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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2009: Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2009

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

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TABLE OF CONTENTS

LIST OF TABLES ..... **III**
LIST OF FIGURES ..... **VI**
ACKNOWLEDGEMENTS ..... **IX**
ABBREVIATIONS ..... **XI**
GLOSSARY OF TERMS ..... **XIII**
EXECUTIVE SUMMARY ..... **XIV**
1 INTRODUCTION **1**
1.1 Study aims 1
2 METHOD **2**
2.1 Survey of REU 2
2.2 Survey of KE 4
2.3 Other indicators 5
3 DEMOGRAPHICS **6**
3.1 Overview of the REU participant sample 6
4 CONSUMPTION PATTERN RESULTS **10**
4.1 Drug use history and current drug use 10
4.2 Ecstasy use 18
4.3 Methamphetamine use 24
4.4 Cocaine use 30
4.5 Ketamine use 33
4.6 GHB use 35
4.7 LSD use 37
4.8 Cannabis use 39
4.9 Other drugs use 42
5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY **49**
5.1 Ecstasy 49
5.2 Methamphetamine 62
5.3 Cocaine 77
5.4 Ketamine 85
5.5 GHB 91
5.6 LSD 96
5.7 Cannabis 102
6 DRUG INFORMATION-SEEKING BEHAVIOUR **111**
6.1 Content and testing of ecstasy 111
7 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE **114**
7.1 Overdose and drug-related fatalities 115
7.2 Help-seeking behaviour 121
7.3 Drug treatment 122
7.4 Other self-reported problems associated with ERD use 124
7.5 Hospital admissions 125
7.6 Mental and physical health problems 128
8 RISK BEHAVIOUR **130**
8.1 Injecting risk behaviour 130

8.2 Blood-borne viral infections (BBVI) 133
8.3 Sexual risk behaviour 134
8.4 Driving risk behaviour 136
8.5 Risky alcohol use among REU 139

9 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE 140
9.1 Reports of criminal activity among REU 140
9.2 Perceptions of police activity towards REU and drug detection 'sniffer' dogs 141
9.3 Arrests 142

10 SPECIAL TOPICS OF INTEREST 145
10.1 Energy drinks, ecstasy and alcohol 145
10.2 Personal Wellbeing Index 147
10.3 Chronic physical health 149
10.4 Gambling 151
10.5 Aggression 152

APPENDICES 159
Appendix A: Patterns of ecstasy and related drugs use, price, perceived purity and availability, 2008 159
Appendix B: Use, price and availability, 2009 161
Appendix C: Drug use history by jurisdiction, 2000-2009 170

LIST OF TABLES

Table 1: Demographic characteristics of REU, 2009 7
Table 2: Demographic characteristics of REU, 2003-2009 8
Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, by jurisdiction, 2009 9
Table 4: Lifetime and recent (last six months) polydrug use of REU, 2009 11
Table 5: Lifetime and recent (last six months) polydrug use of REU, 2003-2009 15
Table 6: Drug of choice and recent (last six months) bingeing among REU, by jurisdiction, 2009 16
Table 7: Frequency of polydrug use in the REU sample, 2009 17
Table 8: Proportion that reported recent changes in social drug use patterns, by jurisdiction, 2009 17
Table 9: Patterns of ecstasy use among REU, 2009 19
Table 10: Drugs usually used in combination with ecstasy among those who used other drugs with ecstasy, by jurisdiction, 2009 20
Table 11: Drugs used to come down from ecstasy last time used, among those who used drugs to come down, by jurisdiction, 2009 21
Table 12: Main ROA of ecstasy in the last six months, by jurisdiction, 2009 21
Table 13: Patterns of methamphetamine (any form) use among REU, 2009 25
Table 14: Patterns of methamphetamine powder (speed) use among REU, 2009 26
Table 15: Patterns of methamphetamine base use among REU, 2009 27
Table 16: Patterns of crystalline methamphetamine (ice/crystal) use among REU, 2009 28
Table 17: Patterns of cocaine use, by jurisdiction, 2009 31
Table 18: Patterns of ketamine use among REU, 2009 34
Table 19: Patterns of GHB use among REU, 2009 36
Table 20: Patterns of LSD use among REU, 2009 38
Table 21: Patterns of cannabis use among REU, 2009 40
Table 22: Use of licitly obtained antidepressants, by jurisdiction, 2009 45
Table 23: Use of illicitly obtained antidepressants, by jurisdiction, 2009 45
Table 24: Median last price paid for ecstasy tablet and participants' reports of price change, by jurisdiction, 2009 49
Table 25: Median price of ecstasy per tablet, 2000-2009 50
Table 26: Median price of ecstasy tablets bought in larger quantities, 2009 50
Table 27: Participant reports of current ecstasy purity, by jurisdiction, 2009 51
Table 28: Participant reports of changes in ecstasy purity in the past six months, by jurisdiction, 2009 52
Table 29: REU reports of availability of ecstasy in the preceding six months, 2009 56
Table 30: Purchasing patterns related to ecstasy use, 2009 57
Table 31: Last source, purchase location and use location of ecstasy, by jurisdiction, 2009 58
Table 32: Location of most frequent ecstasy use by REU, 2009 60
Table 33: Type of party goer, national, 2009 60
Table 34: Reasons for deciding to use ecstasy at an event, national, 2009 61
Table 35: Median of last price paid of various forms of methamphetamine, by jurisdiction, 2009 63
Table 36: Methamphetamine price changes, by jurisdiction, 2009 64
Table 37: Median price per gram of methamphetamine powder (speed), by jurisdiction, 2000-2009 65
Table 38: Median price per point of methamphetamine base (base), by jurisdiction, 2000-2009 65
Table 39: Median price per point of crystalline methamphetamine (ice/crystal) by jurisdiction, 2000-2009 66
Table 40: Availability of methamphetamine powder (speed), by jurisdiction, 2009 69
Table 41: Availability of methamphetamine base, by jurisdiction, 2009 70
Table 42: Availability of crystalline methamphetamine (ice/crystal), by jurisdiction, 2009 71

Table 43: Last source, purchase location and use location of methamphetamine powder (speed), 2009 72
Table 44: Last source, purchase location and use location of methamphetamine base, 2009 73
Table 45: Last source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2009 74
Table 46: Median price per gram of cocaine, by jurisdiction, 2009 77
Table 47: Price changes of cocaine, by jurisdiction, 2009 77
Table 48: Median price of cocaine, by jurisdiction, 2003-2009 78
Table 49: Median purity of cocaine seizures, by jurisdiction, 2000/01-2007/08 80
Table 50: Availability of cocaine, by jurisdiction, 2009 83
Table 51: Last source, purchase location and use location of cocaine, by jurisdiction, 2009 84
Table 52: Median price of ketamine, by jurisdiction, 2009 85
Table 53: Price changes of ketamine, by jurisdiction, 2009 86
Table 54: Median price of ketamine, by jurisdiction, 2000-2008 86
Table 55: Availability of ketamine, by jurisdiction, 2009 88
Table 56: Last source, purchase location and use location of ketamine, by jurisdiction, 2009 89
Table 57: Median price per ml of GHB, by jurisdiction, 2009 91
Table 58: Price changes of GHB, by jurisdiction, 2009 91
Table 59: Availability of GHB, by jurisdiction, 2009 93
Table 60: Median price per tab of LSD, by jurisdiction, 2009 96
Table 61: Price changes of LSD, by jurisdiction, 2009 97
Table 62: Availability of LSD, by jurisdiction, 2009 99
Table 63: Last source, purchase location and use location of LSD, by jurisdiction, 2009 100
Table 64: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, by jurisdiction, 2009 103
Table 65: Cannabis price changes, by jurisdiction, 2009 104
Table 66: Availability of hydro, by jurisdiction, 2009 106
Table 67: Availability of bush, by jurisdiction, 2009 107
Table 68: Last source person and purchase locations and use locations of hydro, by jurisdiction, 2009 108
Table 69: Last source person, purchase location and use location of bush, by jurisdiction, 2009 109
Table 70: Content and testing of Ecstasy, by jurisdiction, 2009 112
Table 71: Participant knowledge of ecstasy pills containing other substances, 2009 113
Table 72: Stimulant overdose in the last six months among REU, by jurisdiction, 2009 116
Table 73: Depressant overdose in the last 12 months among REU, by jurisdiction, 2009 118
Table 74: Proportion of REU who accessed health help by main drug type used and main reason, 2009 121
Table 75: Self-reported drug-related problems, by jurisdiction, 2009 124
Table 76: Main drug attributed to self-reported problem, 2009 124
Table 77: K10 scores, by jurisdiction (method used in ABS National Health Survey), 2009 128
Table 78: Self reported mental health problem in the last six months, 2009 129
Table 79: Mental health assistance and medication, 2009 129
Table 80: Injecting risk behaviour among REU, by jurisdiction, 2009 131
Table 81: Recent injecting drug use patterns among those who had recently injected, 2009 131
Table 82: Context and patterns of recent (last six months) injection, 2009 132
Table 83: Prevalence of sexual activity and number of sexual partners in the preceding six months, by jurisdiction, 2009 134
Table 84: Drug use during sex with a casual partner in the preceding six months, by jurisdiction, 2009 135
Table 85: REU reports of driving risk behaviour in the last six months, by jurisdiction, 2009 136

Table 86: Random breath testing among those who had driven in the preceding six months, by jurisdiction, 2009 138
Table 87: Drug driving (saliva) testing among those who had driven in the preceding six months, by jurisdiction, 2009 138
Table 88: Frequency and quantity of alcohol consumption among REU, nationally, 2009 139
Table 89: Criminal activity among REU, by jurisdiction, 2009 140
Table 90: Perceptions of police activity towards REU, 2009 141
Table 91: Proportion of REU reporting arrest in the past year, by jurisdiction, 2009 142
Table 92: Use of energy drinks, alcohol and ecstasy amongst REU, 2009 146
Table 93: Personal Wellbeing Index mean scores by jurisdiction, 2009 148
Table 94: Lifetime diagnosed physical health conditions, 2009 149
Table 95: Lifetime diagnosed, age and treatment of chronic physical health conditions nationally, 2009 150
Table 96: Self reported gambling among those who commented, by jurisdiction 2009 151
Table 97: National EDRS participants that endorsed all aggression domains, by jurisdiction, 2009 153
Table A1: Patterns of ecstasy use among REU, 2008 159
Table A2: Price, perceived purity and availability of ecstasy, by jurisdiction, 2008 160
Table B1: Use, price and availability of methamphetamine speed, by jurisdiction, 2009 161
Table B2: Use, price and availability of methamphetamine base, by jurisdiction, 2009 162
Table B3: Use, price and availability of ice/crystal methamphetamine, by jurisdiction, 2009 163
Table B4: Use, price and availability of cocaine, by jurisdiction, 2009 164
Table B5: Use, price and availability of ketamine, by jurisdiction, 2009 165
Table B6: Use, price and availability of GHB, by jurisdiction, 2009 166
Table B7: Use, price and availability of LSD, by jurisdiction, 2009 167
Table B8: Use, price and availability of cannabis, by jurisdiction, 2009 168
Table B9: Availability of cannabis, by jurisdiction, 2009 169

LIST OF FIGURES

Figure 1: Prevalence of ecstasy use in Australia, 1988-2007 22
Figure 2: Prevalence of meth/amphetamine use in Australia, 1993-2007 29
Figure 3: Prevalence of cocaine use in Australia, 1993-2007 32
Figure 4: Prevalence of hallucinogen use in Australia, 1993-2007 38
Figure 5: Lifetime and past year prevalence of cannabis use by Australians, 1985-2007 41
Figure 6: Use of nitrous oxide across jurisdictions, 2008-2009 46
Figure 7: Use of amyl nitrate across jurisdictions, 2008-2009 47
Figure 8: National REU reports of current ecstasy purity, 2007-2009 51
Figure 9: National REU reports of recent (last six months) change in ecstasy purity, 2003-2009 52
Figure 10: Number of phenethylamine state police seizures, by jurisdiction, 1999/00-2007/08 53
Figure 11: Median purity of state police phenethylamine seizures, by jurisdiction, 1999/00-2007/08 54
Figure 12: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2007/08 54
Figure 13: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2007/08 55
Figure 14: Number and weight of detections of MDMA detected at the border by the Australian Customs Service, financial years 1997/98-2008/09 56
Figure 15: Location of usual ecstasy use, 2003-2009 59
Figure 16: Location of most frequent ecstasy use by REU, National 2009 60
Figure 17: National REU reports of current methamphetamine purity, 2009 66
Figure 18: National REU reports of recent (last six months) change in methamphetamine purity, 2009 67
Figure 19: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2007/08 68
Figure 20: Total weight and number of ATS detected by the ACS, financial years 1997/98-2008/09 75
Figure 21: Total number and weight of crystalline methamphetamine detected by the ACS, 1997/98-2007/08 76
Figure 22: National REU reports of current cocaine purity, 2008-2009 78
Figure 23: National REU reports of recent (last six months) change in cocaine purity, 2009 79
Figure 24: Number and weight of detections of cocaine detected at the border by the ACS, financial years 1997/98-2008/09 81
Figure 25: Number of state/territory police cocaine seizures, by jurisdiction, 1999/00-2007/08 82
Figure 26: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/00-2007/08 82
Figure 27: National REU reports of current ketamine purity, 2009 87
Figure 28: National REU reports of recent (last six months) change in ketamine purity, 2009 87
Figure 29: Number of detections of ketamine detected at the border by the ACS, 2003/04-2008/09 90
Figure 30: National REU reports of current GHB purity, 2009 92
Figure 31: National REU reports of recent (last six months) change in GHB purity, 2009 92
Figure 32: Location of usual GHB use, 2003-2008 94
Figure 33: Number of GHB and GBL detections at the border by ACS, financial years 1997/98-2008/09 95
Figure 34: National REU reports of current LSD purity, 2009 97
Figure 35: National REU reports of recent (last six months) change in LSD purity, 2009 98
Figure 36: Number of LSD detections at the border by the Australian Customs Service, financial years 1997/98-2008/09 101

Figure 37: National REU reports of current cannabis potency among those who commented, 2009 105
Figure 38: National REU reports of recent (last six months) change in cannabis potency, 2009 105
Figure 39: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2008/09 110
Source: Australian Customs Service 110
Figure 40: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2007/08 122
Figure 41: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2007/08 123
Figure 42: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08 125
Figure 43: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08 126
Figure 44: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08 127
Figure 45: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2007 133
Figure 46: Perceived impairment on driving ability last time after taking illicit drugs, 2009 137
Figure 47: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2007/08 143
Figure 48: Total number of cocaine consumer and provider arrests, 1996/97- 2007/08 143
Figure 49: Number of cannabis and all drug consumer and provider arrests, 1998/99-2007/08 144
Figure 50: Personal Wellbeing Index – National EDRS and Australian general population mean scores, 2009 147
Figure 51: Prevalence of chronic conditions among the national EDRS sample aged 15-34 and Australian general population aged 15-34 150
Figure 52: National EDRS participants endorsing aggression domains, 2009 152
Figure C1: Median days used ecstasy in the six months preceding interview, 2000-2009 170
Figure C2: Proportion of REU who reported recent (last six months) bingeing on ecstasy, 2000-2009 171
Figure C3: Proportion of REU who reported recent (last six months) use of methamphetamine powder (speed), by jurisdiction, 2000-2009 171
Figure C4: Median days used methamphetamine powder (speed) in the six months preceding interview, among those who had used, 2000-2009 172
Figure C5: Proportion of REU who reported recent (last six months) use of methamphetamine base, by jurisdiction, 2000-2009 172
Figure C6: Median days used methamphetamine base in the six months preceding interview, among those who had used, 2000-2009 173
Figure C7: Proportion of REU who reported recent (last six months) use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2009 173
Figure C8: Median days used crystalline methamphetamine (ice/crystal) in the six months preceding interview, among those who had used, 2000-2009 174
Figure C9: Proportion of REU who reported recent (last six months) use of methamphetamine, 2003-2009 174
Figure C10: Proportion of REU who reported recent (last six months) use of cocaine, by jurisdiction, 2000-2009 175
Figure C11: Frequency of cocaine use among REU who reported using cocaine in the past six months, by jurisdiction, 2000-2009 175
Figure C12: Proportion of REU who reported recent (last six months) use of ketamine, by jurisdiction, 2000-2009 176

Figure C13: Frequency of ketamine use among REU who reported using ketamine in the past six months, by jurisdiction, 2000-2009 176
Figure C14: Proportion of REU who reported recent (last six months) use of GHB, by jurisdiction, 2000-2009 177
Figure C15: Frequency of GHB use among REU who reported using GHB in the past six months, by jurisdiction, 2000-2009 177
Figure C16: Proportion of REU who reported recent (last six months) use of LSD, by jurisdiction, 2000-2009 178
Figure C17: Proportion of REU who reported recent (last six months) use of cannabis, by jurisdiction, 2000-2009 178
Figure C18: Frequency of cannabis use among REU who reported using cannabis in the past six months, by jurisdiction, 2000-2009 179

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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
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 Organization

GLOSSARY OF TERMS

Binge	Use over 48 hours without sleep
Eightball	3.5 grams
Halfweight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the EDRS (see *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 2009* 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, gamma-hydroxybutyrate (GHB), (*d*-lysergic acid) LSD, 3,4-methylendioxyamphetamine (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 that provides information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ERD market in Australia, but in total they help to provide an evidence base for policy decisions; 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

Seven hundred and fifty-six participants were recruited to the 2009 REU sample. As in previous years, REU interviewed in the 2009 EDRS were young, with a mean age of 24 years; relatively 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 over half (56%) reporting living in rented accommodation and just under a quarter 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. Sixty-four percent of the sample was male, and the majority (86%) 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.

In relation to recruitment, the NT and QLD found it difficult to recruit the sample of N=100 in 2009. Please see jurisdictional reports for discussion. Advertisement in street press (39%) and word-of-mouth (39%) were the most effective ways participants were recruited to the study. Sixteen percent of the national sample had previously participated in the EDRS survey from 2003-2008.

Patterns of drug use among the REU sample

The REU interviewed in 2009, as with previous years, were polydrug users. Polydrug use was most frequently reported to occur by participants on a fortnightly to weekly basis. Despite their use of a range of other drugs, two-fifths (42%) reported that their drug of choice was ecstasy. Smaller proportions reported that their drug of choice was cannabis, alcohol, methamphetamine (speed, base or ice/crystal) or cocaine. One-third (36%) of the national sample had binged (used drugs for more than 48 hours without sleep) on ERD in the preceding six months, with ecstasy the most commonly reported drug involved in a binge session, followed by alcohol, cannabis and methamphetamine.

Sixteen percent of the national sample had ever injected a drug, with one-tenth having injected in the last six months

In addition to all participants reporting lifetime and recent use of ecstasy as a condition of entry into the study, alcohol (99.5%), cannabis (98%) and tobacco (92%) were the drugs most likely to have ever been used ('lifetime use') and to have been used in the preceding six months ('recent use'; 97.5%, 82% and 80% respectively). Two-fifths 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) and LSD.

Ecstasy

Consumption patterns

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. Fourteen (14%) 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. Two-fifths (38%) reported typically using more than two tablets in a session. One-third (34%) 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=49-336 hours, i.e. two weeks. Of those who commented (n=553, 82%), the majority reported that they usually used other drugs with ecstasy, typically alcohol or tobacco. Ecstasy was typically swallowed. Recent (last six months) injection of ecstasy was reported by 2% of the national sample.

Market patterns

The median price of a tablet of ecstasy ranged from $20 in New South Wales (NSW), South Australia (SA) and Queensland (QLD) to $50 in the Northern Territory (NT). Price decreases of between $2.50 and $10 were reported across all but Tasmania (TAS) and the NT. The majority of the REU in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.

Reports of ecstasy purity were mixed, with the largest proportion of participants reporting that it was medium (35%). Similar proportions of the sample reported that purity levels had fluctuated (34%) remained stable (29%) or had decreased (30%) over the preceding six months.

The vast majority reported ecstasy to be easy (45%) or very easy (43%) to obtain and few participants across jurisdictions reported ecstasy to be difficult to obtain. The majority in all jurisdictions (61%) reported that availability had remained stable in the six months prior to interview.

Ecstasy was purchased from a range of people (median=three people) most commonly from friends, between monthly and fortnightly with a median of five pills purchased in one session. It was also used in a range of locations, most commonly in nightclubs. REU in this sample identified mostly as 'clubbers' and the euphoric effects of ecstasy was the most common reasons endorsed for continuing ecstasy use.

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 over half reported use of one or more of these forms during the six months preceding interview. In 2009, 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 four days in the past six months (i.e. less than monthly use). Daily use was uncommon, with three participants reporting daily use in 2009.

Speed use

Just under half (45%) 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 three days, i.e. sporadic use. VIC was the jurisdiction with the highest reported use of speed powder. The mean age of first use was 19 years.

Among recent speed users, snorting (70%) and swallowing (56%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram.

Market characteristics

The price of speed ranged from $47.50-$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 very easy to obtain and the availability change was reported as stable.

Base use

Fifteen percent of participants reported using base in the six months prior to interview. The median days of use among users decreased to two days. The NT and NSW were the jurisdictions with the highest reported base use. The mean age of first use was 21 years. Among recent base users, swallowing was the most commonly nominated route of administration (ROA) (56%). The average amount used in a typical session was 1.75 points.

Market characteristics

The price of base ranged from $100-$400 per gram and $30-$60 per point, with the majority reporting the price remained stable. Base was reported at medium to high purity and this was reported to have both remained stable and to have fluctuated. Base was reported as being easy to very easy to obtain, availability was reported as being stable.

Ice/crystal use

Just over one-third (36%) of the national sample reported having ever used ice/crystal and 15% reported recent use. A significantly lower proportion of participants reported ice/crystal use in 2009 compared with 2008. The mean days of use among those who had recently used was four days. SA was the jurisdiction with the most ice/crystal use reported recently. The median age of first use was 22 years. The most common ROA for ice/crystal was smoking (82%). The average amount used in a typical session was two points.

Market characteristics

Price of ice/crystal ranged from $250-$400 per gram and was consistent in all but one (the NT) jurisdiction 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.

Cocaine

Consumption patterns

Lifetime use of cocaine was reported by three-fifths (63%) of the national sample. Two-fifths (39%) reported cocaine use in the six months prior to interview. Use remained limited to the east coast of Australia: NSW, QLD, VIC, and the Australian Capital Territory (ACT). Five percent of the national sample reported having ever injected cocaine. Among recent users, cocaine had typically been snorted (96%), while 30% had swallowed it. The mean age of first use was 20 years. Eight percent of the national sample nominated cocaine as their drug of choice. Frequency of cocaine among users remained low at a median of two days (sporadic use) during the six months prior to interview. The majority (80%) 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. Almost one-fifth (18%) of those who had binged on ERD in the six months preceding interview had used cocaine in binge session.

Market characteristics

The price of cocaine remained stable in NSW, ACT, VIC and QLD at $300. Cocaine purity was reported as low and this was reported as remaining stable over the preceding six months. Availability reports were mixed with the slight majority reporting it was easy to obtain, a change from previous years where it had been considered difficult. Availability was reported as being stable. Cocaine was predominantly purchased from private sources, friends and friends' homes and was reportedly last used in public locations, nightclubs.

Ketamine

Consumption patterns

Almost one-third (29%) of the national sample reported lifetime use of ketamine, and a tenth (10%) reported using ketamine recently. The mean age of first use was 20 years.

Ketamine use is predominantly reported in VIC, NSW and SA. All other states have less than 10 participants reporting recent use. The proportion of reported recent use of ketamine has declined in all jurisdictions from 2003-2009. This may be related to a demographic issue (i.e. ketamine use is becoming refined to a group of users not targeted by the EDRS) or a sampling issue (i.e. perhaps the EDRS is no longer able to target this sub-group of REU 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 (82%) snorted, while one-quarter (25%) had swallowed it. Among users, ketamine had been used on a median of two days in the past six

months; the majority (88%) had used ketamine less than once per month. There were no reports of more than weekly use. The median amount of ketamine used in a typical and the heaviest recent episode of use was two 'bumps'.

Market characteristics
Small proportions reported on the price of a gram of ketamine, which ranged from a median of $150 in NSW to $400 in the NT. The price was reported as stable by two-fifths of 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 availability was mixed with 57% reporting that it was difficult and 53% reporting that it was easy to obtain. Availability remained stable in the preceding six months. Ketamine was predominantly obtained from friends, purchased typically in private locations, such as friends' homes. Locations of last use was divided between public locations (nightclubs) and private locations (friends' home).

GHB

Consumption patterns
Fourteen percent of the national sample reported lifetime use of GHB, with the mean age of first use being 22 years. There was a significant decrease in recent use in 2009 compared to 2008. Four percent of the national sample reported recent use, with recent use reported mostly on the east coast of Australia (VIC and NSW). 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; 85% reported using less than once per month. Recent GHB users reported using a median of 5.75mls in a typical episode of use and a median of 9mls in the heaviest recent episode of use. GHB was consumed orally; no other ROA was reported.

Market characteristics
Only 10 participants were able to comment on the price of a millilitre of GHB. Over half the participants commented that the price had not changed (stable). Purity reports were mixed between high and medium, and purity change comments were also mixed between remaining stable and having considered to have increased. Of those who commented on GHB availability, reports were mixed between being considered easy and difficult to obtain. Availability change reporting was also mixed with minimal numbers commenting. GHB was scored from friends and known dealers. Locations where GHB was last used included nightclubs and friends' homes.

LSD

Consumption patterns
Sixty-one percent of the national sample reported the lifetime use of LSD, 34% reported recent use of LSD. The mean age of first use was 18 years. The median days of LSD use amongst recent users was two. Recent users reported using a median of one tab in a typical session and two tabs in the heaviest recent session of use.

Market characteristics
The median price per tab of LSD ranged from $15 in SA to $25 in the ACT, the NT and WA. Sixty-four percent of those commenting reported that the price had remained stable in the six months prior to interview. Of those who commented, 60% reported that the current purity of LSD was high. Forty-six percent of those who commented reported that purity had remained stable in the six months preceding interview. Overall, LSD was reported to have remained easy to obtain and this has remained stable (53%) in the last six months. LSD was mostly reported to have been obtained from friends and used in private locations such as own home or friends' homes.

Cannabis

Consumption patterns

Almost all (98%) of the sample reported ever having used cannabis and the majority (82%) reported cannabis use in the six months preceding interview. There was a significant increase in the number of recent cannabis use from 2008 to 2009. Among recent (six month) users, cannabis had typically been smoked (82%), or swallowed (29%). The mean age of first use by regular users was 15 years. Cannabis was the drug of choice for 17% of the sample.

Among those who had used cannabis in the six months preceding interview, use occurred on a median of 29 days during this time, i.e. approximately weekly use. Seventeen percent of the national sample were daily smokers. Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions. The median number of cones smoked was four.

Market characteristics

Nationally, quarter-ounces and ounces were the most commonly purchased amounts, with hydroponically grown cannabis (hydro) more commonly purchased than bush cannabis. Median prices for hydro tended to be slightly higher than for bush cannabis, with the median price for a quarter-ounce typically between $55 (SA) and $105 (the NT) for hydro and between $50 (SA) and $200 (the NT) for bush. The median price paid per ounce of hydro ranged from $220 in SA to $360 in the NT. The median price paid per ounce of bush ranged from $200 in NSW, VIC and SA to $320 in the NT. The price was commonly reported to have remained stable over the preceding six months.

As in 2008, participants in all jurisdictions generally perceived the potency of hydro to be high and bush was most commonly reported to be medium. The potency for both forms was generally reported to have remained stable over the last six months.

Hydro and bush were both reported by the majority to be easy or very easy to obtain. 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. Participants' own homes followed by friends' homes were the most common locations for both bush and hydro to have been scored from.

Other drugs

Since report use of MDA has declined annually since 2007, it has been included in the 'Other drug use' section. MDA lifetime use was small at 14% of the national sample, with 5% reporting recent use on a median of 2.5 days.

Almost all (99%) participants reported lifetime use of alcohol, and 98% reported alcohol use in the six months preceding interview. The mean age of first use was 14 years. The median days of alcohol use was 48. No significant differences were detected from 2009 to 2008 in use or frequency of consumption. Alcohol was commonly reported as a drug used in combination with other drugs during bingeing sessions.

Ninety-two percent reported lifetime tobacco use and 80% had used tobacco in the six months preceding interview. Just over half (53%) of recent tobacco users were daily smokers, with median days use being daily (180 days).

Almost half (45%) of the sample reported lifetime benzodiazepine use (both licitly and illicitly obtained) and one-fifth (19%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (n=12).

One-quarter (24%) of the sample reported lifetime antidepressant use (both licitly and illicitly obtained) and one-tenth (10%) reported recent use. Licit use was higher than illicit use in 2009. The ROA was mainly swallowing with n<5 reports of injecting.

Two-fifths (43%) of the sample reported lifetime nitrous oxide use and 10% reported use in the six months preceding interview on a median of four days. Use was highest in SA and TAS.

Significantly more recent use of amyl nitrate (nationally) was reported in 2009 compared with 2008. Use was occasional on a median of four days.

More than half (52%) of the sample reported having ever used mushrooms and 18% reported recent mushroom use. Use occurred on a median of two days, and 88% of recent users had used less than once per month.

Half (48%) of the national sample had ever used pharmaceutical stimulants (both those licitly and illicitly obtained) and one-fifth (19%) had used them in the six months preceding interview. A higher proportion of the sample reported lifetime and recent use of pharmaceutical stimulants that had been illicitly obtained compared to licitly obtained.

Drug information-seeking behaviour

Participants varied in their efforts to find out about the content of drugs, with 25% always seeking information about the content of their ecstasy tablets and 29% never seeking information about the content of other drugs. Information was most commonly sought from friends (75%), dealers (48%), and websites (42%).

Health-related trends

Overdose

Of the national sample, 15% reported having ever overdosed on a stimulant drug and, of those, 50% had done so in the preceding 12 months. Recent (last 12 months) overdoses were most commonly attributed to ecstasy, followed by speed and most reported to have occurred in a friend's home or at a nightclub. Two-thirds (67%) of those reporting recent overdose were under the influence of other drugs at that time. Participants reporting recent overdose had done so after a median of six hours of partying.

With regards to depressant drugs, 26% of the national sample reported having ever overdosed on a depressant drug and, of those, 62% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (85%), with smaller proportions reporting GHB (3%) and heroin (4%). Just over half (57%) of those reporting recent depressant overdose were under the influence of more than one drug at that time. Medical treatment had not typically been sought (73%); however, participants did report in those instances where it was sought, ambulance attendance, emergency department visits and the administration of CPR were the most common treatments sought.

Help seeking behaviour
Among the national sample, just 19% 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 (GPs) (50%) and counsellors (22%). Participants accessing GPs, drug and alcohol workers, emergency, first aid, hospital and/or an ambulance for assistance most commonly reported ecstasy and alcohol as the main drug behind their visits.

Drug treatment
In 2007/08, treatment seeking for ecstasy use (as the principal drug of concern) remained low in the general population at 0.9% of closed treatment episodes; however, this figure has increased slightly from 0.4% in 2006/07. Figures for cocaine also remained low and stable (0.3% of treatment episodes in 2006/07). The proportion of clients seeking treatment for methamphetamine use remained stable and ranged from 2.4% in the NT to 25.6% in WA. The proportion of clients seeking treatment where cannabis was the principle drug of concern ranged from 10% in SA to 45% in TAS.

Other problems
Social or relationship problems attributed to ERD use were reported by 24% of the national sample, while 39% reported occupational or educational problems and 38% 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 separations
Indicator data suggested that amphetamine-related inpatient hospital admissions have remained relatively stable in 2007/08 at the national level over the past few years, with jurisdictional variations noted. Cocaine-related inpatient hospital admissions remained lower than for methamphetamine.

Mental health problems
One-fifth (19%) 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 (50%) and counsellors (22%). Participants accessing health services most commonly reported ecstasy and alcohol as the main drugs behind their visit.

A small proportion of participants (7%) were classified as currently experiencing very high psychological distress on the Kessler Psychological Distress Scale. The majority reported no or low distress (39%).

Risk behaviour

Injecting risk behaviour
Sixteen percent of the national sample reported having injected at some time in their lives; 11% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 19 years (range=12-36 years). Among those who had injected in the preceding six months (n=81), the last drug most commonly reported to have been injected was speed (30%). A fifth (19%) of the sample of recent injectors reported injecting while under the influence and while coming down. Syringes were typically obtained from a needle and syringe program (NSP) (61%) and/or a pharmacy (37%). Of those who had injected in the preceding six months, 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. Twenty-

three percent of recent (past six months) injectors (n=18) reported sharing of other injecting equipment.

Sexual risk behaviour
Three-fifths (62%) of participants reported penetrative sex in the six months preceding interview with at least one casual partner. A fifth (19%) of those who had had casual sex reported never using a condom. The majority (83%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months, predominantly alcohol, ecstasy and cannabis were the drugs most commonly reported.

Driving risk behaviour
Just over three-quarters (78%) had driven a car in the last six months, 59% of whom had driven under the influence of alcohol (73% of those reported having been over the legal limit) and 62% had driven shortly after taking an illicit drug. The most commonly reported illicit drugs after which these participants had driven were ecstasy, cannabis and speed. The majority of those who commented thought that on the last occasion thy had consumed drugs and driven they had either been slightly impaired (41%) or that the drugs had had no impact (35%) on their driving ability. There were several detections of random breath test (RBT) positive notifications in this sample (20% of those who had been RBT tested); however, less than 10 participants had ever been saliva drug driving tested, and no positive notifications were reported.

The Alcohol Quantity Frequency and Variability Assessment (AQFV)
In 2009, a new measure of alcohol consumption was included in the EDRS: the Alcohol Quantity Frequency and Variability Assessment (AQFV). The majority of participants (52%) fell into the low risk drinking category (based on median number of drinking days per year), though one-third (32%) fell into the high risk category. Nationally, the average number of drinks per session was eight standard drinks.

Law enforcement-related trends

Self-reported criminal activity
Thirty-eight percent of the sample reported engaging in some form of criminal activity in the month prior to interview. Drug dealing was the most common crime reported in all jurisdictions, except the ACT where property crime was reported at equal levels.

Police activity
Reports of recent police activity were mixed with equal proportions reporting that activity was stable (49%) or had increased (49%). One-fifth (19%) responded that police activity had made it more difficult for them to score drugs.

Sniffer drug detection dogs
Over half the national sample (53%) – a rise from (36%) in 2008 – reported seeing sniffer dogs on an average of twice in the six months preceding interview, with the majority reporting that they were in possession of drugs at the time of seeing the sniffer dog.

Arrests
Thirteen percent of the national sample had been arrested in the past year, compared with 7% in 2008. The most common charge was reported to be property offences, followed by a drug/possession offence.

Special interest topics for EDRS 2009

Mixed energy drink consumption

Four in five participants had consumed energy drinks mixed with alcohol over the preceding six months. On their last occasion, respondents had consumed a median of three (range=1-35) energy drinks mixed with alcohol. There was no significant difference between men and women in this group regarding the use of energy drinks with ecstasy and alcohol.

Personal Wellbeing Index

On the Personal Wellbeing Index (PWI) scale, a similar pattern was observed in each jurisdiction with participants' scores very close to the general population on each domain. At normal levels of wellbeing (average scores = 70-80 points), people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. Most scores except those in relation to health, future security and achievement in life were within this score range.

Chronic health conditions

On the questionnaire section relating to chronic health conditions, a third of participants reported a lifetime diagnosis of asthma by a doctor. All other main diagnoses were reported by a much smaller proportion of the sample.

Gambling practices

A third of the sample reported having engaged in some form of gambling on a median of two occasions (most commonly poker machines or the casino in the month preceding interview. Of those who had gambled, half (52%) reported gambling while under the influence of alcohol. The median amount spent on gambling on the last occasion was $20.

Aggression in REU

EDRS participants were asked to complete the Buss-Perry Aggression Questionnaire Short-form. Among those who commented (n=740), verbal aggression was endorsed by 15% of the participants. Anger was the second most endorsed aggression domain (8%) followed by physical aggression (7%) and hostility (4%).

1 INTRODUCTION

This report provides a national summary of trends from the seventh year of monitoring ecstasy and related drug (ERD) 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 2009, 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 (IDRS) (Topp et al., 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD 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 2009 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 2009, 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 ERD use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 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 ERD category, 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 the Australian Institute of Health and Welfare's (AIHW) 2007 NDSHS *Detail Findings (Australian Institute of Health and Welfare, 2008).*

A growing market for ecstasy, i.e. tablets sold purporting to contain MDMA, has existed in Australia for more than a decade. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. LSD), fluctuate widely in availability (e.g. MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and 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 ERD 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 2009 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, on radio and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone 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 because new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that took approximately 45 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, sexual behaviour, gambling and driving under the influence of alcohol and other drugs), help-seeking behaviour, energy drinks, mental and physical health, personal health and wellbeing 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 were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan, 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 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 one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between June and September 2009. KE were renumerated with a small incentive (e.g. box of chocolates, coffee) for their time.

One-hundred and twenty-seven KE across the country participated in the 2009 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program (NSP) workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/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, e.g. in providing an indication of the extent to which trends may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report: NSW: (Scott and Burns, 2009a); the Australian Capital Territory (ACT): (Cassar et al., 2009); Victoria (VIC): (Kong, 2009); Tasmania (TAS): (Matthews and Bruno, 2009); SA: (White et al., 2009); Western Australia (WA): (Rainsford et al., 2009); the Northern Territory (NT): (Scott and Burns, 2009b); and 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 ACC. These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- Data on consumer and provider arrests by drug type provided by the ACC;
- Data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to this database);
- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- National notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- Cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- Data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Customs Service (ACS).

3 DEMOGRAPHICS

- REU have been found to be aged in their mid-20s (mean age of 24 years), predominantly male (64%), with a majority identifying as heterosexual (86%). Small proportions have reported a prison history or currently being in drug treatment.
- The REU interviewed were well educated: two-fifths had obtained post-secondary qualifications, while 11% were full-time students and 18% were studying and employed.
- One-third of the national sample was currently in full-time employment. The majority were renting (56%) or living in the parental/family home (24%).
- 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 the NT and QLD in being able to recruit 100 REU in the allotted time period.
- Data across time show that key demographic characteristics of the sample have remained stable.

A total of 756 REU were interviewed for the 2009 EDRS. The national sample comprised of 101 REU from Canberra (ACT); 100 each from Sydney (NSW), Melbourne (VIC), Hobart (TAS), Adelaide (SA) and Perth (WA); and 88 from Brisbane (QLD) and 67 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, discussed in the ecstasy chapter.

3.1 Overview of the REU participant sample

Almost three-fifths of the national sample interviewed in 2009 were male. The mean age of the sample was 24 years (SD=6.25, range=16-54). There was no significant difference between gender and age (24.23 vs. 23.36, t_{669}=1.958, p=0.051). Most participants identified as heterosexual and nominated English as the main language spoken at home. A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) 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=0.94, range=7-12), and 72% 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 19% having completed a university degree or college course. Six percent of the sample had a previous criminal conviction for which they had served a custodial sentence (Table 1).

Half (55%) of the national sample reported that they were single and just over one-third (36%) had a partner. Eight percent reported to be married or living in a de facto relationship, and less than 1% reported that they were separated, divorced or widowed respectively.

Three percent (n=23) of the national sample reported that they were currently in drug treatment. Of those that were in treatment, drug counselling was reported as their main form of treatment (n=5), with small numbers (<5) reporting other treatments including methadone maintenance treatement, Subutex (buprenorphine) treatment, Suboxone (buprenorphine-naloxone) treatment, and antidepressants.

Table 1: Demographic characteristics of REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Mean age (years)	**24**	22	22	23	24	24	23	31	25
	(25)	(27)	(23)	(24)	(23)	(27)	(26)	(30)	(23)
% Male	**64**	64	60	67	64	65	65	61	60
	(57)	(68)	(53)	(53)	(60)	(53)	(48)	(64)	(57)
% English speaking background	**98**	94	100	100	100	99	97	99	98
	(98)	(98)	(99)	(96)	(99)	(99)	(98)	(93)	(99)
% Aboriginal and/or Torres Strait Islander	**2**	0	1	2	0	4	2	12	0
	(2)	(3)	(1)	(1)	(1)	(3)	(0)	(13)	(2)
Sexual identity									
% Heterosexual	**86**	91	89	84	98	83	84	60	89
	(81)	(63)	(81)	(88)	(91)	(80)	(97)	(64)	(84)
% Gay male	**6**	5	1	7	1	5	5	27	1
	(9)	(27)	(4)	(2)	(2)	(4)	(0)	(0)	(7)
% Lesbian	**2**	1	3	0	0	1	3	6	4
	(3)	(3)	(6)	(2)	(0)	(7)	(2)	(2)	(4)
% Bisexual	**6**	2	7	7	1	10	8	4	10
	(6)	(4)	(10)	(8)	(7)	(6)	(2)	(6)	(6)
Mean years of school education	**12**	12	11	12	12	11	12	11	12
	(12)	(12)	(12)	(12)	(12)	(11)	(12)	(11)	(12)
% Tertiary qualifications	**43**	33	22	46	46	53	46	40	62
	(53)	(72)	(41)	(46)	(54)	(57)	(59)	(36)	(56)
% Employed full time	**29**	21	33	25	27	28	22	55	29
	(41)	(54)	(33)	(38)	(36)	(22)	(55)	(58)	(39)
% Students[#]	**11**	13	12	9	22	4	13	5	6
	(11)	(10)	(10)	(9)	(19)	(3)	(3)	(4)	(19)
% Employed & studying	**18**	38	10	27	20	8	27	6	5
	(16)	(13)	(22)	(18)	(16)	(18)	(24)	(15)	(7)
% Unemployed	**18**	13	14	16	14	33	15	22	19
	(11)	(11)	(17)	(8)	(6)	(23)	(5)	(6)	(12)
Mean weekly income	**$508**	$519	$541	$542	$538	$433	$425	$572*	$530
Accommodation									
% Own house/flat	**7**	3	6	3	10	6	8	18	6
	(8)	(9)	(15)	(6)	(5)	(3)	(21)	(9)	(2)
% Rented house/flat	**56**	49	47	60	679	58	45	63	60
	(65)	(64)	(54)	(61)	(69)	(66)	(50)	(76)	(77)
% Family home	**24**	48	41	35	21	34	44	13	28
	(22)	(25)	(25)	(30)	(26)	(27)	(29)	(13)	(19)
% Prison history	**6**	3	9	1	2	8	8	11	1
	(4)	(2)	(7)	(2)	(3)	(7)	(3)	(0)	(7)
% Currently in drug treatment	**3**	4	4	2	3	1	5	0	5
	(3)	(3)	(8)	(3)	(1)	(0)	(3)	(0)	(5)

Source: EDRS REU interviews

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

* Only 22 participants answered this question in the NT

Note: Comparable data from 2008 presented in brackets. *Mean weekly income* first included in 2009.

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-20s. Other key demographic characteristics have also remained consistent across time. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that REU are a group with little contact with law enforcement and drug treatment services.

Table 2: Demographic characteristics of REU, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Mean age (range)	25 (15-59)	24 (16-61)	24 (16-61)	25 (16-71)	25 (16-54)	25 (17-59)	24 (16-54)
% Male	60	62	59	63	58	57	64
% English speaking background	98	98	98	98	98	98	98
% Heterosexual	82	83	84	84	81	81	86
% Tertiary qualifications	46	50	50	45	56	53	43
% Employed full time	30	37	35	37	33	41	29
% Unemployed	25	16	14	16	16	11	18
% Prison history	8	7	8	7	6	4	6
% Currently in drug treatment	6	3	3	4	4	3	3

Source: EDRS REU interviews

3.1.1 Recruitment of REU sample, 2009

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 NSW, TAS and QLD reported learning of the study from fliers (Table 3). Despite the use of previous methodology, participants in the NT and QLD were extremely difficult to recruit in the given timeframe. For further explanation on jurisdictional difficulties please consult the relevant 2009 jurisdictional report.

Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
% Previously participated in EDRS	16	6	12	14	35	9	7	41	12
Where found out about EDRS survey recruitment									
% Internet	8	12	1	16	4	7	15	2	6
% Word of mouth	39	20	23	29	65	46	35	72	20
% Advert in street press	38	35	68	54	2	35	37	0	59
% Fliers	3	31	6	1	29	8	11	19	9
% Previously participated in IDRS	3	1	5	2	2	2	2	8	0

Source: EDRS REU interviews

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

- Despite their use of a range of other drugs, two-fifths (42%) reported that their drug of choice was ecstasy. Smaller proportions reported that their drug of choice was cannabis, alcohol, methamphetamine (speed, base or ice/crystal) or cocaine.
- One-third (36%) of the national sample had binged on ERD in the preceding six months, with ecstasy the most commonly reported drug involved in a binge session, followed by alcohol, cannabis and methamphetamine.
- Sixteen percent of the national sample had ever injected a drug, with one-tenth having injected in the last six months (see the *Injecting Risk Behaviour* section for further details).

In 2009, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including alcohol and tobacco.

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS, namely ecstasy, methamphetamine, cocaine, ketamine, GHB, MDA and LSD, with 45% 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). Sixteen percent of the national sample reported having ever injected a drug, and one-tenth of the sample had injected a drug in the six months preceding interview.

4.1.1 Injecting drug use

Sixteen percent of the national sample reported that they had injected a drug in their lifetime, and 11% had injected in the preceding six months. Among those who had recently injected, the most commonly reported drugs injected recently were speed (30%, representing 3% of the entire sample), base (25%, representing 3% of the entire sample), heroin (19%, 2% of the entire sample) and ice/crystal (13%, 1% of the entire sample). For further details, please refer to the *Injecting Risk Behaviour* section.

