

**C Breen, L Degenhardt, B White, R Bruno,
F Chanteloup, J Fischer, J Johnston, S Kinner,
C Moon, P Proudfoot and J Weekley**

**AUSTRALIAN
PARTY DRUG TRENDS 2003
Findings from the Party Drugs Initiative (PDI)**

NDARC Monograph No 52

**AUSTRALIAN
PARTY DRUG TRENDS
2003**



**Findings from the
Party Drugs Initiative
(PDI)**

**Courtney Breen, Louisa Degenhardt, Bethany White,
Raimondo Bruno, Françoise Chanteloup,
Jane Fischer, Jennifer Johnston, Stuart Kinner,
Chris Moon, Phoebe Proudfoot
and Josephine Weekley**

NDARC MONOGRAPH No. 52

**ISBN 1 877027 79 0
©NDARC 2004**

TABLE OF CONTENTS

TABLE OF CONTENTS	3
LIST OF TABLES	5
LIST OF FIGURES.....	7
ACKNOWLEDGEMENTS	9
ABBREVIATIONS.....	11
EXECUTIVE SUMMARY	12
1. INTRODUCTION	25
1.1 Study Aims	25
2.0 METHOD	27
2.1 Survey of party drug users (PDU).....	27
2.2 Survey of key informants (KI)	29
2.3 Other indicators	29
3.0 OVERVIEW OF PARTY DRUG USERS.....	31
3.1 Demographic Characteristics of the PDU sample	31
3.2 Drug use history and current drug use	33
3.3 Summary of polydrug use trends in PDU.....	38
4.0 ECSTASY	39
4.1 Ecstasy use among PDU.....	39
4.2 Trends over time	45
4.3 Use of ecstasy in the general population	46
4.4 Price.....	48
4.5 Purity	49
4.5 Availability.....	54
4.6 Ecstasy related harms	56
4.7 Benefit and risk perception.....	56
4.7 Jurisdictional trends	57
4.8 Summary of ecstasy trends.....	62
5.0 METHAMPHETAMINE	64
5.1 Methamphetamine use among PDU	64
5.2 Price.....	73
5.3 Purity	75
5.4 Availability.....	79
5.5 Methamphetamine related harms	83
5.6 Benefit and risk perception.....	86
5.7 Jurisdictional trends	87
5.8 Summary of Methamphetamine Trends.....	93
6.0 COCAINE	96
6.1 Cocaine Use Among PDU	96
6.2 Price.....	98
6.3 Purity	99
6.4 Availability.....	101
6.5 Cocaine related harms.....	103
6.6 Benefit and risk perception.....	104

6.7	Jurisdictional trends	104
6.8	Summary of Cocaine Trends.....	108
7.0	KETAMINE.....	110
7.1	Ketamine Use Among PDU	110
7.2	Price.....	113
7.3	Purity	114
7.4	Availability.....	114
7.5	Ketamine related harms	116
7.6	Benefit and risk perception.....	116
7.7	Jurisdictional trends	117
7.8	Summary of Ketamine Trends	120
8.0	GHB	122
8.1	GHB use among PDU	122
8.2	Price.....	125
8.3	Purity	125
8.4	Availability.....	126
8.5	GHB related harms	128
8.6	Benefit and risk perception.....	129
8.7	Jurisdictional trends	130
8.8	Summary of GHB Trends	133
9.0	LSD.....	134
9.1	LSD use among PDU.....	134
9.2	Price.....	135
9.3	Purity	135
9.4	Availability.....	136
9.5	Benefit and risk perception.....	138
9.6	Jurisdictional trends	138
9.7	Summary of LSD Trends.....	142
10.0	MDA.....	143
10.1	MDA use among PDU	143
10.2	Price.....	144
10.3	Purity	145
10.4	Availability.....	146
10.5	Jurisdictional trends	146
10.6	Summary of MDA Trends	149
11.0	OTHER DRUGS.....	150
12.0	PARTY DRUG RELATED HARM.....	153
12.1	Health related harm	153
12.2	Other problems	154
13.0	CRIMINAL AND POLICE ACTIVITY	155
13.1	Reports of criminal activity among PDU.....	155
13.2	Perceptions of police activity towards PDU	156
13.3	Summary criminal and police activity.....	157
14	SUMMARY	158
15.0	DISCUSSION & IMPLICATIONS.....	164
	REFERENCES	166

LIST OF TABLES

Table 1 Demographic characteristics of PDU sample, 2003.....	32
Table 2 Lifetime and recent polydrug use of PDU (continued)	36
Table 3 Drug of choice and recent bingeing among party drug users, by jurisdiction, 2003	37
Table 4 Patterns of ecstasy use among PDU	40
Table 5 Drugs usually used in combination with ecstasy among those that used other drugs, by jurisdiction	41
Table 6 Drugs used to come down from ecstasy, among those that used drugs to come down, by jurisdiction	42
Table 7 Main route of administration of ecstasy in the last six months by jurisdiction, 2003.....	43
Table 8 Source, purchase location and use location of ecstasy by jurisdiction, 2003	43
Table 9 Price of ecstasy purchased by PDU and price variations.....	48
Table 10 How ecstasy users paid for their ecstasy by jurisdiction, 2003	49
Table 11 Participant reports of current ecstasy purity, by state, 2003.....	50
Table 12 Participant reports of changes in ecstasy purity in the past six months, by state, 2003.....	51
Table 13 PDU reports of availability of ecstasy in the preceding six months	55
Table 14 Patterns of methamphetamine powder (speed) use by jurisdiction, 2003.....	65
Table 15 Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2003.....	66
Table 16 Patterns of methamphetamine base use by jurisdiction, 2003.....	68
Table 17 Source, purchase location and use location of methamphetamine base by jurisdiction, 2003.....	69
Table 18 Patterns of crystalline methamphetamine use by jurisdiction, 2003	71
Table 19 Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2003.....	71
Table 20 Price of various forms of methamphetamine purchased by PDU.....	74
Table 21 Price changes of methamphetamine by jurisdiction, 2003	74
Table 22 Availability of methamphetamine by jurisdiction, 2003.....	79
Table 23 Availability of methamphetamine base by jurisdiction, 2003.....	80
Table 24 Availability of crystalline methamphetamine by jurisdiction, 2003.....	81
Table 25 Proportion of PDU that reported if there were risks associated with taking methamphetamine, 2003.....	87
Table 26 Patterns of cocaine use by jurisdiction, 2003.....	96
Table 27 Source, purchase location and use location of cocaine by jurisdiction, 2003....	97
Table 28 Price of cocaine purchased by PDU.....	99
Table 29 Price changes of cocaine by jurisdiction, 2003.....	99
Table 30 Median purity of cocaine seizures by jurisdiction 1999/00 – 2002/03	101
Table 31 Availability of cocaine by jurisdiction, 2003	102
Table 32 Patterns of Ketamine use of PDU	111
Table 33 Source, purchase location and use location of ketamine by jurisdiction, 2003	112
Table 34 Price of gram of ketamine purchased by PDU	113
Table 35 Price changes of ketamine by jurisdiction, 2003	113
Table 36 Availability of ketamine by jurisdiction, 2003.....	115
Table 37 Patterns of GHB use of PDU	123
Table 38 Source, purchase location and use location of GHB by jurisdiction, 2003.....	123
Table 39 Price per ml of GHB purchased by PDU.....	125
Table 40 Price changes of GHB by jurisdiction, 2003	125

Table 41 Availability of GHB by jurisdiction, 2003.....	127
Table 42 Patterns of LSD Use Among PDU.....	134
Table 43 Price per tab of LSD purchased by PDU	135
Table 44 Price changes of LSD by jurisdiction, 2003.....	135
Table 43 Availability of LSD by jurisdiction, 2003	137
Table 44 Patterns of MDA Use Among PDU	143
Table 45 Price per cap of MDA purchased by PDU.....	144
Table 44 Price changes of MDA by jurisdiction, 2003.....	144
Table 47 Availability of MDA by jurisdiction, 2003	146
Table 48 Self reported drug-related problems, by jurisdiction , 2003	154
Table 49 Criminal activity among party drug users, by jurisdiction, 2003.....	155
Table 50 Perceptions of police activity towards party drug users, by jurisdiction, 2003	156

LIST OF FIGURES

Figure 1 Proportion of PDU in NSW, SA and QLD that report typically using more than one ecstasy tablet, 2000-2003.....	45
Figure 2 Median days used ecstasy in the six months preceding interview in NSW, SA and QLD, 2000-2003.....	46
Figure 3 Proportion of PDU in NSW, SA and QLD that reported bingeing on ecstasy, 2000-2003.....	46
Figure 4 Prevalence of ecstasy use in Australia, 1988-2001.....	47
Figure 5 National sample user reports of current purity of ecstasy in the preceding six months.....	50
Figure 6 National sample user reports of change in purity of ecstasy in the preceding six months.....	51
Figure 7 Number of phenethylamines* state police seizures, by jurisdiction, 1999- 2002	52
Figure 8 Median purity of state police phenethylamines* seizures, by jurisdiction, 1999/2000 –2002/2003.....	53
Figure 9 Median purity of AFP phenethylamines* seizures, by jurisdiction, 1999/2000 – 2002/2003.....	53
Figure 10 Number of AFP phenethylamines* seizures, by jurisdiction, 1999/2000 – 2002/2003.....	54
Figure 11 Number and weight in kilograms of detections of MDMA at the Australian Border, financial years 1995-96 to 2002-03.....	55
Figure 12 Users rating of the current purity or strength of methamphetamine, 2003.....	75
Figure 13 User reports of recent change in purity of methamphetamine, 2003.....	76
Figure 14 Median purity of methamphetamine seizures analysed by State police by jurisdiction, 1999-2003.....	77
Figure 15 Number of methamphetamine seizures analysed by State police by jurisdiction, 1999-2003.....	78
Figure 16 Number and weight in kilograms of amphetamine type stimulant* detections at the Australian border, financial years 1995-96 to 2002- 03.....	82
Figure 17 Number and weight in kilograms of crystalline methamphetamine (ice) detections at the Australian border, financial years 1997-98 to 2002-03.....	83
Figure 18 Amphetamine-type stimulants: consumer and provider arrests, 1999/00- 2001/02.....	84
Figure 19 Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million people aged 15 years and over by jurisdiction, 1993-94 to 2000-01.....	85
Figure 20 Proportion of clients seeking drug treatment (excluding pharmacotherapy) for amphetamine as principle drug of concern by jurisdiction, 2000-01.....	85
Figure 21 Users rating of the current purity or strength of cocaine, 2003.....	100
Figure 22 Party drug user reports of recent change in purity of cocaine, 2003.....	100
Figure 23 Number and weight in kilograms of cocaine detections at the Australian border, financial years 1998-99 to 2002-03.....	103
Figure 24 Users rating of the current purity or strength of ketamine, 2003.....	114
Figure 25 User reports of recent change in purity of ketamine, 2003.....	114
Figure 26 Users rating of the current purity or strength of GHB, 2003.....	126
Figure 27 User reports of recent change in purity of GHB, 2003.....	126
Figure 28 Number of GHB and GBL detections at the Australian border, financial years 1996-97 to 2002-03.....	128
Figure 29 Users rating of the current purity or strength of LSD, 2003.....	136

Figure 30 User reports of recent change in purity of LSD, 2003	136
Figure 31 Number and weight of LSD detections at the Australian border, financial years 1996-97 to 2001-02.....	138
Figure 32 Users rating of the current purity or strength of MDA, 2003.....	145
Figure 33 User reports of recent change in purity of MDA, 2003.....	145

ACKNOWLEDGEMENTS

The Party drugs Initiative (PDI) was conducted nationally for the first time in 2003. The PDI is funded by the National Drug Law Enforcement Research Fund (NDLERF) and coordinated by the National Drug and Alcohol Research Centre (NDARC). The PDI team would like to thank Mr Roger Nicholas and Dr Jeanette Packer of NDLERF for their assistance throughout the year. We would also like to thank Dr Libby Topp who contributed greatly by initiating work into monitoring party drug markets in Australia.

The authors of *Australian Party Drug Trends 2003* would like to thank the researchers and research institutions that contributed to the information presented in this report. In 2003, the PDI team throughout Australia included:

- Dr Jeff Ward and Ms Phoebe Proudfoot, School of Psychology, Australian National University, Australian Capital Territory.
- Dr Louisa Degenhardt, Ms Courtney Breen and Ms Bethany White, National Drug and Alcohol Research Centre, University of New South Wales;
- Mr Chris Moon and Ms Jaclyn Newman, Department of Health and Community Services, Northern Territory;
- Ms Jane Fischer, Mr Stuart Kinner and Professor Jake Najman, Queensland Alcohol and Drug Research and Education Centre, University of Queensland;
- Ms Josephine Weekley, Ms Sophie Pointer and A/Prof Robert Ali, Drug and Alcohol Services Council, South Australia;
- Mr Raimondo Bruno, School of Psychology and School of Pharmacy, and Associate Professor Stuart McLean, School of Pharmacy, University of Tasmania;
- Ms Jennifer Johnston, Ms Anne-Marie Laslett, Ms Rebecca Jenkinson, Mr Craig Fry and Dr Peter Miller, Turning Point Alcohol and Drug Centre, Inc., Victoria; and
- Dr Françoise Chanteloup and Dr Simon Lenton, National Drug Research Institute, Curtin University of Technology, Western Australia.

In addition we would like to thank Mr Paul McElwee of Turning Point Drug and Alcohol Centre Inc. for constructing the database which was a great assistance to the project.

The following organisations generously provided information and indicator data to the PDI:

- Australian Crime Commission (formerly the Australian Bureau of Criminal Intelligence);
- Australian Bureau of Statistics; and

- Australian Customs Service.

Purity data was supplied to the ACC from the following organisations; South Australia Forensic Science Centre, NSW Department of Health, Victoria Forensic Science Centre, Forensic Science Service Tasmania, Australian Federal Police/Australian Forensic Drug Laboratory, ACT Government Analytical Laboratory and the Queensland Health Scientific Services.

The PDI team is grateful to Ms Siobhan Hennessy of the Australian Crime Commission, Mr Robert Rushby and Mr Bradley Grant of the Australian Customs Service, for their patient assistance with the indicator data provided by their organisations.

The PDI requires input from a number of people who generously give their time and support to the project. In addition to the agencies that provide indicator data, we would also like to thank all the agencies that assisted with recruitment and interviewing of party drug users. Thanks also to the individuals that conducted the interviews.

We also would like to thank the 143 key informants, who were willing to be interviewed and participated without compensation, for their time, effort and expertise.

Finally we would like to thank the 809 party drug users interviewed for the 2003 PDI. We could not provide the information in this report without their assistance and willingness to share their experiences.

ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ACTGAL	Australian Capital Territory Government Analytical Laboratory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and/or Torres Strait Islander
GHB	Gamma hydroxybutyrate
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user/s
KI(s)	Key informant(s)
LSD	Lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NESB	Non-English speaking background
NSP	Needle and syringe program
NSW	New South Wales
NT	Northern Territory
PDI	Party Drug Initiative
PDU	Party drug user/s
QLD	Queensland
SA	South Australia
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

EXECUTIVE SUMMARY

The Party Drugs Initiative (PDI) is a national monitoring system of ecstasy and other party drugs that is intended to serve as a strategic early warning system, identifying emerging trends of local and national interest in party drug markets. The PDI was conducted across Australia for the first time in 2003.

For the purposes of the study, the term ‘party drug’ is considered to include drugs that are routinely used in the context of entertainment venues including nightclubs, dance parties, pubs and music festivals. Party drugs include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine) methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

The PDI is based on the IDRS methodology and consists of three components: interviews with party drug users (PDU); interviews with key informants (KIs), professionals who have regular contact with party drug users through their work; and analysis and examination of indicator data sources related to party drugs. The PDI monitors the price, purity, availability and patterns of use of ecstasy, methamphetamine, cocaine, ketamine, GHB and other party drugs. The PDI is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the PDU surveys are not representative of party 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. The PDU are a *sentinel* group of regular ecstasy users that provide information on patterns of drug use and market trends.

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

Demographic characteristics of party drug users interviewed

The national party drug sample was predominantly male, with a mean age of 25. The party drug users interviewed were well educated; almost half with tertiary qualifications. Half of the national sample were employed or full time students. Few of the party drug users interviewed had a criminal history or were involved in drug treatment. The NT sample were older than the users interviewed in other states and were more likely to be unemployed, have a prison history and currently be in drug treatment.

Patterns of drug use among PDU

Polydrug use was the norm among the national sample. Ecstasy was the drug of choice for half the sample, followed by cannabis. Half of the national sample had binged on party drugs (used them continuously for at least 48 hours), with ecstasy the most commonly reported drug involved in a binge followed by methamphetamine (powder, crystal and then base). Twenty one percent reported they had recently injected a drug, most commonly methamphetamine (powder, crystal and then base).

Ecstasy

The median age first used ecstasy was 18 years, and the PDU reported a median duration of use of four years. Females were younger when they started using ecstasy. All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 20 years. In the six months preceding the interview, 98% participants swallowed ecstasy; further 59% had snorted ecstasy, 10% had injected, and 6% had smoked it.

Patterns of use varied, however in the six months prior to interview most participants had used ecstasy fortnightly. Over half (57%) of the national sample reported that they typically used more than one tablet in a session. During their 'heaviest' use episode in the preceding six months, participants reported using a median of three tablets.

The vast majority (91%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy, most commonly alcohol, tobacco and methamphetamine. Almost half (46%) of the national sample reported bingeing on ecstasy, the median length of time was three days.

Price

The median price of a tablet of ecstasy ranged from \$30 in VIC to \$50 in the NT and TAS. The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.

Purity and availability

Over half of the sample (56%) reported that the purity was medium to high while a third (32%) reported that the purity fluctuates. KI reports reflected the user reports of inconsistency in the purity of ecstasy.

In all jurisdictions, almost all participants described ecstasy as 'very easy', 'easy' or 'moderately easy' to obtain, and agreed that availability had either remained stable or increased.

Risks and benefits

The majority (87%) of participants reported there was some risk associated with ecstasy use. There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

Participants nominated a wide variety of benefits associated with taking ecstasy. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy. There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten users' sensations.

Harms

The regular ecstasy users interviewed identified side effects experienced while under the influence of drugs including; profuse sweating, blurred vision, visual hallucinations, hot and cold flushes and loss of appetite. Users primarily attributed these effects to the use of ecstasy.

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

Trends over time

In NSW, QLD and SA, where data has been collected in previous years, the 2003 results add to existing information on trends in ecstasy use among this group over time. In NSW and SA there has been an increase in the proportion that report typically using more than one tablet since 2000, which has stabilised from 2002. The frequency of ecstasy use has decreased in NSW and SA from 2002 and increased from the 2001 survey in QLD. There has been a decrease in all three states in the proportion that report bingeing on ecstasy. Hence, although bingeing (in terms of the length of time ecstasy was used) has become less common, the number of tablets used on each use occasion has increased over time among a group recruited the same way each year.

Methamphetamine

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

Speed powder

The majority (87%) of participants in the 2003 national sample reported lifetime speed use and about three quarters (73%) had used speed in the preceding six months. Snorting was the most common route of administration, followed by swallowing, with smaller proportions injecting and smoking. Speed users typically used on a monthly basis typically using half a gram in a session.

Speed users reported they usually scored from friends (76%), dealers (50%) and acquaintances (17%). They reported scoring from friends or dealers home and reported using speed in a variety of locations, most commonly in nightclubs, or in private homes (their own or friends).

Base

Half (50%) of participants in the 2003 national sample reported lifetime use of base and about a third (36%) had used base in the six months preceding interview. Of those who reported recent use of base, 70% swallowed, 34% snorted, 26% injected and 13% smoked. Over half (63%) of the base users used once a month or less. Base users used one point of base in a 'typical' use episode.

Like speed, base was usually purchased from friends and dealers, in a variety of locations, most commonly a friends or dealers home. Base was used in a variety of locations, most commonly nightclubs and private homes.

Crystal methamphetamine

Almost two thirds (63%) of participants in the 2003 national sample reported lifetime use of crystal and about half (52%) had used crystal in the six months preceding interview. Of those that used crystal, over half (56%) smoked it, half (50%) swallowed, a third (36%) snorted it and 21% injected. Less than two thirds (62%) used crystal once a month or less, and one quarter (27%) used crystal between monthly and fortnightly. Crystal users used a point of crystal used in a 'typical' use episode.

Three quarters of those who commented reported they scored crystal from their friends; dealers were also common sources (42%). Most reported they scored from private homes (friends, dealers and their own). Crystal was also used in a variety of locations, most commonly in private homes (friends or own).

Price

The median price of a gram of speed varied by jurisdiction ranging from (\$40 a gram in SA to \$200 a gram in TAS, WA and QLD). The median price of a point of speed ranged from \$25 (SA and QLD) to \$50 (TAS, WA and NT).

Points were the most common purchase amounts for base and crystal. The median price paid for a point of base varied across jurisdiction and was cheapest in SA and QLD (\$25) and most expensive in TAS, WA and the NT (\$50). The median price paid for a point of crystal ranged from \$25 in SA to \$65 in the NT.

Purity and availability

The majority of those who commented reported the purity of speed (57%), base (72%) and crystal (77%) to be 'medium' or 'high'. Small proportions reported the current strength of base (6%) or crystal (3%) to be low.

Users of all forms of methamphetamine were most likely to report that the purity remained stable in the six months preceding interview. Larger proportions of speed (21%) and base (18%) users reported that purity had fluctuated than crystal users (8%).

Sixty nine percent of the national sample commented on the recent availability of speed, the majority (86%) reported it to be 'very easy' (40%), to 'easy' (26%) and 'moderately easy' (20%) to obtain. This was relatively consistent across jurisdictions. Over half (55%) of the national sample that commented reported speed availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (13%) or more difficult (15%).

About a third (32%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (38%), to 'easy' (20%) or 'moderately easy' (22%) to obtain. Of the national sample 13% reported that it was difficult to obtain, with substantial proportions in the ACT (27%) and the NT (22%) reported base to be difficult to obtain.

Over half (57%) of the respondents commenting on base reported that the availability had remained stable, with equal proportions reporting it had become easier (13%) or more difficult (13%) to obtain in the preceding six months. Across jurisdictions, at least half of those that commented reported that the availability of base remained stable.

Almost half (47%) of the national sample was able to comment on the availability of crystal. The majority (78%) that commented on the availability of crystal believed to be 'very easy' (32%), to 'easy' (23%) or 'moderately easy' (23%) to obtain. There were differences between jurisdictions, however, ranging from 12% in the ACT to 46% in WA and NSW reporting it was 'very easy' to obtain. Substantial proportions in the ACT (27%) reported it was difficult to obtain.

A third (35%) of the national sample reported that this level of availability of crystal had remained stable in the preceding six months, ranging from 23% in TAS to 46% in the

NT. Thirty one percent reported the availability had become easier, ranging from 8% in the NT to 52% in TAS.

Consistent with high levels of methamphetamine use among PDU, data provided by the Australian Customs Service showed increases in the number of detections of amphetamine type stimulants at the Australian border; in particular, there was an increase in the weight of crystalline methamphetamine detected.

Risks and benefits

The most commonly reported benefit of using methamphetamine was that it provided the ability to stay awake and gave energy. Increased sociability, confidence, alertness and clarity of thought were also perceived as benefits associated with taking methamphetamine.

The majority of PDU reported there were risks associated with taking speed, base and crystal. The risks of taking methamphetamine were related to either short term or long term physical and mental health (including psychotic episodes). The potential for 'addiction' was also reported as a risk of methamphetamine use.

Harms

Indicator data suggest increasing harms related to methamphetamine in recent years. Data from the National Hospital Morbidity Database (NHMD) showed a consistent gradual increase in inpatient hospital admissions for amphetamines over the last five years. The highest rates of inpatient hospital admissions in 2000-2001 were in WA.

Data from the AODTS-NMDS indicated that in 2000-01 WA had the highest proportion of people seeking treatment for amphetamine use. The PDI survey data on use patterns is consistent with these findings, reported the highest proportion of recent crystal use and the second highest recent speed use. However comparable to other states, similar proportions of users in WA describe methamphetamine as easy to obtain and the available purity data is also similar.

Trends over time

In the states where data had been collected previously (NSW, QLD and SA), the trends in methamphetamine were mixed. In NSW, the lifetime and recent use of speed has remained stable across sampling years (79% in 2003). Recent base use has increased over time although remained stable from last year (42% in 2003). Reports of recent crystal use and availability have increased over time with a notable increase in 2003 (48% report recent use). In contrast, in SA there has been a decrease in the recent use and frequency of use of all forms of methamphetamine, with the decrease in crystal the most pronounced. However, substantial proportions in SA in 2003 report recent use of all forms (66% speed, 70% base and 48% crystal). In QLD there were also decreases from 2001 in the proportion of PDU that reported recent use of all forms of methamphetamine (57% speed, 34% base, 38% crystal), while frequency of use remained relatively stable. Despite the decreases, as in SA substantial regular ecstasy users in QLD still report the use of methamphetamine.

Cocaine

Over half (54%) of participants in the 2003 national sample reported lifetime use of cocaine and about a quarter (24%) had used cocaine in the six months preceding interview. The median age of first use was 20 years.

Among recent users, snorting (89%) was the most common route of administration, followed by swallowing (20%), smoking (10%) and injecting (4%). Cocaine use was infrequent, with the majority (86%) reporting having used once a month or less. The median amount of cocaine used in a 'typical' use episode was half a gram.

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

Cocaine was most commonly acquired through friends or dealers, and this was consistent across states. PDU obtained cocaine from private homes, most commonly friends' homes, dealers' homes, or at their own home. PDU reported that they *used* cocaine in a variety of locations including private homes (friends and own), nightclubs and private parties.

Price

Cocaine was commonly purchased in grams. The median price of a gram of cocaine was cheapest in NSW. Forty percent of the national sample responded that they did not know if the price had changed; over a third (36%) reported the price of cocaine had remained stable in the preceding six months.

Purity and availability

A quarter of those who commented reported the purity of cocaine to be 'medium' and a further quarter reported cocaine strength was 'low'. Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 43% did not know which may reflect infrequent use of the drug. The purity of cocaine seizures analysed has remained relatively stable from 2001/02.

Cocaine was reported to be 'difficult or 'very difficult' by almost half that commented. A quarter considered it to be 'moderately easy' to obtain and smaller proportions reported it was 'easy' or 'very easy'. There was variation between jurisdiction with over half of those that commented in NSW reporting cocaine was moderately easy to obtain while a third or less in the other states reported the same. There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was stable ranging from 25% in SA to 65% in NSW. Customs made a record number of detections of cocaine at the Australian border in 2002-03 but with a low seizure weight.

Risks and benefits

The most commonly reported benefits included increased confidence and the euphoric feeling cocaine produces. Decreased inhibitions, increased sex drive and enhanced sociability were also benefits reported. The potential for addiction was the most commonly perceived risk associated with cocaine use. Damage to the nasal passage, financial problems and the risk of overdose were also commonly reported.

Harms

A small proportion of closed treatment episodes in Australia are primarily attributed to cocaine use.

Between 1997-2002 there were 160 cases of accidental drug induced deaths where cocaine was mentioned.

Trends over time

In NSW, QLD and SA the proportion that reported recent cocaine use decreased in 2003, though little change was noted in frequency or quantity of use.

Ketamine

Forty percent of 2003 national sample reported lifetime use of ketamine and about a quarter (26%) had used ketamine in the six months preceding interview. The median age of first use was 21 years. Of those that reported recent ketamine use, the majority (74%) had snorted it.

Ketamine was predominantly obtained through friends (71%) and dealers (37%). PDU reported scoring ketamine from a variety of locations, most commonly private residences (friends' home, dealer's home or their own home). Over half of PDU reported they had last used ketamine in a private home and 30% reported last using at a nightclub, dance party or rave.

Price

Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in some jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from \$150 in NSW to \$200 in VIC and SA.

Purity and availability

Half of the national sample responded that they did not know if the price had changed. Over a third (39%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price is consistent with the reports of infrequent use of ketamine.

Over half (55%) of those who commented reported the purity of ketamine to be 'high' and a further 21% reported ketamine strength as 'medium'. Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, the largest proportion (40%) reported the purity was stable, although a third 33% did not know.

Two thirds of participants reported ketamine was easy to obtain. A quarter reported it to be 'difficult' (21%) or 'very difficult' (4%). There was consistency across jurisdiction among those that commented. About half (49%), reported the availability of ketamine had remained stable over the preceding six months, while similar proportions reported that it had become easier (12%) or more difficult (10%).

Risks and benefits

The most commonly reported benefits included its dissociative effects or the disconnection between mind and body. Altered perception was also a common benefit of ketamine use. Most perceived the biggest risk to be falling into the k-hole as a result of using too much and being unable to move and speak.

Harms

There is limited indicator data available on harms for ketamine.

Trends over time

Trends in NSW, SA and QLD suggest that ketamine is used relatively infrequently. In NSW, although reports of lifetime and recent use of ketamine have remained stable since 2002, there has been an increase in proportions reporting use since 2000. There have also been continued increases in SA, with approximately half of PDU in 2003 reported lifetime use of ketamine and more than a third reported recent use. In QLD, fewer PDU in 2003 than in 2001 had recently used ketamine, with the frequency of use remaining stable. The frequency and quantity of ketamine use has remained stable across states.

GHB

Small numbers had used GHB and were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.

Twenty two percent of the 2003 national sample reported lifetime use of GHB and 11% had used GHB in the six months preceding interview. The median age of first use was 21 years. All participants reported recently swallowing GHB, except one participant in VIC that injected it. Of those that used GHB, the median number of days used was two. About three quarters had used once a month or less.

GHB use was typically quantified in millilitres (mls). The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 10mls. Over half (52%) reported having used 15 mls or more in a single occasion in the last six months.

Four percent of those who had binged on drugs (used for at least 48 hours) in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB obtained it from friends (61%) and dealers (30%). Almost half (48%) scored from their friends home, with dealers home and nightclubs the next most common locations reported. Like the other party drugs, GHB was used in a variety of locations. Nightclubs were the most common location (71%), followed by private homes (friends' or own home).

Price

GHB was most commonly purchased in millilitres (mls). Eighteen participants of the national sample commented on the price of one ml of GHB.

Purity and availability

Forty two percent of those who commented reported the purity of GHB to be 'high' and a further 20% reported GHB strength as 'medium'.

There was inconsistency regarding reports of the availability of GHB with similar proportions reporting it as 'very easy' (25%) to obtain and 'difficult' (28%) to obtain. About half (45%) of those that commented, reported the availability of GHB had remained stable over the preceding six months.

Although Customs detections for GHB and GBL were relatively low compared to other drugs, there has been an increase in recent years in the number of seizures of GHB and GBL at the Australian border.

Risks and benefits

The most commonly reported benefits of GHB use related to the mood enhancing and euphoric effects of the drug, the relaxing effects and the sensations its use induces. There was similarity across jurisdiction in the types of risks reported. The perceived risks of GHB use included taking too much and the associated symptoms, such as throwing up, fainting, passing out, and overdose.

Harms

There is limited indicator data collected on harms for GHB, although there has been substantial media attention on the issue of GHB overdose in the past year.

Trends over time

The data from NSW, SA and QLD suggest that small proportion of regular ecstasy users use GHB. In NSW, the proportion of users reporting lifetime and recent GHB has increased over time although prevalence of use was comparable to 2002. Frequency of use is comparable between years while quantity of use appears to have fluctuated, given the small numbers who commented, cautious interpretation is required. In SA there was a decrease in the proportion of PDU reporting lifetime and recent use of GHB in 2003 and a small reduction in the frequency of reported use, and average amount used per session, of GHB was also noted. In QLD there was also a decrease in the 2003 sample that had recently used GHB. However, the median quantity recently used increased slightly in 2003.

LSD

Sixty five percent of the 2003 national sample reported lifetime use of LSD and 29% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 17 years. Swallowing was the most common route of administration.

LSD use was infrequent. The majority had (84%) used once a month or less, typically using one tab. Fifteen percent reported having more than three tabs in a single occasion in the last six months.

Seven percent of those that reporting they had binged in the six months preceding interview used LSD in their binge.

Price

LSD was most commonly purchased in tabs. The median price of a tab of LSD ranged from \$10 in SA to \$25 in the NT. The price was considered stable in most states.

Purity and availability

The reports on the purity of LSD were mixed; about a third reported the purity as medium.

The reports on the availability of LSD were inconsistent with similar proportions reporting availability as difficult to very difficult and moderately easy to very easy.

Harms

There is limited indicator data collected on harms for LSD.

Risks and benefits

Perceived benefits of LSD use included the hallucinogenic effects of the drug such as experiencing altered perceptions and mind expansion. The commonly reported perceived risks of LSD use include long-term psychological damage and mental health issues. The potential for having a 'bad trip' was also commonly reported.

Trends over time

Data over time from NSW, QLD and SA suggest that both lifetime and recent LSD use has decreased over time. In NSW frequency of use has also decreased although quantity of use remained stable at one tab per occasion of use. In SA and QLD there was no real change in the frequency of reported use, or average amount used per session, of LSD.

MDA

A third (33%) of the 2003 national sample reported lifetime use of MDA and 19% had used MDA in the six months preceding interview. The median age of first use was 20 years. The majority (87%) of those that reported recent MDA use reported recently swallowing and 44% reported having snorted MDA. The majority had (85%) used once a month or less.

There were jurisdictional differences in reports of recent MDA ranging from 1% in WA to a third in NSW (35%) and ACT (33%).

Price

Small numbers were able to comment on the price, purity and availability of MDA in all states; this may reflect limited availability of this drug and infrequent use. The results should therefore be interpreted with caution. The median price of a cap of MDA ranged from \$35 in VIC to \$60 in the NT. The price of MDA was reported to be stable.

Purity and availability

The majority of those who commented reported the purity of MDA to be 'high' (45%) or 'medium' (35%). Purity was considered to be stable by over a third.

Reports on availability were mixed. MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further third (31%) reported MDA as moderately easy to obtain. Over half (59%) of those that commented, reported the availability of MDA was stable in the past six months.

Harms

There is limited indicator data collected on harms for MDA.

Trends over time

Data from states where information has been collected previously, suggest that MDA use is low and infrequent. The NSW the reports of both lifetime and recent use of MDA have increased in recent years and the 2003 data were comparable to 2002. Frequency of use has decreased slightly while quantity of MDA use has remained stable. In SA there was a small rise in the proportion of PDU reporting lifetime use, though recent use of MDA remained stable compared to 2002. There was no change in the frequency or the average amount used per session of MDA between 2002 and 2003.

Criminal and Police Activity

Substantial minorities of PDU had committed a crime, other than using illicit drugs, in the month preceding interview. There were differences across states in the proportion reporting involvement in crime ranging from 11 percent in QLD to half (49%) in VIC.

Drug dealing was the most common crime reported in all jurisdictions, with almost a quarter of the national sample reporting they had paid for ecstasy through dealing drugs.

A third of the national sample reported drug dealing in the last month. Seven percent of the national sample reported they had committed a property crime in the last month. Only small proportions (2%) reported having had committed fraud or a violent crime in the month prior to interview.

The frequency of criminal activity was low with over half of those that had committed any type of crime reporting they had done so less once a week.

Eleven percent of the national sample had been arrested in the past year.

Over a third (38%) of PDU reported that police activity had remained stable and a further third (31%) thought that police activity had increased. There were differences across jurisdictions in the proportion that reported police activity had increased, with 19% in the ACT and VIC reporting increased activity compared to over half in TAS reporting increased activity. Despite having substantial proportions reporting increased police activity, the majority (80%) of PDU responded that police activity had not made it more difficult for them to score drugs.

Implications

The data from this first year of the national Party Drugs Initiative supported the trends observed from data collected in NSW, QLD and SA in previous years. Regular ecstasy users recruited in all jurisdictions were polydrug users, and used a range of drugs in combination with ecstasy. The sample interviewed was young, educated and largely either employed or studying.

The PDI will be conducted in 2004 nationally as a continuation of this monitoring trial across Australia. The IDRS has demonstrated that the routine collection and analysis of such information over time allows for greater understanding of drug markets. To further document trends across time in the use of party drugs in Australia, the PDI would ideally be conducted annually in a standard manner on an ongoing basis.

The 2003 PDI data indicates that regular ecstasy users are polydrug users. Although there is some understanding of the effects of specific drugs on the brain and body, the consequences of polydrug use are less well understood. The use of depressants and stimulants at the same time is an issue requiring investigation. Substantial proportions of the PDU sample reported using alcohol in combination with ecstasy, with two thirds reporting usually drinking more than five standard drinks. The use of alcohol while under the influence of psychostimulants allows for the consumption of larger quantities of alcohol without experiencing immediate effects. A person under the influence of both ecstasy and alcohol is therefore able to consume large quantities of alcohol without obvious signs of intoxication, yet the harms associated with this use still occur. The level of alcohol consumption is therefore an issue of concern. It seems appropriate for harm

reduction strategies targeted to party-drug using populations to include improvement of awareness of the risks of this behaviour.

Given concerns about the risks associated with the use of GHB, monitoring of trends in GHB use and availability is clearly warranted, particularly given the overdose risks, especially when combined with another depressant such as alcohol. In addition to the data provided by the PDI, collaboration with emergency departments to provide consistent monitoring and reporting would be beneficial. Harm reduction for a drug such as GHB is difficult given the specific dose response of the drug. Information on the harms of this drug should be made readily available to users and also be provided to emergency departments and party organisers to distribute to users.

The 2003 PDI results suggest that 'binge' use is common among regular ecstasy users in all jurisdictions. It is a challenge for harm reduction strategies to communicate the risks associated with using large amounts in a way that does not endanger the credibility of the evidence being used to justify the campaign. The evidence at this time suggests that, if one is going to use ecstasy, the safest pattern of use is to take low doses at infrequent intervals.

Data collected on the perceived risks and benefits of party drug use suggested that users were aware there are risks associated with taking the drug, although substantial proportions did not know what the risks of some drugs were, particularly of the less commonly used drugs such as ketamine and GHB. Given that research in NSW suggests increases in the use of these drugs, it is important to provide information on risks in a timely manner to this group. Harm reduction strategies need to address knowledge gaps, particularly as some of this drug use is opportunistic.

Party drug use occurs in a range of locations, with substantial proportions of users reporting use in both public and private venues. The high proportion of PDU reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use. Party drug users also report using in dance-related public venues, and therefore a range of harm reduction approaches need to be considered. These should be tailored specifically to party drug use in private homes as well as providing training in harm reduction and appropriate responses for staff and emergency workers. Those users that use exclusively at home and therefore do not come into contact with harm reduction messages at clubs or organised parties, need to have access to credible, easily accessible information, including online resources.

Close monitoring of the expanding methamphetamine market is required, particularly in terms of the use and impacts of crystalline methamphetamine, as the availability of this more potent form of the drug appears to have substantially increased in recent years.

One fifth (21%) of the users interviewed reported recent injection of any drug. The PDI data shows that among those that reported recent injection, there is variation by drug type, with higher proportions of methamphetamine users (speed 22%, base 26% , crystal 21%) reporting they had injected than recent users of ecstasy 10%, ketamine 9% or cocaine 4%. As injection by this group may be infrequent, it is important to obtain information on relevant risk behaviours. The 2004 PDI will include questions on specific risk behaviours in an attempt to provide more information.

As the routes of administration vary for different drugs, harm reduction messages need to reflect these differences. For example smoking is a commonly reported as a route of administration for crystal methamphetamine, with over half (56%) of recent users reporting they had smoked it. Therefore drug specific messages may need to be provided that take into account routes of administration.

The 2003 PDI data collection provided information on a group of regular ecstasy users across Australia. Future analyses of this information will be conducted in order to investigate differences among different subgroups of users. Consistent with the findings of the PDI, and with previous research in NSW, SA and QLD suggesting that party drug markets may require further examination, research is currently underway in Victoria (using a web-based questionnaire which comprises a brief version of the questionnaire used in the PDI) to obtain information on other groups of party drug and psychostimulant users in Victoria. Research funded by NDLERF is also underway in NSW and Victoria to document the characteristics and trends in cocaine markets in those States.

The findings from this first year are interesting, and suggest other areas for further research, such as an investigation of the injecting practises of PDU, the potential intersection between traditional IDU and PDU populations and markets, and ways of expanding existing education and harm reduction strategies. The PDU surveyed in 2003 are young, well educated, often employed or studying and not involved in significant levels of drug-related crime. However their drug use is associated with significant levels of self-reported harm, and the long term impact of such use is not known. Therefore there is the potential to reduce the harm associated with party drug use in this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the population.

