patterns of recent injecting drug use*

Among those who reported injecting in the preceding six months, recent patterns of injecting drug use were consistent with lifetime patterns; methamphetamine forms were the most commonly injected drug in the preceding six months with almost three-quarters of recent injectors injecting crystal (72%, Table 64). More than half reported recent speed (56%) injection and more than two-fifths reported recent base (43%) injection; almost one-third reported the recent injection of ecstasy (31%) and heroin (30%) (Table 64).

Crystal was most often reported as the last drug injected (35%), while 21% reported base and 16% speed; ten percent reported their last drug injected was heroin (Table 64).

**Table 64: Recent injecting drug use patterns (recent injectors) among REU, 2006**

| | % injected past 6 mths n=103 | Median days injected last 6 mths* (range) | % last drug injected* n=101 |
|---|---|---|---|
| Crystal | 72 | 6 (1-180) | 35 |
| Speed | 56 | 12 (1-180) | 16 |
| Base | 43 | 6 (1-180) | 21 |
| Ecstasy** | 31 | 6 (1-72) | 3 |
| Heroin | 30 | 7 (1-180) | 10 |
| Cocaine | 13 | 2 (1-5) | 0 |

**Source: EDRS interviews 2006**

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

**Refers to ecstasy tablets only

*Injecting risk behaviour*

Of those that injected in the preceding six months, four respondents reported using a needle after someone else in the *month* preceding interview. NSW, SA, QLD and the ACT each reported one person. No reports were made in the others states. Of those who had used a needle after another person, three reported using after a regular sex partner and two reported after a close friend.

Thirteen participants reported that someone had used a needle after them in the preceding six months (four in WA, two each in QLD and VIC, and one each in NSW, TAS and the ACT). Two-fifths (41%; n=42) of recent injectors reported using other injecting equipment after someone else. Of those who reported sharing any equipment, 79% (n=33) reported sharing spoons, 52% (n=22) reported sharing tourniquets, 48% (n=20) shared water, and 26% (n=11) shared filters.

*Context of injecting*

Most (87%) recent injectors reported they injected themselves 'every time'. Three-fifths (58%) of recent injectors reported usually injecting with close friends, while 24% reported typically injecting by themselves; one-fifth (21%) reported typically injecting with a regular sex partner (Table 65).

The majority of recent injectors reported injecting at home (83%) or friend's home (50%) in the previous six months. More than one-quarter reported injecting in a car (28%) and one-fifth (20%) reported injecting in a public toilet. Smaller proportions reported injecting in the street (17%), at a dealer's home (16%) or in a venue toilet (10%). Six participants reported injecting at a commercial injecting room, one participant at the Medically Supervised Injecting Centre (MSIC), and two participants reported injecting at a sex venue. The median number of times injected in the preceding six months was 36 times (range 1-720 times).

**Table 65: Context and patterns of recent injection, 2006**

| | National N=103 | NSW n=18 | ACT n=15 | VIC n=11 | TAS n=9 | SA n=13 | WA n=14 | NT n=14 | QLD n=9 |
|---|---|---|---|---|---|---|---|---|---|
| **Frequency of self-injection (%)** | | | | | | | | | |
| Every time | **87** | 82 | 93 | 89 | 78 | 85 | 93 | 86 | 89 |
| Often | **3** | 0 | 0 | 0 | 11 | 0 | 0 | 14 | 0 |
| Sometimes | **4** | 0 | 7 | 0 | 0 | 15 | 0 | 0 | 11 |
| Rarely | **1** | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 0 |
| Never | **5** | 18 | 0 | 11 | 11 | 0 | 0 | 0 | 0 |
| **People usually inject with* (%)** | | | | | | | | | |
| Close friends | **58** | 59 | 53 | 78 | 44 | 69 | 36 | 57 | 78 |
| Regular sex partner | **21** | 29 | 27 | 11 | 33 | 15 | 14 | 0 | 44 |
| Casual sex partner | **4** | 6 | 0 | 0 | 11 | 8 | 0 | 7 | 0 |
| Acquaintance | **9** | 0 | 27 | 11 | 22 | 8 | 0 | 7 | 0 |
| No one | **24** | 18 | 33 | 11 | 0 | 23 | 50 | 36 | 0 |
| **Locations injected* (%)** | | | | | | | | | |
| Own home | **83** | 83 | 93 | 73 | 78 | 85 | 79 | 86 | 78 |
| Friend's home | **50** | 44 | 60 | 55 | 78 | 31 | 36 | 36 | 78 |
| Car | **28** | 0 | 33 | 55 | 56 | 15 | 36 | 14 | 44 |
| Dealer's home | **16** | 6 | 13 | 18 | 33 | 15 | 7 | 14 | 33 |
| Street | **17** | 17 | 7 | 46 | 22 | 15 | 7 | 7 | 22 |
| Public toilet | **20** | 0 | 27 | 36 | 33 | 15 | 21 | 7 | 44 |
| Venue toilet | **10** | 0 | 13 | 18 | 22 | 0 | 14 | 0 | 22 |

**Source: EDRS interviews 2006**

*Could nominate more than one response

*Obtaining needles*

The majority of recent injectors obtained needles from needle and syringe programs (NSP, 66%) or chemists (42%) in the preceding six months. Other sources included from a friend (19%), from a dealer (8%), vending machines (8%) and from a partner (3%).

Six participants (6%) reported difficulty obtaining needles in the preceding six months. Five participants reported the opening hours of services as the reason why they had difficulty obtaining needles, while three participants reported location to be the reason why they were unable to obtain sterile injecting equipment. One participant reported that fewer chemists were stocking needles and one participant reported having difficulty obtained needles at night time.

### 14.1.3 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 (AIHW, 2005). In 2004, 1.9% of the

population had ever injected a drug with 0.4% having injected a drug in the past year. Those in the 20-29 year age group have a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare 2005).

Meth/amphetamines were the most common first drug injected (59.1%), followed by heroin (24.5%), then steroids (5.4%). The most common drug among recent injecting drug users was meth/amphetamine (83.6%), followed by heroin (23.1%); similar proportions recently injected ecstasy (7.9%), methadone (7.2%) and cocaine (7.1%) (Australian Institute of Health and Welfare 2005).

## 14.2 Blood-borne viral infections (BBVI)

Thirty-two percent of the national sample reported that they have never been vaccinated for HBV, 42% reported that they had completed the vaccination schedule and 7% did not finish the vaccination schedule. A further 19% did not know if they had been vaccinated. Reasons for seeking HBV vaccination included going overseas (n=115), being vaccinated as a child (n=93), for work (n=37), at risk due to injecting drug use (n=27) and at risk due to sexual practices (n=23).

Participants were asked if they have been tested for HCV. Of the national sample, 48% reported that they had never been tested for HCV, while 26% had been tested in the last year, 20% were tested more than a year ago and 7% either did not know or didn't get their result. Five percent (n=35) of the national sample reported that they were positive for HCV.

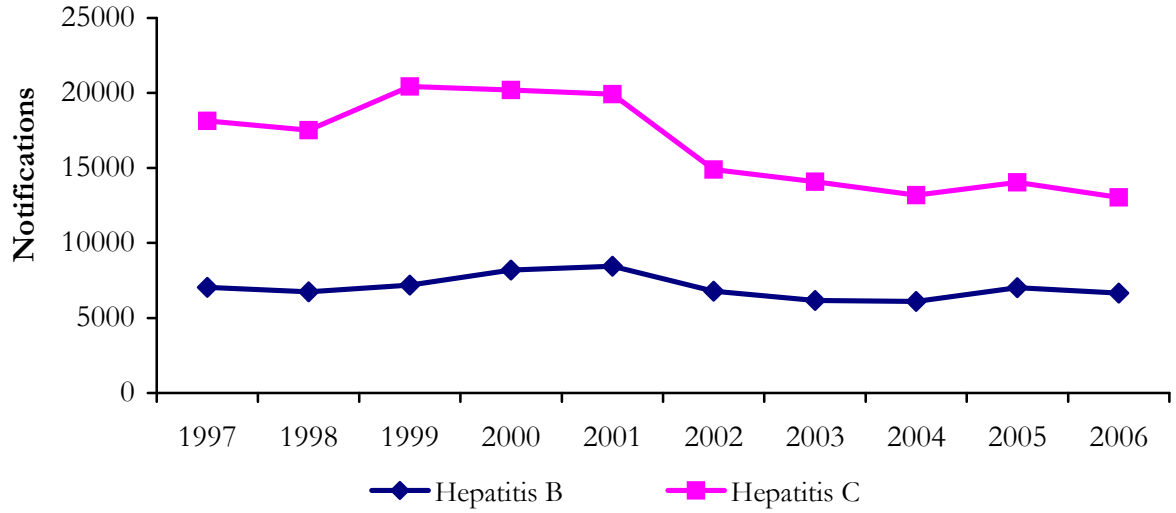
Participants were asked if they had been tested for HIV. Of the national sample, 46% had never been tested for HIV, 31% had been tested in the past year, 22% had been tested more than one year ago and 2% either did not know or did not get their result. Nine participants reported that they were HIV positive.

Blood-borne viral infection (BBVI) vaccinations and testing may be considered a marker of awareness of the risks involved with injecting. Therefore, those who reported an injecting drug use history were compared to those who reported never having injected a drug to investigate whether they were more likely to report hepatitis B virus (HBV) vaccination, hepatitis C virus (HCV) and human immunodeficiency virus (HIV) testing.

Those with an injecting drug use history were significantly more likely than those who had never injected to report having ever had some form of HBV vaccination (61% vs. 45%; OR = 1.9; 95%CI = 1.3, 2.7); to have ever been tested for HCV (86% vs. 35%; OR = 12.0; 95%CI = 7.3, 19.4); and to have ever been tested for HIV (86% vs. 44%; OR = 8.1; 95%CI = 5.0, 13.1).

Figure 68 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network– National Notifiable Diseases Surveillance System. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradually decreasing trend in notifications of HCV since 2001. HBV notifications have remained relatively stable over the past four years.

**Figure 68: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997- 2006**




**Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System**
Note: There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time (NNDSS Annual Report, 2000).

## 14.3 Sexual risk behaviour

The majority (92%) of participants reported penetrative sex in the six months preceding interview. Penetrative sex was defined as 'penetration of 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.

### 14.3.1 Recent sexual activity

Two-fifths (41%) reported one sexual partner during the preceding six months, one-fifth (20%) of participants had penetrative sex with two people and just over one-quarter (28%) reported sex with between three and five people. Of those who reported penetrative sex in the preceding six months, more than three-quarters (77%) reported having sex with a regular partner and three-fifths (60%) reported sex with a casual partner.

Participants were asked about the use of 'protective barriers' which were defined as 'condoms, dams or gloves' with each partner type. The prevalence of using any barrier every time (always) was higher with casual (54%) compared to regular (24%) partners.

One-quarter (25%) of those who reported penetrative sex in the preceding six months had had anal sex. The frequency of anal sex was relatively low with the majority (73%) reporting having had anal sex once per month or less (Table 66).

**Table 66: Prevalence of sexual activity and number of sexual partners in the preceding six months by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Penetrative sex (%) | **92** | 88 | 93 | 93 | 94 | 89 | 95 | 82 | 94 |
| **No. sexual partners (%)*** | **(N=689)** | (n=88) | (n=93) | (n=93) | (n=94) | (n=90) | (n=95) | (n=42) | (n=94) |
| 1 person | **41** | 35 | 36 | 40 | 54 | 38 | 44 | 33 | 40 |
| 2 people | **20** | 17 | 28 | 16 | 18 | 23 | 24 | 7 | 18 |
| 3-5 people | **28** | 22 | 26 | 33 | 20 | 30 | 22 | 45 | 34 |
| 6 or more | **12** | 26 | 11 | 11 | 7 | 9 | 10 | 14 | 7 |
| **Sex with regular partner (%)*** | **77** | 73 | 88 | 73 | 78 | 77 | 80 | 67 | 72 |
| | **(N=528)** | (n=64) | (n=82) | (n=68) | (n=73) | (n=69) | (n=76) | (n=28) | (n=68) |
| Always use protection (%) | **24** | 28 | 24 | 27 | 19 | 25 | 17 | 32 | 25 |
| **Sex with casual partner (%)*** | **60** | 63 | 60 | 62 | 48 | 58 | 56 | 71 | 65 |
| | **(N=410)** | (n=55) | (n=56) | (n=58) | (n=45) | (n=52) | (n=53) | (n=30) | (n=61) |
| Always use protection (%) | **54** | 64 | 54 | 53 | 47 | 52 | 42 | 67 | 57 |
| **Anal sex (%)*** | **25** | 47 | 30 | 17 | 17 | 22 | 23 | 19 | 19 |
| **No. of times had anal sex** | **(N=169)** | (n=41) | (n=28) | (n=16) | (n=16) | (n=20) | (n=22) | (n=8) | (n=18) |
| 1-6 times | **73** | 54 | 75 | 88 | 75 | 75 | 82 | 75 | 83 |
| 7-12 times | **10** | 12 | 14 | 0 | 13 | 0 | 9 | 13 | 17 |
| 13 or more | **17** | 34 | 11 | 13 | 13 | 25 | 9 | 13 | 0 |

**Source: EDRS interviews 2006**
*Of those who had penetrative sex in the last 6 months

### 14.3.2 Drug use during sex

The majority (85%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. Just over one-third reported that drug use during sex had occurred three to five times (35%) in the preceding six months, with just over one-fifth reporting that drug use during sex had occurred eleven or more times (23%).