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever injected a drug (%)	**16**	9	13	18	14	19	11	32	22
Injected a drug last six months (%)	**11**	7	11	7	12	12	6	25	14
Alcohol									
ever used (%)	**99.5**	100	100	100	100	96	100	100	100
recent use (%)	**97.5**	100	99	99	99	93	99	90	99
median days recent use	**48 (1-180)**	62.5 (1-180)	49 (2-180)	48 (1-180)	55 (4-180)	48 (1-180)	48 (1-180)	71 (2-180)	50 (4-180)
Cannabis									
ever used (%)	**98**	98	100	95	98	98	99	93	99
recent use(%)	**82**	83	89	85	76	86	85	60	84
median days recent use	**29 (1-180)**	26 (1-180)	35 (1-180)	24 (1-180)	15 (1-180)	96 (1-180)	48 (1-180)	37 (1-180)	38 (1-180)
Tobacco									
ever used (%)	**92**	95	93	91	92	90	92	88	93
recent use (%)	**80**	84	87	86	77	80	76	65	83
median days recent use	**180 (1-180)**	148 (1-180)	170 (1-180)	180 (1-180)	96 (1-180)	180 (2-180)	180 (2-180)	180 (1-180)	180 (1-180)
Meth. powder (speed)									
ever used (%)	**74**	83	68	90	69	60	63	82	77
recent use (%)	**45**	37	44	72	46	30	37	61	41
median days recent use	**3 (1-180)**	3 (1-30)	2 (1-96)	5 (1-180)	2 (1-48)	6 (1-180)	2 (1-48)	3 (1-180)	5 (1-72)
Meth. base									
ever used (%)	**33**	51	30	18	25	46	13	52	35
recent use (%)	**15**	23	13	7	14	21	3	28	17
median days recent use	**2 (1-180)**	2 (1-96)	3 (1-14)	1 (1-6)	3 (1-14)	6 (1-100)	3 (1-5)	2 (1-180)	4 (1-48)
Crystal meth. (ice/crystal)									
ever used (%)	**36**	29	28	36	29	52	41	28	43
recent use (%)	**15**	9	8	13	7	32	20	15	17
median days recent use	**4 (1-180)**	12 (1-48)	4 (1-10)	3 (1-60)	6 (1-55)	6 (1-72)	3 (1-48)	5 (1-180)	2 (1-48)
Meth. (any form)^									
ever used (%)	***79***	*86*	*76*	*91*	*72*	*76*	*69*	*82*	*81*
recent use (%)	***54***	*49*	*54*	*72*	*52*	*53*	*44*	*64*	*47*
median days recent use	***4 (1-180)***	*4 (1-96)*	*2 (1-85)*	*5 (1-180)*	*3 (1-72)*	*7 (1-180)*	*2 (1-96)*	*4 (1-180)*	*6 (1-72)*
Cocaine									
ever used (%)	**63**	85	65	75	51	45	52	52	78
recent use (%)	**39**	64	44	48	31	20	24	23	55
median days recent use	**2 (1-180)**	3 (1-30)	2 (1-100)	2 (1-50)	2 (1-24)	2 (1-8)	2 (1-180)	2 (1-12)	2 (1-20)
LSD									
ever used (%)	**61**	62	63	63	52	71	55	47	67
recent use (%)	**34**	37	35	46	34	37	31	11	30
median days recent use	**2 (1-25)**	2 (1-25)	2 (1-24)	2 (1-20)	2 (1-15)	3 (1-20)	3 (1-24)	3 (1-12)	3 (1-12)

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2009 continued

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
MDA									
ever used (%)	**14**	13	16	9	10	8	9	19	34
recent use (%)	**5**	2	8	2	8	2	2	5	8
median days recent use	**2** (1-72)	1 (-)	1 (1-7)	2 (1-3)	2 (1-24)	2 (1-3)	2 (1-2)	2 (1-2)	3 (1-72)
Ketamine									
ever used (%)	**29**	53	16	43	21	31	18	13	31
recent use (%)	**10**	19	2	21	5	19	6	0	6
median days recent use	**2 (1-12)**	2 (1-8)	5 (1-8)	2 (1-10)	2 (1-2)	2 (1-12)	2 (1-12)	0	1 (1-3)
GHB/1,4B/GBL									
ever used (%)	**14**	24	17	15	11	9	7	13	16
Recent use (%)	**4**	6	1	10	3	2	2	0	3
median days recent use	**2 (1-72)**	4 (1-72)	1 (-)	3 (1-5)	1 (1-2)	2 (1-3)	2 (1-3)	0	2 (1-10)
Amyl nitrate									
ever used (%)	**48**	74	49	62	67	30	20	33	46
recent use (%)	**26**	38	19	41	51	16	6	22	15
median days recent use	**4 (1-180)**	3 (1-180)	2 (1-72)	3 (1-24)	5 (1-72)	7 (1-72)	3 (1-12)	8 (1-25)	2 (1-24)
Nitrous oxide									
ever used (%)	**43**	27	46	43	54	53	39	15	64
recent use (%)	**19**	5	19	22	32	33	13	2	24
median days recent use	**4 (1-50)**	3 (1-15)	2 (1-15)	4 (1-30)	5 (1-40)	5 (1-48)	2 (1-24)	1 (-)	6 (1-50)
Licit benzodiazepines									
ever used (%)	**13**	7	16	17	9	12	11	6	28
recent use (%)	**8**	6	10	8	6	7	8	6	14
median days recent use	**18 (1-180)**	18 (2-90)	14 (2-180)	25 (2-180)	18 (10-180)	120 (10-180)	30 (1-180)	180 (4-180)	11 (1-180)
Illicit benzodiazepines									
ever used (%)	**39**	46	42	72	30	26	34	12	41
recent use (%)	**21**	21	24	50	19	14	16	3	18
median days recent use	**3 (1-180)**	3 (1-72)	3 (1-30)	4 (1-72)	4 (1-60)	2 (1-180)	3 (1-48)	2 (1-2)	3 (1-96)
Any benzodiazepines (licit/illicit)									
ever used (%)	***45***	*47*	*47*	*74*	*36*	*34*	*41*	*16*	*53*
recent use (%)	***27***	*24*	*29*	*53*	*24*	*19*	*22*	*8*	*27*
median days recent use	***4 (1-180)***	*3 (1-114)*	*4 (1-180)*	*5 (2-180)*	*5 (1-180)*	*4 (1-180)*	*4 (1-96)*	*92 (2-180)*	*6 (1-180)*

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2009 continued

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Licit pharm. stimulants									
ever used (%)	**6**	7	11	5	2	4	6	8	6
recent use(%)	**2**	1	7	1	0	2	3	2	2
median days recent use	**120 (3-180)**	180 (-)	15 (5-180)	150 (-)	0	92 (3-180)	180 (3-180)	120 (-)	93 6-(180)
Illicit pharm. stimulants									
ever used (%)	**44**	47	59	37	30	26	78	22	48
recent use (%)	**19**	13	34	14	10	3	58	6	9
median days recent use	**3 (1-90)**	3 (1-15)	4 (1-48)	2 (1-13)	2 (1-15)	3 (1-5)	4 (1-90)	2 (1-48)	4 (1-15)
Any pharm. stimulants (licit/illicit)									
ever used (%)	***48***	*52*	*63*	*41*	*31*	*30*	*82*	*23*	*50*
recent use (%)	***20***	*14*	*36*	*15*	*10*	*5*	*60*	*6*	*11*
median days recent use	***4 (1-60)***	*3 (1-180)*	*5 (1-180)*	*2 (1-150)*	*2 (1-15)*	*3 (1-180)*	*4 (1-180)*	*25 (1-122)*	*5 (1-180)*
Licit antidepressants									
ever used (%)	**19**	17	26	21	13	18	15	9	34
recent use (%)	**8**	9	10	9	9	4	6	3	14
median days recent use	**170 (1-180)**	120 (1-180)	140 (21-180)	180 (12-180)	180 (30-180)	180 (30-180)	165 (6-180)	26 (3-48)	180 (2-180)
Illicit antidepressants									
ever used (%)	**7**	5	8	9	3	10	6	6	8
recent use (%)	**2**	1	1	4	1	2	0	3	1
median days recent use	**4 (1-48)**	7 (-)	5 (-)	6 (2-48)	2 (-)	6 (1-10)	0	3 (2-3)	6 (-)
Any antidepressants (licit/illicit)									
ever used (%)	***24***	*20*	*32*	*27*	*16*	*25*	*21*	*15*	*38*
recent use (%)	***10***	*10*	*11*	*13*	*10*	*5*	*6*	*6*	*15*
median days recent use	***120 (1-180)***	*90 (1-180)*	*130 (5-180)*	*48 (2-180)*	*105 (2-180)*	*180 (1-180)*	*165 (6-180)*	*3 (2-48)*	*180 (2-180)*
Magic mushrooms									
ever used (%)	**52**	48	55	62	56	45	50	45	55
recent use (%)	**19**	21	25	27	21	18	15	3	18
median days recent use	**2 (1-50)**	1 (1-15)	4 (1-50)	2 (1-6)	2 (1-30)	2 (1-35)	2 (1-6)	2 (-)	2 (1-10)

Table 4: Lifetime and recent (last six months) polydrug use of REU, 2009 conutinued

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Heroin									
ever used (%)	12	11	11	16	6	17	6	10	16
recent use (%)	4	3	8	5	3	6	2	2	6
median days recent use	10 (1-180)	6 (1-4)	49 (1-180)	2 (1-60)	1 (1-48)	10 (1-24)	60 (30-90)	180 (-)	15 (5-48)
Methadone									
ever used (%)	**6**	1	8	4	8	11	4	6	3
recent use(%)	**2**	0	2	1	4	1	1	3	1
median days recent use	**2 (1-180)**	0	1 (-)	180 (-)	24 (2-180)	180 (-)	1 (-)	2 (1-2)	1 (-)
Buprenorphine									
ever used (%)	**3**	2	7	2	2	4	2	3	3
recent use (%)	**2**	1	6	1	1	1	0	2	1
median days recent use	**83 (1-180)**	180 (-)	6 (2-170)	90 (-)	90 (-)	1 (-)	0	180 (-)	180 (-)
Other opiates									
ever used (%)	**27**	32	29	19	25	30	20	18	40
recent use (%)	**9**	2	13	8	8	15	10	8	10
median days recent use	**3 (1-180)**	2 (1-2)	3 (1-40)	5 (1-10)	5 (1-130)	5 (1-120)	1 (1-90)	114 (36-180)	1 (1-3)
OTC codeine									
ever used (%)	**46**	77	57	61	17	40	20	33	57
recent use (%)	**33**	55	44	47	9	28	15	25	41
median days recent use	**5 (1-110)**	5 (1-72)	6 (1-110)	5 (1-48)	2 (1-90)	6 (1-30)	6 (1-30)	4 (1-48)	6 (1-96)
OTC stimulants ever used (%)	**34**	60	40	33	10	26	19	49	42
recent use (%)	**19**	34	27	19	6	13	8	20	26
median days recent use	**5 (1-50)**	4 (1-25)	4 (1-20)	6 (1-30)	5 (2-12)	4 (1-20)	6 (1-12)	6 (1-15)	6 (1-50)

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 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 2009 compared with 2008. The 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, 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Alcohol							
ever used (%)	98	99	99	99	100	99	99.5
used last six months (%)	93	95	97	96	98	97	97.5
Cannabis							
ever used (%)	96	96	97	98	100	97	98
used last six months (%)	85	81	84	83	87	76	82
Meth. powder (speed)							
ever used (%)	87	85	89	86	82	77	74
used last six months (%)	73	68	74	64	57	46	45
Meth. base							
ever used (%)	51	53	52	52	45	39	33
used last six months (%)	36	39	38	34	26	18	15
Crystal meth. (ice/crystal)							
ever used (%)	63	63	60	65	54	47	36
used last six months (%)	52	45	38	49	33	24	15
Meth. (any form)^							
ever used (%)	*92*	*91*	*94*	*93*	*89*	*83*	*79*
used last six months (%)	*84*	*83*	*84*	*82*	*71*	*59*	*54*
Cocaine							
ever used (%)	54	54	61	63	66	68	63
used last six months (%)	24	27	41	37	40	36	39
LSD							
ever used (%)	65	60	64	61	61	58	61
used last six months (%)	29	26	32	29	28	30	34
MDA							
ever used (%)	33	32	20	23	24	21	14
used last six months (%)	19	15	9	7	6	4	5
Ketamine							
ever used (%)	40	40	38	35	39	35	29
used last six months (%)	26	23	21	14	16	12	10
GHB/1,4B/GBL+							
ever used (%)	22	23	21	20	20	17	14
used last six months (%)	12	11	10	9	7	7	4

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

4.1.2 Drug of choice and binge drug use

Ecstasy was the drug of choice for two-fifths (42%) of respondents in 2009. The next most commonly preferred drug was cannabis, followed by alcohol, methamphetamine (any form) and cocaine (Table 6).

Participants were asked whether they had binged on ERD in the six months proceeding interview. Bingeing was defined as using drugs on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). One-third (36%) 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 (95%) was the drug most commonly reported being used in a binge session. Alcohol (64%), cannabis (54%), speed (38%) and ice/crystal methamphetamine (20%) were also frequently reported as being used in a binge session. Other drugs mentioned included cocaine (18%), base (13%), nitrous oxide (7%), LSD (6%), ketamine (5%), mushrooms (4%) and GHB (3%).

Table 6: Drug of choice and recent (last six months) bingeing among REU, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Drug of choice (%)									
Ecstasy	**42**	44	32	42	56	37	42	49	39
Cannabis	**17**	18	20	9	6	27	25	8	23
Alcohol	**11**	9	17	16	5	5	8	15	16
Cocaine	**8**	11	7	5	17	3	6	6	6
LSD	**5**	2	7	11	5	8	6	0	1
Speed	**5**	2	5	5	3	5	4	15	5
Base	**2**	4	0	0	2	2	0	2	5
Ice/crystal	**2**	2	0	2	1	5	2	3	1
*Any form meth^*	***9***	*8*	*5*	*7*	*6*	*12*	*6*	*20*	*10*
Tobacco	**2**	1	4	3	1	1	1	0	3
Other drugs	<1	1	1	0	0	2	1	0	1
Binged* on any stimulant (%)	**36**	34	32	37	27	39	42	42	35

Source: EDRS REU interviews

* 'Binged' was 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

4.1.3 Polydrug use in REU, 2009

In 2009, participants were asked how often they used ERD. The majority of responses reported between fortnightly and weekly which is supportive of the frequency of polydrug use indicated by the literature for this sample. Very little numbers were reported for daily and more than once a day.

Table 7: Frequency of polydrug use in the REU sample, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Not in the last month	**3**	5	3	3	2	6	4	0	2
Monthly	**19**	19	20	19	25	18	12	13	21
Fortnightly	**41**	42	33	41	50	38	38	44	45
Weekly	**26**	26	31	35	16	24	28	24	24
More than once a week	**9**	8	12	2	7	13	11	18	7

Source: EDRS REU interviews

4.1.4 Change in trends of ERD use

Participants were asked to report if they had experienced anything novel regarding drug use (new drugs, routes of administration, types of people using) in the last six months. Proportions that reported that there were changes (Table 8) are below.

Nationally, the common themes reported were:

- New drugs on the market such as: mephedrone (4MMK) was reported by a small number of participants (n<5). It was described as a powder that was snorted, giving a 'content' and 'more intense euphoria than amphetamines' effect. DMT was also reported by n<10 participants to be a drug that had entered the ERD market.
- A higher prevalence of certain drugs such as amyl nitrate (bulbs), LSD/acid and mescaline was reported by participants.
- An increase in methods such as shelving and shafting were also reported of 'pills' implying ecstasy.

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

Table 8: Proportion that reported recent changes in social drug use patterns, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Changes in drug use (%)	**46**	49	52	44	83	54	25	23	46

Source: EDRS REU interviews

4.2 Ecstasy use

- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 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. Fourteen (14%) 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. Two-fifths (38%) reported typically using more than two tablets in a session.
- One-third (34%) 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=49-336 hours, i.e. two weeks).
- Of those that commented (n=553, 82%), the majority reported that they usually use other drugs with ecstasy; typically alcohol or tobacco.
- Ecstasy was typically swallowed. Recent (last six months) injection of ecstasy was reported by 2% of the national sample.

4.2.1 Ecstasy use among REU

The median age at which participants in the 2009 national sample first used ecstasy was 18 years (range=11-50 years) (Table 9); 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=12-50 years). The median length of time since participants reported first using regularly was three years (range=0-25 years). Participants were also asked what proportion of their friends used ecstasy. Among the national sample, 46% stated that most of their friends used ecstasy and 29% said about half their friends used it. Smaller proportions reported that all (7%), a few (18%) 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=1-96 days). There was no significant difference reported in median days use in 2009 compared with 2008, *p>0.05*. Just over half (55%) of participants had used between monthly and fortnightly (inclusive), 30% had used between fortnightly and weekly and 14% had used ecstasy more than once per week[4].

The median number of ecstasy tablets taken in a typical or average use episode in the preceding six months was two tablets (range=0.50-10 tablets). Over three-quarters (80%) of the national sample reported that they typically used more than one tablet and just over one-third (38%) reported using over two tablets per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four tablets (range=1-30 tablets).

All participants reported using pills recently, while 27% reported using ecstasy capsules and 14% reported using ecstasy powder. A third (34%) 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=49-336 hours). VIC and WA both reported the longest binge sessions of 336 hours (two weeks).

[4] Considering ecstasy pills, powder and capsules together, results were: 43% had used between monthly and fortnightly (inclusive), 37% had used between fortnightly and weekly and 18% had used more than once per week.

A summary of these findings is shown in Table 9; comparable data from 2008 are presented in Appendix A.

Table 9: Patterns of ecstasy use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Median age first used ecstasy (years)	**18**	17	17	18	19	17	18	20	18
Median age first used ecstasy regularly (years)	**19**	18	18	19	20	19	19	22	19
Median days used ecstasy in the last six months#	**12**	14	13	12	12	15	12	12	12
Used ecstasy# more than weekly (%)	**14**	12	11	11	0	23	0	23	23
Median tablets in typical session	**2**	2.5	2	2	2	2	2	2	2
Typically use >2 tablets (%)	**38**	51	37	48	21	44	40	18	36
Forms used (%)									
Pills	**100**	100	100	100	100	99	100	100	100
Capsules	**27**	33	6	48	48	10	15	31	27
Powder	**14**	11	14	24	12	9	10	19	17
Recently binged* on ecstasy (%)	**34**	33	29	36	26	38	40	37	34
Ever injected# ecstasy (%)	**7**	5	5	3	5	6	4	18	14
Use other drugs with ecstasy (%)	**N=553** **82**	n=88 84	n=53 47	n=93 96	n=87 95	n=95 77	n=74 73	n=31 77	n=32 97
Use other drugs to come down from ecstasy (%)	**N=541** **56**	n=86 70	n=49 41	n=93 55	n=87 41	n=95 60	n=74 54	n=31 59	n=32 75

Source: EDRS REU interviews

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

Refers to ecstasy 'pills' only; excludes powder and capsules

Note: Medians rounded to nearest whole number.

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

Of those that commented, the majority (82%, n=553) of REU interviewed reported that they usually used other drugs with ecstasy.

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 39% in the NT to 79% in TAS.

Table 10: Drugs usually used in combination with ecstasy among those who used other drugs with ecstasy, by jurisdiction, 2009

	National N=553	NSW n=880	ACT n=53	VIC n=93	TAS n=87	SA n=95	WA n=74	NT n=31	QLD n=32
Alcohol *>5 standard drinks**	***59***	*60*	*36*	*67*	*79*	*56*	*49*	*39*	*75*
Tobacco	**49**	58	28	70	38	47	47	23	69
Cannabis	**34**	21	26	45	24	46	31	19	59
Meth. (any form)^	***18***	*14*	*9*	*24*	*8*	*19*	*14*	*58*	*25*
Speed	**12**	7	9	20	3	7	8	48	13
Cocaine	**6**	13	6	5	2	2	4	3	25
Ice/crystal	**5**	2	0	7	5	10	5	10	3
Base	**4**	5	2	0	5	4	0	13	9
LSD	**5**	5	2	10	6	0	3	0	22
Nitrous oxide	**3**	0	2	3	8	2	1	0	3
Amyl nitrate	**3**	3	2	7	6	1	0	7	0
Ketamine	**1**	2	0	3	0	0	0	0	0
Pharm. Stim#	**2**	0	4	0	2	0	11	0	3
GHB	**<1**	0	0	2	0	0	0	0	0

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

Two-fifths (39%) of the sample that commented (N=541) also used other drugs to come down from ecstasy, ranging from 66% in TAS to 90% WA. As in 2008, cannabis, alcohol and tobacco were the most common drugs used during the comedown period from ecstasy (Table 11).

Table 11: Drugs used to come down from ecstasy last time used, among those who used drugs to come down, by jurisdiction, 2009

	National N=541	NSW n=86	ACT n=49	VIC n=93	TAS n=87	SA n=95	WA n=70	NT n=29	QLD n=32
Cannabis	**39**	43	31	33	28	50	44	21	69
Alcohol >5 standard drinks	***13***	*24*	*10*	*10*	*6*	*13*	*9*	*7*	*28*
Tobacco	**29**	47	22	30	18	31	23	3	44
Meth. (any form)^	***2***	*2*	*0*	*0*	*0*	*3*	*0*	*17*	*3*
Speed	**2**	1	0	0	0	2	0	17	3
Ice/crystal	**<1**	1	0	0	0	2	0	0	0
Nitrous oxide	**1**	0	4	0	1	2	0	0	0
Ketamine	**<1**	0	0	2	0	1	0	0	0
Base	**<1**	0	0	0	0	1	0	0	0
GHB	**<1**	0	0	1	0	0	0	0	0
Pharm. stimulants	**<1**	0	0	0	0	0	0	3	0

Source: EDRS REU interviews

^ 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

4.2.3 Route of administration

In the six months preceding the interview, 99% of participants had swallowed ecstasy pills, 62% had snorted them, 8% had shelved/shafted (refers to vaginal/anal administration respectively), 5% had smoked and 2% had injected ecstasy pills. Ecstasy capsules were predominantly swallowed by 26% of the entire sample, 9% had snorted and four participants had injected ecstasy capsules recently. Ecstasy powder was swallowed by 8% of the national sample in the preceding six months, snorted by 11%, smoked by nine participants and injected by six participants. No participants reported having shelved or shafted ecstasy powder during that time. Table 12 presents the *main* route of administration (ROA) by jurisdiction. The vast majority of participants (93%) nominated oral ingestion as their main route of ecstasy administration, 6% mainly snorted the drug, and small numbers mainly injected it.

Table 12: Main ROA of ecstasy in the last six months, by jurisdiction, 2009

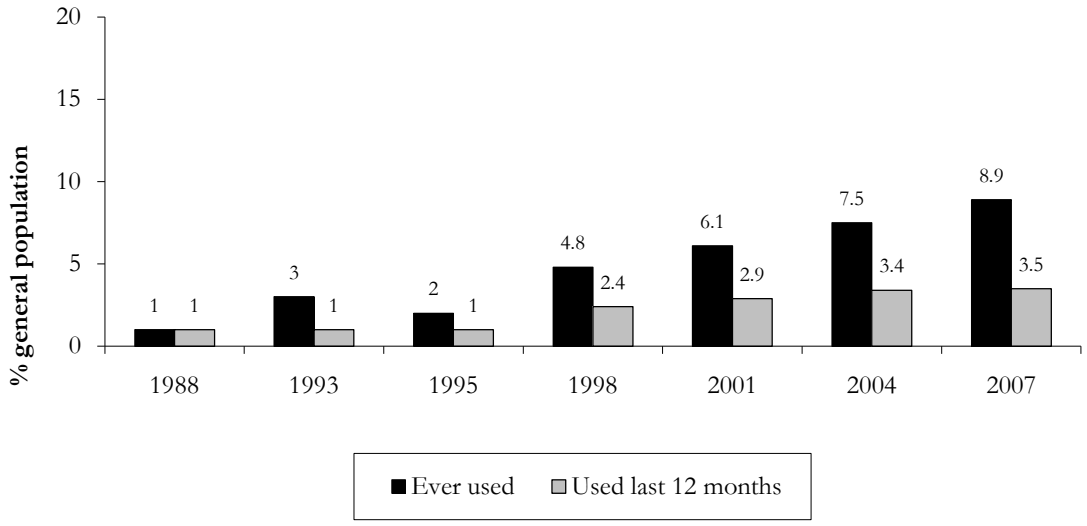
	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Swallow	**93**	96	97	94	89	87	99	89	87
Snort	**6**	3	3	5	10	11	1	6	9
Inject	**2**	1	0	1	1	2	0	5	4

Source: EDRS REU interviews

4.2.4 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 years and above increased from 1% in 1988 to 8.9% in 2007. Similarly, as shown in Figure 1, 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, 2008).

Figure 1: Prevalence of ecstasy use in Australia, 1988-2007



Source: NDSHS 1988-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, 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 varied slightly according to gender, although differences were 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 years reported a lifetime use of 6% and recent use of 5% (Australian Institute of Health and Welfare, 2008).

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 years 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 REU 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 Methamphetamine use

The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal) and over half reported use of one or more of these forms during the six months preceding interview.

The median frequency of methamphetamine use among users was four days (any form methamphetamine) in the preceding six months. Daily use was uncommon, with three participants reporting daily use in 2009. Fourteen percent of the national sample reported having ever injected methamphetamine (any form).

Speed powder

Just under half (45%) 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 three days, i.e. sporadic use. VIC was the jurisdiction with the highest reported use of speed powder. The mean age of first use was 19 years.

Among recent speed users, snorting (70%) and swallowing (56%) were the most common routes of recent (last six months) administration. The amount used in an average session was 0.5 gram.

Base

Fifteen percent of participants reported using base in the six months prior to interview. The median days of use among users decreased to two days. The NT and NSW were the jurisdictions with the highest reported base use. The mean age of first use was 21 years.

Among recent base users, swallowing was the most commonly nominated ROA (56%). The average amount used in a typical session was 1.75 points.

Ice/crystal

Just over one-third (36%) of the national sample reported having ever used ice/crystal and 15% reported recent use. The mean days of use among those who had recently used was four days. SA was the jurisdiction with the most recent ice/crystal use reported. The median age of first use was 22 years. The most common ROA for ice/crystal was smoking (82%). The average amount used in a typical session was two points.

4.3.1 Methamphetamine use among REU

The majority (79%) 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. Over half (54%) of the national sample reported use during the preceding six months, ranging from the highest use reported in VIC (72%) to the lowest use reported in WA (42%). Fourteen percent of participants in the national sample reported having ever injected methamphetamine. Frequency of use among recent users averaged approximately just less than monthly use (median four days). Use remained at similar levels across jurisdictions with SA and QLD reporting the most frequency of use (Table 13). Nationally, 62% of recent users reported using less than monthly, 14% used between monthly and fortnightly, 10% had used between fortnightly and weekly and 14% had used weekly or more often. Daily use of methamphetamine was uncommon in this group, being reported by three participants in the entire sample.

Table 13: Patterns of methamphetamine (any form) use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**79**	86	76	91	72	76	69	82	81
Ever injected (%)	**14**	7	9	11	13	17	11	34	19
Used last six months (%)	**54**	49	54	72	52	53	44	64	47
Median days used* last six months (range)	**4** **(1-180)**	4 (1-96)	2 (1-85)	5 (1-180)	3 (1-72)	7 (1-180)	2 (1-96)	4 (1-180)	6 (1-72)

Source: EDRS REU interviews

* Among those who had used recently.

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

4.3.1.1 Methamphetamine powder (speed)

Three-quarters (74%) of participants in the 2009 national sample reported lifetime speed use and just under half (45%) had used speed in the preceding six months (Table). Those who had used speed recently reported first using it at mean age of 19 years (SD=3.2, range=7-35). No significant difference was found between recent six monthly use from 2008 to 2009 (p>0.05).

The most common ROA for speed was snorting followed by swallowing and then smoking (Table

Of those who recently used speed, the median number of days used was three, ranging from having used once to daily use. There was no significant difference in median days used 2008 (four days) vs. 2009 (three days), *p>0.05*. Two-thirds of recent users (67%) used less than once a month, 18% used speed between monthly and fortnightly, 6% between fortnightly and weekly and 8% used speed more than once a week. Daily use was uncommon, being reported by three participants.

Recent speed users reported using a median of half a gram in a typical session of use (range=0.5-3.5 grams) and one gram in the heaviest recent session of use (range=0.5-20 grams).

Table 14: Patterns of methamphetamine powder (speed) use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**74**	83	68	90	69	60	63	82	77
Ever injected (%)	**13**	5	9	11	13	13	9	34	18
Used last six months (%)	**45 n=343**	37 n=37	44 n=44	72 n=72	46 n=46	30 n=30	37 n=37	61 n=41	41 n=36
Snorted*	**70**	97	61	85	78	20	87	73	33
Swallowed*	**56**	38	82	51	59	60	24	55	83
Injected*	**14**	0	14	6	17	17	11	35	19
Smoked*	**24**	8	7	39	2	67	32	15	22
Median days used* last six months (range)	**3 (1-180)**	3 (1-30)	2 (1-96)	5 (1-180)	2 (1-48)	6 (1-180)	2 (1-48)	3 (1-180)	5 (1-72)
Average grams used (range)*	**0.5 (0.05-3.5)**	1 (0.2-2)	0.5 (0.1-2)	0.5 (0.1-3)	0.5 (0.2-3.5)	0.5 (0.1-3)	1 (0.25-1)	1 (0.25-3)	0.5 (0.05-2)
Heaviest grams used (range)*	**1 (0.05-20)**	1 (0.25-3.5)	0.5 (0.1-4)	0.5 (0.1-17)	0.5 (0.5-3.5)	0.5 (0.1-5)	1 (0.25-10)	1 (0.5-20)	1 (0.05-3.5)
Drug of choice	**5**	2	5	5	3	5	4	15	5
Binged on speed**	**38**	21	44	70	26	26	19	68	39

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

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

Note: Medians rounded to nearest whole number.

4.3.1.2 Methamphetamine base

One-third (33%) of participants in the national sample reported lifetime use of base and close to one-sixth (15%) had used it in the six months preceding interview (Table 15). The mean age of first use (among those who had recently used base) was 21 years (range=12-42 years). There was no significant difference found between recent users from 2008 to 2009 ($p>0.05$).

Most recent base users reported swallowing followed by smoking and injecting as the most common ROA. The median number of days used was two (sporadic use), ranging from having used base once to daily use (Table 15). There was a significant difference in median days used in 2008 (four days) vs. 2009 (2.5 days) ($p= 0.05$). Seventy percent of recent users used less than monthly; 14% used base between monthly and fortnightly; 10 participants used between fortnightly and weekly and eight participants used base more than once a week. There was one report of daily use.

Recent base users reported using a median of two points in a typical session of use (range=0.2-10 points) and two points in the heaviest recent session of use (range=0.2-13 points).

Table 15: Patterns of methamphetamine base use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**33**	51	30	18	25	46	13	52	35
Ever injected (%)	**9**	5	6	3	10	8	5	25	15
Used last six months (%)	**15 n=115**	23 n=23	13 n=13	7 n=7^	14 n=14	21 n=21	3 n=3^	28 n=19	17 n=15
Snorted*	**18**	35	15	29	14	0	33	21	13
Swallowed*	**56**	61	69	29	79	43	33	53	57
Injected*	**31**	22	15	0	50	24	67	42	47
Smoked*	**32**	9	8	57	14	71	33	21	53
Median days used* last six months (range)	**2 (1-180)**	2 (1-96)	3 (1-14)	1 (1-6)	3 (1-14)	6 (1-100)	3 (1-5)	2 (1-180)	4 (1-48)
Average points used (range)*	**1.75 (0.2-10)**	2 (0.3-4)	2 (0.5-10)	.85 (0.2-5)	1 (0.25-5)	2 (0.25-5)	1 (0.5-2)	1 (1-4)	2 (0.5-10)
Heaviest points used (range)*	**2 (0.2-13)**	2 (0.5-6)	2 (0.5-10)	0.85 (0.2-8)	2 (0.5-5)	4 (0.25-13)	0.75 (0.5-1)	1 (1-4)	5 (0.5-12)
Drug of choice	**2**	4	0	0	2	2	0	2	5
Binged on base**	**13**	21	16	0	11	15	2	18	26

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

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

^ Small numbers responded; interpret with caution

Note: Medians rounded to nearest whole number.

4.3.1.3 Crystalline methamphetamine (ice/crystal)

Thirty-six percent of the participants in the 2009 national sample reported having ever used ice/crystal and around one-sixth (15%) had used ice/crystal in the six months preceding interview (Table 16). The mean age of first use, among those who reported using ice/crystal recently, was 22 years (range=12-42 years).

Of those who reported recent use of ice/crystal, the most common ROA was via smoking; notable proportions also reported injecting, swallowing, and snorting the drug in the past six months (Table 16).

Of those who reported recent use of ice/crystal, the median number of days used was four, ranging from having used once in the preceding six months to daily use (Table 16). Recent ice/crystal use was significantly lower in 2009 than reported in 2008 (15% in 2009 vs. 24% in 2008; 95% CI 0.132, 0.050). There was no significant difference found in median days use in 2009 (four days) compared with 2008 (six days) (*p>0.05*). Fifty-seven percent of recent users reporting using less than monthly, 22% between monthly and fortnightly, 6% between fortnightly and weekly and 6% reported using more than weekly. Daily use was reported by one participant.

The median amount of ice/crystal used in a typical or average use episode in the preceding six months was two points (range=0.1-5 points). Recent ice/crystal users reported using a median of three points (range=0.1-20 points) during the heaviest recent use episode.

Table 16: Patterns of crystalline methamphetamine (ice/crystal) use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**36**	29	28	36	29	52	41	28	43
Ever injected (%)	**7**	4	6	5	7	9	7	12	11
Used last six months (%)	**15 n=114**	9 n=9	8 n=8	13 n=13	7 n=7	32 n=32	20 n=20	15 n=10	17 n=15
Snorted*	**17**	0	0	23	29	6	50	0	13
Swallowed*	**25**	11	0	8	14	47	10	20	47
Injected*	**27**	33	38	23	43	16	20	60	27
Smoked*	**82**	100	75	85	29	94	80	60	87
Median days used* last six months (range)	**4 (1-180)**	12 (1-48)	4 (1-10)	3 (1-60)	6 (1-55)	6 (1-72)	3 (1-48)	5 (1-180)	2 (1-48)
Average points used (range)*	**2 (0.1-5)**	1 (1-5)	2 (1-5)	1.5 (0.1-4)	1.5 (0.2-3)	2 (0.1-4)	2 (0.25-5)	3 (1-3)	2 (0.5-5)
Heaviest points used (range)*	**3 (0.1-20)**	3.5 (1-5)	4 (2-5)	2 (0.1-15)	3 (0.2-8)	2 (0.1-10)	2 (0.25-8)	3 (-)	5 (1-20)
Drug of choice	**2**	2	0	2	1	5	2	3	1
Binged on ice/crystal**	**20**	12	9	14	19	33	33	14	19

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

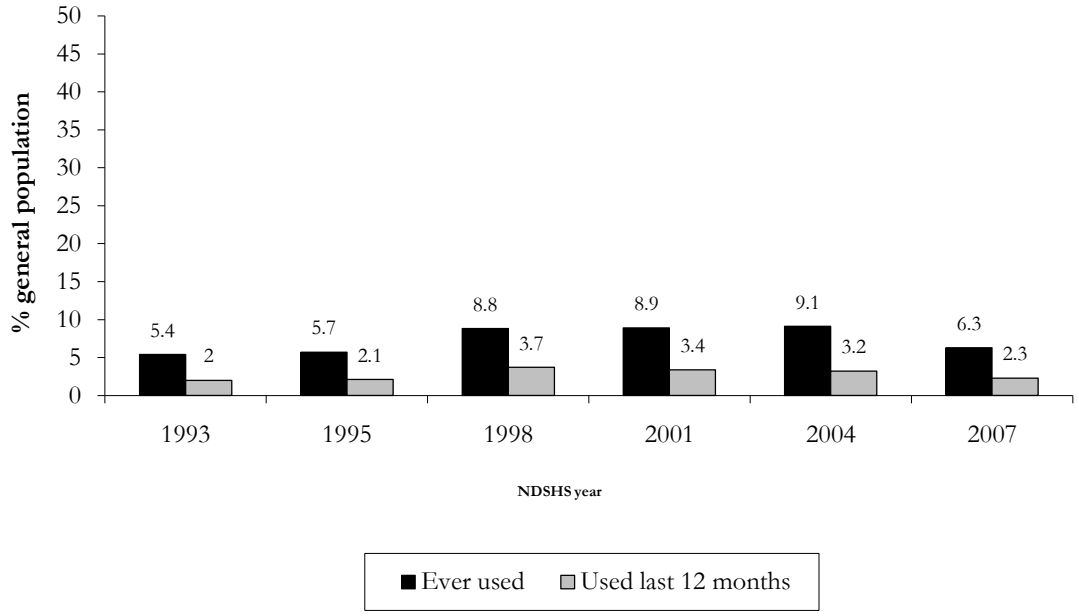
** Of those that had used stimulants for more than 48 hours

Note: Medians rounded to nearest whole number.

4.3.1.4 Meth/amphetamine use in the general population

The NDSHS presents the proportion of the Australian general population who have ever used 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 began to decrease. Past-year use of meth/amphetamine has slightly decreased to similar levels of those reported in 1995. Males aged 20-29 years were the group most likely to be recent (previous 12 months) meth/amphetamine users in 2007 (Australian Institute of Health and Welfare, 2008).

Figure 2: Prevalence of meth/amphetamine use in Australia, 1993-2007



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

4.4 Cocaine use

- Lifetime use of cocaine was reported by three-fifths (63%) of the national sample. Two-fifths (39%) reported cocaine use in the six months prior to interview. Use remained limited to the east coast of Australia (NSW, QLD, VIC, and the ACT).
- Five percent of the national sample reported having ever injected cocaine. Among recent users, cocaine had typically been snorted (96%), while 30% had swallowed it. The mean age of first use was 20 years.
- Eight percent of the national sample nominated cocaine as their drug of choice. Frequency of cocaine use remained low at a median of two days (sporadic use) during the six months prior to interview. The majority (80%) 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.
- Almost one-fifth (18%) of those who had binged on ERD in the six months preceding interview had used cocaine in binge session.

4.4.1 Cocaine use among REU

Three-fifths (63%) of the participants in the national sample reported having ever used cocaine and just over one-third (39%) had used cocaine in the six months preceding interview (Table 17). There was no significant difference found between recent use of cocaine in 2008 compared with 2009 ($p>0.05$). The mean age of first use, among those who reported having used cocaine recently, was 20 years (range=13-36 years).

Of those who had used cocaine, the median number of days of use was two, ranging from having used cocaine once to daily (n=1) (Table 17). There was no significant difference detected in median days of use between 2008 (three days) and 2009 (two days) ($p>0.05$). The majority (80%) had used less than monthly; 12% had used between monthly and fortnightly; 5% (n=14) reported using between fortnightly and weekly and six participants had used cocaine once a week or more. One participant reported daily use of cocaine.

Cocaine was predominantly snorted, with substantial proportions also reporting swallowing as a ROA. The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range=0.1-5 grams). Recent cocaine users reported using a median of one gram (range=0.1-5 grams) during the heaviest use episode in the last six months.

Table 17: Patterns of cocaine use, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	63	85	65	75	51	45	52	52	78
Ever injected (%)	5	3	5	2	3	8	3	10	6
Used last six months (%)	39 **n=294**	64 n=64	44 n=44	48 n=48	31 n=31	20 n=20	24 n=24	23 n=15	55 n=48
Snorted*	**96**	100	93	98	94	85	96	100	96
Swallowed*	**30**	22	23	35	55	20	13	53	31
Injected*	**1**	0	2	2	3	5	0	0	0
Smoked*	**5**	5	2	6	3	10	8	0	4
Median days used* last six months (range)	**2** **(1-180)**	3 (1-30)	2 (1-100)	2 (1-50)	2 (1-24)	2 (1-8)	2 (1-180)	2 (1-12)	2 (1-20)
Average grams used (range)*	**0.5 (0.1-5)**	0.5 (0.1-2.5)	0.5 (0.1-3.5)	0.5 (0.1-2)	0.25 (0.1-5)	0.8 (0.2-2)	0.5 (0.25-2)	0.5 (0.25-1)	0.5 (0.1-2)
Heaviest grams used (range)*	**1 (0.1-5)**	1 (0.25-5)	0.75 (0.1-3.5)	1 (0.1-4)	0.25 (0.1-5)	1 (0.5-4)	0.5 (0.25-5)	0.5 (0.25-2)	1 (0.1-4)
Drug of choice	**8**	11	7	5	17	3	6	6	6
Binged on cocaine**	**18**	32	25	24	19	8	5	7	26

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

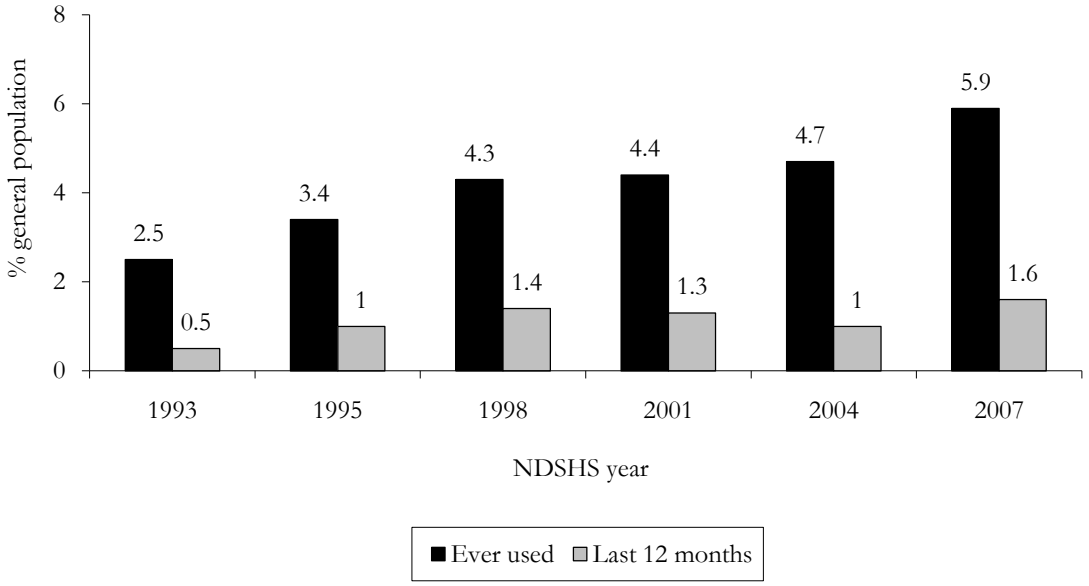
** Of those that had used stimulants for more than 48 hours

Note: Medians rounded to nearest whole number.

4.4.2 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 3). 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 and Welfare, 2008)

Figure 3: Prevalence of cocaine use in Australia, 1993-2007



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

4.5 Ketamine use

- Almost one-third (29%) of the national sample reported lifetime use of ketamine, and a tenth (10%) reported using ketamine recently. The mean age of first use was 20 years.
- Ketamine use is predominantly reported in VIC, NSW and SA. All other states had less than 10 participants reporting recent use.
- Proportion of reported recent use of ketamine has declined in all jurisdictions from 2003-2009. This may be related to a demographic issue (i.e. ketamine use is becoming refined to a group of users not targeted by the EDRS) or a sampling issue (i.e. perhaps the EDRS is no longer able to target this sub-group of REU that use ketamine) or a change in availability, purity or price may be the issue, though trend data collected has not demonstrate this to be the case.
- Amongst recent ketamine users, the majority (82%) snorted, while one-quarter (25%) had swallowed it.
- Among users, ketamine had been used on a median of two days in the past six months; the majority (88%) had used ketamine less than once per month. There were no reports of more than weekly use.
- The median amount of ketamine used in a typical and the heaviest recent episode of use was two 'bumps'.

4.5.1 Ketamine use among REU

Twenty-nine percent of the 2009 national sample reported lifetime use of ketamine and just over a tenth (12%) had used it in the six months preceding interview (Table 18). There was no significant difference detected in recent use from 2008 compared with 2009 ($p>0.05$). While the figures reported were relatively low, they were more substantial than those reported in the 2007 NDSHS (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 20 years (range=16-32 years) by recent users. Lifetime ketamine injection was reported by 2% (n=11) of the national sample (Table 18).

In the six months preceding interview, snorting was the most common ROA of ketamine, followed by swallowing.

Of those who used ketamine, the median number of days used was two (range=1-12 days) (Table 18). There was no significant difference detected in median days of use in 2009 compared with 2008 ($p>0.05$). The majority (88%) had used less than monthly; 9% had used between monthly and fortnightly; 3% used between fortnightly and weekly. There were no reports of more than weekly or daily users.

Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range=1-7 bumps) for a typical or average use episode and two bumps (range=1-8 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Fourteen participants reported using a median of three and a half lines in a typical (range=1-10 lines) and the heaviest recent session of use was four and a half lines (range=1-12 lines). Eleven participants reported using a median of half a gram (range=0.25-1 gram) in a typical session of use and reported using a median of one gram (range=0.25-7 grams) in the heaviest recent session of use.

Table 18: Patterns of ketamine use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**29**	53	16	43	21	31	18	13	31
Ever injected	**2**	3	0	1	1	1	0	3	3
Used last six months (%)	10 n=77	19 n=19	2 n=2^	21 n=21	5 n=5^	19 n=19	6 n=6^	0 n=0	6 n=5
Snorted*	82	95	50	91	60	79	83	0	40
Swallowed*	25	21	100	10	40	16	33	0	80
Injected*	1	0	0	0	0	5	0	0	0
Smoked*	4	0	0	0	0	11	0	0	20
Median days used* last six months (range)	**2 (1-12)**	2 (1-8)	5 (1-8)	2 (1-10)	2 (1-2)	2 (1-12)	1 (1-2)	0	1 (1-3)
Average bumps used (range)*	**2 (1-7)**	4 (1-7)	1 (-	3 (1-6)	-	1 (1-2)	3 (1-5)	-	1 (-)
Heaviest bumps used (range)*	**2 (1-8)**	5 (1-8)	1 (-)	3 (1-6)	-	2 (1-2)	3 (1-5)	-	1 (-)
Drug of choice	**1**	3	0	2	2	0	0	0	0
Binged on ketamine**	**5**	9	6	5	0	13	0	0	3

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

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

Note: Medians rounded to nearest whole number.

4.5.2 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, 2008). 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, 2008)

4.6 GHB use

- Fourteen percent of the national sample reported lifetime use of GHB, with the mean age of first use being 22 years.
- There was a significant decrease in recent use in 2009 compared to 2008. Four percent of the national sample reported recent use, with most recent use reported on the east coast of Australia (VIC and NSW). 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; 85% reported using less than once per month.
- Recent GHB users reported using a median of 5.75 ml in a typical episode of use and a median of 9 ml in the heaviest recent episode of use. GHB was consumed orally; only one participant reported recent injection.

4.6.1 GHB use among REU

Fourteen percent of the 2009 national sample reported lifetime use of GHB and 4% had used it in the six months preceding interview (Table 19). There was significantly less recent use reported in 2009 compared with 2008 (4% in 2009 vs. 7% in 2008; 95% CI 0.0579, 0.0106; *p= 0.005*).

GHB was first used at a mean of 22 years (range=17-35 years). All recent GHB users reported swallowing GHB, with one participant reporting recent injection. There were no other ROA reported.

Of those who used GHB in the six months preceding interview, the median number of days used was two (Table 19). There was no significant difference found in median days of use in 2009 (two days) compared to 2008 (two days) (*p>0.05*). Over three-quarters of the sample (85%) reported using less than once per month; two participants between monthly and fortnightly; one participant reported using between fortnightly and weekly; no participants reported using more than once per week or daily.

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was 5.75 ml (range=0.5-50 ml). Recent GHB users reported using a median of 9 ml (range=1-50 ml) during the heaviest recent use episode.

Table 19: Patterns of GHB use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**14**	24	17	15	11	9	7	13	16
Used last six months (%)	**4**	6	1	10	3	2	2	0	3
Median days used* last six months (range)	**2 (1-72)**	4 (1-72)	1 (-)	3 (1-5)	1 (1-2)	2 (1-3)	2 (1-3)	n.a.	2 (1-10)
Average mls used (range)*	**5.75 (0.5-50)**	7 (6-10)	5 (-)	4 (0.5-15)	10 (1-50	7 (-)	30 (-)	-	5 (4-6)
Heaviest mls used (range)*	**9 (1-50)**	8 (6-15)	5 (-)	5 (1-30)	10 (1-50)	17 (-)	30 (-)	-	13 (5-20)
Drug of choice	**<1**	1	0	0	0	0	0	0	0
Binged on GHB**	**3**	3	0	8	4	3	2	0	3

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

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

Note: Medians rounded to nearest whole number.

4.6.2 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 (Australian Institute of Health and Welfare, 2008)

4.7 LSD use

- Sixty-one percent of the national sample reported the lifetime use of LSD; 34% reported recent use of LSD. The mean age of first use was 18 years.
- The median days of LSD use amongst recent users was two. Recent users reported using a median of one tab in a typical session and two tabs in the heaviest recent session of use.

4.7.1 LSD use among REU

In 2009, 64% of the national sample reported lifetime use of LSD and 34% had used it in the six months preceding interview (Table 20). There was no significant difference detected between recent use of LSD in 2009 compared with 2008 ($p>0.05$). The mean age of first use was 18 years (range=12-30 years).

Of those that were asked and answered positively to using other drugs with ecstasy (n=453), 6% answered that they usually used LSD with ecstasy. No participants of those who reported using other drugs to come down from ecstasy reported usually using LSD in this manner. Five percent (n=40) of the 2009 national sample reported that LSD was their drug of choice.

Two percent (n=11) of the national sample reported that they had injected LSD at some time (Table 20). Five participants had snorted LSD, three participants had injected it and two participants had shelved/shafted LSD in the six months preceding interview. The prime ROA was oral.

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 weekly during this same period. There was no significant difference found in median days use in 2009 compared with 2008 ($p>0.05$). The majority (75%) had used less than monthly; 15% used between monthly and fortnightly; 8% used between fortnightly and weekly; one participant used LSD more than weekly. There was no daily use reported.

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range=0.25-4 tabs). The median amount used in the heaviest recent session was 1.5 tabs (range=0.25-20 tabs).

4.7.2 Hallucinogen use in the general population

Figure 4 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.