1. INTRODUCTION

In 2003, the National Drug Law Enforcement Research Fund (NDLERF) funded a two-year, national trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other ‘party drugs’ across Australia. The project uses a methodology that has been used previously to monitor party drug markets in NSW, QLD and SA (Topp et al., 2004, Breen et al., 2002) which was based on the methodology used for Illicit Drug Reporting System (IDRS). The IDRS monitors Australia’s illicit drug markets including heroin, cocaine, methamphetamine and cannabis but does not adequately capture ‘party drugs’ use and therefore a different population needed to be accessed to obtain information on party drug markets.

For the purposes of the study, the term ‘party drug’ is considered to include drugs that are routinely used in the context of entertainment venues including nightclubs, dance parties, pubs and music festivals. Party drugs include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine) methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

This report provides a national summary of trends from the first year of the trial to monitor ecstasy and other ‘party drug’ markets across Australia. These trends have been extrapolated from the three data sources; interviews with current regular ecstasy users, interviews with professionals who have contact with ecstasy users 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. 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. Consequently, the focus is on the capital city in each state, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state is presented in individual state reports (White et al., 2004, Proudfoot and Ward, 2004, Johnston et al., 2004, Bruno and McLean, 2004, Weekley et al., 2004, Chanteloup and Lenton, 2004, Moon and Newman, 2004, Fischer and Kinner, 2004) and are available from NDARC. This report focuses on the 2003 data collection in all states. Data has been collected previously in NSW, QLD and SA and some trend data is reported here, however the reader should refer to the state reports for more detailed trend information.

1.1 Study Aims

In 2003, the specific aims of the Party Drugs Initiative were:

1. to describe the characteristics of a sample of current ecstasy users interviewed in each capital city of Australia;
2. to examine the patterns of ecstasy and other drug use of these samples;
3. to document the current price, purity and availability of ecstasy and other party drugs across Australia;

4. to examine participant's perceptions of the incidence and nature of ecstasy-related harm, including physical, psychological, financial, occupational, social and legal harms; and
5. to identify emerging trends in the party drug market that may require further investigation.

2.0 METHOD

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

1. face-to-face interviews with current regular ecstasy users recruited in each capital city across Australia;
2. face-to-face and telephone interviews with key informants who, through the nature of their work, have regular contact with ecstasy users; 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.

These three data sources were triangulated to provide an indication of emerging trends in drug use and party drug markets.

2.1 Survey of party drug users (PDU)

The sentinel population chosen to monitor trends in party drug markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the category 'party drugs', ecstasy is a party drug that can be considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis and amphetamines with one in ten (10.4%) of 20-29 year olds and 5.0% of 14-19 year olds reporting recent ecstasy use in the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002).

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

The entrenchment of ecstasy in Australia's illicit drug markets relative to other party drugs underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population - party drug users (PDU) (Topp and Darke, 2001). In addition, as there has been an indication of increases in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. 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, regular ecstasy users have been used again in 2003 to provide information on party drug markets.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, gay and lesbian newspapers, music and clothing stores and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements or less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone and were screened for eligibility. To meet entry criteria, they had to be at least 16 years of age (due to ethical constraints), have used ecstasy at least six times during the preceding six months, and have been a resident of the capital city in which the interview took place for the past year. As in the main IDRS, the focus was on the capital city, as new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that would take approximately 45 minutes. All respondents were volunteers who were reimbursed \$30 for their participation. Interviews took place in varied locations, negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp 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, 1994) (Hando and Hall, 1993, Hando et al., 1997). The interview focused primarily on the preceding six months, and assessed demographic characteristics; patterns of ecstasy and other drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of different party drugs; self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; and general trends in party drug markets, such as new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians are reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan, 1988), was employed. Categorical variables were analysed using χ^2 . Gender differences are noted when significant. To investigate differences between states dummy variables were created and an individual state was compared against all the others states combined. All analyses were conducted using SPSS for Windows, Version 10.0 (SPSS inc, 2001).

2.2 Survey of key informants (KI)

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for key informant (KI) participation in the Party Drugs Initiative would be regular contact, in the course of employment, with a range of ecstasy users throughout the preceding six months.

Interviews were primarily conducted face-to-face, except in NSW where most interviews were conducted over the telephone. The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to an hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes.

One hundred and forty three key informants across the country from a broad range of occupations participated in the 2003 IDRS. Law enforcement personnel including intelligence analysts, intelligence officers, commanders of local area commands and drug squad officers were interviewed. Health professionals such drug treatment staff, medical officers, counsellors, health promotion officers and hospital emergency staff participated in the study. People that worked in the entertainment industry such as DJ's, party promoters, venue managers and events organisers were also interviewed. Researchers, user group representatives and dealers also participated as key informants in 2003.

Many key informants reported they had contact with a range of party drug users although KIs also reported having contact with specific groups such as youth, women, injecting drug users, HIV+ people, gay and lesbian people.

2.3 Other indicators

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

Data sources included:

- The 2001 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2002).
- Australian Crime Commission (ACC, formally the Australian Bureau of Criminal Intelligence); number and purity of seizures of ecstasy by state and federal law

enforcement agencies analysed across sampling years. Data on the number of drug related arrests by drug type.

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

3.0 OVERVIEW OF PARTY DRUG USERS

A total of 809 regular ecstasy users were interviewed for the 2003 Party Drugs Initiative. The national sample comprised of 136 from QLD, 104 from the NT, 102 from NSW, 101 from SA, 100 each from the VIC, TAS and WA and 66 from the ACT. The sample size was predetermined, with each state aiming to interview 100 regular ecstasy users. Although the same recruitment strategies were employed in the ACT, 100 eligible participants were not identified in the required timeframe. This may indicate a smaller or more hidden population of PDU in this jurisdiction.

3.1 Demographic Characteristics of the PDU sample

Sixty percent of the national sample interviewed in 2003 was male (Table 1). The mean age of the sample was 25.1 years (SD 7.4; range 15-59). The females were significantly younger than the males (23.7 vs 26.1, $t_{795} = -4.8$; $p < .001$). The majority (82%) of participants nominated their sexual identity as heterosexual.

The vast majority (98%) of the sample spoke English as their main language at home. A minority (7%) were of indigenous Australian descent. The majority lived in either their own (purchased or rented) premises (66%), or in their parents' or family's house (26%).

The mean number of years of school education completed by the sample was 11.8 (SD 1.3; range 6-15), and more than two thirds (68%) of participants had completed high school education. Almost half (46%) had completed courses after school, with 23% possessing a trade or technical qualification, and 23% having completed a university degree or college course. Almost a third (30%) were currently employed full-time, and 22% were employed on a part-time or casual basis. A further 22% were full-time students and 25% were unemployed.

Six percent of the national sample reported that they were currently in drug treatment, the majority of whom were in methadone ($n=19$, 2%) or buprenorphine treatment ($n=8$, 1%). Five participants were in drug counselling, one attended Narcotics Anonymous, and two were in treatment for amphetamine use.

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

Table 1 Demographic characteristics of PDU sample, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Mean age (years)	25	26	22	25	24	24	21	33	25
Male (%)	60	63	73	53	61	63	53	70	49
English speaking background (%)	98	96	96	99	100	95	99	98	98
ATSI (%)	7	7	2	6	6	1	9	20	5
Heterosexual (%)	82	69	96	81	85	91	83	73	79
Mean number school years	12	12	13	12	12	12	12	10	11
Tertiary qualifications (%)	46	49	27	41	44	46	48	56	50
Employed full-time (%)	30	35	30	32	27	29	33	17	38
Full-time students (%)	22	26	33	18	40	31	16	6	16
Unemployed (%)	25	22	10	25	16	20	22	61	20
Prison history (%)	8	3	0	7	3	1	4	36	4
Currently in drug treatment (%)	6	7	0	6	10	1	5	13	2

Source: Party Drugs Initiative PDU interviews

The demographic characteristics of party drug users recruited were generally consistent across jurisdiction with some notable differences.

The PDU in QLD were significantly less likely to be male than participants in other states (49% vs 62%; $\chi^2_1=7.3$; $p<.05$), while PDU in the ACT were significantly more likely to be male (73% vs 59%; $\chi^2_1=4.5$; $p<.05$).

The PDU in the ACT (22 vs 25, $t_{103}= 5.7$; $p<.001$) and WA were significantly younger than the other states (21 vs 26, $t_{218}= 8.6$; $p<.001$).

The PDU in the NT were significantly older than PDU in the other states (33 vs 24, $t_{118}= -9.5$; $p<.001$), were more likely to be from ATSI descent (20% vs 5%; $\chi^2_1=28.2$; $p<.001$). PDU in SA were significantly less likely to be from ATSI descent compared to the other states.

The PDU in the NT were significantly more likely to be unemployed (61% vs 19%; $\chi^2_1=80.4$; $p<.001$), to have a previous criminal conviction for which they had served a custodial sentence (36% vs 3%; $\chi^2_1=132.5$; $p<.001$) and currently be in drug treatment

than PDU from the other states (13% vs 5%; $\chi^2_1=9.5$; $p<.05$). This suggests that the PDU in the NT were more disadvantaged than PDU in the other states.

The PDU in the ACT were significantly less likely to be unemployed (10% vs 26%; $\chi^2_1=8.5$; $p<.05$) and have a previous criminal conviction for which they had served a custodial sentence (0% vs 8%; $\chi^2_1=4.7$; $p<.05$). PDU in TAS were less likely to be unemployed than PDU from other states (16% vs 26%; $\chi^2_1=4.1$; $p<.05$) and PDU in SA were less likely to have a criminal history (1% vs 9%; $\chi^2_1=6.1$; $p<.05$).

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

The sample recruited from the NT appears to be more similar to injecting drug user samples that have been recruited for the IDRS (Moon, 2004), with higher rates of unemployment, previous prison history and currently in drug treatment. It may be that there has been some crossover with the two studies, or it may be that party drug users in the NT are more similar to IDU than in other states. In addition as Darwin is small it could be that the power of word of mouth resulted in more IDU being interviewed. Nevertheless all participants interviewed were considered regular (defined by at least monthly) ecstasy users.

KI descriptions of the ecstasy users with whom they had recent contact were consistent with the characteristics of the 2003 sample.

Summary of demographics

- The national party drug sample was majority male, with a mean age of 25
- The party drug users interviewed were well educated with almost half with tertiary qualifications.
- Half of the national sample were employed or full time students
- Few of the party drug users interviewed had a criminal history or were involved in drug treatment.
- The NT sample were older than the users interviewed in other states and were more likely to be unemployed, have a prison history and currently be in drug treatment.

3.2 Drug use history and current drug use

Participants were asked about lifetime and recent use of 19 different drugs. Recent use was defined as use in the six months preceding interview. Polydrug use was the norm among the national sample, with a mean of 9.4 drugs (SD 3.3; range 1-18) having been tried, and a mean of 6.7 drugs (SD 2.3; range 1-15) having been used in the preceding six months.

A third (35%) of the national sample reported the use of other drugs in their lifetime, most commonly hallucinogenic mushrooms (18%) and dexamphetamine (7%). The range of other drugs mentioned by small numbers was extensive including synthetic drugs (2CB, PMA, DMT) and naturally occurring drugs (such as *Salvia divinorum*).

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

Table 2 Lifetime and recent polydrug use of PDU

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136	
Mean drug classes ever used*	9.4	10.1	9.8	11.2	9.6	9.5	8.8	10.1	7.6	
Mean drug classes used last 6 mths*	6.7	7.2	6.7	7.6	6.9	7.1	6.4	6.7	5.9	
Ever inject any drug (%)	30	22	5	43	26	14	21	69	29	
Alcohol										
ever used (%)	98	100	100	99	100	100	99	93	97	
used last 6 mths (%)	93	96	97	87	98	98	94	78	93	
Cannabis										
ever used (%)	96	96	97	98	100	100	99	99	83	
used last 6 mths (%)	85	82	82	82	90	88	91	95	73	
Tobacco										
ever used (%)	87	92	92	86	96	81	83	93	79	
used last 6 mths (%)	75	72	75	74	81	72	70	84	70	
Meth powder (speed)										
ever used (%)	87	97	88	98	90	82	93	89	67	
used last 6 mths (%)	73	79	64	89	67	65	83	81	57	
Meth base										
ever used (%)	51	63	30	51	36	75	54	47	43	
used last 6 mths (%)	36	42	24	28	24	70	32	32	34	
Crystal meth (Crystal)										
ever used (%)	63	56	71	77	58	60	91	55	49	
used last 6 mths (%)	52	48	56	64	52	48	77	40	38	
Cocaine										
ever used (%)	54	78	47	80	44	57	44	50	37	
used last 6 mths (%)	24	46	26	35	7	37	17	5	18	
LSD										
ever used %	65	66	59	86	62	73	62	80	41	
used last 6 mths %	29	27	44	48	24	30	22	25	18	
MDA										
ever used (%)	33	56	56	40	32	31	12	21	24	
used last 6 mths (%)	19	35	33	19	21	21	1	6	18	

Table 2 Lifetime and recent polydrug use of PDU (continued)

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ketamine									
ever used %	40	59	49	70	38	47	25	18	27
used last 6 mths %	26	49	21	51	24	36	12	7	14
GHB									
ever used (%)	22	33	17	33	10	34	20	17	13
used last 6 mths (%)	11	21	12	18	6	12	8	4	6
Amyl nitrate									
ever used (%)	52	66	50	70	78	40	43	47	27
used last 6 mths (%)	20	28	29	25	43	13	16	8	9
Nitrous oxide									
ever used (%)	52	44	56	59	47	82	65	31	38
used last 6 mths (%)	26	8	39	22	25	55	43	4	18
Benzodiazepines									
ever used (%)	47	48	20	61	52	49	48	56	38
used last 6 mths (%)	32	32	11	37	35	30	32	44	27
Anti-depressants									
ever used (%)	29	27	11	35	32	24	30	43	23
used last 6 mths (%)	14	11	6	11	14	12	17	24	12
Heroin									
ever used (%)	22	25	5	39	20	10	10	48	17
used last 6 mths (%)	9	9	0	23	6	2	1	18	7
Methadone									
ever used (%)	12	6	0	15	14	0	1	41	10
used last 6 mths (%)	7	4	0	6	13	0	1	24	4
Buprenorphine									
ever used (%)	7	7	0	13	5	0	6	19	4
used last 6 mths (%)	5	5	0	9	3	0	4	15	2
Other opiates									
ever used (%)	29	12	20	33	35	22	31	56	24
used last 6 mths (%)	15	3	11	9	13	7	17	43	12

* of a possible 19 drugs

Source: Party Drugs Initiative PDU interviews

In 2003, ecstasy was the drug of choice for half (53%) of respondents. The next most commonly preferred drug was cannabis (12%), followed by methamphetamine powder (6%) and heroin (6%).

Participants were asked whether they had binged on party drugs in the six months preceding interview. Binging was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). Half (51%) of the national sample had binged on one or more party drugs in the preceding six months. The median length of the longest binge was three days (range 2-60 days). Among those that binged, ecstasy (88%) was the most commonly reported drug used in this way. Methamphetamine powder (57%), crystal methamphetamine (39%), methamphetamine base (21%), ketamine (13%), LSD (13%) and cocaine (9%) were other party drugs mentioned by those who had recently binged. Cannabis (47%) and alcohol (46%) were also drugs commonly reportedly used in a binge.

Table 3 Drug of choice and recent binging among party drug users, by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Drug of choice									
Ecstasy	52	55	56	44	54	67	52	36	53
Cannabis	12	16	18	15	8	9	9	10	12
Meth powder	6	5	2	9	3	1	4	13	11
Heroin	6	1	0	10	10	1	0	18	5
Cocaine	5	6	5	2	13	8	5	3	1
Crystal meth	4	4	2	5	2	2	9	5	3
Binged on any stimulant	51	37	46	60	45	44	62	69	45

Source: Party Drugs Initiative PDU interviews

Almost a third (30%) of the national sample reported that they had injected a drug in their lifetime. Most of the injectors commenced injecting with methamphetamine powder (58%), heroin (19%), crystal methamphetamine (6%) or methamphetamine base (5%). Four percent first injected ecstasy. Twenty one percent reported they had recently (i.e. in the last six months) injected. The most commonly reported drugs injected in the preceding six months were methamphetamines with 16% of the national sample injecting methamphetamine powder, 11% crystal methamphetamine and 10% methamphetamine base. Ten percent of the sample had injected ecstasy in the preceding six months. Other opiates (8%) and heroin (7%) were the next most common drugs injected in the six months preceding interview.

To ensure that the sample were primarily party drug users, a number of comparisons were drawn between those who had injected a drug at some time and those who had not. There were no differences between the two groups in terms of gender, but there was an age difference; those who had injected a drug were significantly older (29.8 vs 23.1, $t_{348} = -11.2$; $p < .001$). Those that injected reported significantly fewer years of education (11.1 vs 12.0, $t_{331} = 8.6$; $p < .001$) and were more likely to have a prison history than non-injectors (22% vs 2%; $\chi^2_1 = 92.9$; $p < .001$).

There were no significant differences between the injectors and non injectors in terms of the amount of ecstasy used in their heaviest use episode (both used a median of 3 tablets) but injectors had used significantly less than non injectors in a typical use episode (median 1 versus 1.5 tablets; $U=60372.5$; $p=.025$). Injectors had also used a wider range of other drugs, both ever (13 vs 9; $t_{795}=-15.0$; $p<.001$) and in the preceding six months (9 vs 7; $t_{400}=-7.2$ $p<.001$). In particular, those who had injected a drug were significantly more likely to report both lifetime (63% vs 5%; $\chi^2_1=330$; $p<.001$) and recent heroin use (27% vs 1; $\chi^2_1=145$; $p<.001$). Further, only three percent of the national sample was currently in methadone or buprenorphine treatment. Six percent nominated heroin as their favourite drug, and heroin had been injected in the preceding six months by 9% of the sample on a median of twelve days (range 1-180). Three participants were daily heroin injectors. Thus, a small proportion of past and current heroin users were included in the national sample. Despite this, we can be confident that the majority of the national sample comprised primary party drug users and was therefore the appropriate sentinel population to interview to meet the aims of the study.

The proportion of PDI that reported ever having injected varied across states with 5% having injected in the ACT, 43% in VIC and 69% injected in the NT. As discussed previously, although the eligibility criteria and recruitment strategies were the same across jurisdictions, the size of the party drug markets, the size of the city and the power of word of mouth may vary across jurisdiction and may have contributed to larger proportions of injecting drug users being interviewed in the NT and VIC. Alternatively there may be a subgroups of party drug users that inject and this group may have been accessed in some states and not others. All participants were regular users of ecstasy and recruited with the same criteria.

Consistent with the quantitative data provided by ecstasy users, patterns of extensive polydrug use among ecstasy users were described by KI. The most commonly reported drugs were alcohol, cannabis and methamphetamine powder.

3.3 Summary of polydrug use trends in PDU

- Polydrug use was the norm among the national sample.
- Ecstasy drug of choice for half the sample followed by cannabis.
- Half of the national sample had binged on party drugs, with ecstasy the most commonly reported drug involved in a binge followed by methamphetamine (powder, crystal and then base).
- Twenty one percent reported they had recently injected a drug, most commonly methamphetamine (powder, crystal and then base).

4.0 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylenedioxymethamphetamine. Ecstasy is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances. The results presented in this section relate to the participants use and knowledge of tablets sold as ecstasy.

The median age at which participants in the 2003 national sample first used ecstasy was 18 years (range 11-55) (Table 4), and they reported a median duration of use of four years (range 0- 29). Females were younger when they started using ecstasy (20.7 vs 22.1; $t_{796}=-3.4$; $p<.05$). All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 20 years (range 12-56).

4.1 Ecstasy use among PDU

Participants in the national sample had used ecstasy on a median of 12 days in the preceding six months (range 6-105 days). Half (51%) of participants had used between monthly and fortnightly, 32% between fortnightly and weekly, and 17% had used ecstasy on more than one day per week.

The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was 1.5 (range 0.5-15). Over half (57%) of the national sample reported that they typically used more than one tablet. During their 'heaviest' use episode in the preceding six months, participants reported a median of three tablets (range 0.5-60); 44% of the sample had taken four or more tablets in a single use episode in the preceding six months.

Almost half (46%) of the national sample reported bingeing on ecstasy. As previously mentioned, bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). The median length of the longest binge involving ecstasy was three days (range 2-60 days). In over half (58%) of these cases methamphetamine powder (speed) had also been used. Crystal methamphetamine (41%), methamphetamine base (23%), LSD (15%), ketamine (15%), cocaine (10%), and were other commonly mentioned party drugs used in conjunction with ecstasy during a binge. Alcohol and cannabis were mentioned by half (52%) of participants that binged on ecstasy.

There were no gender or age differences between those who had binged on ecstasy in the preceding six months and those who had not, but those who had binged had used ecstasy on a significantly greater number of days in the preceding six months (median 20 vs 12 days; $U=52035$; $p<.001$), and used significantly more ecstasy in heavy use episodes (median 4 vs 3 tablets; $U=48751.5$; $p<.001$). Those who had binged on ecstasy in the preceding six months also had a more extensive polydrug use history, having used significantly more drugs (11.8 vs 9.4 $t_{8781}=-9.2$; $p=.016$) than those that had not binged on ecstasy.

Table 4 Patterns of ecstasy use among PDU

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Median age first used ecstasy (years)	18	18	18	19	19	19	17	21	19
Median days used ecstasy in 6 months	12	12	12	15	14	12	12	12	24
Ecstasy 'favourite' drug (%)	52	55	56	44	54	67	52	36	53
Use ecstasy weekly or more (%)	33	22	21	36	38	29	25	19	60
Median tablets in 'typical' session	1.5	2	2	1.5	1.5	2	1.5	1	1.5
Typically use >1 tablet (%)	57	74	74	54	54	69	57	21	56
Recently binged on ecstasy (%)	46	35	46	55	41	40	53	55	43
Ever injected ecstasy (%)	17	13	0	27	18	11	10	39	13
Use other drugs with ecstasy (%)	91	89	88	98	98	93	85	92	85
Use other drugs to come down from ecstasy (%)	83	77	83	85	89	91	76	84	79

Source: Party Drugs Initiative PDU interviews

The vast majority (90%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy. There was little jurisdictional difference in the proportions reporting other drug use in combination with ecstasy (85% in WA and QLD to 98% in VIC and SA), however the types of drugs used in conjunction with ecstasy varied by jurisdiction (Table 5).

Tobacco and alcohol were most commonly reported among those that used other drugs with ecstasy. About two thirds (65%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks. Cannabis was used by half of participants in conjunction with ecstasy. Over a third (38%) of those that used other drugs with ecstasy used speed, 20% crystal methamphetamine and 13% base. Smaller proportions used nitrous, ketamine and amyl. Few participants nominated LSD, cocaine, GHB and MDA as drugs they usually used with ecstasy.

There were some state differences; the use of cannabis in combination with ecstasy was highest in the NT (85%), speed use was highest in VIC (57%), WA (49%) and the NT (47%). The use of crystal in conjunction with ecstasy was highest in WA (39%) reflecting

recent use patterns. The second highest use of crystal in conjunction with ecstasy was reported in QLD (24%). This is particularly notable given that QLD had the lowest rates of crystal use in last six months (38%), this suggests that those using crystal are using it in combination with ecstasy. Base use in conjunction with ecstasy was highest in SA (27%), reflecting rates of recent use. The use of nitrous in combination with ecstasy was highest in the ACT (19%), SA (15%) and WA (12%). Ketamine use in combination with ecstasy was highest in NSW.

Table 5 Drugs usually used in combination with ecstasy among those that used other drugs, by jurisdiction

%	National N=732	NSW n=91	ACT n=57	VIC n=97	TAS n=98	SA n=94	WA n=85	NT n=94	QLD n=116
Tobacco	65	58	70	43	74	64	65	81	68
Alcohol	64	63	65	59	75	64	53	58	73
> 5 standard drinks*	65	56	53	79	62	65	53	66	74
Cannabis	50	36	40	46	45	46	45	85	50
Meth powder (speed)	38	33	21	57	26	28	49	47	39
Crystal	19	11	14	23	8	11	39	19	24
Meth base	13	8	5	7	9	27	7	8	22
Nitrous	7	0	19	4	4	15	12	0	6
Ketamine	6	15	2	10	3	5	2	0	6
Amyl	6	7	4	7	12	1	9	1	3
LSD	5	3	0	9	2	7	6	6	5
Cocaine	3	4	2	5	0	1	0	1	6
GHB	3	4	0	6	0	3	1	0	3
MDA	2	1	7	1	0	1	0	1	7

* of those that reported usually drinking alcohol

The majority (82%) used other drugs to come down from ecstasy. Cannabis and alcohol use were also commonly reported during the come down period from ecstasy. Smaller proportions reported the use of alcohol during the come down than reported using it in conjunction with ecstasy, however of those that reported alcohol use when coming down, the majority in all states reported drinking more than five drinks.

There was some consistency across states in the types of drugs used in the come down, with cannabis reported by over half of the sample in every jurisdiction. Benzodiazepines were used by 14% of the national sample, with the largest proportions reporting benzodiazepine use in NT (21%), TAS (19%) and VIC (17%). Nitrous was used in the come down by 16% of the sample in SA.

Table 6 Drugs used to come down from ecstasy, among those that used drugs to come down, by jurisdiction

%	National N=667	NSW n=78	ACT n=54	VIC n=84	TAS n=89	SA n=92	WA n=76	NT n=86	QLD n=108
Cannabis	67	72	69	58	71	63	70	78	58
Alcohol	40	30	32	35	44	46	32	35	54
> 5 standard drinks*	69	65	71	66	59	67	63	75	78
Benzodiazepines	14	9	2	17	19	15	12	21	10
Nitrous	6	0	9	5	1	16	7	0	8
Meth powder	7	4	7	5	3	10	11	6	7
Meth base	5	0	4	1	3	15	3	1	8
Crystal	5	1	0	4	3	8	11	1	7
Ketamine	4	3	0	10	2	7	1	0	4
Antidepressants	3	1	0	2	1	2	4	5	4
GHB	2	1	0	6	0	3	3	0	1
Amyl	2	0	2	2	2	0	3	0	3

* of those that reported usually drinking alcohol

Route of Administration

In the six months preceding the interview, 98% participants swallowed ecstasy; further 59% had snorted ecstasy, 10% had injected, and 6% had smoked it. Almost all participants (90%) nominated oral ingestion as their main route of ecstasy administration (Table 7), although 5% mainly snorted the drug, 4% mainly injected and one mainly shelved it.

The injection of ecstasy occurs in a minority of regular ecstasy users. The median age of first injection of ecstasy was 22 years (range 12-46).

There was jurisdictional variation in main route of administration with highest proportion in the NT (15%) reporting injection as the main method compared to 5% or less in the other states.

Table 7 Main route of administration of ecstasy in the last six months by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Swallow	90	100	97	85	89	95	91	77	91
Snort	5	0	3	10	6	3	7	5	5
Inject	4	0	0	3	5	2	1	15	3
Shelve/shaft	1	0	0	2	0	0	1	4	1

Source: Party Drugs Initiative PDU interviews

Participants were asked what proportion of their friend use ecstasy. Forty five percent of the national sample reported that most of their friends use ecstasy and 32% reported that about half of their friends use ecstasy. Smaller proportions reported that a few of their friends use ecstasy (13%) or that all their friends use ecstasy (10%).

Table 8 Source, purchase location and use location of ecstasy by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Score from:									
Friends (%)	86	80	92	94	90	93	91	78	74
Dealers (%)	62	60	82	54	66	55	63	46	71
Acquaintances (%)	31	27	42	25	34	34	36	26	29
Work (%)	14	15	18	11	12	16	19	8	13
Unknown (%)	11	15	23	12	7	11	9	14	6
Locations scored from:									
Friends' home (%)	65	64	68	72	56	66	75	62	59
Nightclub (%)	37	42	59	31	40	48	33	23	30
Dealer's home (%)	44	34	53	37	47	45	43	36	56
At own home (%)	34	29	38	42	30	40	33	28	31
Raves (%)	25	15	38	22	35	37	40	6	14
Dance parties (%)	22	11	39	21	33	29	27	9	16
Street (%)	12	11	26	6	7	10	14	16	9
Pubs (%)	13	11	23	8	15	15	12	16	10

**Table 8 Source, purchase location and use location of ecstasy by jurisdiction, 2003
(continued)**

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Usual use venue:									
Nightclub (%)	72	84	94	67	73	78	66	52	67
Raves (%)	52	39	76	39	73	70	75	5	45
Dance parties (%)	52	52	67	43	75	62	64	12	44
Private party (%)	50	56	73	42	32	64	54	42	48
Friends' home (%)	47	39	58	40	29	56	60	44	49
At own home (%)	45	40	39	41	30	51	41	67	49
Pubs (%)	26	28	33	13	10	31	24	44	27
Dealer's home (%)	10	8	6	6	5	8	8	5	24
Last use venue:									
Nightclub (%)	34	42	52	39	37	29	26	27	30
Friends' home (%)	15	7	12	13	11	21	19	16	19
At own home (%)	14	11	15	13	8	12	8	28	18
Raves (%)	12	9	3	10	12	18	29	0	10
Dance parties (%)	9	11	2	13	20	8	3	4	9
Private party (%)	7	6	9	9	4	9	9	7	4
Pubs (%)	3	6	0	2	4	0	1	9	3
Dealer's home (%)	1	0	0	1	3	0	0	0	2

Source: Party Drugs Initiative PDU interviews

In 2003, the majority of participants in the national sample reported that in the six months preceding the interview they had obtained ecstasy from friends (86%) or dealers (62%). Ecstasy was also recently obtained from acquaintances (31%), work colleagues (14%) and through people unknown to participants (11%).

Ecstasy was most often obtained at friends' homes (65%) and dealers' homes (44%). Other purchase locations included at nightclubs (37%), at their own home (34%), at raves (25%), dance parties (22%) and in pubs (13%).

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

Ecstasy was used at a variety of locations, most commonly; in nightclubs (72%), at dance parties (52%), raves (52%), private parties (50%), friends home (47%), own home (45%), and at pubs (26%). Smaller proportions used at a dealers house (10%).

Ecstasy use is typically associated with music and dancing. A third (34%) of the national sample reported last using ecstasy in a nightclub, while 12% last used at a rave and 9% at dance parties. However, ecstasy is not exclusively used in clubs or at dance parties.

Ecstasy was last used in a private home by substantial minorities; 15% reported using at a friends home and 14% at their own home. Small numbers reported using in pubs or at their dealers home. The airport (n=1), at a fashion show (n=1), at sporting venues (n=2), while camping/bushwalking (n=5) and at the beach (n=3) were locations also mentioned where participants had last used ecstasy.

4.2 Trends over time

In NSW, QLD and SA, where data has been collected previously, the 2003 results provide information on ecstasy trends over time. In NSW and SA there has been an increase in the proportion that report typically using more than one tablet since 2000, which has stabilised from 2002 (Figure 1).

Figure 1 Proportion of PDU in NSW, SA and QLD that report typically using more than one ecstasy tablet, 2000-2003



Source: Party Drugs Initiative PDU interviews
Data not collected in QLD in 2002

The frequency of ecstasy use has decreased in NSW and SA from 2002 and increased from the 2001 survey in QLD. There has been a decrease in all three states in the proportion that report bingeing on ecstasy. Therefore although the prevalence of bingeing has decreased, the number of tablets used per occasion of use has increased over time.

Figure 2 Median days used ecstasy in the six months preceding interview in NSW, SA and QLD, 2000-2003



Source: Party Drugs Initiative PDU interviews
Data not collected in QLD in 2002

Figure 3 Proportion of PDU in NSW, SA and QLD that reported bingeing on ecstasy, 2000-2003

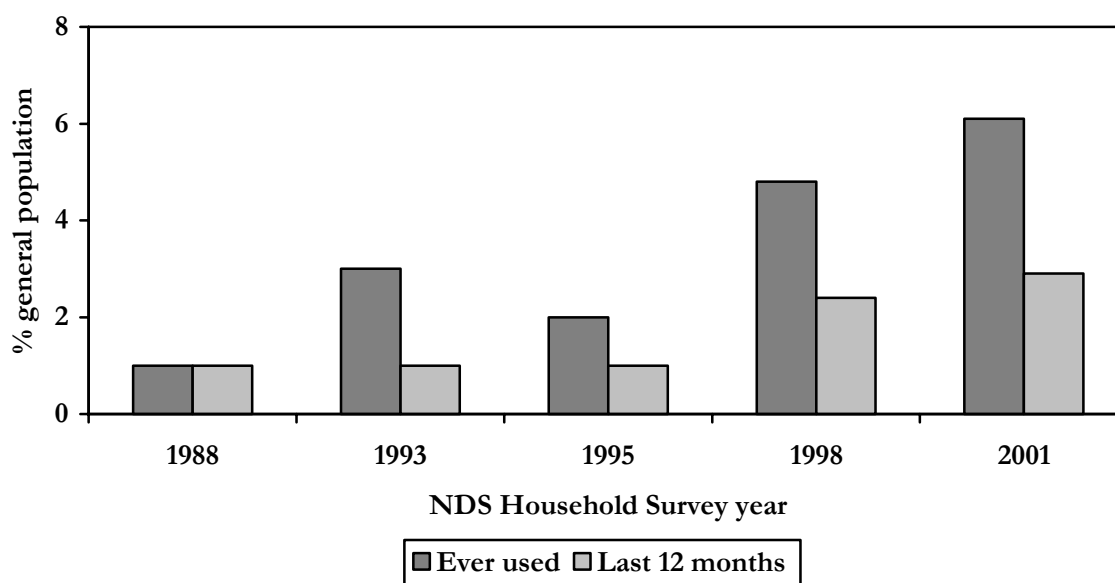


Source: Party Drugs Initiative PDU interviews
Data not collected in QLD in 2002

4.3 Use of ecstasy in the general population

Since ecstasy was first included in the National Drug Strategy Household Survey (NDSHS) in 1988, reported lifetime prevalence of ecstasy use among the general population increased; from 1% in 1988 to 6.1% in 2001 (Australian Institute of Health and Welfare, 2002). Similarly, as shown in Figure 4, the proportion of the general population who reported using ecstasy in the preceding 12 months increased from 1% in 1988 to 2.9% in 2001 (Australian Institute of Health and Welfare, 2002).

Figure 4 Prevalence of ecstasy use in Australia, 1988-2001



Source: National Drug Strategy Household Survey 1988-2001

Prevalence of ecstasy use varies slightly according to gender, although differences are modest compared to other drugs. In the 2001 NDSHS, 7.1% of males and 5.1% of females reported lifetime ecstasy use. This is consistent with data from previous surveys; males reported a higher lifetime use in both the 1998 (3.3% vs 1.6%) and 1995 (3% vs 2%) surveys (Australian Institute of Health and Welfare, 2002, Higgins et al., 2000, Commonwealth Department of Health and Family Services, 1996).

In the 2001 survey both lifetime (19.7%) and recent (10.4%) ecstasy use was most common among those aged 20-29 years. Again, more males than females in this age group reported lifetime (22.5% vs 16.9%) and recent (i.e. in the preceding 12 months) use (12.5% vs 8.3%). Those aged 30-39 years reported lifetime use (7.4%) similar to those aged 14-19 (7.0%). However recent use in the 30-39 years group (2.4%) was substantially lower than the younger group aged 14-19 (5.0%).

The availability of ecstasy has increased in recent years as indicated by the proportion of people who report having experienced an opportunity to use ecstasy. In 2001 7.8% of the general population aged 14 and over 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, this trend is evident; in 1988, 4% of the population had been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai and McAllister, 1998). The prevalence of the exposure to opportunities to use ecstasy among young adults (14-19 year olds) is an issue of concern.

In 1995, the question regarding recent use was changed to refer to the preceding 12 months, 8% of this group reported a recent opportunity to use ecstasy. The proportion increased to 10% in 1998 and to 16% in 2001. A similar increase occurred in the proportion of 20 - 29 year olds reporting recent exposure; from 14% in 1998 to 24% in 2001.

4.4 Price

Participants were asked, ‘How much does ecstasy cost at the moment?’. The proportion of ecstasy users that commented on the price of a single tablet of ecstasy varied across jurisdiction; 40% in the NT, 50% in the ACT, 64% in WA, 65% in SA and TAS, 58% in NSW, 73% in VIC and 94% in QLD. Remaining participants provided ranges for prices of ecstasy.

The median price of a tablet of ecstasy ranged from \$30 in VIC to \$50 in the NT and TAS. The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months. Substantial proportions in NSW, the ACT and VIC reported a recent decrease in price.

Table 9 Price of ecstasy purchased by PDU and price variations

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=10	SA n=101	WA n=100	NT n=104	QLD n=136
Median price tablet (range)	-	35 (20-55)	35 (25-40)	30 (20-50)	50 (30-50)	35 (20-50)	40 (25-50)	50 (20-80)	35 (17-50)
Price change: (%)									
Increased	8	12	5	7	5	2	10	15	9
Stable	64	59	61	59	72	67	68	58	63
Decreased	16	25	27	22	15	19	12	3	12
Fluctuated	10	3	8	9	8	11	6	18	13
Don't know	3	2	0	3	0	1	4	6	4

Source: Party Drugs Initiative PDU interviews

Participants were asked how they had paid for ecstasy in the six months preceding interview. Multiple responses were allowed. The two most common methods of paying for ecstasy in the preceding six months were paid employment (78%) and being given ecstasy by friends (64%). Other methods of paying for ecstasy included; borrowing money from friends (26%), obtaining ecstasy on credit from dealers (25%), selling or distributing drugs (23%), unemployment benefit or pension, (21%), bartering other drugs or goods for ecstasy (18%), money from parents (16%) and government study allowance (14%). Smaller proportions reported pawning goods (8%), property crime (4%) or sex work (3%) had funded their ecstasy use in the preceding six months.

Generally party drug users across Australia appear to pay for the ecstasy via similar methods. They were however a few notable differences with a greater proportion in the NT compared to the other jurisdictions reporting they had paid for the ecstasy bartering goods, pawning, property crime and fraud. This is consistent with the demographic of the sample in the NT, more of whom reported a prison history.

Table 10 How ecstasy users paid for their ecstasy by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Employment	78	80	89	83	77	77	85	55	79
Gift	64	64	41	69	57	78	67	79	53
Borrow money	26	22	26	20	24	28	22	49	21
On credit from dealers	25	22	27	18	23	28	14	48	23
Dealing	23	19	23	19	19	32	25	29	18
Unemployment benefits or pension	21	12	5	22	28	12	9	62	13
Government study allowance	14	8	21	6	24	22	17	10	10
Bartering goods	18	17	14	16	14	23	15	32	15
Money from parents	16	20	20	7	19	19	16	12	15
Pawning	8	3	3	3	0	5	3	31	10
Property crime	4	3	0	2	1	1	1	12	6
Sex work	3	0	0	3	1	2	0	5	7
Fraud	2	0	2	2	1	0	0	9	2

Source: Party Drugs Initiative PDU interviews

4.5 Purity

All participants in the national sample were able to comment on the purity of ecstasy. In 2003, there was little consistency between users' estimates of the current purity of ecstasy.

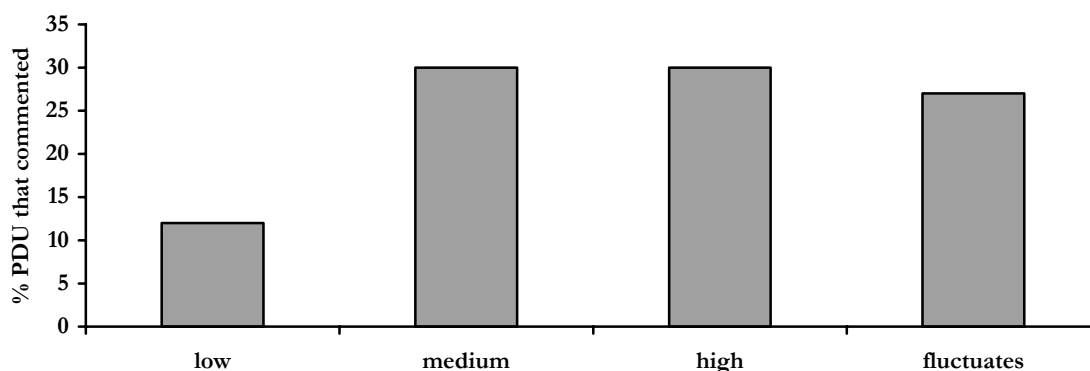
Table 11 Participant reports of current ecstasy purity, by state, 2003

%	National N=810	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Current purity									
Don't know	2	1	5	1	1	3	2	1	1
Low	11	12	6	14	11	5	12	20	4
Medium	35	30	39	31	23	31	31	40	49
High	21	30	23	25	19	18	22	16	17
Fluctuates	32	27	27	29	46	44	33	22	29

Source: Party Drugs Initiative PDU interviews

Over half of the sample (56%) reported that the purity was medium to high while a third (32%) reported that the purity fluctuates (Figure 5). KI reports reflected the user reports of inconsistency in the purity of ecstasy.