The most commonly used drugs used during sex were ecstasy (83%), alcohol (43%) and cannabis (38%) (Table 67). Similar to protective barrier use generally, the use of any barrier every time (always) during sex, combined with drug use, was more common with casual (50%) compared to regular (19%) partners.

**Table 67: Drug use during sex in the preceding six months by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Penetrative sex while on drugs* (%) | **85** | 85 | 86 | 84 | 87 | 87 | 80 | 81 | 84 |
| **No. times had sex while on drugs (%)** | **(N=580)** | (n=75) | (n=80) | (n=77) | (n=82) | (n=77) | (n=76) | (n=34) | (n=79) |
| Once | **10** | 7 | 13 | 7 | 10 | 12 | 8 | 9 | 15 |
| Twice | **19** | 20 | 20 | 20 | 26 | 14 | 13 | 24 | 17 |
| 3-5 times | **35** | 23 | 30 | 33 | 39 | 40 | 33 | 32 | 47 |
| 6-10 times | **14** | 21 | 10 | 14 | 9 | 16 | 21 | 6 | 9 |
| Eleven + | **23** | 29 | 28 | 27 | 17 | 18 | 25 | 29 | 13 |
| **Drugs used (%)** | | | | | | | | | |
| Ecstasy | **83** | 80 | 84 | 81 | 93 | 86 | 76 | 82 | 80 |
| Cannabis | **38** | 33 | 40 | 28 | 39 | 40 | 50 | 38 | 35 |
| Alcohol | **43** | 21 | 31 | 47 | 62 | 44 | 53 | 50 | 35 |
| Speed | **18** | 13 | 19 | 33 | 12 | 23 | 21 | 6 | 13 |
| Base | **8** | 3 | 10 | 0 | 12 | 27 | 4 | 3 | 3 |
| Crystal | **16** | 32 | 11 | 10 | 1 | 21 | 22 | 3 | 22 |
| Cocaine | **7** | 8 | 13 | 14 | 0 | 3 | 7 | 0 | 6 |
| Ketamine | **1** | 4 | 3 | 3 | 0 | 0 | 1 | 0 | 0 |
| GHB | **3** | 8 | 3 | 5 | 0 | 4 | 0 | 0 | 3 |

**Source: EDRS interviews 2006**
*Of those who had penetrative sex

## 14.4 Driving risk behaviour

Participants were asked a series of questions regarding driving under the influence of alcohol and drugs. A large majority (81%; n=607) of the national sample reported driving a car in the six months preceding interview. Of those who had driven a car in the past six months, 41% had driven over the limit of alcohol, ranging from 22% in NSW to 56% in the NT (Table 68). This occurred of a median of three occasions in the preceding six months, ranging from once to every day.

Three-quarters (77%) of those that had driven in the previous six months had driven soon (within one hour) after taking an illicit drug (Table 68), occurring on a median of five occasions in the preceding six months (range 1-180). Ecstasy (78%), cannabis (59%), speed (34%) and crystal (26%) were the drugs most frequently nominated as having been consumed within one hour of driving a car in the preceding six months (Table 68).

**Table 68: Driving after taking drugs in the last six months among REU by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Driven a car in the last 6 months (%) | **81** | 64 | 86 | 86 | 81 | 79 | 85 | 84 | 84 |
| Driven while over the limit of alcohol# (%) | **N=606**<br>**41** | n=64<br>22 | n=86<br>44 | n=83<br>39 | n=81<br>48 | n=80<br>48 | n=85<br>51 | n=43<br>56 | n=84<br>27 |
| Median number of times driven over limit of alcohol* (range) | **3**<br>**(1-180)** | 2<br>(1-90) | 2<br>(1-48) | 2<br>(1-54) | 3<br>(1-60) | 5<br>(1-180) | 4<br>(1-144) | 5.5<br>(2-180) | 2<br>(1-150) |
| Driven soon after* taking an illicit drug (%) | **77** | 69 | 84 | 68 | 78 | 79 | 79 | 77 | 80 |
| Median number of times driven after taking an illicit drug** (range) | **5**<br>**(1-180)** | 4<br>(1-180) | 5.5<br>(1-180) | 6<br>(1-180) | 5<br>(1-180) | 6<br>(1-180) | 10<br>(1-180) | 3<br>(1-60) | 5<br>(1-180) |
| Drugs used** (%) | **(N=465)** | (n=44) | (n=72) | (n=56) | (n=63) | (n=63) | (n=67) | (n=33) | (n=67) |
| Ecstasy | **78** | 71 | 85 | 82 | 89 | 75 | 79 | 76 | 64 |
| Cannabis | **59** | 43 | 50 | 57 | 52 | 65 | 63 | 61 | 75 |
| Speed | **34** | 39 | 24 | 64 | 27 | 41 | 43 | 18 | 18 |
| Base | **15** | 7 | 11 | 2 | 24 | 37 | 13 | 3 | 13 |
| Crystal | **26** | 43 | 17 | 21 | 10 | 32 | 55 | 0 | 24 |
| Cocaine | **10** | 14 | 11 | 23 | 6 | 6 | 6 | 3 | 9 |
| Ketamine | **2** | 5 | 3 | 5 | 0 | 0 | 0 | 0 | 0 |
| LSD | **6** | 7 | 4 | 5 | 2 | 10 | 5 | 18 | 5 |
| GHB | **2** | 2 | 0 | 4 | 2 | 3 | 0 | 0 | 2 |

**Source: EDRS interviews 2006**

# Of those who had driven a car in the last 6 months

* Within one hour of taking

**Of those that had driven soon after taking an illicit drug

Participants who had driven under the influence of drugs in the past six months were asked to indicate how impaired they felt their driving was the *last* time they drove under the influence of drugs. Half (50%) of the sample reported that the last time they drove under the influence they did not feel their driving ability was at all impaired; two-fifths (38%) reported they felt their driving ability had been 'slightly impaired'; 9% reported their ability had been 'moderately impaired', 3% reported it had been 'substantially impaired' and 1% reported it had been 'totally impaired' (Table 69).

**Table 69: Self-reported judgement of driving impairment under the influence of drugs by jurisdiction, 2006**

| | National N=465 | NSW n=44 | ACT n=72 | VIC n=56 | TAS n=63 | SA n=63 | WA n=67 | NT n=33 | QLD n=67 |
|---|---|---|---|---|---|---|---|---|---|
| Not at all impaired (%) | **50** | 46 | 49 | 48 | 38 | 57 | 60 | 49 | 48 |
| Slightly impaired (%) | **38** | 41 | 31 | 43 | 41 | 32 | 34 | 42 | 42 |
| Moderately impaired (%) | **9** | 7 | 15 | 5 | 18 | 8 | 2 | 6 | 9 |
| Substantially impaired (%) | **3** | 5 | 3 | 2 | 2 | 3 | 3 | 3 | 2 |
| Totally impaired (%) | **1** | 2 | 3 | 2 | 2 | 0 | 2 | 0 | 0 |

**Source: EDRS interviews 2006**

Participants who had driven a car in the preceding six months were asked to indicate how impaired a person's driving ability would be if they drove under the influence of a range of substances. For all drugs except ecstasy and cannabis, the majority of participants indicated that driving under the influence of these substances would carry a 'high risk' (Table 70). The diversity of responses for ecstasy and cannabis may be reflective of the higher prevalence of use amongst this group, as well as being the drugs which are most frequently used before driving amongst this group.

**Table 70: Participant beliefs concerning driving ability under the influence of alcohol and other drugs, 2006**

| N=596 | Don't know | No risk | Low risk | Moderate risk | High risk |
|---|---|---|---|---|---|
| Over the legal blood alcohol limit (%) | 1 | 1 | 6 | 23 | 69 |
| Ecstasy (%) | 1 | 4 | 22 | 42 | 31 |
| Methamphetamine (speed, base or crystal) (%) | 8 | 12 | 36 | 26 | 19 |
| LSD (%) | 15 | 1 | 1 | 9 | 75 |
| Ketamine (%) | 33 | <1 | 1 | 7 | 58 |
| GHB (%) | 47 | 0 | 1 | 4 | 49 |
| Cannabis (%) | 2 | 12 | 43 | 27 | 16 |
| Benzodiazepines (%) | 38 | 1 | 6 | 15 | 41 |

**Source: EDRS interviews 2006**

## 14.5 Summary of risk behaviour

- One in five (20%) of the national sample reported having injected at some time in their lives; of those who had ever injected, 69% reported injecting in the six months preceding interview.
- A mean of 4.5 drugs (range 1-12) had ever been injected while those who reported injecting in the preceding six months had injected a mean of 2.7 (range 1-8) drugs.
- Two-fifths (43%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that were lifetime injectors who had first injected while under the influence of drugs, the first drug injected was speed (45%) followed by heroin (25%).
- When lifetime injectors were asked to specify how they learned to inject, over half (57%) reported that a friend or partner had showed them how.
- Among recent injectors, the most common drugs injected were methamphetamines, with 70% having recently injected crystal, 56% recently injecting speed and 43% recently injecting base.
- Of those that injected in the preceding six months, a total of four respondents reported using a needle after someone else in the month preceding interview.
- Thirty-two percent of the national sample reported that they had never been vaccinated for HBV. A further 42% reported that they had completed the vaccination schedule, 7% did not finish the vaccination schedule and 19% did not know if they had been vaccinated.
- Of the national sample, 48% reported that they had never been tested for HCV, while 26% had been tested in the last year, 20% were tested more than a year ago, and 7% either did not know or didn't get their result.
- Thirty-one percent of the national sample had been tested for HIV in the last year and a further 22% had been tested more than a year ago.
- The majority (92%) of participants reported penetrative sex in the six months preceding interview.
- Two-fifths (41%) reported one sexual partner during the preceding six months, one-fifth (20%) of participants had penetrative sex with two people and over one-quarter (28%) reported sex with between three and five people.
- One-quarter (25%) of those who reported penetrative sex in the preceding six months had had anal sex.
- The majority (85%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months.
- Of those who had driven in the last six months, one-fifth (41%) had driven over the limit of alcohol and three-quarters (77%) soon after taking any drug. The drug most commonly taken was ecstasy (78%) followed by cannabis (59%) and speed (34%).

# 15 HEALTH ISSUES

## 15.1 Mental health

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

The mean score was 18.5 (median 17; SD 6.2; range 10-41). Scores ranging from 10 to 15 were classified as 'low', 16 to 29 as 'medium' and 30 to 50 as 'high'. According to this classification, 38% (n=278) were in the low range, 55% (n=407) in the medium range and 7% (n=55) in the high range.

Table 71 presents an overview of the K10 categories by jurisdiction.

**Table 71: K10 category by jurisdiction, 2006**

| K10 category | National N=744 | NSW n=98 | ACT n=100 | VIC n=99 | TAS n=97 | SA n=101 | WA n=98 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Low | **38** | 45 | 30 | 34 | 36 | 35 | 37 | 49 | 41 |
| Medium | **55** | 48 | 65 | 60 | 57 | 61 | 54 | 41 | 47 |
| High | **7** | 7 | 5 | 6 | 7 | 4 | 9 | 10 | 12 |

**Source: EDRS interviews 2006**

## 15.2 Overdose

One-fifth (21%) of the national sample had ever overdosed on ecstasy or related drugs (ERD), on a mean of four occasions (range 1-40). Overdose was defined as 'passed out or fallen into a coma'. Of those who had ever overdosed, 21% (n=33) had overdosed in the past six months (Table 72). The main substance which participants had recently overdosed on was ecstasy (36%), followed by alcohol (26%) and GHB (13%). The main location of last overdose was a friend's home (33%), followed by participants' own homes (18%), nightclubs (18%), raves (6%), private parties (6%) and at a pub (6%).