Table 20: Patterns of LSD use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**61**	62	63	63	52	71	55	47	67
Ever injected (%)	**2**	1	1	0	2	2	0	3	4
Used last six months (%)	**34**	37	35	46	34	37	31	11	30
Median days used* last six months (range)	**2 (1-25)**	2 (1-25)	2 (1-24)	2 (1-20)	2 (1-15)	3 (1- 20)	3 (1-24)	3 (1-12)	2 (1-12)
Average tabs used (range)*	**1 (0.25-4)**	1 (0.5-3)	1 (0.5-2)	1 (0.25-3)	1 (0.5-3)	1 (0.25-4)	1 (1-2.5)	1 (0.75-2)	1 (0.5-4)
Heaviest tabs used (range)*	**2 (0.25-20)**	1 (0.5-3.5)	1 (0.5-6)	2 (0.25-20)	2 (0.5-10)	2 (0.25-5)	2 (1-7)	1 (0.75-3)	1 (1-4)
Drug of choice	**5**	2	7	11	5	8	6	0	1
Binged on LSD**	**15**	18	22	19	11	13	14	0	23

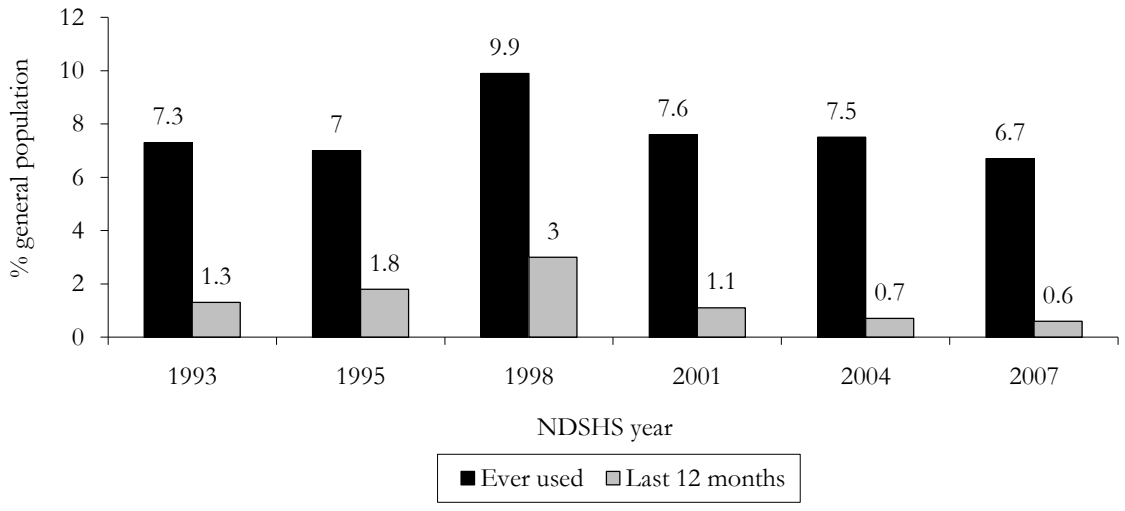
Source: EDRS REU interviews

* Of those who used in the six months preceding interview

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

Note: Medians rounded to nearest whole number.

Figure 4: Prevalence of hallucinogen use in Australia, 1993-2007



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

4.8 Cannabis use

- Almost all (98%) of the sample reported ever having used cannabis and the majority (82%) reported cannabis use in the six months preceding interview.
- There was a significant increase in the number of recent cannabis use from 2008 to 2009.
- Among recent (six month) users, cannabis had typically been smoked (82%), or swallowed (29%). The mean age of first use by regular users was 15 years.
- Cannabis was the drug of choice for 17% of the sample.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 29 days during this time, i.e. approximately weekly use.
- 17% of the national sample were daily cannabis smokers.
- Smoking of cannabis in cones was more common than in joints in the majority of jurisdictions. The median number of cones smoked was four.

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., 2008, Hall and Swift, 2000); however, use patterns refer to any form of cannabis.

In 2009, participants completing the section were also asked if they were able to differentiate between hydro and bush cannabis in terms of price, potency and availability. Just over half (55%) of the national sample reported that they were able to distinguish between the forms, although responses varied across states from 72% in QLD to 34% in the NT.

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 2009). 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[5].

4.8.1 Cannabis use among REU

Almost all (98%) of the 2009 national sample had ever used cannabis with over three-quarters (82%) of the sample having used cannabis in the six months prior to interview (Table 21). The mean age of first use was 15 years (range=8-27 years). Cannabis was the drug of choice for 17% of the sample. Significantly more recent cannabis use was reported in 2009 compared to 2008 (82% in 2009 vs. 76% in 2008; 95% CI -0.0254, -0.1099; *p=0.002*).

Almost all (82%) of those who had recently used cannabis had smoked it, while almost one-third (29%) had recently swallowed it. Cannabis had been used on median of 29 days (range=1-180 days) in the six months preceding interview, which equates to use of approximately once per

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

week (Table 21). This is a decrease to half the number of median days reported in 2007 (48 days, approximately twice per week). There was no significant difference found in days of use in 2008 compared to 2009 (*p>0.05*).

Amongst recent users, 21% reported using less than once per month; 8% reported using between monthly and fortnightly; 13% reported using between fortnightly and weekly; and 31% reported using more than once per week. One-fifth (20%) of recent cannabis users (17% of the entire sample) reported daily cannabis use during the preceding six months.

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 predominantly smoked in cones (58%) as opposed to joints (39%). Among those who had smoked in cones, the median number used on the last day was four (range=0.5 to 60 cones), while the number of joints smoked was one (range=0.20 to 100 joints). Daily users of cannabis had smoked a median of five cones (range=1-60 cones) or two joints (range=1-10 joints) on the last day of use.

Table 21: Patterns of cannabis use among REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	**98**	98	100	95	98	98	99	93	99
Used last six months (%)	**82 n=619**	83 n=83	89 n=90	85 n=85	76 n=76	86 n=86	85 n=85	60 n=40	84 n=74
Swallowed*	**29**	28	37	25	20	43	30	7	35
Smoked*	**82**	83	88	85	76	86	85	66	83
Median days used* last six months (range)	**29 (1-180)**	26 (1-180)	35 (1-180)	24 (1-180)	15 (1-180)	96 (1-180)	48 (1-180)	37 (1-180)	38 (1-180)
Cones used last time (range)*	**4 (0.1-60)**	4 (0.5-40)	5 (0.5-30)	4 (1-20)	4 (0.5-30)	4 (0.1-50)	4 (0.5-25)	3 (1-12)	3 (0.5-60)
Joints used last time (range)*	**1 (0.2-10)**	1 (0.2-6)	1 (0.5-6)	1 (0.25-6)	1 (0.5-6)	1 (0.25-10)	1 (0.25-5)	1 (0.5-3)	2 (0.5-5)
Drug of choice	**17**	18	20	9	6	27	25	8	23
Binged on Cannabis**	**54**	59	66	60	41	67	50	25	61

Source: EDRS REU interviews

* Of those who used in the six months preceding interview

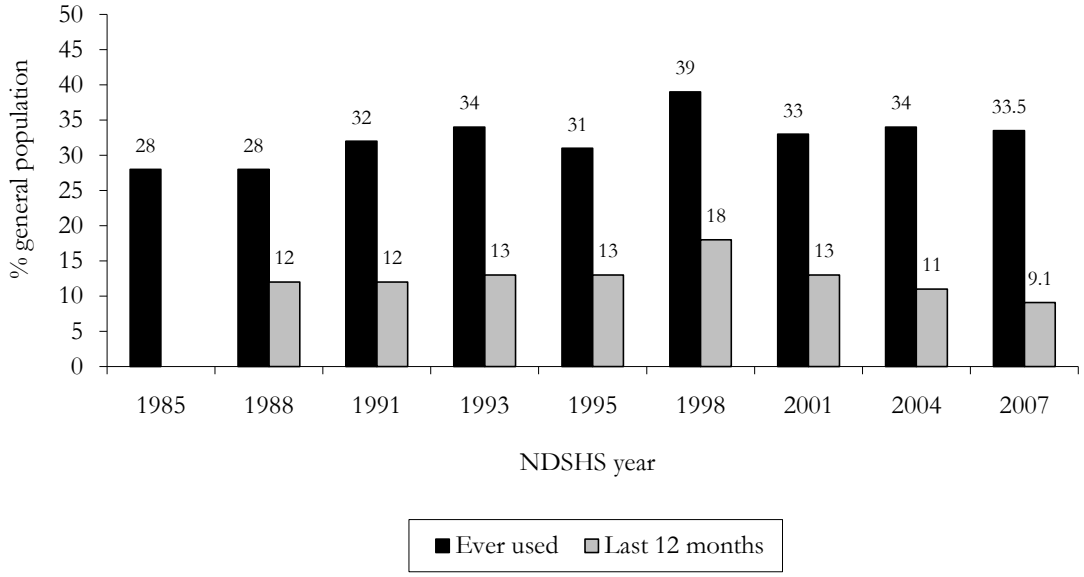
** Of those that had used stimulants for more than 48 hours

Note: Medians rounded to nearest whole number.

4.8.2 Cannabis use in the general population

As can be seen in Figure 5, 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, 2005).

Figure 5: Lifetime and past year prevalence of cannabis use by Australians, 1985-2007



Source: NDSHS 1988-2007 (Australian Institute of Health and Welfare, 2005, 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.

4.9 Other drugs use

- MDA, having declined in reported use annually since 2007, has been included in the 'Other drug use' section. MDA lifetime use was small at 14% of the national sample, with 5% reporting recent use on a median of 2.5 days.
- Almost all (99%) participants reported lifetime use of alcohol, and 98% reported alcohol use in the six months preceding interview. The mean age of first use was 14 years. The median days of alcohol use was 48. No significant differences were detected from 2009 to 2008 in use or frequency of consumption. Alcohol was commonly reported as a drug used in combination with other drugs during binge sessions.
- Ninety-two percent reported lifetime tobacco use and 80% had used tobacco in the six months preceding interview. Two-thirds (53%) of recent tobacco users were daily smokers, with median days use being 180 (daily).
- Almost half (45%) of the sample reported lifetime benzodiazepine use (both licitly and illicitly obtained) and one-fifth (19%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was minimal (n=12).
- One-quarter (24%) of the sample reported lifetime antidepressant use (both licitly and illicitly obtained) and one-tenth (10%) reported recent use. Licit use was higher than illicit use in 2009. ROA was mainly swallowing with n<5 reports of injecting.
- Two-fifths (43%) of the sample reported lifetime nitrous oxide use and 10% reported use in the six months preceding interview on a median of four days. Use was highest in SA and TAS.
- Significantly more recent use of amyl nitrate (nationally) was reported in 2009 compared with 2008. Use was occasional on a median of four days.
- More than half (52%) of the sample reported having ever used mushrooms and 18% reported recent mushroom use. Use occurred on a median of two days, and 88% of recent users had used less than once per month.
- Half (48%) of the national sample had ever used pharmaceutical stimulants (both those licitly and illicitly obtained) and one-fifth (19%) had used them in the six months preceding interview. A higher proportion of the sample reported lifetime and recent use of pharmaceutical stimulants that had been illicitly obtained compared to licitly obtained.
- Other drugs discussed in this section include heroin and other opiates, methadone and buprenorphine.

4.9.1 MDA use

Due to the reported continued decline in use of MDA, it has been moved to the 'Other drugs section' as opposed to retaining its own chapter on consumption patterns and market characteristics.

Fourteen percent of the national sample reported the lifetime use of MDA. The mean age of first use was 21 years for recent users. Five 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 (90%) of recent users reporting that use had occurred less than once per month.

Swallowing was the most frequently nominated ROA (76%), followed by injecting, smoking and then shelving.

A median of one capsule (range=0.67-10 capsules) were used in a typical session of use and a median of two capsules (range=0.67-15 capsules) were used in the heaviest session of use over the preceding six months.

4.9.2 Alcohol

Eleven percent of the 2009 national sample nominated alcohol as their drug of choice. Almost all of national sample reported they had used alcohol in their lifetimes (99.5%) and in the six months preceding interview (97.5%) (Table 4). The mean age of first use in recent alcohol users was 14 years (range=4-28 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). There was no significant difference in median days consumed alcohol in 2009 compared to 2008 ($p>0.05$). Sixty-four percent of recent alcohol users reported using alcohol more than once per week. Seven percent of recent users reported daily drinking.

Of the sample, those that reported using drugs in combination with ecstasy (n=453), 72% reported that they usually consumed more than five standard alcoholic drinks.

In 2009 the Alcohol Quantity, Frequency and Variability Questionnaire (AQFV). Detailed information regarding the AQFV in the 2009 EDRS can be found in section 8.5.

4.9.3 Tobacco

Ninety-two percent of the national sample reported they had used tobacco in their lifetimes and 80% had used tobacco in the six months prior to interview. Median days used was reported at 180 days, i.e. daily (range=2-180 days). Tobacco was first used at a mean age of 15 years (range=5-28 years) by recent users. Tobacco was the drug of choice for 2% of the sample (n=14). Almost half (53%) of those who reported recent tobacco use (43% of the entire sample) were daily smokers.

4.9.4 Benzodiazepines

Almost half (45%) of the 2009 sample reported the lifetime use of any benzodiazepine. Just over one-quarter (27%) reported the recent use of any benzodiazepine on a median of four days (i.e. less than monthly). Two percent of recent users (n=12) reported daily use. Four participants in the sample reported usually using benzodiazepines with ecstasy; 12% (n=35) reported usually using benzodiazepines to come down from ecstasy and three participants 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).

Licitly obtained (prescribed) benzodiazepines

Thirteen percent of the 2009 sample reported having ever used licitly obtained benzodiazepines and 8% reported their use in the six months preceding interview. The mean age of first use was 23 years (range=15-37 years). Licit benzodiazepines had been used on a median of 18 days (range=1-180 days) in the preceding six months. Twenty percent of recent users reported daily use. All of the recent licit benzodiazepine users reported swallowing in the preceding six months. There was one report of injecting and no reports of snorting licit benzodiazepines during this time.

Illicitly obtained (non-prescribed) benzodiazepines

Two-fifths (39%) of the 2009 sample reported having ever used illicitly obtained benzodiazepines and one-fifth (21%) reported their use in the six months preceding interview. The mean age of first use was 20 years (range=9-30 years) in recent users. Illicit benzodiazepines had been used on a median of three days (range=1-180 days) in the preceding six months. Amongst recent users, the majority (90%) reported using illicit benzodiazepines less than monthly, two participants reported daily use. Swallowing was the most common ROA in the six months preceding interview (99%), though three participants reported injecting and 16 participants (10% of recent users) reported snorting illicit benzodiazepines during this time.

4.9.5 Antidepressants

One-quarter (24%) of the 2009 sample reported having ever used any antidepressant. One-tenth (10%) reported the recent (last six months) use of any antidepressant on a median of 120 days (range=1-180 days). Daily use was reported for licit users only. One participant reported usually using antidepressants with ecstasy and there were no participant reports of 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).

Licitly obtained (prescribed) antidepressants

Nineteen percent of the national sample reported using licit antidepressants in their lifetime and less than one-tenth (8%) report recent use. The mean age of first using licit antidepressants was 22 years. The median days of use was 180 days, or daily among those who recently used licit antidepressants. Ten percent 10% reported using them daily (Table 22).

Table 22: Use of licitly obtained antidepressants, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	19	17	26	21	13	18	15	9	34
Used last 6 months (%)	8	9	10	9	9	4	6	3	14
Mean age first used*	22 (13-42)	21 (14-32)	21 (14-31)	21 (13-32)	25 (14-42)	26 (15-38)	24 (15-37)	23 (18-28)	20 (13-35)
Median days use (range)*	170 (1-180)	120 (1-180)	140 (21-180)	180 (12-180)	180 (30-180)	180 (30-180)	165 (6-180)	26 (3-48)	180 (2-180)
Daily use (%)*	10	0	0	11	11	0	33	100	8
ROA*									
Swallowing	100	100	100	100	100	100	100	100	100

Source: EDRS REU interviews

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

Illicitly obtained (non-prescribed) antidepressants

Seven percent of the national sample reported using illicit antidepressants in their lifetime and 2% report recent use. The mean age of first using licit antidepressants was 19 years. The median days of use was four days among those who recently used illicit antidepressants (Table 23).

Table 23: Use of illicitly obtained antidepressants, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever used (%)	7	5	8	9	3	10	6	6	8
Used last 6 months (%)	2	1	1	4	1	2	0	3	1
Mean age first used*	19 (15-34)	-	17 (-)	21 (17-24)	21 (-)	17 (-)	-	-	15 (-)
Median days use (range)*	4 (1-48)	7 (-)	5 (-)	6 (2-48)	2 (-)	6 (1-10)	0	3 (2-3)	6 (-)

Source: EDRS REU interviews

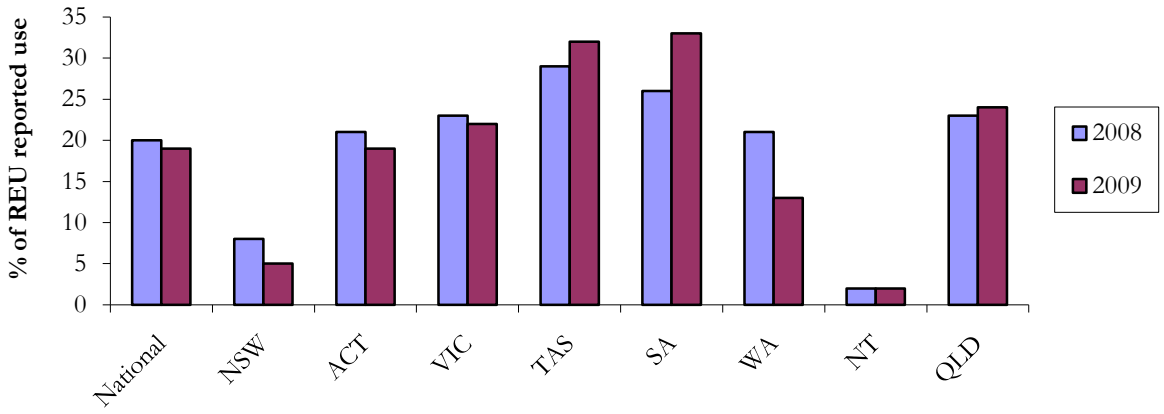
* Of those who had used illicit antidepressants in the past six months

4.9.6 Inhalants use

Nitrous oxide

Two-fifths (43%) of the national sample reported lifetime use of nitrous oxide and one-fifth (19%) had used nitrous oxide in the six months preceding interview (Table 4). REU reported first using nitrous oxide in their late teens (mean=19 years, range=12-35 years). Nitrous oxide was used on a median of four days in the preceding six months (range=1-50 days). The majority (63%) reported using nitrous oxide less than once per month in the preceding six months. One participant nominated nitrous oxide as their drug of choice.

Figure 6: Use of nitrous oxide across jurisdictions, 2008-2009



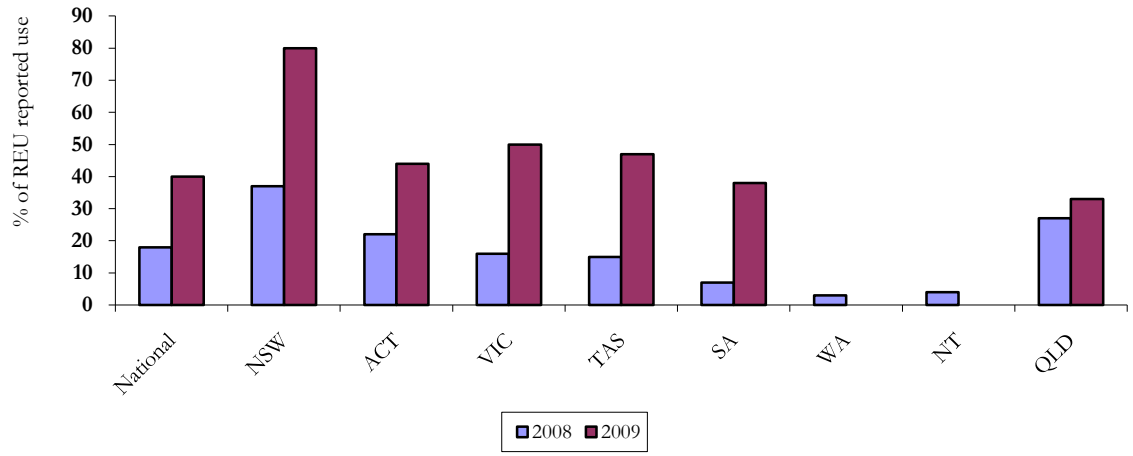
Source: EDRS REU interviews

Amyl nitrate

Three-fifths (58%) of the REU sample reported having used amyl nitrate (a vasodilator) in their lifetimes and 40% had used amyl nitrate in the six months preceding interview (Table 4). There was a significant difference in recent national amyl nitrate use, with significantly more use reported in 2009 compared to 2008, (95% CI -0.037, -0.123; *p=0.000*).

REU first used amyl nitrate at a mean age of 19 years (range=12-36 years) by recent users. Frequency of amyl nitrate use was generally low, with users reporting a median of four days of use in the last six months (range=1-180 days). Sixty-three percent of recent users had used less than once per month in the preceding six months. One participant reported daily use.

Figure 7: Use of amyl nitrate across jurisdictions, 2008-2009



Source: EDRS REU interviews

Mushrooms

Three percent of the national sample (n=4) nominated mushrooms as their drug of choice. Of the national sample, half (52%) had reported lifetime use of mushrooms and 19% had used mushrooms in the six months preceding interview. REU first used mushrooms at a mean age of 19 years (range=13-30 years). Of those who used mushrooms in the preceding six months, oral use was the most common ROA (98%), though small proportions reported smoking (n=4), snorting (n=1) and shelving (n=1) mushrooms in the past six months. Mushrooms were used on a median of two days (range=1-50 days) indicating sporadic or very occasional use. The majority of all recent mushroom users (88%) had used mushrooms less than monthly.

4.9.7 Heroin and other opioids

Two percent (n=9) of the national sample nominated heroin as their drug of choice. Twelve percent reported they had used heroin in their lifetimes, 8% had injected heroin in their lifetime and 4% reported recently using heroin in the six months prior to interview (Table 4). The mean age of first use of heroin was 21 years (range=11-31 years) in recent users. Heroin had been used on a median of 10 days (range=1-180 days) in the preceding six months by recent users. One-third (36%) had used heroin less than monthly 15% between monthly and fortnightly and 12% between fortnightly and weekly; 36% reported using heroin more than once per week. The majority of recent heroin users had injected heroin (73%) in the preceding six months with smaller proportions reporting smoking (21%) or snorting (6%) heroin during this time.

4.9.8 Methadone

A medication used for the treatment of opioid dependence, had been used by 6% of the entire sample of which 2% (n=12) had used methadone in the last six months (Table 4). Three percent had ever injected methadone and less than 1% (n=4) had injected it in the last six months. Methadone was used on a median of two days in the six months preceding interview (range=1-180 days). A quarter (25%, n=3) of those who used methadone reported daily methadone use.

4.9.10 Buprenorphine

Three percent (n=24) of the national sample had used buprenorphine in their lifetimes, another medication registered for the treatment of opioid dependence. Two percent (n=12) reported recent use of buprenorphine (Table 4). Of those who had used buprenorphine in the last six

months, 75% had swallowed and 50% had injected it. The frequency of use in the last six months ranged from one day to 180 days, with a median of 83 days. Two-fifths (42%, n=5) reported using buprenorphine weekly or less in the preceding six months. A quarter of recent users (n=3) used buprenorphine daily.

4.9.11 Other opioids

Examples of other opioids include codeine, pethidine and opium; data below contains licit and illicit forms. Twenty-seven percent had ever used other opioids and 9% had used them in the six months preceding interview (Table 4). The mean age of first use for recent licit users was 23 years (range=8-41 years) and the mean age of first use for recent illicit users was 21 years (range=13-41). Other opioids were used on a median of three days (range=1-180 days) in the preceding six months. The majority (71%) reported using either form monthly or less.

4.9.12 Pharmaceutical stimulants

Almost half (48%) of the 2009 sample reported the lifetime use of any pharmaceutical stimulant and 20% reported the recent use of any pharmaceutical stimulant on a median of four days during the past six months. Eight percent of those who had binged (n=21) reported using pharmaceutical stimulants in a binge session of drug use in the preceding six months. Three percent (n=13) reported usually using pharmaceutical stimulants with ecstasy. One participant reported typically using pharmaceutical 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).

Licitly obtained (prescribed) pharmaceutical stimulants

Six percent of the national sample reported the lifetime use of licit pharmaceutical stimulants and 17 participants reported their recent use. Licit pharmaceutical stimulants were first used at a mean age of 17 years (range=4-37 years) among recent users. In the six months preceding interview, use occurred on a median of 120 days (range=3-180 days), with seven participants reporting daily use. All recent users reported swallowing licit pharmaceutical stimulants in the six months preceding interview; one participant reported snorting and injecting licit pharmaceutical stimulants during this time.

Illicitly obtained (non-prescribed) pharmaceutical stimulants

Two-fifths (44%) of the 2009 sample reported the lifetime use of illicit pharmaceutical stimulants and 19% reported their recent use. Illicit pharmaceutical stimulants were first used at a mean age of 19 years (range=10-38 years) by recent users. In the six months preceding interview, use occurred on a median of three days (range=1-90 days); the majority (77%) reported monthly use or less. Swallowing was the most commonly reported ROA (94%); one-third (30%) reported snorting, four participants reported injecting; two participants reported smoking and one participant reported shelving.

4.9.13 Over the counter (OTC) codeine

Two-fifths (46%) of the 2009 sample reported the lifetime use of illicit pharmaceutical stimulants and 33% reported their recent use. OTC codeine was first used at a mean age of 16 years (range=2-38 years) for recent users. In the six months preceding interview, use occurred on a median of five days (range=1-50 days); the majority (65%) reported monthly use or less. Swallowing was the most commonly reported ROA (99%); six participants reported snorting, and one participant reported smoking. There were no reports of injecting in the last six months.

4.9.14 Other drugs

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

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

- The median price of a tablet of ecstasy ranged from $20 in NSW, SA and QLD to $50 in the NT. Price decreases of between $2.50-$10 were reported across all states except TAS and the NT. The majority of the REU in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- Reports of ecstasy purity were mixed, with the largest proportion of participants reporting that it was medium (35%). Similar proportions of the sample reported that purity levels had fluctuated (34%), remained stable (29%), or had decreased (30%) over the preceding six months.
- The vast majority reported ecstasy to be easy (45%) or very easy (43%) to obtain and few participants across jurisdictions reported ecstasy to be difficult to source. The majority in all jurisdictions (61%) reported that availability had remained stable in the six months prior to interview.
- Ecstasy was purchased from a range of people (median=3 people), most commonly from friends, between monthly and fortnightly with a median of five pills purchased in one session.
- It was also used in a range of locations, most commonly in nightclubs.
- REU in this sample identified mostly as 'clubbers' and the euphoric effects of ecstasy were the most common reasons cited for continuing ecstasy use.

5.1.1 Price

The median price of ecstasy ranged from $20 in NSW, 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, despite there being a decrease in price ranging from ($2.50-$10) across all states except the NT and TAS (Table 24).

Table 24: Median last price paid for ecstasy tablet and participants' reports of price change, by jurisdiction, 2009

	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Median price ($) per tablet (range)	20 (11-40)	25 (10-40)	25 (10-35)	35 (18-40)	20 (10-30)	35 (20-50)	50 (17-70)	20 (10-50)
Price change (%)								
Increased	6	13	18	11	11	10	5	7
Stable	61	53	58	58	50	55	83	63
Decreased	28	23	14	13	28	26	3	24
Fluctuated	4	11	10	19	12	10	9	6

Source: EDRS REU interviews

Table 25 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, (exception of the NT), the price of ecstasy has steadily declined across time.

Table 25: Median price of ecstasy per tablet, 2000-2009

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

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. In 2009, participants reported last price paid for ecstasy tablet not market price.

Table 26 illustrates the change in prices reported when ecstasy tablets (pills) are purchased in larger quantities.

Table 26: Median price of ecstasy tablets bought in larger quantities, 2009

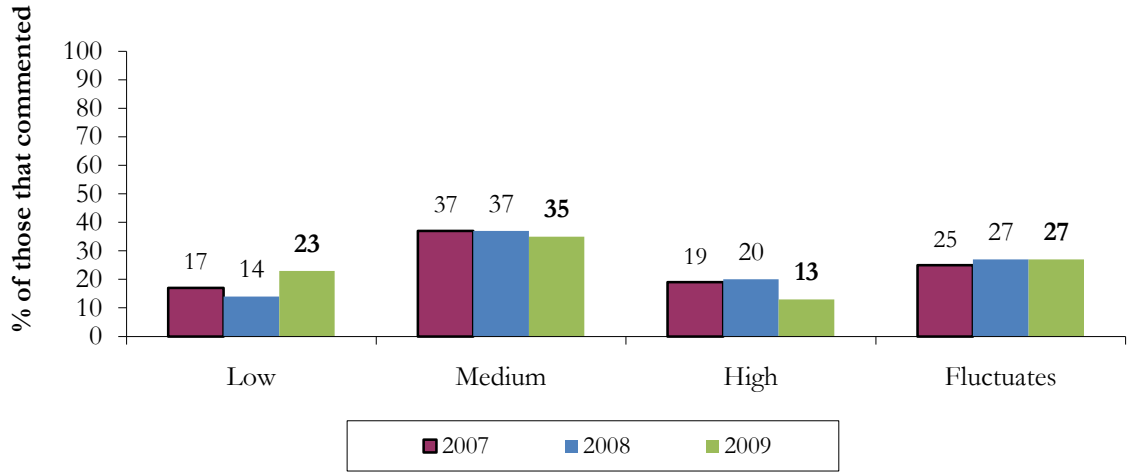
	Per pill/10 pills	Per pill/20 pills	Per pill/50 pills	Per pill/100 pills
NSW	$20/$180	$20/$300	$15.50/$500	$14/ n.a
ACT	$20/$200	$18/$315	$16/$650	$15/$1200
VIC	$25/$250	$20/$400	$19.50/$975	$17/$1600
TAS	$32/ n.a	$30/ n.a	$27/ n.a	$22.50/ n.a
SA	$18/$180	$15/$300	$11.50/$560	$12/$1200
WA	$32/n.a	$35/n.a	$25/n.a	$21/n.a
NT	$40/$325	$35/ $650	n.a/$1250	n.a/ $3000
QLD	$20/$200	$18/$350	$16/$500	$14/1000

Source: EDRS REU interviews

5.1.2 Purity

Participants' perceptions of ecstasy purity were similar to those recorded over 2007 and 2008. The largest proportion of participants reported that purity was considered to be medium (35%) with a slightly higher proportion reporting purity as low in comparison to 2008 (Figure 8).

Figure 8: National REU reports of current ecstasy purity, 2007-2009



Source: EDRS REU interviews

There was some variation in jurisdictional reports of the current purity of ecstasy, with NSW having the highest proportion reporting that ecstasy was currently low (37%) and those in TAS having the highest proportion (18%) of those reporting that ecstasy was currently high (Table 27).

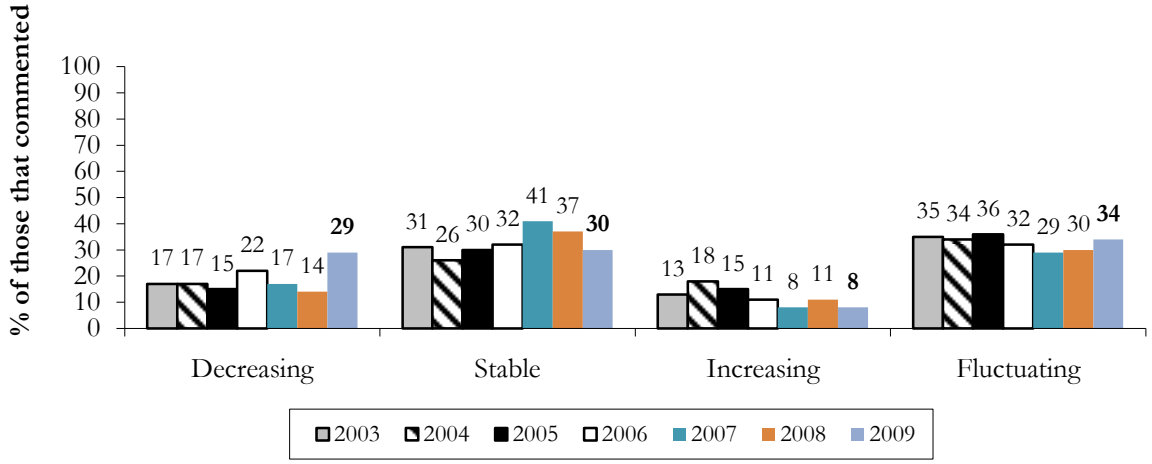
Table 27: Participant reports of current ecstasy purity, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Current purity (%)									
Low	**24**	37	27	25	10	26	10	11	41
Medium	**36**	31	30	32	42	33	35	73	19
High	**13**	9	16	9	18	17	13	8	12
Fluctuates	**28**	22	26	35	30	25	42	8	29

Source: EDRS REU interviews

Participants were asked to comment on the change of ecstasy purity in the preceding six months. A third of the sample reported that the purity had remained stable (30%) or had decreased (29%) in the six months prior to interview (Figure 9).

Figure 9: National REU reports of recent (last six months) change in ecstasy purity, 2003-2009



Source: EDRS REU Interviews

Table 28 presents jurisdictions' reports and variability of perceived purity change of ecstasy in the six months preceding interview.

Table 28: Participant reports of changes in ecstasy purity in the past six months, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Change in current purity (%)									
Increasing	**8**	6	8	5	10	10	11	5	6
Stable	**30**	25	28	14	27	36	27	68	27
Decreasing	**29**	44	27	45	11	21	21	10	42
Fluctuating	**34**	25	36	36	52	33	42	18	25

Source: EDRS REU interviews

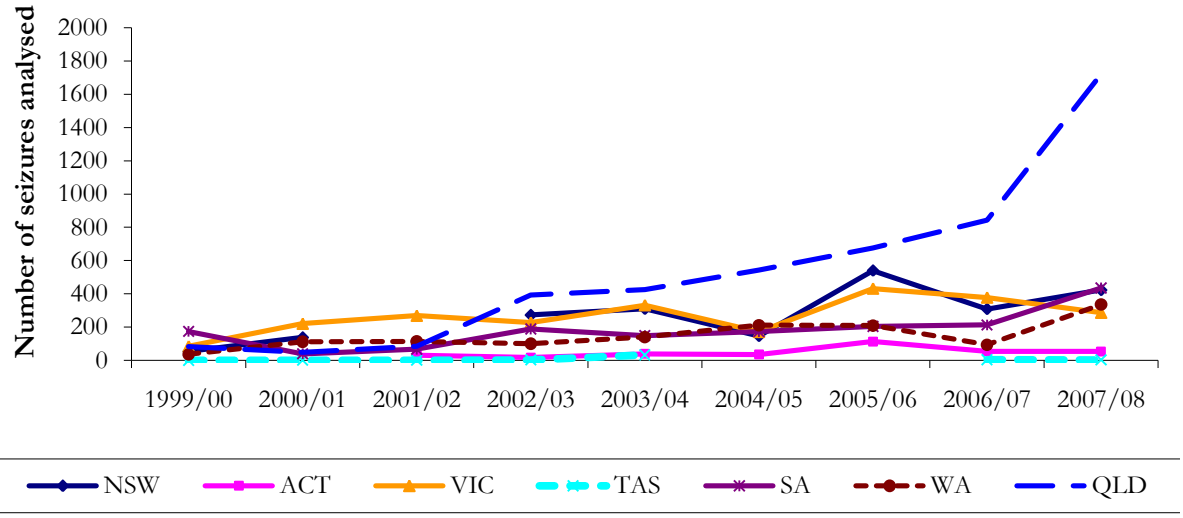
Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should therefore be considered in addition to the subjective reports of 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 provided data on state/territory police and Australian Federal Police (AFP) seizure data, including the number and weight of seizures. In 1999/00, the purity was reported as 'ecstasy' seizures. Since 2000/01, ecstasy seizures have been reported under 'phenethylamines'. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as 4-bromo-2,5-dimethoxyamphetamine (DOB), 2,5-dimethoxy-4-methylamphetamine (DOM), MDA, 3,4- methylenedioxyethylamphetamine (MDEA), Paramethoxyamphetamine (PMA), and 4-methylthioamphetamine (4-MTA) also belong to the phenethylamine family and seizures of these drugs are included in the seizure data from 2000/01.

In 2007/08, the number of state seizures analysed 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 through to Figure 6 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.

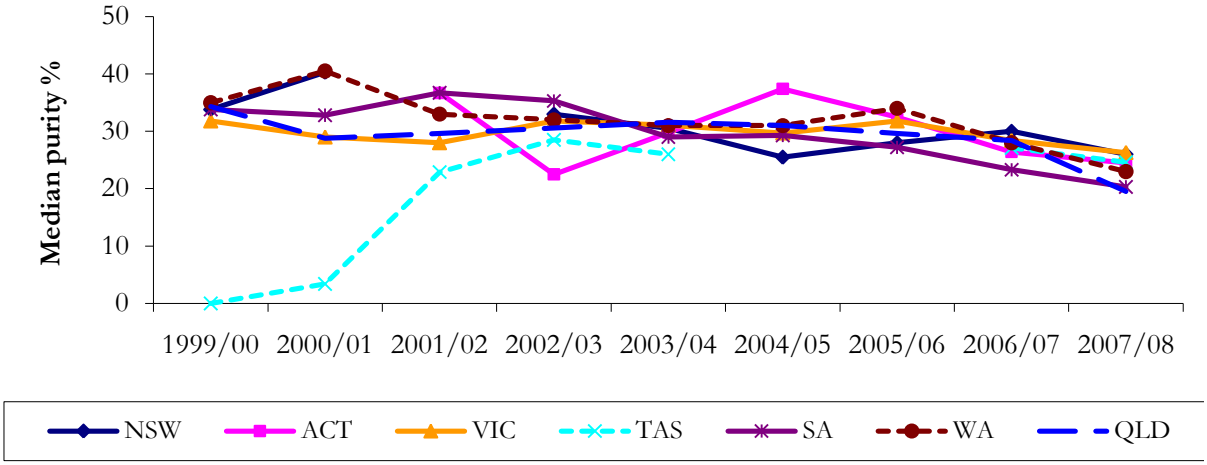
Figure 10: Number of phenethylamine state police seizures, by jurisdiction, 1999/00-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 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 25% purity (Figure).

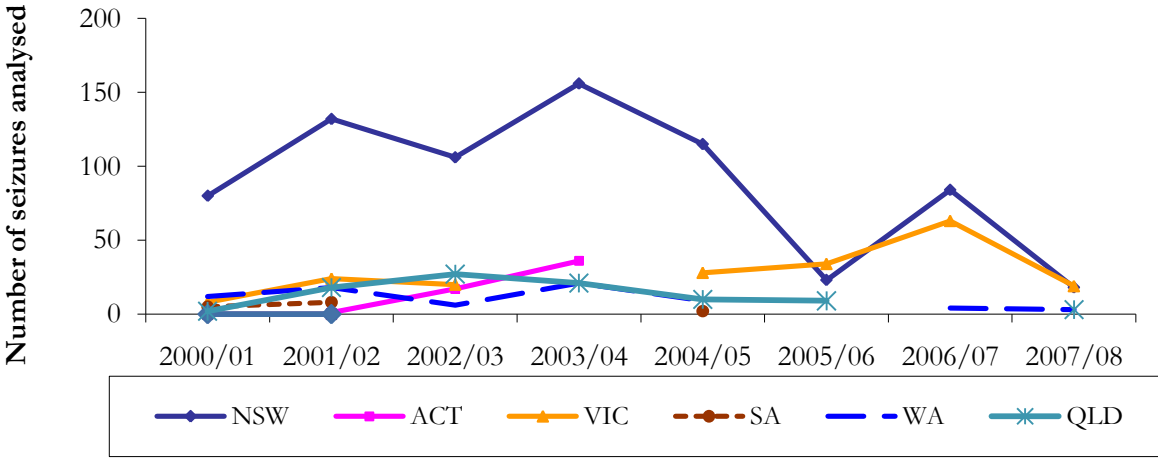
Figure 11: Median purity of state police phenethylamine seizures, by jurisdiction, 1999/00-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at time of publication.

In 2007/08, NSW, VIC, WA and QLD were the only states that recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures (Figure). NT and TAS are not shown.

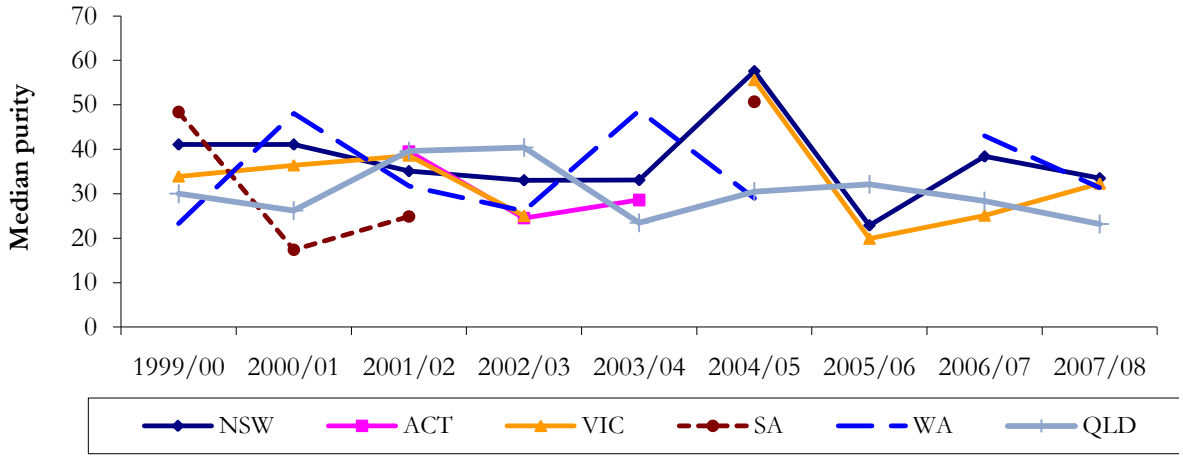
Figure 12: Number of AFP phenethylamine seizures, by jurisdiction, 1999/00-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were unavailable at time of publication.

The median purity of AFP phenethylamine seizures remained stable in 2007/08 (Figure 13).

Figure 6: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were unavailable at time of publication.

A further analysis of the content of illicit tablets seized in VIC may be found in the September 2009 Drug Trends Conference presentation by Victoria Police Forensic Services Department: http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Conference/$file/DTC+2009+Quinn.pdf.

5.1.3 Availability

Similar proportions of the 2009 national sample considered ecstasy to be easy (45%) or very easy (43%) to 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, with near equal proportions reporting that it had become easier or more difficult (Table).

Table 29: REU reports of availability of ecstasy in the preceding six months, 2009

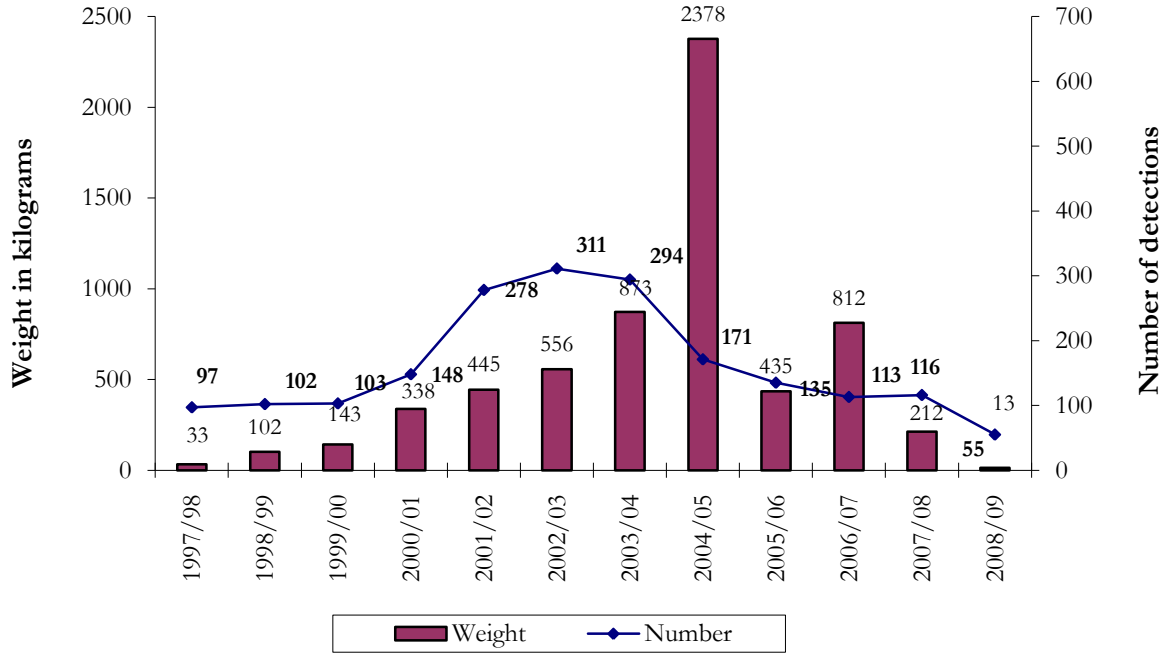
	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability of ecstasy (%)									
Very easy	**43**	52	44	43	21	51	61	32	36
Easy	**45**	44	50	33	62	36	35	59	49
Difficult	**11**	4	6	19	17	12	4	9	14
Very difficult	**1**	0	0	5	0	1	0	0	1
Change in availability (%)									
More difficult	**16**	16	9	31	16	20	7	3	22
Stable	**61**	61	69	53	52	67	65	71	57
Easier	**17**	22	18	14	21	8	21	12	14
Fluctuates	**6**	1	4	2	12	4	7	14	7

Source: EDRS REU interviews

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 (Figure 14).

Figure 7: Number and weight of detections of MDMA detected at the border by the Australian Customs Service, financial years 1997/98-2008/09



Source: Australian Customs Service

5.1.4 Supply: Purchasing patterns and locations of use

Ecstasy was reportedly purchased from a median of three people (range=1-70 people), and just over two-thirds (67%) reported typically purchasing for themselves and friends on those occasions. Among this group, the same percentage of participants reported typically purchasing ecstasy between monthly and fortnightly, while small numbers reported buying ecstasy more than once per week. The median number of ecstasy pills purchased at a time was five (range=1-3,000 pills).

Table 30: Purchasing patterns related to ecstasy use, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Median no. people bought ecstasy from (n)	**3**	4	4	4	3	3	3	2	3
Last time purchased ecstasy for (%):									
Yourself	**31**	29	27	33	36	33	22	31	35
Yourself and others	**67**	68	71	66	61	67	75	67	62
Others only	**2**	2	2	1	3	0	3	2	2
Frequency of purchase (%):									
<=Monthly (1-6 times)	**38**	33	36	47	49	35	30	21	47
<=Fortnightly (7-12 times)	**40**	45	38	30	38	36	46	58	35
<=Weekly	**20**	22	26	22	9	24	21	18	16
<=Three times per week (25-181+)	**2**	0	1	1	4	4	2	3	1
Median no. pills usually purchased (n)	**5**	5	4	5	5	5	5	6	5

Source: EDRS REU interviews

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends and known dealers (see Table 31).

Ecstasy was used in a variety of public and private locations, with the most common last location used being nightclubs (Table).