Figure 5 National sample user reports of current purity of ecstasy in the preceding six months



Source: Party Drugs Initiative, PDU interviews

Participants were asked whether the purity of ecstasy had changed in the six months prior to interview and all participants in the national sample were able to comment (Table 12).

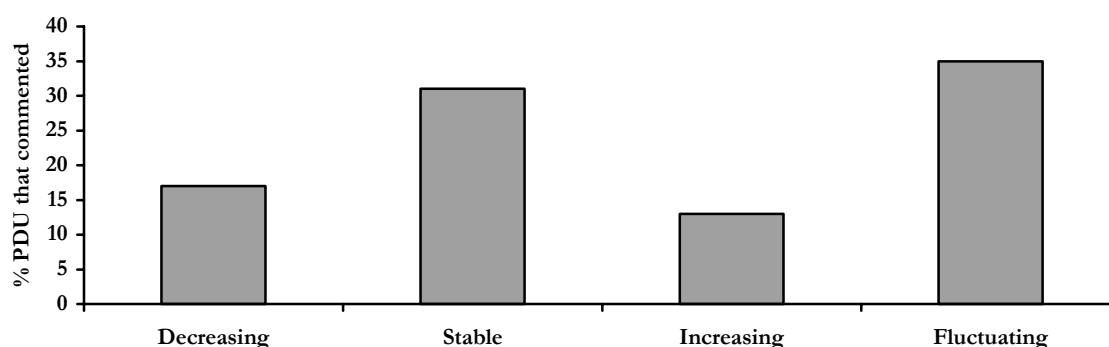
Table 12 Participant reports of changes in ecstasy purity in the past six months, by state, 2003

%	National N=810	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Purity change?									
Don't know	4	6	0	6	5	6	5	2	2
Increasing	13	13	20	9	11	7	14	13	18
Stable	31	35	33	26	29	26	21	37	39
Decreasing	17	23	20	22	17	15	22	14	10
Fluctuates	35	24	27	37	38	47	38	35	31

Source: Party Drugs Initiative PDU interviews

As with the reports of current purity, there was little consistency, with a third reporting purity as stable (31%), a further third as fluctuating (35%) and small proportions reported an increase (13%) or decrease (17%) in the purity of the ecstasy (Figure 6).

Figure 6 National sample user reports of change in purity of ecstasy in the preceding six months



Source: Party Drugs Initiative PDU interviews

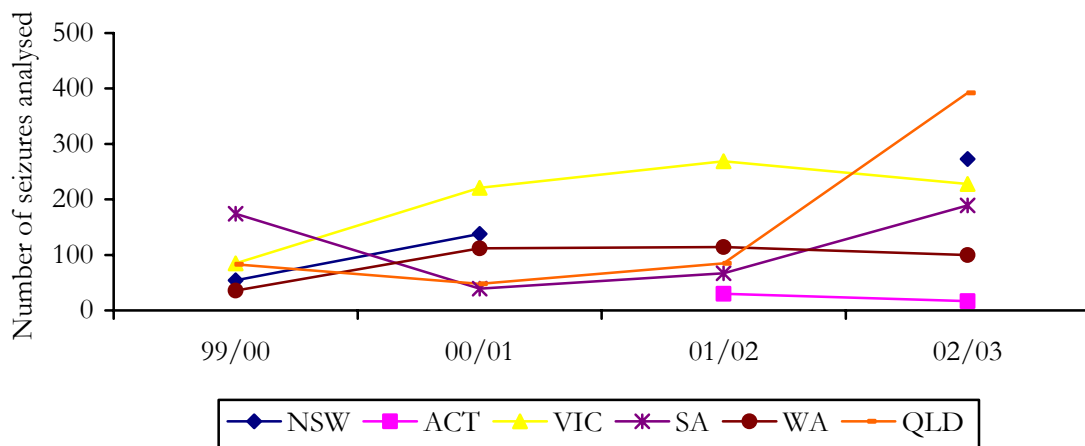
Estimates of purity are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide objective evidence regarding purity changes, and should therefore be considered in addition to the subjective reports of users. However,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

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC provide data on state police and Australian Federal Police (AFP) seizure data including

number and weight of seizures. In 1999-2000 the purity was reported as ‘ecstasy’ seizures. Since 2000-01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (Australian Crime Commission, 2003) and seizures of these drugs are included in the seizure data from 2000-01.

The number of seizures analysed by state police has increased over time (Figure 7). NT and TAS are not included on the graph. There was one seizure analysed in 00/01 and 01/02 and three in 02/03 in TAS. In the NT there was one phenylethylamine seizure analysed in 00/01 and eleven in 01/02.

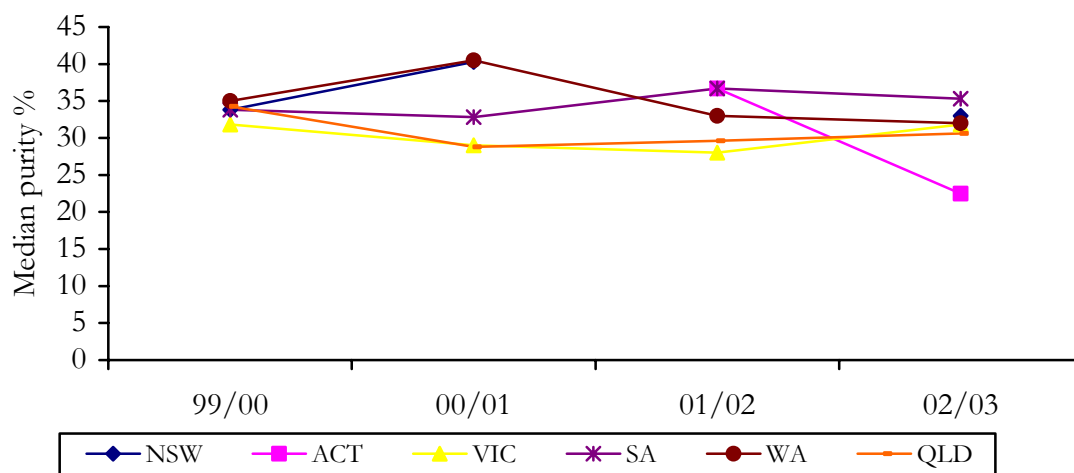
Figure 7 Number of phenethylamines* state police seizures, by jurisdiction, 1999-2002



*1999/2000 indicate detection of MDMA, in 2000/01 the category changed to phenethylamines
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)

The median purity of the state police seizures analysed, indicates that generally purity has remained relatively stable around 30% purity.

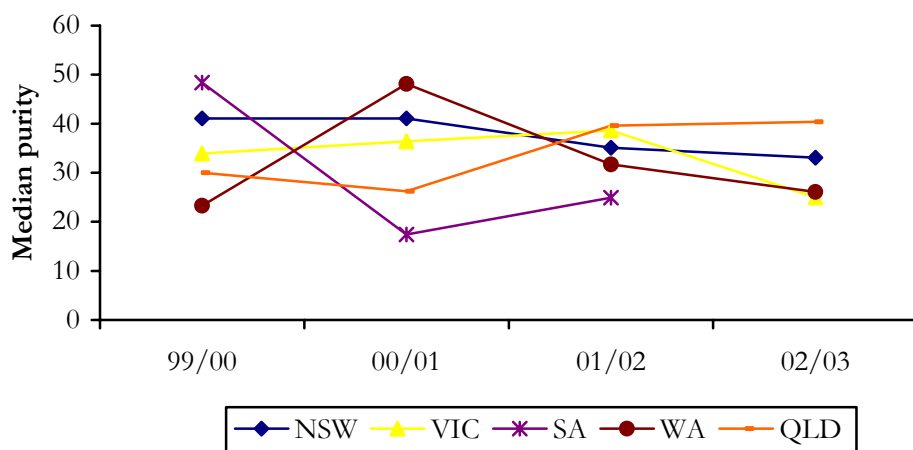
Figure 8 Median purity of state police phenethylamines* seizures, by jurisdiction, 1999/2000 –2002/2003.



*1999/2000 indicate detection of MDMA, in 2000/01 the category changed to phenethylamines
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)
 Figures do not represent the purity levels of all Western Australian seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This table underestimates the numbers of samples that are tested.
 Figures do not represent the purity levels of all phenethylamine seizures—only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary from a day to several months.

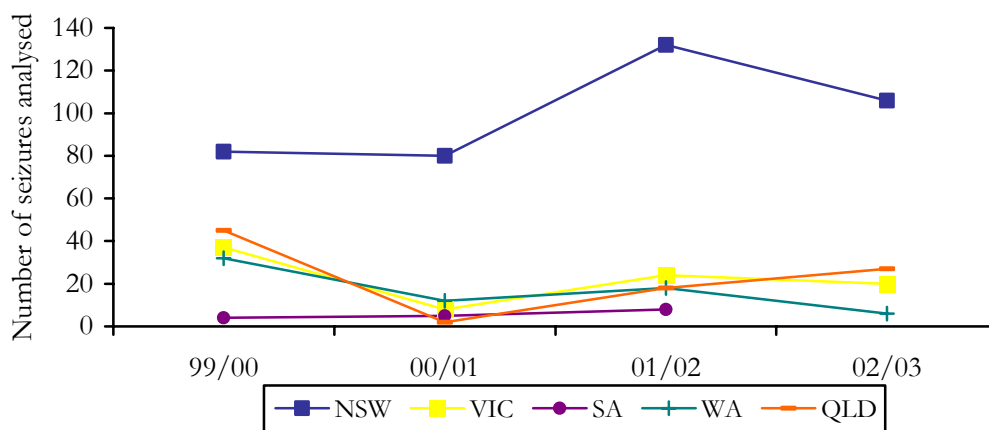
The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity (Figure 9).

Figure 9 Median purity of AFP phenethylamines* seizures, by jurisdiction, 1999/2000 –2002/2003.



*1999/2000 indicate detection of MDMA, in 2000/01 the category changed to phenethylamines
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)

Figure 10 Number of AFP phenethylamines* seizures, by jurisdiction, 1999/2000 –2002/2003.



*1999/2000 indicate detection of MDMA, in 2000/01 the category changed to phenethylamines
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)

4.5 Availability

All participants in the national sample were able to comment on the availability of ecstasy. Over half (54%) of the national sample considered ecstasy to be ‘very easy’ to obtain, 26% considered it to be ‘easy’ and 16% ‘moderately easy’. Only 3% reported that ecstasy was ‘difficult’ to obtain. The majority reported that the availability had either remained stable (64%) or become easier (17%) to obtain in the six months preceding interview.

In all jurisdictions, almost all participants described ecstasy as ‘very easy’, ‘easy’ or ‘moderately easy’ to obtain, and agreed that availability had either remained stable or increased.

Table 13 PDU reports of availability of ecstasy in the preceding six months

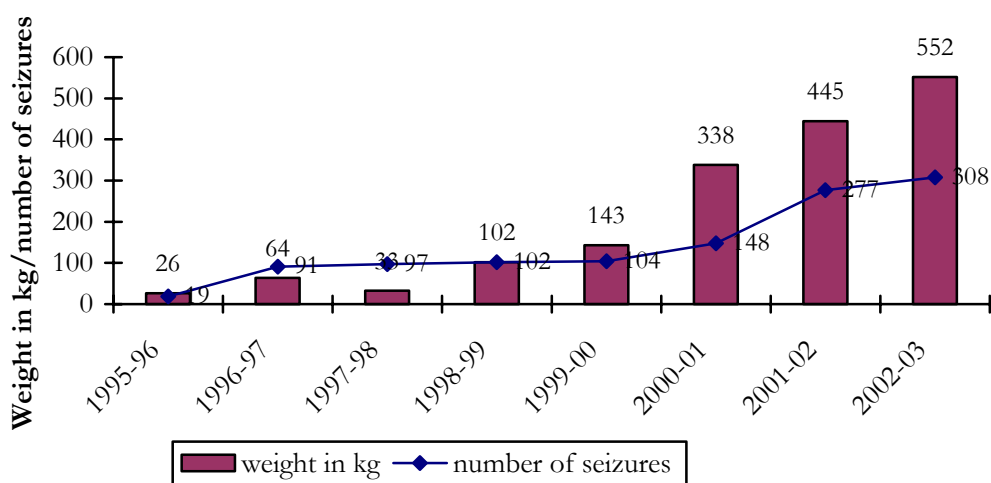
	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ease of obtaining ecstasy:									
Don't know	<1	0	0	0	0	0	0	1	1
Very easy (%)	54	63	67	59	43	61	61	29	57
Easy (%)	26	23	18	32	29	23	26	28	27
Moderately easy (%)	16	13	12	7	26	15	11	29	13
Difficult (%)	3	2	3	2	2	1	2	12	2
Very difficult (%)	<1	0	0	0	0	0	0	0	0
Availability:									
Don't know (%)	2	2	3	2	1	1	1	2	2
More difficult (%)	10	9	9	6	19	10	11	16	4
Stable (%)	64	73	64	75	53	61	63	53	66
Easier (%)	17	11	21	14	20	21	16	10	23
Fluctuates (%)	8	6	3	3	7	7	9	19	5

Source: Party Drugs Initiative PDU interviews

Ecstasy seizures at the Australian border

Data from the Australian Customs Service suggests an increase in the number and weight of seizures of ecstasy in recent years. The weight presented is the weight of the tablets, not the weight of the active drug MDMA. In 2002/03 there were 308 detections of MDMA at the Australian border weighing a record 552 kg.

Figure 11 Number and weight in kilograms of detections of MDMA at the Australian Border, financial years 1995-96 to 2002-03



Source: Australian Customs Service

Real ecstasy (MDMA) is generally thought to be imported through West Germany, Belgium, France and Holland, while locally produced tablets generally do not contain MDMA. However there is evidence of local MDMA manufacture, key informants in NSW and VIC reported recent detections of MDMA laboratories. There was also a large seizure of safrole by Customs and NSW police, a chemical necessary for MDMA production, indicating that local producers may be attempting to import the ingredients for local manufacture.

4.6 Ecstasy related harms

4.6.1 Law enforcement

A number of jurisdictions do not differentiate between arrests associated with amphetamine type stimulants and phenylethylamines, the class of drug to which ecstasy belongs (Australian Crime Commission, 2003). Therefore the data provided by the ACC reports arrests for ecstasy under amphetamine type stimulants. This data is presented in the methamphetamine section as more arrests are likely to be methamphetamine related.

Information on criminal activity and arrests among the 2003 national PDU sample is presented in Section 13.0.

4.6.2 Health related harms

Participants were asked to identify a range of side effects (physical and psychological) experienced as a result of their party drug use. Participants were asked to specify the other drugs and other factors they perceived to be associated with each side effect they reported experiencing.

Section 12.0 presents the side effects that were attributed to ecstasy and other party drugs.

Treatment for ecstasy

Although generally ecstasy users do not come into contact with health professionals, and few of the PDU 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 113 231 closed treatment episodes in Australia in 2001-02, 0.2% nominated ecstasy as their principle drug of concern (Australian Institute of Health and Welfare, 2003). All of those receiving treatment for their ecstasy use were 39 years of age or younger. Clients that were seeking advice for others were not excluded.

4.7 Benefit and risk perception

Participants in the 2003 sample were asked to describe the risks and benefits they perceived to be associated with taking various party drugs. They were asked if they thought there were risks associated with taking ecstasy and if so they specified the risks.

4.7.1 Perceived benefits

Participants nominated a wide variety of benefits associated with taking ecstasy. All identified at least one benefit. A range of benefits were provided.

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

There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten users sensations.

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

4.6.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking ecstasy. The majority (87%) identified that there was some risk associated with ecstasy use and a range of potential health and other risks were identified. Participants often nominated more than one issue. However nine percent of the national sample reported there were no risks with taking ecstasy, 3% were unsure and data were missing for three participants.

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

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

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

4.7 Jurisdictional trends

NSW

Ecstasy users start using the drug in their late teens, although reports from some KI suggest that the age of initiation is decreasing. The vast majority of ecstasy users reported they consumed the drug orally.

A wide range of patterns of ecstasy use were reported, however, most reported using the drug between fortnightly and monthly.

One third of the sample recently used ecstasy on a continuous basis for 48 hours or more without sleep, although prevalence of this pattern of binge use decreased compared to previous years. Three quarters of regular ecstasy users typically use more than one tablet per use episode. A significant minority of regular ecstasy users have recently used four or more tablets in a single use episode.

Median price of ecstasy was reported to be \$35 which has remained stable since 2001

User and KI reports of ecstasy purity are inconsistent although purity of seizures made by both AFP and NSW police were 33% in 2002/03.

Both users and KI have consistently reported that ecstasy is 'easy' or 'very easy' to obtain since 2000.

Comparable to previous years, the majority of participants continued to obtain ecstasy from friends and purchased ecstasy from friends' houses.

Recorded number of offences relating to the use/possession and dealing/trafficking of ecstasy have increased since 2000, although they have remained stable over the preceding 12 months.

The number of telephone enquiries received by the Alcohol and Drug Information Service and Family Drug Support relating to ecstasy has remained relatively stable over time. Other health related indicator data suggest fluctuations in the number of users seeking treatment for their ecstasy use, with peaks occurring in the earlier months of the year (usually associated with the 'party season').

The most commonly identified benefits perceived to be related to ecstasy use was enhanced mood and interaction with others. The most commonly identified risks of ecstasy use were related to the potential psychological and physical harms.

ACT

Ecstasy was most commonly swallowed, although experimentation with snorting and smoking was also reported. Patterns of ecstasy use vary, the most common pattern of use was monthly to fortnightly.

Almost half the sample had binged on party drugs in the six months prior to interview, and all had used ecstasy to do so. Over two thirds of the sample typically used more than one tablet each time they took ecstasy, and two-thirds of regular ecstasy users had used four or more tablets of ecstasy in a single use episode in the preceding six months

Of the participants who reported drinking alcohol when taking ecstasy, over half reported excessive alcohol use (having more than five standard drinks) when they consumed ecstasy.

The median price of ecstasy in the ACT is currently \$35 per tab

PDU and KI reports assessing the purity of ecstasy were mixed, though the majority reported it to be 'medium'.

Ecstasy was reported by both PDU and KI to be very easy or easy to obtain in the ACT. The majority of participants obtained ecstasy through their friends, closely followed by dealers.

Despite fluctuations in the number of MDMA seizures made by the AFP in the ACT over 1997-2003, the weight of seizures has been gradually increasing since 2001.

Ecstasy users were able to identify a number of risks and benefits they believed to be associated with ecstasy use. Similar proportions of the sample reported social and

physical benefits, such as increased sociability, talkativeness, energy and activity, heightened senses, decreased self-consciousness and a body rush. Commonly identified risks were overheating and dehydration, purity concerns and depression and mood swings.

VIC

Ecstasy tends to be used for the first time during late-teenage years. A wide range of patterns of ecstasy use were reported in terms of frequency of use and amounts used, with PDU reporting using ecstasy on a median of 15 days in the six months preceding interview and 1.5 tablets used in a typical session. Ecstasy was most commonly swallowed.

Other drugs are typically used in conjunction with ecstasy, as well as to ease the come down or recovery period.

PDU reported purchasing ecstasy for \$30 and that the price of ecstasy had remained stable in the six months preceding interview.

There was inconsistency in reports of the purity of ecstasy use, perhaps indicating that it fluctuates and can vary at any given time

Ecstasy was reported to be readily available and was typically sourced from friends and dealers.

PDU identified a number of risks and benefits associated with ecstasy use. The perceived benefits of ecstasy use include enhanced mood, communication and sociability and the perceived risks of ecstasy use include cognitive impairment and depression.

TAS

Among the Tasmanian sample of PDU, the majority of users generally consumed the drug orally, although many reported snorting the drug as a secondary mode of admission. Half the respondents reported using ecstasy fortnightly or more often.

Half of the sample reported typically using more than one ecstasy tablet in a single episode of use, and 40% had used four or more tablets at least once in a session in the preceding six months. Use of other drugs in conjunction with ecstasy was the norm among this group, with half usually consuming more than five standard drinks while using the drug.

The median purchase price for ecstasy in Hobart was \$45 per tablet, although the most common purchase prices are \$50 or \$40 per tablet. Consumer reports on the purity of ecstasy tablets suggest that this varies greatly.

The majority of participants purchase ecstasy from friends, and both consumers and key informants report that ecstasy is 'easy' or 'very easy' to obtain, and that this situation has remained stable in recent months.

There appears to be a minimal impact of ecstasy on recent Tasmania Police drug-related statistics, with small numbers of both seizures and arrests in comparison to other illicit drugs.

Most ecstasy users sampled reported a range of physical and psychological symptoms which they perceived as related, at least in part, to their use of ecstasy. While the majority of these symptoms were relatively minor, very small proportions reported psychological side effects which caused significant clinical distress such as panic attacks or suicidal thoughts. Similarly, substantial proportions of those sampled reported occupational, relationship or financial problems which they perceived as being related, at least in part, to their use of ecstasy. Again, the vast majority of these were relatively minor, although a very small proportion of participants reported experiencing problems which constitute significant disruptions to functioning, such as loss of employment, the ending of relationships, and inability to pay for essentials such as food or rent.

Consumer reports regarding the potential risks of ecstasy use indicated that messages about risks (such as dehydration, overhydration, overheating etc) were being received by PDU, and that the group sampled are interested and aware of harm reduction messages. The primary concern among users surrounding the possible negative effects of ecstasy related to tablet impurities and fluctuating pill content and purity.

Local consumers and key informants reported recent changes among PDU in that there had been a widening of the demographics of those using ecstasy, with use seen in both younger and older age groups. Also, both sources reported recent increases in experimentation with other 'party' drugs among PDU, particularly in regard to crystalline methamphetamine.

SA

Over the last four years little change in the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, or in the proportion using more than one tablet in a typical session, was seen.

There has, however, been a marked decrease since 2002 in the proportion of PDU who reported use of ecstasy during a binge episode.

A gradual increase over the four years of the survey in the proportion reporting ecstasy as their main drug of choice, as well as a gradual increase in snorting as a method of administration was noted.

Since 2002, there has been a substantial decrease in the proportion reporting typical use of methamphetamine and GHB *with ecstasy*. A concomitant increase in alcohol use *with ecstasy* and *during come down* has been observed.

The price of ecstasy remained unchanged since 2002 and stable over the last six months.

The majority of PDU believed that the purity of ecstasy fluctuated in the last six months and that it was easy or very easy to obtain, however, a small decline in obtainability was evident this year.

Very few PDU reported obtaining ecstasy from strangers.

For the first time in 2003, PDU perceptions of perceived risks and benefits were recorded. Detailed information was provided and the most common perceived benefits

were mood enhancement and enhanced communication and empathy toward others. The most commonly reported risks were some form of physical or psychological harm.

WA

The majority of ecstasy users reported consuming the drug orally. Most used fortnightly or more often and over half typically use more than one ecstasy tablet per session.

A substantial proportion had recently binged on ecstasy (i.e. used for more than 48 hours without sleep).

Ecstasy was bought for \$40 per tablet and the price was considered stable in the six months preceding interview.

The purity of ecstasy was reported to be medium or high and that it had fluctuated in the six months prior to interview.

Ecstasy was considered easy or very easy to obtain and the availability was reportedly stable.

Participants reported that the benefits of ecstasy use included social benefits such as feeling close with others, enhanced self confidence, a sense of community as well as increased energy allowing them to stay awake longer and dance for longer.

The perceived risks associated with ecstasy use included the 'pill content' (unknown strength or purity, or unknown drug contaminants or cutting agents). Acute physical harms, which included dehydration, overeating, vomiting, trouble sleeping, were also mentioned. The possibility of cognitive impairment was also a commonly cited risk

NT

On average, the PDU sample started to use ecstasy at 24 years old, and began using it regularly when they were 27.

Patterns of ecstasy varied. A fair proportion reported using ecstasy more than weekly (19%), most will typically use one tablet, or two in a heavy episode. Almost half of the users interviewed reported that they had binged with ecstasy.

The most common route of administration for ecstasy was swallowing (94%), however substantial proportions (28%) had injected it.

Ecstasy was most commonly purchased in tablet form for \$50 and a majority of users said the price was 'stable' (58%) in the six months preceding interview.

Most users said that the current purity of ecstasy was 'medium' (40%) and that this had been stable (37%) over the past six months.

Most users (57%) report the availability of ecstasy was 'easy to very easy' and that this had been 'stable' (53%) over the past six months.

A majority of users said they scored ecstasy from a friend (77%) at a friends home (60%) and most PDU reported that they usually use ecstasy at home (65%).

Most users believed there were two benefits with ecstasy use and the most common perceived benefits were social enhancement and mood/feeling enhancement. The most common perceived risk with ecstasy use was to ones physical health.

QLD

Ecstasy was typically used once a week in the last six months and in a typical session 1.5 tabs were consumed. Forty-three per cent of the sample had gone for 48 hours or more without sleep in the last six months while 'on' ecstasy. The most common route of administration for ecstasy was swallowing (91%).

The most common physical effects relating to ecstasy use reported by PDU in 2003 were loss of appetite (74%), trouble sleeping (68%) and blurred vision (65%). The main psychological effect reported by both females and males to be associated with ecstasy use was confusion (67%; 56%). Financial problems (35%) and social problems (21%) were the most common problems associated with ecstasy use.

Almost two thirds of the sample (65%) perceived that there were risks associated with using ecstasy, with more females than males (71% vs 59%) perceived that were risks associated with using ecstasy.

Whilst a number of PDU reported adverse psychological and physical effects relating to ecstasy, the number of contacts to telephone counselling services about ecstasy was quite small. This may indicate that while there are adverse effects, PDU do not view these effects with concern.

In 2003, the median reported price of an ecstasy tablet was \$35. Almost two thirds (63%) reported that this price was stable.

Over three-quarters (78%) reported current ecstasy purity as medium or fluctuating and a similar percentage (70%) reported that ecstasy purity had been stable or fluctuating in the last six months.

Key Informant reports of PDU demographics and reports on the ecstasy market are consistent with reports of the 2003 PDU sample.

4.8 Summary of ecstasy trends

- The median age first used ecstasy was 18 years, and they reported a median duration of use of four years. Females were younger when they started using ecstasy.
- All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 20 years.
- In the six months prior to interview participants had used ecstasy fortnightly.
- The vast majority (91%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy.

- Over half (57%) of the national sample reported that they typically used more than one tablet in a session.
- During their 'heaviest' use episode in the preceding six months, participants reported using a median of three tablets.
- Almost half (46%) of the national sample reported bingeing on ecstasy, the median length of time was three days.
- The median price of a tablet of ecstasy ranged from \$30 in VIC to \$50 in the NT and TAS.
- The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months. Substantial proportions in NSW, the ACT and VIC reported a recent decrease in price.
- Over half of the sample (56%) reported that the purity was medium to high while a third (32%) reported that the purity fluctuates. KI reports reflect the user reports of inconsistency in the purity of ecstasy.
- The median purity of the state police seizures analysed, indicates that generally purity has remained relatively stable around 30% purity. The number of seizures analysed has increased in recent years
- In all jurisdictions, almost all participants described ecstasy as 'very easy', 'easy' or 'moderately easy' to obtain, and agreed that availability had either remained stable or increased.
- The majority (87%) of participants reported there was some risk associated with ecstasy use. There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.
- Participants nominated a wide variety of benefits associated with taking ecstasy. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy. There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten users sensations.

5.0 METHAMPHETAMINE

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

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

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

5.1 Methamphetamine use among PDU

5.1.1 Methamphetamine Powder (Speed)

Six percent of the national sample reported that methamphetamine powder (speed) was their drug of choice. The majority (87%) of participants in the 2003 national sample reported lifetime speed use and about three quarters (73%) had used speed in the preceding six months. Those who had used speed reported first using it at mean age 18.9 years (SD 4.3, range 11-56).

Twenty six percent of the national sample reported that they had injected speed at some time. Of those that reporting injecting speed, the median age first injected was 19 years (range 14-45). Sixteen percent of the national sample reported injecting speed powder in the six months preceding interview.

Among participants that reported using speed in the six months prior to interview, snorting (71%) was the most common route of administration for speed, followed by swallowing (61%). Smaller proportions reported recently injecting (22%) or smoking (16%) speed.

Of those that used speed the median number of days used was six (once a month), ranging from having used once to daily use. Over half (54%) used less than once a month; 31% used speed between monthly and fortnightly; 10% between fortnightly and weekly and 5% used speed more than once a week.

The median amount of speed used in a ‘typical’ or ‘average’ use episode in the preceding six months was half a gram (range 0.1-7). Recent speed users reported using a median of one gram (range 0.1-14) during their ‘heaviest’ use episode. Nineteen percent had used two grams or more in a single occasion in the last six months. Over half (57%) of those that reported bingeing had used speed in their binge.

Speed use was also quantified in terms of points, with 171 recent speed users reporting using a median of 2 points in a heavy session (range 0.25 to 15) and 201 users reporting a median of 1 point used in a typical session (range 0.25-5 points).

Recent speed users also reported using lines of speed, with 48 participants reporting a median of two lines used in the most (range 1 to 10 lines) and 65 reporting a median of two lines used in a typical session (range 1-6).

Table 14 Patterns of methamphetamine powder (speed) use by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	87	97	88	98	90	82	93	89	67
Ever injected	26	17	2	38	22	11	19	64	26
Used last six months (%)	73	79	64	89	67	65	83	81	57
Snorted*	71	89	83	81	63	82	88	43	47
Swallowed*	61	62	76	57	79	85	63	38	67
Injected*	22	4	0	25	16	3	13	66	31
Smoked*	16	9	17	23	5	12	28	13	19
Median days used* last 6 mths (range)	6 (1-180)	5 (1-60)	4 (1-14)	8 (1-170)	4 (1-120)	8 (1-90)	8 (1-96)	12 (1-180)	6 (1-180)

Source: Party Drugs Initiative interviews

* of those that used

Speed users reported they usually scores from friends (76%), dealers (50%) and acquaintances (17%). This was quite consistent across jurisdiction (Table). Other people speed had been scored from included family members (n=5), street dealer (n=1) and one person had made their own.

The location where users scored speed reflects who they scored from, with over half (56%) reporting scoring from their friend’s home or their own home (28%). Speed was also bought from their dealer’s home (38%). Small numbers reported scoring speed in cars or car parks (n=11), work (n=7) and private parties (n=5). Small numbers mentioned scoring at arranged meeting place (n=1), including dealers work (n=1), mobile

dealer (n=1), street dealer (n=1), train station (n=1) and university (n=1). Restaurant/café (n=1), acquaintances home (n=1), and bar (n=1) were also mentioned. One person reported making their own speed. Two people scored from a gym.

Table 15 Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
People scored from:									
(% of those who commented)	n=556	n=62	n=34	n=79	n=77	n=66	n=79	n=85	n=74
Friends (%)	76	79	65	87	69	74	85	77	62
Dealers (%)	50	55	41	46	38	39	57	49	73
Acquaintances (%)	17	18	18	18	10	14	19	18	22
Work (%)	9	5	12	11	4	12	13	5	14
Unknown (%)	4	5	6	4	-	5	3	5	4
Locations scored from:									
(% of those who commented)	n=554	n=62	n=34	n=79	n=77	n=66	n=77	n=77	n=74
Friends' home (%)	56	55	50	54	46	61	68	65	46
Nightclub (%)	19	19	24	24	21	26	21	10	14
Dealer's home (%)	37	40	15	34	33	29	40	36	55
At own home (%)	28	24	24	37	20	38	27	30	26
Raves (%)	13	11	15	9	20	21	20	4	7
Dance parties (%)	11	8	21	8	21	15	14	5	3
Street (%)	7	7	12	1	1	11	5	10	10
Pubs (%)	10	11	12	6	7	17	8	15	3
Usual use venue:									
(% of those who commented)	n=558	n=62	n=34	n=79	n=77	n=66	n=77	n=77	n=74
Nightclub (%)	55	76	50	58	46	68	67	30	46
Raves (%)	40	37	44	41	51	52	53	5	39
Dance parties (%)	39	48	44	41	51	41	49	9	34
Private party (%)	32	45	38	25	13	46	39	34	25
Friends' home (%)	41	44	50	36	17	55	51	50	35
At own home (%)	44	45	24	44	26	46	39	63	53
Pubs (%)	24	32	21	19	5	47	23	37	12
Dealer's home (%)	11	16	9	14	5	12	6	9	16
Restaurant/café (%)	5	10	3	6	-	9	5	-	4
Public place (%)	11	17	6	7	1	20	14	7	15
Car/other vehicle (%)	12	16	18	7	4	20	18	2	16

Table 15 Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2003 (continued)

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Last use venue:	n=556	n=62	n=34	n=80	n=77	n=66	n=79	n=84	n=74
Nightclub (%)	21	27	15	28	23	14	24	10	22
Friends' home (%)	16	16	24	9	10	21	18	24	12
At own home (%)	23	18	12	25	10	21	15	44	31
Rave (%)	10	10	6	13	13	14	15	-	10
Dance party (%)	4	7	-	3	13	2	1	1	4
Private party (%)	7	7	3	8	5	8	11	10	3
Pubs (%)	4	7	3	4	1	6	5	4	1
Dealer's home (%)	1	-	-	1	3	-	-	1	3
Public place/street (%)	1	-	-	1	-	3	-	2	4

Source: Party Drugs Initiative interviews

Speed was usually used in a range of locations, most commonly in nightclubs and raves or in private homes. Recent speed users also reported using speed at work (n=16). Other locations mentioned included concerts/gigs (n=4), bush walking/camping (n=4), in bars (n=4) and in cars as a passenger (n=4). Two people each mention using speed at music festivals and in a hotel room. Sporting venues (n=1), school (n=1), flats (n=1), wedding/ball (n=1), beach (n=1) and gutter (n=1) were also mentioned as locations where speed had recently been used.

PDU were also asked where they had last used speed. One fifth had last used speed in their own home (23%) or a nightclub (21%). Friends' home (16%) and at a rave (10%) were also commonly reported. Other locations speed had last been used were hotel rooms (n=6), at work (n=6) and at music festivals (n=3) or music gigs (n=1). Other locations mentioned were passenger in car (n=1), flats (n=1), beach (n=1), in the forest (n=1), at a wedding/ball (n=1), and at a sporting venue (n=1), restaurant (n=1), and car/other vehicle (n=4).

5.1.2 Methamphetamine Base

Only two percent (n=16) of the national sample reported that methamphetamine base (base) was their drug of choice. Half (50%) of participants in the 2003 national sample reported lifetime use of base and about a third (36%) had used base in the six months preceding interview. The median age of first use, among those that reported using base, was 20 years (range 13-45).

Seventeen percent of the national sample reported that they had injected base at some time. Of those that reporting injecting base, the median age first injected was 22 years (range 13-45). Ten percent of the national sample reported injecting base in the six months preceding interview.

Of those that reported recent use of base, 70% swallowed, 34% snorted, 26% injected, and 13% smoked it. Of those that used base, the median number of days used was five,

ranging from having used base once to daily use. Over half (63%) used once a month or less; 22% used base between monthly and fortnightly; 7% between fortnightly and weekly and another 7% used base more than once a week.

Table 16 Patterns of methamphetamine base use by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	50	63	30	51	36	75	54	47	43
Ever injected	17	13	0	21	13	13	16	38	18
Used last six months (%)	36	42	24	28	24	70	32	32	34
Snorted*	34	23	63	56	25	29	50	12	37
Swallowed*	70	72	88	33	71	94	63	42	70
Injected*	26	19	0	33	38	7	19	73	35
Smoked*	13	16	31	22	0	9	13	3	20
Median days used* last 6 mths (range)	5 (1-180)	4 (1-96)	3 (1-72)	4 (1-52)	3 (1-96)	7 (1-100)	3 (1-96)	4 (1-120)	6 (1-180)

Source: Party Drugs Initiative interviews

* of those that used in the six months preceding interview

The median amount of base used in a ‘typical’ or ‘average’ use episode in the preceding six months was on point (range 0.1-10). Recent base users reported using a median of two points (range 0.05-30) during their ‘heaviest’ use episode. Forty two percent had used over two points in a single occasion in the last six months. Twenty two percent of those that reported recent bingeing had used base in their binge.

Base use was also quantified in terms of grams, with 39 recent base users reporting using a median of one gram used in a heavy session (range 0.1 –10 grams) and 25 users reporting using a median of half a gram in a typical session (range 0.1-2 grams).

Like speed, base was commonly reported to be bought from friends (69%) and dealers (47%). Smaller proportions had scored base from workmates (14%) or from acquaintances (7%) or persons unknown to them (2%). Other people base had been scored from were family members (n=2). As with speed, base was purchased from a range of locations, with private homes commonly reported; friends home (59%), dealers home (39%) and own home (28%).

Base was used also used in a range of locations. When asked the location they had last used base, the largest proportion had used in their own home (23%), followed by at a nightclub (17%) or in a friends home (16%).

Table 17 Source, purchase location and use location of methamphetamine base by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Score from:									
(% of those who commented)	n=263	n=29	n=15	n=19	n=25	n=73	n=27	n=33	n=42
Friends (%)	69	55	67	90	60	77	70	73	60
Dealers (%)	47	55	53	26	48	48	33	44	60
Acquaintances (%)	14	7 (2)	20	5 (1)	8 (2)	23	-	19	14
Work (%)	7	3 (1)	-	-	-	12	7 (2)	6 (2)	12
Unknown (%)	2	-	-	-	4 (1)	3 (2)	-	-	2 (1)
Locations scored from:									
(% of those who commented)	n=259	n=29	n=15	n=19	n=25	n=71	n=26	n=32	n=42
Friends' home (%)	51	41	47	63	40	55	58	69	38
Nightclub (%)	14	7 (2)	-	26	8 (2)	29	-	13	7
Dealer's home (%)	39	45	53	16	32	35	31	37	55
At own home (%)	28	21	40	16	24	31	35	23	31
Raves (%)	12	10	13 (2)	5 (1)	12	21	12	-	7
Dance parties (%)	9	-	13 (2)	16 (3)	12	20	-	3 (1)	-
Street (%)	8	7 (2)	7 (1)	-	-	13	4 (1)	3 (1)	13
Pubs (%)	6	-	-	5 (1)	-	14	-	10	2 (1)
Usual use venue:									
(% of those who commented)	n=262	n=29	n=15	n=19	n=25	n=73	n=27	n=32	n=42
Nightclub (%)	51	59	60	42	64	63	48	33	31
Raves (%)	40	45	73	26	48	55	41	-	29
Dance parties (%)	37	45	67	37	52	48	30	-	21
Private party (%)	27	24	27	21	24	38	26	23	17
Friends' home (%)	41	31	47	16 (3)	24	44	48	53	45
At own home (%)	46	48	40	26	44	36	52	65	55
Pubs (%)	23	21	33	11 (2)	16	34	4 (1)	38	10
Dealer's home (%)	11	10	20	-	-	10	4 (1)	13	26
Restaurant/café (%)	3	3 (1)	7 (1)	-	-	6	-	-	5 (2)
Street/ public place (%)	15	28	27	-	8 (2)	19	4 (1)	10	19
Car / other vehicle (%)	12	10	27	11 (2)	-	19	-	7 (2)	14

Table 17 Source, purchase location and use location of methamphetamine base by jurisdiction, 2003 (continued)

Last use venue:									
(% of those who commented)	n=262	n=29	n=15	n=19	n=25	n=73	n=27	n=32	n=42
Nightclub (%)	17	17	13 (2)	16 (3)	12	25	33	6 (2)	7
Friends' home (%)	16	10 (3)	20	16 (3)	4 (1)	16	19	28	17
At own home (%)	23	28	7 (1)	11 (2)	16	14	19	50	36
Raves (%)	13	21	7 (1)	16 (3)	8 (2)	19	11	-	10
Dance parties (%)	7	10	7 (1)	21	16	3 (2)	4 (1)	-	5 (2)
Private party (%)	5	-	-	5 (1)	8 (2)	8	7 (2)	3 (1)	2 (1)
Pubs (%)	3	7 (2)	-	5 (1)	4 (1)	7	-	-	-
Dealer's home (%)	2	-	-	-	4 (1)	-	-	6 (2)	5 (2)
Public place (street/park) (%)	2	-	-	-	4 (1)	1 (1)	-	-	7

Source: Party Drugs Initiative interviews *figures in brackets represent the number reporting.