Of those who recently overdosed (n=33), the drug indicated as the main drug causing the *last* overdose was ecstasy (30%), followed by alcohol (27%), GHB (12%), crystal (6%), ketamine (6%) and MDA (3%). When asked what treatment they had received on the occasion of their last overdose, on-site help (17%) was the most common, followed by being taking to hospital by ambulance (10%), taken to hospital by friends (10%) and attended on-site by ambulance (7%). Participants also offered a range of other treatment they received, which commonly involved being monitored by friends (n=11).

**Table 72: Overdose in the last six months among REU by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Ever overdosed on ERD (%) | **21** | 22 | 19 | 19 | 24 | 22 | 21 | 24 | 15 |
| Mean number times ever overdose* | **4** | 4 | 3 | 5 | 2 | 2 | 9 | 6 | 2 |
| Overdosed last six months* (%) | **21** | 18 | 16 | 16 | 33 | 14 | 29 | 8 | 33 |
| **Main drug (%)**** | **(N=31)** | (n=4) | (n=3) | (n=2) | (n=7) | (n=3) | (n=6) | (n=1) | (n=5) |
| Ecstasy | **36** | 25 | 0 | 50 | 43 | 33 | 17 | 100 | 60 |
| Alcohol | **26** | 25 | 33 | 50 | 0 | 33 | 67 | 0 | 0 |
| GHB | **13** | 50 | 0 | 0 | 14 | 0 | 0 | 0 | 20 |
| Crystal | **3** | 0 | 33 | 0 | 0 | 0 | 0 | 0 | 0 |
| MDA | **3** | 0 | 33 | 0 | 0 | 0 | 0 | 0 | 0 |
| Base | **3** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20 |
| Ketamine | **3** | 0 | 0 | 0 | 14 | 0 | 0 | 0 | 0 |
| **Last OD location (%)** | **(N=33)** | (n=4) | (n=3) | (n=3) | (n=8) | (n=3) | (n=6) | (n=1) | (n=5) |
| Friend's home | **33** | 25 | 33 | 0 | 50 | 67 | 17 | 0 | 40 |
| Own home | **18** | 0 | 33 | 0 | 25 | 0 | 33 | 0 | 20 |
| Nightclub | **18** | 50 | 0 | 33 | 13 | 0 | 17 | 0 | 20 |
| Rave | **6** | 0 | 33 | 33 | 0 | 0 | 0 | 0 | 0 |
| Private party | **6** | 0 | 0 | 0 | 0 | 33 | 17 | 0 | 0 |
| Pub | **6** | 0 | 0 | 0 | 0 | 0 | 17 | 100 | 0 |

**Source: EDRS interviews 2006**
*Of those that ever overdosed
**Of those who had recently overdosed

## 15.3 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ecstasy and related drug use in the last six months. Of the national sample, 22% had accessed either a medical or health service in the six months preceding interview. Of those who had accessed help, the majority accessed their General Practitioner (GP, 50%), followed by a counsellor (29%), drug and alcohol worker (24%), emergency department (16%), psychologist (15%), first aid (12%), ambulance (12%), psychiatrist (11%), hospital (10%), social worker (7%), telephone counselling (6%) and internet counselling (2%).

Table 73 below presents the proportion of participants who accessed health help by main drug used. For those who saw a GP (n=79), 31% reported that the main drug involved was ecstasy, followed by crystal (12%) and the main issue of concern was dependence. A counsellor (n=44) was the next most assessed service, where the main drug of concern was ecstasy (33%) and the main issue was for depression.

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

| | Ecstasy (%) | Speed (%) | Base (%) | Crystal (%) | Cannabis (%) | Alcohol (%) | Main reason |
|---|---|---|---|---|---|---|---|
| GP (n=79) | 31 | 9 | 4 | 12 | 14 | 1 | Dependence |
| Counsellor (n=44) | 33 | 12 | 2 | 14 | 7 | 7 | Depression |
| D&A* worker (n=36) | 11 | 6 | 11 | 17 | 14 | 9 | Dependence |
| Emergency (n=24) | 22 | 0 | 0 | 13 | 4 | 30 | Overdose |
| Psychologist (n=23) | 18 | 9 | 18 | 18 | 5 | 5 | Dependence |
| First aid (n=19) | 50 | 6 | 6 | 0 | 0 | 22 | Physical problems |
| Ambulance (n=19) | 33 | 0 | 0 | 6 | 6 | 28 | Overdose |
| Psychiatrist (n=17) | 25 | 13 | 13 | 19 | 13 | 0 | Depression |
| Hospital (n=16) | 14 | 0 | 0 | 7 | 0 | 36 | Overdose/Physical |
| Social worker (n=10) | 0 | 20 | 10 | 0 | 20 | 0 | Dependence |

**Source: EDRS interviews 2006**
*Drug and alcohol worker

## 15.4 Other problems

Table 74 reports the proportion of participants reporting that they had experienced any occupational/educational, social/relationship, legal or financial problems in the six months preceding interview which they attributed to their drug use.

Two-fifths reported that they had experienced social/relationship problems (42%), educational/occupational problems (40%), or financial problems (40%) in the preceding six months. Seven percent reported that they had experienced legal/police problems in this time.

**Table 74: Self-reported drug-related problems, by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| Social/relationship problems (%) | **42** | 46 | 39 | 51 | 44 | 40 | 41 | 26 | 42 |
| Occupational/educational problems (%) | **40** | 37 | 40 | 53 | 55 | 35 | 37 | 28 | 29 |
| Financial problems (%) | **40** | 46 | 37 | 43 | 45 | 36 | 43 | 31 | 33 |
| Legal/police problems (%) | **7** | 4 | 10 | 6 | 5 | 6 | 8 | 4 | 15 |

**Source: EDRS interviews 2006**

Ecstasy was the drug frequently attributed to causing social/relationship problem, nominated by 39% (n=122) of those who had experienced such problems. Of those who nominated ecstasy as the main drug of cause, the main problems reported were arguments (48%; n=59) followed by mistrust (25%; n=30). Crystal was the next drug nominated as causing social/relationship problems (18%; n=56), with the main social/relationship problem attributed to crystal use being arguments (59%; n=33), followed by mistrust (23%; n=13).

Ecstasy was the drug most commonly nominated as causing occupational/educational problems, nominated by 46% (n=137) of those who reported such problems. Of those, the most frequently nominated problems were lack of motivation (29%; n=39), followed by trouble concentrating (28%; n=38) and reduced work performance (19%; n=26). Cannabis was the next drug nominated as causing occupational/educational problems (20%; n=61); of those who nominated cannabis as the main drug of cause, lack of motivation (66%; n=40) was the primary problem followed by trouble concentrating (18%; n=11).

Ecstasy was the drug most commonly nominated as causing financial problems, nominated by 48% (n=143) of those who experienced such problems. Of those who nominated ecstasy as the primary drug of cause, the most commonly nominated problem was lack of money for recreational activities (53%; n=76), followed by being in debt or owing money (29%; n=41). Cannabis was the next drug nominated as causing financial problems (13%; n=38), and of those who nominated cannabis as the primary drug of cause, the most commonly nominated problem was lack of money for recreational activities (63%; n=24), followed by having no money for food or rent (24%; n=9).

Cannabis was the drug most commonly nominated as causing legal/police problems (27%; n=15), with the most frequently cited legal/police problem attributed to cannabis use being arrest (47%; n=7), followed by receiving a police caution (27%; n=4). Ecstasy was the next drug nominated as causing legal/police problems (23%; n=13), with the most frequently cited problems attributed to ecstasy being arrest (54%; n=7) followed by receiving a police caution (23%; n=3).

## 15.5 Summary of health-related issues

- More than half (55%) were classified as 'medium' on the Kessler Psychological Distress Scale. Only a small proportion (7%) scored 'high'.
- Of the national sample, 21% had ever overdosed on either ecstasy or other related drugs. Of those that had recently overdosed, the main drug used was ecstasy (36%), followed by alcohol (26%) and GHB (13%).
- Of the national sample, 22% had accessed either a medical or health service in the preceding six months of the interview.
- Of those who had accessed help, the majority accessed their GP (50%) and 29% accessed a counsellor. For those who saw a GP, 31% reported that the main drug involved was ecstasy, followed by crystal (12%), and the main issue of concern was dependence.
- Social or relationship problems were reported by 42% of the national sample, while approximate proportions reported occupation or educational problems (40%) and financial problems (40%). Only a small proportion reported police or legal problems (7%).
- Ecstasy was the drug frequently attributed to causing social/relationship problems, nominated by 39% of those who had experienced such problems. Ecstasy was also the drug most frequently attributed to occupational/educational problems (46%) and financial problems (48%). Cannabis was the drug most frequently nominated as causing police/legal problems, by 27% of those who had experienced such problems.

# 16 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING

## 16.1 Reports of criminal activity among regular ecstasy users

Twenty-nine percent of the national sample reported engaging in some form of criminal activity in the month prior to interview. There were differences across states in the proportion reporting involvement in crime, ranging from (16%) in the NT to two-fifths (38%) in the ACT (Table 75).

Drug dealing was the most commonly reported criminal activity (24%, Table 75). Of those that reported drug dealing in the last month, more than half (55%) reported doing so less than once per week, 16% once per week, 23% more than once per week but less than daily, and 6% reported dealing on a daily basis.

Eight percent of the national sample reported that had committed a property crime in the last month (Table 75). Of those, four-fifths (82%) reported doing so less than once per week, 13% once per week, and 5% more than once per week but less than daily.

Three percent (n=21) reported having committed fraud in the month prior to interview (Table 75). Of those, more than half (53%) reported having done so less than once per week, 19% once per week, 10% more than once per week but less than daily, and 19% reported committing fraud on a daily basis.

Three percent (n=21) reported committing a violent crime in the past month, with the majority 86% reporting that this occurred less than once per week; one participant engaged in violent crime once per week, and two participants engaged in violent crime more than once per week but less than daily.

Twelve percent of the national sample had been arrested in the past year (Table 75). Of those arrested, 24% were arrested for drug use/possession, 22% for driving under the influence of alcohol, 16% for violent crime, 11% for property crime, 5% for driving under the influence of other drugs, and 5% for drug dealing/trafficking.

**Table 75: Criminal activity among REU, by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **In the last month (%)** | | | | | | | | | |
| Any crime | **29** | 27 | 38 | 34 | 27 | 31 | 26 | 16 | 29 |
| Drug dealing | **24** | 21 | 29 | 27 | 21 | 26 | 23 | 12 | 24 |
| Property crime | **8** | 13 | 11 | 11 | 5 | 3 | 9 | 6 | 5 |
| Fraud | **3** | 4 | 1 | 3 | 3 | 4 | 2 | 2 | 3 |
| Violent crime | **3** | 2 | 8 | 4 | 1 | 3 | 1 | 2 | 1 |
| Arrested last 12 months (%) | **12** | 7 | 13 | 12 | 8 | 11 | 14 | 14 | 15 |

**Source: EDRS interviews 2006**

## 16.2 Perceptions of police activity towards regular ecstasy users

Participants were asked whether there had been changes in police activity towards REU in the six months preceding interview. Two-fifths (20%) reported that police activity had increased, while 30% reported that police activity had remained stable (Table 76).

REU were also asked if police activity had made it 'more difficult' for them to score drugs. Of the national sample, 17% reported that police activity did make scoring drugs 'more difficult' for them (Table 76).

**Table 76: Perceptions of police activity towards REU, by jurisdiction, 2006**

| | National N=752 | NSW n=100 | ACT n=100 | VIC n=100 | TAS n=100 | SA n=101 | WA n=100 | NT n=51 | QLD n=100 |
|---|---|---|---|---|---|---|---|---|---|
| **Recent police activity (%)** | | | | | | | | | |
| Decreased | **2** | 10 | 3 | 1 | 1 | 1 | 0 | 4 | 0 |
| Stable | **30** | 29 | 37 | 27 | 24 | 44 | 41 | 28 | 11 |
| Increased | **40** | 32 | 30 | 45 | 30 | 34 | 34 | 20 | 82 |
| Don't know | **28** | 28 | 30 | 28 | 45 | 22 | 25 | 49 | 7 |
| Police activity made scoring more difficult | **17** | 14 | 9 | 15 | 15 | 5 | 27 | 24 | 27 |

**Source: EDRS interviews 2006**

There were differences across jurisdictions in the proportion reporting that police activity had increased, with 20% in the NT compared to a large majority (82%) in QLD. There was always jurisdictional differences in the proportion of REU reporting that police activity had made

scoring drugs 'more difficult', ranging from 5% in SA to 27% in WA and QLD. Of interest is that, despite substantial proportions of REU reporting that police activity had increased, smaller numbers reported that police activity had made scoring more difficult.

## 16.3 Experiences with drug detection 'sniffer' dogs

For the first time in 2006 participants were asked about their experience with drug detection 'sniffer' dogs. Two-fifths (40%) of participants had seen detection dogs on an average two times (range 1-24 times) in the past six months.

Of those who had seen sniffer dogs in the preceding six months, 96% reported taking at least one precaution if they were aware that sniffer dogs would be at an event they were to attend. Of those who took precautions, 43% reported hiding their drugs better, 25% reported not taking the drugs to an event, 6% reported purchasing the drugs from a known dealer, and 2% reported purchasing from an unknown dealer.

More than half (57%) of those who had seen sniffer dogs reported having drugs on them when they had seen dogs at an event. Small proportions (14%) reported taking their drugs, 2% disposed of their drugs, and 1% reported being caught by police. Respondents reported a range of other reactions, such as 'walking away' or 'acting normal'.

## 16.4 Summary of criminal activity and perceptions of policing

- Twenty-nine percent of the sample reported engaging in some form of criminal activity in the month prior to interview.
- There were differences across states in the proportion reporting involvement in crime, ranging from 16% in the NT to 38% in the ACT.
- Drug dealing was the most common crime reported in all jurisdictions.
- Eight percent of the national sample reported property crime in the last month. Four-fifths (82%) reported that they had done so less than once a week.
- Small 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.
- Two-fifths (40%) reported that police activity had increased and 30% thought that police activity had remained stable.
- Few (17%) responded that police activity had made it more difficult for them to score drugs.
- Two-fifths (40%) of the national sample reported seeing sniffer dogs on an average of two occasions in the six months preceding interview; the majority (96%) reported taking some kind of precaution if they were made aware that dogs would be at an event they were to attend.

# 17 SUMMARY

The EDRS is a national monitoring system of ecstasy and related drugs that is intended to serve as a strategic early warning system, identifying emerging trends of jurisdictional and national interest in ecstasy and related drug markets. The EDRS was conducted across Australia for the first time in 2003; monitoring of these markets has been undertaken since 2000 in NSW, SA and QLD.

The EDRS is based on the IDRS methodology and consists of three components: interviews with regular ecstasy users (REU); interviews with key experts (KE), professionals who have regular contact with REU through their work; and analysis and examination of indicator data sources related to ecstasy and related drugs. The EDRS monitors the price, purity, availability and patterns of use of ecstasy, methamphetamine, cocaine, ketamine, GHB, LSD, MDA and other related drugs. 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 REU surveys are not representative of ecstasy 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. REU are a *sentinel* group of REU that provide information on patterns of drug use and market trends.

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

## 17.1 Demographic characteristics of regular ecstasy users interviewed

Regular ecstasy users interviewed in 2006 were young, with a mean age of 25 years; relatively well-educated, with most reporting twelve years of secondary education; and likely to be employed or engaged in full-time study. Few participants were in treatment for drug-related problems, and only a small proportion had previously been incarcerated. Two-fifths of the sample was male, and the majority (84%) identified as heterosexual. Despite general consistency across jurisdictions regarding demographic characteristics, differences were identified. Data collected across four years of national sampling indicates that the demographic profile of REU interviewed nationally has remained largely unchanged.

## 17.2 Patterns of drug use among regular ecstasy users

Regular ecstasy users may be defined by their lifetime and recent use of a wide range of other drugs. Alcohol, cannabis and tobacco were the drugs with the highest reported lifetime and recent use. More than three-fifths of the sample reported lifetime use of speed, crystal, cocaine and LSD; more than one-third reported the recent use of such drugs as cocaine, base and crystal. One-fifth of the sample had a lifetime history of injecting drug use and 14% had injected a drug in the six months prior to interview. Half of the national sample had used ecstasy and other drugs for more than 48 hours without sleep ('binge') in the six months preceding interview, with the median length of a binge session being three days.

Data collected across four sampling years suggests trends in the use of drugs with high proportions reporting lifetime and recent use, such as cocaine and methamphetamine, as well as trends in the use of drugs with less frequently reported prevalence, such as MDA.

## 17.3 Ecstasy

The median age at which ecstasy was first used was 18 years, while the median age at which regular (at least monthly) use occurred was 19 years. REU in the national sample had been using ecstasy regularly for a median duration of 3 years. Females first used ecstasy at a significantly younger age than males. Half (48%) of the national sample reported using ecstasy between monthly and fortnightly; just over one-fifth (23%) reported using more than once per week.

Participants reported using a median of two ecstasy tablets in a typically session of use and a median of four tablets in a heavy session of use. Large proportions reported typically using more than one ecstasy tablet in a typical use session, and trends over time suggest jurisdictional differences are evident. Almost all participants reported swallowing ecstasy in the six months prior to interview; small minorities reported smoking or injecting ecstasy in this time. Swallowing was the most common main route of administration reported in all jurisdictions.

The majority (93%) of the national sample reported that they typically used other drugs with ecstasy, with alcohol and tobacco the most commonly reported drugs being used with ecstasy. Four-fifths (80%) reported using other drugs to comedown from ecstasy, with cannabis, tobacco and, to a lesser extent, alcohol, being commonly used to come down from ecstasy.

Half (48%) of the national sample reported that most of their friends use ecstasy, and a further one-quarter (24%) reported that half of their friends use ecstasy. Friends were common sources of purchasing ecstasy, with 80% nominating friends as a usual source of ecstasy, followed by known dealers (50%). Ecstasy was purchased from a range of locations, including friends' homes (65%), nightclubs (43%) and dealers' homes (36%). Ecstasy was also used in a variety of locations, including nightclubs (81%), raves (57%), friends' homes (56%) and private parties (54%). Data collected across time suggests that while ecstasy use is most frequently reported to be used at entertainment venues such as nightclubs and raves, significant proportions use ecstasy in private locations such as their own home.

The median price of ecstasy was $33 per tablet. The majority of participants in all jurisdictions reported that the price of ecstasy had remained 'stable' in the six months prior to interview, and jurisdictional data reported that a larger proportion of users in all jurisdictions reported that price had remained stable. Data across time suggests that despite prices remaining consistent in some jurisdictions (e.g. VIC, the ACT and the NT), some have noted a decline in the price of ecstasy (e.g. NSW). Participants purchased ecstasy from a median of three different people, and almost three-quarters reported that when they purchased ecstasy, they purchased it for themselves and others. Seventy-two percent were able to purchase other drugs from their main ecstasy source, including cannabis, speed, crystal and cocaine.

More than half of the national sample reported the current purity of ecstasy to be medium to high. One-third reported that purity had remained stable in the six months prior to interview, with the same proportion reporting that purity had fluctuated during this time. This is consistent with data collected across time, where approximately one-third of the sample reported purity as either remaining stable or fluctuating.

Large proportions of the national sample reported the current availability of ecstasy to be very easy or easy, and the majority of REU in each jurisdiction reported that availability had remained stable in the six months preceding interview. There were, however, some jurisdictional differences, with the proportion reporting that availability had remained stable varying from 51% in QLD to 80% in NSW.

Participants were asked, for the first time in 2006, about their beliefs concerning ecstasy possession and the law. Two-thirds of the national sample reported that they did not know the amount of ecstasy that could be classified as a traffikable amount. Amongst those who did report knowing the amount, there was wide variation in not only the quantity of product but also the purity of the product that a person needed to be in possession of.

Participants were able to nominate a range of benefits, and risks, which they perceived to be associated with their ecstasy use. The most commonly reported benefits included social benefits, such as ecstasy facilitating social interaction, as well as producing feelings of closeness with others. Participants nominated a range of risks associated with their ecstasy use, such as those pertaining to mental and physical health; however, 5% of the sample identified no risks associated with taking ecstasy.

## 17.4 Methamphetamine

*Speed*

The majority (84%) of participants reported lifetime use of speed and two-thirds (64%) had used speed in the six months prior to interview. Speed was used on a median of six days in the six months prior to interview, with half reporting that speed use occurred less than once per month. Snorting and swallowing were the most common routes of administration, though one-quarter had smoked speed in the six months prior to interview.

Friends (64%) and known dealers (46%) were common sources of speed, with friends' homes (53%) and dealers' homes (32%) the most commonly nominated locations of purchase. Speed was used in such locations as nightclubs (72%), friends' homes (53%), participants' own homes (50%) and raves (46%).

The price for a gram of speed ranged from $50 in SA to $325 in TAS. Three-fifths of those who commented on the changes in the price of speed reported that price had remained 'stable' in the six months prior to interview. The purity of speed was reported to be 'medium' (32%) to 'high' (27%) by those who commented, with two-fifths (38%) of those who commented reporting that purity had remained 'stable' in the six months prior to interview. Speed was reported to be 'easy' (39%) to 'very easy' (37%) to obtain by those who commented, and the majority largely reported that availability had remained 'stable' in the six months prior to interview.

*Base*

Half (52%) of the national sample reported lifetime use of base, and one-third (34%) reported using base in the six months preceding interview. Use occurred on a median of four days; three-fifths of recent base users had used the drug less than once per months in the six months prior to interview. Swallowing (84%) was the most commonly nominated route of administration; a small proportion had injected (18%) and smoked (16%) base in the six months before interview. Recent users reported using a median of two points in both a 'typical' and 'heavy' session of use.

Friends (68%) and known dealers (44%) were common sources for scoring base, and this occurred in friends' homes (56%) and dealers' homes (30%). Use occurred in such locations as nightclubs (60%), friends' homes (56%) and participants' own homes (54%) as well as at private parties (46%).

The price of base ranged from $22.5 in SA to $80 in the NT; three-fifths of those who commented reported that the price of base had remained 'stable' in the six months prior to interview. Of those who commented, the purity of base was reported to be 'high' (35%) to 'medium' (34%), and more than two-fifths of those who commented reported that the purity had remained 'stable' in the six months prior to interview. Base was reported to be 'easy' (40%) to 'very easy' (33%) to obtain by those who commented, and three-fifths of those who commented reported that availability had remained 'stable' in the six months preceding interview.

*Crystal methamphetamine*

Two-thirds (65%) of the sample reported the lifetime use of crystal, and half (49%) reported using crystal in the six months prior to interview. Use occurred on a median of five days in the six months prior to interview, with more than half (56%) reporting that crystal use occurred less than once per month. Half of those who reported bingeing on ecstasy and other drugs reported using crystal in a binge episode. Recent users reported using one point in a 'typical' session of use and two points in a 'heavy' session of use. Of those who had recently used crystal, 79% had recently smoked it; one-fifth of recent crystal users had injected crystal in the six months prior to interview.

Friends (51%) and known dealers (43%) were commonly nominated as sources of crystal, and the drug was commonly scored from friends' homes (44%) and dealers' homes (36%). Crystal was more usually used at friends' homes (58%), at participants' own homes (57%) and in nightclubs (48%).

The price of a point of crystal ranged from $47.5 in VIC to $80 in the NT, and in all other jurisdictions, the median price for a point of crystal was $50. Almost half (47%) of those who commented on the change in the price of crystal reported that price had remained 'stable' in the six months prior to interview. Current purity was reported to be 'high' (49%) to 'medium' (25%) by those who commented, and purity was reported to have remained 'stable' by two-fifths of those who commented. Crystal was reported to be 'easy' (36%) to 'very easy' (30%) to obtain by those who commented, and availability was reported to have remained 'stable' in the six months prior to interview by almost half (47%) of those who commented.

Twenty percent of those who had recently used methamphetamine scored four or more on the Severity of Dependence Scale, which has been validated as indicating dependence. Indicator data suggest that amphetamine-related inpatient hospital admissions have remained relatively stable in 2004/05, as have closed treatment episodes where amphetamines were the principal drug of concern.

## 17.5 Cocaine

Almost two-thirds (63%) of the national sample reported lifetime cocaine use and two-fifths (37%) reported recent use. The median age of first use was 21 years. Five percent of the national sample nominated cocaine as their drug of choice. Jurisdictional differences were observed in the proportions reporting lifetime and recent use.

Frequency of use was low; the median days of use was two, and the majority of recent users reported using cocaine less than once per month. Eighteen percent of participants who reported bingeing on ecstasy and other drugs reported using cocaine in a binge session. The median amount used in a typical session of cocaine use was half a gram, and the median amount used in a heavy session of use was one gram. Amongst recent users, snorting (95%) was the most common route of administration, followed by swallowing (25%). Small proportions had recently injected or smoked cocaine.

Cocaine was most commonly acquired through friends or known dealers, however, there were jurisdictional differences noted. Cocaine was used in a variety of locations, with nightclubs, friends' homes, and participants' own homes commonly nominated. Data collected across time shows an increase in the proportion nominating nightclubs as locations of usual use, however, a large proportion still engages in cocaine use in private locations.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $275 in the NT to $350 in TAS and WA. Data collected across time suggests that, for the majority of jurisdictions, the price of cocaine has increased. The NT observed the largest decrease in cocaine price, from $375 in 2005 to $275 in 2006. One-third of those who commented reported that the price of cocaine had remained stable in the six months prior to interview.

Of those who commented, the purity of cocaine was considered to be 'medium' (33%) or 'high' (21%). One-quarter of those who commented reported that purity had remained 'stable' in the six months prior to interview. Varying reports were given concerning the current availability of cocaine, with 41% reporting it to be 'difficult' to obtain and 28% reporting it to be 'easy' to obtain. More than half (58%) of those who commented reported that availability had remained 'stable' in the six months prior to interview.

## 17.6 Ketamine

Thirty-five percent of the national sample reported the lifetime use of ketamine, and 14% reported using ketamine in the six months preceding interview. Ketamine was first used at a median age of 21 years.

Recent ketamine use occurred on a median of two days. The majority (79%) of recent ketamine users reported using ketamine less than once per month. Snorting was the most commonly nominated route of administration (78%) amongst recent users, however, one-third (37%) had also swallowed it. Five participants reported injecting ketamine in the six months prior to interview.

Ketamine was obtained from friends (55%) and known dealers (30%), in private locations such as friends' homes (43%), dealers' homes (30%) and participants' own homes (15%). Ketamine use occurred in a variety of locations, such as friends' homes (48%), nightclubs (43%), participants' own homes (33%) and raves (23%).

Only a small proportion commented on the price of ketamine. The price for a gram of ketamine varied from $40 in ACT to $300 in SA. Amongst those who commented, 55% reported that the price of ketamine had remained 'stable' in the six months preceding interview.

The current purity of ketamine was reported to be 'high' (47%) to 'medium' of those who commented. Half (51%) of those who commented reported that the purity of ketamine had remained 'stable' in the six months preceding interview.

Varying reports were obtained regarding the current availability of ketamine, with 39% of those commenting reporting it to be 'difficult' to obtain while 37% reported it to be 'easy' to obtain. Despite this variability, just over half (53% of those who commented) reported that availability had remained 'stable' in the six months preceding interview.

## 17.7 GHB

Twenty percent of the national sample reported the lifetime use of GHB, with the median age of first use being 22 years. Eight percent of the national sample reported the recent use of GHB, however, jurisdictional differences were observed, with the proportion of REU reporting recent GHB use to be highest in NSW (21%) and VIC (14%); no participants in the NT reported using GHB in the six months preceding interview.

Ten participants reported lifetime use of 1,4-B and ten participants reported the lifetime use of GBL. Three participants had used 1,4-B in the six months preceding interview while six participants had used GBL in the six months preceding interview.

Recent GHB use occurred on a median of two days, with the majority (75%) reporting that GHB use had occurred less than once per month. GHB was consumed orally, with no participants injecting GHB in the six months preceding interview.

GHB was scored from friends (53%) and known dealers (25%) in friends' homes (50%) and dealers' homes (22%). GHB was used in a variety of locations, including friends' homes (58%), nightclubs (56%) and participants' own homes (42%).

Only twenty participants were able to comment on the price of a millilitre of GHB. Thirty-six percent of those who commented reported that the price of GHB had remained 'stable' in the six months preceding interview. Half of those who commented reported that GHB purity was 'high', and one-third (32%) of those who commented reported that purity had remained 'stable' in the six months preceding interview. Forty percent, of those who commented, reported that GHB was 'difficult' to obtain though 32% reported that it was 'easy' to obtain. Almost half (46%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

## 17.8 LSD

Sixty-one percent of the national sample reported the lifetime use of LSD, with the median age of first use being 18 years. Twenty-nine percent reported the recent use of LSD. The median days of LSD use amongst recent users was two. The majority of recent users reported using LSD less than once per month; 3% reported using LSD more than once per week. Recent users reported using a median of one LSD tab in both 'typical' and 'heavy' sessions of use.

LSD was obtained from friends (67%) and known dealers (35%). LSD was scored from friends' homes (43%) and dealers' homes (28%). LSD was used in a variety of locations, including

participants' own homes (49%), friends' homes (43%), outdoors (38%), raves (38%), private parties (32%) and nightclubs (27%).

The price of a tab of LSD ranged from $10 in SA, $12 in VIC, and $20 in all other jurisdictions. Of those who commented, 51% reported that the price of LSD had remained 'stable' in the six months prior to interview.

Of those who commented, 41% reported that the current purity of LSD was 'high' and 30% reported to it be 'medium'. Thirty-five percent, of those who commented, reported that the purity of LSD had remained 'stable' in the six months preceding interview.

Reports concerning the availability of LSD were mixed. More than one-third of those who commented (37%) reported that LSD was 'easy' to obtain while 33% reported it to be 'difficult' to obtain. Half (49%) of those who commented reported that availability had remained 'stable' in the six months preceding interview.

## 17.9 MDA

One-quarter (23%) of the national sample reported the lifetime use of MDA. The median age of first use was 20 years. Seven percent of the national sample reported using MDA in the six months preceding interview. Use occurred on a median of two days, with the majority (84%) of recent users reporting that use had occurred less than once per month. No participants in WA reported recent MDA use.

Swallowing was the most frequently nominated route of administration (82%), followed by snorting (40%). A median of one capsule was used in both a 'typical' and 'heavy' session of use.

Only a small proportion was able to comment on purchase and use patterns of MDA. Of those that commented, friends (52%) and known dealers (48%) were the most commonly nominated sources of MDA, and MDA was scored from friends' homes (39%) and dealers' homes (35%). MDA was usually used in nightclubs (65%), raves (35%) and private parties (35%). Small numbers were able to comment on the price, purity and availability of MDA in all states and, therefore, the results should be interpreted with caution.

The median price of a cap of MDA ranged from $32.50 in SA to $50 in the ACT and NT. Two-fifths of those who commented reported that the price of MDA had remained 'stable' in the six months preceding interview.

## 17.10 Cannabis

Almost all (98%) of the sample reported lifetime cannabis use, and more than four-fifths (83%) reported cannabis use in the six months preceding interview. Of those who used cannabis in the six months preceding interview, use occurred on a median of 48 days during this time, or approximately twice per week; one-quarter of recent cannabis users were daily smokers. Cannabis was the drug of choice with 15% of the sample. Despite little difference in lifetime use across jurisdictions, there was some variability in the proportion of REU reporting recent use, from 73% in NSW to 92% in QLD.

Reported prices for cannabis were relatively consistent across jurisdictions. In most jurisdictions, the price of a gram of bush and hydro were similar, though in almost all jurisdictions, the price for an ounce of hydro was higher than for bush cannabis. More than two-thirds (68%) of those who commented reported that the price of bush had remained 'stable' in the six months preceding interview, and almost three-quarters (70%) of those who commented reported that the price of hydro had remained 'stable' in the six months preceding interview.

Hydro was reported to be of 'high' potency by 59% of those who commented, compared with 19% who reported that bush cannabis potency was 'high'. More than half (57%) who commented on the potency of hydro reported that it had remained 'stable' in the six months preceding interview, and an equal proportion (57% of those who commented) reported that the potency of bush cannabis had remained 'stable' in the six months preceding interview.

More than two-fifths (43%) of those who commented reported that bush cannabis was 'very easy' to obtain while 35% reported that it was 'easy' to obtain; the majority (67%) of those who commented reported that availability had remained 'stable' in the six months preceding interview. Of those who commented on the availability of hydro cannabis, 66% reported that it was 'very easy' to obtain and 27% reported that it was 'easy' to obtain; 74% of those who commented reported that availability had remained 'stable' in the six months preceding interview.

Both hydro and bush cannabis were commonly scored from friends as well as known dealers. Friends' homes were the most common location for both bush and hydro cannabis to be scored from.

### 17.11 Other drugs

Almost all (99%) participants reported lifetime use of alcohol, and 96% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median number of days that alcohol was used in the six months preceding interview was 48. Seventy-three percent reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.

Eighty-nine percent reported lifetime tobacco use and 75% had used tobacco in the six months preceding interview. Two-thirds (66%) of recent tobacco users were daily smokers.

Half (48%) of the sample reported lifetime benzodiazepine use and one-third (31%) reported recent use. Five percent of lifetime users had injected benzodiazepines and only one participant had injected in the six months preceding interview. Use occurred on a median of five days in the six months preceding interview.

Over one-quarter (28%) reported lifetime antidepressant use and twelve percent reported recent use. Thirty-three precent of recent antidepressant users reported daily use.

Half (49%) of the sample reported lifetime nitrous oxide use and almost one-quarter had used nitrous oxide in the six months preceding interview. Use occurred on a median of two and a half days; one-third (34%) of recent users reported using nitrous oxide once in the six months preceding interview.

Two-fifths (41%) of the sample reported lifetime amyl nitrate use and 14% reported use in the six months preceding interview on a median of three days. Thirty-four percent of recent users reported using amyl nitrate once in the preceding six months.

Half (51%) of the sample reported having ever used mushrooms and 19% reported recent mushroom use. Use occurred on a median of two days, and 86% of recent users had used less than once per month.

Sixteen percent reported lifetime heroin use and 4% reported heroin use in the six months preceding interview. Twelve percent reported having ever injected heroin. Use occurred on a median of six and a half days in the six months preceding interview.

Half (49%) of the national sample had every used pharmaceutical stimulants and one-fifth (21%) had used them in the six months preceding interview, on a median of three days. Twelve percent of recent users reported using once per week or more.

### 17.12 Risk behaviour

One in five (20%) of the national sample reported having injected at some time in their lives. Of those that had ever injected, 69% reported injecting in the six months preceding interview. A mean of 4.5 drugs (range 1-12) had ever been injected, while those who reported injecting in the preceding six months had injected a mean of 2.3 drugs (range 1-7).

Two-fifths (43%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (45%) followed by heroin (25%).

When lifetime injectors were asked to specify how they learned to inject, over half (57%) reported that a friend or partner showed them how. Of those that injected in the preceding six months, four participants reported using a needle after someone else in the month preceding interview.

Thirty-two percent of the national sample reported they had never been vaccinated for HBV. A further 42% reported they had completed the vaccination schedule, 7% did not finish the vaccination schedule and 19% did not know if they had been vaccinated.

Of the national sample, 48% reported they had never been tested for HCV, while 26% had been tested in the last year, 20% were tested more than a year ago and 7% either did not know or did not get their results. Thirty-one percent of the national sample had been tested for HIV in the last year and a further 22% had been tested more than a year ago.

The majority (92%) of participants reported penetrative sex in the six months preceding interview. Two-fifths (41%) reported one sex partner during the preceding six months and one-fifth (20%) of participants had had penetrative sex with two people. Over one-quarter (28%) reported sex with between three and five people. One-quarter (25%) of those who reported penetrative sex in the preceding six months had had anal sex.

The majority (85%) of those reporting recent penetrative sex reported using drugs during sex at some time in the previous six months. The most commonly used drug during sex was ecstasy, followed by alcohol and cannabis.

Of the national sample, 81% had driven a car in the last six months. Of those who had driven a car, 41% had driven while over the limit of alcohol and 77% had driven soon (within one hour) of taking an illicit drug). The drug most commonly taken was ecstasy (78%) followed by cannabis (59%) and speed (34%).

### 17.13 Health issues

More than half (55%) were classified as being at 'medium risk' for psychological distress on the Kessler Psychological Distress Scale. Only a small proportion (7%) were classified as being at 'high risk' for psychological distress.

Of the national sample, 21% had ever overdosed on either ecstasy or other related drugs. Of those that had recently overdosed, the main drug used was ecstasy (36%), followed by alcohol (26%) and GHB (13%).

Of the national sample, 22% had accessed either a medical or health service in the preceding six months of the interview. Of those who had accessed help, the majority accessed their GP (50%) and 29% accessed a counsellor. For those who saw a GP, 31% reported that the main drug involved was ecstasy, followed by crystal (12%), and the main issue of concern was dependence.

Social or relationship problems were reported by 42% of the national sample, while approximate proportions reported occupation or educational problems (40%) and financial problems (40%). Only a small proportion reported police or legal problems (7%). Ecstasy was the drug frequently attributed to causing social/relationship problems, nominated by 39% of those who had experienced such problems. Ecstasy was also the drug most frequently attributed to occupational/educational problems (46%) and financial problems (48%). Cannabis was the drug most frequently nominated as causing police/legal problems, by 27% of those who had experienced such problems.

### 17.14 Criminal activity and perceptions of policing

Twenty-nine percent of the sample reported engaging in some form of criminal activity in the month prior to interview. There were differences across states in the proportion reporting involvement in crime, ranging from 16% in the NT to 38% in the ACT. Drug dealing was the most common crime reported in all jurisdictions.

Eight percent of the national sample reported property crime in the last month. Four-fifths (82%) reported that they had done so less than once a week. Small proportions reported having committed fraud or a violent crime in the last month. Twelve percent of the national sample was arrested in the past year.

Two-fifths (40%) reported that police activity had increased and 30% thought that police activity had remained stable. Few (17%) responded that police activity had made it more difficult for them to score drugs.

Two-fifths (40%) of the national sample reported seeing sniffer dogs on an average of two occasions in the six months preceding interview; the majority (96%) reported taking some kind of precaution if they were made aware that dogs would be at an event they were to attend.

# 18 IMPLICATIONS

*Australian Trends in Ecstasy and Related Drug Markets 2006* presents four years of Ecstasy and Related Drugs Reporting System (EDRS) data from all states and territories in Australia. The collection and analysis of information regarding ecstasy and related drug markets in all jurisdictions, across time, provides a context in which past, present and future findings can be placed. It also allows for the examination, across time, of trends in behaviours associated with drug use. In recent years, this has included users' experiences of seeking information regarding drug content and purity; sexual and driving risk behaviours; and injecting drug use.

As in previous years, the 2006 findings indicate that although some trends in the use of ecstasy and related drugs may be common across Australia, there are also trends which are unique to individual jurisdictions. It is important to recognize that different patterns of use may impact upon the consequences and outcomes of such use; therefore, policy and harm reduction responses need to take this into consideration.

The demographic profile of regular ecstasy users in 2006 has remained consistent across the four sampling years. Regular ecstasy users are predominantly male, aged in their mid-twenties, from English-speaking backgrounds, and largely identify as being heterosexual. They are engaged in either full-time or part-time employment, or are currently undertaking tertiary studies. Few participants report having a prison history or currently being in treatment for their drug use.

The EDRS data shows that in 2006, ecstasy tablets had been used for a median of twelve days in the six months preceding interview, with half of the sample reporting that use occurred on a monthly to fortnightly basis; there was little jurisdictional difference observed in the frequency of ecstasy use in 2006. Across time, the frequency of use in all jurisdictions has either remained stable, fluctuated or decreased.

In 2006, users reported using two tablets in a typical session of use and four tablets in a heavy session of use. Of concern are the short- and long-term effects that may occur from consuming increased quantities of ecstasy, not only physical but also psychological. One of the acute, potentially serious consequences of ecstasy use includes serotonin syndrome. Serotonin syndrome is a drug-induced toxic state caused by an excess of serotonin in the central nervous system (Gillman 2006). A study recently conducted at NDARC has explored this issue (Silins 2006). Given the potential for harm resulting from consuming larger quantities of ecstasy in a single use occasion, harm reduction messages might focus on targeting the quantity of ecstasy being used.

Participants in the current sample, as in previous years, were polydrug users. Polydrug use remains an issue of concern, and despite the consequences being less well understood, there is some evidence for negative effects of polydrug use. For example:

- ecstasy used in combination with alcohol can lead to dehydration;
- concurrent stimulant use may potentiate stimulant toxicity, increasing the risk of overdose;
- the sedative effects of depressant drugs may be masked by the use of stimulants. This may reduce the user's ability to detect the onset of an overdose caused by the depressant drug;
- alcohol used with cocaine forms cocaethylene, which has been shown to exert more cardiovascular toxicity than either cocaine or alcohol alone; and

- multiple depressant drug use, such as GHB and alcohol, may potentiate depressant toxicity.

For this population, benefit may come from disseminating evidence regarding the negative effects from specific drug interactions rather than broader messages that focus on polydrug use in general.

Polydrug use has implications for treatment and other interventions. As the present findings show, only a small proportion of regular ecstasy users were in current treatment for their drug use; however, substantial proportions reported that their drug use impacted upon other facets of their lives, such as their relationships, employment and education. A smaller proportion reported accessing medical or health services due to their drug use. Thus, it may be advantageous to equip primary health care workers, such as General Practitioners, with knowledge regarding the impact that drug use may have on areas of people's lives aside from physical harms. This may include such areas as psychological harm; impaired relationships; and the impact of drug use on education and employment. Furthermore, it may be warranted to explore how best to disseminate information to users regarding the broad range of harms which they may face as a result of their drug use, and where they can seek assistance.

Although participants in the current study were regular users of ecstasy, they were not necessarily regular users of other drugs. The use of other drugs such as methamphetamine, cocaine, GHB and ketamine occurred on a median occurrence of once per month or less. There were some exceptions however: one-fifth of the national sample reported daily cannabis use; two-thirds of recent tobacco users were daily smokers; and one in ten recent users of alcohol were daily drinkers.

The use of tobacco amongst this group is an issue of concern. For a large proportion of this population, tobacco use is a part of their daily lives. Smoking tobacco gives rise to a number of negative health consequences, such as increased blood pressure and heart rate, chronic lung disease, coronary heart disease and cancer of the lungs, larynx, esophagus, mouth and bladder. The difficulty may lie in addressing the issue of smoking cessation in a sample of young adults.

The 2006 findings highlight the high prevalence of alcohol use amongst this group. Ten percent of recent alcohol users were daily drinkers, and more than two-thirds of the national sample reported that they usually used alcohol with ecstasy. The use of alcohol while under the influence of stimulants allows for the consumption of larger quantities of alcohol without obvious signs of intoxication, yet the harms associated with this use still occur.

For the first time in 2006, the EDRS included the Alcohol Use Disorders Identification Test (AUDIT). The AUDIT is a brief screening scale designed to assess alcohol intake, dependence and adverse consequences. Three-quarters of the sample scored at levels which indicated hazardous and harmful alcohol consumption, and which may also reflect a greater severity of alcohol problems and dependence. For young people, alcohol use is particularly associated with acute harms resulting from intoxication, including accidents, injuries, crime, health and social problems.

Given these findings concerning alcohol use, there appears to be a need to address responsible consumption of alcohol amongst this group. Harm reduction messages may be presented in entertainment venues and licensed premises, however, the challenge may be presenting this information in such a way that it is received well by this group. Specific, targeted messages may

be the optimum alternative, presenting credible messages on the specific short- and long-term effects of alcohol consumption, as well as using alcohol in a polydrug use setting.

As in previous years, the markets for drugs such as GHB, ketamine and MDA continued to operate differently across jurisdictions. In 2006, NSW reported a notable increase in the proportion of REU reporting lifetime and recent GHB use. Recent use of MDA decreased in WA, from almost one in ten reporting recent use in 2005 to no participants reporting recent use in 2006; however, recent use of MDA increased in QLD during this same time period. Monitoring trends in drug use across time is advantageous not only in its ability to detect present emerging trends, but also to provide a framework that can be used to anticipate whether such trends will spread to other jurisdictions. Continued monitoring will allow for the detection of trends in jurisdictions which do not have traditionally large markets for these drugs.

The findings from the current study suggested that many users lack knowledge of laws regarding drug possession. Regular ecstasy users are also a polydrug *purchasing* group, able to purchase a wide range of drugs from their main source. Furthermore, users purchase drugs not only for themselves but for others as well. This places users at a heightened risk for more serious penalties were they to be apprehended by law enforcement. Many may be underestimating the quantity of drugs needed to have a charge upgraded from possession to trafficking. Given that the vast majority of this group has little to no contact with law enforcement, dissemination of the law surrounding illicit substances may need to come from other sources with which users come into contact.

As in previous years, the EDRS explored drug use and risk behaviours. One in five REU had ever injected a drug, and two-thirds of these had injected in the six months preceding interview. Only a small proportion of recent injectors had used a needle after someone else, and a small proportion reported sharing other injecting equipment. There is a clear need for harm reduction initiatives for this group, which need to be tailored to the characteristics and drug use context of these users.

The issue of driving under the influence of alcohol, as well as ecstasy and other drugs, was an issue of concern which arose from the 2006 findings. Of those who had driven a car in the past six months, two-fifths had done so under the influence of alcohol and three-quarters had driven within an hour of taking an illicit drug. Half of those who had driven after taking an illicit drug felt that their driving ability was not impaired the last time they engaged in this behaviour. There is a need to educate users about the effects of drug use on driving behaviour, as well as to emphasize the message that driving under the influence of ecstasy and other drugs not only places themselves at risk, but also places other road users at risk. It may be timely to disseminate messages regarding drug use and driving, given that many jurisdictions have already implemented, or are considering implementing, random roadside drug testing (Degenhardt, Dillon et al. 2006).

# APPENDICES

## Appendix A

**Table A1: Price, purity and availability of ecstasy by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **Median price ($) per tablet** | 35 | 20 | 35 | 30 | 45 | 30 | 40 | 50 | 32 |
| **Price change (%)** | | | | | | | | | |
| Increased | 8 | 11 | 11 | 4 | 7 | 8 | 5 | 11 | 6 |
| Stable | 66 | 54 | 63 | 71 | 67 | 68 | 66 | 73 | 68 |
| Decreased | 14 | 26 | 13 | 17 | 10 | 13 | 22 | 1 | 10 |
| Fluctuated | 11 | 7 | 12 | 7 | 16 | 9 | 7 | 15 | 13 |
| Don't know | 1 | 3 | 2 | 1 | 0 | 1 | 0 | 0 | 3 |
| **Current purity (%)** | | | | | | | | | |
| Don't know | 1 | 0 | 1 | 1 | 4 | 3 | 0 | 1 | 2 |
| Low | 9 | 5 | 7 | 15 | 5 | 5 | 5 | 27 | 8 |
| Medium | 34 | 38 | 37 | 32 | 39 | 30 | 40 | 32 | 26 |
| High | 37 | 29 | 32 | 31 | 23 | 26 | 28 | 21 | 25 |
| Fluctuates | 29 | 29 | 24 | 22 | 33 | 39 | 27 | 20 | 40 |
| **Purity change (%)** | | | | | | | | | |
| Don't know | 4 | 1 | 7 | 2 | 4 | 3 | 1 | 4 | 5 |
| Increasing | 15 | 19 | 18 | 18 | 10 | 16 | 15 | 6 | 14 |
| Stable | 30 | 39 | 25 | 36 | 32 | 21 | 30 | 28 | 31 |
| Decreasing | 15 | 14 | 13 | 14 | 10 | 16 | 18 | 27 | 13 |
| Fluctuates | 36 | 28 | 37 | 30 | 44 | 43 | 36 | 35 | 38 |
| **Availability (%)** | | | | | | | | | |
| Don't know | <1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Very easy | 61 | 73 | 60 | 64 | 57 | 66 | 62 | 44 | 61 |
| Easy | 35 | 25 | 38 | 30 | 40 | 29 | 35 | 45 | 36 |
| Difficult | 3 | 1 | 2 | 6 | 3 | 5 | 2 | 10 | 3 |
| Very difficult | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 |
| **Availability change (%)** | | | | | | | | | |
| Don't know | 1 | 0 | 2 | 0 | 2 | 1 | 1 | 1 | 1 |
| More difficult | 8 | 8 | 3 | 6 | 14 | 6 | 5 | 18 | 9 |
| Stable | 67 | 75 | 67 | 77 | 49 | 64 | 72 | 63 | 70 |
| Easier | 18 | 13 | 26 | 11 | 26 | 27 | 16 | 12 | 12 |
| Fluctuates | 5 | 4 | 2 | 6 | 9 | 2 | 6 | 5 | 82 |
| **Scored from (%)** | | | | | | | | | |
| Friends | 86 | 80 | 85 | 82 | 95 | 89 | 93 | 82 | 87 |
| Known dealers | 56 | 61 | 64 | 66 | 63 | 48 | 36 | 48 | 58 |
| Acquaintances | 30 | 28 | 43 | 23 | 39 | 36 | 24 | 20 | 28 |
| Workmates | 15 | 15 | 19 | 10 | 17 | 10 | 17 | 17 | 16 |
| Unknown dealers | 19 | 27 | 22 | 13 | 19 | 10 | 20 | 17 | 20 |

**Source: EDRS interviews 2005**

# Appendix B

## Table B1: Price, purity and availability of methamphetamine speed by jurisdiction, 2005

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 74 | 76 | 70 | 85 | 77 | 66 | 85 | 73 | 57 |
| **Price ($) per gram** | - | (n=33) $60 | (n=19) $80 | (n=46) $180 | (n=22) $325 | (n=28) $65 | (n=34) $300 | (n=36) $200 | (n=21) $180 |
| **Price ($) per point** | - | (n=1) $40 | (n=31) $35 | (n=16) $30 | (n=37) $40 | (n=11) $25 | (n=16) $50 | (n=20) $50 | (n=19) $25 |
| **Price changes** | | | | | | | | | |
| (% who commented) | (n=497) | (n=78) | (n=63) | (n=71) | (n=58) | (n=44) | (n=65) | (n=65) | (n=53) |
| Don't know | 23 | 35 | 25 | 13 | 24 | 16 | 14 | 20 | 36 |
| Decreased | 11 | 10 | 18 | 17 | 0 | 14 | 9 | 5 | 11 |
| Stable | 52 | 46 | 44 | 56 | 60 | 64 | 62 | 54 | 32 |
| Increased | 7 | 8 | 5 | 7 | 7 | 0 | 6 | 15 | 9 |
| Fluctuated | 7 | 1 | 8 | 7 | 9 | 7 | 9 | 6 | 11 |
| **Median purity*** | - | 18.0 | n/a | 19.0 | n/a | 11.6 | 45.0 | n/a | 17.0 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=497) | (n=78) | (n=63) | (n=71) | (n=58) | (n=44) | (n=65) | (n=65) | (n=53) |
| Don't know | 5 | 5 | 2 | 0 | 9 | 5 | 2 | 14 | 4 |
| Very easy | 40 | 51 | 30 | 49 | 28 | 39 | 48 | 35 | 32 |
| Easy | 39 | 28 | 51 | 42 | 47 | 32 | 45 | 32 | 40 |
| Difficult | 14 | 14 | 16 | 9 | 17 | 21 | 6 | 14 | 21 |
| Very difficult | 2 | 1 | 2 | 0 | 0 | 5 | 0 | 5 | 4 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=497) | (n=78) | (n=63) | (n=71) | (n=58) | (n=44) | (n=65) | (n=65) | (n=53) |
| Don't know | 10 | 8 | 5 | 3 | 17 | 9 | 5 | 20 | 13 |
| Easier | 14 | 9 | 25 | 10 | 14 | 23 | 8 | 12 | 11 |
| Stable | 58 | 69 | 56 | 78 | 50 | 50 | 57 | 51 | 47 |
| More difficult | 14 | 13 | 10 | 10 | 16 | 14 | 17 | 11 | 23 |
| Fluctuates | 5 | 1 | 5 | 0 | 3 | 5 | 14 | 6 | 6 |
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | (n=471) | (n=75) | (n=62) | (n=70) | (n=54) | (n=43) | (n=61) | (n=59) | (n=101) |
| Friends | 70 | 67 | 60 | 71 | 78 | 63 | 82 | 64 | 73 |
| Known dealers | 49 | 53 | 53 | 59 | 52 | 42 | 41 | 41 | 42 |
| Acquaintances | 16 | 9 | 19 | 17 | 20 | 19 | 21 | 7 | 15 |
| Workmates | 6 | 4 | 8 | 7 | 2 | 9 | 7 | 3 | 8 |
| Unknown dealers | 8 | 9 | 8 | 7 | 6 | 5 | 8 | 10 | 6 |

**Source: EDRS interviews 2005**

**Source of purity data**: ACC 2005. Purity data reflects analysed seizures by state police in each jurisdiction. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2004/05. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

**Table B2: Price and availability of methamphetamine base by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 38 | 43 | 27 | 21 | 23 | 82 | 38 | 29 | 45 |
| **Median price ($) per point** | - | (n=20) $30 | (n=11) $40 | (n=2) $22.50 | (n=11) $50 | (n=36) $25 | (n=6) $50 | (n=16) $75 | (n=19) $25 |
| **Price changes** | | | | | | | | | |
| (% who commented) | (n=232) | (n=46) | (n=21) | (n=9) | (n=18) | (n=63) | (n=17) | (n=25) | (n=33) |
| Don't know | 25 | 41 | 14 | 44 | 39 | 13 | 18 | 16 | 30 |
| Decreased | 8 | 11 | 14 | 0 | 0 | 11 | 0 | 4 | 6 |
| Stable | 57 | 44 | 52 | 56 | 50 | 73 | 47 | 64 | 49 |
| Increased | 5 | 2 | 5 | 0 | 6 | 2 | 12 | 12 | 9 |
| Fluctuated | 6 | 2 | 14 | 0 | 6 | 2 | 24 | 4 | 6 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=232) | (n=46) | (n=21) | (n=9) | (n=18) | (n=63) | (n=17) | (n=25) | (n=33) |
| Don't know | 5 | 4 | 0 | 0 | 11 | 0 | 6 | 12 | 9 |
| Very easy | 30 | 26 | 33 | 11 | 28 | 48 | 24 | 4 | 27 |
| Easy | 41 | 44 | 38 | 56 | 28 | 44 | 41 | 40 | 36 |
| Difficult | 22 | 24 | 29 | 22 | 33 | 8 | 29 | 40 | 21 |
| Very difficult | 2 | 2 | 0 | 11 | 0 | 0 | 0 | 4 | 6 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=232) | (n=46) | (n=21) | (n=9) | (n=18) | (n=63) | (n=17) | (n=25) | (n=33) |
| Don't know | 10 | 7 | 5 | 22 | 22 | 2 | 12 | 20 | 15 |
| Easier | 17 | 33 | 29 | 11 | 17 | 16 | 6 | 4 | 9 |
| Stable | 56 | 50 | 57 | 55 | 44 | 71 | 71 | 48 | 46 |
| More difficult | 14 | 11 | 10 | 11 | 17 | 8 | 8 | 16 | 27 |
| Fluctuates | 3 | 0 | 0 | 0 | 0 | 3 | 3 | 12 | 3 |
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | (n=217) | (n=44) | (n=20) | (n=8) | (n=16) | (n=63) | (n=13) | (n=24) | (n=29) |
| Friends | 64 | 50 | 45 | 25 | 63 | 70 | 77 | 75 | 83 |
| Known dealers | 48 | 57 | 70 | 13 | 63 | 37 | 62 | 38 | 45 |
| Acquaintances | 14 | 5 | 10 | 0 | 31 | 22 | 39 | 13 | 0 |
| Workmates | 8 | 5 | 10 | 0 | 0 | 11 | 15 | 13 | 7 |
| Unknown dealers | 5 | 5 | 10 | 13 | 0 | 2 | 23 | 4 | 0 |

**Source: EDRS interviews 2005**

**Table B3: Price and availability of crystal methamphetamine by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 38 | 40 | 26 | 42 | 10 | 41 | 69 | 32 | 40 |
| **Median price ($) per point** | - | (n=27) $50 | (n=14) $35 | (n=5) $40 | (n=3) $50 | (n=12) $25 | (n=32) $50 | (n=17) $80 | (n=32) $50 |
| **Crystal price changes** | | | | | | | | | |
| (% who commented) | (n=265) | (n=51) | (n=21) | (n=24) | (n=9) | (n=31) | (n=59) | (n=29) | (n=44) |
| Don't know | 28 | 31 | 5 | 38 | 67 | 23 | 11 | 48 | 34 |
| Decreased | 6 | 8 | 10 | 4 | 0 | 0 | 7 | 3 | 9 |
| Stable | 38 | 28 | 43 | 29 | 11 | 48 | 64 | 38 | 16 |
| Increased | 20 | 24 | 29 | 29 | 22 | 19 | 9 | 3 | 30 |
| Fluctuated | 9 | 10 | 14 | 0 | 0 | 10 | 9 | 7 | 11 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=264) | (n=51) | (n=21) | (n=24) | (n=9) | (n=31) | (n=56) | (n=28) | (n=44) |
| Don't know | 3 | 6 | 0 | 0 | 11 | 3 | 0 | 11 | 2 |
| Very easy | 22 | 22 | 38 | 13 | 0 | 29 | 30 | 7 | 16 |
| Easy | 39 | 37 | 38 | 33 | 11 | 52 | 50 | 25 | 34 |
| Difficult | 30 | 33 | 24 | 42 | 56 | 16 | 18 | 50 | 27 |
| Very difficult | 7 | 2 | 0 | 13 | 22 | 0 | 2 | 7 | 21 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=265) | (n=51) | (n=21) | (n=24) | (n=9) | (n=31) | (n=56) | (n=29) | (n=44) |
| Don't know | 7 | 12 | 0 | 8 | 44 | 7 | 0 | 10 | 5 |
| Easier | 20 | 17 | 19 | 25 | 11 | 13 | 20 | 10 | 34 |
| Stable | 40 | 37 | 62 | 33 | 22 | 61 | 43 | 52 | 16 |
| More difficult | 23 | 24 | 19 | 29 | 22 | 16 | 21 | 14 | 36 |
| Fluctuates | 9 | 8 | 0 | 4 | 0 | 3 | 16 | 14 | 9 |
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | (n=238) | (n=45) | (n=20) | (n=23) | (n=7) | (n=28) | (n=49) | (n=25) | (n=41) |
| Friends | 51 | 42 | 45 | 30 | 29 | 68 | 80 | 36 | 42 |
| Known dealers | 38 | 33 | 55 | 48 | 86 | 29 | 39 | 28 | 32 |
| Acquaintances | 11 | 9 | 10 | 4 | 14 | 14 | 22 | 4 | 5 |
| Workmates | 3 | 2 | 0 | 0 | 0 | 11 | 4 | 8 | 0 |
| Unknown dealers | 6 | 7 | 25 | 0 | 0 | 4 | 6 | 4 | 0 |

**Source: EDRS interviews 2005**

# Appendix C

**Table C1: Price, purity and availability of cocaine by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 41 | 55 | 44 | 63 | 20 | 49 | 35 | 11 | 41 |
| **Median price ($) per gram** | - | (n=35) $270 | (n=27) $250 | (n=29) $300 | (n=9) $350 | (n=11) $300 | (n=12 $350 | (n=6) $375 | (n=27) $300 |
| **Price change (%)** | | | | | | | | | |
| (% who commented) | (n=228) | (n=59) | (n=38) | (n=32) | (n=15) | (n=23) | (n=14) | (n=11) | (n=36) |
| Don't know | 36 | 34 | 29 | 16 | 73 | 57 | 29 | 36 | 39 |
| Decreased | 8 | 5 | 18 | 0 | 0 | 0 | 7 | 9 | 14 |
| Stable | 31 | 31 | 21 | 56 | 20 | 13 | 43 | 46 | 28 |
| Increased | 16 | 24 | 13 | 19 | 7 | 13 | 14 | 9 | 11 |
| Fluctuated | 10 | 7 | 18 | 9 | 0 | 17 | 7 | 0 | 8 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=228) | (n=59) | (n=38) | (n=32) | (n=15) | (n=23) | (n=14) | (n=11) | (n=36) |
| Don't know | 7 | 9 | 0 | 3 | 13 | 9 | 0 | 27 | 6 |
| Very easy | 9 | 15 | 8 | 3 | 0 | 13 | 0 | 0 | 14 |
| Easy | 31 | 32 | 34 | 34 | 20 | 35 | 36 | 9 | 31 |
| Difficult | 41 | 37 | 55 | 53 | 27 | 26 | 43 | 9 | 47 |
| Very difficult | 12 | 7 | 3 | 6 | 40 | 17 | 21 | 55 | 3 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=228) | (n=59) | (n=38) | (n=32) | (n=15) | (n=23) | (n=14) | (n=11) | (n=36) |
| Don't know | 18 | 20 | 5 | 3 | 33 | 26 | 21 | 27 | 28 |
| Easier | 16 | 20 | 16 | 13 | 0 | 13 | 22 | 0 | 22 |
| Stable | 50 | 42 | 58 | 63 | 60 | 48 | 57 | 46 | 39 |
| More difficult | 10 | 10 | 13 | 16 | 7 | 4 | 0 | 18 | 6 |
| Fluctuates | 6 | 7 | 8 | 6 | 0 | 9 | 0 | 9 | 6 |
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | (n=208) | (n=54) | (n=36) | (n=32) | (n=11) | (n=23) | (n=12) | (n=8) | (n=32) |
| Friends | 47 | 57 | 47 | 47 | 18 | 26 | 58 | 63 | 47 |
| Known dealers | 32 | 28 | 47 | 34 | 27 | 26 | 33 | 13 | 31 |
| Acquaintances | 11 | 9 | 11 | 13 | 9 | 9 | 25 | 25 | 3 |
| Workmates | 2 | 0 | 0 | 6 | 0 | 0 | 8 | 13 | 3 |
| Unknown dealers | 3 | 2 | 6 | 3 | 9 | 0 | 0 | 13 | 3 |

**Source: EDRS interviews 2005**

# Appendix D

**Table D1: Price, purity and availability of ketamine by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 21 | 39 | 17 | 35 | 11 | 24 | 11 | 7 | 20 |
| **Median price ($) per gram** | - | (n=13) $100 | (n=2) $65 | (n=13) $180 | (n=4) $190 | (n=4) $200 | (n=1) $150 | (n=1) $80 | (n=9) $150 |
| **Price change (%)** | | | | | | | | | |
| (% who commented) | (n=129) | (n=44) | (n=15) | (n=19) | (n=9) | (n=8) | (n=5) | (n=6) | (n=23) |
| Don't know | 47 | 57 | 33 | 42 | 44 | 50 | 40 | 67 | 39 |
| Decreased | 4 | 2 | 7 | 5 | 0 | 0 | 0 | 17 | 4 |
| Stable | 40 | 30 | 60 | 47 | 44 | 50 | 60 | 0 | 44 |
| Increased | 6 | 7 | 0 | 5 | 11 | 0 | 0 | 17 | 9 |
| Fluctuated | 2 | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=129) | (n=44) | (n=15) | (n=19) | (n=9) | (n=8) | (n=5) | (n=6) | (n=23) |
| Don't know | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 17 | 9 |
| Very easy | 12 | 18 | 20 | 5 | 0 | 0 | 0 | 17 | 13 |
| Easy | 38 | 48 | 40 | 53 | 11 | 25 | 40 | 0 | 30 |
| Difficult | 36 | 34 | 20 | 32 | 78 | 50 | 60 | 17 | 30 |
| Very difficult | 12 | 0 | 20 | 10 | 11 | 25 | 0 | 50 | 17 |
| **Availability change (%)** | | | | | | | | | |
| (% who commented) | (n=129) | (n=44) | (n=15) | (n=19) | (n=9) | (n=8) | (n=5) | (n=6) | (n=23) |
| Don't know | 12 | 7 | 7 | 0 | 33 | 25 | 20 | 17 | 17 |
| Easier | 11 | 9 | 13 | 16 | 0 | 0 | 20 | 0 | 17 |
| Stable | 55 | 64 | 67 | 58 | 33 | 38 | 40 | 50 | 48 |
| More difficult | 20 | 18 | 13 | 26 | 22 | 38 | 20 | 17 | 17 |
| Fluctuates | 2 | 2 | 0 | 0 | 11 | 0 | 0 | 17 | 0 |
| **Score from (%)** | | | | | | | | | |
| (% who commented) | (n=118) | (n=40) | (n=15) | (n=18) | (n=8) | (n=7) | (n=5) | (n=5) | (n=20) |
| Friends | 49 | 60 | 27 | 44 | 38 | 43 | 40 | 20 | 65 |
| Known dealers | 30 | 23 | 40 | 44 | 38 | 29 | 40 | 40 | 15 |
| Acquaintances | 7 | 3 | 20 | 0 | 13 | 0 | 20 | 0 | 10 |
| Unknown dealers | 9 | 10 | 20 | 11 | 13 | 0 | 0 | 20 | 0 |

**Source: EDRS interviews 2005**

**Table D2: Price, purity and availability of GHB by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 9 | 13 | 6 | 16 | 2 | 18 | 3 | 4 | 13 |
| **Price ($) per ml** | - | $4<br>3x$5<br>$15 | - | 2x$1<br>3x$2<br>5x$2.5<br>2x$3 | $2 | $1<br>$2<br>$3<br>$3.5<br>4x$4<br>2x$5<br>$8 | - | - | $2<br>3x$3<br>7x$5<br>$6<br>$10 |
| **Price change (%)** | | | | | | | | | |
| (% who commented) | (n=71) | (n=16) | (n=5) | (n=14) | (n=2) | (n=14) | (n=1) | (n=2) | (n=17) |
| Don't know | 41 | 44 | 20 | 29 | 100 | 36 | 0 | 50 | 53 |
| Decreased | 10 | 6 | 20 | 21 | 0 | 14 | 0 | 0 | 0 |
| Stable | 32 | 31 | 20 | 36 | 0 | 29 | 0 | 50 | 41 |
| Increased | 10 | 13 | 40 | 0 | 0 | 7 | 100 | 0 | 6 |
| Fluctuated | 7 | 6 | 0 | 14 | 0 | 14 | 0 | 0 | 0 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=71) | (n=16) | (n=5) | (n=14) | (n=2) | (n=14) | (n=1) | (n=2) | (n=17) |
| Don't know | 6 | 13 | 0 | 0 | 0 | 14 | 0 | 0 | 6 |
| Very easy | 24 | 31 | 20 | 64 | 0 | 7 | 0 | 0 | 6 |
| Easy | 30 | 25 | 40 | 14 | 0 | 36 | 0 | 50 | 41 |
| Difficult | 32 | 25 | 40 | 21 | 50 | 43 | 100 | 50 | 29 |
| Very difficult | 7 | 6 | 0 | 0 | 50 | 0 | 0 | 0 | 18 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=71) | (n=16) | (n=5) | (n=14) | (n=2) | (n=14) | (n=1) | (n=2) | (n=17) |
| Don't know | 6 | 19 | 0 | 7 | 0 | 14 | 100 | 0 | 24 |
| Easier | 23 | 6 | 60 | 36 | 50 | 36 | 0 | 50 | 0 |
| Stable | 44 | 44 | 40 | 43 | 50 | 29 | 0 | 50 | 59 |
| More difficult | 17 | 31 | 0 | 14 | 0 | 14 | 0 | 0 | 18 |
| Fluctuates | 1 | 0 | 0 | 0 | 0 | 7 | 0 | 0 | 0 |
| **Scored from (%)** | | | | | | | | | |
| (% who commented) | (n=60) | (n=16) | (n=3) | (n=13) | (n=2) | (n=11) | (n=0) | (n=2) | (n=13) |
| Friends | 43 | 38 | 67 | 62 | 0 | 36 | 0 | 0 | 46 |
| Known dealers | 43 | 38 | 67 | 69 | 0 | 9 | 0 | 0 | 62 |
| Acquaintances | 3 | 0 | 0 | 0 | 50 | 0 | 0 | 50 | 0 |
| Workmates | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Unknown dealers | 8 | 19 | 0 | 15 | 0 | 0 | 0 | 0 | 0 |

**Source: EDRS interviews 2005**

**Table D3: Price, purity and availability of LSD by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 32 | 33 | 30 | 38 | 31 | 48 | 35 | 15 | 2 |
| **Median price ($) per tab** | - | (n=38) $20 | (n=35) $20 | (n=25) $15 | (n=36) $25 | (n=27) $10 | (n=35) $25 | (n=15) $25 | (n=28) $20 |
| **Price change (%)** | | | | | | | | | |
| (% who commented) | (n=266) | (n=42) | (n=38) | (n=25) | (n=36) | (n=44) | (n=35) | (n=16) | (n=30) |
| Don't know | 21 | 21 | 26 | 8 | 14 | 21 | 17 | 25 | 37 |
| Decreased | 9 | 7 | 13 | 16 | 8 | 2 | 14 | 0 | 7 |
| Stable | 49 | 52 | 42 | 60 | 58 | 64 | 29 | 38 | 43 |
| Increased | 14 | 14 | 8 | 4 | 11 | 9 | 31 | 25 | 10 |
| Fluctuated | 8 | 5 | 11 | 12 | 8 | 5 | 9 | 13 | 3 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=266) | (n=42) | (n=38) | (n=25) | (n=36) | (n=44) | (n=35) | (n=16) | (n=30) |
| Don't know | 4 | 10 | 0 | 0 | 30 | 9 | 0 | 13 | 0 |
| Very easy | 17 | 26 | 16 | 16 | 19 | 16 | 14 | 6 | 17 |
| Easy | 35 | 26 | 21 | 44 | 47 | 39 | 34 | 44 | 33 |
| Difficult | 37 | 29 | 63 | 32 | 28 | 32 | 34 | 19 | 47 |
| Very difficult | 7 | 10 | 0 | 8 | 3 | 5 | 17 | 19 | 3 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=266) | (n=42) | (n=38) | (n=25) | (n=36) | (n=44) | (n=35) | (n=16) | (n=30) |
| Don't know | 15 | 21 | 8 | 8 | 19 | 21 | 21 | 25 | 13 |
| Easier | 23 | 12 | 26 | 24 | 31 | 18 | 18 | 13 | 17 |
| Stable | 47 | 57 | 45 | 56 | 33 | 49 | 43 | 31 | 63 |
| More difficult | 11 | 10 | 18 | 4 | 14 | 9 | 9 | 19 | 3 |
| Fluctuates | 5 | 0 | 3 | 8 | 3 | 9 | 9 | 13 | 3 |

**Source: EDRS interviews 2005**

**Table D4: Price, purity and availability of MDA by jurisdiction, 2005**

| | National N=810 | NSW n=101 | ACT n=126 | VIC n=100 | TAS n=100 | SA n=100 | WA n=100 | NT n=82 | QLD n=101 |
|---|---|---|---|---|---|---|---|---|---|
| **% used last 6 months** | 9 | 19 | 12 | 8 | 3 | 9 | 11 | 2 | 5 |
| **Median price ($) per capsule** | - | (n=8) $37.50 | (n=7) $40 | (n=1) $24 | (n=1) $45 | - | (n=3) $50 | (n=1) $50 | (n=5) $30 |
| **Price change (%)** | | | | | | | | | |
| (% who commented) | (n=44) | (n=17) | (n=8) | (n=2) | (n=2) | (n=5) | (n=3) | (n=1) | (n=6) |
| Don't know | 36 | 53 | 13 | 0 | 100 | 40 | 33 | 0 | 17 |
| Decreased | 7 | 6 | 25 | 0 | 0 | 0 | 0 | 0 | 17 |
| Stable | 48 | 29 | 63 | 50 | 0 | 60 | 67 | 100 | 67 |
| Increased | 7 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fluctuated | 2 | 0 | 0 | 50 | 0 | 0 | 0 | 0 | 0 |
| **Availability (%)** | | | | | | | | | |
| (% who commented) | (n=44) | (n=17) | (n=8) | (n=2) | (n=2) | (n=5) | (n=3) | (n=1) | (n=6) |
| Don't know | 14 | 18 | 13 | 0 | 50 | 0 | 0 | 0 | 17 |
| Very easy | 5 | 0 | 0 | 0 | 0 | 20 | 0 | 100 | 0 |
| Easy | 39 | 59 | 13 | 0 | 0 | 40 | 33 | 0 | 50 |
| Difficult | 43 | 24 | 75 | 100 | 50 | 40 | 67 | 0 | 33 |
| **Availability changes (%)** | | | | | | | | | |
| (% who commented) | (n=44) | (n=17) | (n=8) | (n=2) | (n=2) | (n=5) | (n=3) | (n=1) | (n=6) |
| Don't know | 25 | 24 | 38 | 0 | 50 | 40 | 0 | 0 | 17 |
| Easier | 7 | 0 | 0 | 0 | 0 | 20 | 0 | 100 | 17 |
| Stable | 52 | 65 | 63 | 50 | 50 | 20 | 33 | 0 | 50 |
| More difficult | 9 | 6 | 0 | 50 | 0 | 20 | 0 | 0 | 17 |
| Fluctuates | 7 | 6 | 0 | 0 | 0 | 0 | 67 | 0 | 0 |

**Source: EDRS interviews 2005**

## Appendix E

**"Traffickable" amounts of MDMA across Australia**

**NSW**: 0.75g or 5 pills
Website: http://www.austlii.edu.au/au/legis/nsw/consol_act/dmata1985256/sch1.html

**ACT**: 0.5g
Website: http://www.legislation.act.gov.au/sl/2005-2/default.asp

**Victoria**: 3g
Website:
http://www.dms.dpc.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecf1b7ca256e92000e23be/4EB257CFE09A9E84CA2571CB001B7CEE/$FILE/06-052a.pdf

**Tasmania**: 10g
Website:
http://www.thelaw.tas.gov.au/tocview/index.w3p;cond=all;doc_id=94%2B%2B2001%2BAT%40EN%2B20070228000000;histon=;prompt=;rec=;term=misuse%20of%20drugs

**South Australia**: 0.5g
Website:http://www.legislation.sa.gov.au/LZ/C/R/CONTROLLED%20SUBSTANCES%20(PROHIBITED%20SUBSTANCES)%20REGULATIONS%202000/CURRENT/2000.199.UN.PDF

**Western Australia**: 4g results in a court trial
Website: http://www.austlii.edu.au/au/legis/wa/consol_act/moda1981184/s42.html

**Northern Territory**: 0.5g
Website: http://www.austlii.edu.au/au/legis/nt/consol_act/moda184/sch2.html

**Queensland**: 2g
Website: http://www.legislation.qld.gov.au/LEGISLTN/CURRENT/D/DrugsMisuseR87.pdf

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