Table 31: Last source, purchase location and use location of ecstasy, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Source (%)									
Friends	**66**	63	59	62	80	60	79	57	67
Known dealers	**20**	23	29	27	7	11	13	33	19
Acquaintances	**9**	10	7	4	7	19	6	2	12
Unknown dealers	**3**	1	4	4	1	3	1	6	1
Workmates	**1**	0	2	1	2	3	0	0	1
Location scored (%)									
Friend's home	**33**	27	31	23	37	25	44	40	41
Nightclub	**15**	11	27	18	21	12	8	15	7
Dealer's home	**9**	16	9	9	2	7	7	16	9
Own home	**15**	9	4	16	19	24	19	9	22
Agreed public location	**9**	12	13	13	6	8	10	2	4
Raves*	**2**	2	2	3	2	1	0	3	2
Private party	**3**	3	1	5	2	2	3	2	4
Pubs	**6**	9	6	7	6	9	1	8	4
Acquaintance's home	**1**	1	0	0	1	3	2	0	4
Street	**2**	1	3	1	2	4	4	3	0
Work	**1**	0	3	3	1	1	0	0	1
Day club	**<1**	1	0	0	0	0	0	0	0
Educational institution	**<1**	0	3	0	0	0	0	0	1
Last use venue (%)									
Nightclub	**46**	48	47	49	46	35	48	42	55
Home	**10**	8	10	7	10	18	11	2	13
Friend's home	**11**	7	15	8	7	20	15	10	8
Live music event	**9**	11	8	6	14	5	12	5	7
Private party	**9**	7	6	13	5	5	6	25	9
Raves*	**5**	6	7	4	7	2	4	6	1
Pub	**6**	9	4	8	7	9	1	3	2
Outdoors◊	**2**	1	1	3	2	4	0	3	0

Source: EDRS REU interviews

* Includes 'doofs' and dance parties

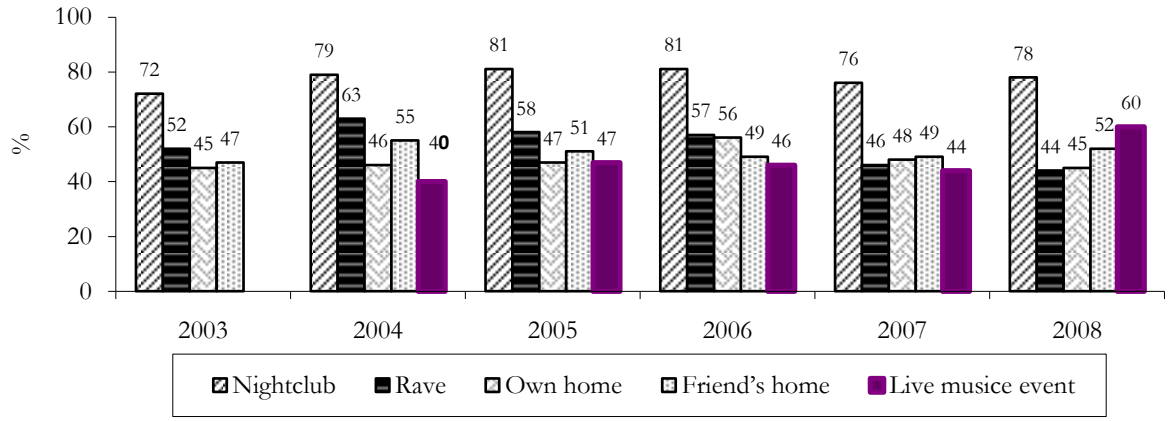
◊ Examples include at a beach, bushwalking, camping

Note: In 2009, participants responded to source, location of use and location spent most time intoxicated based on the 'last occasion' in which they used ecstasy not the 'usual' or 'common' source or location.

Figure 15 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. This question was not asked in 2009.

Figure 8: Location of usual ecstasy use, 2003-2009



Source: EDRS REU interviews

5.1.5 Most common location of ecstasy use

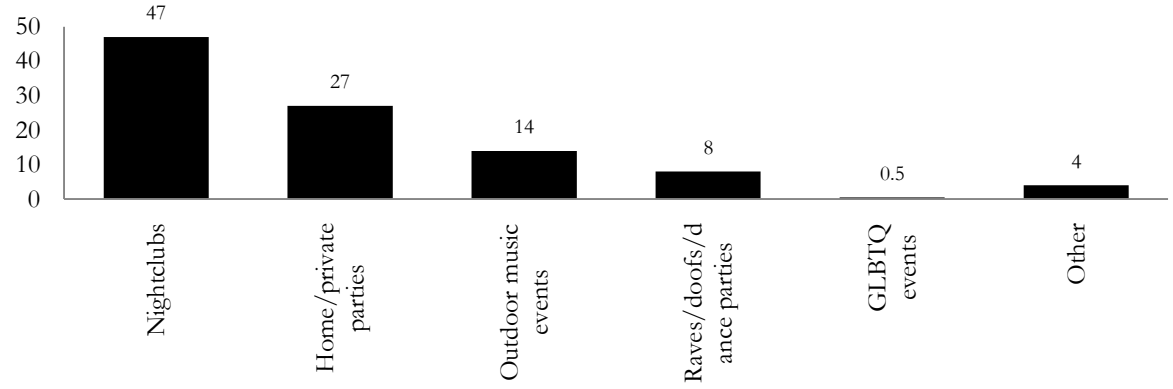
Some recent studies have suggested that REU be viewed as a heterogeneous group with different patterns of and motivations for drug use (Bogt and Engels, 2005, McCaughan et al., 2005) and that groups could be identified according to what sort of party they attended. The following definitions were taken from both KE interviews conducted by jurisdictions and information collected by UniMed in Sydney (Reed, 2009).

- 'Clubbers' are people who primarily socialise in venues (e.g. nightclubs) in party precincts, which are open on a regular basis.
- 'Ravers' are people who regularly attend raves (i.e. predominantly indoor events of up to 6,000 attendees, which typically occur overnight).
- 'Festival goers' are people who predominantly attend festivals (i.e. large, outdoor events with greater than 5,000 attendees, occurring over the course of one or multiple days).

Thus, in 2009, participants were asked which type of location or event they had most frequently spent their time at while using ecstasy, over the preceding six months and what sort of party goer they identified as generally.

When participants were asked where they had most frequently spent their time while using ecstasy, the majority reported having done so in nightclubs. However, close to one-third reported most commonly using ecstasy at home or at private parties or at outdoor music events or festivals (Figure 16).

Figure 9: Location of most frequent ecstasy use by REU, National 2009



Source: EDRS REU interviews

Table 32: Location of most frequent ecstasy use by REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
(%) Nightclubs	**47**	44	51	49	53	36	41	63	44
Home/private parties	**27**	21	24	21	18	44	26	30	32
Outdoor music events	**14**	20	11	18	14	6	20	2	15
Raves/doofs/ dance parties	**8**	6	13	6	15	10	9	2	4
GLBTQ events	**<1**	2	0	0	0	1	1	0	0
Other	**4**	7	2	6	0	3	3	5	6

Source: EDRS REU interviews

5.1.6 Type of party goer

Participants most commonly identified as a 'person who frequents pubs', a 'clubber', or a 'festival goer' (Table 33).

Table 33: Type of party goer, national, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
(%) Clubber	**45**	29	43	35	45	24	25	45	36
Person who frequents pubs	**21**	33	14	19	17	19	15	37	18
Festival goer	**18**	25	17	19	13	8	28	5	27
Raver	**8**	7	13	3	10	12	9	3	2
Other	**18**	6	13	24	14	36	23	10	17

Source: EDRS REU interviews

That the largest proportion of respondents identified as pub goers is in contrast with the location of most frequent ecstasy use data, where 'pubs' were only mentioned by 6% of participants. One interpretation of this disparity may be that while participants may most commonly use ecstasy at nightclubs, private parties and festivals, there may be a significant proportion that usually socialise in pubs and bars and do not commonly use ecstasy in this setting.

In 2009, participants were asked what their main reasons were for deciding to use ecstasy at an event, presented in Table 34. The responses gained were very similar to the perceived benefits to ecstasy use reported in the PDI (subsequently the EDRS) between 2003 and 2006 and the interested reader is directed to the EDRS website where these reports are freely available for comparison (http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRS).

The four most commonly endorsed reasons for deciding to use ecstasy at an event were 'to feel great', for the 'high/rush/buzz', 'to be able to dance all night' and to 'enhance the appreciation of the music'. From this, it would appear that the main impetus for using ecstasy at an event is to increase the level of energy or 'hype' of the event as well as the duration of the night (or day) out.

Table 34: Reasons for deciding to use ecstasy at an event, national, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
To feel great	**69**	61	77	51	76	56	86	84	70
High/rush/ buzz	**65**	63	76	72	56	51	88	60	61
Appreciation of music	**48**	51	58	42	47	43	80	26	41
To dance all night	**47**	53	52	34	49	32	64	61	43
Drug effects	**35**	42	38	25	22	42	76	21	31
Enhance closeness/ empathy	**31**	37	38	25	24	24	65	12	33
Not sober when friends high	**26**	333	30	18	17	24	60	21	25
Easier to talk/flirt	**24**	26	27	20	21	15	46	32	21
Forget problems/ or worries	**22**	26	26	17	18	16	53	14	25
Enhance sex	**16**	15	19	11	5	20	32	17	17
Increase self insight	**14**	18	14	10	5	16	42	3	17
Other	**19**	64	7	9	4	27	27	3	20

Source: EDRS REU interviews

5.2 Methamphetamine

- Price of speed ranged from $47.50-$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 very easy to obtain and the availability change was reported as stable.
- Price of base ranged from $100-$400 per gram and $30-$60 per point, with the majority reporting the price had remained stable. Base was reported at medium to high purity and this was reported to have both remained stable and fluctuated. Base was reported as being easy to very easy to obtain, availability was reported as being stable.
- Price of ice/crystal ranged from $250-$400 per gram and was consistent in all but one (the NT) jurisdiction 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.

5.2.1 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. The median prices, by jurisdiction, are presented in Table 35 and perceptions of price changes are shown in Table 36.

The price of speed was recorded in terms of a gram and a point (0.1 gram). The median price of a gram ranged from $47.50 in NSW to $300 in the NT. Prices reported were considered to have remained stable over the six months prior to interview by the majority of participants that commented.

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 of base at $30 per point (NSW) to $60 per point in TAS. 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 the NT where it was $100. The price per gram was typically higher than for speed or base (note: based on fewer than 10 participants in each jurisdiction). Among the national sample, the prices were most commonly reported to have remained stable in the six months prior to interview.

Table 35: Median of last price paid of various forms of methamphetamine, by jurisdiction, 2009

	Median price $ per point (range)			Median price $ per gram (range)		
	Speed powder	Base	Ice/crystal	Speed powder	Base	Ice/crystal
NSW	-	30^ (20-60)	50^ (50-80)	47.50 (10-100)	100^ (65-200)	275^ (250-300)
ACT	30^ (20-60)	40^ (25-300)	50^ (30-50)	200 (30-300)	150^ (100-200)	400^ (200-450)
VIC	25^ (20-30)	-	50^ (40-400)	190 (27.50-320)	300^ *(no range)*	250^ (150-600)
TAS	40 (20-60)	60^ (50-80)	50^ *(no range)*	255 (170-300)	150^ (150-400)	250^ (150-600)
SA	50 (1-100)	50^ (40-80)	50 (25-100)	350^ (25-500)	200^ *(no range)*	350^ (250-400)
WA	50^ (50-100)	50^ *(no range)*	50^ *(no range)*	275 (50-400)	400^ *(no range)*	400^ (50-500)
NT	50^ *(no range)*	55^ (50-60)	100^ (50-100)	300 (100-800)	350^ (300-400)	1000^ *(no range)*
QLD	45^ (20-50)	40^ (20-50)	50 (40-50)	180 (30-450)	200^ (180-550)	350^ (200-450)

Source: EDRS REU interviews

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

Table 36: Methamphetamine price changes, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Speed price changes									
(among those who commented)	**n=157**	n=14	n=21	n=31	n=17	n=18	n=17	n=20	n=19
% Increased (n)	**15 (23)**	7 (1)	24 (5)	19 (6)	12 (2)	22 (4)	12 (2)	10 (2)	5 (1)
% Stable (n)	**71 (111)**	71 (10)	62 (13)	61 (19)	77 (13)	67 (12)	77 (13)	80 (16)	79 (15)
% Decreased (n)	**8 (13)**	21 (3)	10 (2)	10 (3)	0 (-)	11 (2)	0 (-)	5 (1)	11 (2)
% Fluctuated (n)	**6 (10)**	0 (-)	5 (1)	10 (3)	12 (2)	0 (-)	12 (2)	5 (1)	5 (1)
Base price changes									
(among those who commented)	**n=61**	n=12	n=7^	n=1^	n=8^	n=10	n=3^	n=6^	n=14
% Increased (n)	**23 (14)**	25 (3)	29 (2)	100 (1)	0 (-)	40 (4)	0 (-)	33 (2)	14 (2)
% Stable (n)	**66 (40)**	58 (7)	71 (5)	0 (-)	88 (7)	50 (5)	67 (2)	50 (3)	79 (11)
% Decreased (n)	**7 (4)**	8 (1)	0 (-)	0 (-)	13 (1)	10 (1)	0 (-)	0 (-)	7 (1)
% Fluctuated (n)	**5 (3)**	8 (1)	0 (-)	0 (-)	0 (-)	0 (-)	33 (1)	17 (1)	0 (-)
Ice/crystal price changes									
(among those who commented)	**n=76**	n=8^	n=5^	n=8^	n=5^	n=21	n=12	n=4^	n=13
% Increased (n)	**26 (20)**	25 (2)	20 (1)	50 (4)	40 (2)	24 (5)	8 (1)	50 (2)	23 (3)
% Stable (n)	**65 (49)**	75 (6)	60 (3)	38 (3)	60 (3)	62 (13)	92 (11)	50 (2)	62 (8)
% Decreased (n)	**3 (2)**	0 (-)	0 (-)	0 (-)	0 (-)	5 (1)	0 (-)	0 (-)	8 (1)
% Fluctuated (n)	**7 (5)**	0 (-)	20 (1)	13 (1)	0 (-)	10 (2)	0 (-)	0 (-)	8 (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 37).

Table 37: Median price per gram of methamphetamine powder (speed), by jurisdiction, 2000-2009

	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
2009	47.50	200	190	255	350	275	300	180

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. In 2009, only last price paid for gram of speed was collected.

Very few participants in 2009 were able to comment on the price per point of base in many jurisdictions than in previous years. In 2009, apart from the decrease in price reported in NSW, most other jurisdictions reported an increase in price (Table 38).

Table 38: Median price per point of methamphetamine base (base), by jurisdiction, 2000-2009

	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
2009	30^	40^	*(no purchases)*	60^	50^	50^	55^	40^

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 2009, only last price paid for point of base was collected.

In 2009, the median price for a point of ice/crystal has been stable across most jurisdictions, with the cost of a point at $50 (Table).

Table 39: Median price per point of crystalline methamphetamine (ice/crystal) by jurisdiction, 2000-2009

	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
2009	50^	50^	50^	50^	50	50^	100^	50

Source: EDRS REU interviews

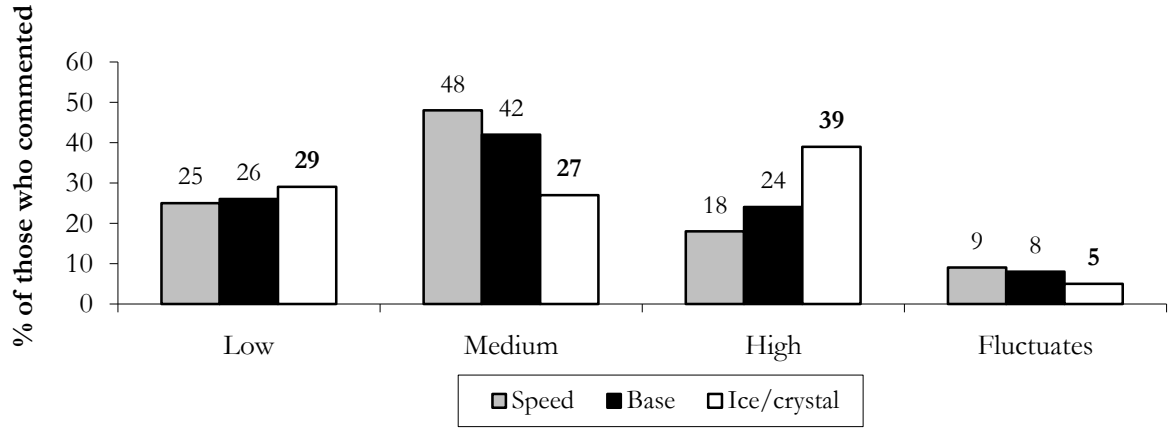
^ Small numbers commenting (m<10); interpret with caution

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. In 2009, only last price paid for point of ice/crystal was collected.

5.2.2 Purity

Participants were asked about their perceptions of speed, base and ice/crystal purity currently and also whether this had changed over in the last six months. Ice/crystal was most commonly perceived to be of high purity. Speed and base were most commonly reported to be of medium purity (Figure 17).

Figure 10: National REU reports of current methamphetamine purity, 2009

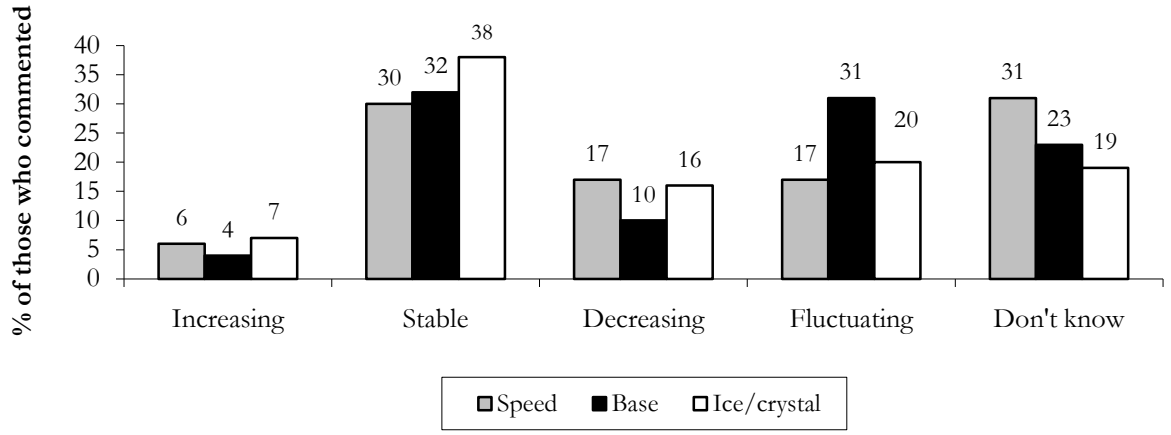


Source: EDRS REU interviews

Note: Among those who commented (speed n=199, base n=62, ice/crystal n=82).

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 11).

Figure 11: National REU reports of recent (last six months) change in methamphetamine purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (speed n=170, base n=55, ice/crystal n=79).

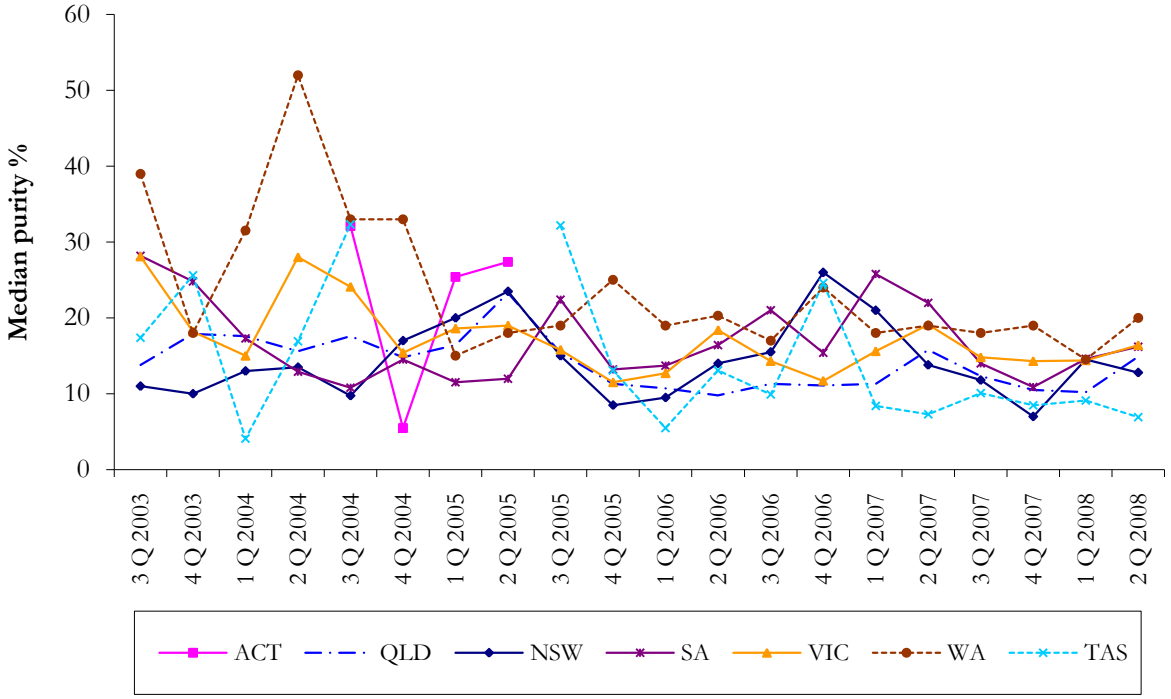
As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methylamphetamine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

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

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

Figure 19 shows the median purity across jurisdictions of methylamphetamine seizures (respectively) by quarter from 2003/04. 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 four 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 or the NT in 2007/08 (Australian Crime Commission, 2009). Data for 2008/09 were not available at the time of publication of this report.

Figure 19: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2003/04-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at the time of publication

5.2.3 Availability

Twenty-eight percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months. The majority of participants in all jurisdictions reported that speed had remained easy to very easy to obtain and that this had remained stable (Table 40).

Table 40: Availability of methamphetamine powder (speed), by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=212**	n=18	n=32	n=35	n=40	n=21	n=18	n=23	n=25
% Very easy (n)	**51 (107)**	33 (56	16 (5)	43 (15)	20 (8)	48 (10)	33 (6)	13 (3)	20 (5)
% Easy (n)	**21 (45)**	39 (7)	53 (17)	34 (12)	48 (19)	52 (11)	56 (10)	83 (19)	48 (12)
% Difficult (n)	**21 (45)**	28 (5)	28 (9)	23 (8)	33 (13)	0 (-)	6 (1)	4 (1)	32 (8)
% Very difficult (n)	**1 (2)**	0 (-)	3 (1)	0 (-)	0 (-)	0 (-)	6 (1)	0 (-)	0 (-)
Availability changes (%)									
(among those who commented)	**n=192**	n=17	n=28	n=33	n=33	n=21	n=16	n=21	n=23
% More difficult (n)	**15 (29)**	24 (4)	36 (10)	12 (4)	12 (4)	5 (1)	6 (1)	10 (2)	13 (3)
% Stable (n)	**69 (133)**	65 (11)	54 (15)	67 (22)	67 (22)	71 (15)	94 (15)	91 (19)	61 (14)
% Easier (n)	**10 (20)**	12 (2)	7 (2)	15 (5)	9 (3)	19 (1)	0 (-)	0 (-)	17 (4)
% Fluctuates (n)	**5 (10)**	0 (-)	4 (1)	6 (2)	12 (4)	5 (1)	0 (-)	0 (-)	9 (2)

Source: EDRS REU interviews

Nine percent of the national sample commented on the current availability of base and whether this had changed over the past six months. Overall base remained easy to very easy to obtain and this was reported to have remained stable (Table 41).

Table 7: Availability of methamphetamine base, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=65**	n=12	n=7^	n=1^	n=11	n=10	n=3^	n=6^	n=15
% Very easy (n)	**22 (14)**	25 (3)	29 (2)	0 (-)	9 (1)	30 (3)	67 (2)	0 (-)	20 (3)
% Easy (n)	**43 (28)**	42 (5)	14 (1)	100 (1)	73 (8)	50 (5)	0 (-)	50 (3)	33 (5)
% Difficult (n)	**34 (22)**	25 (3)	57 (4)	0 (-)	18 (2)	20 (2)	33 (1)	50 (3)	47 (7)
% Very difficult (n)	**2 (1)**	8 (1)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)
Availability changes (%)									
(among those who commented)	**n=59**	n=12	n=6^	n=1^	n=7^	n=9^	n=3^	n=6^	n=15
% More difficult (n)	**25 (15)**	42 (5)	17 (1)	0 (-)	0 (-)	22 (2)	33 (1)	33 (2)	27 (4)
% Stable (n)	**63 (37)**	33 (4)	67 (4)	100 (1)	57 (4)	78 (7)	67 (2)	67 (4)	73 (11)
% Easier (n)	**10 (6)**	17 (2)	17 (1)	0 (-)	43 (3)	0 (-)	0 (-)	0 (-)	0 (-)
% Fluctuates (n)	**2 (1)**	8 (1)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)	0 (-)

Source: EDRS REU interviews

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

Eleven percent of the national sample commented on the availability of ice/crystal. The majority of participants considered it easy or very easy to obtain; however, almost one-third reported it to be difficult to obtain. The majority reported that availability had remained stable over the preceding six months (Table 42).

Table 8: Availability of crystalline methamphetamine (ice/crystal), by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=84**	n=9^	n=6^	n=10	n=5^	n=21	n=11	n=5^	n=17
% Very easy (n)	**31 (26)**	44 (4)	0 (-)	10 (1)	20 (1)	48 (10)	45 (5)	20 (1)	24 (4)
% Easy (n)	**36 (30)**	11 (1)	33 (2)	30 (3)	40 (2)	38 (8)	36 (4)	40 (2)	47 (8)
% Difficult (n)	**30 (25)**	44 (4)	67 (4)	50 (5)	40 (2)	14 (3)	18 (2)	40 (2)	18 (3)
% Very difficult (n)	**4 (3)**	0 (-)	0 (-)	10 (1)	0 (-)	0 (-)	0 (-)	0 (-)	12 (2)
Availability changes (%)									
(among those who commented)	**n=80**	n=9^	n=6^	n=9^	n=5^	n=21	n=11	n=5^	n=14
% More difficult (n)	**28 (22)**	56 (5)	67 (4)	67 (4)	40 (2)	5 (1)	18 (2)	0 (-)	14 (2)
% Stable (n)	**56 (45)**	22 (2)	33 (2)	22 (2)	60 (3)	67 (14)	82 (9)	80 (4)	64 (9)
% Easier (n)	**9 (7)**	11 (1)	0 (-)	0 (-)	0 (-)	19 (4)	0 (-)	0 (-)	14 (2)
% Fluctuates (n)	**8 (6)**	11 (1)	0 (-)	11 (1)	0 (-)	10 (2)	0 (-)	20 (1)	7 (1)

Source: EDRS REU interviews

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

As with ecstasy, speed was reported most commonly to have been bought from friends and known dealers, and obtained from friends' homes. The difference being that it was reportedly used in nightclubs as well as homes (private locations) in equal proportions (Table 43).

Table 9: Last source, purchase location and use location of methamphetamine powder (speed), 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=218**	n=18	n=36	n=35	n=40	n=21	n=21	n=23	n=24
Friends	**59**	50	53	63	73	62	76	26	58
Known dealers	**27**	39	31	26	10	14	10	65	33
Acquaintances	**6**	0	6	9	0	19	5	0	8
Unknown dealers	**2**	0	61	0	3	0	10	0	0
Workmates	**2**	0	3	3	3	0	0	4	0
Used, but not scored	**2**	0	3	0	5	5	0	0	0
Locations scored (%) (among those who commented)	**n=217**	n=18	n=36	n=35	n=39	n=21	n=21	n=23	n=24
Friend's home	**33**	28	22	26	39	33	52	26	42
Dealer's home	**13**	28	14	6	3	10	19	13	25
Own home	**20**	17	11	29	28	29	24	4	13
Nightclub	**7**	0	8	11	10	5	5	9	0
Agreed public location	**9**	0	46	23	10	5	0	22	0
Raves*	**<1**	0	3	0	0	0	0	0	0
Acquaintance's home	**1**	0	3	0	3	0	0	0	4
Private party	**5**	6	17	3	3	0	0	4	4
Pubs	**5**	11	8	0	0	5	0	13	8
Street	**1**	0	0	0	0	0	0	8	0
Work	**<1**	0	0	3	0	0	0	0	0
Last use venue (%) (among those who commented)	**n=217**	n=18	n=36	n=35	n=41	n=21	n=21	n=23	n=22
Nightclub	**21**	6	14	34	27	10	38	9	18
Home	**21**	11	17	26	7	19	10	52	32
Friend's home	**18**	33	11	11	12	29	43	13	14
Private party	**10**	17	17	6	10	5	5	9	9
Live music event	**11**	17	14	6	24	0	0	9	5
Raves*	**3**	6	6	6	5	0	0	0	0
Pubs	**5**	11	3	3	5	10	0	4	5
Work	**2**	0	8	3	0	0	0	0	5

Source: EDRS REU interviews

* Includes 'doofs' and dance parties

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

As with ecstasy and speed, base was also most commonly reported to have been bought from friends and known dealers. It was bought in a range of locations, including from friends' homes. Base was also used in a range of locations; at friends' homes and at participants' own homes were the most commonly reported last locations of use (Table 44). Jurisdictional differences should be interpreted with caution due to small numbers.

Table 10: Last source, purchase location and use location of methamphetamine base, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=67**	n=13	n=8^	n=1^	n=11	n=10	n=3^	n=6^	n=15
Friends	**49**	54	25	0	55	60	33	0	60
Known dealers	**22**	39	13	100	27	0	33	33	13
Acquaintances	**10**	8	25	0	0	10	0	33	20
Unknown dealers	**3**	0	0	0	9	0	33	0	0
Workmates	**2**	0	0	0	0	10	0	0	0
Locations scored (%) (among those who commented)	**n=67**	n=13	n=8^	n=1^	n=11	n=10	n=3^	n=6^	n=15
Friend's home	**37**	46	25	0	46	40	33	17	40
Dealer's home	**16**	31	25	0	9	0	33	17	13
Own home	**16**	8	0	0	0	40	0	50	20
Agreed public location	**9**	8	0	100	27	0	0	17	0
Nightclub	**2**	0	0	0	9	0	0	0	0
Acquaintance's home	**5**	0	0	0	0	0	33	0	7
Pubs	**5**	8	0	0	0	0	0	0	13
Last use venue (%) (among those who commented)	**n=85**	n=13	n=8^	n=1^	n=11	n=10	n=3^	n=6^	n=15
Home	**36**	23	25	100	18	60	33	67	33
Friend's home	**21**	15	25	0	27	20	33	17	20
Live music event	**5**	0	13	0	9	0	33	0	7
Pub	**5**	8	0	0	0	0	0	0	13
Nightclub	**9**	8	0	0	27	0	0	0	7
Private party	**3**	15	0	0	0	0	0	0	0
Raves*	**2**	8	0	0	0	0	0	0	0
Work	**6**	15	13	0	0	0	0	0	7

Source: EDRS REU Interviews

* Includes 'doofs' and dance parties

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

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

As with the other forms of methamphetamine, friends and known dealers were the most common sources of ice/crystal. It was most commonly scored and used in private locations, including at friends' homes and at participants' own homes. (Table 45).

Table 11: Last source, purchase location and use location of crystalline methamphetamine (ice/crystal), 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=85**	n=9^	n=6^	n=10	n=5^	n=22	n=13	n=5^	n=15
Friends	**51**	33	17	30	80	68	77	40	33
Known dealers	**29**	56	67	50	0	9	15	40	33
Acquaintances	**8**	11	0	10	0	14	0	0	13
Unknown dealers	**2**	0	0	10	0	0	0	0	7
Street dealers	**1**	0	17	0	0	0	0	0	0
Mobile dealers	**1**	0	0	0	20	0	0	0	0
Locations scored (%) (among those who commented)	**n=85**	n=9^	n=6^	n=10	n=5^	n=22	n=13	n=5^	n=15
Friend's home	**38**	11	17	20	60	59	62	20	20
Dealer's home	**24**	56	50	10	20	9	8	20	40
Own home	**14**	22	0	20	0	14	15	0	20
Agreed public location	**7**	11	17	30	0	5	0	0	0
Nightclub	**4**	0	17	20	0	0	0	0	0
Acquaintance's home	**2**	0	0	0	0	5	0	0	7
Street	**1**	0	0	0	0	0	0	20	0
Last use venue (%) (among those who commented)	**n=84**	n=9^	n=6^	n=10	n=5^	n=22	n=13	n=5^	n=14
Home	**31**	44	33	20	20	36	8	40	43
Friend's home	**29**	11	50	20	0	32	54	0	29
Nightclub	**17**	22	0	50	40	5	23	20	0
Private party	**2**	0	0	10	0	5	0	0	0
Raves*	**1**	0	0	0	20	0	0	0	0
Work	**2**	11	17	0	0	0	0	0	0
Live music event	**1**	0	0	0	0	5	0	0	0
Pub	**1**	0	0	0	0	5	0	0	0
Public place (street/park)	**2**	0	0	0	20	0	8	0	0

Source: EDRS REU interviews

* Includes 'doofs' and dance parties

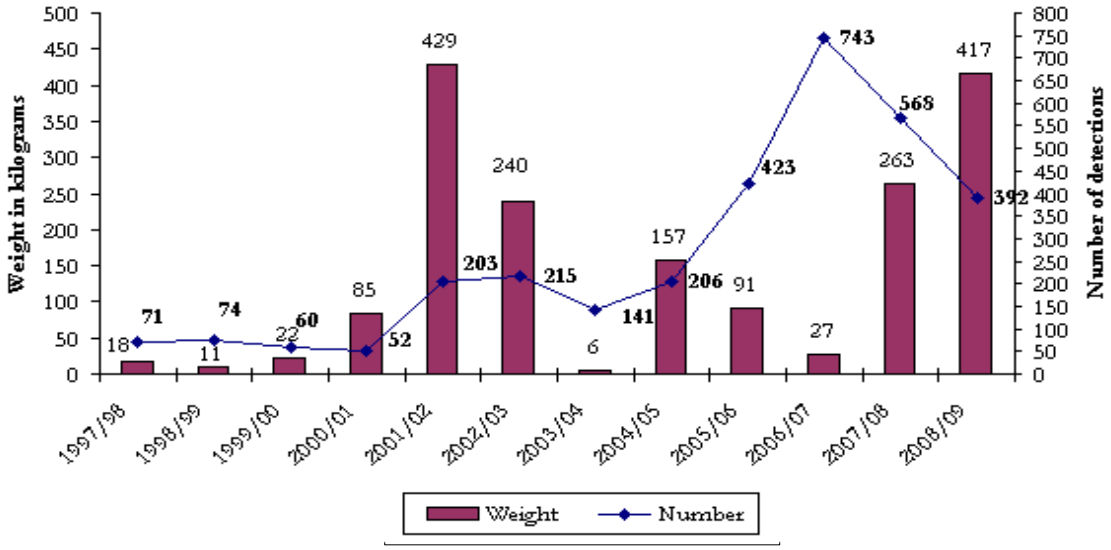
^ Small numbers commenting (n<10); interpret with caution

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

5.2.4 Amphetamine-type stimulants detected at the Australian border

Figure 20 shows the weight and number of amphetamine-type stimulants (ATS) detected at the Australian border by the ACS. In 2008/09, the number (392) of detections decreased, while the weight of seizures almost doubled (417 kilograms), almost reaching the highest level reported in 2001/02.

Figure 20: Total weight and number of ATS detected by the ACS, financial years 1997/98-2008/09

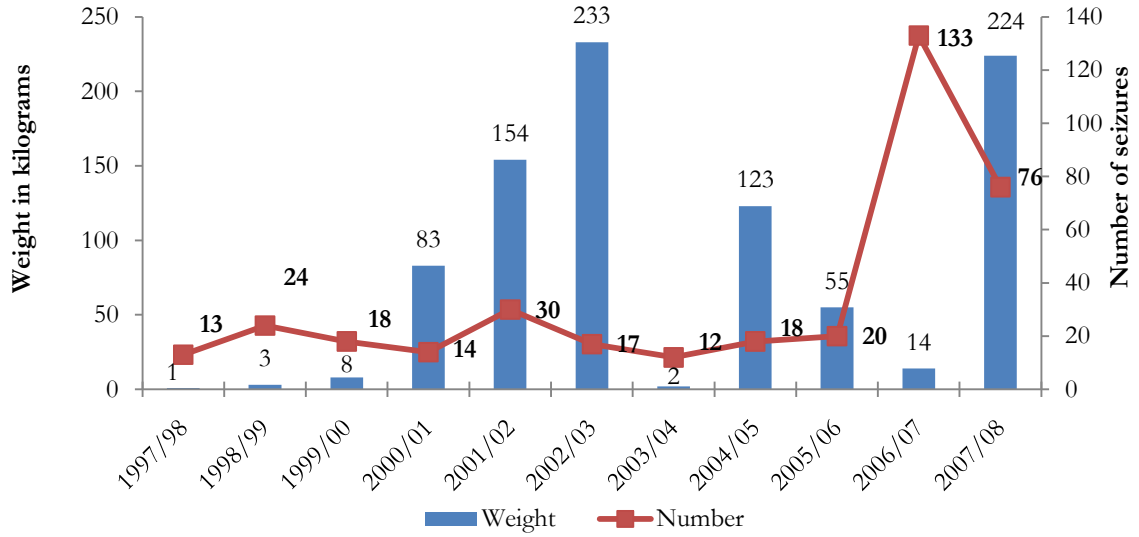


Source: Australian Customs Service

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 also decreased in 2007/08 (Figure), while the weight increased from 14 kilograms in 2006/07 to 224 kilograms in 2007/08.

Figure 21: Total number and weight of crystalline methamphetamine detected by the ACS, 1997/98-2007/08



Source: Australian Customs Service

5.3 Cocaine

- The price of cocaine remained stable in NSW, ACT, VIC and QLD at $300.
- Cocaine purity was reported as low and this was reported as remaining stable over the preceding six months.
- Availability reports were mixed with the slight majority reporting it was easy to obtain, a change from previous years where it had been considered difficult. Availability was reported as being stable.
- Cocaine was predominantly purchased from private sources, i.e. friends at friends' homes and was reportedly last used in public locations such as nightclubs.

5.3.1 Price

Cocaine was most commonly purchased in grams and ranged from a median of $300 in most eastern states to $375 in WA (Table 12).

Table 12: Median price per gram of cocaine, by jurisdiction, 2009

Median price ($)	NSW n=34	ACT n=13	VIC n=18	TAS n=8^	SA n=3^	WA n=8^	NT n=2^	QLD n=32
Gram	300	300	300	300	350	375	325	300
(range)	(120-400)	(110-350)	(180-380)	(300-600)	*(no range)*	(25-400)	(300-350)	(90-450)

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 (Table 13).

Table 47: Price changes of cocaine, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Cocaine price changes									
Of those who responded	**n=115**	n=31	n=17	n=17	n=9^	n=2^	n=8^	n=3^	n=29
% Increased (n)	**15 (17)**	10 (3)	6 (1)	18 (3)	33 (3)	0	13 (1)	0	21 (6)
% Stable (n)	**71 (82)**	71 (22)	77 (13)	77 (13)	56 (5)	0	75 (6)	100 (3)	69 (20)
% Decreased (n)	**9 (10)**	13 (4)	12 (2)	6 (1)	11 (1)	0	13 (1)	0	3 (1)
% Fluctuated (n)	**6 (7)**	7 (2)	6 (1)	0	0	100 (2)	0	0	7 (2)

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 2008 and 2009 (Table 48: Median price of cocaine, by jurisdiction, 2003-2009
).

Table 48: Median price of cocaine, by jurisdiction, 2003-2009

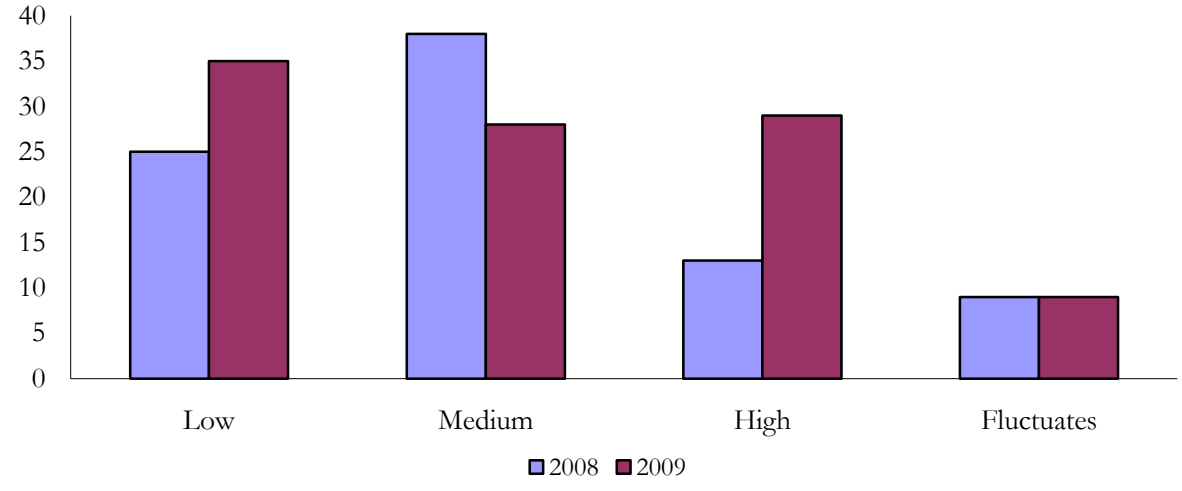
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	200	250	250	250	210	325	280	250
2004	200	250	277.50	325^	250	400	250	237.50
2005	270	250	300	350	300	350	375	300
2006	300	300	300	350	300^	350	275^	300
2007	300	300	300	350	337.5	400	350^	300
2008	300	300	300	350	375	325	450	300
2009	300	300	300	300	350	375	325	300

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

5.3.2 Purity

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview. Twenty-one percent of the national sample commented on the purity of cocaine. Reports were fairly mixed, with the largest proportion considering it to be of low purity (Figure 22).

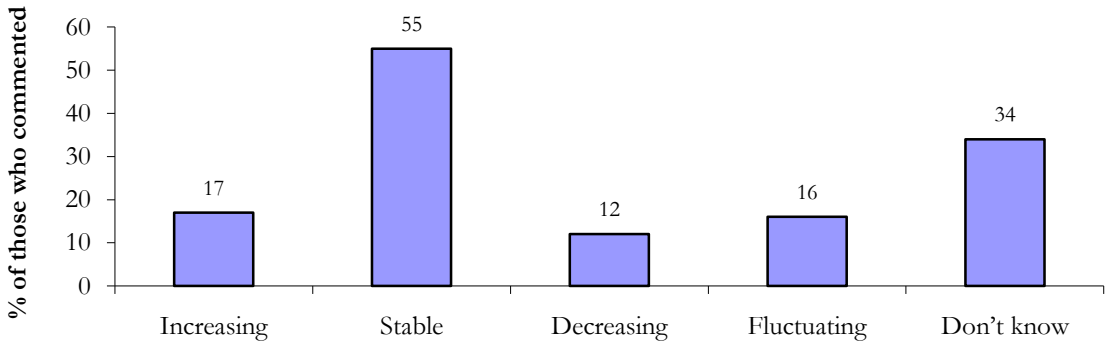
Figure 12: National REU reports of current cocaine purity, 2008-2009



Source: EDRS REU interviews
Note: Among those who commented (n=141).

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 (Figure 13).

Figure 13: National REU reports of recent (last six months) change in cocaine purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (n=110).

There were no AFP cocaine seizures analysed in the ACT, TAS, SA or the NT and no TAS or NT state/territory police cocaine seizures analysed in 2007/08. Data for 2008/09 were unavailable at the time of publication.

The purity of analysed state/territory police seizures varied in each state/territory in 2007/08, though purity levels appeared to be lower between jurisdictions than in previous years. Purity levels ranged from 18.3% in VIC to 48.2% in SA. In 2007/08, 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).

Table 49: Median purity of cocaine seizures, by jurisdiction, 2000/01-2007/08

	Median purity %													
	State/Territory police							AFP						
	01/02	02/03	03/04	04/05	05/06	06/07	07/08	01/02	02/03	03/04	04/05	05/06	06/07	07/08
NSW	n.a.	27.0 n=52	32.0 n=97	64.3 n=92	56.3 n=108	61.5 n=119	**37.0 n=84**	73.0 n=233	72.3 n=271	72.3 n=348	69.9 n=63	74.3 n=98	76.4 n=491	**71.7 n=93**
ACT	35.9 n=5	-	48.0 n=3	47.7 n=5	30.6 n=5	-	**36.6 n=7**	-	-	-	-	-	-	**-**
VIC	37.0 n=47	31.0 n=39	32.6 n=27	48.8 n=33	31.7 n=43	46.0 n=60	**18.3 n=50**	72.4 n=24	61.6 n=36	75.3 n=34	58.9 n=9	55.3 n=7	75.5 n=25	**75.6 n=16**
TAS	44.0^ n=1	-	-	-	-	-	**-**	-	-	-	-	-	-	**-**
SA	-	20.6 n=24	38.5 n=10	30.7 n=64	32.8 n=9	48.2 n=35	**48.2 n=21**	-	-	-	-	-	59.9 n=2	**-**
WA	30.5 n=16	59.0 n=6	3.0 n=4	44.0 n=27	21 n=12	55.0 n=22	**46.5 n=16**	72.4 n=4	-	59.4 n=9	77.4^ n=1	53.8 n=6	52.7 n=1	**68.6 n=2**
NT	24.0^ n=1	-	-	-	-	-	**n.a**	-	-	-	-	-	-	**-**
QLD	-	41.1 n=46	14.9 n=30	35.2 n=90	38 n=109	40.2 n=106	**35.2 n=133**	63.1 n=15	-	71.7 n=24	79.9 n=7	42.7 n=4	76.1 n=63	**84.6 n=6**

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

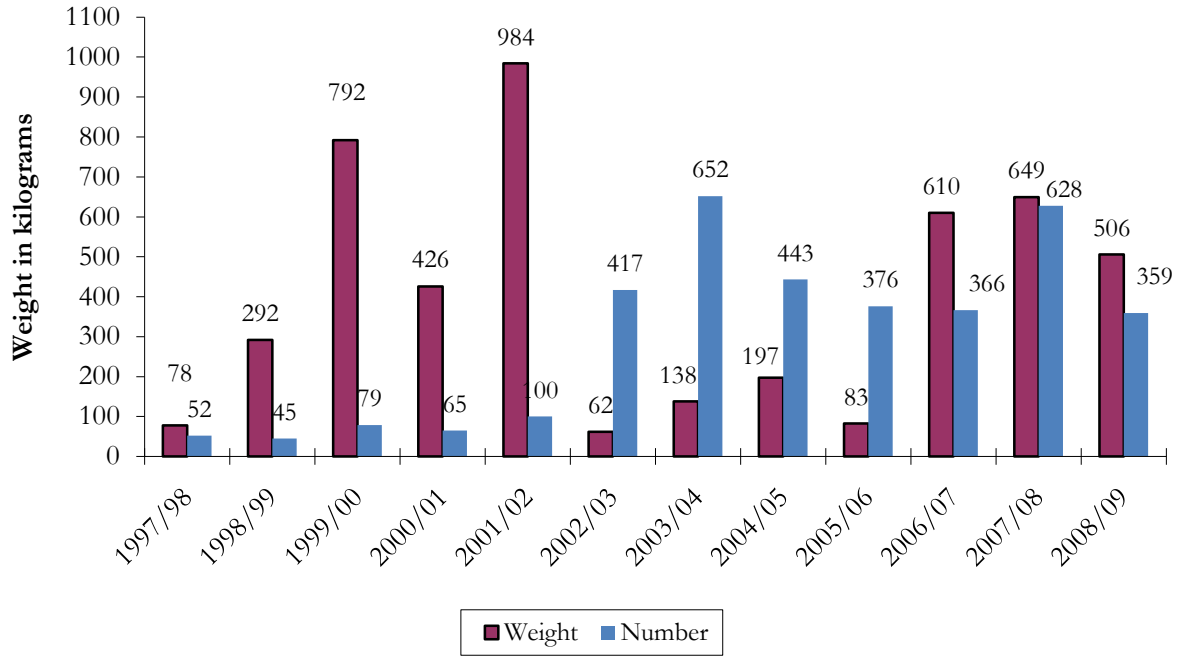
^ Median purity based on one seizure.

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.

5.3.1 Cocaine seized at the Australian border

During 2008/09, the ACS made 506 detections of cocaine at the Australian border. The detections weighed a total of 359 kilograms, representing a substantial decrease from 2007/08 (Figure 24).