5.1.3 Crystal Methamphetamine

Four percent of the national sample reported that crystalline methamphetamine (crystal) was their drug of choice. Over half (63%) of participants in the 2003 national sample reported lifetime use of crystal and about half (52%) had used crystal in the six months preceding interview. The median age of first use, among those that reported using crystal, was 20 years (range 10-58).

Fifteen percent of the national sample reported that they had injected crystal at some time. Of those that reporting injecting crystal, the median age first injected was 22 years (range 12-46). Eleven percent of the national sample reported injecting crystal in the six months preceding interview.

Of those that reported recent use of crystal, over half (56%) smoked it, 50% swallowed, 36% snorted and 21% reported they had injected it in the six months prior to interview.

Of those that reported recent use of crystal, the median number of days used was five, ranging from having used crystal once to daily use. Over half (62%) used once a month or less; 27% used crystal between monthly and fortnightly; 7% between fortnightly and weekly and 4% used crystal more than once a week.

Table 18 Patterns of crystalline methamphetamine use by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	63	56	71	77	58	60	91	55	49
Ever injected	15	15	0	21	15	4	15	34	12
Used last six months (%)	52	48	56	64	52	48	77	40	38
Snorted*	36	29	27	58	14	33	70	14	16
Swallowed*	50	39	70	47	39	73	49	33	53
Injected*	21	18	0	23	25	4	14	60	26
Smoked*	56	71	32	65	62	27	74	33	63
Median days used* last 6 mths (range)	5 (1-180)	3 (1-96)	2 (1-30)	6 (1-60)	3 (1-72)	5 (1-72)	8 (1-120)	5 (1-90)	4 (1-180)

Source: Party Drugs Initiative interviews * of those that used in the six months preceding interview

The median amount of crystal used in a 'typical' or 'average' use episode in the preceding six months was one point (range 0.1-10). Recent crystal users reported using a median of two points (range 0.1-30) during their 'heaviest' use episode. A third of recent users reported having used two or more points in a single occasion in the last six months. Crystal was commonly used among party drug users in a binge with forty two percent of those that reporting bingeing having used crystal in their binge.

Crystal use was also quantified in terms of grams, with 53 recent crystal users reporting a median of one gram used in the most (range 0.2 –1 grams) and 25 users reporting a median of half a gram used in a typical session (range 0.01-1 gram).

Table 19 Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Persons scored from:									
(% of those who commented)	n=372	n=36	n=33	n=58	n=55	n=40	n=71	n=35	n=44
Friends (%)	75	69	76	83	67	83	82	75	59
Dealers (%)	42	50	30	48	29	38	52	34	48
Acquaintances (%)	12	6 (2)	15	10	4 (2)	8 (3)	24	11	14
Work (%)	5	-	15	2 (1)	2 (1)	5 (2)	9	6 (2)	2 (1)
Unknown (%)	1	-	3 (1)	-	-	-	4 (3)	-	-

Table 19 Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2003 (continued)

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Locations scored from:									
(% of those who commented)	n=373	n=36	n=33	n=58	n=55	n=40	n=71	n=36	n=44
Friends' home (%)	60	58	61	60	46	60	73	64	50
Nightclub (%)	13	8	9	17	11	25	16	6 (2)	7
Dealer's home (%)	29	44	27	29	24	15	34	29	25
At own home (%)	25	19	24	36	18	23	28	11	27
Raves (%)	12	6	3 (1)	10	11	20	25	-	5 (2)
Dance parties (%)	9	3 (1)	3 (1)	10	6	18	17	3 (1)	2 (1)
Street (%)	5	8	6 (2)	-	-	10	6	-	9
Pubs (%)	5	-	3 (1)	-	6	10	9	11	-
Usual use venue:									
(% of those who commented)	n=375	n=36	n=33	n=59	n=55	n=40	n=72	n=36	n=44
Nightclub (%)	44	39	52	41	40	63	54	17	36
Raves (%)	32	14	24	25	29	58	53	-	36
Dance parties (%)	31	33	12	27	36	45	47	9	21
Private party (%)	23	28	24	19	6	30	38	17	16
Friends' home (%)	49	42	39	41	40	50	72	50	41
At own home (%)	38	50	36	41	22	40	36	58	34
Pubs (%)	17	28	12	7	7	43	21	22	5
Dealer's home (%)	10	28	6	5 (3)	7	13	11	11	5
Restaurant (%)	4	6 (2)	3 (1)	3 (2)	-	10	8	-	2 (1)
Public place (%)	12	22	6 (2)	5 (3)	2 (1)	20	17	9	18
Car/other vehicle (%)	12	6 (2)	18	9	-	23	22	3 (1)	9
Last use venue:									
(% of those who commented)	n=373	n=37	n=33	n=58	n=55	n=40	n=71	n=35	n=44
Nightclub (%)	17	14	39	22	16	28	13	3 (1)	9
Friends' home (%)	29	35	12	28	33	25	40	20	30
At own home (%)	20	24	18	21	9	3	17	49	27
Raves (%)	10	-	6 (2)	12	7	15	13	-	21
Dance parties (%)	4	5 (2)	3 (1)	5	7	3 (1)	3 (2)	3 (1)	2 (1)
Private party (%)	4	3 (1)	-	9	7	3 (1)	3 (2)	3 (1)	-
Pubs (%)	3	8	-	-	-	8	1 (1)	9	-
Dealer's home (%)	1	5 (2)	-	-	-	-	-	3 (1)	-

Source: Party Drugs Initiative interviews *figures in brackets represent the number reporting.

Three quarters of those who commented reported they scored crystal from their friends (75%), with dealers also reported as a common source (42%).

The location where users scored is reflective of who they source the drug from with most reporting they scored from friends home (60%), followed by dealers home (29%) and their own home (25%).

Crystal was used in a variety of locations, the most common location of the last use of crystal was in private homes (friends 29% or own home 20%).

5.2 Price

In most jurisdictions speed was commonly purchased in grams and points. The median price of a gram of speed varied by jurisdiction ranging from (\$40 a gram in SA to \$200 a gram in TAS, WA and QLD) (Table 20). The median price of a point of speed ranged from \$25 (SA and QLD) to \$50 (TAS, WA and NT). Speed was also purchased in half grams in NSW for \$35 (\$25-\$50). Five participants in VIC also reported purchasing a half a gram for \$100 (\$90-\$150).

Sixty nine percent (n=561) of the national sample commented on whether the price of speed had changed in the preceding six months. Over half (56%) reported the price of speed had remained stable in the preceding six months.

Of those that commented on the current price of base, most participants referred to its purchase in 'points' (Table 20). The median price paid for a point of base varied across jurisdiction and was cheapest in SA and QLD (\$25) and most expensive in TAS, WA and the NT (\$50). Numbers that reported buying a gram of base in all jurisdictions but SA were small (n<10). Seventeen participants in SA reported buying a gram of base for a median price of \$200 a gram (range \$100-\$300).

A third of the national sample commented whether there had been changes in the price of base. Of those who were able comment, over half (54%) reported the price of base had remained stable (41%) in the preceding six months. Twelve percent thought the price of base had decreased. Substantial proportions in all jurisdictions were not able to comment on whether there had been a change in price in the preceding six months. This may reflect the frequency of base use, as frequency is low users are unable to comment on changes in price.

Points were the most common purchase amount for crystal methamphetamine with twenty seven percent of the national sample (n=217) referred to the purchase of crystal in terms of points (Table 20). The median price paid for a point of crystal ranged from \$25 in SA to \$65 in the NT. Numbers that reported buying a gram of crystal in all jurisdictions but VIC were small (n<10). Thirteen participants in VIC reported buying a gram of crystal for \$300 (range \$200-\$400).

Table 20 Price of various forms of methamphetamine purchased by PDU

Median price (\$)	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Speed								
Gram	n=20 \$55 (40-190)	n=6 \$175 (70-250)	n=33 \$180 (30-300)	n=11 \$200 (30-300)	n=27 \$40 (20-250)	n=25 \$200 (50-400)	n=24 \$60 (50-300)	n=38 \$200 (20-300)
Point	n=1 \$30 (30)	n=10 \$40 (30-40)	n=30 \$30 (15-50)	n=41 \$50 (40-50)	n=15 \$25 (20-25)	n=25 \$50 (25-50)	n=28 \$50 (25-100)	n=25 \$25 (10-50)
Base								
Point	n=13 \$40 (20-50)	n=15 \$40 (30-50)	n=10 \$32.50 (20-230)	n=16 \$50 (35-300)	n=41 \$25 (15-50)	n=10 \$50 (50-50)	n=22 \$50 (20-100)	n=27 \$25 (15-200)
Crystal								
Point	n=15 \$50 (30-70)	n=22 \$45 (30-300)	n=29 \$40 (20-50)	n=29 \$50 (7-100)	n=20 \$25 (20-50)	n=42 \$50 (25-70)	n=26 \$65 (40-100)	n=37 \$40 (20-300)

Source: Party Drugs Initiative interviews

Thirty five percent of the national sample that reported on the price of crystal did not know if the price had changed in the six months preceding interview. Substantial proportions in all jurisdictions did not know if the price had changed ranging from 19% in WA to 59% in TAS. This may reflect recent users of this drug. The median duration of crystal use was one year of those that reported use of crystal, with 25% having first used the drug less than a year before the time of interview.

Forty three percent of those who commented reported the price of crystal had remained stable. This varied across jurisdiction ranging from 22% in NSW to 60% in WA. The same proportion of the national sample reported the price had increased (10%) and decreased (10%) in the six months preceding the interview.

Table 21 Price changes of methamphetamine by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Speed price changes									
(% who commented)	n=561	n=63	n=34	n=84	n=77	n=66	n=80	n=85	n=72
Don't know	24	27	32	25	36	26	26	9	13
Decreased	10	16	9	10	13	12	8	5	8
Stable	56	49	47	54	46	56	58	62	74
Increased	6	8	9	8	1	5	5	11	3
Fluctuated	4	0	3	4	4	2	4	13	3

Table 21 Price changes of methamphetamine by jurisdiction, 2003 (continued)

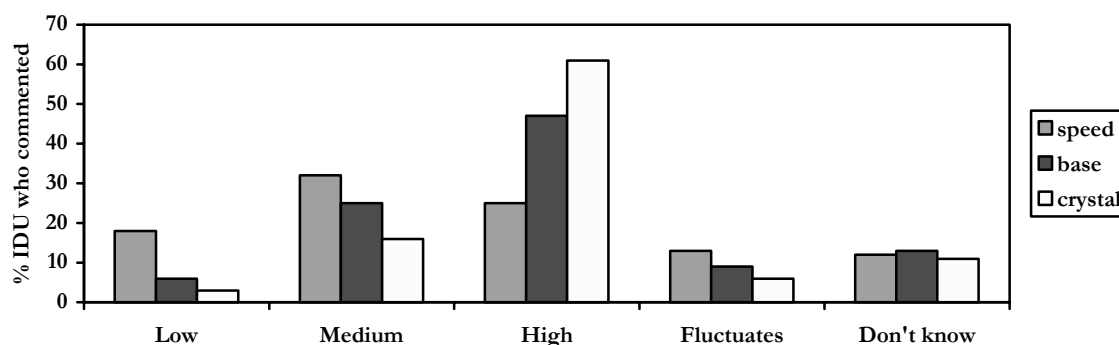
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Base price changes									
(% who commented)	n=263	n=29	n=15	n=22	n=25	n=73	n=26	n=33	n=40
Don't know	24	35	33	27	32	15	39	15	20
Decreased	12	21	13	18	8	12	0	3	18
Stable	54	41	53	36	56	63	54	58	50
Increased	5	3	0	5	4	6	0	15	3
Fluctuated	6	0	0	14	0	4	8	9	10
Crystal price changes									
(% who commented)	n=383	n=37	n=33	n=64	n=56	n=40	n=72	n=37	n=44
Don't know	35	46	27	36	59	45	19	22	30
Decreased	10	14	12	9	4	10	14	3	11
Stable	43	22	42	39	30	40	60	57	46
Increased	10	16	15	13	5	5	6	14	9
Fluctuated	3	3	3	3	2	0	1	5	5

Source: Party Drugs Initiative interviews

5.3 Purity

Participants were asked what the current purity or strength of speed, base and crystal were. Sixty nine percent of the national sample commented on the purity of speed and 63% commented on the purity of crystal. Thirty two percent commented on the purity of base. The majority of those who commented reported the purity of speed (57%), base (72%) and crystal (77%) to be 'medium' or 'high' (Figure 12). Small proportions reported the current strength of base (6%) or crystal (3%) to be low.

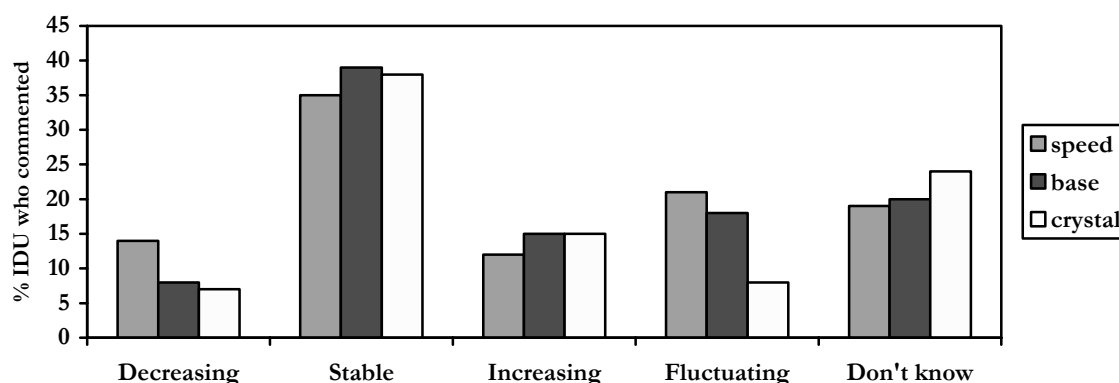
Figure 12 Users rating of the current purity or strength of methamphetamine, 2003



Source: Party Drugs Initiative interviews 2003

Participants were asked if the purity or strength of each form of methamphetamine had changed in the preceding six months. The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview (Figure 13). Larger proportions of speed (21%) and base (18%) users reported that purity had fluctuated than crystal users (8%).

Figure 13 User reports of recent change in purity of methamphetamine, 2003



Source: Party Drugs Initiative interviews 2003

As was mentioned previously user reports of purity are subjective and depend on a number of factors including the users tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC), the agency that provides the purity figures for State Police and AFP seizures that have been analysed, combines the purity of all seizures of methamphetamine, regardless of form. Thus, it is not possible to distinguish the average purity of speed from the more potent forms, base and crystal. Therefore, median methamphetamine purity figures for 2002/03 displayed in Figure 14 reflect purity of seizures of all methamphetamine forms (i.e. speed, base and crystal) combined.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter, except in Victoria where all seizures are analysed. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission, 2003).

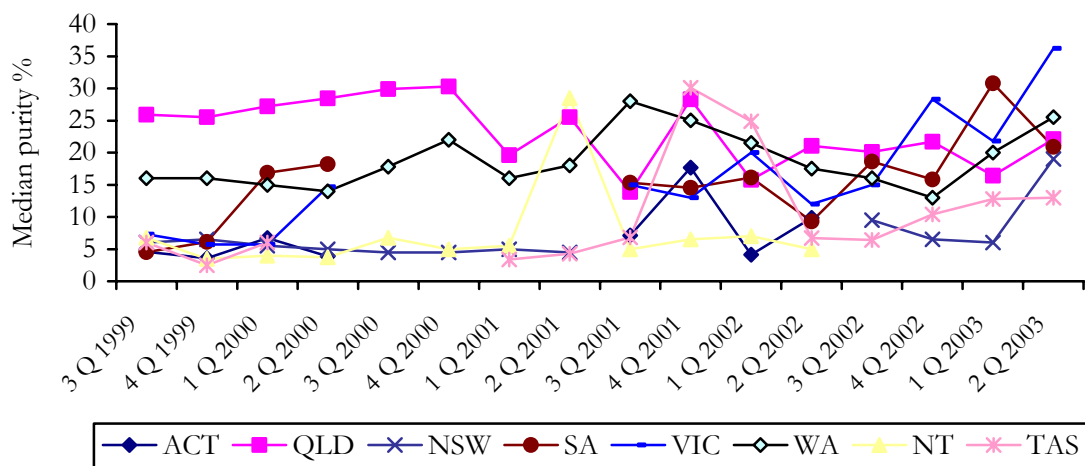
Finally, the purity of methamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2002/03, forensic analysis of seizures of methamphetamine in Australia revealed purity levels ranging from less than 1% to over 90%. This wide range in purity should be considered when looking at the median purity figures presented.

As with the heroin purity, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. The figures reported for VIC and the ACT

represent the purity levels of drugs seized during the relevant quarter. Figures for SA, WA, TAS and those supplied by the Australian Forensic Laboratory in Sydney represent the purity level of drugs received at the laboratory during the quarter. The time between date of police seizure and date of laboratory receipt may vary from days to months. No seizures were analysed for purity in the NT in 2002/03 due to limited resources.

Figure 14 shows the median purity across jurisdictions of methamphetamine seizures by quarter from 1999/00. As there were few AFP seizures analysed in most jurisdictions, they were not included on the graph. As can be seen from the graph, there is no clear trend in the purity of methamphetamine at a national level although overall, the median purity generally remains low at less than 35%. The average purity of methamphetamine seizures in VIC shows a steady increase over time. All seizures are analysed in VIC and this may provide a better indication of the trend in purity for methamphetamine.

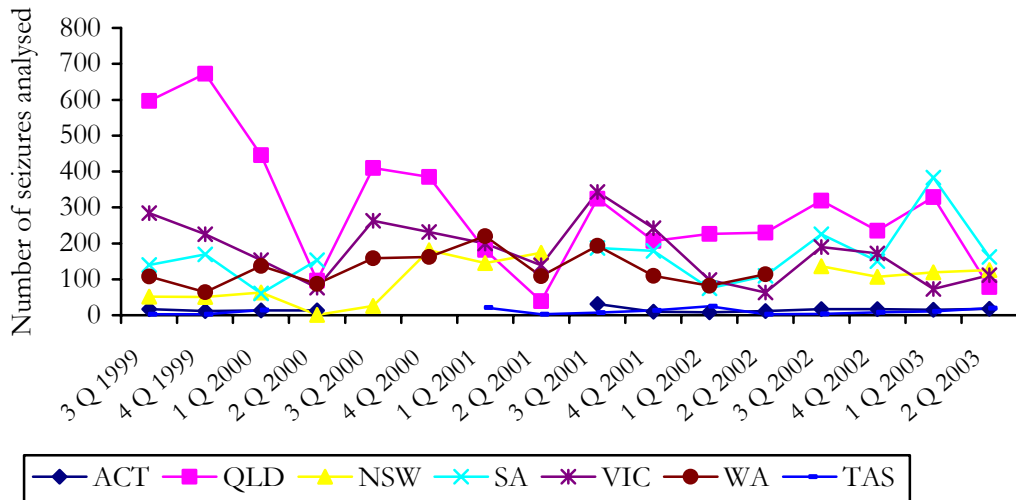
Figure 14 Median purity of methamphetamine seizures analysed by State police by jurisdiction, 1999-2003



Source: ABCI 2000, 2001, 2002. ACC 2003 1. Seizures $\leq 2g$ and $>2g$ combined. 2001/2002 not available for NSW. 2002/2003 data not available for NT. Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This figure underestimates the numbers of samples that are tested.

The number of seizures analysed shows no clear trend (Figure 15). As mentioned previously not all seizures are analysed, so this data does not provide an indication whether there have been changes in the number of seizures made. Instead it provides an indication of how many seizures contribute to the median purity presented in Figure 15.

Figure 15 Number of methamphetamine seizures analysed by State police by jurisdiction, 1999-2003



Source: ABCI 2000, 2001, 2002. ACC 2003. 2001/2002 not available for NSW. 2002/2003 data not available for the NT.

There were only limited AFP seizures analysed. In the 2001/02 financial year, there were 19 AFP seizures analysed in NSW with a median purity of 47.1% and 62 AFP seizures analysed in the ACT with a median purity of 7%. Four AFP seizures were analysed in the NT (77.3%) and one AFP seizure analysed in VIC with a purity of 3.1%. There were no methamphetamine AFP seizures analysed in QLD, SA, WA or TAS in 2002/03.

5.4 Availability

Sixty nine percent of the national sample commented on the recent availability of speed, the majority (86%) reported it to be 'very easy' (40%), to 'easy' (26%) and 'moderately easy' (20%) to obtain. This was relatively consistent across jurisdictions.

Over half (55%) of the national sample that commented reported availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (13%) or more difficult (15%). Although the highest proportion in each state reported speed availability had remained stable, there was some variation across jurisdiction with substantial proportions in the ACT reporting it had become more difficult (27%) and easier in the NT (22%).

Table 22 Availability of methamphetamine by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability speed									
(% who commented)	n=561	n=63	n=34	n=84	n=77	n=66	n=80	n=85	n=72
Don't know	4	2	3	6	3	8	4	2	4
Very easy	40	32	21	36	27	42	48	52	51
Easy	26	37	24	35	33	23	24	24	13
Moderately easy	20	19	38	17	27	15	13	18	22
Difficult	9	11	9	6	10	9	13	5	10
Very difficult	1	0	6	1	0	3	0	0	0
Availability speed changes									
(% who commented)	n=561	n=63	n=34	n=84	n=77	n=66	n=80	n=85	n=72
Don't know	11	10	9	13	17	15	15	2	10
Easier	13	5	12	11	13	11	11	22	18
Stable	55	71	47	60	56	52	51	48	54
More difficult	15	14	27	12	10	18	18	12	15
Fluctuates	6	0	6	5	4	5	5	15	3

Source: Party Drugs Initiative interviews 2003

About a third (32%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (38%), to 'easy' (20%) or 'moderately easy' (22%) to obtain. Of the national sample 13% reported that it was difficult to obtain, with substantial proportions in the ACT (27%) and the NT (22%) reported base to be difficult to obtain.

Over half (57%) of the respondents commenting on base reported that the availability had remained stable, with equal proportions reporting it had become easier (13%) or

more difficult (13%) to obtain in the preceding six months. Across jurisdiction at least half of those that commented reported that the availability base remained stable.

Table 23 Availability of methamphetamine base by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability base									
(% who commented)	n=262	n=29	n=15	n=22	n=25	n=73	n=26	n=32	n=40
Don't know	6	0	20	18	8	1	8	0	10
Very easy	38	31	13	14	28	60	35	38	35
Easy	20	28	20	23	20	14	19	13	33
Moderately easy	22	31	13	36	32	16	15	28	13
Difficult	13	10	27	9	12	7	19	22	10
Very difficult	1	0	7	0	0	1	4	0	0
Availability base changes									
(% who commented)	n=262	n=29	n=15	n=22	n=25	n=73	n=26	n=32	n=40
Don't know	14	3	27	32	16	14	19	3	13
Easier	13	21	13	9	4	14	12	22	8
Stable	57	62	53	50	60	56	50	53	63
More difficult	13	14	7	9	20	12	12	16	13
Fluctuates	3	0	0	0	0	4	8	6	5

Source: Party Drugs Initiative interviews 2003

Almost a half (47%) of the national sample were able to comment on the availability of crystal. The majority (78%) that commented believed to be 'very easy' (32%), to 'easy' (23%) or 'moderately easy' (23%) to obtain. Although the majority in all states reported that crystal was easy to obtain there were differences between jurisdiction in the level of ease, ranging from 12% in the ACT to 46% in WA and NSW reporting it was 'very easy' to obtain. Substantial proportions in the ACT (27%) reported it was difficult to obtain.

A third (35%) reported that the availability of crystal had remained stable in the preceding six months, ranging from 23% in TAS to 46% in the NT. Thirty one percent reported the availability had become easier, ranging from 8% in the NT to 52% in TAS.

Table 24 Availability of crystalline methamphetamine by jurisdiction, 2003

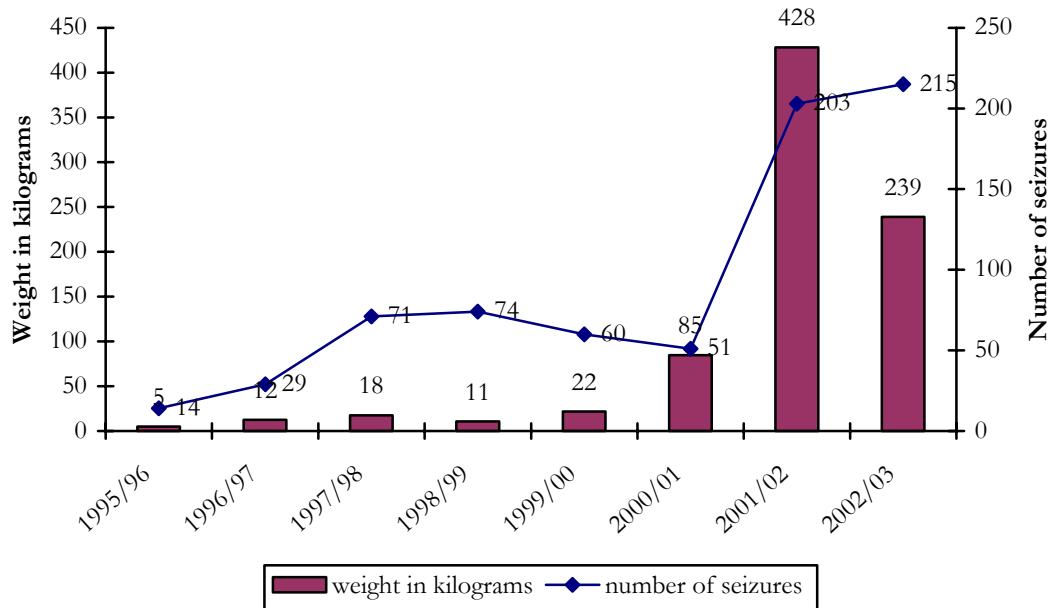
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability crystal									
(% who commented)	n=383	n=37	n=33	n=64	n=56	n=40	n=72	n=37	n=44
Don't know	8	0	6	13	5	10	4	11	14
Very easy	32	46	12	38	21	33	46	24	27
Easy	23	30	33	16	23	20	21	19	30
Moderately easy	23	16	18	27	34	25	21	14	18
Difficult	11	5	27	8	16	8	6	16	9
Very difficult	3	3	3	0	0	5	3	16	2
Availability crystal changes									
(% who commented)	n=383	n=37	n=33	n=64	n=56	n=40	n=72	n=37	n=44
Don't know	19	16	18	19	20	28	14	24	18
Easier	31	32	24	31	52	18	36	8	30
Stable	35	38	42	42	23	40	25	46	36
More difficult	12	8	15	8	5	15	15	16	11
Fluctuates	3	5	0	0	0	0	10	5	5

Source: Party Drugs Initiative interviews 2003

Amphetamine type stimulant seizures at the Australian border

Data provided by the Australian Customs Service show increases in the number of detections of amphetamine type stimulants at the Australian border. The weight of the seizures has increased substantially in the last few years, although the total weight in 2002/03 was lower than the total weight for 2001/02. The number of detections has continued to increase, from 51 in 2000/01 to 215 in 2002/03.

Figure 16 Number and weight in kilograms of amphetamine type stimulant* detections at the Australian border, financial years 1995-96 to 2002- 03



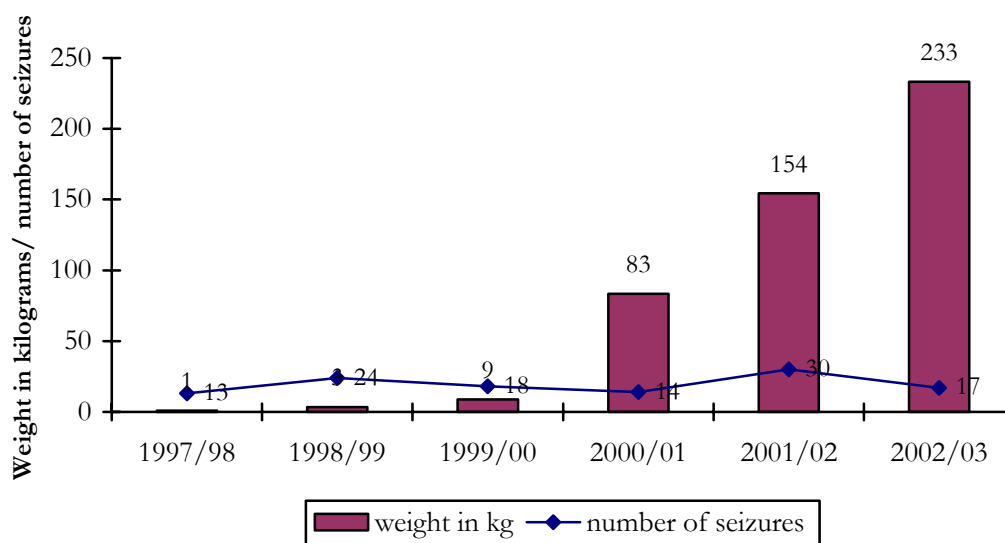
Source: Australian Customs Service

* Includes amphetamine detections, methamphetamine and crystalline methamphetamine (ice) detections but excludes MDMA

In particular, there has been an increase in the weight of crystalline methamphetamine detected at the Australian border (Figure 17). In 2002/03 the largest quantity of crystal methamphetamine (233 kg) was detected at the border to date. There were 17 detections of crystalline methamphetamine in 2002/03, a decrease from 30 detections in 2001/02, however the weight of the seizures increased from 154 kilograms in 2001/02.

The increase in weight of detections supports the PDU survey data from NSW that there has been an increase in use and availability of crystal methamphetamine in recent years. In addition user reports from all states in 2003 indicate a recent increase in availability of crystal methamphetamine.

Figure 17 Number and weight in kilograms of crystalline methamphetamine (ice) detections at the Australian border, financial years 1997-98 to 2002-03



Source: Australian Customs Service

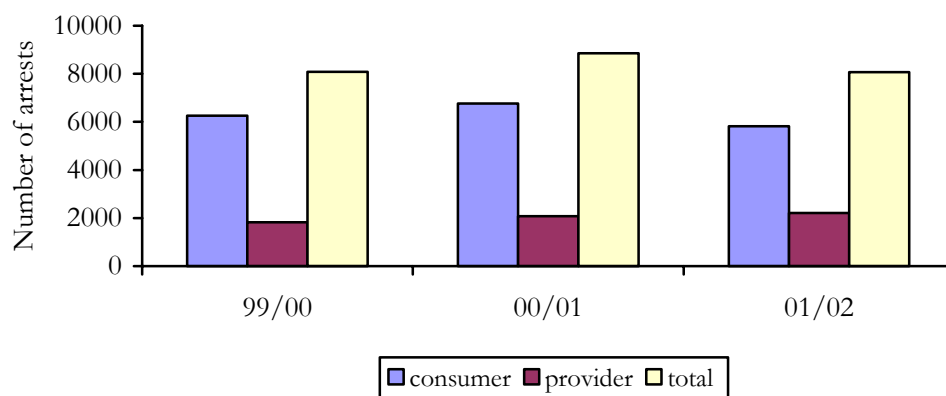
5.5 Methamphetamine related harms

5.5.1 Law enforcement

A number of jurisdictions do not differentiate between arrests associated with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy [MDMA] belongs), so these classes have been combined (Australian Crime Commission, 2003). Data on 2002/03 consumer and provider arrests for amphetamine type stimulants were not available for all states, therefore only data for QLD, TAS, WA and the NT are presented for 2003/03.

It should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. Consumer and provider arrests Australia-wide decreased slightly to 8063 in 2001/2002, returning to levels similar to those prior to the heroin shortage (which were 8083 in 1999/2000) (Australian Crime Commission, 2003).

Figure 18 Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2001/02



Source: ABCI, 2001, 2002; ACC 2003 Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

In the states where 2002/2003 data were available (QLD, WA, NT and TAS), there were varied trends. There were slight decreases in WA (1725 arrests in 2001/02 to 1300 in 2002/03) and TAS (89 in 2001/02 to 66 in 2002/03). In QLD, there was an increase in the number of consumer and provider amphetamine type stimulant arrests, from 2007 in 2001/02 to 2533 in 2002/03. Arrests in the NT remained stable (56 in 2001/02 and 50 in 2002/03). The arrest data for each state and territory include AFP data.

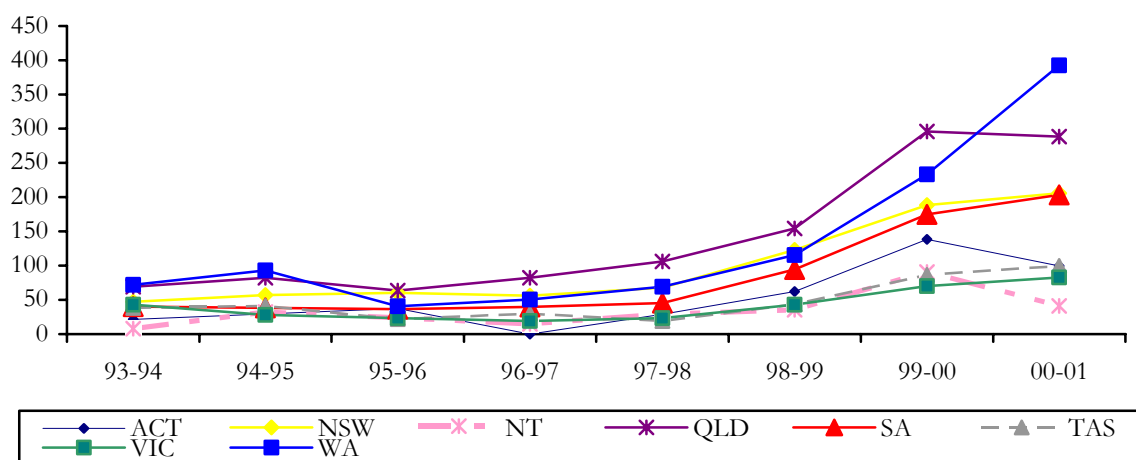
Information on criminal activity and arrest among the 2003 national PDU sample is presented in section 13.

5.5.2 Health

Morbidity - Hospital admissions

Data from the National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare shows a consistent gradual increase in inpatient hospital admissions for amphetamines over the last five years (Figure 33). The highest rates of inpatient hospital admissions in 2000-2001 were in WA (392) (Barker et al., 2003). QLD, NSW and SA (288, 205 and 203 respectively) were the jurisdictions with the next highest rates of inpatient hospital admissions for amphetamines (Barker et al., 2003). This is consistent with the PDU survey data with high proportions in WA reporting recent methamphetamine use, in particular speed and crystal use.

Figure 19 Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million people aged 15 years and over by jurisdiction, 1993-94 to 2000-01



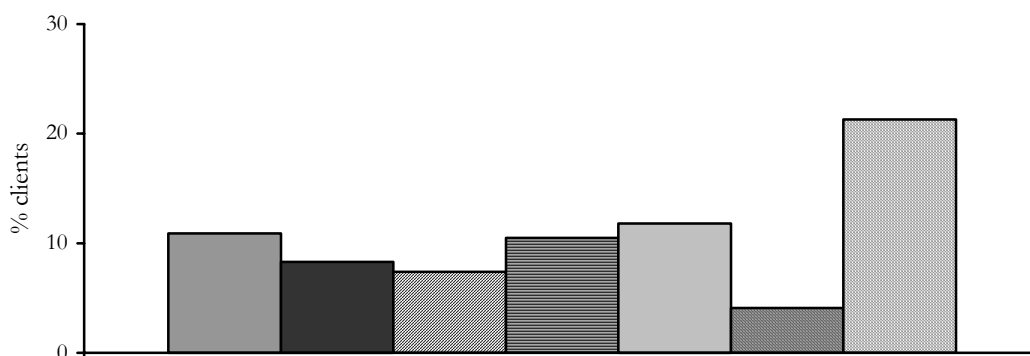
Source: ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments and AIHW (2002), Barker et al 2003.

In 2000-01 there were 2384 hospital separations in Australia for mental and behavioural disorders due to stimulant use, representing 6% of all hospital separations due to psychoactive stimulant use. Most stimulant admissions were for psychotic disorder, followed by dependence and harmful use (National Hospital Morbidity Database, AIHW, cited (McKetin and McLaren, 2004)).

Treatment

Data from the AODTS-NMDS indicate that in 2000-01 WA had the highest proportion of people seeking treatment for amphetamine (21%) with ACT, TAS and SA all approximately 10% (Barker et al., 2003).

Figure 20 Proportion of clients seeking drug treatment (excluding pharmacotherapy) for amphetamine as principle drug of concern by jurisdiction, 2000-01



Source: AIHW (2002), Barker et al 2003

Treatment utilisation depends on demand and jurisdictional funding; data for QLD were not included in 2000-01; data does not include clients from methadone maintenance treatments, needle and syringe programs, correctional institutions, halfway houses and sobering up shelters.

Of the 113 231 closed treatment episodes in Australia in 2001-02, 10.8% nominated amphetamines as their principle drug of concern (Australian Institute of Health and Welfare, 2003). This excludes clients that are seeking advice for others. Nationally, amphetamines were the fourth most common principle drug of concern to clients in closed treatment episodes after alcohol, cannabis and heroin.

Mortality

Australian Bureau of Statistics data on accidental deaths due to poisoning by methamphetamine, due to methamphetamine use (usually dependence) or drug induced deaths where methamphetamine was mentioned were analysed recently (Degenhardt and Barker, 2003). Since 1997 there has been an increase in the number of deaths among 15-54 year olds in Australia in which methamphetamine was noted, from 25 in 1997 to 99 in 2000. In 2001 there was a decrease to 51 deaths with 55 deaths in 2002 that mentioned methamphetamine (Degenhardt and Barker, 2003). There was only one death in 2002 in which methamphetamine was the underlying cause of death (i.e. the primary cause of the person's death), a decrease from 13 in 2001 and 15 the year before.

Between 1997 and 2002 there were 362 deaths in which methamphetamine was mentioned, over two thirds (68.2%) also had toxic levels of opioids in their system and 30.4% had benzodiazepines in their system (Degenhardt and Barker, 2003).

5.6 Benefit and risk perception

Participants were asked to describe the risks and benefits they perceived to be associated with taking methamphetamine. They were asked if they thought there were risks associated with taking methamphetamine and if so they specified the risks.

5.6.1 Perceived benefits

There were similarities between states in the perceived benefits associated with methamphetamine use. There was also similarity in the benefits reported regardless of the form of methamphetamine. The most commonly reported benefit of using methamphetamine was that it provided the ability to stay awake and gave energy. Increased sociability, confidence, alertness and clarity of thought were also perceived as benefits associated with taking methamphetamine.

5.6.2 Perceived risks

The majority of PDU commented on whether there were risks associated with taking methamphetamine. The majority of those that responded reported there were risks associated with taking speed (81%), base (58%) and crystal (67%). However larger proportions of PDU responded that they did not know if there were risks associated with taking base (37%) and crystal (29%) methamphetamine than speed (12%). Only small proportions reported there were no risks.

Table 25 Proportion of PDU that reported if there were risks associated with taking methamphetamine, 2003

	Speed n=800	Base n=774	Crystal n=784
Yes	81	58	67
No	7	5	4
Don't know	12	37	29

Source: Party Drugs Initiative interviews 2003

There were similarities across jurisdiction in the perceived risks associated with taking methamphetamine. PDU reported that the risks of taking methamphetamine were related to either short term or long term physical and mental health (including psychotic episodes). General health problems such as weight loss and disturbed sleep were commonly mentioned. The potential for ‘addiction’ was reported as a risk of methamphetamine use.

5.7 Jurisdictional trends

NSW

Lifetime and recent use of speed has remained stable across sampling years. Prevalence of base use has increased over time although remained stable since 2002. Reports of crystal use have increased over time with a notable increase since 2002.

KI reports of speed and crystal use were consistent with those of the users while KI reports of base use were less consistent which may reflect specific patterns of use among different groups

Speed was most commonly purchased in gram amounts for a median of \$55, a reduction from \$50 in 2002. A ‘point’ of base was purchased for \$40, comparable to 2002, while the price of crystal remained stable at \$50 a ‘point’ since 2001. Many were unable to comment on price changes of base and crystal reflecting the relatively limited experience this group has with these forms of methamphetamine.

The purity of all forms of methamphetamine were reported by most respondents to be of ‘medium’ or ‘high’ purity and the majority reported that the purity had remained ‘stable’ over the preceding six months. AFP seizure data also shows methamphetamine purity as being relatively high.

