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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2008:

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

Australian Drug Trends Series No. 28

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This is the sixth year the Ecstasy and Related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative) has been conducted nationally. In 2008, 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 Kerry Howard, Ms Kim McLachlan, Ms Jaime Reynolds and colleagues of the AGDH&A for their continued assistance with and support of the EDRS.

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- Ms Robyn Vial, Ms Lynlea Simmonds, Dr Nancy White and A/Prof Robert Ali, Drug and Alcohol Services of South Australia[1];
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- Mr Fabian Kong and A/Prof Paul Dietze, Macfarlane Burnet Institute, Victoria; and
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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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ABBREVIATIONS

1,4B	1,4 butanediol
2CB	4-bromo-2,5-dimethoxyphenethylamine
2CI	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGDH&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
ATS	Amphetamine-Type Stimulants
AUDIT	Alcohol Use Disorders Identification Test
AVO	Apprehended Violence Order
BBVI	Blood-borne viral infection(s)
BZP	Benzylpiperizine(s)
CNS	Central Nervous System
CRUFAD	Clinical Research Unit For Anxiety and Depression
DASSA	Drug and Alcohol Services of South Australia
DOB	2,5-dimethoxy-4-bromoamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
D&A	Drug and Alcohol
EDRS	Ecstasy and Related Drugs Reporting System
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
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	Person(s) who inject(s) drugs; injecting drug user(s)
K10	Kessler Psychological Distress Scale

KE	Key expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylendioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylendioxymethamphetamine
MSIC	(Sydney) Medically Supervised Injecting Centre
N	(or n) Number of participants
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program(s)
NSW	New South Wales
NT	Northern Territory
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
QLD	Queensland
RBT	Random Breath Test
REU	Regular ecstasy users(s)
ROA	Route of Administration
SA	South Australia
SAPOL	South Australia Police
SDS	Severity of Dependence Scale
SF-8	Short-Form 8 (Health Survey)
SPSS	Statistical Package for the Social Sciences
STI	Sexually Transmitted Infection
TAS	Tasmania
TMA	3,4,5 trimethoxyamphetamine
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

GLOSSARY OF TERMS

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

Guide to days of use/injection

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

*as appropriate

EXECUTIVE SUMMARY

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2008* report presents the findings from the sixth year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERD). The Ecstasy and Related Drugs Reporting System (EDRS; formerly the Party Drugs Initiative, or PDI) is the most comprehensive and detailed study of ERD markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (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 utilises data from three sources: a) surveys with regular ecstasy users (REU); b) surveys with key experts (KE) who have contact with REU through the nature of their work; and c) the analysis of existing data sources that contain information on ERD. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the 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 drugs 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 ERD markets in Australia will help add to our understanding of the use of these drugs; the price, purity and availability of these drugs and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

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

Demographic characteristics of the national REU sample

Six hundred and seventy-eight participants were recruited to the 2008 REU sample. As in previous years, REU interviewed in the 2008 EDRS were young, with a mean age of 25 years; well educated, with most reporting 12 years of secondary education; and likely to be employed and/or studying. They were typically in stable accommodation, with three-fifths (65%) reporting living in rented accommodation and just under a fifth living in their parents' or family house. The vast majority spoke English as their main language at home (98%) and 2% identified as Aboriginal and/or Torres Strait Islander. Few participants were in treatment for drug-related problems, and only a small proportion had previously been incarcerated. Three-fifths of the sample was male, and the majority (81%) identified as heterosexual. Despite general consistency across jurisdictions regarding demographic characteristics, differences were identified. Data collected since 2003 indicates that the demographic profile of REU interviewed nationally has remained largely unchanged.

Patterns of drug use among the REU sample

The REU interviewed in 2008, as with previous years, were polydrug users. Approximately half (43%) reported use of three or more of the main drugs focused on in the EDRS – i.e. ecstasy, methamphetamine, cocaine, ketamine, GHB, MDA and/or LSD – in the preceding six months.

In addition to all participants reporting lifetime and recent use of ecstasy as a condition of entry into the study, alcohol (99%), cannabis (97%) and tobacco (91%) were the drugs most likely to have ever been used ('lifetime use') and to have been used in the preceding six months ('recent use'; 97%, 76% and 72% respectively). The majority of the sample reported lifetime use of methamphetamine (most commonly speed), cocaine and LSD; more than one-quarter reported the recent use of such drugs as cocaine, methamphetamine (speed, base and ice/crystal) and LSD.

Seventeen percent of the sample had ever injected a drug and 10% had done so in the six months preceding interview. A third (34%) of the national sample had used ecstasy and other drugs for more than 48 hours without sleep ('binged') in the six months preceding interview, with the median length of a binge being almost three days (60 hours).

Ecstasy

The median age at which ecstasy was first used was 18 years, while the median age at which regular (at least monthly) use commenced was 19 years. South Australian (SA) and Queensland (QLD) reported later ages of 20 and 22 years of age. REU in the national sample had been using ecstasy regularly for a median duration of three years. Ecstasy had been used on a median of 12 days in the past six months, i.e. approximately once per fortnight; just over one-tenth (13%) reported using ecstasy pills more than once per week. There was little jurisdictional difference observed in the frequency of ecstasy use in 2008, with the exception of the Australian Capital Territory (ACT) that reported a median of 18 days (between weekly and fortnightly).

Participants reported using a median of two ecstasy tablets in a typical session of use and a median of four tablets in a heavy session of use. The vast majority (77%) reported typically using more than one ecstasy tablet in a typical use session, with little difference between jurisdictions. All participants reported swallowing ecstasy in the six months prior to interview; small minorities reported smoking and/or injecting ecstasy in this time. A third (29%) of the national sample reported having binged (defined as use over 48 hours or more without sleep) on ecstasy in the preceding six months; the median length of the longest binge was almost three days (60 hours; range 50-72 hours).

The majority (94%) of the national sample reported that they typically used other drugs with ecstasy, with alcohol (more than five standard drinks) and tobacco being the most commonly reported. Four-fifths (82%) reported using other drugs to come down from ecstasy, most commonly cannabis, followed by tobacco and alcohol.

Over two-fifths (45%) percent of the national sample reported that most of their friends use ecstasy, and a further one-third (29%) reported that half of their friends use ecstasy. Participants purchased ecstasy from a median of three different people, and two-thirds (68%) reported that when they purchased ecstasy, they purchased it for themselves and others. Sixty-five percent were able to purchase other drugs from their main ecstasy source, most commonly cannabis, speed, ice/crystal, cocaine and d-lysergic acid (LSD).

Friends (80%) were the most common sources of ecstasy, followed by known dealers (50%). Ecstasy was purchased from a range of locations, including friends' homes (61%), dealers' homes (39%) and nightclubs (37%). Ecstasy was also used in a variety of public and private locations,

including nightclubs (78%), live music events (60%) friends' homes (52%) and private parties (45%). Data collected across time suggest that, while ecstasy is most frequently reported to be used at nightclubs, significant proportions use ecstasy in private locations such as their own or their friends' homes.

The median price of a tablet of ecstasy ranged from $25 in SA and QLD to $50 in the Northern Territory (NT). Prices were relatively similar to those reported in 2007, with variations of between $2.50-$5. The majority of the REU in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months, although just under one-third (30%) of participants in QLD thought it had decreased.

In 2008, perceptions current of ecstasy purity were similar to those reported in 2007, with 37% reporting it to be medium and 27% reporting that it was fluctuating. One-fifth reported that it was high (19%) and 14% reported that it was low respectively. Just over one-third (37%) reported that purity had remained stable in the six months prior to interview, with the same proportion reporting that purity had fluctuated (30%) during that time. Whilst these reports are necessarily subjective, they are also likely to reflect variations and fluctuations in pill content and purity (Quinn et al., 2004, Quinn et al., 2007) and are consistent with data collected across time, where approximately one-third of the sample each year 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 to obtain, 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 one in five participants in Tasmania (TAS) reporting that obtaining ecstasy had become more difficult over the preceding six months.

Health and law enforcement-related harms associated with ecstasy use are discussed in the relevant sections below.

Methamphetamine

Participants were asked about their use of methamphetamine powder (speed), methamphetamine base (base) and crystalline methamphetamine (ice/crystal). The majority of participants reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lives and almost two-thirds reported use of one or more of these forms during the six months preceding interview. In 2008, the lowest proportions reporting recent use of methamphetamine (any form) were recorded since 2003, a finding that was also observed across all three forms. Frequency of use of any form was sporadic at six days in the past six months (i.e. approximately monthly use. Daily use was uncommon, with five participants reporting daily use in 2008. One-fifth of the national sample reported having ever injected one or more forms of methamphetamine.

Speed

Of all three forms, speed remains the form that had most reports of recent use. The highest recent use of speed was reported in Victoria (VIC) (75%). Just under half (46%) reported the use of the powder form of methamphetamine (speed) in the six months prior to interview, representing a slight decrease from 2007 (57%). The median days of use was four days in the six months prior to interview, i.e. approximately monthly use. Snorting and swallowing were the most common routes of administration; 13% of recent users had injected it in the past six months. Recent users reported using a median of half a gram in a typical and a gram in the heaviest recent session of use.

Friends (60%) and known dealers (47%) were common sources of speed, with friends' homes (46%) and dealers' homes (36%) the most commonly nominated locations of purchase. Speed was used in a range of private (friends' homes, 52%; home, 42%) and public (nightclubs 66%; live music events, 44% and raves 32%) locations.

The median price for a gram of speed ranged from $50 in NSW to $300 in TAS and the NT and the price per point ranged from a median of $20 in NSW to a median of $50 in VIC, SA and Western Australia (WA) (all based on small numbers). The price of speed was generally reported to have remained stable over the preceding six months. Speed was most commonly reported to be easy or very easy to obtain by those commenting, and to have remained stable over the preceding six months. The purity of speed was reported to be medium (33%) or low (20%) by those who commented, and one-third (30%) of those who commented reporting that purity had remained stable or did not know (31%) in the six months prior to interview.

Base

Almost one-fifth of participants (18%) reported using base in the six months prior to interview, representing a decrease from 2007 (26%). SA was the jurisdiction reporting the most recent base use. The median days of use among users remained stable at four days. Swallowing (74%) was the most commonly nominated route of administration; followed by injecting (27%) and/or smoking (18%) in the six months before interview. The number of participants reporting injecting base recently has increased from 2007 (19%). Recent base users reported using a median of two points in a typical session of use and in the heaviest recent session of use.

Like speed, friends (58%) and known dealers (49%) were common people from whom base was scored, and the most common locations where it was purchased were at friends' homes (49%) and dealers' homes (47%). Use occurred in a range of public and private locations, including at friends' homes (56%), participants' own homes (52%) and at nightclubs (43%).

The price of base ranged from $180 in NSW to $400 in the NT per gram and $25 in QLD to $50 in SA per point (caution small numbers. The majority of those commenting in the national sample reported that the price of base had remained stable in the six months prior to interview. Of those who commented, the purity of base was reported to be medium (34%) or high (30%), and there were mixed reports of those who commented reported that the purity had remained stable (32%) versus fluctuated (31%) in the six months prior to interview. Base had mixed reports of availability also of being easy (40%) or difficult (32%) to obtain, and to have remained stable over the preceding six months. Smaller numbers of participants were able to comment on base than on speed, a finding that likely reflects comparatively lower levels of use and/or availability.

Ice/crystal

One-quarter (24%) of participants reported recent (last six months) use of ice/crystal, representing a decrease from 2007 (33%). The median days of use among those who had recently used remained the same to that reported in 2007 (six days). One-third (28%) of those who reported bingeing on ecstasy and other drugs reported using ice/crystal in a binge episode (this figure was 49% in 2006). Recent users reported using a median of one point in a typical session of use and two points in the heaviest recent session of use. Among recent ice/crystal users, the most common route of administration was smoking (73%); 26% had injected it.

Known dealers (50%) and friends (46%) were most commonly nominated as the people from whom ice/crystal was purchased, typically from dealers' homes (39%) and/or friends' homes (37%). Usual use venues included private locations (friends' homes, 60%; and at own home, 58%), before public venues (in nightclubs, 33%).

The median price for a point of ice/crystal was $50 in all jurisdictions (note: small numbers commenting in several jurisdictions). The price per gram was typically higher than for speed or base, although figures should be taken as an indication only, due to being based on fewer than 10 participants in each jurisdiction. Among the national sample, the price was most commonly reported to have remained stable in the six months prior to interview. Current purity was reported to be high (40%) or medium (31%) by those who commented and to have remained stable (38%) over the past six months. Ice/crystal was reported to be easy (34%) or very easy (33%) to obtain by those who commented, and availability was reported to have remained stable in the six months prior to interview by exactly half (50%) of those who commented. Similar to base, fewer participants were able to comment on the market characteristics of ice/crystal than were able to comment on speed.

Health and law enforcement-related harms associated with methamphetamine use are discussed in the relevant sections below.

Cocaine

Just over one-third (36%) of the national sample reported recent use. Eleven percent of the national sample nominated cocaine as their drug of choice. Jurisdictional differences were observed in the proportions reporting lifetime and recent use. Despite recent media attention, reported cocaine use in the REU sample appears to have remained similar to previous years. NSW and VIC reported the highest levels of recent cocaine use. Frequency of use among those who had used was low at a median of three days in the preceding six months, and the majority of recent users reported using cocaine less than once per month. Twenty-three percent of those who had binged on ecstasy and/or related drugs in the six months preceding interview had used cocaine in 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 (94%) was the most common route of administration, followed by swallowing (27%). Small proportions (both 5 %) had recently injected or smoked cocaine.

Cocaine was most commonly acquired through friends or known dealers at private homes, most commonly friends' homes, dealers' homes or via a dealer visiting them at their own homes. Cocaine was used in a variety of public and private locations, such as nightclubs, friends' homes and private parties. However, there were jurisdictional differences noted. Data collected across time show an increase in the proportion nominating nightclubs as locations of usual use; however in 2008, equal proportions nominated private locations such as a friend's home.

As in previous years, cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $300 in NSW, the ACT, VIC and QLD to $450 in NT Prices remained similar to those reported in 2007 and higher than those in 2003. Two-fifths of those commenting on cocaine reported that prices had remained stable over the preceding six months and one-third 'did not know'.

In 2008, just over one-third (37%; 34% in 2007) of those who commented reported that the current purity of cocaine was medium and a further 25% reported the current purity to be low. One-third (33%) of those who commented reported that cocaine purity had remained stable in the six months prior to interview; 34% reported that they did not know. Varying reports were given concerning the current availability of cocaine, with 37% reporting it to be difficult to obtain and 32% reporting it to be easy to obtain. Half (50%) of those who commented reported that availability had remained stable in the six months prior to interview.

Health and law enforcement-related harms associated with cocaine use are discussed in the relevant sections below.

Ketamine

Twelve percent reported having used ketamine in the six months preceding interview; frequency of use among users was low at a median of two days in the preceding six months. Recent use is confined to NSW, VIC and SA. All other states report less than ten recent ketamine users.

Proportion of reported recent use of ketamine has declined in all jurisdictions from 2003-2008. This may be related to a demographic issue (that is, ketamine use is becoming refined to a group of users not targeted by the EDRS) or a sampling issue (that is, perhaps the EDRS is no longer able to target this sub-group of regular ecstasy users that use ketamine) or a change in availability, purity or price may be the issue, though trend data collected would not demonstrate this to be the case.

Two percent of users had used it less than once a month. Ketamine was typically snorted (81%) and swallowed (27%). Very small proportions reported smoking and injecting ketamine. The median amount of ketamine used both in a typical and the heaviest recent episode of use was two 'bumps'.

Ketamine was obtained from friends (50%) and known dealers (28%) and was generally bought in private locations such as friends' homes (26%) and participants' own homes (26%). Locations of usual use have become noticeably private locations of own home and friends' home (both 64%).

Small numbers reported on price. The median price for a gram of ketamine varied from $150 in NSW to $300 in TAS. Amongst those who commented, 50% reported that the price of ketamine had remained stable in the six months preceding interview. The current purity of ketamine was perceived to be high by the majority of those who commented; and this was reported to have remained stable.

Ketamine was easy to very easy to obtain (50%) and this reportedly had not changed (stable 32%) in the last six months.

Health and law enforcement-related harms associated with ketamine use are discussed in the relevant sections below.

GHB

Seventeen percent of the national sample reported having ever used gamma-hydroxbutyrate (GHB), while seven percent reported that they had done so in the six months preceding interview. The GHB category includes the similar substances gamma-butyrolactone (GBL) and 1,4 butanediol (1,4B). Jurisdictional differences were noted, with proportions reporting recent use ranging from none (the NT) to 24% in NSW. Use remained confined to NSW, VIC and QLD. Frequency of use was sporadic among those who had used at a median of two days in the preceding six months; 72% of this group had used less than once per month.

Recent GHB users reported using a median of 3ml in a typical episode of use and a median of 5ml in the heaviest recent episode of use. It was consumed orally. GHB was most commonly purchased from friends (42%) and known dealers (38%). The most commonly reported purchase locations were private: friends' homes (42%), dealers' homes (29%) and participants' own homes (13%).

Nationally, few participants were able to comment on the market characteristics of GHB (price, purity and/or availability, n=29). Small numbers commented on the price of GHB (n=16), reporting prices ranging from $4 to $20. Of those who commented on GHB price changes, the

price had remained stable in the six months preceding interview. Purity was reported as high (55%) and purity had remained stable (52%). Availability was reported predominantly as very easy (41%) those were mixed between reports of difficult (28%) and easy (21%).

Health and law enforcement-related harms associated with GHB use are discussed in the relevant sections below.

LSD

Fifty-eight percent of the national sample reported having ever used LSD. One-third (30%) had used it in the preceding six months on a median of two days. Recent users reported using a median of one LSD tab in a typical session of use and one-and-a-half tabs in the heaviest recent session of use.

LSD was obtained from friends (64%) and known dealers (29%) and was most commonly purchased at friends' homes (41%) and dealers' homes (19%). Locations of usual use varied and included participants' own homes (42%), friends' homes (41%), outdoors (e.g. at the beach, bushwalking and/or camping; 34%), and raves (30%).

The median price of a tab of LSD ranged from $12.50 in SA, $15 in NSW and VIC, $20 in QLD, TAS the ACT and the NT to $25 in WA. Over half (56%) of those who commented reported that the price had remained stable in the six months prior to interview. Forty-four percent of those who commented stated that they perceived the current purity to be high. Thirty-four percent of those who commented reported that purity had remained stable in the six months preceding interview (33% stated that they did not know). LSD was reportedly easy (40%) to obtain and of those who commented 53% reported that availability had remained stable in the six months preceding interview.

MDA

Four percent of the national sample reported using 3,4 methylendiokyamphetamine (MDA) in the six months preceding interview on a median of two days; 83% of recent users reporting use on a less than monthly basis. Swallowing was the most frequently nominated route of administration (93%), followed by snorting (38%). A median of one and a half capsules was used in a typical session of use and a median of two capsules were used in the heaviest session of use over the preceding six months.

Only a small proportion of the national sample (n=10) was able to comment on MDA market characteristics (price, perceived purity, availability), scoring and usual use locations. Of those who commented, friends (70%) and known dealers (60%) were the most commonly nominated sources of MDA, and MDA was scored from friends' homes (50%) and dealers' homes (50%). The most commonly reported 'usual' use locations were nightclubs (60%) and raves (50%). Data on price in particular should be interpreted with caution, as small numbers of participants were able to comment on MDA in each jurisdiction; however as an indication, median prices ranged from $25 in the ACT, QLD and SA (n=3) to $40 in NSW (n=3). Two-fifths (40%) of those who commented reported that the price of MDA had remained stable in the six months preceding interview. Reports from the small numbers commenting indicated that the current purity of MDA was medium (35%) or high (35%), and 40% of those who commented reported that the purity had remained stable in the six months preceding interview. Reports on current availability were mixed and the majority of those commenting stated that it had remained stable over the six months preceding interview.

Cannabis

Cannabis use was common, with three-quarters (75%) reporting use in the six months preceding interview on a median of 24 days (i.e. weekly use) a substantial decrease from 40 days in 2007. One-fifth of recent cannabis users (15% of the entire sample) reported daily cannabis use during the preceding six months. Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions. The median number of cannabis cones smoked at the last occasion was two.

Participants responding to questions on cannabis markets (price, perceived potency and availability) were asked whether they distinguished between hydroponic (hydro) and outdoor grown (bush) cannabis in terms of price, potency and availability. The majority 98% of those that commented reported that they made this distinction. Use of hash and hash oil remained uncommon.

Nationally, quarter ounces and ounces were the most commonly purchased amounts, with hydro more commonly purchased than bush. Median prices for hydro were slightly higher than for bush cannabis. The median price for a quarter ounce (hydro) was between $75 (SA) and $90 (QLD) (note: small numbers commenting). For a quarter ounce (bush) was between $70 (ACT, VIC, TAS, and QLD) and $75 (WA). The median price per ounce of hydro ranged from $175 in NSW to $350 in the NT, while for bush it ranged from $200 in TAS and SA to $300 in the NT and WA (note: small numbers commenting on bush in most jurisdictions; results should be interpreted with caution). Prices were commonly reported to have remained stable over the preceding six months.

As in 2006, participants in all jurisdictions generally perceived the potency of hydro to be high (49% of those commenting) and bush cannabis was most commonly reported to be medium (51% of those commenting). The potency for both forms was generally reported to have remained stable over the last six months.

Hydro was generally reported to be easy or very easy to obtain. Just over half of the national sample thought that availability had remained stable over the preceding six months. Bush cannabis was also considered easy or very easy to obtain by the majority of participants commenting; however, 44% in WA and 37% in QLD reported it to be difficult. Availability of both forms was generally reported to have remained stable over the preceding six months.

Both hydro and bush cannabis were most commonly bought from friends, followed by known dealers. Friends' homes, followed by dealers' homes, were the most common locations for both bush and hydro cannabis to have been scored from.

Other drugs

Alcohol was the third drug of choice after ecstasy and cannabis. Almost the entire sample (99%) reported lifetime use, and recent use (97%) using it on a median of twice weekly. Seven percent of the entire sample reported daily drinking patterns. Eighty-six percent (an increase of 10% from 2007) reported that they usually used alcohol with ecstasy and the majority of those reported this practice with 5 standard drinks or more.

Tobacco Recent tobacco users were almost three quarters of the sample (72%) and of those, over half (55%) were daily smokers.

Benzodiazepines Illicit benzodiazepines were reportedly used by a greater proportion of the sample (21%) than licit benzodiazepines (9%). There were n=8 daily licit users and n=1 illicit daily user reported. Swallowing was the most common ROA for both forms with minimal reports of injecting and snorting illicitly obtained benzodiazepines.

Antidepressants Very small proportions reported lifetime or recent use of any antidepressant use, with ROA being swallowed for almost all users

Nitrous oxide A fifth of the sample had used the gas recently however use was minimal with most reporting less than monthly use.

Amyl nitrate A fifth had used amyl nitrate recently at a very low frequency of 2 days in the past six months.

Mushrooms were reported as drug of choice by 2% of users. Fifty-two percent of users had lifetime use and 17% had recently used.

Heroin Thirteen percent had lifetime use and 4% had recently used. Nine percent had injected heroin in their lifetime and the majority of recent users had injected. Two percent of the sample nominated heroin as their drug of choice.

Pharmaceutical Stimulants Fourteen percent of the nation sample had used a form of pharmaceutical stimulants recently most use was illicit at a low frequency of less than monthly and an ROA of swallowing.

Drug information-seeking behaviour

Participants varied in their efforts to find out about the content of drugs. Two-fifths (39%) of the national sample 'never' found out the content of drugs other than ecstasy, and one-fifth (17%) 'always' found out the content of ecstasy.

Amongst those participants who reported finding out the content of ecstasy, asking a friend (76%), asking their dealer (51%), and using websites (37%) were the most common sources participants reported. This illustrates sources that can be utilised, in relaying information about drugs, their effects and possible harms reduction messages.

In 2008, 80% of the national sample reported that they had recently consumed a drug which they suspected had a different substance than MDMA. Of those participants, the substances that they thought to be present instead of MDMA were predominantly methamphetamine (64%), ketamine (36%) and opiates (15%).

Health-related trends

Non-fatal Overdose

Of the national sample, 26% reported having ever 'overdosed' on a stimulant drug and 49% of those had done so in the preceding twelve months. Past yearly overdoses were most commonly attributed to ecstasy, followed by ice/crystal. Seventy-one percent of those reporting recent overdose were under the influence of other drugs at that time. Location of last overdose was commonly reported as a nightclub, friends' home or own home. The private locations have implications when considering overdose and access to health appropriate health facilities. Participants reporting recent overdose had typically either been monitored/watched by friends (61%) or had received no treatment/assistance (24%); four participants had been taken to hospital by ambulance.

Of the national sample, 29% reported having ever 'overdosed' on a depressant drug and 68% of those reported past yearly overdose. Those overdoses were most commonly attributed to alcohol (87%), with smaller proportions reporting GHB (5%), and benzodiazepines (3%).

Drug Deaths
In 2006/07 the Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre difficult (see above section for details).

Methamphetamine Dependence
Of those who had used methamphetamine, the median score on the severity of dependence scale (SDS) was zero, indicating no dependence (range 0-15). Thirteen percent of recent methamphetamine users scored four or above, indicating possible dependence.

Help-seeking behaviour
Sixteen percent had accessed either a medical or health service in relation to their drug use during the six months preceding interview. The services most commonly accessed by these participants were General Practitioners (GP) (49%) and counsellors (22%). Participants accessing GPs, Drug and Alcohol (D&A) workers, emergency, first aid, hospital and/or an ambulance for assistance most commonly reported ecstasy as opposed to alcohol as the main drug behind their visit.

Treatment episodes
In 2006/07, treatment seeking for ecstasy use (as the principal drug of concern) remained low in the general population at 0.7% of closed treatment episodes; however this figure has increased slightly from 0.6% in 2005/06. The proportion of clients seeking treatment for methamphetamine use remained stable and ranged from 4.8% in the NT to 25.9% in WA a slight increase nationally from 2005/06.

Risky situations due to drug use
Social or relationship problems attributed to ERD use were reported by 19% of the national sample, while 30% reported occupational or educational problems and 28% had repeatedly found themselves in risky situations when under the influence. These problems were most commonly attributed to use of ecstasy, alcohol or cannabis.

Hospital Admissions
Methamphetamine hospital admissions continued to remain stable. NSW maintained the highest cocaine hospital admissions, but has since declined in 2006/07 from its peak in 2004/05. Cannabis numbers continue to increase steadily, as has occurred over the last six years 1999/00 to 2005/06.

Kessler Psychological Distress Scale (K10)
In line with the 2007 National Drug Strategy Household Survey (NDSHS) results of the Kessler Psychological Distress Scale, REU responses mimicked those of the Australian population with most participants reporting little to no psychological distress. Participants also reported that their responses on the K10 were the same as usual (57%) and not solely responses that were particularly different from usual due to events of the past thirty days. Physical health was also not seen as a reason for distress responses reported in this measure.

Self-reported Mental Health and medication use
Twenty-four percent of the national sample self-reported a mental health problem in the last six months. Depression, followed by anxiety and paranoia were the conditions most reported. Of those 46% reported attending a mental health processional and most of those that did that received prescribed medication predominantly antidepressants.

Short-Form 8 Health Survey (SF-8)
The first time the SF-8 has been administered in the questionnaire which measures general health and well-being through questions related to physical and mental health. REU were found to score

significantly lower than the Australian population in terms of their mental health. No difference was detected in terms of physical health.

Risk behaviour

Injecting risk behaviour

Approximately one in five (18%) of the national sample reported having injected a drug at some stage in their lives; of those, 59% reported injecting in the six months preceding interview. Thirty-nine percent of those who had ever injected reported having first done so under the influence of drugs, typically alcohol and/or cannabis. Initiation to injecting had typically occurred in the presence of friends.

Among those who had injected in the preceding six months, the most commonly reported drug injected was ice/crystal (35%), followed by heroin, (20%), speed (16%) and base (13%). Smaller proportions reported having injected ecstasy tablets and other opioids.

The majority of recent (last six months) injectors had not experienced difficulty accessing sterile needles; these were typically accessed from needle and syringe programs (NSP) and/or pharmacies. Sharing of needles/syringes was noted (n=5), as was sharing of other injecting equipment (40%).

Blood-borne viral infections

Forty-four percent of the national sample reported having completed the hepatitis B vaccination schedule. Thirty-two percent had never been vaccinated. Forty-eight percent of the national sample had been tested for hepatitis C virus (HCV) at some stage during their lifetime and 46% had been tested for human immunodeficiency virus (HIV). Among those who had ever injected a drug, 12% had never been tested for HCV, 50% had been tested in the preceding 12 months, 36% had been tested over a year ago and 6% were unsure or had not picked up/received their results. Eight percent (n=23) of the national sample reported that they were positive for HCV; this figure was 21% for participants who had ever injected (representing 20% of injectors who had ever been tested). Seven participants reported being positive for HIV.

Sexual risk behaviour

Just over half (57%) of the national sample reported having casual sex with at least one casual partner in the six months preceding interview. Nineteen percent reported having three to five casual sexual partners during the preceding six months, 15% reported having one partner and 14% reported having between two casual partners

The majority (88%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months, most commonly alcohol, ecstasy and/or cannabis.

Driving risk behaviour

Just over three-quarters (79%) had driven a car in the last six months, 63% of whom had driving under the influence of alcohol and 61% had driven within an hour of taking an illicit drug. The most commonly reported illicit drugs taken after which these participants had driven were ecstasy, cannabis and speed. The majority of participants (45%) believed that driving while under the influence of drugs 'slightly impaired' their driving.

The Alcohol Use Disorders Identification Test (AUDIT)

Sixteen percent of the national sample reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.

Law enforcement-related trends

Self-reported criminal activity

Twenty-nine percent of the sample reported engaging in some form of criminal activity in the month prior to interview. VIC (41%) followed by the ACT (34%) were the states to report the most crime. Drug dealing remained the most common crime reported in all jurisdictions. Small proportions reported having committed fraud or a violent crime in the last month. Seven percent of the national sample had been arrested in the past year.

One-third (28%) reported that police activity had increased and 35% thought that police activity had remained stable. One-fifth (17%) responded that police activity had made it more difficult for them to score drugs.

Arrests

The total number of cocaine consumer and provider arrests appeared to double in 2006/07- see ACC website for further details:
http://www.crimecommission.gov.au/publications/iddr/2006_07_revised.htm

Drug detection 'sniffer' dogs

One-third (36%) of the national sample reported seeing sniffer dogs on an average of two occasions in the six months preceding interview, a reported increase since 2007 (17%). One of eight of the positive sniffer dog notifications reported being arrested and fined for possession of illicit drugs.

1 INTRODUCTION

This report provides a national summary of trends from the sixth 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 (REU), interviews with professionals who have contact with ecstasy users (key experts or KE), and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented.

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

In 2008, the Ecstasy and Related Drugs Reporting System (EDRS) was funded by the Australian Government Department of Health and Ageing (AGDH&A). The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (Topp 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, there was a need to access a different population in order to obtain information on ERD 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/territory because new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the NDARC website. This report focuses on the 2008 data collection in all states/territories; reports from this and all previous years are available on the NDARC website[2]. Before 2003, data were collected in New South Wales (NSW), Queensland (QLD) and South Australia (SA) and some trend data are reported here; however, the reader should refer to the jurisdictional reports for more detailed trend information available from these years.

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

1.1 Study aims

In 2007, the specific aims of the EDRS were:

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

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

2 METHOD

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

1. face-to-face interviews with current REU recruited in each capital city across Australia;
2. face-to-face and telephone interviews with KE (formally known as key informants, or KI) 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 data were used to provide an indication of emerging trends in ecstasy and related drug use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2007 can be found in the jurisdictional *Trends in ecstasy and related drug markets 2007* reports, available from the NDARC website.

2.1 Survey of REU

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the category 'ecstasy and related drugs', ecstasy is considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 3.5% of the population aged 14 years or older reporting recent use of ecstasy in 2007 National Drug Strategy Household Survey *First Results* (Australian Institute of Health and Welfare, 2005a).

A growing market for ecstasy, i.e. 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, or MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and gamma-hydroxy-butyrate, or 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 categorised under 'ecstasy and related drugs' 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 2008 to provide information on ERD markets.

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

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, music and clothing stores, via internet websites, 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 (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

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

2.1.3 Measures

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

2.1.4 Data analysis

The REU participant survey results are used as the primary basis on which to estimate drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the Australian Crime Commission (ACC) are an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in REU participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the REU surveys.

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 χ^2. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 14.0 or Version 17.0 (SPSS Inc, 2008). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the NDARC website[3].

2.2 Survey of KE

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for KE participation in the EDRS would be regular contact, in the course of employment, with a range of 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 between June and September 2008.

One-hundred and twenty-nine KE across the country participated in the 2008 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program, or NSP, workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/events organisers, policy officers, researchers, dealers/users and venue managers/staff. Many KE reported they had contact with a range of REU, although several also reported having contact with specific groups such as youth, people who regularly inject drugs, HIV-positive people and the gay and lesbian community.

KE reports are particularly useful in providing a context within which the REU participant data may be understood, for example, in providing an indication of the extent to which trends may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report: NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

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

2.3 Other indicators

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

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

- The 2007 NDSHS (AIHW, 2008a);
- Drug purity data provided by the Australian Crime Commission (ACC). These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- Data on consumer and provider arrests by drug type provided by the ACC;
- Data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to these database);
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- National notifiable diseases surveillance data provided by the Australian Government Department of Health and Ageing (AGDH&A) National Notifiable Disease Surveillance System (NNDSS);
- Cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- Data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

3 RESULTS: OVERVIEW OF THE REU SAMPLE

A total of 678 REU were interviewed for the 2008 EDRS. The national sample comprised of 108 REU from Brisbane (QLD); 100 each from Sydney (NSW), Melbourne (VIC) and Hobart (TAS); 83 from Canberra (ACT); 74 from Adelaide (SA); 58 Perth (WA); and 55 from Darwin (NT). The sample size was predetermined, with each state/territory aiming to interview 100 REU. Although the same recruitment strategies were employed across all jurisdictions, in certain states it was not possible to recruit 100 eligible participants in the required timeframe. This may indicate a smaller or more hidden population of REU in these jurisdictions or a changing trend in terms of frequency of use of ecstasy, discussed in the Ecstasy chapter.

3.1 Demographic characteristics of the REU sample

Almost three-fifths of the national sample interviewed in 2008 were male. The mean age of the sample was 25 years (SD 6.8, range 17-59). Males were significantly older than females (26.4 vs. 23.9, t_{672}=-4.7, p<0.01). Most participants identified as heterosexual and nominated English as their main language spoken at home. A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander descent. The majority lived in either their own premises (purchased or rented) or in their parents' or family's house (Table 1).

The mean number of years of school education completed by the sample was 12 (SD 0.88, range 6-13), and 78% had completed high school education (year 12 or above). More than half had completed courses after school, with 24% having completed a trade or technical qualification and 30% having completed a university degree or college course. Four percent of the sample had a previous criminal conviction for which they had served a custodial sentence (Table 1).

Half (52%) of the national sample reported that they were single and just over one-third (36%) had a partner. Eleven percent reported to be married or living in a de facto relationship, and one percent both reported that they were separated or divorced, respectively. One participant reported that they were in a casual relationship.

Three percent (n=21) of the national sample reported that they were currently in drug treatment. Of those that were in treatment, methadone was reported as their main form of treatment (n=10), with small numbers reporting other treatments including Subutex (buprenorphine) treatment (n=3), Suboxone (buprenorphine-naloxone) treatment (n=4), Drug diversion (n=2) and Drug counselling (n=1).

Table 1: Demographic characteristics of REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Mean age (years)	**25**	28	27	24	24	27	23	28	24
	(25)	(27)	(23)	(24)	(23)	(27)	(26)	(30)	(23)
% Male	**57**	68	53	53	60	53	48	64	57
	(58)	(64)	(65)	(48)	(54)	(53)	(55)	(71)	(61)
% English speaking background	**98**	98	99	97	99	99	98	93	99
	(98)	(95)	(97)	(97)	(100)	(99)	(95)	(100)	(98)
% Aboriginal and/or Torres Strait Islander	**2**	3	1	1	1	3	0	13	2
	(2)	(2)	(1)	(0)	(0)	(2)	(1)	(11)	(1)
Sexual identity									
% Heterosexual	**81**	63	81	88	91	80	97	64	84
	(81)	(60)	(81)	(85)	(91)	(84)	(88)	(62)	(87)
% Gay male	**9**	27	4	2	2	4	0	27	7
	(8)	(20)	(7)	(6)	(3)	(4)	(3)	(20)	(6)
% Lesbian	**3**	3	6	2	0	7	2	2	4
	(2)	(7)	(0)	(4)	(0)	(1)	(3)	(5)	(0)
% Bisexual	**6**	4	10	8	7	6	2	7	6
	(8)	(12)	(12)	(4)	(4)	(10)	(5)	(11)	(7)
Mean years of school education	**12**	12	12	12	12	11	12	11	12
	(12)	(12)	(12)	(12)	(12)	(12)	(11)	(11)	(12)
% Tertiary qualifications	**53**	72	41	46	54	57	59	36	56
	(56)	(66)	(43)	(63)	(52)	(58)	(52)	(47)	(57)
% Employed full-time	**41**	54	33	38	36	22	55	58	39
	(33)	(33)	(24)	(32)	(27)	(38)	(24)	(56)	(33)
% Students#	**11**	10	10	9	19	3	3	4	19
	(9)	(11)	(5)	(4)	(33)	(3)	(3)	(5)	(5)
% Employed & studying*	**16**	13	22	18	16	18	24	15	7
	(13)	(20)	(31)	(9)	(9)	(12)	(9)	(9)	(8)
% Unemployed	**11**	11	17	8	6	23	5	6	12
	(16)	(17)	(15)	(14)	(11)	(18)	(25)	(8)	(18)
Accommodation									
% Own house/flat	**8**	9	15	6	5	3	21	9	2
	(9)	(13)	(3)	(6)	(5)	(13)	(12)	(12)	(9)
% Rented house/flat	**65**	64	54	61	69	66	50	76	77
	(60)	(62)	(46)	(63)	(61)	(62)	(52)	(71)	(64)
% Family home	**22**	25	25	30	26	27	29	13	19
	(24)	(24)	(38)	(26)	(20)	(24)	(29)	(8)	(22)
% Prison history	**4**	2	7	2	3	7	3	0	7
	(6)	(4)	(5)	(5)	(1)	(10)	(8)	(9)	(4)
% Currently in drug treatment	**3**	3	8	3	1	0	3	0	5
	(4)	(10)	(5)	(4)	(0)	(1)	(8)	(0)	(1)

Source: EDRS REU interviews

question wording changed in 2007 to include only full- time students

* response option first included in 2007. *Note:* Comparable data from 2007 presented in brackets.

The demographic characteristics of REU recruited were generally consistent across jurisdictions, though some jurisdictional differences were noted. Reasons for these 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. The age of REU in the national sample, have consistently been aged, on average, in their mid-twenties. Other key demographic characteristics have also remained consistent across time. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that REU are a group with little contact with law enforcement and drug treatment services. Compared with the demographic characteristics collected in 2007, there was a slightly smaller proportion of participants reporting unemployment (16% in 2007 vs. 11% in 2008) and thus a slightly larger proportion reporting full-time employment (33% in 2007 vs. 41% in 2008).

Table 2: Demographic characteristics of REU, 2003-2008

	2003	2004	2005	2006	2007	2008
Mean age (range)	25 (15-59)	24 (16-61)	24 (16-61)	25 (16-71)	25 (16-54)	25 (17-59)
% Male	60	62	59	63	58	57
% English speaking background	98	98	98	98	98	98
% Heterosexual	82	83	84	84	81	81
% Tertiary qualifications	46	50	50	45	56	53
% Employed full- time	30	37	35	37	33	41
% Unemployed	25	16	14	16	16	11
% Prison history	8	7	8	7	6	4
% Currently in drug treatment	6	3	3	4	4	3

Source: EDRS REU Interviews

Recruitment

Previous participation in either the EDRS or IDRS in previous years was asked to participants. Almost one-fifth of participants had taken part in the EDRS in previous years, and small proportions of participants reported having been interviewed for the IDRS previously. The most common ways in which participants had been recruited across the majority of jurisdictions was via word of mouth and advertisements in local street press, although notable proportions in TAS and QLD reported learning of the study from fliers (Table 3). Despite the use of previous methodology, participants in the NT, WA, SA and the ACT were extremely difficult to recruit in the given timeframe. For further explanation on jurisdictional difficulties please consult the relevant 2008 Jurisdictional report.

Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
% Previously participated in EDRS	18	13	22	6	23	24	7	35	19
Where found out about EDRS survey recruitment									
% Internet	4	0	0	2	5	11	14	0	1
% Word of mouth	49	51	39	29	64	62	28	93	41
% Advert in street press	37	48	51	68	1	19	53	0	43
% Fliers	10	0	11	1	29	8	5	7	15
% Previously participated in IDRS	3	1	6	3	1	4	2	6	2

Source: EDRS REU interviews

3.2 Drug use history and current drug use

In 2008, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including alcohol and tobacco. Participants reported the lifetime use of approximately 9 drug types (SD 3.4, range 2-19), and had used around six drug types (SD 2.2; range 2-15) in the six months prior to interview[4].

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS, namely ecstasy, methamphetamine, cocaine, ketamine, GHB, MDA and LSD, with 43% of the national sample reporting having used three (or more) of these drugs in the preceding six months.

Participants reported the use of a wide range of other drugs in their lifetime (Table 4). A small proportion of REU reported the use of less commonly used substances, including khat, mescaline, DMT (a powerful hallucinogen); synthetic drugs such as 2CI, 2CB and benzylpiperizines (BZP); and naturally occurring drugs, such as kava (data not shown). Jurisdictional reports provide a more detailed overview of the use of these drugs in those areas.

The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco (Table 4). Seventeen percent of the national sample reported having ever injected a drug, ranging from 10% in WA to 27% in SA and one-tenth of the sample had injected a drug in the six months preceding interview (range 3% in WA to 22% in SA).

[4] The maximum number of drugs was 20, including: ecstasy (note: use of ecstasy was reported by all participants; use being a requirement of entry to the study), methamphetamine (any form), pharmaceutical stimulants (any form), cocaine, LSD, MDA, ketamine, GHB (includes GBL and 1,4B), amyl nitrate, nitrous oxide, cannabis, alcohol, heroin, methadone, buprenorphine, other opioids, tobacco, antidepressants (any form), benzodiazepines (any form) and/or magic mushrooms.

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever injected a drug (%)	**17**	19	24	15	15	27	10	17	13
Injected a drug last six months (%)	**10**	10	16	4	7	22	3	9	8
Alcohol									
ever used (%)	**99**	99	100	99	100	99	100	98	100
recent use (%)	**97**	95	98	97	100	97	98	87	97
median days recent use	**48 (1-180)**	50 (2-180)	72 (2-180)	48 (5-180)	72 (12-180)	48 (1-180)	48 (2-180)	48 (3-180)	48 (2-180)
Cannabis									
ever used (%)	**97**	93	100	99	97	95	100	93	99
recent use(%)	**76**	71	86	84	74	74	85	40	81
median days recent use	**24 (1-180)**	24 (1-180)	60 (1-180)	33 (1-180)	15 (1-180)	48 (1-180)	15 (1-180)	6 (1-180)	24 (1-180)
Tobacco									
ever used (%)	**91**	95	94	88	96	84	90	74	94
Recent use (%)	**72**	63	80	75	86	70	69	41	76
median days recent use	**180 (1-180)**	180 (1-180)	180 (10-180)	180 (1-180)	90 (1-180)	180 (1-180)	72 (2-180)	170 (3-180)	180 (2-180)
Meth. powder (speed)									
ever used (%)	**77**	92	74	90	84	55	72	63	71
Recent use (%)	**46**	48	43	75	59	30	38	24	34
median days recent use	**4 (1-180)**	4 (1-120)	6 (1-72)	6 (1-90)	3 (1-24)	4 (1-90)	6 (1-180)	2 (1-14)	3 (1-48)
Meth. base									
ever used (%)	**39**	53	52	20	31	46	22	35	44
Recent use (%)	**18**	17	23	7	16	34	5	9	26
median days recent use	**4 (1-180)**	2 (1-120)	9 (1-72)	10 (1-60)	2 (1-35)	10 (1-170)	6 (4-180)	4 (1-16)	3 (1-48)
Crystal meth. (ice/crystal)									
ever used (%)	**47**	52	61	53	33	47	62	18	44
Recent use (%)	**24**	33	24	22	15	34	36	0	26
median days recent use	**6 (1-180)**	6 (1-180)	11 (1-80)	5 (1-60)	2 (1-6)	8 (1-90)	6 (1-90)	0	6 (1-48)
Meth. (any form)^									
ever used (%)	***83***	*95*	*84*	*91*	*85*	*76*	*76*	*67*	*80*
Recent use (%)	***59***	*66*	*55*	*77*	*63*	*58*	*50*	*24*	*57*
median days recent use	***6 (1-180)***	*5 (1-170)*	*9 (1-80)*	*6 (1-60)*	*3 (1-41)*	*8 (1-180)*	*7 (1-180)*	*2 (1-18)*	*4 (1-48)*
Cocaine									
ever used (%)	**68**	90	74	79	61	53	66	36	69
Recent use (%)	**36**	51	45	51	35	20	40	2	30
median days recent use	**3 (1-180)**	5 (1-90)	4 (1-72)	3 (1-40)	2 (1-10)	8 (1-50)	3 (1-10)	0	3 (1-180)
LSD									
ever used (%)	**58**	57	64	51	56	64	47	60	64
Recent use (%)	**30**	18	37	29	41	35	21	16	32
median days recent use	**2 (1-48)**	2 (1-120)	4 (1-35)	2 (1-12)	2 (1-15)	3 (1-48)	5 (1-36)	2 (1-8)	1 (1-10)

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2008 (continued)

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
MDA									
ever used (%)	**21**	30	28	24	15	16	16	15	17
Recent use (%)	**4**	5	5	9	3	1	5	2	4
median days recent use	**3** (1-48)	1 (1-3)	4 (1-30)	3 (1-480)	1 (1-3)	24 (-)	1 (1-6)	1 (-)	4 (1-6)
Ketamine									
ever used (%)	**35**	65	29	55	26	37	21	6	26
Recent use (%)	**12**	30	6	20	6	20	3	0	4
median days recent use	**2 (1-72)**	3 (1-12)	1 (1-3)	3 (1-50)	1 (1-5)	3 (1-72)	3 (1-4)	0	2 (1-2)
GHB/1,4B/GBL									
ever used (%)	**17**	37	18	20	7	19	7	6	11
Recent use (%)	**7**	24	2	11	1	4	2	0	5
median days recent use	**2 (1-48)**	3 (1-48)	3 (2-3)	3 (1-15)	1 (-)	1 (1-3)	1 (-)	0	12 (1-6)
Amyl nitrate									
ever used (%)	**44**	72	60	43	38	27	21	29	44
Recent use (%)	**18**	37	22	16	15	7	3	4	27
median days recent use	**3 (1-180)**	2 (1-100)	4 (1-20)	5 (1-180)	2 (1-96)	3 (1-6)	6 (-)	2 (1-3)	4 (1-72)
Nitrous oxide									
ever used (%)	**45**	34	52	43	62	50	48	13	45
Recent use (%)	**20**	8	21	23	29	26	21	2	23
median days recent use	**3 (1-96)**	1 (1-5)	2 (1-40)	2 (1-12)	4 (1-60)	3 (1-90)	4 (1-24)	1 (-)	7 (1-96)
Licit benzodiazepines									
ever used (%)	**16**	15	23	23	15	14	10	4	16
Recent use (%)	**9**	10	12	15	10	8	7	2	7
median days recent use	**14 (1-180)**	6 (2-90)	21 (7-180)	24 (1-180)	25 (1-180)	5 (1-180)	12 (4-24)	5 (-)	17 (1-50)
Illicit benzodiazepines									
ever used (%)	**38**	43	37	50	43	23	33	4	48
Recent use (%)	**21**	23	21	28	31	12	21	2	19
median days recent use	**4 (1-180)**	3 (1-20)	6 (1-24)	5 (1-180)	4 (1-72)	2 (1-50)	4 (1-96)	5 (-)	5 (1-60)
Any benzodiazepines (licit/illicit)									
ever used (%)	***45***	*52*	*47*	*61*	*51*	*32*	*36*	*6*	*51*
Recent use (%)	***27***	*29*	*29*	*38*	*37*	*18*	*24*	*4*	*23*
median days recent use	***5 (1-180)***	*4 (1-92)*	*10 (1-180)*	*6 (2-180)*	*4 (1-180)*	*2 (1-180)*	*6 (1-96)*	*5 (-)*	*6 (1-60)*

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2008 (continued)

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Licit pharm. stimulants									
ever used (%)	**5**	6	10	3	2	4	5	6	3
Recent use(%)	**1**	2	2	1	0	1	5	0	0
median days recent use	**6 (1-180)**	180 (-)	89 (5-172)	6 (-)	0	1 (-)	6 (2-180)	0	0
Illicit pharm. stimulants									
ever used (%)	**39**	33	58	30	41	26	81	6	41
Recent use (%)	**14**	9	22	9	16	3	50	2	8
median days recent use	**3 (1-60)**	2 (1-5)	2 (1-20)	1 (1-10)	2 (1-10)	2 (1-2)	6 (1-50)	4 (-)	2 (1-60)
Any pharm. stimulants (licit/illicit)									
ever used (%)	***42***	*38*	*63*	*31*	*42*	*28*	*85*	*9*	*42*
Recent use (%)	***15***	*10*	*24*	*10*	*16*	*4*	*53*	*2*	*8*
median days recent use	***3 (1-180)***	*3 (1-180)*	*3 (1-172)*	*2 (1-10)*	*2 (1-10)*	*1 (1-2)*	*6 (1-180)*	*4 (-)*	*2 (1-60)*
Licit antidepressants									
ever used (%)	**19**	22	29	14	16	20	10	2	26
Recent use (%)	**8**	9	13	7	5	3	7	0	13
median days recent use	**180 (1-180)**	180 (100-180)	180 (30-180)	180 (100-180)	180 (30-180)	110 (40-180)	180 (90-180)	0	173 (60-180)
Illicit antidepressants									
ever used (%)	**8**	5	15	5	7	14	7	0	9
Recent use (%)	**1**	1	1	1	1	4	2	0	1
median days recent use	**2 (1-30)**	1 (-)	1 (-)	2 (-)	30 (-)	2 (1-30)	3 (-)	0	2 (-)
Any antidepressants (licit/illicit)									
ever used (%)	***25***	*26*	*39*	*19*	*22*	*32*	*17*	*2*	*31*
Recent use (%)	***9***	*10*	*15*	*8*	*6*	*7*	*9*	*0*	*14*
median days recent use	***180 (1-180)***	*180 (1-180)*	*180 (1-180)*	*135 (1-180)*	*135 (30-180)*	*30 (1-180)*	*180 (3-180)*	*0*	*165 (2-180)*
Magic mushrooms									
ever used (%)	**52**	35	64	66	61	48	45	33	52
Recent use (%)	**17**	9	28	20	31	5	10	2	19
median days recent use	**23 (1-17)**	1 (1-2)	3 (1-17)	2 (1-4)	2 (1-12)	2 (1-2)	2 (1-6)	1 (-)	2 (1-10)

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2008 (continued)

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Heroin									
ever used (%)	13	11	21	16	6	19	3	7	14
Recent use (%)	4	3	10	5	1	8	2	0	3
median days recent use	24 (1-180)	18 (10-100)	50 (12-180)	96 (1-180)	1 (-)	13 (1-180)	3 (-)	0	6 (2-48)
Methadone									
ever used (%)	**6**	7	15	6	3	8	5	0	6
Recent use(%)	**2**	3	7	3	2	1	0	0	0
median days recent use	**3 (1-96)**	180 (6-180)	103 (3-180)	60 (60-180)	91 (1-180)	4 (-)	0	0	0
Buprenorphine									
ever used (%)	**5**	5	11	6	2	7	3	0	6
Recent use (%)	**3**	1	10	1	1	4	2	0	4
median days recent use	**40 (1-180)**	60 (-)	81 (1-180)	1 (-)	15 (-)	18 (1-40)	12 (-)	0	180 (24-180)
Other opioids									
ever used (%)	**24**	23	30	22	29	19	24	7	28
Recent use (%)	**11**	8	13	13	17	10	12	0	13
median days recent use	**6 (1-180)**	3 (1-100)	7 (1-35)	6 (1-180)	4 (1-96)	11 (1-90)	5 (3-90)	0	6 (1-180)

Source: EDRS REU interviews

Note: Median days have been rounded to whole numbers.

Table 5 presents the proportion of REU reporting lifetime and recent use of the main drug types investigated by the EDRS across the 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 5 has remained consistent across the five sampling years.

As with lifetime use, the recent use of the drug types presented in Table 5 have remained relatively stable across time. The exception was smaller proportions reporting lifetime and recent use of any form of methamphetamine, including the sub-categories speed, base and ice/crystal, in 2008 compared with 2007. The recent use of MDA and ketamine have slightly declined across the six sampling years (Table 5).

Table 5: Lifetime and recent (last six months) polydrug use of REU, 2003-2008

	2003	2004	2005	2006	2007	2008
Alcohol						
ever used (%)	98	99	99	99	100	99
used last six months (%)	93	95	97	96	98	97
Cannabis						
ever used (%)	96	96	97	98	100	97
used last six months (%)	85	81	84	83	87	76
Meth. Powder (speed)						
ever used (%)	87	85	89	86	82	77
used last six months (%)	73	68	74	64	57	46
Meth. base						
ever used (%)	51	53	52	52	45	39
used last six months (%)	36	39	38	34	26	18
Crystal meth. (ice/crystal)						
ever used (%)	63	63	60	65	54	47
used last six months (%)	52	45	38	49	33	24
Meth. (any form)^						
ever used (%)	*92*	*91*	*94*	*93*	*89*	*83*
used last six months (%)	*84*	*83*	*84*	*82*	*71*	*59*
Cocaine						
ever used (%)	54	54	61	63	66	68
used last six months (%)	24	27	41	37	40	36
LSD						
ever used (%)	65	60	64	61	61	58
used last six months (%)	29	26	32	29	28	30
MDA						
ever used (%)	33	32	20	23	24	21
used last six months (%)	19	15	9	7	6	4
Ketamine						
ever used (%)	40	40	38	35	39	35
used last six months (%)	26	23	21	14	16	12
GHB/1,4B/GBL+						
ever used (%)	22	23	21	20	20	17
used last six months (%)	12	11	10	9	7	7

Source: EDRS REU interviews

+ GHB category also includes 1,4B and GBL

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

Ecstasy was the drug of choice for two-fifths (37%) of respondents in 2008. The next most commonly preferred drug was alcohol, followed by cannabis, cocaine and methamphetamine (any form; Table 6).

3.3.1 Binge drug use

Participants were asked whether they had binged on ERD 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). One-third (34%) of the national sample had binged on one or more drugs in the preceding six months. The median length of the longest binge was almost three days (60 hours). No significant differences were found in terms of gender and bingeing.

Amongst those who had binged for over 48 hours, ecstasy (92%) was the drug most commonly reported being used in a binge session. Alcohol (64%), cannabis (48%), speed (37%) and ice/crystal methamphetamine (28%) were also frequently reported as being used in a binge

session. Other drugs mentioned included cocaine (23%), LSD (19%), base (14%), ketamine (10%), GHB (10%), nitrous oxide (8%) and mushrooms (7%).

Table 6: Drug of choice and recent (last six months) bingeing among REU, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Drug of choice (%)									
Ecstasy	**37**	29	23	39	46	49	38	44	31
Cannabis	**13**	14	17	10	2	9	16	7	23
Alcohol	**15**	16	17	14	11	13	22	26	10
Cocaine	**11**	8	15	8	17	9	9	0	14
Speed	**4**	3	2	4	4	1	3	12	2
Base	**1**	1	0	0	0	6	0	2	1
Ice/crystal	**3**	7	4	2	0	1	0	0	5
*Any form meth.^*	***7***	*11*	*6*	*6*	*4*	*9*	*3*	*14*	*8*
LSD	**6**	2	7	6	10	7	3	2	6
Tobacco	**2**	4	2	4	1	0	0	2	4
Other drugs	1	3	1	1	3	1	0	0	0
Binged* on any stimulant (%)	**34**	30	50	40	38	30	22	29	26

Source: EDRS REU interviews

* 'binged' defined as the use of any stimulant for more than 48 hours continuously without sleep

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

3.3.2 Injecting drug use

Seventeen percent of the national sample reported that they had injected a drug in their lifetime, and 10% had injected in the preceding six months. Among those who had recently injected, the most commonly reported drugs injected recently were ice/crystal (59%, representing 6% of the entire sample), speed (56%, representing 5% of the entire sample), base (46%; representing 4% of the entire sample) and heroin (30%; 3% of the entire sample). For further details, please refer to the *Injecting Risk Behaviour* section.

3.3 Summary of demographics and polydrug use trends in REU

- REU have been found to be aged in their mid-twenties (mean age of 25), predominantly male (67%), with a majority identifying as heterosexual (81%). Small proportions have reported a prison history or currently being in drug treatment.
- The REU interviewed were well educated – more than half had obtained post-secondary qualifications, while 27% were currently studying (11% full- time students; 16% studying and employed).
- Two-fifths of the national sample was currently in full- time employment. The majority were renting (65%) and or living in the parental/family home (22%).
- Data across time show that key demographic characteristics of the sample have remained stable.
- REU participants were recruited primarily through word-of-mouth and adverts in street press. Although the same recruitment methodology to previous years was applied, difficulty was experienced in NT, SA, WA and the ACT in being able to recruit 100 REU in the allotted time period.
- Regular ecstasy users are polydrug users, with participants reporting lifetime use of around 9 drugs and recent (6 month) use of around 6 drugs. These findings are consistent with those reported in 2007.
- Despite their use of a range of other drugs, two-fifths (37%) reported that their drug of choice was ecstasy. Smaller proportions reported that their drug of choice was alcohol, cannabis, cocaine or methamphetamine (speed, base or ice/crystal). This was the first year that alcohol was nominated as the second drug of choice followed by cannabis, as opposed to previous years whereby cannabis was reported as the second drug of choice.
- One-third (34%) of the national sample had binged on ecstasy and/or related drugs in the preceding six months, with ecstasy the most commonly reported drug involved in a binge session, followed by alcohol, cannabis and methamphetamine base.
- Seventeen percent of the national sample had ever injected a drug, with one-tenth having injected in the last six months (see *Injecting Risk Behaviour* section for further details).

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. Results from the REU survey presented in this section relate to the participants' use and knowledge of tablets sold as 'ecstasy'.

This section contains information about ecstasy use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) associated with drug use, including ecstasy, are discussed in the relevant sections later in this report. Data from 2007 are shown in Appendix A.

4.1 Ecstasy use among REU

The median age at which participants in the 2008 national sample first used ecstasy was 18 years (range 12-47 years, Table 7); the median age of first ecstasy use was the same for both males and females. Participants reported that regular (at least monthly) ecstasy use occurred at a median of 19 years (range 13-48 years). The median length of time since participants reported first using regularly was three years (range 0-23 years). Participants were also asked what proportion of their friends used ecstasy. Among the national sample, 45% stated that 'most' of their friends used ecstasy and 29% said 'about half' their friends used it. Smaller proportions reported that 'all' (8%), 'a few' (17%) or 'none' (<1%) of their friends used ecstasy.

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 6-96 days). Just over half (57%) of participants had used between monthly and fortnightly (inclusive), 29% had used between fortnightly and weekly and 13% had used ecstasy more than once per week[5].

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 tablets). Over three-quarters (77%) of the national sample reported that they typically used more than one tablet. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four tablets (range 0.5-50 tablets).

All participants reported using pills recently, while 19% reported using ecstasy capsules and 11% reported using ecstasy powder. A third (29%) of the national sample reported having binged on ecstasy in the preceding six months, the median of the longest binge session reported was 60 hours (range 50-72 hours). SA and NSW both reported the longest binge sessions of 72 hours (three days). The vast majority of the sample reported that they also used other drugs (includes alcohol and tobacco) whilst using ecstasy and the use of other drugs was also common while 'coming down' from ecstasy.

A summary of these findings is shown in Table 7; comparable data from 2007 are presented in Appendix A.

[5] Considering ecstasy pills, powder and capsules together, results were: 52% had used between monthly and fortnightly (inclusive), 32% had used between fortnightly and weekly and 16% had used more than once per week.

Table 7: Patterns of ecstasy use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Median age first used ecstasy (years)	**18**	18	18	18	19	18	18	20	18
Median age first used ecstasy regularly (years)	**19**	19	19	19	19	20	19	19	22
Median days used ecstasy in the last six months#	**12**	12	18	12	12	12	12	15	12
Used ecstasy# more than weekly (%)	**13**	7	30	17	11	15	3	7	12
Median tablets in typical session	**2**	2	2	2	2	2	2	2	2
Typically use >1 tablet (%)	**77**	83	81	79	77	70	77	71	74
Forms used (%)									
Pills	**100**	100	100	100	100	100	100	100	100
Capsules	**19**	24	23	18	18	16	28	9	17
Powder	**11**	15	7	27	6	11	9	2	6
Recently binged* on ecstasy (%)	**29**	30	42	38	33	27	22	13	21
Ever injected# ecstasy (%)	**9**	8	16	7	8	18	2	9	4
Use other drugs with ecstasy (%)	**94**	83	98	98	95	99	97	86	94
Use other drugs to come down from ecstasy (%)	**76**	70	82	80	66	81	90	60	78

Source: EDRS REU interviews

Note: Medians rounded to nearest whole number

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

refers to ecstasy 'pills' only; excludes powder

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

The vast majority (94%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy. This figure was similar across jurisdictions at between 90% and 99%, with the exception of NSW and the NT where this figure was 83% and 81% respectively.

As in previous years, alcohol and tobacco were most commonly reported drugs typically used with ecstasy. The majority of those who reported drinking alcohol when taking ecstasy stated that they usually drank more than five standard drinks, a figure which, at the jurisdictional level, ranged from 65% in NSW (increase from 54% in 2007) to 86% in WA. Cannabis was used by over half (58%) of participants (an increase from 45% in 2007) in conjunction with ecstasy, a figure which varied across jurisdictions, from 23% in the NT to 70% in the QLD. One-third reported use of methamphetamine with ecstasy (a decrease from 44% in 2007); this was typically speed, although this varied by jurisdiction, and smaller proportions used cocaine (a decrease from 13% in 2007), LSD (7%), ketamine (5%) and nitrous oxide (5%). Few participants nominated GHB, amyl nitrate, pharmaceutical stimulants and MDA as drugs they usually used with ecstasy. Use of cocaine with ecstasy was highest in VIC and WA (21% each). Use of pharmaceutical stimulants (20%) and ice/crystal (23%) was also highest in WA (Table 8).

Table 8: Drugs usually used in combination with ecstasy among those who used other drugs with ecstasy, by jurisdiction, 2008

%	National N=633	NSW n=83	ACT n=81	VIC n=98	TAS n=94	SA n=73	WA n=56	NT n=47	QLD n=101
Alcohol	**86**	76	80	85	96	82	89	100	88
> 5 standard drinks*	***76***	*65*	*69*	*82*	*84*	*70*	*86*	*75*	*75*
Tobacco	**58**	49	68	59	59	59	61	23	70
Cannabis	**43**	23	57	55	17	47	71	17	54
Meth. (any form)^	***30***	*25*	*24*	*58*	*6*	*27*	*30*	*11*	*30*
Speed	**18**	18	12	55	4	7	16	11	14
Cocaine	**11**	16	14	21	0	6	21	0	7
Ice/crystal	**9**	10	6	13	0	8	23	0	10
Base	**5**	5	6	1	1	8	2	4	12
LSD	**5**	1	7	3	3	14	4	2	7
Nitrous oxide	**4**	0	1	2	1	8	9	0	9
Amyl nitrate	**4**	4	3	5	1	1	2	0	9
Ketamine	**3**	5	0	11	0	6	2	0	0
Pharm. Stim#	**3**	0	3	2	0	0	20	0	1
GHB	**2**	6	0	6	0	0	2	0	0
MDA	**<1**	0	0	2	0	0	4	0	1

Source: EDRS REU interviews

* of those who reported usually drinking alcohol

pharmaceutical stimulants

^ refers to participants who specified one or more of the following drugs: speed, base and ice/crystal, or who usually used methamphetamine but did not nominate a particular form that they had used.

Over three-quarters (76%) of the national sample also used other drugs to come down from ecstasy, ranging from 66% in TAS to 90% WA. As in 2007, cannabis, tobacco and alcohol were the most commonly used drugs used during the comedown period from ecstasy. A smaller proportion reported the use of alcohol during the comedown than those who reported using it in conjunction with ecstasy; however, of those who reported alcohol use when coming down, over

three-fifths in all but three jurisdictions (QLD, the ACT and WA) reported drinking more than five standard drinks. Again, jurisdictional differences were observed regarding the use of drugs in the comedown period. Benzodiazepine use was reported by between no reports of use (the NT) and 21% (VIC). Methamphetamine (any form) use at this time decreased from 9% in 2007 to 4% in 2008 and was most commonly reported in NSW (6%). Use across all forms of methamphetamine remained low (Table 9).

Table 9: Drugs used to come down from ecstasy, among those who used drugs to come down, by jurisdiction, 2008

%	National N=512	NSW n=70	ACT n=68	VIC n=80	TAS n=65	SA n=60	WA n=52	NT n=33	QLD n=84
Cannabis	**62**	53	65	74	48	62	77	21	71
Alcohol	**52**	59	60	39	48	53	52	94	39
> 5 standard drinks*	*62*	*61*	*56*	*74*	*71*	*63*	*56*	*59*	*55*
Tobacco	**51**	49	68	39	69	55	44	15	55
Benzodiazepines	**11**	9	7	21	9	3	14	0	13
Meth. (any form)^	*4*	*6*	*4*	*5*	*0*	*5*	*2*	*0*	*5*
Speed	**2**	6	3	5	0	0	0	0	2
Cocaine	**2**	3	2	1	0	2	2	0	2
Ice/crystal	**<1**	0	2	0	0	0	2	0	2
Nitrous oxide	**3**	0	2	0	3	5	8	0	6
Ketamine	**1**	3	0	3	0	3	2	0	0
Antidepressants	**3**	0	7	3	5	3	4	0	2
Base	**1**	3	2	0	0	3	0	0	1
Other opioids	**2**	0	2	0	0	3	6	0	2
LSD	**<1**	0	0	0	0	5	2	0	0
GHB	**<1**	0	0	4	0	0	2	0	0
Heroin	**2**	0	4	4	0	0	0	0	2
Pharm. Stimulants	**<1**	0	0	0	0	0	4	0	0
Methadone	**<1**	1	3	0	2	0	0	0	1

Source: EDRS REU interviews

* of those who reported usually drinking alcohol

^ refers to participants who specified one or more of the following drugs: speed, base and ice/crystal, or who usually used methamphetamine but did not nominate a particular form that they had used

4.1.2 Route of administration

In the six months preceding the interview, all participants swallowed ecstasy pills, 54% had snorted them, 6% had shelved/shafted (refers to vaginal/anal administration respectively), 4% had injected and 2% had smoked ecstasy pills. Ecstasy capsules were predominantly swallowed by 18% of the entire sample, 4% had snorted and one participant had injected ecstasy capsules recently. Ecstasy powder was swallowed by 8% of the national sample in the preceding six months, snorted by 8%, smoked by one participant and injected by four participants. No participants reported having shelved or shafted ecstasy powder during that time. Table 10 presents the *main* route of administration by jurisdiction. The vast majority of participants (93%) nominated oral ingestion as their main route of ecstasy administration, 4% mainly snorted the drug and small numbers mainly injected, shelved or shafted it.

Table 10: Main route of administration of ecstasy in the last six months, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Swallow	**95**	100	93	95	93	92	91	98	96
Snort	**4**	0	5	5	6	4	9	2	3
Inject	**1**	0	2	0	0	4	0	0	1
Shelve/shaft	**<1**	0	0	0	1	0	0	0	0
Smoke	**0**	0	0	0	0	0	0	0	0

Source: EDRS REU interviews

4.1.3 Purchasing patterns and locations of use

Ecstasy was reportedly purchased from a median of three people (range 0 – i.e. they had obtained but not bought ecstasy – to 100 people), and just over two-thirds (68%) reported typically purchasing for themselves and friends on those occasions. Of those that responded (n= 677), a third had bought ecstasy for themselves but not others, <1% had bought for others only and 3% had not bought ecstasy in the preceding six months. Among this group, the same percentage of participants reported typically purchasing ecstasy between monthly or less often (38%, i.e. on between one and six occasions) or between monthly and fortnightly (38%, i.e. on between 7 and 12 occasions). Nineteen percent reported purchasing between fortnightly and weekly (i.e. between 13 and 24 occasions), while 3% reported buying ecstasy more than once per week. The median number of ecstasy pills purchased at a time was five (range 1-200 pills).

Almost two-thirds (65%) percent of the national sample reported that they could obtain other drugs from their main dealer in the preceding six months (note: two percent, n=16 did not have a main dealer). Among these participants (n=436), the drugs that were most commonly reported to be available to them were cannabis (67%), speed (51%), cocaine (38%), ice/crystal (32%), and LSD (29%). While an increasing trend has been observed in the proportions reporting being able to access multiple drugs from their main dealer over the past few years, there was a slight decline from 2007 (72%).

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends and known dealers, and the most common locations being friends' homes and nightclubs (Table 11). Three percent of the national sample reported that, while they had used ecstasy, they had not scored (purchased) it. The highest proportion in all jurisdictions reported that they normally obtained ecstasy from friends and, in all jurisdictions scoring from their friends' homes was the most common location of purchase. Other jurisdictional differences were noted (see Table 11).

Ecstasy was usually used in a wide variety of public and private locations, including in nightclubs, live music events, at friends' homes, private parties, the participants' own homes, and raves. The last location of use also broadly followed this pattern, although jurisdictional variations were also noted (Table 11).

Table 11: Source, purchase location and use location of ecstasy, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%)									
Friends	**80**	70	83	81	87	68	91	82	82
Known dealers	**52**	60	70	54	48	31	38	53	57
Acquaintances	**25**	16	34	25	22	24	38	24	25
Unknown dealers	**15**	15	32	18	13	10	9	7	15
Workmates	**11**	11	9	14	5	14	28	4	11
Used, but not scored	**3**	5	2	5	3	4	0	0	2
Locations scored (%)									
Friend's home	**61**	56	62	56	67	51	71	69	63
Nightclub	**37**	21	39	49	44	28	36	56	29
Dealer's home	**39**	44	51	35	29	27	33	47	46
Own home	**32**	41	38	33	27	26	41	6	38
Agreed public location	**24**	27	39	21	17	27	22	9	25
Raves*	**21**	9	26	27	33	18	26	6	20
Private party	**22**	5	49	27	22	15	12	15	26
Pubs	**17**	10	26	20	18	14	19	18	13
Acquaintance's home	**9**	10	13	11	5	8	9	0	13
Street	**7**	10	12	4	1	8	3	11	5
Work	**6**	4	5	9	1	11	17	0	5
Day Club	**2**	3	4	4	0	0	0	0	1
Educational institution	**2**	0	6	2	0	3	5	0	1
Usual use venue[+] (%)									
Nightclub	**78**	82	61	78	89	69	79	93	75
Live music event	**60**	62	66	69	62	35	78	9	76
Friend's home	**52**	45	59	55	57	45	57	44	55
Private party	**45**	31	63	47	46	27	38	35	63
Home	**45**	45	61	33	37	43	47	29	59
Raves*	**44**	49	37	50	53	47	36	24	44
Pub	**34**	38	45	21	35	30	29	36	35
Outdoors[◊]	**19**	9	28	15	15	16	17	7	40
Public place (e.g. street/park)	**11**	5	28	5	3	11	5	6	23
Vehicle (passenger)	**11**	1	37	7	4	8	2	0	23
Acquaintance's house	**7**	3	12	10	3	8	2	0	14
Day club	**6**	22	6	6	2	1	0	0	7
Dealer's home	**6**	1	15	7	2	7	0	4	7
Vehicle (driver)	**6**	1	16	2	3	4	0	0	15
Restaurant/cafe	**3**	0	12	2	2	5	0	0	4
Work	**2**	1	7	2	0	3	3	0	2
Educational institution	**<1**	0	2	0	0	1	0	0	2
Last use venue (%)									
Nightclub	**36**	37	19	33	36	34	36	66	34
Home	**14**	15	19	10	11	20	14	6	15
Friend's home	**14**	10	22	17	20	22	9	9	13
Live music event	**11**	16	8	11	14	4	14	0	17
Private party	**9**	2	17	13	6	4	7	15	11
Raves*	**6**	3	5	11	7	8	10	2	5
Pub	**4**	9	4	1	4	4	10	4	1
Outdoors[◊]	**<1**	1	0	2	1	1	0	0	0

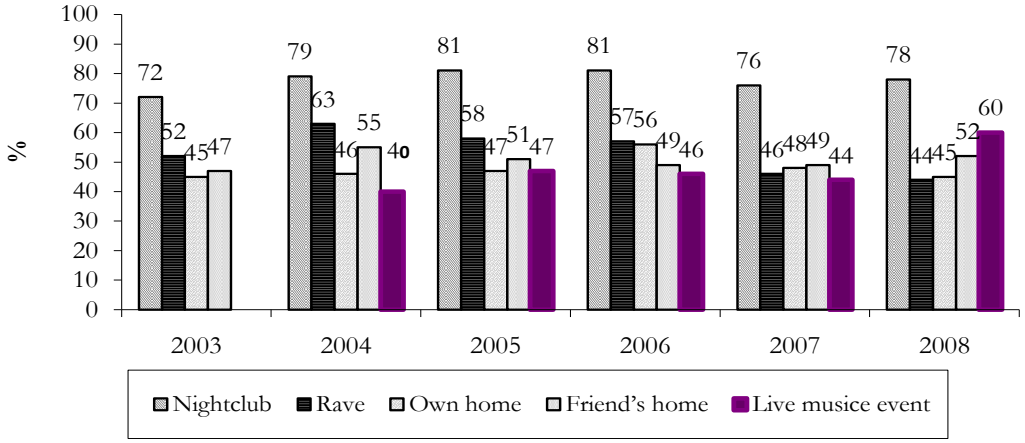
Source: EDRS REU interviews

[+] multiple responses allowed

* includes 'doofs' and dance parties [◊] examples include at a beach, bushwalking, camping

Figure 1 presents trends over time in the locations of usual ecstasy use. Nightclubs have been and remain 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. Most noticeably in 2008, there was a rise in participants reporting usual use in live music events.

Figure 1: Location of usual ecstasy use, 2003-2008

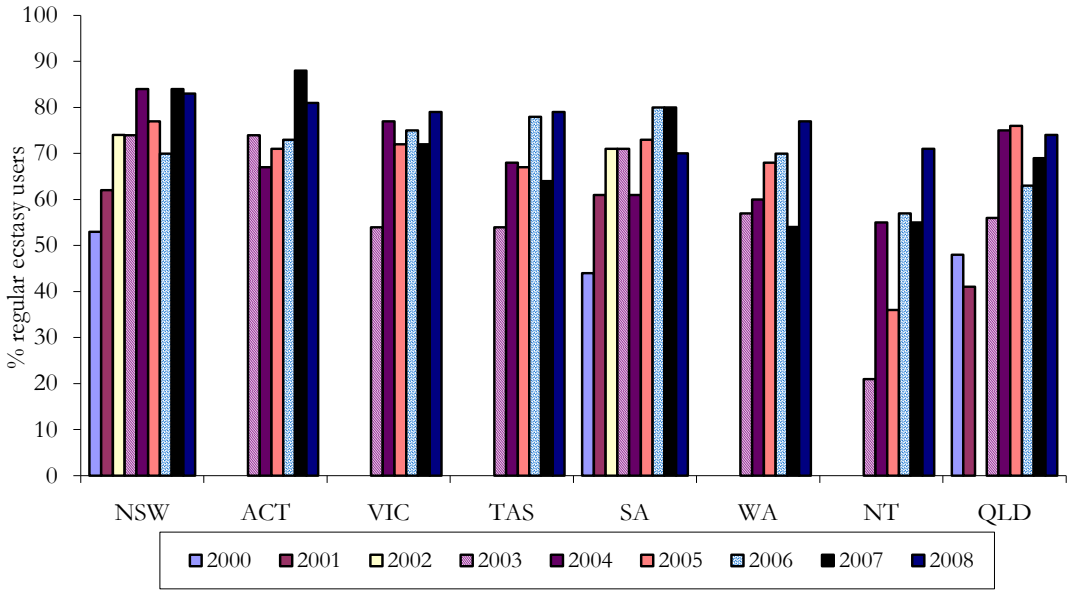


Source: EDRS REU interviews

4.1.4 Trends over time

Data have been collected in NSW, QLD and SA since 2000, and all other jurisdictions since 2003. Fluctuations have been noted within jurisdictions in the proportions of participants reporting typically using more than one tablet; figures in 2008 were higher than those reported in 2003 across all jurisdictions with slight increases reported in VIC, TAS, WA, the NT and QLD (Figure 2).

Figure 2: Proportion of REU who reported typically using more than one ecstasy tablet, by jurisdiction, 2000-2008

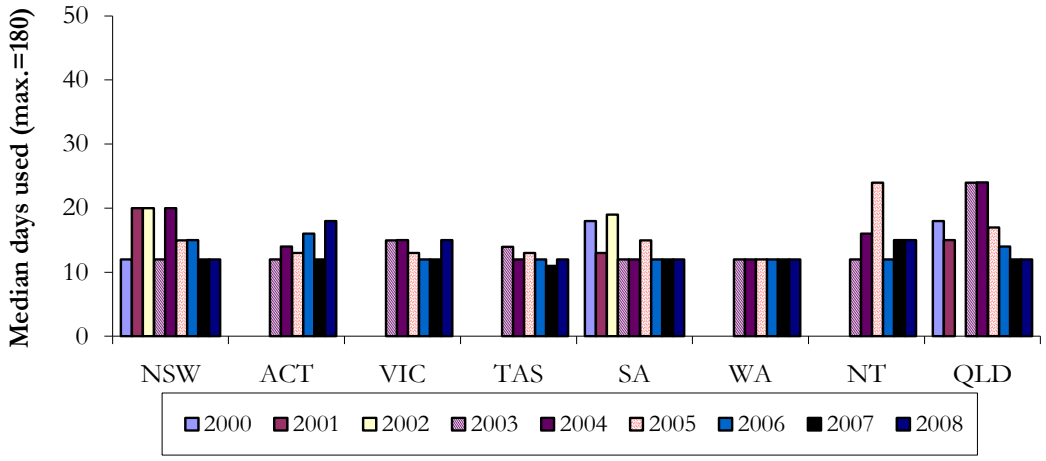


Source: EDRS REU interviews

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, approximating just under weekly use; 15 days in 2005 and 2006; 12 days in 2007 and 2008, approximating just under fortnightly use). QLD has seen a similar decline since 2004 (24 days in 2004; 17 days in 2005; 14 days in 2006; 12 days in 2007 and 2008). Figures remained relatively stable in all jurisdictions in 2008 as compared with 2007 with the exception of ACT and VIC.

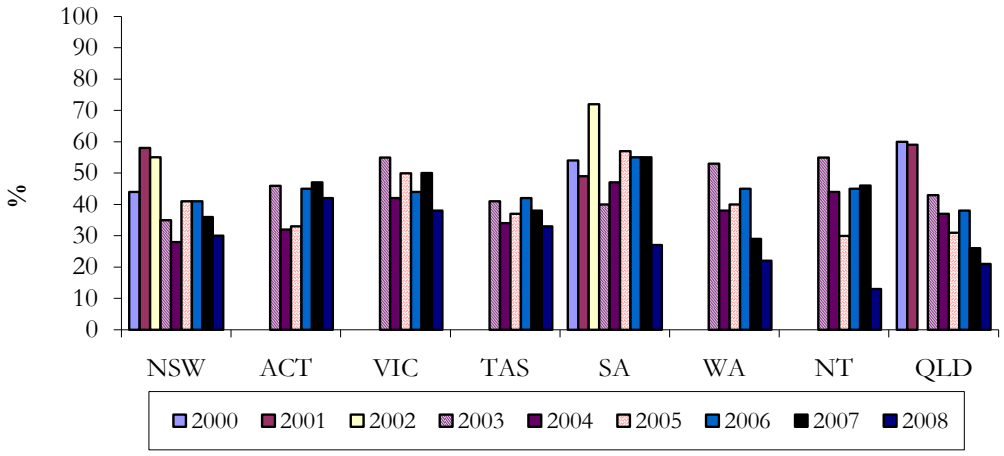
Figure 3: Median days used ecstasy in the six months preceding interview, 2000-2008



Source: EDRS REU interviews
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, the ACT, SA, WA and QLD have observed fluctuating patterns across time; downward trends have been recorded in WA and QLD in particular since 2003. Compared to 2007, smaller proportions reported this behaviour in all jurisdictions, most notably in the NT (46% vs. 13%) and SA (55% vs. 27%).

Figure 4: Proportion of REU who reported recent (last six months) bingeing on ecstasy, 2000-2008

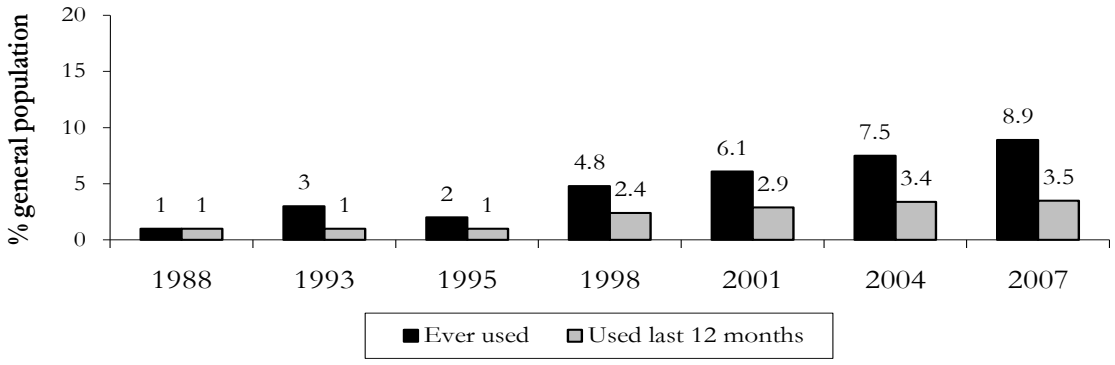


Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002. 'Bingeing' defined as the use of ecstasy for more than 48 hours continuously without sleep.

4.2 Use of ecstasy in the general population

Since ecstasy was first included in the NDSHS in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 and above increased from 1% in 1988 to 8.9% in 2007. 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 3.5% in 2007 (Australian Institute of Health and Welfare, 2005a).

Figure 5: Prevalence of ecstasy use in Australia, 1988-2007



Source: NDSHS 1988-2007 (Australian Institute of Health and Welfare, 2005b, Commonwealth Department of Community Services and Health, 1988)

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

The prevalence of ecstasy use varies slightly according to gender, although differences are modest compared to other drugs. In the 2007 NDSHS, 10.2% of males and 7.6% of females reported having ever used ecstasy. This is consistent with data from previous surveys (Australian Institute of Health and Welfare, 2002, Higgins et al., 2000, Commonwealth Department of Health and Family Services, 1996).

In the 2007 survey, both lifetime (23.9%) and past year (11.2%) ecstasy use was most common among those aged 20-29 years. Again, more males than females in this age group reported lifetime use (25.7% vs. 22.1%) and recent use, i.e. in the preceding 12 months (13.8% vs. 8.7%). Those aged 30-39 years reported lifetime use of 17 % and a recent use of 4.7%. Those aged 14-19 reported a lifetime use of 6 % and recent use of 5% (Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2005a).

The availability of ecstasy has increased over NDSHS 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 survey. In 1988, 4% of the population had ever been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai and McAllister, 1998). Ecstasy (3.5%) was the second most commonly reported illicit drug used in the previous 12 months behind cannabis (9.1%) in 2007 (Australian Institute of Health and Welfare, 2008).

Degenhardt and colleagues (2004) investigated recent ecstasy users (i.e. those who had used ecstasy in the 12 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.

4.3 Price

The median price of ecstasy ranged from $25 in SA and QLD to $50 in the NT. The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months, ranging from 48% in WA to 80% in the NT. Smaller proportions reported that it had increased, decreased, fluctuated or that they did not know (Table 12).

Table 12: Median price of ecstasy and participants' reports of price change, by jurisdiction, 2008

	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Median price ($) per tablet (range)	30 (15-50)	30 (20-50)	27.50 (17.50-40)	35 (20-40)	25 (16.50-50)	40 (20-45)	50 (30-50)	25 (13-40)
Price change (%)								
Increased	5	8	9	14	1	17	0	6
Stable	67	55	71	55	62	48	80	48
Decreased	17	17	14	18	19	19	4	30
Fluctuated	3	11	4	13	10	10	9	9
Don't know	7	8	2	0	8	5	7	7

Source: EDRS REU interviews

Table 13 presents the median price of ecstasy across time. Although prices do vary across jurisdictions, the price of ecstasy appears to be higher in more remote jurisdictions, such as the NT, WA and TAS, whilst larger jurisdictions such as NSW and VIC have traditionally reported lower prices. In most jurisdictions, with the exception of the NT, the price of ecstasy has steadily declined across time.

Table 13: Median price of ecstasy per tablet, 2000-2008

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	n.a.	n.a.	n.a.	45	n.a.	n.a.	40
2001	35	n.a.	n.a.	n.a.	40	n.a.	n.a.	40
2002	35	n.a.	n.a.	n.a.	35	n.a.	n.a.	n.a.
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30
2008	30	30	27.50	35	25	40	50	25

Source: EDRS REU interviews

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

n.a = data not available

Table 14 illustrates the change in prices reported when ecstasy tablets (pills) are purchased in larger quantities.

Table 14: Median price of ecstasy tablets bought in larger quantities, 2008

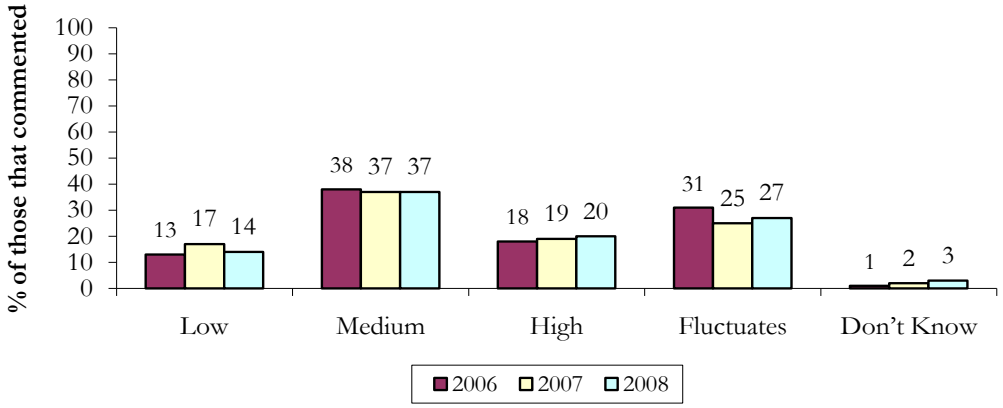
STATE	Per pill/10 pills	Per pill/20 pills	Per pill/50 pills	Per pill/Per 100 pills
NSW	$25/$220	$20/$400	$16.50/$600	$17/ n.a
ACT	$25/$250	$21/$500	$18/$1000	$15/$1500
VIC	$23.75/$250	$20/$450	$17/$1700	$16/$1500
TAS	$32/ n.a	$28/ n.a	$25/ n.a	$25/ n.a
SA	$23/$200	$22.50/$400	$20/$800	$15/$1800
WA	$35/$330	$32/$680	$30/n.a	$25/n.a
NT	$35/$400	$35/ n.a	$30/n.a	$30/ n.a
QLD	$20/$200	$20/$350	$17/$600	$15/1600

Source: EDRS REU interviews

4.4 Purity

Participants' perceptions of ecstasy purity were similar to those recorded over 2006 and 2007. The largest proportion of participants reported that purity was considered to be medium (37%). Just over one-quarter (27%) reported that purity was fluctuating, one-fifth reported that purity was high and a similar proportion believed that it was low (14%; Figure 6).

Figure 6: National REU reports of current ecstasy purity, 2006-2008



Source: EDRS REU interviews

There was some variation in jurisdictional reports of the current purity of ecstasy, with Tas having the highest proportion reporting that ecstasy was currently low (27%) and those in VIC having the highest proportion of those reporting that ecstasy was currently high (34%). Proportions reporting that it was fluctuating were highest in TAS and the ACT (Table 15).

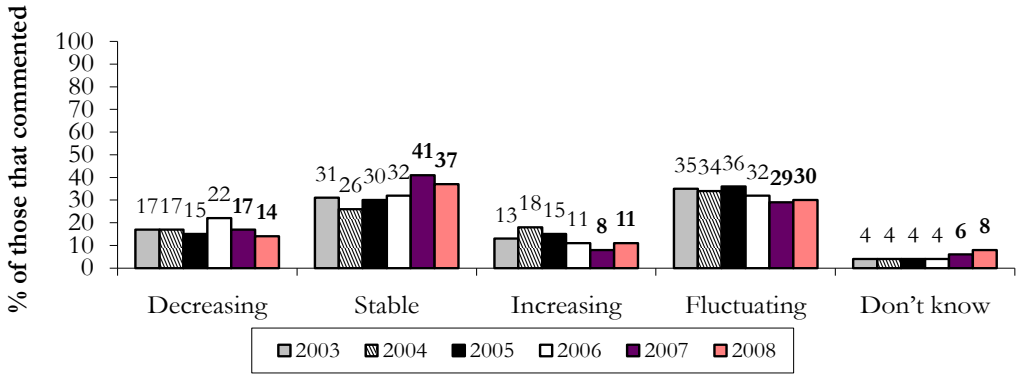
Table 15: Participant reports of current ecstasy purity, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Current purity (%)									
Low	**14**	14	13	6	4	27	16	9	22
Medium	**37**	40	29	29	34	31	41	69	38
High	**20**	28	21	34	20	14	16	6	13
Fluctuates	**27**	16	34	30	39	24	26	13	26
Don't know	**3**	2	4	1	3	4	2	4	2

Source: EDRS REU interviews

Participants were asked to comment on the change of ecstasy purity in the preceding six months. Nearly two-fifths (37%) reported that the purity had remained stable in the six months prior to interview while one-third reported that the purity had fluctuated during this time. Smaller proportions reported that it had decreased, increased or that they did not know (Figure 7).

Figure 7: National REU reports of recent (last six months) change in ecstasy purity, 2003-2008



Source: EDRS REU Interviews

Table 16 presents jurisdictions' reports and variability of perceived purity change of ecstasy in the six months preceding interview.

Table 16: Participant reports of changes in ecstasy purity in the past six months, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Current purity (%)									
Increasing	**11**	13	13	21	14	11	7	0	6
Stable	**37**	49	25	40	24	34	36	73	30
Decreasing	**14**	6	12	18	12	14	17	6	22
Fluctuating	**30**	25	40	16	40	31	31	15	35
Don't know	**8**	7	10	5	10	11	9	7	7

Source: EDRS REU interviews

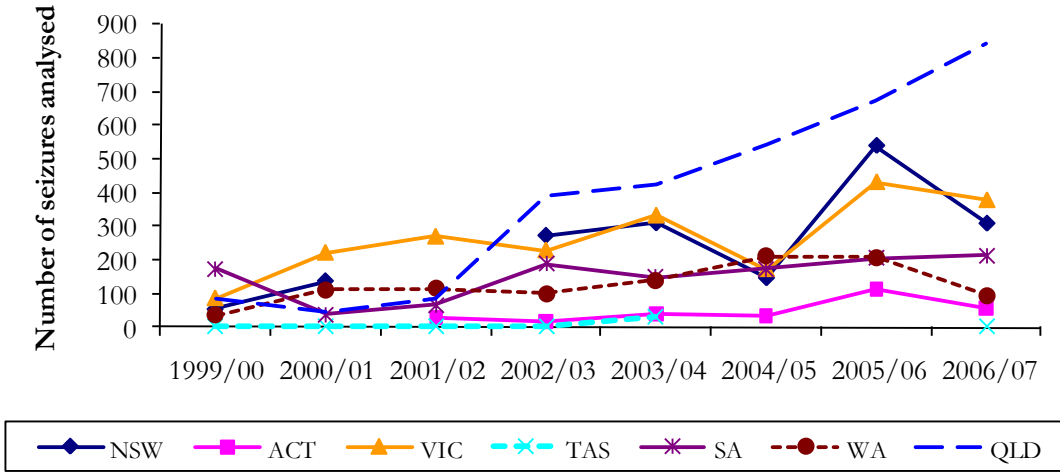
Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should, therefore, be considered in addition to the subjective reports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

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

methylenedioxyethylamphetamine (MDEA), Paramethoxyamphetamine (PMA), and 4-methylthioamphetamine (4-MTA) also belong to the phenethylamine family (Australian Crime Commission, 2007) and seizures of these drugs are included in the seizure data from 2000/01.

In 2006/07, the number of state seizures analysed decreased or remained relatively stable (with the exception of the continuing increase reported in QLD) in all jurisdictions,. The NT is not included on the graph, and there were no seizures analysed in TAS in 2005/06. The following caveat applies to Figure 8 through to Figure 11 below: figures do not represent the purity levels of all phenethylamine seizures – only those who have been analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

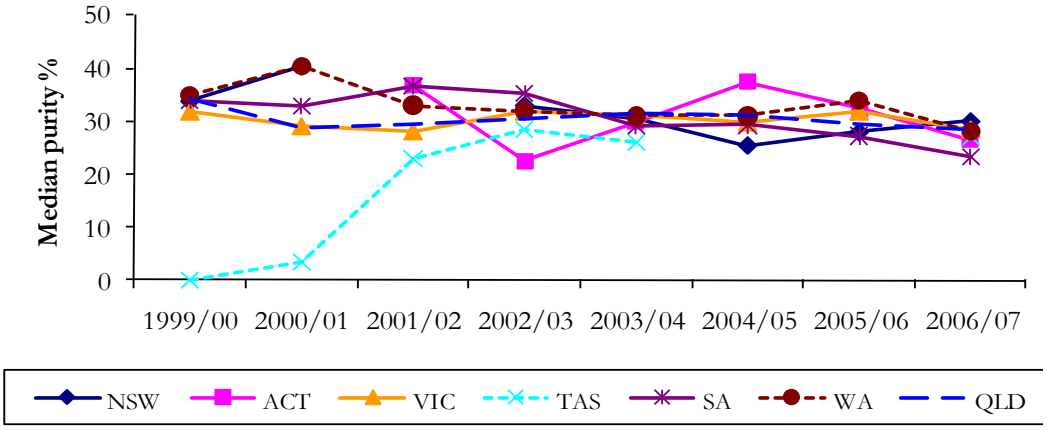
Figure 8: Number of phenethylamine state police seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 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).

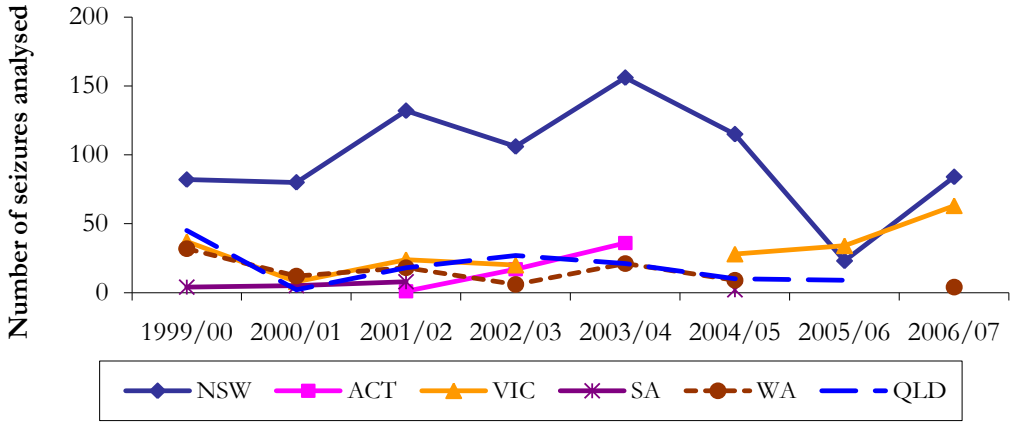
Figure 9: Median purity of state police phenethylamine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were not available at time of publication.

In 2006/07, NSW, VIC and WA were the only states that recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures (Figure 10). NT and TAS are not shown.

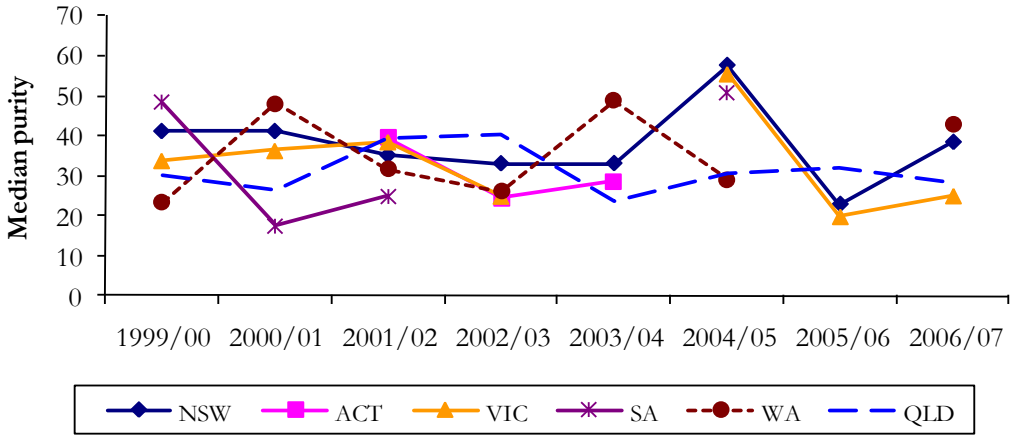
Figure 10: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were unavailable at time of publication.

The median purity of AFP phenethylamine seizures rose slightly in NSW and VIC in 2006/07 (Figure 11).

Figure 11: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were unavailable at time of publication.

As mentioned previously, further analysis of the content of illicit tablets seized in Victoria may be found in the December 2007 EDRS *Ecstasy and related drug trends bulletin* (Quinn et al., 2007).

4.5 Availability

Similar proportions of the 2008 national sample considered ecstasy to be very easy (48%) to easy (45%) obtain. Few participants across all jurisdictions reported ecstasy to be difficult or very difficult to obtain. The majority in all jurisdictions reported that availability had remained stable in the six months prior to interview (Table 17).

Table 17: REU reports of availability of ecstasy in the preceding six months, 2008

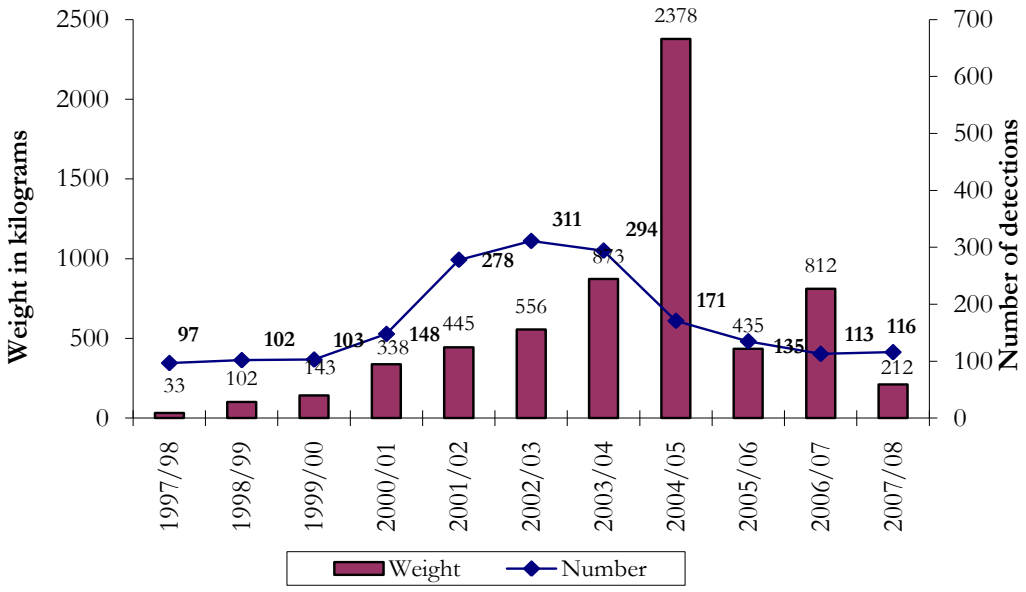
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability of ecstasy (%)									
Very easy	**48**	74	51	57	27	43	52	16	49
Easy	**45**	22	45	39	51	42	41	78	45
Difficult	**6**	4	2	2	10	7	6	4	4
Very difficult	**<1**	0	0	1	2	0	0	0	0
Don't know	**2**	0	2	1	2	5	0	0	2
Change in availability (%)									
More difficult	**9**	8	7	8	20	3	12	4	8
Stable	**67**	73	66	72	48	73	59	78	69
Easier	**14**	16	15	9	18	12	24	2	14
Fluctuates	**7**	1	6	5	12	5	5	15	7
Don't know	**4**	2	6	6	2	7	0	2	3

Source: EDRS REU interviews

4.5.1 Ecstasy detected at the Australian border

The weight of MDMA presented here is the weight of the tablets, not the weight of the active drug. While the number of seizures have remained similar over the last four years, yet weight of seizures has fluctuated. However, one of the largest single detection seizures at the Australian border of 4.4 tonnes was found in 2006/07(Australian Crime Commission, 2008) (Figure 12).

Figure 12: Number and weight of detections of MDMA detected at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: (Australian Crime Commission, 2008)

4.6 Jurisdictional trends for ecstasy

Below follow summaries of trends for ecstasy in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

4.6.1 New South Wales

Ecstasy was first used at a median age of 20 years and regular use began at a median age of 22 years. Ecstasy had been used on a median of 12 days over the preceding six months (i.e. fortnightly) and more than half of the sample reported using ecstasy between monthly and fortnightly. There is a declining trend in the proportions using ecstasy weekly or more. Participants used a median of 2 tablets in an 'average' session and a median of 4 tablets in a 'heavy' session of use. Swallowing was the preferred route of administration however more than two-fifths reported having recently snorted ecstasy.

More than four-fifths of REU interviewed reported 'typically' using other drugs *with* ecstasy and seven in ten reported typically using other drugs *to come down from* ecstasy. Ecstasy was most commonly used in public venues such as nightclubs, live music events and raves however there were also substantial proportions who reported using ecstasy in private settings such as their own home or a friend's home.

Key experts generally agreed that patterns of consumption differed between clubbers, ravers, festival goers and the GLBTQ community and that even within these groups it was possible to identify 'heavier' and 'lighter' users. Some key experts indicated that there was an increasing trend to use ecstasy in venues other than nightclubs and raves e.g. festivals and private settings.

The median price of an ecstasy tablet was reported to be $30 and the median price of a capsule of ecstasy was reported to be $40. The majority of participants reported that this price had remained stable over the preceding six months. Ecstasy was commonly purchased from friends or known dealers in private locations such as friends' or dealers' homes. Participants most commonly purchased ecstasy for themselves and others on either a monthly or fortnightly basis. Two-thirds of participants were able to purchase other drugs from their ecstasy dealer.

Two-fifths of REU interviewed reported that the purity of ecstasy was currently 'medium' and half reported that it had remained stable over the previous six months. Consistent with the previous five sampling years, ecstasy was reported to be either 'easy' or 'very 'easy' to obtain and to have remained so over the six months prior to the interview.

The purity of phenethylamine seizures analysed by both the AFP and the NSW Police in 2006/07 were higher than those analysed in 2005/06. The number of seizures analysed by the NSW police decreased over this time period while those analysed by the AFP increased over the same time period.

4.6.2 The Australian Capital Territory

Ecstasy pills had been used by the entire sample in the past six months, and the pill form was the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported ever having used ecstasy powder (23%) or having used ecstasy powder in the past six months (7%). Over half (53%) of participants reported lifetime use of ecstasy capsules and almost one-quarter (23%) reported that they had used ecstasy capsules in the six months preceding interview. In the six months prior to interview, the median number of days of any form of ecstasy use was 18, an

increase from 12 days in 2007. Two-fifths of the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, 30% of the sample reported using ecstasy on a greater than fortnightly to weekly basis, with a further 30% reporting greater than weekly use (an increase from 11% in 2007). There was no reported daily use of ecstasy. The median number of ecstasy tablets consumed in a 'typical' session of use was two, whereas a median of four tablets were taken by REU in the 'heaviest' session of use. Again, this was consistent with KE reports that indicated most REU use pills, as opposed to powder, and use was weekly to fortnightly, with swallowing followed by snorting the most common routes of administration.

Price, purity and availability of ecstasy

The median reported *price* for a tablet of ecstasy remained stable from 2007 at $30. KE reported the price of an ecstasy tablet was between $25 and $35. The current *purity* of ecstasy was reported by REU to 'fluctuate' (34%), although half of respondents also reported ecstasy purity to be currently 'medium' or 'high'. This is in comparison to the previous year where the majority of respondents reported ecstasy purity to be 'medium' with similar proportions reporting ecstasy purity to be 'low' or 'high'. With respect to availability, almost the entire sample in 2008 reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT; this was consistent with previous years and 2008 KE reports. The majority of the sample reported that the ease with which ecstasy could be obtained had remained stable. Ecstasy was primarily obtained by REU through friends and known dealers.

Ecstasy markets and patterns of purchasing

In the six months prior to interview, REU had purchased ecstasy from a median of three people. Participants indicated that when purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of five pills on each purchase occasion. Just over two-fifths (41%) of REU reported typically buying ecstasy on a monthly or less than monthly basis. Similar proportions of REU reported typically buying ecstasy on a greater than monthly to fortnightly basis in the past six months, or on a greater than fortnightly to weekly basis. Seventy-three percent of the entire sample reported that they were able to purchase other drugs from their 'main' ecstasy dealer. Other drugs that were commonly available to REU at the time of ecstasy purchase were cannabis, methamphetamine powder, base methamphetamine, cocaine, LSD and crystal methamphetamine.

4.6.3 Victoria

As in previous years, the 2008 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 2008 REU sample, over one-third (37%) reported using ecstasy pills fortnightly or less frequently. The median number of ecstasy pills used in a session reported by participants was two, with a median of five used in a heavy session. Over three-quarters of participants (77%) reported typically using more than one pill per session. Furthermore, under half (49%) of the REU sample reported lifetime use of ecstasy powder, while over one-quarter (27%) reported use of ecstasy powder in the last six months. Ecstasy pills were the most common form of ecstasy used during that time.

Participants reported most commonly consuming ecstasy pills orally. REU took ecstasy in a wide range of locations, most commonly nightclubs, private homes/parties, dance parties/raves/doofs, and at live music events.

In addition to ecstasy, the REU reported lifetime and recent use of a wide range of other drugs. The drugs used by the 2008 sample were comparable to previous years, with recent use of alcohol, tobacco, speed and cannabis commonly reported. Over one-third (38%) the 2008 REU sample reported bingeing on drugs in the six months prior to interview, most commonly on ecstasy, speed, alcohol and cannabis.

As in previous years, polydrug use was the norm among the 2008 EDRS participants, a pattern of use confirmed more generally by the KE reports. Most of the 2008 REU sample reported using other drugs in combination with ecstasy (98%) and during the 'come down' from ecstasy (80%).

The price of ecstasy appears to have remained relatively stable over the last five years, with ecstasy typically costing $27.50 per pill (slight decrease from previous years). Participant responses regarding the purity of ecstasy were variable, with varying proportions reporting it to be medium (29%), low (6%), fluctuating (30%), or high (34%). Ecstasy remains readily available, and is predominantly sourced through friends and known dealers in private residences and nightclubs.

REU tend to have a number of people they can purchase ecstasy from and typically purchase for themselves and others. In addition to ecstasy, most REU can obtain a range of other drugs from their main dealers, most commonly speed and cannabis.

4.6.4 Tasmania

Most participants had first used ecstasy at around 19 years of age. The entire sample had recently used ecstasy in tablet form while smaller proportions had recently used ecstasy in capsule (18%) or powder form (3%). The proportion reporting recent use of ecstasy capsules was lower relative to the 2007 cohort (47%). 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 in a typical session. One-fifth (18%) had used ecstasy on a weekly basis or more frequently. Almost three-quarters (77%) usually used more than one tablet on a typical occasion of use and one-third (35%) had recently used ecstasy in a 'binge session' (a continuous 48 hour period of drug use without sleep).

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 including private parties and private residences. Smaller proportions of participants reported recent use of ecstasy at dance-related events and private parties among the 2008 cohort relative to previous cohorts.

The majority of REU (95%) usually used other drugs when under the influence of ecstasy and two-thirds (66%) typically used other drugs when coming down from ecstasy, most commonly alcohol, cannabis, and tobacco. A large majority (90%) reported drinking alcohol when under the influence of ecstasy and three-quarters of the sample (74%) usually consumed more than five standard drinks.

The median price reported by REU for one tablet of ecstasy was $35 which is lower relative to previous years ($40-50). Over one-half of those who commented indicated that this price had remained stable during the preceding six months, but one-fifth indicated that there had been a recent decrease in price.

Ecstasy was considered to be medium or fluctuating in purity, with purity having either remained stable or fluctuated during the six months preceding the interview.

REU indicated that ecstasy was 'easy' or 'very easy' to obtain and that recent availability had remained stable.

4.6.5 South Australia

Over the last seven years there has been little change in parameters of ecstasy use, with the reported median age of first use, median days of use, 'average' or 'most' amount used in a typical session all remaining relatively stable across this period. Fewer REU in 2008 reported using more than one tablet in a typical session, compared to REU reports in 2006 and 2007. Despite this finding, use of more than one tablet in a typical session was reported by the majority of the sample compared to less than half the sample in 2000. In addition, although in previous years large proportions of REU samples have consistently reported binge use of ecstasy across this time with around a half of the sample usually reporting engaging in such behaviour, in 2008 around one-quarter reported bingeing on ecstasy. REU mainly use ecstasy by swallowing. Ecstasy continued to be used most commonly at nightclubs, friends' homes, raves/doofs/dance parties and private parties or at their own homes.

Almost all REU reported typically using at least one other drug 'with ecstasy', or 'at comedown': most commonly, tobacco, alcohol, and cannabis. Fewer REU reported typically using all forms of methamphetamine, and cannabis.

KE information confirms that REU commonly combine other licit and illicit drug use with ecstasy use, with methamphetamine, benzodiazepine and alcohol particularly common: and that there was a wide range of frequency of ecstasy and related drug use, from every weekend (particularly among younger users) to less frequent or 'special occasion' use. KE reported changes in both frequency of use and the number of pills used in a session, with KE information suggesting users are consuming ecstasy over longer periods and are using more pills when doing so.

The reported price of ecstasy was lower compared to 2007, although considered stable in the last six months. Availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend. Fewer REU reported being able to obtain drugs other than ecstasy from their main ecstasy dealer, compared to REU reports in 2007, with the most common being some form of methamphetamine, cannabis, LSD and cocaine. REU opinions of the purity of ecstasy was equivocal with similar numbers reporting the purity as either low, medium, or fluctuating in 2008, somewhat different to reports by REU in 2007 when more reported the purity as high. The ACC reports that the median purity of SAPOL seizures of phenethylamines in 2006/07 was 25%, relatively stable to that reported in 2005/06.

Ecstasy was generally purchased for both self and others, with no REU reporting purchasing ecstasy for others only. Ecstasy was purchased from a median of three people in the last six months. The majority of REU purchased ecstasy one to 12 times in the previous six months, with three percent purchasing ecstasy over twenty-five times in that period.

4.6.6 Western Australia

The gender distribution of the 2008 sample was comparable to that of 2007, with 48% of the current sample male (55% in 2007). REU's were also predominantly of an English- speaking background (98%), as found in previous years. There was a significant decrease in average age of the sample to approximately 23 years from 26 years in 2007, although this did not differ significantly from the average age found in samples prior to 2007.

Characteristics related to education were similar to those found in previous years, with over half of the current sample having completed a post-secondary school course. However, significant changes were seen with regards to the employment status of the current sample; a significant increase was seen in the proportion currently in full- time employment (from 24% in 2007 to 55% in 2008). In contrast, significant decreases occurred in the proportions currently in part-time

employment (from 38% in 2007 to 12% in 2008) or were unemployed (from 25% in 2007 to 5% in 2008). It is likely that these significant findings are a result of sampling issues in last year's EDRS sample not as a result of new demographic trends occurring this year, as current demographic findings are more comparable to samples prior to 2007. Due to last year's atypical sample, significant findings should not result in any conclusions being drawn.

As in previous years, pills were the most common form of ecstasy used and almost the entire sample (91%) nominated swallowing as the main route of administration. Average days of recent use fell to the lowest rate reported since data collection began, as indicated by a significant decrease to 13 days in 2008 down from 16 days in 2007. In contrast, greater amounts of ecstasy were typically used, as indicated by a significant increase in the proportion usually using more than 1 tablet in a session to 74% in 2008 (54% in 2007). 'Bingeing' refers to use of substances for more than 48 hours without sleep. In 2008, there was no significant change in those reporting 'bingeing' on ecstasy from 29% in 2007 to 22% in 2008.

Nightclubs remained the most commonly reported usual location of ecstasy use; with the proportion nominating this location increasing to 79% in 2008 from 64% in 2007. This was closely followed by 78% nominating live music events as the most commonly reported location of use. As in previous years, the vast majority of respondents reported typically using other drugs both with ecstasy (97%) and during the period of recovery (90%). Alcohol and cannabis were the most frequently nominated drugs used on both occasions.

The median price of ecstasy remained the same as last year at $40 per tablet. As in 2007, the majority of respondents rated the price of ecstasy as stable during the previous six months. Current purity was rated by the greatest proportion of respondents as medium, in comparison to 2007 when the majority reporting it as fluctuating in 2007. There was some indication of a perceived increase in the availability of ecstasy. The proportion nominating ecstasy as very easy to obtain increased to 52% in 2008 up from 30% in 2007. Friends remained the most common person to score ecstasy from and friends' homes the most common locations for scoring.

4.6.7 The Northern Territory

Consistent with previous years, REU interviewed in 2008 were primarily young (in their mid-twenties), approximately two-thirds male and primarily from English speaking backgrounds. A minority identified as Aboriginal and/or Torres Strait Islanders (A&TSI). Approximately two-thirds of the sample identified as heterosexual. Participants mostly had at least a secondary school education and more than one-third held tertiary qualifications. Furthermore, unemployment was uncommon and the majority of REU were currently employed on a full-time basis. No participants reported having ever been incarcerated or being currently in drug treatment.

In 2008, the proportion of REU from English speaking backgrounds was lower than the previous five years and the proportion of participants who identified as A&TSI was higher than the previous four years. There has been a generally increasing trend from 2003 onward in the proportion of REU who were currently employed full-time and a corresponding decrease in the proportion who was unemployed however the general level of education has remained relatively stable. There also appears to be a decline since 2006 in the proportion of REU who have been previously incarcerated and in those who were currently in drug treatment.

Ecstasy was the drug of choice for more than two-fifths of REU interviewed followed by alcohol, speed and cannabis. The preference for ecstasy has been increasing since 2006 and that for cannabis has declined sharply over this time. Further, the proportion of REU who had ever injected a drug was less than one-fifth and lower than the preceding five years, continuing a generally declining trend.

Polydrug use was the norm among participants in 2008 with REU having used a mean of seven drug types in their lives and three over the preceding six months. The drug most commonly used over the six months prior to the interview was alcohol followed by tobacco and cannabis. Speed, LSD and base were among the illicit drugs more typically used. The drugs with the earliest ages of initiation were tobacco, alcohol, cannabis and illicitly obtained pharmaceutical stimulants and benzodiazepines with participants beginning to use these drugs in their mid-teens. In contrast, Ketamine and GHB, with the highest ages of initiation, were first used in the late-twenties to early-thirties.

Ecstasy was first used at a median age of 20 years with participants moving toward regular use within two years. Comparable with previous years, ecstasy was used on a median of 15 days over the preceding six months however there was a 10% decline in the proportion reporting using ecstasy weekly or more. The majority of participants reported 'typically' using more than one tablet in a session and the reported median number of tablets used was 2 in an average session and 3 in a heavy session of use. Tablets were most commonly swallowed however snorting, shelving/shafting (vaginal/anal administration) and smoking were also mentioned.

Less than one-fifth of the sample reported having recently used ecstasy during a binge episode however the vast majority reported typically using other drugs *with* ecstasy. Both of these figures were lower than those from 2007. The majority also reported typically using other drugs when *coming down from*[6] ecstasy however this figure had also fallen from 2007. Alcohol was the drug most commonly used *with* ecstasy and also *to come down from* it. Ecstasy was most frequently used in nightclubs however there was a substantial proportion of the sample who reported typically using ecstasy in private locations such as 'friend's homes' and 'private parties'.

The median price of ecstasy has been stable at $50 a tab since 2003 and in 2008, 80% of participants reported that the price of ecstasy had remained 'stable' over the preceding six months. Participants reported that during this time, they had purchased a median of 4 tablets on each occasion and that they had purchased ecstasy from a median of two people. The purity of ecstasy in Darwin was reported to be at a 'medium' level and to have remained largely 'stable' over the preceding six months. Furthermore, ecstasy was primarily reported to be 'easy' to obtain and that it had remained so over the preceding six months. Ecstasy was most commonly purchased from friends and known dealers in friends' or dealer's homes or in nightclubs.

The number of ecstasy seizures reported by the NT Police increased from 45 in 2006/07 to 92 in 2007/08 however it appears that the average weight of ecstasy seizures is declining. This indicates a greater number of smaller seizures being made in 2007/08 compared with previous years.

4.6.8 Queensland

In 2008, REU reported first trying ecstasy at an average age of 19 years, which is unchanged from last year. The median frequency of ecstasy use was once a fortnight, with 23% of REU reporting use weekly or more often. This frequency of use was unchanged from last year; however, over a longer time period, the average frequency of use appears to be decreasing. For example, in 2004 the median frequency of use was once a week and 41% of REU reported using ecstasy weekly or more often. Swallowing has consistently been the most common route of administration among REU.

Polydrug use continues to be the norm among REU with 94% reporting use of other drugs with ecstasy, which is comparable to 96% in 2007. There was a decrease in the proportion reporting use of other drugs during 'come down' from 86% in 2007 to 78% in 2008. Similar to previous

[6] The acute recovery period following use of ecstasy.

years, the other drugs most commonly used on both occasions were alcohol, tobacco and cannabis. The proportion reporting 'binge' use of ecstasy (use for more than 48 hours) was 21%, which is the smallest proportion across survey years. The proportion nominating ecstasy as their drug of choice in 2008 (31%) was also smaller than in any previous year in which the EDRS has been conducted in Queensland.

'Nightclubs' (75%) remained the most commonly reported usual location of ecstasy use; however, there were increases in the proportion reporting usually using at a 'private party' (63%) and 'at own home' (59%). 'Nightclub' was also the most commonly reported last location of ecstasy use (34%).

The price of ecstasy continued to decrease, with a median of $25 per tablet in 2008. This compares to $30 in 2006 and 2007, and $40 in 2000 and 2001. As in previous years, the greatest proportion of REU rated the price of ecstasy over the last six months as 'stable'.

Ratings of current purity of ecstasy were varied, as in previous years. In 2008, 38% rated current purity as 'medium', 26% as 'fluctuates' and 21% as 'low'. Purity over the last six months was rated as 'fluctuating' by 35% and 'stable' by 30%.

As in previous years, almost all REU reported that ecstasy was either 'easy' (45%) or 'very easy' (49%) to obtain, and the majority reported that availability over the last six months was 'stable' (69%). The most common source of ecstasy continues to be 'friends' (84%) and the most common location for purchasing ecstasy 'friend's home' (64%). In 2008, REU reported buying ecstasy from a median of 3 persons and purchasing a median of 5 tablets at a time.

There was a decrease in the proportion of REU that reported being able to purchase other drugs from their main dealer at the time of purchasing ecstasy, from 81% in 2007 to 69% in 2008. While cannabis remained the most common drug available for purchase (72%), the proportions reporting that speed, crystal methamphetamine and cocaine were available were substantially lower.

4.7 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. No sex differences were found.
- Ecstasy tablets were used on a median of 12 days in the six months prior to interview, i.e. approximately fortnightly. Just over one-tenth (13%) reported using ecstasy more than weekly.
- 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 three-quarters (71%) reported typically using more than one tablet.
- One-third (29%) of the national sample reported having binged on ecstasy in the preceding six months; the median length of time of the longest binge was 60 hours (range 50-72 hours). SA and NSW both reported the longest binge session of 72 hours.
- The vast majority (94%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy; typically alcohol or tobacco. Seventy-six percent reported using other drugs with ecstasy to 'come down'; this was typically cannabis, tobacco or alcohol (having more than five standard drinks).
- Ecstasy was typically swallowed. Recent (last six months) injection of ecstasy was reported by less than one percent of the national sample.
- Ecstasy was purchased from a range of people across a range of different locations; most commonly from friends and known dealers at friends' and dealers homes and at nightclubs.
- It was also used in a range of locations, most commonly in nightclubs and live music festivals. Use in both private locations (e.g. at friends' homes or private parties) and other public locations (e.g. raves/doofs/dance parties) was reported also.
- The median price of a tablet of ecstasy ranged from $25 in SA and QLD to $50 in the NT. The majority of the REU in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- Similar to 2006 findings, reports of ecstasy purity were mixed, with the largest proportion of participants reporting that it was medium (37%) or that it fluctuates (27%). Similar proportions of the sample reported that purity levels had remained stable (37%) or had fluctuated (30%) over the preceding six months.
- The vast majority reported ecstasy to be very easy (48%) or easy (45%) to obtain and few participants across jurisdictions reported ecstasy to be difficult or very difficult to obtain. The majority in all jurisdictions (67%) reported that availability had remained stable in the six months prior to interview.
- Health and law enforcement-related harms associated with ERD use are discussed in the relevant sections below.

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 (ATS) seizures that were methamphetamine[7] (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). Methamphetamine continues to dominate the market in Australia, the majority of which is produced domestically (Australian Crime Commission, 2007).

In Australia, the powder traditionally known as 'speed' is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, crystal, crystal meth, shabu, meth, base, pure and paste, identified by the 2000 IDRS as becoming more widely available and used in all jurisdictions (Topp et al., 2001) are also methamphetamine. Therefore, the term 'methamphetamine' is used to refer to the drugs available that were previously termed 'amphetamines'[8].

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 (ice/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. Ice/crystal (also called shabu or crystal meth), is a crystalline or course powder that ranges from translucent to white but may also have a green, blue or pink tinge. ice/crystal is thought to be manufactured in Asia and imported (Topp and Churchill, 2002), although there have been reported increases in domestic production of ice/crystal methamphetamine in recent years, the extent to which is unclear (McKetin et al., 2005).

This section contains information about methamphetamine use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2007 are shown in Appendix B. Information on harms (health and law enforcement-related) associated with ERD use, including use of methamphetamine, are discussed in the relevant sections later in this report.

Detailed research has been conducted on methamphetamine markets in an attempt to gain a better understanding of this area (McKetin and McLaren, 2004, McKetin et al., 2005).

5.1 Methamphetamine use among REU

The majority (83%) of the national sample reported having used one or more forms of methamphetamine (speed, base and/or ice/crystal) at some stage during their lifetimes. Approximately two-thirds (59%) of the national sample reported use during the preceding six months, ranging from the highest use reported in VIC (77%) to the lowest use reported in the NT (24%). Sixteen percent of participants in the national sample reported having ever injected

[7] Methamphetamine may also be referred to as methylamphetamine.

[8] Note: indicator data are presented using the terms employed by the data providers and therefore may not be consistent between sources.

methamphetamine. Frequency of use among recent users averaged approximately monthly use (median six days). Use remained at similar levels across jurisdictions with TAS and the NT reporting the least frequency of use (Table 18). Nationally, 47% of users reported using less than monthly, 26% used between monthly and fortnightly, 13% had used between fortnightly and weekly and 13% had used weekly or more often. Daily use of methamphetamine was uncommon in this group, being reported by five participants in the entire sample.

Table 18: Patterns of methamphetamine (any form) use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**83**	95	84	91	85	76	76	67	80
Ever injected (%)	**16**	17	23	14	13	24	10	16	12
Used last six months (%)	**59 n=398**	66 n=66	55 n=46	77 n=77	63 n=63	58 n=43	50 n=29	24 n=13	57 n=61
Median days used* last six months (range)	**6 (1-180)**	5 (1-170)	9 (1-180)	6 (1-180)	3 (1-41)	8 (1-180)	7 (1-180)	2 (1-18)	4 (1-48)

Source: EDRS REU interviews
Note: Includes speed, base and ice/crystal.
* among those who had used recently. Medians rounded to nearest whole number

5.1.1 Methamphetamine powder (speed)

Over three-quarters (77%) of participants in the 2008 national sample reported lifetime speed use and just under half (46%) had used speed in the preceding six months (Table 19). Those who had used speed reported first using it at mean age of 19 years (SD 4.6, range 12-50).

Four percent of the national sample reported that speed was their drug of choice. Among participants who reported bingeing on ecstasy and/or related drugs in the preceding six months (n=216), 37% reported having used speed during a binge in this time. Almost one-fifth (18%) of those who reported typically using other drugs with ecstasy typically used speed with ecstasy (Table 19).

Thirteen percent of the national sample reported that they had injected speed at some time. Of those who had ever injected, 47% reported injecting speed powder in the six months preceding interview (Table 19). Among participants who reported using speed in the six months prior to interview, approximately two-thirds had swallowed and just under three-quarters had snorted it, while one-fifth had smoked it and just over one-tenth had injected (Table 19).

Of those who recently used speed, the median number of days used was four (approximately once per month), ranging from having used once to daily use. Half of recent users (56%) used less than once a month, 28% used speed between monthly and fortnightly, 8% between fortnightly and weekly and 6% used speed more than once a week. Daily use was uncommon, being reported by one participant.

The median amount of speed used in a typical or average use episode in the preceding six months was half a gram (range 0.05g-4g). Recent speed users reported using a median of one gram (range 0.10g-8g) during the heaviest recent session of use. Use was also quantified in terms of points, with 148 recent speed users reporting using a median of two points in a typical session (range 0.25-7 points) and 127 users reporting a median of two points used in the heaviest recent session (range 0.25-10 points).

Table 19: Patterns of methamphetamine powder (speed) use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**77**	92	74	90	84	55	72	67	71
Ever injected (%)	**13**	13	20	14	11	14	10	16	8
Used last six months (%)	**46 n=311**	48 n=48	43 n=35	75 n=75	59 n=59	30 n=22	38 n=22	24 n=13	34 n=37
Snorted*	**71**	92	60	87	58	50	86	69	54
Swallowed*	**61**	56	69	54	78	77	14	31	76
Injected*	**13**	9	26	7	10	27	5	39	14
Smoked*	**20**	2	9	47	9	32	32	8	5
Median days used* last six months (range)	**4 (1-180)**	4 (1-120)	6 (1-72)	6 (1-90)	3 (1-24)	4 (1-90)	6 (1-180)	2 (1-14)	3 (1-48)

Source: EDRS REU interviews
* of those who used in the six months preceding interview

In the national sample, speed remains most commonly scored from friends and known dealers, and was mainly purchased in a range of private locations, including friends' homes, dealers' homes and at their own homes. Public locations were also reported as locations of purchase, including nightclubs and agreed public locations. It was used in a range of venues, mainly nightclubs, at home, at friends' homes, raves, private parties and live music events. Jurisdictional differences were noted, and are presented below (Table 20).

Table 20: Source, purchase location and use location of methamphetamine powder (speed), 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%) (among those who commented)	**n=213**	n=23	n=24	n=54	n=56	n=9^	n=15	n=7^	n=25
Friends	**60**	30	83	67	54	78	64	14	68
Known dealers	**47**	35	63	52	39	56	36	71	44
Acquaintances	**10**	9	13	7	9	0	21	14	16
Unknown dealers	**4**	4	0	13	0	0	0	0	4
Workmates	**7**	0	4	4	2	0	21	0	0
Used, but not scored	**14**	39	0	6	29	0	7	0	4
Locations scored (%) (among those who commented)	**n=212**	n=23	n=24	n=54	n=56	n=9^	n=14	n=7^	n=25
Friend's home	**46**	17	75	52	39	78	57	14	40
Dealer's home	**36**	26	54	43	21	44	36	43	40
Own home	**21**	4	50	17	13	56	14	14	32
Nightclub	**14**	4	33	22	9	11	7	14	4
Agreed public location	**14**	4	46	11	7	11	7	14	16
Raves*	**7**	0	17	19	0	0	0	0	4
Acquaintance's home	**5**	4	17	2	2	11	7	0	4
Private party	**7**	4	29	6	5	0	0	0	0
Pubs	**5**	0	13	2	5	11	7	0	4
Street	**5**	0	21	0	2	11	7	14	4
Work	**3**	4	4	4	0	11	7	0	0
Day club	**<1**	0	4	2	0	0	0	0	0
Usual use venue+ (%) (among those who commented)	**n=215**	n=23	n=25	n=55	n=56	n=9^	n=15	n=7^	n=25
Nightclub	**66**	52	72	73	68	89	40	71	56
Friend's home	**51**	30	68	51	55	56	53	43	44
Live music event	**44**	57	60	40	29	44	53	14	60
Home	**42**	35	64	42	25	78	47	71	40
Raves*	**32**	22	40	46	23	33	13	14	40
Private party	**36**	26	60	33	30	33	40	14	44
Pubs	**20**	14	33	44	13	18	28	22	16
Outdoors◊	**13**	9	32	6	2	22	13	14	36
Work	**8**	9	16	9	0	22	7	14	8
Vehicle (passenger)	**13**	0	60	7	2	11	7	0	20
Dealer's home	**11**	0	28	9	7	33	0	0	16
Day club	**4**	4	8	6	0	0	0	0	8
Public place (e.g. street/park)	**12**	0	52	2	0	33	7	0	28
Vehicle (driver)	**7**	0	36	0	4	11	7	0	12
Acquaintance's house	**4**	0	20	2	0	22	0	0	4
Restaurant/cafe	**4**	0	16	4	0	11	0	0	4
Educational institution	**2**	0	0	2	2	11	0	14	0
Last use venue (%) (among those who commented)	**n=210**	n=22	n=25	n=53	n=56	n=9^	n=13	n=7^	n=25
Nightclub	**27**	23	28	25	41	11	23	14	12
Home	**15**	14	28	11	5	56	8	43	12
Friend's home	**17**	9	12	23	18	33	12	29	4

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Private party	**10**	14	12	8	14	0	8	0	8
Live music event	**16**	32	4	13	11	0	15	14	36
Raves*	**6**	5	4	11	4	0	0	0	12
Pubs	**3**	5	4	2	4	0	8	0	0
Work	**3**	0	5	3	0	6	0	5	3

Source: EDRS REU interviews

+ multiple responses allowed

* includes 'doofs' and dance parties

◊ examples include at a beach, bushwalking, camping

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

5.1.2 Methamphetamine base

Thirty-nine percent of participants in the national sample reported lifetime use of base and close to one-fifth (18%) had used it in the six months preceding interview (Table 21). The median age of first use (among those who had ever used base) was 20 years (range 12-44 years). Seven participants (1%) of the national sample reported that base was their drug of choice; 6% of those who typically used other drugs with ecstasy reported that they typically used base on those occasions. Approximately 14% of participants who reported bingeing on ecstasy and/or related drugs in the six months preceding interview reported using base in a binge session. Ten percent of the national sample reported that they had injected base at some time (Table 21). Half (49%) of the participants with the history of injecting base reported injecting in the last six months.

Of those who reported recent use of base, 74% swallowed, 29% snorted, 27% injected and 18% smoked it. Of those who used base, the median number of days used was four, ranging from having used base once to daily use (Table 21). Fifty-five percent used less than monthly; 25% used base between monthly and fortnightly; 8% between fortnightly and weekly and 12% used base more than once a week. There were no reports of daily use.

Table 21: Patterns of methamphetamine base use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**39**	53	52	20	31	46	22	35	44
Ever injected (%)	**10**	7	16	2	7	19	3	15	11
Used last six months (%)	**18 n=120**	17 n=17	23 n=19	7 n=7^	16 n=16	34 n=25	5 n=3^	9 n=5^	26 n=28
Snorted*	**29**	18	39	57	25	24	67	40	25
Swallowed*	**74**	82	83	43	88	72	33	20	79
Injected*	**27**	6	28	29	19	44	33	60	21
Smoked*	**18**	6	6	100	0	32	0	0	14
Median days used* last six months (range)	**4 (1-180)**	2 (1-120)	9 (1-72)	10 (1-60)	2 (1-35)	10 (1-170)	6 (4-180)	4 (1-16)	3 (1-48)

Source: EDRS REU interviews

* of those who used in the six months preceding interview

Recent base users reported using a median of two points in a typical session of use (range 0.1-30 points) and two points in the heaviest recent session of use (range 0.2-40 points).

As with ecstasy and speed, base was also most commonly reported to have been bought from friends and known dealers, and a range of other sources were accessed. It was bought in a range of locations, including from friends' homes, dealers' homes, and agreed public locations. Base was also used in a range of locations. Friend's home as opposed to nightclubs (as was seen in previous years) was the most common location of usual use, followed by their own home. At friends' homes, at participants' own homes and at live music events/festivals were the most commonly reported last locations of use (Table 22). Jurisdictional differences should be interpreted with caution due to small numbers commenting in several states/territories.

Table 22: Source, purchase location and use location of methamphetamine base, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%) (among those who commented)	**n=74**	n=6^	n=12	n=3^	n=13	n=21	n=1^	n=1^	n=17
Friends	**58**	33	58	67	69	48	0	0	77
Known dealers	**49**	50	92	67	46	29	0	100	41
Acquaintances	**18**	0	8	0	15	33	100	0	12
Unknown dealers	**4**	0	17	0	0	0	0	0	6
Workmates	**2**	0	0	0	0	5	0	0	0
Locations scored (%) (among those who commented)	**n=74**	n=6^	n=12	n=3^	n=13	n=21	n=1^	n=1^	n=17
Friend's home	**49**	50	67	67	54	43	0	0	41
Dealer's home	**41**	33	100	67	15	24	0	100	35
Own home	**19**	33	8	33	8	19	0	0	29
Agreed public location	**23**	33	25	0	23	19	0	0	29
Nightclub	**5**	0	8	33	0	10	0	0	0
Acquaintance's home	**5**	0	17	0	0	10	0	0	0
Raves*	**3**	0	8	33	0	0	0	0	0
Private party	**3**	0	8	0	8	0	0	0	0
Work	**1**	0	0	0	0	5	0	0	0
Pubs	**4**	0	8	0	0	10	0	0	0
Street	**14**	0	17	0	23	14	100	0	6
Usual use venue+ (%) (among those who commented)	**n=73**	n=6^	n=11	n=3^	n=13	n=21	n=1^	n=1^	n=17
Friend's home	**56**	50	64	33	85	52	0	100	41
Home	**52**	67	55	67	15	71	100	0	47
Nightclub	**43**	50	55	33	23	48	0	100	41
Private party	**29**	33	55	0	23	24	0	0	29
Raves*	**27**	33	46	33	8	33	0	0	24
Live music event	**33**	50	73	0	8	19	0	0	47
Pub	**32**	33	73	0	23	33	0	0	18
Outdoors◊	**22**	17	46	0	8	14	100	0	29
Dealer's home	**19**	17	46	0	0	19	0	0	24
Vehicle (passenger)	**22**	0	46	0	8	19	0	0	35
Work	**11**	33	9	0	0	14	0	0	12
Public place (e.g. street/park)	**15**	0	46	0	0	14	0	0	18
Other	**11**	0	27	0	0	14	0	0	12
Day club	**7**	33	18	0	0	0	0	0	6
Vehicle (driver)	**13**	0	36	0	8	10	0	0	18
Restaurant/cafe	**8**	0	27	0	0	10	0	0	6
Educational institution	**1**	0	0	0	0	5	0	0	0

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Last use venue (%) (among those who commented)	**n=72**	n=5^	n=11	n=3^	n=13	n=21	n=1^	n=1^	n=17
Home	**26**	20	18	67	8	43	0	0	24
Friend's home	**18**	20	0	33	54	14	0	0	6
Live music event	**15**	0	18	0	8	5	0	0	41
Pub	**10**	0	9	0	8	19	0	0	6
Nightclub	**11**	0	18	0	15	10	0	100	6
Private party	**6**	40	9	0	8	0	0	0	0
Raves*	**7**	0	18	0	0	10	0	0	6
Work	**1**	20	0	0	0	0	0	0	0

Source: EDRS REU Interviews

◊ examples include at a beach, bushwalking, camping

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

5.1.3 Crystalline methamphetamine (ice/crystal)

Forty-seven percent of the participants in the 2008 national sample reported having ever used ice/crystal and one-quarter (24%) had used ice/crystal in the six months preceding interview (Table 23). The median age of first use, among those who reported using ice/crystal, was 21 years (range 9-55 years). Three percent of the national sample reported that ice/crystal was their drug of choice. Of those who typically used other drugs with ecstasy, 9% reported that they typically used ice/crystal with ecstasy. One- third (28%) of those who reported bingeing on ERD in the preceding six months had used ice/crystal in a binge session. One in ten participants of the national sample reported that they had injected ice/crystal at some time. Of those 61% reported injecting ice/crystal in the six months preceding interview.

Of those who reported recent use of ice/crystal, the most common route of administration was via smoking or inhalation; notable proportions also reported swallowing, injecting and snorting the drug in the past six months (Table 23).

Of those who reported recent use of ice/crystal, the median number of days used was six, ranging from having used once in the preceding six months to daily use (Table 23). Forty-six percent of recent users reporting using less than monthly, 31% between monthly and fortnightly, 15% between fortnightly and weekly and 9% reported using more than weekly. Daily use was reported by one participant.

Table 23: Patterns of crystalline methamphetamine (ice/crystal) use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**47**	52	61	53	33	47	62	18	44
Ever injected (%)	**10**	13	22	7	5	18	5	4	8
Used last six months (%)	**24 n=164**	33 n=33	24 n=20	22 n=22	15 n=15	34 n=25	36 n=21	0 n=0	26 n=28
Snorted*	**20**	9	15	9	40	20	67	0	0
Swallowed*	**27**	18	30	9	33	44	48	0	14
Injected*	**26**	27	60	14	13	40	10	0	18
Smoked*	**73**	70	45	96	53	76	76	0	82
Median days used* last six months (range)	**6 (1-180)**	6 (1-170)	11 (1-180)	5 (1-60)	2 (1-6)	8 (1-90)	6 (1-90)	0 -	6 (1-48)

Source: EDRS REU interviews
* of those who used in the six months preceding interview

The median amount of ice/crystal used in a typical or average use episode in the preceding six months was one point (range 0.1-7 points). Recent ice/crystal users reported using a median of two points (range 0.1-10 points) during the heaviest recent use episode.

As with the other forms of methamphetamine, known dealers and friends were the most common sources of ice/crystal. In 2008 compared with 2007, known dealers as the source was nominated by considerably more participants than friends. Also more participants nominated the option of using but not actually scoring the drug compared with 2007. It was most commonly scored in private locations, and it was usually used in a range of venues, including at friends' homes, at their own home, and in nightclubs, at private parties, pubs, raves and live music events. Reports of last use location generally reflected reports of usual use location. Jurisdictional differences were noted; however caution should be taken in some instances due to small numbers reporting (Table 24). Educational institutions along with Day Clubs were not mentioned by any participants in 2008 as a location where crystal/ice is obtained, usually used or as a venue where it was last used.

Table 24: Source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%) (among those who commented)	**n=117**	n=26	n=14	n=13	n=10	n=21	n=16	n=0	n=17
Known dealers	**50**	58	79	54	40	24	38	-	59
Friends	**46**	31	57	46	10	48	69	-	59
Acquaintances	**15**	0	21	8	0	38	25	-	12
Unknown dealers	**7**	0	29	15	0	0	0	-	12
Workmates	**2**	0	0	0	0	5	6	-	0
Used, but not scored	**19**	27	14	23	60	5	6	-	12
Locations scored (%) (among those who commented)	**n=117**	n=26	n=14	n=13	n=10	n=21	n=16	n=0	n=17
Friend's home	**37**	27	43	23	10	43	56	-	47
Dealer's home	**39**	46	79	46	10	19	31	-	41
Own home	**21**	19	21	23	0	33	19	-	18
Agreed public location	**19**	12	50	0	20	19	6	-	29
Nightclub	**3**	0	7	8	0	10	0	-	0
Acquaintance's home	**7**	0	7	15	0	10	13	-	6
Raves*	**4**	0	0	23	0	10	0	-	0
Work	**1**	0	0	0	0	5	0	-	0
Private party	**3**	0	7	0	0	10	0	-	0
Pubs	**2**	0	0	0	0	10	0	-	0
Street	**10**	0	43	0	10	5	6	-	12
Usual use venue+ (%) (among those who commented)	**n=117**	n=26	n=14	n=13	n=10	n=21	n=16	n=0	n=17
Home	**58**	65	79	31	20	48	56	-	88
Friend's home	**60**	58	57	62	60	62	69	-	53
Nightclub	**33**	27	29	15	40	48	38	-	29
Private party	**23**	15	36	0	10	19	44	-	35
Raves*	**25**	27	21	39	20	29	19	-	18
Live music event	**18**	8	36	0	10	14	56	-	6
Pub	**25**	8	36	8	20	48	38	-	18
Outdoors◊	**15**	0	29	0	10	24	13	-	29
Dealer's home	**10**	0	43	0	0	10	0	-	24
Vehicle (passenger)	**12**	0	50	0	10	10	6	-	18
Public place (e.g. street/park)	**13**	0	50	0	0	14	6	-	24
Work	**5**	8	0	0	0	10	0	-	12
Vehicle (driver)	**9**	0	21	0	10	10	6	-	18
Acquaintance's house	**7**	0	21	8	0	14	0	-	6
Day club	**3**	8	0	8	0	0	0	-	6
Restaurant/cafe	**7**	0	29	0	0	5	0	-	18
Last use venue (%) (among those who commented)	**n=117**	n=26	n=14	n=13	n=10	n=21	n=16	n=0	n=17
Home	**31**	42	57	15	10	29	13	0	35
Friend's home	**29**	31	21	31	50	24	31	0	24
Nightclub	**10**	15	7	0	10	14	13	0	6
Private party	**5**	4	0	0	10	5	13	0	6
Raves*	**7**	0	7	31	10	0	0	0	12

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Work	**3**	0	0	15	0	5	0	0	0
Live music event	**3**	4	0	8	0	0	6	0	0
Pub	**8**	0	0	0	10	19	19	0	6

Source: EDRS REU interviews

+ multiple responses allowed

* includes 'doofs' and dance parties

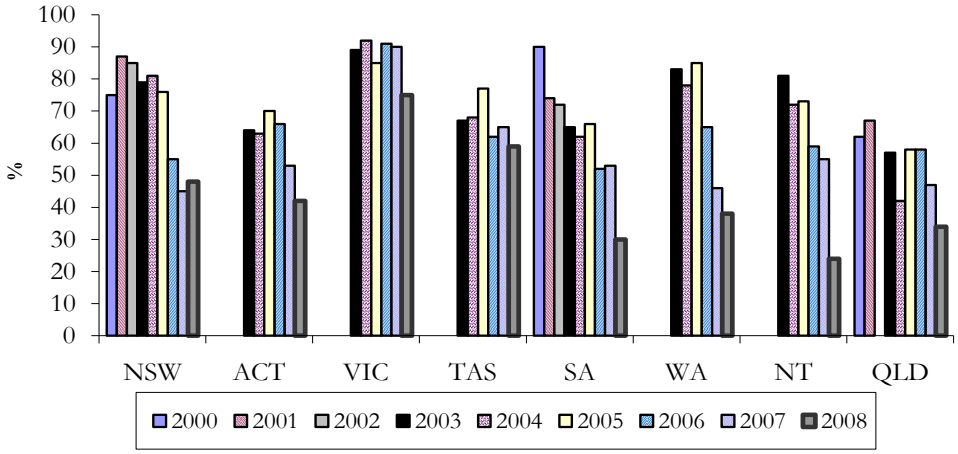
◊ examples include at a beach, bushwalking, camping

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

5.1.4 Trends over time

The following figures present data over time showing the proportion of REU reporting the recent use of speed, base and ice/crystal respectively. VIC remained the state that reported the most recent speed use, followed by TAS. Compared to 2007, decreases have been observed across all jurisdictions in proportions reporting recent speed use except in NSW where speed has remained stable (NSW: 45% to 48%, the ACT: 53% to 42%, VIC: 90% to 75%, TAS: 65% to 59%, SA: 53% to 30%, WA: 46% to 38%, NT: 55% to 24%, QLD: 46% to 34; Figure 13).

Figure 13: Proportion of REU who reported recent (last six months) use of methamphetamine powder (speed), by jurisdiction, 2000-2008

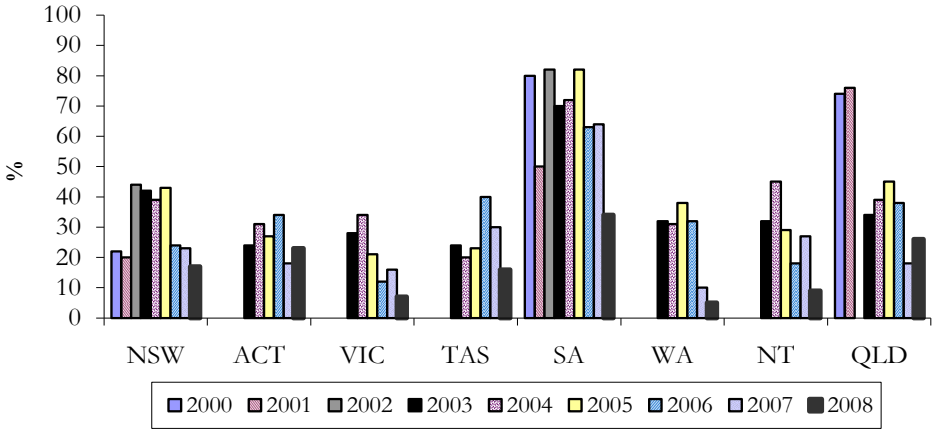


Source: EDRS REU interviews

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 (past six months) base use. Figures have fluctuated over time, with higher rates being reported in SA from 2003 onwards than in other jurisdictions. In 2007, there was a reported reduction in most jurisdictions except in QLD where there was a slight increase (18% to 26%). Proportions reported were: NSW: 23% to 17%, ACT: 18% vs. 23%, VIC: 16% to 7%, TAS: 30% vs. 16%, SA: 64% vs. 34%, WA: 10% to 5%, NT: 27% to 9% and QLD: 18% vs. 26%.

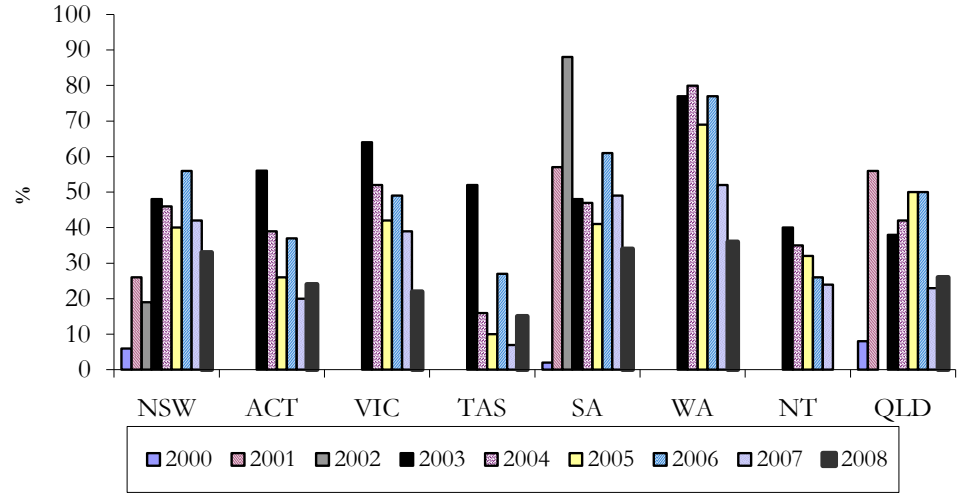
Figure 14: Proportion of REU who reported recent (last six months) use of methamphetamine base, by jurisdiction, 2000-2008



Source: EDRS REU interviews
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 ice/crystal use over time. Substantial variations are apparent both within and between jurisdictions over time. Compared to 2007, smaller proportions reported use across all jurisdictions except the TAS, QLD and the ACT where it remained stable or increased. Figures were: NSW: 42% vs. 33%, the ACT: 20% to 24%, VIC: 39% vs. 22%, TAS: 7% vs. 15%, SA: 49% vs. 34%, WA: 52% vs. 36%, the NT: 24% vs. 0%, and QLD: 23% vs. 26%. There was no recent use of ice/crystal reported in 2008.

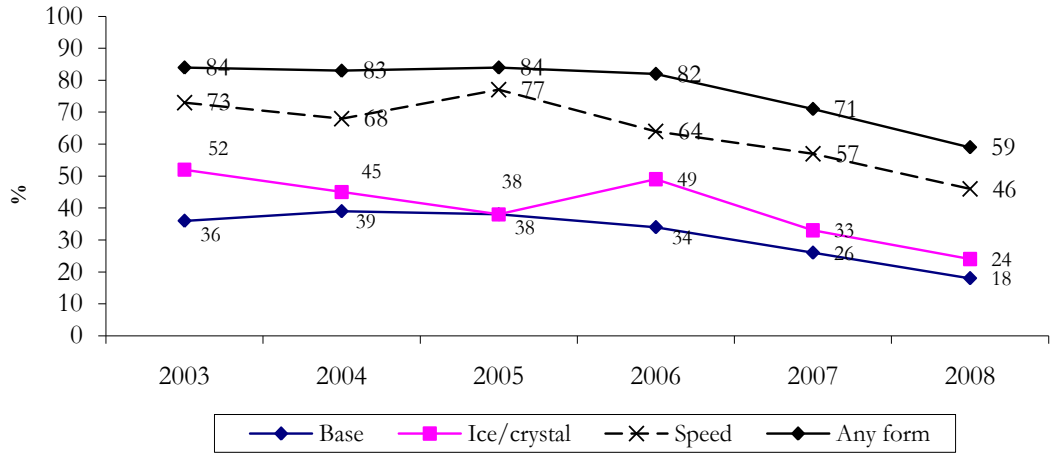
Figure 15: Proportion of REU who reported recent (last six months) use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2008



Source: EDRS REU interviews
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.

Among the national sample, proportions reporting use of methamphetamine have fluctuated to a lesser extent than at the jurisdictional level. In 2008, smaller proportions reported use of all three forms of methamphetamine compared to 2007 (Figure 16).

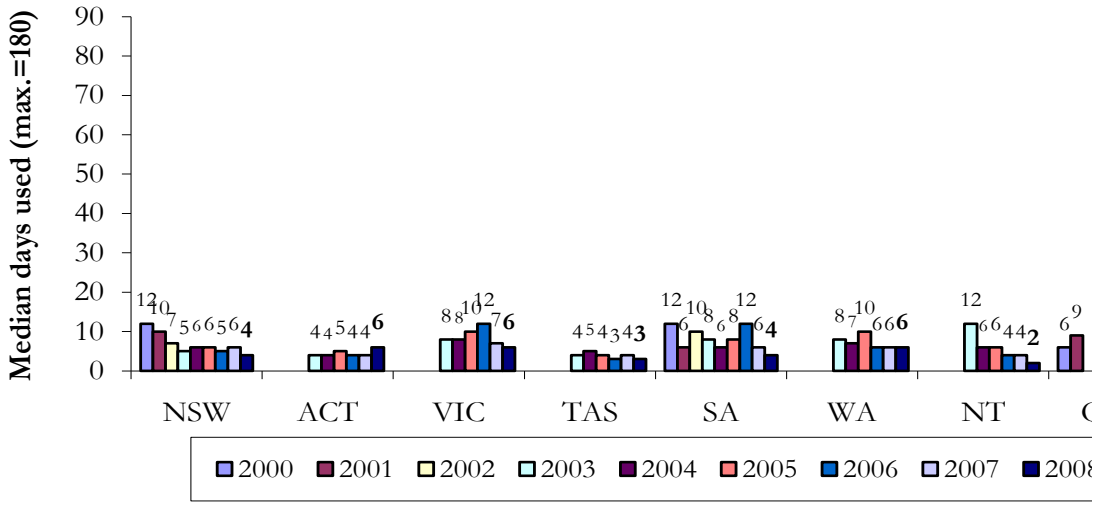
Figure 16: Proportion of REU who reported recent (last six months) use of methamphetamine, 2003-2008



Source: **EDRS REU interviews**

The following figures present the median days of speed, base and ice/crystal use respectively by jurisdiction over time, among those who had used each form. Frequency of use has remained at an average of fortnightly (i.e. 12 days over the preceding six months) or less, and in the past two years has generally been used monthly or less often (Figures 17, 18 and 19).

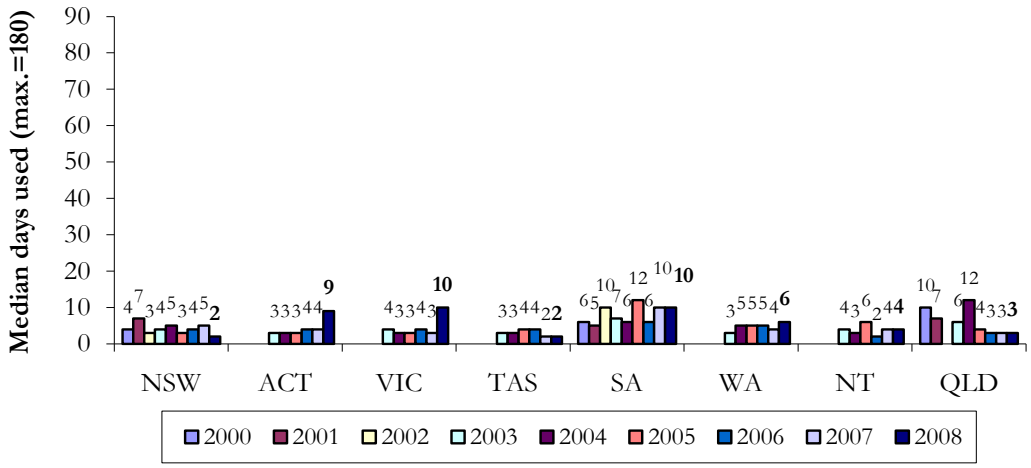
Figure 17: Median days used methamphetamine powder (speed) in the six months preceding interview, among those who had used, 2000-2008



Source: EDRS REU interviews

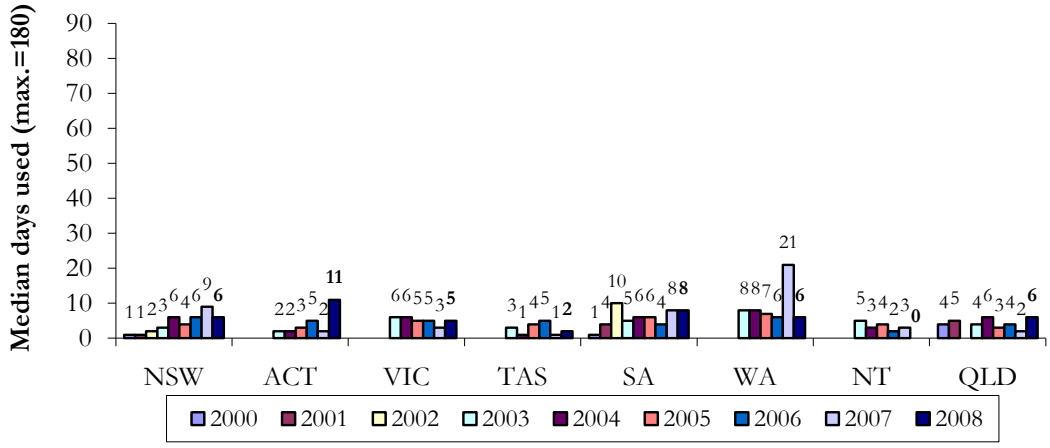
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure 18: Median days used methamphetamine base in the six months preceding interview, among those who had used, 2000-2008



Source: EDRS REU interviews
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.
Note: Numbers have been rounded to full figures.

Figure 19: Median days used crystalline methamphetamine (ice/crystal) in the six months preceding interview, among those who had used, 2000-2008



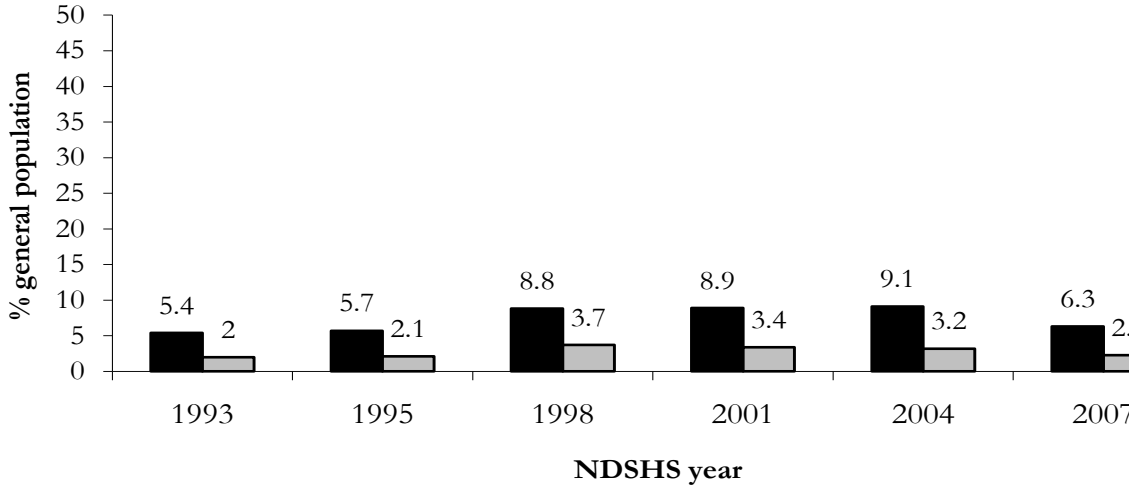
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

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 12 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 until 2007 at which time it decreased. Past-year use of meth/amphetamine has slightly decreased to similar levels of those reported in 1995. Males aged 20-29 were the group most likely to be recent

(previous 12 months) meth/amphetamine users in 2007 (Australian Institute of Health and Welfare, 2008a).

Figure 20: Prevalence of meth/amphetamine use in Australia, 1993-2007



Source: NDSHS 1988-2007 (Australian Institute of Health and Welfare, 2005b, Commonwealth Department of Community Services and Health, 1988, Australian Institute of Health and Welfare, 2008a)

5.3 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. The median prices, by jurisdiction, are presented in Table 25 and perceptions of price changes are shown in Table 26. The median price for a gram of speed ranged from $50 in NSW to $300 in the NT and the price per point ranged from a median of $20 in NSW to a median of $50 in VIC, SA and WA (the latter should be interpreted with caution as the figure is based on small numbers). The price of speed was generally reported to have remained stable over the preceding six months.

The price of base was commonly reported in points. A degree of caution should be exercised when considering these figures, as fewer than 10 participants in each jurisdiction reported recent purchase of a 'point' (0.1g) of base except in the ACT (median price $30), SA (median price $50) and QLD (median price $25). Few participants reported recent purchase of a gram of base. The majority of those commenting in the national sample reported that the price of base had remained stable in the six months prior to interview.

The median price for a point of ice/crystal was $50 in all jurisdictions, except in TAS where it was $40 (note: small numbers commenting in several jurisdictions). The price per gram was typically higher than for speed or base (note: based on fewer than 10 participants in each jurisdiction) except in VIC. Among the national sample, the prices were most commonly reported to have remained stable in the six months prior to interview.

Table 25: Median price of various forms of methamphetamine, by jurisdiction, 2007-2008

	Median price $ per point (range)			Median price $ per gram (range)		
	Speed powder	**Base**	**Ice/crystal**	**Speed powder**	**Base**	**Ice/crystal**
NSW	20^ *(no range)*	42.5^ (20-75)	50 (40-60)	50 (20-100)	180^ (120-300)	300^ *(no range)*
ACT	30 (10-130)	30 (20-300)	50 (40-50)	225 (40-450)	250^ (150-600)	400^ (250-450)
VIC	50^ (20-120)	30^ (25-35)	50^ (40-50)	200 (100-300)	150^ *(no range)*	237.50 (150-500)
TAS	40 (30-50)	40^ (35-50)	40^ *(no range)*	300 (250-400)	300^ *(no range)*	300^ *(no range)*
SA	50^ (25-50)	50 (20-375)	50 (20-50)	200^ (25-500)	n.a -	250^ (190-350)
WA	50^ *(no range)*	50^ *(no range)*	50 (50-400)	100 (50-400)	n.a -	425^ (300-550)
NT	n.a -	n.a -	n.a -	300^ (15-700)	400^ *(no range)*	n.a *(no range)*
QLD	25^ (20-50)	25 (15-50)	50 (40-50)	165 (20-400)	200 (50-250)	400^ (200-500)

Source: EDRS REU interviews

^ small numbers (n<10); interpret with caution

Table 26: Methamphetamine price changes, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Speed price changes									
(among those who commented)	**n=240**	n=27	n=26	n=59	n=64	n=12	n=15	n=8^	n=29
% Don't know (n)	**30 (71)**	41 (11)	23 (6)	17 (10)	45 (29)	17 (2)	13 (2)	0	38 (11)
% Increased (n)	**9 (22)**	7 (2)	4 (1)	14 (8)	0	25 (3)	7 (1)	13 (1)	21 (6)
% Stable (n)	**53 (127)**	52 (14)	54 (14)	61 (36)	52 (33)	50 (6)	73 (11)	88 (7)	21 (6)
% Decreased (n)	**5 (13)**	0	12 (3)	5 (3)	2 (1)	8 (1)	7 (1)	0	14 (4)
% Fluctuated (n)	**3 (7)**	0	8 (2)	3 (2)	2 (1)	0	0	0	7 (2)
Base price changes									
(among those who commented)	**n=91**	n=13	n=14	n=5^	n=14	n=23	n=1^	n=1^	n=20
% Don't know (n)	**26 (24)**	46 (6)	14 (2)	40 (2)	29 (4)	4 (1)	0	0	45 (9)
% Increased (n)	**9 (8)**	8 (1)	7 (1)	0	0	13 (3)	0	0	15 (3)
% Stable (n)	**59 (54)**	39 (5)	79 (11)	40 (2)	71 (10)	74 (17)	100 (1)	100 (1)	35 (7)
% Decreased (n)	**2 (2)**	8 (1)	0	0	0	4 (1)	0	0	0
% Fluctuated (n)	**3 (3)**	0	0	20 (1)	0	4 (1)	0	0	5 (1)
Ice/crystal price changes									
(among those who commented)	**n=128**	n=27	n=14	n=15	n=11	n=25	n=16	n=0	n=20
% Don't know (n)	**16 (21)**	19 (5)	14 (2)	20 (3)	73 (8)	4 (1)	6 (1)	0	5 (1)
% Increased (n)	**13 (16)**	19 (5)	14 (2)	0	0	16 (4)	0	0	25 (5)
% Stable (n)	**62 (79)**	48 (13)	64 (9)	73 (11)	27 (3)	72 (18)	88 (14)	0	55 (11)
% Decreased (n)	**2 (3)**	4 (1)	0	0	0	0	0	0	10 (2)
% Fluctuated (n)	**7 (9)**	11 (3)	7 (1)	7 (1)	0	8 (2)	6 (1)	0	5 (1)

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution
Note: Medians rounded to the nearest whole number.

The median price per gram of speed has remained substantially lower in NSW compared to other jurisdictions over time, with the exception of SA until 2007 when it increased (Table 27).

Table 27: Median price per gram of methamphetamine powder (speed), by jurisdiction, 2000-2008

	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
2007	50	200	195	300	200	350	250	200
2008	50	225	200	300	200^	100	300^	165

Source: EDRS REU interviews

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

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

Very few participants in 2008 were able to comment on the price per point of base in many jurisdictions than in previous years. In 2008, a drop of $20 of the median was recorded in the ACT and VIC otherwise, the price has remained stable in the other jurisdictions compared to 2007 (Table 28).

Table 28: Median price per point of methamphetamine base (base), by jurisdiction, 2000-2008

	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	*(no purchases)*	40	22.5	50	80^	25
2007	40^	50^	50^	40	40	50^	35^	25
2008	42.5^	30	30^	40^	50	50^	*(no purchases)*	25

Source: EDRS REU interviews

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

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

In 2008, the median price for a point of ice/crystal has been stable across most jurisdictions, with a point costing $50 (Table 29).

Table 29: Median price per point of crystalline methamphetamine (ice/crystal) by jurisdiction, 2000-2008

	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
2007	50	50^	40^	50^	50	50	50^	50
2008	50	50	50^	40^	50	50	*(no purchases)*	50

Source: EDRS REU interviews

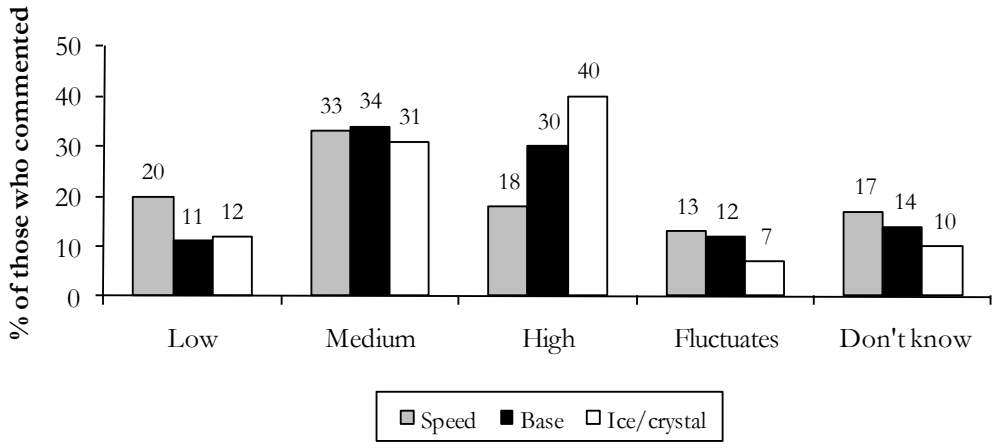
^ small numbers commenting (m<10); interpret with caution

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

5.4 Purity

Participants were asked about their perceptions of speed, base and ice/crystal purity currently and also whether this had changed over in the last six months. Thirty-five percent of the national sample commented on the purity of speed, 19% commented on the purity of ice/crystal and 14% commented on the purity of base. These represent decreases in those commenting compared to 2006, when these figures were 54%, 38% and 24%, respectively. Ice/crystal was most commonly perceived to be of high purity, followed by base. Speed was most commonly reported to be of medium purity, although one-fifth reported it to be of high purity (Figure 21).

Figure 21: National REU reports of current methamphetamine purity, 2008

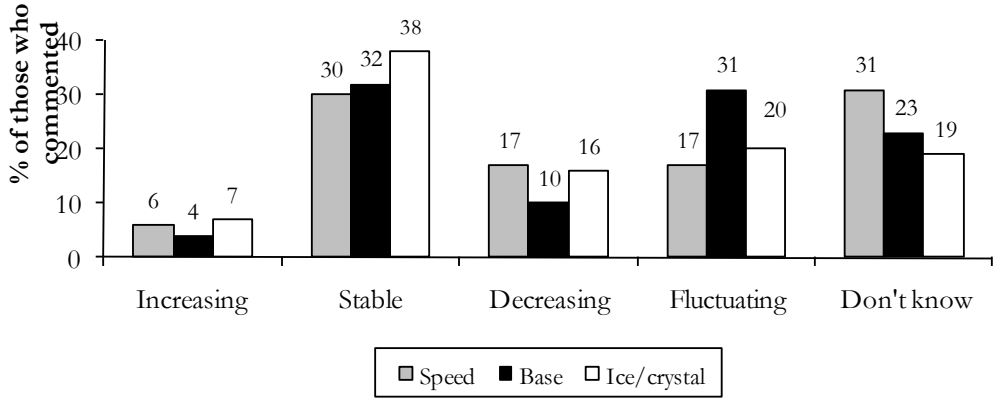


Source: EDRS REU interviews

Note: Among those who commented (speed n=239, base n=92, ice/crystal n=130).

The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview, although a similar proportion reported that base had fluctuated (Figure 22).

Figure 22: National REU reports of recent (last six months) change in methamphetamine purity, 2008



Source: EDRS REU interviews.
Note: Among those who commented (speed n=238, base n=91, ice/crystal n=130)

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

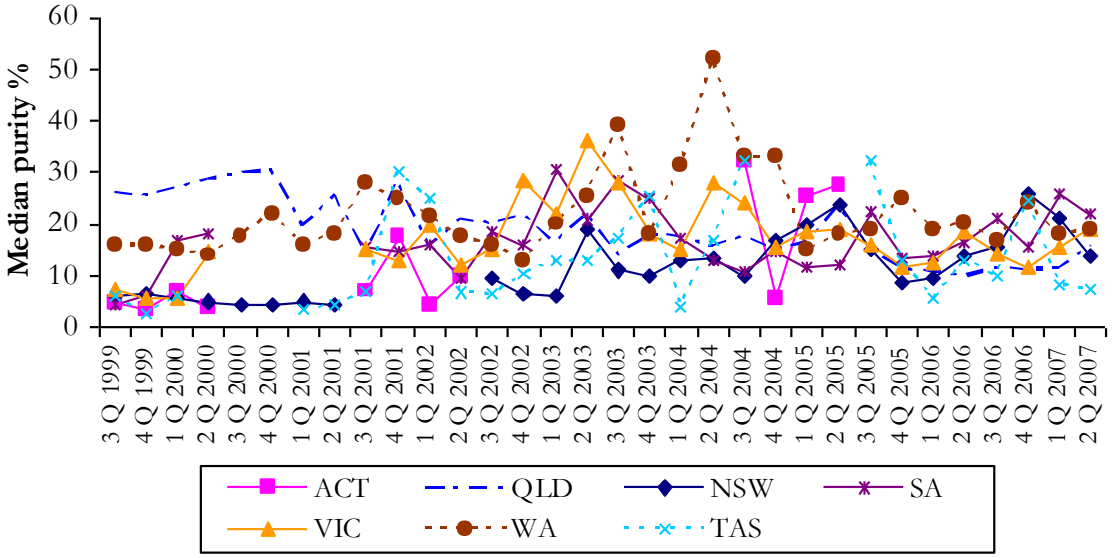
The purity of ATS fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 1999/00 and 2006/07, forensic analysis of seizures of ATS in Australia revealed purity levels ranging from less than 1% to 82.5%, with higher purity often relating to one single seizure rather than being representative of a large number of seizures. This wide range in both purity and numbers of seizures analysed should be considered when looking at the median purity figures presented.

As with heroin, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figure 23, the following caveat applies: figures do not represent the purity levels of all ATS seizures – only those that have been analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of ATS received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of ATS 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 (respectively) by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is no clear trend in the purity of methylamphetamine or amphetamine seizures that are analysed. Only data for methylamphetamine seizures are presented here. Amphetamine purity is available from the latest Illicit Drug Data Report available online (http://www.crimecommission.gov.au/). In the past

three years, the median purity of methylamphetamine has generally remained lower than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004. No methylamphetamine seizures were analysed for purity in the ACT, the NT or TAS in 2006/07 (Australian Crime Commission, 2008). Data for 2007/08 were not available at the time of publication of this report.

Figure 23: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 1999/00-2006/07



Source: (Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002)

5.5 Availability

Thirty-five percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months; mixed reports were obtained of it being either easy (40%), very easy (22%) or difficult (24%) to access across all jurisdictions. The majority of participants in all jurisdictions reported that this had remained stable (Table 30).

Table 30: Availability of methamphetamine powder (speed), by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=238**	n=27	n=26	n=57	n=64	n=12	n=15	n=8^	n=29
% Don't know (n)	**6 (15)**	7 (2)	4 (1)	4 (2)	13 (8)	0	0	0	7 (2)
% Very easy (n)	**22 (52)**	19 (5)	19 (5)	37 (21)	11 (7)	50 (6)	20 (3)	0	17 (5)
% Easy (n)	**46 (109)**	41 (11)	46 (12)	44 (25)	52 (33)	42 (5)	33 (5)	100 (8)	35 (10)
% Difficult (n)	**24 (56)**	33 (9)	31 (8)	12 (7)	23 (15)	8 (1)	33 (5)	0	38 (11)
% Very difficult (n)	**3 (6)**	0	0	4 (2)	2 (1)	0	13 (2)	0	3 (1)
Availability changes (%)									
(among those who commented)	**n=238**	n=27	n=26	n=57	n=64	n=12	n=15	n=8^	n=29
% Don't know (n)	**16 (37)**	30 (8)	12 (3)	9 (5)	20 (13)	0	13 (2)	0	21 (6)
% More difficult (n)	**18 (43)**	15 (4)	23 (6)	12 (7)	13 (8)	17 (2)	47 (7)	13 (1)	28 (8)
% Stable (n)	**56 (133)**	48 (13)	50 (13)	67 (38)	63 (40)	67 (8)	27 (4)	88 (7)	35 (10)
% Easier (n)	**6 (14)**	0	8 (2)	11 (6)	2 (1)	8 (1)	7 (1)	0	10 (3)
% Fluctuates (n)	**5 (11)**	7 (2)	8 (2)	2 (1)	3 (2)	8 (1)	7 (1)	0	7 (2)

Source: EDRS REU interviews

Thirteen percent of the national sample commented on the current availability of base and whether this had changed over the past six months. There were mixed reports between ease of availability, of either being easy (40%) or difficult (32%). The majority of those commenting reported that availability had remained stable (51%) though one-fifth (21%) reported that it had become more difficult to obtain over the preceding six months (Table 31).

Table 31: Availability of methamphetamine base, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=91**	n=13	n=14	n=5^	n=14	n=23	n=1^	n=1^	n=20
% Don't know (n)	**4 (4)**	8 (1)	0	20 (1)	14 (2)	0	0	0	0
% Very easy (n)	**21 (19)**	31 (4)	29 (4)	20 (1)	7 (1)	26 (6)	0	0	15 (3)
% Easy (n)	**40 (36)**	23 (3)	29 (4)	40 (2)	71 (10)	35 (8)	0	100 (1)	40 (8)
% Difficult (n)	**32 (29)**	31 (4)	36 (5)	20 (1)	7 (1)	39 (9)	0	0	45 (9)
% Very difficult (n)	**3 (3)**	8 (1)	7 (1)	0	0	0	100 (1)	0	0
Availability changes (%)									
(among those who commented)	**n=91**	n=13	n=14	n=5^	n=14	n=23	n=1^	n=1^	n=20
% Don't know (n)	**10 (9)**	15 (2)	0	20 (1)	29 (4)	4 (1)	0	0	5 (1)
% More difficult (n)	**21 (19)**	8 (1)	36 (5)	20 (1)	14 (2)	13 (3)	0	0	35 (7)
% Stable (n)	**56 (51)**	69 (9)	57 (8)	60 (3)	50 (7)	52 (12)	100 (1)	100 (1)	50 (10)
% Easier (n)	**3 (3)**	8 (1)	0	0	7 (1)	4 (1)	0	0	0
% Fluctuates (n)	**10 (9)**	0	7 (1)	0	0	26 (6)	0	0	10 (2)

Source: EDRS REU interviews
^ small numbers (n<10); interpret with caution

Nineteen percent of the national sample commented on the availability of ice/crystal. The majority of participants considered it easy or very easy to obtain, and one-fifth reported it to be difficult to obtain. The majority reported that availability had remained stable over the preceding six months (Table 32).

Table 32: Availability of crystalline methamphetamine (ice/crystal), by jurisdiction, 2008

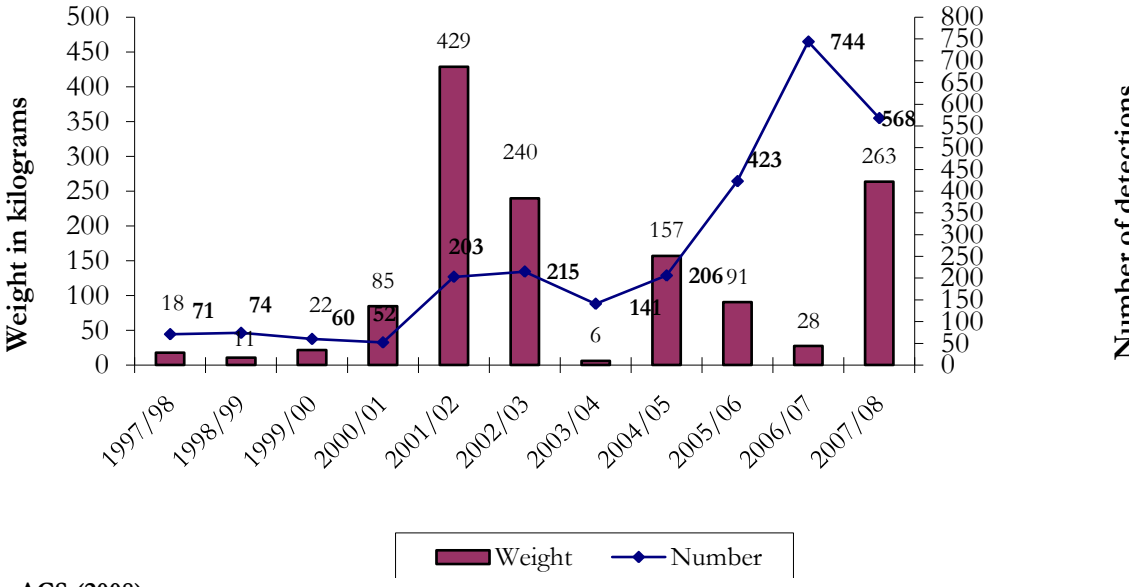
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=129**	n=27	n=14	n=16	n=11	n=25	n=16	n=0	n=20
% Don't know (n)	8 (10)	4 (1)	7 (1)	6 (1)	36 (4)	12 (3)	0	-	0
% Very easy (n)	33 (43)	48 (13)	43 (6)	31 (5)	0	28 (7)	44 (7)	-	25 (5)
% Easy (n)	34 (44)	22 (6)	43 (6)	38 (6)	0	40 (10)	44 (7)	-	45 (9)
% Difficult (n)	20 (26)	26 (7)	0	19 (3)	36 (4)	20 (5)	7 (1)	-	30 (6)
% Very difficult (n)	5 (6)	0	7 (1)	6 (1)	27 (3)	0	7 (1)	-	0
Availability changes (%)									
(among those who commented)	**n=128**	n=27	n=14	n=15	n=11	n=25	n=16	n=0	n=20
% Don't know (n)	13 (17)	7 (2)	14 (2)	13 (2)	46 (5)	16 (4)	6 (1)	-	5 (1)
% More difficult (n)	17 (22)	30 (8)	0	20 (3)	0	8 (2)	19 (3)	-	30 (6)
% Stable (n)	50 (64)	44 (12)	64 (9)	47 (7)	55 (6)	56 (14)	56 (9)	-	35 (7)
% Easier (n)	13 (16)	11 (3)	14 (2)	20 (3)	0	4 (1)	19 (3)	-	20 (4)
% Fluctuates (n)	7 (9)	7 (2)	7 (1)	0	0	16 (4)	0	-	10 (2)

Source: EDRS REU interviews
^ small numbers (n<10); interpret with caution

5.5.1 Amphetamine-type stimulants detected at the Australian border

Figure 24 shows the weight and number of amphetamine-type stimulants detected at the Australian border by the Australian Customs Service. In 2006/07 the number (743) of detections increased to the highest in the eleven-year period, decreasing to 568 in 2007/08. While the number of detections decreased, the weight increased dramatically from 27.49kilograms in 2006/07 to 263.45kilograms in 2007/08.

Figure 24: Total weight and number of amphetamine-type stimulants detected by the Australian Customs Service, financial years 1997/98-2007/08

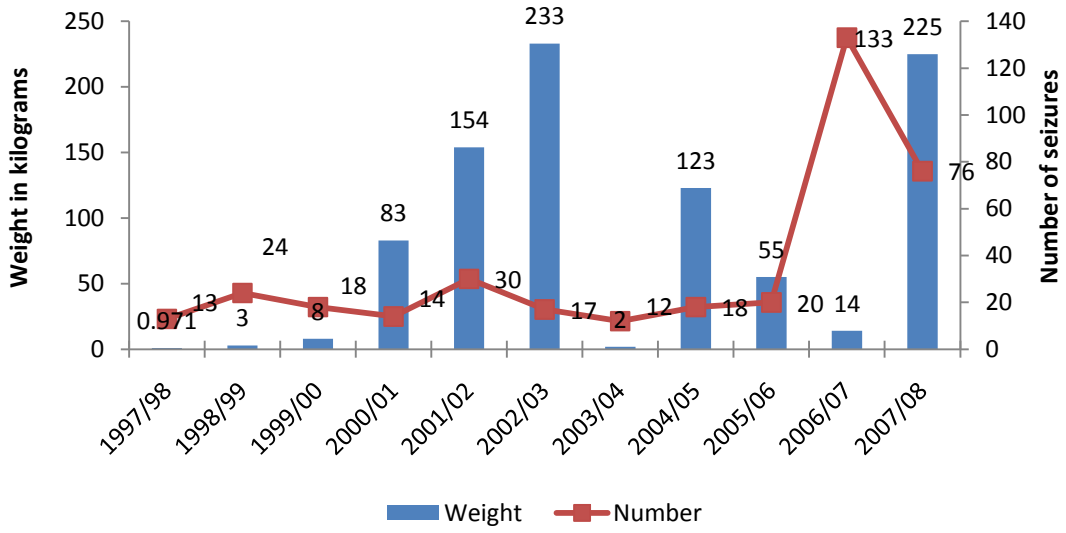


Source: ACS (2008)

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

Similar to trends seen in ATS seizures, the number of crystal methamphetamine seizures detected at the Australian border decreased in 2007/08 (Figure 25), while the weight increased from 14kilograms in 2006/07 to 225kilograms in 2007/08.

Figure 25: Total number and weight of crystalline methamphetamine detected by the Australian Customs Service, 1997/98-2007/08



Source: ACS (2008)

5.6 Jurisdictional trends for methamphetamine

Below follow summaries of trends for methamphetamine in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

5.6.1 New South Wales

Over 90% of REU interviewed reported lifetime use of speed and approximately half reported having used it recently. Speed was used on a median of 4 days over the preceding six months and the majority of users reported using it between monthly and weekly use. Participants used a median of 1 gram of speed in both 'typical' and 'heavy' sessions of use. Speed was primarily snorted however more than half of those who had used it recently reported swallowing it. Speed was purchased at a median price of $50 per gram and was reported to have remained stable over the preceding six months. The purity of speed was reported to be currently low and to have remained so over the preceding six months. Participants reported that speed was either easy or very easy to obtain and that the availability of speed had remained stable over the preceding six months.

Half the sample reported lifetime use of base with less than one in five having used it over the preceding six months. Base was used on a median of 2 days over the preceding six months with the majority of recent users reporting that they had used it monthly or less. Participants reported having used a median of 2 points in both 'typical' and 'heavy' sessions of use. The majority of recent users reported swallowing base. Base was purchased at a median price of $42.50 per point and was believed to have remained stable over the preceding six months. The purity of base was reported to be currently at a medium level and to have remained relatively stable. Furthermore, there were conflicting reports about the availability of base with equal proportions of those who commented reporting that it was very easy and also difficult to obtain.

Half of the participants interviewed in 2008 had ever used crystal with one-third reporting recent usage. Crystal was used on a median of 6 days over the preceding six months with half the recent users of crystal reporting using it on a less than monthly basis. Smoking was the preferred route of administration followed by injecting. Participants typically used 1.75 points in a 'typical' session of use and 2 points in a 'heavy' session. The price of crystal was reported to have remained stable at a median of $50 per point. Almost half of those who commented reported that the purity of crystal had remained stable over the preceding six months and that it was currently of high purity. Furthermore, while almost half of those who commented reported that crystal was currently very easy to obtain and had remained so over the preceding six months, almost one-third of those who commented reported that it had become more difficult to obtain.

Key experts who commented on methamphetamine were all able to distinguish between the three forms of methamphetamine. They reported that there was a negative stigma associated with using base and crystal but not with speed. They also reported that the purity of crystal appears to have declined 'on the street'.

The number of methylamphetamine seizures analysed by the NSW Police has been consistently higher than those analysed by the AFP however they have also been consistently of lower purity (averaging approximately 15%). The number of methylamphetamine seizures analysed by the AFP increased from April-June 2006 to April-June 2007 and the purity fluctuated at approximately 60%.

5.6.2 The Australian Capital Territory

Methamphetamine is available in three forms: methamphetamine powder (speed), methamphetamine base (base) and methamphetamine crystal (crystal). Approximately three-quarters of REU reported ever having used speed, and 42% reported using speed in the past six months. This was down markedly from 53% of REU reporting recent use in 2007.

Recent *speed* users reported a median of six days of use in the six months prior to interview. Twenty percent of the REU sample reported using speed on a weekly or more basis (up from 8% in 2007). Approximately, one in seven recent speed users reported swallowing speed in the preceding six months and three-fifths reported that they had snorted speed in the preceding six months. Just over one-quarter (26%) reported that they had recently injected speed; an increase from 15% the previous year. In 2008, the amounts of speed used by REU in both 'typical' and 'heaviest' episodes of recent speed use increased (0.75 and 1.5 grams respectively; 0.5 and 0.8 grams respectively in 2007). Speed was used during binges by approximately one-third of the REU who reported recently having binged on ecstasy and related drugs; and a similar proportion of REU reported using speed with ecstasy: 15% in 2007, 12% in 2008.

Base methamphetamine was the least common methamphetamine used by REU, with 52% of the 2008 sample reporting ever having used base and approximately one-quarter (23%) reporting recent use. Just over one-quarter (26%) of recent base users had used base less than monthly in the past six months (a substantial decrease from 96% in 2007). Thirty-seven percent of participants reported that they had used base on a monthly to fortnightly basis (a substantial increase from 1% in 2007), and 32% had used base more regularly than fortnightly during the past six months (an increase from 0% in 2007). A median of nine days of use in the six months prior to interview was reported. Swallowing was the most common route of administration reported by base users. The majority of base users quantified their use of the substance in terms of 'points'. A median of two points of base was used in a 'typical' episode of use, whereas a median of 3.5 points were used by REU in the 'heaviest' session of recent use, a marked increase compared to previous years. Only a small proportion (12%) of REU who had used ecstasy and related drugs in extended binge episodes reported using base methamphetamine during these binge sessions. Of those REU who commonly used other drugs in combination with ecstasy, 6% indicated that they used base methamphetamine in this way.

Crystal methamphetamine had been used by approximately three-fifths (61%) of the sample and by approximately one-quarter (24%) of the sample in the past six months. Similar to use of speed and base, the frequency of crystal use increased in 2008. Recent crystal users reported a median of 11 days (range 1-180) of crystal use in the past six months, a marked increase from a median of two days in 2007. Just over one-third (35%) of those REU who had recently used crystal had used five times or less in the preceding six months; a decrease from 96% in the previous year. Twenty percent of recent crystal users had used on a monthly to fortnightly basis and 45% of recent crystal users had used on a greater than fortnightly basis. One respondent reported daily crystal use. In the 2008 EDRS, the most common mode of recent crystal administration was injecting (60%), followed by smoking (45%). REU reported the use of a median of one point of crystal in a 'typical' session and three points in the 'heaviest' sessions of use by REU. Relatively small percentages of REU reported using crystal during binge episodes or in combination with ecstasy.

In 2008, the median price for speed remained stable at $30 per point and increased slightly from $200 in 2007 to $225 for a gram. The reported price for a point of base was $30 and $250 for a gram. The median price for a point of crystal remained stable at $50 and $400 for a gram. Speed and base forms of methamphetamine were reported to have medium purity, and crystal methamphetamine was reported to have high purity. The availability of each form of

methamphetamine was reported to be stable and 'easy' to 'very easy' to obtain. Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends.

In the 2008 ACT EDRS, participants who had recently used methamphetamine (55%) completed the Severity of Dependence Scale (SDS). An SDS score of four or greater is indicative of problematic amphetamine use and, for this sample, the median SDS score obtained was 0 (range 0-13); however seven participants had SDS scores that exceeded an SDS score of four, an increase from 2007.

5.6.3 Victoria

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

The price of methamphetamine has remained generally stable, though the price per gram of crystal meth decreased in 2008. However, crystal meth (median of $237.50 per gram) remains more expensive than speed (median of $200 per gram). According to the REU reports, the purity of both crystal meth and speed is relatively high to medium; while the purity of crystal meth remains stable, speed is generally stable to fluctuating. Speed and crystal meth remain readily available and stable. Both speed and crystal meth are most commonly acquired through friends and known dealers in private homes and nightclubs.

5.6.4 Tasmania

Use of methamphetamine was common among REU in 2008, with two-thirds (63%) reporting recent use of some form of methamphetamine in the preceding six months. However, a smaller proportion of participants in 2008 reported recent methamphetamine use in comparison to previous samples. Methamphetamine was typically swallowed or snorted and was used on a median of three days during this period (once every two months) in relatively small amounts (1-2 points).

Recent use of methamphetamine powder was most common (59%) followed by methamphetamine base (16%) and crystal methamphetamine (15%). The proportion of the sample reporting recent use of base was lower relative to that reported in the 2006 and 2007 samples.

Methamphetamine powder was typically swallowed or snorted, base was typically swallowed, whereas crystal was typically swallowed, smoked, or snorted.

The median price for one 'point' (0.1g) of all methamphetamine forms was $40. These prices are generally consistent with those reported in previous years and no recent price changes were noted.

Reports on the purity of methamphetamine powder were mixed, base was reported to be 'fluctuating' in purity, and crystal methamphetamine was reported to be 'high' in purity.

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. Small sample sizes in relation to crystal and base and low levels of recent crystal use among the current cohort both indicate very low availability of these forms in 2008.

5.6.5 South Australia

In 2008, the proportions of the REU sample reporting recent use of base, powder and crystal methamphetamine were similar and markedly lower than in 2007. The frequency of recent methamphetamine use was somewhat similar for the three forms of methamphetamine, with base methamphetamine used most frequently, followed by crystal and powder methamphetamine. The frequency of use was lower for powder, but frequency of base and ice/crystal methamphetamine use remained the same. In the six months prior to interview, smoking of crystal methamphetamine continued to be the preferred route of administration. Less REU reported swallowing crystal methamphetamine and more reported injecting compared to REU reports in 2007. This was the third year in a row smoking was reported as the preferred route of administration, with larger proportions of REU in previous years preferring to ingest. When examining routes of administration of base methamphetamine, swallowing continued to be the preferred route, but it is of interest that almost half of those REU who reported recent use had injected the substance, compared to less than one-in-five doing so in 2007. There was some support of increased smoking of ice/crystal by REU from KE reports, including reports of glass pipes (for smoking) being seen more frequently by police.

Overall, REU mostly reported obtaining all three forms of methamphetamine from friends, at their friend's home

There has been a change in the estimated 'current' price of a point of methamphetamine base reported by REU in 2008 compared to 2007, with REU reporting a higher median price in 2008, whereas the price of a point of ice/crystal methamphetamine remained stable. The recent purity of all forms of methamphetamine was medium or high according to the majority of REU, with larger proportions of REU reporting powder and ice/crystal methamphetamine purity as stable and as fluctuating for base, in the six months prior to interview. All forms of methamphetamine were considered easy to very easy to obtain recently, with methamphetamine powder appearing to be the easiest to purchase according to REU reports. However, the median purity of methamphetamine seized by SAPOL remained stable compared to the previous year. Clandestine laboratory detections suggest that local manufacture of methamphetamine was still a contributor to the SA methamphetamine market, although crystal methamphetamine may be manufactured interstate.

5.6.6 Western Australia

Apart from the significant decrease in recent use of crystal methamphetamine, there were no significant changes in lifetime and recent use (last six months) of all forms of methamphetamine among REU in WA in comparison to last year. Lifetime use of speed powder was the same as last year at 72% and recent use by 38% in 2008 (46% in 2007). Lifetime use of base was the same as last year reported by 22% and recent use by 5% in 2008 (10% in 2007). Lifetime use of crystal methamphetamine was reported by 62% in 2008 (69% in 2007) and recent use by 36% in 2008 (52% in 2007). The 2008 rates were the lowest reported for all forms of methamphetamine since data collection began in 2003, suggesting that the patterns of declining use observed in previous years are continuing.

Consistent with that reported last year, routes of administration differed across forms. Snorting was the most common route of administration for speed powder (86%), as was found last year. Snorting was also the most common route of administration reported for base (67%), as was found last year although the sample size in 2008 was very small (n=3). Smoking remained the most common route of administration for crystal methamphetamine (76%), also comparable to last year. In 2008 the prevalence of injecting returned to rates comparable to samples prior to 2007 likely due to issues surrounding recruitment in that year. Among those reporting use in the

last six months, speed powder crystal methamphetamine were used less frequently than by the previous year's respondents, as indicated by decreases in average days used during this period.

The median price per 'point' (0.1g) for all forms of methamphetamine has consistently been $50 across all survey years. The average price for a gram of speed powder decreased significantly to $100 in 2008 ($350 in 2007). In 2008 while no respondents were able to comment on the price of a gram of base, a gram of crystal methamphetamine to the lowest price yet reported since the WA EDRS commence to $300 from $400 in 2007. With regards to changes in the price of methamphetamine during the previous six months, the majority of respondents reported the price as stable for all forms.

Current purity of speed powder was rated by the majority of current respondents equally as medium and low, last year the majority reported only medium. In contrast, there was a perceived increase in the purity of crystal methamphetamine with greater proportions rating purity of these forms as medium. Base purity was not reported due to a small sample size (n=3). While perceived availability of crystal methamphetamine was relatively comparable to the previous year with the majority reporting availability to be 'very easy' or 'easy', responses for speed powder indicated a perception of decreased availability. 'Friends' were the most common persons from whom methamphetamine was purchased across forms and 'friend's home' was the most common location for purchasing all forms.

5.6.7 The Northern Territory

There has been a decline across time in the prevalence of methamphetamine use among REU in Darwin. Caution should be used when interpreting data on the price, purity and availability of methamphetamines as there were small numbers of participants reporting on these.

In 2008, more than two-thirds of the sample reported the lifetime use of speed and approximately one-quarter reported having used it recently. Speed was used on a median of two days over the preceding six months with no participants reporting using speed weekly or more. Participants reported using a median of 1 gram in an 'average' use episode and 1.5 grams in a heavy use episode. Only two percent of participants reported having recently used speed during a binge episode. Speed was primarily snorted however almost two-fifths of recent users of speed reported having recently injected it while one-third reported having swallowed it. Speed was most commonly used in nightclubs or in the participant's own home.

Speed was purchased at a median price of $300 per gram and the vast majority of participants reported that this price had remained stable over the preceding six months. There was little consensus among respondents regarding the current purity of speed with equal proportions reporting that it was currently 'high', 'medium', 'low' and that it 'fluctuates' however it is interesting that the majority of those who commented reported that the purity of speed had remained 'stable' over the preceding six months. Speed was reported to be 'easy' to access and to have been so for the preceding six months. Speed was most commonly purchased from known dealers in a dealer's home.

Approximately one-fifth of REU interviewed had ever used base and less than one in ten had done so over the preceding six months. Base was used on a median of 4 days over this period and recent users reported using a median of 1 point during both 'average' and 'heavy' sessions of use. Only two percent of participants had recently used base during a binge episode. The most common route of administration among recent users was injection followed by snorting and swallowing. Base was reported to be purchased at $400 per gram, to be of 'medium' purity and to be 'easy' to obtain. Participants reported that the price, purity and availability of base had remained 'stable' over the preceding six months.

Less than one-fifth of participants in 2008 reported having ever used crystal however there were no participants who had used it recently. No participants were able to comment on the price, purity or availability of crystal.

Most KE reported that methamphetamines were used by 'a few' regular ecstasy users. There was a general consensus that speed was the form most likely to be used, despite being of comparatively low quality. There were also a few comments regarding crystal and a general consensus that it was not readily available in Darwin.

The number and average weight of meth/amphetamine seizures made by the NT Police remained stable from 2006/07 to 2007/08 (n=113 seizures, 1.4g average weight).

5.6.8 Queensland

Lifetime use of speed was reported by 71% of REU in 2008, which was comparable to 76% in 2007. There was a significant decrease in the proportion reporting use of speed in the last six months, from 46% in 2007 to 34% in 2008. Among these users in 2008, speed was used on a median of 3 days in the last six months and the typical amount used in a session was one half gram.

Lifetime use of base was reported by 44% of REU in 2008, which was similar to 39% in 2007. There was a significant increase in the proportion reporting use of base in the last six months from 18% in 2007 to 26% in 2008. Among these users in 2008, base was used on a median of 3 days in the last six months and the typical amount used in a session was 2 points.

The proportion of REU reporting lifetime use of crystal significantly decreased from 54% in 2007 to 44% in 2008. Use of crystal in the last six months was reported by 26% of REU in 2008, which was comparable to 23% in 2007. Among these users in 2008, crystal was used a median of 5.5 days in the last six months and the typical amount used in a session was 1.5 points.

Usual locations of use varied according to form of methamphetamine used. Speed was typically used in public locations, with the most common being 'live music event' (60%) and 'nightclubs' (56%). Crystal was most commonly used in private locations, with 'own home' (88%) the most commonly reported location. Base was typically used in both private and public settings, with 'live music event' (47%) and 'own home' (47%) the most commonly reported locations. Consistent with these findings, 'live music event' was the location where most time was spent when participants last used speed and base, and 'own home' was the location for crystal.

The median price for a point of all methamphetamine forms was unchanged from previous years: $25 for speed and base, $50 for crystal. The median price for one gram of base was the same as last year at $200. The median price for one gram of speed decreased from $200 in 2007 to $165 in 2008, while the median price for one gram of crystal increased from $350 in 2007 to $400 in 2008. Reports of any perceived price change over the last six months were varied, with large proportions of REU unable to comment. The price of speed was rated equally as 'increasing' and 'stable'; the price of base and crystal was rated by most participants who commented as 'stable'.

Similarly, REU reports of methamphetamine purity were mixed. Respondents for speed were mostly unable to comment or rated current purity as 'medium'. The greatest proportion of those who commented for base rated current purity as 'high'. Proportions rating current purity of crystal as 'high', 'medium' and 'low' were similar. Again, with respect to changes in purity over the last six months, many REU were unable to comment.

There was some indication of a decrease in availability of methamphetamine in 2008. The majority of respondents in 2008 rated all forms as either 'easy' or 'difficult' to obtain whereas last year, most rated current availability of all forms as 'easy' and 'very easy'. In 2008, speed was rated by 38% as 'difficult' and 35% as 'easy'; base by 45% as 'difficult' and 40% as 'easy'; and crystal by 45% as 'easy' and 30% as 'difficult'. Accordingly, availability over the last six months was rated by the greatest proportions of those who commented as 'stable' or 'more difficult'.

The most common source from whom REU purchased all forms of methamphetamine was 'friends' (speed 71%; base 87%; crystal 67%). There were increases in the proportions nominating 'known dealers' for all forms and this was equally rated as the most common source of crystal.

5.7 Summary of methamphetamine trends

- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal) and almost three-quarters reported use of one or more of these forms during the six months preceding interview.
- The median frequency of methamphetamine use among users was six days (any form methamphetamine) in the preceding six months, although jurisdictional differences were noted. Daily use was uncommon, with five participants reporting daily use in 2008. One-fifth of the national sample reported having ever injected methamphetamine (any form).

Speed powder

- Just under half (46%) reported the use of speed in the six months prior to interview, representing a slight decrease from 2007 (57%). The median days of use was four days, i.e. approximately monthly use. VIC is the jurisdiction with the highest reported use of speed powder. The median age of first use was 19 years.
- Among recent speed users, snorting (71%) and swallowing (61%) were the most common routes of recent (last six months) administration.
- Price of speed ranged from $50 - $300 per gram and $20-$50 per point, with the majority reporting the price remained stable. Speed was reported at medium purity and this was reported to have remained stable. It was also reported to be 'easy' to obtain and the availability change was reported as 'stable'.

Base

- One-fifth of participants (18%) reported using base in the six months prior to interview, representing a decrease from 2007 (26%). The median days of use among users remained stable at four days. SA was the jurisdiction with the highest reported base use. The median age of first use was 20 years.
- Among recent base users, swallowing was the most commonly nominated route of administration (74%).
- Price of base ranged from $150 - $400 per gram and $25-$42.50 per point, with the majority reporting the price remained stable. Base was reported at medium to high purity and this was reported to have fluctuated. There were mixed reports about availability of it being 'easy' and 'difficult' to obtain, availability was reported as being 'stable'.

Ice/crystal

- Just under half (47%) of the national sample reported having ever used ice/crystal and one-quarter (24%) reported recent use, representing decreases from 2007 when these figures were 63% and 54%, respectively. The median days of use among those who had recently used remained similar to that reported in 2007 at six days. WA and SA were the jurisdictions with the most recent ice/crystal use reported. The median age of first use was 21.
- The most common route of administration for ice/crystal was smoking (73%).
- Price of ice/crystal ranged from $237.50-$425 per gram and was consistent in all jurisdictions at $50 per point. Price was reported as stable. Purity of ice/crystal was reported as high and remaining stable and it was considered easy to very easy to obtain.
- All three forms of methamphetamine were most commonly obtained from people known to the participant, such as friends and known dealers, and were used in a range of public and private locations.
- Health and law enforcement-related harms, including those associated with methamphetamine use are discussed in the relevant sections later in the report.

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. Crack is a form of freebase cocaine which is particularly pure and predominantly smoked. It is produced using ammonia or sodium bicarbonate and water and then heated to remove the hydrochloride base (Australian Crime Commission, 2007). 'Crack' is rarely encountered in this country (United Nations Office on Drugs and Crime, 2007a).

This section contains information about cocaine use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2007 are shown in Appendix C. Information on harms (health and law enforcement-related) associated with ERD use, including cocaine, are discussed in the relevant sections later in this report.

6.1 Cocaine use among REU

Eleven percent of the national sample reported cocaine as their drug of choice. Just over two-thirds (68%) of the participants in the national sample reported having ever used cocaine and just over one-third (36%) had used cocaine in the six months preceding interview (Table 33). The median age of first use, among those who reported having ever used cocaine, was 20 years (range 13-48 years).

Eight percent of the national sample reported that they had injected cocaine at least once in their lifetime (Table 33). Five percent of the national sample reported injecting cocaine in the six months preceding interview. Of those who used cocaine in the six months preceding interview, the vast majority had used intranasally (94%) and just under one-third (27%) had swallowed it; small proportions reported injecting and smoking (both 5%) in the six months prior to interview (Table 33).

Of those who had used cocaine, the median number of days of use was three, ranging from having used cocaine once to daily (n=1) (Table 33). The majority (70%) had used less than monthly; 22% had used between monthly and fortnightly; four percent (n=10) reported using between fortnightly and weekly and four percent (n=10) had used cocaine once a week or more. Twenty-three percent of those who had binged on stimulant drugs in the six months preceding interview had used cocaine during a binge.

Table 33: Patterns of cocaine use, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	68	90	74	79	61	53	66	36	69
Ever injected (%)	8	12	13	4	4	14	4	4	6
Used last six months (%)	36 **n=245**	51 n=51	37 n=45	51 n=51	35 n=35	20 n=15	40 n=23	2 n=1	30 n=32
Snorted*	**94**	94	92	92	94	100	96	100	94
Swallowed*	**27**	41	35	12	31	20	13	100	28
Injected*	**5**	6	14	6	0	0	4	0	3
Smoked*	**5**	4	11	14	0	0	0	0	0
Median days used* last six months (range)	**3** **(1-180)**	5 (1-90)	4 (1-72)	3 (1-40)	2 (1-10)	2 (1-50)	3 (1-10)	0 -	3 (1-180)

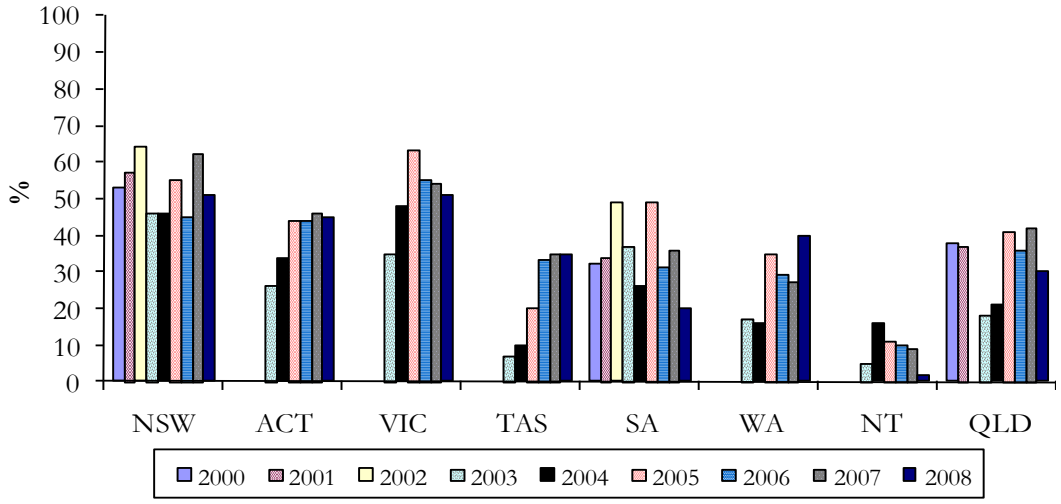
Source: EDRS REU interviews
* of those who used in the six months preceding interview
Note: Medians rounded to nearest whole number.

Quantity of use
The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range 0.1-7g). Recent cocaine users reported using a median of one gram (range 0.2-9g) during the heaviest use episode in the last six months.

6.1.1 Trends over time

In NSW, QLD and SA data have been collected since 2000 (no data were collected from QLD in 2002) and since 2003 in the other states/territories. In NSW, the proportion of REU reporting recent cocaine use has fluctuated over time, with an increase observed between 2006 (45%) and 2007 (62%) and a decrease in 2008 (51%). Similarly, figures in SA have fluctuated over time, with a decrease observed in 2008 (20%) from 2007 (36%) and 2006 (31%). Proportions have gradually increased in the ACT (from 26% in 2003 to 45% in 2008), TAS (from 7% in 2003 to 35% in 2008) and QLD (from 18% in 2003 to 31% in 2008; proportions in 2000 and 2001 were 38% and 37%, respectively). In VIC and WA, figures increased between 2003 and 2005 and have subsequently decreased; the NT has consistently reported the lowest proportions of recent use (Figure 26).

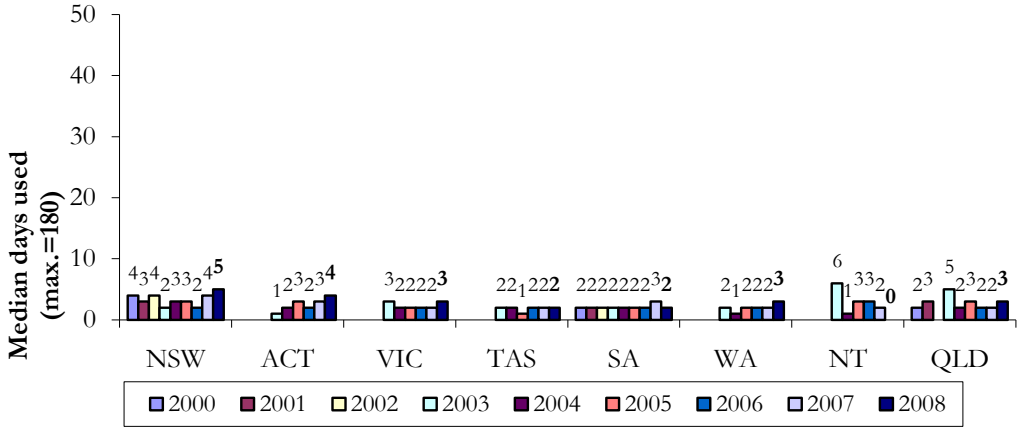
Figure 26: Proportion of REU who reported recent (last six months) use of cocaine, by jurisdiction, 2000-2008



Source: EDRS REU interviews
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.

Whilst fluctuations have been recorded in the proportions reporting any use over the past six months, frequency of use by recent users has remained consistently low. Less than monthly use has been reported by those who had recently used across all jurisdictions over time, with the exception of the NT in 2003, when the median days of use was six (monthly use; Figure 27).

Figure 27: Frequency of cocaine use among REU who reported using cocaine in the past six months, by jurisdiction, 2000-2008

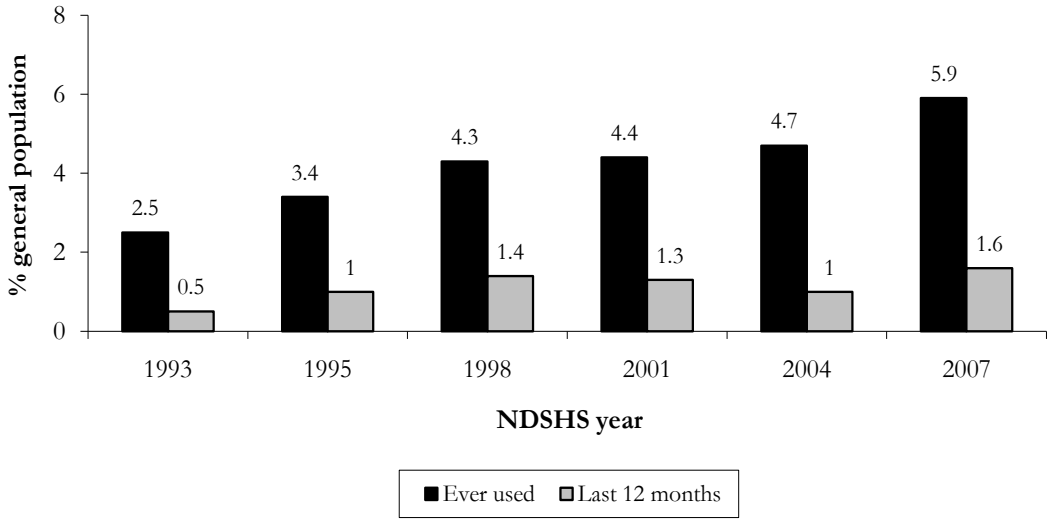


Source: EDRS REU interviews
Note: Medians rounded to nearest whole number. Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

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 remained consistent in 2001 and 2004. In 2007, 5.9% reported ever having used cocaine, which was a significant increase from that reported in 2004 (Figure 28). Recent use of cocaine has remained relatively stable across the five sampling years, however in 2007 significant increases were recorded for recent use between 2004 and 2007 for males aged between 20-29 years (from 3.7% to 7%), 40 years or older (from 0.2% to 0.5%) and for all males (from 1.3% to 2.2%)(Australian Institute of Health & Welfare, 2008).

Figure 28: Prevalence of cocaine use in Australia, 1993-2007



Source: NDSHS 1993-2007 (Australian Institute of Health and Welfare, 2005b, Commonwealth Department of Community Services and Health, 1988)

6.3 Price

Small numbers were able to comment on the price of a gram of cocaine in WA and NT jurisdictions and therefore the results should be interpreted with caution. Cocaine was most commonly purchased in grams and ranged from a median of $300 in NSW, VIC, ACT and QLD, to $450 in NT (Table 34).

Table 34: Median price per gram of cocaine, by jurisdiction, 2008

Median price ($)	NSW n=41	ACT n=21	VIC n=36	TAS n=25	SA n=12	WA n=8^	NT n=2^	QLD n=18
Gram	300	300	300	350	375	325	450	300
(range)	(250-400)	(180-2000)	(200-500)	(200-450)	(300-750)	(300-400)	(400-500)^	(200-400)

Source: EDRS REU interviews

^ small numbers commenting (n<10), interpret with caution

The majority of those commenting on cocaine considered that the price had remained stable over the preceding six months. Approximately one-third reported that, while they were confident to comment on the price, purity and/or availability of cocaine, they did not know whether the price had changed (Table 35).

Table 35: Price changes of cocaine, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Cocaine price changes									
Of those who responded	**n=191**	n=47	n=28	n=38	n=33	n=13	n=10	n=2^	n=20
% Don't know (n)	**30 (58)**	34 (16)	39 (11)	13 (5)	49 (16)	8 (1)	50 (5)	0	20 (4)
% Increased (n)	**16 (31)**	17 (8)	7 (2)	32 (12)	9 (3)	15 (2)	10 (1)	0	15 (3)
% Stable (n)	**40 (77)**	38 (18)	36 (10)	47 (18)	30 (10)	54 (7)	30 (3)	50 (1)	50 (10)
% Decreased (n)	**15 (8)**	2 (1)	11 (3)	5 (2)	12 (4)	15 (2)	0	0	15 (3)
% Fluctuated (n)	**5 (10)**	9 (4)	7 (2)	3 (1)	0	8 (1)	10 (1)	50 (1)	0 (0)

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

The majority of jurisdictions have reported an increase in the median price per gram of cocaine between 2003 and 2006, with figures remaining stable in most jurisdictions between 2007 and 2008 (Table 36).

Table 36: Median price of cocaine, by jurisdiction, 2003-2008

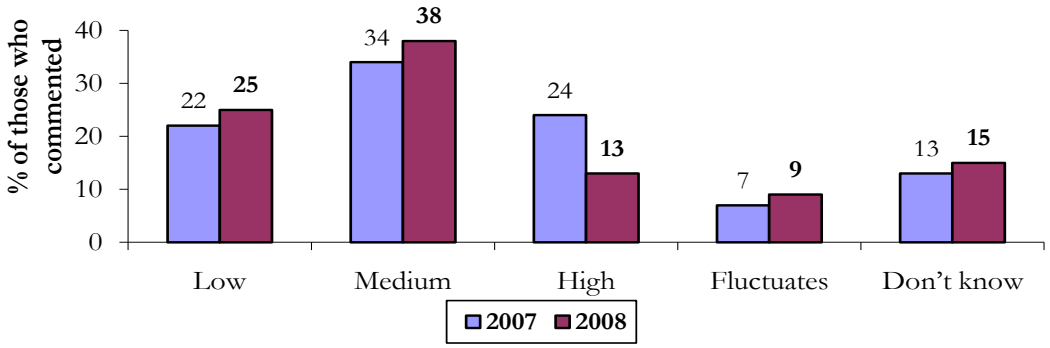
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	200	250	250	250	210	325	280	250
2004	200	250	277.50	325^	250	400	250	237.50
2005	270	250	300	350	300	350	375	300
2006	300	300	300	350	300^	350	275^	300
2007	300	300	300	350	337.5	400	350^	300
2008	300	300	300	350	375	325	450	300

Source: EDRS REU interviews
Note: The price of cocaine was first collected in 2003.
^ small numbers commenting (n<10); interpret with caution

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-eight percent of the national sample commented on the purity of cocaine. Reports were fairly mixed, with the largest proportion considering it to be of medium purity. Results remained relatively similar to those reported in 2007, with a slightly lower proportion reporting purity as 'high' (Figure 29).

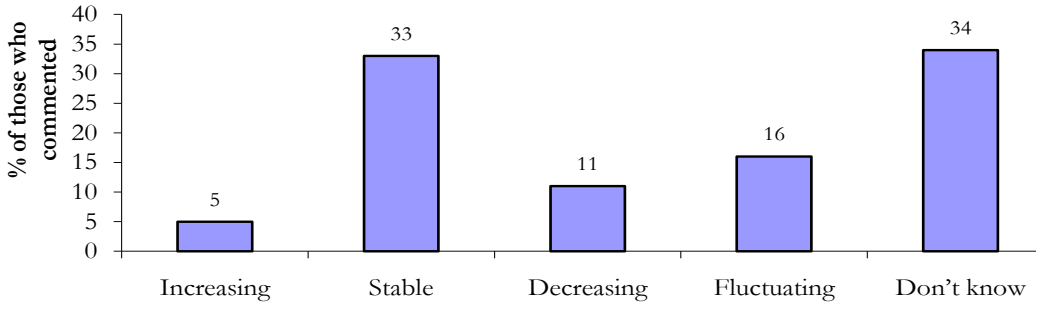
Figure 29: National REU reports of current cocaine purity, 2007-2008



Source: EDRS REU interviews
Note: Among those who commented (n=191)

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the largest proportion reported that it had remained stable. Just over one-third reported that they did not know, and only a small proportion reported that it was increasing (Figure 30).

Figure 30: National REU reports of recent (last six months) change in cocaine purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=191)

There were no AFP cocaine seizures analysed in the ACT, TAS, and the NT and no ACT, TAS or NT state/territory police cocaine seizures analysed in 2006/07. Data for 2007/08 were unavailable at the time of publication.

The purity of analysed state/territory police seizures varied in each state/territory in 2006/07, though purity levels appeared to be slightly higher and closer in range between jurisdictions than in previous years. Purity levels ranged from 40.2% in QLD to 61.5% in NSW. In 2006/07 most of the cocaine seizures analysed were from NSW, QLD, and VIC. The AFP seizures of cocaine were generally higher in purity; however, with the exception of NSW, these figures were based on very small numbers of seizures analysed (Table 37).

Table 37: Median purity of cocaine seizures, by jurisdiction, 2000/01-2006/07

	Median purity %													
	State/Territory police							AFP						
	00/01	01/02	02/03	03/04	04/05	05/06	06/07	00/01	01/02	02/03	03/04	04/05	05/06	06/07
NSW	52.0 n=101	n.a.	27.0 n=52	32.0 n=97	64.3 n=92	56.3 n=108	**61.5 n=119**	44.9 n=57	73.0 n=233	72.3 n=271	72.3 n=348	69.9 n=63	74.3 n=98	**76.4 n=491**
ACT	-	35.9 n=5	-	48.0 n=3	47.7 n=5	30.6 n=5	**-**	35.9 n=2	-	-	-	-	-	**-**
VIC	47.0 n=101	37.0 n=47	31.0 n=39	32.6 n=27	48.8 n=33	31.7 n=43	**46.0 n=60**	65.7 n=21	72.4 n=24	61.6 n=36	75.3 n=34	58.9 n=9	55.3 n=7	**75.5 n=25**
TAS	44.6^ n=1	44.0^ n=1	-	-	-	-	**-**	-	-	-	-	-	-	**-**
SA	68.6 n=21	-	20.6 n=24	38.5 n=10	30.7 n=64	32.8 n=9	**48.2 n=35**	66.9 n=94	-	-	-	-	-	**59.9 n=2**
WA	35.0 n=25	30.5 n=16	59.0 n=6	3.0 n=4	44.0 n=27	21 n=12	**55.0 n=22**	33.8 n=3	72.4 n=4	-	59.4 n=9	77.4^ n=1	53.8 n=6	**52.7 n=1**
NT	-	24.0^ n=1	-	-	-	-	**-**	-	-	-	-	-	-	**-**
QLD	68.8 n=31	-	41.1 n=46	14.9 n=30	35.2 n=90	38 n=109	**40.2 n=106**	72.7 n=11	63.1 n=15	-	71.7 n=24	79.9 n=7	42.7 n=4	**76.1 n=63**

Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)

^ median purity based on one seizure.

Notes: Seizures ≤2g and >2g combined. Dashes represent no seizures analysed. Figures do not represent the purity levels of all cocaine seizures, only those that were analysed at a forensic laboratory. Figures for WA, TAS and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by state/territory police in the relevant quarter. The period between the date of seizure by state/territory 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. Data for 2006/07 were not available at the time of publication.

6.5 Availability

Reports of availability were mixed, with the slight majority of those commenting considering it to be difficult to obtain, approximately one-third reporting it to be easy and almost one-fifth finding it very easy. Jurisdictional differences were noted, with the largest proportion considering it to be very easy or easy to obtain recorded in NSW and the largest proportion considering it to be difficult or very difficult recorded in TAS. Only two participants in the NT commented on availability which is likely to reflect lower levels of use and/or availability. The majority of participants in most jurisdictions reported that availability had remained stable over the past six months, with the exception of SA where the majority of participants reported to be unsure or to have considered it to have become more difficult (Table 38).

Table 38: Availability of cocaine, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=191**	n=47	n=28	n=38	n=33	n=13	n=10	n=2^	n=20
% Don't know (n)	**5 (9)**	9 (4)	7 (2)	8 (3)	0	0	0	0	0
% Very easy (n)	**16 (31)**	36 (17)	4 (1)	21 (8)	3 (1)	8 (1)	0	0	15 (3)
% Easy (n)	**32 (61)**	32 (15)	36 (10)	34 (13)	24 (8)	15 (2)	30 (3)	0	50 (10)
% Difficult (n)	**37 (71)**	23 (11)	39 (11)	32 (12)	61 (20)	62 (8)	30 (3)	50 (1)	25 (5)
% Very difficult (n)	**10 (19)**	0	14 (4)	5 (2)	12 (4)	15 (4)	40 (4)	50 (1)	10 (2)
Availability changes (%)									
(among those who commented)	**n=190**	n=46	n=28	n=38	n=33	n=13	n=10	n=2^	n=20
% Don't know (n)	**20 (37)**	17 (8)	29 (8)	18 (7)	21 (7)	23 (3)	30 (3)	0	5 (1)
% More difficult (n)	**10 (18)**	7 (3)	11 (3)	18 (7)	3 (1)	0	30 (3)	50 (1)	0
% Stable (n)	**50 (94)**	50 (23)	50 (14)	45 (17)	55 (18)	62 (8)	20 (2)	50 (1)	55 (11)
% Easier (n)	**17 (33)**	20 (9)	7 (2)	18 (7)	18 (6)	8 (1)	10 (1)	0	35 (7)
% Fluctuates (n)	**4 (8)**	7 (3)	4 (1)	0	3 (1)	8 (1)	10 (1)	0	5 (1)

Source: EDRS REU interviews

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

Source and location of use

Cocaine was most commonly acquired through friends and/or known dealers; however, just over one-quarter (26%) of those commenting reported that while they had used cocaine, they had not purchased it. It was obtained in a range of locations, most commonly private (friends' homes, dealers' homes and/or participants' own homes) although smaller proportions reported purchase in public locations such as nightclubs and pubs. No participants reported obtaining cocaine from work place or Day clubs locations. Other locations mentioned by few participants (n <10) were in cars, sporting events and live music events.

Jurisdictional variations for scoring locations were evident and included scoring at nightclubs (none in NT to 20% in the SA) and agreed public locations (none in WA and NT to 22% in the ACT). Usual use locations were most commonly reported to be at friends' homes, in nightclubs and in the dealers' and participants' own home, a pattern also reflected in participant reports of their last venue of use. Variance was also evident within categories by jurisdictions for usual use for example, use at nightclubs ranged from 30% in QLD to 70% in WA, (with the exception of 100% (n=1) in the NT). The largest proportion of participants who reported their usual use locations included whilst driving was noted in ACT (19%) in 2008; Table 39), in 2007 it was in WA (36%).

Table 39: Source, purchase location and use location of cocaine, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%) (among those who commented)	**n=166**	n=34	n=27	n=36	n=28	n=10	n=10	n=1^	n=20
Friends	**49**	47	63	50	39	30	40	100	60
Known dealers	**37**	50	37	33	43	30	30	0	25
Acquaintances	**8**	9	4	8	4	20	10	0	10
Unknown dealers	**2**	0	0	6	0	0	0	0	5
Workmates	**1**	3	0	0	0	0	0	0	0
Used, but not scored	**26**	24	19	28	32	30	40	0	20
Locations scored (%) (among those who commented)	**n=166**	n=34	n=27	n=36	n=28	n=10	n=10	n=1^	n=20
Friend's home	**42**	44	52	33	39	30	30	100	50
Dealer's home	**27**	41	33	28	18	10	0	0	25
Own home	**17**	15	22	11	7	10	30	0	25
Agreed public location	**10**	15	22	6	7	10	0	0	5
Acquaintance's home	**10**	0	0	3	4	0	10	0	10
Private party	**9**	12	19	3	7	20	10	0	0
Nightclub	**7**	6	7	6	7	20	10	0	5
Pubs	**5**	12	4	6	0	10	0	0	0
Raves*	**2**	0	4	8	0	0	0	0	0
Street	**1**	3	0	3	0	0	0	0	0
Educational institution	**<1**	0	4	0	0	0	0	5	0
Usual use venue⁺ (%) (among those who commented)	**n=166**	n=34	n=27	n=36	n=28	n=10	n=10	n=1^	n=20
Friend's home	**55**	58	78	47	57	30	40	100	50
Nightclub	**54**	58	56	67	39	60	70	100	30
Private party	**39**	33	48	53	36	20	10	100	35
Home	**37**	42	52	36	11	20	30	0	60
Pub	**31**	55	33	28	11	40	40	0	15
Live music event	**23**	21	52	17	4	0	40	100	25
Raves*	**20**	15	37	31	7	20	10	0	10
Dealer's home	**10**	12	30	8	0	0	10	0	5
Vehicle (passenger)	**9**	6	33	6	0	10	0	0	0
Outdoors◊	**8**	6	26	6	0	0	0	0	10
Public place (e.g. street/park)	**7**	0	33	3	4	0	0	0	0
Restaurant/cafe	**7**	9	15	3	0	0	0	0	20
Vehicle (driver)	**5**	6	19	3	0	0	0	0	0
Acquaintance's house	**5**	3	11	11	0	0	0	0	0
Day club	**3**	3	11	0	0	0	0	0	5
Last use venue (%) (among those who commented)	**n=161**	n=31	n=27	n=35	n=28	n=9	n=10	n=1^	n=20
Nightclub	**22**	19	11	37	25	20	22	0	10
Friends home	**21**	26	37	11	21	0	22	0	15
Private party	**17**	16	11	14	29	20	0	100	20
Home	**16**	16	19	17	7	10	22	0	25
Raves*	**7**	0	11	11	4	20	0	0	5
Pub	**7**	19	0	3	7	0	11	0	5

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Live music event	**4**	0	4	3	0	0	22	0	10
Dealer's home	**<1**	0	0	0	4	0	0	0	<1
Public place (street/park)	**<1**	0	0	0	4	0	0	0	0
Car/other vehicle (passenger)	**<1**	0	0	0	0	10	0	0	0
Acquaintances house	**<1**	3	0	0	0	0	9	0	0

Source: EDRS REU interviews

+ multiple responses allowed

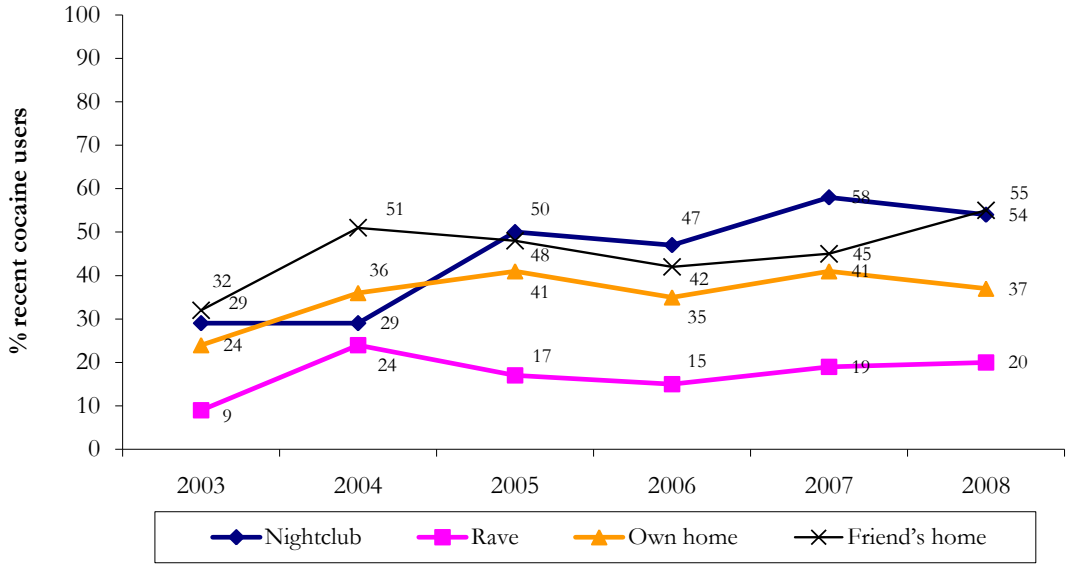
* includes 'doofs' and dance parties

◊ examples include at a beach, bushwalking, camping

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

While an upward trend is observed in the proportion reporting nightclubs as a location of usual use, in 2008 it appears that an increase is present in those nominating friend's home as a 'usual use' location to be reported at similar levels to nightclubs (Figure 31). The issue of drug consumption at private venues (as opposed to public) may have health and harms implications and should continue to be monitored.

Figure 31: Location of usual cocaine use, 2003-2008

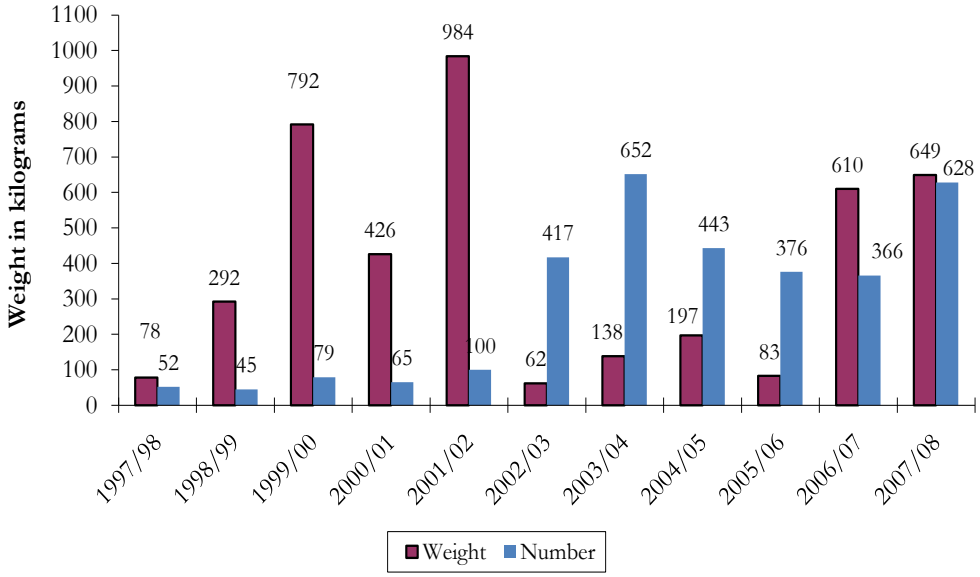


Source: EDRS REU interviews

6.5.1 Cocaine seized at the Australian border

During 2006/07, the ACS made 366 detections of cocaine at the Australian border. The detections weighed a total of 610 kilograms, representing a substantial increase from 83 kilograms in 2005/06 (Figure 32). This included two sizeable detections of 135 kilograms in September 2006 in sea cargo and 141 kilograms in March 2007 in air cargo (Australian Customs Service, 2007).

Figure 32: Number and weight of detections of cocaine detected at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: (Australian Customs Service, 2007)

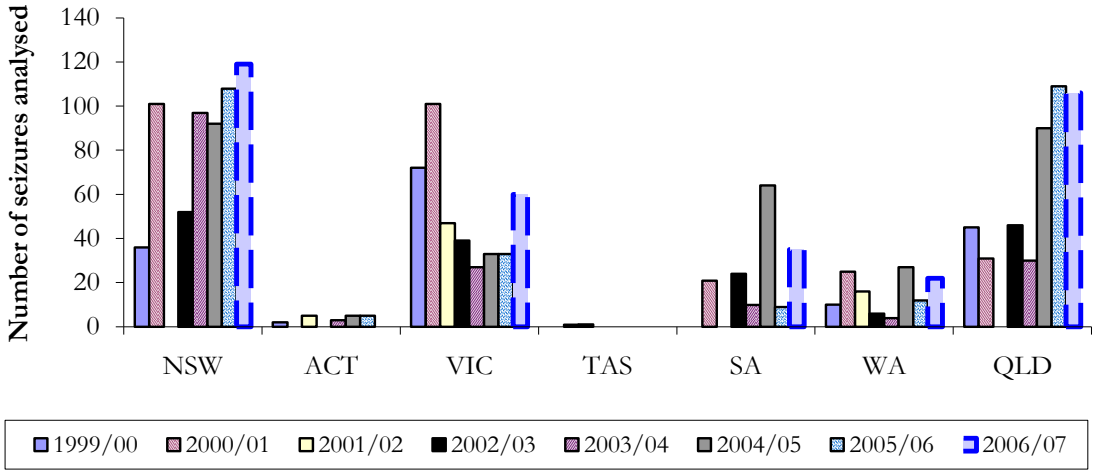
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

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

Figures reported include seizures ≤2grams and >2grams, reflecting both street and larger seizures. The following caveat applies to Figures 33 and 34: these do not represent the purity levels of all cocaine seizures – only those who have been analysed at a forensic laboratory. Figures for WA (and TAS) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

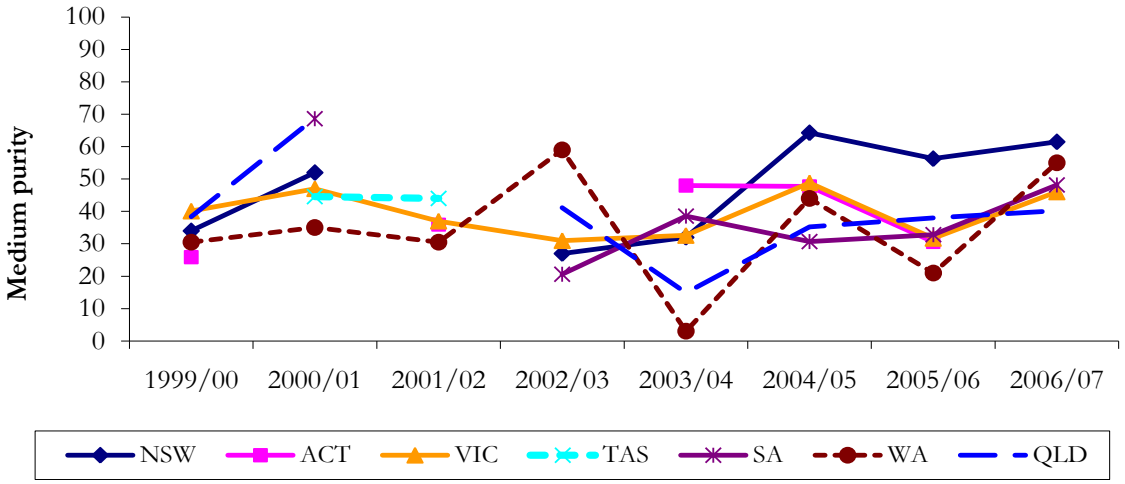
There were no AFP cocaine seizures analysed in the ACT, TAS and the NT and no TAS or NT State police cocaine seizures analysed in 2006/07. Most jurisdictions that reported seizures, reported an increase in the number of seizures analysed (Figure 33). Median purity of state police seizures was highest in NSW at 61.6% (**Error! Reference source not found.**).

Figure 33: Number of state/territory police cocaine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were unavailable at time of publication.

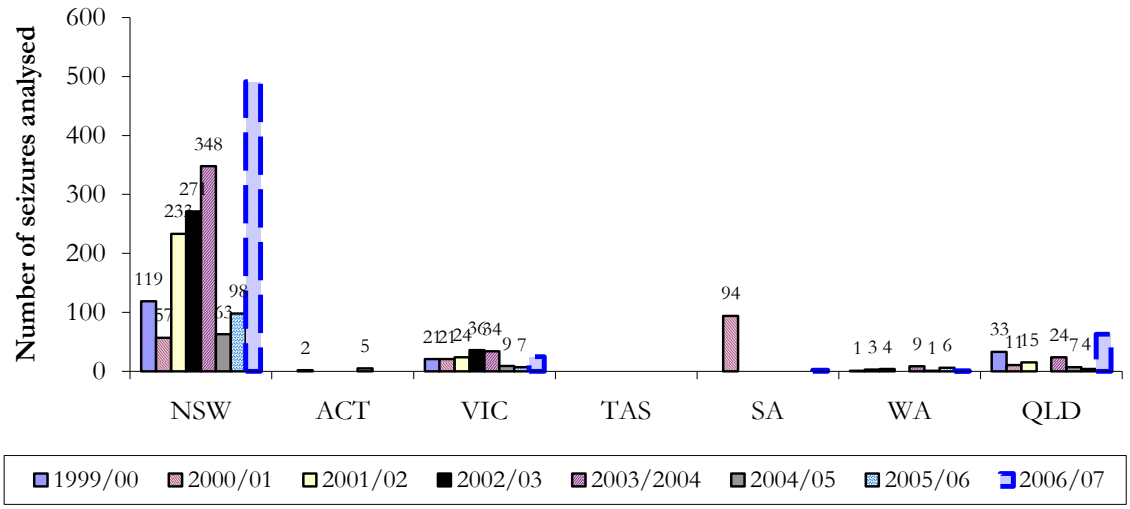
Figure 34: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were unavailable at time of publication.

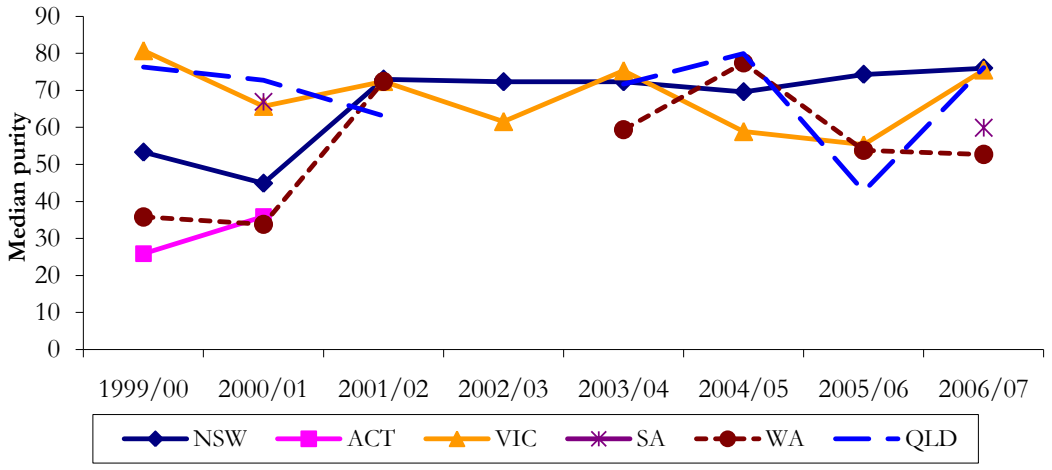
The number of AFP cocaine seizures analysed was highest in NSW in 2006/07, this figure is markedly higher than previous years (Figure 35). The purity of these seizures, is also relatively high at 76% (Figure 36).

Figure 35: Number of AFP cocaine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were unavailable at time of publication.

Figure 36: Median purity of AFP cocaine seizures, by jurisdiction, 1999/00-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007,2008)
Note: Data for 2007/08 were unavailable at time of publication.

6.6 Jurisdictional trends for cocaine

Below follow summaries of trends for cocaine in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

6.6.1 New South Wales

There has been an increase across time in the proportion of participants reporting lifetime use of cocaine (90% in 2008 compared with 80% in 2006). However, the proportions reporting recent usage have fluctuated with half the sample in 2008 reporting recent use of cocaine. There has also been an increase in the median days of use of cocaine from 2 days in 2006 to 5 days in 2008. Snorting was the most common route of administration followed by swallowing. Quantities used have remained relatively stable across time at 0.5 grams in a 'typical' session and 1 gram in a 'heavy' session of use. Cocaine was used in both private and public venues with nightclubs and a friend's home being the most commonly reported locations of use.

The price of cocaine remained stable at $300 per gram and the purity was reported to be currently at a medium level. This is consistent with data from seizures of cocaine analysed by the NSW Police which shows the purity of cocaine to have been above 50% however below 80% across the preceding year and to have increased slightly across time. The purity of seizures analysed by the AFP is slightly higher than that reported by the NSW Police and has remained relatively stable across time. Participants reported that cocaine was currently easy to very easy to obtain and had remained so over the preceding six months. Cocaine was primarily purchased from known dealers or friends in private settings such as a friend's home or a dealer's home.

Key expert reports suggested that cocaine use had remained relatively stable among REU limited, as in previous years, by its high purchase price and the fact that it was perceived as a 'treat' to be used for special occasions.

6.6.2 The Australian Capital Territory

Approximately three-quarters of the 2008 EDRS sample had ever tried cocaine (a slight decrease from 80% in 2007), and forty-five percent of the sample reported using cocaine in the previous six months. Those REU who had recently used cocaine had used the substance on a median of four days in the preceding six months, and the majority had used on a less than monthly basis during this period of time. There was a substantial increase in the proportion reporting greater than fortnightly use compared to 2007. Snorting remained the most common route of administration, followed by swallowing. The median amount of cocaine used in a 'typical' episode of use was half a gram, which increased to one gram when referring to the 'heaviest' episode of use. A quarter (down from 41% in 2007) of REU who had binged on ecstasy and related drugs in the previous six months reported using cocaine during these binge sessions.

The median price for a gram of cocaine remained stable in 2008 at $300 per gram. There were mixed reports regarding the current purity of cocaine by REU in the ACT in 2008 with a slight increase in the proportion of REU reporting cocaine purity as low. Again, the response of REU in regards to the current availability of cocaine in the ACT was mixed, which is also consistent with reports of participants in previous years. Cocaine was typically purchased by REU from friends and known dealers in the six months prior to interview.

6.6.3 Victoria

Reports from the Victorian REU and KE suggest that a high proportion of REU have ever used cocaine, with a considerable number also reporting recent use. Prevalence of recent cocaine use fluctuated over the first four years of the study, though remained relatively stable from 2007 to 2008. Since 2003, however, those REU reporting recent use of cocaine have tended to use it infrequently, typically snorting it, and using cocaine in a wide range of locations, most commonly nightclubs, raves/dance parties/doofs and private homes.

Perhaps contributing to the relatively low frequency of recent use, cocaine continues to be an expensive drug. The purity of cocaine is typically rated as medium to low, though user reports regarding the availability of cocaine vary, with similar proportions of participants reporting it to be easy/very easy (55%) or difficult (32%) to source. Cocaine is commonly purchased from friends or known dealers in private homes.

6.6.4 Tasmania

Consistent with drug use trends in the general population, the recent use of cocaine increased among the REU cohorts between 2003 (7%) and 2006 (33%), but has remained largely stable in subsequent samples (35% in 2007 and 2008).

Cocaine was typically snorted and was used on a median frequency of two days (range 1-10 days) in the last six months, with an average of 0.2 to 0.5 grams used in a typical session. Cocaine was most commonly used at private residences and to lesser extent at nightclubs, dance events, pubs, and live music events.

The median price for one gram of cocaine was $350 (range $200-450) which has remained stable since 2005. The price for one point (0.1 of a gram) of cocaine ranged from $80 to $90, but very few participants were able to comment on recent purchase prices. No consistent trends in terms of recent price changes were noted.

Cocaine was typically considered to be 'medium' in purity and for this purity to have remained stable or fluctuated in the last six months. The majority of those who commented on the availability of cocaine indicated that it was currently 'difficult' or 'very difficult' to obtain, and no recent changes in the availability of the drug were noted.

6.6.5 South Australia

Less REU in 2008 reported recently using cocaine in comparison to REU reports of use in 2007. Frequency of use was lower and remains low among those who report recent use. The most commonly reported locations of 'usual' use were some form of 'public house', including locations such as raves/doofs/dance parties/nightclubs/pubs and private parties, followed by at a friend's home or their own home

The 'current' and 'last' price paid for a gram of cocaine was higher compared to the prices reported in 2007. The perception of purity was that it was low or medium and with regard to recent change in purity of cocaine, the majority of REU reported they lacked the knowledge to answer. The majority of REU reported that cocaine had been difficult to obtain in the six months prior to interview and had remained stable in that period. There was a decrease in the number of cocaine seizures by SAPOL. As in previous years, KE suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

6.6.6 Western Australia

There were no significant changes in the prevalence of cocaine use in comparison to last year. Lifetime use of cocaine was reported by 66% in 2008 (56% in 2007) and recent use by 40% in

2008 (27% in 2007). Among those reporting recent use, there was a significant decrease in the average days cocaine was used to three days in 2008 (six days in 2007). Median amounts used in typical and heavy sessions halved to half a gram in 2008 (one gram in 2007). Almost all respondents reported snorting as the most common method of administration (96%). Nightclubs were the most common usual locations of use as reported by 70% of respondents.

Cocaine was commonly purchased in grams and the median price decreased to $325 in 2008 ($390 in 2007). Half of the previous year's respondents were unable to comment on price changes of cocaine over the last six months, while the next greatest proportion of current respondents rated it as stable. Ratings of current purity were similar to those found in 2007 with 'medium' continuing to be reported as the most common response.

The greatest proportion of this year's sample nominated current availability of cocaine as 'very difficult' increasing to 40% compared to only 7% in 2007. In regards to changes in cocaine availability in the last six months, the proportion nominating cocaine as more difficult also increased from 7% in 2007 to 30% in 2008. Among the current sample, 'friends' were reported as the most common person from whom cocaine was purchased and 'friend's home' and 'own home' were the most common locations for using the drug.

6.6.7 The Northern Territory

While more than one-third of participants in 2008 reported lifetime use of cocaine, only one participant had used it over the preceding six months. While reported lifetime use has remained relatively constant, recent usage has been in decline since 2005.

Only a small number of participants were able to comment on the price, purity and availability of cocaine however they were in agreement that it was difficult to access cocaine in Darwin.

Several KE were able to comment on cocaine use among REU in Darwin. They agreed that it was not readily available and that use was very low. One KE indicated that cocaine was not common in 'the party scene' but rather, more likely to be used among wealthier groups. Both the number and weight of cocaine seizures has been low since 2005/06 and indeed there were no cocaine seizures made in the 2007/08 financial year.

6.6.8 Queensland

In 2008, 69% of REU reported lifetime use of cocaine, which was comparable to 61% in 2007. The proportion reporting use of cocaine in the last six months significantly decreased from 42% in 2007 to 30% in 2008. Among these participants, cocaine was used a median of 2.5 days in the last six months and the amount used in a typical session was one half gram.

Unlike previous years, the most common locations for cocaine use were 'own home' (69%) and 'friend's home' (50%). 'Nightclubs', which were previously the most common location of use, were reported by 30% in 2008. Accordingly, 'own home' was reported as the location where most time was spent on the most recent cocaine use episode.

Among REU who commented on the price of cocaine, the median price in 2008 was unchanged from 2007 at $300 per gram. Half (50%) of those who commented reported the price of cocaine as 'stable' over the last six months. The greatest proportion of those who commented rated current purity as 'medium' and purity over the last six months as 'stable'. Current availability was rated by the majority as 'easy' and over the last six months as 'stable'. 'Friends' were the most commonly reported source of cocaine and 'friend's home' the most common source location.

6.7 Summary of cocaine trends

- Lifetime use of cocaine was reported by two-thirds (68%) of the national sample. One-third (36%) reported cocaine use in the six months prior to interview. Use remained limited to the east coast of Australia (NSW and VIC, both 51%; ACT 37%; TAS 35% and QLD, 30%).
- Eight percent of the national sample reported having ever injected cocaine. Among recent users, cocaine had typically been snorted (94%), while 27% had swallowed it. Five percent reported recent cocaine injection and smoking cocaine. The median age of first use was 20 years.
- Eleven percent of the national sample nominated cocaine as their drug of choice.
- Frequency of cocaine among users remained low at a median of three days (bi-monthly use) during the six months prior to interview. The majority had used less than once per month. One participant reported daily use.
- The median amount of cocaine used in a typical session of use was half a gram. A median of one gram was used in the heaviest recent (past six months) session of use.
- Twenty-three percent of those who had binged on ecstasy and/or related drugs in the six months preceding interview had used cocaine in binge session.
- Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $300 in NSW, the ACT, VIC and QLD to $450 in the NT. Prices remained higher than those reported in 2003. Two-fifths of those commenting on cocaine reported that prices had remained stable over the preceding six months.
- Similar to 2007, one-third (38%) of those who commented reported that the current purity of cocaine was medium. One-third (33%) of those who commented reported that cocaine purity had remained stable in the six months prior to interview, although 34% reported that they did not know.
- Of those who commented, just over one-third (37%) reported that cocaine was difficult to obtain while a similar proportion (32%) reported it to be easy to obtain. More than half (50%) of those who commented reported that cocaine availability had remained stable in the six months prior to interview.
- Cocaine was most commonly acquired through friends or known dealers at private homes, most commonly friends' homes, dealers' homes or at their own homes.
- Cocaine was used in a variety of public and private locations, such as nightclubs, friends' homes and participants' own homes.
- Health and law enforcement-related harms, including those associated with cocaine use are discussed in the relevant sections later in the report.

7 KETAMINE

Ketamine hydrochloride 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.

This section contains information about ketamine use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2007 are shown in Appendix D. Information on harms (health and law enforcement-related) associated with ERD use are discussed in the relevant sections later in this report.

7.1 Ketamine use among REU

Twelve participants (2%) of the national sample nominated ketamine as their drug of choice. Thirty-five percent of the 2008 national sample reported lifetime use of ketamine and only a tenth (12%) had used it in the six months preceding interview (Table 40). While the figures reported are relatively low, they are more substantial than those reported in the 2007 National Drug Strategy Household Survey (0.2% recent use for participants aged 12 years and over). The EDRS has been able to monitor and document trends in ketamine use nationally since 2003, placing it in a good position to shape appropriate evidence-based policy responses in light of new trends that may be detected. Ketamine was first used at a median age of 21 years (range 15-50 years). Lifetime ketamine injection was reported by three-and a-half percent (n=24) of the national sample (Table 40).

In the six months preceding interview, snorting was the most common route of administration of ketamine, with four-fifths (81%) having used it in this way (Table 40). Approximately one-third (27%) had recently swallowed ketamine, 6% of recent users had injected it in the six months preceding interview and 3% of recent users had smoked it during this time.

Of those who used ketamine, the median number of days used was two (range one day to 72 days; Table 40). The majority (77%) had used less than monthly; 20% had used between monthly and fortnightly; 2% used between fortnightly and weekly and 2% reported using more than once per week. There were no daily users.

Ten percent of those who had binged in the six months preceding interview used ketamine in their binge. Twenty participants reported usually using ketamine with ecstasy and seven participants reported usually using it to come down from ecstasy.

Table 40: Patterns of ketamine use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**35**	65	29	55	26	37	21	6	26
Ever injected	**3.5**	8	4	1	3	8	2	2	1
Used last six months (%)	**12**	30	6	20	6	20	3	0	4
	n=81	n=30	n=5	n=19	n=6	n=15	n=2	n=0	n=4
Snorted*	**81**	93	80	80	50	73	50	0	75
Swallowed*	**27**	10	0	45	50	33	50	0	25
Injected*	**6**	7	0	0	17	7	50	0	6
Smoked*	**3**	0	20	5	0	0	0	0	0
Median days used* last six months (range)	**2 (1-72)**	3 (1-12)	1 (1-3)	3 (1-50)	1 (1-5)	3 (1-72)	2.5 (1-4)	0	1.5 (1-2)

Source: EDRS REU interviews
* of those who used in the six months preceding interview

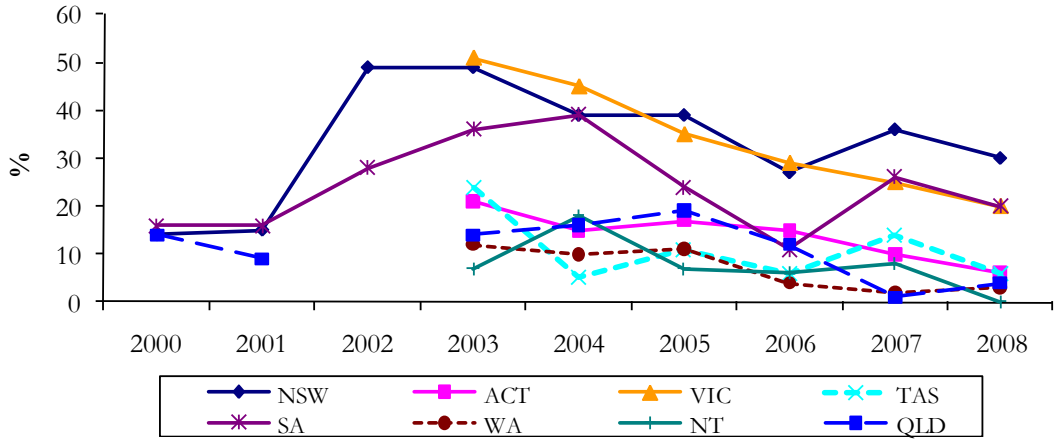
Quantity of use
Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range 0.1-15 bumps) for a typical or average use episode and two bumps (range 0.1-20 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Eighteen participants reported using a median of two lines in a typical (range 1-6 lines) and the heaviest recent session of use was three lines (range 1-6 lines). Eighteen participants reported using a median of one gram (range 0.25-3g) in a typical session of use and 18 participants reported using a median of one gram (range 0.5-2g) in the heaviest recent session of use.

7.1.1 Trends over time

Figure 37 presents data across time regarding the proportion of REU reporting recent ketamine use. In NSW, QLD and SA data have been collected since 2000 (no data were collect from QLD in 2002), and from 2003 in the other states/territories. Over time, trends in most states/territories have shown a decrease in recent ketamine use. This may be related to a number of reasons, such as availability of the drug. Use appears to remain predominantly localised to NSW, which similar levels in 2008 reported in VIC and SA. Overall figures remain similar to those observed in 2005, with minor fluctuations in 2006 and 2007.

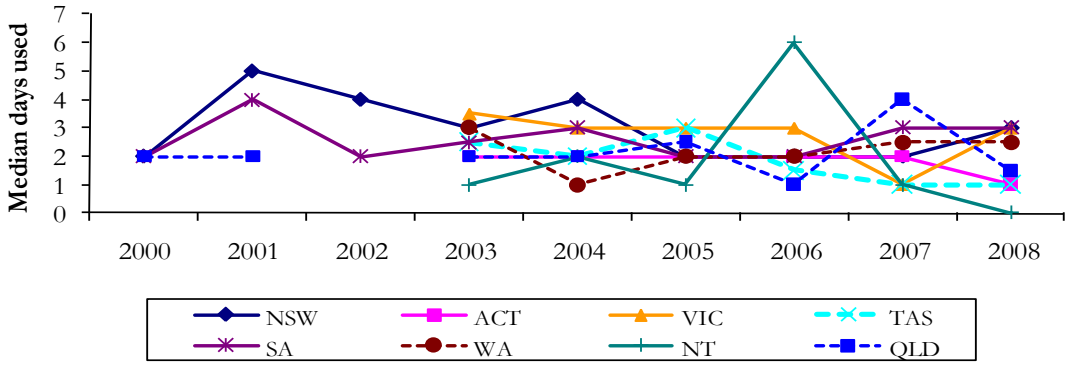
Figure 37: Proportion of REU who reported recent (last six months) use of ketamine, by jurisdiction, 2000-2008



Source: EDRS REU interviews 2000-2008
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 have been collected since 2000, and since 2003 in the remaining states/territories (no data were 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. In 2008, NSW, VIC and SA reported a median of three days use in the six months preceding interview, an increase for all states. QLD observed a decline in median days of use, from four days in 2007 to 1.5 days in 2008. The NT reported no use of ketamine in 2008 (Figure 38).

Figure 38: Frequency of ketamine use among REU who reported using ketamine in the past six months, by jurisdiction, 2000-2008



Source: EDRS REU interviews
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 2007 NSDSHS was the second year in which the prevalence of ketamine use in the general population was investigated. Use of ketamine in those aged 14 years and above was low – only 1.1% had ever used ketamine, and 0.2% had used ketamine in the past year (Australian Institute of Health and Welfare, 2005b). Males were more likely than females to have ever used the drug and to have used it in the past 12 months (Australian Institute of Health and Welfare, 2005b).

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. Four percent of the national sample (n=30) commented on the price of a gram of ketamine. The median price of a gram of ketamine ranged from $150 in NSW (n=13) to $300 in TAS (n=1; Table 41).

Table 41: Median price of ketamine, by jurisdiction, 2008

Median price ($)	NSW n=13	ACT n=0	VIC n=12	TAS n=1^	SA n=4^	WA n=0	NT n=0	QLD n=0
Gram (range)	$150 (40-250)	n.a	$200 (175-300)	$300 (300)	$225 (150-250)	n.a.	n.a.	n.a.

Source: EDRS REU interviews
^ small numbers commenting (n<10), interpret with caution

Eight percent (n=56) of the national sample commented on whether the price of ketamine had changed in the preceding six months. Half the number of participants (50%, n=28) reported that the price had remained stable in the preceding six months; smaller proportions reported that the price had either increased (14%, n=8) or decreased (7%, n=4). One-third (28%, n=16) reported to be unaware of a price change of ketamine in the six months preceding interview (Table 42).

Table 42: Price changes of ketamine, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ketamine price changes									
(among those who commented)	**n=56**	n=19	n=1^	n=16	n=7^	n=11	n=1^	n=0	n=1^
% Don't know (n)	**29 (16)**	32 (6)	0	13 (2)	71 (5)	9 (1)	1	0	100(1)
% Increased (n)	**14 (8)**	11(2)	0	38 (6)	0	0	0	0	0
% Stable (n)	**50 (28)**	53(10)	100(1)	38 (6)	29 (2)	82 (9)	0	0	0
% Decreased (n)	**7 (4)**	5 (1)	0	13 (2)	0	9 (1)	0	0	0

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution
Note: No participants reported that the price had fluctuated.

Table 43 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. With the exception of SA, prices reported in 2008 have remained equal to those reported in 2007.

Table 43: Median price of ketamine, by jurisdiction, 2000-2008

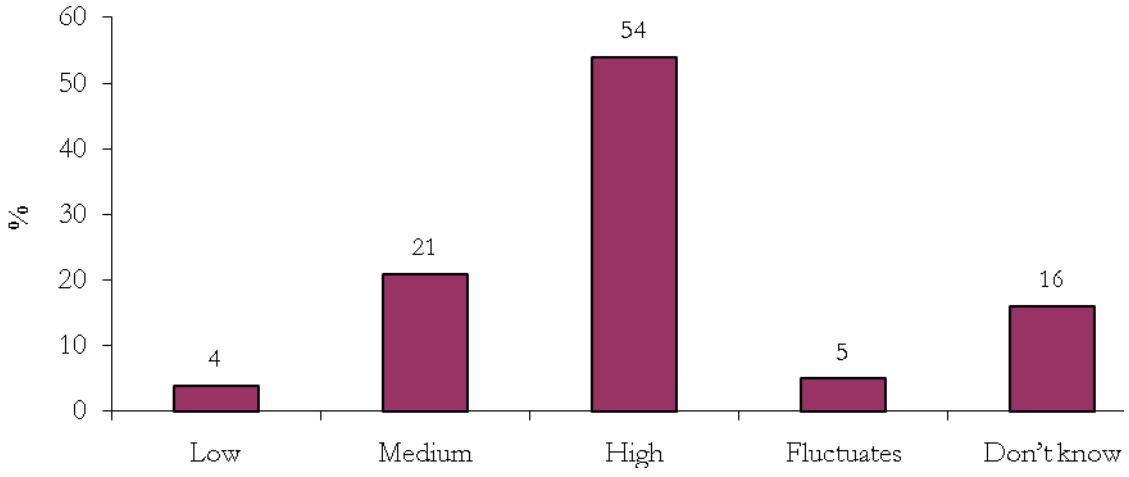
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	200	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	50
2001	150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	142.50
2002	160	n.a.	n.a.	n.a.	40	n.a.	n.a.	n.a.
2003	150	n.a.	200	100^	200	n.a.	n.a.	180
2004	200	200^	195	50^	200	n.a.	200^	n.a.
2005	100	65^	180	190^	200	150	80^	150^
2006	175^	40^	100^	180^	300^	160^	50^	180^
2007	150	172.5^	200^	300^	200	n.a.	n.a.	n.a.
2008	150	n.a	200	300^	225^	n.a	n.a	n.a

Source: EDRS REU interviews
^ a small number of participants commented
Notes: 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 or 2008; no participants in WA commented on the price of a gram of ketamine in 2003, 2004, 2007 or 2008; no participants in the NT commented on the price of a gram of ketamine in 2003, 2007 or 2008; and no participants in QLD commented on the price of a gram of ketamine in 2004, 2007 or 2008.

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. Eight percent (n=56) of the national sample commented on the purity of ketamine. Just over half (54%, n=38) of those who reported on the current purity of ketamine believed it to be high (Figure 39).

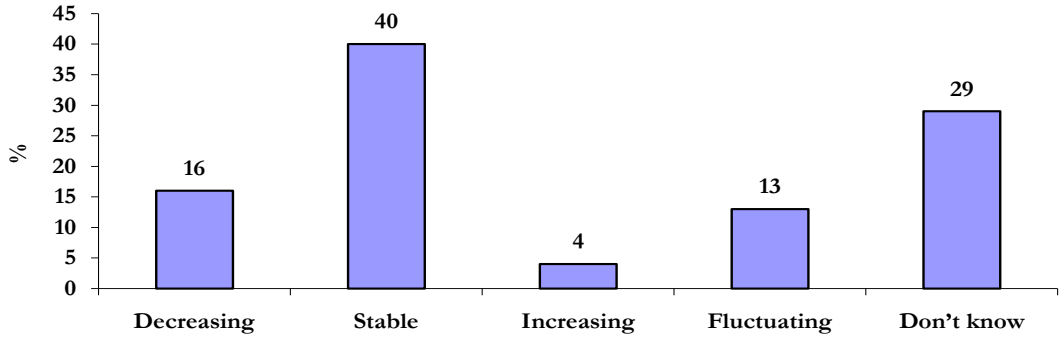
Figure 39: National REU reports of current ketamine purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=56).

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 40% (n=22) reported that the purity of ketamine had remained stable; 16% (n=9) reported that the purity had decreased; 4% (n=2) said that purity had increased; and 13% (n=7) reported that purity had fluctuated in the six months preceding interview. Twenty-nine percent (n=16) were unsure (Figure 40).

Figure 40: National REU reports of recent (last six months) change in ketamine purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=56).

7.5 Availability

Eight percent of the national sample commented on the recent availability of ketamine. Overall ketamine was reported as easy (29%; n=16) to obtain. Similar proportions reported it was very easy (21%; n=12) and difficult to obtain (20%; n=11). Seven participants were unable to comment (Table 44).

Reports of recent availability change, were one-third (32%, n=18) of those who commented reporting the availability of ketamine had remained stable over the preceding six months, while 21% (n=12) reported that ketamine was 'more difficult' to obtain (Table 44).

Table 44: Availability of ketamine, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=56**	n=19	n=1^	n=16	n=7^	n=11	n=1^	n=0	n=1^
% Don't know (n)	**13 (7)**	26 (5)	0	0	29 (2)	0	0	0	0
% Very easy (n)	**21 (12)**	16 (3)	0	25(4)	0	46 (5)	0	0	0
% Easy (n)	**29 (16)**	32 (6)	0	13 (2)	14 (1)	55 (6)	100 (1)	0	0
% Difficult (n)	**20 (11)**	16 (3)	100(1)	19 (3)	57 (4)	0	0	0	0
% Very difficult (n)	**18 (10)**	11(2)	0	44 (7)	0	0	0	0	100 (1)
Availability changes (%)									
(among those who commented)	**n=56**	n=19	n=1^	n=16	n=7^	n=11	n=1^	n=0	n=1^
% Don't know (n)	**20 (11)**	26 (5)	0	13 (2)	43 (3)	0	0	0	100 (1)
% Easier (n)	**20 (11)**	26 (5)	0	19(3)	14 (1)	18 (3)	0	0	0
% Stable (n)	**32 (18)**	32(6)	0	6 (1)	43 (3)	73 (8)	0	0	0
% More difficult (n)	**21 (12)**	11 (2)	100(1)	56 (9)	0	0	0	0	0
% Fluctuates (n)	**7 (4)**	5 (1)	0	6 (1)	0	9 (1)	100 (1)	0	0

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

Source and location of use
Ketamine was predominantly obtained from friends (49%) and known dealers (40%), with small proportions reporting that they obtained ketamine from acquaintances (2%) and workmates (2%). No participants reported obtaining ketamine from unknown dealers. It was predominantly obtained from private locations, such as friends' homes (38%) and dealers' homes (29%), with other locations mentioned including participants' own homes (27%), nightclubs (11%), raves (9%), private parties (9%), agreed public locations (4%), acquaintances' homes (2%) and work (4%).

In all jurisdictions excluding NSW, and VIC, fewer than 10 participants were able to comment on the source of ketamine purchase. In NSW, friends (60%) and known dealers (20%) were sources; this was similar in VIC (friends: 46%, known dealers: 54%). In NSW, ketamine was obtained from friends' homes (47%), own home (33%), and dealers' homes (20%); figures were slightly different in VIC (dealers' home, 39%, friends' homes, 31% and own homes, 15%).

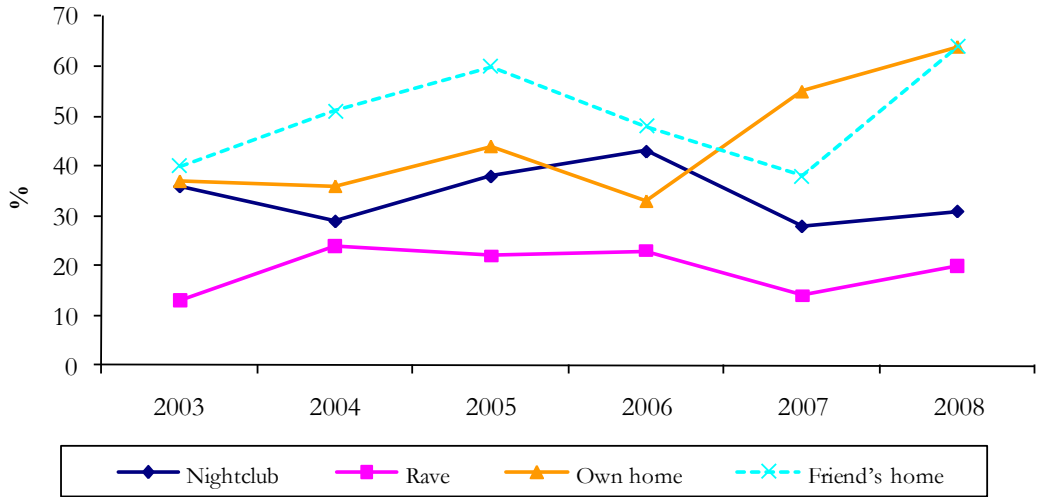
Ketamine was used in a variety of locations, including participants' own homes (64%), friends' homes (64%), nightclubs (31%), private parties (27%), raves (20%), dealers' home (13%) and pubs (7%). Locations of last ketamine use included friends' homes (44%), participants' own homes (36%), nightclubs (7%), live music events (4%) and private parties (4%).

In all jurisdictions excluding NSW, and VIC, fewer than 10 participants were able to comment on the location of usual and last ketamine use. In NSW, participants' own homes (64%) and friends' homes (64%) were common locations of usual use, followed by private parties (33%) and nightclubs (33%). Locations of last ketamine use were limited to friends' homes (53%), participants' own homes (40%), and private parties (7%).

In VIC, locations of usual ketamine use included friends' homes (70%), participants' own homes (46%), nightclubs (46%) and private parties (31%). Locations of last ketamine use included friends' homes (31%), participants' own homes (23%) and nightclubs (15%).

Figure 41 presents trends over time in the locations of usual ketamine use. It appears that over the last two years ketamine use has become a private activity engaged in ones' own home or a friends' home (both 64%).

Figure 41: Location of usual ketamine use, 2003-2008

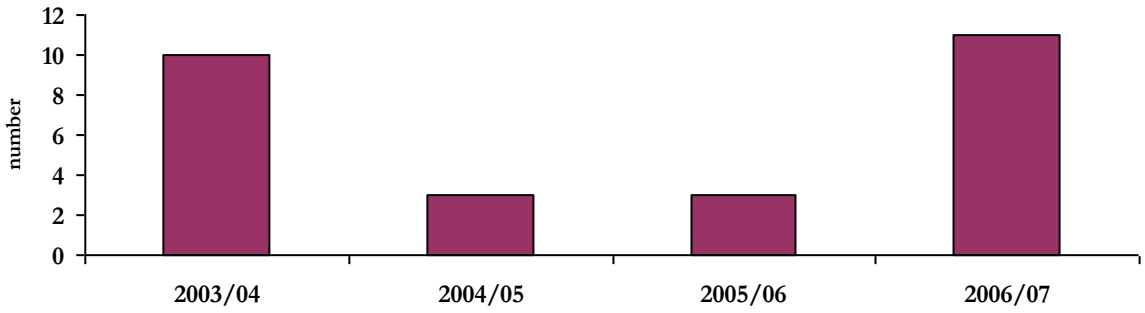


Source: EDRS REU Interviews

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 this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. However, the maximum individual weight of ketamine border detections increased from 500 grams in 2005/06 to 10 kilograms in 2006/07 (Australian Crime Commission, 2008). During the period 2001/02 and 2006/07, the ACS recorded a total of 40 ketamine seizures. There were 11 seizures made in the financial year 2006/07, the highest within one financial year across the period of collection (Figure 42).

Figure 42: Number of detections of ketamine detected at the border by the Australian Customs Service, 2003/04-2006/07



Source: ACS (2008)

7.6 Jurisdictional trends for ketamine

Below follow summaries of trends for ketamine in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

7.6.1 New South Wales

Approximately two-thirds of REU interviewed in 2008 reported lifetime use of ketamine and just under one-third reported recent use of ketamine. The proportion reporting lifetime use has increased since 2006 however the proportion reporting recent use has fluctuated. Ketamine was used on a median of 3 days over the preceding six months and most users reported less than monthly use. Participants used a median of 2 bumps of ketamine in both 'typical' and 'heavy' sessions of use. Snorting was the most common route of administration and participants most commonly used ketamine in private settings such as the participant's own home or a friend's home.

Ketamine was purchased at a median price of $150 per gram and was reported to have remained at a stable price over the preceding six months. Participants reported that ketamine was currently of high purity and that this had remained stable over the preceding six months. Almost half of the participants who commented reported that ketamine was currently either easy or very easy to obtain. Furthermore, while one-third of those who commented reported that the availability of ketamine had remained stable, over one-quarter reported that it had become easier to obtain over the preceding six months. Ketamine had been primarily purchased from friends or known dealers in private settings.

Key experts reported that ketamine was intentionally used by only a small proportion of REU and that it was commonly used in private settings. Some KE also suggested that ketamine was used to come down from other stimulant drugs however, only a small proportion of REU interviewed reported using ketamine in this way.

7.6.2 The Australian Capital Territory

There was a decline in the proportion of participants who had ever used ketamine (from 38% in 2007 to 29% in 2008), and only 6% reported having used ketamine in the past six months (a decrease from 10% in 2007). Median days of use were low (one day), and all participants reported less than monthly use. Snorting and smoking were the most popular forms of ketamine administration. Two participants were able to quantify their use of this drug and quantified their use of this drug in terms of 'bumps'. One bump was the median amount of ketamine used by REU in a 'typical' session and in the 'heaviest' session of use in the past six months (n=2). Reflecting the low levels of ketamine use among ACT REU, only one participant reported having used ketamine during binge sessions of substance use, though there were no reports of using ketamine in combination with, or when coming down from, ecstasy.

Only one participant was able to report on ketamine price, purity and availability and therefore results need to be interpreted with caution. The reported price for ketamine was $70 per point in 2008. The one participant reported that the purity of ketamine was 'low' and had 'decreased' and that it was difficult to obtain and had become 'more difficult' over the preceding six months. Known dealers and friends were the primary sources through which this participant obtained ketamine in the past six months.

7.6.3 Victoria

Reports from the 2008 Victorian REU and KE reflect decreasing levels of both lifetime and recent ketamine use among REU since the study began in 2003, with comparable results from 2006 to 2008. Those reporting recent ketamine use typically use it infrequently, generally in nightclubs or private homes.

The purity of ketamine is generally rated as high, though is reportedly difficult to obtain. Ketamine is most commonly purchased from friends and known dealers in nightclubs and private homes.

7.6.4 Tasmania

One-quarter of the 2008 REU sample (26%) had ever used ketamine, and less than one-tenth (6%) had used ketamine during the six months preceding the interview. Ketamine had been used on an average of one occasion in the preceding six months in relatively small amounts, suggesting predominately experimental use by a small number of people. Ketamine was typically swallowed or snorted and had been purchased in either powder or pill form.

Consistent with the relatively low use of ketamine among the 2008 REU sample, few participants were able to comment on the price, purity, and availability of the drug and these estimates should be interpreted with caution. The comments of KE and the patterns of use among REU both indicate relatively low availability of ketamine in Tasmania.

7.6.5 South Australia

Fewer REU reported lifetime use of ketamine compared to REU in 2007. One-in-five REU reported recent use of ketamine in 2008, with frequency of recent use remaining low. The most commonly reported locations of both 'usual' and 'last' use of ketamine were at home, a friend's home, or at a 'public house, which includes raves/doofs/dance parties, nightclubs, pubs and private parties. KE comments suggested use of ketamine is either 'accidental' (in ecstasy pills) or restricted to a subset of users, with one KE commenting that this use has decreased.

Due to the small number of REU able to comment on the price, purity and availability of ketamine they are not discussed in this report.

7.6.6 Western Australia

Rates of ketamine use have been consistently low among REU in WA with 21% in 2008 (22% in 2007) reporting lifetime use. Recent use was also comparable and reported by 3% in 2008 (2% in 2007). The average number of days ketamine was used in the last six months remained at 2.5 days. No respondents commented on locations of use, purchasing practices and aspects of price, purity or availability.

7.6.7 The Northern Territory

There was a large fall in the reported lifetime use of ketamine from one-third of the sample in 2007 to only 6% in 2008. Furthermore, for the first time since 2004, no participants reported having used ketamine over the six months preceding the interview.
No participants were able to comment on the price, purity or availability of ketamine in Darwin.

7.6.8 Queensland

In 2008, 26% of REU reported lifetime use of ketamine and 4% reported use in the last six months, which is comparable to last year. For the four participants reporting recent use, ketamine was used on a median of 1.5 days in the last six months. Only one participant reported on amounts used, locations of use, purity and availability of ketamine.

7.7 Summary of ketamine trends

- Thirty-five percent of the national sample reported lifetime use of ketamine, and a tenth (12%) reported using ketamine recently. The median age of first use was 21 years.
- Ketamine use is predominantly reported in NSW, VIC and SA. All other states have less than 10 participants reporting recent use.
- Proportion of reported recent use of ketamine has declined in all jurisdictions from 2003-2008. This may be related to a demographic issue (that is, ketamine use is becoming refined to a group of users not targeted by the EDRS) or a sampling issue (that is, perhaps the EDRS is no longer able to target this sub-group of regular ecstasy users that use ketamine) or a change in availability, purity or price may be the issue, though trend data collected would not demonstrate this to be the case.
- Amongst recent ketamine users, the majority (81%) snorted, while almost one-third (27%) had swallowed it. Very small proportions reported smoking and injecting ketamine in the six months preceding interview.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (77%) had used ketamine less than once per month. A small proportion (2% of recent users) reported using ketamine more than once per week.
- The median amount of ketamine used in a typical and the heaviest recent episode of use was two 'bumps'.
- Ketamine was predominantly obtained from friends (49%) and known dealers (40%); purchase typically occurred in private locations, such as friends' homes (38%) and participants' own homes (29%). Locations of usual use changed in the last two years to be predominantly private locations of own home and friends' home (both 64%).
- Small proportions reported on the price of a gram of ketamine, which ranged from a median of $150 in NSW to $300 in TAS. The price was reported as stable by half the participants that commented.
- The current purity of ketamine was reported to be high and this was reported to have remained stable by the majority that commented.
- Ketamine was easy to very easy (50%) to obtain and this had not changed (stable 32%) in the last six months according to commenting participants.
- Health and law enforcement-related harms, including those associated with ketamine use are discussed in the relevant sections later in the report.

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 et al., 1971). Research has examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak, 1989, Mack, 1993, Chin et al., 1992) and for alcohol dependence and opioid withdrawal (Nicholson and Balster, 2001, Kam and Yoong, 1998). The use of GHB as a recreational drug has been documented in recent years (Degenhardt 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 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 et al., 2003).

This section contains information about GHB use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2007 are shown in Appendix E. Information on harms (health and law enforcement-related) associated with ERD use are discussed in the relevant sections later in this report.

8.1 GHB use among REU

Eight participants (1.2%) of the 2008 national sample nominated GHB as their drug of choice. Seventeen percent of the 2008 national sample reported lifetime use of GHB and 7% had used it in the six months preceding interview (Table 45).

GHB was first used at a median of 22 years (range 10-55 years). The overwhelming majority of participants (98%) who reported recent use reported recently swallowing GHB. There were no reports of participants in the national sample having reported that they had injected or shelved GHB in the six months preceding interview.

Of those who used GHB in the six months preceding interview, the median number of days used was two (Table 45). Almost three-quarters of the sample (72%) reported using less than once per month; 21% used between monthly and fortnightly; no participants reported using between fortnightly and weekly; and one participant reported using more than once per week. One participant reported using daily.

Of those who reported bingeing on drugs in the preceding six months, 10% (n=21) had used GHB in a binge episode. Of those who typically use other drugs with ecstasy only eight participants reported that they typically used GHB with ecstasy and one participant reported that they usually used it to come down from ecstasy.

Table 45: Patterns of GHB use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**17**	37	18	20	7	19	7	6	11
Used last six months (%)	**7**	24	2	11	1	4	2	0	5
Median days used* last six months (range)	**2 (1-48)**	2.5 (1-48)	2.5 (2-3)	3 (1-15)	1 *(No range)*	1 (1-3)	1 *(No range)*	n.a.	1 (1-6)

Source: EDRS REU interviews
* of those who used in the six months preceding interview

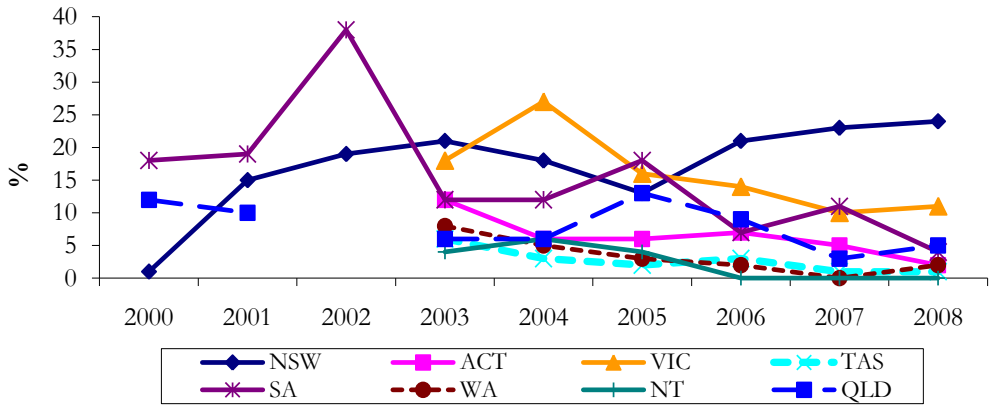
Quantity of use
GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was three millilitres (range 1-20ml). Recent GHB users reported using a median of 5ml (range 1-40ml) during the heaviest recent use episode.

Four participants reported using a median of one vial (range 1-3 vials) of GHB in a typical session of use, and a median of 1.5 vial (range 1-3 vials) in the heaviest recent session of use. Given the ambiguity of the volume of a 'vial', and n<10 these data should be interpreted with caution.

8.1.1 Trends over time

In NSW, QLD and SA, data have been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states and territories. The proportion of REU reporting recent GHB use increased in NSW between 2005 and 2008 from 13% to 24%. Use appears to remain centralised to NSW and VIC, though a downward trend appears to have occurred in VIC, with the proportion of REU that reported recent GHB use declining since 2004, from 27% in 2004 to 11% in 2008. SA has observed a fluctuating trend, with a decline apparent since peak levels in 2002 (38%; 4% in 2008). No participants in the NT reported GHB use in the six months prior to interview in 2007. The proportion of recent GHB users has consistently been lower in jurisdictions such as TAS, WA and the NT (Figure 43).

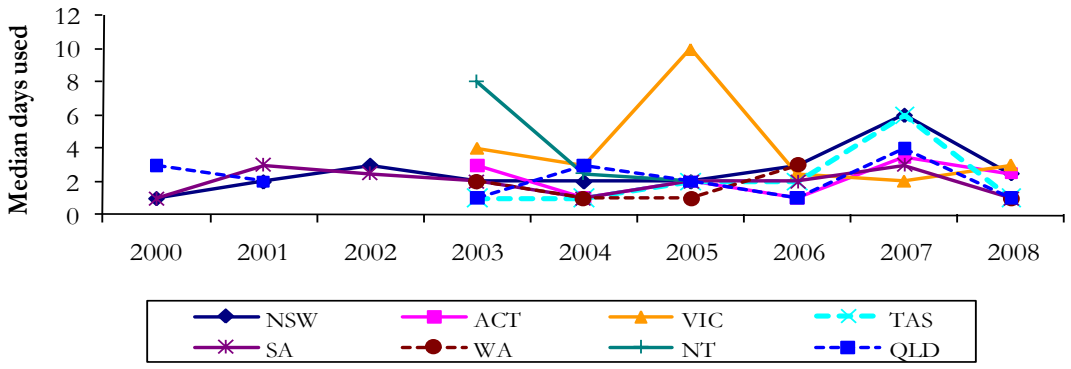
Figure 43: Proportion of REU who reported recent (last six months) use of GHB, by jurisdiction, 2000-2008



Source: EDRS REU interviews
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 have been collected since 2000, and since 2003 in the remaining states/territories (no data were collected for QLD in 2002). Data across time shows that GHB use has occurred less than once per month amongst recent GHB users. However, in 2005 the median days of GHB use in VIC was 10, declining to three days in 2008. NSW and TAS reported the largest decrease in median days use, both dropped from 6 days in 2007 to 2.5 days and once day respectively. In 2003, the medians days use in the NT was eight; however, this declined to 2.5 in 2004 and 2 in 2005, and in 2006, 2007 and 2008, no participants in the NT reported recent GHB use (Figure 44).

Figure 44: Frequency of GHB use among REU who reported using GHB in the past six months, by jurisdiction, 2000-2008



Source: EDRS REU interviews
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 NSDSHS was the first to investigate the prevalence of GHB use in the general population. In 2007, results were identical to those found in the 2004 NDSHS. 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, 2008).

8.3 Price

The median price per millilitre in each jurisdiction is presented in Table 46. Only sixteen participants from the national sample were able to comment on the current price per millilitre of GHB, and as such, the results should be interpreted with caution.

Table 46: Median price per ml of GHB, by jurisdiction, 2008

Price ($)	NSW n=7^	ACT n=0	VIC n=6^	TAS n=0	SA n=2^	WA n=0	NT n=0	QLD n=1^
Per ml (range)	$4 (1-9)	n.a.	$4.25 (3-10)	n.a.	$3.50 (3-4)	n.a.	n.a.	$20 *(No range)*

Source: EDRS REU interviews
^ small numbers commenting (n<10), interpret with caution

Twenty-nine participants were able to comment on whether the price of GHB had changed, this is a substantially lesser amount than in 2007 (n=42). Just over half (55%, n=16) reported that the price had remained stable, smaller proportions reported that the price had fluctuated (n=4) or decreased (n=1). There were no reports that the price had decreased. Almost a third (28%, n=8) were unable to comment (Table 47).

Table 47: Price changes of GHB, by jurisdiction, 2008

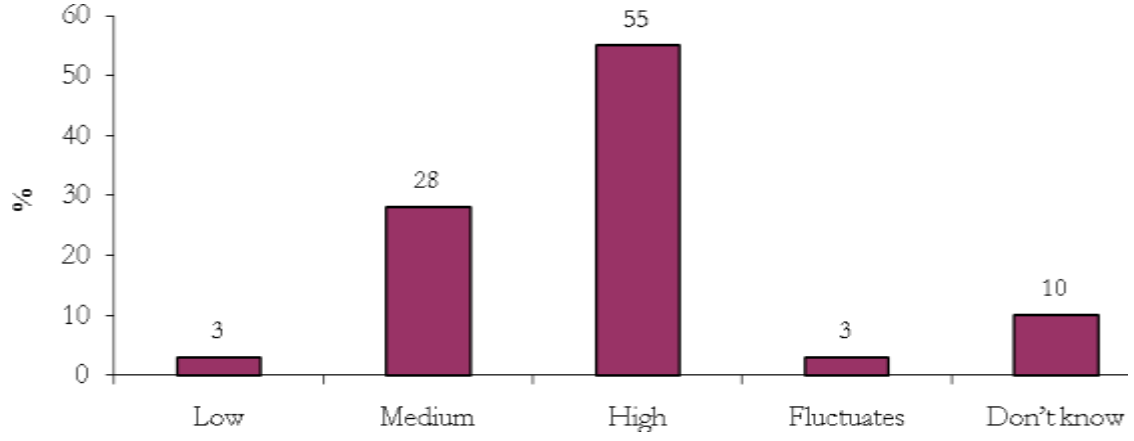
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
GHB price changes									
(among those who commented)	**n=29**	n=8^	n=0	n=7^	n=0	n=2^	n=0	n=0	n=2^
% Don't know (n)	**28 (8)**	33 (6)	0	29 (2)	0	0	0	0	0
% Increased (n)	**3 (1)**	6 (1)	0	0	0	0	0	0	0
% Stable (n)	**55 (16)**	50(9)	0	71 (5)	0	0	0	0	100 (2)
% Decreased (n)	**0**	0	0	0	0	0	0	0	0
% Fluctuated (n)	**14 (4)**	11 (2)	0	0	0	100 (2)	0	0	0

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

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. Twenty-nine participants commented on the purity of GHB. Just over- half (55%, n=16) reported the purity of GHB to be high and 28% (n=8) reported that the purity of GHB was medium. Three participants did not know what the current purity of GHB was (Figure 45).

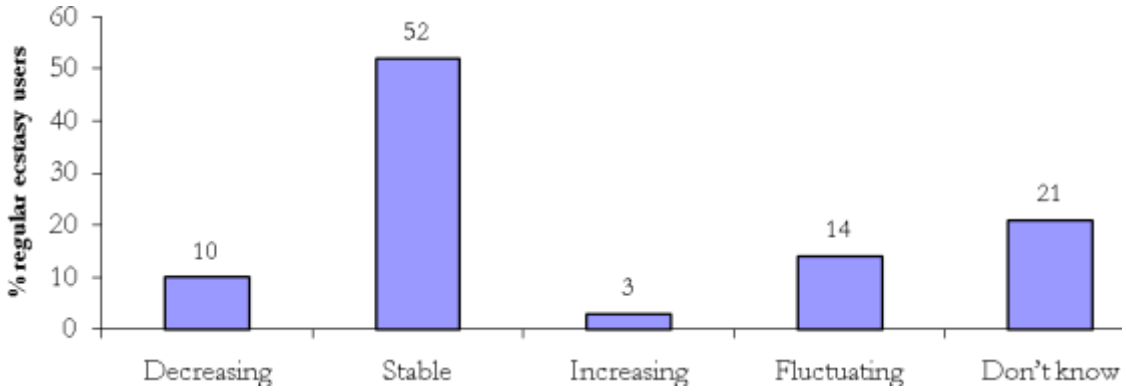
Figure 45: National REU reports of current GHB purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=29).

Of those who commented (n=29) on whether the purity of GHB had changed in the six months preceding interview, half (52%, n=15) reported it was stable, 21% (n=6) did not know, 14% (n=4) reported that it fluctuates, 10% (n=3) that it had decreased and one participant reported that purity was increasing (Figure 46).

Figure 46: National REU reports of recent (last six months) change in GHB purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=29)

8.5 Availability

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

Nationally, 41% (n=12) reported that GHB was very easy to obtain and 21% (n=6) reported it was easy to obtain (Table 48). Twenty-eight percent (n=8) reported it was difficult to obtain and 10% (n=3) reported it was very difficult to obtain.

Nationally, GHB availability was reported to have remained stable in the preceding six months by 52% of those who commented (n=15); while 35% (n=10) reported it had become 'more difficult'. Smaller proportions reported that it had become easier or fluctuated in the six months preceding interview and two participants were unable to comment (Table 48).

Table 48: Availability of GHB, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=29**	n=18	n=0	n=7^	n=0	n=2^	n=0	n=0	n=2^
% Don't know (n)	**0**	0	0	0	0	0	0	0	0
% Very easy (n)	**41 (12)**	44 (8)	0	43 (3)	0	50 (1)	0	0	0
% Easy (n)	**21 (6)**	22 (4)	0	14 (1)	0	0	0	0	50 (1)
% Difficult (n)	**28 (8)**	33 (6)	0	14 (1)	0	0	0	0	50 (1)
% Very difficult (n)	**10 (3)**	0	0	29 (2)	0	50 (1)	0	0	0
Availability changes (%)									
(among those who commented)	**n=29**	n=18	n=0	n=7^	n=0	n=2^	n=0	n=0	n=2^
% Don't know (n)	**7 (2)**	11 (2)	0	0	0	0	0	0	0
% More difficult (n)	**35 (10)**	17 (3)	0	57 (4)	0	50 (1)	0	0	100 (2)
% Stable (n)	**52 (15)**	61(11)	0	43 (3)	0	50 (1)	0	0	0
% Easier (n)	**3 (1)**	6 (1)	0	0	0	0	0	0	0
% Fluctuates (n)	**3 (1)**	6 (1)	0	0	0	0	0	0	0

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

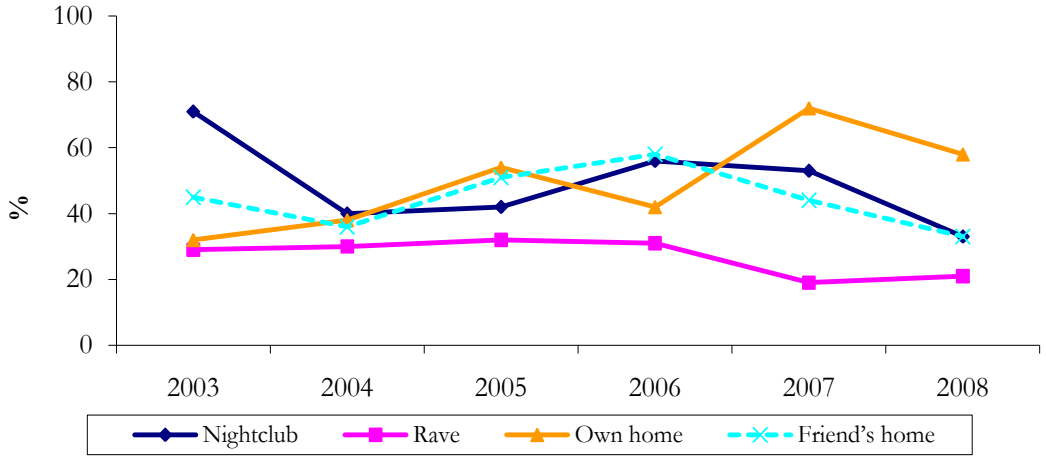
Source and locations of use
In all jurisdictions excluding NSW, fewer than 10 participants were able to comment on the source and purchase location of GHB. GHB was obtained from friends (42%) and known dealers (38%); small proportions reported that they obtained it from acquaintances (8%) and unknown dealers (4%). GHB was scored from friends' homes (42%), dealers' homes (29%) and participants' own homes (13%). Six participants (25%) claimed to have used it recently but not having bought it.

In all jurisdictions excluding NSW, fewer than 10 participants were able to comment on the usual and last location of GHB use. GHB was used in a variety of locations, including participants' own homes (58%), nightclubs (33%), friends' homes (33%), raves (including 'doofs' and dance parties, 21%), and private parties (8%). Locations of last use included participants' own homes (42%), friends' homes (21%) and nightclubs (13%).

Figure 47 presents trends over time in the locations of usual GHB use. Prior to 2008, there has been a mixed story in the usual location of use of GHB between public locations (nightclubs) and private locations (own home/friends' home). In 2008 it is clear that the majority of recent GHB

users reported using at their own home, but equal proportions reported use at nightclubs and friends' home.

Figure 47: Location of usual GHB use, 2003-2008



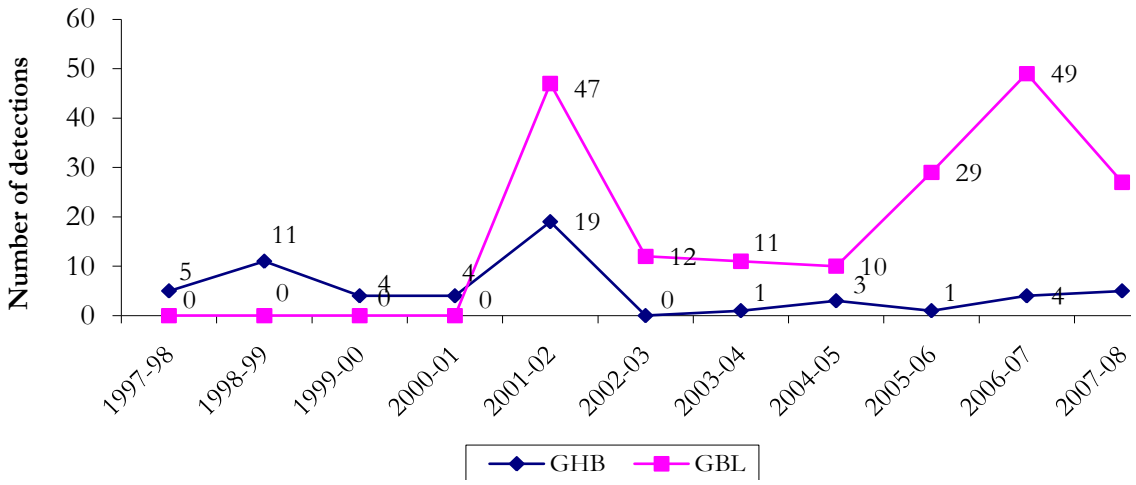
Source: EDRS REU interviews

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 48 indicates an increase in recent years in the number of detections of GBL at the Australian border. There was a record number of 49 detections of GBL in 2006/07; however that number has dropped down to 27 detections of GBL in 2007/08. The higher number of GBL detections may be an indication that it is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself (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, comparative to other drug types, may also be a reflection of this fact.

Figure 48: Number of GHB and GBL detections at the border by Australian Customs Service, financial years 1997/98-2007/08



Source: ACS (2008)

8.6 Jurisdictional trends for GHB

Below follow summaries of trends for GHB in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

8.6.1 New South Wales

Just under two-fifths of REU interviewed in 2008 reported lifetime use of GHB and almost one-quarter reported having used it recently. While the proportions reporting lifetime use have remained relatively stable, the proportions reporting recent use of GHB appear to have increased since 2005. The median number of days of use of GHB decreased from 6 in 2007 to 2.5 in 2008 however the quantities used remained relatively stable. Participants reported using 3 mL in a 'typical' session and 6 mL in a 'heavy' session of use. The majority of recent users reported having used GHB on a less than monthly basis. Swallowing was the most common route of administration and participants reported usually using GHB in their own homes or in nightclubs.

The price of GHB has been difficult to ascertain due to confusion regarding the volume of vials and what constitutes a typical dose however the median price per mL was reported to be $4. Half of those who commented reported that the price of GHB had remained stable over the preceding six months. The purity of GHB was reported to be high and to have remained stable over the preceding six months. Furthermore, approximately two-thirds of those who commented reported that GHB was currently either easy or very easy to obtain and that it had remained so over the six months prior to the interview. GHB was most commonly purchased from friends or known dealers in private settings such as the participant's own home, the dealer's home or a friend's home.

Key experts indicated that GHB was beginning to be used more frequently outside of the GLBTQ community and particularly among younger REU. They expressed concern that some of the peer education that exists in the relatively more experienced GLBTQ community may not be accessible to young, heterosexual party goers leading to more risky behaviours.

8.6.2 The Australian Capital Territory

The data that have been collected for the ACT EDRS since 2003 suggests that GHB is a drug that is used relatively infrequently among regular ecstasy users in the ACT. As in previous years, only a minority of the 2008 EDRS sample reported lifetime or recent use of GHB (18% and 2% respectively). In the six months prior to interview, the two recent GHB users reported a median of 2.5 days (range 2-3) of use. The two recent GHB users had used this substance infrequently (i.e. monthly or less) in the past six months. Five percent (n=2) of REU who had recently binged on ecstasy and related drugs reported using GHB during these binge episodes. No participants reported using GHB whilst on ecstasy or during their ecstasy comedown. Further, no participants nominated GHB as their drug of choice in the 2008 EDRS. Swallowing was the only route of administration of GHB in terms of both lifetime and recent use. One recent GHB user quantified their use of the substance in terms of millilitres. The median amount of GHB used in a 'typical' episode was reported to be three millilitres (n=1), this increased to four millilitres (n=1) when referring to the median amount used in the 'heaviest' session of GHB use. No participants were able to comment on the price, purity and availability of GHB in 2008.

8.6.3 Victoria

Reports from the 2008 Victorian EDRS suggest moderate prevalence of lifetime and low prevalence of recent GHB use among REU. Indeed, the 2007 to 2008 REU sample reported lower but comparable recent GHB use than previous years, while reported lifetime prevalence has generally remained stable from 2003 to 2007 but decreased in 2008. REU tend to use GBH infrequently across a wide range of locations, predominantly private homes, dance parties/raves/doofs and nightclubs. GHB is generally administered orally, and is not often used in conjunction with ecstasy or when coming down from ecstasy.

GHB remains inexpensive (median $3.50 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 or known dealers in private homes.

8.6.4 Tasmania

Less than one in ten (7%) of the REU sample had ever used GHB, and only a single participant (1%) 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.

Patterns of use among REU and anecdotal comments of key experts 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.

8.6.5 South Australia

Specific chapters relating to GHB and MDA have not been included in the 2008 report due to the very small numbers of REU able to comment, and readers are directed to Chapter 12 for a brief overview of both substances.

8.6.6 Western Australia

Similar to ketamine, rates of GHB use have remained low among REU in WA. In 2008, 7% reported lifetime use of GHB (8% in 2007) and only one respondent reported use of GHB in the last six months compared to none in 2007. This one respondent did not comment on locations of use, purchasing practices or aspects of the GHB market in WA.

8.6.7 The Northern Territory

As in the previous two years, no participants reported having recently used GHB and only 6% reported having ever used it, a figure which has been fluctuating over the past few years.

8.6.8 Queensland

In 2008, 11% of REU reported lifetime use of GHB and 5% reported use in the last six months. These proportions were similar to 2007 and represent a decreasing trend over time. The median days of GHB use for the five participants who had used recently was 1 day in the last six months. Only one participant commented on amounts used and locations of use. Two participants commented on price and purity, with differing reports.

8.7 Summary of GHB trends

- Seventeen percent of the national sample reported lifetime use of GHB, with the median age of first use being 22 years. Seven percent of the national sample reported recent use, with most recent use reported on the east coast of Australia (NSW, 24%; VIC, 11%, QLD, 5%). There were no reports of recent use in the NT.
- Recent use occurred on a median of two days in the six months preceding interview; 72% reported using less than once per month.
- Recent GHB users reported using a median of 3ml in a typical episode of use and a median of 5ml in the heaviest recent episode of use. GHB was consumed orally; no other route of administration was reported.
- GHB was scored from friends (42%) and known dealers (38%). Locations where it was scored include friends' homes (42%), dealers' homes (29%) and participants' own homes (13%).
- GHB was usually used in a variety of locations, including participants' own homes (58%), nightclubs (33%), friends' homes (33%) and raves (21%).
- Only 16 participants were able to comment on the price of a millilitre of GHB. Twenty-nine participants commented on recent price change and they reported that the price had not changed (stable).
- Fifty-five percent of those who commented reported the purity of GHB to be high. Half (52%) of those who commented reported that purity had remained stable over the preceding six months.
- Of those who commented on GHB availability, 41% reported that it was very easy to obtain, 28% reported it was difficult to obtain and 21% reported it was easy to obtain. Half (52%) of those who commented reported that availability had remained stable.
- Health and law enforcement-related harms, including those associated with GHB use are discussed in the relevant sections later in the report.

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 (Australian Crime Commission, 2007). 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.

This section contains information about LSD use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2007 are shown in Appendix F. Information on harms (health and law enforcement-related) associated with ERD use are discussed in the relevant sections later in this report.

9.1 LSD use among REU

In 2008, Fifty-eight percent of the national sample reported lifetime use of LSD and 30% had used it in the six months preceding interview (Table 49). The median age of first use was 19 years (range 12-48).

Five percent of those who usually used other drugs with ecstasy usually used LSD with ecstasy. Eight participants of those who used other drugs to come down from ecstasy reported usually using LSD in this manner. Six percent (n=38) of the 2008 national sample reported that LSD was their drug of choice

One percent (n=9) of the national sample reported that they had injected LSD at some time (Table 49). Two participants had injected it in the six months preceding interview.

The vast majority of recent LSD users reported swallowing it (96%) in the six months preceding interview. Four participants reported snorting it, while two participants reported smoking it; no participants reported recently shelving/shafting LSD.

Of those who used LSD in the six months preceding interview, the median number of days used was two, ranging from having used once in the six months preceding interview to having used approximately twice weekly during this same period. The majority (75%) had used less than monthly; 18% used between monthly and fortnightly; 3% used between fortnightly and weekly; and another 2% used more than once a week. There were no daily users.

Table 49: Patterns of LSD use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**58**	57	64	51	56	64	47	60	64
Ever injected (%)	**1**	0	5	0	2	3	0	2	0
Used last six months (%)	**30**	18	37	29	41	35	21	16	32
Median days used* last six months (range)	**2 (1-48)**	2 (1-20)	4 (1-35)	2 (1-12)	2 (1-15)	3 (1- 48)	5 (1-36)	1.5 (1- 8)	1 (1-10)

Source: EDRS REU interviews
* of those who used in the six months preceding interview

Quantity of use
The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range 0.25-6 tabs). The median amount used in the heaviest recent session was one-and-a-half tabs (range 0.5-12 tabs).

Source and locations of use
LSD had predominantly been obtained from friends (64%), while one-third (29%) was obtained from known dealers (Table 50). LSD source venue was primarily friends' homes (41%), home delivered (own home; 21%) or dealers' home (19%). LSD was most frequently used in a mix of private locations such as at participants' own homes (42%), friends' homes (41%), and public locations such as outdoors (34%) and at raves (30%). Participants' own homes (26%) and friends' homes (20%) were common locations of last LSD use (Table 50).

Table 50: Source, purchase location and use location of LSD, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%)									
(% who commented)	**n=157**	n=9^	n=23	n=19	n=40	n=22	n=9^	n=5^	n=30
Friends	**64**	56	78	63	68	41	67	80	67
Known dealers	**29**	11	44	26	23	41	33	0	27
Acquaintances	**13**	11	9	0	13	14	22	0	7
Unknown dealers	**4**	0	4	11	0	0	0	0	10
Workmates	**1**	0	4	0	0	5	0	0	1
Locations scored (%)									
(% who commented)	**n=157**	n=9^	n=23	n=19	n=40	n=22	n=9^	n=5^	n=30
Friend's home	**41**	22	61	42	38	27	44	40	43
Own home	**21**	0	17	16	25	32	22	0	23
Dealer's home	**19**	11	39	11	18	9	11	0	0
Raves*	**16**	0	17	21	18	27	0	20	10
Agreed public location	**15**	33	35	11	5	23	11	20	7
Private party	**10**	0	30	11	3	9	0	20	7
Nightclub	**7**	0	4	5	5	27	0	20	0

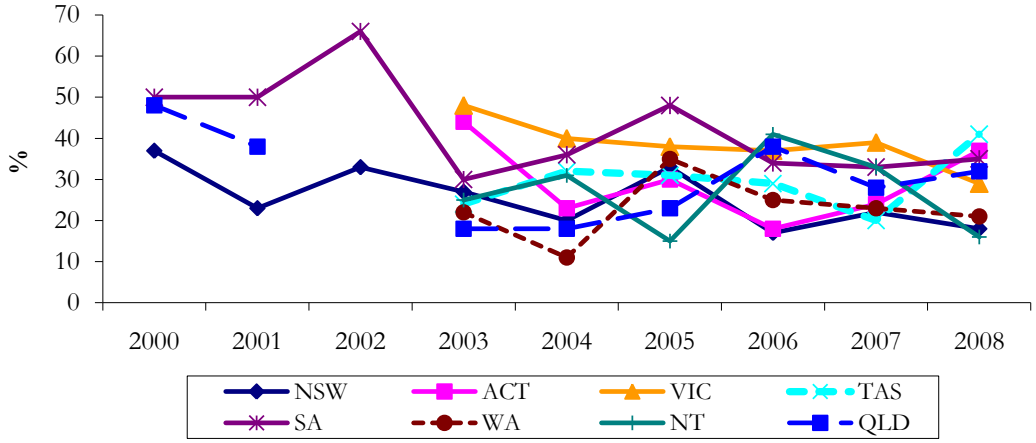
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Pubs	**5**	0	4	5	8	9	0	0	0
Street	**3**	0	4	0	3	0	0	0	7
Usual use venue (%)									
(% who commented)	**n=156**	n=9^	n=23	n=19	n=40	n=21	n=9^	n=5^	n=30
Friend's home	**42**	44	74	21	35	43	33	40	43
Own home	**41**	33	39	32	45	52	56	20	37
Outdoors	**34**	44	35	42	38	33	11	40	27
Raves*	**30**	11	26	37	33	38	22	80	20
Private party	**23**	11	61	16	8	19	0	40	30
Live music event	**23**	22	48	32	18	5	22	20	20
Nightclub	**21**	22	26	11	20	29	11	60	13
Public place	**13**	11	35	0	5	24	0	0	13
Vehicle – passenger	**8**	0	26	0	3	10	0	0	13
Pubs	**8**	0	17	0	8	19	0	20	3
Dealer's home	**6**	0	26	0	0	10	11	0	3
Acquaintance's home	**5**	0	4	0	3	10	0	0	10
Vehicle – driver	**4**	0	9	0	3	5	0	0	7
Restaurant/café	**3**	0	13	0	3	5	0	0	0
Education Institution	**1**	0	4	0	3	0	0	0	0
Work	**1**	0	4	0	0	5	0	0	0
Day club	**<1**	0	4	0	0	0	0	0	0
Last use venue (%)									
(% who commented)	**n=156**	n=9^	n=23	n=19	n=40	n=21	n=9^	n=5^	n=30
Own home	**26**	11	22	21	28	33	67	0	23
Friend's home	**20**	22	17	11	20	19	11	0	33
Live music event	**14**	22	22	21	8	0	11	20	17
Raves*	**13**	0	4	16	20	14	0	40	10
Outdoors	**12**	33	0	16	18	14	11	0	3
Private party	**8**	0	22	11	3	5	0	40	3

Source: EDRS REU interviews
* includes 'doofs' and dance parties
^ small numbers commenting (n<10); interpret with caution

9.1.1 Trends over time

In NSW, QLD and SA, data have been collected since 2000 (no data were collected from QLD in 2002) and since 2003 in the other states/territories. Figure 49 presents the trend over time in the proportion of REU reporting recent LSD use. Interestingly, nationally the reported recent use of LSD has not varied since 2003. It always remains around 30% of the sample. In 2008 as in previous years, jurisdictions reported variance of REU recent LSD use, from 16% in the NT to 41% in TAS.

Figure 49: Proportion of REU who reported recent (last six months) use of LSD, by jurisdiction, 2000-2008



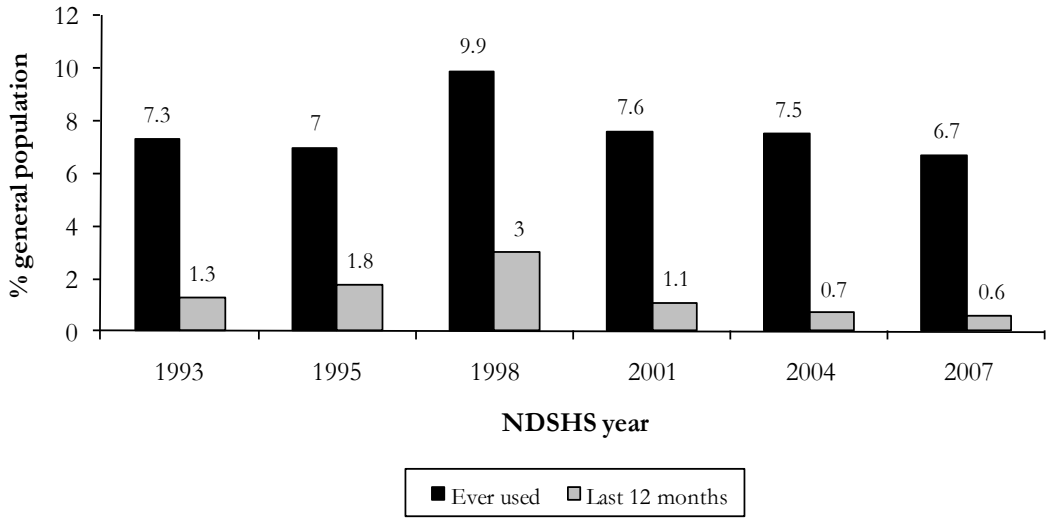
Source: EDRS REU interviews

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 50 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. The lifetime use of hallucinogens has remained relatively constant between 1993 and 2007, with a 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 50: Prevalence of hallucinogen use in Australia, 1993-2007



Source: NDSHS 1988-2007 (Australian Institute of Health and Welfare, 2005b, Commonwealth Department of Community Services and Health, 1988, Australian Institute of Health and Welfare, 2008a)

9.3 Price

One-quarter (25%, n=172) 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 the ACT to $25 in WA (Table 51). Prices across time have remained relatively stable across jurisdictions with minor fluctuations of up to $10 or less.

Table 51: Median price per tab of LSD, by jurisdiction, 2008

Median price ($)	NSW n=11	ACT n=24	VIC n=25	TAS n=30	SA n=29	WA n=9^	NT n=5^	QLD n=39
Per tab (range)	$15 (10-50)	$20 (10-40)	$15 (10-40)	$20 (15-60)	$12.50 (8-30)	$25 (20-45)	$20 (15-20)	$20 (2-40)

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

Twenty-eight percent (n=187) of the national sample commented on whether the price of LSD had changed in the preceding six months. The price was generally considered to be stable (56%, n=104) in the preceding six months. However, one-quarter of participants that commented (n=47) reported that they did not know if the price had changed in the six months preceding interview (Table 52).

Table 52: Price changes of LSD, by jurisdiction, 2008

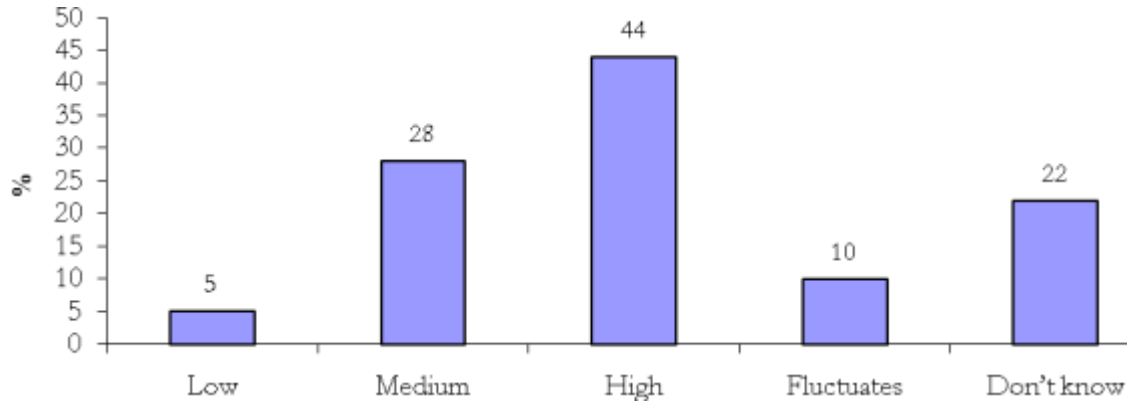
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
LSD price changes									
(among those who commented)	**n=187**	n=12	n=25	n=25	n=43	n=29	n=9^	n=5^	n=39
% Don't know (n)	**25 (47)**	42 (5)	16 (4)	24 (6)	35 (15)	14 (4)	22 (2)	20 (1)	26 (10)
% Increased (n)	**8 (15)**	17 (2)	0	4 (1)	9 (4)	10 (3)	22 (2)	0	8 (3)
% Stable (n)	**56 (104)**	42 (5)	64(16)	68(17)	44(19)	59(17)	44 (4)	60(3)	59(23)
% Decreased (n)	**7 (13)**	0	8 (2)	4 (1)	7 (3)	7 (2)	11 (1)	20 (1)	8 (3)
% Fluctuated (n)	**4 (8)**	0	12 (3)	0	5 (2)	10 (3)	0	0	0

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

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. Twenty-seven percent (n=187) of the national sample commented on the purity of LSD. The majority reported the purity of LSD to be high (44%, n=83) to medium (28%, n=53) See Figure 51.

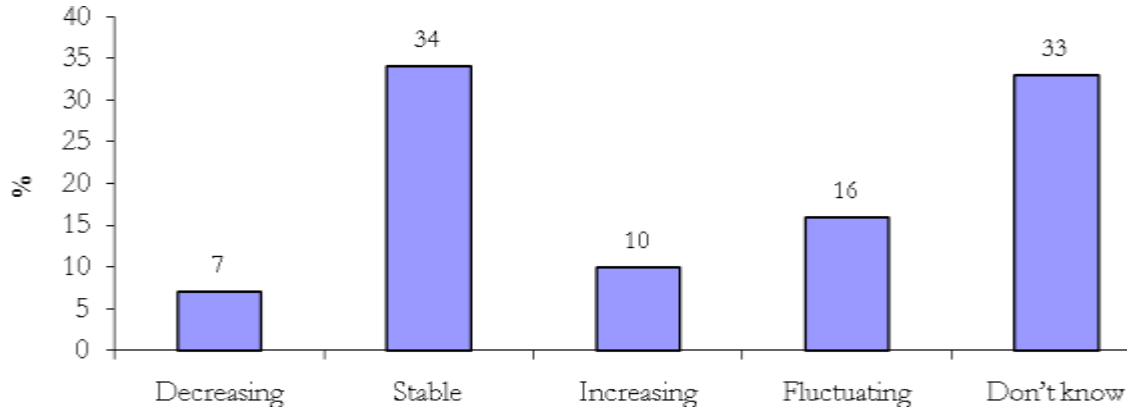
Figure 51: National REU reports of current LSD purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=187)

Of those who commented (n=187) on whether the purity of LSD had changed in the six months preceding interview, 34% (n=64) reported that it had remained stable while a similar proportion of participants (33, n=61) reported that they did not know about the change in LSD purity over the six months preceding interview (Figure 52).

Figure 52: National REU reports of recent (last six months) change in LSD purity, 2008



Source: **EDRS REU interviews**
Note: Among those who commented (n=187).

9.5 Availability

Twenty-eight percent (n=187) of the national sample commented on the recent availability of LSD, results of which were mixed. While two-fifths (40%, n=75) reported the availability of LSD as easy (24%, n=45) to obtain; similar proportions reported the availability of LSD as very easy and difficult (29%, n=55%). Five participants did not know. In 2007, while reports of availability were somewhat mixed, the majority of participants had reported that LSD was difficult (36%, n=71) to obtain (see Appendix F).

Of those who commented, the availability of LSD was reported to have remained stable (53%, n=99) in the six months preceding interview (Table 53).

Table 53: Availability of LSD, by jurisdiction, 2008

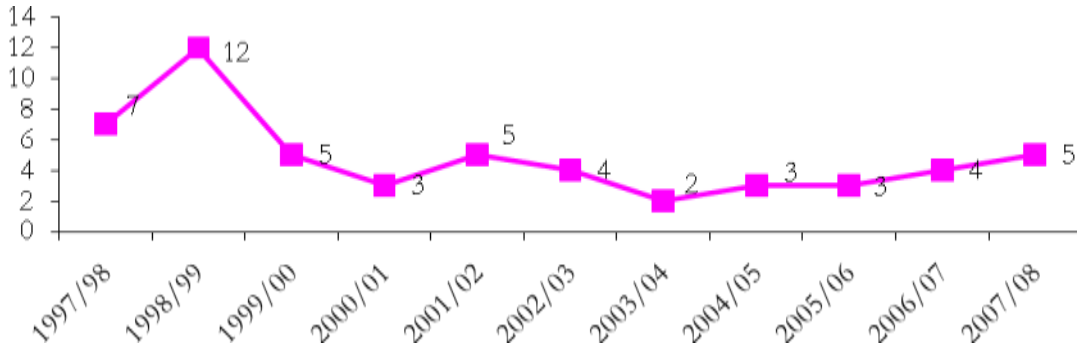
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=187**	n=12	n=25	n=25	n=43	n=29	n=9^	n=5^	n=39
% Don't know (n)	**3 (5)**	0	4 (1)	4 (1)	2 (1)0	0	0	20 (1)	3 (1)
% Very easy (n)	**24 (45)**	50(6)	24 (6)	24 (6)	26(11)	31 (9)	22 (2)	0	13 (5)
% Easy (n)	**40 (75)**	33 (4)	40(10)	52(13)	33(14)	41(12)	44 (4)	80(4)	36(14)
% Difficult (n)	**29 (55)**	8 (1)	24 (6)	20(5)	37(16)	21 (6)	22 (2)	0	49(19)
% Very difficult (n)	**3 (7)**	8 (1)	8 (2)	0	2 (1)	7 (2)	11 (1)	0	0
Availability changes (%)									
(among those who commented)	**n=187**	n=12	n=25	n=25	n=43	n=29	n=9^	n=5^	n=39
% Don't know (n)	**17 (31)**	25 (3)	12 (3)	16 (4)	21 (9)	10(3)	22 (2)	40 (2)	13 (5)
% Easier (n)	**14 (26)**	8 (1)	4 (1)	20 (5)	16(7)	7 (2)	67 (6)	0	10 (4)
% Stable (n)	**53 (99)**	50 (6)	56(14)	60(15)	47 (20)	69(20)	0	60(3)	54(21)
% More difficult (n)	**11 (21)**	0	16 (4)	4 (1)	12 (5)	7 (2)	11 (1)	0	21 (8)
% Fluctuates (n)	**5 (10)**	17 (2)	12 (3)	0	5 (2)	7 (2)	0	0	3 (1)

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution

9.5.1 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years, with only five recorded in 2007/08 (Figure 53).

Figure 53: Number of LSD detections at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: Australian Crime Commission, 2008

9.6 Jurisdictional trends for LSD

Below follow summaries of trends for LSD in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

9.6.1 New South Wales

More than half of REU interviewed in 2008 reported lifetime use of LSD while approximately one-fifth reported recent usage of LSD. While the proportions reporting recent use have fluctuated, the proportions reporting lifetime use have been in decline since 2005. The use of hallucinogens has declined in the general population since 1998 and also among the gay men interviewed for the gay community periodic survey since 2002.

LSD was used on a median of 2 days over the preceding six months with the majority of recent users reporting less than monthly use. Participants used a median of 1 tab during a 'typical' session and 1.75 tabs in a 'heavy' session of use. Among recent users of LSD, swallowing was the most common route of administration and LSD was most commonly used in outdoor settings such as beaches, while bushwalking or camping.

LSD was purchased at a median price of $15 per tab and appears to have remained stable over the six months prior to the interview. The purity of LSD was reported to be currently high and to have remained stable. Similarly, the availability of LSD was reported to have remained stable over the preceding six months, with four-fifths of those who commented reporting it was currently either easy or very easy to obtain. LSD was most commonly purchased in agreed public locations from friends.

Key experts reported that LSD use appeared to have increased among younger REU over the preceding six to twelve months. They mentioned the emergence of a drug referred to as 'tripstasy' which is purported to contain both MDMA and LSD however there is currently no evidence to support this report.

9.6.2 The Australian Capital Territory

Almost two-fifths (37%) of the 2008 EDRS sample reported the recent use of LSD (an increase from 24% in 2007), and over three-fifths of the sample reported ever having used LSD (64%, an increase from 54% in 2007). The majority of recent LSD users had used this substance on a less than monthly basis in the previous six months, and reported a median of four days of use during this period of time. Swallowing was the universal mode of administration. REU had used a median of one 'tab' of LSD in a 'typical' session and two tabs during the 'heaviest' sessions of recent use. Just over one-fifth (22%) of participants who reported having recently binged on ecstasy and related drugs had used LSD during these binge episodes (an increase from 11% in 2007), and six participants reported 'typically' using LSD in combination with ecstasy.

The median price for a tab of LSD has remained stable in the ACT since 2003 at $20 per tab. REU estimated the current purity of LSD to be at 'medium' to 'high' levels and reported that the purity of LSD had remained stable or fluctuated over the past six months. There were mixed reports regarding the current availability of LSD in the ACT in 2008, though most reported it to be 'easy' to 'very easy' to obtain. LSD was most commonly purchased by REU from friends and known dealers in the six months prior to interview.

9.6.3 Victoria

Participant reports suggest a moderate prevalence of lifetime and recent use of LSD among REU. Levels of recent LSD use reported by REU have decreased since 2003, with a reduction in lifetime and recent use of LSD in comparison to the previous year. Recent users report infrequent use of LSD across a range of locations, predominantly private homes and 'outdoors'. The predominant route of LSD administration is orally.

The median reported price of LSD ($15 per tab) decreased from 2007 ($20) but remained comparable to other recent years. Current LSD purity is regarded as high, while LSD is generally easy to obtain; which in contrast was difficult to obtain in 2007. REU most commonly purchase LSD from friends and known dealers in private homes.

9.6.4 Tasmania

Over one-half (56%) of the 2008 REU sample had used LSD at some stage of their lives and two-fifths (41%) had used LSD in the six months preceding the interview. Consistent with previous samples, lifetime and recent use of LSD was more common among males relative to females.

One tab or one drop of liquid LSD (range 0.5-2.5) 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. LSD was most commonly used at private residences such as the consumer's own home, a friend's home, or a private party, as well as dance-related events, outdoor locations, nightclubs, or live music events.

The median price for one tab of LSD in 2008 was $20 (range $15-60), and the last purchase price was $20 (range $12-60).

The purity of LSD was considered by REU to be 'medium' (59%) to 'high' (36%) and to have remained stable, or fluctuated during the six months preceding the interview.

Three-fifths of those who commented on the availability of LSD reported that LSD was 'easy' or 'very easy' to obtain, this availability was reported to have remained stable during the six months preceding the interview.

9.6.5 South Australia

One-third of the REU sample in 2008 reported recent use of LSD and prevalence of recent use was stable. Frequency of use of LSD was stable and remains consistently low. KE reports suggested that REU LSD use was not common, and possibly decreasing, and that use was occasional among those who did use. The most commonly reported locations of 'usual' use were at home or a 'public house', which includes raves/doofs/dance parties/nightclubs/pubs and private parties, followed by a friend's home, or partisan outdoor location.

The price of LSD was slightly higher than the price reported in 2007. The purity of LSD was perceived as high, and LSD was reportedly generally easy to obtain and remained stable in the six months prior to interview.

9.6.6 Western Australia

Both lifetime and recent use of LSD remained consistent with the previous findings. Lifetime use was comparable and reported by 47% in 2008 (49% in 2007) and recent use by 21% in 2008 (23% in 2007). Among those reporting use in the last six months, there was no significant change in the average days LSD was used to eight days in 2008 (five days in 2007).

In both 2007 and 2008, the median amount used in both a typical and a heavy session was one tab. The majority of respondents reported swallowing as the main method of administration in the last six months. 'Own home' (56%) was reported as the most common location of usual use, followed by friends' homes (33%) as the next most common location of recent use.

The median price of LSD remained at $25 per tab. The price of LSD over the last six months was rated by the majority of respondents in 2007 and 2008 as stable. Ratings of current LSD purity were also comparable across years, with 45% of the sample rating purity as 'high'.

There was some indication of a perceived increase in availability of LSD in WA. In 2008, 45% rated current availability as easy (13% in 2007) and 22% each rated it as very easy and difficult (25% and 56% respectively in 2007). As in 2007, Friends were nominated by the majority of respondents in both years as the most common source for purchasing LSD.

9.6.7 The Northern Territory

Approximately two-thirds of the sample reported lifetime use of LSD and 16% reported having used it recently. Both of these figures have been falling since 2006. LSD had been used on a median of 1.5 days over the preceding six months with participants reporting using a median of two tabs during an 'average' session and three tabs during a heavy session. One in ten had recently used LSD during a binge episode. The only route of administration reported was swallowing. LSD was most commonly used at raves and nightclubs however the two most common locations of last use were private parties and raves.

LSD was purchased at a median of $20 per tab, a slightly lower price than that reported in 2007. While the majority of REU who commented reported that the price of LSD had remained 'stable', a small proportion reported that it had 'decreased' over the preceding six months. The majority of those who commented reported that LSD was currently of 'medium' purity and that this had 'decreased' over the preceding six months. LSD was reported to be 'easy' to obtain and to have remained so over the preceding six months. Participants reported primarily scoring LSD from friends in friends' homes.

Most of the KE who commented reported that LSD was used by 'a few' REUs in Darwin. One KE reported that LSD was currently easy to access in Darwin and two KE reported that there had been an increase in the use and availability of LSD recently.

The number and average weight of seizures of LSD made by the NT police has increased from 2005/06 to 2007/08.

9.6.8 Queensland

Lifetime use of LSD was reported by 64% of REU in 2008, which was unchanged from last year. Use of LSD in the last six months was reported by 32%, which was comparable to 28% in 2007. Among these participants in 2008, LSD was used a median of 1 day in the last six months and the typical amount used was 1 tab.

'Friend's home' was the most commonly reported location of usual use (43%) and last use (33%). 'Friends' (71%) were the most common source of LSD and 'friend's home' (46%) the most common location of purchase.

The median price of LSD has been $20 per tab since 2003. In 2008, the majority of those who commented reported that the price of LSD was 'stable' over the last six months. Current purity of LSD was rated by the greatest proportion of respondents as 'high' (49%) and purity over the last six months as 'stable' (39%). Current availability was rated by the greatest proportion of those who commented as 'difficult' (49%) and availability over the last six months as 'stable' (54%).

9.7 Summary of LSD trends

- Fifty-eight percent of the national sample reported the lifetime use of LSD, with the median age of first use being 19 years. Thirty percent reported the recent use of LSD. This figure of one in three participants reporting recent use has been constant since 2003.
- The median days of LSD use amongst recent users was two. Recent users reported using a median of one tab in a typical session and one-and-a-half tabs in the heaviest recent session of use.
- LSD was obtained from friends (64%) and known dealers (29%), most commonly at friends' homes (41%) and dealers' homes (19%). It was usually used in a variety of locations, including participants' own homes (42%), friends' homes (41%), outdoors (e.g. at the beach, bushwalking and/or camping, 34%), and raves (30%).
- The median price per tab of LSD ranged from $12.50 in SA, $15 in NSW and VIC, $20 in QLD, TAS the ACT and the NT, and $25 in WA. Of those who commented, 56% reported that the price had remained stable in the six months prior to interview.
- Of those who commented, 44% reported that the current purity of LSD was high. Thirty-four percent of those who commented reported that purity had remained stable, or that they did not know (33%) in the six months preceding interview.
- LSD is reportedly easy to obtain (40%) and this has remained stable (53%) in the last six months.
- Health and law enforcement-related harms associated with ERD use are discussed in the relevant sections later in the report.

10 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen and has similar effects. 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'.

This section contains information about MDA use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Data from 2007 are shown in Appendix G. Information on harms (health and law enforcement-related) associated with ecstasy and related drug use is provided under the relevant sections later in this report.

10.1 MDA use among regular ecstasy users

There were no nominations by participants in 2008, for MDA as their drug of choice. One-fifth (21%) of the 2008 national sample reported lifetime use of MDA and 4% had used it in the six months preceding interview (Table 54). The median age of first use was 20 years (range 14-42 years).

The majority (93%) of those who reported recent MDA use reported recently swallowing it. Almost two-fifths (38%) had snorted the drug, while despite smaller proportions having reported injecting (5%) and smoking (2%) MDA in the six months preceding interview in 2007, there were no reports of either route of administration in 2008. Nine participants of the national sample reported that they had injected MDA at some time (Table 54).

Of those who had recently used MDA, the median number of days of use was two- and – a -half (range 1-48 days). The majority (83%) had used it less than once per month; 7% used between monthly and fortnightly; and one participant reported using between fortnightly and weekly. Two participants reported use on a weekly or more frequent basis. Five participants reported using MDA in a binge session of drug use in the preceding six months. Five participants usually used MDA with ecstasy and no participants reported usually using MDA to come down from ecstasy.

Table 54: Patterns of MDA use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**21**	30	28	24	15	16	16	15	17
Ever injected (%)	**1**	3	1	0	2	0	1	2	1
Used last six months (%)	**4**	5	5	9	3	1	5	2	4
	n=30	n=5	n=4	n=9	n=3	n=1	n=3	n=1	n=4
Snorted*	**38**	20	100	55	38	0	100	33	25
Swallowed*	**93**	80	100	89	100	100	100	100	100
Injected*	**0**	0	0	0	0	0	0	0	0
Smoked*	**0**	0	0	0	0	0	0	0	0
Median days used* last six months (range)	**2.5 (1-48)**	1 (1-3)	3.5 (1-30)	3 (1-48)	1 (1-3)	24 (-)	1 (1-6)	1 (-)	3.5 (1-6)

Source: EDRS REU interviews 2008

* of those who used in the six months preceding interview

Quantity of use

The median amount of MDA used in a typical or average use episode in the preceding six months was one-and-a-half capsules (range 1-5 capsules). Recent MDA users reported using a median of two capsules (range 1-15 capsules) during the heaviest recent episode of use.

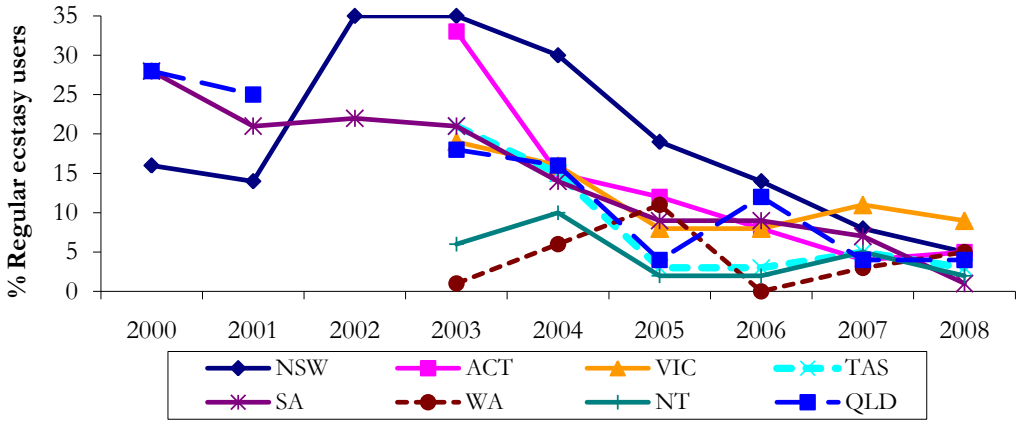
Source and locations of use

Only 10 participants were able to comment on patterns of MDA use and therefore caution should be taken when interpreting results. MDA was most commonly obtained from persons known to participants, such as friends (70%) and known dealers (60%), and was obtained from locations such as friends' homes (50%), dealers' homes (50%), participants' own homes (20%), and agreed public locations (20%). It was most commonly used at nightclubs (60%), raves (50%), private parties (40%), live music events (40%), participants' own homes (30%) and friends' homes (30%).

10.1.1 Trends over time

In NSW, QLD and SA, data have been collected since 2000 (no data were collected from QLD in 2002), and since 2003 in the other states/territories. Across time, jurisdictions such as NSW, SA, and the ACT have reported a large decline in the proportion reporting recent MDA use. QLD has displayed a fluctuating pattern across time (16% in 2004, 5% in 2005, 12% in 2006) now stabilised at 4% in 2007 and 2008; Figure 54).

Figure 54: Proportion of REU who reported recent (last six months) use of MDA, by jurisdiction, 2000-2008



Source: EDRS REU interviews

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/territories and therefore the results should be interpreted with caution.

MDA was most commonly purchased in capsules. Three percent (n=18) of the national sample commented on the price of a capsule of MDA. The median price of a cap of MDA ranged from $25 in ACT, SA and QLD to $40 in NSW (Table 554).

Table 55: Median price per cap of MDA, by jurisdiction, 2008

Median price ($)	NSW n=3^	ACT n=1^	VIC n=6^	TAS n=6^	SA n=1^	WA n=0^	NT n=0^	QLD n=1^
Per capsule	$40 (30-40)	$25 No range	$35 (20-50)	$37.50 (20-45)	$25 No range	n.a	n.a	$25 No range

Source: EDRS REU interviews
^ small numbers commenting (n<10), interpret with caution

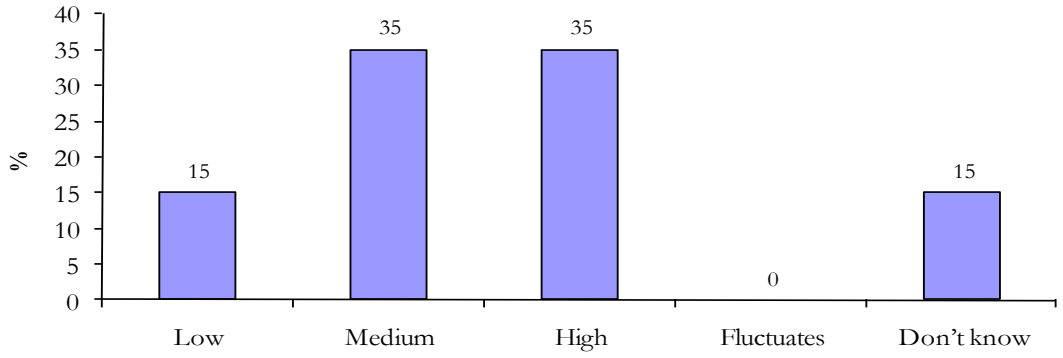
Three percent (n=20) of the national sample commented on whether the price of MDA had changed in the six months preceding interview. Of those who commented, two-fifths (40%, n=8) reported that the price had remained stable; 10% (n=2) respectively reported that the price had increased; 5% (n=1) respectively reported that the price had decreased or fluctuated; and 40% (n=8) did not know about the change in the price of MDA in the six months preceding interview.

In all jurisdictions, only a small number of participants were able to comment on whether the price of MDA had changed in the six months preceding interview. Further detail by state/territory is available in jurisdictional reports.

10.3 Purity

Three percent (n=20) of the national sample commented on the purity of MDA. A third (37%, n=7) of those who commented reported the purity of MDA to be medium or high; fifteen percent (n=3) reported the strength as low or reported that they did not know what the current purity of MDA was (Figure 55).

Figure 55: National REU reports of current MDA purity, 2008



Source: EDRS REU interviews
Note: Among those who commented (n=20)

Of those who commented (n=20) on whether the purity of MDA had changed in the six months preceding interview, 40% (n=8) reported it was stable; 35% (n=7) did not know; and 10% (n=2) respectively said increasing or decreasing. One participant commented that the purity of MDA had fluctuated in the preceding six months.

10.4 Availability

Three percent (n=20) of the national sample commented on the recent availability of MDA. MDA availability was mixed. MDA was described as difficult to obtain by two-fifths (40%, n=8) of those who commented. A further 35% (n=7) reported MDA as easy and 15% (n=3) reported it to be very easy to obtain; 5% (n=1) reported MDA as very difficult to obtain. Half (55%, n=11) of those who commented reported that the availability of MDA had remained stable in the six months prior to interview, while equal proportions 10% (n=2) reported that MDA had become 'easier' or 'fluctuated'. Twenty-five percent (n=5) did not know about the change of MDA availability.

Jurisdictional data on the availability of MDA are not shown due to small numbers commenting. This information is placed into context with KE and indicator data, where available, within the individual jurisdictional reports; see also *Jurisdictional Trends for MDA*.

10.5 Jurisdictional trends for MDA

Below follow summaries of trends for MDA in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

10.5.1 New South Wales

Just under one-third (30%) of the 2008 sample reported having ever used MDA however, only five percent had used it in the six months preceding the interview. MDA was first used at a median age of 19.5 years (range 17-33). There was no difference in the age of initiation between males and females (19 years respectively; $U=64.5$, $p>0.05$).

Five participants reported having used MDA on a median of 1 day (range 1-3) over the preceding six months. All of those who had recently used MDA had used it on a less than monthly basis. Of these, the majority (80%) had swallowed MDA however one participant (20%) reported having snorted it. No participants reported having injected, smoked or shelved/shafted MDA during the preceding six months. All recent users quantified their use in terms of 'caps'. The median quantity used in a 'typical' occasion of use was 1 cap (range 1-2) and the median quantity used in the heaviest occasion of use over the preceding six months was 1 cap (range 1-3).

The proportions reporting lifetime use of MDA have fluctuated however the proportions reporting recent use of MDA have been declining since 2003 (35% in 2003 vs. 5% in 2008). The frequency of use has decreased from a median of 2.5 days over the preceding six months in 2007 to 1 day in 2008. The quantity of use has remained relatively stable across time.

Few KE were able to comment on MDA. There was general agreement that very few regular ecstasy users deliberately obtained/used MDA and that if they did use it, they probably did so unintentionally. There was a general consensus among KE that while many tablets sold as ecstasy may contain MDA, the majority of REU would not know whether tablets purchased contained MDA and probably be unable to ascertain the difference between tablets containing MDMA and MDA (unless they were particularly experienced users).

10.5.2 The Australian Capital Territory

In 2008, over one-quarter (28%) reported lifetime use of MDA, although only a minority (5%) reported recent use of MDA. Among those REU who had recently used MDA, the median days of use in the past six months was 3.5. All recent users had swallowed and snorted MDA. The median amount of MDA used in a 'typical' and 'heaviest' episode was 2.5 capsules.

Only one respondent was able to comment on the current price, purity and availability of MDA. Therefore, the following results should be interpreted with caution. The reported price of MDA was $25 in 2008. The one participant reported that the purity of MDA was 'high' and had 'increased'. Further, in terms of availability, that it was 'very easy' to obtain and this was stable over the preceding six months. Known dealers and friends were the primary sources through which this participant obtained MDA in the past six months.

10.5.3 Victoria

Reports suggest low prevalence of lifetime and recent use of MDA among REU. Levels of recent use reported by REU samples decreased slightly from 2007 but comparable to other recent years. Recent users reported infrequent use of MDA, administering the drug orally in the six months

prior to interview. It is not possible to comment on trends in the rice, purity and availability of MDA, given only three participants was able to comment in 2008.

10.5.4 Tasmania

Among the 2008 sample, over one-tenth (8%) of the REU sample had used MDA at some stage of their lives and only three participants (5%) had recently used MDA.

MDA had been purchased in capsule form and had been swallowed on a median of one occasion during the six months preceding the interview, with a median of two capsules consumed in a typical session.

Few respondents were able to confidently comment on the price, purity or availability of MDA. However, the sustained decline in the use of MDA since 2003, and the infrequency of this use among consumers, suggests the local availability of MDA in Tasmania is relatively low.

10.5.5 South Australia

Specific chapters relating to GHB and MDA have not been included in the 2008 report due to the very small numbers of REU able to comment, and readers are directed to Chapter 12 for a brief overview of both substances.

10.5.6 Western Australia

In 2008, lifetime use of MDA did not differ significantly from rates found in 2007, with 16% reporting lifetime use compared to 22% in 2007. Rates of recent use remained low with 5% of current respondents reporting use of MDA in the last six months (3% in 2007). The average number of days used in the last 6 months was 3 (4 in 2007). All three respondents that commented reported swallowing as the main route of administration. Only one respondent commented on locations of use, purchasing practices and aspects of the MDA market in WA rendering meaningful analysis of these aspects unfeasible.

10.5.7 The Northern Territory

While 15% of participants reported having ever used MDA, only one participant had done so over the preceding six months. Reported lifetime and recent use of MDA has declined since 2007.

No participants were able to comment on the price, purity or availability of MDA.

10.5.8 Queensland

In 2008, 17% of REU reported lifetime use of MDA, which was comparable to 20% in 2007. Use of MDA in the last six months remained the same as last year at 4%. For the four participants who had used MDA recently, the median days of use was 3.5 days in the last six months and the typical amount used was 1.5 caps. Only one participant reported on locations of use, price, purity and availability of MDA.

10.6 Summary of MDA trends

- One-fifth (20%) of the national sample reported the lifetime use of MDA. The median age of first use was 20 years. Four percent of the national sample reported using it in the six months preceding interview. Use occurred on a median of two and a half days, with the majority (83%) of recent users reporting that use had occurred less than once per month.
- Swallowing was the most frequently nominated route of administration (93%), followed by snorting (38%). No participants had injected MDA in the six months preceding interview and two percent had recently smoked it.
- A median of one-and-a-half capsules were used in a typical session of use and a median of two capsules were used in the heaviest session of use over the preceding six months.
- Only a small proportion was able to comment on purchase and use patterns of MDA. Of those who commented, friends (70%) and known dealers (60%) were the most commonly nominated sources of MDA, and the most common locations of purchase were friends' homes (50%) and dealers' homes (50%). The most commonly reported usual use locations were nightclubs (60%), raves (50%) and live music events and private parties (both 40%).
- Small numbers were able to comment on the price, purity and availability of MDA in all states/territories and therefore the results should be interpreted with caution. The median price of a cap of MDA ranged from a median of $25 in the ACT, QLD and SA (n=3) to $40 in NSW (n=3). Two-fifths (40%) of those who commented reported that the price of MDA had remained stable in the six months preceding interview.
- Mixed reports were taken for the current purity of MDA. It was reported as medium (40%) and high (40%) in equal proportions and 40% of those who commented reported that the purity had remained stable in the six months preceding interview.
- Availability of MDA was reported to be both difficult (40%), and easy (35%) by the REU sample. Half (55%) of those who commented reported that availability had remained stable in the six months preceding interview.
- Health and law enforcement-related harms associated with ERD use (such as MDA) are discussed in the relevant sections later in the report.

11 CANNABIS

Following high rates of cannabis use reported by REU samples in previous years, from 2006 the EDRS has included survey items on price, potency and availability of this drug. These items distinguish between indoor-cultivated 'hydroponic' (hydro) and outdoor cultivated (bush) cannabis following reports of different market characteristics of each (Stafford et al., 2005, Breen et al., 2004). In the absence of definitive data on the extent to which this distinction reflects actual cultivation methods in Australia (McLaren et al., in press, Hall and Swift, 2000), however, use patterns refer to any form of cannabis.

In 2008, participants completing the section (n=666) were also asked if they were able to differentiate between hydro and bush cannabis in terms of price, potency and availability. Responses varied widely, ranging from 19% of those responding in NSW to 70% in the ACT. In other jurisdictions figures were: VIC: 41%, TAS: 46%, SA: 49%, WA: 60%, the NT: 20% and QLD: 69%. Participants who were not able to differentiate did not answer the section.

It should also be noted that the use of hashish (hash) and hash oil was rarely reported by REU participants (n<10 in all jurisdictions reported recent purchase of either form in 2008, for example). Consequently, further details on market characteristics are not reported.

This section contains information about cannabis use by the EDRS REU sample, followed by data on market characteristics (including price, purity and availability). Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed in the relevant sections later in this report. Further information about cannabis trends in Australia may be found in reports produced as part of the IDRS, and are available from the NDARC website[9].

11.1 Cannabis use among regular ecstasy users

Almost all (97%) of the 2008 national sample had ever used cannabis with three-quarters (75%) of the sample having used cannabis in the six months prior to interview (Table 56). The median age of first use was 15 years (range 9-36 years). Cannabis was the drug of choice for 13% of the sample.

Almost all (98%) of those who had recently used cannabis had smoked it, while just over one-third (32%) had recently swallowed it. Cannabis had been used on median of 24 days (range 1-180 days) in the six months preceding interview, which equates to use on approximately once per week (Table 56). This is a decrease to half the number of median days reported in 2007 (48 days, approximately twice per week). Amongst recent users, 22% reported using less than once per month; 19% reported using between monthly and fortnightly; 14% reported using between fortnightly and weekly and 46% reported using more than once per week. One-fifth (20%) of recent cannabis users (15% of the entire sample) reported daily cannabis use during the preceding six months.

[9] See www.ndarc.med.unsw.edu.au (click on 'Drug Trends').

Table 56: Patterns of cannabis use among REU, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever used (%)	**97**	93	100	99	97	95	100	93	99
Used last six months (%)	**76 n=513**	71 n=71	86 n=71	84 n=84	74 n=74	74 n=55	85 n=49	40 n=22	81 n=87
Swallowed*	**32**	16	31	30	31	40	40	27	40
Smoked*	**98**	100	99	99	97	98	96	95	100
Median days used* last six months (range)	**24 (1-180)**	24 (1-180)	60 (1-180)	33 (1-180)	15 (1-180)	48 (1-180)	15 (1-180)	6 (1-180)	24 (1-180)

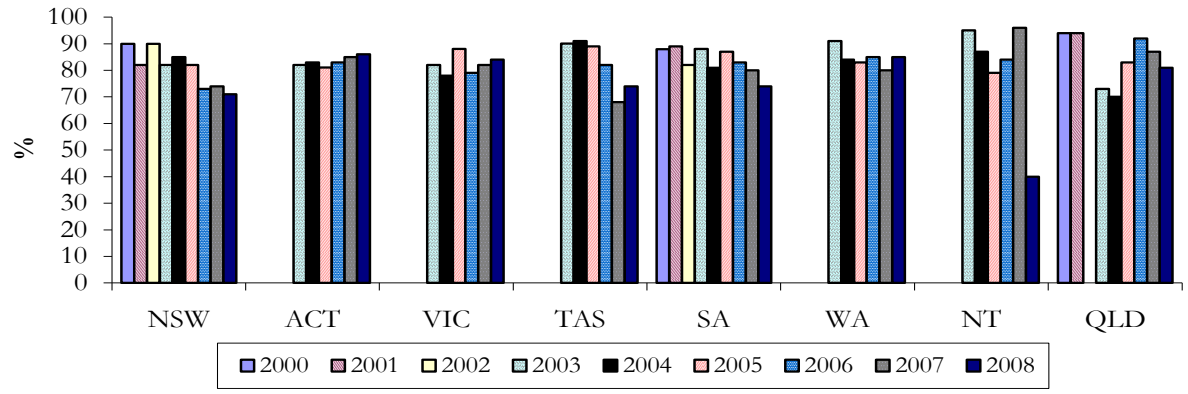
Source: EDRS REU interviews 2008
* of those who used in the six months preceding interview
Note: Medians rounded to nearest whole number.

Quantity of use
Recent cannabis users were asked how much cannabis they had smoked on the last day of use, as measured by the number of cones or joints used on that occasion, either by themselves or shared with others. Nationally, cannabis had been reportedly smoked in cones (47%; range 24% in VIC to 52% in SA) closely followed by joints (44%; range 22% in WA to 70% in VIC). Among those who had smoked in cones, the median number used on the last day was two (range 0.5 to 50 cones), while the number of joints smoked was three (range 0.25 to 50 joints). Daily users of cannabis had smoked a median of six cones (range 1-50 cones) or two joints (range .50-10 joints) on the last day of use.

11.1.1 Trends over time

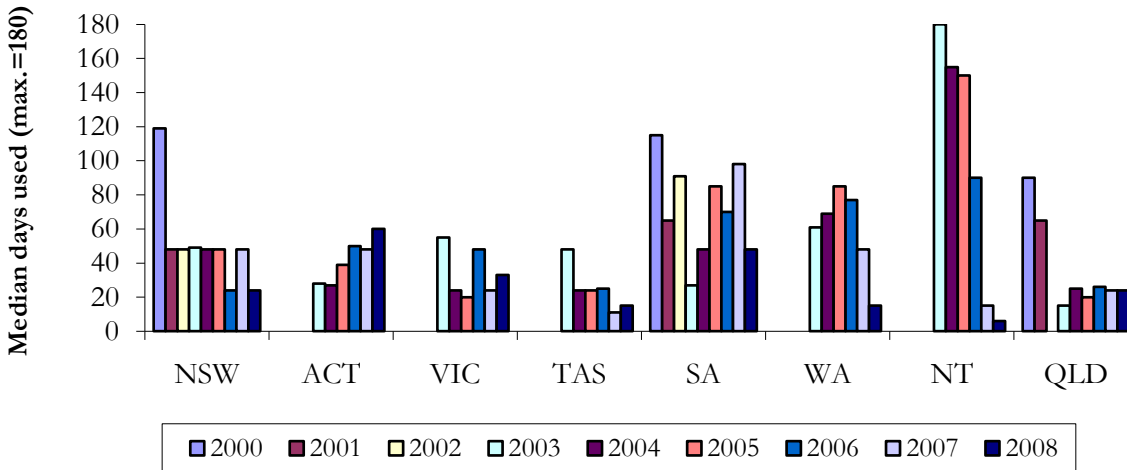
In NSW, QLD and SA, data have been collected since 2000 (no data were collected from QLD in 2002), and since 2003 in the other states/territories. Over time, over two-thirds of participants in each jurisdiction reported recent cannabis use, although fluctuations have been observed over time (Figure 56). Fluctuations have also been observed in the median days of use reported by users, noticeably the national figure for median days use has halved from twice per week (48 days) to once weekly (24 days; Figure 57).

Figure 56: Proportion of REU who reported recent (last six months) use of cannabis, by jurisdiction, 2000-2008



Source: EDRS REU interviews 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 57: Frequency of cannabis use among REU who reported using cannabis in the past six months, by jurisdiction, 2000-2008



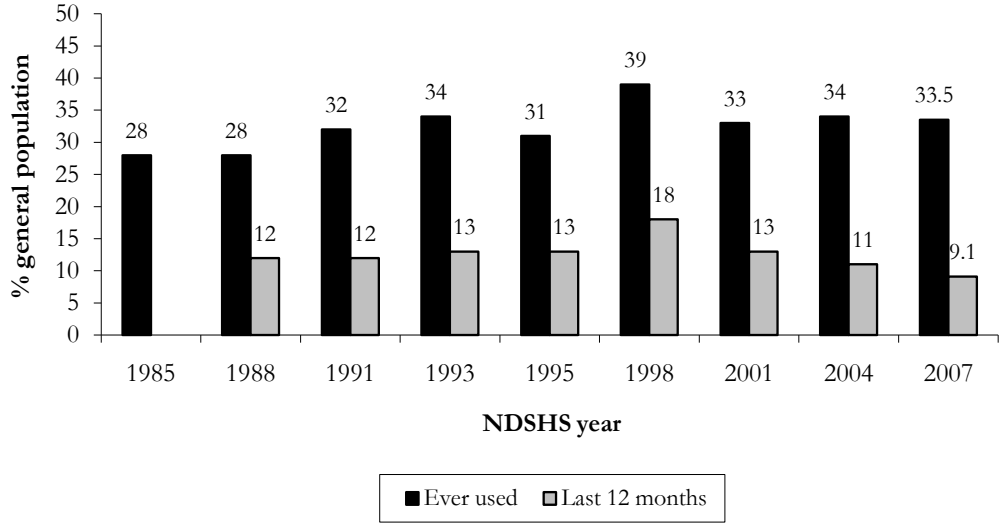
Source: EDRS REU interviews

Note: Medians rounded to nearest whole number. 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.

11.2 Cannabis use in the general population

As can be seen in Figure 58, 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 2007 and found that one-third (33.5%) of the Australian population aged 14 years and above had ever tried cannabis, while 9% had used cannabis in the 12 months prior to interview (Australian Institute of Health and Welfare, 2005b).

Figure 58: Lifetime and past year prevalence of cannabis use by Australians, 1985-2007



Source: NDSHS 1988-2007 (Australian Institute of Health and Welfare, 2005b, Commonwealth Department of Community Services and Health, 1988)

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 57 represent the median prices paid for the most commonly reported purchase amounts (quarter ounces and ounces) of bush and hydro by jurisdiction. Nationally, 92 participants reported having purchased an ounce of hydro in the preceding six months (59 purchased an ounce of bush), while 107 reported purchase of a quarter ounce of hydro (52 purchased a quarter ounce of bush). Prices paid per quarter ounce of hydro were relatively consistent across jurisdictions. The median price paid per ounce of hydro ranged from $175 in NSW to $350 in the NT. Small numbers commented on the price of bush per ounce in all jurisdictions; however, these tended to be cheaper than for hydro (Table 57).

Purchases of a gram were reported ranging from $15 in TAS (n=3) to $25 in QLD (n=17) for hydro cannabis. Prices for a gram of bush cannabis ranged from $15 in TAS (n=3) to $20 in all other jurisdictions (n=35).

Table 57: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, by jurisdiction, 2008

	Median last price $ per quarter ounce (range)		Median last price $ per ounce (range)	
	Hydro	**Bush**	**Hydro**	**Bush**
NSW	- -	- -	175^ (100-250)	- -
ACT	80 (70-100)	70^ (50-90)	300^ (200-310)	250 (150-320)
VIC	70^ (50-80)	70 (47-80)	250^ (200-300)	220 (80-250)
TAS	90 (80-900)	70^ (35-80)	280^ (250-350)	200^ (180-250)
SA	75^ (50-100)	- -	200^ (200-220)	200^ (180-250)
WA	- -	75^ *(no range)*	250^ *(no range)*	300^ (250-330)
NT	- -	- -	350^ *(no range)*	300^ (250-300)
QLD	90 (80-100)	70 (50-100)	320^ (300-350)	280^ (90-350)

Source: EDRS REU interviews

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

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained stable over the preceding six months (Table 58).

Table 58: Cannabis price changes, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Hydro price changes									
Of those who responded	**n=266**	n=15	n=45	n=37	n=43	n=30	n=33	n=8^	n=55
% Don't know (n)	**8 (21)**	7 (1)	7 (3)	8 (3)	21 (9)	0	12 (4)	0	2 (1)
% Increased (n)	**18 (49)**	0	18 (8)	11 (4)	19 (8)	13 (4)	24 (8)	25 (2)	27 (15)
% Stable (n)	**65 (174)**	87 (13)	67 (30)	73 (27)	42 (18)	77 (23)	64 (21)	75 (6)	66 (36)
% Decreased (n)	**2 (6)**	7 (1)	2 (1)	3 (1)	7 (3)	0	0	0	0
% Fluctuated (n)	**16 (6)**	0	7 (3)	5 (2)	12 (5)	10 (3)	0	0	6 (3)
Bush price changes									
Of those who responded	**n=185**	n=6^	n=30	n=24	n=34	n=24	n=23	n=6^	n=38
% Don't know (n)	**15 (28)**	17 (1)	23 (7)	4 (1)	21 (7)	4 (1)	22 (5)	0	16 (6)
% Increased (n)	**9 (18)**	0	3 (1)	16 (4)	8 (3)	0	13 (3)	33 (2)	13 (5)
% Stable (n)	**65 (121)**	830 (5)	50 (15)	79 (19)	53 (18)	88 (21)	61 (14)	67 (4)	66 (25)
% Decreased (n)	**3 (6)**	0	10 (3)	0	6 (2)	4 (1)	0	0	0
% Fluctuated (n)	**7 (12)**	0	13 (4)	0	12 (4)	4 (1)	4 (1)	0	5 (2)

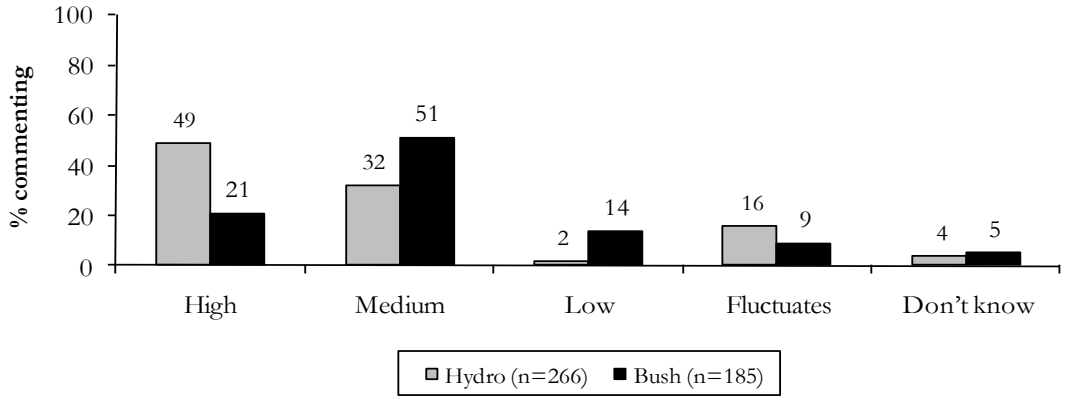
Source: EDRS REU interviews

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

11.4 Potency

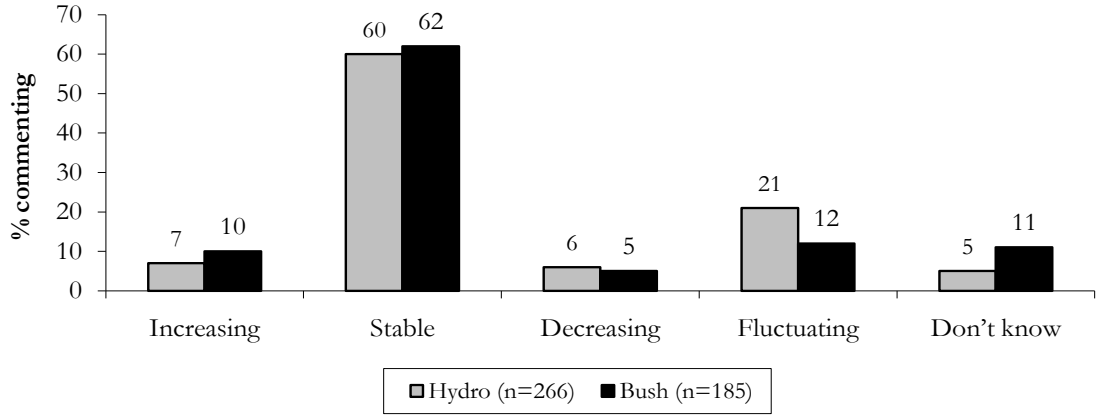
Less participants overall, regardless of cannabis form, were able to comment on potency and potency change compared to 2007 (see Appendix H). Of those who commented, just under half reported that the current potency of hydro cannabis was high, with a third considered it was of medium potency. In contrast, bush cannabis was most commonly reported to be of medium potency, and more participants reported it to be low compared to hydro (Figure 59). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained stable in the preceding six months (Figure 60).

Figure 59: National REU reports of current cannabis potency among those who commented, 2008



Source: EDRS REU interviews

Figure 60: National REU reports of recent (last six months) change in cannabis potency, 2008



Source: EDRS REU interviews
* among those who commented (n=266)
** among those who commented (n=185)

11.5 Availability

REU were asked to comment on the current availability of hydro and whether this had changed in the six months preceding interview. Hydro was commonly reported to be easy or very easy to obtain, with approximately one-fifth considering it difficult to obtain. Jurisdictional differences were noted, WA was the only state to have any participants report that hydro was very difficult to obtain. SA also had relatively similar proportions reporting that hydro was both easy and difficult to obtain. In the national sample, availability was most commonly reported to have remained stable over the preceding six months, a finding reflected in reports from NSW, the ACT, VIC, TAS, and SA. Larger proportions reported it to have become 'more difficult' to obtain in the NT, WA and QLD (Table 59).

Table 59: Availability of hydro, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=266**	n=15	n=45	n=37	n=43	n=30	n=33	n=8^	n=55
% Don't know (n)	**3 (8)**	0	4 (2)	5 (2)	2 (1)	3 (1)	3 (1)	0	2 (1)
% Very easy (n)	**44 (118)**	73 (11)	47 (21)	49 (18)	51 (22)	43 (13)	15 (5)	63 (5)	42 (23)
% Easy (n)	**36 (95)**	20 (3)	47 (21)	41 (15)	30 (13)	30 (9)	39 (13)	25 (2)	35 (19)
% Difficult (n)	**16 (43)**	7 (1)	2 (1)	5 (2)	16 (7)	23 (7)	36 (12)	13 (1)	22 (12)
% Very difficult (n)	**<1 (2)**	0	0	0	0	0	6 (2)	0	0
Availability changes (%)									
(among those who commented)	**n=266**	n=15	n=45	n=37	n=43	n=30	n=33	n=8^	n=55
% Don't know (n)	**3 (8)**	0	4 (2)	5 (2)	7 (3)	0	3 (1)	0	0
% More difficult (n)	**21 (55)**	20 (3)	9 (4)	16 (6)	9 (4)	17 (5)	52 (17)	25 (2)	26 (14)
% Stable (n)	**55 (145)**	73 (11)	64 (29)	68 (25)	56 (24)	60 (18)	21 (7)	50 (4)	49 (27)
% Easier (n)	**12 (31)**	7 (1)	13 (6)	5 (2)	14 (6)	7 (2)	15 (5)	25 (2)	13 (7)
% Fluctuates (n)	**10 (27)**	0	9 (4)	5 (2)	14 (6)	17 (5)	9 (3)	0	13 (7)

Source: **EDRS REU interviews**

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

Reports of bush availability also indicated that bush tended to be easy or very easy to obtain, with approximately one-fifth of the national sample considering it to be difficult to obtain. The largest proportion considering it very easy to obtain was reported in SA, which is also the jurisdiction along with WA and the NT that reported bush was currently difficult or very difficult to obtain. Availability was most commonly reported to have remained stable in the past six months by the national sample, a finding reflected across all jurisdictions except NSW^ where equal proportions considered it to have become 'more difficult' (Table 60).

Table 60: Availability of bush, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability (%)									
(among those who commented)	**n=185**	n=6^	n=30	n=24	n=34	n=24	n=23	n=6^	n=38
% Don't know (n)	**5 (9)**	0	10 (3)	4 (1)	3 (1)	0	9 (2)	0	5 (2)
% Very easy (n)	**34 (63)**	17 (1)	33 (10)	46 (11)	38 (13)	54 (13)	22 (5)	17 (1)	24 (9)
% Easy (n)	**35 (64)**	67 (4)	40 (12)	38 (9)	50 (17)	17 (4)	22 (5)	33 (2)	29 (11)
% Difficult (n)	**23 (42)**	17 (1)	17 (5)	13 (3)	9 (3)	21 (5)	44 (10)	17 (1)	37 (14)
% Very difficult (n)	**4 (7)**	0	0	0	0	8 (2)	4 (1)	33 (2)	5 (2)
Availability changes (%)									
(among those who commented)	**n=181**	n=6^	n=28	n=23	n=34	n=24	n=23	n=5^	n=38
% Don't know (n)	**8 (15)**	17 (1)	11 (3)	9 (2)	6 (2)	0	13 (3)	0	11 (4)
% More difficult (n)	**17 (30)**	33 (2)	4 (1)	13 (3)	9 (3)	8 (2)	44 (10)	40 (2)	18 (7)
% Stable (n)	**50 (91)**	33 (2)	54 (15)	65 (15)	53 (18)	50 (12)	17 (4)	60 (3)	58 (22)
% Easier (n)	**16 (28)**	0	25 (7)	4 (1)	21 (7)	25 (6)	13 (3)	0	11 (4)
% Fluctuates (n)	**9 (17)**	17 (1)	7 (2)	9 (2)	12 (4)	17 (4)	13 (3)	0	3 (1)

Source: **EDRS REU interviews**

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

Hydro was most commonly reported to have been scored from friends and known dealers and was the most commonly reported to have been scored at friends' homes, dealers' homes or at their own homes. Differences in the locations scored were also noted across the majority of states/territories, although consistently smaller proportions reported scoring on the street or at work as compared to at other locations (Table 61).

Table 61: Source person and purchase locations of hydro, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%) (among those who commented)	**n=249**	n=14	n=41	n=32	n=40	n=30	n=33	n=5^	n=53
Friends	**73**	71	81	72	70	60	70	83	77
Known dealers	**51**	79	68	59	53	27	36	17	53
Acquaintances	**19**	7	24	22	13	27	15	17	19
Workmates	**14**	21	7	13	15	13	21	17	11
Street	**7**	7	12	6	8	3	3	0	8
Used, but not scored	**6**	0	0	6	10	7	12	0	4
Locations scored (%) (among those who commented)	**n=249**	n=14	n=41	n=32	n=40	n=30	n=33	n=6^	n=53
Friend's home	**59**	50	63	53	60	47	70	67	60
Dealer's home	**43**	79	59	38	45	13	33	17	47
Own home	**37**	29	51	34	35	40	33	0	38
Agreed public location	**23**	36	34	22	15	23	18	0	21
Acquaintance's home	**13**	0	20	13	10	13	18	17	11
Street	**3**	0	7	3	5	3	0	0	2
Work	**8**	0	5	6	8	10	9	33	9

Source: **EDRS REU interviews**
^ small numbers commenting (n<10); interpret with caution
Note: Multiple responses allowed.

As with hydro and other drug types investigated by the EDRS, REU most commonly reported scoring bush from friends and known dealers and this most commonly occurred in private locations (at friends' homes, at their own homes and dealers' homes). Jurisdictional differences were apparent in both the 'types' of people usually scored from and in locations where purchase took place, and again scoring on the street or at work was not commonly reported (Table 62).

Table 62: Source person and purchase locations of bush, by jurisdiction, 2008

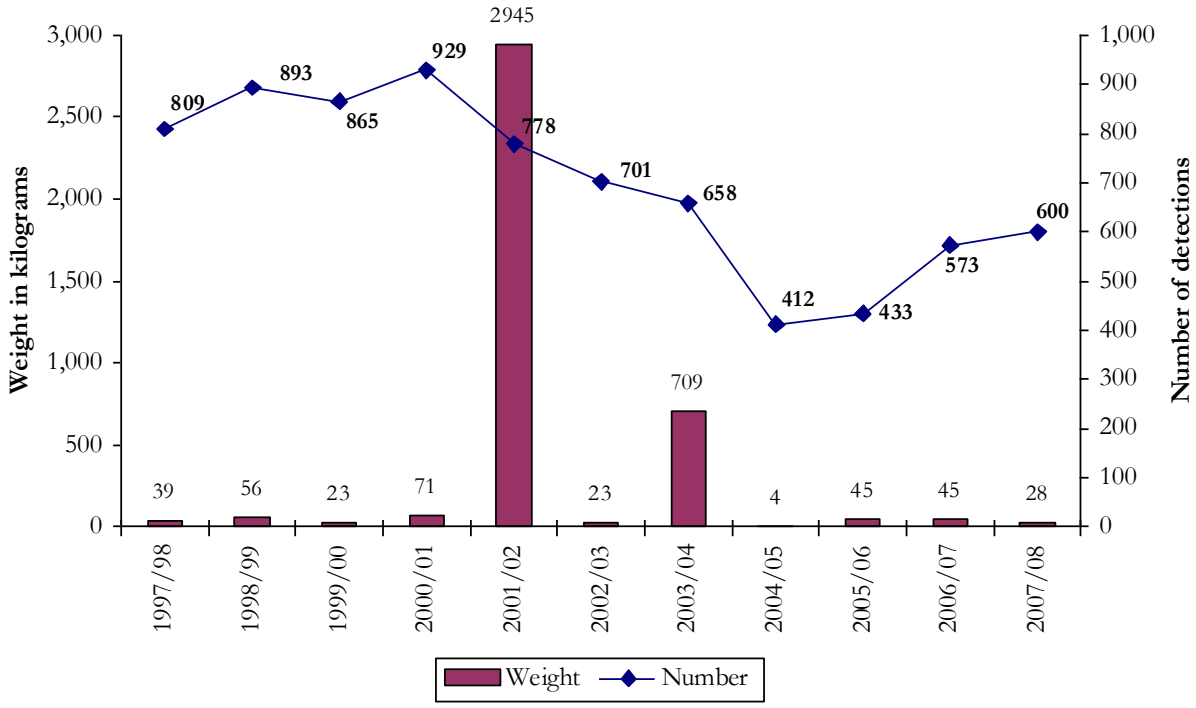
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Scored from (%) (among those who commented)	**n=141**	n=4^	n=22	n=19	n=24	n=20	n=16	n=4	n=32
Friends	**78**	75	96	68	92	65	88	75	66
Known dealers	**34**	25	32	58	29	30	31	25	31
Acquaintances	**22**	25	18	21	21	25	19	0	28
Unknown dealers	**7**	25	5	0	8	0	6	0	16
Street	**4**	0	9	0	4	0	0	0	9
Workmates	**6**	0	5	5	4	5	25	0	3
Locations scored (%) (among those who commented)	**n=158**	n=5^	n=25	n=20	n=25	n=22	n=23	n=5^	n=33
Friend's home	**58**	20	76	45	64	50	57	60	58
Own home	**34**	20	44	45	40	46	30	0	18
Dealer's home	**25**	20	32	35	28	5	22	40	27
Agreed public location	**18**	40	20	20	8	27	17	0	15
Acquaintance's home	**11**	20	4	5	16	9	13	0	15
Street	**4**	0	0	0	4	0	0	0	18
Work	**3**	0	0	0	4	5	9	0	0

Source: EDRS REU interviews
^ small numbers commenting (n<10); interpret with caution
Note: Multiple responses allowed.

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 believed to be domestically produced. However, there are also numerous cannabis detections made by the ACS each year (Figure 61). In 2006/07, 627 detections of cannabis were made (a 24% increase, n= 504 in 2004/05), with a total weight of 46 kilograms. Detections at the border in 2006/07 were predominantly via international post or found on air passengers (Australian Customs Service, 2007).

Figure 61: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2007/08



Source: ACS (2008)

11.6 Jurisdictional trends for cannabis

Below follow summaries of trends for cannabis in each Australian jurisdiction. Please refer to the individual state/territory-specific reports for further details – NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); South Australian (SA): (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b) and Queensland (QLD): (George and Kinner, 2009).

11.6.1 New South Wales

The majority of REU interviewed in 2008 reported lifetime use of cannabis and more than seven in ten had used it over the preceding six months. The proportion of REU reporting recent use of cannabis has been slowly declining since 2005. This decline in use is mirrored in both the general Australian population and also among gay men interviewed for the gay community periodic survey.

Cannabis had been used of a median of 24 days over the preceding six months with the majority of recent users smoking cannabis on a less than monthly basis. A small proportion also reported ingesting it. Recent users reported smoking a median of 4 cones or 1 joint on their last occasion of use. The EDRS made a distinction between commercial 'hydroponic' cannabis ('hydro') and outdoor-grown 'bush' cannabis.

The median price per gram of both hydro and bush was $20 and the majority of respondents reported that these prices had remained stable over the preceding six months. Reports regarding the current potency of both hydro and bush varied between high and medium however participants reported that it had remained stable over the preceding six months. Hydro was reported to be easier to obtain than bush and although the majority of respondents reported that the availability of hydro had remained stable over the preceding six months, there was some uncertainty among those who commented on bush.

Hydro was commonly purchased from both known dealers and friends while bush was usually purchased from friends. Furthermore, while hydro was most commonly purchased at a dealer's home, bush was most commonly purchased at an agreed public location.

KE generally reported that cannabis use was widespread among REU they worked with, that it was likely to be used in private settings, possibly to 'come down' from stimulant drugs.

11.6.2 The Australian Capital Territory

In 2008, REU were asked whether they were able to distinguish between hydroponic (indoor-cultivated) and bush (outdoor-cultivated) cannabis. If they were unable to distinguish between the two they did not answer questions on the price, purity and availability of cannabis. Lifetime cannabis use was universal among REU in the ACT in 2008, and 86% had used cannabis in the six months preceding interview (85% in 2007). Median days of use increased to approximately three days per week (two days per week on 2007). There was an increase in the proportion of REU reporting daily use of cannabis (16% in 2007, 31% in 2008). Smoking was almost universal, and just under one-third reported that they had swallowed cannabis in the preceding six months. Just under half of those who reported that they had binged in the preceding six months reported that they had used cannabis, 57% reported that they had typically used cannabis whilst under the influence of ecstasy, and 65% had used cannabis to facilitate the comedown from ecstasy.

The median price for a gram and an ounce of hydroponic cannabis was $20 and $300 respectively, and the median price for a gram and an ounce of bush cannabis was $17.50 and

$250 respectively. The majority reported that the prices for both forms had remained stable in the six months preceding interview. The current potency of hydroponic cannabis was reported to be 'high', while current potency was reported to be 'medium' for bush cannabis. Both hydroponic and bush cannabis were reported to be 'very easy' to 'easy' to obtain, similar to 2007.

11.6.3 Victoria

As in previous years, evidence suggests high prevalence of both lifetime and recent cannabis use among REU, with participants reporting relatively frequent use. Cannabis is commonly used during the comedown period from ecstasy and, to a lesser extent, in conjunction with ecstasy and during ERD binge periods. Questions were asked about the markets for hydro and bush cannabis in 2008. According to REU reports, the prices of hydro and bush cannabis are relatively comparable and stable to decreasing, although hydro is perceived to have a higher potency than both bush and generic cannabis. Both types of cannabis were more readily available in 2008, and were both as easy to obtain as each other. All types are predominantly purchased from friends and known dealers in private homes.

11.6.4 Tasmania

Almost three-quarters (74%) had used cannabis during the six months preceding the interview. Cannabis had typically been smoked, with around one-third recently ingesting the drug.

The median frequency of cannabis use was 15 days (range 1-180) or approximately fortnightly. The median quantities used in the last day of use during this time were 4 cones (range 1-40) or 1 joint (range 0.5-4).

Consistent with the decline in cannabis use seen among the general population, the proportion reporting recent use and the median frequency of this use was lower among the 2007 and 2008 EDRS cohorts relative to previous years.

Males were more likely to report recent use of cannabis and also reported higher frequency use of the drug relative to females.

The median price for one ounce of 'hydro' was $300 (range $250-350) compared to $200 ($150-250) for 'bush'. The median weight for one $25 bag of hydro was 1.6 grams (range 1-1.8 grams), compared to 2 grams (1.3-3 grams) for bush. The median weight for one $50 bag of hydro was 3.2 grams (range 2-4 grams), compared to 4 grams (2.5-7 grams) for bush.

The potency of 'hydro' was reported to be high and stable, and the potency 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 as remaining stable during the six months preceding the interview.

11.6.5 South Australia

Seventy-four percent of REU reported recent use of cannabis in 2008. The proportion of REU reporting both lifetime and recent use of cannabis remained relatively stable compared to reports in 2007, with slightly fewer REU reporting recent use in 2008. The frequency of recent cannabis use by REU in 2008 was lower than reported in 2007. The proportion reporting binge use of cannabis was markedly lower in 2008 compared to 2007. REU reported 'usually' obtaining cannabis from a friend, or a known/unknown dealer, in the six months prior to interview. The price, purity and availability of hydro, bush and 'generic' cannabis remained stable in 2008 compared to 2007.

11.6.6 Western Australia

Prevalence of cannabis use has been consistently high among REU samples in WA across survey years. Patterns of cannabis use among the current sample were comparable to those found last year as with previous years, with the nearly the entire sample of respondents reporting lifetime (100%) and recent use (85%) of cannabis. Frequency of use decreased this year to a median of 15 days during the last 6 months from 48 days in 2007. Just over two-thirds of those reporting use of other drugs with ecstasy nominated cannabis and the same proportion of those who reported use of other drugs to 'come down' from ecstasy nominated cannabis in this role.

There were no significant changes in the median price of an ounce of hydro ($305 compared to $300 in 2007). Although the median price of an ounce of bush increased significantly ($275 compared to $250 last year) in comparison to last year's reporting. The greatest proportion of current respondents reported the price of both forms of cannabis as stable during the last six months. Current purity of hydro and bush were rated by just under half of respondents as medium. Recent purity of both forms was rated by over half the sample as stable. The greatest proportion nominated current availabilities of bush cannabis as 'difficult' to obtain (from 28% in 2007 to 42% in 2008) and hydroponic cannabis as 'easy' to obtain which was comparable to last year (from 38% in 2007 to 40% in 2008). In regards to changes in availabilities in the preceding six months; there were increases in the proportions of respondents rating availability of both forms of cannabis as 'more difficult' to obtain and significantly less respondents nominating these changes as 'stable' than last year. 'Friends' and 'friend's home' were the most common person and location for obtaining both forms of cannabis.

11.6.7 The Northern Territory

The reported lifetime use of cannabis was slightly lower in 2008 (93%) than 2007 (100%) however the reported recent usage was dramatically lower compared to the previous four years with only 40% of REU having recently used cannabis (compared with 95% in 2007). Cannabis had been used on a median of 6 days over the preceding six months and 13% reported having used it fortnightly or more. Furthermore, 14% of those who had recently binged had used cannabis during a binge episode. Cannabis was most commonly smoked however approximately one-quarter of recent users reported having swallowed it. Recent users who quantified their use in terms of cones reported having smoked a median of 2 cones on their last occasion of use. Those who quantified their use in terms of joints reported having smoked a median of 1 joint on their last occasion of use.

In 2008, the EDRS made a distinction between commercial 'hydroponic' cannabis ('hydro') and outdoor-grown 'bush' cannabis. Participants were asked to distinguish between these forms when commenting on the price, purity and availability of cannabis. The median price reported for a gram was the same for both bush and hydro ($20) however when purchasing cannabis by the ounce, hydro was more expensive than bush ($350 vs. $300). Participants reported that these prices had remained 'stable' over the preceding six months. Those who commented also distinguished a difference in potency between the two forms with the majority reporting that the current potency of hydro was 'high' while that of bush was 'medium'. All of those who commented reported that the potency of bush had remained 'stable' however reports about changes to the potency of hydro were mixed. Furthermore, participants mostly reported that hydro was 'very easy' to obtain while reports of the current availability of bush were mixed. Reports about changes to the availability of cannabis were also mixed. Participants primarily purchased cannabis from friends or known dealers in private locations.

All KE were able to comment on the use of cannabis among REU in Darwin. There was a general consensus that the majority (approximately 60%) of REU also used cannabis. In 2007/08 there were 1126 cannabis seizures made by the NT police with a total weight of 87kg (NT Police Illicit Drug Seizure Database).

11.6.8 Queensland

Similar to previous years, almost the entire sample of REU in 2008 reported lifetime use of cannabis (98%). Use of cannabis in the last six months was reported by 81% of REU, which was comparable to 87% in 2007. In 2008, 23% of REU who had used cannabis in the last six months reported using 'more than weekly' and 22% reported using 'daily'. The median days of use in the last six months was 24 days.

In 2008, the median price of hydroponic cannabis was $25 per gram and $300 per ounce. Bush cannabis was less expensive, with a median price of $20 per gram and $250 per ounce. The majority of REU who commented for both hydroponic and bush rated the price over the last six months as 'stable'.

The greatest proportion of those who commented rated the current potency of both hydroponic and bush as 'medium' (50% bush, 44% hydroponic). This was followed by 31% rating hydroponic as 'high' and 24% rating bush as 'low'. The majority of those who commented rated potency of both cannabis forms as 'stable' over the last six months.

Perceived availability differed according to form. Current availability of hydroponic was rated by 42% as 'very easy' and 35% as 'easy'. Current availability of bush was rated by 37% as 'difficult' and 29% as 'easy'. For both forms, the greatest proportion of those who commented rated availability over the last six months as 'stable'. 'Friends' were the most commonly reported source person and 'friend's home' the most commonly reported purchasing locations for both forms of cannabis.

11.7 Summary of cannabis trends

- Almost all (97%) of the sample reported ever having used cannabis and approximately three-quarters (75%) reported cannabis use in the six months preceding interview. Among recent (six month) users, cannabis had typically been smoked (98%), or swallowed (32%). The median age of first use was 15 years.
- Cannabis was the drug of choice for 13% of the sample.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 24 days during this time, i.e. approximately weekly use. This is a substantial decrease from 40 days in 2007. One-fifth of recent cannabis users (15% of the entire sample) reported daily cannabis use during the preceding six months.
- Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions. The median number of cones smoked was two.
- Participants responding to questions on cannabis markets (price, perceived potency and availability) were asked whether they distinguished between 'hydro' and 'bush' cannabis in terms of price, potency and availability. The majority of respondents were able to differentiate between hydro and bush cannabis.
- Nationally, quarter ounces and ounces were the most commonly purchased amounts, with hydro more commonly purchased than bush. Median prices for hydro tended to be slightly higher than for bush cannabis, with the median price for a quarter ounce typically between $75 (SA) and $90 (QLD) for hydro (note: small numbers commenting) and between $70 (ACT, VIC, TAS and WA) and $75 (WA) for bush (note: small numbers commenting on bush in all jurisdictions). The median price per ounce of hydro ranged from $175 in NSW to $350 in the NT, while for bush it ranged from $175 in NSW to $300 in the NT and WA (note: small numbers commenting on bush in most jurisdictions). Prices were commonly reported to have remained stable over the preceding six months.
- As in 2007, participants in all jurisdictions generally perceived the potency of hydro to be high (49% of those commenting) and bush was most commonly reported to be medium (51% of those commenting). The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro was reported to be easy or very easy to obtain. Just over half (55%) of the national sample thought that availability had remained stable over the preceding six months. Bush cannabis was also considered easy or very easy to obtain by the majority of participants commenting; however, 44% in WA and 37% in QLD reported that it was difficult. Availability of both forms was generally reported to have remained stable over the preceding six months.
- Both hydro and bush cannabis were most commonly bought from friends, followed by known dealers. Friends' homes, followed by dealers' homes, were the most common locations for both bush and hydro to have been scored from.
- Health and law enforcement-related harms, including those associated with cannabis use are discussed in the relevant sections later in the report.

12 OTHER DRUGS

12.1 Alcohol

Fifteen percent of the 2007 national sample nominated alcohol as their drug of choice. All most all of national sample reported they had used alcohol in their lifetime (99%) and in the six months preceding interview (97%; Table 4). The median age of first use was 14 years (range 2-23 years).

Among those who had used alcohol, use had occurred on a median of 48 days in the past six months (range 1-180 days). Seventy percent of recent alcohol users reported using alcohol more than once per week. Seven percent of the entire sample reported daily drinking.

Eighty-six percent (and increase of 10% from 2007) of the national sample reported that they usually used alcohol in combination with ecstasy. Nearly four-fifths (77%) of those who reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks.

In 2008, the Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993) was administered. The AUDIT was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert and Allen, 2002). Detailed information regarding the AUDIT in the 2007 EDRS can be found in Section 15.5.

12.2 Tobacco

Ninety-one percent of the national sample reported they had used tobacco in their lifetimes and 72% had used tobacco in the six months prior to interview. Tobacco was first used at a median age of 14 years (range 5-33 years). Tobacco was the drug of choice for 2% of the sample (n=16). Just over half (55%) of those who reported recent tobacco use (40% of the entire sample) were daily smokers.

12.3 Benzodiazepines

Almost half (45%) of the 2008 sample reported the lifetime use of any benzodiazepine. Just over one-quarter (27%) reported the recent use of any benzodiazepine on a median of 5 (i.e. approximately once per month). Five percent of recent users (representing 1% of the national sample, n=9) reported daily use. Three percent (n=22) of the national sample reported usually using benzodiazepines with ecstasy; 8% reported usually using benzodiazepines to come down from ecstasy and 3% reported bingeing on benzodiazepines. One participant nominated benzodiazepines as their drug of choice. Since 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below).

12.3.1 Licitly obtained (prescribed) benzodiazepines

Sixteen percent of the 2008 sample reported having ever used licitly obtained benzodiazepines and 9% reported their use in the six months preceding interview. The median age of first use was 22 years (range 14-48 years). Licit benzodiazepines had been used on a median of 14 days (range 1-180 days) in the preceding six months among recent users; 8% of recent users reported daily use. The majority (99%) of recent licit benzodiazepine users reported swallowing in the preceding six months. There were no reports of injecting of snorting licit benzodiazepines during this time.

12.3.2 Illicitly obtained (non-prescribed) benzodiazepines

Two-fifths (38%) of the 2008 sample reported having ever used illicitly obtained benzodiazepines and one- fifth (21%) reported their use in the six months preceding interview. The median age of first use was 20 years (range 8-46 years). Illicit benzodiazepines had been used on a median of four days (range 1-180 days) in the preceding six months. Amongst recent users, the majority (80%) reported using illicit benzodiazepines less than monthly, one participant reported daily use. Swallowing was the most common route of administration in the six months preceding interview (100%), though two participants reported injecting and five participants reported snorting illicit benzodiazepines during this time.

12.4 Antidepressants

One-quarter (25%) of the 2008 sample reported having ever used any antidepressant. One-tenth (9%) reported the recent (last six months) use of any antidepressant on a median of 180 days, i.e. daily (range 1-180 days). Fifty-four percent of recent users (5% of the entire sample) had used daily in the preceding six months. Fourteen participants reported usually using antidepressants with ecstasy and sixteen participants reported usually using antidepressants to come down from ecstasy. Since 2007, a distinction has been made between antidepressants that were licitly and illicitly obtained (see below).

12.4.1 Licitly obtained (prescribed) antidepressants

One-fifth (19%) of the 2008 sample reported having ever used licitly obtained antidepressants and 8% reported their use in the six months preceding interview. The median age of first use was 20 years (range 5-48 years). Licit antidepressants had been used on a median of 180 days (daily use; range 1-180 days) in the preceding six months; just over a quarter (26%) of recent users reported daily use, a considerable decrease from 65% of recent users in 2007. All recent licit antidepressant users reported swallowing in the preceding six months, with one participant reporting injecting during this time.

12.4.2 Illicitly obtained (non-prescribed) antidepressants

Eight percent of the national sample reported having ever used illicitly obtained antidepressants and one percent (n=9) reported their use in the six months preceding interview. The median age of first use was 18 years (range 14-39 years). Amongst those reporting recent use, use occurred on a median of two days (range 1-30 days). All recent illicit antidepressant users reported swallowing as the only route of administration in the preceding six months.

12.5 Inhalants

12.5.1 Nitrous oxide

One participant nominated nitrous oxide as their drug of choice. Almost half (45%) of the national sample reported lifetime use of nitrous oxide and almost one-fifth (22%) had used nitrous oxide in the six months preceding interview (Table 4). REU reported first using nitrous oxide in their late teens (median 18 years, range 12-50 years). Nitrous oxide was used on a median of three days in the preceding six months (range 1-96 days). The majority (86%) reported using nitrous oxide less than once per month in the preceding six months.

12.5.2 Amyl nitrate

Two-fifths (45%) of the REU sample reported having used amyl nitrate (a vasodilator) in their lifetimes and 18% had used amyl nitrate in the six months preceding interview (Table 4). REU first used amyl nitrate at a median age of 19 years (range 12-46 years). Frequency of amyl nitrate use was generally low, with users reporting a median of two days of use in the last six months (range 1-180 days). Sixty-four percent of recent users had used less than once per month in the preceding six months.

12.6 Mushrooms

Two percent of the national sample (n=15) nominated mushrooms as their drug of choice. Of the national sample, half (52%) had reported lifetime use of mushrooms and 17% had used mushrooms in the six months preceding interview. REU first used mushrooms at a median age of 19 years (range 12-48 years). Of those who used mushrooms in the preceding six months, oral use was the most common route of administration (99%), though small proportions reported smoking (4%) mushrooms in the past six months. Mushrooms were used on a median of two days (range 1-17 days). Nearly all recent mushroom users (98%) had used mushrooms less than monthly.

12.7 Heroin and other opioids

Two percent (n=13) of the national sample nominated heroin as their drug of choice. Thirteen percent reported they had used heroin in their lifetimes, 9% had injected heroin in their lifetime and 4% reported recently using heroin in the six months prior to interview (Table 4). The median age of first use of heroin was 20 years (range 9-45 years). Heroin had been used on a median of 24 days (range 1-180 days) in the preceding six months by recent users. One-fifth (19%) had used heroin less than monthly; between monthly and fortnightly and between fortnightly and weekly; 44% reported using heroin more than once per week. The majority of recent heroin users had injected heroin (85%) in the preceding six months with smaller proportions reporting smoking (22%) or snorting (4%) heroin during this time.

12.7.1 Methadone

A medication used for the treatment of opioid dependence, had been used by six percent of the entire sample of which two percent (n=15) had used methadone in the last six months (Table 4). Four percent had ever injected methadone and one percent (n=8) had injected it in the last six months. Methadone was used on a median of 60 days in the six months preceding interview (range 1-180 days). Almost half (47%, n=15) of those who used methadone reported daily methadone use.

12.7.2 Buprenorphine

Five percent (n=35) of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Three percent (n=19) reported recent use of buprenorphine (Table 4). Of those who had used buprenorphine in the last six months, 58% had swallowed and 68% had injected it. The frequency of use in the last six months ranged from 1 day to 180 days, with a median of 40 days. A fifth (23%) reported using buprenorphine weekly or less in the preceding six months. Thirty-two percent used buprenorphine daily.

12.7.3 Other opioids

Examples of other opioids include codeine, pethidine and opium. Twenty-four percent had ever used other opioids and 11% had used them in the six months preceding interview (Table 4). The median age of first use was 20 years (range 9-43 years). Other opioids were used on a median of six days (range 1-180 days) in the preceding six months. Half (56%) reported using monthly or less.

12.8 Pharmaceutical stimulants

Two-fifths (42%) of the 2008 sample reported the lifetime use of any pharmaceutical stimulant and 14% reported the recent use of any pharmaceutical stimulant on a median of three days during the past six months. Four percent of those who had binged (n=9) reported using pharmaceutical stimulants in a binge session of drug use in the preceding six months. Three percent reported usually using pharmaceutical stimulants with ecstasy. Two participants reported

typically using pharmaceuticals stimulants when coming down from ecstasy. In 2007, a distinction was also made between pharmaceutical stimulants (such as dexamphetamine or methylphenidate [Ritalin]) that were licitly and illicitly obtained (see below).

12.8.1 Licitly obtained (prescribed) pharmaceutical stimulants

Five percent of the national sample reported the lifetime use of licit pharmaceutical stimulants and nine participants reported their recent use. Licit pharmaceutical stimulants were first used at a median age of 16 years (range 5-41 years). In the six months preceding interview, use occurred on a median of six days (range 1-180 days), with one-third (33%, n=3) reporting daily use. All recent users reported swallowing licit pharmaceutical stimulants in the six months preceding interview; one participant reported snorting licit pharmaceutical stimulants during this time.

12.8.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Two-fifths (39%) of the 2008 sample reported the lifetime use of illicit pharmaceutical stimulants and 14% reported their recent use. Illicit pharmaceutical stimulants were first used at a median age of 18 years (range 10-47 years). In the six months preceding interview, use occurred on a median of three days (range 1-60 days); the majority (83%) reported monthly use or less. Swallowing was the most commonly reported route of administration (89%); one-quarter (24%) reported snorting, four percent reported injecting and three percent reported smoking.

12.9 Summary of other drug use

- *Alcohol* was the third drug of choice after ecstasy and cannabis. Almost the entire sample (99%) reported lifetime use, and recent use (97%) using it on a median of twice weekly. Seven percent of the entire sample reported daily drinking patterns. Eighty-six percent (an increase of 10% from 2007) reported that they usually used alcohol with ecstasy and the majority of those reported this practice with 5 standard drinks or more.
- *Tobacco* Recent tobacco users were almost three quarters of the sample (72%) and of those, over half (55%) were daily smokers.
- *Benzodiazepines* Illicit benzodiazepines were reportedly used by a greater proportion of the sample (21%) than licit benzodiazepines (9%). There were n=8 daily licit users and n=1 illicit daily user reported. Swallowing was the most common ROA for both forms with minimal reports of injecting and snorting illicitly obtained benzodiazepines.
- *Antidepressants* Very small proportions reported lifetime or recent use of any antidepressant use, with ROA being swallowed for almost all users
- *Nitrous oxide* A fifth of the sample had used the gas recently however use was minimal with most reporting less than monthly use.
- *Amyl nitrate* A fifth had used amyl nitrate recently at a very low frequency of 2 days in the past six months.
- *Mushrooms* were reported as drug of choice by 2% of users. Fifty-two percent of users had lifetime use and 17% had recently used.
- *Heroin* Thirteen percent had lifetime use and 4% had recently used. Nine percent had injected heroin in their lifetime and the majority of recent users had injected. Two percent of the sample nominated heroin as their drug of choice.
- *Pharmaceutical Stimulants* Fourteen percent of the nation sample had used a form of pharmaceutical stimulants recently most use was illicit at a low frequency of less than monthly and an ROA of swallowing.
- Health and law enforcement-related harms associated with ERD use are discussed in the relevant sections later in the report.

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 third year in which these data were collected[10]; in-depth analyses were conducted using data collected in 2005 and readers are directed to the paper from the EDRS on pill testing (Johnston et al., 2006).

13.1 Content and testing of ecstasy

Table 63 below presents data relating to the content and testing of ERD. 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?*'.

Of the national sample, two-fifths (39%) of participants 'never' found out the content of ecstasy, while 17% 'always' reported they always did before the consumption of ecstasy. When asked how they found out about the content of ecstasy (among those who found out, n=408), 76% reported asking a friend, 51% asked a dealer, 37% used websites, 26% reported asking people other than friends, 23% relied on personal experiences and 16% used testing kits (Table 63).

All participants were asked '*In the last six months, how often have you bought ecstasy and it has turned out to have a different content or purity than expected?'*. Of the national sample, the majority (59%) reported 'sometimes', a quarter (24%) reported 'never' and small proportions reported 'half the time', 'most times' or 'always' (Table 63).

Table 63: Content and testing of Ecstasy, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Find out the content of ecstasy (%)	**n=669**	n=99	n=81	n=100	n=98	n=73	n=58	n=53	n=107
Never	**39**	47	43	45	33	37	28	59	27
Sometimes	**24**	12	20	25	28	32	31	25	26
Half the time	**6**	4	7	4	6	1	5	8	8
Most times	**14**	12	12	12	17	15	16	6	19
Always	**17**	25	17	14	16	15	21	4	20
Find out ecstasy content via* (%)	**n=407**	n=53	n=46	n=55	n=66	n=46	n=41	n=22	n=78
Friends	**76**	49	91	71	85	74	81	86	74
Dealers	**51**	57	61	55	29	39	37	55	71
Websites	**37**	42	26	38	46	26	50	9	40
Testing kits	**16**	19	26	24	17	13	12	0	12
Other people	**26**	28	46	18	14	15	36	27	27
Personal experience	**23**	17	39	7	14	4	29	9	46
Information pamphlets	**<1**	0	4	0	0	0	0	0	0
Ecstasy that had different content than expected (%)	**n=668**	n=99	n=81	n=100	n=98	n=73	n=58	n=52	n=107
Never	**24**	25	33	33	13	23	14	31	19
Sometimes	**59**	64	51	53	69	52	67	64	54
Half the time	**10**	6	10	12	8	12	16	2	11
Most times	**5**	4	3	1	8	11	3	0	10
Always	**2**	1	4	1	1	1	0	4	6

Source: EDRS REU interviews

* among those who reported finding out the content of ecstasy

[10] Questions in 2008 were altered so that participants were asked only about the content of ecstasy, not other drugs.

Participants were asked if they had recently consumed ecstasy and suspected that they had taken substances other than MDMA (Table 64). The majority of participants (80%) indicated that this had occurred. Of these participants, they were asked what substances they believed that they had taken, most participants reported that some form of methamphetamine (64%) had been sold to them as ecstasy, followed by ketamine (36%) and opiates (15%; Table 64). Other substances that were mentioned to have been taken were: cocaine, PCP, heroin, tripstasy and rohypnol.

Table 64: Participant knowledge of ecstasy pills containing other substances, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Suspected other substance in ecstasy other than MDMA (%)	**n=669**	n=99	n=80	n=100	n=98	n=73	n=58	n=52	n=107
Yes	**80**	74	86	72	83	84	79	73	86
No	**20**	26	14	28	17	16	21	27	14
Substance (%)*	**n=531**	n=72	n=69	n=72	n=81	n=61	n=46	n=38	n=92
Caffeine	**11**	3	9	4	17	18	20	5	10
Methamphetamine	**64**	50	73	53	74	74	74	50	61
MDA	**11**	14	6	13	12	18	13	0	8
Ketamine	**36**	42	29	31	32	25	41	45	46
Opiates	**15**	13	16	14	3	33	33	13	11
2CI/2CB	**5**	3	1	6	9	10	0	0	8
PMA	**3**	3	4	6	3	18	4	0	7
Other	**21**	25	26	24	19	13	17	8	27

Source: EDRS REU interviews
* of those that reported they did suspect they had consumed another substance other than MDMA in ecstasy.

13.2 Summary of drug information-seeking behaviour

- Two-fifths (39%) of the national sample 'never' found out the content of drugs other than ecstasy, and one-fifth (17%) 'always' found out the content of ecstasy.
- Amongst those participants who reported finding out the content of ecstasy, asking a friend (76%), asking their dealer (51%), and using websites (37%) were the most common sources participants reported. This illustrates sources that can be utilised, in relaying information about drugs, their effects and possible harms reduction messages.
- In 2008, 80% of the national sample reported that they had recently consumed a drug which they suspected had a different substance than MDMA. Of those participants, the substances that they thought to be present instead of MDMA were predominantly methamphetamine (64%), ketamine (36%) and opiates (15%).

14 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

14.1 Overdose and drug-related fatalities

As in previous years, participants were surveyed regarding their experience of overdose. However, in 2007 a distinction was drawn between self-reported overdose on stimulant and on depressant drugs (in previous years these drug types were combined). 'Overdose' was defined as experiencing symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety or panic, hallucinations) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnoses. Forty-four percent of the national sample reported having ever experienced either a stimulant and/or a depressant overdose[11].

14.1.1 Non-fatal stimulant overdose

Twenty-six percent (up from 17% in 2007) of the national sample reported having ever overdosed on a stimulant drug on an average (mean) number of three occasions (range 1-50 occasions). Participants reported that their last stimulant overdose had occurred a median of 13 months ago (range less than one month ago to 20 years ago). Of those who had ever overdosed on a stimulant drug, 49% (n=86, representing 13% of the entire sample) reported having overdosed in the past twelve months.

Participants reporting an overdose in the last twelve months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy, followed by ice/crystal, with smaller proportions nominating speed, cocaine and base (Table 65). Polydrug use was common, with 71% (n=60) reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (43% of past year stimulant overdoses, n=36), cannabis (20% of past year stimulant overdoses, n=17) and cocaine (11% of recent stimulant overdoses, n=9).

Of those who had overdosed in the past twelve months, nightclubs, followed by own home and friends' homes were the most commonly nominated location of last overdose (Table 65).

Symptoms which participants reported on their last stimulant overdose occasion (if it occurred within the last twelve months) included increased body temperature (61%), increased heart rate (59%), vomiting (48%), nausea (46%), dizziness (42%), muscle twitches (39%), tremors (39%), panic (38%), visual hallucination (38%), rapid irregular breathing (35%), headache (33%), delirium/confusion (28%), extreme anxiety (28%), passing out (26%), chest pain (24%), paranoia (21%), shallow irregular breathing (20%), auditory hallucination (20%), extreme agitation (17%), agitation (14%), tactile hallucination (7%) and seizure (6%).

At their last occasion of overdose (of those who had overdosed in the preceding twelve months), most (61%) reported that they were monitored/watched by friends and 27% reported receiving no treatment; four participants reported being taken to hospital by ambulance.

Of those that had a stimulant overdose in the last twelve months, participants reported having been partying for a median of eight hours (range 0.5 hours to 4 days).

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

Table 65: Stimulant overdose in the last six months among REU, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
% Ever overdosed on stimulant drug	**26**	32	49	23	16	11	24	16	30
Mean number times ever overdosed*	**3**	3	5	2	2	1	3	2	2
% Overdosed last twelve months*	**49**	69	63	44	44	13	50	22	34
Main drug (%)**	**(n=85)**	(n=11)	(n=26)	(n=10)	(n=7^)	(n=1^)	(n=7^)	(n=2^)	(n=11)
Ecstasy	**72**	57	65	80	71	0	86	100	100
Ice/crystal	**13**	24	15	10	14	0	0	0	0
Speed	**5**	10	4	10	0	0	0	0	0
Cocaine	**4**	0	12	0	0	0	0	0	0
Base	**2**	5	0	0	14	0	0	0	0
Last OD location(%)**	**(n=86)**	(n=22)	(n=26)	(n=10)	(n=7^)	(n=1^)	(n=7^)	(n=2^)	(n=11)
Nightclub	**22**	24	21	33	14	0	14	50	22
Own home	**20**	29	25	0	14	0	14	0	20
Friend's home	**18**	19	17	22	29	100	14	0	18
Live music event	**13**	5	4	22	0	0	43	0	36
Rave/dance party	**10**	10	8	11	14	0	14	50	0

Source: EDRS REU interviews
* of those who ever overdosed
** of those who had overdosed in the past twelve months
^ small numbers n<10, interpret with caution.
Note: SA and WA had participants nominate 'Other Drugs' not present as a main drug of stimulant overdose.

14.1.2 Non-fatal depressant overdose

Twenty-nine percent of the national sample reported having ever overdosed on a depressant drug on an average number of ten occasions (range 1-84 occasions). Participants reported that their last stimulant overdose had occurred a median of 8 months ago (range <1 month - 22 years). Of those who had ever overdosed on a depressant drug, 20% (n=39) reported having overdosed in the past twelve months (Table 66).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The most commonly reported main drug was alcohol (87%); smaller proportions reported GHB (5%), benzodiazepines (3%), heroin (<1%). Just over half (56%, n=65) of those who reported recent depressant overdose had been under the influence of more than one drug at that time. In addition to the main drug, the most commonly reported 'other' drugs taken when recently overdosed were cannabis (36%), ecstasy (16%,) and/or alcohol (3%).

Of those who had overdosed in the past six months, locations of last overdose included own homes (33%), friends' homes (20%), nightclubs (16%), pubs (11%), private parties (7%), and public places (3%). Symptoms which participants reported on their last overdose occasion included vomiting (78%), losing consciousness (45%), collapsing (35%), suppressed breathing (14%), turning blue (3%) and nausea and memory loss (2%).

At their last occasion of overdose (of those who had overdosed in the preceding six months), over half (57%) had been monitored/watched by friends, 30% received no treatment/assistance, and smaller proportions were attended on site by an ambulance (3%) or taken to the hospital by ambulance (3%). One participant had received narcan in the past six months.

At their last occasion of overdose, participants reported partying a median of six hours (range 0 hours to three days).

Table 66: Depressant overdose in the last twelve months among REU, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
% Ever overdosed on depressant drug	**29**	35	63	31	13	14	19	22	32
Mean number times ever overdosed*	**10**	4	11	16	6	2	11	9	11
% Overdosed last twelve months*	**58**	9	17	10	4	2	5	3	10
Main drug (%)**	**(n=116)**	(n=18)	(n=33)	(n=19)	(n=8^)	(n=4^)	(n=9^)	(n=5^)	(n=20)
Alcohol	**87**	72	88	100	63	50	89	100	100
GHB	**5**	28	0	0	0	25	0	0	0
Benzodiazepines	**3**	0	3	0	25	0	0	0	0

Source: EDRS REU interviews
* of those who ever overdosed
** of those who had overdosed in the past twelve months

Drug –related Fatalities
The Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that *had* been finalised by the coroner (i.e. cases where the coroner has determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. Accordingly, only drug-related deaths for 2006 are reported here. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2006. *Excerpt taken from: Roxburgh, A., & Burns, L. (in press). Drug-induced deaths in Australia, 2006 Edition. Sydney: National Drug and Alcohol Research Centre.*

14.1.3 Methamphetamine-related fatalities

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

In 2006, there was a total of 66 'drug induced' deaths in which methamphetamine was mentioned among those aged 15-54 years. Methamphetamine was determined to be the underlying cause of death in 7% (n=18) of all methamphetamine related deaths in 2006. The 2007 ABS data on methamphetamine-related deaths were not available at the time of publication.

14.1.4 Cocaine

Thirteen drug related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2006. Cocaine was determined to be the underlying cause of death in almost half (46%) of all cocaine related deaths in 2005 (n<10).

14.1.5 Fatal and non-fatal ketamine overdose

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

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

14.1.6 Fatal and non-fatal GHB overdose

One of the reasons for the considerable media attention around GHB has arisen from numerous anecdotal and case reports of GHB overdose. GHB is known as a drug with a steep dose-response curve, which means that the difference between a 'desired' dose and one that renders the users unconscious is very small (Nicholson 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 et al., 2003).

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

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.

14.2 Methamphetamine dependence

In 2008, participants were asked questions from the 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 who had used methamphetamine, the median SDS score was zero (range 0-15), with 13% scoring four or above. 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, 28% reported specifically attributing responses to speed, 36% to ice/crystal, 15% to base and 31% reported no specific methamphetamine.

14.3 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ERD use in the last six months. Of the national sample, 16% had accessed either a medical or health service in the six months preceding interview. Of those who had accessed help, the majority had accessed their general practitioner (GP, 49%), followed by a counsellor (22%), psychologist (10%), emergency department (15%), drug and alcohol worker (17%), first aid (12%), ambulance (10%), psychiatrist (10%), hospital (7%), social or welfare worker (10%), telephone counselling (4%) and/or internet counselling (2%; note: multiple responses permitted).

Table 67 presents the proportion of participants who accessed health help by main drug used. Alcohol was most commonly cited as the main drug leading participants to access emergency, hospital and/or an ambulance services.

Table 67: Proportion of REU who accessed health help by main drug type used and main reason, 2008

	Ecstasy (%)	Speed (%)	Base (%)	Ice/ crystal (%)	Cannabis (%)	Alcohol (%)	Polydrug	Main reason
GP (n=53)	15	8	4	6	9	11	17	Dependence
Counsellor (n=24)	13	13	0	4	25	13	8	Dependence
D&A* worker (n=18)	22	0	6	6	6	11	28	Dependence
Psychologist (n=10)	10	10	10	10	30	10	30	Anxiety
Emergency (n=16)	19	0	0	19	0	38	13	Overdose/Acute physical problems
First aid (n=13)	46	0	0	0	0	23	15	Acute physical problems
Hospital (n=7)	14	14	0	0	0	43	14	Acute physical problems
Social/welfare worker (n=10)	20	0	10	0	0	10	40	Depression
Ambulance (n=11)	9	9	0	18	0	46	9	Overdose
Psychiatrist (n=4)	0	0	25	0	50	0	25	Depression/psychosis Medication /pre-existing health condition

Source: EDRS REU interviews

* drug and alcohol worker

14.4 Drug treatment

14.4.1 Ecstasy

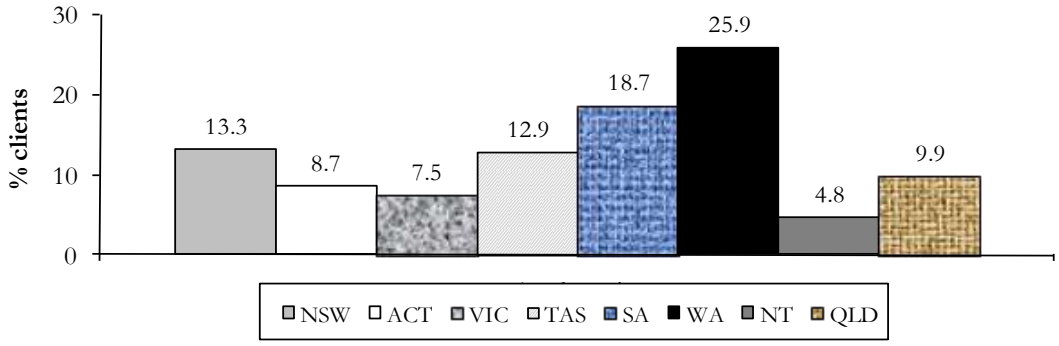
Although ecstasy users do not typically come into contact with health professionals for problems experienced related to drug use, and few of the REU were currently in drug treatment, there is some evidence that there are people experiencing problems with their ecstasy use and have sought treatment.

Of the 140,475 closed drug treatment episodes in Australia in 2006/07 (not including pharmacotherapy), 0.7% nominated ecstasy as their principal drug of concern: a total of 1,010 treatment episodes for the treatment of ecstasy-related problems (Australian Institute of Health and Welfare, 2008). TAS [12] recorded the highest proportion of treatment episodes (1.7%) followed by QLD[13] (1.4%). National figures are slightly up from the previous year (0.6% or 897 treatment episodes were for ecstasy-related problems in 2005/06). It should be noted that clients may have been seeking treatment for more than one drug type.

14.4.2 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamines as their drug of concern (25.9%), followed by SA (18.7%), and NSW (13.3%; Figure 62). These proportions have increased slightly from the 2005/06 data (Australian Institute of Health and Welfare, 2008)

Figure 62: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2006/07



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2008)

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

14.4.3 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2006/07 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.7%)

[12] The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.

[13] The total number of closed treatment episodes for Queensland may be under-counted due to exclusion of a number of non-government agencies.

across jurisdictions. These figures remain unchanged from 2005/06 (Australian Institute of Health and Welfare, 2006, 2007).

14.4.4 Ketamine

No data were available in 2006/07. Case studies of ketamine dependence in the medical literature are accumulating (Moore and Bostwick, 1999, Hurt and Ritchie, 1994, Soyka et al., 1993, Jansen, 1990, Kamaya and Krishna, 1987, Ahmed and Petchovsky, 1980). However, treatment-seeking for problems associated with ketamine use is low compared to other drugs. Data from the AODTS-NMDS show there was a total of 13 treatment episodes where ketamine was identified as the principal drug of concern during the period 2002/03 to 2005/06 (AODTS-NMDS unpublished data, 2002/03 to 2005/06). These data are based on closed treatment episodes, and episodes that are not completed within the annual collection period are not included in the collection for that period.

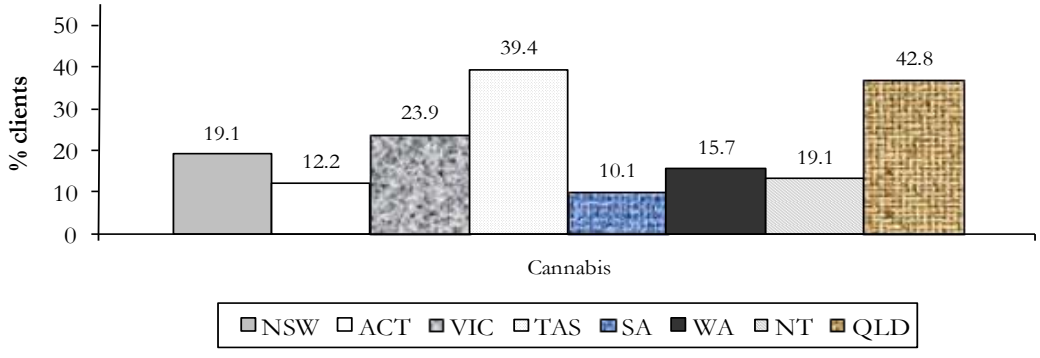
14.4.5 GHB

No data were available for 2006/07. As with ketamine, treatment-seeking for problems associated with GHB use is relatively uncommon. There have been a total of 19 episodes where GHB was identified as the principal drug of concern during the period 2002/03 and 2005/06, with 7 of these episodes occurring in 2005/06 (AODTS-NMDS unpublished data, 2002/03 to 2005/06). These data are based on closed treatment episodes, and episodes that are not completed within the annual collection period are not included in the collection for that period.

14.4.6 Cannabis

Data from the AODTS-NMDS indicate that in 2006/07, TAS[14] had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (39.4%) followed by QLD[15] (36.8%; Figure 63). There has been little change in these figures from 2005/06 (Australian Institute of Health and Welfare, 2008).

Figure 63: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2006/07



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2008)
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

[14] The total number of closed treatment episodes for Tasmania may be under-counted because two agencies only supplied drug diversion data.
[15] The total number of closed treatment episodes for Queensland may be under-counted due to the exclusion of a number of non-government agencies.

14.5 Other self-reported problems associated with ERD use

14.5.1 Self-reported drug related problems

Participants in 2008 were asked about a range of other problems associated with their drug use. Participants were asked if, in the past six months, their drug use had caused repeated problems with family, friends or people at work or school; if they had any recurrent drug-related legal problems; if they had recurrently found themselves in situations where they were under the influence of any drug and someone (themselves or another person) could have been hurt or put at risk; or if their drug use had recurrently interfered with their responsibilities at home, work or school. Table 68 presents the proportion experiencing these problem and Table 69 the main drugs of cause.

Table 68: Self-reported drug-related problems, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Drugs caused repeated problems with family, friends or colleagues (%)	**19**	21	30	21	14	12	23	13	18
Had recurrent drug-related legal problems last six months (%)	**2**	1	1	0	2	4	2	0	6
Recurrently found self in at-risk situations when under influence (%)	**28**	24	40	31	28	18	32	9	36
Drugs recurrently interfered with responsibilities at home/work/school (%)	**30**	33	34	38	32	29	28	9	26

Source: EDRS REU interviews

Table 69: Main drug attributed to self-reported problem, 2008

	Ecstasy (%)	Speed (%)	Ice/crystal (%)	Cannabis (%)	Alcohol (%)
Drugs caused repeated problems with family, friends or colleagues (n=129)	33	7	9	19	20
Had recurrent drug-related legal problems last six months (n=14)	**0**	0	7	50	14
Recurrently found self in at-risk situations when under influence (n=189)	**30**	2	2	15	37
Drugs recurrently interfered with responsibilities at home/work/school (n=203)	**39**	4	4	20	25

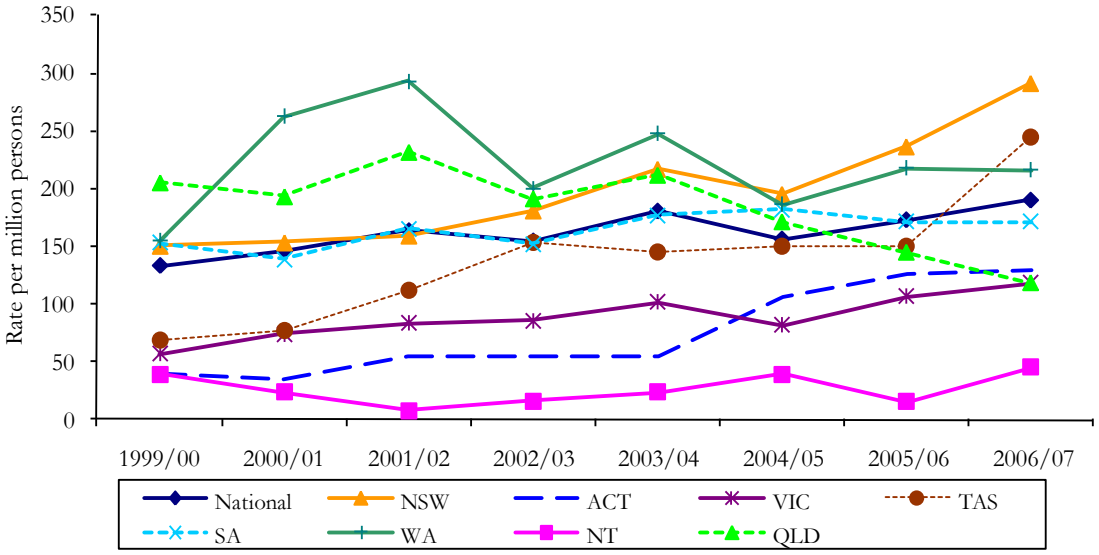
Source: EDRS REU interviews

14.6 Hospital admissions

14.6.1 Methamphetamine

Figure 64 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54. Figures steadily increased at a national level between 1999/00 and 2003/04 (from 133 per million persons to 180), and have stabilised over the past three years (the 2005/06 figure was 173 per million persons). NSW recorded the highest number of amphetamine-related hospital admissions in 2005/06 at 236 admissions per million persons, representing an increase from 195 per million persons in 2004/05. WA also recorded relatively high numbers of amphetamine-related hospital admissions during this period; however, admissions have declined from 293 per million persons in 2001/02 to 218 in 2005/06. QLD has also recorded a decline in these admissions over the six year period, while figures have stabilised in both SA and TAS.

Figure 64: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2006/07



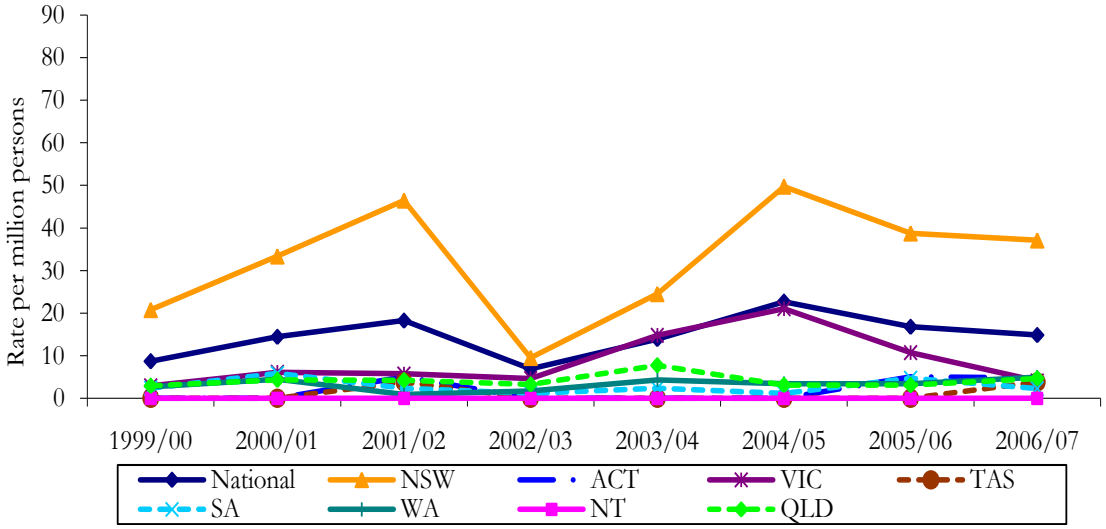
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments; Roxburgh and Burns (in press)

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

14.6.2 Cocaine

Figure 65 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 increased over the past four years from seven per million persons in 2002/03 to 17 per million persons in 2005/06. 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, and declined to 38 in 2005/06. Figures were relatively lower in all other jurisdictions.

Figure 65: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2006/07



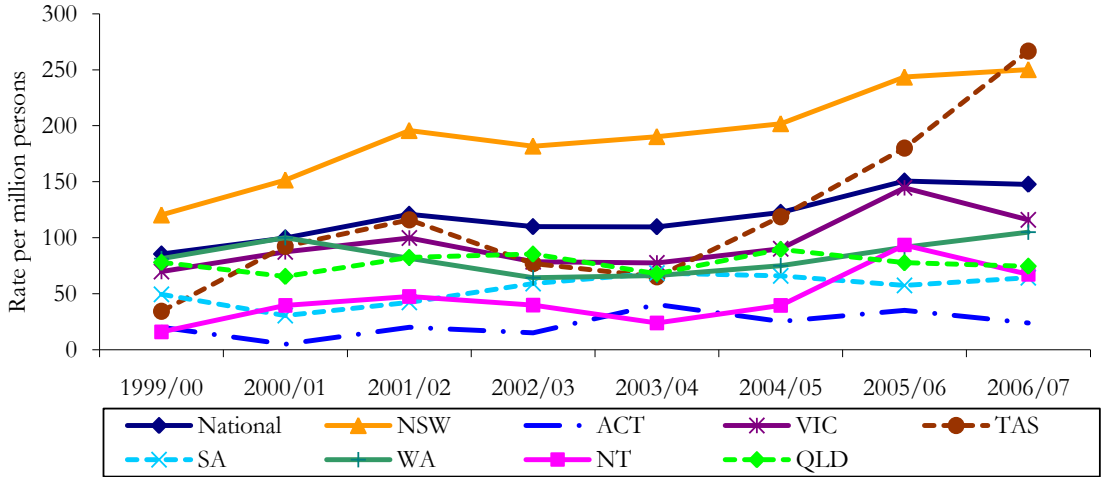
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments; Roxburgh and Burns (in press)

Note: From 2001, numbers in TAS included admissions from an additional drug withdrawal unit.

14.6.3 Cannabis

Figure 66 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 150 per million persons in 2005/06. NSW recorded the highest figures across the period, and these have also steadily increased from 120 admissions per million persons in 1999/00 to 243 in 2005/06. TAS, VIC and the NT also recorded increases in cannabis-related hospital admissions.

Figure 66: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2006/07



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

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

14.7 Mental and physical health problems

14.7.1 Mental health problems and psychological distress (K10)

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

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (n=706), the mean score was 18.3 (median 17, SD 6.3, range 10-47). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003), and work conducted at the Clinical Research Unit For Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[16].

The 2007 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008a) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be low, 16-21 as 'moderate', 22-29 as high and 30-50 as 'very high'. Using these categories, a similar proportion of EDRS participants reporting 'very high' distress was similar to those in the National Drug Strategy Household Survey with the exception of the ACT where it was higher (Table 70).

[16] See www.crufad.unsw.edu.au/k10/k10info.htm for details.

Table 70: K10 scores, by jurisdiction (method used in ABS National Health Survey), 2008

	National Drug Strategy Household Survey	EDRS								
K10 category	**National**	**National N=678**	**NSW n=100**	**ACT n=83**	**VIC n=100**	**TAS n=100**	**SA n=74**	**WA n=58**	**NT n=55**	**QLD n=108**
% reporting no or low distress (score 10-15)	**69**	**45**	39	35	41	41	51	54	79	41
% reporting moderate distress (score 16-21)	**21**	**32**	26	30	33	40	26	38	13	38
% reporting high distress (score 22-29)	**8**	**17**	26	23	20	14	19	4	6	16
% reporting very high distress (score 30-50)	**2**	**6**	9	12	6	4	4	5	2	6

Source: EDRS REU interviews, ABS (2006)

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

REU participants in 2008 were also asked how frequently the feelings reported in the K10 had occurred in the past 30 days[17], to which the majority of participants (57%) reported 'about the same as usual' indicating that while this item is a snapshot measure of participants mental health in the four weeks preceding interview, it appears apparent that the feelings reported are consistent with feelings experienced by participants normally rather than attributing it to an event that had occurred in the four weeks preceding the interview. State trends were similar to the national trends (Table 71), for individual state results, please consult individual jurisdictional reports.

[17] Sourced from the National Comorbidity Survey http://www.hcp.med.harvard.edu/ncs/k6_scales.php

Table 71: Frequency of feelings reported in the K10 over the past 30 days, 2008

	National (%)
A lot more often than usual	**3**
Somewhat more often than usual	**6**
A little more often than usual	**17**
About the same as usual	**57**
A little less often than usual	**7**
Somewhat less often than usual	**3**
A lot less often than usual	**3**
Don't know	**3**
Refused	**<1**

Source: REU participant interviews, 2008

Participants in 2008 were also asked how often they felt their physical health problems were the main cause of the levels of distress reported in the K10 (over the past 30 days). Two-thirds (62%) of participants did not attribute the feelings reported in the K10 to physical health problems, and one-fifth (19%) attributed physical health problems to psychological distress (over the past 30 days) 'a little of the time' (see Table 72). For individual state results, please consult jurisdictional reports.

Table 72: Attribution of physical health problems to feelings reported in the K10, 2008

	National (%)
All of the time	**1**
Most of the time	**5**
Some of the time	**11**
A little of the time	**19**
None of the time	**62**
Don't know	**2**
Refused	**<1**

Source: REU participant interviews, 2008

14.7.2 Self report mental problems and medication

A quarter (24%) of REU national participants reported experiencing a mental health problem in the six months preceding interview. Of these, the primary issue of concern was depression (74%), followed by anxiety (58%) and paranoia (17%). For jurisdictional breakdowns, see Table 73 (below). Other mental health problems reported but not listed due to small numbers included: Other psychoses (not drug induced), phobias, mania and any personality disorders.

Table 73: Self reported mental health problem in the last six months, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Experienced a mental health problem (%)	**24**	31	35	21	27	15	12	7	31
Of those that had mental health problem	**N= 163**	n=31	n=29	n=21	n=27	n=11	n=7	n=4	n=33
Depression (%)	**74**	71	72	71	70	82	57	100	79
Anxiety (%)	**58**	48	72	62	70	46	43	75	49
Paranoia (%)	**17**	13	21	14	15	9	29	50	18
Panic (%)	**10**	16	10	5	0	9	14	25	15
OCD (%)	**8**	3	10	5	15	0	14	0	9
Manic-depression/Bipolar disorder (%)	**7**	7	14	10	11	0	0	0	0
Drug induced psychosis (%)	**5**	3	7	5	0	0	0	0	6
Schizophrenia (%)	**3**	3	3	0	4	0	0	0	3

Source: REU participant interviews, 2008

Participants that reported experiencing a mental health problem were also asked whether they had visited a mental health professional for a mental health problem in the last six months to which 46% participants (n=74) reported doing so. Of these, 69% had medication prescribed, primarily antidepressants (71%; see Table 74).

Table 74: Mental health assistance and medication, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Attend a mental health professional (%)*	**46**	39	48	38	48	55	57	0	53
Had medication prescribed % (n)**	**69 (51)**	50 (6)	57 (8)	100 (8)	69 (9)	50 (3)	100 (4)	-	77 (13)
Antidepressants(%)#	**71**	67	88	38	56	67	75	-	85
Antipsychotics(%)#	**16**	17	13	13	22	0	0	-	15
Benzodiazepines(%)#	**52**	33	38	75	67	33	33	-	31

Source: REU participant interviews, 2008

* of those who attended a mental health professional

** of those who attended a mental health professional

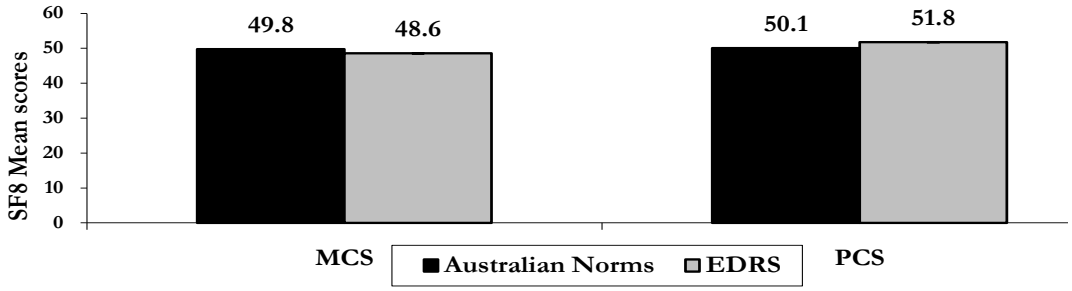
# of those who were prescribed medication

14.7.3 Mental and Physical Health problems (SF-8)

The Short Form-8 Health Survey (SF-8) is a questionnaire designed to provide information on general health and wellbeing. It was administered for the first time in the EDRS in 2008. The SF-8 measures eight health concepts physical functioning, role limitations due to: physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight variables are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Lefante Jr. et al., 2005).

The SF-8 scoring system was developed to yield a mean of 50 and a standard deviation of 10. REU in the 2008 EDRS scored a mean of 49.6 (SD=9.3) for the MCS and 52.8 (SD=7.3) for the PCS.

Figure 67: SF-8 scores for REU compared with the general Australian population, 2008.



Source: EDRS regular ecstasy user interviews 2008

Figure 67 presents the MCS and PCS for REU interviewed in the EDRS compared with those of the general Australian population[18] (Australian Bureau of Statistics, 1995). It appears that participants in 2008 had a significantly lower mental health component score (MCS) compared with the Australian population average (48.6% vs.49.8%; t_{671}=-3.47, 95%CI=-1.94, -0.54). This would indicate that REU had poorer mental health than the population average. No significant difference was evident between REU and the Australian population in terms of their physical component score (PCS).

Table 75: SF8 Mental and Physical Health Mean Component Scores, 2008

	ABS	EDRS								
SF8 Component scores	**SF 36 Australian Population Norms**	**National N=678**	**NSW n=100**	**ACT n=83**	**VIC n=100**	**TAS n=100**	**SA n=74**	**WA n=58**	**NT n=55**	**QLD n=108**
MCS	**49.8**	**48.6**	46.8	45.7	48.0	48.7	50.6	49.9	53.0	48.5
PCS	**50.1**	**51.8**	51.9	49.7	50.9	52.5	51.2	53.6	54.8	51.6

Source: (EDRS participant interviews, 2008; (Australian Bureau of Statistics, 1995)

[18] The SF-8 scores were transformed into SF-36 scores using weighted syntax to make them comparable with the general Australian population scores.

Jurisdictional MCS and PCS results are presented in Table 75. In terms of jurisdictional differences, the NT REU sample had a significantly higher MCS and PCS than the national population respectively (53.0% vs. 49.8%; t_{51}=2.64, 95%CI=0.764, 5.84; 54.8% vs. 50.1%; t_{51}=5.04, 95%CI=2.82, 6.55).

The issue of physical health problems within this sample will be investigated further in 2009.

14.8 Summary of health-related trends associated with ERD use

Non-fatal Overdose

- Of the national sample, 26% reported having ever 'overdosed' on a stimulant drug and 49% of those had done so in the preceding twelve months. Past yearly overdoses were most commonly attributed to ecstasy, followed by ice/crystal. Seventy-one percent of those reporting recent overdose were under the influence of other drugs at that time. Location of last overdose was commonly reported as a nightclub, friends' home or own home. The private locations have implications when considering overdose and access to health appropriate health facilities. Participants reporting recent overdose had typically either been monitored/watched by friends (61%) or had received no treatment/assistance (24%); four participants had been taken to hospital by ambulance.
- Of the national sample, 29% reported having ever 'overdosed' on a depressant drug and 68% of those reported past yearly overdose. Those overdoses were most commonly attributed to alcohol (87%), with smaller proportions reporting GHB (5%), and benzodiazepines (3%).

Drug Deaths

- In 2006/07 the Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre difficult (see above section for details).

Methamphetamine Dependence

- Of those who had used methamphetamine, the median score on the SDS was zero, indicating no dependence (range 0-15). Thirteen percent of recent methamphetamine users scored four or above, indicating possible dependence.

Help-seeking behaviour

- Sixteen percent had accessed either a medical or health service in relation to their drug use during the six months preceding interview. The services most commonly accessed by these participants were GPs (49%) and counsellors (22%). Participants accessing GPS, D&A workers, emergency, first aid, hospital and/or an ambulance for assistance most commonly reported ecstasy as opposed to alcohol as the main drug behind their visit.

Treatment episodes

- In 2006/07, treatment seeking for ecstasy use (as the principal drug of concern) remained low in the general population at 0.7% of closed treatment episodes; however this figure has increased slightly from 0.6% in 2005/06. The proportion of clients seeking treatment for methamphetamine use remained stable and ranged from 4.8% in the NT to 25.9% in WA a slight increase nationally from 2005/06.

Risky situations due to drug use

- Social or relationship problems attributed to ERD use were reported by 19% of the national sample, while 30% reported occupational or educational problems and 28% had repeatedly found themselves in risky situations when under the influence. These problems were most commonly attributed to use of ecstasy, alcohol or cannabis.

Hospital Admissions

- Methamphetamine hospital admissions continued to remain stable. NSW maintained the highest cocaine hospital admissions, but has since declined in 2006/07 from its peak in 2004/05. Cannabis numbers continue to increase steadily, as has occurred over the last six years 1999/00 to 2005/06.

Kessler Psychological Distress Scale (K10)

- In line with the 2007 NDSHS results of the Kessler Psychological Distress Scale, REU responses mimicked those of the Australian population with most participants reporting little to no psychological distress. Participants also reported that their responses on the K10 were the same as usual (57%) and not solely responses that were particularly different from usual due to events of the past thirty days. Physical health was also not seen as a reason for distress responses reported in this measure.

Self-reported Mental Health and medication use

- Twenty-four percent of the national sample self-reported a mental health problem in the last six months. Depression, followed by anxiety and paranoia were the conditions most reported. Of those 46% reported attending a mental health processional and most of those that did that received prescribed medication predominantly antidepressants.

Short-Form 8 Health Survey (SF-8)

- The first time the SF-8 has been administered in the questionnaire which measures general health and well-being through questions related to physical and mental health. REU were found to score significantly lower than the Australian population in terms of their mental health. No difference was detected in terms of physical health.

15 RISK BEHAVIOUR

15.1 Injecting risk behaviour

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

In the 2008 EDRS, 18% of the national sample reported having injected at some time in their lives and, of those, 59% (n=118) reported injecting in the six months preceding interview. Out of a possible 16 drug types[19], a mean of 4 drugs (range 1-12 drugs) had ever been injected (Table 76).

Table 76: Injecting risk behaviour among REU, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Ever injected (%)	**18**	19	24	15	15	27	11	16	13
Median age first injected any drug (range)	**19 (9-43)**	20 (13-30)	17 (9-35)	19 (16-30)	20 (16-31)	22 (15-38)	19 (17-30)	21 (18-36)	18 (15-43)
Mean number of drugs ever injected* (range)	**4 (1-12)**	4 (1-9)	6 (1-12)	3 (1-6)	3 (1-4)	4 (1-11)	3 (1-7)	3 (1-9)	5 (1-10)
Injected last six months* (%)	**59**	58	75	47	47	80	33	44	57

Source: EDRS REU interviews
* among those who had injected
# among those who had recently injected
Note: Means have be rounded to whole numbers

15.1.1 Initiation to injecting

Two-fifths (39%) of those who had ever injected had done so 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 (27%) and cannabis (15%).

Initiation to injection typically occurred in the presence of other people, with participants reporting that they learned to inject from friends or their partner (79%), a needle and syringe program (4%), another injector (14%), and two participants reported learning from an information pamphlet. Eleven percent of participants reported never having injected themselves.

[19] These were: ecstasy (pills or powder), methamphetamine (any form), pharmaceutical stimulants, cocaine, LSD, MDA, ketamine, GHB (includes GBL and 1,4B), alcohol, heroin, methadone, buprenorphine, other opioids, antidepressants, benzodiazepines and magic mushrooms.

15.1.2 Recent injectors

Patterns of recent injecting drug use

Participants who had injected in the last six months reported injecting a median of 31 times in that time (range 1-1080 times). Methamphetamine was the most commonly injected drug in the preceding six months with 35% of recent injectors injecting ice/crystal, 16% injecting speed and 13% injecting base. Heroin was injected by 20% of recent injectors in the preceding six months (Table 77).

Nineteen percent of recent injectors had injected under the influence of ecstasy and/or other drugs in the past six months, 10% had injected while coming down and 34% had injected both while under the influence and while coming down during that time. Thirty-seven percent of recent injectors had neither injected while under the influence nor whilst coming down from ecstasy and/or other drugs in the past six months. The median number of times injected while under the influence or while coming down was 10 times (range: 1-90 times) (Table 77).

Eighty-four percent of recent injectors reported they injected themselves 'every time', a finding that was relatively consistent across jurisdictions. Proportions who reported never injecting themselves ranged from none in the ACT, SA and the NT to 50% in WA. Those who had not always injected themselves in the past six months (n=11) had been injected by friends (n=9), partners (n=3), acquaintance (n=1) and/or stranger (n=1).

Table 77: Recent injecting drug use patterns among those who had recently injected, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Median number of times injected last 6 months (range)*	31 (1-1080)	31 (1-150)	100 (2-200)	96 (1-1080)	15 (1-90)	36 (1-400)	93 (6-180)	9 (1-17)	24 (1-72)
Last drug injected (%)*	(n=69)	(n=11)	(n=15)	(n=7^)	(n=7^)	(n=15)	(n=2^)	(n=4^)	(n=8^)
Speed	16	0	7	29	29	13	0	75	13
Base	13	0	0	0	14	40	0	25	13
Heroin	20	18	33	57	0	7	0	0	25
Ice/crystal	35	64	40	14	0	33	50	0	50
Ecstasy	3	0	0	0	29	0	0	0	0
Other opiates	4	0	0	0	14	7	50	0	0
Other	3	0	13	0	0	0	0	0	0
Injected while under influence/coming down (%)*									
Neither	37	40	27	14	57	57	0	50	25
Under influence	18	50	0	14	0	21	0	25	25
Coming down	10	10	13	29	14	0	0	0	12
Both	34	0	60	43	29	21	100	25	38
Median number of times injected while under influence/coming down (range)**	10 (1-90)	8 (1-60)	10 (3-90)	24 (4-48)	15 (3-20)	3 (1-50)	47 (3-90)	3 (2-3)	3 (1-48)

Source: EDRS REU interviews6

* among those who recently injected

** among those who injected while under the influence (n=40)

Sharing of needles/syringes and other injecting equipment

Of those who injected in the preceding six months, five respondents reported using a needle after someone else in the *month* preceding interview. These included a close friend(s; n=3), a regular sex partner (n=2), casual sex partner and/or acquaintance (n=1 each, multiple responses

were allowed). Eight participants reported that someone had used a needle after them in this time.

Sharing of other injecting equipment in the preceding month was reported by 40% (n=41) of recent (past six months) injectors. Of those who reported sharing any equipment, 41% (n=17) reported sharing spoons, 34% (n=14) reported sharing tourniquets and 17% (n=7) shared filters.

Obtaining needles

The majority of recent (past six months) injectors obtained needles from NSPs (73%) and/or a chemist (47%) in the preceding six months. Other sources included from a friend (17%), a vending machine (17%), from a dealer (11%) and a partner (6%).

Eighteen percent (n=12) of recent injectors reported having found it difficult to obtain needles in the preceding six months. Reasons for this included the opening hours (n=9), chemist didn't se11 them (n=1), stigma (n=1) and/or vending machines being broken or empty (n=1). No participants reported experiencing difficulty in obtaining needles as a result of location, being unable to afford them or not knowing where to obtain them associated with injecting.

Location of injection

The majority of participants who had injected usually did so in the presence of others, typically close friends and/or a regular sex partner. The majority of those who had recently injected reported having injected at home or at a friend's home, although public locations such as in a car, on the street or in a public toilet were also reported (Table 78). Comparisons across jurisdictions should be made with a degree of caution due to small numbers commenting in many states/territories.

Table 78: Context and patterns of recent (last six months) injection, 2008

	National n=68	NSW n=10	ACT n=15	VIC n=7^	TAS n=7^	SA n=15	WA n=2^	NT n=4^	QLD n=8^
Needle sources (%)*									
NSP	**73**	36	93	86	43	69	50	100	100
Vending machines	**17**	18	60	0	0	0	50	0	0
Chemist	**47**	64	67	29	71	31	0	0	50
Partner	**6**	0	20	0	0	0	0	0	13
Friend	**17**	18	47	0	0	0	50	0	50
Dealer	**11**	0	27	0	29	0	0	0	25
People usually inject with* (%)									
Close friends	**49**	10	60	43	57	47	100	75	50
Regular sex partner	**27**	30	53	29	0	13	0	0	38
Casual sex partner	**6**	0	7	0	0	13	0	0	13
Acquaintance	**13**	0	13	0	14	13	50	0	38
No one	**31**	60	13	29	43	40	0	25	13
Locations injected last 6 months (%)*									
Own home	**86**	73	93	86	86	88	50	100	88
Friend's home	**44**	36	80	14	43	31	50	50	38
Dealer's home	**21**	0	53	14	14	19	0	0	25
Street/park/bench	**13**	0	40	14	0	6	0	0	13
Public toilet	**21**	0	53	14	14	13	0	0	38
Car	**29**	9	67	43	0	13	50	0	38

Source: EDRS REU interviews

* multiple responses allowed

15.2 Blood-borne viral infections (BBVI)

Thirty-two percent of the national sample reported that they have never been vaccinated for hepatitis B virus (HBV), 44% reported that they had completed the vaccination schedule and 9% did not finish the vaccination schedule. A further 15% did not know if they had been vaccinated. Reasons for seeking HBV vaccination included going overseas (n=124), being vaccinated as a child (n=100), for work (n=33), at risk due to sexual practices (n=30) and at risk due to injecting drug use (n=12).

Participants were asked if they have been tested for hepatitis C virus (HCV). Of the national sample, 52% reported that they had never been tested for HCV, while 24% had been tested in the last year, 18% were tested more than a year ago and 7% either did not know or did not get their result. Among those who had ever injected, 12% had never been tested, 50% had been tested in the last year, 36% had been tested more than a year ago and 2% were not sure if they'd been tested. Eight percent (n=23) of the national sample reported that they were positive for HCV; this figure was 21% for participants who had ever injected (representing 20% of injectors who had ever been tested).

Participants were asked if they had been tested for human immunodeficiency virus (HIV). Of the national sample, 54% had never been tested for HIV, 26% had been tested in the past year, 19% had been tested more than one year ago and 1% either did not know or did not get their result. Seven participants reported that they were HIV positive.

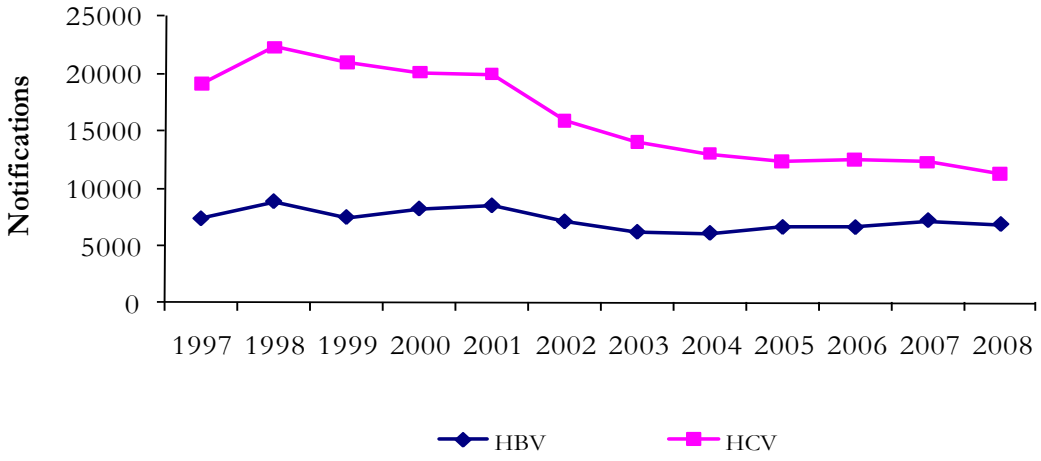
Thirty-nine percent of the national sample reported having a sexual health check-up (such as a swab, urine, or other blood test) in the past year, while 23% reported having had their last sexual health check-up more than one year ago. Thirty-eight percent had never had a sexual health check-up and three participants either did not know or did not get their result.

The majority (86%) reported that they had never been diagnosed with a sexually transmitted infection (STI); 4% had been diagnosed with an STI in the past year. In the past year, 15 participants had been diagnosed with Chlamydia and three participants had been diagnosed with gonorrhoea and one participant syphilis.

The National Notifiable Diseases Surveillance System

Figure 68 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – National Notifiable Diseases Surveillance System (NNDSS). Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of HCV since 2001. HBV notifications have remained relatively stable over the past six years.

Figure 68: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2008



Source: Communicable Diseases Network: Australia – NNDSS[20]
N.B. Figures are updated on an ongoing basis.

16.4 Perceived consequences on the banning of ice/crystal pipes

The banning of smoking equipment such as ice pipes (also known as crystal pipes or crack pipes) has been the subject of recent legislative attention in many jurisdictions. The prohibition of the sale of these pipes raises the issue of safe administration of illicit substances. Amongst recent ice/crystal users, 73% had smoked ice/crystal in the preceding six months compared with 26% who had injected ice/crystal in the preceding six months. Thus, smoking appears to be the favoured route of administration amongst ice/crystal users in the EDRS, and there is some concern that prohibition of the sale and use of pipes may lead to some ice/crystal users changing their routes of administration.

In 2008, participants who had smoked ice/crystal in the past six months were asked a series of questions relating to the purchase of ice/crystal pipes. Amongst recent ice/crystal users, 60% reported usually obtaining them from a friend, 25% from shops and 3% from their dealers.

Participants were asked what they would do if they could not obtain pipes from their usual source. Of those who commented; 41% reported that they would make their own pipes (e.g. using broken light bulbs); 24% reported that they would keep using old pipes; 25% reported that they would stop using ice/crystal; 11% reported that they would inject ice/crystal; 17% reported they would find another source of pipes; 4% would snort ice/crystal; and 6% would swallow ice/crystal.

[20] *Notes on interpretation*
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.

15.3 Sexual risk behaviour

15.3.1 Recent sexual activity

Just over half (57%) of the national sample reported having casual sex with at least one casual partner in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. Nineteen percent reported having three to five casual sexual partners during the preceding six months, 15% reported having one partner and 14% reported having between two casual partners (Table 79). Information on sexual practices with regular partners was not collected in 2008.

Participants were asked about the use of 'protective barriers' which were defined as 'condoms, dams or gloves' with casual partners to which higher proportions reported 'everytime' and 'often' across every state and territory.

Table 79: Prevalence of sexual activity and number of sexual partners in the preceding six months, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
No. casual sexual partners (%)*	**(N=650)**	(n=92)	(n=82)	(n=89)	(n=99)	(n=72)	(n=57)	(n=51)	(n=108)
No casual partner	**44**	45	43	43	43	44	47	33	51
1 person	**15**	23	28	27	20	26	16	43	19
2 people	**14**	16	11	8	13	8	9	8	9
3-5 people	**19**	8	7	12	10	4	9	10	7
6-10 people	**5**	0	2	3	3	4	5	0	1
10 or more	**4**	9	9	7	10	13	14	6	13
Use of protection during sex with casual partner (%)*	**(N=362)**	(n=51)	(n=47)	(n=51)	(n=56)	(n=40)	(n=30)	(n=34)	(n=53)
Every time	**44**	41	49	47	36	48	30	65	40
Often	**19**	29	19	14	23	15	17	12	19
Sometimes	**15**	14	13	22	18	8	17	15	13
Rarely	**4**	0	4	6	5	8	10	0	2
Never	**18**	16	15	12	18	23	27	9	26

Source: EDRS REU interviews

* of those that had a casual partner

15.3.2 Drug use during sex

The majority (88%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months (Table 80). Similar proportions reported that drug use during sex with a casual partner had occurred three to five times (29%) or more than 10 times (28%) in the preceding six months.

The most commonly used drugs used during sex were alcohol (76%), ecstasy (65%) and cannabis (37%). Other drugs nominated can be seen in Table 80. NSW was the only jurisdiction in 2008 to have a higher proportion nominate being under the influence of ecstasy during sex with a casual partner than alcohol. In previous years, ecstasy was nominated as the drug that most participants nominated being under the influence of during sex with a casual partner.

Similar to protective barrier use when not under the influence of drugs, the use of any barrier when under the influence of drugs 'every time' (35%) during sex, combined with 'often' (20%), were the most common responses reported.

Table 80: Drug use during sex with a casual partner in the preceding six months, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Penetrative sex with causal partner while on drugs* (%)	**88**	78	92	88	88	98	93	79	93
No. times had sex while on drugs with casual partner (%)	**(N=320)**	(n=40)	(n=43)	(n=45)	(n=49)	(n=39)	(n=28)	(n=27)	(n=49)
Once	**12**	13	19	4	8	5	14	22	12
Twice	**20**	18	2	30	20	28	29	26	12
3-5 times	**29**	20	35	24	39	28	25	26	29
6-10 times	**13**	20	9	7	12	5	18	11	18
Eleven +	**28**	30	35	36	20	33	14	15	29
Drugs used last time (%)									
Ecstasy	**62**	70	56	56	65	62	64	82	52
Alcohol	**76**	60	74	73	98	69	75	85	82
Cannabis	**37**	33	54	49	19	39	36	7	44
Speed	**12**	18	9	22	10	13	7	4	6
Crystal	**9**	30	9	2	0	15	11	0	10
Cocaine	**7**	15	9	11	2	3	11	0	4
Base	**4**	3	7	0	0	18	0	0	4
LSD	**3**	3	5	6	0	8	4	0	0
Ketamine	**2**	13	0	4	0	3	0	0	0
GHB	**2**	15	0	2	0	0	0	0	0
Use of protection during sex with casual partner under influence of drugs (%)*	**(N=333)**	(n=40)	(n=43)	(n=55)	(n=52)	(n=39)	(n=28)	(n=27)	(n=49)
Every time	**35**	35	26	46	31	41	36	48	27
Often	**20**	18	35	15	21	13	18	26	20
Sometimes	**19**	18	23	16	23	10	15	15	25
Rarely	**7**	8	5	6	10	10	7	4	4
Never	**19**	23	12	18	15	26	25	7	25

Source: EDRS REU interviews

* of those who had penetrative sex with a casual partner

15.4 Driving risk behaviour

Participants were asked a series of questions regarding driving under the influence of alcohol and other drugs. Seventy-nine percent of the national sample reported having driven a car in the six months preceding interview. Of these, 63% had driven under the influence of alcohol, with TAS and WA reporting the highest proportions (Table 81).

Two-thirds (61%) of those who had driven in the previous six months had driven soon (within one hour) after taking an illicit drug and had done so on a median of four occasions in the preceding six months (range 1-180 times). The ACT reported a median of 12 times having driven soon after taking drugs, a stand out above the other jurisdictions. Ecstasy and cannabis (and no longer speed, as was found in previous years) were the drugs most frequently nominated as having been consumed within one hour prior to driving a car in the preceding six months; findings which are likely, at least in part, to reflect the relative prevalence of use of these drugs amongst this group (Table 81).

Table 81: REU reports of driving risk behaviour in the last six months, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
% Driven a vehicle in the last six months (n)	**79 (535)**	66 (66)	78 (63)	74 (74)	86 (86)	80 (59)	95 (54)	86 (47)	80 (86)
% Driven under influence of alcohol#	**63**	65	67	57	80	63	74	40	54
% Driven while over the limit of alcohol## (n)	**n=209 62**	n=22 51	n=52 22	n=25 60	n=42 61	n=27 73	n=30 77	n=14 78	n=27 59
Median number of times driven over limit of alcohol## (range)	**3 (1-65)**	2 (1-20)	2 (1-10)	5 (1-24)	3 (1-24)	3 (1-65)	3 (1-30)	3 (1-5)	2 (1-24)
% Driven soon after* taking an illicit drug	**61**	53	70	54	63	73	70	49	59
Median number of times driven after taking an illicit drug ** **(range)**	**4 (1-180)**	5 (1-72)	12 (1-180)	5 (1-180)	6 (1-150)	5 (1-72)	5 (1-180)	2 (1-10)	4 (1-180)
Drugs used**	**(n=328)**	(n=35)	(n=44)	(n=40)	(n=54)	(n=43)	(n=38)	(n=23)	(n=51)
% Ecstasy	**71**	63	61	75	83	65	76	91	63
% Cannabis	**57**	43	73	80	52	51	58	17	65
% Speed	**18**	17	18	50	13	14	14	4	12
% Ice/crystal	**15**	23	9	10	2	23	32	0	22
% Base	**9**	6	16	0	4	26	3	4	12
% Cocaine	**10**	20	16	18	2	7	8	0	10
% LSD	**6**	0	7	3	13	7	5	4	8
% Mushrooms	**3**	3	2	3	6	2	3	0	4
% Heroin	**2**	6	5	3	0	5	0	0	20

Table 81: REU reports of driving risk behaviour in the last six months, by jurisdiction, 2008 continued

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Drugs used last time**	**(n=328)**	(n=35)	(n=44)	(n=40)	(n=54)	(n=43)	(n=38)	(n=23)	(n=51)
% Ecstasy	**46**	46	41	33	56	47	42	83	39
% Cannabis	**47**	34	52	70	46	33	55	17	53
% Speed	**8**	0	7	23	6	9	5	4	6
% Ice/crystal	**6**	14	5	5	0	7	13	0	8
% Base	**2**	6	0	0	0	14	0	0	12
% Cocaine	**3**	11	2	8	0	2	0	0	0
% LSD	**3**	0	5	3	6	2	0	4	2
% Mushrooms	**1**	3	2	0	2	0	0	2	0
% Heroin	**<1**	3	2	0	0	0	0	0	20

Source: EDRS REU interviews

# of those who had driven a vehicle in the last six months

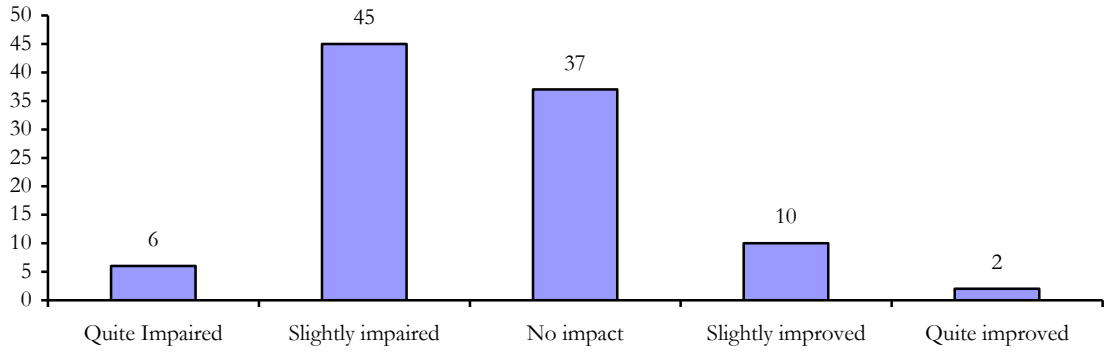
of those who had driven under the influence of alcohol in the last six months

* within one hour of taking

** of those that had driven soon after taking an illicit drug

Participants who had driven under the influence of illicit drugs in the past six months were asked to indicate how impaired they felt their driving had been on the last occasion that they had engaged in this behaviour. The majority of those who commented thought that they had either been 'slightly impaired' (45%) or that the drugs had had 'no impact' (37%) on their driving ability (Figure 69).

Figure 69: Perceived impairment on driving ability last time after taking illicit drugs, 2008



Source: EDRS REU interviews

Experiences of random breath testing (RBT) and roadside drug driving testing in the preceding six months were also recorded. Two-fifths of those who had driven a car in the last six months had been random breath tested during that time, eight percent of whom had been found to be over the legal alcohol limit (Table 82)[21].

[21] Participants may not necessarily have been under the influence of alcohol when they were random breath tested.

Table 82: Random breath testing among those who had driven in the preceding six months, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
% Random breath tested (RBT) last six months* (n)	41 (530)	39 (66)	40 (62)	50 (74)	40 (83)	44 (59)	43 (54)	28 (47)	40 (85)
% RBT positive result over the legal alcohol limit (n)†	2 (215)	0 (26)	0 (25)	6 (36)	0 (33)	8 (26)	4 (23)	0 (12)	0 (34)

Source: EDRS REU interviews
* among those who had driven a car in the last six months
† among those who had been random breath tested

Two percent (n=7) of those who had driven soon after taking an illicit drug(s) in the past six months had been saliva drug tested at some stage during that time. No participants reported positive results from being tested for driving under the influence of illicit drugs[22].

15.5 The Alcohol Use Disorders Identification Test (AUDIT)

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

The overall sample mean score on the AUDIT was 13.5 (median: 13, range 0-35). There was no significant difference in male and female AUDIT scores (13.48 vs. 13.47; $t_{624.3}$=-0.2, p>0.05). Seventy-seven percent of the national sample scored eight or more; these are levels at which alcohol intake may be considered hazardous. Jurisdictional scores of eight or more illustrate that half or more of the participants in each state/territory reported scores at this level. There were no gender differences in those drinking at risky levels. Table 83 presents a jurisdictional overview of AUDIT scores.

The total AUDIT score places respondents into one of four 'zones' or risk levels. Two-fifths (41%) of the national sample scored in Zone 2 (alcohol use in excess of low-risk guidelines), 23% scored in Zone 1 (low-risk drinking or abstinence), 15% scored in Zone 3 (harmful or hazardous drinking) and 20% 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 83.

[22] Participants may not necessarily have been under the influence of drugs at the time(s) they were drug tested.

Table 83: AUDIT total scores and proportion of REU scoring above recommended levels indicative of hazardous alcohol intake, by jurisdiction, 2008

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Mean AUDIT total score, SD (range)	12.7, 8.1 (0-35)	13.6, 6.9 (1-28)	14.7, 6.6 (0-26)	16, 5.9 (5-33)	12.1, 6.5 (0-28)	13.8, 6.3 (0-25)	8.6, 6.4 (0-27)	13.5, 7.1 (0-30)
Score 8 or above (%)	69	78	84	93	73	81	50	78
Zone 1	31	22	16	7	27	19	50	22
Zone 2	34	45	39	46	43	45	36	43
Zone 3	16	13	21	15	18	16	8	16
Zone 4	19	21	23	32	12	21	6	19

Source: EDRS REU interviews

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

15.6 Summary of risk behaviours

- Approximately one in five (21%) of the national sample reported having injected at some time in their lives; 13% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 19 years (range 14-35 years).
- Two-fifths (40%) of those who had ever injected had first done so under the influence of drugs, typically alcohol (51% of those who had first injected under the influence) and/or cannabis (51%) and had been in the presence of friends (69%). Of those who had ever injected themselves (n=115), the majority (54%) had learned how to inject by observing others, while one-third (34%) had learned from a friend or partner. The first drug injected was most commonly reported to have been speed (47%), followed by heroin (24%) and the main reason for having first injected was through curiosity (49%). The main reason for last drug injection was typically to get high or have fun (36%), followed by a preference for injecting as a route of administration (15%) and/or to obtain a stronger drug effect (14%).
- The majority of those who had recently injected reported having injected at home or at a friend's home, although public locations such as in a car, on the street or in a public toilet were also reported.
- Among those who had injected in the preceding six months (n=95), the most commonly reported drug injected was ice/crystal (65%). This had been injected on a median of 12 days in the preceding six months (i.e. fortnightly) by this group. Sixty percent of recent injectors had injected speed on a median of 14 days. Smaller proportions reported having injected base, heroin, ecstasy tablets, other opioids and cocaine.
- Ninety-one percent of those who had injected in the preceding six months had experienced no difficulty obtaining needles; these were typically obtained from an NSP (67%) and/or a pharmacy (37%). Of those who had injected in the preceding six months (n=95), a total of five respondents reported using a needle after someone else in the month preceding interview, while 15 had lent a needle to someone else after they had used it. Forty-three percent of recent (past six months) injectors (n=24) reported sharing of other injecting equipment.
- Thirty-three percent of the national sample reported that they had never been vaccinated for HBV. A further 44% reported that they had completed the vaccination schedule, 8% did not finish the vaccination schedule and 14% did not know if they had been vaccinated. Fifty percent of the national sample reported that they had never been tested for HCV, while 25% had been tested in the last year, 18% were tested more than a year ago, and 7% either did not know or did not get their results. Among those who had ever injected, 16% had never been tested, 46% had been tested in the last year, 33% had been tested more than a year ago and 5% were not sure if they had been tested. Four percent (n=32) of the national sample reported that they were positive for HCV; this figure was 20% for participants who had ever injected (representing 25% of injectors who had ever been tested). Thirty percent of the national sample had been tested for HIV in the last year and a further 19% had been tested more than a year ago. Two percent of those who had ever been tested (<1% of the national sample, n=7) reported that they were HIV positive.
- The majority (92%) of participants reported penetrative sex in the six months preceding interview. Almost half (47%) reported one sexual partner during the preceding six months, almost one-fifth (17%) of participants had penetrative sex with two people and one-quarter (24%) reported sex with between three and five people. The majority (88%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months.

- Just over three-quarters (77%) had driven a car in the last six months, 55% of whom had driven under the influence of alcohol (69% of whom reported having been over the legal limit) and 72% had driven within an hour of taking an illicit drug. The most commonly reported illicit drugs after which these participants had driven were ecstasy, cannabis and speed. The majority (73%) of those who commented thought that they had either been 'likely' (45%) or 'very likely' (28%) to have had an accident on the last occasion they drove over the legal blood alcohol limit, while these figures were 42% for ecstasy, 32% for methamphetamine and 38% for cannabis.
- Use of the AUDIT indicated that 76% of the national sample reported consuming alcohol at levels which indicate harmful and hazardous use, and which also may reflect dependence.
- Of those who had driven in the last six months, just over half (55%) had driven over the limit of alcohol and just under three-quarters (72%) had driven soon after taking any drug. The drug most commonly taken was ecstasy (73%) followed by cannabis (60%) and speed (31%). Driving over the legal blood alcohol limit was perceived as 'likely' or 'very likely' to cause a vehicular accident by 75%.

16 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

16.1 Reports of criminal activity among REU

Twenty-nine percent of the national sample reported engaging in some form of criminal activity in the month prior to interview. Jurisdictional differences were reported in crime involvement, which ranged from 18% in the NT to two-fifths 41% in the VIC (Table 84). Twenty-four percent of the national sample reported that they had dealt drugs in the last month and, of these, three-fifths (65%) reported doing so less than once per week, 14% once per week, 15% more than once per week but less than daily, and 6% reported dealing on a daily basis. Nine percent of the national sample reported that had committed a property crime in the last month and, of those, the majority (78%) reported doing so less than once per week, 14% once per week, 7% more than once per week but less than daily, and 2% reported property crime on a daily basis. Two percent reported committing a violent crime in the past month, with the majority (94%) reporting that this occurred less than once per week; one participant engaged in violent crime once per week. Three percent (n=17) reported having committed fraud in the month prior to interview (Table 84). Of those, the majority of participants (65%) reported having done so less than once per week, eighteen percent reported committing fraud once per week, two participants reported committing fraud more than once per week but less than daily and one participant reported committing fraud daily.

Table 84: Criminal activity among REU, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
In the last month (%)									
Any crime	**29**	24	34	41	28	23	31	18	31
Drug dealing	**24**	15	30	37	24	19	24	18	21
Property crime	**9**	11	11	9	6	7	7	0	14
Fraud	**3**	2	2	5	2	1	2	2	3
Violent crime	**2**	1	5	4	2	0	3	0	2

Source: EDRS REU interviews

16.2 Perceptions of police activity towards REU

Participants were asked whether there had been changes in police activity towards REU in the six months preceding interview. One-third (28%) reported that police activity had increased, while 35% reported that police activity had remained stable (Table 85). 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 85).

Table 85: Perceptions of police activity towards REU, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Recent police activity (%)									
Decreased	**2**	3	5	2	1	1	0	0	3
Stable	**35**	38	49	50	33	32	35	6	26
Increased	**28**	33	21	29	26	26	26	7	45
Don't know	**35**	25	25	19	40	41	39	87	26
Police activity made scoring more difficult	**17**	8	13	15	32	21	12	8	19

Source: EDRS REU interviews

16.3 Arrests

Seven percent of the national REU sample reported that they had been arrested in the past year (Table 86). Of those arrested, 24% for a property crime, 18% for drug use/possession, 13% were arrested for a violent crime, 13% for fraud, 11% for driving under the influence of alcohol, 7% for other driving offence, 4% for drunk and disorderly conduct, 2% for breaching an apprehended violence order (AVO), 2% for drug dealing/trafficking.

Table 86: Proportion of REU reporting arrest in the past year, by jurisdiction, 2008

	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Arrested last 12 months (%)	**7**	5	5	3	6	11	5	2	14

Source: EDRS REU interviews

In addition to EDRS REU participant data on arrest over the past year, population level statistics related to drug use are also available from the ACC (latest available year 2006/07). These are reported in the following sub-sections by drug type.

16.3.1 Ecstasy

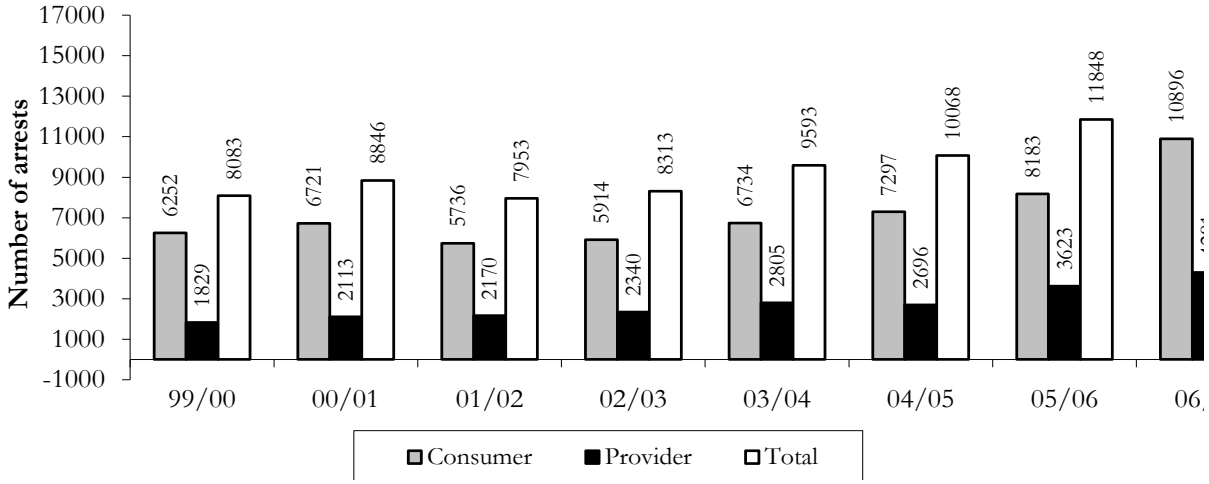
A number of jurisdictions do not differentiate between arrests associated with ATS and phenylethylamines, the class of drug to which ecstasy belongs (Australian Crime Commission, 2006); ecstasy arrests are therefore included under ATS. These data are presented below in the methamphetamine section.

16.3.2 Methamphetamine

It should be noted that a number of jurisdictions do not differentiate between arrests connected with ATS and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been aggregated (Australian Crime Commission, 2007). Consumer and provider arrests for ATS have experienced a large increase of 28% from 2005/06 to 2006/07, though an increasing trend has been evident Australia-wide over the past four years (Figure 70). All jurisdictions with the exception of SA reported an increase in number of arrests. TAS recorded the highest increase in arrests from 83 arrests in 2005/06 to 179 in 2006/07. Numbers of arrests

remained largest in QLD (4,437), NSW (3,417) and VIC (3,406). Data for 2007/08 were not available at the time of publication of this report.

Figure 70: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2006/07

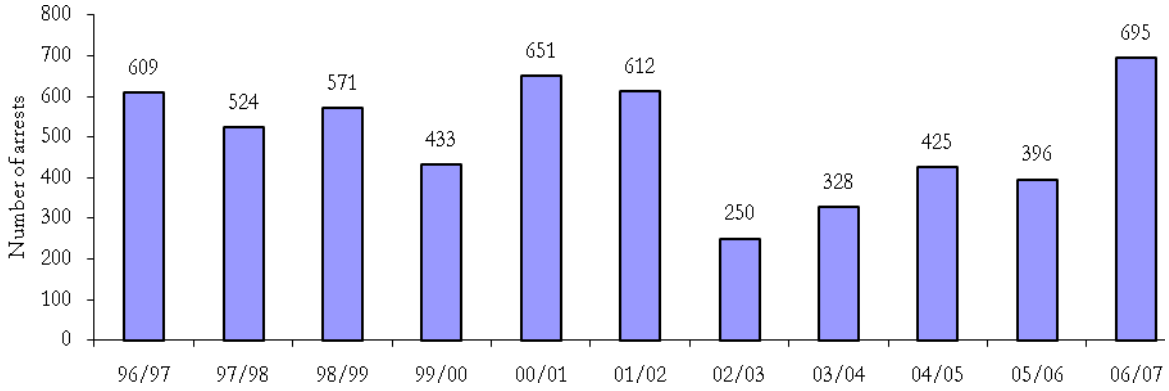


Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)

16.3.3 Cocaine

In 2006/07 the number of cocaine arrests Australia wide has markedly increased from 396 in 2005/06 to 695. The majority of these arrests (53%) continued to occur in NSW. The number of arrests in NSW increased from 208 in 2005/06 to 366 in 2006/07. Arrests remained relatively stable in other jurisdictions (Figure 71). Data for 2007/08 were not available at the time of publication of this report.

Figure 71: Total number of cocaine consumer and provider arrests, 1996/97- 2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: The arrest data for each state and territory include Australian Federal Police data. Data for 2007/08 were not available at the time of publication.

16.3.4 Ketamine

Ketamine is scheduled differently in different jurisdictions across Australia, but some jurisdictions (such as NSW) have recently attempted to make ketamine a more tightly scheduled substance. Although it is an offence in jurisdictions such as NSW and 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.

16.3.5 GHB

GHB is a controlled substance in Australia, and possession of GHB is an offence. However, it is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, because GHB is not separately recorded in police databases.

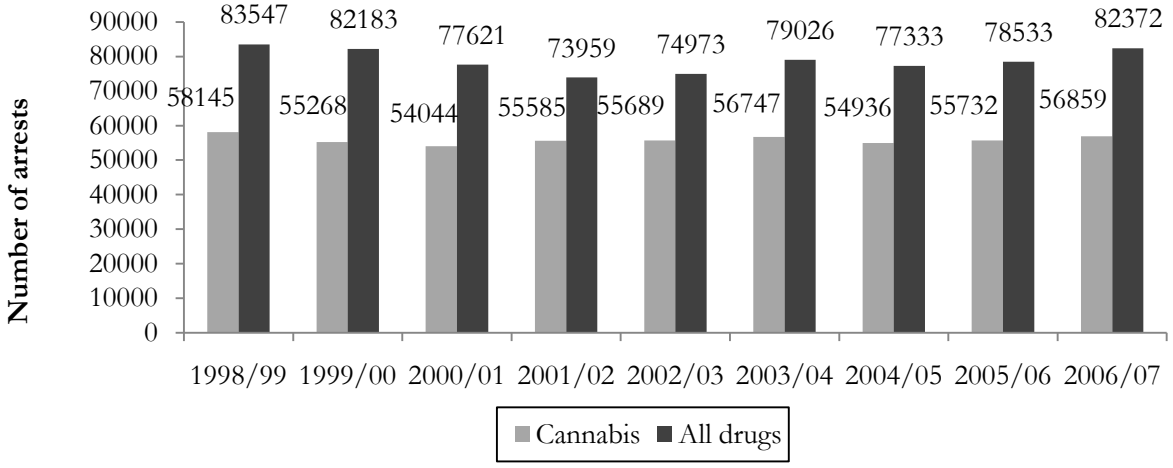
16.3.6 LSD

Nationally, a total of 167 consumer and 76 provider arrests for hallucinogens (including LSD and psilocybin (mushrooms)) were made in 2006/07, a slight increase in figures reported in 2005/06 (96 consumer and 44 provider arrests). The majority of these arrests continued to be recorded in QLD, followed by NSW and VIC.

16.3.7 Cannabis

Cannabis arrests continue to account for the majority (69%) of all drug-related arrests in Australia (Australian Crime Commission, 2007). Numbers have remained relatively stable in the past eight years, indicating little change in enforcement of cannabis-related offences during this period. As in previous years, the number of cannabis arrests in QLD (22,699) accounted for just under half (40%) of the national total. Numbers increased slightly in NSW from 8,842 in 2005/06 to 9,906 in 2006/07, while they remained stable in VIC from 6,901 in 2005/06 to 6,835 in 2006/07 (Figure 72). Data for 2007/08 were not available at the time of publication of this report.

Figure 72: Number of cannabis and all drug consumer and provider arrests, 1998/99-2006/07



Source: ABCI (2000, 2001, 2002), ACC (2003, 2004, 2005, 2006, 2007, 2008)
Note: Data for 2007/08 were not available at the time of publication.

16.4 Experiences with drug detection 'sniffer' dogs

Participants were asked about their experiences with drug detection 'sniffer' dogs. Just over one-third (36%) of the national sample had seen detection dogs on an average of two occasions (range 1-24 times) in the past six months. Of those participants that had seen a sniffer dog, two-thirds reported seeing sniffer dogs when in possession of drugs. This is a large reported increase since 2007 when one-fifth (19%) of the sample reported being in possession of drugs when they saw a sniffer dog.

Eight participants reported being searched by police in the preceding six months due to a positive notification from a sniffer dogs. One participant, of the eight, reported that the drugs were discovered which resulted in an arrest and an infringement notice.

16.5 Summary of law enforcement-related issues

- Twenty-nine percent of the sample reported engaging in some form of criminal activity in the month prior to interview.
- Drug dealing remained the most common crime reported in all jurisdictions.
- Small proportions reported having committed fraud or a violent crime in the last month.
- Seven percent of the national sample had been arrested in the past year.
- One-third (28%) reported that police activity had increased and 35% thought that police activity had remained stable.
- One-fifth (17%) responded that police activity had made it more difficult for them to score drugs.
- The total number of cocaine consumer and provider arrests appeared to double in 2006/07- see ACC website for further details: http://www.crimecommission.gov.au/publications/iddr/2006_07_revised.htm
- One-third (36%) of the national sample reported seeing sniffer dogs on an average of two occasions in the six months preceding interview, a reported increase since 2007 (17%). One of eight of the positive sniffer dog notifications reported being arrested and fined for possession of illicit drugs.

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APPENDICES

Appendix A: Patterns of ecstasy use, price, perceived purity and availability, 2007

Table A1: Patterns of ecstasy use among REU, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Median age first used ecstasy (years)	**18**	18	18	18	19	18	19	20	17
Median age first used ecstasy regularly (years)	**19**	20	18	19	20	19	20	22	19
Median days used ecstasy in the last six months#	**12**	12	12	12	11	12	12	15	12
Used ecstasy# more than weekly (%)	**14**	20	11	18	15	11	6	20	9
Median tablets in typical session	**2**	2	2	2	2	2	2	2	2
Typically use >1 tablet (%)	**71**	84	88	72	64	80	54	55	69
Form mainly used (%)									
Pills	**100**	100	100	98	100	100	99	99	100
Powder	**<1**	0	0	2	0	0	1	0	0
Recently binged* on ecstasy (%)	**40**	36	47	50	38	55	29	46	26
Ever injected ecstasy (%)	**10**	15	10	8	3	14	14	14	6
Use other drugs with ecstasy (%)	**94**	81	97	95	96	95	93	100	96
Use other drugs to come down from ecstasy (%)	**82**	75	81	84	74	85	86	89	86

Source: EDRS REU interviews (Black et al., 2008)
Note: Medians rounded to nearest whole number
* binged defined as the use of ecstasy for more than 48 hours continuously without sleep
# refers to ecstasy 'pills' only; excludes powder

Table A2: Price, perceived purity and availability of ecstasy, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Median price ($) per tablet	-	30	30	30	40	30	40	50	30
Price change (%)									
Increased	-	4	10	4	18	4	11	12	9
Stable	-	71	60	70	65	76	58	76	54
Decreased	-	12	14	15	7	12	16	9	31
Fluctuated	-	8	12	7	8	6	9	3	5
Don't know	-	5	5	4	2	2	5	0	1
Current purity (%)									
Low	**17**	24	16	22	8	16	13	21	14
Medium	**37**	40	39	33	37	38	25	46	41
High	**19**	22	19	19	14	23	17	26	15
Fluctuates	**25**	14	23	21	40	21	40	8	29
Don't know	**2**	0	3	5	1	2	4	0	1
Purity change (%)									
Increasing	**8**	9	11	5	5	11	10	6	4
Stable	**41**	50	30	43	38	34	38	64	33
Decreasing	**17**	20	18	22	12	22	13	9	16
Fluctuates	**29**	16	28	23	43	28	30	21	41
Don't know	**6**	5	14	7	2	5	8	0	6
Current availability (%)									
Very easy	**49**	72	53	45	42	60	30	33	53
Easy	**43**	25	42	50	46	36	58	47	42
Difficult	**7**	2	5	5	11	4	9	20	5
Very difficult	**0**	0	0	0	0	0	0	0	0
Don't know	**<1**	1	0	0	1	0	2	0	0
Availability changes (%)									
More difficult	**13**	5	8	10	23	8	17	20	12
Stable	**68**	81	61	79	56	82	64	65	55
Easier	**11**	7	16	6	12	3	10	12	26
Fluctuates	**5**	3	10	3	7	5	4	3	4
Don't know	**3**	4	5	2	2	2	4	0	3

Source: EDRS REU interviews (Black et al., 2008)

Appendix B: Use, price and availability of methamphetamine, 2007

Table B1: Use, price and availability of methamphetamine speed, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
Used last six months (%)	**57**	45	53	90	65	53	46	55	47
Median price per gram	- -	n=23 $50	n=15 $200	n=38 $195	n=25 $300	n=21 $200	n=17 $350	n=19 $250	n=28 $200
Median price per point	- -	n=4^ $47.5	n=7^ $30	n=15 $30	n=32 $40	n=12 $32.50	n=9^ $50	n=1^ $50	n=18 $25
Price changes									
Of those who responded	**(n=310)**	(n=37)	(n=24)	(n=58)	(n=63)	(n=34)	(n=27)	(n=22)	(n=45)
% Don't know (n)	**21 (65)**	27 (10)	17 (4)	8 (5)	37 (23)	6 (2)	7 (2)	9 (2)	38 (17)
% Increased (n)	**10 (31)**	3 (1)	17 (4)	10 (6)	3 (2)	15 (5)	15 (4)	23 (5)	9 (4)
% Stable (n)	**57 (178)**	51 (19)	42 (10)	71 (41)	52 (33)	68 (23)	70 (19)	64 (14)	42 (19)
% Decreased (n)	**7 (23)**	14 (5)	17 (4)	9 (5)	6 (4)	3 (1)	4 (1)	5 (1)	4 (2)
% Fluctuated (n)	**4 (13)**	5 (2)	8 (2)	2 (1)	2 (1)	9 (3)	4 (1)	0	7 (3)
Availability									
Of those who responded	**(n=310)**	(n=37)	(n=24)	(n=58)	(n=63)	(n=34)	(n=27)	(n=22)	(n=45)
% Don't know (n)	**2 (6)**	3 (1)	8 (2)	0	2 (1)	0	4 (1)	0	2 (1)
% Very easy (n)	**32 (99)**	49 (18)	38 (9)	40 (23)	21 (13)	56 (19)	15 (4)	5 (1)	27(12)
% Easy (n)	**49 (153)**	32 (12)	29 (7)	45 (26)	68 (43)	35 (12)	44 (12)	73 (16)	56 (25)
% Difficult (n)	**16 (50)**	14 (5)	25 (6)	16 (9)	10 (6)	9 (3)	33 (9)	23 (5)	16 (7)
% Very difficult (n)	**<1 (2)**	3 (1)	0	0	0	0	4(1)	0	0
Availability changes									
Of those who responded	**(n=310)**	(n=37)	(n=24)	(n=58)	(n=63)	(n=34)	(n=27)	(n=22)	(n=45)
% Don't know (n)	**10 (31)**	5 (2)	21 (5)	5 (3)	13 (8)	3 (1)	4 (1)	0	24 (11)
% More difficult (n)	**11 (35)**	8 (3)	21 (5)	5 (3)	10 (6)	12 (4)	30 (8)	14 (3)	7 (3)
% Stable (n)	**69 (213)**	70 (26)	38 (9)	81 (47)	68 (43)	74 (25)	59 (16)	77 (17)	67 (30)
% Easier (n)	**7 (23)**	8 (3)	21 (5)	7 (4)	6 (4)	12 (4)	4 (1)	5 (1)	2 (1)
% Fluctuates (n)	**3 (8)**	8 (3)	0	2 (1)	3 (2)	0	4 (1)	5 (1)	0

Source: EDRS REU interviews (Black et al., 2008)

^ small numbers commenting (n<10), interpret with caution

Table B2: Use, price and availability of methamphetamine base, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**26**	23	18	16	30	64	10	27	18
Median price per point	- -	n=9^ $40	n=7^ $50	n=1^ $50	n=21 $40	n=36 $40	n=2^ $50	n=2^ $35	n=15 $25
Price changes									
Of those who responded	**(n=139)**	(n=25)	(n=9^)	(n=5^)	(n=25)	(n=47)	(n=3^)	(n=10)	(n=15)
% Don't know (n)	**23 (32)**	40 (10)	33 (3)	40 (2)	28 (7)	9 (4)	0	20 (2)	27 (4)
% Increased (n)	**9 (13)**	0	11 (1)	0	4 (1)	13 (6)	0	20 (2)	20 (3)
% Stable (n)	**60 (83)**	52 (13)	44 (4)	60 (3)	68 (17)	68 (32)	67 (2)	60 (6)	40 (6)
% Decreased (n)	**2 (3)**	4 (1)	0	0	0	2 (1)	0	0	7 (1)
% Fluctuated (n)	**6 (8)**	4 (1)	11 (1)	0	0	9 (4)	33 (1)	0	7 (1)
Availability									
Of those who responded	**(n=139)**	(n=25)	(n=9^)	(n=5^)	(n=25)	(n=47)	(n=3^)	(n=10)	(n=15)
% Don't know (n)	**4 (6)**	0	0	20 (1)	8 (2)	2 (1)	33 (1)	10 (1)	0
% Very easy (n)	**31 (43)**	48 (12)	44 (4)	0	16 (4)	40 (19)	0	0	27 (4)
% Easy (n)	**41 (57)**	32 (8)	33 (3)	40 (2)	60 (15)	32 (15)	67 (2)	50 (5)	47 (7)
% Difficult (n)	**20 (28)**	4 (1)	22 (3)	40 (2)	16 (4)	26 (12)	0	30 (3)	27 (4)
% Very difficult (n)	**4 (5)**	16 (4)	0	0	0	0	0	10 (1)	0
Availability changes									
Of those who responded	**(n=139)**	(n=25)	(n=9^)	(n=5^)	(n=25)	(n=47)	(n=3^)	(n=10)	(n=15)
% Don't know (n)	**9 (13)**	12 (3)	22 (2)	20 (1)	12 (3)	4 (2)	33 (1)	10 (1)	0
% More difficult (n)	**13 (18)**	8 (2)	11 (1)	0	12 (3)	6 (3)	0	40 (4)	33 (5)
% Stable (n)	**60 (84)**	68 (17)	22 (2)	60 (3)	68 (17)	68 (32)	67 (2)	50 (5)	40 (6)
% Easier (n)	**11 (15)**	8 (2)	44 (4)	20 (1)	4 (1)	6 (3)	0	0	27 (4)
% Fluctuates (n)	**7 (9)**	4 (1)	0	0	4 (1)	15 (7)	0	0	0

Source: EDRS REU interviews (Black et al., 2008)

^ small numbers commenting (n<10), interpret with caution

Table B3: Use, price and availability of ice/crystal methamphetamine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**33**	42	20	39	7	49	52	24	23
Median price per point	- -	n=37 $50	n=9^ $50	n=8^ $40	n=5^ $50	n=28 $50	n=24 $50	n=3^ $50	n=19 $50
Price changes									
Of those who responded	**(n=187)**	(n=43)	(n=12)	(n=22)	(n=8^)	(n=36)	(n=34)	(n=8^)	(n=24)
% Don't know (n)	**13 (24)**	19 (8)	42 (5)	0	38 (3)	8 (3)	3 (1)	13 (1)	13 (3)
% Decreased (n)	**11 (21)**	2(1)	8 (1)	14 (3)	0	14 (5)	9 (3)	38 (3)	21 (5)
% Stable (n)	**60 (112)**	58 (25)	25 (3)	73 (16)	63 (5)	58 (21)	79 (27)	25 (2)	54 (13)
% Increased (n)	**9 (17)**	16 (7)	8 (1)	5 (1)	0	8 (3)	3 (1)	25 (2)	8 (2)
% Fluctuated (n)	**7 (13)**	5 (2)	17 (2)	9 (2)	0	11 (4)	6 (2)	0	4 (1)
Availability									
Of those who responded	**(n=188)**	(n=43)	(n=12)	(n=22)	(n=8^)	(n=36)	(n=34)	(n=9^)	(n=24)
% Don't know (n)	**4 (8)**	2 (1)	8 (1)	0	13 (1)	6 (2)	3 (1)	11 (1)	4 (1)
% Very easy (n)	**44 (83)**	77 (33)	25 (3)	32 (7)	13 (1)	33 (12)	50 (17)	22 (2)	33 (8)
% Easy (n)	**30 (56)**	12 (5)	50 (6)	46 (10)	25 (2)	39 (14)	32 (11)	11 (1)	29 (7)
% Difficult (n)	**18 (33)**	7 (3)	17 (2)	18 (4)	25 (2)	19 (7)	15 (5)	44 (4)	25 (6)
% Very difficult (n)	**4 (8)**	2 (1)	0	5 (1)	25 (2)	3 (1)	0	11 (1)	8 (2)
Availability changes									
Of those who responded	**(n=188)**	(n=43)	(n=12)	(n=22)	(n=8^)	(n=36)	(n=34)	(n=9^)	(n=24)
% Don't know (n)	**8 (15)**	5 (2)	25 (3)	0	38 (3)	6 (2)	3 (1)	11 (1)	13 (3)
% More difficult (n)	**14 (27)**	5 (2)	17 (2)	14 (3)	0	11 (4)	21 (7)	56 (5)	17 (4)
% Stable (n)	**55 (103)**	70 (30)	33 (4)	59 (13)	50 (4)	47 (17)	71 (24)	22 (2)	38 (9)
% Easier (n)	**19 (36)**	16 (7)	17 (2)	14 (3)	13 (1)	33 (12)	6 (2)	11 (1)	33 (8)
% Fluctuates (n)	**4 (7)**	5 (2)	8 (1)	14 (3)	0	3 (1)	0	0	0

Source: EDRS REU interviews (Dunn et al., 2007)

^ small numbers commenting (n<10), interpret with caution

Appendix C: Use, price and availability of cocaine, 2007

Table C1: Use, price and availability of cocaine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**40**	62	46	54	35	36	27	9	42
Median price per gram	- -	n=50 $300	n=22 $300	n=19 $300	n=16 $350	n=18 $337.50	n=13 $400	n=5^ $350	n=32 $300
Price changes									
Of those who responded	**(n=205)**	(n=54)	(n=27)	(n=22)	(n=24)	(n=25)	(n=14)	(n=5^)	(n=34)
% Don't know (n)	**26 (53)**	24 (13)	33 (9)	9 (2)	50 (12)	12 (3)	21 (3)	0	32 (1)
% Increased (n)	**12 (25)**	17 (9)	4 (1)	14 (3)	13 (3)	12 (3)	29 (4)	0	6 (2)
% Stable (n)	**42 (86)**	44 (24)	44 (12)	59 (13)	13 (3)	52 (13)	36 (5)	80 (4)	35 (12)
% Decreased (n)	**8 (16)**	6 (3)	4 (1)	5 (1)	8 (2)	4 (1)	14 (2)	20 (1)	15 (5)
% Fluctuated (n)	**12 (25)**	9 (5)	15 (4)	14 (3)	17 (4)	20 (5)	0	0	12 (4)
Availability									
Of those who responded	**(n=205)**	(n=54)	(n=27)	(n=22)	(n=24)	(n=25)	(n=14)	(n=5^)	(n=34)
% Don't know (n)	**4 (8)**	2 (1)	7 (2)	0	8 (2)	0	7 (1)	0	6 (2)
% Very easy (n)	**20 (40)**	41 (22)	19 (5)	5 (1)	0	16 (4)	14 (2)	20 (1)	15 (5)
% Easy (n)	**34 (70)**	35 (19)	30 (8)	50 (11)	4 (1)	44 (11)	29 (4)	20 (1)	44 (15)
% Difficult (n)	**36 (73)**	17 (9)	41 (11)	46 (10)	63 (15)	40 (10)	43 (6)	40 (2)	29 (10)
% Very difficult (n)	**7 (14)**	6 (3)	4 (1)	0	25 (6)	0	7 (1)	20 (1)	6 (2)
Availability changes									
Of those who responded	**(n=205)**	(n=54)	(n=27)	(n=22)	(n=24)	(n=25)	(n=14)	(n=5^)	(n=34)
% Don't know (n)	**13 (26)**	11 (6)	22 (6)	9 (2)	13 (3)	8 (2)	14 (2)	0	15 (5)
% More difficult (n)	**8 (16)**	6 (3)	7 (2)	9 (2)	8 (2)	12 (3)	7 (1)	0	9 (3)
% Stable (n)	**59 (12)**	69 (37)	52 (14)	68 (15)	50 (12)	56 (14)	43(6)	80(4)	53(18)
% Easier (n)	**15 (13)**	6 (3)	11 (3)	14 (3)	13 (3)	20 (5)	29 (4)	20 (1)	24 (8)
% Fluctuates (n)	**6 (13)**	9 (5)	7 (2)	0	17 (4)	4 (1)	7 (1)	0	0

Source: EDRS REU interviews (Dunn et al., 2007)

^ small numbers commenting (n<10), interpret with caution

Appendix D: Use, price and availability of ketamine, 2007

Table D1: Use, price and availability of ketamine, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**39**	62	38	52	23	49	22	33	28
Median price per gram	- -	(n=15) $150	(n=2^) $172.50	(n=6^) $200	(n=3^) $300	(n=10) $200	- -	- -	- -
Price changes									
Of those who responded	**(n=65)**	(n=25)	(n=3^)	(n=9^)	(n=11)	(n=15)	(n=0)	(n=0)	(n=2^)
% Don't know (n)	**48 (31)**	56 (14)	100 (3)	11 (1)	64 (7)	33 (5)	0	0	50 (1)
% Increased (n)	**3 (2)**	4 (1)	0	0	0	7 (1)	0	0	0
% Stable (n)	**35 (23)**	28 (7)	0	67 (6)	27 (3)	47 (7)	0	0	0
% Decreased (n)	**6 (4)**	0	0	22 (2)	0	7 (1)	0	0	50 (1)
% Fluctuated (n)	**8 (5)**	12 (3)	0	0	9 (1)	7 (1)	0	0	0
Availability									
Of those who responded	**(n=65)**	(n=25)	(n=3^)	(n=9^)	(n=11)	(n=15)	(n=0)	(n=0)	(n=2^)
% Don't know (n)	**6 (4)**	8 (2)	0	11 (1)	0	0	0	0	50 (1)
% Very easy (n)	**17 (11)**	28 (7)	0	11 (1)	18 (2)	7 (1)	0	0	0
% Easy (n)	**26 (17)**	36 (9)	0	11 (1)	27 (3)	27 (4)	0	0	0
% Difficult (n)	**32 (21)**	16 (4)	100 (3)	56 (5)	46 (5)	27 (4)	0	0	0
% Very difficult (n)	**19 (12)**	12 (3)	0	11 (1)	9 (1)	40 (6)	0	0	50 (1)
Availability change									
Of those who responded	**(n=65)**	(n=25)	(n=3^)	n=9^)	(n=11)	(n=15)	(n=0)	(n=0)	(n=2^)
% Don't know (n)	**22 (14)**	20 (5)	33 (1)	22 (2)	18 (2)	20 (3)	0	0	50 (1)
% Easier (n)	**17 (11)**	24 (6)	0	11 (1)	36 (4)	0	0	0	0
% Stable (n)	**35 (23)**	40 (10)	33 (1)	33 (3)	27 (3)	40 (6)	0	0	0
% More difficult (n)	**17 (11)**	8 (2)	33 (1)	33 (3)	0	26 (4)	0	0	50 (1)
% Fluctuates (n)	**9 (6)**	8 (2)	0	0	18 (2)	13 (2)	0	0	0

Source: EDRS REU interviews (Dunn et al., 2007)

^ small numbers commenting (n<10), interpret with caution

Appendix E: Use, price and availability of GHB, 2007

Table E1: Use, price and availability of GHB, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**7**	23	5	10	1	11	0	0	3
Median price per ml	- -	(n=5^) $7.5	- -	(n=3^) $3.5	(n=1^) $6	(n=4^) $4	- -	- -	(n=3^) $5
Price changes									
Of those who responded	**(n=42)**	(n=20)	(n=3^)	(n=6^)	(n=2^)	(n=5^)	(n=0)	(n=0)	(n=6^)
% Don't know (n)	**29 (12)**	25 (5)	67 (2)	0	50 (1)	20 (1)	0	0	50 (3)
% Increased (n)	**7 (3)**	0	0	17 (1)	50 (1)	0	0	0	17 (1)
% Stable (n)	**43 (18)**	55 (11)	33 (1)	33 (2)	0	40 (2)	0	0	33 (2)
% Decreased (n)	**14 (6)**	5 (1)	0	50 (3)	0	40 (2)	0	0	0
% Fluctuated (n)	**7 (3)**	15 (3)	0	0	0	0	0	0	0
Current availability									
Of those who responded	**(n=42)**	(n=20)	(n=3^)	(n=6^)	(n=2^)	(n=5^)	(n=0)	(n=0)	(n=6^)
% Don't know (n)	**10 (4)**	10 (2)	33 (1)	0	50 (1)	0	0	0	0
% Very easy (n)	**31 (13)**	40 (8)	0	33 (2)	0	20 (1)	0	0	33 (2)
% Easy (n)	**24 (10)**	35 (7)	0	33 (2)	0	0	0	0	17 (1)
% Difficult (n)	**29 (12)**	10 (2)	67 (2)	33 (2)	50 (1)	40 (2)	0	0	50 (3)
% Very difficult (n)	**7 (3)**	5 (1)	0	0	0	40 (2)	0	0	0
Availability change									
Of those who responded	**(n=42)**	(n=20)	(n=3^)	(n=6^)	(n=2^)	(n=5^)	(n=0)	(n=0)	(n=6^)
% Don't know (n)	**10 (4)**	10 (2)	33 (1)	0	50 (1)	0	0	0	0
% Easier (n)	**14 (6)**	15 (3)	0	0	0	0	0	0	50 (3)
% Stable (n)	**48 (20)**	55 (11)	33 (1)	50 (3)	50 (1)	60 (3)	0	0	17 (1)
% More difficult (n)	**21 (9)**	5 (1)	33 (12)	50 (3)	0	40 (2)	0	0	33 (2)
% Fluctuates (n)	**7 (3)**	15 (3)	0	0	0	0	0	0	0

Source: EDRS REU interviews (Dunn et al., 2007)

^ small numbers commenting (n<10), interpret with caution

Appendix F: Use, price and availability of LSD, 2007

Table F1: Use, price and availability of LSD, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**28**	22	24	39	20	33	23	33	28
Median price per tab	- -	(n=34) $15	(n=17) $20	(n=19) $20	(n=24) $20	(n=21) $10	(n=16) $25	(n=23) $25	(n=36) $20
Price change									
Of those who responded	**(n=197)**	(n=34)	(n=18)	(n=21)	(n=25)	(n=22)	(n=16)	(n=24)	(n=37)
% Don't know (n)	**19 (37)**	21 (7)	17 (3)	10 (2)	24 (6)	0	38 (6)	17 (4)	24 (9)
% Increased (n)	**8 (16)**	9 (3)	6 (1)	10 (2)	8 (2)	5 (1)	0	4 (1)	16 (6)
% Stable (n)	**58 (114)**	59 (20)	44 (8)	67 (14)	56(14)	77(17)	56 (9)	75 (18)	38 (14)
% Decreased (n)	**9 (17)**	6 (2)	22 (4)	5 (1)	12 (3)	9 (2)	6 (1)	4 (1)	8 (3)
% Fluctuated (n)	**7 (13)**	6 (2)	11 (2)	10 (2)	0	9 (2)	0	0	14 (5)
Availability									
Of those who responded	**(n=197)**	(n=34)	(n=18)	(n=21)	(n=25)	(n=22)	(n=16)	(n=24)	(n=37)
% Don't know (n)	**4 (7)**	9 (3)	0	0	0	0	0	4 (1)	8 (3)
% Very easy (n)	**21 (41)**	35 (12)	28 (5)	5 (1)	20 (5)	27 (6)	25 (4)	21 (5)	8 (3)
% Easy (n)	**29 (57)**	12 (4)	28 (5)	29 (6)	48 (12)	23 (5)	13 (2)	46 (11)	32 (12)
% Difficult (n)	**36 (71)**	27 (9)	33 (6)	48 (10)	32 (8)	32 (7)	56 (9)	21 (5)	46 (17)
% Very difficult (n)	**11 (21)**	18 (6)	11(2)	19 (4)	0	18 (4)	6 (1)	8 (2)	5 (2)
Availability change									
Of those who responded	**(n=197)**	(n=34)	(n=18)	(n=21)	(n=25)	(n=22)	(n=16)	(n=24)	(n=37)
% Don't know (n)	**12 (23)**	21 (7)	17 (3)	0	12 (3)	0	25 (4)	4 (1)	14 (5)
% Easier (n)	**17 (33)**	15 (5)	33 (6)	10 (2)	32 (8)	9 (2)	13 (2)	8 (2)	16 (6)
% Stable (n)	**51 (101)**	44 (15)	39 (7)	71 (15)	36 (9)	68 (15)	44 (7)	63 (15)	49 (18)
% More difficult (n)	**13 (26)**	9 (3)	6 (1)	14 (3)	12 (3)	14 (3)	13 (2)	17 (4)	19 (7)
% Fluctuates (n)	**7 (14)**	12 (4)	6 (1)	5 (1)	8 (2)	9 (2)	6 (1)	8 (2)	3 (1)

Source: EDRS REU interviews (Dunn et al., 2007)

^ small numbers commenting (n<10), interpret with caution

Appendix G: Use and price of MDA, 2007

Table G1: Use and price of MDA, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used last six months	**6**	8	4	11	5	7	3	5	4
Median price per cap	- -	n=6^ $35	n=2^ $35	- -	n=6^ $40	n=3^ $30	n=1^ $50	n=1^ $50	n=3^ $30

Source: EDRS REU interviews (Dunn et al., 2007)

^ small numbers commenting (n<10), interpret with caution

Appendix H: Use, price and availability of cannabis, 2007

Table H1: Use and price of cannabis, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=66	QLD n=101
% used cannabis last six months	**81**	74	85	82	68	80	80	96	87
Price -Hydro									
Median price per gram	**-** **-**	n=16 20	n=20 20	n=22 20	n=6^ 21	n=1^ 10	n=7^ 25	n=7^ 15	n=17 15
Median price per ounce	**-** **-**	n=15 300	n=26 300	n=18 250	n=24 290	n=24 200	n=33 300	n=25 350	n=34 300
Price- Bush									
Median price per gram	**-** **-**	n=4^ 17.50	n=14 17.50	n=6^ 16.25	n=3^ 10	n=1^ 10	n=3^ 10	n=1^ 30	n=8^ 10
Median price per ounce	**-** **-**	n=11 250	n=18 220	n=6 235	n=21 200	n=13 200	n=20 250	n=9 300	n=22 250
Price changes									
Hydro Of those who responded % Don't know (n) % Increased (n) % Stable (n) % Decreased (n) % Fluctuated (n)	**(n=323)** **11 (36)** **26 (84)** **53 (171)** **3 (10)** **7 (22)**	(n=36) 8 (3) 11 (4) 75 (27) 3 (1) 3 (1)	(n=42) 5 (2) 33 (14) 50 (21) 2 (1) 10 (4)	(n=36) 0 36 (13) 50 (18) 6 (2) 8 (3)	(n=49) 39 (19) 10 (5) 41 (20) 2 (1) 8 (4)	(n=33) 3 (1) 12 (4) 67 (22) 6 (2) 12 (4)	(n=43) 7 (3) 26 (11) 63 (27) 0 5 (2)	(n=31) 0 48 (15) 42 (13) 10 (3) 0	(n=53) 15 (8) 34 (18) 43 (23) 0 8 (4)
Bush Of those who responded % Don't know (n) % Increased (n) % Stable (n) % Decreased (n) % Fluctuated (n)	**(n=209)** **23 (47)** **10 (21)** **57 (120)** **6 (12)** **4 (9)**	(n=20) 40 (8) 10 (2) 50 (10) 0 0	(n=34) 24 (8) 12 (4) 53 (18) 3 (1) 9 (3)	(n=13) 15 (2) 31 (4) 46 (6) 8 (1) 0	(n=42) 24 (10) 0 67 (28) 10 (4) 0	(n=19) 11 (2) 5 (1) 84 (16) 0 0	(n=28) 29 (8) 7 (2) 39 (11) 11 (3) 14 (4)	(n=12) 0 17 (2) 67 (8) 8 (1) 8 (1)	(n=41) 22 (9) 15 (6) 56 (23) 5 (2) 2 (1)

Source: EDRS REU interviews (Dunn et al., 2007)

(Dunn et al., 2007)(Dunn et al., 2007)(Dunn et al., 2007)(Dunn et al., 2007)(Dunn et al., 2007)^ Small numbers commenting (n<10), interpret with caution

Table H2: Availability of cannabis, by jurisdiction, 2007

	National N=741	NSW n=100	ACT n=74	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=66	QLD n=101
Availability									
Hydro									
Of those who responded	**(n=324)**	(n=36)	(n=42)	(n=36)	(n=49)	(n=33)	(n=43)	(n=32)	(n=53)
% Don't know (n)	**<1 (2)**	0	0	0	2 (1)	0	0	0 (0)	2 (1)
% Very easy (n)	**46(150)**	69 (25)	43 (18)	33 (12)	55 (27)	67 (22)	37 (16)	38 (12)	34 (18)
% Easy (n)	**30(98)**	22 (8)	36 (15)	33 (12)	35 (17)	21 (7)	28 (12)	25 (8)	36 (19)
% Difficult (n)	**19 (62)**	8 (3)	17 (7)	31 (11)	6 (3)	12 (4)	23 (10)	31 (10)	26 (14)
% Very difficult (n)	**4 (12)**	0	5 (2)	3 (1)	2 (1)	0	12 (5)	6 (2)	2 (1)
Bush									
Of those who responded	**(n=210)**	(n=20)	(n=34)	(n=13)	(n=42)	(n=19)	(n=29)	(n=12)	(n=41)
% Don't know (n)	**3 (7)**	10 (2)	0	0	5 (2)	5 (1)	7 (2)	0	0
% Very easy (n)	**32 (67)**	35 (7)	24 (8)	15 (2)	64 (27)	26 (5)	28 (8)	33 (4)	15 (6)
% Easy (n)	**33 (70)**	25 (5)	32 (11)	39 (5)	24 (10)	32 (6)	38 (11)	33 (4)	44 (18)
% Difficult (n)	**25 (53)**	20 (4)	32 (11)	39 (5)	7 (3)	26 (5)	28 (8)	33 (4)	32 (13)
% Very difficult (n)	**6 (13)**	10 (2)	12 (4)	8 (1)	0	11 (2)	0	0	10 (4)
Availability changes									
Hydro									
Of those who responded	**(n=323)**	(n=36)	(n=42)	(n=36)	(n=49)	(n=33)	(n=43)	(n=32)	(n=52)
% Don't know (n)	**5 (16)**	8 (3)	7 (3)	0	8 (4)	3 (1)	2 (1)	0	8 (4)
% More difficult (n)	**27 (87)**	14 (5)	17 (7)	42 (15)	10 (5)	9 (3)	47 (20)	38 (12)	39 (20)
% Stable (n)	**47(153)**	61 (22)	50 (21)	31(11)	69 (34)	67 (22)	28 (12)	44 (14)	33(17)
% Easier (n)	**13 (43)**	11 (4)	12 (5)	19 (7)	12 (6)	12 (4)	14 (6)	13 (4)	14 (7)
% Fluctuates (n)	**7 (24)**	6 (2)	14 (6)	8 (3)	0	9 (3)	9 (4)	6 (2)	8 (4)
Bush									
Of those who responded	**(n=209)**	(n=20)	(n=34)	(n=13)	(n=42)	(n=19)	(n=28)	(n=12)	(n=41)
% Don't know (n)	**7 (14)**	20 (4)	15 (5)	0	5 (2)	5 (1)	4 (1)	0	2 (1)
% More difficult (n)	**19 (40)**	10 (2)	21 (7)	39 (5)	2 (1)	16 (3)	39 (11)	17 (2)	22 (9)
% Stable (n)	**57(120)**	55 (11)	41 (14)	39 (5)	74 (31)	58 (11)	50 (14)	75 (9)	61 (25)
% Easier (n)	**11 (22)**	5 (1)	15 (5)	23 (3)	17 (7)	11 (2)	0	0	10 (4)
% Fluctuates (n)	**6 (13)**	10 (2)	9 (3)	0	2 (1)	11 (2)	7 (2)	8 (1)	5 (2)

Source: EDRS REU interviews (Dunn et al., 2007)(Dunn et al., 2007)(Dunn et al., 2007)(Dunn et al., 2007)(Dunn et al., 2007)