Figure 14: Number and weight of detections of cocaine detected at the border by the ACS, financial years 1997/98-2008/09



Source: Australian Customs Service

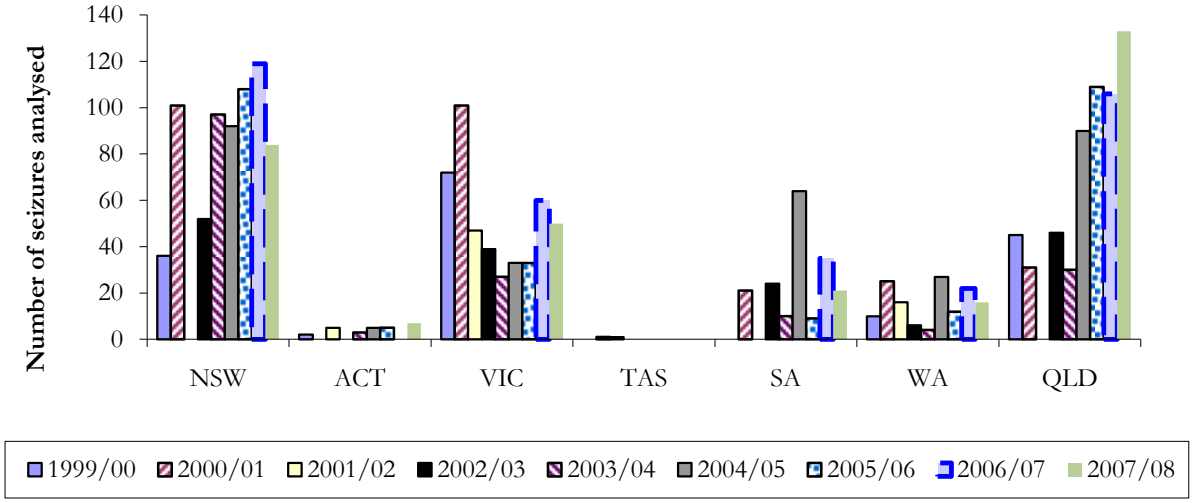
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

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

Figures reported include seizures ≤2 grams and >2 grams, reflecting both street and larger seizures. The following caveat applies to Figures 23 and 24: 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.

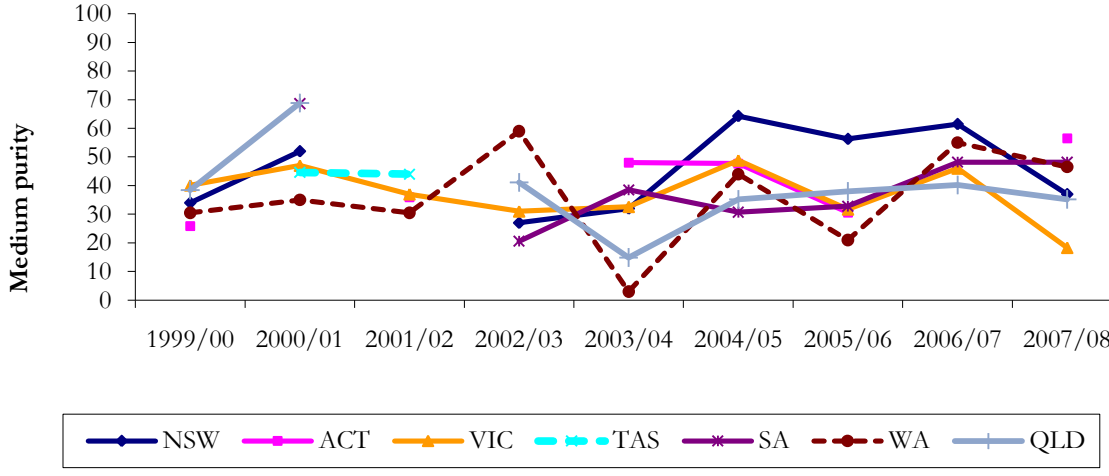
There were no AFP cocaine seizures analysed in TAS and the NT and no TAS or NT state police cocaine seizures analysed in 2007/08. QLD reported its highest number of seizures to date (Figure 25), while other states all reported a decrease in the number of seizures. Median purity of state police seizures was highest in the ACT at 56.5% (Figure 16).

Figure 15: Number of state/territory police cocaine seizures, by jurisdiction, 1999/00-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were unavailable at time of publication.

Figure 16: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/00-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were unavailable at time of publication.

5.3.2 Availability

Reports of availability were mixed, with the slight majority of those commenting considering it to be easy to obtain, a change from previous years whereby it has predominantly been considered difficult to obtain. In NSW and QLD, where there was a reported increase in participants reporting recent use, cocaine was considered easy to obtain by the majority. Most participants considered the ease of access to cocaine to have remained stable in the last six months prior to interview (Table).

Table 50: Availability of cocaine, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=147**	n=35	n=25	n=19	n=12	n=3^	n=11	n=5^	n=37
% Very easy (n)	**16 (24)**	20 (7)	8 (2)	26 (5)	0	0	27 (3)	0	19 (7)
% Easy (n)	**42 (61)**	49 (17)	44 (11)	42 (8)	25 (3)	67 (2)	27 (3)	0	46 (17)
% Difficult (n)	**35 (52)**	29 (10)	44 (11)	32 (6)	50 (6)	33 (1)	27 (3)	80 (4)	30 (11)
% Very difficult (n)	**7 (10)**	3 (1)	4 (1)	0	25 (3)	0	18 (2)	20 (1)	5 (2)
Availability changes (%)									
(among those who commented)	**n=130**	n=34	n=18	n=18	n=10	n=3^	n=8^	n=5^	n=34
% More difficult (n)	**9 (12)**	12 (4)	17 (3)	6 (1)	30 (3)	0	0	0	3 (1)
% Stable (n)	**64 (83)**	62 (21)	67 (12)	56 (10)	50 (5)	67 (82)	75 (6)	80 (4)	68 (23)
% Easier (n)	**22 (28)**	27 (9)	6 (1)	28 (5)	20 (2)	0	25 (2)	20 (1)	24 (8)
% Fluctuates (n)	**5 (7)**	0	11 (2)	11 (2)	0	33 (1)	0	0	6 (2)

Source: EDRS REU interviews

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

Cocaine was most commonly acquired through friends and known dealers. It was most commonly obtained in private locations, friends' homes, and/or participants' own homes. Interestingly, the largest proportion of participants reported a public last use (nightclubs) (Table 51).

Table 51: Last source, purchase location and use location of cocaine, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=149**	n=36	n=25	n=19	n=12	n=4^	n=11	n=5^	n=37
Friends	**60**	64	52	58	67	75	55	100	57
Known dealers	**19**	14	28	26	17	0	27	0	16
Acquaintances	**9**	6	8	5	8	25	18	0	14
Unknown dealers	**2**	3	4	0	0	0	0	0	3
Workmates	**1**	6	0	0	0	0	0	0	0
Used, but not scored	**5**	3	4	0	8	0	0	0	11
Locations scored (%) (among those who commented)	**n=148**	n=36	n=25	n=19	n=12	n=4^	n=11	n=5^	n=36
Friend's home	**35**	39	20	37	50	0	36	20	39
Dealer's home	**9**	6	12	11	8	0	9	0	11
Own home	**22**	17	8	16	33	50	36	0	31
Agreed public location	**5**	0	16	11	0	0	0	0	3
Acquaintance's home	**1**	0	0	5	0	0	9	0	0
Private party	**5**	11	8	0	0	0	0	0	6
Nightclub	**6**	6	12	11	0	0	9	20	0
Pubs	**7**	8	16	0	0	50	0	20	0
Raves*	**1**	0	0	0	0	0	0	40	0
Street	**<1**	0	4	0	0	0	0	0	0
Educational institution	**<1**	3	0	0	0	0	0	0	0
Last use venue (%) (among those who commented)	**n=149**	n=36	n=25	n=19	n=12	n=4^	n=11	n=5^	n=37
Nightclub	**26**	28	24	47	33	25	27	20	14
Friends home	**13**	22	4	5	8	0	27	20	14
Private party	**15**	25	28	0	0	0	27	0	11
Home	**15**	6	12	16	17	25	9	0	30
Raves*	**3**	3	0	0	17	0	0	40	0
Pub	**9**	8	16	5	8	25	9	20	5
Live music event	**7**	6	4	5	0	0	0	0	14
Public place (street/park)	**<1**	0	4	0	0	0	0	0	0
Work	**3**	3	0	5	0	0	0	0	3

Source: EDRS REU interviews

* Includes 'doofs' and dance parties

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

5.4 Ketamine

- Small proportions reported on the price of a gram of ketamine, which ranged from a median of $150 in NSW to $400 in the NT. The price was reported as stable by two-fifths of 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 availability was mixed with 57% reporting that it was difficult and 53% reporting that it was easy to obtain according to commenting participants availability had remained stable in the preceding six months.
- Ketamine was predominantly obtained from friends, purchased typically occurred in private locations, such as friends' homes. Locations of last use was divided between public locations (nightclubs) and private locations (friends' home).

5.4.1 Price

Only a small proportion of the sample was able to comment on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. Three percent of the national sample (n=19) commented on the price of a gram of ketamine. The median price of a gram of ketamine ranged from $150 in NSW (n=6) to $400 in NT (n=1) (see Table).

Table 52: Median price of ketamine, by jurisdiction, 2009

Median price ($)	NSW n=6^	ACT n=0	VIC n=9^	TAS n=1^	SA n=1^	WA n=0	NT n=1^	QLD n=1^
Gram (range)	$150 (140-170)	n.a	$200 (170-250)	$300 *(no range)*	$200 (*no range*)	n.a.	$400 (*no range*)	$200 (*no range*)

Source: EDRS REU interviews

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

Three percent (n=21) of the national sample commented on whether the price of ketamine had changed in the preceding six months. The majority of these commenting participants reported that the price had remained stable (Table).

Table 53: Price changes of ketamine, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ketamine price changes									
(among those who commented)	**n=21**	n=6^	n=0	n=9^	n=2^	n=0	n=2^	n=1^	n=1^
% Increased (n)	**29 (6)**	50(3)	0	33 (3)	0	0	0	0	0
% Stable (n)	**43 (9)**	17(1)	0	44 (4)	50(1)	0	50(1)	100(1)	100(1)
% Decreased (n)	**19 (4)**	17(1)	0	11 (1)	50(1)	0	50(1)	0	0
%Fluctuated (n)	**10 (2)**	17(1)	0	11 (1)	0	0	0	0	0

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

Table 54 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 2009 have remained equal to those reported in 2008.

Table 54: Median price of ketamine, by jurisdiction, 2000-2008

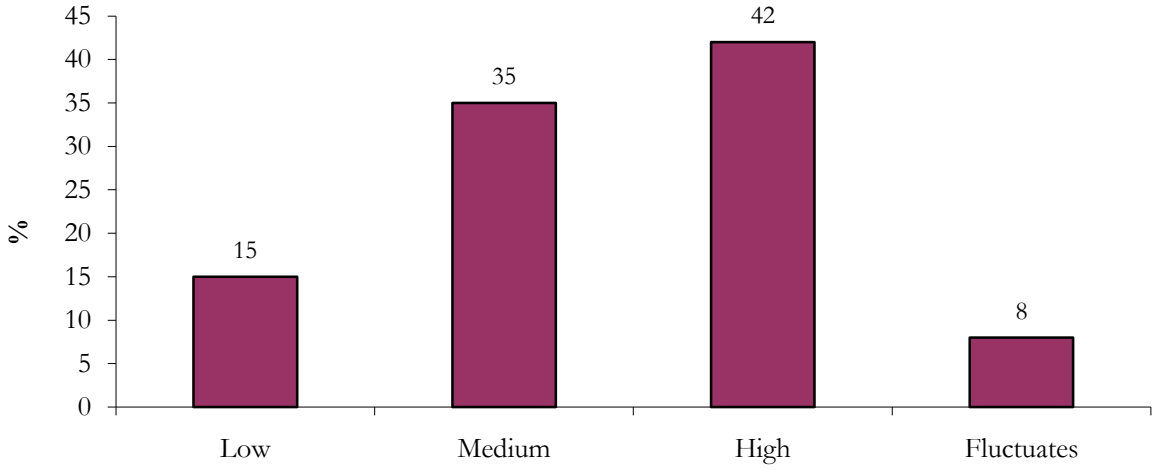
Median price per gram ($)	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	200	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	50
2001	150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	142.50
2002	160	n.a.	n.a.	n.a.	40	n.a.	n.a.	n.a.
2003	150	n.a.	200	100^	200	n.a.	n.a.	180
2004	200	200^	195	50^	200	n.a.	200^	n.a.
2005	100	65^	180	190^	200	150	80^	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
2009	150^	n.a	200^	300^	200^	n.a	400^	200^

Source: EDRS REU interviews
^A small number of participants commented
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002.; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2009, only the last price paid for ketamine was collected.

5.4.2 Purity

Participants were asked what the current purity or strength of ketamine was and if the purity had changed in the six months preceding interview. Three percent (n=26) of the national sample commented on the purity of ketamine. Just over two-fifths (42%, n=11) of those who reported on the current purity of ketamine believed it to be high (Figure 17).

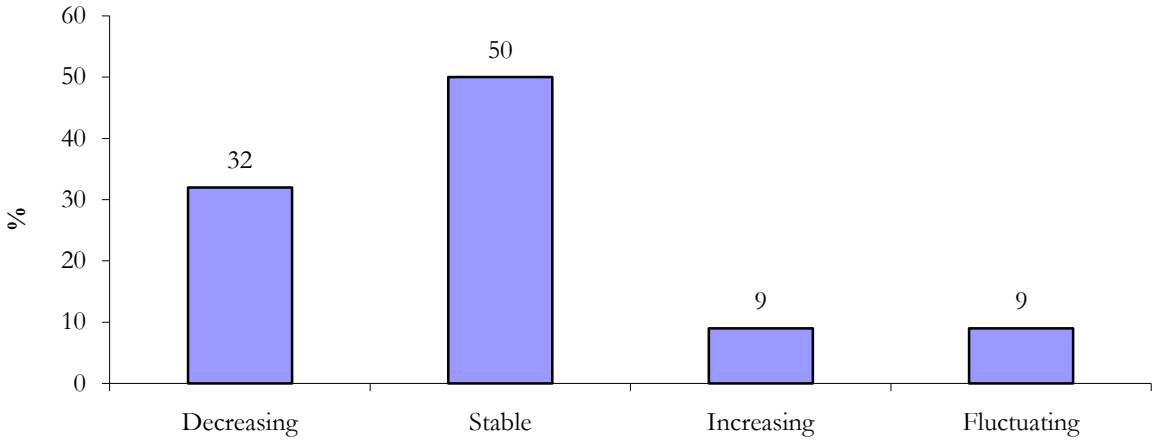
Figure 17: National REU reports of current ketamine purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (n=26).

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 50% (n=11) reported that the purity of ketamine had remained stable (Figure 18).

Figure 18: National REU reports of recent (last six months) change in ketamine purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (n=22).

5.4.3 Availability

Three percent of the national sample commented on the recent availability of ketamine. Overall ketamine was reported as difficult to obtain (42%, n=11) which may explain the decrease in use from 2008 to 2009 (Table 55).

Reports of recent availability change saw 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 55).

Table 55: Availability of ketamine, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=26**	n=7^	n=1^	n=10	n=4^	n=2^	n=0	n=1^	n=1^
% Very easy (n)	**21 (3)**	0	100 (1)	10 (1)	25 (1)	0	0	0	0
% Easy (n)	**31 (8)**	29 (2)	0	40 (4)	0	50 (1)	0	0	100 (1)
% Difficult (n)	**42 (11)**	57 (4)	0	40 (4)	25 (1)	50 (1)	0	100 (1)	0
% Very difficult (n)	**15 (4)**	14 (1)	0	10 (1)	50 (2)	0	0	0	0
Availability changes (%)									
(among those who commented)	**n=24**	n=6^	n=1^	n=9^	n=4^	n=2^	n=0	n=1^	n=1^
% Easier (n)	**17 (4)**	17 (1)	0	33 (3)	0	0	0	0	0
% Stable (n)	**63 (15)**	50 (3)	0	44 (4)	100 (4)	100 (2)	0	100 (1)	100 (1)
% More difficult (n)	**17 (4)**	33 (2)	100(1)	11 (1)	0	0	0	0	0
% Fluctuates (n)	**4 (1)**	0	0	11 (1)	0	0	0	0	0

Source: EDRS REU interviews

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

Ketamine was predominantly obtained from friends (58%), with small proportions reporting that they obtained ketamine from acquaintances (19%) and known dealers (15%). It was predominantly obtained from private locations, such as friends' homes (35%) and participants' own homes (delivered) along with agreed public locations (15%). Last use venue, where participants reported spending the most time intoxicated, included public venues such as nightclubs (27%) followed closely by private venues such as friends' homes (23%) (Table 56).

Table 56: Last source, purchase location and use location of ketamine, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=26**	n=7^	n=1^	n=10	n=4^	n=2^	n=0	n=1^	n=1^
Friends	**58**	57	100	70	25	0	0	0	0
Known dealers	**15**	14	0	10	75	0	0	100	100
Acquaintances	**19**	29	0	10	0	100	0	0	0
Workmates	**4**	0	0	10	0	0	0	0	0
Used, but not scored	**4**	0	0	0	0	0	0	0	0
Locations scored (%) (among those who commented)	**n=26**	n=7^	n=1^	n=10	n=4^	n=2^	n=0	n=1^	n=1^
Friend's home	**35**	57	0	30	25	0	0	100	0
Dealer's home	**4**	0	0	0	0	0	0	0	100
Own home	**15**	14	0	0	50	50	0	0	0
Agreed public location	**15**	14	0	30	0	0	0	0	0
Acquaintance's home	**8**	14	0	0	0	50	0	0	0
Private party	**4**	0	0	10	0	0	0	0	0
Nightclub	**12**	0	100	20	0	0	0	0	0
Work	**4**	0	0	10					
Used, but not scored	**4**	0	0	0	25	0	0	0	0
Last use venue (%) (among those who commented)	**n=26**	n=7^	n=1^	n=10	n=4^	n=2^	n=0	n=1^	n=1^
Nightclub	**27**	29	100	30	0	0	0	0	100
Friends home	**23**	29	0	10	25	50	0	100	0
Private party	**12**	14	0	20	0	0	0	0	0
Home	**19**	0	0	20	0	50	0	0	0
Pub	**4**	0	0	10	0	0	0	0	0
Live music event	**4**	0	0	10	0	0	0	0	0
Public place (street/park)	**4**	14	0	0	0	0	0	0	0
Used, but not scored	**4**	0	0	0	25	0	0	0	0

Source: EDRS REU interviews

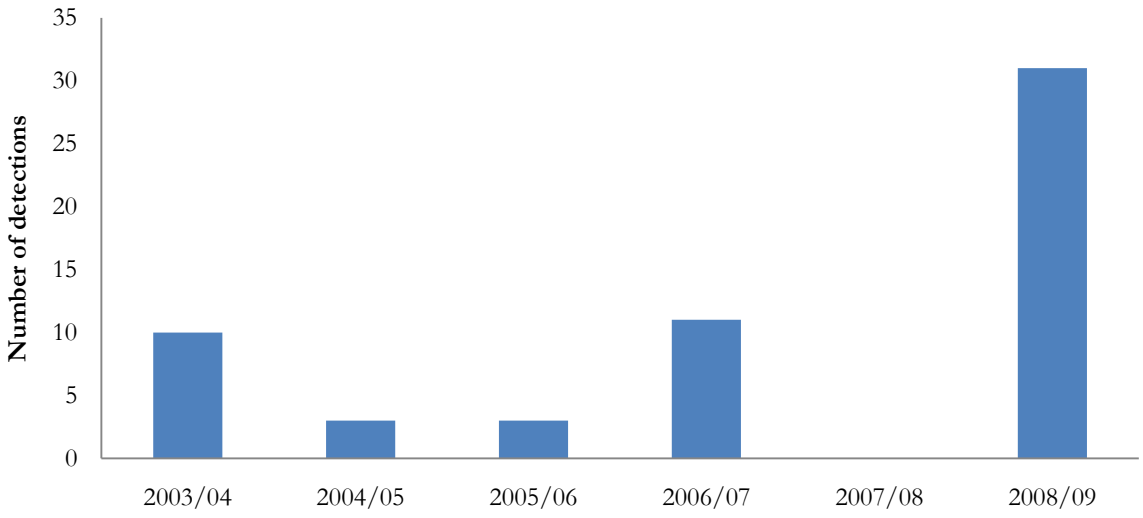
^ Small numbers commenting (n<10); interpret with caution

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

5.4.4 Ketamine detected at the Australian border

As mentioned previously, diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002; prior to this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. However, the maximum individual weight of ketamine border detections increased from 500 grams in 2005/06 to 10 kilograms in 2006/07. During the period 2001/02 and 2006/07, the ACS recorded a total of 40 ketamine seizures. There were 31 seizures made in the financial year 2008/09, the highest within one financial year across the period of collection (Figure 29).

Figure 19: Number of detections of ketamine detected at the border by the ACS, 2003/04-2008/09



Source: Australian Customs Service

5.5 GHB

- Only 10 participants were able to comment on the price of a millilitre of GHB. Over half the participants commented that the price had not changed (i.e. it was stable).
- Purity reports were mixed between highand medium, and purity change comments were also mixed between remaining stable and having considered to have increased.
- Of those who commented on GHB availability, reports were mixed between being considered easy and difficult to obtain. Availability change was also mixed with minimal numbers commenting.
- GHB was scored from friends and known dealers. Locations where GHB was last used included nightclubs and friends' homes.

5.5.1 Price

The median price per millilitre in each jurisdiction is presented in Table . Only 10 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 57: Median price per ml of GHB, by jurisdiction, 2009

Price ($)	NSW n=2^	ACT n=0	VIC n=5^	TAS n=1^	SA n=0	WA n=0	NT n=0	QLD n=2^
Per ml (range)	$6 (5-7)	n.a.	$4 (1.40-7)	$15 *(no range)*	n.a.	n.a.	n.a.	$4.50 (3-6)

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

Fifteen participants were able to comment on whether the price of GHB had changed, this is a substantially lesser amount than in 2008 (n=29). Most participants reported that the price had remained stable (53%, n=8) followed by reports that the price had increased (33%, n=5) (Table).

Table 58: Price changes of GHB, by jurisdiction, 2009

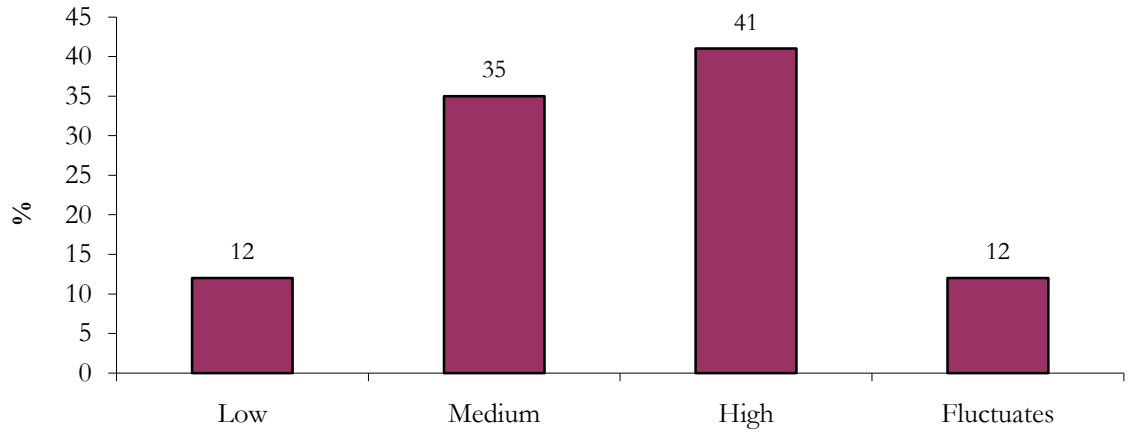
	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
GHB price changes									
(among those who commented)	**n=15**	n=5^	n=1^	n=4^	n=2^	n=0	n=0	n=0	n=3^
% Increased (n)	**33 (5)**	60 (3)	0	25 (1)	50 (1)	0	0	0	0
% Stable (n)	**53 (8)**	40 (2)	100 (1)	75 (3)	0	0	0	0	67 (2)
% Decreased (n)	**13 (2)**	0	0	50 (1)	0	0	0	0	33 (1)

Source: EDRS REU interviews
^ Small numbers commenting (n<10); interpret with caution
Note: There were no reports that the price of GHB had fluctuated in the last six months.

5.5.2 Purity

Participants were asked what the current purity or strength of GHB was and if the purity had changed in the six months preceding interview. Seventeen participants commented on the purity of GHB. Purity was considered to be between high (41%, n=7) and medium (35%, n=6) (Figure 30).

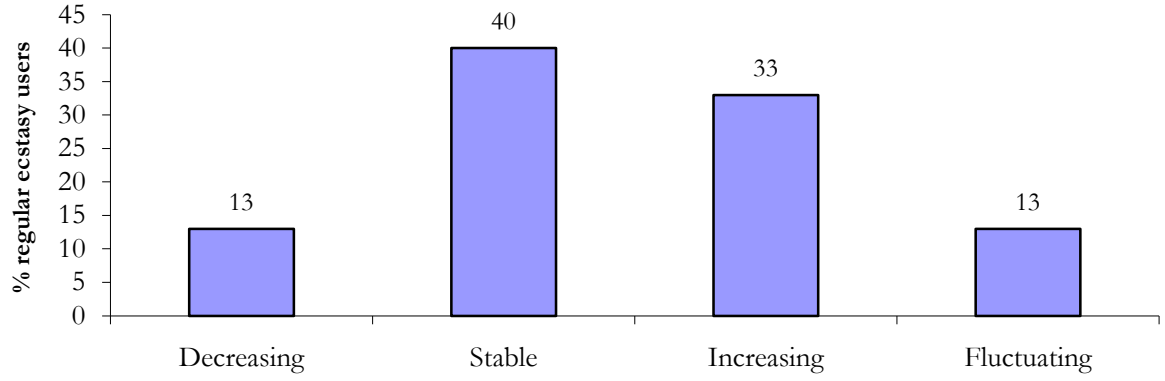
Figure 30: National REU reports of current GHB purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (n=17).

Of those who commented (n=15) on whether the purity of GHB had changed in the six months preceding interview, the majority of participants reported that the purity was stable (40%, n=6) or increasing (33%, n=5) (Figure).

Figure 31: National REU reports of recent (last six months) change in GHB purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (n=15).

5.5.3 Availability

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

Nationally, reports on availability remain mixed with low numbers. Nine participants reported availability to be difficult to very difficult and eight participants considered GHB to be easy to very easy to obtain (Table 59).

The slight majority reported that availability of GHB had remained stable in the six months proceeding interview (Table 59).

Table 14: Availability of GHB, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=17**	n=5^	n=1^	n=5^	n=3^	n=0	n=0	n=0	n=3^
% Very easy (n)	**29 (5)**	20 (1)	0	40 (2)	33 (1)	0	0	0	33 (1)
% Easy (n)	**18 (3)**	0	0	40 (2)	33 (1)	0	0	0	0
% Difficult (n)	**47 (8)**	80 (4)	100 (1)	20 (1)	0	0	0	0	67 (2)
% Very difficult (n)	**6 (1)**	0	0	0	33 (1)	0	0	0	0
Availability changes (%)									
(among those who commented)	**n=15**	n=5^	n=1^	n=4^	n=2^	n=0	n=0	n=0	n=3^
% More difficult (n)	**33 (5)**	80 (4)	0	0	0	0	0	0	33 (1)
% Stable (n)	**40 (6)**	0	100 (1)	75 (3)	50 (1)	0	0	0	33 (1)
% Easier (n)	**27(4)**	20 (1)	0	25 (1)	50 (1)	0	0	0	33 (1)

Source: EDRS REU interviews

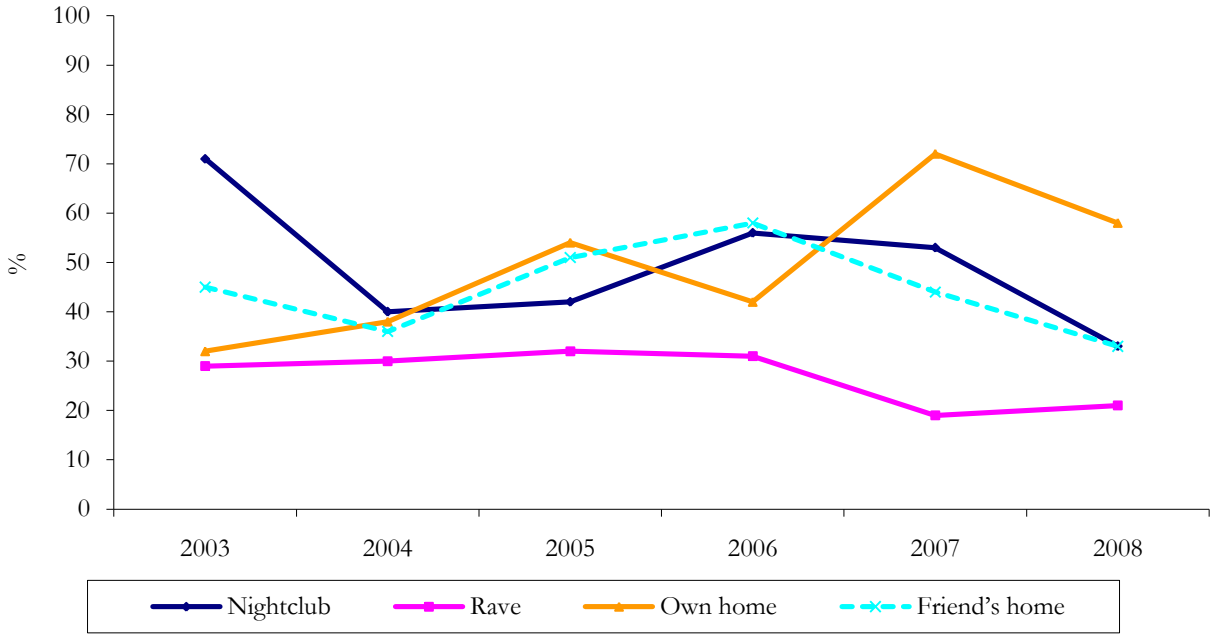
^ Small numbers commenting (n<10); interpret with caution

Note: No participants reported that the change in availability had fluctuated.

In all jurisdictions, fewer than 10 participants were able to comment on the source, purchase location of GHB and last use venue. GHB was obtained from friends (42%, n=7) and known dealers (29%, n=5). Small proportions reported that they obtained it from acquaintances (12%, n=2). The purchase location was predominantly friends' homes (29%, n=5), nightclubs (18%, n=3) and participants' own homes (12%, n=2). The last venue of intoxication reported included nightclubs (36%, n=6), participants' own homes (24%, n=4), and friends' homes (18%, n=3).

Figure 32 presents trends over time in the locations of usual GHB use. Prior to 2008, there have been mixed reports in the usual location of use of GHB between public locations (nightclubs) and private locations (own home/friends' homes). In 2008, it was clear that the majority of recent GHB users reported using at their own homes, but equal proportions reported use at nightclubs and friends' homes. Usual location of use was not collected in 2009.

Figure 32: Location of usual GHB use, 2003-2008



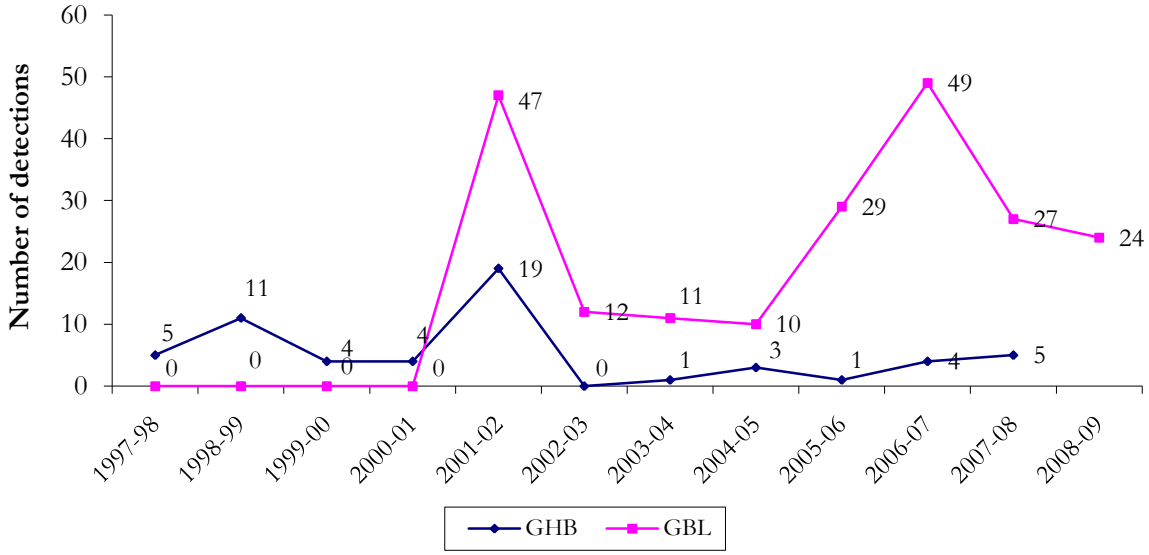
Source: EDRS REU interviews

5.5.4 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 33 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 24 detections of GBL in 2008/09. 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. No detections were reported for GHB in 2008/09.

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 20: Number of GHB and GBL detections at the border by ACS, financial years 1997/98-2008/09



Source: Australian Customs Service

5.6 LSD

- The median price per tab of LSD ranged from $15 in SA to $25 in the ACT, the NT and WA. Sixty-four percent of those commenting reported that the price had remained stable in the six months prior to interview.
- Of those who commented, 60% reported that the current purity of LSD was high. Forty-six percent of those who commented reported that purity had remained stable, in the six months preceding interview.
- Overall LSD was reported to have remained easy to obtain and this has remained stable (53%) in the last six months.
- LSD was mostly reported to have been obtained from friends and used in private locations such as the participants' own homes or friend's homes.

5.6.1 Price

One-quarter (26%, n=193) of the national sample commented on the price of a tab of LSD. The median price of a tab of LSD ranged from $15 in SA to $25 in WA, the NT and the ACT (Table 60). Prices across time have remained relatively stable across jurisdictions with minor fluctuations of up to $10 or less.

Table 60: Median price per tab of LSD, by jurisdiction, 2009

Median price ($)	NSW n=33	ACT n=31	VIC n=29	TAS n=27	SA n=23	WA n=25	NT n=3^	QLD n=22
Per tab (range)	$20 (10-40)	$25 (10-40)	$19 (10-35)	$20 (10-45)	$15 (10-20)	$25 (5-40)	$25 (20-40)	$20 (10-30)

Source: EDRS REU interviews

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

Twenty-three percent (n=170) of the national sample commented on whether the price of LSD had changed in the preceding six months. The price of LSD was generally considered to be stable (64%) in the preceding six months (Table).

Table 61: Price changes of LSD, by jurisdiction, 2009

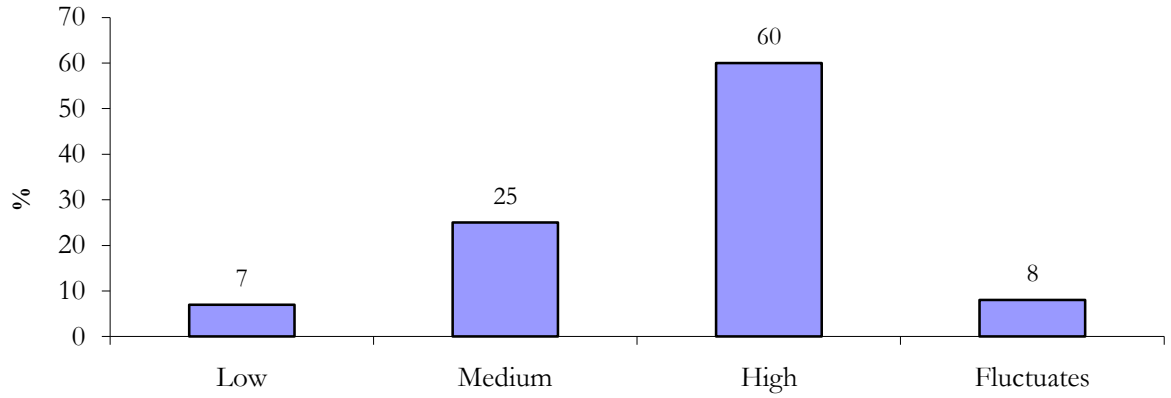
	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
LSD price changes									
(among those who commented)	**n=170**	n=28	n=26	n=27	n=26	n=21	n=19	n=3^	n=20
% Increased (n)	**17 (29)**	18 (5)	23 (6)	22 (6)	0	24 (5)	21 (4)	33 (1)	10 (2)
% Stable (n)	**64 (109)**	61 (17)	58 (15)	48 (13)	77 (20)	62 (13)	74 (14)	67 (2)	75 (15)
% Decreased (n)	**10 (17)**	14 (4)	8 (2)	19 (5)	12 (3)	0	5 (1)	0	10 (2)
% Fluctuated (n)	**9 (15)**	7 (2)	12 (3)	11 (3)	12 (3)	14 (3)	0	0	5 (1)

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

5.6.2 Purity

Participants were asked what was the current purity or strength of LSD and if the purity had changed in the six months preceding interview. Over half of the participants that commented reported the purity of LSD to be high (60%, n=115) (Figure 34).

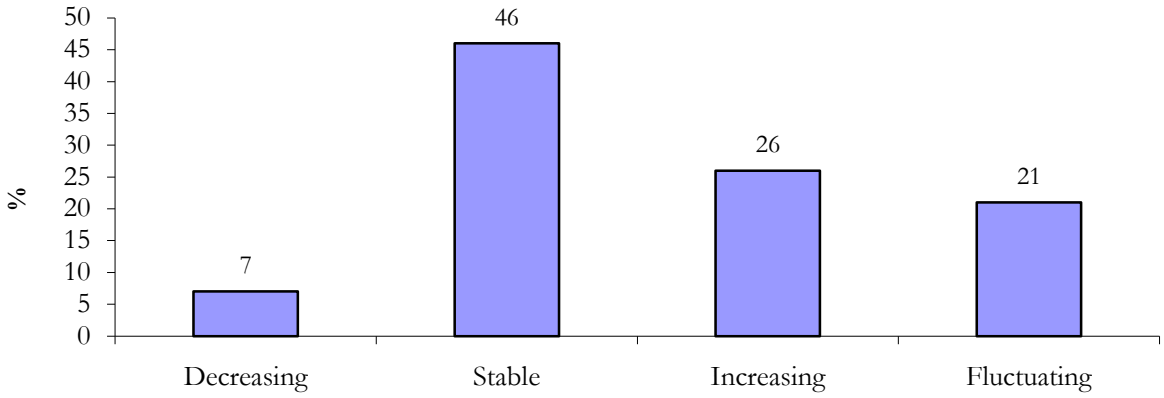
Figure 21: National REU reports of current LSD purity, 2009



Source: EDRS REU interviews
Note: Among those who commented (n=192).

Of those who commented (n=147) on whether the purity of LSD had changed in the six months preceding interview, 46% (n=68) reported that it had remained stable (Figure 22).

Figure 22: National REU reports of recent (last six months) change in LSD purity, 2009



Source: **EDRS REU interviews**
Note: Among those who commented (n=147).

5.6.3 Availability

Twenty-seven percent (n=207) of the national sample commented on the recent availability of LSD; the majority reported LSD to be easy to very easy (61%, n= 126) to obtain. Of those who commented, the availability of LSD was reported to have remained stable (47%, n=82) in the six months preceding interview (Table 15).

Table 15: Availability of LSD, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=207**	n=31	n=33	n=32	n=37	n=22	n=25	n=3^	n=24
% Very easy (n)	**23 (47)**	29 (9)	18 (6)	22 (7)	32 (12)	14 (3)	24 (6)	0	17 (4)
% Easy (n)	**38 (79)**	19 (6)	52 (17)	31 (10)	57 (21)	32 (7)	36 (9)	33 (1)	33 (8)
% Difficult (n)	**33 (69)**	42 (13)	30 (10)	31 (10)	8 (3)	46 (10)	36 (9)	67 (2)	50 (12)
% Very difficult (n)	**6 (12)**	10 (3)	0	16 (5)	3 (1)	9 (2)	4 (1)	0	0
Availability changes (%)									
(among those who commented)	**n=175**	n=27	n=24	n=28	n=29	n=22	n=21	n=3^	n=21
% Easier (n)	**22 (48)**	19 (5)	21 (5)	32 (9)	52 (15)	9 (2)	29 (6)	0	19 (4)
% Stable (n)	**47 (82)**	37 (10)	58 (14)	50 (14)	45 (13)	50 (11)	33 (7)	33 (1)	57 (12)
% More difficult (n)	**20 (35)**	19 (5)	17 (4)	18 (5)	0	27 (6)	33 (7)	0	19 (4)
% Fluctuates (n)	**6 (10)**	4 (1)	4 (1)	0	3 (1)	14 (3)	5 (1)	67 (2)	5 (1)

Source: EDRS REU interviews

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

5.6.4 Source and locations of use

LSD had predominantly been obtained from friends (64%) or known dealers (17%) (Table 63). LSD source venue was primarily friends' homes (34%) or home delivered to participants' own homes (11%). LSD was most frequently used in a mix of private and public locations such as friends' homes (21%), own homes (18%) and outdoors (18%) (Table 63).

Table 16: Last source, purchase location and use location of LSD, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%)									
(% who commented)	**n=210**	n=33	n=33	n=32	n=36	n=23	n=25	n=3^	n=25
Friends	**64**	64	61	66	64	70	64	100	56
Known dealers	**17**	21	24	22	6	13	24	0	12
Acquaintances	**5**	3	6	6	6	4	4	0	8
Unknown dealers	**3**	6	6	3	3	4	0	0	0
Workmates	**1**	0	0	3	0	5	4	0	0
Used but not scored	**8**	6	3	0	19	9	4	0	12
Locations scored (%)									
(% who commented)	**n=210**	n=33	n=33	n=32	n=36	n=23	n=25	n=3^	n=25
Friend's home	**34**	33	27	28	22	39	44	67	48
Own home	**11**	9	0	13	25	13	8	0	8
Dealer's home	**9**	9	6	13	6	13	12	0	8
Raves*	**7**	3	18	0	11	0	12	0	0
Agreed public location	**9**	9	15	31	0	4	0	0	0
Private party	**7**	6	6	3	8	9	16	0	0
Nightclub	**3**	6	0	0	8	0	4	0	0
Pubs	**2**	3	3	3	0	4	0	0	4
Used but not scored	**8**	6	3	0	19	13	4	0	12
Last use venue (%)									
(% who commented)	**n=211**	n=33	n=33	n=32	n=37	n=23	n=25	n=3^	n=25
Own home	**18**	6	9	13	19	26	28	33	28
Friend's home	**21**	27	21	16	22	30	16	33	16
Live music event	**6**	9	9	13	5	0	0	0	4
Raves*	**7**	9	18	0	5	0	16	0	0
Outdoors	**18**	12	18	34	19	9	20	33	8
Private party	**8**	3	9	9	8	13	8	0	4
Public place	**3**	15	3	0	0	0	4	0	0
Nightclub	**4**	6	0	9	5	0	0	0	8
Used but not scored	**8**	6	3	0	16	13	4	0	12

Source: EDRS REU interviews

* Includes 'doofs' and dance parties

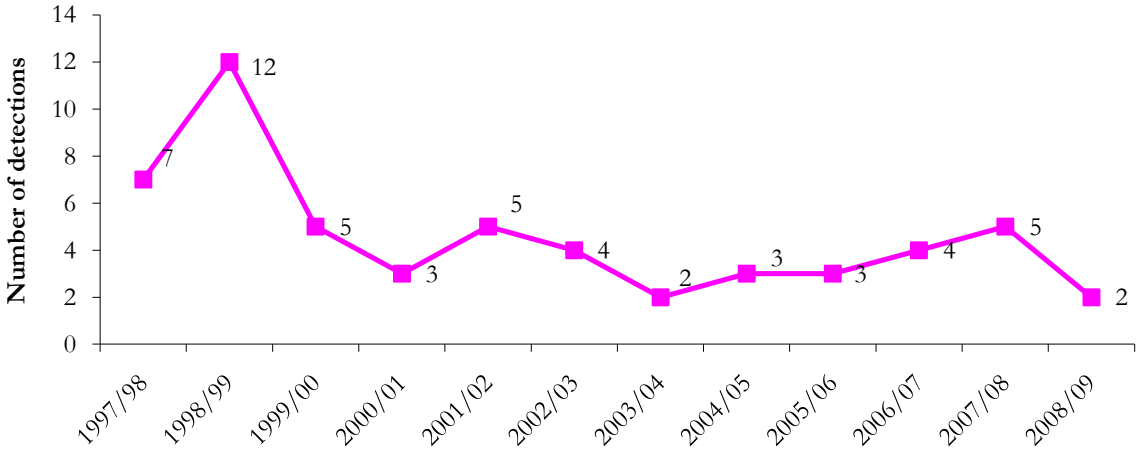
^ Small numbers commenting (n<10); interpret with caution

Note: Response options of 'street dealer' and 'other' have not been reported due to very small numbers.

5.6.5 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years, with only two recorded in 2008/09 (Figure 23)(Australian Customs Service, 2008).

Figure 23: Number of LSD detections at the border by the Australian Customs Service, financial years 1997/98-2008/09



Source: Australian Customs Service

5.7 Cannabis

- 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 $55 (SA) and $105 (the NT) for hydro and between $50 (SA) and $200 (the NT) for bush. The median price paid per ounce of hydro ranged from $220 in SA to $360 in the NT. The median price paid per ounce of bush ranged from $200 in NSW, VIC and SA to $320 in the NT. The price was commonly reported to have remained stable over the preceding six months.
- As in 2008, participants in all jurisdictions generally perceived the potency of hydro to be high and bush was most commonly reported to be medium. The potency for both forms was generally reported to have remained stable over the last six months.
- Hydro and bush were both reported by the majority to be easy or very easy to obtain, and the availability of both forms was 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. Own homes followed by friends' homes were the most common locations for both bush and hydro to have been scored from.

5.7.1 Price

Prices in Table 1764 represent the median prices paid for the most commonly reported purchase amounts (quarter-ounces and ounces) of bush and hydro by jurisdiction. Nationally, 184 participants reported having purchased an ounce of hydro in the preceding six months (115 purchased an ounce of bush), while 149 reported purchase of a quarter ounce of hydro (81 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 $220 in SA to $360 in the NT. The median price paid per ounce of bush ranged from $200 in NSW, VIC and SA to $320 in the NT (Table 17).

Table 17: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, by jurisdiction, 2009

	Median last price $ per quarter-ounce (range)		Median last price $ per ounce (range)	
	Hydro	**Bush**	**Hydro**	**Bush**
NSW	90 (80-100)	80 (50-100)	297.50 (100-350)	200^ (150-300)
ACT	90 (50-300)	80 (50-100)	300 (250-1500)	250 (150-360)
VIC	80 (70-95)	70^ (50-90)	250 (200-280)	200^ (150-250)
TAS	80 (25-110)	67.50 (50-90)	280 (100-350)	225 (150-250)
SA	55 (25-75)	50 (45-65)	220 (180-275)	200 (150-250)
WA	86.25 (75-125)	75^ (70-150)	350 (250-380)	280 (200-350)
NT	105^ (90-120)	200^ *(no range)*	360^ (150-500)	320^ (250-400)
QLD	90 (50-120)	70 (50-90)	300 (160-800)	250 (80-350)

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 18).

Table 18: Cannabis price changes, by jurisdiction, 2009

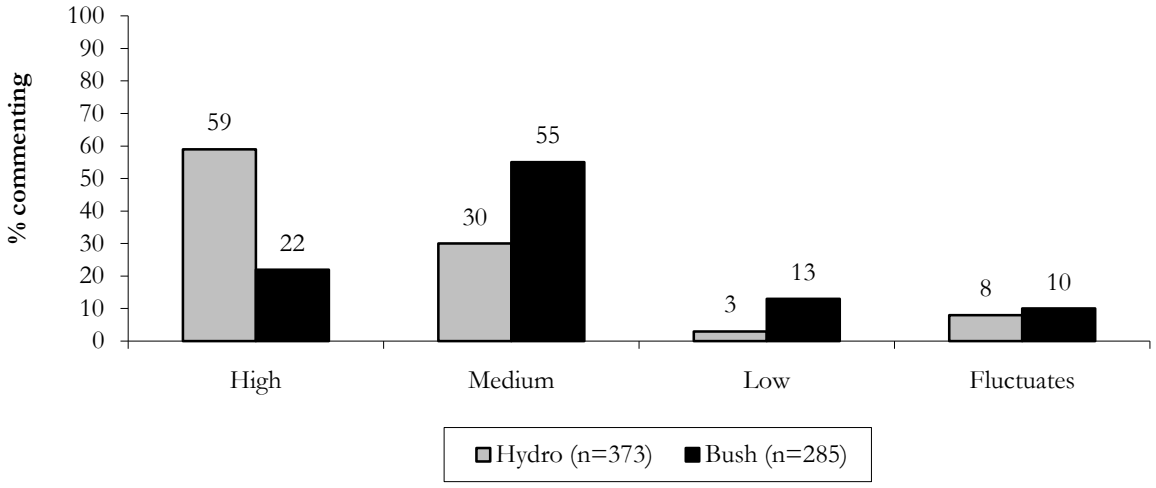
	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Hydro price changes									
Of those who responded	**n=362**	n=51	n=51	n=35	n=39	n=58	n=56	n=14	n=58
% Increased (n)	**23 (82)**	16 (8)	16 (8)	20 (7)	15 (6)	40 (23)	30 (17)	7 (1)	21 (12)
% Stable (n)	**68 (274)**	77 (39)	78 (40)	66 (23)	74 (29)	55 (32)	55 (31)	86 (12)	71 (41)
% Decreased (n)	**4 (14)**	4 (2)	4 (1)	6 (2)	3 (1)	3 (2)	5 (3)	0	3 (2)
% Fluctuated (n)	**5 (19)**	4 (2)	2 (1)	9 (3)	8 (3)	2 (1)	9 (5)	7 (1)	5 (3)
Bush price changes									
Of those who responded	**n=264**	n=27	n=41	n=19	n=35	n=45	n=41	n=12	n=44
% Increased (n)	**13 (35)**	7 (2)	10 (4)	11 (2)	9 (3)	29 (13)	10 (4)	8 (1)	14 (6)
% Stable (n)	**76 (201)**	82 (22)	73 (30)	68 (13)	83 (29)	67 (30)	81 (33)	83 (10)	77 (34)
% Decreased (n)	**6 (17)**	11 (3)	10 (4)	11 (2)	6 (2)	2 (1)	7 (3)	8 (1)	2 (1)
% Fluctuated (n)	**4 (11)**	0	7 (3)	11 (2)	3 (1)	2 (1)	2 (1)	0	7 (3)

Source: EDRS REU interviews

5.7.2 Potency

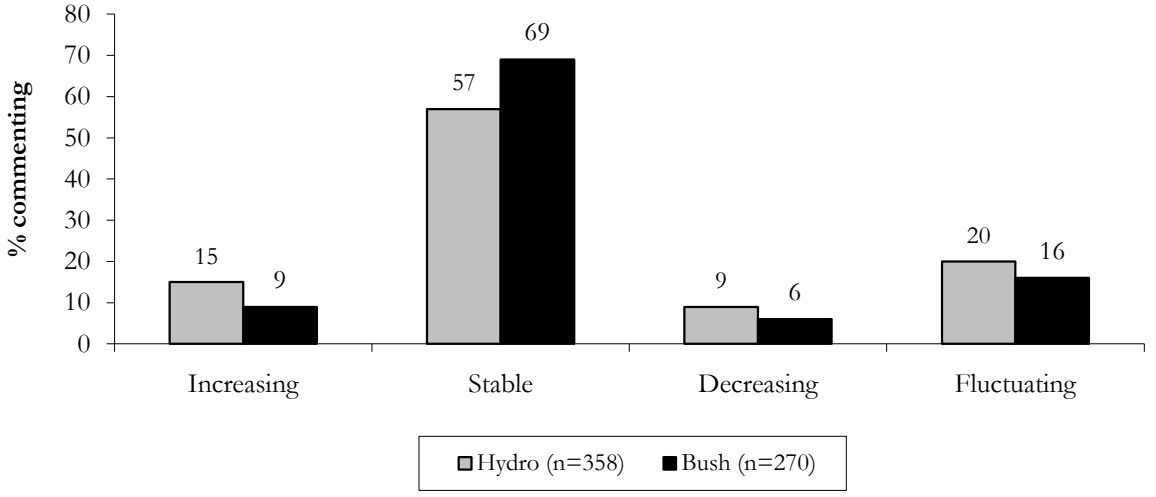
Less participants overall, regardless of cannabis form, were able to comment on potency and potency change compared to 2007 (see Appendix H). Of those who commented, over half reported that the current potency of hydro cannabis was high. In contrast, bush cannabis was most commonly reported to be of medium potency, and more participants reported it to be low compared to hydro (Figure 37). 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 25).

Figure 24: National REU reports of current cannabis potency among those who commented, 2009



Source: EDRS REU interviews

Figure 25: National REU reports of recent (last six months) change in cannabis potency, 2009



Source: EDRS REU interviews

5.7.3 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, the NT and VIC were the only states to have a larger number of participants reporting that hydro was difficult to obtain. Over half of the sample that commented reported access to hydro cannabis to have remained stable (56%, n=211) (Table 66).

Table 19: Availability of hydro, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=381**	n=54	n=54	n=36	n=47	n=59	n=58	n=14	n=59
% Very easy (n)	**48 (183)**	76 (41)	46 (25)	42 (15)	49 (23)	46 (27)	45 (26)	14 (2)	41 (24)
% Easy (n)	**34 (131)**	15 (8)	41 (22)	22 (8)	32 (15)	34 (20)	36 (21)	43 (6)	53 (31)
% Difficult (n)	**16 (60)**	7 (4)	13 (7)	31 (11)	19 (9)	17 (10)	19 (11)	36 (5)	5 (3)
% Very difficult (n)	**2 (7)**	2 (1)	0	6 (2)	0	3 (2)	0	7 (1)	2 (1)
Availability changes (%)									
(among those who commented)	**n=376**	n=54	n=52	n=36	n=45	n=58	n=58	n=14	n=59
% More difficult (n)	**18 (68)**	19 (10)	21 (11)	33 (12)	7 (3)	21 (12)	14 (8)	29 (4)	14 (8)
% Stable (n)	**56 (211)**	59 (32)	40 (21)	44 (16)	76 (34)	32 (55)	52 (30)	50 (7)	66 (39)
% Easier (n)	**17 (63)**	22 (12)	27 (14)	8 (3)	11 (5)	17 (10)	24 (14)	0	9 (5)
% Fluctuates (n)	**9 (34)**	0	12 (6)	14 (5)	7 (3)	7 (4)	10 (6)	21 (3)	12 (7)

Source: **EDRS REU interviews**

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 WA and SA. Availability was most commonly reported to have remained stable in the past six months by the national sample, a finding reflected across all jurisdictions (Table 67).

Table 20: Availability of bush, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Availability (%)									
(among those who commented)	**n=286**	n=30	n=44	n=20	n=39	n=49	n=43	n=13	n=48
% Very easy (n)	**35 (101)**	20 (6)	52 (23)	45 (9)	46 (18)	27 (13)	37 (16)	31 (4)	25 (12)
% Easy (n)	**34 (98)**	30 (9)	34 (15)	30 (6)	33 (13)	37 (18)	40 (17)	31 (4)	33 (16)
% Difficult (n)	**28 (79)**	40 (12)	14 (6)	25 (5)	21 (8)	35 (17)	21 (9)	23 (3)	40 (19)
% Very difficult (n)	**3 (8)**	10 (3)	0	0	0	2 (1)	2 (1)	15 (2)	2 (1)
Availability changes (%)									
(among those who commented)	**n=279**	n=30	n=43	n=20	n=39	n=47	n=43	n=13	n=44
% More difficult (n)	**17 (47)**	23 (7)	7 (3)	25 (5)	13 (5)	23 (11)	19 (8)	15 (2)	14 (6)
% Stable (n)	**59 (164)**	63 (19)	61 (26)	55 (11)	54 (21)	51 (24)	54 (23)	77 (10)	68 (30)
% Easier (n)	**16 (44)**	10 (3)	26 (11)	15 (3)	15 (6)	15 (7)	19 (8)	0	14 (6)
% Fluctuates (n)	**9 (24)**	3 (1)	7 (3)	5 (1)	18 (7)	11 (5)	9 (4)	8 (1)	5 (2)

Source: **EDRS REU interviews**

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. Participants' own homes and friends' homes were most frequently reported as last locations of use (Table 68).

Table 68: Last source person and purchase locations and use locations of hydro, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=386**	n=55	n=55	n=36	n=46	n=60	n=59	n=15	n=60
Friends	**59**	56	53	53	50	67	68	60	63
Known dealers	**24**	29	38	25	33	13	12	27	18
Acquaintances	**6**	4	2	11	2	12	9	0	7
Workmates	**2**	21	0	3	4	2	3	0	2
Unknown dealers	**2**	0	2	3	0	0	2	7	3
Other	**3**	11	2	6	0	3	2	0	2
Used, but not scored	**4**	0	2	0	11	2	5	7	5
Locations scored (%) (among those who commented)	**n=386**	n=55	n=55	n=36	n=46	n=60	n=59	n=15	n=60
Friend's home	**44**	36	38	36	41	45	53	27	55
Dealer's home	**17**	16	31	8	24	10	10	27	18
Own home	**19**	22	13	22	15	27	15	33	18
Agreed public location	**8**	16	11	19	2	8	7	0	0
Acquaintance's home	**4**	0	0	6	7	5	5	0	5
Other	**3**	9	6	8	0	2	2	0	0
Used, but not scored	**3**	0	2	0	11	3	5	7	2
Last use venue (%) (among those who commented)	**n=388**	n=55	n=55	n=36	n=48	n=60	n=59	n=15	n=60
Friend's home	**31**	38	36	28	25	25	41	20	25
Own home	**56**	46	46	50	67	62	51	67	65
Dealer's home	**1**	4	2	3	0	0	0	0	0
Public place	**1**	4	0	3	0	0	0	0	2
Pub	**1**	2	2	3	0	0	2	0	2
Outdoors	**2**	2	6	3	0	2	0	0	0
Other	**2**	2	2	3	0	2	2	0	0
Have not used	**3**	2	2	3	6	2	2	13	3

Source: EDRS REU interviews

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 and at their own homes). Participants' own homes followed by friends' homes were most commonly reported as last use venues (Table 69).

Table 69: Last source person, purchase location and use location of bush, by jurisdiction, 2009

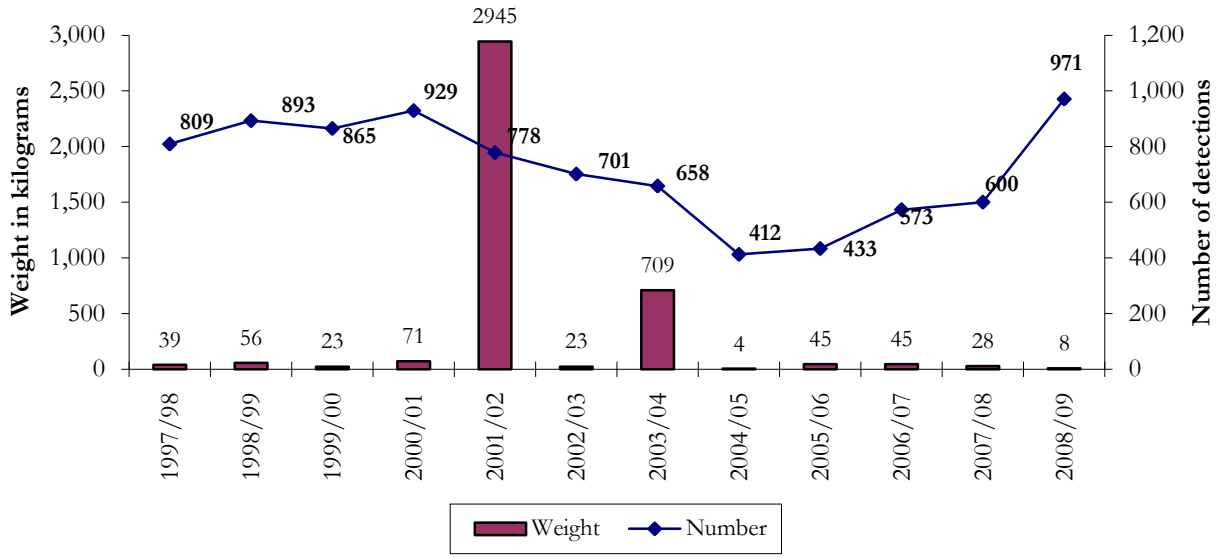
	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Scored from (%) (among those who commented)	**n=292**	n=31	n=46	n=20	n=37	n=50	n=45	n=13	n=50
Friends	**66**	58	67	75	60	58	80	39	72
Known dealers	**16**	16	20	15	22	16	9	46	8
Acquaintances	**7**	3	7	10	8	10	4	0	10
Unknown dealers	**2**	10	2	0	0	2	2	0	2
Street	**1**	3	0	0	0	2	0	15	0
Workmates	**<1**	0	0	5	0	2	2	0	0
Used but not scored	**4**	3	2	0	11	4	2	0	6
Locations scored (%) (among those who commented)	**n=292**	n=31	n=46	n=20	n=37	n=50	n=45	n=13	n=50
Friend's home	**44**	45	44	45	43	34	53	31	46
Own home	**21**	10	20	15	11	34	18	15	28
Dealer's home	**13**	0	17	10	22	8	13	39	8
Agreed public location	**6**	16	4	25	3	6	0	8	2
Acquaintance's home	**5**	3	4	5	8	6	4	0	4
Street	**1**	3	0	0	3	0	0	8	0
Work	**<1**	0	2	0	0	0	2	0	0
Used but not scored	**4**	3	2	0	11	4	2	0	6
Last use venue (%) (among those who commented)	**n=292**	n=31	n=46	n=20	n=39	n=50	n=45	n=13	n=50
Friend's home	**30**	39	35	60	21	24	38	26	26
Own home	**54**	39	46	40	62	66	56	50	50
Dealer's home	**1**	0	2	0	3	0	0	2	2
Private party	**2**	3	0	0	3	2	2	6	6
Pub	**2**	10	2	0	0	0	0	2	2
Outdoors	**3**	10	7	0	3	2	0	0	0
Live music event	**1**	0	4	0	3	0	0	0	0
Have not used	**3**	0	2	0	8	2	0	8	8

Source: EDRS REU interviews

5.7.4 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the ACS each year (**Error! Not a valid bookmark self-reference.**). In 2008/09, 971 detections of cannabis were made with a total weight of eight kilograms.

Figure 26: Weight and number of detections of cannabis made at the border by the Australian Customs Service, financial years 1997/98-2008/09



Source: Australian Customs Service

6 DRUG INFORMATION-SEEKING BEHAVIOUR

- Almost one-third (29%) of the national sample never found out the content of drugs other than ecstasy, and one-quarter (25%) always found out the content of ecstasy.
- Amongst those participants who reported finding out the content of ecstasy, asking a friend (75%), asking their dealers (48%), and using websites (42%) were the most common sources participants reported. This illustrates sources that can be utilised, in relaying information about drugs, their effects and possible harm reduction messages.
- In 2009, 78% of the national sample reported that they had recently consumed a drug which they suspected contained a different substance than MDMA. Of those participants, the substances that they thought to be present instead of MDMA were predominantly methamphetamine, ketamine, MDA and caffeine.

Participants were asked a series of questions relating to the content, purity and testing of ecstasy tablets and the use of 'information resources'. Readers are directed to the paper from the EDRS on pill testing (Johnston et al., 2006).

6.1 Content and testing of ecstasy

Table 69 below presents data relating to the content and testing of ERDs. Participants were asked a number of questions in relation to the content and purity of ecstasy (and related drugs) such as '*How often do you find out what the content and purity is of ecstasy before taking them?*' and '*How do you find out about the content and purity of ecstasy before taking them?*'

Of the national sample, one-third (29%) of participants never found out the content of ecstasy, while similar proportions (25%) always or (23%) sometimes reported they did before the consumption of ecstasy. When asked how they found out about the content of ecstasy (among those who found out, n=538), the majority nominated asking a friend, or a dealer, followed by consulting websites for information. Particular websites nominated at a national level were pill reports (http://www.pillreports.com/, n= 192)
and bluelight (http://www.bluelight.ru/vb/index.php, n=16).

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 (58%) reported sometimes (Table 70).

Table 70: Content and testing of Ecstasy, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Find out the content of ecstasy (%)	**n=755**	n=100	n=101	n=100	n=99	n=100	n=100	n=67	n=88
Never	**29**	36	30	7	23	34	23	52	33
Sometimes	**23**	20	23	22	35	25	12	30	21
Half the time	**8**	5	5	9	12	8	10	2	10
Most times	**15**	13	18	15	15	13	23	10	11
Always	**25**	26	25	47	14	20	32	6	25
Find out ecstasy content via* (%)	**n=538**	n=71	n=93	n=93	n=76	n=66	n=77	n=32	n=59
Friends	**75**	80	78	79	91	42	78	84	68
Dealers	**48**	70	75	62	15	46	33	47	32
Websites	**42**	42	28	44	42	39	68	13	39
Testing kits	**13**	8	16	12	7	11	17	6	27
Other people	**20**	16	20	18	11	24	23	41	15
Personal experience	**18**	13	32	3	5	27	33	25	14
Information pamphlets	**<1**	2	3	0	0	0	0	0	2
Ecstasy that had different content than expected (%)	**n=751**	n=100	n=100	n=100	n=97	n=100	n=100	n=67	n=87
Never	**22**	18	19	18	14	31	22	52	12
Sometimes	**58**	55	60	63	58	50	64	39	67
Half the time	**12**	18	15	12	12	10	8	9	7
Most times	**6**	6	5	3	13	3	5	0	12
Always	**3**	3	1	4	2	6	1	0	3

Source: EDRS REU interviews

* Among those who reported finding out the content of ecstasy
Note: No participants selected the response 'news groups'.

Participants were asked if they had recently consumed ecstasy and suspected that they had taken substances other than MDMA. The majority of participants (78%) 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 (56%) had been sold to them as ecstasy (Table 71).

See presentation by Victoria forensic services:
http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/resources/Conference/$file/DTC+2009+Quinn.pdf.

Table 71: Participant knowledge of ecstasy pills containing other substances, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Suspected other substance in ecstasy other than MDMA (%)	**n=751**	n=100	n=101	n=96	n=99	n=100	n=100	n=67	n=88
Yes	**78**	85	81	83	91	74	74	48	82
Substance (%)*	**n=589**	n=85	n=82	n=80	n=90	n=74	n=71	n=31	n=72
Caffeine	**13**	8	17	8	18	10	10	3	22
Methamphetamine	**56**	42	51	56	60	60	58	72	60
MDA	**13**	7	18	9	12	8	16	6	21
Ketamine	**26**	20	27	30	17	16	41	22	36
Opiates	**10**	9	11	8	2	16	12	19	11
2CI/2CB	**6**	9	2	3	8	4	8	3	6
PMA	**5**	6	6	0	6	4	7	0	7
Other	**31**	52	16	40	28	30	23	13	35

Source: EDRS REU interviews
* Of those that reported they did suspect they had consumed another substance other than MDMA in ecstasy

7 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

- Of the national sample, 15% reported having ever overdosed on a stimulant drug and, of those, 50% had done so in the preceding 12 months. Recent (last 12 months) overdoses were most commonly attributed to ecstasy, followed by speed; most were reported to have occurred in a friend's home or at a nightclub. Two-thirds (67%) of those reporting recent overdose were under the influence of other drugs at that time. Participants reporting recent overdose had done so after a median of six hours of partying.
- Of the national sample, 26% reported having ever overdosed on a depressant drug and of those, 62% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (85%), with smaller proportions reporting GHB (3%) and heroin (4%). Just over half (57%) of those reporting recent depressant overdose were under the influence of more than one drug at that time. Medical treatment had not typically been sought (73%); however, participants did report in those instances where it was sought that ambulance attendance, emergency department visits and the administration of CPR were the most commonly sought.
- In 2007, methamphetamine and cocaine-related fatalities remained low relative to other drugs such as opioids (Roxburgh and Burns, 2010). Monitoring of deaths due to other drugs used by this group, such as ketamine and GHB, is problematic in existing data collections.
- One-fifth (19%) 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 (50%) and counsellors (22%). Participants accessing health services most commonly reported ecstasy and alcohol as the main drugs behind their visit.
- In 2007/08, treatment seeking for ecstasy use (as the principal drug of concern) remained low in the general population at 0.9% of closed treatment episodes; however, this figure has increased slightly from 0.4% in 2006/07. Figures for cocaine also remained low and stable (0.3% of treatment episodes in 2006/07). The proportion of clients seeking treatment for methamphetamine use remained stable and ranged from 2.4% in the NT to 25.6% in WA. The proportion of clients seeking treatment where cannabis was the principle drug of concern ranged from 10% in SA to 45% in TAS.
- Social or relationship problems attributed to ERD use were reported by 24% of the national sample, while 39% reported occupational or educational problems and 38% had repeatedly found themselves in risky situations when under the influence. These problems were most commonly attributed to use of ecstasy, alcohol or cannabis.
- A small proportion of participants (7%) were classified as currently experiencing very high psychological distress on the Kessler Psychological Distress Scale. The majority reported no or low distress (39%).
- Almost a third (28%) of the sample reported experiencing a mental health problem in the preceding six months; depression and anxiety were the most commonly reported. Only half of those that reported experiencing a mental health problem sought help from a mental health professional.

7.1 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 of stimulant drugs and of 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[6].

7.1.1 Non-fatal stimulant overdose

Fifteen percent of the national sample reported having ever overdosed on a stimulant drug on an average (mean) number of two occasions (range=1-20 occasions). Participants reported that their last stimulant overdose had occurred a median of 12 months ago (range=<1 month-19 years ago). Of those who had ever overdosed on a stimulant drug, 50% (n=57, representing 8% of the entire sample) reported having overdosed in the past 12 months.

Participants reporting an overdose in the last 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy, with smaller proportions nominating speed (Table). Polydrug use was common, with 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 (47% of past year stimulant overdoses, n=26) and cannabis (22% of past year stimulant overdoses, n=12).

Of those who had overdosed in the past 12 months, participants' own homes followed by nightclubs were the most commonly nominated location of last overdose (Table).

Symptoms which participants reported on their last stimulant overdose occasion (if it occurred within the last 12 months) included increased body temperature (49%), nausea (44%) and increased heart rate (42%) (see Table 72 for other symptoms reportedly experienced).

At their last occasion of overdose (of those who had overdosed in the preceding 12 months), most did not receive any medical treatment (82%). Of those that received treatment, three participants reported having an ambulance attend and two participants reported attending the emergency department. One participant reported being watched by friends, another participant reported taking muscle relaxants.

Of those that had a stimulant overdose in the last 12 months, participants reported having been partying for a median of six hours (range=1 hour to 5 days).

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

Table 72: Stimulant overdose in the last six months among REU, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
% Ever overdosed on stimulant drug	**15**	19	21	18	8	8	16	16	16
Mean number times ever overdosed*	**2**	2	3	2	2	1	1	2	5
% Overdosed last 12 months*	**50**	47	62	67	14	38	25	63	62
Main drug (%)**	**(n=57)**	(n=9^)	(n=13)	(n=12)	(n=1^)	(n=3^)	(n=4^)	(n=7^)	(n=8^)
Ecstasy	**75**	89	85	92	0	33	75	71	50
Ice/crystal	**4**	0	0	0	100	0	25	0	13
Speed	**7**	0	0	0	0	33	0	29	13
Cocaine	**4**	11	0	0	0	0	0	0	0
Other	**11**	0	15	8	0	33	0	0	25
Last OD location(%)**	**(n=57)**	(n=9^)	(n=13)	(n=12)	(n=1^)	(n=3^)	(n=4^)	(n=7^)	(n=8^)
Nightclub	**23**	22	15	50	0	33	0	29	0
Own home	**12**	11	8	0	100	0	25	0	38
Friend's home	**25**	11	23	8	0	67	25	43	38
Live music event	**12**	22	23	0	0	0	0	14	0
Rave/dance party	**9**	11	8	18	0	0	0	14	0
Outdoors	**7**	11	0	0	0	0	25	0	25
Private party	**7**	11	8	17	0	0	0	0	0
Other	**4**	0	15	0	0	0	25	0	0
More than one drug in last OD (%)**	**67**	89	85	42	0	100	25	57	83
Symptoms experienced last OD**									
Increased body temperature	**49**	56	69	33	100	33	50	57	25
Nausea	**44**	56	54	25	100	0	25	43	63
Increased heart rate	**42**	33	69	33	100	33	50	29	25
Dizziness	**39**	44	62	17	0	33	50	14	50
Muscle twitches	**33**	33	54	17	100	0	25	29	38
Panic	**32**	44	46	42	100	33	0	0	13
Delirium/confusion	**30**	11	62	42	0	0	0	0	38
Extreme anxiety	**28**	44	39	17	100	33	0	0	38
Rapid irregular breathing	**26**	44	54	0	100	0	50	0	13
Paranoia	**25**	44	39	17	100	33	0	0	13
Headache	**25**	22	54	8	100	0	0	29	13

Source: EDRS REU interviews

* Of those who ever overdosed

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

^ Small numbers n<10; interpret with caution

Note: 'Other drug' includes MDA, Pharmaceutical stimulants, DMT, GHB, LSD.

7.1.2 Non-fatal depressant overdose

Fifteen percent of the national sample reported having ever overdosed on a depressant drug on an average of two occasions (range=1-250 occasions). Participants reported that their last stimulant overdose had occurred a median of eight months ago (range=<1 month-19 years). Of those who had ever overdosed on a depressant drug, 62% (n=121) reported having overdosed in the past 12 months (Table 73).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The most commonly reported main drug was alcohol (85%); smaller proportions reported heroin (4%) and GHB (3%). One participant reported overdosing on benzodiazepines. The majority (57%, n=67) 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 (24%) and ecstasy (15%).

Of those who had overdosed in the past six months, locations of last overdose included own homes (22%) and friends' homes (22%). Symptoms which participants reported on their last overdose occasion included vomiting (84%) and losing consciousness (46%). See Table 73 for other symptoms experienced.

At their last occasion of overdose (of those who had overdosed in the preceding six months), close to one-third (26%) received treatment whereas the majority did not (73%). Of the treatment that was obtained, nine participants reported having an ambulance attend the scene, eight participants reported going to the emergency department, five participants received CPR from a friend/partner or health professional, four participants reported receiving narcan, four participants reported receiving oxygen, three participants consulted a GP and two participants saw a counsellor or consulted a drug health service, and one participant reported seeing a psychologist and psychiatrist.

Table 73: Depressant overdose in the last 12 months among REU, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
% Ever overdosed on depressant drug	**26**	42	26	45	18	19	15	27	14
Mean number times ever overdosed*	**12**	13	10	10	3	38	4	12	7
% Overdosed last 12 months*	**62**	55	81	56	61	79	47	56	75
Main drug (%)**	**(n=121)**	(n=23)	(n=21)	(n=25)	(n=11)	(n=15)	(n=7^)	(n=10)	(n=9^)
Alcohol	**85**	91	81	80	82	93	71	100	78
Heroin	**4**	0	10	8	0	0	0	0	11
GHB	**3**	4	0	0	9	7	0	0	0
Other opiates	**<1**	0	0	0	0	0	14	0	0
Other	**7**	4	10	12	9	0	14	0	0
Last OD location (%)**	**(n=121)**	(n=23)	(n=21)	(n=25)	(n=11)	(n=15)	(n=7^)	(n=10)	(n=9^)
Friends home	**22**	22	24	16	18	47	43	0	11
Own home	**22**	13	19	24	27	13	29	40	22
Nightclub	**17**	9	38	20	9	0	14	10	33
Private party	**16**	30	0	32	18	7	0	0	11
Pub	**7**	0	10	8	9	7	0	20	0
Live music event	**7**	13	0	0	18	0	0	20	11
Public place (street/park)	**3**	4	5	0	0	7	14	0	0
More than one drug in last OD (%)**	**57**	61	48	63	36	67	71	40	83
Symptoms experienced last OD**									
Vomiting	**84**	91	71	84	91	80	71	100	78
Losing consciousness	**46**	48	52	32	46	47	86	20	67
Collapsing	**36**	26	43	36	9	53	71	20	44
Suppressed breathing	**11**	4	29	8	0	13	14	0	11
Turning blue	**7**	0	19	8	0	0	0	0	22
Other	**26**	61	10	36	9	27	0	0	11

Source: EDRS REU interviews

* Of those who ever overdosed

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

Note: 'Other' drug included cannabis, buprenorphine and ketamine.

Drug-related fatalities

The ABS has changed the way it collates deaths data, making comparisons to earlier overdose bulletins published by NDARC difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006 that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. In addition, a number of jurisdictions, notably NSW and QLD, reported backlogs in cases that *had* been finalised by the coroner (i.e. cases where the coroner has determined the cause of death), but not yet loaded onto NCIS. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, given that NSW and QLD recorded the highest number of opioid-related deaths in Australia during the period 2000 to 2005. 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 and Burns, 2010)

7.1.3 Methamphetamine-related fatalities

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

In 2007, there was a total of 49 '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 41% (n=20) of all methamphetamine related deaths in 2007 (Roxburgh and Burns, 2010). The 2008 ABS data on methamphetamine-related deaths were not available at the time of publication.

7.1.4 Cocaine

Eleven drug-related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2007 (Roxburgh and Burns, 2010). Cocaine was determined to be the underlying cause of death in around two-thirds of the national sample (64%, n=7) of all cocaine related deaths in 2007. The 2008 ABS data on methamphetamine-related deaths were not available at the time of publication.

7.1.5 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.

7.1.6 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 suggestion, it would be desirable for some simple mechanism for collecting and reporting these adverse events to be developed.

7.2 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, 19% 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 GP (50%), followed by a counsellor (22%), psychologist (17%), and other services (Table 74).

Table 74 presents the proportion of participants who accessed health help, categorised 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 74: Proportion of REU who accessed health help by main drug type used and main reason, 2009

	Ecstasy (%)	Speed (%)	Base (%)	Ice/ crystal (%)	Cannabis (%)	Alcohol (%)	Polydrug	Main reason
GP (n=72)	28	6	0	0	23	13	10	Dependence
Counsellor (n=32)	16	9	0	6	31	19	6	Dependence
D&A* worker (n=31)	13	3	0	7	23	16	3	Dependence
Psychologist (n=24)	32	9	0	0	14	18	14	Anxiety
Emergency (n=22)	36	5	0	0	5	23	0	Overdose/Acute physical problems
Ambulance (n=19)	21	5	0	5	5	26	0	Overdose
Ambulance (n=19)	21	5	0	5	5	26	0	Overdose
First aid (n=18)	56	0	0	6	6	22	0	Overdose
Hospital (n=17)	12	6	0	6	12	29	0	Overdose
Psychiatrist (n=13)	8	0	0	0	23	23	15	Depression/Anxiety
Social/welfare worker (n=4)	33	0	0	0	33	0	0	Dependence

Source: EDRS REU interviews

* Drug and alcohol worker

Note: Multiple responses were permitted.

7.3 Drug treatment

7.3.1 Ecstasy

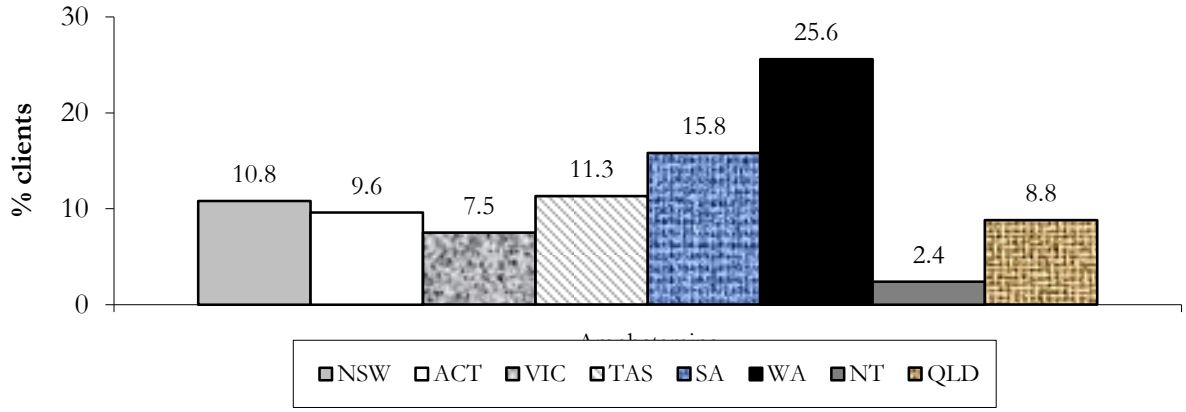
Although ecstasy users do not typically come into contact with health professionals for problems related to drug use, and few of the REU were currently in drug treatment, there is some evidence that there are people experiencing problems with their ecstasy use and have sought treatment.

Of the 147,721 closed drug treatment episodes in Australia in 2007/08, 0.9% nominated ecstasy as their principal drug of concern: a total of 1,321 treatment episodes for the treatment of ecstasy-related problems (Australian Institute of Health and Welfare, 2009). QLD[7] recorded the highest proportion of treatment episodes (2%) followed by TAS[8] (1.7%). National figures remain stable. It should be noted that clients may have been seeking treatment for more than one drug type.

7.3.2 Methamphetamine

WA had the highest proportion of closed treatment episodes for people who identified amphetamines as their drug of concern (25.6%), followed by SA (15.8%), and NSW (10.8%) (Figure). These proportions have remained relatively stable compared with 2006/07 (Australian Institute of Health and Welfare, 2009)

Figure 40: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2007/08



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2009)

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, NSP, correctional institutions, halfway houses or sobering up shelters.

7.3.3 Cocaine

A small proportion (0.3%) of closed treatment episodes were recorded in Australia in 2007/08 with cocaine as the principal drug of concern, with NSW recording the highest proportion (0.6%) across jurisdictions (Australian Institute of Health and Welfare, 2009). These figures remain unchanged from 2006/07.

[7] The total number of closed treatment episodes for QLD may be under-counted due to exclusion of a number of non-government agencies.

[8] The total number of closed treatment episodes for TAS may be under-counted because two agencies only supplied drug diversion data.

7.3.4 Ketamine

No data were available in 2007/08. 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.

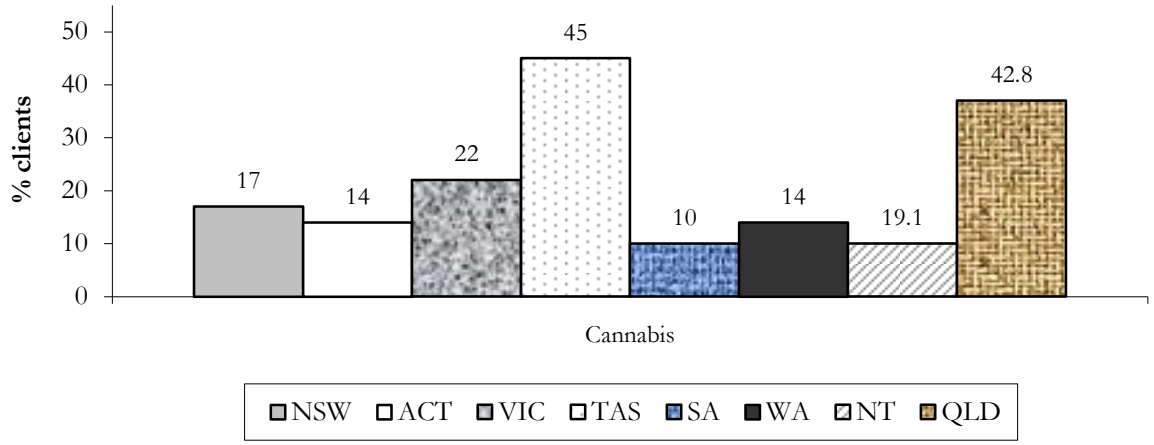
7.3.5 GHB

No data were available for 2007/08. As with ketamine, treatment-seeking for problems associated with GHB use is relatively uncommon. There has 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 seven 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.

7.3.6 Cannabis

Data from the AODTS-NMDS indicate that in 2007/08, TAS[9] had the highest proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (45%) followed by QLD[10] (37%) (Figure). There has been little change in these figures from 2006/07 (Australian Institute of Health and Welfare, 2009).

Figure 41: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2007/08



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2009)
Note: Excludes closed treatment episodes for clients seeking treatment for the drug use of others.

[9] The total number of closed treatment episodes for TAS may be under-counted because two agencies only supplied drug diversion data.
[10] The total number of closed treatment episodes for QLD may be under-counted due to the exclusion of a number of non-government agencies.

7.4 Other self-reported problems associated with ERD use

7.4.1 Self-reported drug related problems

Participants in 2009 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 75 presents the proportion experiencing these problem and Table 76 the main drugs of cause.

Table 75: Self-reported drug-related problems, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Drugs caused repeated problems with family, friends or colleagues (%)	**24**	29	32	26	15	22	29	15	23
Had recurrent drug-related legal problems last six months (%)	**6**	2	5	4	5	5	11	0	11
Recurrently found self in at-risk situations when under influence (%)	**38**	47	44	34	19	30	51	25	48
Drugs recurrently interfered with responsibilities at home/work/school (%)	**39**	54	49	38	26	27	42	25	44

Source: EDRS REU interviews

Table 76: Main drug attributed to self-reported problem, 2009

	Ecstasy (%)	Speed (%)	Ice/crystal (%)	Cannabis (%)	Alcohol (%)
Drugs caused repeated problems with family, friends or colleagues (n=183)	37	6	6	25	17
Had recurrent drug-related legal problems last six months (n=42)	17	0	7	29	37
Recurrently found self in at-risk situations when under influence (n=284)	29	3	3	11	48
Drugs recurrently interfered with responsibilities at home/work/school (n=292)	35	5	3	23	27

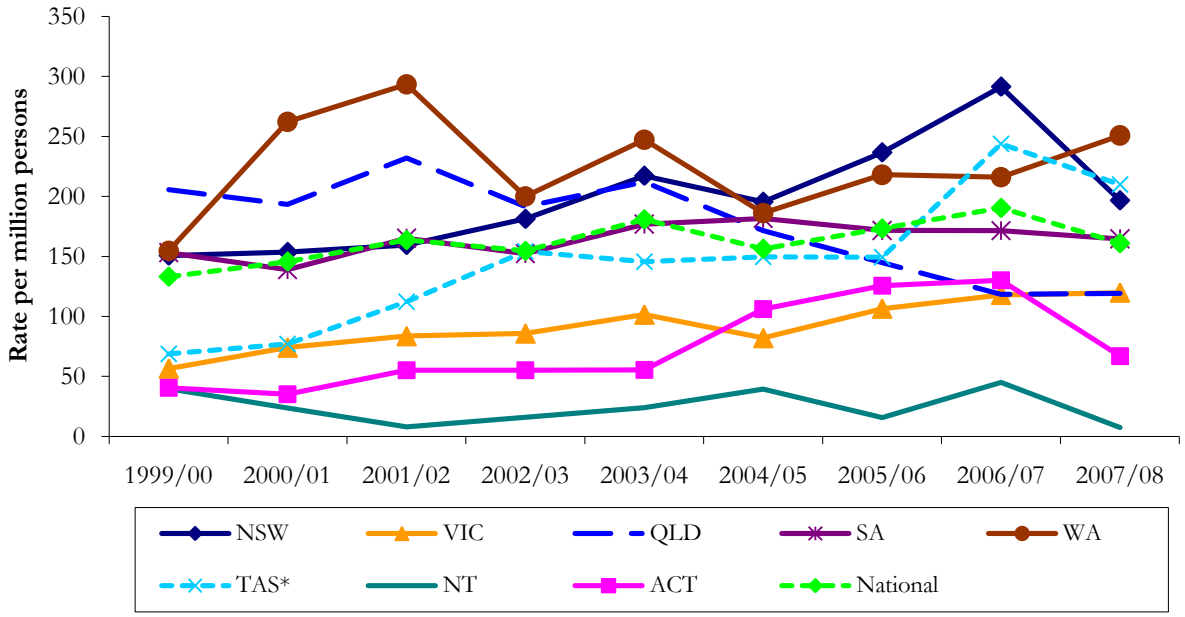
Source: EDRS REU interviews

7.5 Hospital admissions

7.5.1 Methamphetamine

Figure 42 shows the number of in-patient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years. Figures steadily increased at a national level between 1999/00 and 2006/07 (from 133 admissions per million persons to 191 admissions per million persons) and reduced to 161 admissions per million persons in 2007/08. WA recorded the highest number of amphetamine-related hospital admissions in 2007/08 at 251 admissions per million persons, representing an increase from 216 admissions per million persons in 2006/07. NSW, the ACT and the NT reported a decrease in amphetamine-related hospital admissions in 2007/08. The other states remained relatively stable.

Figure 42: Number of principal amphetamine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



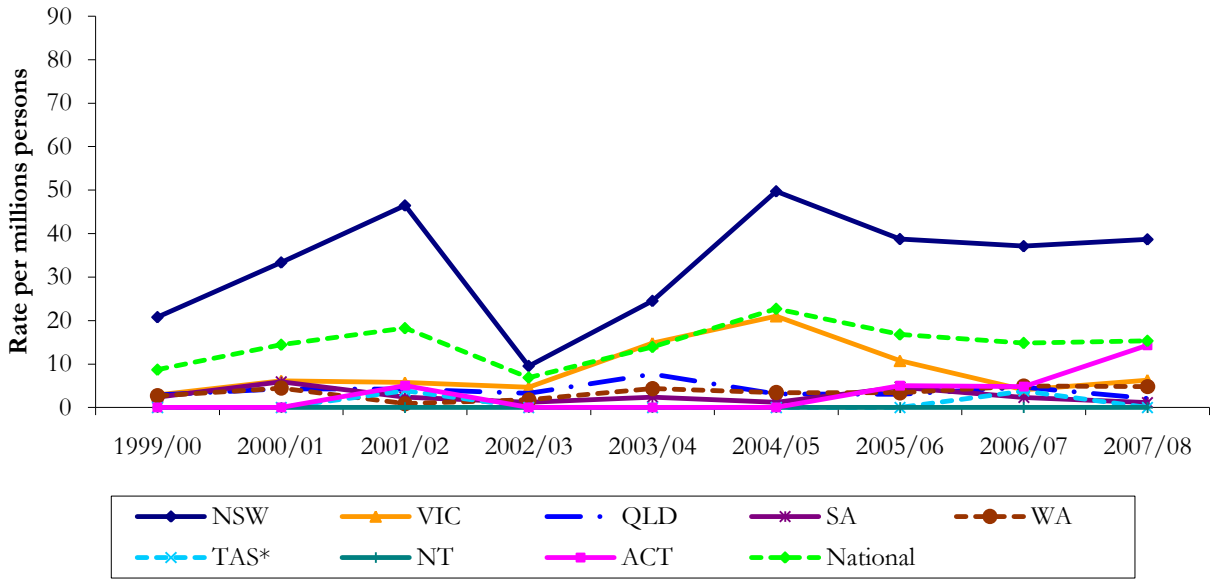
Source: AIHW, ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

7.5.2 Cocaine

Figure 43 shows the number of in-patient hospital admissions per million persons with a principal diagnosis relating to cocaine. These figures have fluctuated at a national level over the nine-year period, ranging from seven admissions per million persons in 2002/03 to 23 admissions per million persons in 2004/05. In 2007/08, the number of inpatient hospital admissions was 15 admissions per million persons. It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 49 admissions per million persons in 2004/05. In 2007/08, NSW recorded 39 admissions per million persons. Figures were relatively lower in all other jurisdictions.

Figure 43: Number of principal cocaine-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



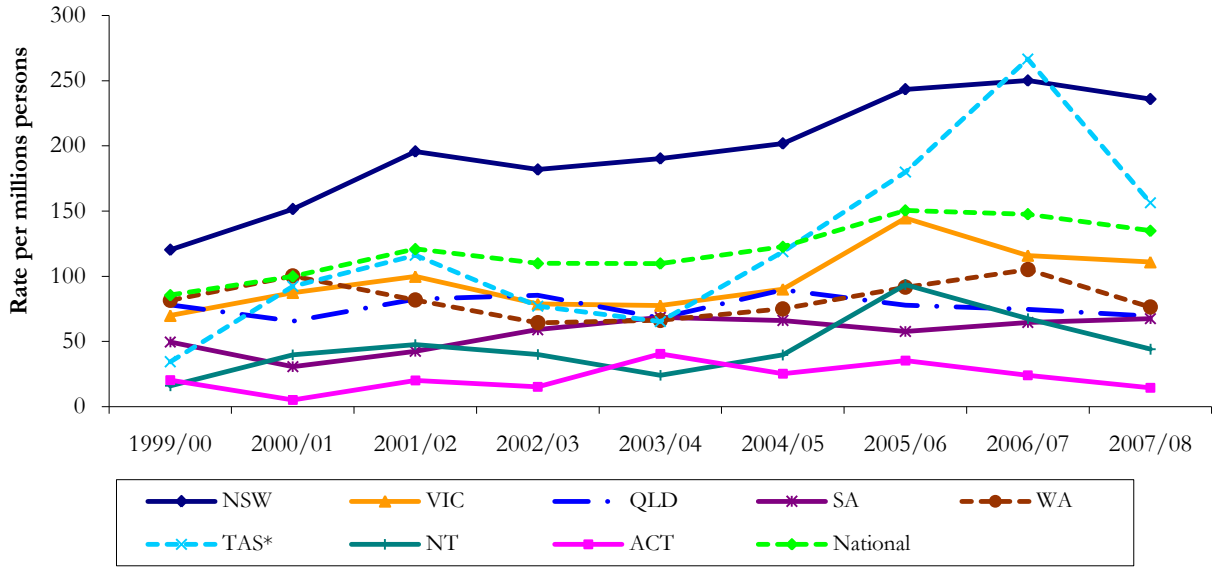
Source: AIHW; ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments (Roxburgh and Burns, in press)

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

7.5.3 Cannabis

Figure 44 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis. At a national level, these figures have steadily increased over the nine-year period from 85 admissions per million persons in 1999/00 to 135 per million persons in 2007/08. NSW recorded the highest number of admissions per million persons among people aged 15-54 years in 2007/08 (236 admissions per million persons) A number of the jurisdictions recorded decreases in cannabis-related hospital admissions in 2007/08.

Figure 44: Number of principal cannabis-related hospital admissions per million persons among people aged 15-54 years, by jurisdiction, 1999/00-2007/08



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

* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit

7.6 Mental and physical health problems

7.6.1 Mental health problems and psychological distress (K10)

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

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among participants who completed the full scale (n=754), the mean score was 18.5 (median=17, SD=6.3, range=10-40). 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[11].

The 2007 NDSHS (Australian Institute of Health and Welfare, 2008) 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 NDSHS with the exception of the ACT where it was higher (Table 77).

Table 77: K10 scores, by jurisdiction (method used in ABS National Health Survey), 2009

	NDSHS	EDRS								
K10 category	**National**	**National N=756**	**NSW n=100**	**ACT n=101**	**VIC n=100**	**TAS n=100**	**SA n=100**	**WA n=100**	**NT n=67**	**QLD n=88**
% reporting no or low distress (score 10-15)	**69**	**39**	32	31	30	41	46	43	63	35
% reporting moderate distress (score 16-21)	**21**	**32**	35	35	39	33	30	30	19	33
% reporting high distress (score 22-29)	**8**	**22**	27	24	26	20	20	17	10	24
% reporting very high distress (score 30-50)	**2**	**7**	6	11	5	6	4	9	8	8

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.

[11] See www.crufad.unsw.edu.au/k10/k10info.htm for details.

14.7.2 Self-reported mental problems and medication

One-third (28%) 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 (65%), followed by anxiety (48%) and paranoia (15%). For jurisdictional breakdowns, see Table 78. 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 78: Self reported mental health problem in the last six months, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Experienced a mental health problem (%)	**28**	28	35	28	30	21	25	21	38
Of those that had mental health problem	**N= 214**	n=28	n=35	n=28	n=30	n=21	n=25	n=14	n=33
Depression (%)	**65**	57	69	61	67	57	68	86	67
Anxiety (%)	**48**	43	63	32	73	33	40	43	42
Paranoia (%)	**15**	11	14	7	20	29	12	7	21
Panic (%)	**10**	18	9	11	7	10	4	14	9
OCD (%)	**4**	0	6	4	3	5	8	7	3
Manic-depression/Bipolar disorder (%)	**7**	4	9	0	0	5	16	0	18
Drug induced psychosis (%)	**6**	0	9	0	0	5	12	7	15
Schizophrenia (%)	**5**	0	9	7	0	10	0	0	9

Source: REU participant interviews

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 49% participants (n=104) reported doing so. Of these, 74% had medication prescribed, primarily antidepressants (77%) (Table 79).

Table 79: Mental health assistance and medication, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Attend a mental health professional (%)*	**49**	43	49	39	53	48	56	43	55
Had medication prescribed % (n)**	**28 (29)**	33 (4)	29 (5)	18 (2)	31 (5)	30 (3)	36 (5)	40 (2)	17 (3)
Antidepressants(%)#	**77**	50	75	89	82	43	86	67	100
Antipsychotics(%)#	**9**	13	8	0	0	14	14	0	18
Benzodiazepines(%)#	**38**	13	33	22	55	43	29	100	46

Source: REU participant interviews, 2009

* Of those who had a mental health problem

** Of those who attended a mental health professional

Of those who were prescribed medication

8 RISK BEHAVIOUR

- Sixteen percent of the national sample reported having injected at some time in their lives; 11% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 19 years (range=12-36 years).
- Among those who had injected in the preceding six months (n=81), the last drug most commonly reported to have been injected was speed (30%). A fifth (19%) of the sample of recent injectors reported injecting while under the influence and while coming down.
- Syringes were typically obtained from a NSP (61%) and/or a pharmacy (37%). Of those who had injected in the preceding six months 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. Twenty-three percent of recent (past six months) injectors (n=18) reported sharing of other injecting equipment.
- Three-fifths (62%) of participants reported penetrative sex in the six months preceding interview with at least one casual partner. A fifth (19%) of those who had had casual sex reported never using a condom. The majority (83%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months, predominantly alcohol, ecstasy and cannabis were the drugs most commonly reported.
- Just over three-quarters (78%) had driven a car in the last six months, 59% of whom had driven under the influence of alcohol (73% of those had reported having been over the legal limit) and 62% had driven shortly after taking an illicit drug. The most commonly reported illicit drugs after which these participants had driven were ecstasy, cannabis and speed. The majority of those who commented thought that on the last occasion thy had consumed drugs and driven they had either been slightly impaired (41%) or that the drugs had had no impact (35%) on their driving ability. There were several detections of random breath test (RBT) positive notifications in this sample (20% of those who had been RBT tested)' however, less than 10 participants had even been saliva drug driving tested, and no positive notifications were reported.
- In 2009, a new measure of alcohol consumption was included in the EDRS, the Alcohol Quantity Frequency and Variability Assessment (AQFV). The majority of participants (52%) fell into the low risk drinking category (based on median number of drinking days per year), though one-third (32%) fell into the high risk category. Nationally, the average number of drinks per session was eight standard drinks.

8.1 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 2009 EDRS, 16% of the national sample reported having injected at some time in their lives and, of those, 67% (n=81) reported injecting in the six months preceding interview (Table 80).

Table 80: Injecting risk behaviour among REU, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Ever injected (%)	**16**	9	13	18	14	19	11	32	22
Median age first injected any drug (range)	**19 (12-36)**	20 (15-20)	16 (15-26)	22 (17-26)	20 (17-28)	20 (12-35)	17 (16-24)	19 (13-36)	19 (14-27)
Injected last six months* (%)	**67**	67	91	39	86	63	46	81	65

Source: EDRS REU interviews
*Among those who had injected
Note: Means have be rounded to whole numbers.

8.1.1 Recent injectors

Participants who had injected in the last six months reported injecting a median of 12 times in that time (range=1-500 times). Methamphetamine was the most commonly injected drug in the preceding six months. The frequency of injection was approximately once per fortnight (12 times; range=1-500). Speed and base, followed by heroin were most commonly reported as the last drug injected. While 26% (n=21) of recent injectors had injected ecstasy in the past six months, only 3% reported ecstasy to be the last drug injected (Table 81).

Fifteen percent of recent injectors had injected under the influence of ERD in the past six months, 20% had injected while coming down and 19% had injected both while under the influence and while coming down during that time.

Table 81: Recent injecting drug use patterns among those who had recently injected, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Median number of times injected last 6 months (range)	12 (1-500)	10 (3-120)	43 (2-180)	6 (1-186)	5 (1-120)	27 (2-500)	32 (5-90)	6 (3-180)	20 (1-60)
Last drug injected (%)*	(n=80)	(n=6^)	(n=10)	(n=7^)	(n=12)	(n=12)	(n=5^)	(n=17)	(n=11)
Speed	30	0	30	29	33	25	20	59	9
Base	25	50	0	0	50	25	0	12	55
Heroin	19	17	70	43	0	25	0	0	9
Ice/crystal	13	33	0	29	8	0	40	12	9
Ecstasy	3	0	0	0	8	8	0	0	0
Other opiates	3	0	0	0	0	0	40	0	0
Other	8	0	0	0	0	8	0	18	18
Injected while under influence/coming down (%)*									
Neither	41	33	20	43	58	50	20	44	36
Not intoxicated	5	0	0	0	8	8	0	6	9
Under influence	15	0	10	14	17	25	20	25	0
Coming down	20	50	60	14	0	0	40	13	18
Both	19	17	10	29	17	17	20	13	36
Median number of times injected while under influence/coming down (range)	4 (1-120)	3 (1-120)	4 (2-15)	6 (1-36)	13 (1-120)	3 (2-15)	2 (1-90)	3 (1-30)	10 (3-60)

Source: EDRS REU interviews
* Of those who had injected each drug in the preceding six months

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 (n=2), and a regular and/or casual sex partner (n=2).

Sharing of other injecting equipment in the preceding month was reported by 23% (n=18) of recent (past six months) injectors. Of those who reported sharing any equipment, 14% (n=11) reported sharing spoons, 12% (n=9) shared water, 8% (n=6) reported sharing tourniquets, 6% (n=5) shared filters and swabs 4% (n=3).

Context of injecting

The majority of participants obtained their needles for injecting recently from a NSP or from a pharmacy or chemist. Other areas mentioned in small numbers n<5 included a hospital and an outreach program.

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 82). Comparisons across jurisdictions should be made with a degree of caution due to small numbers commenting in many states/territories.

Table 82: Context and patterns of recent (last six months) injection, 2009

	National n=79	NSW n=6^	ACT n=10	VIC n=7^	TAS n=12	SA n=12	WA n=5^	NT n=16	QLD n=11
Needle sources (%)									
NSP	**61**	73	94	40	50	33	71	60	33
Vending machines	**5**	0	40	0	0	0	0	0	0
Chemist	**37**	50	70	0	50	25	80	6	46
Partner	**1**	0	0	0	0	0	0	0	9
Friend	**17**	33	30	29	17	17	0	0	18
Dealer	**8**	17	20	0	8	8	0	0	9
People usually inject with* (%)									
Close friends	**51**	67	70	57	58	33	0	44	64
Regular sex partner	**15**	0	10	14	25	17	40	19	0
Casual sex partner	**3**	0	10	0	0	8	0	0	0
Acquaintance	**3**	0	0	0	0	8	20	0	9
No one	**28**	35	22	33	17	39	17	38	18
Locations injected last 6 months (%)*									
Own home	**59**	50	40	71	50	67	80	59	64
Friend's home	**23**	17	20	29	42	17	20	12	27
Dealer's home	**1**	0	0	0	0	0	0	0	9
Street/park/bench	**8**	17	40	0	0	8	0	0	0
Public toilet	**1**	0	0	0	0	8	0	0	0
Car	**6**	17	0	0	8	0	0	18	0

Source: EDRS REU interviews

* Multiple responses allowed

^ Small numbers; interpret with caution

8.1.2 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2007, 1.9% of the population had ever injected a drug with 0.5% having injected a drug in the past year. Those in the 30-39 year age group had a higher proportion of both lifetime and past-year injecting drug use (Australian Institute of Health and Welfare, 2008).

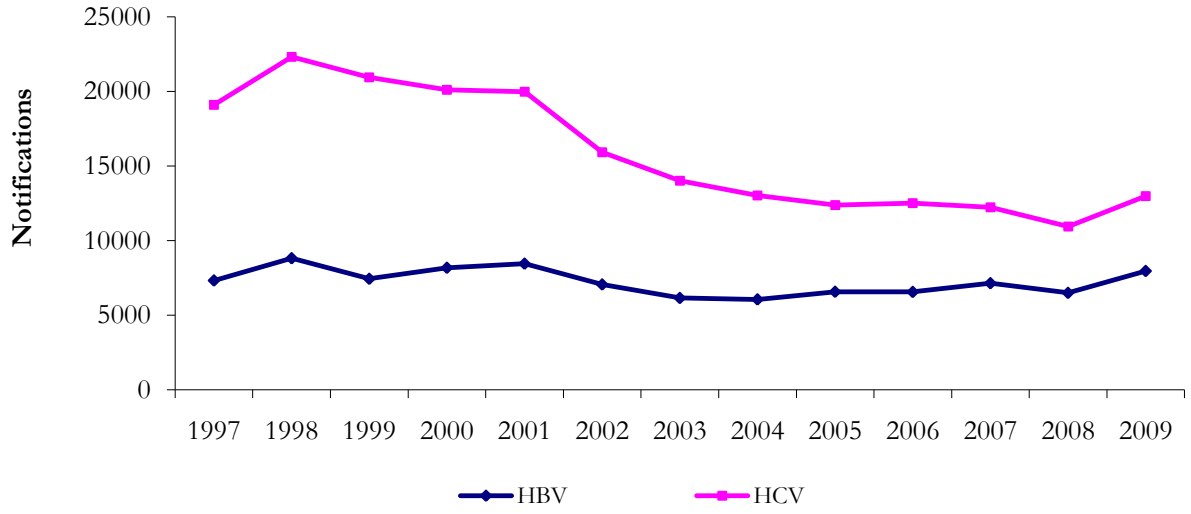
Meth/amphetamine (any form) was the most common first drug injected (50.4%), followed by heroin (30.0%), then steroids (7.2%). The most common drugs injected among recent injecting drug users was meth/amphetamine (67.2%), followed by heroin (39.7%), then other opiates (14.6%) (Australian Institute of Health and Welfare, 2008).

8.2 Blood-borne viral infections (BBVI)

8.2.1 The National Notifiable Diseases Surveillance System

Figure 45 presents the total number of notifications for the hepatitis B virus (HBV) and the hepatitis C virus (HCV) in Australia from the Communicable Diseases Network –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 five years.

Figure 27: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2007



Source: Communicable Diseases Network – NNDSS[12]
Note: Figures are updated on an ongoing basis.

[12] *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.

8.3 Sexual risk behaviour

8.3.1 Recent sexual activity

Three-fifths (62%) 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. Twenty percent reported having three to five casual sexual partners during the preceding six months and 16% reported having one partner (Table 83).

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 they used these every time and often across every state and territory. However, a fifth (19%) reported that they never use protection in these instances.

Table 83: Prevalence of sexual activity and number of sexual partners in the preceding six months, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
No. casual sexual partners (%)	**(N=745)**	(n=100)	(n=99)	(n=100)	(n=99)	(n=99)	(n=98)	(n=65)	(n=85)
No casual partner	**38**	35	34	44	46	42	42	28	25
1 person	**16**	11	19	14	18	14	10	22	22
2 people	**18**	15	23	12	11	23	20	22	21
3-5 people	**20**	29	17	22	19	15	22	15	21
6-10 people	**6**	6	4	5	5	3	5	11	8
10 or more	**2**	4	2	3	1	2	0	3	2
Use of protection during sex with casual partner (%)*	**(N=459)**	(n=64)	(n=65)	(n=53)	(n=54)	(n=56)	(n=57)	(n=47)	(n=63)
Every time	**41**	47	46	53	22	41	32	51	38
Often	**15**	16	15	15	9	16	21	13	14
Sometimes	**15**	13	15	19	20	7	18	13	18
Rarely	**9**	11	6	8	9	9	9	9	8
Never	**19**	14	17	6	33	27	21	15	22

Source: EDRS REU interviews

* Of those who had a casual partner

8.3.2 Drug use during sex

The majority (83%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months (Table 84). Thirty-two percent reported that drug use during sex with a casual partner had occurred three to five times, in the preceding six months.

The most commonly used drugs used during sex were alcohol (78%), ecstasy (70%) and cannabis (38%). Other drugs nominated can be seen in Table 84. SA and the NT were the only jurisdictions 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 (37%) during sex, combined with never (22%), were the most common responses reported.

Table 84: Drug use during sex with a casual partner in the preceding six months, by jurisdiction, 2009

	National N=459	NSW n=64	ACT n=65	VIC n=53	TAS n=54	SA n=56	WA n=57	NT n=47	QLD n=63
Penetrative sex with causal partner while on drugs* (%)	**83**	89	80	76	91	86	81	72	84
No. times had sex while on drugs with casual partner (%)	**(N=378)**	(n=57)	(n=52)	(n=40)	(n=49)	(n=48)	(n=46)	(n=34)	(n=52)
Once	**18**	9	21	15	18	19	7	47	17
Twice	**15**	19	12	5	14	13	24	6	19
3-5 times	**32**	39	48	38	16	33	28	18	33
6-10 times	**17**	19	12	25	29	4	17	12	17
Eleven +	**18**	14	8	18	22	31	24	18	14
Drugs used last time (%)									
Ecstasy	**70**	64	75	45	67	81	71	88	67
Alcohol	**78**	83	90	80	90	69	72	56	79
Cannabis	**38**	42	35	33	20	42	52	18	57
Speed	**11**	4	10	15	6	17	13	21	8
Ice/Crystal	**6**	5	0	5	4	21	4	6	2
Cocaine	**10**	21	10	8	6	8	9	3	11
Base	**4**	4	2	0	4	10	0	6	4
LSD	**5**	5	4	10	2	6	4	0	4
Ketamine	**2**	4	0	5	0	4	0	0	2
Amyl nitrite	**5**	7	6	5	4	8	2	3	2
Nitrous oxide	**1**	0	0	0	4	6	0	0	0
GHB	**1**	2	0	5	0	2	0	0	0
Use of protection during sex with casual partner under influence of drugs (%)*	**(N=378)**	(n=57)	(n=52)	(n=40)	(n=49)	(n=48)	(n=46)	(n=34)	(n=52)
Every time	**37**	40	44	53	20	42	22	56	25
Often	**16**	19	17	10	12	13	30	9	17
Sometimes	**12**	19	8	8	10	10	13	9	19
Rarely	**12**	9	10	13	20	13	9	18	10
Never	**22**	12	21	18	37	23	26	9	29

Source: EDRS REU interviews

* Of those who had penetrative sex with a casual partner

8.4 Driving risk behaviour

Participants were asked a series of questions regarding driving under the influence of alcohol and other drugs. Seventy-eight percent of the national sample reported having driven a car in the six months preceding interview. Of these, 59% had driven under the influence of alcohol, with TAS and WA reporting the highest proportions (Table 85).

Two-thirds (62%) 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); this was reported to have occurred most in WA. Ecstasy and cannabis were the drugs most frequently nominated as having been consumed within one hour prior to driving a car in the preceding six months; such findings are likely, at least in part, to reflect the relative prevalence of use of these drugs amongst this group (Table 85).

Table 85: REU reports of driving risk behaviour in the last six months, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
% Driven a vehicle in the last six months (n)	**78 (591)**	75 (75)	81 (82)	67 (67)	87 (87)	74 (74)	80 (80)	73 (49)	88 (77)
% Driven under influence of alcohol#	**59**	49	54	64	78	43	69	53	58
% Driven while over the limit of alcohol## (n)	**n=350 (73)**	n=37 (81)	n=44 (80)	n=43 (58)	n=68 (75)	n=32 (59)	n=55 (75)	n=26 (88)	n=45 (69)
Median number of times driven over limit of alcohol## (range)	**3 (1-100)**	2 (1-12)	3 (1-60)	2 (1-90)	4 (1-30)	4 (1-100)	4 (1-48)	4 (1-24)	2 (1-60)
% Driven soon after* taking an illicit drug	**62**	68	60	60	51	70	75	55	53
Median number of times driven after taking an illicit drug	**4 (1-180)**	3 (1-180)	4 (1-180)	4 (1-180)	3 (1-180)	5 (1-180)	6 (1-180)	5 (1-180)	5 (1-180)
Drugs used**	**(n=363)**	(n=50)	(n=49)	(n=40)	(n=44)	(n=52)	(n=60)	(n=27)	(n=40)
% Ecstasy	**66**	60	61	60	71	65	72	85	60
% Cannabis	**60**	64	69	63	48	65	63	41	56
% Speed	**17**	8	16	43	7	14	12	26	24
% Ice/crystal	**9**	4	4	3	9	21	12	11	5
% Base	**6**	8	6	0	7	8	0	7	10
% Cocaine	**8**	8	16	8	2	0	7	7	15
% LSD	**8**	6	12	5	11	8	10	4	2
% Mushrooms	**2**	2	0	3	5	2	2	0	0
% Heroin	**2**	0	2	0	0	2	0	4	7

Table 85: REU reports of driving risk behaviour in the last six months, by jurisdiction, 2009 continued

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Drugs used last time**	**(n=363)**	(n=50)	(n=49)	(n=40)	(n=44)	(n=52)	(n=60)	(n=27)	(n=41)
% Ecstasy	**44**	42	31	40	48	44	48	70	39
% Cannabis	**52**	60	57	48	43	52	58	30	51
% Speed	**11**	4	6	28	2	12	10	22	15
% Ice/crystal	**4**	0	2	3	5	12	3	11	2
% Base	**3**	2	2	0	5	4	0	0	7
% Cocaine	**3**	6	0	8	0	0	7	0	5
% LSD	**3**	0	6	0	5	2	3	4	0
% Mushrooms	**<1**	0	0	0	5	0	0	0	0
% Heroin	**1**	0	2	0	0	2	0	4	5

Source: EDRS REU interviews

Of those who had driven a vehicle in the last six months

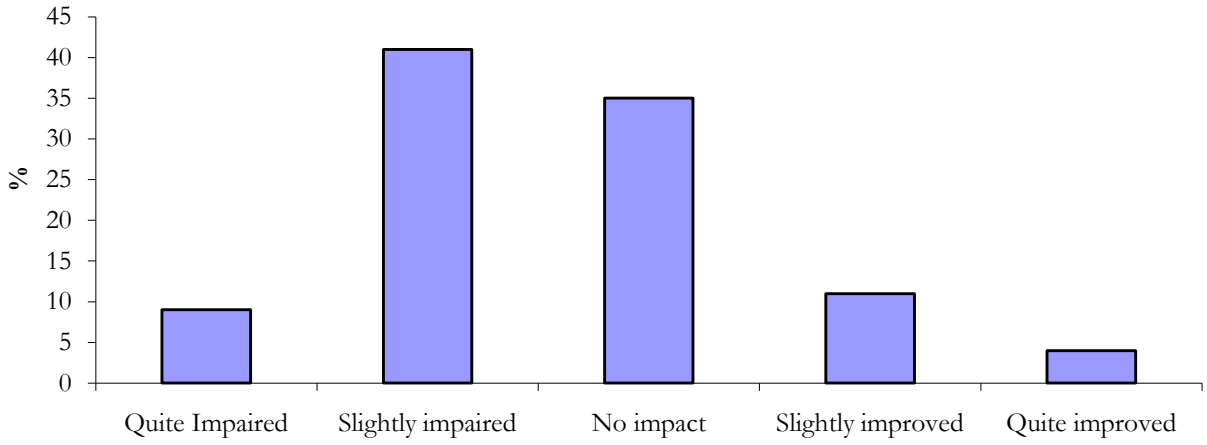
Of those who had driven under the influence of alcohol in the last six months

* 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 (41%) or that the drugs had had no impact (35%) on their driving ability (Figure 46).

Figure 46: Perceived impairment on driving ability last time after taking illicit drugs, 2009



Source: EDRS REU interviews

Experiences of RBT and roadside drug driving testing in the preceding six months were also recorded. Half of those who had driven a car in the last six months had been required to perform a RBT during that time, a fifth (20%) of whom had been found to be over the legal alcohol limit (Table 86)[13].

Table 21: Random breath testing among those who had driven in the preceding six months, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
% Random breath tested (RBT) last six months* (n)	50 (255)	60 (30)	40 (35)	52 (25)	61 (51)	53 (19)	44 (41)	35 (23)	52 (31)
% RBT positive result over the legal alcohol limit (n)†	20 (128)	22 (18)	0 (14)	0 (13)	23 (31)	20 (10)	39 (18)	0 (8)	31 (16)

Source: EDRS REU interviews

* Among those who had driven a car in the last six months

† Among those who had been random breath tested

Five percent (n=30) 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 (Table 87). No participants reported positive results from being tested for driving under the influence of illicit drugs[14]. Two participants reported the result was inconclusive.

Table 87: Drug driving (saliva) testing among those who had driven in the preceding six months, by jurisdiction, 2009

	National N=582	NSW n=74	ACT n=81	VIC n=66	TAS n=84	SA n=74	WA n=80	NT n=49	QLD n=74
% Drug driving (saliva) test last six months*	5	4	0	11	4	9	6	0	7

Source: EDRS REU interviews

* Among those who had driven a car in the last six months

[13] Participants may not necessarily have been under the influence of alcohol when they were random breath tested.

[14] Participants may not necessarily have been under the influence of drugs at the time(s) they were drug tested.

8.5 Risky alcohol use among REU

In 2009, a new measure of alcohol consumption was included in the EDRS as a way of more accurately measuring the quantity and frequency of alcohol use while taking into account variability of this over the course of the past year. The AQFV[15] is a self-report measure which examines alcohol use over the preceding six months. It has three categories: (a) typical drinking; (b) regular changes, e.g. weekends; and (c) occasional changes, e.g. festivals, parties. Respondents are able to indicate a range for the number of drinks they consume for each section and then indicate on how many days per week, month or year they drink this amount. For example, a participant may report for the 'typical drinking' section that they consume 'two to three standard drinks, three days per week' or 'five to six standard drinks, two days per month' etc.

Using the information gleaned from the AQFV assessment, the number of days that each participant consumed alcohol over the course of a year and the amount of alcohol consumed on each drinking day was computed. Each drinking day was then defined as either (a) low risk (up to six drinks for men or four for women); (b) risky (from seven to 10 drinks for men or five to six for women); or (c) high risk (11 drinks and above for men or seven and above for women) (National Health and Medical Research Council, 2001).

Table presents the frequency and quantity of alcohol consumption for REU across jurisdictions in 2009.

Table 88: Frequency and quantity of alcohol consumption among REU, nationally, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Median number of drinking days per year									
Low risk	**52**	52	52	52	56	36	52	55	28
Risky	**8**	9	10	2	4	10	11	9	3
High risk	**32**	50	29	46	52	12	29	18	24
Average no. drinks per session	**8**	9	8.5	8.5	8	7	8	7	8

Source: EDRS interviews 2009

[15] Many thanks to Dr. James Lemon, previously of NDARC, for his kind permission to use the AQFV assessment in the 2009 EDRS.

9 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

- Thirty-eight percent of the sample reported engaging in some form of criminal activity in the month prior to interview.
- Drug dealing was the most common crime reported in all jurisdictions, except the ACT where property crime was reported at equal levels.
- Small proportions reported having committed fraud or a violent crime in the last month.
- Reports of recent police activity were mixed with equal proportions reporting that activity was stable (49%) or had increased (49%).
- One-fifth (19%) responded that police activity had made it more difficult for them to score drugs.
- Over half the national sample (53%) – a rise from (36%) in 2008 – reported seeing sniffer dogs on an average of twice in the six months preceding interview, with the majority reporting that they were in possession of drugs at the time of seeing the sniffer dog.
- Thirteen percent of the national sample had been arrested in the past year, compared with 7% in 2008. The most common charge was reported to be property offenses, followed by a drug/possession offense.

9.1 Reports of criminal activity among REU

Thirty-eight percent of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 89). Twenty-eight percent of the national sample reported that they had dealt drugs in the last month and, of these, three-fifths (58%) reported doing so less than once per week, 23% once per week, 13% more than once per week but less than daily, and 6% reported dealing on a daily basis. Fifteen percent of the national sample reported that had committed a property crime in the last month and, of those, the majority (66%) reported doing so less than once per week, 18% once per week, 18% more than once per week but less than daily, and 3% reported property crime on a daily basis. Four percent (n=32) reported committing a violent crime in the past month. Three percent (n=18) reported having committed fraud in the month prior to interview (Table 89).

Table 89: Criminal activity among REU, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
In the last month (%)									
Any crime	**38**	36	43	50	24	38	37	34	44
Drug dealing	**28**	21	24	36	18	28	31	31	40
Property crime	**15**	18	25	23	11	18	6	3	14
Fraud	**3**	3	7	0	1	2	0	0	6
Violent crime	**4**	8	8	2	1	5	3	5	2

Source: EDRS REU interviews

9.2 Perceptions of police activity towards REU and drug detection 'sniffer' dogs

Participants were asked whether there had been changes in police activity towards REU in the six months preceding interview. Reports of recent police activity were mixed with equal proportions reporting that activity was stable (49%) or had increased (49%, Table 82). REU were also asked if police activity had made it more difficult for them to score drugs. Of the national sample, 19% reported that police activity did make scoring drugs more difficult for them (Table 90).

Participants were asked about their experiences with drug detection 'sniffer' dogs. Half (53%) of the national sample had seen detection dogs on an average of two times (range=1-72 times) in the past six months. Of those participants that had seen a sniffer dog, two-thirds (65%) reported seeing sniffer dogs when in possession of drugs.

Fourteen participants reported being searched by police in the preceding six months due to a positive notification from a sniffer dogs. Four participants, of the 14, reported that the drugs were discovered which resulted in either an arrest and/or an infringement notice.

Table 90: Perceptions of police activity towards REU, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Recent police activity (%)									
Decreased	1	2	1	1	0	3	0	0	3
Stable	32	44	43	30	42	26	22	15	31
Increased	33	44	18	46	15	46	42	9	35
Don't know	34	10	38	23	43	25	36	76	27
Police activity made scoring more difficult	19	23	19	24	14	22	15	8	22
Seen sniffer dogs past six months (%)	53	93	52	53	41	59	42	19	58
Median number of times seen sniffer dogs past six months#	2	4	1	2	1	2	2	2	1
In possession of drugs when observed dogs#	65	73	67	69	73	49	57	85	56

Source: EDRS REU interviews

Of those who reported having observed drug detection dogs recently

9.3 Arrests

Thirteen percent (an increase from 7% in 2008) of the national REU sample reported that they had been arrested in the past year (
Table). Of those, 30% were arrested for a property crime, 19% for drug use/possession, 17% were arrested for a violent crime, 14% for driving under the influence of alcohol, 3% for fraud, 4% for other driving offence, 3% for breaching an apprehended violence order (AVO), and 1% for drug dealing/trafficking.

Table 91: Proportion of REU reporting arrest in the past year, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Arrested last 12 months (%)	**13**	11	15	12	10	13	19	9	15

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 2007/08). These are reported in the following sub-sections by drug type.

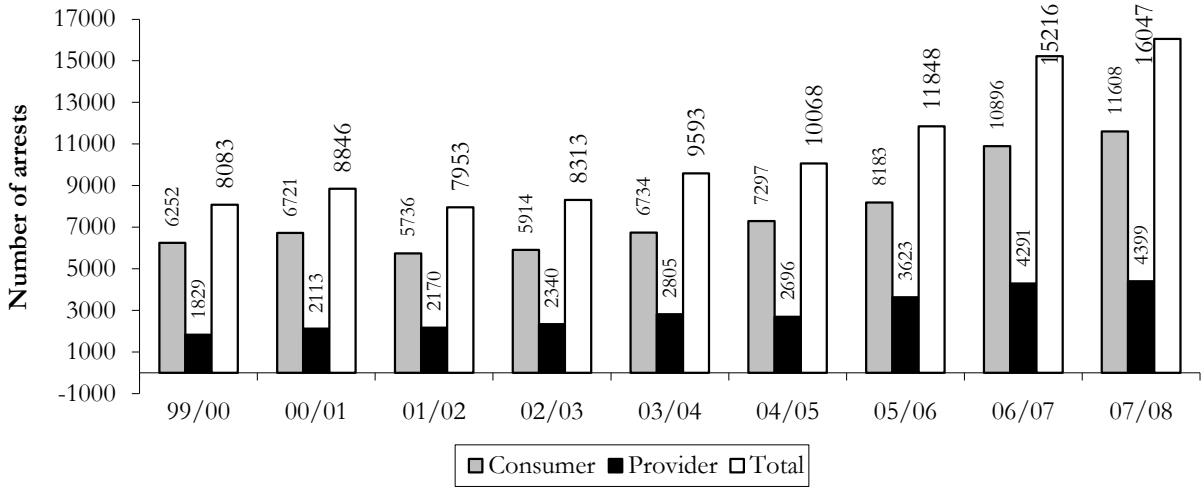
9.3.1 Ecstasy

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

9.3.2 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 belongs), so these classes have been aggregated. Consumer and provider arrests for ATS have experienced a large increase since 2005/06, though only a slight increase is reported in 2007/08 (Figure 28). Data for 2008/09 were not available at the time of publication of this report.

Figure 28: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2007/08

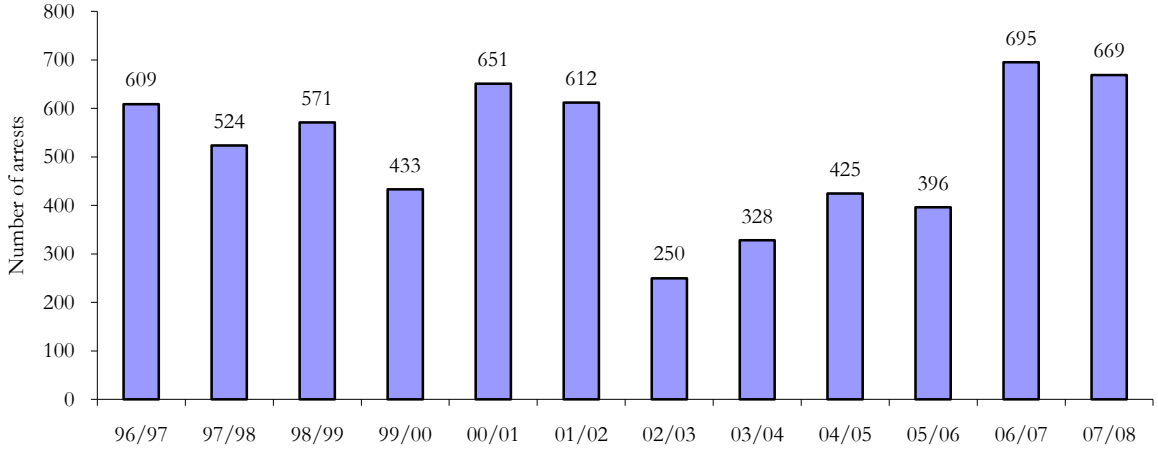


Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian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

9.3.3 Cocaine

In 2007/08, the number of cocaine arrests Australia wide has remained stable from 2006/07 when there was a reported increase. The majority of these arrests (58%) continued to occur in NSW. Arrests remained relatively stable across jurisdictions (Figure 29). Data for 2008/09 were not available at the time of publication of this report.

Figure 29: Total number of cocaine consumer and provider arrests, 1996/97- 2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: The arrest data for each state and territory include AFP data. Data for 2008/09 were not available at the time of publication.

9.3.4 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 VIC to be in the possession of ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore, no data are available on the number of police apprehensions for possession or supply of this controlled substance.

9.3.5 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.

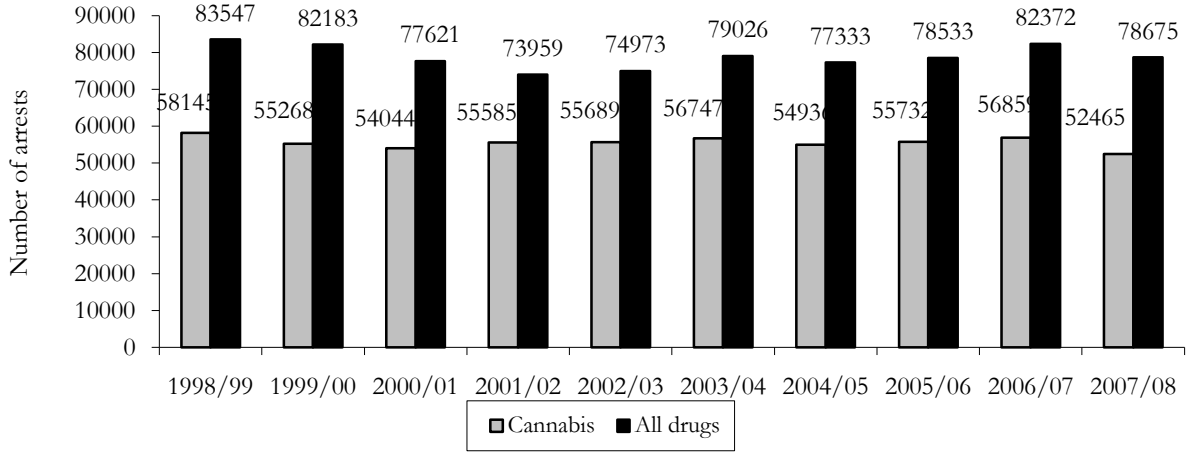
9.3.6 LSD

Nationally, a total of 222 consumer and 102 provider arrests for hallucinogens, including LSD and psilocybin (mushrooms) were made in 2007/08, a slight increase in figures reported in 2006/07 (167 consumer and 76 provider arrests). The majority of these arrests continued to be recorded in QLD, followed by WA and NSW.

9.3.7 Cannabis

Cannabis arrests continue to account for the majority (67%) of all drug-related arrests in Australia (Figure 49). 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 (17,130) accounted for one-third (33%) of the national total. Numbers increased slightly in NSW from 9,906 in 2006/07 to 10,699 in 2007/08, while they remained stable in the other states (
Figure 30). Data for 2008/09 were not available at the time of publication of this report.

Figure 30: Number of cannabis and all drug consumer and provider arrests, 1998/99-2007/08



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009)
Note: Data for 2008/09 were not available at the time of publication.

10 SPECIAL TOPICS OF INTEREST

- Four in five participants had consumed a energy drinks mixed with alcohol over the preceding six months. On their last occasion, respondents had consumed a median of three (range=1-35) energy drinks mixed with alcohol. . There is no significant difference between men and women in this group regarding the use of energy drinks with ecstasy and alcohol.
- On the Personal Wellbeing Index (PWI) scale a similar pattern was observed in each jurisdiction with participants' scores very close to the general population on each domain. At normal levels of wellbeing (average scores lies between 70-80 points), people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. Most scores except those in relation to health, future security and achievement in life were within this score range.
- On the questionnaire section relating to chronic health conditions, a third of participants reported a lifetime diagnosis by a doctor of asthma. All other main diagnoses were reported by a much smaller proportion of the sample.
- A third of the sample reported having engaged in some form of gambling on a median of two occasions (most commonly poker machines or the casino in the month preceding interview. Of those who had gambled, half (52%) reported gambling while under the influence of alcohol. The median amount spent on gambling on the last occasion was $20.
- EDRS participants were asked to complete the Buss-Perry Aggression Questionnaire Short-form. Among those who commented (n=740), verbal aggression was endorsed by 15% of the participants. Anger was the second most endorsed aggression domain (8%) followed by physical aggression (7%) and hostility (4%).

10.1 Energy drinks, ecstasy and alcohol

In 2009, the EDRS included questions examining the use of energy drinks (e.g. 'V' and 'Red Bull') in the context of alcohol and/or ecstasy use. Four in five participants had consumed a energy drinks mixed with alcohol over the preceding six months. On their last occasion, respondents had consumed a median of three (range=1-35) energy drinks mixed with alcohol. More than half the sample had consumed energy drinks within the same episode as ecstasy during the preceding six months (Table 92).

Participants were asked whether they had consumed the energy drinks before, with or after taking ecstasy on the last occasion they did this. Two-fifths (38%) of those who had consumed energy drinks and ecstasy in the same occasion reported having done so 'before' taking ecstasy the last time. Participants reported doing so a median of 60 minutes (range=1-540) before taking ecstasy. Approximately three-fifths (60%) of respondents had taken energy drinks with ecstasy and one in three had done so after taking ecstasy. Among this latter group, participants reported having consumed energy drinks a median of 30 minutes (range=1-360) after taking ecstasy. Three-quarters (74%) of the REU who reported on their last occasion of using energy drinks with ecstasy reported that their energy drinks had been mixed with alcohol on this occasion (Table 92).

There is no significant difference between men and women in this group regarding the use of energy drinks with ecstasy and alcohol.

Table 92: Use of energy drinks, alcohol and ecstasy amongst REU, 2009

	National N=675	NSW n=100	ACT n=79	VIC n=97	TAS n=97	SA n=98	WA n=99	NT n=61	QLD n=44
Recent consumption of energy drinks and alcohol (%)	69	79	76	65	64	63	73	59	77
Median number of recent energy and alcohol drinks (n)	3 (1-35)	3 (1-12)	3 (1-35)	2 (1-24)	3 (1-10)	4 (1-30)	3 (1-15)	3 (1-24)	5 (1-25)
Recent consumption of energy drinks and ecstasy (%)	N=653 58	n=99 54	n=74 58	n=94 45	n=97 52	n=95 58	n=93 75	n=59 59	n=42 67
Recent consumption of energy drinks, alcohol and ecstasy (%)*	74	69	84	60	86	71	71	74	79

Source: EDRS REU interviews

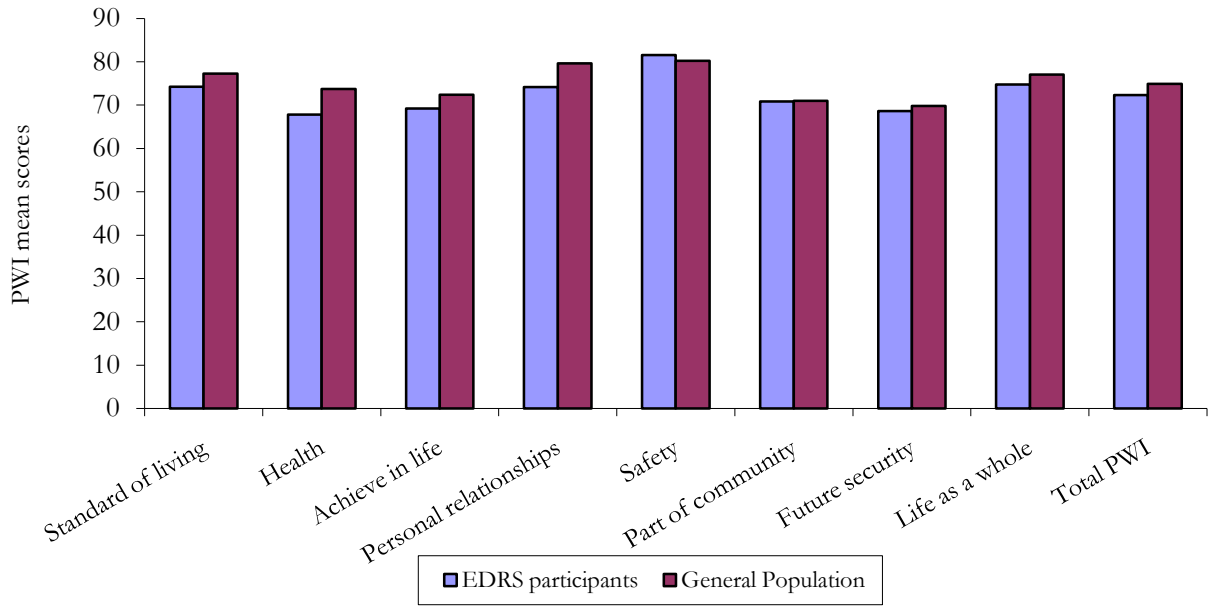
* Among those who had consumed energy drinks and ecstasy

With = energy drink taken with ecstasy at the same time

10.2 Personal Wellbeing Index

The PWI was included in the EDRS survey to monitor the personal wellbeing of participants in the EDRS. Questions asked participants how satisfied they were with various aspects of their lives, including standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security and life as a whole. Participants were asked to answer on a 0-10 scale of satisfaction (0=very unsatisfied and 10=very satisfied). Scores were then combined across the seven domains to produce an overall index score and adjusted to have a range between 0-100 points (Cummins et al., 2007). Figure 50 shows the mean national EDRS scores compared to the Australian general population. Nationally, participants scored very similarly to the general population on each domain of personal wellbeing index. Participants were therefore in the expected range (between 60 and 90 percentage points) of wellbeing scores for each domain.

Figure 50: Personal Wellbeing Index – National EDRS and Australian general population mean scores, 2009



Source: EDRS REU interviews; (Cummins et al., 2007)

Table 93 provides a breakdown by jurisdiction for PWI mean scores. A similar pattern was observed in each jurisdiction with participants' scores very close to the general population on each domain. At normal levels of wellbeing (average scores lies between 70-80 points), people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison individuals with scores below 50 points are at a higher risk of depression. (Cummins et al., 2007)

Table 93: Personal Wellbeing Index mean scores by jurisdiction, 2009

PWI factors	General Population mean scores*	EDRS								
		National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Standard of living	77.25	**74.20**	76.67	73.90	82.08	74.64	73.58	74.67	74.7	72.53
Health	73.71	**67.82**	68.59	63.37	73.33	68.04	72.74	66.52	68.49	66.71
Achieve in life	72.4	**69.21**	67.68	66.00	68.96	70.10	70.42	70.54	71.97	68.73
Personal relationships	79.6	**74.12**	74.65	69.26	75.00	75.67	77.47	73.7	71.67	71.89
Safety	80.25	**81.58**	82.73	78.53	73.08	82.37	83.68	83.97	76.67	81.01
Part of community	70.99	**70.82**	72.42	65.05	73.33	72.37	71.47	72.72	70.76	67.85
Future security	69.78	**68.61**	67.78	65.37	68.96	72.17	69.9	68.26	70.76	65.82
Life as a whole	77.02	**74.76**	75.86	69.47	75.00	75.57	76.74	76.74	72.42	75.69
Total PWI	74.88	**72.34**	72.93	68.78	73.08	73.62	74.18	72.91	72.14	70.65

Source: EDRS REU interviews; (Cummins et al., 2007)

10.3 Chronic physical health

In 2009, participants in the EDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous 12 months. Among the national sample, approximately one-third reported a lifetime diagnosis (by a doctor) for asthma. All other main diagnoses were reported by much smaller proportions. Of those that reported another health condition, hay fever, vision problems, skin problems and back/neck problems were the diagnoses approximately one in three REU had experienced (Table 94).

Table 94: Lifetime diagnosed physical health conditions, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Diagnosed conditions (%)									
Asthma	**31**	27	29	30	39	29	30	24	41
Any (other) heart or circulatory condition	**5**	5	7	8	6	2	1	0	8
Gout, rheumatism or arthritis	**4**	6	3	2	3	4	1	6	6
Cancer	**2**	1	1	3	1	3	1	2	2
Stroke (effects of a stroke)	**<1**	0	0	0	1	0	2	2	0
Diabetes or high blood sugar levels	**1**	0	1	0	0	3	1	0	1
Other diagnosed conditions among those who commented	**N=550**	**n=90**	**n=88**	**n=75**	**n=75**	**n=60**	**n=71**	**n=16**	**n=75**
Hay fever	**33**	30	31	28	47	28	31	19	36
Vision problems	**30**	31	32	44	29	13	31	19	24
Skin problems	**30**	34	36	25	29	27	25	25	31
Back/neck pain or problems	**29**	24	35	21	27	35	27	44	33
Sinus/sinus allergy	**19**	22	25	5	13	12	10	31	36
Migraines	**17**	12	22	19	19	15	9	38	16
Joint/muscular skeletal	**12**	13	18	8	13	5	7	19	13
Anaemia	**8**	11	8	5	3	3	10	13	9
Hearing problems	**7**	6	11	9	4	2	7	13	9

Source: EDRS REU interviews

Table 95 shows the age of first diagnosis among those who had ever been diagnosed with the condition and commented. As well as the proportions who had recently received treatment for these chronic conditions.

Table 95: Lifetime diagnosed, age and treatment of chronic physical health conditions nationally, 2009

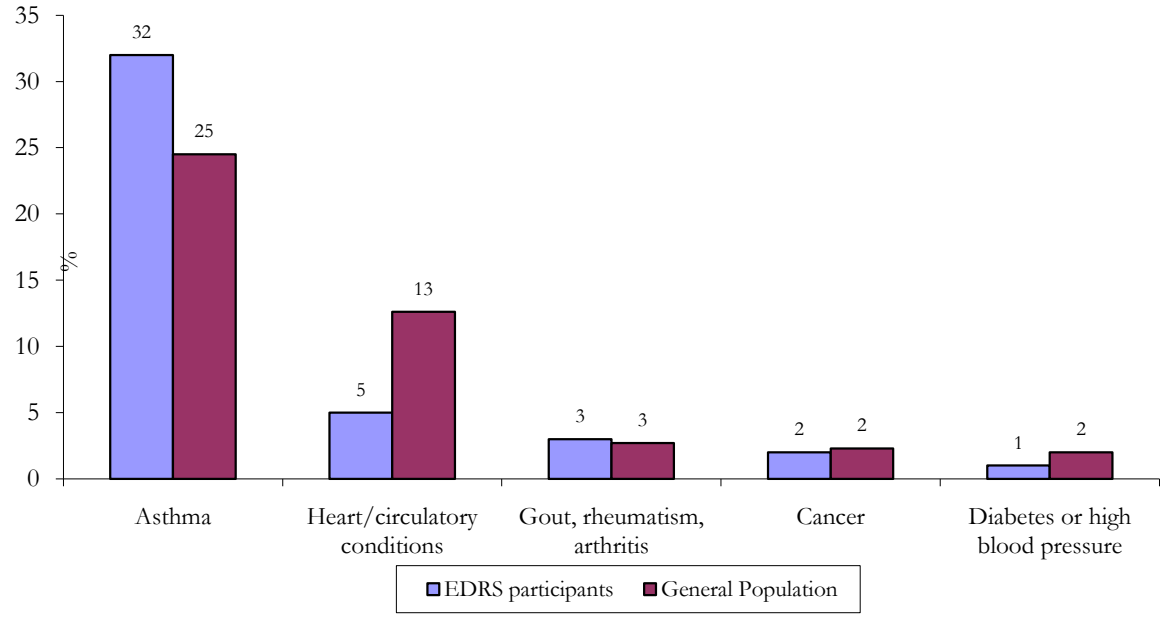
Condition	Lifetime diagnosis among those who commented (n)	Mean age first diagnosed (years)*	Received treatment last 12 months* (%)
Asthma	234	7	41
Heart/circulatory conditions	36	17	14
Gout, rheumatism or arthritis	28	19	36
Cancer	13	21	39
Diabetes or high blood sugar levels	6	13	33

Source: EDRS REU interviews

* Of those who had ever been diagnosed and commented

Figure 51 shows the proportion of the EDRS sample aged 15-34 years (n=224 years) reporting lifetime diagnosis of some chronic conditions compared to the Australian general population aged 15-34 years. Higher proportions of the EDRS national sample reported having been diagnosed with asthma, whereas a lower proportion have been diagnosed with heart/circulatory conditions compared to the general population (Australian Bureau of Statistics, unpublished data).

Figure 51: Prevalence of chronic conditions among the national EDRS sample aged 15-34 and Australian general population aged 15-34



Source: EDRS REU interviews; (Australian Bureau of Statistics, unpublished data)

10.4 Gambling

For the first time in 2009, participants were asked about their gambling experiences in the month prior to interview. About one-third of the sample (32%) had gambled on a median of twice (range=1-30) in the month prior to interview with half (52%) the number of participants reporting this as usual and one-third (34%) reporting this as more than usual.

Among those who had recently gambled, usual forms of gambling were poker machines (54%) and the casino (31%). Forty-seven percent reported poker machines as the last form of gambling (Table 96).

Of those who had gambled in the last month, half (52%) reported gambling while under the influence of alcohol and of those 87% continued to drink alcohol and gamble. One-fifth (20%) of recent gamblers reported last gambling while under the influence of an illicit drug, mainly cannabis (50%), ecstasy (30%) and speed (20%). The median amount of money spent on gambling on the last occasion was $20 among those who commented nationally (ranging from $10 in NSW to $40 in VIC) (Table 91). Note that participants in TAS were not asked the gambling questions as this section was optional in the EDRS participant survey.

Table 96: Self reported gambling among those who commented, by jurisdiction 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS #	SA n=100	WA n=100	NT n=67	QLD n=88
Gambled in the last 30 days (%)	**32**	43	17	28	n.a.	34	24	40	39
Usual form of gambling*	**N=204**	n=43	n=17	n=28	n.a.	n=34	n=24	n=25	n=33
Poker machines (%)	**54**	70	71	25	n.a.	74	4	76	52
Horse/dog racing (%)	**21**	21	29	36	n.a	9	25	16	15
Casino (%)	**31**	16	35	46	n.a.	18	71	32	21
Other (%)**	**29**	28	29	39	n.a.	18	33	8	47
Last form of gambling*	**N=205**	n=43	n=17	n=28	n.a.	n=34	n=24	n=25	n=34
Poker machines (%)	**47**	58	59	18	n.a.	74	4	76	35
Horse/dog racing (%)	**11**	19	6	21	n.a	6	8	4	6
Casino (%)	**20**	4	12	36	n.a.	9	63	16	12
Other (%)**	**22**	19	24	25	n.a	12	25	4	11
Median days gambled in the last 30 days (n)*	**2**	2	4	2	n.a	2	2	3	2
Under the influence of alcohol when last gambled (%)*	**52**	58	71	39	n.a.	62	46	28	56
Under the influence of illicit drugs when last gambled (%)*	**20**	9	18	18	n.a.	27	17	24	27
Median amount spent on gambling the last time ($)*	**$20**	$10	$30	$40	n.a.	$20	$100	$44.50	$19.50

Source: EDRS REU interviews

* Among those who reported gambling in the last 30 days

** Other category includes: lottery, keno, 2-UP, poker and sports betting

TAS did not ask participants any questions relating to gambling (these questions were optional)

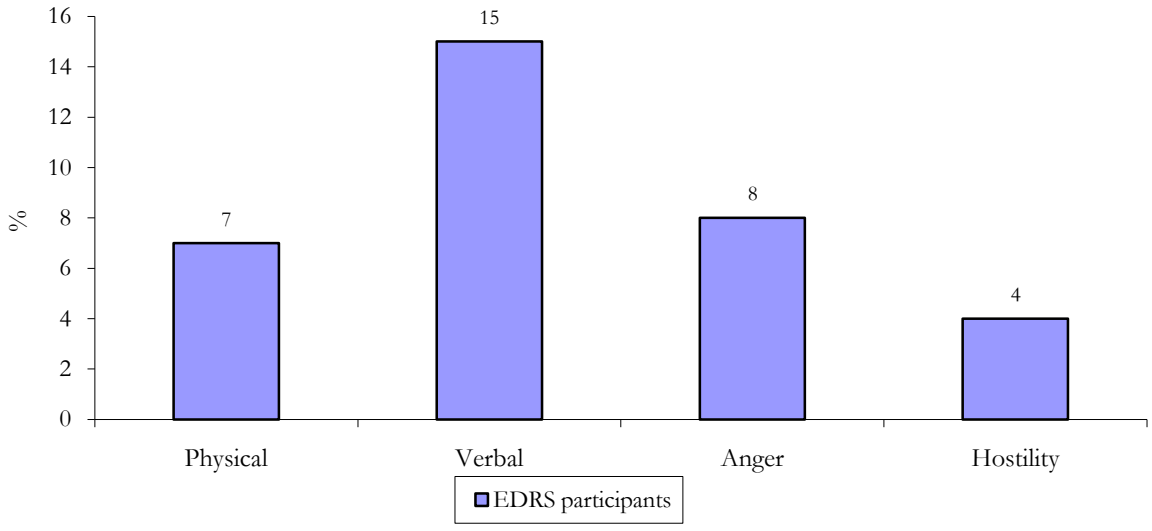
Participants who had gambled four or more days in the previous month were administered the Problem Gambling Severity Index (PGSI). The measure is made up of nine items which assess problem gambling behaviours and consequences of gambling. Participants answer on a five point Likert scale (1=never and 5=always). Categories are then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling (Holtgraves, 2009). Five percent (41 participants) of the national sample reported gambling four or more days in the previous month and therefore completed the PGSI. Fifty-four percent of these participants scored in the recreational gambling category, 29% in the low risk and 17% in the moderate risk and no participants scored in the problem gambling category.

10.5 Aggression

In 2009, the EDRS included a new module investigating the presence of aggression as a characteristic or trait among the EDRS sample. Involvement in obtaining/using drugs, the use of other illicit substances such as cocaine and other stimulants as well as the high prevalence of cannabis use have all been associated with aggression (Murray et al., 2008). To investigate aggression amongst the IDU sample participants were administered the BPAQ-SF. This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression); the emotional component (anger); and the cognitive component (hostility). This questionnaire provides a valid and reliable measure of 'dispositional aggression' which correlates well with the original 29-item Buss-Perry Aggression Questionnaire (Bryant and Smith, 2001).

EDRS participants were asked to report on a Likert scale from one (very characteristic of me) to six (very un-characteristic of me). Each domain consists of three questions used to measure the specific domain of aggression. Figure 50 shows the proportion of participants who answered each of the three questions related to a domain as characteristic of them. Among those who commented (n=740), verbal aggression was endorsed by 15% of the participants. Anger was the second most endorsed aggression domain (8%) followed by physical aggression (7%) and hostility (4%) (Figure 52).

Figure 52: National EDRS participants endorsing aggression domains, 2009



Source: EDRS REU interviews
Note: Results represent those participants who endorsed all three questions within each domain.

Jurisdictional differences are evident in certain domains that were entirely endorsed most notably the verbal aggression domain whereby states of the east coast of Australia (NSW, VIC and the ACT) reporting higher levels of verbal aggression than other areas (Table 97).

Table 97: National EDRS participants that endorsed all aggression domains, by jurisdiction, 2009

	National N=756	NSW n=100	ACT n=101	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=67	QLD n=88
Physical aggression (%)	**7**	7	8	7	3	11	7	8	5
Verbal aggression (%)	**15**	20	21	20	11	11	16	5	15
Hostility (%)	**4**	4	4	6	1	4	4	5	7
Anger (%)	**8**	5	11	13	5	10	4	8	5

Source: EDRS REU interviews

Note: Results represent those participants who endorsed all three questions within each domain.

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APPENDICES

Appendix A: Patterns of ecstasy and related drugs use, price, perceived purity and availability, 2008

Table A1: 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
Form mainly used (%)									
Pills	**100**	100	100	100	100	100	100	100	100
Capsules	**19**	24	23	18	18	16	28	9	17
Powder	**11**	13	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 (Sindicich et al., 2009)

* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep
# Refers to ecstasy 'pills' only; excludes powder
Note: Medians rounded to nearest whole number.

Table A2: Price, perceived purity and availability 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
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 (Sindicich et al., 2009)

Appendix B: Use, price and availability, 2009

Table B1: Use, price and availability of methamphetamine speed, by jurisdiction, 2009

	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
Used last six months (%)	**59**	66	55	77	63	58	50	24	57
Median price per gram	- -	$50	$225	$200	$300	$200	$100	$300	$165
Median price per point	- -	$20	$30	$50	$40	$50	$50	n.a	$25
Price changes									
Of those who responded	**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)
Availability									
Of those who responded	**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									
Of those who responded	**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)**	4 (13)	50(13)	6 (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 (Sindicich et al., 2009)

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

Table B2: Use, price and availability of methamphetamine base, by jurisdiction, 2009

	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
Used last six months (%)	**18**	17	23	7	16	34	5	9	26
Median price per point	- -	$42.50	$30	$30	$40	$50	$50	n.a	$25
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)
Availability (%) Of those who responded	**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 (%) Of those who responded	**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 (Sindicich et al., 2009)

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

Table B3: Use, price and availability of ice/crystal methamphetamine, by jurisdiction, 2009

	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
Used last six months (%)	**24**	33	24	22	15	34	36	0	26
Median price per point	- -	$50	$50	$50	$40	$50	$50	n.a	$50
Price changes	**n=128**	n=27	n=14	n=15	n=11	n=25	n=16	n=0	n=20
Of those who responded									
% 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)
Availability (%)									
Of those who responded	**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 (%)									
Of those who responded	**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 (Sindicich et al., 2009)

Table B4: Use, price and availability of cocaine, by jurisdiction, 2009

	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
Used last six months (%)	**36**	51	37	51	35	20	40	2	30
Median price per gram	- -	n=41 $300	n=21 $300	n=36 $300	n=25 $350	n=12 $375	n=8^ $325	n=2^ $450	n=18 $300
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)	1 0(1)	50 (1)	0 (0)
Availability (%)									
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)	**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 (%)									
Of those who responded	**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 (Sindicich et al., 2009)

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

Table B5: Use, price and availability of ketamine, by jurisdiction, 2009

	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
Used last six months (%)	**12**	30	6	20	6	20	3	0	4
Median price per gram	- -	(n=13) $150	n.a	(n=12) $200	(n=1^) $300	(n=4^) $225	(n.a	n.a	n.a
Price changes									
Of those who responded	**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
Availability (%)									
Of those who responded	**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 (%)									
Of those who responded	**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 (Sindicich et al., 2009)

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

Table B6: Use, price and availability of GHB, by jurisdiction, 2009

	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
% used last six months	**7**	24	2	11	1	4	2	0	5
Median price per ml		(n=7^) $4	n.a	(n=6^) $4.25	n.a	(n=2^) $3.50	n.a	n.a	(n=1^) $20
Price changes									
Of those who responded	**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
Availability (%)									
Of those who responded	**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 (%)									
Of those who responded	**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 (Sindicich et al., 2009)

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

Table B7: Use, price and availability of LSD, by jurisdiction, 2009

	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
% used last six months	**30**	18	37	29	41	35	21	16	32
Median price per tab	- -	(n=11) $15	(n=24) $20	(n=25) $15	(n=30) $20	(n=29) $12.50	(n=9^) $25	(n=5^) $20	(n=39) $20
Price changes									
Of those who responded)	**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
Availability (%)									
Of those who responded	**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	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 (%)									
Of those who responded	**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 (Sindicich et al., 2009)

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

Table B8: Use, price and availability of cannabis, by jurisdiction, 2009

	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
% used cannabis last six months	**76**	71	86	84	74	74	85	40	81
Price -Hydro									
Median price per ounce	**-**	$175^	$300^	$250^	$280^	$200^	$250^	$350^	$320^
Price- Bush									
Median price per ounce	**-**	n.a	$250	$220^	$200^	$200^	$300^	$300^	$280^
Price changes									
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									
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)**	83 (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 (Sindicich et al., 2009)

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

Table B9: Availability of cannabis, by jurisdiction, 2009

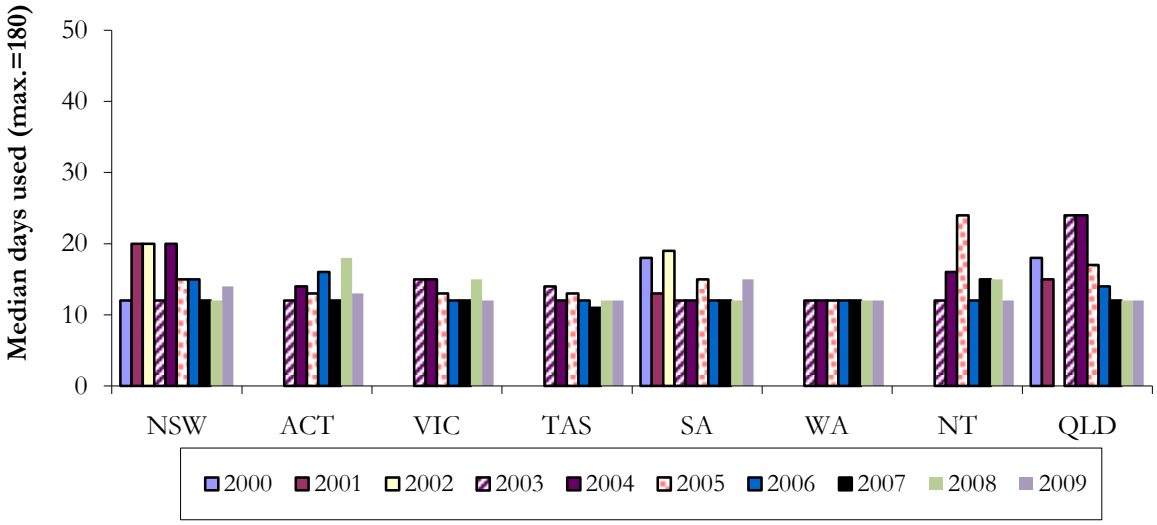
	National N=678	NSW n=100	ACT n=83	VIC n=100	TAS n=100	SA n=74	WA n=58	NT n=55	QLD n=108
Availability									
Hydro Of those who responded	**n=266**	n=15	n=45	n=37	n=43	n=30	n=33	n=8^	n=55
% Don't know (n)	**3 (8)**	0	4 (2)	5 (2)	2 (1)	3 (1)	3 (1)	0	2 (1)
% Very easy (n)	**44 (118)**	73 (11)	47 (21)	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
Bush 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)	**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									
Hydro 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)	**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)
Bush Of those who responded	**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 (Sindicich et al., 2009)

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

Appendix C: Drug use history by jurisdiction, 2000[16]-2009

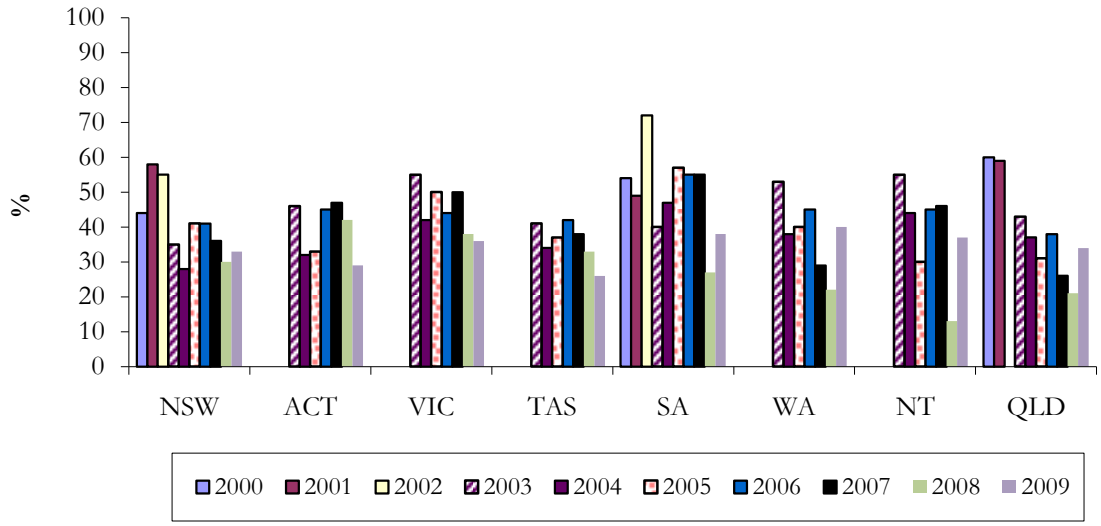
Figure C1: Median days used ecstasy in the six months preceding interview, 2000-2009



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.

[16] The EDRS began running in NSW, SA and QLD in 2000. It began running nationally in 2003.

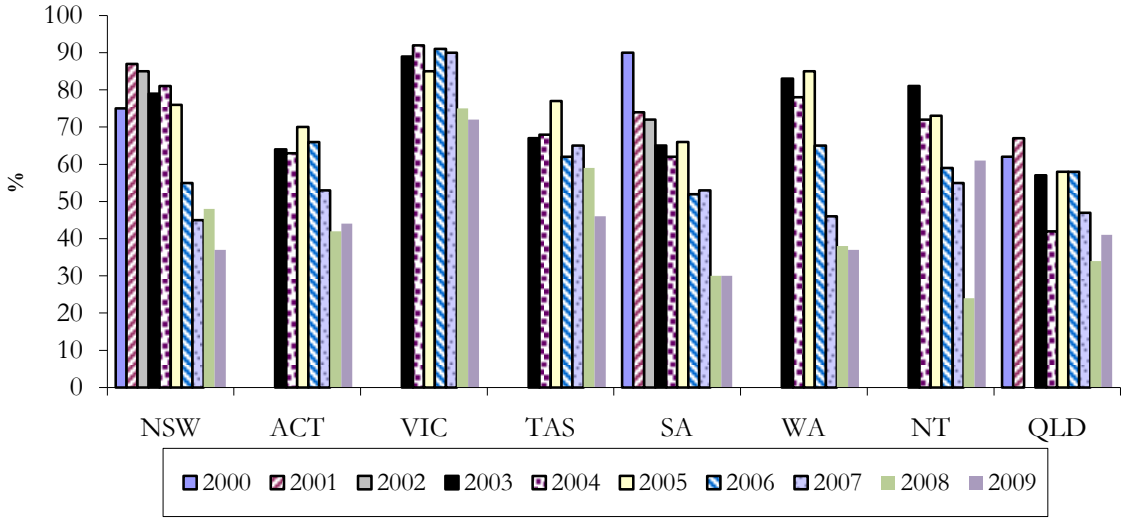
Figure C2: Proportion of REU who reported recent (last six months) bingeing on ecstasy, 2000-2009



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' was defined as the use of ecstasy for more than 48 hours continuously without sleep.

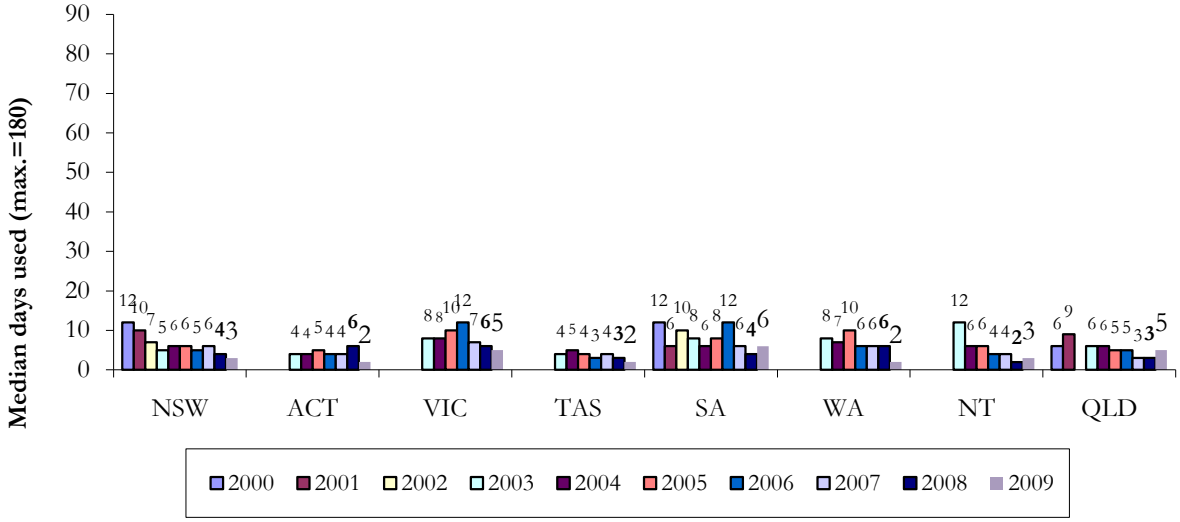
Figure C3: Proportion of REU who reported recent (last six months) use of methamphetamine powder (speed), by jurisdiction, 2000-2009



Source: EDRS REU interviews

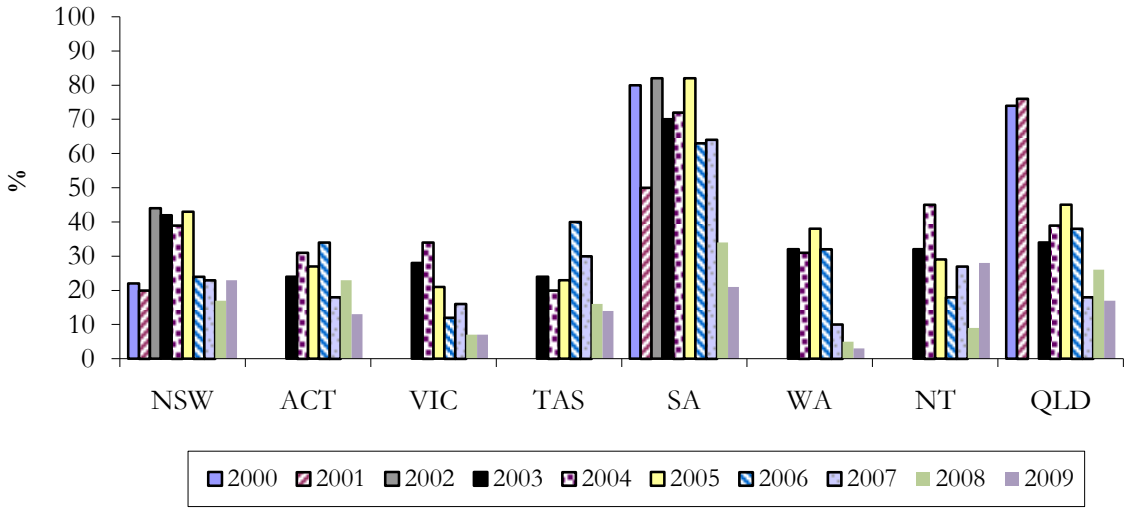
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C4: Median days used methamphetamine powder (speed) in the six months preceding interview, among those who had used, 2000-2009



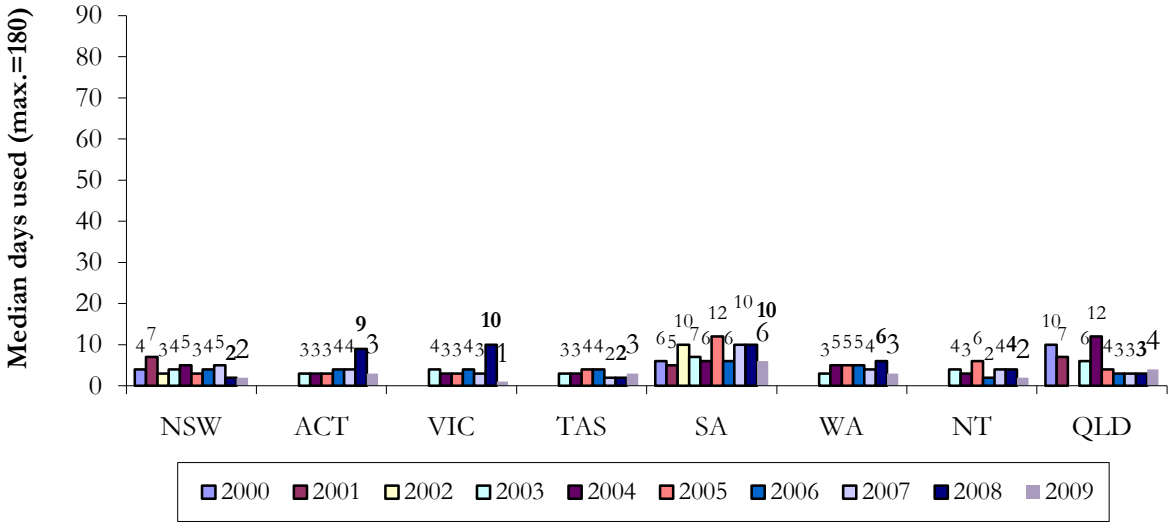
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C5: Proportion of REU who reported recent (last six months) use of methamphetamine base, by jurisdiction, 2000-2009



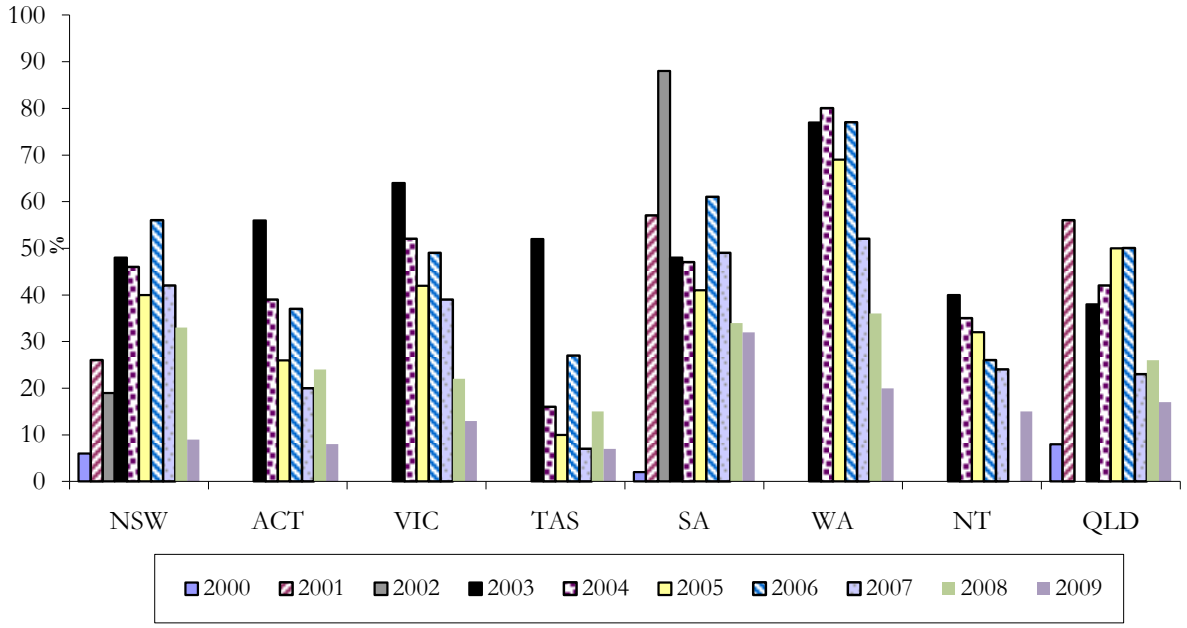
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C6: Median days used methamphetamine base in the six months preceding interview, among those who had used, 2000-2009



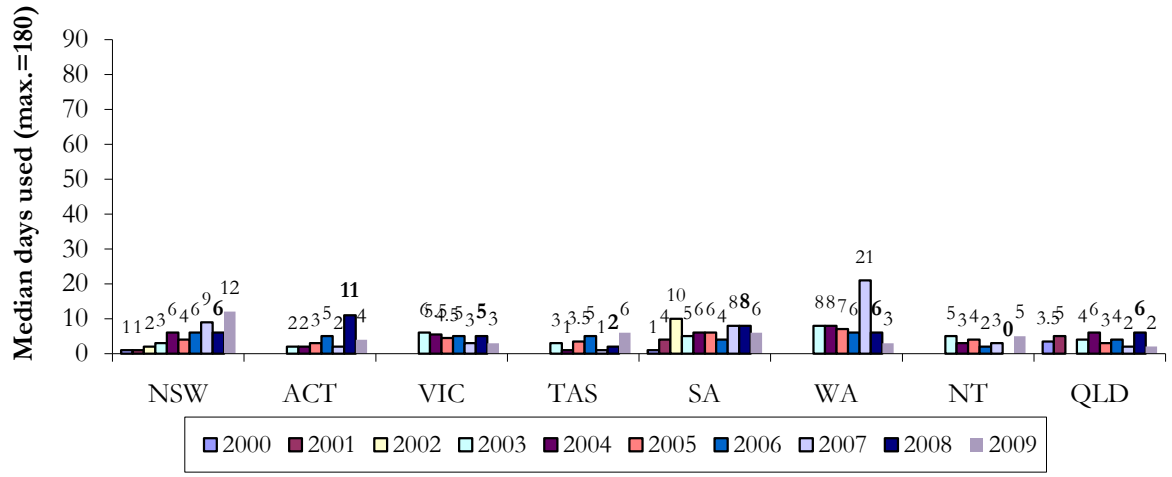
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002. Numbers have been rounded to full figures.

Figure C7: Proportion of REU who reported recent (last six months) use of crystalline methamphetamine (ice/crystal), by jurisdiction, 2000-2009



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.

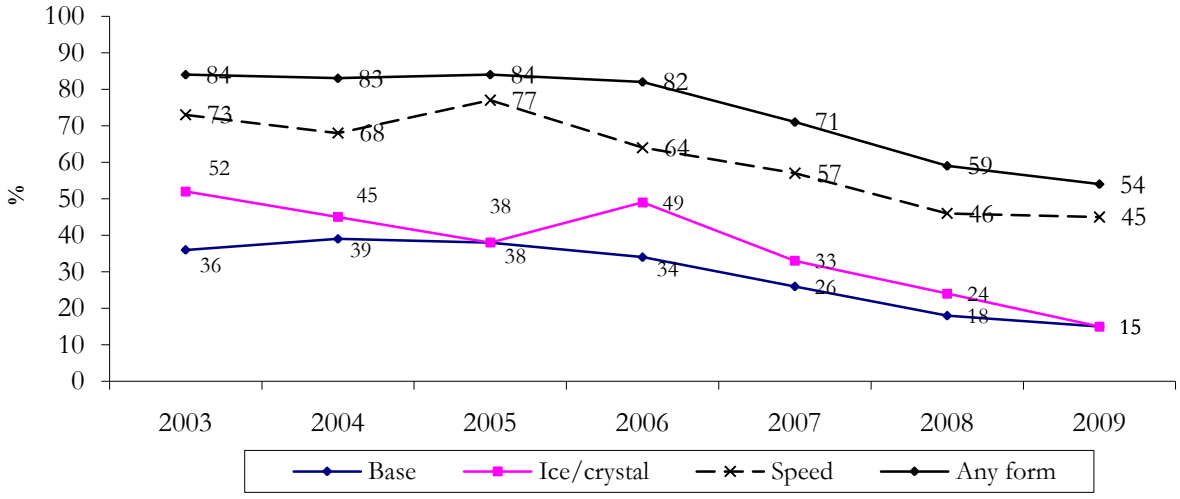
Figure C8: Median days used crystalline methamphetamine (ice/crystal) in the six months preceding interview, among those who had used, 2000-2009



Source: EDRS REU interviews

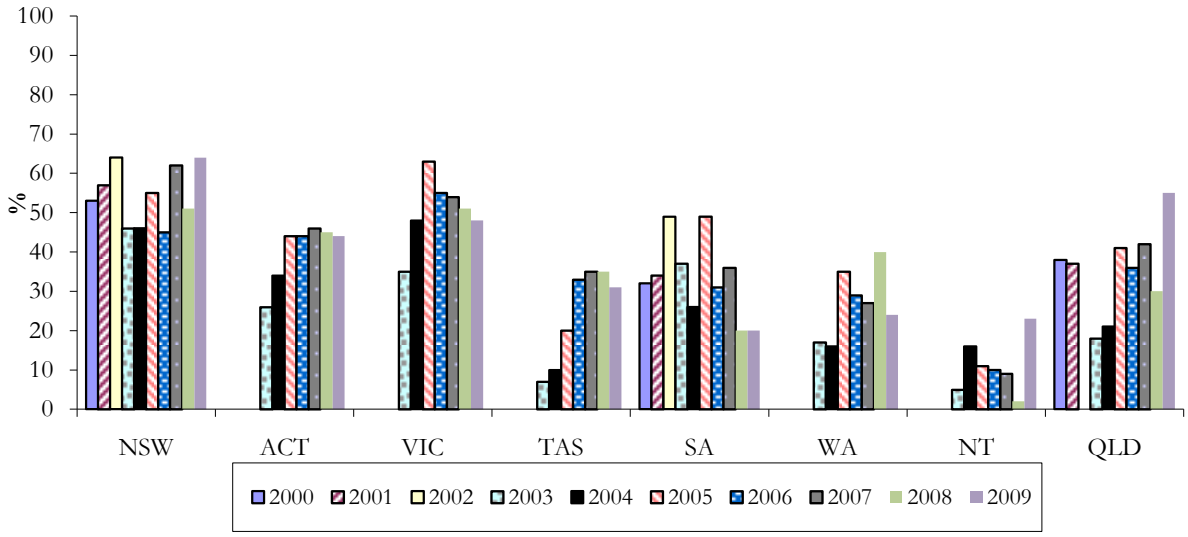
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C9: Proportion of REU who reported recent (last six months) use of methamphetamine, 2003-2009



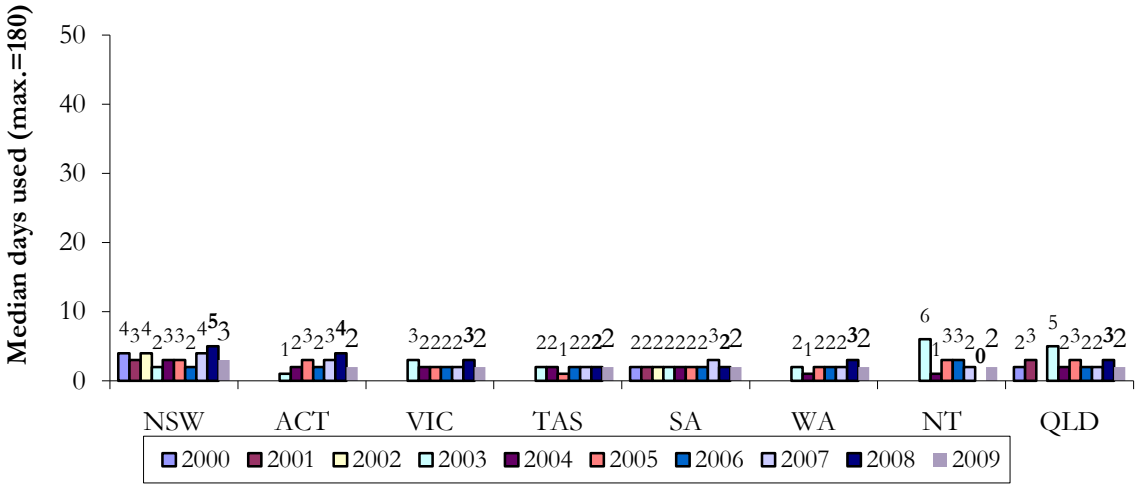
Source: EDRS REU interviews

Figure C10: Proportion of REU who reported recent (last six months) use of cocaine, by jurisdiction, 2000-2009



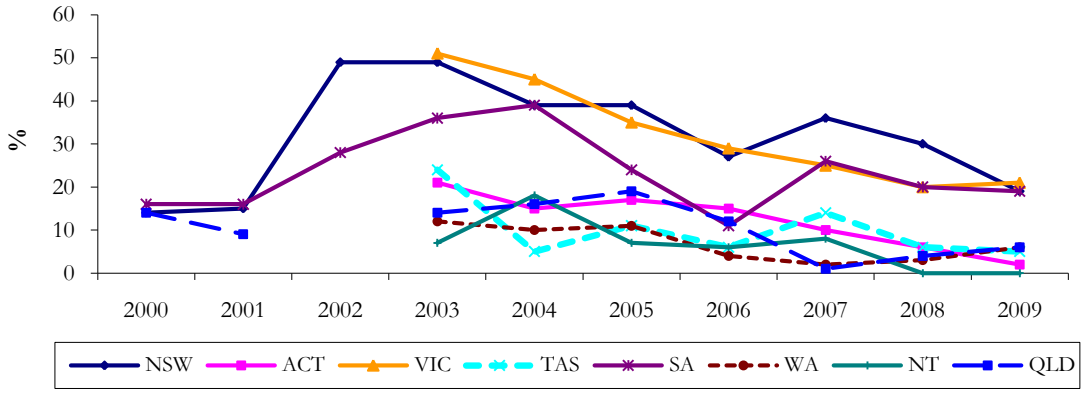
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C11: Frequency of cocaine use among REU who reported using cocaine in the past six months, by jurisdiction, 2000-2009



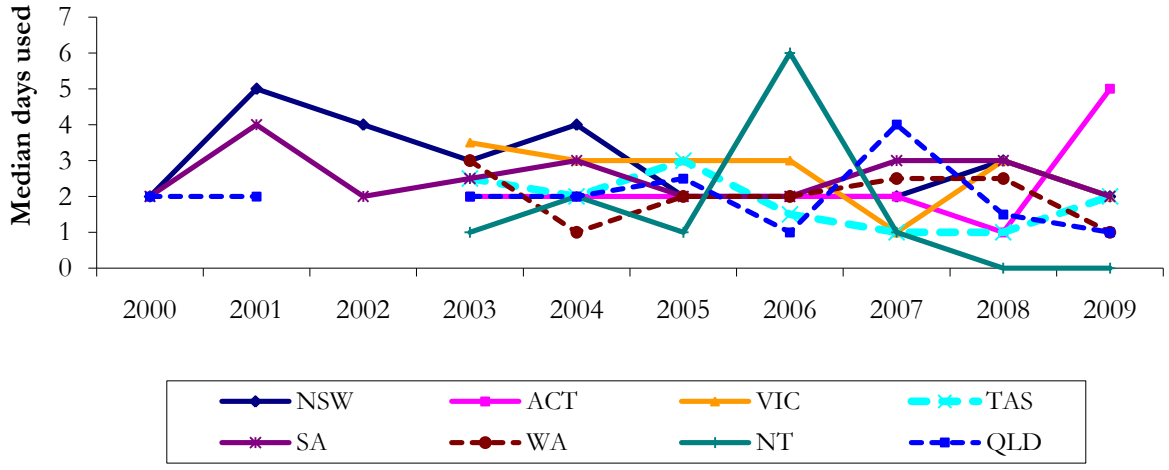
Source: EDRS REU interviews
Note: Medians rounded to nearest whole number. Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C12: Proportion of REU who reported recent (last six months) use of ketamine, by jurisdiction, 2000-2009



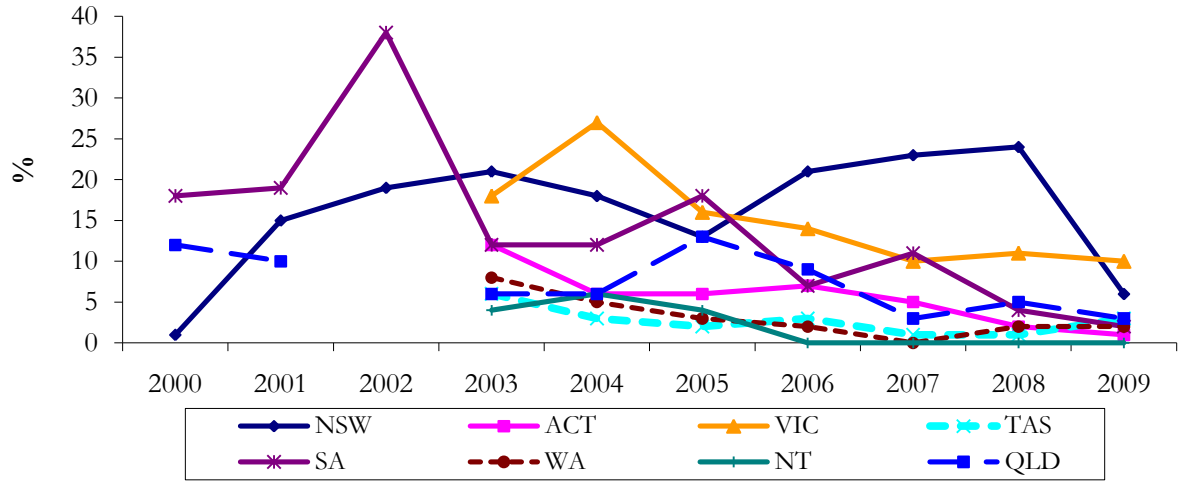
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in the ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

Figure C13: Frequency of ketamine use among REU who reported using ketamine in the past six months, by jurisdiction, 2000-2009



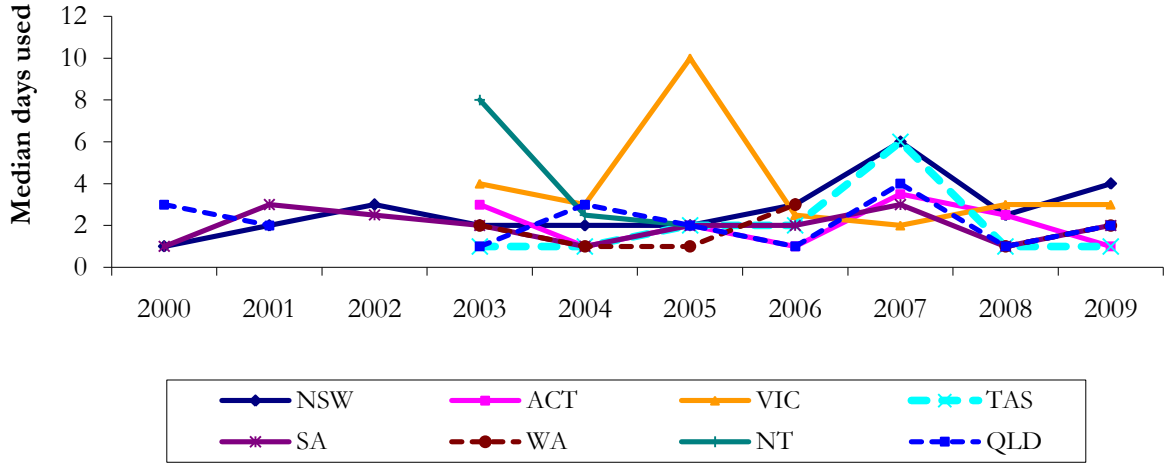
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in the ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

Figure C14: Proportion of REU who reported recent (last six months) use of GHB, by jurisdiction, 2000-2009



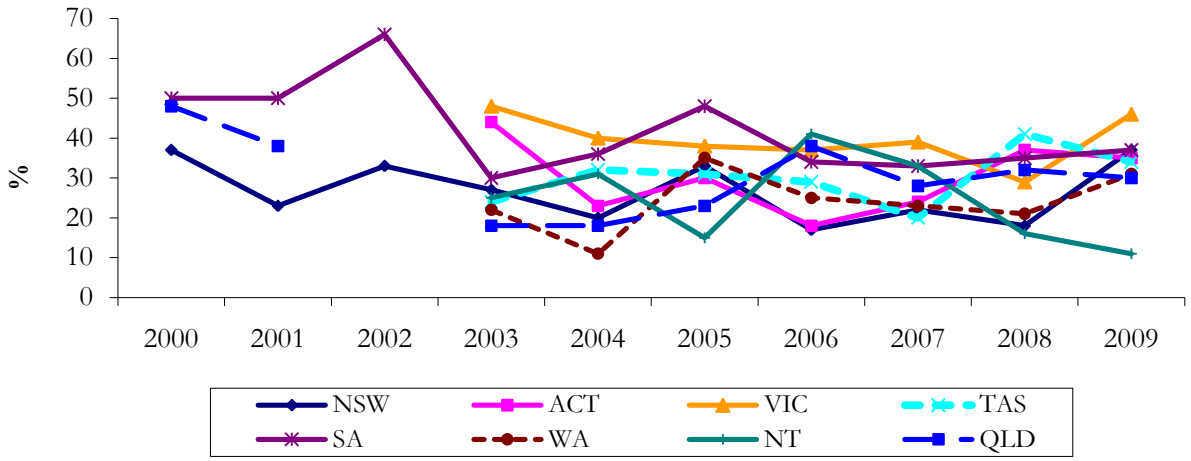
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

Figure C15: Frequency of GHB use among REU who reported using GHB in the past six months, by jurisdiction, 2000-2009



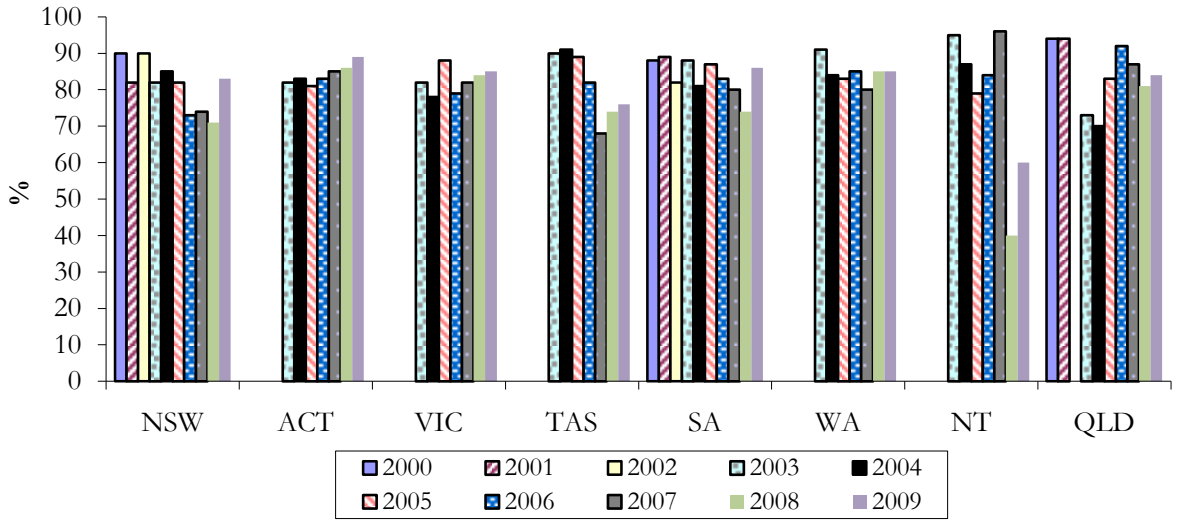
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in ACT, VIC, WA, TAS and the NT in 2003; data not collected in QLD in 2002.

Figure C16: Proportion of REU who reported recent (last six months) use of LSD, by jurisdiction, 2000-2009



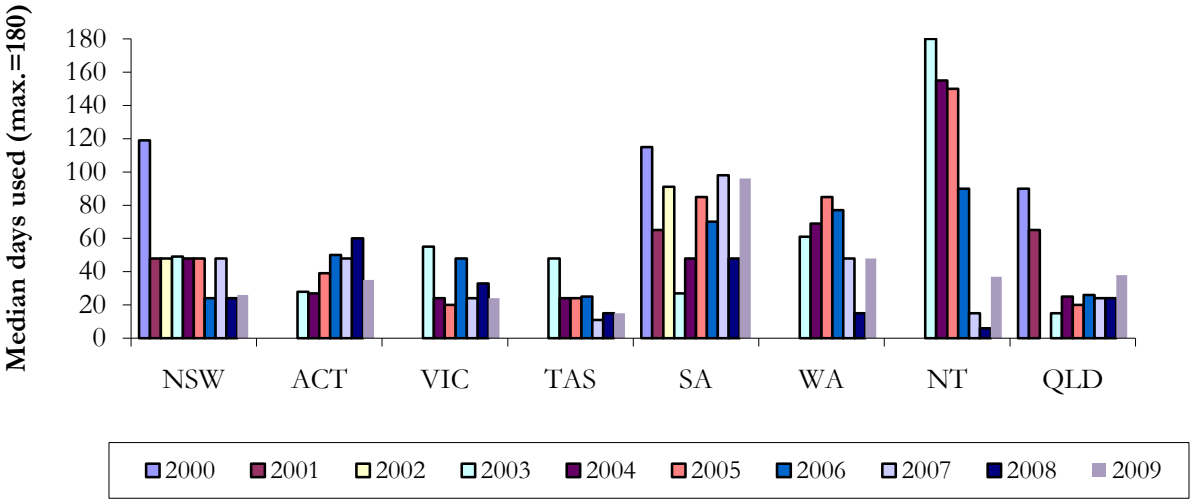
Source: EDRS REU interviews
Note: Data first collected in NSW, SA and QLD in 2000; data first collected in VIC, TAS, WA, ACT and the NT in 2003; data not collected in QLD in 2002.

Figure C17: Proportion of REU who reported recent (last six months) use of cannabis, by jurisdiction, 2000-2009



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 C18: Frequency of cannabis use among REU who reported using cannabis in the past six months, by jurisdiction, 2000-2009



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.