Most respondents reported that all forms of meth were ‘very easy’ or ‘easy’ to obtain. The proportion of PDU who reported base and crystal as ‘very easy’ to obtain increased substantially from 2002. The majority reported the availability of speed had remained ‘stable’ or had become ‘more difficult’ during the preceding six months while both base and crystal were more likely to be reported as having remained ‘stable’ or had become ‘easier’ to obtain

All forms of methamphetamine were most commonly purchased from friends and dealers and most likely to have been purchased from private residences including friends’, dealers and own homes

Indicator data do not show a clear trend for the preceding 12 months, with fluctuations occurring in; the number of people presenting for amphetamine overdose, the number of

people calling help lines regarding problematic amphetamine use and the number of incidents recorded for possession/use of amphetamines. There have however, been gradual increases over time recorded across many of the datasets.

The most commonly perceived benefit of use across all three forms of methamphetamine was increased energy. The most commonly perceived risks were related to potential psychological harm, the most frequent being addiction or dependence.

ACT

Speed was the predominant form of methamphetamine used by PDU, closely followed by crystal methamphetamine. A smaller proportion of the sample reported lifetime and recent use of base methamphetamine.

Consistent with PDU data, KI reported that the use of some form of methamphetamine was common among the party drug population. Law enforcement KI believed that over the past six months there had been an increase in the use of crystal methamphetamine among PDU, and this was supported by the reports of PDU indicating that crystal methamphetamine was becoming increasingly easy to obtain.

Speed (\$40), base (\$40) and crystal methamphetamine (\$45) were commonly purchased in point form. The price was reported to be stable for all three forms of methamphetamine.

The majority of respondents commenting on methamphetamine reported all three forms to be medium to high and stable in purity. Two thirds of PDU commenting on crystal believed it to be high purity, supporting the conclusion that the purity of methamphetamine is increasing. This was further supported by the dramatic increase in the purity of methamphetamine seized by the AFP in the ACT during 2002-2003.

PDU considered speed and crystal methamphetamine to be moderately easy to easy to obtain. The majority of PDU reported that the availability of speed and crystal methamphetamine had remained stable, with one quarter believing that speed was becoming more difficult to obtain whereas crystal methamphetamine was becoming easier to obtain. Reports regarding the availability of base methamphetamine were inconsistent.

Corresponding to an increase in the purity of methamphetamine available in the ACT, there was also an increase in the number of amphetamine-related calls made to the 24-hour helpline between the third and fourth quarters of 2002-2003.

'Increase in energy' was the most common benefit reported for speed (44%), base (21%) and crystal (32%). The use of each form of methamphetamine was also associated with the capacity to stay awake for extended periods of time (speed 38%; base 11%; crystal 17%).

VIC

Of the three forms of methamphetamine, speed was reported to be the most widely (in terms of both lifetime and recent use) used by PDU, followed by crystal methamphetamine and then base.

The purity of all forms of methamphetamine were reported to be high and stable in the six months preceding interview.

Crystal methamphetamine is more expensive (\$40 per point) than speed and base (\$32.50 per point). The prices of all forms of methamphetamine have remained stable or decreased in the last six months and all forms are reported as being readily available.

Perceived benefits of using methamphetamine include the ability it provides to stay awake for long periods of time, as well as increased sociability and communication. The perceived risks of using methamphetamine include risks to physical and psychological health.

TAS

Methamphetamine use was common amongst this population of ecstasy users. More than 80% of this group used some form of methamphetamine in the six months prior to interview. The median number of times participants had used any form of the drug in this six-month period was seven times, equating to approximately monthly use of methamphetamine on average.

Use of methamphetamine powder and crystalline methamphetamine was most common amongst this group, although, typically, participants only used small amounts of the drug at a time (0.05-0.1 g) and used each form less than once per month.

The price of each form of methamphetamine was regarded as remaining stable in the preceding six months by most participants, at \$40 per 0.1 g of powder or 'base' methamphetamine, and \$50 per 0.1 g of crystalline methamphetamine.

Most participants reported that it was easy or very easy for them to access all forms of methamphetamine, and that this situation had remained stable in the preceding six months. However, the local availability of crystalline methamphetamine appears to have increased in this time.

While approximately one-quarter of those that reported recently using methamphetamine had experienced some negative social, financial, legal or work-related effect that they attributed to their use of the drug, the majority of these had relatively minor impacts, such as getting into arguments or losing motivation. While it was more common to experience physical or psychological side effects related to methamphetamine, as the majority of individuals used methamphetamine with other drugs, it was uncommon for participants to attribute these side-effects solely to the use of methamphetamine.

SA

Compared to 2002, fewer PDU reported lifetime use of all forms of methamphetamine and a similar decrease across the board in recent use of all forms of methamphetamine was seen; the largest decrease occurred in recent use of crystal methamphetamine.

An analysis of binge behaviour also saw a substantial decrease in the percent of PDU reporting use of all forms of methamphetamine.

Recent crystal methamphetamine use has decreased dramatically to 2001 levels following a peak in 2002.

The median number of days of use of all forms of methamphetamine has decreased since 2002, most notably with regard to crystal methamphetamine.

Nightclubs were the most commonly reported locations of use for crystal and base methamphetamine, while a private home was the most commonly reported location for use of powder methamphetamine. Friends were the most likely source of all forms of methamphetamine.

In comparison to previous years there appears to have been little change in price and purity. Availability of all forms of methamphetamine remained at high levels, but changes in the proportion reporting *easy* and *very easy* were seen. Interestingly, the decrease in availability of crystal methamphetamine was more marked than either base or powder.

The decreases noted by PDU in different aspects of methamphetamine use were reflected in the indicator data available, however, the indicator data is primarily focussed on injecting drug users and comparisons must be treated with caution.

For the first time in 2003, PDU perceptions of perceived risks and benefits of methamphetamine were recorded. The most common perceived benefits were an ability to stay awake and increased endurance. The most commonly reported risks related to either short-term or long-term physical and mental health.

WA

Substantial proportions reported recent use of both speed powder and crystal methamphetamine. Recent use of base was less than that of other forms.

Party drug users reported that a typical amount for crystal and base was one point and for powder a typical amount was 0.2 gram.

The PDU reported buying all forms of methamphetamine for \$50 per point and the price was considered to be stable for all forms in the six months preceding interview.

All forms of methamphetamine were considered easy to obtain. The availability of speed powder and base were considered stable in the six months preceding interview, while crystal was rated as easier to obtain.

PDU reported that the ability to remain awake for extended periods and feel energetic were benefits associated with the use of methamphetamines. Feeling of confidence or generally feeling good about oneself were also reported. The ability to work effectively was another benefit attributed to methamphetamine.

The issue of general physical problems was raised as a potential risk of methamphetamine use. The possibility of addiction was also mentioned as a risk associated with the use of methamphetamines. Psychotic episodes were also a risk factor mentioned by substantial numbers of PDU.

NT

The majority of the PDU had also used powder (81%) in the past six months and substantial proportions had used crystal (40%) and base (32%).

On average, PDU reported they started to use powder when they were 20 years old, base at 23 years old and crystal at 26 years old.

A quarter reported they had used powder, 15% base and 7% crystal more than weekly in the six months preceding interview.

Most speed users reported they had used one gram in a typical session, and two grams in a heavy episode. Over half of users reported they had binged with powder in the six months prior to interview.

Most base users reported they typically used one point, or 2.5 points in a heavy episode. Over a quarter of users binged with base in the six months prior to interview.

Most crystal users reported they typically used one point, or 2 points in a heavy episode and 40% of users had binged with crystal in the six months prior to interview.

A majority of recent users had recently injected all forms of methamphetamine (66% powder, 73% base, 60% crystal), with swallowing (38% powder, 42% base, 33% crystal) being the next most common route of administration.

Powder was most commonly purchased for a median of \$60 per gram, base was most commonly purchased for a median of \$50 per point and crystal was most commonly purchased for a median of \$65 per point.

A majority of users of each form of methamphetamine said this price was 'stable' (62% powder, 58% base, 57% crystal)

Most respondents reported the purity of: powder to be 'low to medium' (68%) and 'fluctuating' (40%), base to be 'medium to high' (75%) and 'fluctuating' (38%) or 'stable' (31%), and crystal to be 'high' (65%) and stable (54%)

Powder users reported the availability as 'easy to very easy' (66%), and 'stable' (48%), base users reported the availability as 'very easy' (38%) or 'moderate' (28%), and 'stable' (53%), and crystal users reports of the availability were fairly evenly distributed from 'very easy to easy; (43%) to 'difficult to very difficult' (32%), and 'stable' (46%)

Most users of all types of methamphetamine scored from their friends (77% powder and crystal, 73% base) at their friends home (64% powder, 71% base, 70% crystal)

The most common perceived benefit for all methamphetamines was an increase energy, motivation, alertness. The most common perceived risk with all methamphetamines was to ones physical health.

QLD

Sixty-seven percent of the QLD PDU sample reported having ever used speed, and 57% reported recent use. Recent speed users had used about once a month in the last six months, typically using 0.5 grams.

Forty-three percent of the QLD PDU sample reported having ever used methamphetamine base, and 34% reported recent use. Recent methamphetamine base had used about once a month in the last six months, typically using one gram.

The main routes of recent administration for speed and base were swallowing (24%) and snorting (13%).

Half (49%) of the sample report having ever used crystal methamphetamine, and 38% reported recent use. Recent crystal methamphetamine had used about every six weeks in the last six months, typically using one gram. The main routes of recent administration were smoking (24%) and swallowing (20%).

KI reports on the use of methamphetamine and its route of administration were consistent with those of PDU. Specifically, key informants noted smoking of crystal.

The most common physical side effects associated with methamphetamine powder use were loss of appetite (40%) and trouble sleeping (39%). The most common psychological effects reported to be associated with methamphetamine powder use were confusion (25%) and agitation/restlessness (24%).

The most common types of problem PDU associated with methamphetamine use were financial and social problems. Seventeen per cent of PDU reported that they had financial problems associated with their use of methamphetamine powder and 13% reported that they had social problems associated with their use of methamphetamine powder.

Almost two thirds (63%) of PDU reported that there were risks associated with using methamphetamine powder and over half (53%) reported risks associated with base or crystal. However, a substantial proportion of the 2003 PDU sample did not know of any risks with using powder (29%), base (35%) or crystal (38%).

In 2003, the median price for any form of methamphetamine was \$200 a gram. The median price for a point of speed or base was \$25 and \$40 for a point of crystal. Over a third of methamphetamine powder users (39%) and 15% of methamphetamine base and crystal methamphetamine users reported that the price had remained stable in the last six months.

Methamphetamine users were generally in agreement that the current purity of methamphetamine was high. Specifically, over two thirds (68%) reported current methamphetamine powder purity to be medium/high; over two thirds (68%) reported current methamphetamine base purity to be high and almost three quarters (71%) reported current crystal methamphetamine purity as high.

The 2003 PDU sample reported that methamphetamine availability had been good in the last six months. While ease of access to methamphetamine powder (54%) and methamphetamine base (63%) have remained stable, ease of access to crystal methamphetamine has increased. While 36% of crystal users reported that their access had remained stable, a further 30% reported that it had recently become easier to obtain crystal.

Consistent with the view that methamphetamine is readily available in QLD, Queensland Police Service made 4,775 methamphetamine seizures between July 1999 and June 2003. These seizures had a median purity of 19.4% in 2002/03.

5.8 Summary of Methamphetamine Trends

- The majority (87%) of participants in the 2003 national sample reported lifetime speed use and about three quarters (73%) had used speed in the preceding six months.
- Snorting was the most common route of administration for speed, followed by swallowing, with smaller proportions injecting and smoking.
- Speed users typically used on a monthly basis typically using half a gram in a session.
- Speed users reported they usually scores from friends (76%), dealers (50%) and acquaintances (17%). The reported scoring from friends or dealers home and report using speed in a variety of locations, most commonly in nightclubs, or in private homes (their own or friends).
- Half (50%) of participants in the 2003 national sample reported lifetime use of base and about a third (36%) had used base in the six months preceding interview.
- Of those that reported recent use of base 70% swallowed, 34% snorted, 26% injected, 13% smoked.
- Of those that used base, the median number of days used was five, ranging from having used base once to daily use. Over half (63%) used once a month or less;
- The median amount of base used in a 'typical' or 'average' use episode in the preceding six months was on point.
- Like speed, base was usually purchased from friends and dealers, from a variety of locations, most commonly a friends or dealers home.
- Base was used in a variety of locations, most commonly nightclubs and private homes.
- Over half (63%) of participants in the 2003 national sample reported lifetime use of crystal and about half (52%) had used crystal in the six months preceding interview.
- Of those that used crystal, over half (56%) smoked it, half (50%) swallowed, a third (36%) snorted it and 21% injected.
- Of those that used crystal, the median number of days used was five, ranging from having used crystal once to daily use. Over half (62%) used once a month or less; 27% used crystal between monthly and fortnightly; 7% between fortnightly and weekly and 4% used crystal more than once a week.
- The median amount of crystal used in a 'typical' or 'average' use episode in the preceding six months was on point.
- Three quarters of those who commented reported they scored crystal from their friends, dealers were also common sources (42%).
- Most reported they scored from friends home (60%) – followed by home (dealers and friends).
- Crystal was used in a variety of locations, most commonly in private homes (friends or own).

- The majority of those who commented reported the purity of speed (57%), base (72%) and crystal (77%) to be 'medium' or 'high'. Small proportions reported the current strength of base (6%) or crystal (3%) to be low.
- The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview. Larger proportions of speed (21%) and base (18%) users reported that purity had fluctuated than crystal users (8%).
- Sixty nine percent of the national sample commented on the recent availability of speed, the majority (86%) reported it to be 'very easy' (40%), to 'easy' (26%) and 'moderately easy' (20%) to obtain. This was relatively consistent across jurisdictions.
- Over half (55%) of the national sample that commented reported availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (13%) or more difficult (15%).
- About a third (32%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (38%), to 'easy' (20%) or 'moderately easy' (22%) to obtain. Of the national sample 13% reported that it was difficult to obtain, with substantial proportions in the ACT (27%) and the NT (22%) reported base to be difficult to obtain.
- Over half (57%) of the respondents commenting on base reported that the availability had remained stable, with equal proportions reporting it had become easier (13%) or more difficult (13%) to obtain in the preceding six months. Across jurisdiction at least half of those that commented reported that the availability base remained stable.
- Almost a half (47%) of the national sample were able to comment on the availability of crystal. The majority (78%) that commented believed to be 'very easy' (32%), to 'easy' (23%) or 'moderately easy' (23%) to obtain.
- The majority in all states reported that crystal was easy to obtain, however, there were differences between jurisdiction, ranging from 12% in the ACT to 46% in WA and NSW reporting it was 'very easy' to obtain. Substantial proportions in the ACT (27%) reported it was difficult to obtain.
- A third (35%) reported that the availability of crystal had remained stable in the preceding six months, ranging from 23% in TAS to 46% in the NT. Thirty one percent reported the availability had become easier, ranging from 8% in the NT to 52% in TAS.
- Data provided by Customs show increases in the number of detections of amphetamine type stimulants at the Australian border, in particular, there has been an increase in the weight of crystalline methamphetamine.
- The most commonly reported benefit of using methamphetamine was that it provided the ability to stay awake and gave energy. Increased sociability, confidence, alertness and clarity of thought were also perceived as benefits associated with taking methamphetamine.
- The majority of PDU reported there were risks associated with taking speed, base and crystal. The risks of taking methamphetamine were related to either short term or long term physical and mental health (including psychotic episodes). The potential for 'addiction' was also reported as a risk of methamphetamine use.
- Data from the National Hospital Morbidity Database (NHMD), managed by the Australian Institute of Health and Welfare shows a consistent gradual increase in inpatient hospital admissions for amphetamines over the last five years. The highest rates of inpatient hospital admissions in 2000-2001 were in WA..

- Data from the AODTS-NMDS indicate that in 2000-01 WA had the highest proportion of people seeking treatment for amphetamine. The PDI survey data is consistent with these findings; WA reported the highest proportion of recent crystal use and the second highest recent speed use.

6.0 COCAINE

Cocaine is a colourless or white crystalline alkaloid. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia (Australian Crime Commission, 2003). Cocaine is a stimulant, like methamphetamine.

6.1 Cocaine Use Among PDU

Five percent of the national sample reported cocaine as their drug of choice. Over half (54%) of participants in the 2003 national sample reported lifetime use of cocaine and about a quarter (24%) had used cocaine in the six months preceding interview. The median age of first use, among those that reported using cocaine, was 20 years (range 10-56).

Eleven percent of the national sample reported that they had injected cocaine at some time. Of those that reporting injecting cocaine, the median age first injected was 22 years (range 12-42). One percent (n=8) of the national sample reported injecting cocaine in the six months preceding interview.

Of those that used cocaine in the six months preceding interview, the majority (89%) snorted, 20% swallowed, 10% smoked and 4% injected.

Of those that used cocaine, the median number of days used was two, ranging from having used cocaine once to one participant reporting using cocaine every second day. The majority had (86%) used once a month or less; 12% used cocaine between monthly and fortnightly; two participants using between fortnightly and weekly and one participant that used cocaine more than once a week.

Table 26 Patterns of cocaine use by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	54	78	47	80	44	57	44	50	37
Ever injected	11	12	2	23	10	6	4	19	10
Used last six months (%)	24	46	26	35	7	37	17	5	18
Snorted*	89	87	94	94	71	97	100	60	71
Swallowed*	20	28	6	20	14	19	18	20	21
Injected*	4	2	0	9	0	0	0	20	13
Smoked*	10	13	6	11	14	3	0	60	13
Median days used* last 6 mths (range)	2 (1-90)	2 (1-24)	1 (1-4)	3 (1-30)	2 (1-10)	2 (1-15)	2 (1-13)	6 (2-30)	5 (1-90)

Source: Party Drugs Initiative PDU interviews

* of those that used

The median amount of cocaine used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.1-3). Recent cocaine users reported using a median of one gram (range 0.1-7) during their 'heaviest' use episode. A quarter (25%) reported having two or more grams in a single occasion in the last six months. Ten percent of those that reporting they had binged in the six months preceding interview used cocaine in their binge.

Cocaine use was also quantified in terms of lines, with 39 recent cocaine users reporting a median of two lines in the most (range 1-6) and 44 users reporting a median of two lines in a typical session (range 1-4).

Cocaine was most commonly acquired through friends or dealers and this was consistent across states. PDU obtained their cocaine from private homes, most commonly friends homes, their dealers homes or at their own home. Smaller proportions reported scoring in nightclubs (7%) and pubs (7%). Other locations cocaine had been scored from included car/car park (n=5), private parties (n=3), work (n=2).

Table 27 Source, purchase location and use location of cocaine by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
People scored from:									
(% of those who commented)	n=168	n=32	n=12	n=24	n=7	n=32	n=14	n=6	n=20
Friends (%)	48	59	25	79	67	63	43	33	35
Dealers (%)	30	56	50	17	33	19	21	50	45
Acquaintances (%)	5	6	-	4	-	6 (2)	7 (1)	17 (1)	5 (1)
Work (%)	4	13	-	4 (1)	-	3 (1)	-	-	-
Unknown (%)	2	-	-	4 (1)	-	6 (2)	-	-	-
Locations scored from:									
(% of those who commented)	n=168	n=32	n=12	n=24	n=7	n=32	n=14	n=6	n=20
Friends' home (%)	37	41	25	58	80	47	36	33	30
Nightclub (%)	7	9	8 (1)	12 (3)	-	9	-	17 (1)	5 (1)
Dealer's home (%)	23	44	25	13	20	13	14	67	40
At own home (%)	13	13	8 (1)	21	-	13	21	17 (1)	20
Raves (%)	1	3 (1)	-	4 (1)	-	-	-	-	-
Dance parties (%)	3	3 (1)	-	4 (1)	-	-	7 (1)	17 (1)	-
Pubs (%)	7	9	-	4 (1)	-	6 (2)	-	-	5 (1)
Gym (%)	1 (2)	-	-	-	-	-	7 (1)	-	-
Street (%)	4	6 (2)	-	-	-	9	-	-	5 (1)

Source: Party Drugs Initiative PDU interviews

Table 27 Source, purchase location and use location of cocaine by jurisdiction, 2003 (continued)

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Usual use venue:									
(% of those who commented)	n=168	n=32	n=12	n=24	n=7	n=32	n=14	n=6	n=20
Nightclub (%)	29	41	17 (2)	46	42	30	36	17 (1)	20
Raves (%)	9	16	-	17	14 (1)	6 (2)	7 (1)	-	10 (2)
Dance parties (%)	11	6 (2)	-	21	28 (2)	13	14 (2)	17 (1)	15
Private party (%)	16	25	8 (1)	17	14 (1)	28	7 (1)	-	15
Friends' home (%)	32	50	25	42	28 (2)	31	21	33 (2)	35
At own home (%)	24	41	8 (1)	33	14 (1)	19	21	67	25
Pubs (%)	12	22	-	13	-	19	14 (2)	17 (1)	5 (1)
Dealer's home (%)	5	6 (2)	-	4 (1)	-	6 (2)	7 (1)	17 (1)	10 (2)
Restaurant/cafe (%)	1 (1)	3 (1)	-	-	-	-	-	-	-
Public place (%)	2	9	-	4 (1)	-	-	-	-	-
Car (%)	3	3 (1)	-	-	-	6 (2)	8 (1)	-	5 (1)
Last use venue:									
(% of those who commented)	n=168	n=33	n=12	n=23	n=28	n=32	n=14	n=5	n=21
Nightclub (%)	16	18	25	35	4 (1)	16	14 (2)	-	10 (2)
Friends' home (%)	17	30	8 (1)	22	7 (2)	13	7 (1)	20 (1)	24
At own home (%)	13	18	8 (1)	13 (3)	4 (1)	16	7 (1)	60	10 (2)
Raves (%)	4 (7)	6 (2)	-	9 (2)	4 (1)	-	7 (1)	-	5 (1)
Dance parties (%)	2	-	-	-	-	6 (2)	7 (1)	-	-
Private party (%)	5	3 (1)	8 (1)	4 (1)	-	13	7 (1)	-	5 (1)
Pubs (%)	4	6 (2)	-	4 (1)	-	3 (1)	7 (1)	-	5 (1)
Dealer's home (%)	1 (2)	-	-	-	-	-	-	-	10 (2)
Restaurant (%)	1 (1)	-	-	-	-	-	-	-	5 (1)
Public place (%)	1 (1)	-	-	4 (1)	-	-	-	-	-
Car (%)	2	3 (1)	-	-	-	6 (2)	-	-	-

Source: Party Drugs Initiative PDU interviews *figures in brackets represent the number reporting.

PDU reported that they used cocaine in a variety of locations including private homes (friends and own), nightclubs and private parties. Less common locations were raves, dealers homes, at restaurants, in cars and hotel rooms. Similar proportions reported they had last used cocaine at a nightclub (16%) and in their own home (17%).

6.2 Price

Cocaine was commonly purchased in grams. Thirteen percent of the national sample (n=103) commented on the price of a gram of cocaine. Small numbers commented on

the price of a gram of cocaine in some jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of cocaine ranged from \$200 in NSW to \$325 in WA.

Table 28 Price of cocaine purchased by PDU

Median price (\$)	NSW n=22	ACT n=7	VIC n=14	TAS n=9	SA n=23	WA n=6	NT n=5	QLD n=17
Gram	\$200 (150-400)	\$250 (180-300)	\$250 (100-400)	\$250 (200-400)	\$210 (150-300)	\$325 (250-400)	\$280 (60-500)	\$250 (200-300)

Source: Party Drugs Initiative PDU interviews

Twenty two percent (n=179) of the national sample commented on whether the price of cocaine had changed in the preceding six months. Forty percent of the national sample responded that they did not know if the price had changed; ranging from 17% in the ACT and the NT to 68% in TAS. Over a third (36%) reported the price of cocaine had remained stable in the preceding six months. There was variation across jurisdiction, ranging from 16% in TAS to 62% in NSW reported the price remained stable.

Table 29 Price changes of cocaine by jurisdiction, 2003

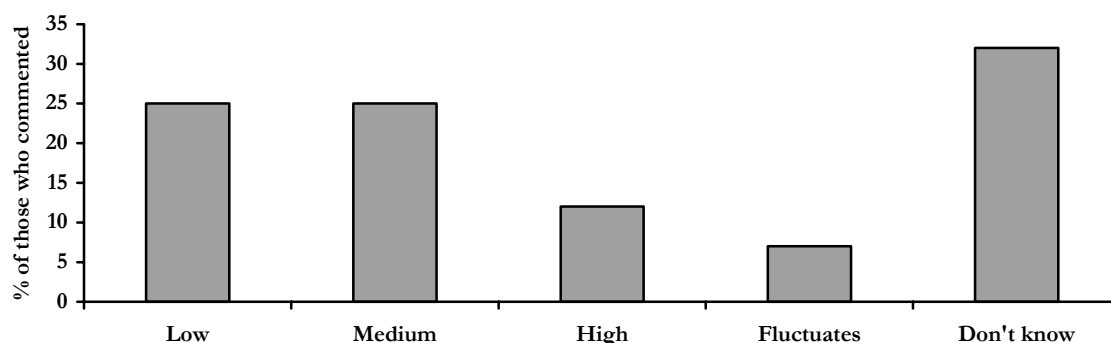
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Cocaine price (% who commented)	n=179	n=34	n=12	n=29	n=31	n=32	n=14	n=6	n=21
Don't know	40	21	17	52	68	38	50	17	33
Decreased	5	0	0	14	3	6	7	0	5
Stable	36	62	50	28	16	34	36	17	33
Increased	9	18	17	0	3	0	0	33	24
Fluctuated	10	0	17	7	10	22	7	33	5

Source: Party Drugs Initiative PDU interviews

6.3 Purity

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview. Twenty two percent (n=180) of the national sample commented on the purity of cocaine. A quarter of those who commented reported the purity of cocaine to be 'medium' and a further quarter reported cocaine strength was 'low' (Figure 21). Twelve percent reported cocaine purity was high and seven percent reported it fluctuated. Thirty two percent did not know what the purity of cocaine was like. This may reflect limited use, only a quarter of the national sample reported recent use and the median days of use was also low.

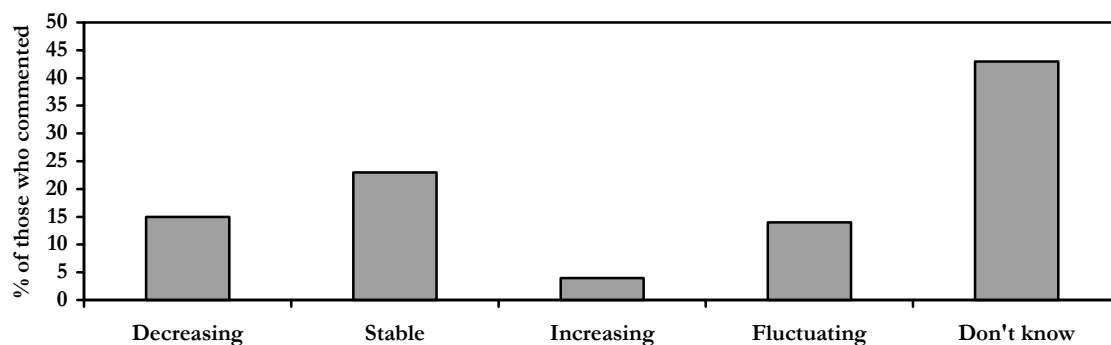
Figure 21 Users rating of the current purity or strength of cocaine, 2003



Source: Party Drugs Initiative PDU interviews 2003

Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 43% did not know, 4% increasing, 23% stable, 15% decreasing and 14% fluctuating.

Figure 22 Party drug user reports of recent change in purity of cocaine, 2003



Source: Party Drugs Initiative PDU interviews 2003

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 is also presented. The purity data is provided by the Australian Crime Commission. 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, 2003).

Furthermore, there were no cocaine seizures analysed by the AFP in TAS, WA, SA, QLD, the NT and the ACT. There were no TAS police cocaine seizures analysed in 2002/03.

The purity of seizures analysed has remained relatively stable from 2001/02 at approximately 20-40% (Table 30). Although many states had no seizures analysed, more cocaine seizures were analysed in QLD and NSW in 2002/03. The AFP generally seizes cocaine at the border, with higher purity (Australian Crime Commission, 2003) as is reflected by the 02/03 AFP purity figures.

Table 30 Median purity of cocaine seizures by jurisdiction 1999/00 – 2002/03

	Median Purity %							
	State police				AFP			
	99/00	00/01	01/02	02/03	99/00	00/01	01/02	02/03
NSW	34.0 n=36	52.0 n=101	n.a	27.0 n=52	53.3 n=119	44.9 n=57	73.0 n=233	72.3 n=271
ACT	-	-	35.9 n=5	-	25.9 n=2	35.9 n=2	-	-
VIC	40.1 n=72	47.0 n=101	37.0 n=47	31.0 n=39	80.7 n=21	65.7 n=21	72.4 n=24	61.6 n=36
TAS	-	44.6^ n=1	44.0^ n=1	-	-	-	-	-
SA	-	68.6 n=21	-	20.6 n=24	-	66.9 n=94	-	-
WA	30.5 n=10	35.0 n=25	30.5 n=16	59.0 n=6	35.8^ n=1	33.8 n=3	72.4 n=4	-
NT	-	-	24.0^ n=1	-	-	-	-	-
QLD	38.4 n=45	68.8 n=31	-	41.1 n=46	76.3 n=33	72.7 n=11	63.1 n=15	-

*Source: ABCI 2001, 2002; ACC, 2003

The figure reported is the median of total (<2g and >2g) seizures for the financial year.

Dashes represent no seizures analysed, ^ median purity based on one seizure.

Due to industrial action no state police seizures were analysed in SA Jan –June 2001. 2001/02 state police data are not available for NSW. Figures do not represent the purity levels of all WA seizures. The Western Australian Forensic Science Lab does not analyse all seizure less than 2 grams. This figure underestimates the numbers of samples that are tested.

6.4 Availability

Twenty two percent of the national sample commented on the recent availability of cocaine, 45% reported it to be ‘difficult (29%) or ‘very difficult’ (16%). A quarter

considered cocaine to be ‘moderately easy’ to obtain and smaller proportions reported it was ‘easy’ (12%) or ‘very easy’ (7%). There was variation between jurisdiction with 59% of those that commented in NSW reporting cocaine was moderately easy to obtain while a third or less in the other states reported the same. NSW also had the lowest proportion that reported cocaine availability to be ‘difficult’ or ‘very difficult’.

About half (46%) of those that commented, reported the availability of cocaine had remained stable over the preceding six months, while similar proportions reported that it had become easier (10%) or more difficult (13%). There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was stable ranging from 25% in SA to 65% in NSW.

Table 31 Availability of cocaine by jurisdiction, 2003

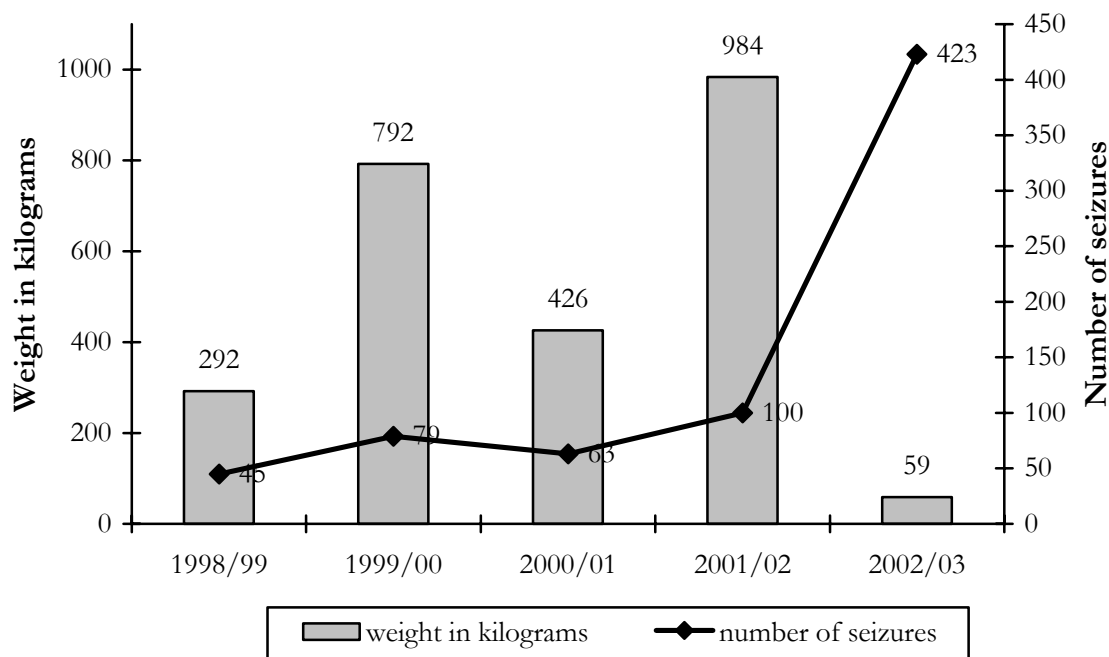
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability cocaine (% who commented)	n=180	n=34	n=12	n=29	n=32	n=32	n=14	n=6	n=21
Don't know	11	3	0	24	0	19	0	0	24
Very easy	7	9	0	10	3	3	14	0	14
Easy	12	12	17	17	3	9	7	17	19
Moderately easy	25	59	25	14	16	19	7	33	19
Difficult	29	15	42	21	34	47	43	33	14
Very difficult	16	3	17	14	44	3	29	17	10
Availability cocaine changes (% who commented)	n=180	n=34	n=12	n=29	n=32	n=32	n=14	n=6	n=21
Don't know	27	18	8	31	28	38	36	0	33
Easier	10	9	25	14	3	9	7	0	14
Stable	46	65	42	41	59	25	43	50	38
More difficult	13	6	17	14	6	19	14	50	14
Fluctuates	3	3	8	0	3	9	0	0	0

Source: Party Drugs Initiative interviews 2003

Cocaine seized at the Australian border

During 2002/03, the Australian Customs Service made a record 423 detections of cocaine at the Australian border, the highest number of detections to date. The detections weighed a total 59 kilograms, a lower weight than has been reported previously (Figure 23). Therefore there were more, smaller seizures of cocaine in 2002/03. The large weight detected in the previous financial year was mainly due to a single seizure in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 23 Number and weight in kilograms of cocaine detections at the Australian border, financial years 1998-99 to 2002-03



Source: Australian Customs Service

6.5 Cocaine related harms

6.5.1 Law enforcement

The number of cocaine arrests are relatively low compared to heroin and amphetamine type stimulant arrests. In 2000/01, there was an increase in the total number of consumer and provider arrests across Australia for cocaine, from 433 in 1999/00 to 652. In 2001/02 the number of cocaine consumer and provider arrests remained relatively stable at 612 (Australian Crime Commission, 2003). The majority of these (75%) were in NSW, which is consistent with IDRS and PDI survey reports with the highest proportion of participants reporting recent cocaine use in NSW relative to other jurisdictions. However, 2002/2003 arrest data for NSW is not yet available. The arrest data available suggest that the number of cocaine arrests in 2002/03 in QLD and WA have remained stable (QLD 20 in 2001/02 and 22 in 2002/03; WA 25 in 2001/02 and 25 in 2002/03).

6.5.2 Health

Treatment

A small proportion of closed treatment episodes in Australia are primarily attributed to cocaine use. Of the 113 231 closed treatment episodes in Australia in 2001-02, 0.7% nominated cocaine as their principle drug of concern (Australian Institute of Health and Welfare, 2003). This excludes clients that are seeking advice for others.

Mortality

Between 1997-2002 there were 160 cases of accidental drug induced deaths where cocaine was mentioned (Degenhardt and Barker, 2003). The majority (85%) of the cocaine related deaths were from NSW followed by VIC (6.3%). Most (85%) were male with a median age of 32 years. As with the methamphetamine related deaths, the majority also had toxic levels of opioids detected and 20.6% had benzodiazepines detected (Degenhardt and Barker, 2003).

6.6 Benefit and risk perception

Participants were asked to describe the risks and benefits they perceived to be associated with taking cocaine. They were asked if they thought there were risks associated with taking cocaine and if so they specified the risks.

6.6.1 Perceived Benefits

There were similarities between states in the perceived benefits associated with cocaine use. The most commonly reported benefits included increased confidence and the euphoric feeling cocaine produces. Decreased inhibitions, increased sex drive and enhanced sociability were also benefits reported.

6.6.2 Perceived Risks

The majority (96%) commented on whether there were risks associated with cocaine use. Of those who commented, over half (57%) PDU reported there were risks associated with taking cocaine. Over a third (37%) reported that they did not know if there were risks associated with taking cocaine. Only a small proportion (6%) reported there were no risks.

There was similarity across jurisdiction in the types of risks reported. The potential for addiction was the most commonly perceived risk associated with cocaine use. Damage to the nasal passage, financial problems and the risk of overdose were also commonly reported.

6.7 Jurisdictional trends

NSW

Prevalence of lifetime cocaine use has remained stable across sampling years while reports of recent cocaine use have decreased.

Frequency of cocaine use has fluctuated while quantities used have remained comparable between years.

KI reports of cocaine use were consistent with those of users with most reporting the use of cocaine as infrequent among minorities of party drug users that use cocaine.

Recent cocaine users reported usually using cocaine at private residences such as friends' or own home although nightclubs were also commonly reported. Most common location of last use was a friends' home.

The most commonly purchased amount of cocaine was a gram at a median price of \$200. Most reported the price of cocaine had remained stable.

The majority of those commenting reported the purity of cocaine as low to medium. The median purity of cocaine seized and analysed by the AFP remained stable at 73% over the preceding 12 months while NSW police cocaine seizure purity was 27%. Number of seizures analysed by the AFP have increased over recent years to 271 in 2002/03 while NSW police numbers decreased to 52 in 2002/03.

Most reported that cocaine was 'moderately easy' to obtain and that availability had remained stable.

Similar to other drug types, the majority of participants report obtaining cocaine from friend's and dealers with the most commonly purchased from dealers' home.

Indicator data also reflects user reports with numbers of recorded use/ possession incidents, calls to drug and alcohol referral lines, numbers of closed treatment episodes, numbers of cocaine overdose and numbers of suspected drug related deaths where cocaine was detected all remaining stable or decreasing over the preceding 12 months.

All participants were able to identify a range of both risks and benefits associated with the use of cocaine; the most commonly reported benefit being increased confidence and the most common risk being dependence and financial problems.

ACT

One quarter of the sample reported having used cocaine in the six months prior to interview, though the majority of recent users had only used cocaine on one day during this period.

The median price for a gram of cocaine was \$250 and price was considered to have remained stable by the majority of respondents.

PDU estimated that the current purity of cocaine was medium and had been stable for the six months preceding interview.

Cocaine was considered to be difficult or very difficult to obtain by over half that commented on availability. Cocaine was consistently hard to obtain in the ACT.

The number and weight of seizures of cocaine in the ACT have remained, for the most part, relatively small between 1997 and 2003.

An inflated feeling of self-confidence was identified as an advantage to using cocaine, with smaller proportions reporting a euphoric feeling or 'high', feeling relaxed and an increased sex drive as benefits associated with cocaine use.

Addiction was the most commonly noted perceived risk of cocaine use followed by problems associated with damage to the nasal passage, financial problems and risk of overdose.

VIC

Although PDU report a high prevalence of lifetime use (80%), cocaine had only been used recently (in the last six months) by 35% of PDU.

Recent users of cocaine only use it occasionally (often on 'special occasions') and report that it is typically snorted.

The median price of a gram of cocaine was \$250, and the price was reported to have remained relatively stable over the last six months.

There is little consistency in reports of the purity of cocaine, although the purity tends to be regarded as stable.

There is little consistency in the reports of the availability of cocaine.

Perceived benefits of using cocaine include increased confidence and improved communication and social skills. The perceived risks of cocaine use include addiction and dependence and being arrogant.

TAS

While almost half of the PDU sample had ever tried cocaine, less than 10% had used the drug in the six months prior to interview.

Typically, when PDU did use cocaine, it was infrequent (only once or twice in the past six months), snorted, and only used in small amounts (0.1-0.5 g)

Cocaine was reported as costing a median of \$270 per gram, with this price generally regarded as remaining stable or fluctuating somewhat in the past six months

Cocaine was regarded as being difficult or very difficult to access locally, a situation that was perceived as remaining stable in the past six months, and supported by a lack of any seizures of cocaine by Tasmania Police in the past two financial years.

Commonly reported benefits of cocaine included functional aspects of use (such as enhanced energy or stamina, and the ability to retain a clear head while ‘partying’), social benefits (such as increased confidence and sociability) and hedonistic aspects of use (including euphoria and mood enhancement).

The most commonly reported risk of cocaine use was the prospect of development of addiction to the drug. Other common concerns were physical harms such as overdose, nasal damage, and heart palpitations or other damage. Concerns about the financial impact of regular cocaine use, the potential for major mental health problems such as psychosis, and the potential harms arising from unwanted impurities in the purchased drug were also common themes.

SA

A smaller proportion of the PDU sample reported *recent* use of cocaine compared to 2002, though little change was noted in overall levels of use.

The least likely place PDU reported using cocaine was, surprisingly, at raves and dance parties. Use was far more likely to occur in nightclubs or friends’ homes.

In comparison to ecstasy and methamphetamine, the availability of cocaine was rated as much more difficult to obtain and purity was considered low to medium.

The mostly commonly reported benefit of cocaine were increased confidence and euphoria, while the most commonly reported risks were addiction, overdose and financial problems.

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

WA

Almost half of the PDU (44%) reported lifetime use of cocaine. Less than a fifth (17%) of the PDU sample reported recent use of cocaine.

Most of those that reported recent use of cocaine used monthly or less often, using a half a gram in a typical session.

The median price of cocaine was reported to be \$325 a gram and the price was stable in the six months preceding interview.

The purity was reportedly low and had been so in the six months prior to interview.

Cocaine was reported to be difficult or very difficult to obtain and this had been the case in recent months.

Among those that commented on the benefits of cocaine, enhancement of confidence was a common benefit. Addiction to the drug was the most commonly reported risks, with the potential for financial problems and nasal damage also reported.

NT

Half of the PDU sample had used cocaine in their lifetime but only 5% reported cocaine use in the six months preceding interview. Therefore only small numbers were able to comment on the price, purity and availability of cocaine.

Among those that used, cocaine use was infrequent with a median of six days used in the preceding six months.

The median price for a gram of cocaine was reported to be \$280. Most users reported that the price for cocaine had been 'fluctuating' or 'increasing'.

The purity of cocaine was reported to be medium and decreasing in the six months preceding interview.

Half the participants who commented on the availability stated cocaine was 'moderate to easy' to obtain and this had been stable over the past six months and the other half reported it was 'difficult to very difficult' to obtain and that it had become 'more difficult' over the past six months.

The most commonly reported benefit of cocaine use was the enhancement of mood. Increased energy or stamina, sexual enhancement and spiritual enhancement were also mentioned by smaller numbers.

A large proportion did not know what the risks of use cocaine were. Among those that reported there were risks, the most common risks reported were to the users physical health. The potential for addiction and risks to mental health were also commonly reported.

QLD

Over a third of the 2003 PDU sample (37%) report having ever used cocaine, and 18% reported that they had done so recently.

On average, a median of 0.5 grams was used at a time and this was typically consumed by snorting (13%).

Ten participants reported a median price of \$250 per gram for cocaine. Twenty-one participants were able to report on cocaine purity and availability, however there was little agreement among PDU.

When asked if there were any risks associated with using cocaine, 44% of the 2003 PDU sample believed there were risks, with the main risk being 'addiction'.

The 2003 PDU reports suggest cocaine use is uncommon amongst party-drug users in south-east QLD. However, there has been a considerable increase in the total number of cocaine seizures in QLD in the last year, from 15 in 2001/02 to 46 in 2002/03.

More PDU in 2001 than in 2003 had recently used cocaine (37% vs 18%). There was little difference between samples in median days of cocaine use (3 days vs 4.5 days in last six months) or in the average quantity used (median =0.5 grams).

6.8 Summary of Cocaine Trends

- Five percent of the national sample reported cocaine as their drug of choice.
- Over half (54%) of participants in the 2003 national sample reported lifetime use of cocaine and about a quarter (24%) had used cocaine in the six months preceding interview.
- The median age of first use, among those that reported using cocaine, was 20 years.
- Of those that used cocaine in the six months preceding interview, the majority (89%) snorted, 20% swallowed, 10% smoked and 4% injected.
- Cocaine use was infrequent with the majority (86%) reporting having used once a month or less.
- The median amount of cocaine used in a 'typical' use episode was half a gram . Recent cocaine users reported using a median of one gram during their 'heaviest' use episode.
- Ten percent of those that reporting they had binged in the six months preceding interview used cocaine in their binge.
- Cocaine was most commonly acquired through friends or dealers and this was consistent across states. PDU obtained their cocaine from private homes, most commonly friends homes, their dealers homes or at their own home.
- PDU reported that they used cocaine in a variety of locations including private homes (friends and own), nightclubs and private parties. Similar proportions

reported they had last used cocaine at a nightclub (16%) and in their own home (17%).

- Cocaine was commonly purchased in grams. The median price of a gram of cocaine was cheapest in NSW.
- Forty percent of the national sample responded that they did not know if the price had changed; over a third (36%) reported the price of cocaine had remained stable in the preceding six months.
- A quarter of those who commented reported the purity of cocaine to be 'medium' and a further quarter reported cocaine strength was 'low'.
- Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 43% did not know which may reflect infrequent use of the drug.
- The purity of cocaine seizures analysed has remained relatively stable from 2001/02.
- Cocaine was reported to be 'difficult or 'very difficult' by almost half that commented. A quarter considered it to be 'moderately easy' to obtain and smaller proportions reported it was 'easy' or 'very easy'. There was variation between jurisdiction with over half of those that commented in NSW reporting cocaine was moderately easy to obtain while a third or less in the other states reported the same.
- There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was stable ranging from 25% in SA to 65% in NSW.
- Customs made a record 423 detections of cocaine at the Australian border in 2002-03.
- The most commonly reported benefits included increased confidence and the euphoric feeling cocaine produces. Decreased inhibitions, increased sex drive and enhanced sociability were also benefits reported.
- The potential for addiction was the most commonly perceived risk associated with cocaine use. Damage to the nasal passage, financial problems and the risk of overdose were also commonly reported.

7.0 KETAMINE

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

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

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

Ketamine is also known as Special K or Vitamin K.

7.1 Ketamine Use Among PDU

Four participants (0.5%) of the national sample nominated ketamine as their drug of choice. Forty percent of 2003 national sample reported lifetime use of ketamine and about a quarter (26%) had used ketamine in the six months preceding interview. The median age of first use, among those that reported using ketamine, was 21 years (range 13-58).

Five percent of the national sample reported that they had injected ketamine at some time. Of those that reporting injecting ketamine, the median age first injected was 25.5 years (range 15-46). Two percent (n=18) of the national sample reported injecting ketamine in the six months preceding interview.

Of those that used ketamine in the six months preceding interview, the majority (74%) snorted, 39% swallowed, 9% injected and 3% smoked.

Of those that used ketamine, the median number of days used was two, ranging from having used ketamine once to two participant reporting using ketamine more than second day. The majority had (82%) used once a month or less; 12% used ketamine between monthly and fortnightly; 3% using between fortnightly and weekly and another 3% used ketamine more than once a week.

Table 32 Patterns of Ketamine use of PDU

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	40	59	49	70	38	47	25	18	27
Ever injected	5	6	0	11	9	2	3	6	5
Used last six months (%)	26	49	21	51	24	36	12	7	14
Snorted*	74	88	79	78	63	86	33	29	58
Swallowed*	39	22	57	31	67	19	67	86	58
Injected*	9	8	0	10	17	0	8	43	5
Smoked*	3	2	0	6	0	3	8	0	0
Median days used* last 6 mths (range)	2 (1-104)	3 (1-100)	2 (1-4)	4 (1-104)	3 (1-24)	3 (1-50)	3 (1-20)	1 (1-10)	2 (1-48)

Source: Party Drugs Initiative PDU interviews

* of those that used

Ketamine use was commonly quantified in ‘bumps’. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose.

The median amount of ketamine used was two bumps (range 0.5-20) for a ‘typical’ or ‘average’ use episode and the ‘heaviest’ use episode. A quarter (25%) reported having five or more bumps in a single occasion in the last six months. Thirteen percent of those that reporting they had binged in the six months preceding interview used ketamine in their binge.

Ketamine use was also quantified in grams, points, pills and lines. Twenty three participants reported using a quarter a gram of ketamine (range .10-2) in a ‘typical’ use episode and thirty four participants used half a gram of ketamine (range .16-3) in their heaviest use episode. Thirty two recent users reported using one point (0.25–5) in a typical session and twenty seven reported using 1.5 points in their heaviest use episode (0.25–5).

Ketamine was predominantly obtained through friends (71%) and dealers (37%). Other people ketamine had been scored from included acquaintances (6%), workmates (n=2), family (n=2) and chemist/doctor (n=2).

PDU reported scoring ketamine from a variety of locations, most commonly private residences (friends’ home, dealers’ home or their own home). Nightclubs, raves and dance parties were also mentioned. Seven participants scored on the street and three scored ketamine in a pub.

Table 33 Source, purchase location and use location of ketamine by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Score from:									
(% of those who commented)	n=161	n=36	n=12	n=37	n=24	n=35	n=6	n=1	n=9
Friends (%)	71	81	42	84	56	66	83	100	78
Dealers (%)	37	44	42	27	52	31	33	-	22
Acquaintances (%)	6	14	-	8	-	6 (2)	-	-	-
Work (%)	1 (2)	-	-	3 (1)	4 (1)	-	-	-	-
Locations scored from:									
(% of those who commented)	n=161	n=36	n=12	n=37	n=24	n=35	n=6	n=1	n=9
Friends' home (%)	45	36	17 (2)	51	36	51	-	100 (1)	78
Nightclub (%)	14	22	8 (1)	19	24	-	67	-	-
Dealer's home (%)	24	33	25	8 (3)	40	20	-	-	11 (1)
At own home (%)	22	17	8 (1)	24	20	29	33 (2)	-	22 (2)
Raves (%)	6	3 (1)	8 (1)	11	8 (2)	6 (2)	33 (2)	-	-
Dance parties (%)	8	11	8 (1)	14	8 (2)	-	-	-	-
Street (%)	4	3 (1)	17 (2)	3 (1)	-	9 (3)	-	-	-
Usual use venue:									
(% of those who commented)	n=161	n=36	n=12	n=37	n=24	n=35	n=6	n=1	n=9
Nightclub (%)	36	58	33	41	48	17	17	-	11
Raves (%)	13	8	8 (1)	19	14	14	17 (1)	-	11 (1)
Dance parties (%)	21	44	-	24	19	6 (2)	17 (1)	-	11 (1)
Private party (%)	15	19	33	8	14	17	17 (1)	-	11 (1)
Friends' home (%)	40	22	33	38	29	66	67	100	44
At own home (%)	37	36	42	51	19	26	50	-	67
Pubs (%)	4	8	8 (1)	3 (1)	5 (1)	-	-	-	-
Dealer's home (%)	4	-	-	3(1)	14	3 (1)	-	-	11 (1)
Street (%)	3	3 (1)	-	5 (2)	-	3 (1)	-	-	-
Last use venue:									
(% of those who commented)	n=159	n=35	n=12	n=36	n=24	n=35	n=6	n=1	n=9
Nightclub (%)	20	40	17 (2)	22	25	6 (2)	-	-	-
Friends' home (%)	28	14	25	25	24	46	50	100 (1)	33
At own home (%)	25	23	17 (2)	36	19	11	33 (2)	-	67
Raves (%)	3	-	8 (1)	-	5 (1)	6 (2)	-	-	-
Dance parties (%)	7	17	-	11	5 (1)	-	-	-	-
Private party (%)	5	3 (1)	-	-	14	11	-	-	-

Source: Party Drugs Initiative PDU interviews

*figures in brackets represent the number reporting.

Ketamine was used in many locations, both public (nightclubs and dance parties) and private (friends home or own home).

Over half of PDU reported they had last used ketamine in a private home (28% friends home, 25% own home) and 30% reported last using at a nightclub, dance party or rave. Two participants last used in a dealers home and one last used in a car.

7.2 Price

Ketamine was most commonly purchased in grams. Twenty percent of the national sample (n=165) commented on the price of a gram of ketamine. Small numbers commented on the price of a gram of ketamine in some jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from \$150 in NSW to \$200 in VIC and SA.

Table 34 Price of gram of ketamine purchased by PDU

Median price (\$)	NSW n=11	ACT n=0	VIC n=10	TAS n=2	SA n=18	WA n=0	NT n=0	QLD n=3
Gram	\$150 (80-200)	-	\$200 (100-200)	\$100 (50-150)	\$200 (100-360)	-	-	\$25 (15-200)

Source: Party Drugs Initiative PDU interviews

Twenty percent (n=165) of the national sample commented on whether the price of ketamine had changed in the preceding six months. Half of the national sample responded that they did not know if the price had changed. Over a third (39%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price may indicate they are new users of ketamine or that the use is infrequent.

Table 35 Price changes of ketamine by jurisdiction, 2003

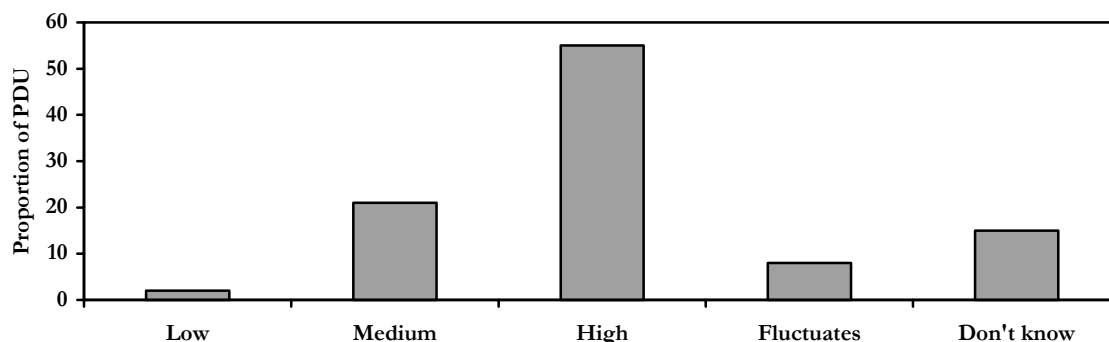
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ketamine price (% who commented)	n=165	n=36	n=12	n=41	n=24	n=35	n=6	n=1	n=9
Don't know	50	36	42	49	44	57	83	100	79
Decreased	5	6	0	5	4	9	0	0	0
Stable	39	50	50	39	44	29	17	0	22
Increased	4	3	8	7	4	0	0	0	0
Fluctuated	3	6	0	0	4	6	0	0	0

Source: Party Drugs Initiative PDU interviews

7.3 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. Twenty (n=165) of the national sample commented on the purity of ketamine. Over half (55%) of those who commented reported the purity of ketamine to be 'high' and a further 21% reported ketamine strength as 'medium' (Figure 24).

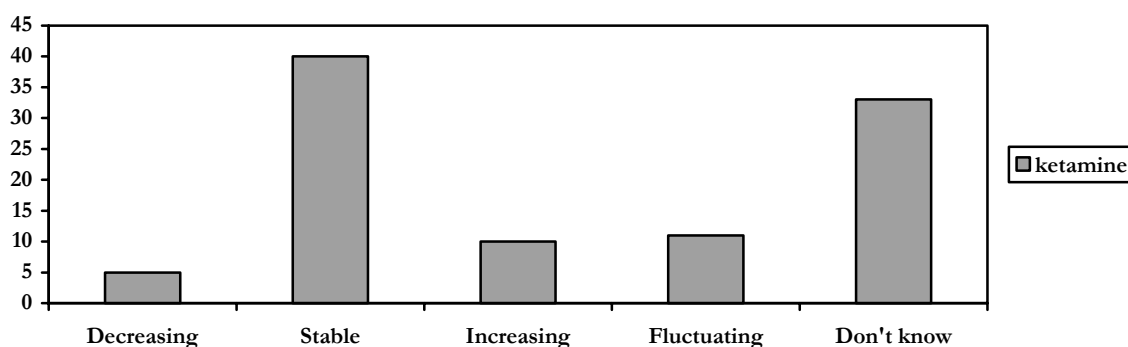
Figure 24 Users rating of the current purity or strength of ketamine, 2003



Source: Party Drugs Initiative PDU interviews 2003

Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, 33% did not know, 10% increasing, 40% stable, 5% decreasing and 11% fluctuating.

Figure 25 User reports of recent change in purity of ketamine, 2003



Source: Party Drugs Initiative PDU interviews 2003

7.4 Availability

Twenty percent of the national sample commented on the recent availability of ketamine, Two thirds (66%) of participants reported that it was easy to obtain; 29% considered ketamine to be 'moderately easy', 21% 'easy' and 16% 'very easy'. A quarter reported it

to be 'difficult (21%) or 'very difficult' (4%). There was consistency across jurisdiction among those that commented.

About half (49%) of those that commented, reported the availability of ketamine had remained stable over the preceding six months, while similar proportions reported that it had become easier (12%) or more difficult (10%).

Table 36 Availability of ketamine by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability ketamine (% who commented)	n=166	n=36	n=12	n=42	n=24	n=35	n=6	n=1	n=9
Don't know	10	3	0	21	4	6	17	0	22
Very easy	16	19	8	29	8	9	0	0	11
Easy	21	39	8	12	28	17	0	0	22
Moderately easy	29	19	17	21	44	37	67	0	22
Difficult	21	17	67	14	16	23	17	0	22
Very difficult	4	3	0	3	0	9	0	100	0
Availability ketamine changes (% who commented)	n=166	n=36	n=12	n=42	n=24	n=35	n=6	n=1	n=9
Don't know	24	14	25	38	12	26	33	0	22
Easier	12	11	17	10	20	14	0	0	0
Stable	49	56	33	45	64	37	67	100	56
More difficult	10	17	25	5	4	9	0	0	11
Fluctuates	5	3	0	2	0	14	0	0	11

Source: Party Drugs Initiative PDU interviews 2003

Ketamine seized at the Australian border

As mentioned previously diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002, prior to then, suspected ketamine importation were referred to police for investigation under state and territory laws. Since that time, in the 2001/02 financial year, Customs detected two attempted imports by air passengers, the largest 43 grams in air passenger baggage (Australian Crime Commission, 2003). There were six ketamine detections in 2002/03 with a total weight of 170 grams.

7.5 Ketamine related harms

7.5.1 Law enforcement

Ketamine is scheduled differently in different jurisdictions across Australia, but some jurisdictions (such as NSW) have recently attempted to make ketamine a more tightly scheduled substance. Although it is an offence in jurisdictions such as NSW and Victoria to be in the possession of ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore no data are available on the number of police apprehensions for possession or supply of this controlled substance.

7.5.2 Health

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

Very few deaths by 'pure' ketamine overdose have ever been recorded. Of 87 ketamine-linked deaths in New York City, none was purely due to the use of ketamine (Gill and Stajic, 2000). No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. Three drug-related deaths have been recorded in NSW where ketamine was detected since 1994.

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). There has been no report from the National Minimum Dataset on Alcohol and Other Drug Treatment Services (NMDS-AODTS) on the number of persons in Australia who have received treatment for problematic ketamine use. In NSW, however, data from the NMDS-AODTS (provided by NSW Health) indicated that five persons were recorded as receiving treatment *primarily* for their ketamine use, suggesting that ketamine users in Australia may develop patterns of use that require professional assistance. It will be important to monitor this in the future, particularly if patterns of ketamine use among regular party drug users become heavier and/or more frequent.

7.6 Benefit and risk perception

Participants were asked to describe the risks and benefits they perceived to be associated with taking ketamine. They were asked if they thought there were risks associated with taking ketamine and if so they specified the risks.

7.6.1 Perceived Benefits

There were similarities between states in the perceived benefits associated with ketamine use. The most commonly reported benefits included its dissociative effects or the disconnection between mind and body. Altered perception was also a common benefit of ketamine use.

7.6.2 Perceived Risks

The majority (96%) commented on whether there were risks associated with ketamine use. Of those who commented, half (51%) PDU reported they did not know if there were risks associated with taking ketamine. Almost half (45%) reported there were risks associated with ketamine use. Only a small proportion (4%) reported there were no risks.

There was similarity across jurisdiction in the types of risks reported. Most perceived the biggest risk to be falling into the k-hole as a result of using too much and being unable to move and speak.

7.7 Jurisdictional trends

NSW

Although reports of lifetime and recent use of ketamine have remained stable since 2002, there has been an increase in proportions reporting use since 2000.

The frequency and quantity of ketamine use has remained stable.

KI described contact with regular ecstasy users who had a range of patterns of ketamine use.

Although only small proportions in previous years were able to comment, the gram price of ketamine appears to have decreased since 2000. Median price for a gram of ketamine in 2003 was \$150.

Most respondents in 2003 reported the current purity of ketamine to be medium or high and that the purity had remained stable or increased over the preceding six months.

Ketamine was 'very easy', 'moderately easy' or 'easy' to obtain for the majority of respondents in 2003. Most agreed the availability of ketamine has remained stable.

Similar to other drug types, friends and dealers were the people participants most commonly reported purchasing ketamine from in the preceding six months. Ketamine was commonly reported to have been purchased in friends' homes or dealers' homes.

Available indicator data suggests very low rates of health related harms.

The most common benefit of ketamine use was reported to be its dissociative effects while most perceived the biggest risk to be falling into the k-hole as a result of using too much.

ACT

The prevalence of ketamine use among ACT PDU is similar to that of cocaine, with approximately one quarter of PDU reporting the recent use of ketamine.

The levels and frequency of ketamine use were low.

The median price for ketamine in the ACT was reported as \$25 for a pill, and \$30 for a point.

PDU estimated the purity of ketamine to be medium, and stable.

Both KI and PDU reported that ketamine is difficult to obtain in the ACT, and this is consistent with the low level of ketamine seizures made by the AFP in 2002-2003.

VIC

Among VIC PDU there are relatively high levels of lifetime use of ketamine but lower levels of recent use.

Those that have used ketamine recently tend to do so infrequently (typically less than once a month).

The purity of ketamine is medium to high and has recently been stable or increased.

Ketamine was reported to be readily available and availability has recently been stable or increased.

Perceived benefits of ketamine use include the sensation of disconnection between mind and body and altered perception.

Perceived risks of ketamine use include going into a k-hole (and being unable to move or speak).

TAS

One third of the PDU interviewed had ever tried ketamine, and one-quarter had used the drug in the six months prior to interview.

Among those that recently used the drug, it was a relatively infrequent event (three times or less in a six month period) and was used in small amounts, with individuals on average swallowing one ketamine-based tablet or snorting five 'bumps' of powder.

The ketamine accessed locally was reported as being generally high in purity and reasonably easy to access; both situations that had remained stable in the preceding six months.

The median market prices were approximately \$50 for a tablet and \$60 for a 'vial' of powder ketamine.

Tasmania Police did not report any seizures or arrests related to ketamine in the 2002/03 financial year.

A relatively small proportion of those using ketamine reported experiencing deleterious side effects from such use.

SA

Approximately half of PDU in 2003 reported lifetime use of ketamine and more than a third reported recent use. There has been a continuation in the rise of recent ketamine use since 2001.

Unlike the location of other drugs previously described, ketamine was more likely to be used at a friends' home than other venues.

The majority of PDU able to comment reported that the price of ketamine had remained stable in the six months leading up to the survey.

The purity of ketamine was reported as high or medium, a situation that was stable over the past six months.

Ketamine was considered moderately easy to obtain by the majority of PDU able to comment. A decrease in perceived availability was noted since 2002.

The mostly commonly reported benefit of ketamine was the dissociative effect provided by the drug, while the most commonly reported risk was the ease of overdose resulting in death.

The majority of KI reported ketamine use was rare. However three KI, two scene and one health, reported an increased use of ketamine among users in the 'hard-house' music scene.

WA

Lifetime and recent use of ketamine was low. Among those that reported use, the typical amount used was 1.5 bumps. Use was infrequent with most reporting using monthly or less.

There was no information provided on price of ketamine. The reports on purity varied and were inconsistent.

Among those that commented, ketamine was considered moderately easy to obtain and the availability was reported to be stable in the six months prior to interview.

NT

Less than a fifth (17%) of the PDU sample reported they had ever used ketamine and only 7% reported they had used ketamine in the six months preceding interview.

The majority of those that had recently used ketamine had swallowed it.

Ketamine use was very infrequent with most reporting they had only used once in the preceding six months.

Ketamine users used one bump in a typical session.

Only one participant commented on the price, purity and availability of ketamine.

Among those that commented on the benefits of ketamine, the enhancement of mood and mental/spiritual enhancement were mentioned. Another perceived benefit was to ease the comedown.

The majority of ketamine users did not know if there were any risks associated with ketamine use. Recent ketamine users considered their behaviour while under the influence to be a risk. Risks to physical health were also reported.

QLD

Over a quarter (27%) of the PDU sample reported having ever used ketamine and 14% had used it recently.

Recent ketamine use was on a median of two days in the last six months, using a median of 1 bump (range: 0.5 – 3 bumps).

Over half (56%) of the 2003 PDU sample did not know whether there were any risks associated with using ketamine.

Ketamine use was uncommon amongst the 2003 PDU sample and there was little agreement among the few PDU who did comment, with respect to price, purity and availability.

7.8 Summary of Ketamine Trends

- Four participants of the national sample nominated ketamine as their drug of choice.
- Forty percent of 2003 national sample reported lifetime use of ketamine and about a quarter (26%) had used ketamine in the six months preceding interview.
- The median age of first use, among those that reported using ketamine, was 21 years.
- Of those that used ketamine in the six months preceding interview, the majority (74%) snorted, 39% swallowed, 9% injected and 3% smoked.
- Ketamine was predominantly obtained through friends (71%) and dealers (37%). PDU reported scoring ketamine from a variety of locations, most commonly private residences (friends home, dealers home or their own home).
- Over half of PDU reported they had last used ketamine in a private home and 30% reported last using at a nightclub, dance party or rave.
- Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in some jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from \$150 in NSW to \$200 in VIC and SA..
- Half of the national sample responded that they did not know if the price had changed. Over a third (39%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price may indicate infrequent use of ketamine.

- Over half (55%) of those who commented reported the purity of ketamine to be 'high' and a further 21% reported ketamine strength as 'medium'.
- Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, the largest proportion (40%) reported the purity was stable, although a third 33% did not know.
- Two thirds of participants reported ketamine was easy to obtain. A quarter reported it to be 'difficult (21%) or 'very difficult' (4%). There was consistency across jurisdiction among those that commented.
- About half (49%) of those that commented, reported the availability of ketamine had remained stable over the preceding six months, while similar proportions reported that it had become easier (12%) or more difficult (10%).

8.0 GHB

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

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

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

Unlike many of the other party drugs, GHB is a depressant. When mixed with other depressants, such as alcohol, the depressant effects are increased and this may lead to respiratory difficulties and overdose. GHB is very dose dependent, which means that there is an extremely small difference between the 'desired' dose and one that induces unconsciousness.

8.1 GHB use among PDU

Five participants (0.6%) of the 2003 national sample nominated GHB as their drug of choice. Twenty two percent of 2003 national sample reported lifetime use of GHB and 11% had used GHB in the six months preceding interview. The median age of first use, among those that reported using GHB, was 21 years (range 14-56).

One percent (n=7) of the national sample reported that they had injected GHB at some time. Of those that reporting injecting GHB, the median age first injected was 25 years (range 16-35). One participant reported injecting GHB in the six months preceding interview.

All participants reported recently swallowing GHB, except one participant in VIC that injected it.

Of those that used GHB, the median number of days used was two, ranging from having used GHB once to two participant reporting using GHB every second day. The majority had (78%) used once a month or less; 17% used GHB between monthly and fortnightly; 3% using between fortnightly and weekly and another 2% used GHB more than once a week.

Table 37 Patterns of GHB use of PDU

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	22	33	17	33	10	34	20	17	13
Ever injected	1	1	0	1	1	0	0	4	0
Used last six months (%)	11	21	12	18	6	12	8	4	6
Median days used* last 6 mths (range)	2 (1-90)	2 (1-30)	3 (1-5)	4 (1-72)	1 (1)	2 (1-12)	2 (1-10)	8 (2-12)	1 (1-90)

Source: Party Drugs Initiative PDU interviews

* of those that used

GHB use was typically quantified in mls. The median amount of GHB used in a ‘typical’ or ‘average’ use episode in the preceding six months was 10mls (range 1-70). Recent GHB users reported using a median of 15mls (range 2-130) during their ‘heaviest’ use episode. Over half (52%) reported having used 15 mls or more in a single occasion in the last six months.

Four percent of those that reported they had binged in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB, obtained it from friends (61%) and dealers (30%). Almost half (48%) scored from their friends home, with dealers home and nightclubs the next most common locations reported.

Like the other party drugs GHB was used in a variety of locations. Nightclubs were the most common location (71%), followed by private homes (friends or own home).

Table 38 Source, purchase location and use location of GHB by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Score from:									
(% of those who commented)	n=56	n=12	n=5	n=13	n=4	n=12	n=3	n=0	n=6
Friends (%)	61	58	80	92	25 (1)	42	67 (2)	-	50
Dealers (%)	30	50	20 (1)	15 (2)	25 (1)	33	33 (1)	-	33 (2)
Acquaintances (%)	14	8 (1)	20 (1)	15 (2)	50 (2)	17 (2)	-	-	-
Work (%)	2 (1)	-	-	-	-	8 (1)	-	-	-
Unknown (%)	4 (2)	17 (2)	-	-	-	-	-	-	-

**Table 38 Source, purchase location and use location of GHB by jurisdiction, 2003
(continued)**

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Locations scored from:									
(% of those who commented)	n=56	n=12	n=5	n=13	n=4	n=12	n=3	n=	n=6
Friends' home (%)	48	33	80	62	80	42	33 (1)	-	33 (2)
Nightclub (%)	21	33	20 (1)	31	-	8 (1)	33 (1)	-	17 (1)
Dealer's home (%)	23	33	20 (1)	15 (2)	-	25	33 (1)	-	33 (2)
At own home (%)	14	17 (2)	20 (1)	15 (2)	-	8 (1)	-	-	33 (2)
Raves (%)	14	-	20 (1)	15 (2)	-	25 (3)	33 (1)	-	17 (1)
Dance parties (%)	13	8 (1)	20 (1)	15 (2)	-	8 (1)	-	-	33 (2)
Street (%)	6	-	-	8 (1)	-	8 (1)	-	-	17 (1)
Pubs (%)	4	-	20 (1)	-	-	-	-	-	17 (1)
Usual use venue:									
(% of those who commented)	n=56	n=12	n=5	n=13	n=4	n=12	n=3	n=	n=6
Nightclub (%)	71	92	20 (1)	46	-	17 (2)	67 (2)	-	17 (1)
Raves (%)	29		20 (1)	46	25 (1)	42	67 (2)	-	17 (1)
Dance parties (%)	25	50	20 (1)	39 (5)	25 (1)	8 (1)	-	-	17 (1)
Private party (%)	18	17 (2)	-	23 (3)	25 (1)	17 (2)	-	-	33 (2)
Friends' home (%)	45	42	60	54	25 (1)	33	33 (1)	-	50
At own home (%)	32	17 (2)	80	39	-	25	-	-	67
Pubs (%)	5	-	20 (1)	8 (1)	-	-	-	-	17 (1)
Dealer's home (%)	11	8 (1)	20 (1)	15 (2)	-	8 (1)	33 (1)	-	-
Public place (%)	7	-	20 (1)	15 (2)	-	8 (1)	-	-	-
Car/other vehicle (%)	5	-	-	8 (1)	-	8 (1)	33 (1)	-	-
Restaurant/café (%)	4	-	-	8 (1)	-	-	-	-	17 (1)
Last use venue:									
(% of those who commented)	n=55	n=12	n=5	n=12	n=4	n=12	n=3	n=0	n=6
Nightclub (%)	22	75	-	17 (2)	-	8 (1)	-	-	-
Friends' home (%)	18	17 (2)	40 (2)	17 (2)	25(1)	17 (2)	33 (1)	-	-
At own home (%)	22	-	60	17 (2)	-	17 (2)	-	-	83
Raves (%)	11	-	-	17 (2)	25 (1)	8 (1)	67 (2)	-	-
Dance parties (%)	6	-	-	17 (2)	25 (1)	-	-	-	-
Private party (%)	6	-	-	8 (1)	25 (1)	8 (1)	-	-	-
Dealer's home (%)	2	8 (1)	-	-	-	-	-	-	-
Car/other vehicle	2	8 (1)	-	8 (1)-	-	-	-	-	-

Source: Party Drugs Initiative PDU interviews

*figures in brackets represent the number reporting.

Use of 1,4-B

Three percent (n=22) of the national sample reported use of 1,4-B in their lifetime and two percent (n=18) had used it recently. All of whom had swallowed it. Use was infrequent with over half using on three days or less in the six months preceding interview.

8.2 Price

Small numbers were able to comment on the price of GHB and therefore these results should be interpreted with caution. GHB was most commonly purchased in mls. Nineteen participants of the national sample commented on the price of a ml of GHB, these prices are listed in Table 39.

Table 39 Price per ml of GHB purchased by PDU

	NSW n=2	ACT n=1	VIC n=5	TAS n=1	SA n=6	WA n=0	NT n=0	QLD n=4
Per ml	\$5 \$20	\$4	\$2.50 \$2.80 3x\$3	\$10	1x\$2.50 2x\$4 2x\$5 1x\$6	-	-	\$1, \$3, \$5, \$10

Source: Party Drugs Initiative PDU interviews

Sixty participants in the national sample commented on whether the price of GHB had changed in the preceding six months. Half (52%) did not know whether there had been a change and 30% described the price as stable.

Table 40 Price changes of GHB by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
GHB price (% who commented)	n=60	n=12	n=5	n=16	n=6	n=12	n=3	n=0	n=6
Don't know	52	42	40	50	83	33	0	0	25
Decreased	7	17	0	6	0	0	0	0	25
Stable	30	42	60	32	17	0	0	0	25
Increased	10	0	0	13	0	50	0	0	25
Fluctuated	1	0	0	0	0	17	0	0	0

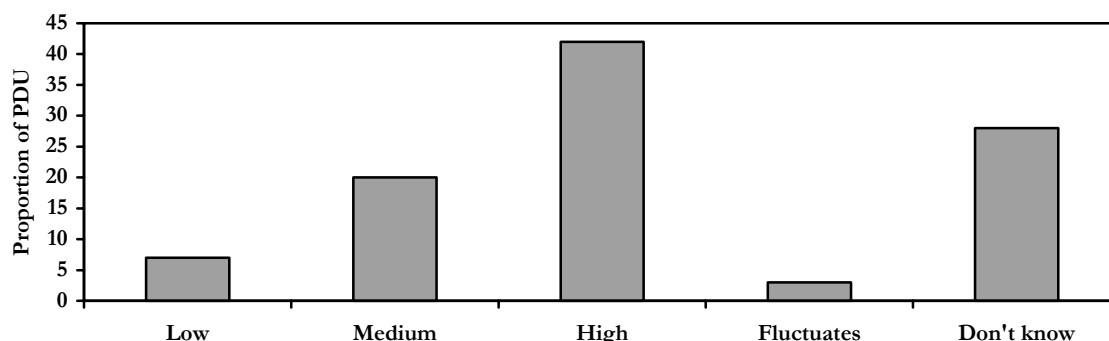
Source: Party Drugs Initiative PDU interviews

8.3 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. Seven percent (n=60) of the national sample commented on the purity of GHB. Forty two percent of those who commented reported the purity of GHB to be 'high' and a further 20% reported GHB strength as

'medium' (Figure). Over a quarter (28%) did not know what the current purity of GHB was.

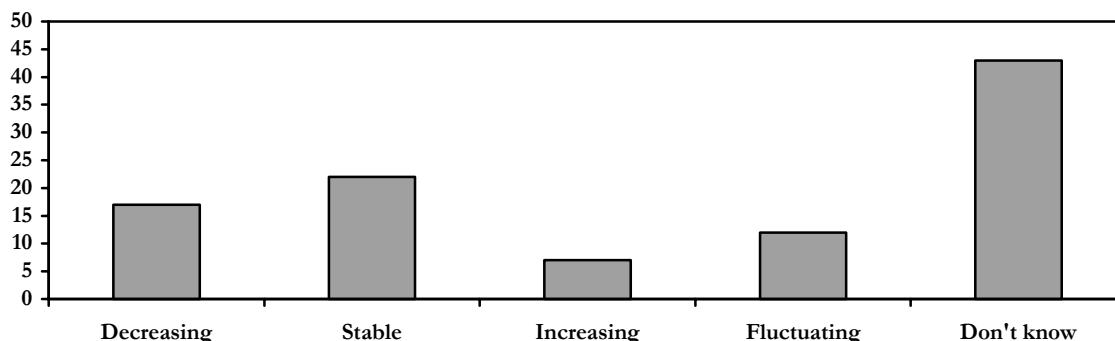
Figure 26 Users rating of the current purity or strength of GHB, 2003



Source: Party Drugs Initiative PDU interviews 2003

Of those that commented on whether the purity of GHB had changed in the six months preceding interview, 43% did not know, 22% reported it was stable, 17% decreasing, 12% fluctuating and 7% increasing.

Figure 27 User reports of recent change in purity of GHB, 2003



Source: Party Drugs Initiative PDU interviews 2003

8.4 Availability

Seven percent (n=60) of the national sample commented on the recent availability of GHB. Again small numbers reported in all states and this data should therefore be interpreted with caution.

There was inconsistency regarding reports of the availability of GHB with similar proportions reporting it as 'very easy' (25%) to obtain and 'difficult' (28%) to obtain.

About half (45%) of those that commented, reported the availability of GHB had remained stable over the preceding six months, while 12% reported that it had become easier or more difficult (20%).

Table 41 Availability of GHB by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability GHB									
(% who commented)	n=60	n=12	n=5	n=16	n=5	n=12	n=3	n=0	n=6
Don't know	12	0	0	19	0	17	0	0	33
Very easy	25	42	0	38	0	25	0	0	17
Easy	8	8	0	19	0	0	0	0	17
Moderately easy	17	50	0	6	17	0	33	0	17
Difficult	28	0	60	19	50	50	67	0	0
Very difficult	10	0	40	0	33	8	0	0	17
Availability GHB changes									
(% who commented)	n=60	n=12	n=5	n=16	n=5	n=12	n=3	n=0	n=6
Don't know	20	8	0	25	17	33	0	0	33
Easier	12	33	0	13	0	0	33	0	0
Stable	45	42	100	38	83	33	33	0	33
More difficult	20	17	0	19	0	33	33	0	33
Fluctuates	2	0	0	6	0	0	0	0	0

Source: Party Drugs Initiative PDU interviews

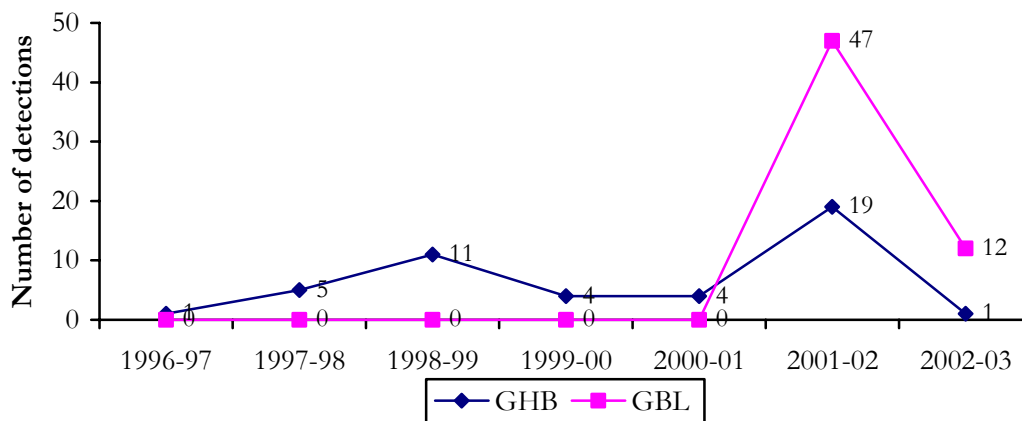
GHB and GBL detections at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 27 indicates an increase in recent years in the number of seizures of GHB and GBL at the Australian border. There were a record number of 47 detections of GBL in 2001/02. This was the first year that any such detection had been made of this drug at the Australian border.

In 2002/2003, there were 12 GBL detections at the border, and one detection of GHB. This may be an indication that GBL is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself.

It must be remembered that it is possible to obtain the precursors from legitimate sources in Australia. It is likely that some manufacturers of GHB source the precursors for the drug in this country. The relatively small number of GHB/GBL detections at the border may also be a reflection of this fact.

Figure 28 Number of GHB and GBL detections at the Australian border, financial years 1996-97 to 2002-03



Source: Australian Customs Service

8.5 GHB related harms

8.5.1 Law enforcement

GHB is a controlled substance in Australia, and possession of GHB is an offence. However, it is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, as GHB is not separately recorded in police databases.

Information on cases where individuals have been arrested in possession of amounts of GHB or GBL has suggested that persons supplying this drug may also be suppliers of other party drugs such as ecstasy, crystal methamphetamine and ketamine. This is consistent with some anecdotal reports from party drug users, some of whom noted that it was possible to obtain a range of party drugs from one dealer.

8.5.2 Health

Overdose

One of the reasons for the considerable media attention around GHB has derived 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 receiving wide media coverage. It was not possible at this time, however, to report statistics on the numbers of GHB overdoses presenting to emergency departments and

hospitals in Australia, nor on the number of suspected GHB deaths. 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. It is certainly the case, however, that emergency departments in Sydney and Adelaide collect their own data on the number of presenting cases of GHB overdose. It has been reported by staff from one Sydney emergency department located close to a nightclub district that they receive several cases of GHB overdose each weekend night, some of whom require life support and remain in intensive care. It was recently reported that over 150 cases of GHB overdose had presented to this hospital in 2004 alone.

Data on GHB overdoses presenting to a central Adelaide emergency department suggest a trend for increasing numbers of GHB overdoses, often in clusters from particular events. There was also considerable attention recently to the occurrence of numerous GHB overdoses at a Melbourne event.

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

Treatment

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

No data from the National Minimum Dataset on Alcohol and Other Drug Treatment Services (NMDS-AODTS) have been reported the number of persons in Australia who have received treatment primarily for GHB dependence. Data obtained from the NSW Minimum Dataset (courtesy of NSW Health) showed that one treatment episode has been recorded.

8.6 Benefit and risk perception

As with other drug types, participants were asked to describe the risks and benefits they perceived to be associated with taking GHB, regardless of whether they had used GHB themselves.

8.6.1 Perceived Benefits

There were similarities between states in the perceived benefits associated with GHB use. The most commonly reported benefits of GHB use related to the mood enhancing and euphoric effects of the drug, the relaxing effects and the sensations its use induces.

8.6.2 Perceived Risks

The majority (95%) commented on whether there were risks associated with GHB use. Of those who commented, over half (58%) of PDU reported they did not know if there

were risks associated with taking GHB. Forty percent reported there were risks associated with GHB use. Only a small proportion (2%) reported there were no risks.

There was similarity across jurisdiction in the types of risks reported. The perceived risks of GHB use included taking too much and the associated symptoms, such as throwing up, fainting, passing out or overdose.

8.7 Jurisdictional trends

NSW

Small numbers of users provided information on the price purity and availability of GHB, therefore results should be interpreted with caution.

There is some confusion among respondents with regard to how many millilitres are held in a 'vial' of GHB and the size of a typical dose.

The proportion of users reporting lifetime and recent GHB has increased over time although prevalence of use was comparable to 2002.

Frequency of use is comparable between years while quantity of use appears to have fluctuated although again, given the small numbers who commented, cautious interpretation is required.

KI reports generally consistent with results from the user surveys; of those who were able to comment, most considered GHB to be used by small numbers of users infrequently. However, several KI were familiar with groups who used more regularly.

Similar to other drugs, GHB was most likely to have been used in nightclubs. In 2003, GHB was most commonly purchased in a 'vial' for which a median of \$35 was paid, a decrease from \$50 in 2002. Prices reportedly paid for other amounts by small numbers of respondents were inconsistent as were comments regarding changes in price.

Most participants reported GHB purity as medium or high although few were unable to comment on changes in purity.

Similar to other drugs, GHB was commonly obtained from friends and dealers. The availability of GHB was considered to be 'very easy', 'easy' or 'moderately easy' to obtain by all those who commented, and availability reportedly remained stable or had become easier during the preceding six months. Four KI also mentioned increased GHB availability in the preceding six months.

The most commonly reported benefit of GHB use was the mood enhancing euphoric effects of the drug, and the most commonly reported risks were those associated with taking too much GHB, such as fainting, passing out, overdosing and death.

ACT

A minority of the sample reported the lifetime or recent use of GHB.

All recent GHB users had used on a less than monthly basis, and the quantity of use varied only slightly when PDU referred to typical and heavy episodes of use.

The median reported price for a millilitre of GHB was stable at \$4.

Due to a small sample size, the GHB purity data is hard to interpret.

All respondents reported that GHB is difficult to very difficult to obtain in the ACT.

KI reported on the perceived increase in the number of GHB related overdoses and drink-spiking incidences in the ACT during 2002-2003.

VIC

Among PDU there are low levels of both lifetime and recent use of GHB.

Recent users infrequently use GHB (typically monthly or less).

GHB was considered very cheap and the price has remained stable over the previous six-month period.

GHB was regarded as having high levels of purity, although the purity was reported to have fluctuated in the months prior to interview.

GHB was considered to be readily available and the availability has recently remained stable or increased.

Perceived benefits of GHB use include the sensations its use induces, such as numbness and melting. The perceived risks of GHB use included taking too much and the symptoms associated with that, such as throwing up, passing out or going into a coma.

TAS

GHB had been tried by 10% of the regular ecstasy-using sample of participants, and used by 6% in the six months prior to interview. A close chemical relative of GHB, known as 1,4 B, had been tried by 2% of participants and used recently by a single participant

GHB was typically sold locally in liquid form and swallowed by consumers

Those recently using GHB had typically only used the drug once in the last six months.

These low levels of use and lack of recent seizures of the drug suggest a low level of availability of GHB locally.

SA

There was a decrease in the proportion of PDU reporting lifetime and recent use of GHB compared to 2002.

A small reduction in the frequency of reported use, and average amount used per session, of GHB was also noted.

Price, purity and availability data for GHB use in 2003 was based on a very small sample of PDU and caution should be exercised when attempting to generalise to the wider South Australian population of PDU.

The median price of a millilitre of GHB has doubled since 2002, and PDU reported an increased difficulty in obtaining GHB.

The mostly commonly reported benefit of GHB was the relaxing effect provided by the drug, while the most commonly reported risk was the ease of overdose and collapse.

KI suggested that there was a decrease in both use and availability of GHB and that use was primarily restricted to a sub-culture of users associated with 'hard house' music.

WA

Twenty percent of the sample in WA reported they had tried GHB and 8% had used GHB in the six months preceding interview.

A typical amount used was 10 ml. Use of GHB was infrequent with most having used monthly or less often.

Price purity and availability information was limited, an indication of limited use of this drug among the sample.

NT

Seventeen percent of the PDU interviewed reported lifetime use of GHB and only 4% had used GHB in the six months preceding interview.

Among the few that reported GHB use, all swallowed the drug.

GHB had been used an a median of eight days (range 2-12), indicating use of at least once a month.

Among the few that used GHB, 16mls was the typical amount used in an average session.

None of the participants in the NT reported on the price, purity or availability of GHB.

QLD

Few PDU in 2003 (13%) reported ever using GHB and very few (6%) had used GHB recently.

Typically, GHB users consumed 4 mls, and used once in the six months preceding interview.

Over half (57%) of the QLD PDU sample did not know whether there were any risks associated with using GHB.

GHB use was uncommon and few PDU were able to report on the price, purity or availability of GHB. There was little agreement among those who did report.

8.8 Summary of GHB Trends

- Smaller numbers had used GHB and were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.
- Five participants of the 2003 national sample nominated GHB as their drug of choice.
- Twenty two percent of 2003 national sample reported lifetime use of GHB and 11% had used GHB in the six months preceding interview. The median age of first use, among those that reported using GHB, was 21 years.
- All participants reported recently swallowing GHB, except one participant in VIC that injected it.
- Of those that used GHB, the median number of days used was two. About three quarters had used once a month or less.
- GHB use was typically quantified in mls. The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 10mls.
- Over half (52%) reported having used 15 mls or more in a single occasion in the last six months.
- Four percent of those that reported they had binged in the six months preceding interview used GHB in their binge.
- The majority of those that reported scoring GHB, obtained it from friends (61%) and dealers (30%). Almost half (48%) scored from their friends home, with dealers home and nightclubs the next most common locations reported.
- Like the other party drugs GHB was used in a variety of locations. Nightclubs were the most common location (71%), followed by private homes (friends or own home).
- GHB was most commonly purchased in mls. Eighteen participants of the national sample commented on the price of a ml of GHB.
- Forty two percent of those who commented reported the purity of GHB to be 'high' and a further 20% reported GHB strength as 'medium'.
- There was inconsistency regarding reports of the availability of GHB with similar proportions reporting it as 'very easy'(25%) to obtain and 'difficult' (28%) to obtain.
- About half (45%) of those that commented, reported the availability of GHB had remained stable over the preceding six months.
- Although there the detections for GHB and GBL are relatively low compared to other drugs, there has been an increase in recent years in the number of Customs seizures of GHB and GBL at the Australian border.
- The most commonly reported benefits of GHB use related to the mood enhancing and euphoric effects of the drug, the relaxing effects and the sensations its use induces.
- There was similarity across jurisdiction in the types of risks reported. The perceived risks of GHB use included taking too much and the associated symptoms, such as throwing up, fainting, passing out or overdose.

9.0 LSD

Lysergic acid is commonly known as LSD, trips or acid. It is a hallucinogen that became popular in the 1960's.

9.1 LSD use among PDU

Three percent of the national sample reported LSD was their drug of choice. Sixty five percent of 2003 national sample reported lifetime use of LSD and 29% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 17 years (range 11-54).

Seven percent of the national sample reported that they had injected LSD at some time. Of those that reporting injecting LSD, the median age first injected was 19 years (range 12-35).

Five participants reported injecting LSD in the six months preceding interview. All participants but two (one in the NT and one in QLD) reported recently swallowing LSD in the six months preceding interview.

Of those that used LSD, the median number of days used was two, ranging from having used LSD once to one participant reporting using LSD three times a week. The majority had (84%) used once a month or less; 8% used LSD between monthly and fortnightly; 5% using between fortnightly and weekly and another 3% used LSD more than once a week.

Table 42 Patterns of LSD Use Among PDU

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	65	66	59	86	62	73	62	80	41
Ever injected	7	4	0	8	9	2	5	22	4
Used last six months (%)	29	27	44	48	24	30	22	25	18
Median days used* last 6 mths (range)	2 (1-72)	1 (1-20)	2 (1-20)	2 (1-70)	1 (1-15)	3 (1-72)	1 (1-10)	3 (1-48)	2 (1-15)

Source: Party Drugs Initiative PDU interviews

* of those that used

The median amount of LSD used in a 'typical' or 'average' use episode in the preceding six months was one tab (range 0.5-5). Recent LSD users reported using a median of one tab (range 0.25-20) during their 'heaviest' use episode. Fifteen percent reported having more than three tabs in a single occasion in the last six months. Seven percent of those that reporting they had binged in the six months preceding interview used LSD in their binge.

9.2 Price

LSD was most commonly purchased in tabs. Twenty three percent of the national sample commented on the price of a tab of LSD.

The median price of a tab of LSD ranged from \$10 in SA to \$25 in the NT.

Table 43 Price per tab of LSD purchased by PDU

Median price (\$)	NSW n=14	ACT n=20	VIC n=18	TAS n=39	SA n=33	WA n=28	NT n=10	QLD n=24
Per tab	\$15 (4-30)	\$20 (10-30)	\$15 (6.50-25)	\$20 (5-50)	\$10 (6-20)	\$20 (15-40)	\$25 (10-30)	\$20 (15-35)

Source: Party Drugs Initiative PDU interviews

Thirty six percent (n=289) of 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, although over a third that commented in the NT reported that the price fluctuated.

Table 44 Price changes of LSD by jurisdiction, 2003

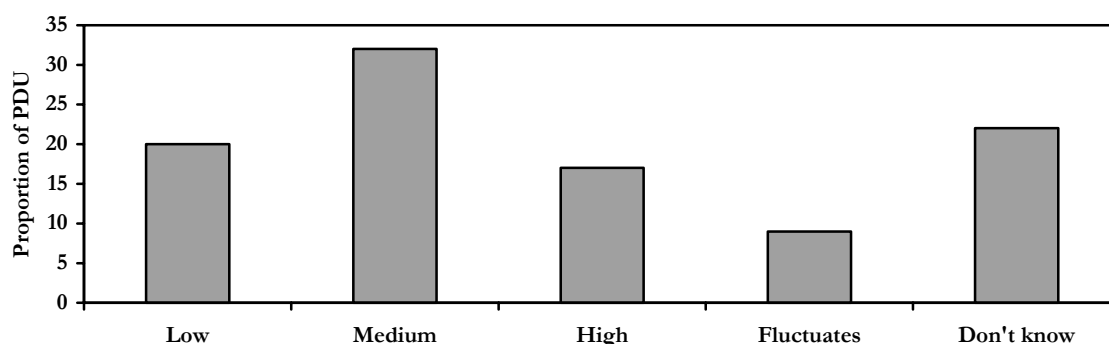
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
LSD price (% who commented)	n=289	n=22	n=32	n=43	n=57	n=49	n=41	n=19	n=26
Don't know	25	9	22	35	32	22	27	11	27
Decreased	6	0	3	14	0	8	5	16	4
Stable	48	68	50	33	54	59	39	32	46
Increased	14	23	19	16	9	4	22	5	19
Fluctuated	7	0	6	2	5	6	7	37	4

Source: Party Drugs Initiative PDU interviews

9.3 Purity

Participants were asked what the current purity or strength of LSD and if the purity had changed in the six months preceding interview. Thirty six percent (n=289) of the national sample commented on the purity of LSD. Thirty two percent of those who commented reported the purity of LSD to be 'medium' and a further 17% reported LSD strength as 'high' (Figure 28). Twenty percent reported the strength as low, 22% did not know what the current purity of LSD was and 9% reported the strength of LSD fluctuates.

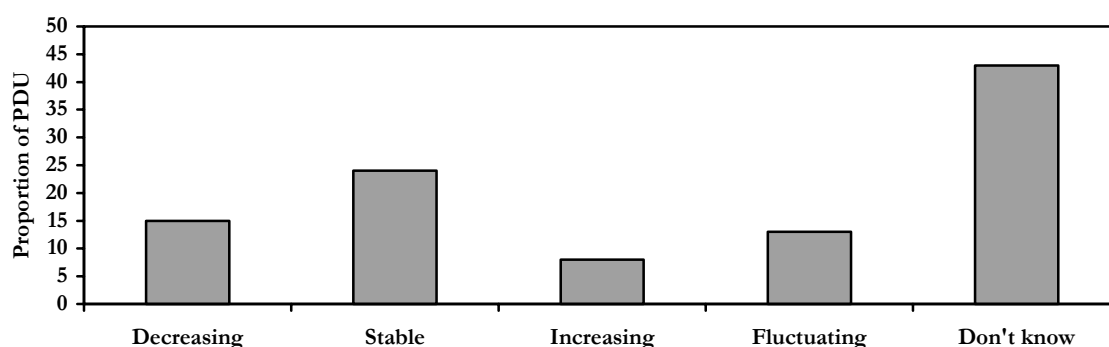
Figure 29 Users rating of the current purity or strength of LSD, 2003



Source: Party Drugs Initiative PDU interviews 2003

Of those that commented on whether the purity of LSD had changed in the six months preceding interview, 41% did not know, 24% reported it was stable, 15% decreasing, 13% fluctuating and 8% increasing.

Figure 30 User reports of recent change in purity of LSD, 2003



Source: Party Drugs Initiative PDU interviews 2003

9.4 Availability

Thirty six percent of the national sample commented on the recent availability of LSD.

Reports of the availability of LSD were mixed. About half (45%) of those that commented, reported the availability of LSD as 'difficult' or 'very difficult'. The other half (47%) reported it was 'moderately easy' to 'very easy' to obtain LSD.

There was some variation between states with the largest proportions in WA, TAS and QLD reporting LSD to be difficult to very difficult to obtain.

The availability of LSD was reported to have been stable in the six months preceding interview by the largest proportion in all but QLD. Substantial proportions in QLD (35%) and TAS (28%) reported availability had become more difficult in recent months

Table 43 Availability of LSD by jurisdiction, 2003

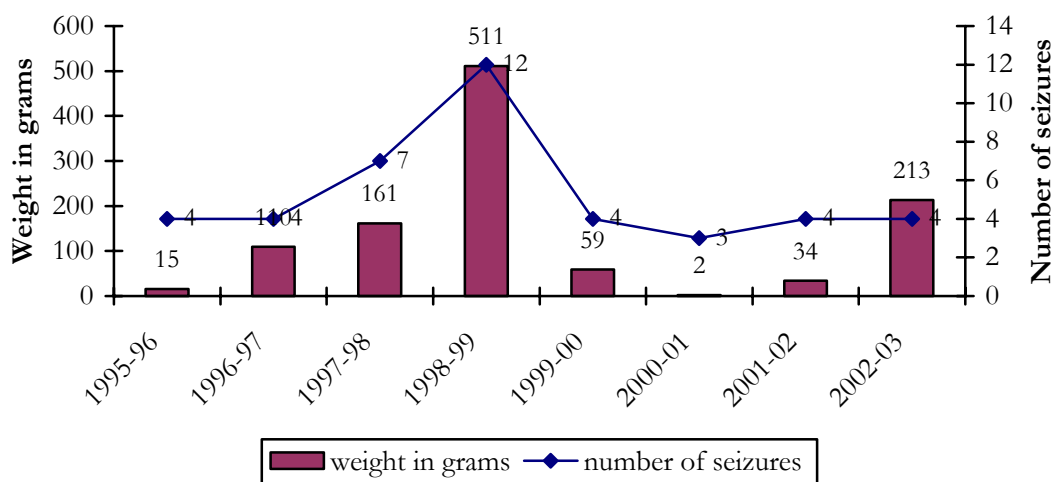
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability LSD (% who commented)	n=289	n=22	n=32	n=43	n=57	n=49	n=41	n=19	n=26
Don't know	8	0	0	26	5	12	0	5	12
Very easy	11	18	9	19	4	18	2	21	4
Easy	11	9	6	2	12	16	5	32	12
Moderately easy	25	32	38	26	23	31	17	26	12
Difficult	27	27	25	19	44	16	24	16	39
Very difficult	18	14	22	9	12	6	51	0	23
Availability LSD changes (% who commented)	n=289	n=22	n=32	n=43	n=57	n=49	n=41	n=19	n=26
Don't know	20	0	6	30	21	29	10	5	23
Easier	12	14	38	16	5	8	5	16	12
Stable	45	64	41	33	39	43	59	47	31
More difficult	20	18	13	12	28	18	22	21	35
Fluctuates	2	5	3	9	7	2	5	11	0

Source: Party Drugs Initiative PDU interviews 2003

LSD seized at the Australian border

There have only been small numbers of seizures of LSD in recent years, with the weight of seizures also remaining stable since 1999/00. In 2002/03 there were four seizures of LSD, weighing a total of 213 grams.

Figure 31 Number and weight of LSD detections at the Australian border, financial years 1996-97 to 2001-02



Source: Australian Customs Service

9.5 Benefit and risk perception

All participants, including those who had not used LSD, were asked to specify the benefits and risks they associated with LSD.

9.5.1 Perceived Benefits

There were similarities between states in the perceived benefits associated with LSD use. Perceived benefits of LSD use included the hallucinogenic effects of the drug such as experiencing altered perceptions and mind expansion.

9.5.2 Perceived Risks

The majority (96%) commented on whether there were risks associated with LSD use. Of those who commented, 71% reported that there were risks associated with taking LSD. Less than a quarter (22%) did not know if there were risks associated with taking LSD and 6% reported there were no risks.

The commonly reported perceived risks of LSD use include long-term psychological damage and mental health issues. The potential for having a 'bad trip' was also commonly reported.

9.6 Jurisdictional trends

NSW

Prevalence of both lifetime and recent LSD use has decreased over time; frequency of use has also decreased although quantity of use remained stable at one tab per occasion of use.

Nine KI reported infrequent use of LSD among the groups of ecstasy users with whom they were familiar.

The price of LSD has increased from \$10 to \$15 since 2000 and most who commented believed the price to have remained stable over the preceding six months.

The majority of participants thought the current purity of LSD was medium or low and had remained stable, decreased or fluctuated over the preceding six months.

Reports regarding the availability of LSD were varied although most thought it had been moderately easy (32%) or difficult (27%) to obtain and that the availability of LSD had remained stable (64%) over the preceding six months.

The most commonly identified benefit of LSD use was related to its hallucinogenic properties while psychological harm was the most commonly reported risk.

ACT

Almost half (44%) of the sample reported the recent use of LSD, with KI reports indicating that the use of LSD is increasing among ACT PDU.

Although the general level of LSD use tends to be low, there is a notable proportion of the sample that appears to use the substance on a regular basis.

The median price for an LSD 'tab' or 'trip' was stable at \$20.

The majority of PDU reported the purity of LSD to be medium to high, though the response of PDU in regard to the change in purity of LSD was inconsistent.

PDU were divided in their response to the current availability of LSD, though the majority reported that it was stable or becoming easier to obtain.

Hallucinations were the most commonly cited benefit of taking LSD, though being 'stuck in a trip' or experiencing a 'bad trip' was the most frequently reported risk.

VIC

There is a high level of lifetime use, with approximately half (48%) of PDU reporting recent use of LSD. Recent users reported they typically use LSD infrequently, on a median of two days in the six months preceding interview.

The median price of LSD was \$15 a tab and the price was reported to have remained stable or increased in the six months preceding interview.

There is inconsistency in the reports of the purity of LSD.

LSD is readily available although reports about recent changes in availability are inconsistent.

Perceived benefits of LSD use include experiencing altered perceptions and mind expansion. The perceived risks of LSD use include long-term mental health issues and the potential for having a 'bad trip'.

TAS

Amongst this sample of people that regularly use ecstasy, almost two-thirds had ever tried LSD, and one-quarter had used the drug in the six months prior to participating in the study.

Males were significantly more likely to have ever or recently used LSD. Participants typically only used LSD once in the preceding six months. However, more than one-third of the consumer sample had used psychedelic mushrooms in the preceding six months. As such, more than half of the Hobart PDU sample had used some form of psychedelic drug (LSD and/or mushrooms) at least once in the six months prior to interview.

LSD was available locally both in liquid form and in 'tabs', both costing approximately \$20 per unit. This price appears to have remained stable in recent months

Participants typically used one-two tabs or drops on an occasion of use

Both key informants and consumers reported that LSD was reasonably difficult to access locally, and that it may have become even more difficult to access in recent months.

The most commonly reported concern, amongst the PDU sample in regard to LSD use, was the potential for long term mental health problems such as psychosis or paranoia and the risk of lasting damage to brain function.

SA

There was a decrease in the proportion of PDU reporting lifetime and recent use of LSD compared to 2002.

There was no real change in the frequency of reported use, or average amount used per session, of LSD. Less than a third (30%) reported recent use of LSD on a median of three days in the preceding six months.

Price, purity and availability data for LSD in 2003 revealed no change in price (\$10 a tab), but a shift towards decreasing purity and availability.

The mostly commonly reported benefit of LSD was a state of 'altered perception' provided by the drug, while the most commonly reported risk was the possibility of experiencing a 'bad trip'.

KI had little to say other than to suggest that the prevalence of LSD use in the dance party scene had decreased.

WA

Approximately a fifth of the PDU in WA had used LSD in the six months preceding interview. Use of the drug was infrequent, with most reporting using monthly or less often.

LSD was purchased for \$20 a tab and the price was considered stable in the six months prior to interview.

The purity was considered to be low or medium and had been stable in recent months.

LSD was reported to be very difficult to obtain and that had been the case for the six months prior to interview.

The perceived benefits of LSD included 'the opportunity to experience a change in perspective', or an 'alternative mental experience'.

The most commonly reported risks were experiencing a 'bad trip and flashbacks'. Smaller numbers of respondents also believed the possibility of 'brain damage' existed as well as the issue of being involved in risky behaviour while under the influence.

NT

Most ecstasy users reported they had used LSD at some time (80%) and a quarter had used it in the six months preceding interview. On average, the users interviewed had first used LSD at 18 years old.

A very small proportion (8%) reported they had used LSD fortnightly or more, most reported they typically used use one tab, and two tabs in a heavy episode. A third of users reported they had binged with LSD.

A small proportion (12%) of recent users had recently injected LSD, although most reported swallowing it (96%).

LSD was most commonly purchased in tab form for \$25 and a majority of users said this price was either 'fluctuating' (37%) or 'stable' (32%).

Users said that the current purity of LSD was 'fluctuating' (37%) or 'medium' (32%) and that this had been 'fluctuating' (53%) over the past six months.

Users reported the availability of LSD was 'easy to very easy' (53%) and that this had mostly been 'stable' (32%) or 'easier' (26%) over the past six months.

The most common perceived benefit was mental/spiritual enhancement and the most commonly reported perceived risk with using LSD was to ones mental health.

QLD

Among PDU in QLD, 41% reported ever using LSD, and 18% reported doing so recently.

Typically, one tab (range: 0.5 – 3 tabs) was used on a median of two days in the last six months.

The median price reported for an LSD tab was \$20 (range: \$8 - \$50). Almost half (46%) of recent LSD users reported that this price was stable. However, there was inconsistency of reports on the purity/strength of LSD.

The majority that commented on the availability of LSD reported that it was 'difficult' or 'very difficult' to obtain. About a third reported availability had remained stable and a third reported LSD had become more difficult to obtain in the six months preceding interview.

Half (50%) of the 2003 PDU sample believed that there were risks associated with using LSD, however over a third (38%) did not know of any risks associated with its use.

9.7 Summary of LSD Trends

- Three percent of the national sample reported LSD was their drug of choice.
- Sixty five percent of 2003 national sample reported lifetime use of LSD and 29% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 17 years.
- Swallowing was the most common route of administration.
- LSD use was infrequent. The majority had (84%) used once a month or less.
- The median amount of LSD used in a 'typical' or 'average' use episode in the preceding six months was one tab. Fifteen percent reported having more than three tabs in a single occasion in the last six months.
- Seven percent of those that reporting they had binged in the six months preceding interview used LSD in their binge.
- LSD was most commonly purchased in tabs.
- The median price of a tab of LSD ranged from \$10 in SA to \$25 in the NT. The price was considered stable in most states.
- The reports on the purity of LSD were mixed, about a third reported the purity as medium.
- The reports on the availability of LSD were inconsistent with similar proportions reporting availability as difficult to very difficult and moderately easy to very easy.
- Perceived benefits of LSD use included the hallucinogenic effects of the drug such as experiencing altered perceptions and mind expansion.
- The commonly reported perceived risks of LSD use include long-term psychological damage and mental health issues. The potential for having a 'bad trip' was also commonly reported.

10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects as ecstasy. It generally comes in powder or tablet form and may be in pills sold as ecstasy.

10.1 MDA use among PDU

Five participants (0.6%) of the 2003 national sample nominated MDA as their drug of choice. A third (33%) of the 2003 national sample reported lifetime use of MDA and 19% had used MDA in the six months preceding interview. The median age of first use, among those that reported using MDA, was 20 years (range 13-44).

Five percent of the national sample reported that they had injected MDA at some time. Of those that reporting injecting MDA, the median age first injected was 25 years (range 13-46). Ten participants reported injecting LSD in the six months preceding interview.

The majority (87%) of those that reported recent MDA use, reported recently swallowing as the route of administration. Substantial proportions (44%) snorted MDA, while smaller proportions reporting injecting (7%) or smoking (4%) it.

Of those that used MDA, the median number of days used was two, ranging from having used MDA once to one participant reporting using MDA three times a week. The majority had (85%) used once a month or less; 10% used LSD between monthly and fortnightly; the remainder used between fortnightly and weekly, with one participant reporting using MDA three times a week.

There were jurisdictional differences in reports of recent MDA ranging from 1% in WA to a third in NSW (35%) and ACT (33%).

Table 44 Patterns of MDA Use Among PDU

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Ever used (%)	33	56	56	40	32	31	12	21	24
Ever injected	5	7	0	10	3	3	1	6	5
Used last six months (%)	19	35	33	19	21	21	1	6	18
Snorted*	44	33	46	58	43	43	100	50	46
Swallowed*	87	86	100	53	95	71	100	83	79
Injected*	7	6	0	16	0	5	0	33	8
Smoked*	4	3	0	11	0	0	0	0	13
Median days used* last 6 mths (range)	2 (1-72)	1 (1-14)	2 (1-24)	4 (1-72)	2 (1-20)	2 (1-24)	6 (6)	2 (1-12)	2 (1-15)

Source: Party Drugs Initiative PDU interviews

* of those that used

The median amount of MDA used in a ‘typical’ or ‘average’ use episode in the preceding six months was one capsule (range 0.25-4). Recent MDA users reported using a median of two capsules (range 0.25-10) during their ‘heaviest’ use episode. Eleven percent reported having more than three MDA caps in a single occasion in the last six months.

Only three percent of those that reporting they had binged in the six months preceding interview used MDA in their binge.

10.2 Price

Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution.

MDA was most commonly purchased in capsules. Eight percent (n=68) of the national sample commented on the price of a capsule of MDA. The median price of a cap of MDA ranged from \$35 in VIC to \$60 in the NT.

Table 45 Price per cap of MDA purchased by PDU

Median price (\$)	NSW n=18	ACT n=12	VIC n=2	TAS n=15	SA n=6	WA n=2	NT n=5	QLD n=8
Per capsule	\$45 (30-60)	\$40 (25-50)	\$35 (30-40)	\$50 (35-60)	\$42.50 (30-50)	\$55 (50-60)	\$60 (30-100)	\$37.50 (30-60)

Source: Party Drugs Initiative PDU interviews

Fifteen percent (n=118) of national sample commented on whether the price of MDA had changed in the preceding six months. Of those that commented over half reported the price to be stable.

Table 44 Price changes of MDA by jurisdiction, 2003

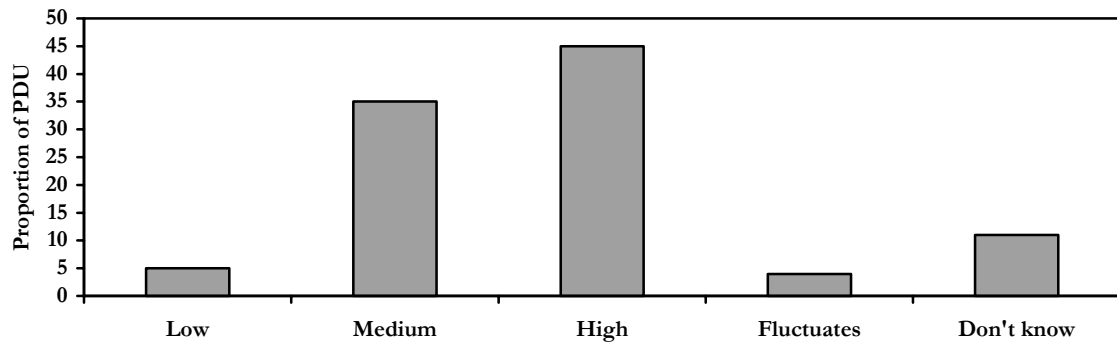
	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
MDA price (% who commented)	n=118	n=22	n=17	n=16	n=25	n=18	n=2	n=6	n=12
Don't know	29	9	18	56	20	50	0	17	42
Decreased	9	18	6	13	0	11	0	17	8
Stable	56	68	77	25	80	33	50	33	42
Increased	5	5	0	6	0	6	50	17	8
Fluctuated	1	0	0	0	0	0	0	17	0

Source: Party Drugs Initiative PDU interviews

10.3 Purity

Participants were asked what the current purity or strength of MDA and if the purity had changed in the six months preceding interview. Fifteen percent (n=118) of the national sample commented on the purity of MDA. Forty five percent of those who commented reported the purity of MDA to be 'high' and a further 35% reported MDA strength as 'medium' (Figure). Five percent reported the strength as low, 11% did not know what the current purity of MDA was and 4% reported the strength of MDA fluctuates.

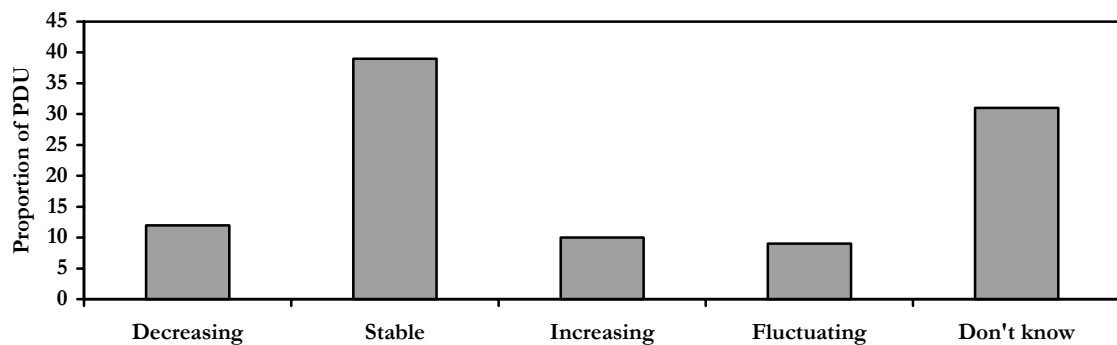
Figure 32 Users rating of the current purity or strength of MDA, 2003



Source: Party Drugs Initiative PDU interviews 2003

Of those that commented on whether the purity of MDA had changed in the six months preceding interview, 39% reported it was stable, 31% did not know, 12% decreasing, 10% increasing and 9% fluctuating.

Figure 33 User reports of recent change in purity of MDA, 2003



Source: Party Drugs Initiative PDU interviews 2003

10.4 Availability

Fifteen percent of the national sample commented on the recent availability of MDA.

MDA was described as 'difficult' to obtain by over a third of those who commented. 31% reported MDA as moderately easy to obtain.

Over half (59%) of those that commented, reported the availability of MDA was stable in the past six months.

Table 47 Availability of MDA by jurisdiction, 2003

	Total sample N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Availability MDA									
(% who commented)	n=118	n=22	n=17	n=16	n=25	n=18	n=2	n=6	n=12
Don't know	8	0	0	25	4	6	0	0	25
Very easy	9	0	12	19	8	11	0	0	8
Easy	13	18	12	0	24	6	0	0	17
Moderately easy	31	45	35	19	28	11	100	17	42
Difficult	36	27	41	38	36	50	0	67	8
Very difficult	5	9	0	0	0	17	0	17	0
Availability MDA changes									
(% who commented)	n=118	n=22	n=17	n=16	n=25	n=18	n=2	n=6	n=12
Don't know	21	5	12	44	24	28	0	17	25
Easier	6	9	6	0	0	6	0	17	17
Stable	59	73	59	38	72	61	0	50	42
More difficult	13	14	24	19	0	0	100	17	17
Fluctuates	2	0	0	0	4	6	0	0	0

Source: Party Drugs Initiative PDU interviews

10.5 Jurisdictional trends

NSW

Prevalence of MDA use has increased across sampling years although reports of both lifetime and recent use were comparable to 2002.

Frequency of use has decreased slightly while quantity of MDA use has remained stable.

KI reported that relatively small numbers of regular ecstasy users also used MDA infrequently, with some mentioning that use was determined by availability .

The price of an MDA cap decreased from \$50 to \$45 in 2003.

The majority of respondents reported the purity of MDA was medium to high and that the purity had remained stable or decreased in the preceding six months.

User reports of current availability were less consistent although most thought availability had remained stable over the preceding six months.

ACT

One third of the sample had recently used MDA, with KI reporting opportunistic levels of use among the PDU sample

The frequency of MDA use was low, though 10% of PDU reporting recent binge activity had used MDA during these binge periods

The median price for a cap of MDA was stable at \$40

The purity of MDA was reported as stable at medium to high levels

PDU were divided in their perception of the ease with which MDA could be obtained, with approximately half the sample reporting that it was easy or difficult to obtain

VIC

There are low levels of both lifetime and recent use of MDA among the PDU interviewed in VIC.

Recent users of MDA report infrequent use.

The price of MDA was reported to be stable in the six months preceding interview.

The purity of MDA was considered to be medium to high, with reports about recent changes in purity being inconsistent.

Reports about the availability of MDA were also inconsistent.

TAS

One-third of the regular ecstasy-using sample had ever tried MDA, and one-fifth had used the drug in the six months prior to participating in the study.

MDA was typically sold locally as a capsule of powder, for \$40-50 per capsule.

Consumers typically swallow the capsules of MDA or snort the powder.

Most of those that had recently used MDA had done so on three or fewer occasions in the six months prior to being interviewed, and used one-half to one capsule of the drug on a typical occasion of use.

MDA appeared to be somewhat challenging for consumers to access locally, with one-third of the participants reporting on availability suggesting that it was 'difficult' or 'moderately easy' for them to access respectively, and one quarter reporting that it was

'easy' to access. This pattern of availability appeared to have remained stable in recent months.

SA

There was a small rise in the proportion of PDU reporting lifetime use, though recent use of MDA remained stable compared to 2002.

There was no change in the frequency of reported use, and average amount used per session, of MDA between 2002 and 2003.

Price, purity and availability data for MDA use in 2003 was based on a very small sample of PDU and caution should be exercised when attempting to generalise to the wider South Australian population of PDU.

The median price of a cap of MDA was unchanged from 2002, and PDU reported an increased difficulty in obtaining MDA.

KI suggested that MDA is not heavily sought by users.

WA

The number of PDU reporting lifetime use of MDA was 12%. Only one respondent reported having used it monthly during the preceding six months.

NT

Twenty one percent reported lifetime use of MDA but only six percent had used MDA in the six months preceding interview.

Swallowing was the most common route of administration.

Among those that used MDA, use was infrequent (twice in the six months preceding interview). In a typical session PDU reported using two caps.

A cap of MDA was reportedly purchased for \$60 (range \$30-\$100).

Half of those that commented reported the purity to be high and stable.

It was considered difficult to obtain MDA and this had been stable in the six months preceding interview.

QLD

A quarter (24%) of the PDU sample reported ever using MDA, and 18% reported using MDA recently.

Typically, users consumed one cap of MDA (range: 0.5 - 2) on a median of two days in the last six months.

Eight participants were able to comment on the price of MDA, with a median reported price of \$37.50 per cap. There was little agreement amongst PDU with regard to MDA purity and availability.

10.6 Summary of MDA Trends

- A third (33%) of the 2003 national sample reported lifetime use of MDA and 19% had used MDA in the six months preceding interview. The median age of first use was 20 years.
- The majority (87%) of those that reported recent MDA use, reported recently swallowing as the route of administration. Substantial proportions (44%) snorted MDA.
- The majority had (85%) used once a month or less.
- There were jurisdictional differences in reports of recent MDA ranging from 1% in WA to a third in NSW (35%) and ACT (33%).
- Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution.
- The median price of a cap of MDA ranged from \$35 in VIC to \$60 in the NT.
- The price of MDA was reported to be stable.
- The majority of those who commented reported the purity of MDA to be 'high' (45%) or 'medium' (35%). Purity was considered to be stable by over a third.
- Reports on availability were mixed. MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further third (31%) reported MDA as moderately easy to obtain.
- Over half (59%) of those that commented, reported the availability of MDA was stable in the past six months.

11.0 OTHER DRUGS

11.1 Alcohol

Three percent of the 2003 national sample nominated alcohol as their drug of choice. The vast majority of the national PDU sample reported they had used alcohol in their lifetime (98%) and in the six months preceding interview (92%).

The PDU sample reported first using alcohol at the median age of 14 (range 2-45).

Frequency of alcohol consumption varied, with half using on a median of 48 days, reflecting drinking twice a week (range 1-180). Eight percent reported they were daily drinkers.

As mentioned previously, 64% reported that they usually used alcohol in combination with ecstasy. About two thirds (65%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks. Dehydration is an issue to consider with binge alcohol use and ecstasy consumption, particularly when use occurs in a hot environment while being physically active.

The majority of participants (89%) reported that there were risks associated with taking alcohol, with health problems commonly reported.

11.2 Cannabis

Twelve percent of the 2003 national sample nominated cannabis as their drug of choice. The vast majority (95%) had used cannabis in their lifetime and 85% reported recent use of cannabis. Cannabis users reported they had first used cannabis in their mid teens (median 15 years, range 6-40, with 98% reporting they had first used by 21 years).

The frequency of cannabis use ranged from once to daily, with 30% reporting daily cannabis use. The median days used was 56 days indicating use between 2-3 days a week.

11.3 Tobacco

Eighty four percent of the national sample had reported they had used tobacco in their lifetime and 74% had used tobacco in the six months prior to interview. PDU reported first using tobacco at the median age of 14 (range 5-45).

Two thirds (66%) of those that reported recent tobacco use were daily smokers.

11.4 Benzodiazepines

One participant nominated benzodiazepines as their drug of choice in the 2003 national sample. Almost half (47%) of the sample had used benzodiazepines at some time in their life with a third (32%) reporting recent use. PDU reported first using benzodiazepines in their late teens (median 19 years, range 1-47).

Among those that had used benzodiazepines recently, the frequency of use varied from once (18%) to daily use (6%). The median number of days used was six, or once a month.

11.5 Antidepressants

No participants nominated antidepressants as their drug of choice. Almost half (46%) the national sample reported they had used antidepressants at some time in their life. Over a quarter (27%) had used them in the six months prior to interview.

Oral use was the most common route of administration (8% n=67), five participants had injected antidepressants in the six months prior to interview.

PDU that had used antidepressants were asked if there were taking antidepressants for depression. Sixty nine percent (n=76) of those that had used antidepressants were taking them for depression.

Of those that were not taking antidepressants for depression (n=27), five had taken them before taking ecstasy, two while on ecstasy and five while coming down from ecstasy. The remainder had taken antidepressants for other reasons including, in combination with other drugs (n=5), curiosity or experimentation (n=3), prescribed for other drug use (n=2), pain (n=2), anxiety (n=2) and for sleep (n=1).

11.6 Inhalants

Nitrous oxide

Two participants nominated nitrous oxide as their drug of choice. Half (52%) of the sample reported lifetime use of nitrous and a quarter (26%) had used nitrous in the six months preceding interview. PDU reported first using nitrous in their late teens (median 18 years, range 6-35).

Frequency of nitrous use ranged from once to every second day in the six months preceding interview. The median days used was 4 days (less than monthly).

Amyl nitrate

Half (52%) of the PDU sample reported having used amyl nitrite (a vasodilator) in their lifetime and twenty percent had used amyl in the six months preceding interview. PDU first used amyl at a median age of 19 years (range 10-44).

Frequency of amyl use was generally low, with users reporting a median of three days use in the last six months (range 1-180). Twenty eight percent had used on one day only and two participants reported daily amyl use.

11.7 Heroin and Other opiates

Six percent of the national sample nominated heroin as their drug of choice. Twenty two percent reported they had used heroin in their lifetime, 18% had injected it and 9%

reported having used in the six months prior to interview (7% injected). The median age of first use and first injection of heroin was 20 years (range 13-53).

There was wide variation in frequency of heroin use (range (1-180). Of those that used heroin in the six months preceding interview, half reported they had used on a median of 12 days, i.e. twice a month. Six percent of those that used heroin reported daily heroin use.

Twelve percent of the sample had used methadone, a medication used for the treatment of opioid dependence, 7% had used methadone in the last six months and 4% reported injecting methadone in the six months preceding interview.

Methadone was used on a median of 30 days in the six months preceding interview (range 1-180). Thirty five percent reported daily methadone use, suggesting they were in treatment.

Seven percent of the sample had used buprenorphine, another medication registered for the treatment of opioid dependence, in their lifetime. Those that reported they had first used buprenorphine at a median age of 28 (range 17-53). Five percent reported recent use of buprenorphine.

Four percent swallowed buprenorphine in the six months preceding interview and 2% had injected it.

The frequency of use in the last six months ranged from once to daily, with a median of 12 days (i.e. twice a month).

Twenty nine percent had used other opiates, including drugs such as morphine and pethidine. Fifteen percent had used other opiates in the six months preceding interview and eight percent had recently injected other opiates.

Other opiates were first used at a median age of 20 years (range 6-53).

The frequency of use of other opiates ranged from once to daily, on a median of 14 days in the last six months.

12.0 PARTY DRUG RELATED HARM

12.1 Health related harm

Participants were asked whether they had experienced a range of health related side effects due to their party drug use in the six months preceding interview. Forty side effects were asked about. Participants also responded whether they perceived ecstasy to be related to each side effect and then specified 'other drugs' and/or 'other factors' associated with each side effect. As participants were recruited on the basis of their regular ecstasy use, ecstasy was asked about specifically and an overestimation of ecstasy attribution may have occurred as a result. The individual state 2003 Party Drug Trend reports provide more detail on the side effects reported.

There was consistency across states in the side effects reported. Commonly identified side effects experienced while under the influence of drugs were profuse sweating, blurred vision, visual hallucinations, hot and cold flushes and loss of appetite. Users primarily attributed these effects to the use of ecstasy.

Recent speed and crystal users reported similar side effects to the overall pattern, agitation/ restlessness, irritability, heart palpitations, teeth problems, appetite loss, profuse sweating and trouble sleeping were also attributed to the use of these drugs.

Smaller proportions attributed other drugs to the side effects experienced, although there were some commonalities reported. Recent cannabis users mentioned memory lapses confusion, difficulty concentrating and paranoia as side effects they attributed to cannabis use. LSD users attributed the visual and auditory hallucinations to the use of LSD. Significant minorities of ketamine users in NSW attributed blurred vision and dizziness to ketamine use.

Participants were also asked whether they had experienced the side effects while coming down from drugs. Again, as ecstasy was asked about specifically an overestimation of ecstasy attribution may have occurred as a result.

There were similarities across states in the side effects experienced after taking party drugs. The most commonly reported side effects experienced when coming down included confusion, irritability, difficulty concentrating, energy loss, trouble sleeping, agitation/ restlessness, appetite loss, and headaches. Some of these may be the result of lack of sleep (irritability and energy loss) and dehydration (eg headaches and confusion). Ecstasy was the drug was commonly reported as contributing to these side effects.

Side effects experienced during the come down and attributed to other drugs such as speed were similar to overall pattern of side effects reported. Significant minorities of PDU attributed the side effects they had experienced to poly drug use (i.e. the use of three or more drugs).

Participants were also asked if they thought factors other than the drug(s), contributed to the side effects they had reported. A range of other factors were reported and these were categorised into groups including; physical factors such as lack of food, water, sleep and physical exertion (eg. dancing), environmental factors such as the lights, music and temperature of the physical environment; pre-existing health conditions such as existing

depression or anxiety, life stressors such as work or school; and social or relationship factors including arguments with partners.

Physical factors were the most commonly reported to contribute to the side effects. The side effects they were most often reported to contribute to included; muscular aches (n=228), joint pain or stiffness (n=143), profuse sweating (n=140), loss of energy (n=133), weight loss (n=125), headaches (n=99) and confusion (n=91).

12.2 Other problems

Participants were asked whether they had experienced any problems ceasing or reducing their use of ecstasy. The majority (80%) of participants reported they had not. However, twenty percent of the sample reported they had either wanted to or tried to cut down on their use of ecstasy and found they could not. This is an indication that ecstasy use may be problematic for some of the regular ecstasy users interviewed.

Participants were also asked if they had experienced any occupation, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use.

Table 48 Self reported drug-related problems, by jurisdiction , 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Occupational/study problems (%)	38	38	43	38	47	50	44	18	29
Relationship/social problems (%)	34	28	32	39	40	38	29	31	35
Financial problems (%)	40	30	46	39	47	33	42	48	42
Legal/police problems (%)	8	3	3	10	5	11	9	14	10

Source: Party Drugs Initiative PDU interviews

Financial problems were reported by the highest proportion of PDU in the national sample (40%).

Relationship and social problems attributed to party drug use were reported by 34% (n=275) of the national sample. Many of these problems could be considered relatively minor. Arguments were most commonly reported social or relationship problem reported (13%, n=103), followed by mistrust/ anxiety (9%, n=69). However more serious problems such as ending a relationship (8%, n=65) and being kicked out of home (1%, n=11) due to their party drug use were also reported.

Participants were asked what drug they attributed their problems to and this generally followed patterns of use, with ecstasy (n=181) being the most common drug, followed by methamphetamine powder (n=100), crystal (n=52), base (n=43).

13.0 CRIMINAL AND POLICE ACTIVITY

13.1 Reports of criminal activity among PDU

Over a third (37%) of the national sample reported engaging in some form of criminal activity in the month prior to interview. There were differences across states in the proportion reporting involvement in crime ranging from (11%) in QLD to half (49%) in VIC.

Drug dealing was the most commonly reported criminal activity (33%). Of those that reported drug dealing in the last month, half (51%) reporting dealing less than once a week, 19% once a week, 21% more than once a week but less than daily and 9% reported dealing on a daily basis.

Seven percent of the national sample reported they had committed a property crime in the last month. Of those that reported committing a property crime, over half (60%) reported they had done so less than once a week, 26% once a week, 9% more than once a week but less than daily and 6% reported dealing on a daily basis.

Only small proportions (2%) reported having had committed fraud or a violent crime in the month prior to interview. Of those that committed fraud, over half (56%) reported having done so less than once a week, 22% once a week, 17% more than once a week but less than daily and 6% reported dealing on a daily basis.

Of those that committed a violent crime, all but one participant had done so less than once a week. One participant (in VIC) reported committing a violent crime more than once a week but less than daily.

Table 49 Criminal activity among party drug users, by jurisdiction, 2003

In the last month:	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Any crime	37	31	45	49	30	37	38	36	11
Drug dealing	33	28	42	41	25	35	36	28	31
Property crime	7	4	3	10	4	3	5	14	9
Fraud	2	1	3	3	1	1	2	3	4
Violent crime	2	5	0	2	0	3	0	3	3
In the last six months:									
Paid for ecstasy through dealing drugs	23	19	23	19	19	32	25	29	18
Paid for ecstasy through property crime	4	3	0	2	1	1	1	12	6

Source: Party Drugs Initiative PDU interviews

Eleven percent of the national sample were arrested in the past year. Of those arrested, a quarter (26%) were arrested for property crime, 18% for use or possession, 18% for a violent crime, 14% for driving offences (including driving under the influence), 6% for dealing or trafficking and 3% for fraud.

The PDU sample in the NT had the highest numbers (n=25) reporting they had been arrested in the past year, followed by QLD (n=17). The smallest numbers were in the ACT (n=3) and NSW (n=5)

13.2 Perceptions of police activity towards PDU

Participants were asked whether there had been changes in police activity towards party drug users in the six months preceding interview. Over a third (38%) reported that police activity had remained stable and a further third (31%) thought that police activity had increased.

PDU were also asked if police activity had made it more difficult for them to score drugs. The majority (80%) responded that police activity had not made it more difficult for them to score drugs.

Table 50 Perceptions of police activity towards party drug users, by jurisdiction, 2003

	National N=809	NSW n=102	ACT n=66	VIC n=100	TAS n=100	SA n=101	WA n=100	NT n=104	QLD n=136
Recent police activity:									
Decreased	4	7	14	3	1	1	6	1	2
Stable	38	36	48	56	24	37	34	30	41
Increased	31	37	19	19	55	22	29	38	25
Don't know	28	20	20	22	20	41	31	32	32
Did not make scoring more difficult	80	80	85	86	72	87	82	64	88

Source: Party Drugs Initiative PDU interviews

There were differences across jurisdictions in the proportion that reported police activity had increased, with 19% in the ACT and VIC reporting increased activity compared to over half in TAS reporting increased activity. Despite substantial proportions in all states reporting increased police activity, the majority of PDU in all states reported police activity had not made it more difficult to score, ranging from 64% in the NT to 88% in QLD.

13.3 Summary criminal and police activity

- Substantial proportions of PDU had committed a crime in the month preceding interview.
- There were differences across states in the proportion reporting involvement in crime ranging from (11%) in QLD to half (49%) in VIC.
- Drug dealing was the most common crime reported in all jurisdictions.
- Almost a quarter of the national sample had paid for ecstasy through dealing drugs.
- Frequency of criminal activity was low with over half of those that had committed any type of crime reporting they had done so less once a week.
- Eleven percent of the national sample were arrested in the past year.
- Over a third (38%) reported that police activity had remained stable and a further third (31%) thought that police activity had increased.
- There were differences across jurisdictions in the proportion that reported police activity had increased, with 19% in the ACT and VIC reporting increased activity compared to over half in TAS reporting increased activity.
- The majority (80%) responded that police activity had not made it more difficult for them to score drugs.

14 SUMMARY

The national Party Drugs Initiative (PDI) was conducted nationally for the first time in 2003. The PDI is a national monitoring system of ecstasy and other party drugs that is intended to serve as a strategic early warning system, identifying emerging trends of local and national interest in party drug markets. The PDI is designed to be sensitive to trends, providing data in a timely manner, rather than describing issues in detail.

It is important to note that the results from the PDU surveys are not representative of party drug use in the general population nor is the information representative of all party drug users, but is indicative of emerging issues that warrant further monitoring. The PDU are a sentinel group of regular ecstasy users that provide information on patterns of drug use and market trends. It is important to remember that all samples were recruited in the capital cities across Australia, patterns of drug use may vary among specific groups of party drug users in the capital cities and in regional areas.

14.1 Ecstasy

The ecstasy users interviewed had initiated ecstasy use in their late teens. Patterns of use varied, however in the six months prior to interview most participants had used ecstasy fortnightly. Over half (57%) of the national sample reported that they typically used more than one tablet in a session. During their 'heaviest' use episode in the preceding six months, participants reported using a median of three tablets.

The vast majority (91%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy, most commonly alcohol, tobacco and methamphetamine. Almost half (46%) of the national sample reported bingeing on ecstasy, the median length of time was three days.

The majority (87%) of participants reported there was some risk associated with ecstasy use. There was consistency in the types of risks users reported, with the main themes being mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

Participants nominated a wide variety of benefits associated with taking ecstasy. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. Participants described a feeling of closeness with others while on ecstasy. There were also physical benefits of taking ecstasy. Participants reported that it increased their energy levels and their ability to dance. Ecstasy was also purported to heighten user's sensations.

14.2 Methamphetamine

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

At least half of participants had reported lifetime use of the three forms of methamphetamine; speed (87%), base (50%) and (crystal 63%). At least a third had reported recent use; speed (73%), base (36%) and crystal (52%).

The most common route of administration varied with the type of methamphetamine used; speed was most commonly snorted, base swallowed and crystal smoked. Half also swallowed crystal.

Frequency of use varied for the different forms. Speed users typically used on a monthly basis typically using half a gram in a session. Over half (63%) of the base users used once a month or less. Base users used one point of base in a 'typical' use episode. Over half (62%) used crystal once a month or less and a quarter (27%) used crystal between monthly and fortnightly. Crystal users used a point of crystal used in a 'typical' use episode.

All forms of methamphetamine were purchased from a variety of locations; most commonly friends and dealers. They reported scoring from private residences; friend's or dealer's homes. Methamphetamines were used in a variety of locations. Speed and base were most commonly used in nightclubs, or in private homes (their own or friend's). Crystal was also used in a variety of locations, most commonly in private homes (friend's or own).

The majority of those who commented reported the purity of speed (57%), base (72%) and crystal (77%) to be 'medium' or 'high'. Small proportions reported the current strength of base (6%) or crystal (3%) to be low.

The largest proportion of users of all forms of methamphetamine reported that the purity remained stable in the six months preceding interview. Larger proportions of speed (21%) and base (18%) users reported that purity had fluctuated than crystal users (8%).

Sixty nine percent of the national sample commented on the recent availability of speed, the majority (86%) reported it to be 'very easy' (40%), to 'easy' (26%) and 'moderately easy' (20%) to obtain. This was relatively consistent across jurisdictions. Over half (55%) of the national sample that commented reported speed availability had remained stable over the preceding six months, while similar proportions reported that it had become easier (13%) or more difficult (15%).

About a third (32%) of the national sample commented on the current availability of base. The majority (80%) reported that it was 'very easy' (38%), to 'easy' (20%) or 'moderately easy' (22%) to obtain. Of the national sample 13% reported that it was difficult to obtain, with substantial proportions in the ACT (27%) and the NT (22%) reported base to be difficult to obtain. Over half (57%) of the respondents commenting on base reported that the availability had remained stable, with equal proportions reporting it had become easier (13%) or more difficult (13%) to obtain in the preceding six months.

Almost a half (47%) of the national sample were able to comment on the availability of crystal. The majority (78%) that commented on the availability of crystal believed to be 'very easy' (32%), to 'easy' (23%) or 'moderately easy' (23%) to obtain. The majority in all states reported that crystal was easy to obtain, however, there were differences between jurisdiction, ranging from 12% in the ACT to 46% in WA and NSW reporting it was 'very easy' to obtain. Substantial proportions in the ACT (27%) reported it was difficult to obtain. A third (35%) reported that the availability of crystal had remained stable in the preceding six months, ranging from 23% in TAS to 46% in the NT. Thirty one

percent reported the availability had become easier, ranging from 8% in the NT to 52% in TAS.

Consistent with high levels of methamphetamine use among PDU, data provided by the Customs shows increases in the number of detections of amphetamine type stimulants at the Australian border, in particular, there has been an increase in the weight of crystalline methamphetamine.

The most commonly reported benefit of using methamphetamine was that it provided the ability to stay awake and gave energy. Increased sociability, confidence, alertness and clarity of thought were also perceived as benefits associated with taking methamphetamine.

The majority of PDU reported there were risks associated with taking speed, base and crystal. The risks of taking methamphetamine were related to either short term or long term physical and mental health (including psychotic episodes). The potential for 'addiction' was also reported as a risk of methamphetamine use.

Indicator data suggest increasing use of methamphetamine in recent years. Data from the National Hospital Morbidity Database (NHMD) show a consistent gradual increase in inpatient hospital admissions for amphetamines over the last five years. The highest rates of inpatient hospital admissions in 2000-2001 were in WA.

Data from the AODTS-NMDS indicate that in 2000-01 WA had the highest proportion of people seeking treatment for amphetamine. The PDI survey data on use patterns is consistent with these findings, reported the highest proportion of recent crystal use and the second highest recent speed use.

14.3 Cocaine

Over half (54%) of participants in the 2003 national sample reported lifetime use of cocaine and about a quarter (24%) had used cocaine in the six months preceding interview. The median age of first use was 20 years.

Among recent users, snorting (89%) was the most common route of administration, followed by swallowing (20%), smoking (10%) and injecting (4%). Cocaine use was infrequent with the majority (86%) reporting having used once a month or less. The median amount of cocaine used in a 'typical' use episode was half a gram. Ten percent of those that reporting they had binged in the six months preceding interview used cocaine in their binge.

Cocaine was most commonly acquired through friends or dealers and this was consistent across states. PDU obtained their cocaine from private homes, most commonly friends homes, their dealers homes or at their own home. PDU reported that they used cocaine in a variety of locations including private homes (friend's and own), nightclubs and private parties.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine was cheapest in NSW. Forty percent of the national sample responded that they did not know if the price had changed; over a third (36%) reported the price of cocaine had remained stable in the preceding six months.

A quarter of those who commented reported the purity of cocaine to be 'medium' and a further quarter reported cocaine strength was 'low'. Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 43% did not know which may reflect infrequent use of the drug. The purity of cocaine seizures analysed has remained relatively stable from 2001/02.

Cocaine was reported to be 'difficult or 'very difficult' by almost half that commented. A quarter considered it to be 'moderately easy' to obtain and smaller proportions reported it was 'easy' or 'very easy'. There was variation between jurisdictions with over half of those that commented in NSW reporting cocaine was moderately easy to obtain while a third or less in the other states reported the same. There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was stable ranging from 25% in SA to 65% in NSW. Customs made a record number of detections of cocaine at the Australian border in 2002-03.

The most commonly reported benefits included increased confidence and the euphoric feeling cocaine produces. Decreased inhibitions, increased sex drive and enhanced sociability were also benefits reported. The potential for addiction was the most commonly perceived risk associated with cocaine use. Damage to the nasal passage, financial problems and the risk of overdose were also commonly reported.

14.4 Ketamine

Forty percent of 2003 national sample reported lifetime use of ketamine and about a quarter (26%) had used ketamine in the six months preceding interview. The median age of first use, was 21 years. Of those that reported recent ketamine use, the majority (74%) had snorted it.

Ketamine was predominantly obtained through friends (71%) and dealers (37%). PDU reported scoring ketamine from a variety of locations, most commonly private residences (friends home, dealers home or their own home). Over half of PDU reported they had last used ketamine in a private home and 30% reported last using at a nightclub, dance party or rave.

Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in some jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from \$150 in NSW to \$200 in VIC and SA.

Half of the national sample responded that they did not know if the price had changed. Over a third (39%) reported the price of ketamine had remained stable in the preceding six months. The small numbers reporting on the price is consistent with reports of infrequent ketamine use.

Over half (55%) of those who commented reported the purity of ketamine to be 'high' and a further 21% reported ketamine strength as 'medium'. Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, the largest proportion (40%) reported the purity was stable, although a third 33% did not know.

Two thirds of participants reported ketamine was easy to obtain. A quarter reported it to be 'difficult (21%) or 'very difficult' (4%). There was consistency across jurisdiction among those that commented. About half (49%), reported the availability of ketamine had remained stable over the preceding six months, while similar proportions reported that it had become easier (12%) or more difficult (10%).

14.5 GHB

Smaller numbers had used GHB and were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.

Twenty two percent of 2003 national sample reported lifetime use of GHB and 11% had used GHB in the six months preceding interview. The median age of first use was 21 years. All participants reported recently swallowing GHB, except one participant in VIC that injected it. Of those that used GHB, the median number of days used was two. About three quarters had used once a month or less.

GHB use was typically quantified in millilitres. The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 10 mls. Over half (52%) reported having used 15 mls or more in a single occasion in the last six months.

Four percent of those that reported they had binged in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB, obtained it from friends (61%) and dealers (30%). Almost half (48%) scored from their friends home, with dealers home and nightclubs the next most common locations reported. Like the other party drugs GHB was used in a variety of locations. Nightclubs were the most common location (71%), followed by private homes (friends or own home).

GHB was most commonly purchased in mls. Eighteen participants of the national sample commented on the price of a ml of GHB.

Forty two percent of those who commented reported the purity of GHB to be 'high' and a further 20% reported GHB strength as 'medium'.

There was inconsistency regarding reports of the availability of GHB with similar proportions reporting it as 'very easy' (25%) to obtain and 'difficult' (28%) to obtain. About half (45%) of those that commented, reported the availability of GHB had remained stable over the preceding six months. Although the detections for GHB and GBL are relatively low compared to other drugs, there has been an increase in recent years in the number of Customs seizures of GHB and GBL at the Australian border.

The most commonly reported benefits of GHB use related to the mood enhancing and euphoric effects of the drug, the relaxing effects and the sensations its use induces. There was similarity across jurisdiction in the types of risks reported. The perceived risks of GHB use included taking too much and the associated symptoms, such as throwing up, fainting, passing out or overdose.

14.6 LSD

Sixty five percent of 2003 national sample reported lifetime use of LSD and 29% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 17 years. Swallowing was the most common route of administration.

LSD use was infrequent. The majority had (84%) used once a month or less, typically using one tab. Fifteen percent reported having more than three tabs in a single occasion in the last six months.

Seven percent of those that reporting they had binged in the six months preceding interview used LSD in their binge.

LSD was most commonly purchased in tabs. The median price of a tab of LSD ranged from \$10 in SA to \$25 in the NT. The price was considered stable in most states.

The reports on the purity of LSD were mixed, about a third reported the purity as medium.

The reports on the availability of LSD were inconsistent with similar proportions reporting availability as difficult to very difficult and moderately easy to very easy.

Perceived benefits of LSD use included the hallucinogenic effects of the drug such as experiencing altered perceptions and mind expansion. The commonly reported perceived risks of LSD use include long-term psychological damage and mental health issues. The potential for having a 'bad trip' was also commonly reported.

14.6 MDA

A third (33%) of the 2003 national sample reported lifetime use of MDA and 19% had used MDA in the six months preceding interview. The median age of first use was 20 years. The majority (87%) of those that reported recent MDA use reported recently swallowing and 44% reported having snorted MDA. The majority had (85%) used once a month or less.

There were jurisdictional differences in reports of recent MDA ranging from 1% in WA to a third in NSW (35%) and ACT (33%).

Small numbers were able to comment on the price, purity and availability of MDA in all states and therefore the results should be interpreted with caution. The median price of a cap of MDA ranged from \$35 in VIC to \$60 in the NT. The price of MDA was reported to be stable.

The majority of those who commented reported the purity of MDA to be 'high' (45%) or 'medium' (35%). Purity was considered to be stable by over a third.

Reports on availability were mixed. MDA was described as 'difficult' to obtain by over a third (35%) of those who commented. A further third (31%) reported MDA as moderately easy to obtain. Over half (59%) of those that commented, reported the availability of MDA was stable in the past six months.

15.0 DISCUSSION & IMPLICATIONS

The first year of the national Party Drugs Initiative has supported data collected in NSW, QLD and SA in previous years that suggest that regular ecstasy users are polydrug users, using a range of drugs in combination with ecstasy. Consistent with data collected previously, the sample interviewed in 2003 were young, educated and employed or studying.

The PDI will be conducted in 2004 nationally as a continuation of this monitoring trial across Australia. The IDRS has demonstrated that the routine collection and analysis of such information over time allows for greater understanding of drug markets (<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS>). To further document trends across time in the use of party drugs in Australia, the PDI would ideally be conducted annually in a standard manner on an ongoing basis.

The 2003 PDI data indicates that regular ecstasy users are polydrug users. Although there is some understanding of the effects of specific drugs on the brain and body, the consequences of polydrug use are less well understood. The use of depressants and stimulants at the same time is an issue requiring consideration and investigation. Substantial proportions of the PDU sample reported using alcohol in combination with ecstasy, with two thirds reporting usually drinking more than five standard drinks. The use of alcohol while under the influence of psychostimulants allows for the consumption of larger quantities of alcohol without experiencing immediate effects. A person under the influence of both ecstasy and alcohol is therefore able to consume large quantities of alcohol without obvious signs of intoxication, yet the harms associated with this use still occur. The level of alcohol consumption is therefore an issue of concern. It seems appropriate for harm reduction strategies targeted to party-drug using populations to include improvement of awareness of the risks of this behaviour.

Given concerns about the risks associated with the use of GHB, monitoring of trends in GHB use and availability is clearly warranted, particularly given the overdose risks, especially when combined with another depressant such as alcohol. In addition to the data provided by the PDI, collaboration with emergency departments to provide consistent monitoring and reporting would be beneficial. Harm reduction for a drug such as GHB is difficult given the specific dose response of the drug. Information on the harms of this drug should be made readily available to users and also be provided to emergency departments and party organisers to distribute to users.

The 2003 PDI results suggest that 'binge' use is common among regular ecstasy users in all jurisdictions. It is a challenge for harm reduction strategies to communicate the risks associated with using large amounts in a way that does not endanger the credibility of the evidence being used to justify the campaign. The evidence at this time suggests that, if one is going to use ecstasy, the safest pattern of use is to take low doses at infrequent intervals.

Data collected on the perceived risks and benefits of party drug use suggests that users are aware there are risks associated with taking various drugs, although substantial proportions did not know what the risks of some drugs were, particularly of the less commonly used drugs such as ketamine and GHB. Given that research in NSW suggests increases in the use of these drugs, it is important to provide information on risks quickly

to this group. Harm reduction strategies need to address knowledge gaps, particularly as some of this drug use is opportunistic.

Party drug use occurs in a range of locations, with substantial proportions of users reporting use in both public and private venues. The high proportion of PDU reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use. Party drug users continue to report using in dance-related public venues, and therefore a range of harm reduction approaches need to be considered. These should be tailored specifically to party drug use in private homes as well as providing training in harm reduction and appropriate responses for staff and emergency workers. Those users that use exclusively at home and therefore do not come into contact with harm reduction messages at clubs or organised parties, need to have access to credible, easily accessible information, including online resources.

Close monitoring of the expanding methamphetamine market is required, particularly in terms of the use and impacts of crystalline methamphetamine, as the availability of this more potent form of the drug appears to have substantially increased in recent years.

Substantial proportions of the users interviewed had injected. As injection among this group may be infrequent it is important to obtain information on relevant risks behaviours. The 2004 PDI will include questions on specific risk behaviours in an attempt to provide more information on this issue.

The 2003 PDI data collected provided good information on a group of regular ecstasy users across Australia. Future analyses of this information will be conducted in order to investigate differences among different subgroups of users. Consistent with the findings of the PDI, and with previous research in NSW, SA and QLD suggesting that party drug markets may require further examination, research is currently underway in Victoria (using a web-based questionnaire which comprises a brief version of the questionnaire used in the PDI) to obtain information on other groups of party drug users in Victoria. Research funded by NDLERF is also underway in NSW and Victoria to document the characteristics and trends in cocaine markets in those States.

The findings from this first year are interesting, and suggest other areas for further research, such as an investigation of the injecting practises of PDU, the potential intersection between traditional IDU and PDU populations and markets, and ways of expanding existing education and harm reduction strategies. The PDU surveyed in 2003 are young, well educated, often employed or studying and not involved in significant levels of drug-related crime. However their drug use is associated with significant levels of self-reported harm and the long term impact of such use is not known. Therefore there is the potential to reduce the harm associated with party drug use in this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the population.

REFERENCES

- Ahmed, S. N. and Petchovsky, L. (1980) Abuse of ketamine (Letter), *British Journal of Psychiatry*, **137**, 303.
- Australian Bureau of Criminal Intelligence (2002) *Australian Illicit Drug Report 2000-2001*. Canberra: Australian Bureau of Criminal Intelligence
- Australian Crime Commission (2003) *Australian Illicit Drug Report 2001-02*. Canberra: Australian Crime Commission
- Australian Institute of Health and Welfare (2002) *2001 National Drug Strategy Household Survey: detailed findings*. Canberra: Australian Institute of Health and Welfare
- Australian Institute of Health and Welfare (2003) *Alcohol and other drug treatment services in Australia: findings from the national minimum data set 2001-02*. Bulletin No 10. Canberra:
- Barker, B., Degenhardt, L. and Breen, C. (2003) *Indicators of drug use, harms and treatment in Australia: Preliminary findings from the National Illicit Drug Indicators Project*. IDRS Drug Trends Bulletin, April 2003. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Biernacki, P. and Waldorf, D. (1981) Snowball sampling: Problems, techniques and chain referral sampling, *Sociological Methods for Research*, **10**, 141-163.
- Boys, A., Lenton, S. and Norcross, K. (1997) Polydrug use at raves by a Western Australian sample, *Drug and Alcohol Review*, **16**, 227-234.
- Breen, C., Topp, L. and Longo, M. (2002) *Adapting the IDRS methodology to monitor trends in party drug markets: Findings of a two-year Feasibility trial*. NDARC Technical Report Number 142. Sydney: National Drug and Alcohol Research Centre, University of New South Wales
- Bruno, R. and McLean, S. (2004) *Tasmanian Party Drug Trends 2004: Findings of the Party Drugs Initiative*. NDARC Technical Report No 186. Sydney: National Drug and Alcohol Research Centre
- Chanteloup, F. and Lenton, S. (2004) *Western Australian Party Drug Trends 2003: Findings of the Party Drugs Initiative*. NDARC Technical Report No 187. Sydney: National Drug and Alcohol Research Centre
- Chesher, G. B. (1993) Pharmacology of the sympathomimetic psychostimulants. In Burrows, D., Flaherty, B. and MacAvoy, M. (Eds) *Illicit Psychostimulant Use in Australia*, Canberra: Australian Government Publishing Service, 9-30.
- Chin, M., Kreutzer, R. and Dyer, J. (1992) Acute poisoning from gamma-hydroxybutyrate overdose, *Annals of Emergency Medicine*, **31**, 716-722.
- Commonwealth Department of Health and Family Services (1996) *1995 National Drug Strategy Household Survey: Survey Results*. Canberra: Commonwealth Department of Health and Family Services
- Craig, K., Gomez, H., McManus, J. and Bania, T. (2000) Severe gamma-hydroxybutyrate withdrawal: a case report and literature review, *Journal of Emergency Medicine*, **18**, 65-70.
- Dalgarno, P. J. and Shewan, D. (1996) Illicit use of ketamine in Scotland, *Journal of Psychoactive Drugs*, **28**, 191-199.
- Darke, S., Cohen, J., Ross, J., Hando, J. & Hall, W. (1994) Transitions between routes of administration of regular amphetamine users, *Addiction*, **89**, 1077-1083.
- Degenhardt, L. and Barker, B. (2003) *Investigating trends in cocaine and methamphetamine mentions in accidental drug-induced deaths in Australia 1997-2002*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.

- Degenhardt, L., Darke, S. and Dillon, P. (2002) GHB use among Australians: Characteristics, use patterns, and associated harm, *Drug and Alcohol Dependence*, **67**, 89-94.
- Degenhardt, L., Darke, S. and Dillon, P. (2003) The prevalence and correlates of GHB overdose among Australian users, *Addiction*, **98**, 199-204.
- Dillon, P., Copeland, J. and Jansen, K. L. R. (2003) Patterns of use and harms associated with non-medical ketamine use, *Drug and Alcohol Dependence*, **69**, 23-28.
- Fischer, J. and Kinner, S. (2004) *Queensland Party Drug Trends 2004: Findings from the Party Drugs Initiative (PDI)*. NDARC Technical Report No 185. Sydney: National Drug and Alcohol Research Centre
- Forsyth, A. J. M. (1996) Places and patterns of drug use in the Scottish dance scene, *Addiction*, **91**, 511-521.
- Friedman, J., Westlake, R. and Furman, M. (1996) "Grievous bodily harm": Gamma hydroxybutyrate abuse leading to the Wernicke-Korsakoff syndrome, *Neurology*, **46**, 469-471.
- Galloway, G., Frederick, S., Stagers, F., Gonzales, M., Stalcup, S. and Smith, D. (1997) Gamma-hydroxybutyrate: An emerging drug of abuse that causes physical dependency, *Addiction*, **92**, 89-96.
- Gill, J. R. and Stajic, M. (2000) Ketamine in non-hospital and hospital deaths in New York City, *Journal of Forensic Science*, **45**, 655-658.
- Hando, J. and Hall, W. (1993) *Amphetamine use among young adults in Sydney, Australia*. NSW Health Department Drug and Alcohol Directorate Research Grant Report Series, B93/2. Sydney: NSW Health Department
- Hando, J., Topp, L. and Hall, W. (1997) Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia, *Drug and Alcohol Dependence*, **46**, 105-113.
- Higgins, K., Cooper-Stanbury, M. and Williams, P. (2000) *Statistics on Drug Use in Australia, 1998*. Canberra: Australian Institute of Health and Welfare
- Hunter, A., Long, W. and Rylie, C. (1971) An evaluation of gamma hydroxybutyric acid in paediatric practice, *British Journal of Anaesthesia*, **43**, 620-627.
- Hurt, P. H. and Ritchie, E. C. (1994) A case of ketamine dependence (Letter), *American Journal of Psychiatry*, **151**, 779.
- Ingels, M., Rangan, C., Bellezo, J. and Clark, R. (2000) Coma and respiratory depression following the ingestion of GHB and its precursors: Three cases, *Journal of Emergency Medicine*, **19**, 47-50.
- Jansen, K. L. R. (1990) Ketamine: can chronic use impair memory?, *International Journal of Addictions*, **25**, 133-139.
- Jansen, K. L. R. (2000) *Ketamine, Dreams and Realities*, Multidisciplinary Association for Psychedelic Studies, Florida.
- Johnston, J., Laslett, A. M., Jenkinson, R., Miller, P. and Fry, C. (2004) *Victorian Party Drug Trends 2003: Findings of the Party Drugs Initiative (PDI)*. NDARC Technical Report No. 183. Sydney: National Drug and Alcohol Research Centre
- Kam, P. and Yoong, F. (1998) Gamma-hydroxybutyric acid: An emerging recreational drug, *Anaesthesia*, **53**, 1195-1198.
- Kamaya, H. and Krishna, P. R. (1987) Ketamine addiction (Letter), *Anaesthesia*, **67**, 861-862.
- Kerlinger, F. N. (1986) *Foundations of Behavioral Research*, CBS Publishing Limited, Japan.
- Mack, R. (1993) Love potion number 8 1/2, *North Carolina Medical Journal*, **54**, 232-233.
- Makkai, T. and McAllister, I. (1998) *Patterns of Drug Use in Australia 1985-95*. Canberra: Australian Government Publishing Service

- Mamelak, M. (1989) Gammahydroxybutyrate: An endogenous regulator of energy metabolism, *Neuroscience and Biobehavior Review*, **13**, 187-198.
- McDaniel, C. and Miotto, K. (2001) Gamma hydroxybutyrate (GHB) and gamma butyrolactone (GBL) withdrawal: Five case studies, *Journal of Psychoactive Drugs*, **33**, 143-149.
- McKetin, R. and McLaren, J. (2004) *The Methamphetamine situation in Australia: A review of routine data sources*. NDARC Technical Report No. 172. Sydney: National Drug and Alcohol Research Centre, UNSW.
- Moon, C. (2004) *Northern Territory Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*. NDARC Technical Report Number 181. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Moon, C. and Newman, J. (2004) *Northern Territory Party Drug Trends 2003: Findings from the Party Drugs Initiative*. NDARC Technical Report No 189. Sydney: National Drug and Alcohol Research Centre
- Moore, N. N. and Bostwick, J. M. (1999) Ketamine dependence in anesthesia providers, *Psychosomatics*, **40**, 356-359.
- Nicholson, K. and Balster, R. (2001) GHB: A new and novel drug of abuse, *Drug and Alcohol Dependence*, **63**, 1-22.
- Ovendon, C. and Loxley, W. (1996) Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)?, *Addiction Research*, **4**, 33-43.
- Peters, A., Davies, T. and Richardson, A. (1997) Increasing popularity of injection as the route of administration of amphetamine in Edinburgh, *Drug and Alcohol Dependence*, **48**, 227-237.
- Proudfoot, P. and Ward, J. (2004) *ACT Party Drug Trends 2004: Finding of the Party Drugs Initiative (PDI)*. NDARC Technical Report No. 188. Sydney: National Drug and Alcohol Research Centre
- Siegel, S. and Castellan, N. J. (1988) *Nonparametric Statistics for the Behavioural Sciences*, McGraw-Hill, Singapore.
- Solowij, N., Hall, W. and Lee, N. (1992) Recreational MDMA use in Sydney: A profile of 'Ecstasy' users and their experiences with the drug, *British Journal of Addiction*, **87**, 1161-1172.
- Soyka, M., Krupinski, G. and Volki, G. (1993) Phenomenology of ketamine induced psychosis, *Sucht*, **5**, 327-331.
- SPSS inc (2001) SPSS inc., Chicago.
- Topp, L., Breen, C., Kaye, S. and Darke, S. (2004) Adapting the Illicit Drug Reporting System (IDRS) methodology to examine the feasibility of monitoring trends in party drug markets, *Drug and Alcohol Dependence*, **73 (2)**, 189-197.
- Topp, L. and Churchill, A. (2002) *Australia's dynamic methamphetamine market*. Drug Trends Bulletin, June 2002. Sydney: National Drug and Alcohol Research Centre, University of New South Wales
- Topp, L. and Darke, S. (2001) *NSW Party Drug Trends 2000: Findings of the illicit Drug Reporting System Party Drugs Module*. NDARC Technical Report Number 113. Sydney: National Drug and Alcohol Research Centre, University of New South Wales
- Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A. and Solowij, N. (1998) *Ecstasy Use in Australia*. NDARC Monograph No. 39. Sydney: National Drug and Alcohol Research Centre, University of New South Wales
- Topp, L., Hando, J., Dillon, P., Roche, A. and Solowij, N. (2000) Ecstasy use in Australia: Patterns of use and associated harms, *Drug and Alcohol Dependence*, **55**, 105-115.
- Topp, L., Kaye, S., Bruno, R., Longo, M., Williams, P., O'Reilly, B., Fry, C., Rose, G. and Darke, S. (2002) *Australian Drug Trends 2001. Findings from the Illicit Drug Reporting*

- System (IDRS)*. NDARC Monograph Number 48. Sydney: National Drug and Alcohol Research Centre, University of New South Wales
- Vickers, M. (1968) Gammahydroxybutyric acid, *Proceedings of the Royal Society of Medicine*, **61**, 821-823.
- Wardlaw, G. (1993) Supply reduction (law enforcement) strategies pertaining to illicit use of psychostimulants. In Burrows, D., Flaherty, B. and Mac Avoy, M. (Eds) *Illicit Psychostimulant Use in Australia*, Canberra: Australian Government Publishing Service.
- Weekley, J., Pointer, S. and Ali, R. (2004) *South Australian Party Drug Trends 2003: Findings from the Party Drugs Initiative (PDI)*. NDARC Technical Report No 184. Sydney: National Drug and Alcohol Research Centre
- White, B., Breen, C. and Degenhardt, L. (2004) *New South Wales Party Drug Trends 2003: Findings of the Party Drugs Initiative*. NDARC Technical Report No 182. Sydney: