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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2005:

Findings from the Party Drugs Initiative (PDI)

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Findings from the Party Drugs Initiative (PDI)

Jennifer Stafford, Louisa Degenhardt, Matthew Dunn, Jane Fischer, Jessica George, Jennifer Johnston, Allison Matthews, Jaclyn Newman, Phoebe Proudfoot and Josephine Weekley

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KE	Key experts(s)
LSD	*d*-lysergic acid
MDA	3,4-methylendioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylendioxymethamphetamine
N	(or n) Number of participants
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
QLD	Queensland
REU	Regular ecstasy users(s)
SA	South Australia
SPSS	Statistical Package for the Social Sciences
TAS	Tasmania
VIC	Victoria
WA	Western Australia
1,4B	1,4 butanediol

EXECUTIVE SUMMARY

The PDI is a national monitoring system of ecstasy and related drugs that is intended to serve as a strategic early warning system, identifying emerging trends of jurisdictional and national interest in ecstasy and related drug markets. The PDI was conducted across Australia for the first time in 2003; monitoring of these markets has been undertaken since 2000 in NSW, SA and QLD.

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

It is important to note that the results from the REU surveys are not representative of ecstasy users and their other drug use in the general population, but this is *not* the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. REU are a *sentinel* group of REU that provide information on patterns of drug use and market trends.

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

Demographic characteristics of regular ecstasy users interviewed

The national sample was slightly over-represented by males, with a mean age of 24 years. The REU interviewed were well educated; half with tertiary qualifications. Over half of the national sample was employed or full-time students. Few of the REU interviewed had a criminal history or were involved in drug treatment.

Patterns of drug use among regular ecstasy users

Polydrug use was the norm among the national sample. Ecstasy was the drug of choice for half the sample, followed by cannabis. Over two-fifths of the national sample had binged on any stimulant (used them continuously for more than 48 hours without sleep), with ecstasy the most commonly reported drug involved in a binge, followed by methamphetamine (powder, crystal and then base forms). Twelve percent reported they had recently injected a drug, most commonly methamphetamine (powder, crystal and then base forms).

Ecstasy

The median age first used ecstasy was 19 years, and REU reported a median duration of use of four years. There was a significant difference between gender and age first used ecstasy, with females more likely to have started using ecstasy at an earlier age. All participants had used ecstasy at least monthly, and reported having first done so at a median age of 19 years. Swallowing ecstasy was the most comment route of administration, followed by snorting. A small percentage had injected ecstasy recently.

Patterns of use varied; however, in the six months prior to interview over two-fifths of participants had used ecstasy between monthly and fortnightly. Two-thirds (68%) 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 and half tablets.

Two-fifths (40%) of the national sample reported bingeing on ecstasy, and the median length of time for the longest binge was three days. The vast majority (93%) of the ecstasy users interviewed reported that they usually used other drugs with ecstasy, most commonly alcohol, tobacco, cannabis and methamphetamine. The majority (83%) also used other drugs with ecstasy to 'come down'. Most commonly reported drugs were cannabis, tobacco and alcohol.

Half (51%) of the national sample reported that most of their friends used ecstasy, and they obtained ecstasy mainly from friends (86%) or known dealers (56%). Ecstasy was used in a number of locations, most commonly in nightclubs (81%), at raves (58%) or at a private party (54%).

The median price for an ecstasy tablet was $35 (range $15-$80). Price was reported as 'stable' by the majority over the preceding six months. The perceived purity of ecstasy varied, with one-third reporting it as 'fluctuating' and nearly two-thirds as 'medium' or 'high'. The majority reported the purity as 'fluctuating' over the last six months. Two-thirds of the national sample who commented reported the availability of ecstasy as 'very easy'. This remained 'stable' in the last six months.

Participants nominated a wide variety of benefits associated with taking ecstasy, with 96% reporting at least one benefit. Ecstasy was considered to facilitate social interaction by making the user 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 improved their ability to dance. Ecstasy was also purported to heighten users' sensations.

The majority (94%) of participants reported there was 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.

In NSW, QLD and SA, where data has been collected in previous years, the 2005 results add to existing information on trends in ecstasy use among this group over time. In all three states since 2000 there has been an increase in the proportion that report typically using more than one tablet. This pattern was seen in the others states since 2003 except in the ACT and SA. The frequency of ecstasy use has increased in the NT, decreased in QLD and was relatively stable in the other states. Since 2004, reports of REU binging on ecstasy decreased in the NT, and increased in NSW, SA and slightly in VIC.

Methamphetamine

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

Speed powder

The majority (89%) of participants in the 2005 national sample reported lifetime speed use and about three-quarters (74%) had used speed in the preceding six months. Snorting was the most common route of administration (76%), followed by swallowing (73%), with smaller proportions injecting (11%) and smoking (19%). Speed users typically used on a monthly basis, and typically used half a gram in a session.

Speed users reported they usually scored from friends (70%), known dealers (49%) and acquaintances (16%). They reported scoring from friends' or dealers' homes and reported using speed in a variety of locations, most commonly in nightclubs, raves or in private homes (their own or friends').

Base

Half (52%) of participants in the 2005 national sample reported lifetime use of base and nearly two-fifths (38%) had used base in the six months preceding interview. Of those who reported recent use of base, 82% swallowed, 36% snorted, 17% injected and 18% smoked. Of the base users, half (55%) reported using less than monthly. Base users used one point of base in a 'typical' use episode.

Like speed, base was usually purchased from friends (64%) and known dealers (48%), in a variety of locations, most commonly a friend's or dealer's home. Base was used in a variety of locations, most commonly nightclubs, private homes and raves.

Crystal methamphetamine

Three-fifths (60%) of participants in the 2005 national sample reported lifetime use of crystal and nearly two-fifths (38%) had used crystal in the six months preceding interview. Of those that used crystal, nearly three-quarters (71%) had smoked it in the past six months, half (48%) swallowed, nearly two-fifths (37%) snorted it and 15% injected. Nearly three-fifths (56%) used crystal less than once a month, and one-quarter (25%) used crystal between monthly and fortnightly. Crystal users used a median amount of one point of crystal in a 'typical' use episode.

Half (51%) of those who commented reported they scored crystal from their friends; dealers were also common sources (38%). 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).

Purity and availability

The majority of those who commented reported the purity of speed (58%), base (79%) and crystal (75%) to be 'medium' or 'high'. Small proportions reported the current strength of speed (18%), base (4%) or crystal (8%) 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. Minorities reported that purity had fluctuated over the past six months: speed (23%), crystal (19%) and base (14%) were all thought to have fluctuated by some users.

Sixty-one percent of the national sample commented on the recent availability of speed, and the majority (79%) reported it to be 'very easy' or 'easy' to obtain. This was relatively consistent across jurisdictions. Nearly three-fifths (58%) 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' (14%) or more 'difficult' (14%).

Around one-third (29%) of the national sample commented on the current availability of base. The majority (71%) reported that it was 'very easy' or 'easy' to obtain. Of the national sample, 22% reported that it was 'difficult' to obtain, with substantial proportions in the NT (40%), TAS (33%) the ACT and WA (29%) reporting base as 'more difficult' to obtain.

Nearly three-fifths (56%) of the respondents commenting on base reported that the availability had remained 'stable', with similar proportions reporting it had become 'easier' (17%) or 'more difficult' (14%) to obtain in the preceding six months. Across jurisdictions, at least half of those that commented reported that the availability of base remained 'stable'.

Around one-third (33%) of the national sample was able to comment on the availability of crystal. Of those that commented on the availability of crystal, 39% believed it to be 'easy' and a further 22% reported it as 'very easy' to obtain. Substantial proportions in all jurisdictions reported the availability as 'difficult' to obtain, ranging from 16% in SA to 56% in TAS.

Two-fifths (40%) of the national sample reported that this level of availability of crystal had remained 'stable' in the preceding six months. Twenty percent of those that commented reported the availability had become 'easier', while 23% reported that it was 'more difficult'.

Harms
Indicator data suggest increasing harms related to methamphetamine in recent years. Data from the National Hospital Morbidity Database shows a gradual increase in inpatient hospital admissions for amphetamines over the years, reducing slightly in 2003/04.

Data from the Alcohol and Other Drug Treatment Services National Minimum Data Set indicated that, in 2003/04, WA had the highest proportion of people seeking treatment for amphetamine. This is consistent with IDU survey data from the IDRS, in which the highest rates of methamphetamine use were reported in WA.

Cocaine
Three-fifths (61%) of participants in the 2005 national sample reported lifetime use of cocaine and two-fifths (41%) had used cocaine in the six months preceding interview. The median age of first use was 20 years.

Among recent users, snorting (92%) was the most common route of administration, followed by swallowing (26%), smoking (9%) and injecting (4%). Cocaine use was infrequent, with the majority (77%) having used less than monthly. The median amount of cocaine used in a 'typical' use episode was half a gram. Nineteen percent of those that binged in the six months preceding interview used cocaine in their binge.

Cocaine was most commonly acquired through friends (47%) or known dealers (32%), and this was consistent across states. REU obtained cocaine from private homes, most commonly friends' homes, dealers' homes or at their own home. REU reported that they used cocaine in a variety of locations including private homes (friends' and own), nightclubs, private parties and pubs.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $250 in the ACT to $375 in the NT. Thirty-six percent of those that commented reported that they 'did not know' if the price had changed; one-third (31%) reported the price of cocaine had remained 'stable' in the preceding six months.

Nearly one-third (30%) of those who commented reported the purity of cocaine to be 'medium' and a further 29% reported cocaine strength as 'high'. Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 39% 'did not know' if the purity had changed, 28% thought it was 'stable', 12% said that the purity was 'decreasing' while a further 10% said that it had 'increased'.

Cocaine was reported to be 'difficult or 'very difficult' to obtain by half that commented. Nearly one-third considered it to be 'very easy' to obtain. Half reported the availability of cocaine had remained 'stable' over the preceding six months, ranging from 39% in QLD to 63% in VIC.

Ketamine

Thirty-eight percent of the 2005 national sample reported lifetime use of ketamine and about one-fifth (21%) had used ketamine in the six months preceding interview. The median age of first use was 20 years. Of those that reported recent ketamine use, the majority (75%) had snorted it.

Ketamine was predominantly obtained through friends (49%) and known dealers (30%). REU reported scoring ketamine from a variety of locations, most commonly private residences (friends' homes, dealers' homes or their own home). Over half of the REU reported they had last used ketamine in a private home (38% friends' home and 23% own home) and 20% reported last using at a nightclub or rave and 7% a private party.

Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from $65 in the ACT to $200 in SA.

Nearly half (47%) of the national sample responded that they 'did not know' if the price had changed. Two-thirds (40%) reported that 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 (54%) of those who commented reported the purity of ketamine to be 'high' and a further 27% 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 (43%) reported the purity was 'stable', although nearly one-third (33%) 'did not know'.

Half of the participants reported that ketamine was 'very easy' (12%) or 'easy' (38%) to obtain. The remaining half reported it to be 'difficult' (36%) or 'very difficult' (12%) to obtain. Over half (55%), reported that the availability of ketamine had remained 'stable' over the preceding six months, while different proportions reported that it had become 'easier' (12%) or 'more difficult' (20%) to obtain.

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-one percent of 2005 national sample reported lifetime use of GHB and 9% 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 the NT who injected it. Of those that used GHB, the median number of days used in the past six months was two. The majority (64%) had used less than monthly.

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 5 mls. One-fifth (20%) reported having used 15 mls or more in a single occasion in the last six months.

Six percent of those who had binged on drugs (used for at least 48 hours without sleep) in the six months preceding interview had used GHB in their binge.

The majority of those that reported scoring GHB obtained it from friends (43%) and known dealers (43%). Around one-third (35%) scored from their dealer's home, from their friend's home (30% or their own home (13%). Like ecstasy and other related drugs, GHB was used in a variety of locations. Private homes (51% friends' home or 54% own home) were the most common location, followed by nightclubs (42%).

Forty-two percent of those who commented reported the purity of GHB to be 'high' and a further 21% reported GHB strength as 'medium'.

There was inconsistency regarding reports on the availability of GHB, with 54% reporting it as 'very easy' or 'easy' to obtain and 39% reporting it to be 'difficult' or 'very difficult' to obtain. Over two-fifths (44%) of those that commented, reported the availability of GHB had remained 'stable' over the preceding six months.

Customs detections for GHB and GBL were relatively low compared to other drugs. In 2005, the number of GBL and GHB detections at the Australian border remained stable.

LSD

Sixty-four percent of the 2005 national sample reported lifetime use of LSD and 32% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 21 years. Swallowing was the most common route of administration.

LSD use was infrequent. The majority (79%) had used less than monthly, typically using one tab. Twenty-two percent reported having more than three tabs in a single occasion in the last six months.

Seventeen percent of those 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, WA and TAS. The price was considered 'stable' in most states.

The reports on the purity of LSD were mixed; 44% reported the purity as 'high' and a further 24% as 'medium'.

The reports on the availability of LSD were mixed. Over two-fifths reported the availability as 'difficult' or 'very difficult' and over half reported it as 'easy' or 'very easy' to obtain.

MDA

One-fifth (20%) of the 2005 national sample reported lifetime use of MDA and 9% had used MDA in the six months preceding interview. The median age of first use was 20 years. The majority (93%) of those that reported recent MDA use reported recently swallowing and 36% reported having snorted MDA. The majority had (78%) used less than monthly.

There were jurisdictional differences in reports of recent use of MDA, ranging from 2% in the NT to nearly one-fifth in NSW (19%).

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 $30 in QLD to $50 in WA and the NT. The price of MDA was reported to be stable (48%).

The majority of those who commented reported the purity of MDA to be 'high' (50%) or 'medium' (27%). Purity was considered to be 'stable' (46%).

MDA was described as 'difficult' to obtain by over two-fifths (43%) of those who commented. A further two-fifths (39%) reported MDA as 'easy' to obtain. Over half (52%) of those that commented reported the availability of MDA was 'stable' in the past six months.

Other drugs

The vast majority of the national REU sample reported that they had used alcohol in their lifetime (99%) and in the six months preceding interview (97%). Seventy-seven percent reported that they usually used alcohol in combination with ecstasy.

Eighty-four percent reported recent use of cannabis (25% reporting daily cannabis use), 75% had recently used tobacco, one-third (27%) reported recently using benzodiazepines and 10% had recently used anti-depressants.

A further 25% had used nitrous in the six months preceding interview, 17% had used amyl nitrite and 16% had used mushrooms in the six months preceding interview.

Ten percent had injected heroin in their lifetime and 4% reported having used in the six months prior to interview. Two percent had used methadone in the last six months, 2% had recently used buprenorphine and 14% had used other opiates in the six months preceding interview.

Risk behaviour

One in five (19%) of the national sample reported having injected at some time in their lives. Of those that had ever injected, 63% reported injecting in the six months preceding interview. A mean of 3.6 drugs (range 1-12) had ever been injected, while those who reported injecting in the preceding six months had injected a mean of 2.3 (range 1-8) drugs.

Nearly half (48%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (53%) followed by base (15%) and heroin (15%).

When lifetime injectors were asked to specify how they learned to inject, over half (55%) reported that a friend or partner showed them how. Of those that injected in the preceding six months, nine participants reported using a needle after someone else in the month preceding interview.

Forty-five percent of the national sample reported they had never been vaccinated for HBV. A further 35% reported they had completed the vaccination schedule, 10% did not finish the vaccination schedule and 13% did not know if they had been vaccinated.

Of the national sample, 44% reported they had never been tested for HCV, while 29% had been tested in the last year, 15% were tested more than a year ago and 6% either did not know or did not get their result. Thirty-one percent of the national sample had been tested for HIV in the last year and a further 17% had been tested more than a year ago.

The majority (93%) of participants reported penetrative sex in the six months preceding interview. Over two-fifths (42%) reported one sex partner during the preceding six months and

one-fifth (19%) of participants had had penetrative sex with two people. Over one-quarter (28%) reported sex with between three and five people. Nearly one-quarter (23%) of those who reported penetrative sex in the preceding six months had had anal sex.

The majority (82%) of those reporting recent penetrative sex reported using drugs during sex at some time in the previous six months. The most commonly used drug during sex was ecstasy, followed by alcohol and cannabis.

Of the national sample, 82% had driven a car in the last six months. Of those who had driven a car, 47% had driven while over the limit of alcohol and 67% had driven soon (within one hour) of taking an illicit drug). The drug most commonly taken was ecstasy (77%) followed by cannabis (57%) and speed (45%).

Health-related issues

Of the national sample, 11% reported that they had overdosed on a drug in the past 6 months. The highest overdose rate was reported in the NT (20%) and lowest in SA (2%). Of those that had overdosed, the main drug was alcohol (29%) followed by ecstasy (24%). Alcohol was reported the highest in WA (56%) and ecstasy in the ACT (55%).

In 2005, participants were asked questions from the Severity of Dependence Scale (SDS) for the use of ecstasy and methamphetamine. The median SDS score for ecstasy was one (range 0-14). Participants were asked if their ecstasy use was out of control: 66% reported 'never or almost never', 77% reported that missing a dose did not make them feel anxious, 46% were not worried about their ecstasy use and 17% percent wished that sometimes they could stop using ecstasy.

Of those who had used methamphetamine, the median SDS score was three (range 0-15), with 21% scoring four or above (a level previously suggested to be indicative of "dependence"). Of those who scored above four on the SDS, 40% reported specifically using speed, 29% crystal, 20% base and 23% reported no specific methamphetamine.

Of the national sample, 18% had accessed either a medical or health service related to their drug use in the preceding six months of the interview. Of those who had sought help, the majority accessed their GP (45%) and 31% accessed a counsellor. For those who saw a GP, 32% reported the main drug involved was ecstasy, followed by speed (11%), and the main issue of concern was "dependence".

Participants were also asked if they had experienced any occupational, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use. Occupational or study problems were reported by the highest proportion of REU in the national sample (42%). Relationship or social problems attributed to ecstasy and related drug use were reported by 38% of the national sample and a further 36% reported financial problems. A small proportion (5%) also reported legal/police problems.

Criminal activity and perceptions of policing

One-quarter (25%) of the national sample reported that they had committed a crime in the month preceding interview. There were differences across states in the proportion reporting involvement in crime, ranging from 15% in TAS and the NT to a third (32%) in WA.

Drug dealing (20%) was the most commonly reported criminal activity. The frequency of drug dealing in the last month was low, nearly two-thirds reporting they had done so less than once a week. Ten percent of the national sample had been arrested in the past year.

Over one-third (35%) of REU reported that police activity had remained stable and a further two-fifths (39%) thought that police activity had increased. There were differences across jurisdictions in the proportion that reported police activity had increased, with 16% in the ACT reporting increased activity compared to over half in VIC reporting increased activity. Despite having substantial proportions reporting increased police activity, few (11%) of the REU responded that police activity had made it more difficult for them to score drugs.

Implications

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

The IDRS has demonstrated that the routine collection and analysis of such information over times allows for greater understanding of drug markets. To further document trends across time in the use of ecstasy and related drugs in Australia, the PDI would ideally be conducted annually in a standard manner on an ongoing basis.

The 2005 PDI data indicates that REU 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 REU sample reported using alcohol in combination with ecstasy, with nearly three-quarters 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 ecstasy and related 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 with GHB and especially when combined with another depressant such as alcohol.

The 2005 PDI results suggest that 'binge' drug use is common among REU 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 low risk pattern of use is to take low doses at infrequent intervals.

Data collected on the perceived risks and benefits of ecstasy use suggested that users were aware that there are risks associated with taking ecstasy. Given that research suggests increases in the use of ecstasy and related 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 (and therefore perhaps less informed about the possible adverse effects of such drug use).

Ecstasy and related drug use occurs in a range of locations both in public and private venues. The high proportion of REU reporting use in a wide range of locations may be indicative of a 'normalisation' of ecstasy use. As a substantial proportion of ecstasy and related drug use occurs in dance-related public venues, training in harm reduction and appropriate responses to persons suspected of using drugs should be provided to venue staff in addition to emergency and first aid workers.

While methamphetamine was not the main drug of choice for the majority of the REU, substantial proportions had recently used methamphetamine either separately or in conjunction with ecstasy. Nearly a quarter of this group scored four or above on the Severity of Dependence Scale (indicating "dependent use" in previous validation studies (Topp and Mattick 1997). Furthermore, a small number reported that they had sought help (health/medical) for methamphetamine-related problems, in particular for drug-related symptoms of psychosis and/or anxiety. A significant minority of the sample reported that crystal methamphetamine was the form about which they were concerned, despite lower rates of the use of this drug than for speed powder.

This raises concerns about how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug-using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of methamphetamines should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

A further issue related to the increase in crystal methamphetamine use is increasing community concern about the potential for increased sex risk behaviours by persons using crystal methamphetamine. This issue has received considerable attention in the United States over the past decade (Frosch, Shoptaw et al. 1996; Anderson and Flynn 1997; Halkitis, Parsons et al. 2001), but it is most likely that documented associations between crystal methamphetamine use and HIV risk behaviours during sex are *not* the result of a simple causal association (Degenhardt, McGuigan et al. 2005). Further work is needed to clarify the factors related to reports (particularly among the gay community) of increasing sex risk behaviours in the context of drug use, particularly since there have been recent reports of increased notifications of sexually transmitted infections and HIV cases in NSW (Degenhardt, McGuigan et al. 2005; National Centre in HIV Epidemiology and Clinical Research 2005). Further research is needed to examine this issue in a timely manner.

For the first time, in 2005, participants were asked about the content, purity and testing of ecstasy pills. While there is some controversy over the use of testing kits in Australia, the majority of REU reported that they would use testing kits if available. Further research is required in this area.

REU were asked about injecting, sexual, and driving risk behaviours and BBVI vaccinations. While the PDI is not directed towards monitoring IDU, small proportions of the REU interviewed had injected drugs. Injection among this group was infrequent but the majority were

under the influence of drugs before and while injecting, and a small number did report sharing injecting equipment (not including needles). While only a small number of participants among this group reported being positive for HCV and HIV, injecting (especially while under the influence) continues to raise concerns for BBVIs. Furthermore, it is important for innovative harm reduction information to be disseminated to this group, many of whom may not be accessing traditional harm reduction initiatives through NSPs since they may be obtaining needles from pharmacies.

The reports of users regarding driving under the influence of drugs was a concerning finding in this year's PDI. It is important to disseminate information to users about the effects of different drug types upon driving ability, and indeed of the negative effects of polydrug use on such abilities. Recent discussions have suggested that NSW will be introducing random roadside drug testing in early 2006, as has recently been introduced in Victoria in late 2004. Other jurisdictions are considering introducing random roadside drug testing.

PDI data indicated that a large majority of the sample was engaged in penetrative sex, while under the influence of drugs. Unprotected sex was also common among this group. Like injecting, unprotected sex raises concerns about BBVIs and STIs. Ongoing monitoring of injecting and sexual risk behaviours among this group is required.

The 2005 PDI data collected provided good information on a group of REU across Australia, and the findings from this third year are interesting. They suggest that continued research is required in areas such as an ongoing investigation of the injecting and sexual practises of REU, the potential intersection between traditional IDU and REU populations and markets, and driving while under the influence of drugs. The REU surveyed in 2005 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 ecstasy and related drug use in this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the drug-using population. Looking at ways to expand existing education and harm reduction strategies is required.

1.0 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 related drugs' across Australia. In 2005 the PDI was funded by the Australian Department of Health and Ageing and the Ministerial Council on Drug Strategy as a project under the cost-shared funding arrangement. The project uses a methodology that has been used previously to monitor ecstasy and related drug markets in NSW, QLD and SA (Breen, Topp et al. 2002; Topp, Breen et al. 2004) 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 'ecstasy and related drug' use and therefore a different population needed to be accessed to obtain information on ecstasy and related drug markets.

For the purposes of the study, the term 'ecstasy and related drug' is considered to include drugs that are routinely used in the context of entertainment venues including nightclubs, dance parties, pubs and music festivals. Ecstasy and related 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 third year of monitoring 'ecstasy and related drug' markets across Australia. These trends have been extrapolated from the three data sources: interviews with current regular ecstasy users, interviews with professionals who have contact with ecstasy users (key experts), and the colation 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 (NSW – (Dunn, Degenhardt et al. 2006) ACT - (Proudfoot, Ward et al. 2005; Proudfoot, Ward et al. 2006) VIC - (Johnston and Jenkinson 2006) TAS - (Matthews and Bruno 2005; Matthews and Bruno 2006) SA - (Weekley, Pointer et al. 2005; Weekley, Simmonds et al. 2006) WA - (Chanteloup and Lenton 2005; George and Lenton 2006) NT - (Newman 2005; Newman and Moon 2006) and QLD - (Fischer and Kinner 2005; Fischer, Cogger et al. 2006) and are available from NDARC. This report focuses on the 2005 data collection in all states. The 2003 and 2004 PDI national reports are available from the following website - http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRSNational. Before 2003 data was collected in NSW, QLD and SA and some trend data is reported here, but the reader should refer to the jurisdictional reports for more detailed trend information available at http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRSJurisdictional.

1.1 Study aims

In 2005, the specific aims of the PDI were:

1. to describe the characteristics of a sample of current regular ecstasy users interviewed in each capital city of Australia;

2. to examine the patterns of ecstasy and other drug use of these samples;

3. to document the current price, purity and availability of ecstasy and related drugs across Australia;

4. to examine participants' 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 ecstasy and related drug market that may require further investigation.

2.0 METHOD

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

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

2. face-to-face and telephone interviews with key experts (formally known as key informants) who, through the nature of their work, have regular contact with REU; and

3. indicator data sources such as the purity of seizures of ecstasy analysed and prevalence of use data drawn from the National Drug Strategy Household Surveys.

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

2.1 Survey of regular ecstasy users

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

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

The entrenchment of ecstasy in Australia's illicit drug markets relative to other related drugs underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – REU (Topp and Darke 2001). 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, REU have been used again in 2005 to provide information on ecstasy and related drug markets.

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

2.1.1 Recruitment

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

2.1.2 Procedure

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

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

2.1.3 Measures

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

2.1.4 Data analysis

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians are reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states, dummy variables were created and an individual state was compared against all the other states combined. All analyses were conducted using SPSS for Windows, Version 12.0 (SPSS inc 2004).

2.2 Survey of key experts

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for key expert participation in the PDI would be regular contact, in the course of employment, with a range of REU throughout the preceding six months.

Interviews were primarily conducted face-to-face, except in NSW where most interviews were conducted over the telephone, and in WA where half were conducted over the phone. 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 fifty-three key experts across the country from a broad range of occupations participated in the 2005 IDRS. Law enforcement personnel including intelligence analysts, intelligence officers, commanders of local area commands and drug squad officers were interviewed. Health professionals such as drug treatment staff, medical officers, counsellors, health promotion officers and hospital emergency staff participated in the study. People that worked in the entertainment industry such as DJs, party promoters, venue managers and events organisers were also interviewed. Researchers, user group representatives, and drug dealers also participated as key experts in 2005.

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

Detailed reports of KE interviews may be found in each jurisdictional report at http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRSJurisdictional (NSW - (Dunn, Degenhardt et al. 2006) ACT - (Proudfoot, Ward et al. 2005; Proudfoot, Ward et al. 2006) VIC - (Johnston and Jenkinson 2006) TAS - (Matthews and Bruno 2005; Matthews and Bruno 2006) SA - (Weekley, Pointer et al. 2005; Weekley, Simmonds et al. 2006) WA - (Chanteloup and Lenton 2005; George and Lenton 2006) NT - (Newman 2005; Newman and Moon 2006) and QLD - (Fischer and Kinner 2005; Fischer, Cogger et al. 2006).

2.3 Other indicators

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

Data sources included:

- The 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005).
- Australian Crime Commission (formally the Australian Bureau of Criminal Intelligence); number and purity of seizures of ecstasy by state and federal law enforcement agencies analysed across sampling years, and data on the number of drug-related arrests by drug type.
- Australian Customs Service; data on the number and weight of seizures of ecstasy, cocaine and methamphetamine made at the border.
- data from the National Hospital Morbidity Database (NHMD) (Australian Institute of Health and Welfare, 2002).

- Data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS- NMDS) (Australian Institute of Health and Welfare, 2002).
- Cocaine and amphetamine-related fatalities data from the Australian Bureau of Statistics.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

A total of 810 REU were interviewed for the 2005 PDI. The national sample comprised of 126 REU from Canberra (ACT), 101 each from Sydney (NSW) and Brisbane (QLD), and 100 each from Melbourne (VIC), Hobart (TAS), Adelaide (SA) and Perth (WA), and 82 from Darwin (NT). The sample size was predetermined, with each state aiming to interview 100 REU. Although the same recruitment strategies were employed in the NT, 100 eligible participants were not identified in the required timeframe. This may indicate a smaller or more hidden population of REU in this jurisdiction.

3.1 Demographic characteristics of the regular ecstasy users sample

Fifty nine percent of the national sample interviewed in 2005 was male (Table 1). The mean age of the sample was 24 years (SD 5.6; range 16-61). A significant difference was found between gender, with males older than females (24.5 years vs. 22.6, t_{808}=-4.8; p<0.001). The majority (84%) of participants self-identified as heterosexual.

The vast majority (98%) of the sample spoke English as their main language at home. A minority (3%) identified as being of Aboriginal and/or Torres Strait Islander (A&TSI) descent. The majority lived in either their own (purchased or rented) premises (68%), or in their parents' or family's house (27%).

The mean number of years of school education completed by the sample was 12 (SD 1.1; range 6-13), and nearly two-fifths (58%) of participants had completed high school education (year 12 or more). Half (50%) had completed courses after school, with 30% possessing a trade or technical qualification, and 20% having completed a university degree or college course. Over one-third (35%) were currently employed full-time, and 25% were employed on a part-time or casual basis. A further 24% were full-time students and 14% were unemployed.

Three percent (n=27) of the national sample reported that they were currently in drug treatment; of those in treatment the majority were in methadone (n=7, 29%), drug counselling (n=5, 21%) or buprenorphine treatment (n=5, 21%).

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

Table 1: Demographic characteristics of REU, 2005*

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Mean age (years)	**24** **(24)**	26 (26)	22 (25)	24 (24)	24 (23)	23 (24)	23 (22)	24 (24)	23 (26)
% Male	**59** **(62)**	67 (60)	68 (70)	52 (58)	55 (61)	58 (62)	58 (59)	57 (73)	51 (55)
% English speaking background	**98** **(98)**	95 (95)	94 (98)	95 (96)	100 (100)	99 (98)	99 (97)	100 (100)	100 (98)
% A&TSI	**3** **(4)**	3 (7)	2 (2)	2 (0)	2 (2)	1 (0)	3 (1)	10 (11)	6 (10)
% Heterosexual	**84** **(83)**	61 (69)	81 (90)	86 (87)	94 (93)	89 (84)	90 (89)	88 (83)	87 (75)
Mean years of school education	**12** **(12)**	12 (12)	13 (13)	12 (12)	12 (12)	11 (12)	12 (12)	11 (11)	12 (11)
% Tertiary qualifications	**50** **(50)**	54 (60)	32 (43)	52 (53)	51 (56)	54 (46)	57 (49)	65 (46)	43 (47)
% Employed full-time	**35** **(37)**	35 (44)	29 (41)	33 (25)	41 (28)	39 (34)	33 (31)	32 (49)	40 (44)
% Full-time students	**24** **(21)**	29 (23)	45 (30)	17 (23)	31 (37)	19 (25)	16 (21)	6 (1)	18 (10)
% Unemployed	**14** **(16)**	15 (8)	8 (12)	15 (17)	5 (8)	17 (15)	15 (24)	35 (30)	10 (16)
% Prison history	**5** **(7)**	6 (3)	3 (9)	4 (4)	3 (1)	1 (5)	2 (16)	13 (16)	6 (7)
% Currently in drug treatment	**3** **(3)**	5 (2)	1 (0)	0 (6)	2 (1)	2 (1)	6 (6)	9 (1)	4 (3)

Source: PDI interviews 2005 *Comparable data from 2004 presented in brackets

The demographic characteristics of REU recruited were generally consistent across jurisdiction; some differences were identified, however.

The REU in the ACT were significantly more likely to be male than participants in other states (68% vs. 57%; OR 1.57; 95% CI 1.05, 2.35). There were no significant differences between the other states.

The REU in the ACT (22 yrs vs. 24 yrs, t_{808}=3.1; p<0.001) were significantly younger than the other states. The REU in NSW (26 yrs vs. 23 yrs, t_{808}=-4.8; p<0) were significantly older than REU in the other states.

In the ACT (8% vs. 16%; OR 0.47; 95% CI 0.24, 0.93) and in TAS (5% vs. 16%; OR 0.28; 95% CI 0.11, 0.71), users were significantly less likely to be unemployed.

Users were significantly more likely to identify as being of A&TSI descent in the NT (10% vs. 3%; OR 4.0; 95% CI 1.71, 9.53). The REU in the NT were also significantly more likely to be unemployed (35% vs. 12%; OR 4.0; 95% CI 2.4, 6.7) compared to the other states. In the NT, REU were significantly more likely than those sampled from the other states to have a previous history of imprisonment (13% vs. 4%; OR 4.18; 95% CI 1.98, 8.81). REU in the NT (9% vs. 3%; OR 3.3; 95% CI 1.35, 8.07) were more likely to be in current drug treatment than REU from the other states.

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

KE descriptions of the REU with whom they had recent contact were consistent with the characteristics of the 2005 sample.

Summary of demographics:

- The national ecstasy and related drug sample was majority male, with a mean age of 24 years.
- The REU interviewed were well educated-half with tertiary qualifications.
- Over half of the national sample was employed or full-time students.
- Few of the REU interviewed had a criminal history or were involved in drug treatment.

3.2 Drug use history and current drug use

In 2005, participants were asked about lifetime and recent use of 20 different drug types. Recent use was defined as use in the six months preceding interview. Polydrug use was the norm among the national sample, with a mean of 9.9 drugs (SD 3.3; range 1-19) having ever been tried, and a mean of 6.9 drugs (SD 2.3; range 1-16) having been used in the preceding six months (Table 2). These figures may appear slightly greater than those reported in the 2004 reports; however, this is predominantly due to an increase in the number of drug categories from 19 in 2004 to 20 in 2005. In 2005, mushrooms were considered as a separate category from 'other drugs' under which it was previously included.

Alcohol (99%) followed by cannabis (97%) and tobacco (88%) were the drugs most likely to be ever used and used the most in the preceding six months (97%, 84% & 75% respectively, Table 2).

Twenty-one percent of the national sample reported the use of other drugs in their lifetime. The range of other drugs mentioned by small numbers was extensive, including dexamphetamine, synthetic drugs (2CL, 2CB, PMA, DMT), and naturally occurring drugs (such as Kava).

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

Table 2: Lifetime and recent polydrug use of REU, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Mean drug types ever used* (range)	**9.9** **(1-19)**	10.7 (4-18)	9.0 (2-17)	10.7 (4-16)	9.3 (4-18)	10.6 (4-19)	10.6 (5-19)	8.9 (1-19)	9.7 (3-18)
Mean drug types used last 6 mths* (range)	**7.0** **(1-16)**	7.4 (3-16)	6.3 (1-13)	7.7 (2-14)	6.8 (2-12)	7.4 (2-13)	7.7 (2-15)	5.5 (1-12)	6.7 (3-13)
Ever injected (%)	**20**	27	6	16	19	16	22	38	20
Alcohol									
ever used (%)	**99**	99	98	100	100	100	99	99	100
used last 6 mths (%)	**97**	96	94	98	98	99	98	99	97
Cannabis									
ever used (%)	**97**	92	94	97	100	97	99	99	96
used last 6 mths (%)	**84**	82	81	88	89	87	83	79	83
Tobacco									
ever used (%)	**88**	82	88	93	89	90	86	88	90
used last 6 mths (%)	**75**	72	71	78	83	78	72	76	75
Meth powder (speed)									
ever used (%)	**89**	94	90	97	89	83	94	90	75
used last 6 mths (%)	**74**	76	70	85	77	66	85	73	58
Meth base									
ever used (%)	**52**	63	45	34	35	88	59	36	57
used last 6 mths (%)	**38**	43	27	21	23	82	38	29	45
Crystal meth (crystal)									
ever used (%)	**60**	62	49	71	29	62	88	52	69
used last 6 mths (%)	**38**	40	26	42	10	41	69	32	50
Cocaine									
ever used (%)	**61**	76	68	79	43	67	57	39	55
used last 6 mths (%)	**41**	55	44	63	20	49	35	11	41
LSD									
ever used (%)	**64**	71	48	67	54	82	71	61	58
used last 6 mths (%)	**32**	33	30	38	31	48	35	15	23
MDA									
ever used (%)	**20**	32	25	25	8	19	19	12	19
used last 6 mths (%)	**9**	19	12	8	3	9	11	2	4

Source: PDI interviews 2005 *Out of a possible 20 drug types

Table 2: Lifetime and recent polydrug use of REU, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n =82	QLD n=101
Ketamine									
ever used (%)	**38**	65	38	56	24	44	25	13	37
used last 6 mths (%)	**21**	39	17	35	11	24	11	7	19
GHB									
ever used (%)	**21**	32	14	33	7	32	10	15	26
used last 6 mths (%)	**9**	13	6	16	2	18	3	4	13
Amyl nitrate									
ever used (%)	**43**	65	29	49	49	31	46	31	47
used last 6 mths (%)	**17**	37	14	20	16	9	17	6	18
Nitrous oxide									
ever used (%)	**52**	44	38	41	69	74	63	31	54
used last 6 mths (%)	**25**	13	16	17	41	46	34	4	30
Benzodiazepines									
ever used (%)	**42**	51	23	54	40	46	49	28	45
used last 6 mths (%)	**27**	39	12	37	25	26	39	17	24
Pharm. stimulants									
ever used (%)	**49**	43	41	36	44	60	89	46	37
used last 6 mths (%)	**25**	20	20	16	16	24	73	13	15
Anti-depressants									
ever used (%)	**27**	19	28	33	21	31	32	28	24
used last 6 mths (%)	**10**	6	10	14	12	10	13	10	8
Mushrooms									
ever used (%)	**48**	43	41	53	63	55	53	37	41
used last 6 mths (%)	**16**	6	10	19	40	14	14	10	19
Heroin									
ever used (%)	**14**	22	7	18	8	9	15	22	18
used last 6 mths (%)	**4**	4	3	7	0	3	6	5	7
Methadone									
ever used (%)	**6**	6	4	1	5	6	8	12	6
used last 6 mths (%)	**2**	4	1	0	1	0	3	4	3
Buprenorphine									
ever used (%)	**3**	1	1	2	2	2	5	10	4
used last 6 mths (%)	**2**	1	1	0	1	1	2	7	3
Other opiates									
ever used (%)	**26**	30	20	34	25	20	41	22	24
used last 6 mths (%)	**14**	20	10	18	13	8	27	10	11

Source: PDI interviews 2005

In 2005, ecstasy was the drug of choice for half (51%) of respondents. The next most commonly preferred drug was cannabis (12%), followed by cocaine (8%), methamphetamine powder (7%) and crystal methamphetamine (4%, Table 3).

Participants were asked whether they had binged on ecstasy and related drugs in the six months preceding interview. Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley 1996). Over two-fifths (42%) of the national sample had binged on one or more drugs in the preceding six months. The median length of the longest binge was three days. Among those that binged for over 48 hours, ecstasy (94%) was the most commonly reported drug used in this way. Methamphetamine powder (62%), crystal methamphetamine (33%), methamphetamine base (29%), cocaine (21%), LSD (18%), and ketamine (12%) were other drugs mentioned by those who had recently binged. Alcohol (54%) and cannabis (54%) were also drugs commonly reported as been used in a binge.

Table 3: Drug of choice and recent bingeing among REU, by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Drug of choice (%)									
Ecstasy	**51**	38	56	45	52	49	51	61	55
Cannabis	**12**	11	17	13	10	12	9	10	12
Cocaine	**8**	18	13	5	11	9	1	4	4
Meth powder	**7**	4	2	12	4	5	10	18	2
Crystal meth	**4**	10	1	7	1	8	4	0	3
Heroin	**2**	3	0	0	1	1	4	1	4
Binged* on any stimulant (%)	**42**	42	36	52	39	58	44	35	32

Source: PDI interviews 2005

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

One-fifth (20%) of the national sample reported that they had injected a drug in their lifetime. Most of the injectors commenced injecting with methamphetamine powder (54%), heroin (18%), methamphetamine base (10%) and crystal methamphetamine (9%). One percent of injectors first injected ecstasy.

Twelve percent of the national sample 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 8% of the national sample injecting methamphetamine powder, 7% methamphetamine base and 6% crystal methamphetamine. Five percent of the sample had injected ecstasy in the preceding six months. Heroin (4%), cocaine (2) and other opiates (2%) were the next most common drugs injected in the six months preceding interview.

A number of comparisons were drawn between those who had injected a drug at some time and those who had not. A significant difference was found in terms of gender, with injectors more likely to be male than non-injectors (70% vs. 56%; OR 1.8; 95% CI 1.26, 2.66) and there was an age difference: those who had injected a drug were significantly older (27 yrs vs. 23 yrs, t_{808}=-8.0; p<0.001). Those that injected reported significantly fewer years of education (11 yrs vs. 12 yrs,

t_{808}=8.0; p<.001) and were more likely to have a prison history than non-injectors (15% vs. 2%; OR 7.7; 95% CI 3.85, 15.31).

A difference was found between the injectors and non-injectors in terms of the amount of ecstasy used in their typical use episode (2 tabs vs. 2.2 tabs; t_{808}=-2.7; p<0.01) and injectors had used significantly less than non-injectors in their heaviest use episode (median 4.9 tabs vs. 4.1 tabs; t_{803}=-3.0; p<0.01). Injectors had also used a wider range of other drugs, both ever (12.8 vs. 9.2; t_{807}=-13.1; p<0.001) and in the preceding six months (7.8 vs. 6.7; t_{797}=-5.1 p<0.001). In particular, those who had injected a drug were significantly more likely to report both lifetime (52% vs. 0%) and recent heroin use (18% vs. 0%). Further, only seven participants from the national sample were currently in methadone and five participants were in buprenorphine treatment. Two percent of the national sample nominated heroin as their favourite drug, and heroin had been injected in the preceding six months by four percent of the national sample on a median of six days (range 1-180). Only one participant was a daily heroin injector. Thus, a very small proportion of past and current heroin users were included in the national sample.

The proportion of PDI that reported lifetime injection varied across states, and ranged from 5% in the ACT to 20% in the NT. More REU in the NT reported a history of injecting than the other states (20% vs. 8% in all other states; OR 2.85; 95% CI 1.75, 4.63). The ACT reported significantly fewer lifetime injectors compared to the other states (5% vs. 18% in all other states; OR 0.24; 95% CI 0.11, 0.50). As discussed previously, although the eligibility criteria and recruitment strategies were the same across jurisdictions, the size of the ecstasy and related drug markets, the size of the city, and the power of word of mouth, may vary across jurisdictions and may have contributed to larger proportions of injecting drug users being interviewed in the NT. Alternatively there may be a subgroup of REU that inject and this group may have been accessed in some states and not in others. All participants were regular users of ecstasy and were recruited with the same criteria.

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

3.3 Summary of polydrug use trends in regular ecstasy users

- Polydrug use was the norm among the national sample.
- Ecstasy was the drug of choice for half the sample, followed by cannabis.
- Over two-fifths of the national sample had binged on ecstasy and related drugs, with ecstasy the most commonly reported drug involved in a binge, followed by methamphetamine (powder, crystal and then base).
- Twelve 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-methylendioxymethamphetamine. MDMA is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances that do not include MDMA, and are more likely to contain methamphetamine, perhaps in combination with a hallucinogenic such as ketamine. They may also contain illegal chemicals like 3,4-methylenedioxyamphetamine (MDA), para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA), or substances like caffeine or paracetamol or nothing at all. 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 2005 national sample first used ecstasy was 19 years (range 12-59, Table 4), and they reported a median duration of use of four years (range 0-32). There was a significant difference between gender and age of first ecstasy use: males were more likely to have started at an older age than females (19.3 years vs. 18.4 years; t_{808} =-3.1; p<0.01). Participants reported having first used ecstasy regularly (monthly) at a median age of 19 years (range 12-60).

4.1 Ecstasy use among regular ecstasy users

Participants in the national sample had used ecstasy on a median of 15 days in the preceding six months (range 6-120 days). Over two-fifths (44%) of participants had used between monthly and fortnightly, 32% between fortnightly and weekly, and 24% 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 two tablets (range 0.25-10). Over two-thirds (68%) 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 and a half tablets (range 0.5-18); 48% of the sample had taken four or more tablets in a single use episode in the preceding six months.

Two-fifths (40%) 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 2-14 days). In nearly two-thirds (62%) of these cases, methamphetamine powder (speed) had also been used. Crystal methamphetamine (32%), methamphetamine base (30%), cocaine (22%), LSD (18%), ketamine (12%), pharmaceutical stimulants (9%) and GHB (8%) were other commonly mentioned related drugs used during a binge. Alcohol and cannabis were mentioned by over half (56% and 55% respectively) of the 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 on ecstasy had used ecstasy on a significantly greater number of days in the preceding six months (median 20 days vs. 12 days; U =50131; p<0.001), and used significantly more ecstasy in heavy use episodes (median 4 tabs vs. 3 tabs; U =49515; p<0.001) than those who had not binged on ecstasy. Those who had binged on ecstasy in the preceding six months also had a more extensive polydrug use history, having used significantly more drugs ever (mean 10.8 vs. 9.2; t_{805}= -7.4; p<0.001) and in the last 6 months (mean 7.7 vs. 6.3, t_{806}= -9.1; p<0.001) than those that had not binged on ecstasy.

Table 4: Patterns of ecstasy use among REU, 2004

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Median age first used ecstasy (years)	**19**	20	19	19	20	19	18	19	19
Median days used ecstasy in the last 6 months#	**15**	15	13	13	15	15	12	24	17
Ecstasy 'favourite' drug (%)	**51**	38	56	45	52	49	51	61	56
Use ecstasy weekly or more (%)	**35**	40	33	24	29	38	30	52	34
Median tablets in 'typical' session	**2**	2	2	2	2	2	2	1	2
Typically use >1 tablet (%)	**68**	77	71	72	67	73	68	36	76
Form mainly used (%)									
Pills	**99**	99	100	99	98	100	100	99	99
Powder	**<1**	0	0	1	0	0	0	0	0
Capsule	**1**	1	0	0	2	0	0	1	1
Recently binged* on ecstasy (%)	**40**	41	33	50	37	57	40	30	31
Ever injected ecstasy (%)	**10**	13	6	9	9	10	10	24	5
Use other drugs with ecstasy (%)	**93**	97	91	97	99	87	90	96	92
Use other drugs to come down from ecstasy (%)	**83**	80	73	88	85	83	86	89	81

Source: PDI interviews 2005
* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep
# Includes ecstasy pills and powder

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

The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy. There was little jurisdictional difference in the proportions reporting other drug use in combination with ecstasy (87% in SA to 99% in TAS); however, the types of drugs used in conjunction with ecstasy varied by jurisdiction (Table 5). Eighty-three percent of the national sample reported using other drugs to 'come down' from ecstasy.

Tobacco and alcohol were most commonly reported among those that used other drugs with ecstasy. Nearly three-quarters (73%) of those that reported drinking alcohol when taking ecstasy reported drinking more than five standard drinks. Cannabis was used by nearly half (48%) of participants in conjunction with ecstasy. Nearly two-fifths (38%) of those that reported use of

other drugs with ecstasy used speed, 14% crystal methamphetamine and 12% base. Smaller proportions used cocaine (9%), ketamine (6%), nitrous oxide (5%), LSD (5%) and amyl nitrate (3%). Few participants nominated 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 at 59% in the NT, speed use was highest in NSW (58%). The use of crystal in conjunction with ecstasy was highest in WA (36%), followed by QLD (31%). Base use in conjunction with ecstasy was highest in SA (25%). The use of nitrous oxide in combination with ecstasy was highest in WA (16%). Ketamine use in combination with ecstasy was highest in NSW (22%) and cocaine use was highest in NSW (24%) followed by QLD (17%).

Table 5: Drugs usually used in combination with ecstasy among those that used other drugs, by jurisdiction, 2005

%	National N=756	NSW n=98	ACT n=114	VIC n=97	TAS n=99	SA n=87	WA n=90	NT n=78	QLD n=93
Tobacco	**68**	57	58	70	74	79	67	74	72
Alcohol	**77**	75	85	73	91	56	78	89	70
> 5 standard drinks*	**73**	58	65	60	87	74	69	97	77
Cannabis	**48**	49	43	52	35	43	52	59	54
Meth powder	**38**	58	31	55	12	18	52	40	36
Crystal	**14**	21	6	10	0	8	36	4	31
Meth base	**12**	15	10	1	8	25	11	9	19
Cocaine	**9**	24	11	8	0	2	7	0	17
Ketamine	**6**	22	3	9	0	0	0	0	9
Nitrous	**5**	4	3	2	2	9	16	0	8
LSD	**5**	6	5	7	0	1	10	3	8
Amyl	**3**	10	4	2	2	0	1	3	4
GHB	**2**	5	0	6	0	1	0	0	5
MDA	**1**	1	1	1	0	0	2	0	0

Source: PDI interviews 2005
* Of those that reported usually drinking alcohol

The majority (83%) used other drugs to come down from ecstasy. Cannabis (69%), tobacco (66%) and alcohol (51%) use were also commonly reported during the comedown period from ecstasy. Smaller proportions reported the use of alcohol during the comedown than those that reported using it in conjunction with ecstasy; however, of those that reported alcohol use when coming down, the majority (72%) in all states reported drinking more than five drinks.

There was some consistency across states in the types of drugs used in the comedown period, with cannabis reported by over two-thirds of the sample in every jurisdiction. Benzodiazepines were used by 12% of the national sample, with the largest proportions being in NSW (28%) and in WA (19%). Methamphetamine powder (8%) and nitrous oxide (6%) were also used in the comedown by the national sample. WA reported the highest rates of concomitantly using nitrous oxide (19%), methamphetamine powder (17%) and crystal (14%) during the comedown from ecstasy. Smaller numbers in the sample reported the use of base (4%), anti-depressants (3%), ketamine (3%), GHB (2%), heroin (1%) and amyl nitrite (1%, Table 6) during the comedown.

Table 6: Drugs used to come down from ecstasy, among those that used drugs to comedown, by jurisdiction, 2005

%	National N=669	NSW n=81	ACT n=92	VIC n=88	TAS n=85	SA n=83	WA n=86	NT n=72	QLD n=82
Cannabis	**69**	69	74	64	61	68	72	71	71
Tobacco	**66**	57	52	66	79	75	64	74	62
Alcohol	**51**	42	42	40	64	48	61	68	44
> 5 standard drinks*	**72**	53	69	64	85	58	72	98	61
Benzodiazepines	**12**	28	4	9	4	8	19	4	16
Meth powder	**8**	7	2	11	4	4	17	10	11
Nitrous oxide	**6**	0	2	3	5	8	19	0	6
Crystal	**5**	4	2	2	0	2	14	0	17
Meth base	**4**	1	1	0	2	15	5	3	6
Anti-depressants	**3**	1	1	5	5	2	4	1	2
Ketamine	**3**	5	0	8	0	0	2	0	6
GHB	**2**	3	1	9	0	2	0	0	2
Heroin	**1**	0	2	0	0	1	2	0	4
Amyl nitrate	**1**	1	3	0	0	0	1	0	0

Source: PDI interviews 2005

* Of those that reported usually drinking alcohol

4.1.1 Route of administration

In the six months preceding the interview, 99% of participants swallowed ecstasy; a further 69% had snorted ecstasy, 8% shelved/shafted (refers to vaginal/anal administration), 7% smoked and 4% had injected ecstasy. Almost all participants (93%) nominated oral ingestion as their main route of ecstasy administration, although 5% mainly snorted the drug, 2% mainly injected and less than one percent mainly shelved it. (Table 7)

There was jurisdictional variation in main route of administration, with the highest proportion in the NT (6%) reporting injection as the main method compared to 3% or less in the other states (Table 7).

Table 7: Main route of administration of ecstasy in the last six months by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Swallow	**93**	92	96	86	96	89	95	91	91
Snort	**5**	6	3	13	3	6	3	1	5
Inject	**2**	2	1	1	1	2	2	6	3
Shelve/shaft	**<1**	0	0	0	0	0	0	1	1

Source: PDI interviews 2005

Participants were asked what proportion of their friends use ecstasy. Fifty-one percent of the national sample reported that 'most' of their friends use ecstasy and 26% 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 (11%).

In 2005, 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 known dealers (56%). Ecstasy was also recently obtained from acquaintances (30%), workmates (15%) and through people unknown to participants (19%, Table 8).

Ecstasy was most often obtained at friends' homes (66%), nightclubs (44%) and dealer's homes (41%). Other purchase locations included at their own home (34%), at an agreed public location (32%), at raves (29%), at a private party (29%), at the pub (21%), at an acquaintance's home (11%), on the street (7%), at work (7%) and at an educational institute (2%, Table 8).

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

Ecstasy was used at a variety of locations, most commonly, in nightclubs (81%), at raves (58%), private parties (54%), friend's home (51%), own home (47%), at a live music event (47%), at pubs (32%), outdoors (23%), as a passenger in a vehicle (19%) and in a public place (15%). Smaller proportions used at a dealer's house (6%), at work (4%) and a restaurant/café (3%, Table 8).

Ecstasy use is often associated with music and dancing. Over two-fifths (42%) of the national sample reported last using ecstasy in a nightclub, while 11% last used at a rave. However, ecstasy is not exclusively used in clubs or at dance parties. Ecstasy was last used in a private home by substantial minorities; 15% at their own home and 12% reported using at a friend's home. Small numbers reported using in pubs (5%) or at their dealer's home (less than 1%).

Table 8: Source, purchase location and use location of ecstasy by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Scored from (%)									
Friends	**86**	80	85	82	95	89	93	82	87
Known dealers	**56**	61	64	66	63	48	36	48	58
Acquaintances	**30**	28	43	23	39	36	24	20	28
Workmates	**15**	15	19	10	17	10	17	17	16
Unknown dealers	**19**	27	22	13	19	10	20	17	20
Locations scored (%)									
Friend's home	**66**	67	62	60	73	70	71	62	65
Dealer's home	**41**	51	46	47	37	36	27	35	47
Nightclub	**44**	38	56	47	59	33	33	48	37
At own home	**34**	29	32	37	38	31	40	32	36
Agreed public location	**32**	32	42	19	20	48	23	44	24
Raves*	**29**	29	30	28	57	26	29	13	16
Private party	**29**	31	41	31	36	29	21	21	14
Pubs	**21**	20	21	24	22	19	13	32	15
Acquaintance's home	**11**	13	12	7	11	14	15	5	12
Street	**7**	11	8	5	1	4	6	4	13
Work	**7**	6	9	3	7	8	7	7	8
Educational institution	**2**	2	6	0	11	1	1	1	2

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

Table 8: Source, purchase location and use location of ecstasy by jurisdiction, 2005 (continued)

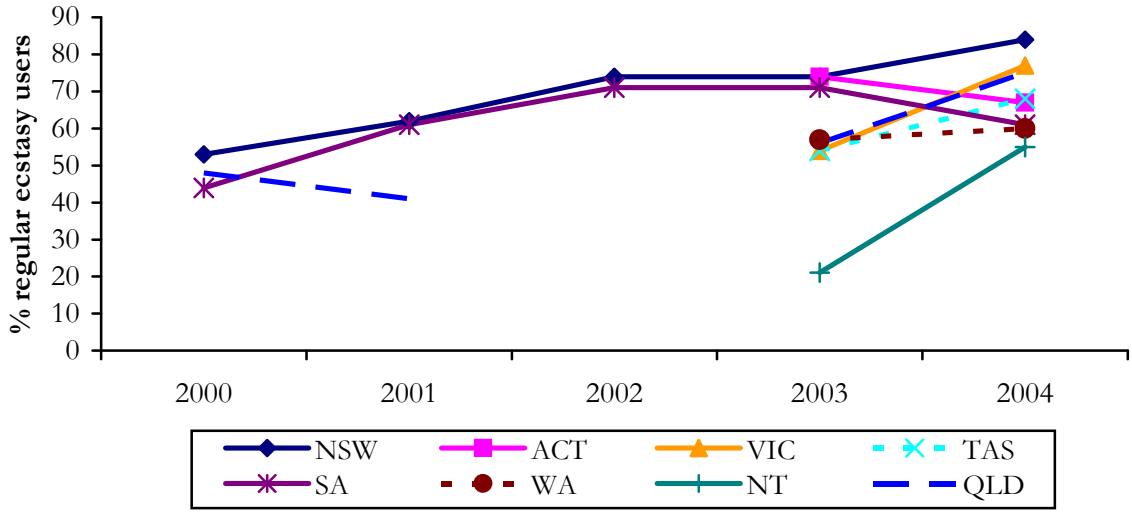
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Usual use venue (%)									
Nightclub	**81**	78	88	78	85	69	76	82	94
Raves*	**58**	62	52	60	80	60	68	21	55
Private party	**54**	56	54	53	59	60	59	42	49
Friend's home	**51**	52	41	54	57	65	51	45	50
At own home	**47**	48	27	55	47	51	47	57	52
Pubs	**32**	38	35	31	32	36	23	49	20
Dealer's home	**6**	7	2	7	5	5	4	7	10
Restaurant/café	**3**	3	4	7	0	2	1	0	4
Public place	**15**	25	14	17	7	16	10	15	16
Vehicle – passenger	**19**	27	17	16	3	18	19	43	15
Vehicle – driver	**11**	19	14	5	1	6	11	22	8
Outdoors	**23**	27	25	24	13	28	23	26	20
Live music event	**47**	48	58	46	54	36	60	23	46
Work	**4**	5	6	4	4	2	2	2	3
Last use venue (%)									
Nightclub	**42**	31	64	39	40	25	36	51	51
Friend's home	**12**	13	9	14	13	21	15	7	7
At own home	**15**	10	9	20	13	20	16	27	13
Raves*	**11**	15	3	12	16	11	13	3	15
Private party	**6**	4	3	5	8	7	8	5	5
Pubs	**5**	9	5	3	3	9	4	3	2
Dealer's home	**<1**	0	1	0	0	0	1	0	0

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

4.2 Trends over time

In NSW, QLD and SA, where data has been collected since 2000, the 2005 results provide information on ecstasy trends over time (no data was collected from QLD in 2002). In all three states since 2000 there was an increase in the proportion that reported typically using more than one tablet (Figure 1). This pattern continued in the other states where data has been collected since 2003, except in the ACT and SA where it decreased slightly in 2005.

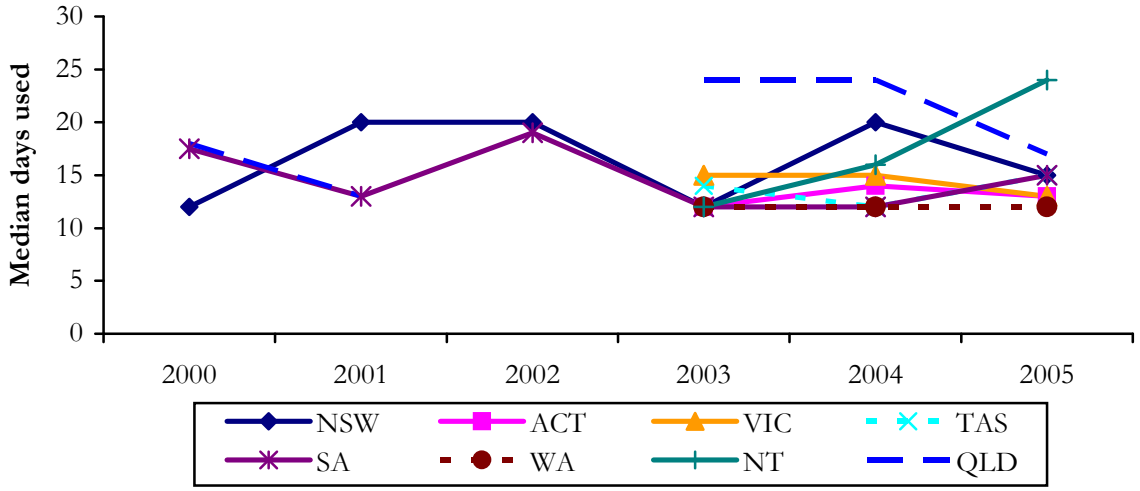
Figure 1: Proportion of REU that report typically using more than one ecstasy tablet by jurisdiction, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

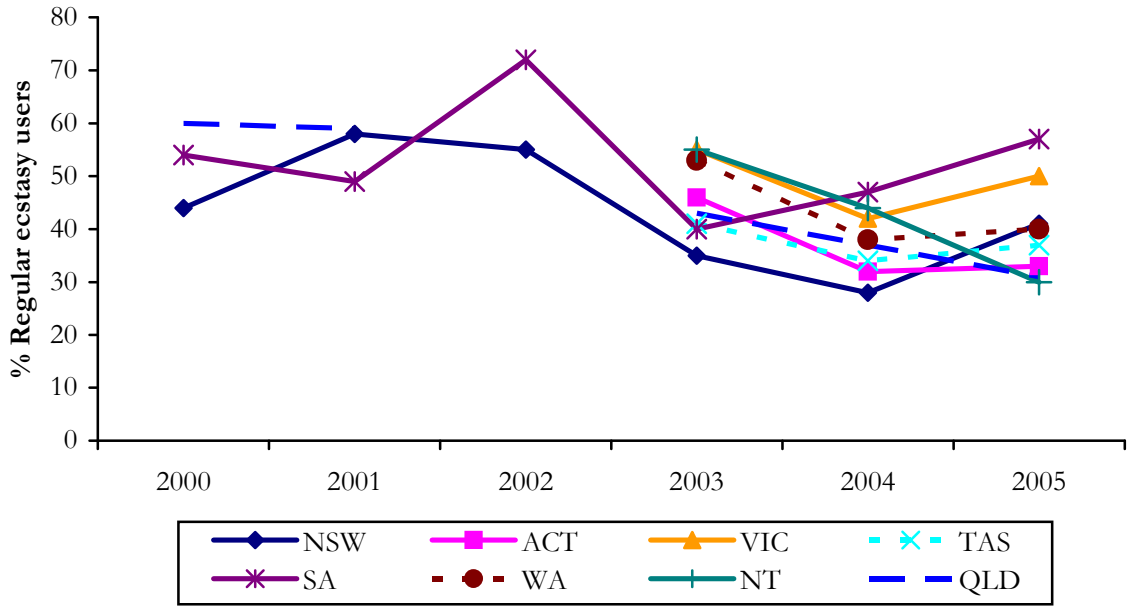
The frequency of ecstasy use has increased in the NT, decreased in QLD and was relatively stable in the other states in 2005 (Figure 2). Since 2004, reports of REU bingeing on ecstasy (more than 48 hours without sleep), decreased in the NT, increased in NSW, SA and slightly in VIC, and remained stable in the other states (Figure 3).

Figure 2: Median days used ecstasy in the six months preceding interview, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

Figure 3: Proportion of REU that reported bingeing* on ecstasy, 2000-2005

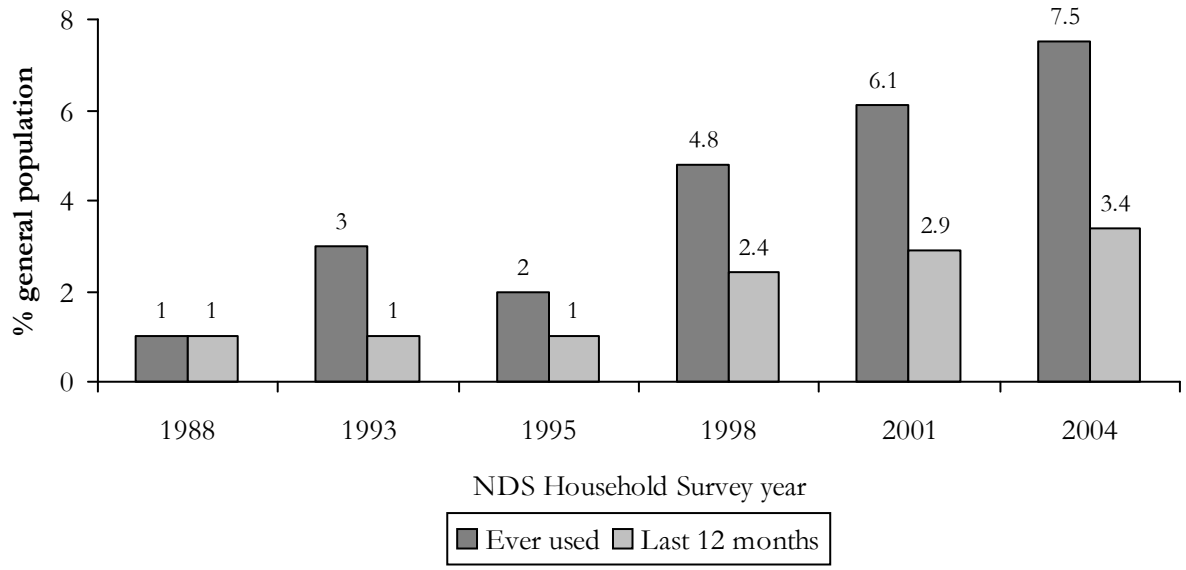


Source: PDI interviews 2005 Data not collected in QLD in 2002
* Bingeing defined as the use of ecstasy for more than 48 hours continuously without sleep

4.3 Use of ecstasy in the general population

Since ecstasy was first included in the National Drug Strategy Household Survey (NDSHS) in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 and above increased; from 1% in 1988 to 7.5% in 2004 (Australian Institute of Health and Welfare, 2005). Similarly, as shown in Figure 4, the proportion of the general population who reported using ecstasy in the preceding 12 months has increased over time from 1% in 1988 to 3.4% in 2004 (Australian Institute of Health and Welfare 2005).

Figure 4: Prevalence of ecstasy use in Australia, 1988-2004



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

The prevalence of ecstasy use varies slightly according to gender, although differences are modest compared to other drugs. In the 2004 NDSHS, 9.1% of males and 6% of females reported lifetime ecstasy use. This is consistent with data from previous surveys; males reported a higher lifetime use in the 1998 (3.3% vs. 1.6%), 1995 (3% vs. 2%) and 2001 (7.1% vs. 5.1%) surveys (Commonwealth Department of Health and Family Services 1996; Higgins, Cooper-Stanbury et al. 2000; Australian Institute of Health and Welfare 2002).

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

The availability of ecstasy has increased in recent years as indicated by the proportion of people in the general population who report having experienced an opportunity to use ecstasy. In 2004 and 2001, 7.8% of the general population aged 14 years and over had had the opportunity to use ecstasy compared to 4.8% in 1998 and 3% in 1995. In the earlier surveys this question referred to lifetime exposure rather than exposure in the preceding 12 months; however, the increased trend is clear even with a longer window of opportunity in previous surveys; in 1988, 4% of the population had ever been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai and McAllister 1998). In 1995, the question regarding recent use was changed to refer to the preceding 12 months: 8% of those aged between 14-19 years reported a recent opportunity to use ecstasy. The proportion increased to 10% in 1998, 16% in 2001 and 14% in 2004. A similar increase occurred in the proportion of 20-29 year olds reporting recent exposure: 14% in 1998 to 24% in 2001 and 23% in 2004.

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 was rather high across jurisdictions: 86% in SA, 96% in NSW and the ACT, 99% in the NT and 100% in VIC, TAS, WA and QLD.

The median price nationally was $35 (range $15-80), ranging from $30 in NSW, VIC, SA to $50 in the NT. Over two-thirds (66%) of ecstasy users in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months. Substantial minorities in all states except the NT reported a recent decrease in price.

Table 9: Median price of ecstasy and participants, reports of price change by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Median price ($) per tablet (range)	**35 (15-80)**	30 (15-50)	35 (15-40)	30 (15-40)	45 (35-50)	30 (20-50)	40 (30-50)	50 (25-80)	32 (17-40)
Price change (%)									
Increased	**8**	11	11	4	7	8	5	11	6
Stable	**66**	54	63	71	67	68	66	73	68
Decreased	**14**	26	13	17	10	13	22	1	10
Fluctuated	**11**	7	12	7	16	9	7	15	13
Don't know	**1**	3	2	1	0	1	0	0	3

Source: PDI interviews 2005

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 (86%) and being given ecstasy by friends (70%). Other methods of paying for ecstasy included government allowance (26%), borrowing money from friends (26%), obtaining ecstasy on credit from dealers (25%), dealing drugs (ecstasy profit, 21%), money from parents (16%), bartering other drugs or goods for ecstasy (17%) and money from dealing drugs (cash profit, 17%)(Table 10).

Generally, REU across Australia appear to pay for the ecstasy via similar methods. There 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 using credit from dealers, pawning property, crime, sex work and fraud. This is consistent with the demographics of the sample in the NT, who appeared more socially disadvantaged than those in other jurisdictions.

Table 10: How ecstasy users paid for their ecstasy by jurisdiction, 2005

%	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Employment	**86**	82	87	90	89	81	91	74	91
Gift from friend	**70**	69	69	65	68	69	72	83	63
Government allowance	**26**	28	25	24	30	22	27	35	16
Borrow money	**26**	23	29	25	35	19	29	37	12
On credit from dealers	**25**	26	21	22	29	22	29	40	13
Dealing drugs (ecstasy profit)	**21**	12	20	25	25	28	21	15	26
Bartering goods	**17**	18	22	9	10	19	22	23	11
Money from dealing drugs (cash profit)	**17**	13	16	15	10	20	22	20	18
Money from parents	**16**	19	20	15	15	12	15	20	16
Pawning	**6**	4	4	1	4	7	6	22	1
Property crime	**2**	4	1	0	1	0	0	7	1
Sex work	**1**	3	0	1	0	0	1	5	0
Fraud	**1**	2	1	0	0	0	1	6	1

Source: PDI interviews 2005

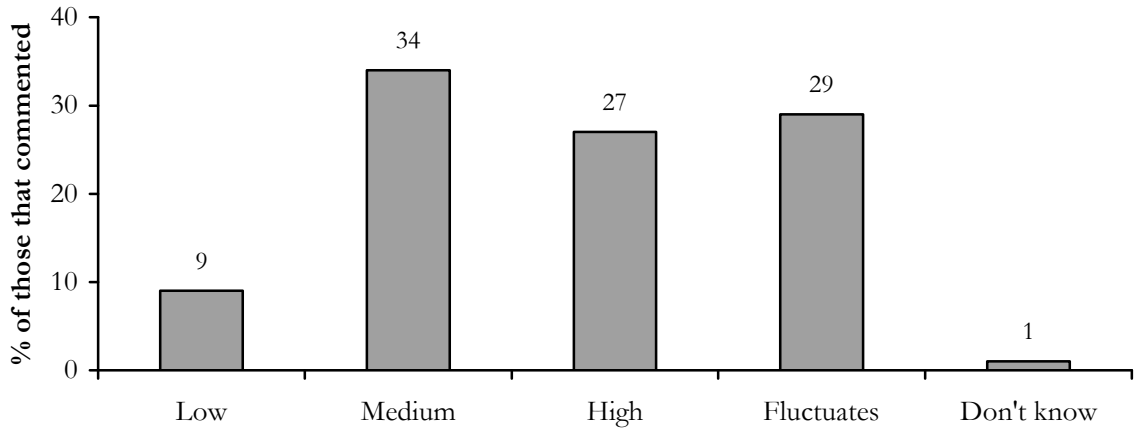
As in 2004, participants were asked how many different people they purchased ecstasy from in the six months preceding interview. Of the national sample, a median of four different people were used to purchase ecstasy, ranging from one to twenty-five different people. Participants were asked whom they purchased the tablets for: 77% reported 'self and others' and 22% reported for themselves only. Thirty-six percent of the national sample reported purchasing ecstasy between seven and twelve times in the last six months. Thirty-two percent reported between one and six times. The median number of tablets purchased nationally was five tablets.

Of those who purchased ecstasy, 74% reported that they were able to purchase other drugs (besides ecstasy) from their main ecstasy dealer (ranging from 54% in TAS to 87% in WA). The other drugs sold by the main ecstasy dealer included speed (69%), cannabis (65%), crystal (43%), base (34%), LSD (30%), cocaine (30%), ketamine (20%), GHB (9%), MDA (8%) and heroin (4%).

4.5 Purity

All but two of the REU participants in the national sample were able to comment on the purity of ecstasy. Three-fifths of the sample (61%) reported that the purity was 'medium' to 'high' while nearly one-third (29%) reported that purity 'fluctuates', 9% report it as 'low' and 1% 'did not know' (Figure 5). Little difference was reported between the states; however, QLD (40%) and SA (39%) were more likely to report the purity as 'fluctuating' (Table 11).

Figure 5: National REU reports of current ecstasy purity, 2005



Source: PDI interviews 2005

Table 11: Participant reports of current ecstasy purity, by state, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Current purity (%)									
Low	**9**	5	7	15	5	5	5	27	8
Medium	**34**	38	37	32	39	30	40	32	26
High	**27**	29	32	31	23	26	28	21	25
Fluctuates	**29**	29	24	22	33	39	27	20	40
Don't know	**1**	0	1	1	4	3	0	1	2

Source: PDI interviews 2005

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

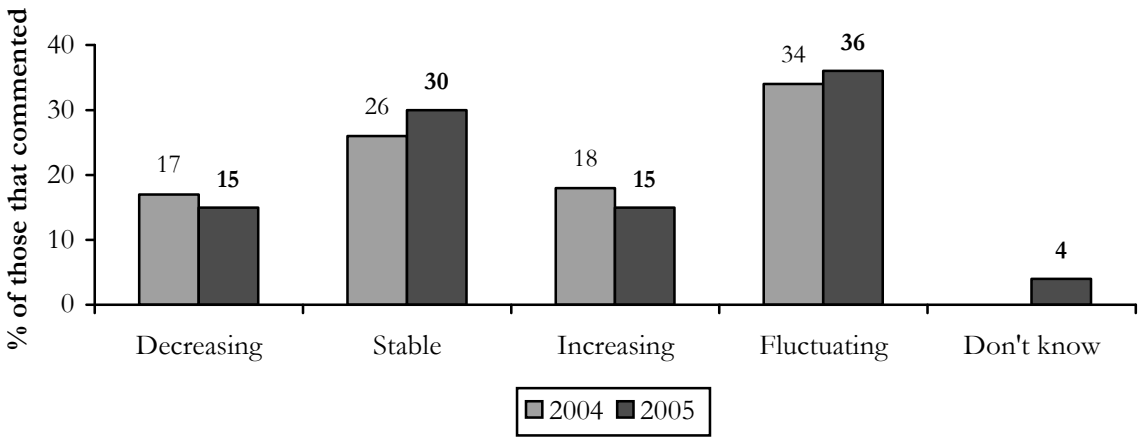
Table 12: Participant reports of changes in ecstasy purity in the past six months, by state, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Purity change (%)									
Don't know	**4**	1	7	2	4	3	1	4	5
Increasing	**15**	19	18	18	10	16	15	6	14
Stable	**30**	39	25	36	32	21	30	28	31
Decreasing	**15**	14	13	14	10	16	18	27	13
Fluctuates	**36**	28	37	30	44	43	36	35	38

Source: PDI interviews 2005

As with the reports of current purity, there was little consistency in 2005, with one-third reporting purity as 'stable' (30%), just over one-third reported the purity as 'fluctuating' (36%) and smaller proportions reporting an 'increase' (15%) or 'decrease' (15%) in the purity of the ecstasy. These results are similar to those reported in 2004 (Figure 6).

Figure 6: National REU reports of recent change in ecstasy purity, 2004-2005



Source: PDI interviews 2005

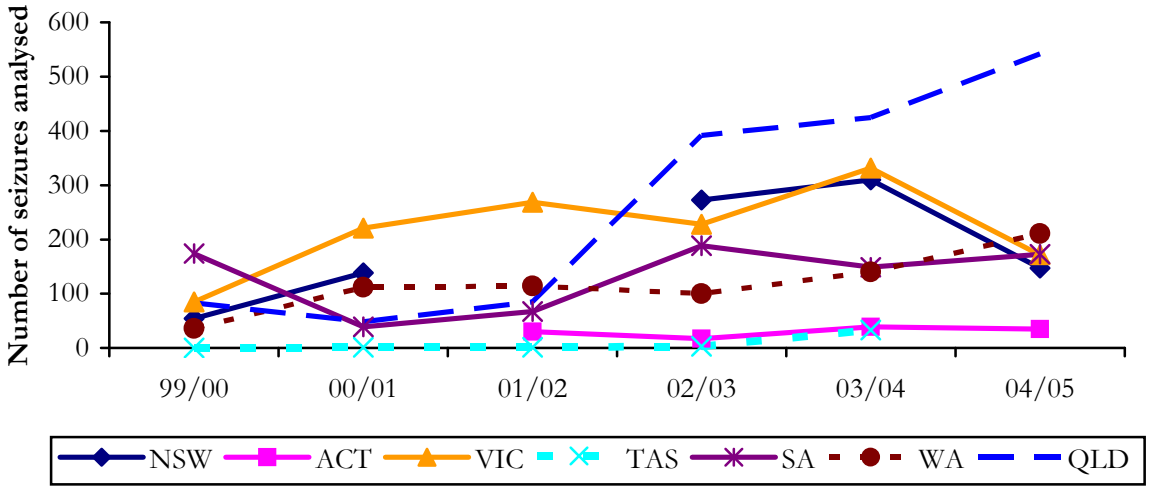
Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide objective evidence regarding purity changes, and should therefore be considered in addition to the subjective reports of users.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

The purity data presented in this report is provided by the Australian Crime Commission (ACC), and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provide data on state and territory police and Australian Federal Police (AFP) seizure data, including number and weight of seizures. In 1999/00 the purity was reported as 'ecstasy' seizures. Since 2000/01 ecstasy

seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (Australian Crime Commission 2005) and seizures of these drugs are included in the seizure data from 2000/01.

The number of state police seizures analysed has increased over time. In 2004/05 the number of state seizures analysed increased in QLD and decreased in NSW and VIC. The other states remained stable (Figure 7). The NT is not included on the graph. In TAS there was one seizure analysed in 2000/01 and 2001/02, three in 02/03, which increased in 2003/04 to 33 and in 2004/05 there were no seizures. In the NT there were eleven phenylethylamine seizures analysed in 2001/02, 2002/03 and none in 2003/04 or 2004/05. From figures 7 to 10 below the following caveat applies: figures do not represent the purity levels of all phenethylamine seizures—only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of phenethylamines received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of phenethylamines seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

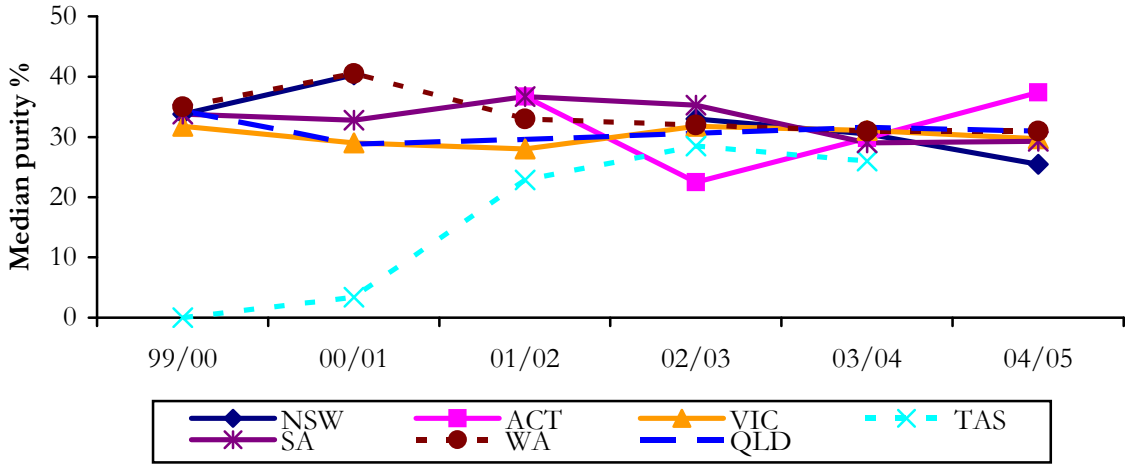
Figure 7: Number of phenethylamine* state police seizures, by jurisdiction, 1999/00-2004/05



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

The median purity of the state police seizures analysed indicates that generally purity has remained relatively stable at around 30% purity (Figure 8).

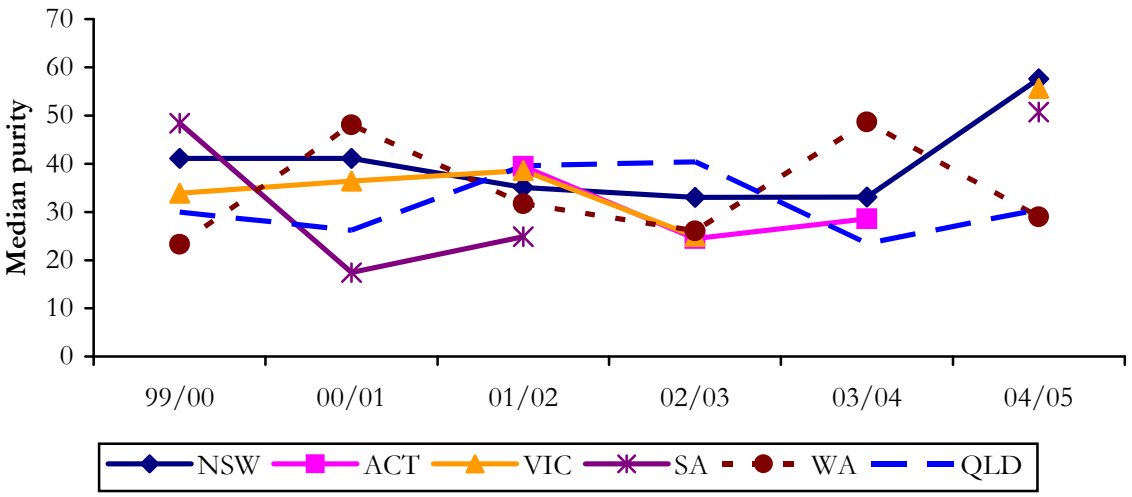
Figure 8: Median purity of state police phenethylamine* seizures, by jurisdiction, 1999/00-2004/05



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

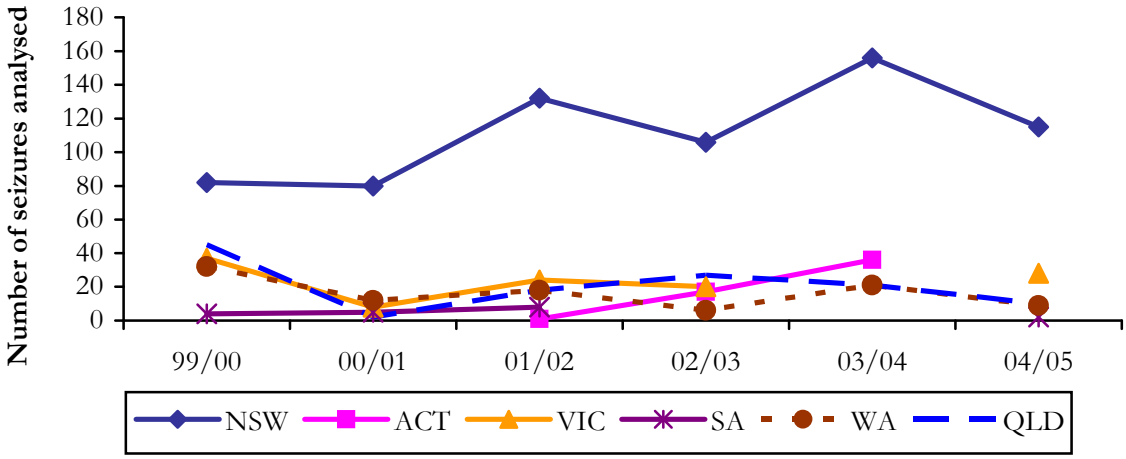
The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity (Figure 9). Figure 10 presents the number of AFP phenethylamines seizures over time by jurisdiction except the NT and TAS. As can be seen, the median purity was indeed higher for these seizures than for state police seizures.

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



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

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



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

4.6 Availability

All but two participants in the national sample were able to comment on the availability of ecstasy. Two-fifths (61%) of the national sample considered ecstasy to be 'very easy' to obtain and 35% considered it to be 'easy'. Only 3% reported that ecstasy was 'difficult' and less than one percent thought it was 'very difficult' or 'did not know'. The majority reported that the availability had either remained 'stable' (67%) or become 'easier' (18%) to obtain in the six months preceding interview.

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

Table 13: REU reports of availability of ecstasy in the preceding six months, 2005

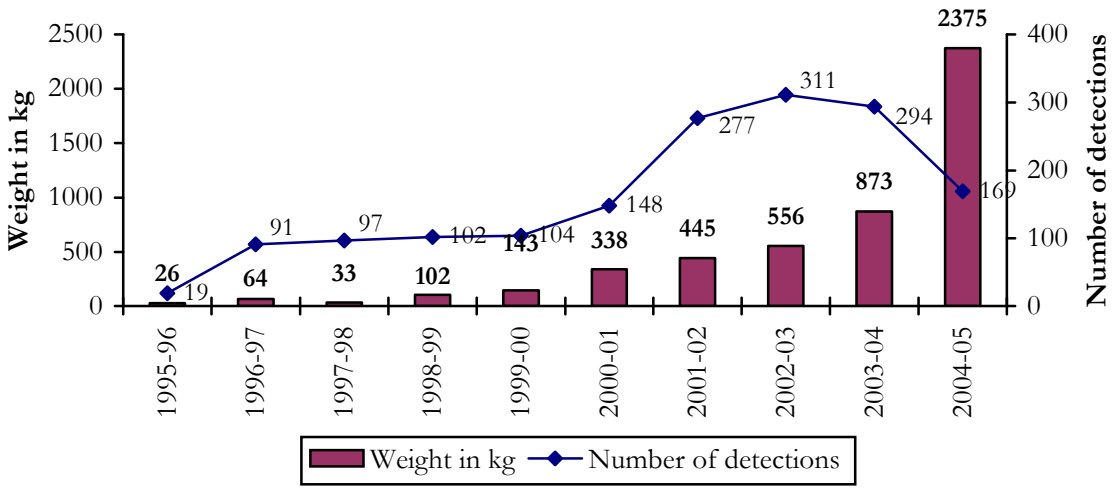
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability of ecstasy (%)									
Don't know	**<1**	0	0	0	0	1	0	0	0
Very easy	**61**	73	60	64	57	66	62	44	61
Easy	**35**	25	38	30	40	29	35	45	36
Difficult	**3**	1	2	6	3	5	2	10	3
Very difficult	**<1**	1	0	0	0	0	1	1	0
Change in availability (%)									
Don't know	**1**	0	2	0	2	1	1	1	1
More difficult	**8**	8	3	6	14	6	5	18	9
Stable	**67**	75	67	77	49	64	72	63	70
Easier	**18**	13	26	11	26	27	16	12	12
Fluctuates	**5**	4	2	6	9	2	6	5	8

Source: PDI interviews 2005

4.6.1 Ecstasy detected at the Australian border

Data from the Australian Customs Service suggests an increase in the number and weight of detections of ecstasy in recent years. The weight presented is the weight of the tablets, not the weight of the active drug MDMA. It appears the number of detections of ecstasy tablets is gradually increasing over time. There were 169 detections of MDMA at the Australian border in 2004/05, weighing a record 2, 375 kg (Figure 11). MDMA is generally thought to be imported through West Germany, Belgium, France and Holland, while locally produced tablets more often do not contain MDMA.

Figure 11: Number and weight in kilograms of detections of MDMA at the Australian border, financial years 1995/96-2004/05



Source: Australian Customs Service 2005

4.7 Ecstasy markets

For the first time, in 2005, REU participants were asked about factors that influence the price and use of ecstasy.

Participants were firstly asked, 'In your opinion would each of the following influence the price of ecstasy you obtained?'. Participants were asked to answer 'Don't know', 'Increase', 'No change' or 'Decrease'.

Participants reported that buying a larger quantity of tablets (94%), knowing your supplier well (83%) and the supplier being close to the source (66%) would 'decrease' the price of ecstasy, while buying in a public venue (59%), a decrease in availability (57%) and a higher MDMA content (43%, though 47% also reported no change) would all 'increase' the price.

A decrease in a logo/brand (53%), a special time of the year (61%), not planning purchase in advance (53%) and an increase in police activity (74%) would not change the price of ecstasy. Little difference was observed between the jurisdictions (Table 14).

Table 14: Factors influencing the price of ecstasy by jurisdiction, 2005

% of those who commented	National N=788	NSW n=101	ACT n=126	VIC n=97*	TAS n=97*	SA n=98*	WA n=100	NT n=74*	QLD n=95*
Knowing supplier									
Don't know	<1	0	2	1	1	2	0	0	0
Increase	2	2	2	2	1	2	0	7	0
Decrease	83	79	85	75	91	81	88	73	88
No change	15	19	11	22	7	15	12	20	12
Supplier close to source									
Don't know	13	24	17	4	7	8	11	20	10
Increase	2	2	1	1	1	1	1	11	2
Decrease	66	56	62	71	80	71	70	45	68
No change	19	18	20	24	11	19	18	24	20
High MDMA content									
Don't know	8	5	7	6	13	11	9	10	5
Increase	43	50	52	44	23	39	37	64	40
Decrease	2	2	3	0	1	4	1	0	2
No change	47	44	38	50	63	46	53	27	53
Decrease in brand/logo									
Don't know									
Increase	8	7	11	6	3	11	9	8	5
Decrease	37	30	42	42	25	35	43	50	33
No change	2	1	5	1	3	4	0	3	1
	53	62	42	51	69	50	48	39	61
Decrease in availability									
Don't know	10	26	11	10	3	11	7	1	11
Increase	57	42	63	51	73	49	62	71	50
Decrease	1	0	1	1	2	2	0	4	1
No change	31	32	25	38	22	38	31	24	39
Special time of year									
Don't know	3	1	5	1	2	3	2	4	4
Increase	32	32	35	34	41	15	37	35	27
Decrease	4	0	5	6	5	6	6	4	2
No change	61	67	55	59	52	76	55	57	66
Not planning purchase in advance									
Don't know	2	10	1	1	1	1	2	1	1
Increase	44	45	50	36	58	34	57	28	40
Decrease	1	0	2	0	1	0	1	0	1
No change	53	46	47	63	40	64	40	70	58
Buying larger quantity									
Don't know	2	5	1	0	1	1	3	0	1
Increase	<1	0	1	0	0	0	0	3	0
Decrease	94	88	90	95	97	96	96	92	96
No change	5	7	8	5	2	3	1	5	3
Increased police activity									
Don't know	14	5	17	21	11	11	20	8	14
Increase	11	10	12	6	9	14	13	20	5
Decrease	1	1	0	1	0	1	1	4	0
No change	74	84	71	72	79	74	66	68	81
Buying in public venue									
Don't know	8	15	7	6	1	12	7	5	13
Increase	59	71	52	63	67	53	69	27	61
Decrease	1	1	1	1	0	1	0	1	4
No change	32	13	40	30	32	34	24	66	22

Source: PDI interviews 2005

* Missing data (VIC=3, TAS=3, SA=2, NT=8, QLD=6)

REU participants were also asked, 'How would the following factors affect your ecstasy use?. Participants were asked to respond with 'Don't know', 'Decrease', 'No change' or 'Decrease' (Table 15).

The following factors would decrease their ecstasy use: if the purity went down (77%), ecstasy was harder to get (64%), participants experience the negative physical health effects (82%), negative mental health effects (86%), negative work/study effects (82%), negative relationship effects (84%) or their friends stopped using ecstasy (53%).

If ecstasy became easier to get (28%) and if friends used ecstasy more often (31%, though 67% reported that this wouldn't change) this would 'increase' their ecstasy use.

Participants reported that their ecstasy use would 'not change' if the price of ecstasy went up (52%), if ecstasy became easier to get (71%), if crystal became easier to get (79%), if cocaine became easier to get (60%), if the chances of been caught by the police was higher (56%) or less (89%), if the penalties for ecstasy use increased (76%) or decreased (89%), and if friends used ecstasy more often (67%).

Table 15: Factors influencing the use of ecstasy by jurisdiction, 2005

% of those who commented	National N=791	NSW n=101	ACT n=126	VIC n=97*	TAS n=97*	SA n=98*	WA n=100	NT n=75*	QLD n=97*
Price went up									
Don't know	2	4	2	3	0	5	1	0	4
Increase	<1	1	1	0	0	0	0	0	0
Decrease	46	40	44	47	42	47	53	56	38
No change	52	55	53	47	58	48	46	44	58
Purity went down									
Don't know	2	0	2	2	1	0	2	0	4
Increase	7	5	5	6	6	6	6	16	5
Decrease	77	85	73	85	63	80	86	59	78
No change	15	10	20	7	30	14	6	25	12
Harder to get									
Don't know	2	2	1	1	1	4	1	0	6
Increase	1	0	0	1	0	0	2	0	4
Decrease	64	58	64	63	70	60	68	73	60
No change	33	40	36	35	29	36	29	27	30
Easier to get									
Don't know	<1	0	2	0	0	0	0	0	0
Increase	28	24	34	23	22	18	36	52	20
Decrease	<1	1	1	0	0	1	0	1	1
No change	71	75	64	77	78	81	64	47	79
Crystal easier to get									
Don't know	5	10	8	1	4	0	2	13	3
Increase	5	0	6	1	4	3	11	11	8
Decrease	11	10	6	13	12	11	12	16	6
No change	79	80	79	85	79	86	75	60	83
Cocaine easier to get									
Don't know	6	7	4	3	8	4	7	9	3
Increase	10	0	14	6	4	3	24	7	20
Decrease	24	28	29	32	37	20	21	17	8
No change	60	65	54	59	51	72	48	67	69
Caught by police high									
Don't know	3	0	3	3	1	5	2	4	2
Increase	1	0	2	2	0	0	2	0	0
Decrease	41	33	47	43	43	30	38	49	44
No change	56	67	48	52	56	65	38	47	54
Caught by police low									
Don't know	1	0	2	1	0	2	1	4	1
Increase	9	9	7	7	6	7	13	12	10
Decrease	1	1	2	0	0	1	2	1	0
No change	89	90	89	92	94	90	84	83	89
Penalties increased									
Don't know	2	2	3	3	0	3	2	4	0
Increase	<1	0	0	1	0	0	0	0	0
Decrease	21	18	22	25	22	27	22	25	11
No change	76	80	75	71	78	70	76	71	89
Penalties decreased									
Don't know	1	0	2	2	0	2	1	1	0
Increase	9	9	10	8	5	9	13	12	5
Decrease	1	3	1	0	0	1	2	0	3
No change	89	88	87	90	95	88	84	87	92

Source: PDI interviews 2005

* Missing data (VIC=3, TAS=3, SA=2, NT=7, QLD=4)

Table 15: Factors influencing the use of ecstasy by jurisdiction, 2005 (continued)

% of those who commented	National N=791	NSW n=101	ACT n=126	VIC n=97*	TAS n=97*	SA n=98*	WA n=100	NT n=75*	QLD n=97*
Negative effects on:									
Physical health									
Don't know	1	0	1	2	1	0	2	0	0
Increase	<1	0	0	1	0	0	0	0	0
Decrease	82	90	80	83	84	85	77	73	80
No change	17	10	19	14	16	15	21	27	20
Mental health									
Don't know	<1	1	1	0	1	2	3	1	0
Increase	<1	0	0	1	0	0	0	0	0
Decrease	86	92	86	90	94	85	80	77	83
No change	13	7	13	9	5	13	17	21	18
Work/study									
Don't know	1	1	2	0	0	3	1	1	1
Increase	0	0	0	0	0	0	0	0	0
Decrease	82	79	77	88	86	83	82	79	79
No change	17	20	20	12	14	14	17	20	20
Relationships									
Don't know	1	2	1	1	2	3	0	1	1
Increase	0	0	0	1	0	1	1	0	0
Decrease	84	83	82	89	86	87	85	75	85
No change	14	15	17	9	12	9	14	24	14
Friends stopped use									
Don't know	3	3	2	2	1	4	3	4	1
Increase	0	0	0	0	0	0	0	0	0
Decrease	53	46	54	54	66	54	56	28	64
No change	44	51	44	44	33	42	41	68	35
Friends increased use									
Don't know	1	1	2	1	1	1	1	1	1
Increase	31	36	29	23	27	28	37	36	33
Decrease	1	1	1	0	0	1	0	3	1
No change	67	62	68	76	72	70	62	60	65

Source: PDI interviews 2005

* Missing data (VIC=3, TAS=3, SA=2, NT=7, QLD=4)

4.8 Ecstasy-related harms

4.8.1 Law enforcement

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

Information on criminal activity and arrests among the 2005 national REU sample is presented in Section 15.0.

4.8.2 Treatment for ecstasy

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

Of the 129,331 closed drug treatment episodes in Australia in 2003/04 (not including pharmacotherapy), 0.4% nominated ecstasy as their principal drug of concern: a total of 508 treatment episodes for the treatment of ecstasy-related problems (AIHW (Australian Institute of Health and Welfare) 2004). Over half of those receiving treatment for their ecstasy use were aged between 20-29 years. Clients may have been seeking treatment for more than one drug type.

4.9 Benefit and risk perception

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

4.9.1 Perceived benefits

Participants nominated a wide variety of benefits associated with taking ecstasy. Ninety-six percent of the participants identified at least one benefit. A range of benefits were reported.

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

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

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

4.9.2 Perceived risks

Respondents were asked whether they perceived any risks associated with taking ecstasy. The majority (94%) identified that there was some risk associated with ecstasy use and a range of potential health and other risks were identified. Participants often nominated more than one issue. However, 5% of the national sample reported there were no risks with taking ecstasy, less than 1% were unsure, and data were missing for two participants.

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

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

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

4.10 Jurisdictional trends in ecstasy use

4.10.1 NSW

The regular ecstasy users interviewed typically started using the drug in their late teens. All participants typically consumed ecstasy orally although more than half reported recently snorting the drug.

A wide range of patterns of ecstasy use were reported, but most reported using the drug between fortnightly and weekly. More than two-thirds of regular ecstasy users typically used more than one tablet per use episode. More than two-fifths of the sample recently binged on ecstasy, i.e. used ecstasy on a continuous basis for 48 hours or more without sleep. Nearly all users reported typically using other drugs in combination with ecstasy and to 'comedown' from its acute effects.

Ecstasy is scored from a variety of people and used in many locations. Comparable to previous years, the majority of participants continued to obtain ecstasy from friends and purchased ecstasy from friends' houses. Nightclubs and raves (including dance parties or 'doofs') were locations participants reported usually using ecstasy, and also the nightclub and own home were the most commonly reported locations of most recent use.

The median price of ecstasy was reported to be $30, which was lower than the $35 reported in 2004 and reflects an ongoing decline in the price of ecstasy over recent years. Respondents reported that this price had remained stable in 2005. Ecstasy remains a drug that can be easily accessed. Both users and KE have consistently reported that ecstasy has been 'very easy' to obtain since 2000.

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

4.10.2 ACT

Swallowing was the primary mode of ecstasy administration reported by REU, although a large proportion of REU also reported having 'snorted' ecstasy in the preceding six months. Smaller numbers reported having smoked, shelved or shafted and/or injected ecstasy in the six months prior to interview.

Almost half the sample reported having binged on ecstasy and related drugs in the six months prior to interview. Nearly three-quarters of the sample typically used more than one tablet each time they took ecstasy, and almost half the REU interviewed had used more than four tablets in a single episode of use in the past six months.

The majority of the 2005 sample reported that they typically used other drugs in the context of ecstasy use, and also to facilitate the 'comedown' from ecstasy. Of those REU who reported drinking alcohol in combination with ecstasy and/or during their comedown, large proportions also reported the excessive (having more than five standard drinks) use of alcohol in these contexts.

The median price of ecstasy in the ACT has remained stable since 2003 at $35 per tab (range $15-40). The majority of REU believed that the current purity of ecstasy was 'medium' to 'high', and almost the entire sample reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT. Most

REU reported that the availability of ecstasy over the past six months had remained 'stable', or indicated that ecstasy had become 'easier' to obtain.

Ecstasy was primarily obtained by REU through friends, known dealers and acquaintances. In the six months prior to interview, REU reported that they typically purchased ecstasy for themselves and others, that they had bought ecstasy from a median of four people, and that they typically purchased five pills at a time.

REU interviewed for the 2005 PDI identified a number of risks and benefits they believed were associated with their own ecstasy use. The most commonly reported benefits of taking ecstasy were enhanced communication and sociability, having a 'fun' night, enhanced mood, and enhanced closeness and bonding with others. Conversely, the most frequently reported risks associated with ecstasy use were depression, unknown contaminants, memory impairment, and unknown strength or purity of the drug.

4.10.3 VIC

The Victorian sample of REU typically reported first using ecstasy in their late teens, with regular use usually commencing during their early twenties. Ecstasy was the drug of choice for slightly less than half (45%) of respondents.

Participants had used ecstasy on a median of 13 days in the preceding six months. The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was two, and during a 'heavy' use episode in the preceding six months it was three. Half (50%) of the sample reported that they had binged on ecstasy in the six months preceding interview. All participants reported swallowing ecstasy in the six months preceding the interview.

Most participants 'typically' used other drugs in combination with ecstasy (97%) and during the 'comedown' (i.e. acute recovery period) following ecstasy use (88%).

Patterns of ecstasy use differed somewhat between 2003, 2004 and 2005 samples, whereby the 2004 and 2005 samples were more likely to use more than one tablet in a 'typical' session (77% and 72%, respectively) compared to the 2003 sample (54%).

Participants reported using ecstasy in a wide range of locations in the six months prior to interview, most commonly in nightclubs, at raves/doofs/dance parties, in their own home, at friends' homes, at private parties and at live music events.

Participants reported a median price of $30 per tablet (range $15-$40), with most (71%) reporting that the price of ecstasy had remained 'stable' in the previous six months. Indeed, the median price that the REU samples reported paying for ecstasy has remained stable over the three year period that the PDI has been conducted in Victoria. The REU sample reported a variety of methods of paying for ecstasy in the preceding six months, including most commonly through paid employment.

The REU samples' reports concerning the current purity of ecstasy varied, and reports of changes in ecstasy purity in the preceding six months were also inconsistent. In comparison, reports concerning the availability of ecstasy were consistent, with the vast majority of the REU sample reporting that ecstasy was currently either 'very easy' (64%) or 'easy' (30%) to obtain. The majority also reported that the availability of ecstasy had either remained 'stable' (77%) or 'increased' (11%) in the preceding six months.

The majority of participants reported that in the six months prior to interview they had obtained ecstasy from friends (82%) or known dealers (64%), and had most often obtained it at friends' homes (60%), in nightclubs (47%), at dealers' homes (47%) and their own home (37%).

The 2005 sample reported that they had scored ecstasy from a median of three different people in the preceding six months. The majority (80%) of the sample reported typically purchasing ecstasy for themselves and others, and purchasing a median of five ecstasy pills (range 1-200) on a typical occasion. Over three-quarters (77%) of the sample reported being able to obtain other drugs from their main ecstasy dealer, most commonly methamphetamine powder (87%) and cannabis (53%).

4.10.4 TAS

Most participants in Tasmania had first used ecstasy at around 20 years of age and three-quarters had been using ecstasy for two years or more.

The entire sample had recently used ecstasy in tablet form and one-tenth had recently used ecstasy capsules (12%) or powder (11%).

Ecstasy was typically used on a fortnightly basis with an average of two tablets taken orally in a typical session. Snorting of ecstasy was also common and there was an increase in the number of people that reported recently shelving/shafting ecstasy in comparison to 2004.

One-quarter used ecstasy on a weekly basis or more frequently, two-thirds typically used more than one tablet in a typical session of use and one-third had recently used ecstasy in a binge session.

There was a slight increase in the frequency of ecstasy use relative to 2004, and an increase in the amount used in a 'typical' and 'heaviest' session of use relative to the 2003 sample. Males used significantly larger amounts in a typical and biggest session of use in comparison to females, but there were no sex differences in the frequency of use.

Ecstasy was typically used at music related venues but was also used at a range of other locations. REU reports and anecdotal comments of KEs suggest an increase in the use of ecstasy at locations other than dance/events and nightclubs, in particular private residences and public bars.

Other drugs were typically used in combination with ecstasy, with use of alcohol, cannabis, and tobacco most common. There was a reduction in the reported use of methamphetamine in combination with ecstasy and the use of benzodiazepines when coming down from ecstasy relative to 2004.

The majority of REUs consumed alcohol when under the influence of ecstasy and three-quarters of these consumed more than five standard drinks. The high proportion reporting 'binge drinking' when under the influence and coming down from ecstasy is an issue of concern and has increased substantially since 2003.

Data from the National Drug Strategy Household Survey (NDSHS) suggests a steady increase in the national prevalence of ecstasy use in Australia between 1995 and 2004. The prevalence of recent ecstasy use among the Tasmanian sample has remained at least half that of the national estimate during this time.

Estimates of the price, purity and availability of ecstasy over the three years of the study are suggestive of an emerging market in 2004 and a slight stabilisation of the market in 2005.

The median price reported by REU for one tablet of ecstasy was $45 compared $40 in 2004 and $50 in 2003 and this price was considered to have remained stable during the preceding six months.

REU reports on the purity of ecstasy in 2005 were varied, with purity considered to be medium, fluctuating or high There was some indication that the reported purity of ecstasy increased in 2004 and decreased slightly in 2005.

Both key experts and REU indicated that ecstasy is 'easy' or 'very easy' to obtain and that recent availability had remained stable. There was evidence for an increase in availability of ecstasy in 2004 when compared to 2003 and a slight return or decrease in relative availability in 2005.

4.10.5 SA

Over the last five years there has been little change in parameters of ecstasy use, with the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, all remaining relatively stable across this period.

Between 2000 and 2004, there was a gradual increase in the proportion using more than one tablet in a typical session, to the point that in 2004 this was reported by the majority of the sample (84%) compared to less than half the sample in 2000 (44%). This proportion declined in 2005, but almost three-quarters of REU still reported using more than one tablet in a single session.

A large proportion of the samples have consistently reported binge use of ecstasy across this time, with more half the sample having done so in 2005. REU mainly use ecstasy by swallowing, with substantial proportions also reporting recent use by snorting. Most REU report typically using at least one other drug either with ecstasy or at comedown, with tobacco, alcohol, cannabis and some form of methamphetamine most common.

Ecstasy continued to be used most commonly at nightclubs, friend's house, raves/doofs/dance parties, private parties or at people's homes.

The price of ecstasy was stable, availability continued to be considered 'easy' or 'very easy' by REU, and most reported usually obtaining their ecstasy from a friend.

The majority of REU believed that the purity of ecstasy was either medium or fluctuating in 2005, similar to previous years.

The most commonly perceived benefits of ecstasy use among REU were enhanced communication and sociability, enhanced closeness & empathy toward others, that it added more fun or enjoyment to an occasion, and enhanced mood.

The most commonly perceived risks associated with taking ecstasy were some kind of physical harm, psychological harm, neuropsychological harm, or risk associated with unknown content of ecstasy pills.

4.10.6 WA

Demographics of regular ecstasy users interviewed in WA were similar to that of previous years. The current sample had an average age of 23 and most began using ecstasy at 18 years. Just over half were male and the majority were currently employed or studying.

All participants typically consumed ecstasy orally in tablet form and 68% reported usually taking more than one pill in a session. Ecstasy was nominated as the 'drug of choice' by 51% of the sample. Forty percent reported recent use of ecstasy for more than 48 hours continuously without sleep.

In 2005, ecstasy was used on a median of 12 days in the last six months with significant differences found for frequency of use across survey years. Within this period, ecstasy was used an average of 20 days in 2005 compared to 16.5 days in 2004. Furthermore, 30% reported using ecstasy weekly or more compared to 21% in 2004.

Consistent with previous years, polydrug use was the norm with an average of 10.6 drug types ever used. Almost the entire sample reported typically using other drugs with ecstasy (90%) and during 'comedown' from ecstasy (86%). Alcohol, tobacco and cannabis were drugs most often used on both occasions, and speed and crystal were additionally reported as drugs commonly used with ecstasy.

In 2005, the median price of ecstasy per tablet was $40 representing a decrease from $50 reported in 2004. Approximately two-thirds of the current sample rated the price as 'stable' during the previous six months.

User reports of purity indicated a decrease, with the largest proportion rating it as 'medium' in 2005 (40%), compared to 'high' in 2004 (48%). Similarly, the highest proportion rated purity in the last six months as 'stable' in 2005 (30%) and as 'increasing' in 2004 (32%).

In contrast, there was little change in reports of the availability of ecstasy. Across survey years, the majority of respondents reported ecstasy as either 'easy' or 'very easy' to obtain and rated recent availability as stable. In 2005, current availability was rated as 'very easy' by 62% and 72% rated it as 'stable' over the previous six months.

In all years, friends were reported as the most likely person from whom to score ecstasy, with rates of 91% in 2003, 89% in 2004 and 93% in 2005. Accordingly, friend's home has consistently been the most common location for scoring, reported by 75% in 2003, 72% in 2004, and 71% in 2005. Respondents could nominate more than one source, and significant decreases were found for other categories. The proportion reporting purchasing ecstasy from known dealers decreased from 53% in 2004 to 36% in 2005, unknown dealers from 33% in 2004 to 20% in 2005, and acquaintances from 47% in 2004 to 24% in 2005. There were no corresponding increases in other categories, suggesting that alternative sources for scoring were used less, with most relying solely on friends to obtain ecstasy.

In 2005, nightclubs were reported as the usual location of ecstasy use by 76%, followed by raves/dance parties reported by 68%. In 2004, these were also the most commonly reported locations of usual use but in reverse order, with 69% reporting raves/dance parties and 66% reporting nightclubs.

In 2005, the most commonly identified benefits associated with ecstasy use were enhanced closeness with others, fun, and enhanced mood. The most commonly identified risks related to ecstasy use were potential psychological harms and physical harms, with depression perceived as the greatest individual risk factor.

4.10.7 NT

On average, the sample of regular ecstasy users started to use ecstasy at 19 years and began using it regularly when they were 20 years in both 2004 and 2005.

Patterns of ecstasy use varied over the last two years. In 2005 the proportion using ecstasy weekly or more increased (from 39% in 2004 to 52% in 2005), while usual and heavy quantities decreased. Thirty percent of the 2005 sample reported bingeing on ecstasy in the last six months.

A higher proportion (61%) reported that ecstasy was their favourite drug in 2005 (47% in 2004). In 2005 most of the sample used other drugs with ecstasy (96%) and whilst coming down from ecstasy (89%).

Over the last two years the route of administering ecstasy has remained stable with swallowing continuing to be the most popular method.

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

Ecstasy was most commonly purchased in tablet form for $50 (range $25-80) and this price was 'stable' in the six months preceding interview in 2005. The only two factors that were deemed by REU to increase the price of ecstasy were a high MDMA content and if ecstasy becomes less available generally. This year the most common method of purchasing ecstasy did not involve paying for it; most REU received ecstasy as a gift from a friend or partner.

In 2005 REU purchased, on average, three tabs from three sources, buying for themselves and others, between seven and 24 times in the past six months.

Over the last two years the current purity of ecstasy was rated 'medium', although there was an increase in those nominating it as 'low' in 2005. In both years this purity had reportedly been fluctuating.

Most users reported the availability of ecstasy as 'very easy' to 'easy' and that this had been 'stable' over the past six months in both years.

In 2004 the most common perceived benefits associated with ecstasy use were 'enhancement of mood' and 'fun', and in 2005 it was fun, enhanced communication/more social and enhanced sexual experience.

In 2004, the most common perceived risk with ecstasy use was the 'unknown drug contaminants or cutting agents' in the tab; however, in 2005 it was a fatal overdose, followed by unknown drug contaminants/cutting agents, and dehydration.

4.10.8 QLD

In the last six months, REU reported using ecstasy on a median of 17 days (about three times a month), although 31% of respondents reported using ecstasy weekly or more. In a typical session, a median of two tabs were reportedly used. Ecstasy tabs were used by nearly all REU

(99% - data not shown), with swallowing being the most commonly reported route of administration (92%). Over nine in ten (92%) REU reported using other drugs whilst under the influence of ecstasy and eight in ten reported using other drugs whilst 'coming down' (81%).

In 2005, REU reported ecstasy as typically costing $32 ($17-$40) for a tab. In 2005 REU again generally reported the price of ecstasy as being 'stable' in the six months leading up to the study (68%). This is consistent with reports by REU in 2004 (53%), 2003 (63%), 2001 (41%) and 2000 (58%).

In 2005, 40% of REU reported the current purity of ecstasy as 'fluctuating', with a further 26% reporting purity as 'medium' and 25% reporting purity as 'high'. Similar proportions (38%) reported that ecstasy purity had recently been 'fluctuating' in the six months prior to the study, although 31% reported it as 'stable'.

In 2005, nearly all REU reported their current access to obtaining ecstasy as 'easy' (36%) or 'very easy' (61%). Seven out of ten respondents reported their access to ecstasy in the last six months had been 'stable'. Across time, REU are increasingly reporting ecstasy as 'easy to very easy' to obtain (2005 97% vs. 2004 95% vs. 2003 84%, vs. 2001 74% vs. 2000 72%).

In 2005, REU most commonly reported obtaining ecstasy from their friends (87%) at their homes (65%). However, ecstasy was also obtained at a number of private and public locations, including dealer's homes (47%), nightclubs (37%) and respondents' own homes (36%).

Across all recorded time points, REU have reported that the persons they most commonly obtained ecstasy from were friends and dealers, and that the most common location where they obtained ecstasy was at friends' and dealers' homes respectively. However, increasingly more REU are reporting obtaining ecstasy from persons other than these, such as acquaintances, work colleagues and dealers unknown to the participant.

In 2005, respondents obtained ecstasy from a median number of three persons in the six months prior to interview. Most REU (79%) reported that they only purchased ecstasy for themselves and for their friends. Ecstasy was mainly purchased around the time of use, with 36% of respondents reporting purchasing ecstasy 1-12 times in the past six months and a further 28% reporting purchasing ecstasy 13-24 times in the past six months.

4.11 Summary of ecstasy trends

- The median age REU first used ecstasy was 19 years, and they reported a median duration of use of four years. Males were significantly more likely to have used ecstasy at an older age than females.
- All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 19 years.
- Participants had used ecstasy on a median of 15 days in the preceding six months.
- Over two-thirds (68%) 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 and a half tablets.
- Two-fifths (40%) of the national sample reported bingeing on ecstasy, the median length of time was three days.

- The vast majority (93%) of the ecstasy users interviewed reported that they usually use other drugs with ecstasy and 83% reported using other drugs with ecstasy to 'come down'.
- The median price of a tablet of ecstasy ranged from $30 in NSW, VIC and SA to $50 in the NT.
- The majority of the REU in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months. Substantial proportions in all states except the NT reported a recent 'decrease' in price.
- Three-fifths of the sample (61%) reported that the purity was 'medium' to 'high' while just over one-third (29%) reported that purity 'fluctuates'. One-third reported the purity of ecstasy as 'fluctuating' (36%) and a further 30% reported it as 'stable' in the last six months.
- In all jurisdictions, almost all participants described ecstasy as 'very easy' or 'easy' to obtain, and agreed that availability had either remained 'stable' or 'easier' to obtain over the preceding six months.
- Participants nominated a wide variety of benefits associated with taking ecstasy, with 96% reporting at least one benefit. Ecstasy was considered to facilitate social interaction by making one less self conscious, more friendly and talkative. There were also physical benefits of taking ecstasy such as an increase in their energy levels and ability to dance.
- The majority (94%) of participants reported there was some risk associated with ecstasy use such as mental health and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long term risks.

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, Kaye et al. 2002). These drugs are also used among REU.

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

5.1 Methamphetamine use among regular ecstasy users

5.1.1 Methamphetamine powder (speed)

Seven percent of the national sample reported that methamphetamine powder (speed) was their drug of choice. The majority (89%) of participants in the 2005 national sample reported lifetime speed use and about three-quarters (74%) had used speed in the preceding six months (Table 16). Those who had used speed reported first using it at mean age of 18 years (SD 3.6, range 11-44).

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

Among participants that reported using speed in the six months prior to interview, snorting (76%) was the most common route of administration for speed, followed by swallowing (73%). Smaller proportions reported recently smoking (19%) or injecting (11%) speed (Table 16).

Of those that used speed, the median number of days used was six (once a month), ranging from having used once to daily use. Nearly half (46%) used less than once a month, 29% used speed between monthly and fortnightly, 13% between fortnightly and weekly, and 13% 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 0.05-6). Recent speed users reported using a median of one gram (range 0.1-12) during their 'heaviest' use episode. Thirteen percent had used two grams or more in a single 'heavy' occasion in the last six months. Three-fifths (60%) of those that reported bingeing had used speed in their binge.

Speed use was also quantified in terms of points, with 209 recent speed users reporting using a median of two points in a 'heavy' session (range 0.2 to 26) and 247 users reporting a median of one point used in a 'typical' session (range 0.2-8).

Recent speed users also reported using lines of speed, with 64 participants reporting a median of two lines used in a 'heavy' session (range 1 to 72 lines) and 71 reporting a median of two lines used in a 'typical' session (range 1 to 6 lines).

Table 16: Patterns of methamphetamine powder (speed) use among REU, 2005

	National N=810	**NSW n=101**	**ACT n=126**	**VIC n=100**	**TAS n=100**	**SA n=100**	**WA n=100**	**NT n=82**	**QLD n=101**
Ever used (%)	**89**	94	90	97	89	83	94	90	75
Ever injected	**16**	20	6	15	15	11	20	37	14
Used last six months (%)	**74**	76	70	85	77	66	85	73	57
	N=596	n=77	n=88	n=85	n=77	n=66	n=85	n=60	n=58
Snorted*	**76**	91	81	91	56	77	88	50	59
Swallowed*	**73**	71	74	61	86	79	71	65	83
Injected*	**11**	9	5	12	7	6	9	35	7
Smoked*	**19**	10	16	45	8	15	32	13	7
Median days used* last 6 mths (range)	**6** **(1-180)**	6 (1-96)	5 (1-180)	10 (1-80)	4 (1-90)	8 (1-120)	10 (1-170)	6 (1-180)	5 (1-180)

Source: PDI interviews 2005 * Of those that used in the six months preceding interview

Speed users reported they usually score from friends (70%), known dealers (49%), acquaintances (16%), workmates (6%) and an unknown dealer (8%). This was quite consistent across jurisdictions (Table 17). One person also reported that they had scored speed from a family member.

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 (27%). Speed was also bought from their dealer's home (38%). Others reported scoring speed in nightclubs (19%), at an agreed public location (19%), at a private party (12%), at raves (13%), pubs (10%), acquaintance's home (6%), off the street (5%) and at work (4%, Table 15). Small numbers mentioned scoring at a shopping centre (n=3) and in a car (n=2).

Table 17: Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Scored from (%)									
(% who commented)	(n=471)	(n=75)	(n=62)	(n=70)	(n=54)	(n=43)	(n=61)	(n=59)	(n=47)
Friends	70	67	60	71	78	63	82	64	73
Known dealers	49	53	53	59	52	42	41	41	42
Acquaintances	16	9	19	17	20	19	21	7	15
Workmates	6	4	8	7	2	9	7	3	8
Unknown dealers	8	9	8	7	6	5	8	10	6
Locations scored (%)									
(% who commented)	(n=472)	(n=75)	(n=62)	(n=70)	(n=54)	(n=43)	(n=61)	(n=59)	(n=48)
Friend's home	56	64	39	56	59	51	66	58	55
Dealer's home	38	49	39	44	26	28	29	37	45
Nightclub	19	16	21	24	20	9	19	24	17
At own home	27	25	26	26	30	16	36	24	34
Agreed public location	19	28	23	11	7	30	13	31	4
Private party	12	7	13	13	13	19	10	14	11
Raves*	13	13	3	16	19	12	19	9	13
Pubs	10	11	7	14	9	12	13	14	2
Street	5	4	7	4	4	2	7	9	4
Work	4	4	3	4	2	5	3	2	6
Acquaintance's home	6	4	7	0	6	9	13	5	6

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

Table 17: Source, purchase location and use location of methamphetamine powder (speed) by jurisdiction, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Usual use venue (%)									
(% who commented)	(n=473)	(n=76)	(n=62)	(n=70)	(n=54)	(n=43)	(n=62)	(n=59)	(n=47)
Nightclub	71	67	73	73	70	61	81	70	75
Raves*	48	40	37	56	70	51	66	17	53
Private party	41	43	42	44	41	47	47	34	30
Friend's home	49	54	48	44	44	61	57	41	40
At own home	47	50	37	47	43	49	61	42	47
Pubs	35	40	15	41	35	49	36	49	13
Dealer's home	12	15	7	16	11	5	16	12	9
Restaurant/café	5	5	5	10	2	7	3	2	6
Public place	12	16	11	10	7	21	11	5	15
Vehicle – passenger	18	24	13	13	6	19	18	39	13
Vehicle – driver	12	12	15	7	0	14	16	22	9
Outdoors	17	16	8	20	22	21	21	17	13
Live music event	35	34	32	37	39	30	47	19	36
Work	13	17	16	19	6	12	13	7	15
Educational institution	4	3	3	7	4	2	5	3	2
Acquaintance's home	9	9	7	6	4	23	11	5	6
Last use venue (%)									
(% who commented)	(n=470)	(n=76)	(n=62)	(n=70)	(n=52)	(n=42)	(n=62)	(n=59)	(n=47)
Nightclub	25	18	34	20	19	17	31	36	26
Friend's home	22	26	24	17	19	24	23	25	11
At own home	20	17	13	29	8	24	23	25	21
Raves*	10	9	3	13	21	17	2	2	19
Private party	7	4	11	6	10	5	8	7	11
Pubs	5	5	2	6	8	5	8	3	0
Work	2	5	0	3	0	0	3	0	0
Dealer's home	1	1	3	1	0	0	3	0	0
Public place	<1	1	0	0	0	0	0	0	2

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

Speed was usually used in a range of locations, most commonly in nightclubs (71%), raves (48%), private parties (41%), friend's homes (49%) or at user's own home (41%, Table 17). Recent speed users also reported using speed at a live music event (35%), in a vehicle as a passenger (18%), outdoors (17%), at a dealer's home (12%), at work (13%) in a public place (12%), while driving a vehicle (12%), acquaintance's home (9%), and at a restaurant/café (5%) and educational

institution (4%). Other locations mentioned included hotel room (n=2), sauna (n=2), gym (n=1) and casino (n=1).

REU were also asked where they had last used speed. One-quarter had last used speed in a nightclub (25%) followed by a friend's home (22%) and their own home (20%). Raves (10%), private parties (7%), pubs (5%) and at work (2%) were also commonly reported (Table 17). One percent or less reported in a dealer's home or an agreed public place. Other locations speed had last been used were at an educational institute (n=3), sauna (n=2) and hotel room (n=1).

5.1.2 Methamphetamine base

Over half (52%) of participants in the 2005 national sample reported lifetime use of base and nearly two-fifths (38%) had used base in the six months preceding interview (Table 18). The median age of first use, among those that reported using base, was 19 years (range 12-40). Only one percent (n=10) of the national sample reported that methamphetamine base (base) was their drug of choice.

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

Of those that reported recent use of base, 82% swallowed, 36% snorted, 17% injected, and 18% smoked it. Of those that used base, the median number of days used was five, ranging from having used base once to daily use (Table 18). Over half (55%) used less than monthly; 24% used base between monthly and fortnightly; 9% between fortnightly and weekly, and another 10% used base more than once a week.

Table 18: Patterns of methamphetamine base use among REU, 2005

	National N=810	**NSW n=101**	**ACT n=126**	**VIC n=100**	**TAS n=100**	**SA n=100**	**WA n=100**	**NT n=82**	**QLD n=101**
Ever used (%)	**52**	63	45	34	35	88	59	36	57
Ever injected	**12**	15	4	8	6	14	15	22	16
Used last six months (%)	**38**	43	27	21	23	82	38	29	45
	N=310	n=43	n=34	n=21	n=23	n=82	n=38	n=24	n=45
Snorted*	**36**	30	53	38	39	31	53	29	22
Swallowed*	**82**	86	82	81	91	95	63	58	78
Injected*	**17**	12	6	24	22	10	18	54	18
Smoked*	**18**	21	21	38	0	16	24	17	16
Median days used* last 6 mths (range)	**5 (1-180)**	3 (1-96)	3 (1-70)	3 (1-70)	4 (1-70)	12 (1-120)	4.5 (1-80)	6 (1-90)	4 (1-180)

Source: PDI interviews 2005 * 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 one point (range 0.2-60). Recent base users reported using a median of two points (range 0.25-60) during their 'heaviest' use episode. Thirty-eight percent had used over two points in a single 'heavy' occasion in the last six months. Twenty-six percent of those that reported recent bingeing had used base in their binge.

Base use was also quantified in terms of grams, with 55 recent base users reporting using a median of one gram in a 'heavy' session (range 0.1-6 grams) and 39 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 (64%) and known dealers (48%). Smaller proportions had scored base from acquaintances (14%), from workmates (8%) or persons unknown to them (5%). As with speed, base was purchased from a range of locations, with private homes commonly reported; friend's home (50%), dealer's home (38%) and own home (24%) were also reported. Base was also reported to be purchased at an agreed public location (17%), nightclub (15%), raves (6%), pubs (6%), on the street (5%) and at work (2%, Table 19).

Base was also used in a range of locations. When asked the usual location they used in, nightclubs (63%) was the most popular location, followed by their own home (50%), a friend's home (46%), and at raves (42%). A nightclub (23%) was reported as the main venue last used, followed by their own home (22%), a friend's home (18%) and at a rave (12%, Table 19).

Table 19: Source, purchase location and use location of methamphetamine base by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Scored from (%)									
(% who commented)	(n=217)	(n=44)	(n=20)	(n=8)	(n=16)	(n=63)	(n=13)	(n=24)	(n=29)
Friends	64	50	45	25	63	70	77	75	83
Known dealers	48	57	70	13	63	37	62	38	45
Acquaintances	14	5	10	0	31	22	39	13	0
Workmates	8	5	10	0	0	11	15	13	7
Unknown dealers	5	5	10	13	0	2	23	4	0
Locations scored (%)									
(% who commented)	(n=220)	(n=45)	(n=20)	(n=9)	(n=16)	(n=63)	(n=14)	(n=24)	(n=29)
Friend's home	50	40	40	22	44	59	57	58	52
Dealer's home	38	51	50	11	38	27	50	42	35
Agreed public location	17	18	5	0	19	24	14	29	7
At own home	24	18	40	0	13	25	43	25	21
Nightclub	15	13	15	0	19	13	29	21	10
Private party	9	4	5	0	7	14	21	13	3
Raves*	6	11	0	0	0	2	36	8	0
Pubs	6	2	10	0	0	3	29	17	0
Street	5	0	10	11	6	0	7	13	7
Work	2	0	0	0	0	5	0	4	3

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

Table 19: Source, purchase location and use location of methamphetamine base by jurisdiction, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Usual use venue (%)									
(% who commented)	(n=218)	(n=44)	(n=20)	(n=9)	(n=15)	(n=63)	(n=14)	(n=24)	(n=29)
Nightclub	63	43	80	44	93	67	71	63	59
Raves*	42	32	45	33	33	54	64	25	38
Private party	34	32	30	22	20	40	43	33	31
Friend's home	46	39	50	44	53	43	57	50	48
At own home	50	43	55	44	40	49	79	67	38
Pubs	33	27	30	11	13	46	50	46	10
Dealer's home	15	21	5	22	13	8	43	17	10
Restaurant/café	5	7	5	0	0	3	7	8	3
Public place	15	14	10	11	0	22	21	21	7
Vehicle – passenger	15	16	5	0	0	18	21	38	7
Vehicle – driver	11	9	15	0	0	8	21	29	7
Outdoors	18	16	15	22	7	21	36	21	14
Live music event	21	21	30	11	13	21	43	13	21
Work	13	7	20	0	0	16	29	13	14
Educational institution	2	2	0	0	0	4	0	4	0
Acquaintance's home	10	9	15	0	7	8	29	13	3
Last use venue (%)									
(% who commented)	(n=219)	(n=45)	(n=20)	(n=9	(n=15)	(n=63)	(n=14)	(n=24)	(n=29)
Nightclub	23	18	30	11	47	29	14	13	21
Friends' home	18	16	25	22	20	13	36	21	17
At own home	22	18	15	33	20	22	21	38	17
Raves*	12	16	5	11	7	13	14	4	17
Private party	7	4	5	11	0	6	0	8	17
Pubs	4	7	0	0	0	6	7	4	0
Work	3	0	10	0	0	0	7	8	3
Dealer's home	3	11	0	0	0	2	0	4	0
Public place	1	2	0	0	0	2	0	0	0

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

5.1.3 Crystal methamphetamine

Three-fifths (60%) of the participants in the 2005 national sample reported lifetime use of crystal and nearly two-fifths (38%) had used crystal in the six months preceding interview (Table 20). The median age of first use, among those that reported using crystal, was 20 years (range 13-45). Four percent (n=34) of the national sample reported that crystalline methamphetamine (crystal) was their drug of choice.

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

Of those that reported recent use of crystal, nearly three-quarters (71%) smoked it, 48% swallowed, 37% snorted and 15% reported they had injected it in the six months prior to interview (Table 20).

Of those that reported recent use of crystal, the median number of days used was five, ranging from having used crystal once to daily use (Table 20). Nearly three-fifths (56%) used less than once monthly; 25% used crystal between monthly and fortnightly; 7% between fortnightly and weekly; and 11% used crystal more than once a week.

Table 20: Patterns of crystalline methamphetamine use among REU, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever used (%)	**60**	62	49	71	29	62	88	52	69
Ever injected	**11**	17	6	7	5	11	17	21	11
Used last six months (%)	**38** (N=311)	40 (n=40)	26 (n=33)	42 (n=42)	10 (n=10)	41 (n=41)	69 (n=69)	32 (n=26)	50 (n=50)
Snorted*	**37**	18	46	33	20	22	64	23	36
Swallowed*	**48**	35	52	26	40	71	57	46	44
Injected*	**15**	23	12	12	50	12	10	35	4
Smoked*	**71**	83	58	83	20	66	77	42	84
Median days used* last 6 mths (range)	**5** (1-180)	4 (1-72)	3 (1-96)	4.5 (1-100)	3.5 (1-30)	6 (1-90)	7 (1-150)	4 (1-90)	3 (1-180)

Source: PDI interviews 2005 * 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 0.1-40). Recent crystal users reported using a median of two points (range 0.25-40) during their 'heaviest' use episode. Nearly two-fifths (38%) of recent users reported having used two or more points in a single 'heavy' occasion in the last six months. Thirty-three percent of those that reported recent bingeing had used crystal in their binge.

Crystal use was also quantified in terms of grams, with 45 recent crystal users reporting a median of one gram used in the heavy session (range 0.05-7 grams) and 42 users reporting a median of half a gram used in a typical session (range 0.05-2 gram). Crystal was commonly used among REU in a binge, with thirty-three percent (of those that reported bingeing) having used crystal in their binge.

Half of those who commented reported that they scored crystal from their friends (51%), with known dealers also reported as a common source (38%, Table 21).

The location where users scored was reflective of who they sourced the drug from with, most reporting they scored from a friend's home (44%), followed by dealer's home (32%), their own home (21%) and an agreed public location (17%, Table 21).

Crystal was used in a variety of locations, and the most common location of the last use of crystal was in private homes (friend's 24% or own home 27%, Table 21).

Table 21: Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Scored from (%)									
(% who commented)	(n=238)	(n=45)	(n=20)	(n=23)	(n=7)	(n=28)	(n=49)	(n=25)	(n=41)
Friends	51	42	45	30	29	68	80	36	42
Known dealers	38	33	55	48	86	29	39	28	32
Acquaintances	11	9	10	4	14	14	22	4	5
Workmates	3	2	0	0	0	11	4	8	0
Unknown dealers	6	7	25	0	0	4	6	4	0
Locations scored (%)									
(% who commented)	(n=239)	(n=45)	(n=20)	(n=23)	(n=7)	(n=28)	(n=50)	(n=25)	(n=41)
Friend's home	44	40	40	26	29	54	62	32	39
Dealer's home	32	31	40	30	71	21	36	16	34
Agreed public location	17	16	25	13	14	36	22	8	5
At own home	21	4	15	9	0	39	28	20	29
Nightclub	10	4	20	0	29	4	18	4	10
Private party	6	7	5	0	14	14	8	4	2
Raves*	7	7	0	9	29	0	14	4	2
Pubs	5	4	0	0	0	4	8	8	5
Street	3	2	10	0	0	4	2	4	5
Work	3	2	0	4	0	4	0	4	5

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

Table 21: Source, purchase location and use location of crystalline methamphetamine by jurisdiction, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Usual use venue (%)									
(% who commented)	(n=238)	(n=46)	(n=20)	(n=23)	(n=6)	(n=28)	(n=49)	(n=25)	(n=41)
Nightclub	53	35	68	35	33	57	62	64	59
Raves*	34	26	42	39	0	36	58	8	24
Private party	29	22	21	22	0	46	42	40	17
Friend's home	54	52	32	48	33	54	74	40	59
At own home	50	59	47	48	67	46	54	36	46
Pubs	21	20	11	13	0	29	30	40	7
Dealer's home	16	17	5	17	50	11	17	8	24
Restaurant/café	3	0	5	4	0	11	2	4	2
Public place	13	13	16	4	0	21	20	8	7
Vehicle – passenger	19	13	11	17	0	29	22	44	10
Vehicle – driver	13	11	15	4	0	18	18	16	7
Outdoors	13	13	11	9	17	18	22	8	7
Live music event	21	11	16	9	0	29	36	16	22
Work	9	7	5	4	17	18	10	4	12
Educational institution	2	2	0	4	0	4	0	4	2
Acquaintance's home	8	11	5	4	17	14	6	8	5
Last use venue (%)									
(% who commented)	(n=238)	(n=46)	(n=19)	(n=23)	(n=6)	(n=28)	(n=50)	(n=25)	(n=41)
Nightclub	18	9	32	0	17	32	20	24	15
Friend's home	24	22	21	17	0	11	30	28	34
At own home	27	37	26	35	33	18	18	20	29
Raves*	8	2	11	22	0	7	8	4	10
Private party	6	2	5	9	0	7	8	16	0
Pubs	1	2	0	0	0	4	2	0	0
Work	<1	0	0	0	0	4	0	0	0
Dealer's home	4	7	0	9	33	0	0	0	5
Public place	2	7	0	0	0	4	2	0	0

Source: PDI interviews 2005 *Includes 'doofs' and dance parties

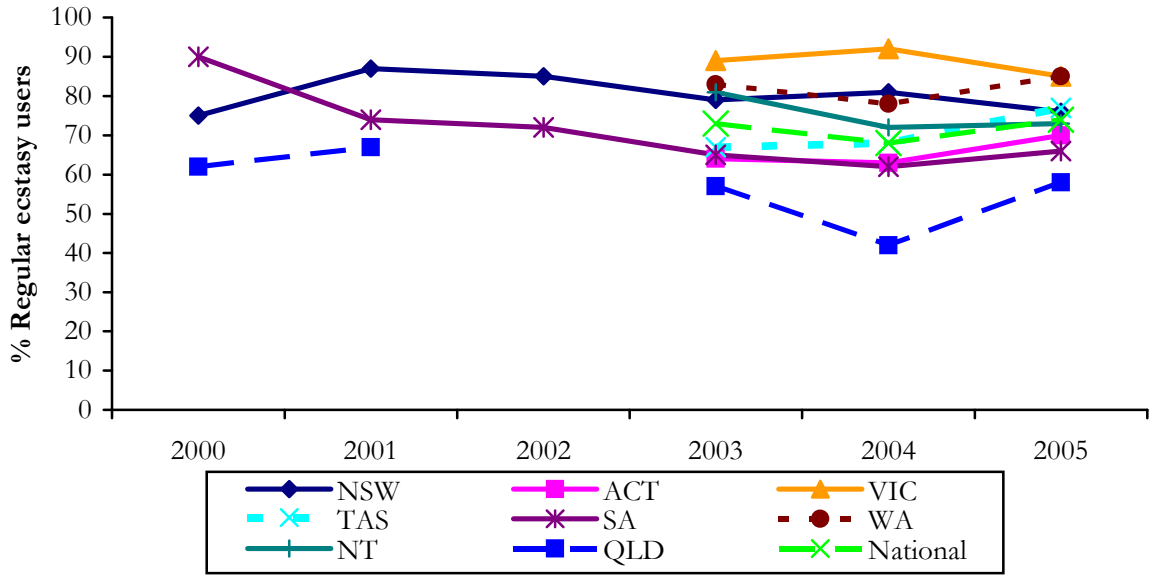
5.1.4 Trends over time

Figures 12, 13 and 14 graphically present the proportion of the sample that reported recent use of the three forms of methamphetamine over time. In NSW, QLD and SA, data has been collected since 2000 (no data was collect from QLD in 2002) and in the remaining of states since 2003.

In the states where data had been collected previously (NSW, QLD and SA), the trends in methamphetamine were mixed. In NSW, the recent use of speed has remained stable across sampling years (74% in 2005). Recent base use in NSW has increased over time, although remained stable from last year (38% in 2005). Reports of recent crystal use in NSW have increased over time; however, recent use decreased from 45% in 2004 to 28% in 2005. In SA over time there was a drop in speed use in 2001; however, recent use of speed has remained fairly stable since. The use of base in SA has increased slightly since 2003 and recent crystal use dropped in 2003 and has remained stable since. In QLD there was a slight increase in the recent use of all three forms in 2005.

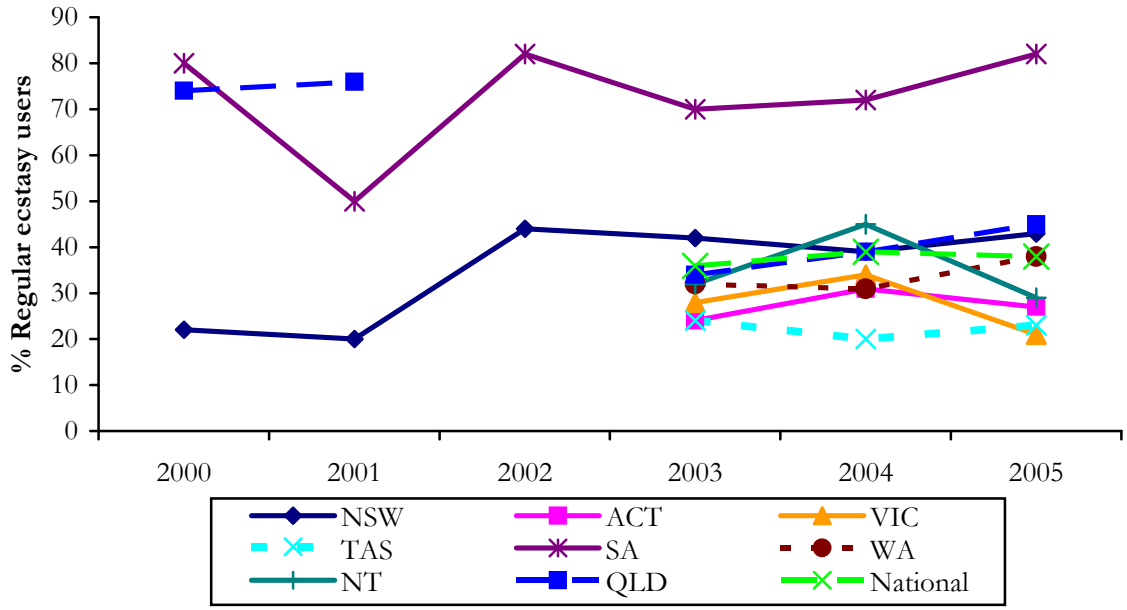
The recent use of speed in the others states remained fairly stable (Figure 12). In 2005, the recent base use remained fairly stable in the other states except the NT and VIC where it decreased (Figure 13). Recent crystal use decreased in the majority of jurisdictions in 2005 (Figure 14).

Figure 12: Proportion of REU that reported recent use of methamphetamine powder (speed) by jurisdiction, 2000-2005



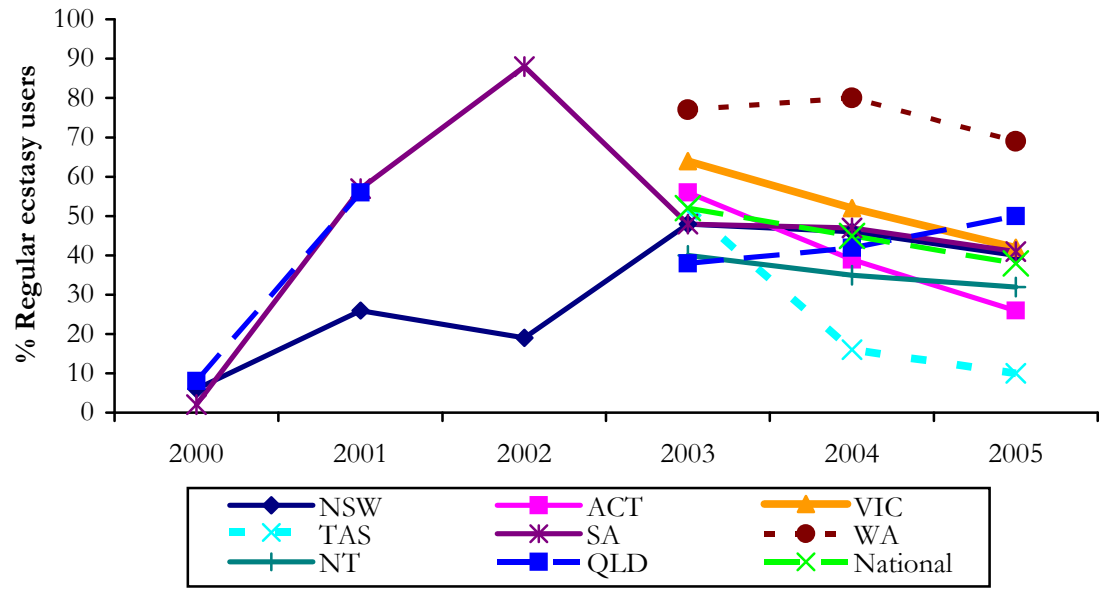
Source: PDI interviews 2005
Data not collected in QLD in 2002

Figure 13: Proportion of REU that reported recent use of methamphetamine base by jurisdiction, 2000-2005



Source: PDI interviews 2005
Data not collected in QLD in 2002

Figure 14: Proportion of REU that reported recent use of crystal methamphetamine by jurisdiction, 2000-2005



Source: PDI interviews 2005
Data not collected in QLD in 2002

5.2 Price

Participants were asked 'How much does methamphetamine (speed, base and ice) cost at the moment?'. In most jurisdictions speed was commonly purchased in grams and points. The median price of a gram of speed varied by jurisdiction, ranging from $60 a gram in NSW to $325 a gram in TAS (Table 22). The median price of a point of speed ranged from $25 (SA and QLD) to $50 (WA and the NT). Speed was also purchased in half grams in NSW for $37.50 ($15-$60, n=14). Eleven participants in VIC also reported purchasing half grams for $100 ($50-$130). Five participants in WA reported a median of $100 ($50-$200), three participants in the NT reported a median price of $150 ($50-$150), two participants in QLD reported a median price of $72.50 ($25-$120) and one participant in the ACT reported a price of $150 for half a gram.

Sixty-one percent (n=497) of the national sample commented on whether the price of speed had changed in the preceding six months. Over half (52%; which was 32% of the entire REU sample) reported the price of speed had remained 'stable' in the preceding six months, 11% (6% of the entire sample) reported that the price had 'decreased', 7% (5% of the entire sample) that price had 'increased' and 23% (14% of the entire sample) 'did not know' (Table 23).

Of those that commented on the current price of base, most participants referred to its purchase in 'points' (Table 22). The median price paid for a point of base varied across jurisdiction and was cheapest in VIC ($22.50) and most expensive in the NT ($75). Numbers that reported buying a gram of base in all jurisdictions except SA and QLD were small (n<10). Nineteen participants in SA reported buying a gram of base for a median price of $200 a gram (range $130-$300) and eleven participants in QLD reported buying a gram of base for a median price of $200 (range ($100-$300).

Twenty-nine percent (n=232) of the national sample commented on whether there had been changes in the price of base. Of those who were able comment, nearly three-fifths (57% or 16% of the entire sample) reported the price of base had remained stable in the preceding six months. Eight percent (2% of entire sample) thought the price of base had decreased (Table 23). Substantial proportions in all jurisdictions were not able to comment on whether there had been a change in price in the preceding six months, probably reflecting low rates of use of this drug and therefore low level of awareness of trends in the market.

Points were the most common purchase amount for crystal methamphetamine, with eighteen percent of the national sample (n=142) having referred to the purchase of crystal in terms of points (Table 22). The median price paid for a point of crystal ranged from $25 in SA to $80 in the NT. Numbers that reported buying a gram of crystal in all jurisdictions except WA, VIC and QLD were small (n<10). Fourteen participants in WA reported buying a gram of crystal for a median price of $350 ($300-$400), twelve participants in VIC reported a median price of $385 ($200-$550) and eleven participants in QLD reported buying a gram of crystal for a median price of $310 (range $175-$600).

Table 22: Median price of various forms of methamphetamine by jurisdiction, 2005

Median price	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Speed								
Gram	n=33 $60 (30-200)	n=19 $80 (20-300)	n=46 $180 (100-280)	n=22 $325 (200-400)	n=28 $65 (20-250)	n=34 $300 (50-400)	n=36 $200 (30-400)	n=21 $180 (30-220)
Point	n=1 $40 (40-40)	n=31 $35 (20-50)	n=16 $30 (20-50)	n=37 $40 (25-50)	n=11 $25 (20-30)	n=16 $50 (25-50)	n=20 $50 (30-80)	n=19 $25 (15-40)
Base								
Point	n=20 $30 (10-200)	n=11 $40 (20-50)	n=2 $22.50 (20-25)	n=11 $50 (40-60)	n=36 $25 (18-50)	n=6 $50 (50-50)	n=16 $75 (40-400)	n=19 $25 (20-50)
Crystal								
Point	n=27 $50 (20-80)	n=14 $35 (25-60)	n=5 $40 (25-40)	n=3 $50 (50-60)	n=12 $25 (20-50)	n=32 $50 (50-50)	n=17 $80 (40-400)	n=32 $50 (18.5-80)

Source: PDI interviews 2005

Thirty-three percent (n=265) of the national sample commented on price change for crystal. Of those that commented, one-quarter (28%, or 9% of entire sample) '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 5% in the ACT to 67% in TAS. This may reflect recent use of this drug. The median duration of crystal use was two years for those that reported crystal use in the last six months, with 14% having first used the drug less than a year before the time of interview and 62% using for two years or less.

Thirty-eight percent of those who commented (12% of the entire REU sample) reported the price of crystal had remained 'stable'. This varied across jurisdictions, ranging from 11% (1% of entire TAS sample) in TAS to 64% (36% of entire WA sample) in WA. Six percent (2% of entire sample) of those that commented reported that the price had 'decreased' and 20% (6% of entire sample) reported that the price had 'increased' in the six months preceding the interview (Table 23).

Table 23: Price changes of methamphetamine by jurisdiction, 2005

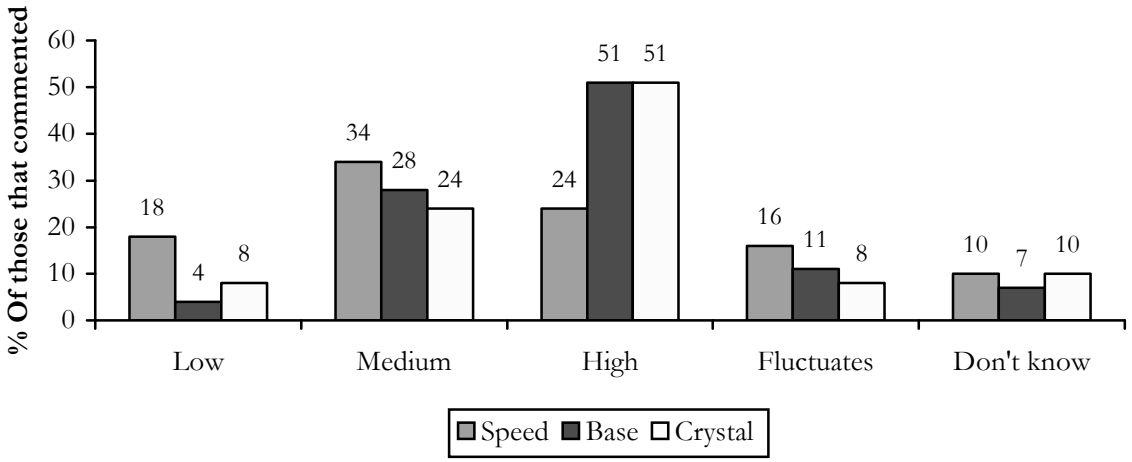
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Speed price changes									
Did not respond (%)	39	33	50	29	42	56	35	21	48
Of those who responded (n)	(n=497)	(n=78)	(n=63)	(n=71)	(n=58)	(n=44)	(n=65)	(n=65)	(n=53)
(% of entire sample)									
Don't know	23 (14)	35 (27)	25 (13)	13 (9)	24 (14)	16 (7)	14 (9)	20 (16)	36 (19)
Decreased	11 (6)	10 (8)	18 (9)	17 (12)	0 (0)	14 (6)	9 (6)	5 (4)	11 (6)
Stable	52 (32)	46 (36)	44 (22)	56 (40)	60 (35)	64 (28)	62 (40)	54 (43)	32 (17)
Increased	7 (5)	8 (6)	5 (2)	7 (5)	7 (4)	0 (0)	6 (4)	15 (12)	9 (5)
Fluctuated	7 (5)	1 (1)	8 (4)	7 (5)	9 (5)	7 (3)	9 (6)	6 (5)	11 (6)
Base price changes									
Did not respond (%)	71	54	83	91	82	37	83	70	67
Of those who responded (n)	(n=232)	(n=46)	(n=21)	(n=9)	(n=18)	(n=63)	(n=17)	(n=25)	(n=33)
(% of entire sample)									
Don't know	25 (7)	41 (19)	14 (2)	44 (4)	39 (7)	13 (8)	18 (3)	16 (5)	30 (10)
Decreased	8 (2)	11 (5)	14 (2)	0 (0)	0 (0)	11 (7)	0 (0)	4 (1)	6 (2)
Stable	57 (16)	44 (20)	52 (9)	56 (5)	50 (9)	73 (46)	47 (8)	64 (20)	49 (16)
Increased	5 (1)	2 (1)	5 (<1)	0 (0)	6 (1)	2 (1)	12 (2)	12 (4)	9 (3)
Fluctuated	6 (2)	2 (1)	14 (2)	0 (0)	6 (1)	2 (1)	24 (4)	4 (1)	6 (2)
Crystal price changes									
Did not respond (%)	67	50	83	76	91	69	41	65	56
Of those who responded (n)	(n=265)	(n=51)	(n=21)	(n=24)	(n=9)	(n=31)	(n=59)	(n=29)	(n=44)
(% of entire sample)									
Don't know	28 (9)	31 (16)	5 (<1)	38 (9)	67 (6)	23 (7)	11 (6)	48 (17)	34 (15)
Decreased	6 (2)	8 (4)	10 (2)	4 (1)	0 (0)	0 (0)	7 (4)	3 (1)	9 (4)
Stable	38 (12)	28 (14)	43 (7)	29 (7)	11 (1)	48 (15)	64 (36)	38 (13)	16 (7)
Increased	20 (6)	24 (12)	29 (5)	29 (7)	22 (2)	19 (6)	9 (5)	3 (1)	30 (13)
Fluctuated	9 (3)	10 (5)	14 (2)	0 (0)	0 (0)	10 (3)	9 (5)	7 (2)	11 (5)

Source: PDI interviews 2005

5.3 Purity

Participants were asked what the current purity or strength of speed, base and crystal were in the last six months. Sixty-one percent of the national sample commented on the purity of speed, 33% commented on the purity of crystal and 29% commented on the purity of base. The majority of those who commented reported the purity of speed (58%, or 35% of entire sample), base (79%, or 22% of entire sample) and crystal (75%, or 24% or entire sample) to be 'medium' or 'high' (Figure 15). Small proportions reported the current strength of speed (18%), base (4%) or crystal (8%) to be 'low'.

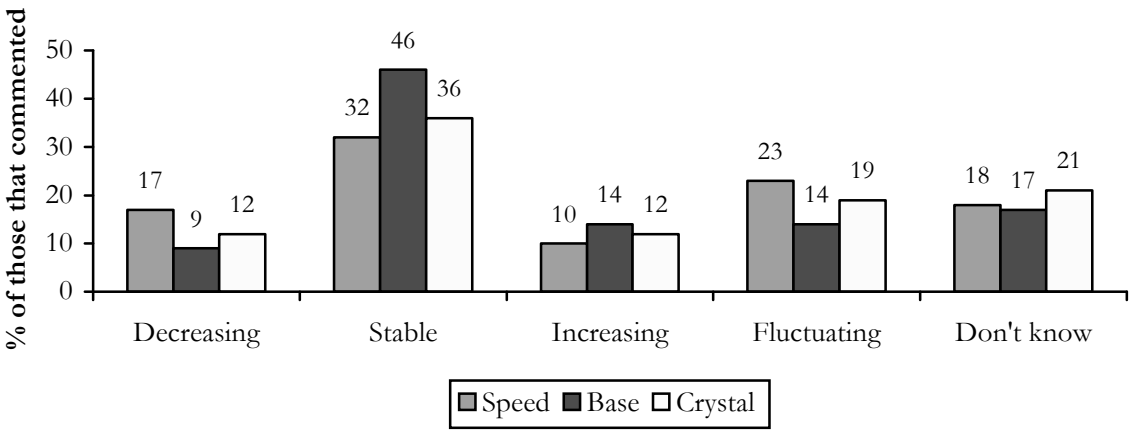
Figure 15: National REU reports of current methamphetamine* purity, 2005



Source: PDI interviews 2005
* Among those who commented (speed n=497, base n=232, crystal n=265)

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 16). Larger proportions of speed (23%, or 14% of entire REU sample) and crystal (19%, or 6% of entire sample) users reported that purity had 'fluctuated' than base users (14%, or 4% of entire sample).

Figure 16: National REU reports of recent change in methamphetamine* purity, 2005



Source: PDI interviews 2005. * Among those who commented (speed n=497, base n=232, crystal n=265)

As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC) has provided the purity figures for state police and AFP seizures. At present, it is not feasible to distinguish the average purity of speed from the more potent forms of, base and ice. Therefore, median methamphetamine purity figures for 2004/05 displayed in Figure 17 reflect purity of seizures of all methamphetamine forms (i.e. speed, base and crystal) combined.

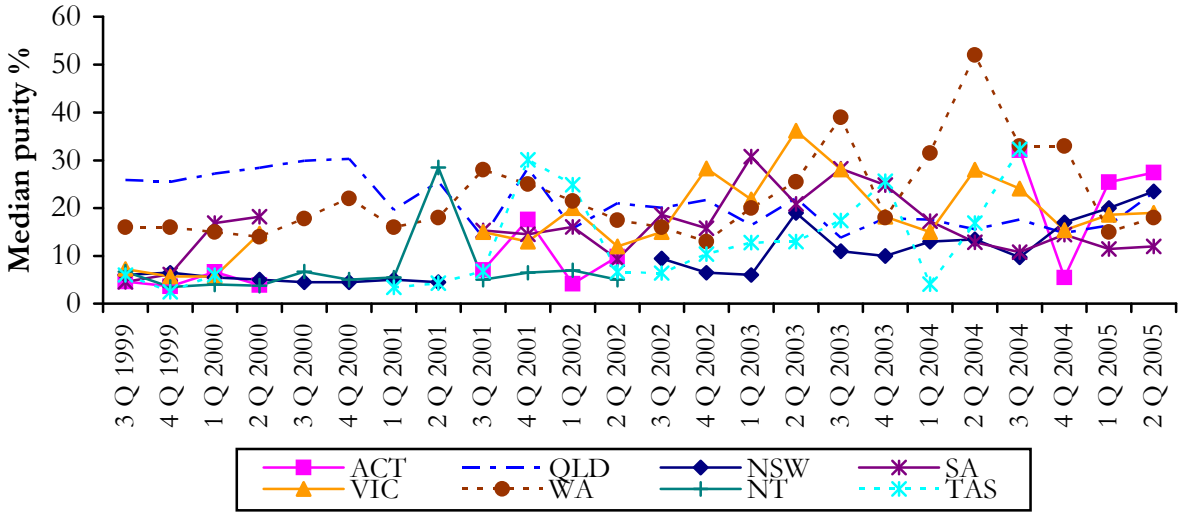
Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from this purity data remains difficult (Australian Crime Commission 2006).

Finally, the purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process and the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported. During 2004/05, forensic analysis of seizures of methylamphetamine in Australia revealed purity levels ranging from less than 1% to 86%. This wide range in purity should be considered when looking at the median purity figures presented.

As with the heroin purity, the figures reported include seizures ≤ 2 grams and >2 grams, reflecting both street and larger seizures. For Figures 24 and 25 the following caveat applies:; figures do not represent the purity levels of all methylamphetamine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia, Tasmania and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of methylamphetamine seized by police in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Figure 17 shows the median purity across jurisdictions of methylamphetamine 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 methylamphetamine at a national level, although overall, the median purity generally remains low at less than 35%, except in WA where the purity reached a high of 52% in the second quarter of 2004.

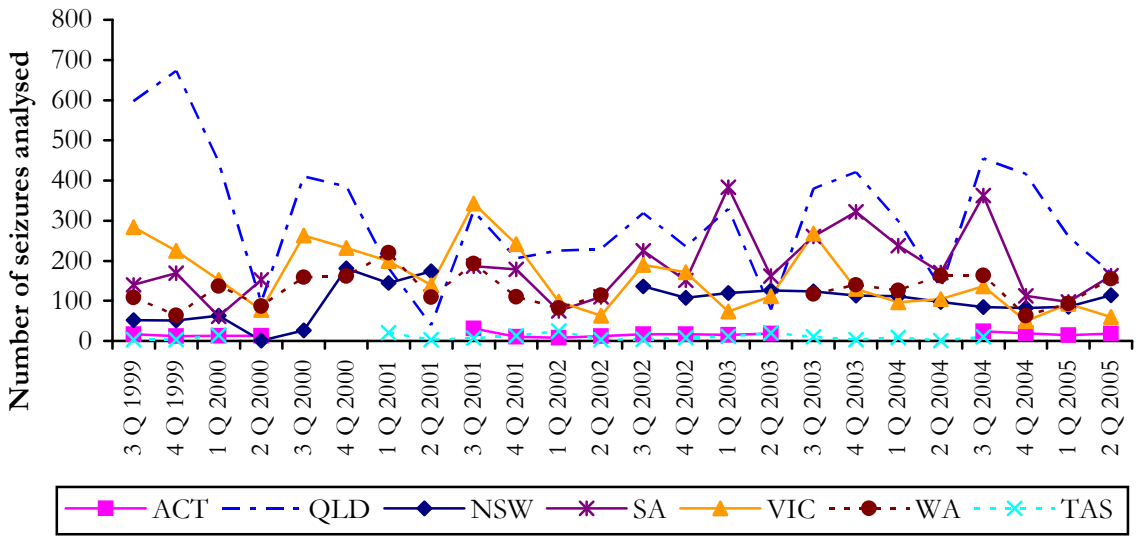
Figure 17: Median purity of methylamphetamine seizures analysed by state police by jurisdiction, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005 1. Seizures ≤2g and >2g combined. 2001/02 data not available for NSW. 2002/03 data not available for NT. In 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT.

The number of seizures analysed shows no clear trend (Figure 18). As mentioned previously, not all seizures are analysed, so these data do not provide an indication of whether there have been changes in the number of seizures made. Instead, it provides an indication of how many seizures contribute to the median purity presented in Figure 17.

Figure 18: Number of methamphetamine seizures analysed by state police by jurisdiction, 1999-2005



Source: ABCI 2000, 2001, 2002. ACC 2003, 2004 & 2005. 2001/02 not available for NSW. 2002/03 data not available for the NT. In 2003/04 and 2004/05 no methamphetamine seizures were analysed for the NT.

There were only limited AFP seizures analysed. In the 2004/05 financial year, there were only four AFP seizures analysed in QLD with a median purity of 58.5% and two AFP seizures

analysed in NSW with a median purity of 4%. There were no methamphetamine AFP seizures analysed in the other states in 2004/05.

5.4 Availability

Sixty-one percent of the national sample commented on the recent availability of speed; the majority (79%) reported it to be 'very easy' (40%, or 24% of entire sample) or 'easy' (39%, or 24% of entire sample) to obtain. This was relatively consistent across jurisdictions (Table 24).

Nearly three-fifths (58%, 36% of entire sample) 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' (14%, or 8% of entire sample) or 'more difficult' (14% or 8% of entire sample). Although the highest proportion in each state reported speed availability had remained 'stable', there was some variation across jurisdiction with substantial proportions in QLD reporting it had become 'more difficult' (23%, or 12% of entire QLD sample), while the ACT (25%, or 13% of entire ACT sample) and SA (23%, or 10% of entire SA sample) reported it as 'easier' (Table 24).

Table 24: Availability of methamphetamine speed by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond (%)	39	23	50	29	42	56	35	21	48
Of those who responded (n)	(n=497)	(n=78)	(n=63)	(n=71)	(n=58)	(n=44)	(n=65)	(n=65)	(n=53)
(% of entire sample)									
Don't know	5 (3)	5 (4)	2 (<1)	0 (0)	9 (5)	5 (2)	2 (1)	14(11)	4 (2)
Very easy	40 (24)	51(40)	30(15)	49(35)	28(16)	39(17)	48(31)	35(28)	32(17)
Easy	39 (24)	28(22)	51(25)	42(30)	47(27)	32(14)	45(29)	32(26)	40(21)
Difficult	14 (9)	14(11)	16(8)	9 (6)	17(10)	21 (9)	6 (4)	14(11)	21(11)
Very difficult	2 (1)	1 (1)	2 (<1)	0 (0)	0 (0)	5 (2)	0 (0)	5 (4)	4 (2)
Availability changes (%)									
Did no respond (%)	39	23	50	29	42	56	35	21	48
Of those who responded (n)	(n=497)	(n=78)	(n=63)	(n=71)	(n=58)	(n=44)	(n=65)	(n=65)	(n=53)
(% of entire sample)									
Don't know	10 (6)	8 (6)	5 (2)	3 (2)	17(10)	9 (4)	5 (3)	20(16)	13 (7)
Easier	14 (8)	9 (7)	25(13)	10 (7)	14 (8)	23(10)	8 (5)	12(10)	11 (6)
Stable	58 (36)	69(54)	56(28)	78(55)	50(29)	50(22)	57(37)	51(40)	47(25)
More difficult	14 (8)	13(10)	10 (5)	10 (7)	16 (9)	14 (6)	17(11)	11 (9)	23(12)
Fluctuates	5 (3)	1 (1)	5 (2)	0 (0)	3 (2)	5 (2)	14 (9)	6 (5)	6 (3)

Source: PDI interviews 2005

About one-third (29%) of the national sample commented on the current availability of base. The majority reported that it was 'very easy' (30%, or 9% of entire sample) or 'easy' (41%, or 12% of entire sample) to obtain. Of those able to comment 22% (6% of entire sample) reported that it was 'difficult' to obtain, with substantial proportions in the NT (40%, or 12% of entire NT sample), TAS (33%, or 6% of entire TAS sample), the ACT and WA (29% each, or 5% of entire ACT and WA samples) reporting it as 'difficult' to obtain (Table 25).

Nearly three-fifths (56% or 16% of entire sample) of the respondents commenting on base reported that the availability had remained 'stable', with similar proportions reporting it had become 'easier' (17% or 5% of entire sample) or 'more difficult' (14% or 4% of entire sample) to obtain in the preceding six months. Across jurisdictions at least half of those that commented reported that the availability of base remained 'stable' (Table 25).

Table 25: Availability of methamphetamine base by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond	71	54	83	91	82	37	83	70	67
Of those who responded (n)	(n=232)	(n=46)	(n=21)	(n=9)	(n=18)	(n=63)	(n=17)	(n=25)	(n=33)
(% of entire sample)									
Don't know	5 (1)	4 (2)	0 (0)	0 (0)	11 (2)	0 (0)	6 (1)	12 (4)	9 (3)
Very easy	30 (9)	26(12)	33 (6)	11 (1)	28 (5)	48(30)	24 (4)	4 (1)	27 (9)
Easy	41 (12)	44(10)	38 (6)	56 (5)	28 (5)	44(28)	41 (7)	40(12)	36(12)
Difficult	22 (6)	24(11)	29 (5)	22 (2)	33 (6)	8 (5)	29 (5)	40(12)	21 (7)
Very difficult	2 (<1)	2 (1)	0 (0)	11 (1)	0 (0)	0 (0)	0 (0)	4 (1)	6 (2)
Availability changes (%)									
Did not respond	71	54	83	91	82	37	83	70	67
Of those who responded (n)	(n=232)	(n=46)	(n=21)	(n=9)	(n=18)	(n=63)	(n=17)	(n=25)	(n=33)
(% of entire sample)									
Don't know	10 (3)	7 (3)	5 (<1)	22 (2)	22 (4)	2 (1)	12 (2)	20 (6)	15 (5)
Easier	17 (5)	33(15)	29 (5)	11 (1)	17 (3)	16(10)	6 (1)	4 (1)	9 (3)
Stable	56 (16)	50(23)	57(10)	55 (5)	44 (8)	71(45)	59(10)	48(15)	46(15)
More difficult	14 (4)	11 (5)	10 (1)	11 (1)	17 (3)	8 (5)	24 (4)	16 (5)	27 (9)
Fluctuates	3 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	3 (2)	0 (0)	12 (4)	3 (1)

Source: PDI interviews 2005

One-third (33%) of the national sample commented on the availability of crystal. Thirty-nine percent of those that commented (13% of entire sample) believed the availability of crystal to be 'easy' to obtain. Substantial proportions in all jurisdictions also reported the availability of crystal was 'difficult' to obtain, ranging from 16% (10% of entire SA sample) in SA to 56% (5% of entire TAS sample) in TAS. Twenty-two percent (7% of entire sample) of those who commented reported the availability of crystal as 'very easy' to obtain and 7% (2% of entire sample) reported it as 'very difficult' (Table 26).

Two-fifths (40%, 51% in 2004) reported that the availability of crystal had remained 'stable' in the preceding six months, ranging from 16% (7% of entire QLD sample) in QLD to 62% (10% of entire ACT sample) in the ACT. Twenty percent (7% of entire sample) of those that commented reported that the availability of crystal had become 'easier' while 23% (8% of entire sample) reported it as 'more difficult' (Table 26).

Table 26: Availability of crystalline methamphetamine by jurisdiction, 2005

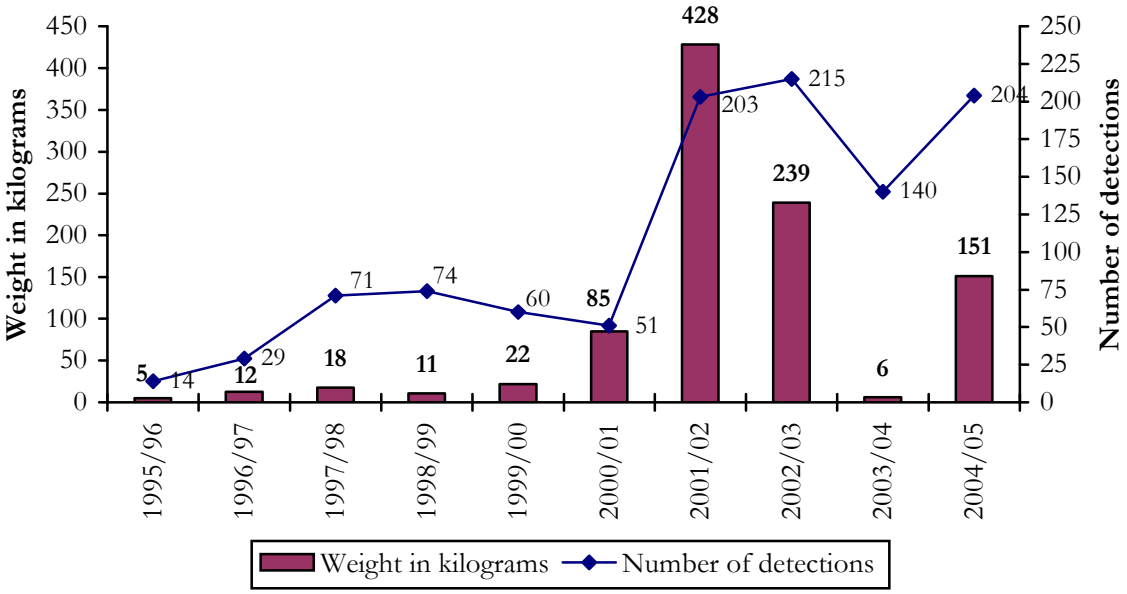
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond	67	50	83	76	91	69	44	66	56
Of those who responded (n)	(n=264)	(n=51)	(n=21)	(n=24)	(n=9)	(n=31)	(n=56)	(n=28)	(n=44)
(% of entire sample)									
Don't know	3 (1)	6 (3)	0 (0)	0 (0)	11 (1)	3 (1)	0 (0)	11 (4)	2 (1)
Very easy	22 (7)	22(11)	38 (6)	13 (3)	0 (0)	29 (9)	30(17)	7 (2)	16 (7)
Easy	39(13)	37(19)	38 (6)	33 (8)	11 (1)	52(16)	50(28)	25 (9)	34(15)
Difficult	30(10)	33(17)	24 (4)	42(10)	56 (5)	16(10)	18(10)	50(17)	27(12)
Very difficult	7 (2)	2 (1)	0 (0)	13 (3)	22 (2)	0 (0)	2 (1)	7 (2)	21 (9)
Availability changes (%)									
Did not respond	67	50	83	76	91	69	44	65	56
Of those who responded (n)	(n=265)	(n=51)	(n=21)	(n=24)	(n=9)	(n=31)	(n=56)	(n=29)	(n=44)
(% of entire sample)									
Don't know	7 (2)	12 (6)	0 (0)	8 (2)	44 (4)	7 (2)	0 (0)	10 (4)	5 (2)
Easier	20 (7)	17(10)	19 (3)	25 (6)	11 (1)	13 (4)	20(11)	10 (4)	34(15)
Stable	40(13)	37(19)	62(10)	33 (8)	22 (2)	61(19)	43(24)	52(18)	16 (7)
More difficult	23 (8)	24(12)	19 (3)	29 (7)	22 (2)	16 (5)	21(12)	14 (5)	36(16)
Fluctuates	9 (3)	8 (4)	0 (0)	4 (1)	0 (0)	3 (1)	16 (9)	14 (5)	9 (4)

Source: PDI interviews 2005

5.4.1 Amphetamine-type stimulants detected at the Australian border

Data provided by the Australian Customs Service show the weight and number of detections of amphetamine-type stimulants at the Australian border. In 2004/05 the number (204) and weight (151kgs) of the detections has increased since 2003/04 (Figure 19).

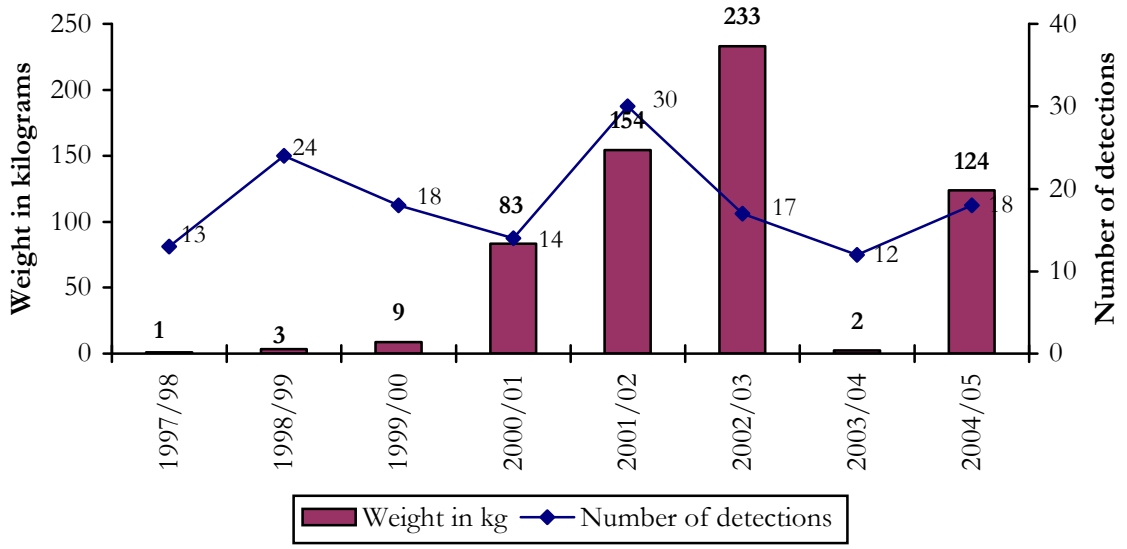
Figure 19: Total weight and number of amphetamine-type stimulants* detected at the border by the Australian Customs Service, financial years 1995/96-2004/05



Source: Australian Customs Service 2005
*Includes amphetamine detections, methamphetamine and crystalline methamphetamine (ice) detections but excludes MDMA

In 2003/04 there was a decrease in the weight of crystalline methamphetamine detected at the Australian border; however, in 2004/05 this increased substantially from 2kgs to 124 kgs (Figure 20). Also seen was an increase in the number of detections from 12 in 2003/04 to 124 in 2004/05.

Figure 20: Total number and weight of crystalline methamphetamine (ice) detected at the border by the Australian Customs Service, financial years 1997/98-2004/05



Source: Australian Customs Service 2005

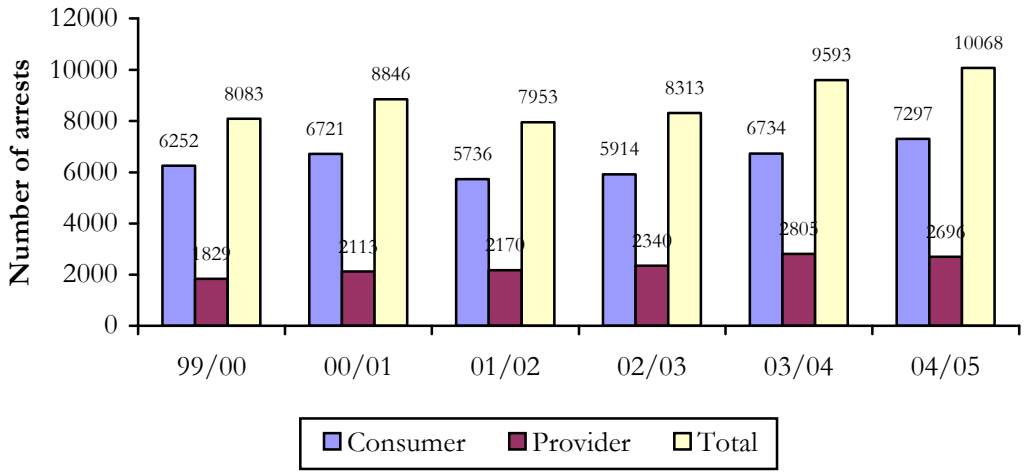
5.5 Methamphetamine-related harms

5.5.1 Law enforcement

Consumer and provider arrests Australia-wide increased from 9,593 in 2003/04 to 10,068 in 2004/05. The slight decrease in the number of consumer and provider arrests in 2001/02 (7,953) was consistent with the 2002 IDRS IDU data, which suggested that, although substantial proportions of IDU continued to use methamphetamines, frequency of use stabilised or decreased (Figure 21).

It should be noted that changes in patterns of arrest can reflect changes in the activity of police, as well as of the users or suppliers of illicit drugs. A number of jurisdictions do not differentiate between arrests connected with amphetamine-type stimulants and phenethylamines (the class of drugs to which ecstasy (MDMA belongs), so these classes have been aggregated (Australian Crime Commission 2006).

Figure 21: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2004/05



Source: ABCI, 2001, 2002; ACC 2003, 2004 & 2005. Total may exceed the sum of the components – total includes those offenders for whom consumer/provider status was not stated.

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

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

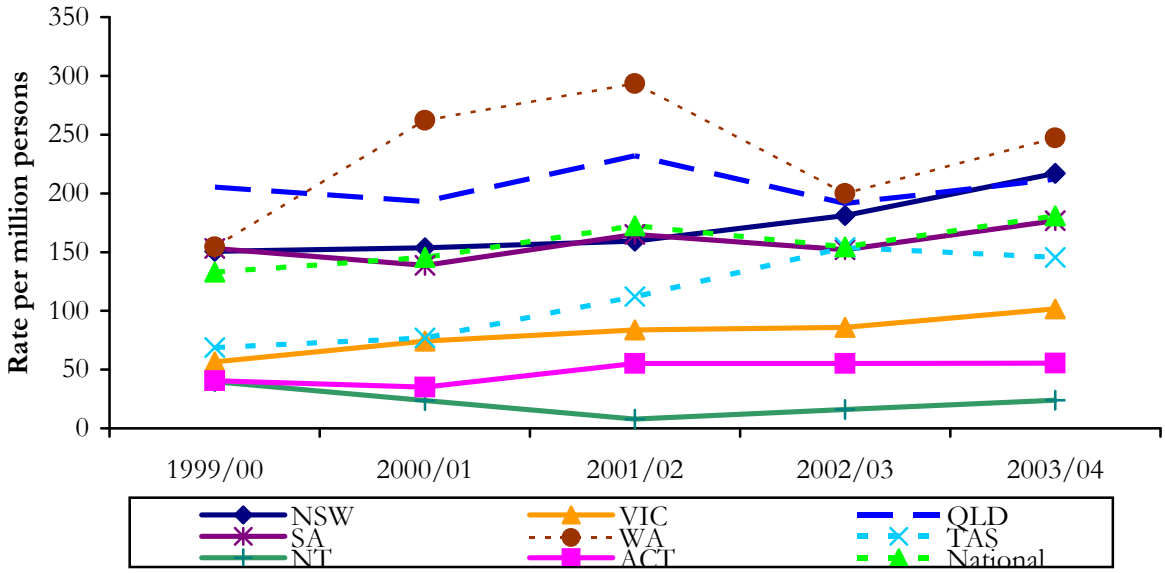
5.5.2 Health

Morbidity - Hospital separations

Data from the National Hospital Morbidity Database (NHMD), managed by the AIHW, shows national inpatient hospital admissions for amphetamines since 1999/00 (Figure 22). In 2003/04 the number of inpatient hospital admissions decreased from 284 per million persons in 2002/03 to 181 per million persons. Since 2000/01, WA has had the highest rate of hospital admissions of

all states, reaching a peak of 293 per million persons aged 15-54 years in 2001/02. In 2003/04, WA (247 hospital admissions per million persons) continued to have the highest rate of inpatient hospital admissions for amphetamines, followed by NSW (217 hospital admissions per million persons). This is consistent with IDU survey data, in which the highest rates of methamphetamine use were reported in WA.

Figure 22: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million persons aged 15-54 years, by jurisdiction, 1999/00-2003/04



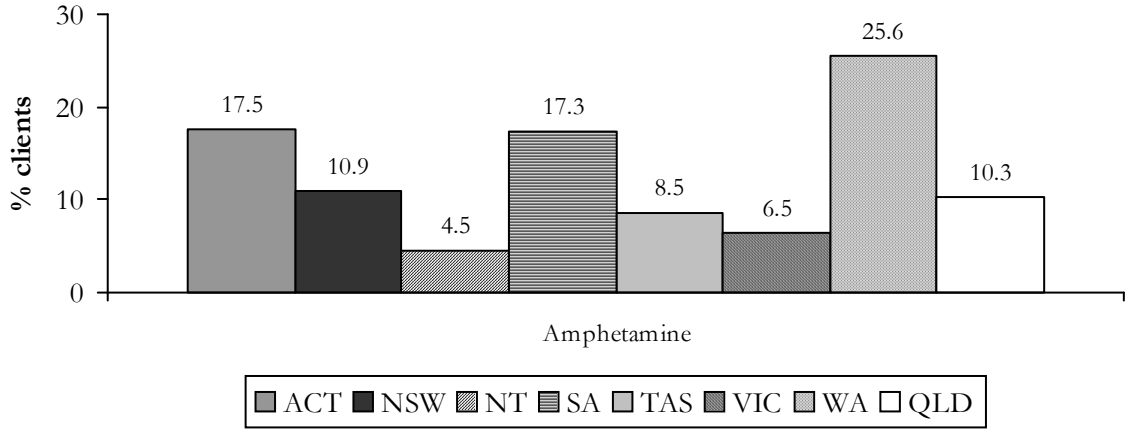
Source: Australian Institute of Health and Welfare (AIHW), ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments. *From 2001, numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit . Note: Diagnoses for the period 1998 to 2004 were coded using ICD-10-AM codes (First edition for 1998/99 and 1999/00, Second edition for 2000/01 and 2001/02, and Third edition for 2002/03 and 2003/04), and, prior to this, ICD-9-CM was used to code hospital separations.

In 2000/01 there were 2,384 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 drug-related psychotic episodes, followed by dependence and harmful use (Roxburgh and Degenhardt in press).

Treatment

Data from the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS-NMDS) indicate that in 2003/04 WA had the highest proportion of closed treatment episodes for people who identified amphetamine as their drug of concern (26%), followed by the ACT (18%), SA (17%), NSW (11%) and 10% or under in the other states (Australian Institute of Health and Welfare 2005).

Figure 23: Proportion of closed treatment episodes for clients who identified amphetamine as their principle drug of concern (excluding pharmacotherapy) by jurisdiction, 2003/04*



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

Of the 129,331 closed treatment episodes in Australia in 2003/04, 11% nominated amphetamines as their principle drug of concern (Australian Institute of Health and Welfare 2005). This excludes clients that are seeking advice for other drugs. Nationally, amphetamines were the fourth most common principal drug of concern to clients in closed treatment episodes after alcohol, cannabis and heroin.

Mortality

Recently, Australian Bureau of Statistics (ABS) data on accidental deaths due to poisoning by methamphetamine, due to methamphetamine use (usually dependence), or drug-induced deaths where methamphetamine was mentioned were analysed(Degenhardt, Roxburgh et al. 2006). In 2004, there was a total of 75 'drug-induced' deaths in which methamphetamine was mentioned among those aged 15 to 54 years. This represents an increase from 50 methamphetamine-related deaths in 2003. Just under half of these deaths (44%) occurred in New South Wales (n=33). Just under one-third (28%) of these deaths occurred in Victoria, and 15% occurred in Western Australia. Methamphetamine was determined to be the underlying cause of death in 22% (n = 17) of all methamphetamine-related deaths in 2004. The rate of methamphetamine-related deaths among those aged 15 to 54 years increased to 6.6 per million persons in 2004, from 4.4 in 2003.

5.6 Jurisdictional trends in methamphetamine use

5.6.1 NSW

The lifetime use of crystal decreased slightly in 2005, as did the recent use of both crystal and speed. However, the recent use of base increased slightly. KE reports of speed use indicated that speed was becoming less popular, while crystal was becoming more popular, and that these two drugs appeared to cycle amongst themselves. KE reports indicated that base was rarely used.

Speed and base were most commonly used in nightclubs, followed by friends' homes or at their own homes. Crystal was most commonly used in their own homes or at friends' homes.

Speed was most commonly purchased in gram amounts for a median of $60, remaining stable from 2004. A 'point' of base was purchased for $30, a further reduction from $37.50 in 2004, while the price of crystal increased to $50 a 'point' from $40 in 2004. More than half of the respondents were able to comment on price change, perhaps reflecting increased exposure to these drugs.

The purity of all forms of methamphetamine was reported by most respondents to be of 'high' or 'medium' purity and the majority reported that the purity had remained 'stable' over the preceding six months. Speed and base were reported to be either 'easy' or 'very easy' to obtain. Mixed reports were provided for crystal; respondents reported that crystal was 'easy' or 'difficult' to obtain. The majority reported that the availability of all methamphetamines had remained 'stable' in the preceding six months.

All forms of methamphetamine were most commonly purchased from friends and known dealers and most likely to have been purchased from private residences including friends' and dealers' homes.

5.6.2 ACT

Approximately three-quarters of the 2005 ACT PDI sample had used some form of methamphetamine in the preceding six months. The predominant form of methamphetamine used recently by REU in the ACT was speed, followed by base and crystal methamphetamine. In 2005 for the second consecutive year, there was a significant decrease in the proportion of REU who reported the recent use of crystal methamphetamine or 'ice'.

The majority of REU commenting on each form of methamphetamine reported that the price had remained 'stable' over the past six months. The median price paid for a point of methamphetamine varied slightly according to each form: speed ($35), base ($40) and crystal methamphetamine ($35).

When commenting on the current purity of each methamphetamine form, most respondents reported that each form was 'medium' to 'high' in purity. The reports of REU indicated that whereas the purity of base and crystal methamphetamine were believed to have remained relatively 'stable' over the six months prior, there was an increase in the proportion of REU who reported that the purity of speed had 'decreased' during this period of time.

Speed, base and crystal methamphetamine were reported by REU to be 'easy' to 'very easy' to obtain in the ACT, and the ease with which each form could be obtained over the six months prior to interview had remained 'stable'. Similar to ecstasy, the people from whom participants reported usually scoring methamphetamine were friends and known dealers.

5.6.3 VIC

Nearly all participants (97%) reported lifetime methamphetamine powder (speed) use and the majority (85%) had used speed in the preceding six months. Those participants that reported speed use in the preceding six months had used it on a median of 10 days (range 1-80). Over half (55%) of those participants who reported that they typically used drugs in conjunction with ecstasy reported that they usually used speed in conjunction with ecstasy. Of those who reporting bingeing, speed (72%) was the second most popular drug used during binges, behind ecstasy (96%).

The median amount of speed used in a 'typical' episode was half a gram (range 0.05-1) and the median amount used in the 'heaviest' session was one gram (range 0.01-5; Table 11).

Snorting (91%) was the most commonly reported route of speed administration, although there was a higher proportion of the 2005 sample reported smoking speed (45%) than in 2003 (20%) and 2004 (6%) samples.

Just over one-third of the participants (34%) reported lifetime methamphetamine base (base) use and less than one-quarter (21%) reported using base in the preceding six months. Those participants that reported using base in the preceding six months (n=21) had done so relatively infrequently, on a median of three days (range 1-70). Base was only used by small numbers of participants in conjunction with ecstasy and during binges. The majority (81%) of participants that reported using base in the preceding six months had swallowed it. Nearly two-fifths (38%) reported snorting base, with 38% reporting smoking base and 24% reporting injecting it in the previous six months.

The patterns of base use are comparable over the three years that data has been collected in Victoria, reflecting relatively low levels of lifetime and recent use in the REU samples, and low frequency of use by those reporting recent use.

Nearly three-quarters of participants (71%) reported lifetime crystal methamphetamine use and two-fifths (42%) reported using crystal methamphetamine in the preceding six months. Crystal methamphetamine was used relatively infrequently in the preceding six months, with those participants that reported use of crystal meth in the preceding six months doing so on a median of 4.5 days (range 1-100). Crystal meth was reported by only a small proportion of participants as typically being used in conjunction with ecstasy or during the comedown. Less than one-third of those who reported bingeing in the preceding six months reported that they had used crystal methamphetamine when doing so.

The median amount of crystal meth used in a 'typical' episode was one point (range 0.13-5) and the median amount used in the 'heaviest' session was two points (range 0.5-5). Most (83%) participants that reported using crystal methamphetamine in the preceding six months had smoked it.

In terms of price, participants reported a median of $180 per gram ($30 per point) for speed, a median price of $22.50 per point for base, and a median of $40 per point for crystal meth.

5.6.4 TAS

Methamphetamine use was common among the group of REU. Over three-quarters (78%) had used some form of methamphetamine on a median frequency of six occasions during this period, or approximately monthly.

Use of methamphetamine powder was most common and was typically swallowed or snorted less than once a month in small amounts (0.1g) with a slight decrease in the frequency of use observed relative to 2004.

The lifetime (29%) and recent (10%) use of crystal methamphetamine among the 2005 sample is considerably lower in comparison to 2003 when over half (52%) of the sample had recently used the drug. Those that had recently used crystal methamphetamine typically injected or swallowed the drug, whereas the most common route of administration among the 2003 and 2004 samples was smoking.

Methamphetamine powder and base were typically used at venues such as dance events or nightclubs, whereas crystal methamphetamine was more likely to be used at private residences.

Less people were able to confidently comment on the price, purity and availability of methamphetamine base and crystal methamphetamine relative to methamphetamine powder. As such, estimates for these forms should be interpreted with caution.

The median price for 0.1 g of methamphetamine powder was $40 which is consistent with the price reported in 2004 but $10 less than the price reported in 2003. The median price for 0.1 gram of methamphetamine base and crystal methamphetamine was higher at $50 and this has remained stable over the past three years.

Consistent with previous years, the purity of methamphetamine base and crystal methamphetamine was considered to be higher than methamphetamine powder. There was little evidence for any recent changes in the purity of any methamphetamine form.

Methamphetamine powder was considered to be 'easy' or 'very easy' to obtain, reports on the availability of methamphetamine base were varied, and crystal methamphetamine was typically considered to be 'difficult' or 'very difficult' to obtain. The current and previous year's data, as well as anecdotal reports of KE, suggest that the availability of crystal methamphetamine in Hobart has decreased substantially since 2003.

5.6.5 SA

In 2005, the proportions of REU reporting both lifetime and recent use of all forms of methamphetamine was stable compared to 2004, with the exception of recent use of base methamphetamine, which increased from 72% in 2004 to 82% in 2005. The largest proportion of the REU sample reported recent use of base (82%), followed by powder (66%) and crystal (41%), in 2005.

The frequency of recent methamphetamine use was somewhat different for the three forms of methamphetamine (a median of 8 days for powder, 12 days for base and 6 days for crystal). Frequency of use of powder and crystal forms remained stable, but frequency of base use doubled compared to 2004.

An increase in both lifetime and recent smoking of crystal methamphetamine was noted. There was some support of increased smoking of crystal among REU from KE reports. Overall prevalence of recent use of any form of methamphetamine has remained relatively stable compared to the previous two years.

There were some small differences in the most commonly reported locations of usual use between the different types of methamphetamine, but overall the most common locations REU

reported *usually* using methamphetamine were nightclubs, friends' homes, their own home, raves/dance parties, private parties or pubs.

In comparison to 2004, there appears to have been little change in price or purity of all forms of methamphetamine.

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

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

In 2005, thirteen percent of recent methamphetamine users were found to fit the criteria of clinically significant dependence on the drug, according to the Severity of Dependence Scale.

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

5.6.6 WA

There were no significant changes in prevalence of lifetime and recent use of speed. In 2005, 94% reported ever using speed compared to 88% in 2004, and 85% reported use of speed in the last six months compared to 78% in 2004. While recent use of base remained comparable across years (31% in 2004 versus 38% in 2005), lifetime use of base increased from 46% in 2004 to 59% in 2005. Conversely, lifetime use of crystal was the same across survey years (89% in 2004 versus 88% in 2005), while there was a significant decrease in recent use from 80% in 2004 to 69% in 2005.

Among those in 2005 who had recently used methamphetamine, the median number of days used in the previous six months was 10 days for speed, 7 days for crystal and 4.5 days for base. Method of administration differed according to form, with speed most commonly snorted (88%), crystal most commonly smoked (77%) and base most commonly swallowed (63%).

The median price per point for all forms of methamphetamine was $50, as reported in previous survey years. A gram of speed cost the same as last year at $300. A gram of base slightly increased from $300 in 2004 to $325 in 2005, while a gram of crystal decreased from $400 in 2004 to $350 in 2005.

In both 2004 and 2005, the majority of participants rated current purity of all forms of methamphetamine as 'medium' or 'high'. With regards to changes in purity during the previous six months, 34% in both years rated speed as 'fluctuating'. In 2004, crystal was rated by the greatest proportion as 'stable' (32%) compared to 'fluctuating' in 2005 (31%), and base was rated by most as 'stable' in 2004 (43%) compared to equal ratings of 'stable' and 'decreasing' in 2005 (29% each).

Availability of base was reported by the majority as 'easy' in both years, although the proportion decreased from 57% in 2004 to 41% in 2005. Speed was rated by most in 2004 as 'easy' to obtain (42%) compared to 'very easy' in 2005 (48%). Conversely, the greatest proportion rated availability of crystal as 'very easy' in 2004 (61%) compared to 'easy' in 2005 (50%). For all forms of methamphetamine, the majority of participants rated availability in the previous six months as 'stable' in both years. Although availability remained high, the findings suggest that speed has

become 'easier' to obtain while crystal is less accessible and this may account for changes in rates of recent use.

All forms of methamphetamine were most commonly purchased from friends at a friend's home. Usual location of use for speed was nightclubs (81%), while crystal was most commonly used at a friend's home (74%), and base was typically used at home (79%).

5.6.7 NT

In 2005 the majority of the sample had used speed (73%, 72% in 2004) in the past six months and substantial proportions had used base (29%, 45% in 2004) and crystal (32%, 35% in 2004).

The average age for methamphetamine initiation remained consistent in 2004 and 2005 - speed 18 years, base 20 years and crystal 20 years.

In both years, a quarter (25% in 2004, 27% in 2005) reported that they had used speed weekly or more in the six months preceding the interview. In 2005, 17% had used base (25% in 2004) and 8% used crystal (12% in 2004) at the same frequency.

In 2005 the 'average' usual amount of speed used increased from half a gram to one gram and the 'heavy' amount used remained stable at one gram. Bingeing with speed amongst the recent speed users declined from 53% in 2004 to 41% in 2005.

In both years the average amount of base used in a 'typical' and 'heavy' session was one point. In 2004, 22% had recently binged with base, in 2005 this figure increased to 33%.

On average, crystal users reported typically using one point in both years. In 2004 two points were used in a heavy episode, decreasing to one and a half points in 2005. Recent bingeing with crystal remained constant (20% in 2004 and 19% in 2005).

Recent injection of all forms of methamphetamine by recent users increased in 2005 compared to 2004 – speed 14% vs. 35%, base 22% vs. 54%, and crystal 24% vs. 35%. However, swallowing remained the predominant recent route of administration for all forms of methamphetamine.

Forty six percent of the current sample (41% in 2004) had ever used pharmaceutical stimulants at an average age of 19 years. Thirty six percent reported using weekly or more. A majority of the recent users swallowed pharmaceutical stimulants and one-quarter had recently injected them.

In 2005 speed was most commonly purchased for a median of $200 per gram ($100 in 2004), base for a median of $75 per point ($50 in 2004) and crystal for a median of $80 per point ($50 in 2004). A majority of respondents in both years said this price had been stable in the previous six months.

When commenting on the purity, the most nominated categories were: for speed 'low', base 'medium' and for crystal 'high'. All forms of methamphetamine purity were considered 'stable' in the last six months.

Speed users in both years reported the availability as 'very easy' to 'easy', base users 'reported the availability as 'easy' or 'difficult' and crystal users reported the availability as 'difficult'. All forms of methamphetamine were considered 'stable' to obtain in the last six months.

5.6.8 QLD

In 2005, three-quarters (75%) of REU reported lifetime use of methamphetamine powder (speed) with 57% reporting recent use. Recent speed users reported typically using half a gram (range: 0.6-6) on a median of five days (range: 1-40) in the six months prior to interview.

Over half (57%) of REU reported lifetime use of methamphetamine base in 2005, with 45% of respondents reporting recent use. Recent base users reported typically using one point (0.5-5) on a median of four days (1-180). More REU reported recent base use in 2005 (45%) than in 2004 (39%), although this was lower to the proportions reporting recent base use in 2001 (76%) and 2000 (74%).

In 2005, over two-thirds (69%) of REU reported lifetime use of crystal methamphetamine (ice), with half of respondents (50%) reporting recent use. Recent ice users typically reported using one point (0.25-8) on a median of three days (1-180) in the six months prior to interview. More REU reported recent ice use in 2005 than at any other recorded time point, except 2001 (56%). However, in 2005 the frequency of median days of ice use was lower than previously recorded.

In 2005, the median price reported for a gram of speed was $180 (range $30-$220), base $200 (range $100-$300) and ice $310 (range $175-$600).

There was disagreement amongst REU who reported on the current purity of methamphetamine speed in 2005, with 28% reporting speed purity as 'medium', 21% reporting it as 'high' and 26% reporting it as 'fluctuating'. Similarly, there was also contention among REU in 2004, with 34% reporting methamphetamine speed purity as 'medium', 20% reporting it as 'high' and 22% reporting it as 'fluctuating'.

There was also disagreement amongst REU who could report on the current purity of methamphetamine base, with 21% reporting base purity as 'medium', 36% reporting it as 'high' and 21% reporting it as 'fluctuating'. This was more variance than in 2004 when 28% of respondents reported base purity as 'medium', 51% reported it as 'high' and 15% reported it as 'fluctuating'.

Over half of the REU who reported on the current purity of crystal methamphetamine (ice) reported current ice purity as 'high' (55%). This was similar to 2004 when 46% of the sample reporting on current ice purity in that time period reported it as 'high'.

Most REU who commented on the three forms of methamphetamine reported the availability as 'easy to very easy' to obtain (speed 72%; base 63%; ice 50%). Speed and base availability were reported as 'stable' over the last six months, whereas ice was reported as 'more difficult' to obtain.

5.7 Summary of methamphetamine trends

- The majority (89%) of participants in the 2005 national sample reported lifetime speed use and about three-quarters (74%) had used speed in the preceding six months.
- Snorting (76%) was the most common route of administration for speed, followed by swallowing (73%), with smaller proportions injecting (11%) and smoking (19%).
- Speed users typically used on a monthly basis, typically using half a gram in a session.
- Speed users reported they usually score from friends (70%), known dealers (49%), acquaintances (16%), workmates (6%) and unknown dealers (8%). Half reported scoring from a friend's home and usually used speed in a variety of locations, most commonly in nightclubs, raves, or at private parties (their own or friends').
- Half (52%) of the participants in the 2005 national sample reported lifetime use of base and nearly two-fifths (38%) had used base in the six months preceding interview.
- Of those that reported recent use of base, 82% swallowed, 36% snorted, 17% injected and 18% 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 (55%) used less than monthly.
- The median amount of base used in a 'typical' or 'average' use episode in the preceding six months was one point.
- Like speed, base was usually purchased from friends and known dealers, from a variety of locations, most commonly a friend's or dealer's home.
- Base was used in a variety of locations, most commonly nightclubs, own home, a friend's home or at raves.
- Three-fifths (60%) of the participants in the 2005 national sample reported lifetime use of crystal and nearly two-fifths (38%) had used crystal in the six months preceding interview.
- Of those that used crystal, three-quarters (71%) smoked it, half (48%) swallowed, one-third (37%) snorted it and 4% injected.
- Of those that used crystal, the median number of days used was five, ranging from having used crystal once to daily use. Nearly three-fifths (56%) used less than monthly; 25% used crystal between monthly and fortnightly; 7% between fortnightly and weekly; and 11% 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 one point.
- Half (51%) of those who commented reported they scored crystal from their friends; known dealers were also common sources (38%).
- Crystal was 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 (58%), base (79%) and crystal (75%) to be 'medium' or 'high'. Small proportions reported the current strength of speed (18%), base (4%) or crystal (8%) 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 (23%) and crystal (19%) users reported that purity had 'fluctuated' than base users (14%).
- Sixty-one percent of the national sample commented on the recent availability of speed. Of those who commented, the majority (79%) reported it to be 'very easy' (40%) or 'easy' (39%) to obtain.
- Nearly three-fifths (58%) of the national sample that commented reported availability of speed had remained 'stable' over the preceding six months, while similar proportions reported that it had become 'easier' (14%) or 'more difficult' (14%).

- About one-third (29%) of the national sample commented on the current availability of base. Nearly three-quarters (71%) reported that it was 'very easy' or 'easy' to obtain.
- Nearly three-fifths (56%) of the respondents commenting on base reported that the availability had remained 'stable', with equal proportions reporting it had become 'easier' (17%) or 'more difficult' (14%) to obtain in the preceding six months.
- Around one-third (33%) of the national sample commented on the availability of crystal. Of those that commented, around three-fifths (61%) believed it to be 'very easy' or 'easy' to obtain.
- Two-fifths (40%) reported that the availability of crystal had remained 'stable' in the preceding six months, ranging from 16% in QLD to 62% in the ACT. Twenty percent reported the availability had become 'easier', while 23% reported it as 'more difficult'.
- Data provided by the Australian Customs Service show an increase in the number of detections of amphetamine-type stimulants at the Australian border for 2004/05. In particular, there has been an increase in the weight of crystalline methamphetamine detected.
- Speed was commonly purchased in grams, ranging from $60 in NSW to $325 in TAS. Base and crystal were commonly purchased in points, base ranging from $22.50 in VIC to $75 per point in the NT and crystal ranging from $25 in SA to $80 in the NT.
- Data from the NHMD shows a decrease in inpatient hospital admissions for amphetamines in 2003/04. WA reported the highest rates of inpatient hospital admissions.
- Data from the AODTS-NMDS indicate that in 2003/04 WA had the highest proportion of people seeking treatment for amphetamine.

6.0 COCAINE

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

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

6.1 Cocaine use among regular ecstasy users

Eight percent of the national sample reported cocaine as their drug of choice. Nearly two-thirds (61%) of the participants in the 2005 national sample reported lifetime use of cocaine and two-fifths (41%) had used cocaine in the six months preceding interview (Table 27). The median age of first use, among those that reported using cocaine in the last six months, was 20 years (range 12-50).

Six percent of the national sample reported that they had injected cocaine at some time (Table 27). Two percent (n=13) of the national sample reported injecting cocaine in the six months preceding interview.

Of those that used cocaine in the six months preceding interview, the majority (92%) snorted, 26% swallowed, 9% smoked and 4% injected (Table 27).

Of those that used cocaine, the median number of days used was two, ranging from having used cocaine once to almost every second day (Table 27). The majority (77%) had used less than monthly; 14% used cocaine between monthly and fortnightly; four precent between fortnightly and weekly; and five percent had used cocaine more than once a week.

Table 27: Patterns of cocaine use by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever used (%)	**61**	76	68	79	43	67	57	39	55
Ever injected	**6**	11	4	4	2	6	7	7	6
Used last six months (%)	**41** **N=328**	55 n=56	44 n=55	63 n=63	20 n=20	49 n=49	35 n=35	11 n=9	41 n=41
Snorted*	**92**	98	93	95	90	88	89	90	83
Swallowed*	**26**	27	22	30	10	25	23	44	34
Injected*	**4**	7	6	2	0	4	3	11	2
Smoked*	**9**	4	15	6	15	4	17	0	12
Median days used* last 6 mths (range)	**2** **(1-84)**	2.5 (1-84)	3 (1-72)	2 (1-50)	1 (1-5)	2 (1-60)	2 (1-15)	3 (1-10)	3 (1-40)

Source: PDI interviews 2005 *Of those that used in the six months preceding interview

The median amount of cocaine used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.1-10). Recent cocaine users reported using a median of one gram (range 0.1-12) during their 'heaviest' use episode. Nearly two-fifths (38%) reported having used one or more grams in a single 'heavy' occasion in the last six months. Nineteen percent (8% in 2004) of those that had binged in the six months preceding interview used cocaine in their binge.

Cocaine use was also quantified in terms of lines, with 81 recent cocaine users reporting a median of three lines during the 'heaviest' session (range 1-25) and 82 users reporting a median of two lines in a 'typical' session (range 1-25).

Cocaine was most commonly acquired through friends (47%) or known dealers (32%) and this was consistent across jurisdictions. REU obtained their cocaine from private homes, most commonly friends' homes (36%), their dealer's home (27%) or at their own home (14%). Smaller proportions reported scoring in nightclubs (11%), an agreed public location (8%), private party (6%), pubs (5%), acquaintance's home (3%), raves (2%), and street (1%, Table 28). Other locations cocaine had been scored from included through the mail (n=1).

Table 28: Source, purchase location and use location of cocaine by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Scored from (%)									
(% who commented)	(n=208)	(n=54)	(n=36)	(n=32)	(n=11)	(n=23)	(n=12)	(n=8)	(n=32)
Friends	47	57	47	47	18	26	58	63	47
Known dealers	32	28	47	34	27	26	33	13	31
Acquaintances	11	9	11	13	9	9	25	25	3
Workmates	2	0	0	6	0	0	8	13	3
Unknown dealers	3	2	6	3	9	0	0	13	3
Locations scored (%)									
(% who commented)	(n=210)	(n=56)	(n=36)	(n=32)	(n=11)	(n=23)	(n=12)	(n=8)	(n=32)
Friend's home	36	48	31	38	18	13	42	50	34
Dealer's home	27	27	39	28	0	13	17	25	38
Agreed public location	8	13	8	0	9	13	0	13	6
At own home	14	13	19	13	0	13	25	13	16
Nightclub	11	13	8	16	9	9	25	13	6
Private party	6	5	6	9	0	9	8	0	3
Raves*	2	2	0	0	9	4	8	0	0
Pubs	5	7	3	6	9	0	8	13	3
Street	1	2	0	3	0	0	0	0	0
Acquaintance's home	3	4	3	3	0	0	8	13	0
Usual use venue (%)									
(% who commented)	(n=208)	(n=54)	(n=36)	(n=32)	(n=11)	(n=23)	(n=12)	(n=8)	(n=32)
Nightclub	50	43	58	56	36	30	67	63	53
Raves*	17	9	25	9	9	26	25	25	19
Private party	27	26	36	34	9	13	58	13	19
Friend's home	48	61	33	50	9	44	58	38	53
At own home	41	46	39	34	36	26	58	50	44
Pubs	22	32	22	22	18	17	25	25	6
Dealer's home	9	7	3	9	9	4	17	13	19
Restaurant/cafe	3	2	3	3	0	4	0	13	3
Public place	8	6	11	6	9	17	0	13	6
Vehicle – passenger	6	7	3	9	0	4	0	13	6
Vehicle – driver	4	6	3	3	0	4	0	25	3
Outdoors	8	9	11	9	0	4	8	13	3
Live music event	13	15	19	16	0	9	0	13	9
Work	3	2	0	3	9	9	8	13	0

Source: PDI interviews 2005 *Includes 'doofs' and dance parties

Table 28: Source, purchase location and use location of cocaine by jurisdiction, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Last use venue (%)									
(% who commented)	(n=210)	(n=56)	(n=36)	(n=32)	(n=11)	(n=23)	(n=12)	(n=8)	(n=32)
Nightclub	21	16	22	22	18	22	17	38	25
Friend's home	25	36	17	31	9	26	8	25	22
At own home	20	25	19	16	18	9	17	38	22
Raves*	6	0	6	3	9	13	8	0	16
Private party	8	9	11	9	0	0	25	0	6
Pubs	6	7	3	9	18	9	8	0	0
Work	2	0	0	3	9	4	8	0	0
Dealer's home	1	0	3	0	0	0	8	0	0
Public place	2	0	3	0	9	9	0	0	0

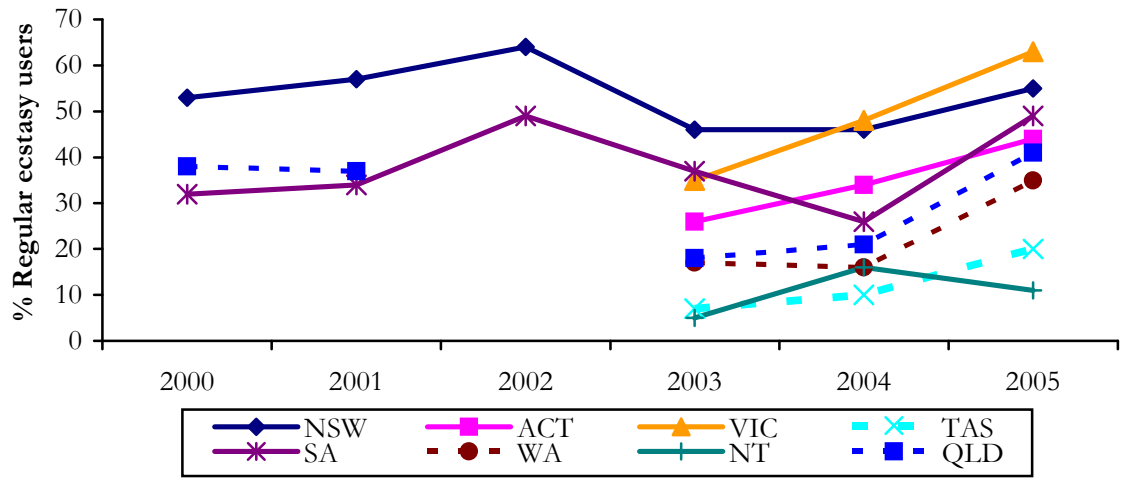
Source: PDI interviews 2005 * Includes 'doofs' and dance parties

REU reported that they used cocaine in a variety of locations including private homes (48% friends' and 41% own), nightclubs (50%), private parties (27%), pubs (22%), raves (17%) and live music events (13%). Less common locations were dealers' homes (9%), outdoors (8%), in cars either as a passenger (6%) or driver (4%), at work (3%) and in restaurants/cafes (3%). Similar proportions reported they had last used cocaine at a friend's home (25%), nightclub (21%) and in their own home (20%, Table 28).

6.1.1 Trends over time

In Figure 24, in NSW, QLD and SA data has been collected since 2000 (no data was collected from QLD in 2002) and since 2003 in the other states. In 2005 the recent use of cocaine increased in all states except the NT where it decreased slightly. SA returned to those levels reported in 2002.

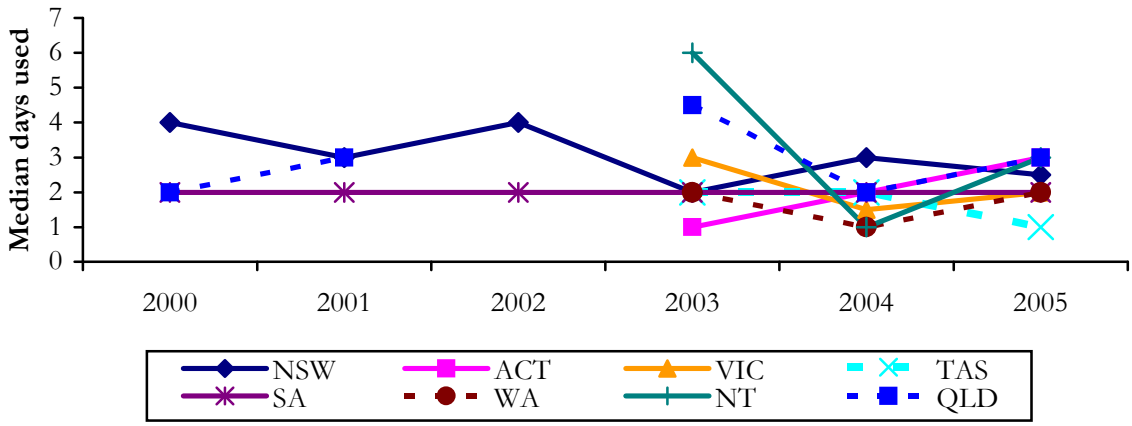
Figure 24: Proportion of REU that reported recent use of cocaine by jurisdiction, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

In NSW, QLD and SA the frequency of recent cocaine use data has been collected since 2000, and since 2003 in the remaining states (no data was collected for QLD in 2002). The frequency of recent cocaine use remained fairly stable in all jurisdictions in 2005, except in the NT where it increased slightly but not to those levels reported in 2003. The ACT and QLD (3 days each) followed by NSW (2.5 days) reported the highest level for the frequency of recent cocaine use (Figure 25). Frequency continues to remain low despite the slight increase in recent cocaine use.

Figure 25: Frequency of cocaine use among REU that reported using cocaine in six preceding months, by jurisdiction, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

6.2 Price

Participants were asked 'How much does cocaine cost at the moment?'. Small numbers commented on the price of a gram of cocaine in some jurisdictions and therefore the results should be interpreted with caution. Cocaine was commonly purchased in grams. Nineteen percent of the national sample (n=156) commented on the price of a gram of cocaine. The median price of a gram of cocaine ranged from $250 in the ACT to $375 in the NT (Table 29).

Table 29: Median price of cocaine by jurisdiction, 2005

Median price ($)	NSW n=35	ACT n=27	VIC n=29	TAS n=9	SA n=11	WA n=12	NT n=6	QLD n=27
Gram	$270 (70-500)	$250 (180-450)	$300 (200-350)	$350 (220-500)	$300 (200-800)	$350 (300-450)	$375 (50-600)	$300 (200-400)

Source: PDI interviews 2005

Twenty-eight percent (n=228) of the national sample commented on whether the price of cocaine had changed in the preceding six months. Thirty-six percent (10% of entire sample) of those that commented responded that they 'did not know' if the price had changed; ranging from 16% (5% of entire sample) in VIC to 73% (11% of entire sample) in TAS. Nearly one-third (31%, or 9% of entire sample) reported the price of cocaine had remained 'stable' in the preceding six months. There was variation across jurisdictions, ranging from 13% (3% of entire sample) in SA to 56% (18% of entire sample) in VIC reporting the price remained 'stable'. Substantial proportions also reported that the price of cocaine had 'increased' (16%, or 4% of

entire sample). Ten percent (3% of entire sample) of those that commented reported that price 'fluctuated' (Table 30).

Table 30: Price changes of cocaine by jurisdiction, 2005

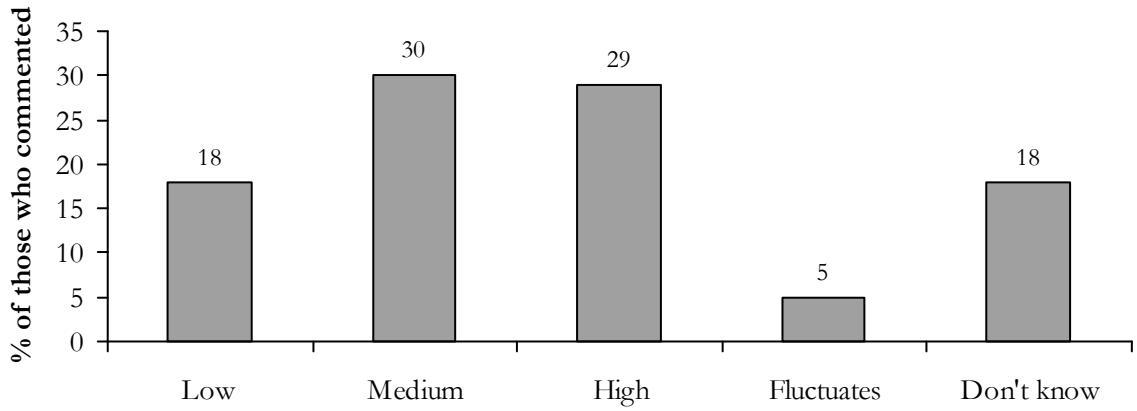
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Price change (%)									
Did not respond	72	42	70	68	85	77	86	87	64
Of those who responded (n)	(n=228)	(n=59)	(n=38)	(n=32)	(n=15)	(n=23)	(n=14)	(n=11)	(n=36)
(% of entire sample)									
Don't know	36 (10)	34(20)	29 (9)	16 (5)	73(11)	57(13)	29 (4)	36 (5)	39(14)
Decreased	8 (2)	5 (3)	18 (6)	0 (0)	0 (0)	0 (0)	7 (1)	9 (1)	14 (5)
Stable	31 (9)	31(18)	21 (6)	56(18)	20 (3)	13 (3)	43 (6)	46 (6)	28(10)
Increased	16 (4)	24(14)	13 (4)	19 (6)	7 (1)	13 (3)	14 (2)	9 (1)	11 (4)
Fluctuated	10 (3)	7 (4)	18 (6)	9 (3)	0 (0)	17 (4)	7 (1)	0 (0)	8 (3)

Source: PDI interviews 2005

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-eight percent (n=228) of the national sample commented on the purity of cocaine. Nearly one-third (30%, or 8% of entire sample) of those who commented reported the purity of cocaine to be 'medium' and a further 29% (8% of entire sample) reported cocaine strength was 'high' (Figure 26). Eighteen percent (5% of entire sample) reported cocaine purity was 'low' and 5% (1% of entire sample) reported it as 'fluctuating'. Eighteen percent (5% of entire sample) 'did not know' what the purity of cocaine was like.

Figure 26: National REU reports of current cocaine* purity, 2005

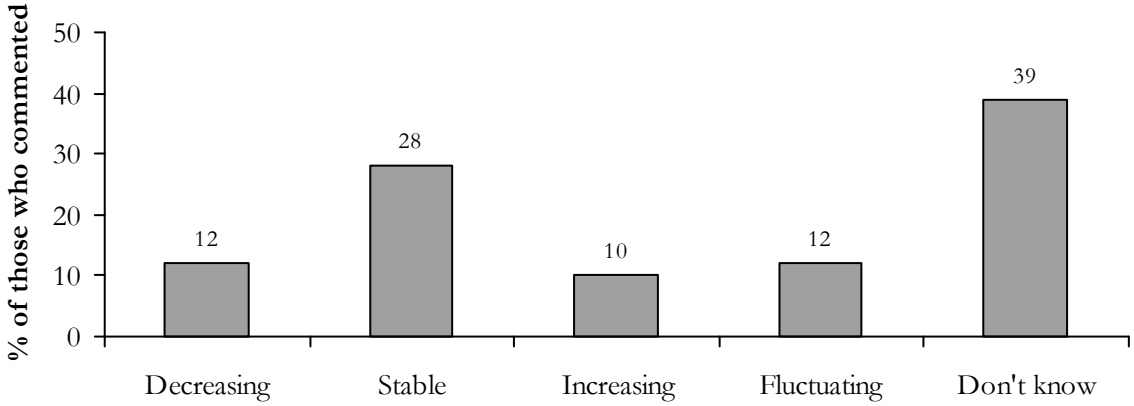


Source: PDI interviews 2005
* Among those who commented (n=228)

Of those that commented (n=228) on whether the purity of cocaine had changed in the six months preceding interview, a large proportion 39% (11% of entire sample) 'did not know', 28%

(8% of entire sample) reported purity as 'stable', 10% (3% of entire sample) 'increasing', 12% (3% of entire sample) 'fluctuating', and 12% (3% of entire sample) 'decreasing' (Figure 27).

Figure 27: National REU reports of recent change in cocaine* purity, 2005



Source: PDI interviews 2005
* Among those who commented (n=228)

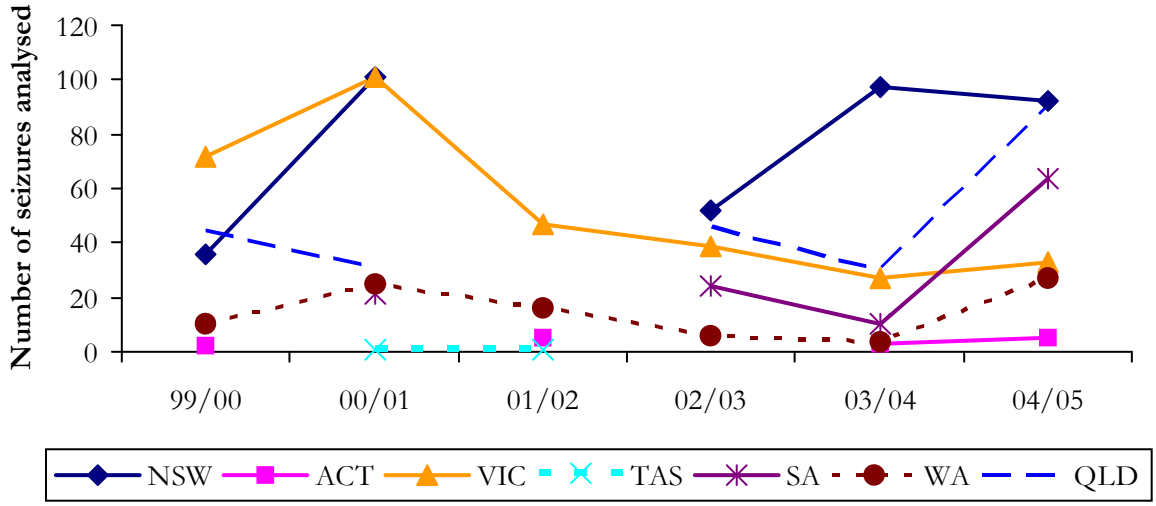
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures in also presented. The purity data is provided by the Australian Crime Commission.

The purity of state police seizures analysed varied in each state in 2003/04, ranging from 30.7% in SA to 64.3% in NSW (n=92, Figures 28 & 29). Many jurisdictions had few or no state police seizures analysed. In 2004/05 most of the cocaine seizures analysed were from NSW, VIC, QLD and SA. The AFP generally seizes cocaine at the border, with higher purity (Figures 30 & 31). There were no AFP cocaine seizures analysed in the ACT, TAS, SA and the NT, and no TAS or NT state police cocaine seizures analysed in 2004/05.

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

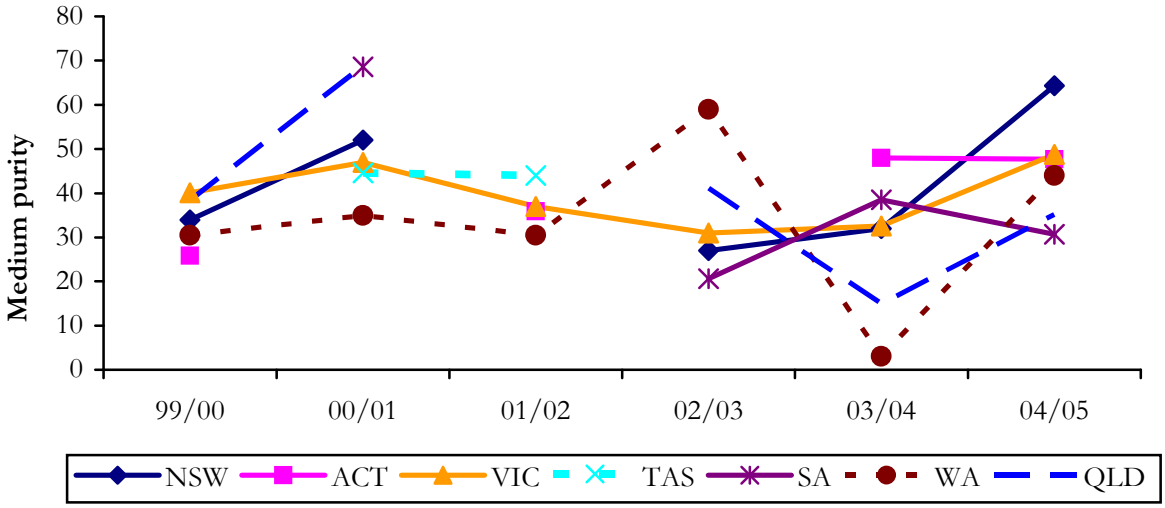
Figures reported include seizures ≤2grams and >2grams, reflecting both street and larger seizures. The following caveat applies to Figures 28 to 31: figures do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for Western Australia (and Tasmania) and those supplied by the Australian Forensic Drug Laboratory represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Figure 28: Number of state police cocaine seizures, by jurisdiction, 1999/00-2004/05



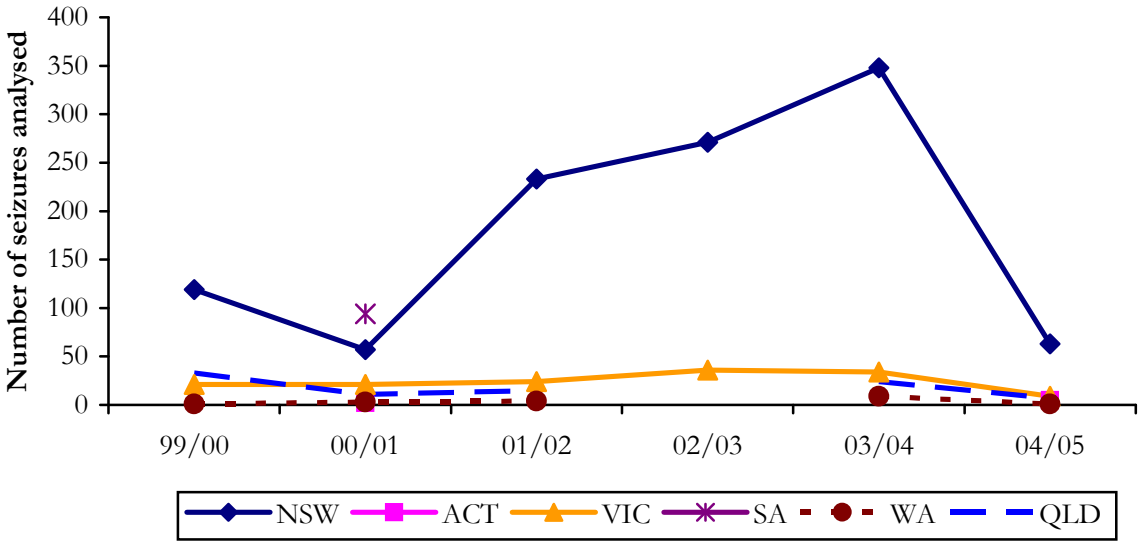
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

Figure 29: Median purity of state police cocaine seizures, by jurisdiction, 1999/00-2004/05



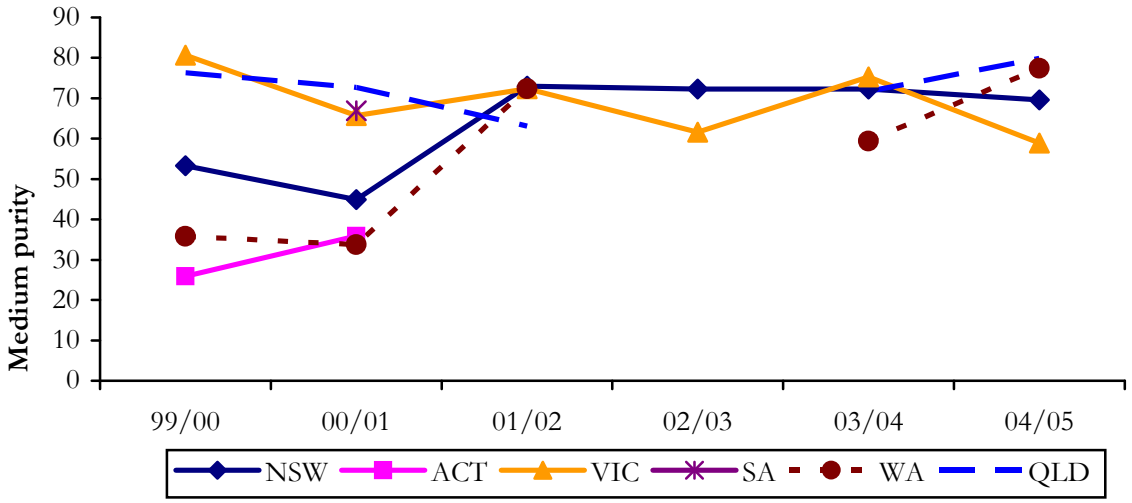
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

Figure 30: Number of AFP cocaine seizures, by jurisdiction, 1999/00-2004/05



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

Figure 31: Median purity of AFP cocaine seizures, by jurisdiction, 1999/00-2004/05



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004 & 2005).

6.4 Availability

Twenty-eight percent of the national sample commented on the recent availability of cocaine. Over half reported it to be 'difficult (41%, or 12% of entire sample) or 'very difficult' (12%, or 3% of entire sample) to obtain. Nearly one-third (31%, or 9% of entire sample) considered cocaine to be 'easy' to obtain and a smaller proportion reported it as 'very easy' (9%, or 2% of entire sample, Table 31).

Half (50%, or 14% of entire sample) of those that commented, reported the availability of cocaine had remained 'stable' over the preceding six months, while less reported that it had become 'easier' (16%, or 4% of entire sample) or 'more difficult' (10%, or 3% of entire sample). There was some variation across the jurisdictions in the proportion that reported the availability

of cocaine was 'stable', ranging from 39% (14% of entire sample) to 63% (20% of entire sample) in VIC (Table 31).

Table 31: Availability of cocaine by jurisdiction, 2005

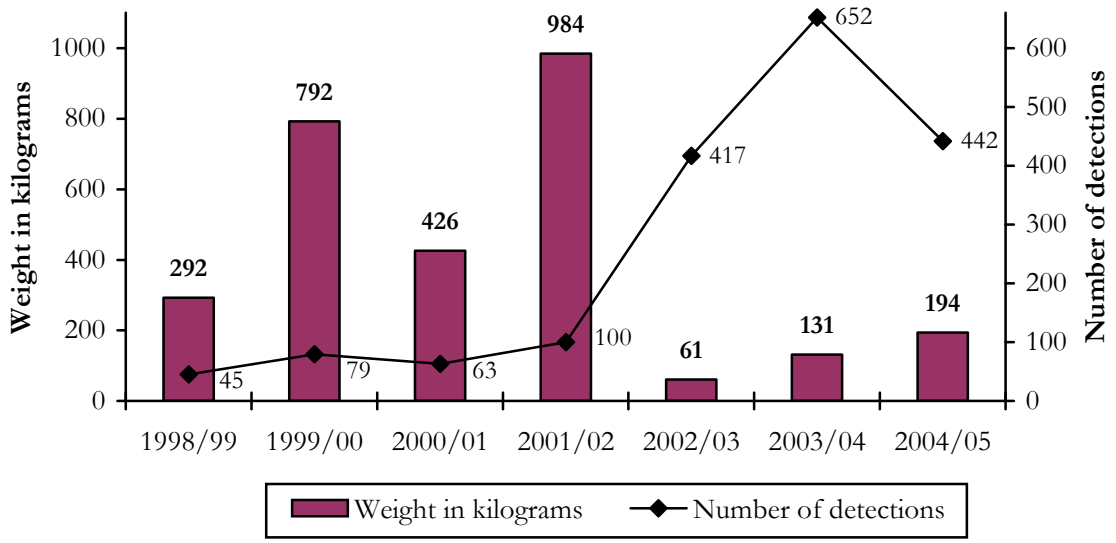
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond	72	42	70	68	85	77	86	87	64
Of those who responded (n)	(n=228)	(n=59)	(n=38)	(n=32)	(n=15)	(n=23)	(n=14)	(n=11)	(n=36)
(% of entire sample)									
Don't know	7 (2)	9 (5)	0 (0)	3 (1)	13 (2)	9 (2)	0 (0)	27 (4)	6 (2)
Very easy	9 (2)	15 (9)	8 (3)	3 (1)	0 (0)	13 (3)	0 (0)	0 (0)	14 (5)
Easy	31 (9)	32 (19)	34(13)	34(11)	20 (3)	35 (8)	36 (5)	9 (1)	31(11)
Difficult	41 (12)	37 (22)	55(21)	53(17)	27 (4)	26 (6)	43 (6)	9 (1)	47(17)
Very difficult	12 (3)	7 (4)	3 (1)	6 (2)	40 (6)	17 (4)	21 (3)	55 (7)	3 (1)
Availability changes (%)									
Did not respond	72	42	70	68	85	77	86	87	64
Of those who responded (n)	(n=228)	(n=59)	(n=38)	(n=32)	(n=15)	(n=23)	(n=14)	(n=11)	(n=36)
(% of entire sample)									
Don't know	18 (5)	20 (12)	5 (2)	3 (1)	33 (5)	26 (6)	21 (3)	27 (4)	28(10)
Easier	16 (4)	20 (12)	16 (6)	13 (4)	0 (0)	13 (3)	22 (3)	0 (0)	22 (8)
Stable	50 (14)	42 (25)	58 (22)	63(20)	60 (9)	48(11)	57 (8)	46 (6)	39(14)
More difficult	10 (3)	10 (6)	13 (5)	16 (5)	7 (1)	4 (1)	0 (0)	18 (2)	6 (2)
Fluctuates	6 (2)	7 (4)	8 (3)	6 (2)	0 (0)	9 (2)	0 (0)	9 (1)	6 (2)

Source: PDI interviews 2005

6.4.1 Cocaine seized at the Australian border

During 2004/05, the Australian Customs Service made 442 detections of cocaine at the Australian border. The detections weighed a total 194 kilograms, a lower weight than has been reported previously; however, it was higher than the last couple of years (Figure 32). The large weight detected in the year 2001/02 was mainly due to a single detection in WA in July 2001, which accounted for 938kg of the total 984kg in 2001/02.

Figure 32: Number and weight of cocaine detected at the border by the Australian Customs Service, financial years 1998/99-2004/05



Source: Australian Customs Service 2005

6.5 Cocaine-related harms

6.5.1 Law enforcement

The number of cocaine arrests are low compared to heroin and amphetamine-type stimulant arrests (Australian Crime Commission 2006). In 2004/05 the number of cocaine arrests increased from 328 in 2003/04 to 425. The majority of these arrests (54%) were in NSW, which is consistent with IDRS reports of the predominance of cocaine use in NSW relative to other jurisdictions. In NSW the number of arrests in 2004/05 was 229 (compared to 185 in 2003/04). In 2004/05, VIC reported 91 cocaine arrests (increased from 85 in 2003/04) while in QLD 65 reported arrests (35 in 2003/04).

6.5.2 Health

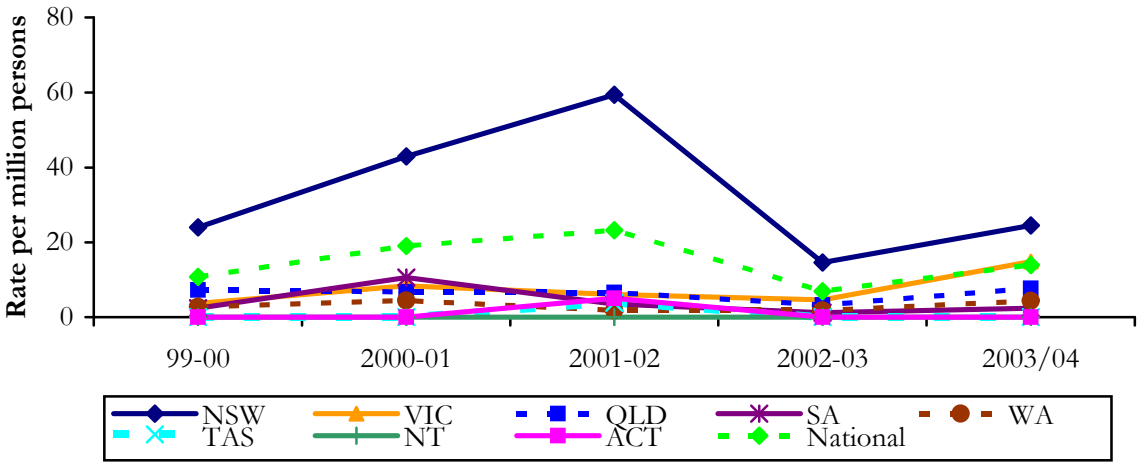
Treatment

A small proportion of closed treatment episodes in Australia are primarily attributed to cocaine use. Of the 129,331 closed treatment episodes in Australia in 2003/04, 0.2% nominated cocaine as their principle drug of concern (Australian Institute of Health and Welfare 2005). This excludes clients that are seeking advice primarily for other drugs.

Hospital separations

Data from the NHMD, managed by the AIHW, shows a gradual increase in national inpatient hospital admissions for cocaine until 2001/02, with a drop in the rate in 2002/03 and in increase in 2003/04 (Figure 43). Since 1999/00, NSW has consistently had the highest rate of hospital admissions, reaching a peak of 47 per million persons aged 15-54 in 2001/02 and continued to have the highest rate of inpatient hospital admissions for cocaine in 2003/04 (25 per million persons), followed by VIC (15 per million persons). This is consistent with IDU survey data, with IDU in NSW reporting the highest prevalence of recent cocaine use.

Figure 33: Rate of inpatient hospital admissions where cocaine was the principal diagnosis per million persons aged 15-54 years by jurisdiction, 1999/00-2003/04



Source: Australian Institute of Health and Welfare (AIHW)**,** ACT, TAS, NT, QLD, SA, TAS, VIC and WA Health Departments. *From 2001 numbers in TAS increased due to the inclusion of admissions from an additional drug withdrawal unit (Roxburgh and Degenhardt in press)

Mortality

Twenty drug-related deaths in which cocaine was mentioned occurred among the 15-54 year age group in 2004 (Degenhardt, Roxburgh et al. 2006). Almost all of these deaths occurred in New South Wales (n=17). The remaining three deaths occurred in Victoria. Cocaine was determined to be the underlying cause of death in one-quarter (25%) of all cocaine-related deaths in 2004 (n=5). The rate of death per million persons aged 15-54 years in Australia where cocaine was mentioned (1.7 per million persons) remained unchanged in 2004 compared to 2003 (where it was 1.3 per million persons).

6.6 Jurisdictional trends in cocaine use

6.6.1 NSW

Prevalence of lifetime cocaine use slightly declined in 2005. However, recent cocaine use has increased since 2004. Frequency of cocaine use has fluctuated while quantities used have increased in 2005, after remaining comparable between sampling years. KE reports of cocaine indicated that it was used during 'special occasions', mostly because the price of cocaine was high.

Recent cocaine users reported usually using cocaine at private residences such as friends' homes or at their own homes, although nightclubs were also commonly reported. The most common location of last use of cocaine was at friends' homes.

Cocaine was most commonly purchased in grams at a median price of $270 per gram, which was an increase from $200 per gram in 2004; most reported that the price of cocaine had remained 'stable' in the preceding six months. The majority of those commenting reported that the purity of cocaine was 'high' or 'medium' and that the purity of cocaine had remained 'stable' or had 'increased' in the preceding six months.

Conflicting reports were obtained regarding cocaine availability, with most reporting that cocaine was 'difficult' or 'easy' to obtain and that availability had remained 'stable'. The majority of

participants reported that cocaine was obtained from friends and known dealers and that cocaine was most commonly purchased from friends' homes.

6.6.2 ACT

In 2005 there was a slight increase in the proportion of the sample reporting the recent use of cocaine. However, the frequency of cocaine use among recent cocaine users was relatively low, with the most common pattern of use being less than monthly in the past six months.

The most popular routes of cocaine administration among recent users were snorting and oral administration. There was also an increase this year in the proportion of recent cocaine users who reported that they had smoked cocaine in the past six months.

Since 2003 the median price for a gram of cocaine in the ACT has remained stable at $250. The majority of respondents believed the current purity of cocaine to be at 'medium' or 'high' levels.

Consistent with previous years, the response of REU regarding the current availability of cocaine in the ACT was mixed. Cocaine was most commonly obtained by REU from friends and known dealers.

6.6.3 VIC

Over three-quarters (79%) of the REU sample reported lifetime cocaine use and nearly three-quarters (63%) reported use in the preceding six months. Those participants reporting recent cocaine use tended to have done so infrequently, on a median of two days in the preceding six months (range 1-50).

Recent cocaine users reported using a median of half a gram during a 'typical' occasion (range 0.1-3) and a median of one gram during a 'heavy' occasion (range 0.1-5). Of those participants who reported binging in the preceding six months, 19% reported using cocaine when doing so. Only a small proportion of those participants reporting typically using drugs in conjunction with ecstasy reported using cocaine (8%). Similarly, only a small proportion of those participants reporting typically using drugs during the comedown from ecstasy reported using cocaine during this time (2%).

Most (95%) recent users reported snorting cocaine, with fewer participants swallowing cocaine (30%) and small proportions smoking (6%) and injecting (2%) cocaine.

Slightly less than a third (32%) of the 2005 Victorian REU sample were able to comment on the price, purity and availability of cocaine, reporting a median price of $300 per gram (range $200-$350). Although the REU reports indicate that the price of cocaine had been 'stable' in the six months prior to interview, the reports of the purity and availability of cocaine by the 2005 REU sample varied.

6.6.4 TAS

Two-fifths (43%) of the Tasmanian sample had ever used cocaine, compared to one-third (32%) among the 2004 cohort. One-fifth (20%) had used cocaine during the six months preceding the interview compared to 10% among the 2004 and 7% among the 2003 samples. A greater proportion of males and older participants had ever used cocaine in comparison to females and younger participants.

Cocaine was typically snorted and was used only once (range 1-5 days) on average in the preceding six months with an average of 0.2 to 0.5 grams used in a typical session.

Both REU and key experts considered the availability of cocaine to be low in Tasmania, which is consistent with the situation reported in 2003.

Consistent with the relatively low reported use of cocaine among REUs, few participants were able to comment on the price, purity and availability of the drug and these estimates should therefore be interpreted with caution.

The price for a gram of cocaine ranged from $220-500 which is relatively consistent with the price range of $200-400 reported among the 2004 sample, and this was considered to have remained stable in the preceding six months.

Consumer reports on the purity of cocaine were varied but it was typically considered to be medium or high and to have recently remained stable by the small number of people that commented.

Both REU and key experts considered the availability of cocaine to be low in Tasmania.

Whereas the frequency of use and the reported availability of cocaine are still relatively low, the proportion reporting recent use of cocaine appears to have increased among the PDI sample in 2005, indicating a need for continued monitoring of cocaine markets in Tasmania.

6.6.5 SA

There was an increase in the proportion of REU reporting recent use of cocaine in 2005 (to 49%, compared to 26% in 2004), though no change in the frequency of cocaine use, which remains low among those that had used recently.

The most commonly reported locations of both *usual* and *last* use were a friend's home, nightclubs, raves/doofs/dance parties, own home and public place.

Though the number of REU able to comment on these parameters was small, reports indicated that cocaine price was stable, and the perception was that purity had increased (medium or high), and availability had increased (though equal proportions reported it was easy or difficult to obtain), compared to 2004.

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

6.6.6 WA

Prevalence of both lifetime and recent use of cocaine significantly increased from last year. In 2005, 57% of participants reported ever using cocaine compared to 36% in 2004. Use of cocaine in the last six months more than doubled from 16% in 2004 to 35% in 2005. Snorting was by far the most common method of use, reported by 89%.

Cocaine was commonly purchased in grams at a median price of $350 per gram in 2005 compared to $400 in 2004. In both survey years, 43% of those who commented rated the price as 'stable' over the previous six months.

In 2005, equal proportions of 36% rated current purity of cocaine as 'medium' and 'low'. In 2004, current purity was rated by 43% as 'low' and 29% as 'fluctuated'. Half of those who commented in both years reported that purity of cocaine remained 'stable' during the previous six months.

In 2005, availability of cocaine was rated as 'difficult' by 43% of participants and as 'easy' by 36%. This compared to 57% rating it as 'difficult' and 29% as 'very difficult' in 2004. In 2005, availability in the preceding six months was rated as 'stable' by 57% and as 'easier' by 22%, compared to 86% rating it as 'stable' and 14% as 'fluctuated' in 2004.

Taken together, the findings suggest that the increase in rates of cocaine use in 2005 may be accounted for by increased availability and a decrease in price.

Consistent with sources of purchase for other drug types, friends were reported by the majority as the usual person to score cocaine from (58%), and friend's home was the most common location of purchase (42%). Two-thirds of those who had recently used cocaine reported nightclubs as the usual location of use (67%). Just over half the sample reported usually using at home, friend's home and private party (58% each).

6.6.7 NT

In the current year, lifetime cocaine use remained stable at 39% and recent use decreased from 15% in 2004 to 11% in 2005.

Amongst those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months in 2005.

Recent cocaine users reported using a median of half a gram in a 'typical' occasion and a median of three-quarters of a gram during a 'heavy' occasion of use.

In 2005, recent cocaine users commonly snorted cocaine (90%), and small numbers recently injected (11%).

In 2004 cocaine was usually used at home or at private parties, in 2005 it was mostly used in a nightclub or at home.

The median price for a gram of cocaine was $375 (range $50-600). Most users reported that the price of cocaine had been 'stable' in 2005.

The purity of cocaine was reported to be 'medium' to 'low' in 2005. Recent cocaine users reported that they did not know if the purity of cocaine had changed in the last six months.

In 2005 most participants who commented on the availability stated that cocaine was 'very difficult' to obtain and this did not change in the last six months.

6.6.8 QLD

In 2005, over half (55%) of REU reported lifetime use of cocaine, with 41% reporting recent use. Recent cocaine users typically reported using half a gram (0.12-4) on a median of three days (1-40) in the six months prior to interview.

More REU reported recent cocaine use in 2005 (41%) than at any previously recorded time point (2004 21%; 2003 18%; 2001 37%; 2000 38%). Although the median days (3 days; range: 1-40) of cocaine use in 2005 was lower than the median days of use reported in 2002 (4.5 days, range: 1-90), the typical amount used in 2005 (0.5g, range: 0.12-4) was similar to previous years).

REU reported a current median price for a gram of cocaine in 2005 of $300 ($200-400) per gram.

In 2005, 36 REU reported on current cocaine purity. Of these respondents, 14 reported current cocaine purity as 'low', eight reported it as 'medium', seven reported it as 'high', two as 'fluctuating' and five reported that they 'did not know'.

The 36 REU who reported on current cocaine availability in 2005 were divided, with respondents reporting access to cocaine as either 'difficult to 'very difficult' (50%) or 'easy' to 'very easy' (45%).

The most common response from the 36 REU who reported on cocaine availability in the six months prior to interview in 2005 was that access had remained 'stable' (39%). However, eight respondents reported that obtaining cocaine was becoming 'easier', two reported availability as 'fluctuating', two reported it as 'more difficult', and ten 'did not know'.

6.7 Summary of cocaine trends

- Eight percent of the national sample reported cocaine as their drug of choice.
- Three-fifths (61%) of participants in the 2005 national sample reported lifetime use of cocaine and two-fifths (41%) 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 (92%) snorted, 26% swallowed, 9% smoked and 4% injected.
- Cocaine use was infrequent, with the majority (77%) reporting having used less than monthly.
- 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.
- Nineteen percent of those that had binged in the six months preceding interview used cocaine in their binge.
- Cocaine was most commonly acquired through friends or known dealers and this was consistent across jurisdictions. REU obtained their cocaine from private homes, most commonly friends' homes, their dealer's home or at their own home.
- REU reported that they used cocaine in a variety of locations including private homes (friend's and own), nightclubs, private parties and pubs. Similar proportions reported they had last used cocaine at a friend's home, nightclub and in their own home.
- Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $250 in the ACT to $375 in the NT.
- Thirty-six percent of the national sample responded that they 'did not know' if the price had changed; nearly one-third (31%) reported the price of cocaine had remained 'stable' in the preceding six months.
- Nearly one-third (30%) of those who commented reported the purity of cocaine to be 'medium' and a further 29% as 'high'.
- Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 39% 'did not know', 28% said 'stable', 10% said 'increasing', 12% 'fluctuating' and 12% 'decreasing'.
- The purity of state police seizures analysed varied in each state in 2004/05, ranging from 30.7% in SA to 64.3% in NSW.
- Cocaine was reported to be 'difficult' or 'very difficult' to obtain by half of those that commented. Nearly one-third considered it to be 'easy' and smaller proportions reported that it was 'very easy' to obtain.
- There was some variation across jurisdiction in the proportion that reported that the availability of cocaine was 'stable', ranging from 39% in QLD to 63% in VIC.

- The Australian Customs Service made a record 442 detections of cocaine at the Australian border in 2004/05.
- In Australia, there are only small numbers presenting for treatment of cocaine dependence, being admitted to hospital for cocaine, or dying from a cocaine-related overdose.

7.0 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 REU is probably diverted from veterinary sources (Australian Crime Commission, 2003).

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

7.1 Ketamine use among regular ecstasy users

Eight participants (1%) of the national sample nominated ketamine as their drug of choice. Thirty-eight percent of the 2005 national sample reported lifetime use of ketamine and about one-fifth (21%) had used ketamine in the six months preceding interview (Table 32). The median age of first used, among those that reported using ketamine, was 20 years (range 14-61).

Three percent (n=22) of the national sample reported that they had injected ketamine at some time (Table 32). Less than one percent (n=5) 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 (75%) snorted, 43% swallowed, 3% injected and 2% smoked (Table 32).

Of those that used ketamine, the median number of days used was two, ranging from having used ketamine once to three participants reporting ketamine use more than once every third day (Table 32). The majority (80%) had used less than monthly; 13% used ketamine between monthly and fortnightly; 3% used between fortnightly and weekly; and another 4% used ketamine more than once a week.

Table 32: Patterns of ketamine use among REU, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever used (%)	**38**	65	38	56	24	44	25	13	37
Ever injected	**3**	6	1	2	4	2	3	4	1
Used last six months (%)	**21** **N=167**	39 n=39	17 n=21	35 n=35	11 n=11	24 n=24	11 n=11	7 n=6	20 n=20
Snorted*	**75**	85	57	97	46	71	73	33	70
Swallowed*	**43**	21	67	31	91	29	55	50	60
Injected*	**3**	5	5	0	0	0	0	33	0
Smoked*	**2**	0	0	6	0	0	9	0	0
Median days used* last 6 mths (range)	**2** **(1-72)**	2 (1-72)	2 (1-60)	3 (1-72)	3 (1-5)	2 (1-20)	2 (1-10)	1 (1-30)	2.5 (1-70)

Source: PDI interviews 2005 *Of those that used in the six months preceding interview

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

The median amount of ketamine used was two bumps (range 0.5-10) for a 'typical' or 'average' use episode and two and a half bumps (range 05-20) for the 'heaviest' use episode. Nearly one-third (31%) of those that commented reported having five or more bumps in a single 'heavy' occasion in the last six months. Ten percent of those that had binged in the six months preceding interview used ketamine in their binge.

Ketamine use was also quantified in grams, points, pills and lines. Fifteen participants reported using a half of a gram of ketamine (range 0.1-2) in a 'typical' use episode and 20 participants used half a gram of ketamine (range 0.25-4.5) in their 'heaviest' use episode. Forty-one recent users reported using two points (0.5-6) in a 'typical' session and thirty-seven reported using two points in their 'heaviest' use episode (0.5-8).

Ketamine was predominantly obtained through friends (49%) and known dealers (30%). Other REU reported obtaining ketamine from another source including acquaintances (7%) or an unknown dealer (9%, Table 33).

REU reported scoring ketamine from a variety of locations, most commonly private residences (friends' homes 41%, dealers' homes 26% or their own home 19%). Nightclubs (13%), an agreed public location (9%), raves (7%), pubs (4%), a private party (3%), acquaintance's home (3%) and the street (3%) were also mentioned (Table 33).

Table 33: Source, purchase location and use location of ketamine by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Score from (%)									
(% who commented)	(n=118)	(n=40)	(n=15)	(n=18)	(n=8)	(n=7)	(n=5)	(n=5)	(n=20)
Friends	49	60	27	44	38	43	40	20	65
Known dealers	30	23	40	44	38	29	40	40	15
Acquaintances	7	3	20	0	13	0	20	0	10
Unknown dealers	9	10	20	11	13	0	0	20	0
Locations scored (%)									
(% who commented)	(n=116)	(n=39)	(n=15)	(n=17)	(n=8)	(n=7)	(n=5)	(n=5)	(n=20)
Friend's home	41	56	20	29	38	29	40	20	45
Dealer's home	26	28	20	29	50	0	40	20	20
Agreed public location	9	3	27	6	13	14	0	20	5
At own home	19	18	13	12	13	29	40	40	20
Nightclub	13	8	33	24	0	0	0	0	15
Private party	3	3	0	0	0	14	0	0	5
Raves*	7	8	0	0	0	0	0	0	0
Pubs	4	10	7	29	0	0	0	0	0
Street	3	3	13	0	0	0	0	20	0
Acquaintance's home	3	3	7	0	0	0	0	20	0
Usual use venue (%)									
(% who commented)	(n=116)	(n=38)	(n=15)	(n=18)	(n=8)	(n=7)	(n=5)	(n=5)	(n=20)
Nightclub	38	34	47	39	0	14	20	40	65
Raves*	22	18	33	44	0	14	0	20	15
Private party	24	18	27	17	25	14	40	40	35
Friend's home	60	68	47	56	75	57	40	40	60
At own home	44	34	53	50	38	43	60	60	45
Pubs	10	13	7	11	0	0	0	40	10
Dealer's home	9	5	0	28	0	0	0	20	10
Restaurant/café	3	0	7	0	0	0	0	20	5
Public place	4	0	0	11	0	0	0	20	10
Vehicle – passenger	5	0	13	11	0	0	0	20	5
Vehicle – driver	5	3	13	6	0	0	0	20	5
Outdoors	7	0	0	17	0	14	0	40	10
Live music event	6	11	13	6	0	0	0	0	0
Work	2	0	0	6	0	0	0	20	0

Source: PDI interviews 2005 *Includes 'doofs' and dance parties

Table 33: Source, purchase location and use location of ketamine by jurisdiction, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Last use venue (%)									
(% who commented)	(n=117)	(n=39)	(n=15)	(n=18)	(n=8)	(n=7)	(n=5)	(n=5)	(n=20)
Nightclub	15	13	33	17	0	0	0	0	25
Friend's home	38	49	40	28	50	29	40	20	25
At own home	23	15	20	33	13	29	60	40	20
Raves*	5	8	0	6	0	0	0	0	10
Private party	7	8	0	0	13	14	0	0	15
Pubs	2	0	7	0	0	0	0	20	0
Dealer's home	2	3	0	6	0	0	0	0	0

Source: PDI interviews 2005 * Includes 'doofs' and dance parties

Ketamine was used in many locations, both public (nightclubs 38% and raves 22%) and private (friend's home 60% or own home 44%, Table 33).

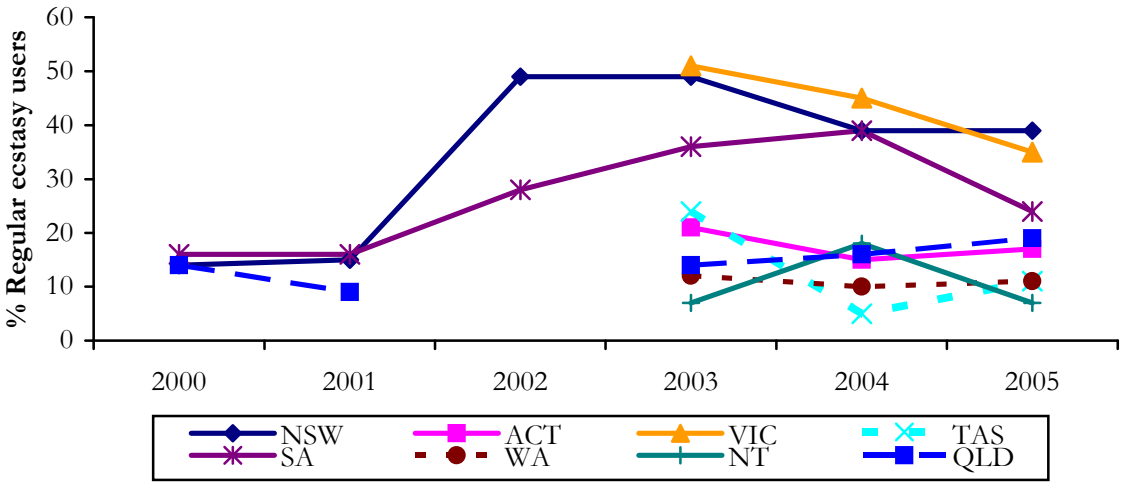
Over half of REU reported they had last used ketamine in a private home (38% friend's home, 23% own home), 20% reported last using at a nightclub or rave and 7% a private party. Two percent last used in a dealer's home or a pub (Table 33).

7.1.1 Trends over time

In Figure 34, in NSW, QLD and SA data has been collected since 2000 (no data was collect from QLD in 2002), and from 2003 in the other states.

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 2001. There have also been continued increases in SA, declining in recent use in 2005. In QLD, recent use remained stable in 2005. Recent use varied across the states in 2005, decreasing slightly in VIC and the NT and increasing slightly in TAS. The other states remained fairly stable (Figure 34).

Figure 34: Proportion of REU that reported recent use of ketamine by jurisdiction, 2000-2005



Source: PDI interviews 2004 Data not collected in QLD in 2002

7.2 Price

Participants were asked 'How much does ketamine cost at the moment?'. Small numbers commented on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. Ketamine was most commonly purchased in grams. Six percent of the national sample (n=47) commented on the price of a gram of ketamine. The median price of a gram of ketamine ranged from $65 in the ACT (n=2) to $200 in SA (n=4, Table 34).

Table 34: Median price of ketamine by jurisdiction, 2005

Median price ($)	NSW n=13	ACT n=2	VIC n=13	TAS n=4	SA n=4	WA n=1	NT n=1	QLD n=9
Gram	$100 (20-300)	$65 (50-80)	$180 (150-250)	$190 (180-280)	$200 (180-400)	$150 (150-150)	$80 (80-80)	$150 (70-250)

Source: PDI interviews 2005

Sixteen percent (n=129) of the national sample commented on whether the price of ketamine had changed in the preceding six months. Nearly half (47%, or 8% of entire sample) of the national sample responded that they 'did not know' if the price had changed. Two-fifths (40%, or 6% of entire sample) reported the price of ketamine had remained 'stable' in the preceding six months. The small numbers reporting on the price of ketamine may indicate that these are new users or that the use is infrequent (Table 35).

Table 35: Price changes of ketamine by jurisdiction, 2005

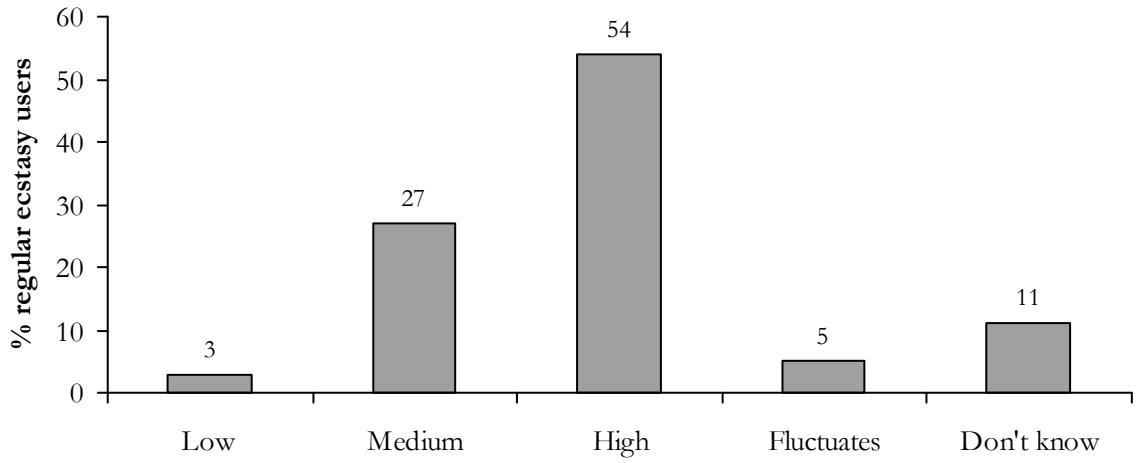
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Price change (%)									
Did not respond	84	56	88	81	91	92	95	93	75
Of those who responded (n)	(n=129)	(n=44)	(n=15)	(n=19)	(n=9)	(n=8)	(n=5)	(n=6)	(n=23)
(% of entire sample)									
Don't know	47 (8)	57 (25)	33 (4)	42 (8)	44 (4)	50 (4)	40 (2)	67 (5)	39 (9)
Decreased	4 (<1)	2 (1)	7 (<1)	5 (1)	0 (0)	0 (0)	0 (0)	17 (1)	4 (1)
Stable	40 (6)	30 (13)	60 (7)	47 (9)	44 (4)	50 (4)	60 (3)	0 (0)	44 (10)
Increased	6 (1)	7 (3)	0 (0)	5 (1)	11 (1)	0 (0)	0 (0)	17 (1)	9 (2)
Fluctuated	2 (<1)	5 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	4 (1)

Source: PDI interviews 2005

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. Sixteen percent (n=129) of the national sample commented on the purity of ketamine. Over half (54%, or 9% of entire sample) of those who commented reported the purity of ketamine to be 'high' and a further 27% (4% of entire sample) reported ketamine purity as 'medium' (Figure 35).

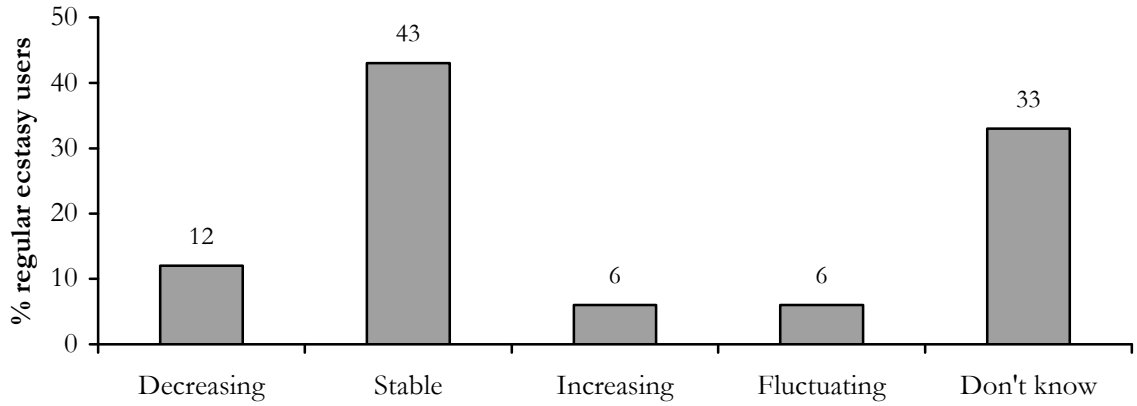
Figure 35: National REU report of current ketamine* purity, 2005



Source: PDI interviews 2005
*Among those who commented (n=129)

Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, 43% (7% of entire sample) reported that ketamine purity was 'stable', 33% (5% of entire sample) 'did not know', 12% (2% of entire sample) said 'decreasing', 6% (1% of entire sample) 'increasing' and 6% (1% of entire sample) 'fluctuating' (Figure 36).

Figure 36: National REU reports of recent change in ketamine* purity, 2005



Source: PDI interviews 2005
*Among those who commented (n=129)

7.4 Availability

Sixteen percent of the national sample commented on the recent availability of ketamine. Half of the participants reported that ketamine was 'easy' (38%, or 6% of entire sample) or 'very easy' (12%, or 2% of entire sample) to obtain. The remaining half found ketamine to be either 'difficult (36%, or 6% of entire sample) or 'very difficult' (12%, or 2% of entire sample) to obtain. Two percent of participants that commented 'did not know' (Table 36).

Over half (55%, or 9% of entire sample) of those that commented reported the availability of ketamine had remained 'stable' over the preceding six months, while one-fifth (20%, or 3% of entire sample) reported that ketamine was 'more difficult' to obtain. Eleven percent (2% of entire sample) considered it to be 'easier', 12% (2% of entire sample) 'did not know' and 2% (less than 1% of entire sample) reported it as 'fluctuating' (Table 36).

Table 36: Availability of ketamine by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond	84	56	88	81	91	92	95	93	77
Of those who responded (n)	(n=129)	(n=44)	(n=15)	(n=19)	(n=9)	(n=8)	(n=5)	(n=6)	(n=23)
(% of entire sample)									
Don't know	2 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	17 (1)	9 (2)
Very easy	12 (2)	18 (8)	20 (2)	5 (1)	0 (0)	0 (0)	0 (0)	17 (1)	13 (3)
Easy	38 (6)	48 (21)	40 (5)	53 (10)	11 (1)	25 (2)	40 (2)	0 (0)	30 (7)
Difficult	36 (6)	34 (15)	20 (2)	32 (6)	78 (7)	50 (4)	60 (3)	17 (1)	30 (7)
Very difficult	12 (2)	0 (0)	20 (2)	10 (2)	11 (1)	25 (2)	0 (0)	50 (4)	17 (4)
Availability changes (%)									
Did not respond	84	56	88	81	91	92	95	93	77
Of those who responded (n)	(n=129)	(n=44)	(n=15)	(n=19)	(n=9)	(n=8)	(n=5)	(n=6)	(n=23)
(% of entire sample)									
Don't know	12 (2)	7 (3)	7 (<1)	0 (0)	33 (3)	25 (2)	20 (1)	17 (1)	17 (4)
Easier	11 (2)	9 (4)	13 (2)	16 (3)	0 (0)	0 (0)	20 (1)	0 (0)	17 (4)
Stable	55 (9)	64 (28)	67 (8)	58 (11)	33 (3)	38 (3)	40 (2)	50 (4)	48 (11)
More difficult	20 (3)	18 (8)	13 (2)	26 (5)	22 (2)	38 (3)	20 (1)	17 (1)	17 (4)
Fluctuates	2 (<1)	2 (1)	0 (0)	0 (0)	11 (1)	0 (0)	0 (0)	17 (1)	0 (0)

Source: PDI interviews 2005

7.4.1 Ketamine detected at the Australian border

As mentioned previously, diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002; prior to then, suspected ketamine importations were referred to police for investigation under state and territory laws. In the 2001/02 financial year, Customs detected two attempted imports by air passengers, the largest being 43 grams in air passenger baggage (Australian Crime Commission 2003). There were six ketamine detections in 2002/03 with a total weight of 260 grams, increasing in 2003/04 to 10 ketamine detections weighing a total of 75 grams. In 2004/05 there were three detections of ketamine. Unfortunately the total weight was not available in 2004/05 (Australian Crime Commission 2005).

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, Copeland et al. 2003), and the experience of a 'k-hole' may lead some to experience symptoms of paranoia, hallucinations, and distress (Jansen 2000). These may increase the acute risks of ketamine, particularly given that it is often used in nightclubs or dance parties, where the confusion and dissociation induced by ketamine may lead to unintended harms such as falls, traffic accidents (when leaving venues), and the unpleasant event of being taken advantage of by others.

Very few deaths by 'pure' ketamine overdose have ever been recorded. Of 87 ketamine-linked deaths in New York City, none was purely due to the use of ketamine (Gill and Stajic 2000). No national data could be collected on non-fatal or fatal overdoses where ketamine was implicated. Data from the Forensic Toxicology Laboratory Database at the Division of Analytical Laboratories show that there has been five drug-related deaths recorded in NSW where ketamine was detected since 1994.

7.5.3 Treatment

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

Treatment-seeking for problems with ketamine use is low compared to other drugs. Data from the NMDS-AODTS in NSW (provided by NSW Health) showed there were six closed treatment episodes based on data from the commencement where the principal drug of concern was ketamine. Only one of these was in 2005.

7.6 Jurisdictional trends in ketamine use

7.6.1 NSW

There has been an increase in proportions of REU reporting use of ketamine since 2000. There was an increase in the reported lifetime use of ketamine in 2005 while recent use of ketamine remained stable.

Ketamine use remains uncommon among REU: the number of days in the past six months was one day in 2004 to two in 2005. The quantity of ketamine being used remained stable. Friends' homes were the most commonly nominated location of recent use, followed by respondents' own homes, and nightclubs.

Of those who were able to comment, the price of ketamine in 2005 was reported to be a median of $100 per gram, a decrease in price from 2004 ($200 per gram). Most respondents reported that the purity of ketamine was 'high' or 'medium' and that the purity had remained 'stable' in the preceding six months. Ketamine was 'very easy' or 'difficult' to obtain and this remained 'stable' in the preceding six months.

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

7.6.2 ACT

A minority of the 2005 PDI sample reported the recent use of ketamine. Most recent ketamine users had used ketamine infrequently (i.e. on a less that monthly basis) in the preceding six months.

The most common modes of ketamine administration were swallowing and less often snorting, with one REU also having injected ketamine in the past six months.

The median price for a gram of ketamine in the ACT increased to $65 ($30-80) in 2005. The majority of REU; however, reported that the price of ketamine had remained 'stable' over the previous six months.

REU believed the current purity of ketamine to be 'high' and to have remained 'stable' in the past six months. As in previous years, respondents were divided in terms of their perceptions regarding the current availability of ketamine in the ACT. Ketamine was most commonly purchased from known dealers followed by friends, acquaintances and unknown dealers.

7.6.3 VIC

Over half (56%) of the sample reported having ever used ketamine, with just over one-third of the sample (35%) reporting recent use. Those reporting recent ketamine use had generally used it infrequently, on a median of three days in the preceding six months (range 1-72). A median of 1.5 bumps (range 1-3) was used during both 'typical' and 'heavy' occasions of use. Of those participants who reported bingeing in the preceding six months, 21% reported using ketamine when doing so. Only a small proportion of those participants reporting typically using drugs in conjunction with ecstasy reported using ketamine (9%). Similarly, only a small proportion of those participants reporting typically using drugs during the comedown from ecstasy (n=88) reported using ketamine during this time (8%). Most participants that reported recent ketamine

use reported snorting it (97%). Some participants (31%) had swallowed ketamine, and two participants reported having smoked it (6%).

A median price of $180 per gram (range $150-$250) was reported. Although only small numbers of participants were able to comment, it appears that the price of ketamine had remained 'stable' in the six months prior to interview. The majority of those who commented reported the current purity of ketamine as 'medium' or 'high', and over half reported that the purity of ketamine had remained 'stable' (53%) in the preceding six months. There was little consistency in the reports of the current availability of ketamine among the 2005 REU sample.

7.6.4 TAS

One-quarter (24%) of the 2005 REU sample reported lifetime use of ketamine and only one in ten (11%) had recently used ketamine on an average of three occasions in the preceding six months in relatively small amounts; this, along with anecdotal reports of key experts, suggests predominately experimental use by a small number of people amongst this regular ecstasy-consuming cohort.

Ketamine was typically swallowed or snorted at private residences and could be purchased in tablet or powder form

Consistent with the relatively low use of ketamine among the 2005 REU sample, few participants were able to comment on the price, purity and availability of the drug and these estimates should therefore be interpreted with caution.

The median price for a ketamine tablet was $20 (range $20-35) and the median price for a gram of ketamine was $190 (range $150-280) and this was thought to have remained stable during the preceding six months. The purity of ketamine was considered to be high or medium and to have remained stable in recent months. Ketamine was typically considered by those that commented to be difficult to obtain.

The availability and use of ketamine appeared to have decreased from 2003 to 2004, with a substantial reduction observed in lifetime and recent use of ketamine between the two samples, and less respondents able to confidently report on the price, purity and availability of the drug. While ketamine was used relatively infrequently by a small proportion of people among the 2005 sample, there was a slight increase in use and number of people commenting on the drug relative to the 2004 cohort.

7.6.5 SA

Almost one-quarter of REU reported recent use of ketamine in 2005, though frequency of use remained low. The prevalence of use of ketamine among REU seems to have decreased, following a steady increase in use from 2001 to 2004.

The most commonly reported locations of both *usual* and *last* use of ketamine were a friend's home or their own home.

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

KE comments suggest use of ketamine is either "accidental" (in ecstasy pills) or restricted to a subset of users, and supports REU reports of use at private venues.

7.6.6 WA

Lifetime and recent use of ketamine remained stable across survey years. In 2005, 25% reported ever using ketamine compared to 21% in 2004 and 25% in 2003. Similarly, 11% of the current sample reported using ketamine in the last six months, compared to 10% in 2004 and 12% in 2003.

Only five participants commented on the current ketamine market, providing insufficient data to determine any trends.

Ketamine was most typically used at private locations of home (60%), friend's home (40%) and private party (40%).

7.6.7 NT

Small proportions of the NT sample reported lifetime (13%) and the recent use (7%) of ketamine in 2005.

Frequency and quantity of ketamine use declined; recent users in 2005 had used it for a median of one day (two days in 2004) and used one bump in 'typical' and 'heavy' episodes (two bumps in 2004).

Swallowing was the most common recent route of administration in 2005; however, substantial proportions also reported injecting and snorting.

In the last two years, respondents reported usually using ketamine at home, with a few also using at other locations.

In 2005 one participant reported the price at $80 per gram. Most 'did not know' if this price had recently changed.

Ketamine purity was considered 'high', purity change was considered to be 'decreasing' in 2005.

Ketamine availability was described as 'difficult' to 'very difficult' to obtain, and that this had been 'stable' over the last six months.

7.6.8 QLD

Thirty-seven percent of REU reported lifetime use of ketamine in 2005, with 20% reporting recent use. Respondents reported typically using 0.75 bumps (0.5-1) on a median of two and a half days (1-70) in the six months prior to interview. More REU reported recent ketamine use in 2005 (20%) than in previous years (2004 16%; 2003 14%; 2001 9%; 2000 14%). However, the median days of ketamine use were only slightly higher (half a day) in 2005 than in previous years. Respondents also reported typically using smaller quantities than in previous years.

Nine REU reported purchasing a gram of ketamine for $150 ($70-$250) in 2005, with current ketamine purity being reported mainly as either 'medium' (n=7) or 'high' (n=10) by the 23 respondents who reported on purity. REU reported current ketamine availability as either 'difficult' to 'very difficult' (n=11) or 'easy' to 'very easy' (n=10).

7.7 Summary of ketamine trends

- Eight participants of the national sample nominated ketamine as their drug of choice.
- Thirty-eight percent of the 2005 national sample reported lifetime use of ketamine and about one-fifth (21%) had used ketamine in the six months preceding interview.
- The median age of first use, among those that reported using ketamine, was 20 years.
- Of those that used ketamine in the six months preceding interview, the majority (75%) snorted, 43% swallowed, 3% injected and 2% smoked.
- Ketamine was predominantly obtained through friends (49%) and known dealers (30%). REU reported scoring ketamine from a variety of locations, most commonly private residences (friend's home, dealer's home or their own home).
- Over half of REU reported they had last used ketamine in a private home (38% friend's home or 23% own home) and 20% reported last using at a nightclub, or rave and 7% private party.
- 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 $65 in the ACT (n=2) to $200 in SA (n=4).
- Nearly half (47%) of the national sample responded that they 'did not know' if the price had changed. Two-fifths (40%) 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 (54%) of those who commented reported the purity of ketamine to be 'high' and a further 27% reported ketamine strength as 'medium'.
- Of those that commented on whether the purity of ketamine had changed in the six months preceding interview, 43% said 'stable', 33% 'did not know', 12% said 'decreasing', 6% 'increasing' and 6% 'fluctuating'.
- Half of the participants reported ketamine was 'easy' or 'very easy' to obtain. The other half reported it to be 'difficult or 'very difficult'.
- Over half (55%) of those that commented reported the availability of ketamine had remained 'stable' over the preceding six months, while one-fifth (20%) reported it was 'more difficult' to obtain.

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, Long et al. 1971). Research has examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak 1989; Chin, Kreutzer et al. 1992; Mack 1993) and for alcohol dependence and opioid withdrawal (Kam and Yoong 1998; Nicholson and Balster 2001).

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

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

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

8.1 GHB use among regular ecstasy users

Eleven participants (1.4%) of the 2005 national sample nominated GHB as their drug of choice. Twenty-one percent of the 2005 national sample reported lifetime use of GHB and 9% had used GHB in the six months preceding interview (Table 37). The median age of first use, among those that reported using GHB, was 21 years (range 13-40).

Less than one percent (n=2) of the national sample reported that they had injected GHB at some stage in their lives. Only one participant reported injecting GHB in the six months preceding interview.

All participants reported recently swallowing GHB, except one participant in the NT who injected it.

Of those that used GHB, the median number of days used was two, ranging from having used GHB once to two participants reporting using GHB just over every third day or more (Table 37). The majority (64%) had used less than monthly; 16% used GHB between monthly and fortnightly; 8% used between fortnightly and weekly; and another 12% used GHB more than once a week.

Table 37: Patterns of GHB use among REU, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever used (%)	**21**	32	14	33	7	32	10	15	26
Used last six months (%)	**9**	13	6	16	2	18	3	4	13
Median days used* last 6 mths (range)	**2 (1-72)**	2 (1-14)	1.5 (1-100)	10 (1-72)	2 (2-2)	2 (1-24)	1 (1-3)	2 (1-6)	2 (1-48)

Source: PDI interviews 2005 *Of those that used in the six months preceding interview

GHB use was typically quantified in millilitres (mls). The median amount of GHB used in a 'typical' or 'average' use episode in the preceding six months was 5mls (range 1-50). Recent GHB users reported using a median of 10mls (range 1-70) during their 'heaviest' use episode. One-fifth (20%) reported having used 15mls or more in a single occasion in the last six months. One participant reported using 50mls and two participants reported using 30mls in the last six months. Six percent (n=25) 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 (43%) and known dealers (43%). Around one-third (35%) scored (location) from a dealer's home, from their friend's home (30%) or their own home (13%, Table 38).

GHB was used in a variety of locations. Private homes (friend's home 51% or own home 54%) were the most common location, followed by nightclubs (42%, Table 38).

Table 38: Source, purchase location and use location of GHB by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Scored from (%)									
(% who commented)	(n=60)	(n=16)	(n=3)	(n=13)	(n=2)	(n=11)	(n=0)	(n=2)	(n=13)
Friends	43	38	67	62	0	36	0	0	46
Known dealers	43	38	67	69	0	9	0	0	62
Acquaintances	3	0	0	0	50	0	0	50	0
Workmates	0	0	0	0	0	0	0	0	0
Unknown dealers	8	19	0	15	0	0	0	0	0
Locations scored (%)									
(% who commented)	(n=60)	(n=16)	(n=3)	(n=13)	(n=2)	(n=11)	(n=0)	(n=2)	(n=13)
Friend's home	30	31	33	54	0	18	0	50	15
Dealer's home	35	31	67	46	0	0	0	0	62
Agreed public location	10	13	0	15	0	0	0	0	15
At own home	13	13	33	23	0	9	0	0	8
Nightclub	13	31	33	8	0	9	0	0	0
Private party	2	6	0	0	0	0	0	0	0
Raves*	10	19	0	23	0	0	0	0	0
Street	2	0	0	0	0	9	0	0	0
Acquaintance's home	2	0	0	0	0	0	0	0	8
Usual use venue (%)									
(% who commented)	(n=59)	(n=15)	(n=3)	(n=13)	(n=2)	(n=11)	(n=0)	(n=2)	(n=13)
Nightclub	42	73	0	46	0	18	0	0	42
Raves*	32	40	0	46	0	27	0	0	25
Private party	22	20	0	15	0	27	0	50	33
Friend's home	51	53	33	46	50	46	0	0	67
At own home	54	40	100	77	0	36	0	50	58
Pubs	9	13	0	8	0	0	0	0	8
Dealer's home	17	0	0	23	0	0	0	0	50
Restaurant/café	5	7	0	8	0	0	0	0	8
Public place	10	20	0	15	0	0	0	0	8
Vehicle – passenger	12	7	0	23	50	9	0	0	8
Vehicle – driver	7	13	0	8	0	0	0	0	8
Outdoors	10	7	0	31	0	0	0	0	8
Live music event	7	13	0	15	0	0	0	0	0
Work	5	0	0	15	0	0	0	0	8

Source: PDI interviews 2005 *Includes 'doofs' and dance parties

Table 38: Source, purchase location and use location of GHB by jurisdiction, 2005 (continued)

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Last use venue (%)									
(% who commented)	(n=59)	(n=15)	(n=3)	(n=13)	(n=2)	(n=11)	(n=0)	(n=2)	(n=13)
Nightclub	17	33	0	0	0	9	0	0	31
Friend's home	22	40	0	23	50	9	0	0	15
At own home	37	7	100	62	0	36	0	50	39
Raves*	5	7	0	8	0	9	0	0	0
Private party	10	0	0	8	0	18	0	50	15

Source: PDI interviews 2005 *Includes 'doofs' and dance parties

8.1.1 Use of 1,4-B

Just over one percent (n=10) of the national sample reported use of 1,4-butanediol (1,4-B) in their lifetime and less than one percent (n=5) had used 1,4-B recently, all of whom had swallowed it. Those that had used 1,4-B in the last six months were from VIC (n=4) and NSW (n=1). The median days used was eight days (range 1-24 days) in VIC and the one participant in NSW had used for 40 days.

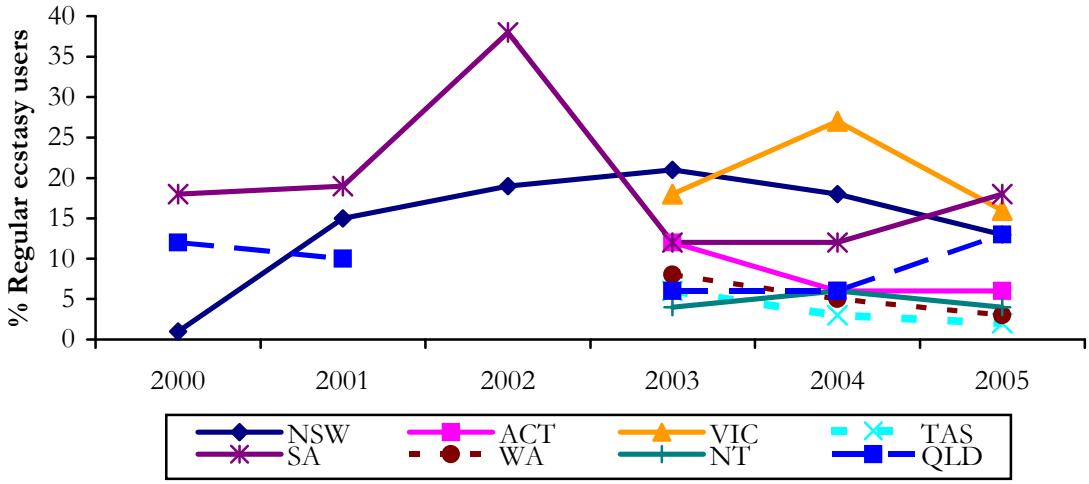
8.1.2 Use of GBL

One percent (n=9) of the national sample reported use of gamma-butyrolactone (GBL) in their lifetime and less than one percent (n=5) had used GBL recently. Those that had used GBL (NSW = 2, QLD = 2, VIC = 1) in the preceding six months reportedly swallowed it. In QLD the median days used was 57 days (range 10-104 days), in NSW eight and a half days (range 5-12 days), and in VIC the one participant had used GBL for 24 days in the last six months.

8.1.2 Trends over time

In NSW, QLD and SA, data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states. The data from NSW, SA and QLD suggest that small proportions of REU use GHB. Frequency and quantity of use is comparable between years, and given the small numbers who commented, cautious interpretation is required. In NSW, the proportion of users reporting lifetime and recent GHB, has increased over time; however, use this decreased slightly in 2005. In SA there was a decrease in the proportion of REU reporting lifetime and recent use of GHB in 2003; this remained stable in 2004 and increased slightly in 2005. GHB use in QLD increased slightly in 2005. Recent use was relatively stable in the other states in 2005, except in VIC where the recent use of GHB decreased to those levels reported in 2003, and in SA where it increased slightly (Figure 37).

Figure 37: Proportion of REU that reported recent use of GHB by jurisdiction, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

8.2 Price

Participants were asked 'How much does GHB cost at the moment?'. 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 millilitres (mls). Forty-two participants of the national sample commented on the price of a ml of GHB, and these prices are listed in Table 39.

Table 39: Price per ml of GHB by jurisdiction, 2005

Price ($)	NSW n=5	ACT n=0	VIC n=12	TAS n=1	SA n=11	WA n=0	NT n=0	QLD n=13
Per ml	$4 3 x $5 $15	-	2 x $1 3 x $2 5 x $2.50 2 x $3	$2	$1 $2 $3 $3.50 4 x $4 2x$5 $8	-	-	$2 3x$3 7 x $5 $6 $10

Source: PDI interviews 2005

Nine percent (n=71) in the national sample commented on whether the price of GHB had changed in the preceding six months. Two-fifths (41%, or 4% of entire sample) 'did not know' whether there had been a change; 32% (3% of entire sample) described the price as 'stable'; 10% reported price as 'decreasing'; 10% (1% of entire sample) reported price as 'increasing'; and 7% (less than 1% of entire sample) reported it as 'fluctuating' (Table 40).

Table 40: Price changes of GHB by jurisdiction, 2005

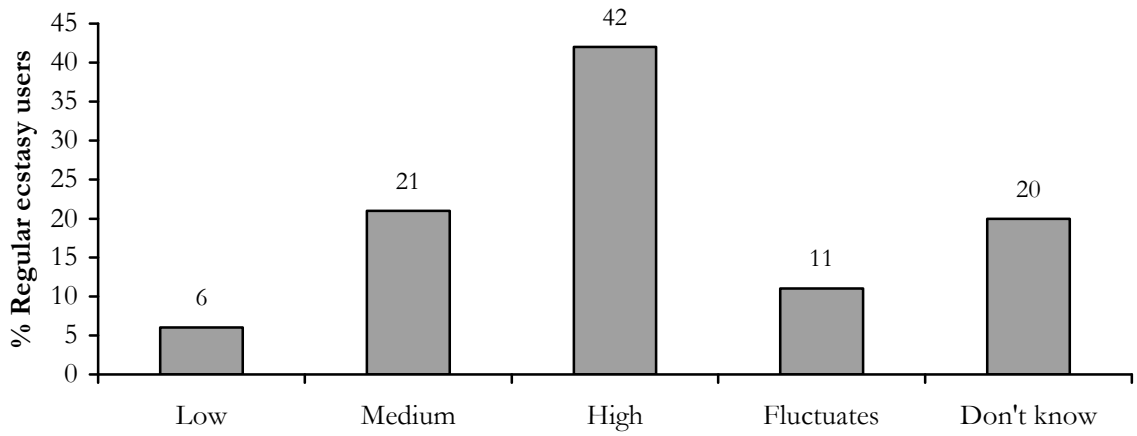
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Price change (%)									
Did not respond	91	84	96	86	98	86	99	98	83
Of those who responded (n)	(n=71)	(n=16)	(n=5)	(n=14)	(n=2)	(n=14)	(n=1)	(n=2)	(n=17)
(% of entire sample)									
Don't know	41 (4)	44 (7)	20(<1)	29 (4)	100 (2)	36 (5)	0 (0)	50 (1)	53 (9)
Decreased	10 (1)	6 (1)	20(<1)	21 (3)	0 (0)	14 (2)	0 (0)	0 (0)	0 (0)
Stable	32 (3)	31 (5)	20(<1)	36 (5)	0 (0)	29 (4)	0 (0)	50 (1)	41 (7)
Increased	10 (1)	13 (2)	40 (1)	0 (0)	0 (0)	7 (1)	100 (1)	0 (0)	6 (1)
Fluctuated	7 (<1)	6 (1)	0 (0)	14 (2)	0 (0)	14 (2)	0 (0)	0 (0)	0 (0)

Source: PDI interviews 2005

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. Nine percent (n=71) of the national sample commented on the purity of GHB. Forty-two percent (4% of entire sample) of those who commented reported the purity of GHB to be 'high' and a further 21% (2% of entire sample) reported GHB strength as 'medium' (Figure 38). One-fifth (20% or 2% of entire sample) 'did not know' what the current purity of GHB was.

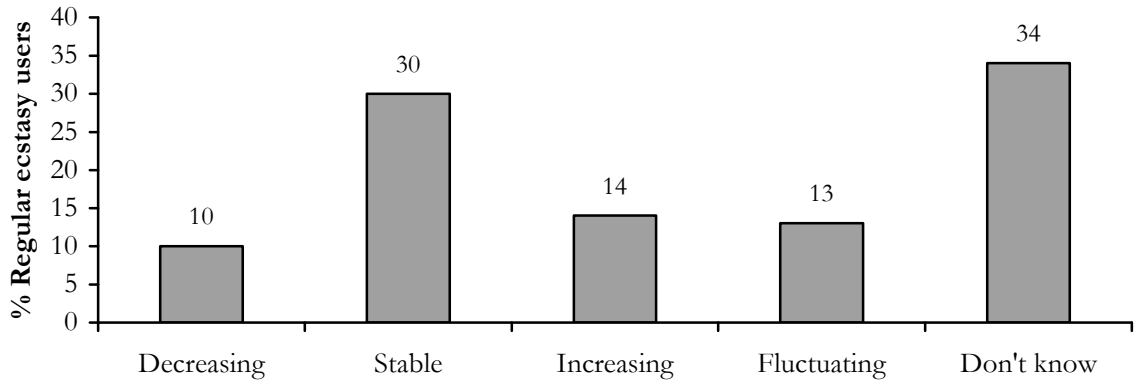
Figure 38: National REU reports of current GHB* purity, 2005



Source: PDI interviews 2005
*Among those who commented (n=71)

Of those that commented (n=71) on whether the purity of GHB had changed in the six months preceding interview, 34% (3% of entire sample) 'did not know'; 30% (3% of entire sample) reported it was 'stable'; 14% (1% of entire sample) said 'increasing'; 10% (less than 1% of entire sample) 'decreasing'; and 13% (1% of entire sample) 'fluctuating' (Figure 39).

Figure 39 National REU reports of recent change in GHB* purity, 2005



Source: PDI interviews 2005
*Among those who commented (n=71)

8.4 Availability

Nine percent (n=71) 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 were differences regarding reports of the availability of GHB among the jurisdictions. Nationally, 54% (5% of entire sample) of the sample reported the availability of GHB as 'very easy' (24%, 2% of entire sample) or 'easy' (30%, 3% of entire sample) to obtain in the last six months. Nearly two-fifths of those who commented reported availability as 'difficult' (32%, 3% of entire sample) or 'very difficult' (7%, less than 1% of entire sample) to obtain, and a further 7% (less than 1% of entire sample) 'did not know' (Table 41) the current availability of GHB.

Over two-fifths (44%, or 4% of entire sample) of those that commented reported the availability of GHB had remained 'stable' over the preceding six months, while 23% (2% of entire sample) reported that it had become 'easier' or 'more difficult' (17%, or 1% of entire sample) to obtain (Table 41).

Table 41: Availability of GHB by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Current availability (%)									
Did not respond	91	84	96	86	98	86	99	98	83
Of those who responded (n)	(n=71)	(n=16)	(n=5)	(n=14)	(n=2)	(n=14)	(n=1)	(n=2)	(n=17)
(% of entire sample)									
Don't know	7 (<1)	13 (2)	0 (0)	0 (0)	0 (0)	14 (2)	0 (0)	0 (0)	6 (1)
Very easy	24 (2)	31 (5)	20(<1)	64 (9)	0 (0)	7 (1)	0 (0)	0 (0)	6 (1)
Easy	30 (3)	25 (4)	40 (1)	14 (2)	0 (0)	36 (5)	0 (0)	50 (1)	41 (7)
Difficult	32 (3)	25 (4)	40 (1)	21 (3)	50 (1)	43 (6)	100 (1)	50 (1)	29 (5)
Very difficult	7 (<1)	6 (1)	0 (0)	0 (0)	50 (1)	0 (0)	0 (0)	0 (0)	18 (3)
Availability changes (%)									
Did not respond	91	84	96	86	98	86	99	98	83
Of those who responded (n)	(n=71)	(n=16)	(n=5)	(n=14)	(n=2)	(n=14)	(n=1)	(n=2)	(n=17)
(% of entire sample)									
Don't know	6 (1)	19 (3)	0 (0)	7 (1)	0 (0)	14 (2)	100 (1)	0 (0)	24 (4)
Easier	23 (2)	6 (1)	60 (2)	36 (5)	50 (1)	36 (5)	0 (0)	50 (1)	0 (0)
Stable	44 (4)	44 (7)	40 (1)	43 (6)	50 (1)	29 (4)	0 (0)	50 (1)	59 (10)
More difficult	17 (1)	31 (5)	0 (0)	14 (2)	0 (0)	14 (2)	0 (0)	0 (0)	18 (3)
Fluctuates	1 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	7 (1)	0 (0)	0 (0)	0 (0)

Source: PDI interviews 2005

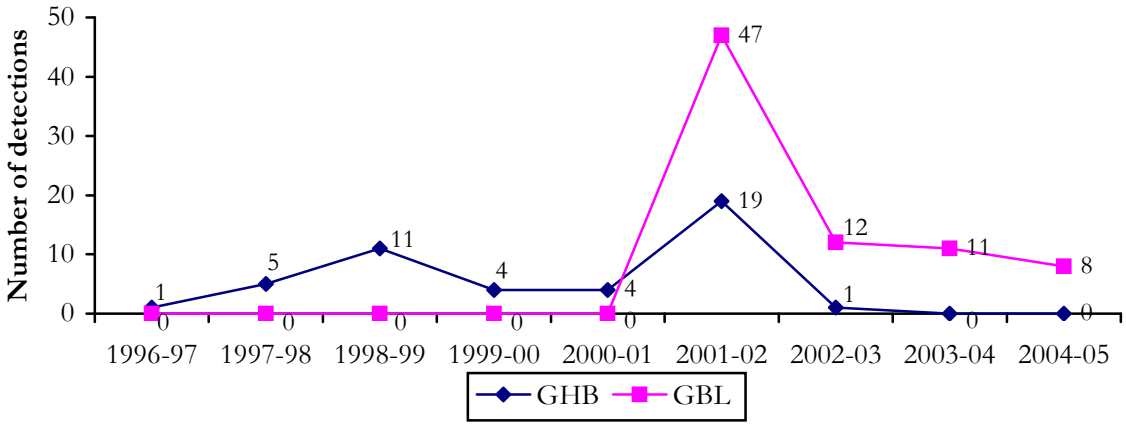
8.4.1 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 40 indicates an increase in recent years in the number of detections of GBL at the Australian border since 2001/02. There was a record number of 47 detections of GBL in 2001/02. This was the first year that any such detection had been made of this drug at the Australian border.

In 2004/05, there were eight GBL detections at the border. This may be an indication that GBL is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself.

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 40: Number of GHB and GBL detections at the border by Australian Customs Service, financial years 1996/97-2004/05



Source: Australian Customs Service 2005

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 ecstasy and related drugs such as crystal methamphetamine and ketamine. This is consistent with some anecdotal reports from REU, some of whom noted that it was possible to obtain a range of ecstasy and related 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, Darke et al. 2003).

Concerted media attention on GHB-related overdoses has certainly existed in Australia, with wide media reporting of occasions where multiple GHB overdoses have occurred. Recent analysis of data from coronial records has suggested that ten cases had been confirmed in this country to be associated with the use of GHB, with eight of these cases confirmed as primarily caused by the drug (Caldicott, Chow et al. 2004).

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

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.

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.

Data from the Forensic Toxicology Laboratory Database at the Division of Analytical Laboratories show that, since 2000, there has been two suspected drug-related deaths in NSW in which GHB was detected.

Treatment

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

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

8.6 Jurisdictional trends in GHB use

8.6.1 NSW

In 2005 there was an increase in the number of respondents who reported lifetime use of GHB yet there was a decrease in the number of respondents who reported recent use of GHB. The majority had used GHB once a month in the preceding six months.

The quantity of GHB being used fluctuated in 2005; the 'average' quantity used decreased yet there was an increase in the quantity used in 'heavy' sessions of use. GHB was most often used in nightclubs.

The median price of a 'vial' of GHB decreased from $30 in 2004 to $25 in 2005 and the price of GHB was reported as having remained 'stable' in the preceding six months. Most respondents reported GHB purity as 'high', although the reports regarding the stability of GHB purity in the preceding six months were conflicting, ranging from the purity having remained 'stable' to having 'decreased'.

Conflicting reports regarding the availability of GHB were also provided, with reports ranging from 'very easy' to 'difficult', and respondents reported that the availability in the preceding six months ranged from 'stable' to 'more difficult'.

KE reports indicated that GHB was used; however, use of GHB was done discreetly. KEs also indicated that users were aware of the harms associated with using the drug and had become more vigilant in looking out for friends who were under the influence. KE reports suggested that GHB was used in combination with ecstasy, alcohol or ketamine.

8.6.2 ACT

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

With the exception of one recent user who had used GHB on a greater than fortnightly basis in the previous six months, all recent users had used GHB infrequently (less than monthly) in the six months prior to interview. The quantity of GHB used by REU did not differ according to a 'typical' or 'heaviest' session of GHB use.

Only a small number (n=5) of participants in the 2005 PDI were able to comment on the current price, purity and availability of GHB in the ACT, and the following results therefore need to be interpreted with caution.

The current purity of GHB was reported to be 'medium' to 'high', and REU were divided in their response to the current availability of GHB in the ACT. Respondents indicated that they had purchased GHB from friends and dealers in the previous six months.

8.6.3 VIC

One-third (33%) of the 2005 REU sample reported having ever used GHB, with 16% of the sample reporting recent use. Those participants that reported recent GHB use had done so on a median of ten days in the preceding six months (range 1-100). A median of 10ml was used during a 'typical' occasion (range 3-50) and a median of 20ml was used during a 'heavy' occasion (range 3-70) of use. Of those participants who reported bingeing in the preceding six months, 15% reported using GHB when doing so. All of the participants that reported recent GHB use had swallowed it, with no other routes of administration reported.

Fourteen participants were able to comment on the current price, purity and availability of GHB. A median price of $2.50 per ml (range $1-$3) was reported, with variable reports concerning changes in the price over the preceding six months. Half of those able to comment reported the current strength as high, and it was considered to be 'very easy' (64%) or 'easy' (14%) to obtain, with GHB availability considered as 'stable' or become 'easier' over the preceding six months.

8.6.4 TAS

Less than one in ten (7%) of the REU sample had ever used GHB, and only two male participants (2%) had used GHB during the six months preceding the interview. This is consistent with the low levels of use reported among the 2003 and 2004 REU samples.

GHB was taken orally in liquid form and on only two occasions during this time.

There was no lifetime or recent use of GHB-like substances such as 1,4B or GBL among the 2005 REU cohort.

A single participant reported on the price, purity or availability of GHB in Tasmania, and therefore these estimates should be interpreted with caution.

Patterns of use among REUs and anecdotal comments of key experts indicate low availability of GHB in Tasmania and predominantly experimental use by few people. However, considering the potentially harmful nature of GHB, future monitoring of GHB markets in Tasmania is important.

8.6.5 SA

Almost a fifth of REU reported recent use of GHB, a small increase compared to the last two years. The frequency of recent use was low, consistent with previous years.

Price, purity and availability data for GHB in 2004 was based on a very small sample of REU and is therefore of limited value. Data suggests that the price of GHB was stable and that it remained more difficult to obtain GHB in general compared to earlier years (2001 and 2002).

KE information suggested that GHB use was not common among REU generally, but evidence of harm associated with its use was evident in emergency department attendances.

8.6.6 WA

In 2005, 10% of participants reported lifetime use of GHB, as was found in 2004. Recent use remained low, with only 3% reporting use of GHB in the last six months (5% in 2004).

Only one participant elected to respond to a series of questions about price, purity, availability, location of use, and source of GHB.

8.6.7 NT

In 2005, 15% of the sample reported lifetime use of GHB and only 4% had used GHB in the six months preceding interview.

GHB had been recently used for a median of two days and recent users were using 10mls in a 'typical' and 'heavy' episode of use.

Among the few that reported GHB use, all had recently swallowed the drug and one person reported recently injecting it in 2005.

Over the last two years recent users had usually and last used GHB at home and private parties.

In 2005, GHB purity was considered to be 'medium' to 'low' and 'stable' in the last six months. Comments regarding GHB availability were mixed.

8.6.8 QLD

One-quarter (26%) of 2005 REU reported having ever used GHB with 13% reporting recent use. Recent GHB users reported typically using 7.5mls (range: 1-25) on a median of two days (1-48).

In 2005 the median price REU reported purchasing one ml of GHB for was $5 per ml ($2-$10, n=17).

There was disagreement among the REU who reported on current GHB purity, with seven reporting it as 'high', four as 'medium', two as 'fluctuating', one as 'low' and three as 'don't know'.

In 2005, REU who commented on the availability of GHB, reported current access as being either 'difficult' to 'very difficult' (n=8) or 'easy' to 'very easy' to obtain (n=8) and one 'did not know'. However, in the six months prior to interview, most REU reported that their access had remained 'stable' (n=10), three reporting it as 'more difficult' and four reporting they 'did not know'.

8.7 Summary of GHB trends

- 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.
- Eleven participants of the 2005 national sample nominated GHB as their drug of choice.
- Twenty-one percent of the 2005 national sample reported lifetime use of GHB and 9% 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 the NT who injected it.
- Of those that used GHB, the median number of days used was two. The majority (64%) had used less than monthly.
- 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 5mls.
- Twenty-two percent reported having used 15mls or more in a single occasion in the last six months.
- Six percent of those that 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 (43%) and known dealers (43%). Around one-third (35%) scored from their dealer's home, from a friend's home and their own home.
- GHB was used in a variety of locations. Private homes (friend's or own home) were the most common locations, followed by nightclubs.
- GHB was most commonly purchased in mls. Forty-two 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 21% reported GHB strength as 'medium'.
- There was inconsistency regarding reports of the availability of GHB, with 54% reporting availability as 'very easy' or 'easy' to obtain and 39% as 'difficult' or 'very difficult' to obtain.
- Over two-fifths (44%) 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 GBL at the Australian border since 2001/02.

9.0 LSD

Lysergic acid diethylamide is commonly known as LSD, trips or acid, which became popular in the 1960s. It is a powerful hallucinogen which can produce significant changes in perception, mood and thought. Only a small amount is needed to cause visual hallucinations and distortions. These experiences are known as 'trips'.

LSD is usually sold in perforated sheet form. Small paper squares ('tabs') are detached from these sheets and usually decorated with designs which can often be culturally specific to the user groups. LSD is potent, so trips are often cut into halves or quarters and shared with others.

Unpleasant reactions to LSD include fear, anxiety and depression. LSD is manufactured in illicit laboratories and the majority of LSD is believed to be imported from overseas.

9.1 LSD use among regular ecstasy users

Four percent (n=31) of the 2005 national sample reported LSD was their drug of choice. Sixty-four percent of the 2005 national sample reported lifetime use of LSD and 32% had used LSD in the six months preceding interview (Table 42). The median age of first use, among those that reported using LSD, was 21 years (range 13-40).

Three percent (n=23) of the national sample reported that they had injected LSD at some time (Table 42). Less than one percent (n=4) had injected LSD in the six months preceding interview.

All but two participants reported recently swallowing LSD in the six months preceding interview. Three participants had snorted, three injected and one had smoked LSD in the preceding six months.

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 nearly three times a week. The majority (79%) had used less than monthly; 14% used LSD between monthly and fortnightly; 5% usied between fortnightly and weekly; and another 2% used LSD more than once a week.

Table 42: Patterns of LSD use among REU, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever used (%)	**64**	71	48	67	54	82	71	61	58
Ever injected	**3**	0	2	1	1	5	3	11	2
Used last six months (%)	**32**	33	30	38	31	48	35	15	24
Median days used* last 6 mths (range)	**2 (1-72)**	2 (1-72)	2 (1-48)	3 (1-30)	1 (1-15)	3 (1-24)	2 (1-25)	2 (1-10)	1.5 (1-30)

Source: PDI interviews 2005 *Of those that used in the six months preceding interview

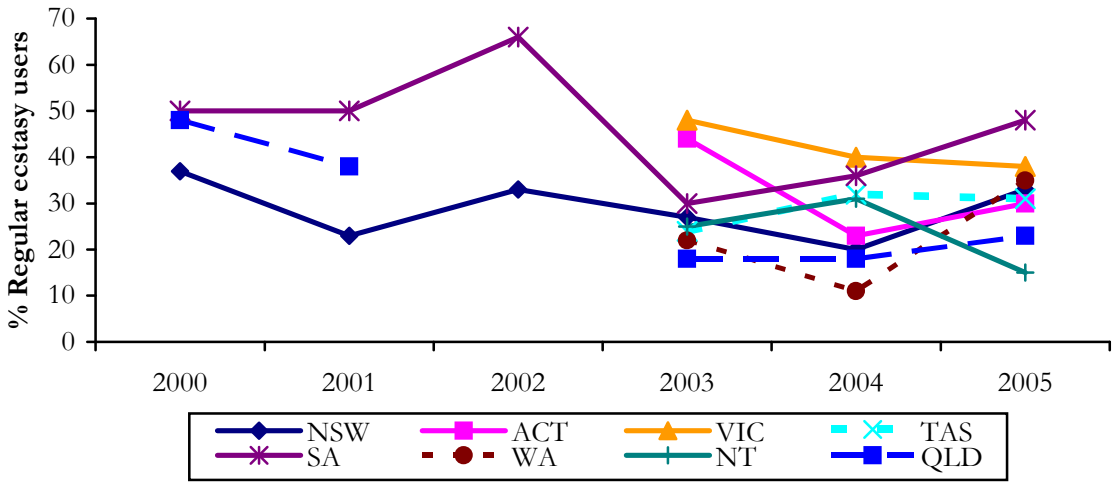
The median amount of LSD used in a 'typical' or 'average' use episode in the preceding six months was one tab (range 0.25-4). The median amount used in a 'heavy' session was also one tab (range 0.5-15). Twenty-two percent reported having more than three tabs in a single occasion

in the last six months. Seventeen percent of those that had binged in the six months preceding interview used LSD in their binge.

9.1.1 Trends over time

In Figure 41, in NSW, QLD and SA, data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states. Data over time from NSW, QLD and SA suggest that recent LSD use has decreased over time; however, use increased in 2005. The recent use of LSD varied in all other states. In 2005 the recent use of LSD increased slightly in all jurisdictions except the NT where it decreased and VIC, QLD and TAS where it remained fairly stable.

Figure 41: Proportion of REU that reported recent use of LSD by jurisdiction, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

9.2 Price

LSD was most commonly purchased in tabs. Thirty-one percent (n=249) 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, WA and TAS (Table 43).

Table 43: Median price per tab of LSD by jurisdiction, 2005

Median price ($)	NSW n=38	ACT n=35	VIC n=25	TAS n=36	SA n=37	WA n=35	NT n=15	QLD n=28
Per tab	$20 (5-40)	$20 (10-40)	$15 (5-30)	$25 (15-40)	$10 (5-20)	$25 (15-40)	$25 (15-80)	$20 (5-40)

Source: PDI interviews 2005

Thirty-three percent (n=266) of the national sample commented on whether the price of LSD had changed in the preceding six months. The price of LSD was generally considered to be 'stable' (49%, or 16% of entire sample), with 14% (4% of entire sample) reporting that price had 'increased' in the preceding six months. Twenty-one percent (7% of entire sample) also reported that they 'did not know' if the price had changed in the six months preceding interview (Table 44).

Table 44: Price changes of LSD by jurisdiction, 2005

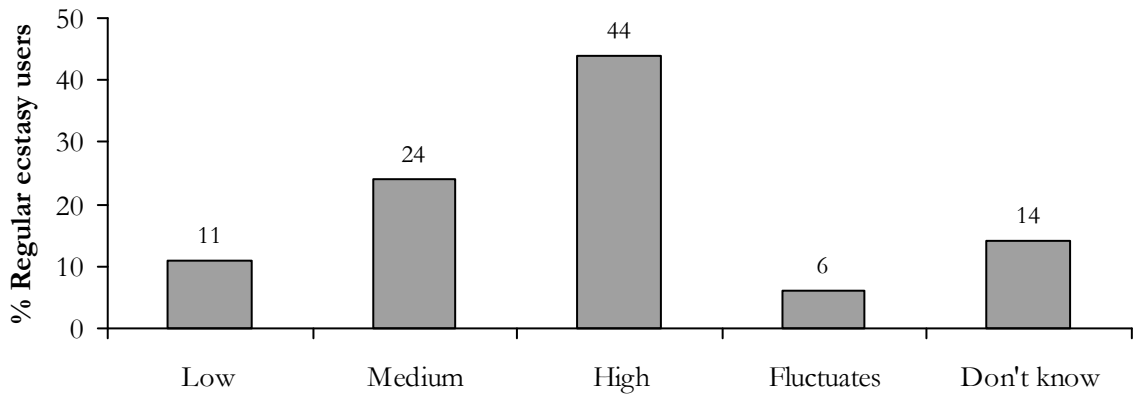
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Price change (%)									
Did not respond	67	58	70	75	64	56	65	80	70
Of those who responded (n)	(n=266)	(n=42)	(n=38)	(n=25)	(n=36)	(n=44)	(n=35)	(n=16)	(n=30)
(% of entire sample)									
Don't know	21 (7)	21 (9)	26 (8)	8 (2)	14 (5)	21 (9)	17 (6)	25 (5)	37(11)
Decreased	9 (3)	7 (3)	13 (4)	16 (4)	8 (3)	2 (1)	14 (5)	0 (0)	7 (2)
Stable	49 (16)	52(22)	42(13)	60 (15)	58(21)	64(28)	29 (10)	38 (7)	43(13)
Increased	14 (4)	14 (6)	8 (2)	4 (1)	11 (4)	9 (4)	31 (11)	25 (5)	10 (3)
Fluctuated	8 (2)	5 (2)	11 (3)	12 (3)	8 (3)	5 (2)	9 (3)	13 (2)	3 (1)

Source: PDI interviews 2005

9.3 Purity

Participants were asked what was the current purity or strength of LSD and if the purity had changed in the six months preceding interview. Thirty-three percent (n=266) of the national sample commented on the purity of LSD. Forty-four percent (15% of entire sample) of those who commented reported the purity of LSD to be 'high' and a further 24% (8% of entire sample) reported LSD strength as 'medium' (Figure 42). Eleven percent (4% of entire sample) reported the strength as 'low', 14% (5% of entire sample) 'did not know' what the current purity of LSD was, and 6% (2% of entire sample) reported the strength of LSD 'fluctuates'.

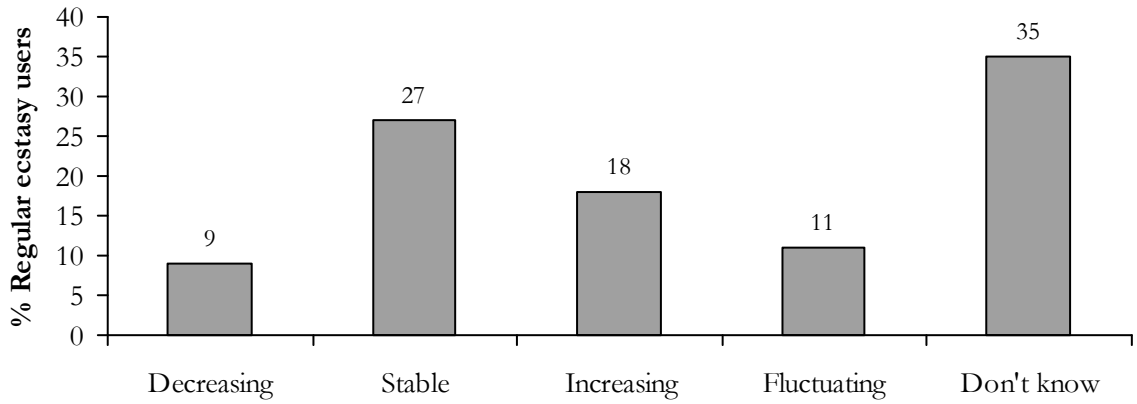
Figure 42: National REU reports of current LSD* purity, 2005



Source: PDI interviews 2005
*Among those who commented (n=266)

Of those that commented (n=266) on whether the purity of LSD had changed in the six months preceding interview, 35% (11% of entire sample) 'did not know', 27% (9% of entire sample) reported it was 'stable', 18% (6% of entire sample) said 'increasing', 11% (4% of entire sample) 'fluctuating' and 9% (3% of entire sample) 'decreasing' (Figure 43).

Figure 43: National REU reports of recent change in LSD* purity, 2005



Source: PDI interviews 2005
* Among those who commented (n=266)

9.4 Availability

Thirty-three percent (n=266) of the national sample commented on the recent availability of LSD.

Reports of the availability of LSD were mixed. Over two-fifths of those that commented reported the availability of LSD as 'difficult' (37%, or 11% of entire sample) or 'very difficult' (7%, or 2% of entire sample) to obtain. Over half of those that commented reported LSD was 'easy' (35%, or 11% of entire sample) or 'very easy' (17%, or 6% of entire sample) to obtain and 4% (1% of entire sample) 'did not know' (Table 45).

The availability of LSD was reported to have been 'stable' (47%, or 15% of entire sample) in the six months preceding interview by all of the jurisdictions. Eleven percent (3% of entire sample) reported that LSD has become 'more difficult' and 23% (7% of entire sample) reported that it was 'easier' to obtain. A small proportion (5%) reported that the availability of LSD 'fluctuated' and 15% (5% of entire sample) 'did not know' (Table 45).

Table 45: Availability of LSD by jurisdiction, 2005

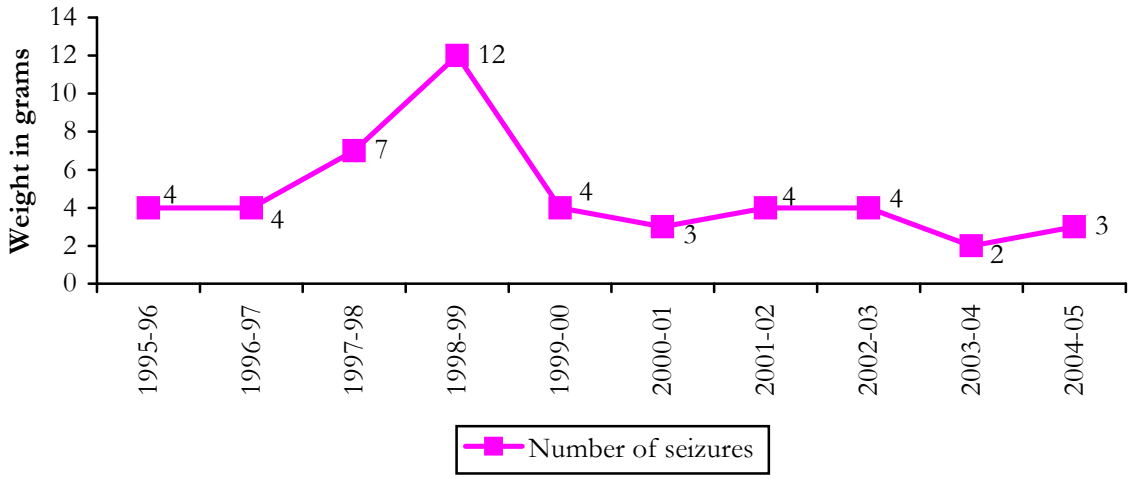
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond	67	58	70	75	64	56	65	80	70
Of those who responded (n)	(n=266)	(n=42)	(n=38)	(n=25)	(n=36)	(n=44)	(n=35)	(n=16)	(n=30)
(% of entire sample)									
Don't know	4 (1)	10 (4)	0 (0)	0 (0)	3 (1)	9 (4)	0 (0)	13 (2)	0 (0)
Very easy	17 (6)	26(11)	16 (5)	16 (4)	19 (7)	16 (7)	14 (5)	6 (1)	17 (5)
Easy	35 (11)	26(11)	21 (6)	44(11)	47(17)	39(17)	34(12)	44 (9)	33(10)
Difficult	37 (12)	29(12)	63(19)	32 (8)	28(10)	32(14)	34(12)	19 (4)	47(14)
Very difficult	7 (2)	10 (4)	0 (0)	8 (2)	3 (1)	5 (2)	17 (6)	19 (4)	3 (1)
Availability changes (%)									
Did not respond									
Of those who responded (n)	(n=266)	(n=42)	(n=38)	(n=25)	(n=36)	(n=44)	(n=35)	(n=16)	(n=30)
(% of entire sample)									
Don't know	15 (5)	21 (9)	8 (2)	8 (2)	19 (7)	21 (9)	9 (3)	25 (5)	13 (4)
Easier	23 (7)	12 (5)	26(10)	24 (6)	31(11)	18 (8)	37(13)	13 (2)	17 (5)
Stable	47 (15)	57(24)	45(13)	56(14)	33(12)	43(19)	43(15)	31 (6)	63(19)
More difficult	11 (3)	10 (4)	18 (6)	4 (1)	14 (5)	9 (4)	9 (3)	19 (4)	3 (1)
Fluctuates	5 (1)	0 (0)	3 (<1)	8 (2)	3 (1)	9 (4)	3 (1)	13 (2)	3 (1)

Source: PDI interviews 2005

9.4.1 LSD detected at the Australian border

There have only been a small number of seizures of LSD in recent years. In 2004/05 there were only three detections of LSD made. Unfortunately the total weight is not available (Figure 44).

Figure 44: Number and weight of LSD detected at the border by the Australian Customs Service, financial years 1995/96-2004/05



Source: Australian Customs Service 2005

9.5 Jurisdictional trends in LSD use

9.5.1 NSW

Prevalence of both lifetime and recent LSD use increased in 2005 after having decreased since 2000. KE reports suggested that LSD use was sporadic and used mostly amongst younger groups who were experimenting with drug use.

The price of LSD has remained stable and most of those who were able to comment believed that the price had remained stable in the preceding six months. The price of LSD had increased from $10 in 2000 and 2001 to $15 in 2002 and 2003, before again increasing to $20 in 2004. It remained stable at $20 in 2005.

LSD was usually used at friends' homes and at users' own homes, followed by raves and nightclubs.

Reflecting the increase in the use of LSD, more respondents were able to comment on the purity of LSD. Reports were conflicting, with respondents reporting purity as either 'high' or 'low'. Purity in the preceding six months was thought to have remained 'stable' or to have 'increased'.

Reports regarding the availability of LSD were also conflicting, with respondents reporting that LSD was either 'difficult', 'easy' or 'very easy' to obtain, though the majority of those who commented believed that the availability of LSD had remained 'stable' in the preceding six months.

9.5.2 ACT

Almost one-third of the sample reported having used LSD in the past six months.

The majority of recent LSD users had used this substance on a less than monthly basis in the preceding six months. One 'tab' of LSD was the median amount used in both a 'typical' and the 'heaviest' session of use in the past six months.

The median reported price for a 'trip' or 'tab' of LSD remained stable at $20. The current purity of LSD was reported to be at 'medium' to 'high' levels, and the majority of REU believed that the purity of LSD was 'stable', or 'decreasing'.

The majority of REU reported that LSD was 'difficult' to obtain, and that this had remained 'stable' over the preceding six months. However, in 2005 there was also an increase in the proportion of REU who reported that LSD was becoming 'easier' to get in the ACT. Known dealers and friends were the people through whom REU most commonly purchased LSD in the previous six months.

9.5.3 VIC

Two-thirds (67%) of the 2005 REU sample reported having ever used LSD, with slightly more than one-third (38%) of the sample reporting recent use. Those participants that reported recent LSD use had done so infrequently, on a median of three days in the preceding six months (range 1-30). A median of one tab was used during a 'typical' occasion (range 0.5-3) and a median of 1.25 tabs was used during a 'heavy' occasion (range 0.5-10) of use.

The median price of LSD was $15 (range $5-$30) per tab and the price was reported to have remained 'stable' in the six months preceding interview. The current purity of LSD was commonly reported as 'high', and had remained 'stable' over the six months prior to interview. There was little consistency in reports of the current availability of LSD, although most participants reported that availability had remained 'stable' in the previous six months.

9.5.4 TAS

Over half (54%) of the 2005 REU sample had used LSD at some stage of their lives and one-third (31%) had used LSD in the six months preceding the interview. Whereas these figures are relatively consistent with the proportions reported among the 2004 sample, a slightly greater proportion of REU reported recent use of LSD among the 2004 (32%) and 2005 (31%) samples in comparison to 2003 (24%).

A significantly greater proportion of males and older participants had ever and recently used LSD in comparison to the proportion of females and younger participants.

One tab or one drop of liquid LSD (range 1-2) was taken orally in a typical session of use and LSD had been used on a median of 1 day (range 1-15 days) in the preceding six months compared to 2.5 days (range 1-12) among the 2004 cohort.

LSD was typically used at private residences such as own home and friend's home as well as dance-related events, outdoor locations and nightclubs.

The median price for one tab of LSD in 2005 was $25 compared to the median of $20 reported among the 2003 and 2004 samples. This price was considered to have remained stable in the last six months.

The purity of LSD was considered by REU to be 'medium' or 'high' and the reports on changes in this purity were varied. A greater proportion of REU perceived that LSD was 'high' in purity and a smaller proportion perceived that LSD was 'low' in purity in comparison to 2004, which is consistent with anecdotal reports of two KEs who noted a recent increase in purity of LSD.

LSD was typically considered to be 'easy' or 'very easy' to obtain and the reported availability of LSD seems to have increased when compared to the previous two years of the study. This is supported by an increase in availability noted by two KE.

9.5.5 SA

Approximately half of the REU sample reported recent use of LSD, and prevalence of recent use increased slightly over the last two years. Frequency of use of LSD remains consistently low. The price of LSD in 2005 was unchanged and low (at $10 per tab).

Perceived purity had increased and availability had remained stable, compared to 2004.

KE reports suggest that LSD use was not common among REU, and used only occasionally among those that did use.

9.5.6 WA

Both lifetime and recent use of LSD significantly increased in 2005, following significant decreases in 2004. Of the current sample, 71% reported ever using LSD compared to 50% in 2004 and 62% in 2003. Similarly, use of LSD in the previous six months was reported by 35% in 2005 compared to 11% in 2004 and 22% in 2003. The median average number of days used in the last six months also increased from approximately one day in 2004 to two days in 2005.

The median price of LSD remained unchanged from last year at $25 per tab. Reports of price changes in the previous six months were also similar across years. In 2004, 35% rated it as 'increasing' compared to 31% in 2005, and as 'stable' by 25% in 2004 and 29% in 2005.

Over half of those who commented rated current purity of LSD as 'high' (54%) compared to only 25% rating it as such in 2004. The majority of the current sample was unable to report on changes in purity over the last six months (40%).

Reports of availability were inconsistent, with about one-third rating current availability as 'easy' (34%) or 'difficult' (34%). In 2004, 45% rated it as 'difficult' and 40% as 'very difficult'. In both years, the majority rated availability during the previous six months as 'stable'.

On the basis of the current findings, it is possible that reported increases in use of LSD may be accounted for by heightened purity and a trend toward greater availability.

Among those in 2005 who had recently used LSD, the vast majority reported typically purchasing LSD from friends (81%) and friend's home was the most common location of purchase (74%). Seventy percent of those who commented reported home as the usual location of LSD use.

9.5.7 NT

In 2005, 61% of the sample reported ever using LSD and 15% reported using in the last six months.

LSD had been recently used for a median of two days and recent users reported using one tab on a 'typical' occasion and one and a half tabs on a 'heavy' occasion of use.

In 2005 a majority of recent users would swallow LSD, with small proportions reporting injecting and snorting.

Bingeing with LSD amongst recent users increased from 9% in 2004 to 25% in 2005.

LSD was most commonly used in nightclubs in both years; however, in 2005 home and private parties were equally common use venues.

LSD was most commonly purchased in tab form for $25 (range $15-80) and this remained 'stable' in the last six months.

Higher proportions nominated LSD current purity as 'high' and 'medium' compared to 2004; this remained 'stable' over the last six months. The availability of LSD was reported to be 'easy' and this did not change in the last six months.

In 2005, LSD was typically scored from a friend at a friend's home (compared to own home in 2004).

9.5.8 QLD

In 2005, over half (58%) of REU reported lifetime use of LSD, with 24% reporting recent use. Recent LSD users reported typically using 1 tab (0.25-3) on a median of one and a half days (1-30) in the six months prior to interview.

More REU reported recent use of LSD in 2005 (24%) compared to both 2004 (18%) and 2003 (18%). However, this was less than respondents reported using in 2001 (38%) and 2000 (48%). The amount typically used in a session (one tab) has remained consistent across all recorded time points, although the median number of days on which LSD was used has varied.

In 2005, 28 REU reported purchasing a tab of LSD for $20 (range: $5-$40). Almost half of the REU who reported on current LSD purity reported it as 'high'. Smaller numbers reported purity as 'medium', 'low' or as 'fluctuating'.

Of those REU who commented, half reported availability as either 'difficult' or 'very difficult', while the other half reported availability as 'easy' or 'very easy'.

9.5 Summary of LSD trends

- Four percent of the national sample reported LSD was their drug of choice.
- Sixty-four percent of the 2005 national sample reported lifetime use of LSD and 32% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 21 years.
- Swallowing was the most common route of administration.
- LSD use was infrequent. The majority (79%) had used less than monthly.
- The median amount of LSD used in a 'typical' or 'average' use episode in the preceding six months was one tab. Twenty-two percent reported having more than three tabs in a single occasion in the last six months.
- Seventeen percent of those that 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, WA and TAS. The price was considered 'stable' in most jurisdictions.
- The reports on the purity of LSD were mixed, with 44% reporting the purity as 'high' and a further 24% as 'medium'.
- The reports on the availability of LSD were mixed, with over two-fifths (44%) reporting availability as 'difficult' or 'very difficult' and a further two-fifths as 'easy' or 'very easy' to obtain.

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 regular ecstasy users

One participant (0.1%) in the 2005 national sample nominated MDA as their drug of choice. One-fifth (20%) of the 2005 national sample reported lifetime use of MDA and 9% had used MDA in the six months preceding interview (Table 46). The median age of first use, among those that reported using MDA, was 20 years (range 13-35).

One percent (n=10) of the national sample reported that they had injected MDA at some time (Table 46). Four participants reported injecting MDA in the six months preceding interview.

The majority (93%) of those that reported recent MDA use reported recently swallowing as the route of administration. Substantial proportions (36%) snorted MDA, while smaller proportions reported injecting (4%) or smoking (1%) it (Table 46).

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 more than two times a week. The majority (78%) has used less than monthly; 18% used between monthly and fortnightly; the remainder used between fortnightly and weekly.

There were jurisdictional differences in reports of recent use of MDA, ranged from 2% in the NT to around one-fifth in NSW (19%, Table 46).

Table 46: Patterns of MDA use among REU, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever used (%)	**20**	32	25	25	8	19	19	12	19
Ever injected	**1**	3	0	0	2	0	1	4	1
Used last six	**9**	19	12	8	3	9	11	2	5
months (%)	**N=72**	n=19	n=15	n=8	n=3	n=9	n=11	n=2	n=5
Snorted*	**36**	32	20	88	0	33	46	50	20
Swallowed*	**93**	90	93	88	100	100	100	100	80
Injected*	**4**	5	0	6	0	0	0	50	20
Smoked*	**1**	5	0	6	0	0	0	0	0
Median days									
used* last 6	**2**	2	1	5.5	2	2	3	1	6
mths (range)	**(1-78)**	(1-72)	(1-30)	(1-24)	(1-2)	(1-6)	(1-20)	(1-1)	(1-78)

Source: PDI interviews 2005 *Of those that used in the six months preceding interview

The median amount of MDA used in a 'typical' or 'average' use episode in the preceding six months was one capsule (range 0.5-6). Recent MDA users reported using a median of one

capsule (range 0.5-8) during their 'heaviest' use episode. Eighteen percent reported having more than three MDA caps in a single 'heavy' use occasion in the last six months.

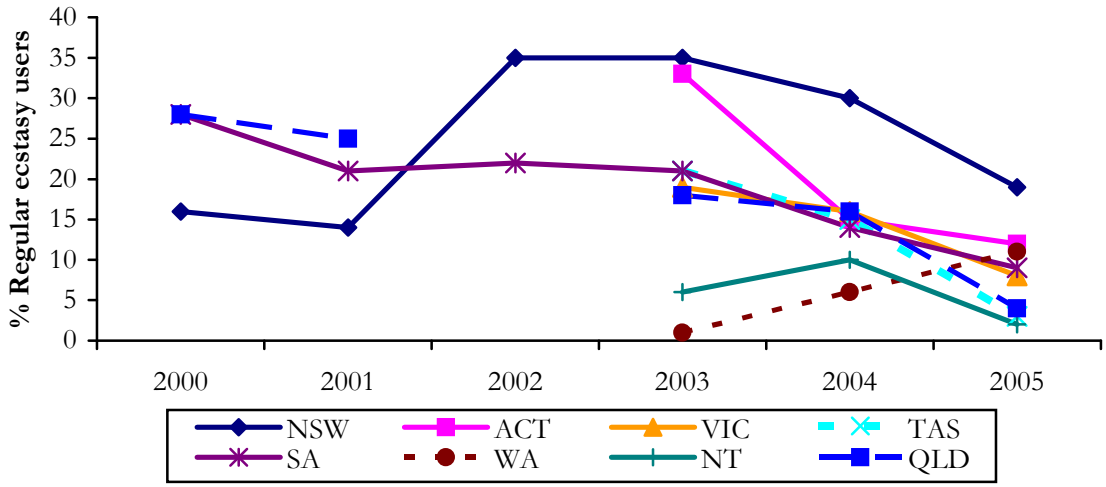
Only five percent of those that had binged in the six months preceding interview used MDA in their binge.

10.1.1 Trends over time

In NSW, QLD and SA, data has been collected since 2000 (no data was collected from QLD in 2002), and since 2003 in the other states.

Data from states where information has been collected previouslysuggest that MDA use is low and infrequent. In NSW the reports of both lifetime and recent use of MDA have increased in recent years; however, since 2004 use has reduced. In SA there has been a gradual decrease in the proportion of REU reporting recent use of MDA. In 2005 a reduction in the recent use of MDA was reported in all jurisdictions except in WA where it increased slightly (Figure 45).

Figure 45: Proportion of REU that reported recent use of MDA by jurisdiction, 2000-2005



Source: PDI interviews 2005 Data not collected in QLD in 2002

10.2 Price

Participants were asked 'How much does MDA cost at the moment?'. 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. Three percent (n=26) of the national sample commented on the price of a capsule of MDA, except in SA. The median price of a cap of MDA ranged from $24 in VIC to $50 in WA and the NT (Table 47).

Table 47: Median price per cap of MDA by jurisdiction, 2005

Median price ($)	NSW n=8	ACT n=7	VIC n=1	TAS n=1	SA n=0	WA n=3	NT n=1	QLD n=5
Per capsule	$37.50 (20-80)	$40 (35-80)	$24 (24)	$45 (45)	-	$50 (35-60)	$50 (50)	$30 (28-50)

Source: PDI interviews 2005

Five percent (n=44) of the national sample commented on whether the price of MDA had changed in the preceding six months. Of those that commented, nearly half (48%, or 3% of entire sample) reported the price to be 'stable' (Table 48).

Table 48: Price changes of MDA by jurisdiction, 2005

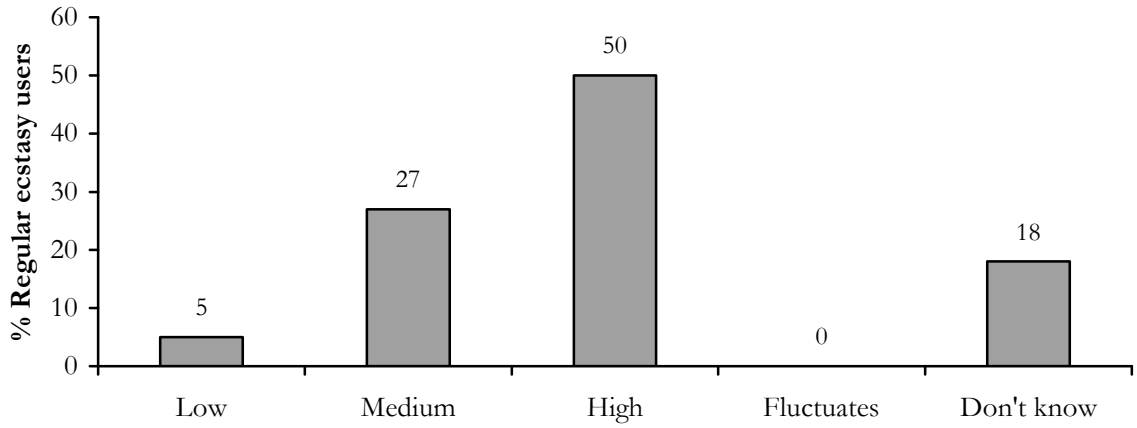
	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Price change (%)									
Did not respond	95	83	94	98	98	95	97	99	94
Of those who responded (n)	(n=44)	(n=17)	(n=8)	(n=2)	(n=2)	(n=5)	(n=3)	(n=1)	(n=6)
(% of entire sample)									
Don't know	36 (2)	53 (9)	13(<1)	0 (0)	100 (2)	40 (2)	33 (1)	0 (0)	17 (1)
Decreased	7 (<1)	6 (2)	25 (2)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	17 (1)
Stable	48 (3)	29 (5)	63 (4)	50 (1)	0 (0)	60 (3)	67 (2)	100(1)	67 (4)
Increased	7 (<1)	12 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)
Fluctuating	2 (<1)	0 (0)	0 (0)	50 (1)	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)

Source: PDI interviews 2005

10.3 Purity

Participants were asked what the current purity or strength of MDA was and if the purity had changed in the six months preceding interview. Five percent (n=44) of the national sample commented on the purity of MDA. Half (50%, or 3% of entire sample) of those who commented reported the purity of MDA to be 'high' and a further 27% (1% of entire sample) reported MDA strength as 'medium'. Five percent reported the strength as 'low', 18% (less than 1% of entire sample) 'did not know' what the current purity of MDA was, and there were no reports of MDA strength 'fluctuating' (Figure 46).

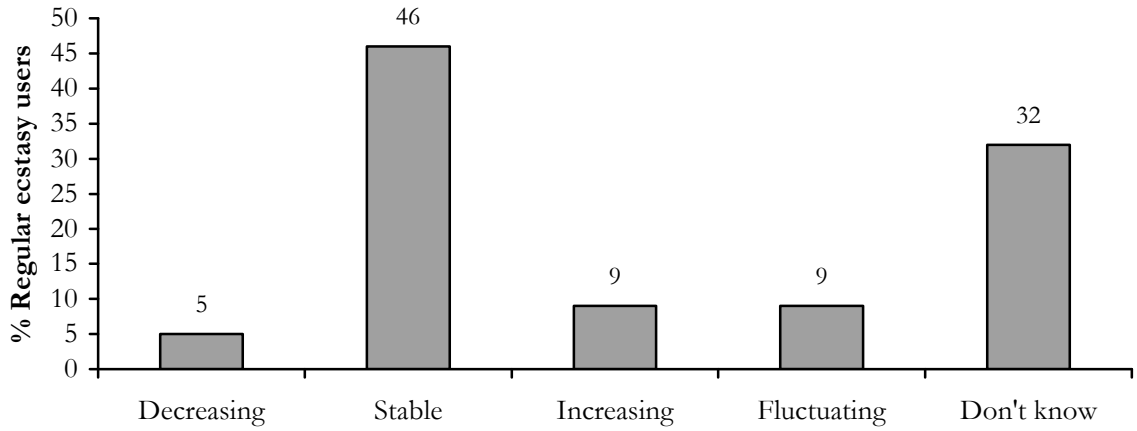
Figure 46: National REU reports of current MDA* purity, 2005



Source: PDI interviews 2005
*Among those that commented (n=44)

Of those that commented (n=44) on whether the purity of MDA had changed in the six months preceding interview, 46% (2% of entire sample) reported it was 'stable', 32% (less than 2% of entire sample) 'did not know', 5% (less than 1% of entire sample) said 'decreasing', 9% (less than 1% of entire sample) 'increasing' and 9% (less than 1% of entire sample) 'fluctuating' (Figure 47).

Figure 47: National REU reports of recent change in MDA* purity, 2005



Source: PDI interviews 2005
*Among those that commented (n=44)

10.4 Availability

Five percent (n=44) of the national sample commented on the recent availability of MDA.

MDA was described as 'difficult' to obtain by over two-fifths (43%, or 2% of entire sample) of those who commented. A further 39% (2% of entire sample) reported MDA as 'easy' and 5% reported it to 'very easy' to obtain (Table 49).

Over half (52%, or 3% of entire sample) of those that commented reported the availability of MDA was 'stable' in the past six months (Table 49).

Table 49: Availability of MDA by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Availability (%)									
Did not respond	95	83	94	98	98	95	97	99	94
Of those who responded (n)	(n=44)	(n=17)	(n=8)	(n=2)	(n=2)	(n=5)	(n=3)	(n=1)	(n=6)
(% of entire sample)									
Don't know	14 (<1)	18 (3)	13 (1)	0 (0)	50 (1)	0 (0)	0 (0)	0 (0)	17 (1)
Very easy	5 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)	100(1)	0 (0)
Easy	39 (2)	59 (10)	13 (1)	0 (0)	0 (0)	40 (2)	33 (1)	0 (0)	50 (3)
Difficult	43 (2)	24 (4)	75 (6)	100 (2)	50 (1)	40 (2)	67 (2)	0 (0)	33 (2)
Availability changes (%)									
Did not respond	95	83	94	98	98	95	97	99	94
Of those who responded (n)	(n=44)	(n=17)	(n=8)	(n=2)	(n=2)	(n=5)	(n=3)	(n=1)	(n=6)
(% of entire sample)									
Don't know	25 (1)	24 (4)	38 (2)	0 (0)	50 (1)	40 (2)	0 (0)	0 (0)	17 (1)
Easier	7 (<1)	0 (0)	0 (0)	0 (0)	0 (0)	20 (1)	0 (0)	100(1)	17 (1)
Stable	52 (3)	65 (11)	63 (4)	50 (1)	50 (1)	20 (1)	33 (1)	0 (0)	50 (3)
More difficult	9 (<1)	6 (1)	0 (0)	50 (1)	0 (0)	20 (1)	0 (0)	0 (0)	17 (1)
Fluctuates	7 (<1)	6 (1)	0 (0)	0 (0)	0 (0)	0 (0)	67 (2)	0 (0)	0 (0)

Source: PDI interviews 2005

10.5 Jurisdictional trends in MDA use

10.5.1 NSW

The prevalence of lifetime and recent MDA use has slightly decreased since 2004. Reports of frequency of use have remained stable, as has the quantity of MDA being used. KE reports suggest small numbers using MDA, and many KEs suggested that many REUs would be unable to differentiate between MDA and MDMA.

Only 5% of the sample was able to comment on the price of MDA, which had decreased from $47.50 a cap in 2004 to $37.50 a cap in 2005. The majority of those who commented reported that the purity of MDA was 'high' or 'medium' and this had remained 'stable' in the preceding six months. Availability was reported as 'easy' to obtain by more than half that commented, though 24% reported that MDA was 'difficult' to obtain.

10.5.2 ACT

In the 2005 ACT PDI there was a decrease in the proportion of the sample reporting ever having tried MDA. The rates of recent MDA use; however, remained similar to those reported in 2004, with just over one in ten REU having used MDA in the previous six months.

Among those REU who had used MDA in the six months prior, the frequency of use was at low levels. The majority of recent MDA users reported swallowing this substance, and approximately one-fifth of recent users also reported having snorted MDA in the past six months.

As in past years, the median price for a cap of MDA was reported to be stable at $40. The purity of MDA was reported to be 'stable' at 'medium' to 'high' levels, although only a small number of participants were able to comment on recent MDA trends. MDA was reported to be 'difficult' to obtain by the majority of respondents, and was primarily obtained through dealers and friends.

10.5.3 VIC

One-quarter of the sample (25%) reported lifetime use of MDA, with only 8% reporting use of MDA in the preceding six months. Those reporting recent MDA use reported a median of 5.5 days of use in the preceding six months (range 1-24). A median of one MDA cap was taken during both 'typical' or 'average' use episodes and 'heaviest' use episodes. None of the participants who had recently binged had used MDA when doing so. Recent MDA users reported swallowing (88%) and snorting (88%) the drug. There were lower levels of MDA use reported by the 2005 sample than those of previous years in terms of prevalence of lifetime and recent use.

One two participants were able to comment on the current price, purity and availability of MDA, reporting the price of an MDA cap as $24.

10.5.4 TAS

Less than one-tenth (8%) of the sample had used MDA at some stage of their lives and only three male participants (3%) had recently used MDA. The lifetime and recent use of MDA among the 2005 sample is considerably lower in comparison to that reported among the 2004 and 2005 samples.

Those that had used MDA were more likely to be male and older in comparison to those that had not.

MDA had typically been used on two occasions or less during the six months preceding the interview, with a median of one capsule consumed orally in a typical session of use.

Few respondents were able to confidently comment on the price, purity or availability of MDA and thus it is difficult to delineate clear trends. However, based on the decline in the use of MDA since 2003 and the comments of several KE, the local availability of MDA in Tasmania appears to be relatively low.

10.5.5 SA

Nine percent of REU reported recent use of MDA in 2005. The proportion of REU reporting recent use of MDA was decreased compared to previous years, but the frequency of use was relatively stable and has remained consistently low across the five years of the PDI survey.

Price, purity and availability data for MDA in 2005 was based on a very small sample of REU and therefore is of limited value. Data suggests that the price and purity of MDA was stable, and that it remained more difficult to obtain MDA compared to earlier years (2001 and 2002).

KE information suggests that MDA was not commonly used by REU, except as a (suspected) constituent of pills sold as ecstasy.

10.5.6 WA

Lifetime use of MDA remained the same as last year, reported by 19% of participants. Recent use of MDA continued to significantly increase from 1% in 2003 to 6% in 2004 to 11% in 2005.

Of those in the current sample who had used MDA in the previous six months, the median days used was three and the median quantity used in a typical session was one capsule.

Only three participants commented on questions concerning the market aspects of MDA, with varied responses.

10.5.7 NT

Twelve percent reported lifetime use of MDA but only two percent had used MDA in the six months preceding interview in 2005.

Of the two participants who had recently used MDA, swallowing was the most common recent route of administration.

In 2005 the quantity of MDA used in a 'typical' and 'heavy' occasion of use was two caps.

Among those that used MDA, the frequency of use was a median of one day in the last six months.

Only one participant commented on the price, purity and availability of MDA. The results should be interpreted with caution.

10.5.8 QLD

In 2005 less than one-fifth of REU (19%) reported lifetime use of MDA, with only 5% of respondents reporting recent use. Recent users reported using MDA on a median of six days (1-78) in the six months prior to interview, and consuming a median of 1.5 caps (range: 1-4) in a typical session.

Five REU reported paying a median price of $30 for a cap of MDA in 2005, with reported prices ranging from $28 to $50.

Few REU reported on the price, purity and availability of MDA in 2005. Of those who commented, half reported the availability of MDA as 'easy' and 'stable' over the last six months.

10.6 Summary of MDA trends

- One-fifth (20%) of the 2005 national sample reported lifetime use of MDA and 9% had used MDA in the six months preceding interview. The median age of first use was 20 years.
- The majority (93%) of those that reported recent MDA use reported recently swallowing as the route of administration. Substantial proportions (36%) snorted MDA.
- The majority (78%) had used less than monthly.
- There were jurisdictional differences in reports of recent MDA use ranging from 2% in the NT to nearly one-fifth in NSW (19%).
- 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 $24 in VIC to $50 in WA and 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' (50%) or 'medium' (27%). Purity was considered to be 'stable' by nearly half of those who commented.
- Reports on availability were mixed. MDA was described as 'difficult' to obtain by over two-fifths (43%) of those who commented. A further 39% reported MDA as 'easy' to obtain.
- Over half (52%) of those that commented reported the availability of MDA was 'stable' in the past six months.

11.0 OTHER DRUGS

11.1 Alcohol

Five percent of the 2005 national sample nominated alcohol as their drug of choice. The vast majority of the national sample reported they had used alcohol in their lifetime (99%) and in the six months preceding interview (97%, Table 2). The REU sample reported first using alcohol at the median age of 14 years (range 2-22).

Frequency of alcohol consumption varied, with half using on a median of 48 days, reflecting drinking twice a week (range 1-180). Eleven percent of those who recently used alcohol reported daily drinking.

As mentioned previously, 77% reported that they usually used alcohol in combination with ecstasy. Nearly three-quarters (73%) 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.

11.2 Cannabis

Twelve percent of the 2005 national sample nominated cannabis as their drug of choice. The vast majority (97%) had used cannabis in their lifetime and 84% reported recent use of cannabis (Table 2). Cannabis users reported that they had first used cannabis in their mid-teens (median 15 years, range 8-35), with 98% reporting they had first used by 21 years.

The frequency of cannabis use ranged from once to daily, with 25% reporting daily cannabis use. The median days used was 48 days, indicating use of around twice a week.

11.3 Tobacco

Eighty-eight percent of the national sample reported they had used tobacco in their lifetime and 75% had used tobacco in the six months prior to interview. REU reported first using tobacco at the median age of 14 years (range 6-30).

Nearly two-thirds (63%) of those that reported recent tobacco use were daily smokers.

11.4 Benzodiazepines

Two participants nominated benzodiazepines as their drug of choice in the 2005 national sample. Over two-fifths (42%) of the sample had used benzodiazepines at some time in their life, with nearly one-third (27%) reporting recent use. Three percent (n=26) of the sample had ever injected and less than 1% (n=9) had injected in the preceding six months. REU reported first using benzodiazepines in their late teens (median 19 years, range 10-44).

Among those that had used benzodiazepines recently, the frequency of use varied from once (18%) to daily use (4%). The median number of days used was five, or nearly once a month (range 1-180 days).

11.5 Anti-depressants

No participants nominated anti-depressants as their drug of choice. Over one-quarter (27%) of the national sample reported they had used anti-depressants at some time in their life. Ten

percent had used them in the six months prior to interview (Table 2). The median age first used anti-depressants was 19 years, ranging from 9-40 years.

Of those that used anti-depressants in the preceding six months, oral use was the most common route of administration. Anti-depressants were used on a median of 36 days, or five times a week (range once to daily).

11.6 Inhalants

11.6.1 Nitrous oxide

One participant nominated nitrous oxide as their drug of choice. Half (52%) of the national sample reported lifetime use of nitrous oxide and one-quarter (25%) had used nitrous oxide in the six months preceding interview (Table 2). REU reported first using nitrous oxide in their late teens (median 18 years, range 12-50).

Frequency of nitrous oxide use ranged from once to every second day in the six months preceding interview. The median days used was three days (less than monthly).

11.6.2 Amyl nitrate

Over two-fifths (43%) of the REU sample reported having used amyl nitrite (a vasodilator) in their lifetime and seventeen percent had used amyl nitrate in the six months preceding interview (Table 2). REU first used amyl nitrate at a median age of 19 years (range 12-50).

Frequency of amyl nitrate use was generally low, with users reporting a median of two days use in the last six months (range 1-180). Thirty-five percent had used on one day only, one participant reported using for 150 days, and another for 180 days in the last six months.

11.7 Mushrooms

Six participants nominated mushrooms as their drug of choice. Of the national sample, nearly half (48%) had used mushrooms at some stage in their lifetime and 16% had used mushrooms in the six months preceding interview. REU first used mushrooms at a median age of 18 years (range 12-45).

Of those that used mushrooms in the preceding six months, oral use was the most common route of administration. Mushrooms were used on a median of two days (range 1-24).

11.8 Heroin and other opiates

Two percent (n=14) of the national sample nominated heroin as their drug of choice. Fourteen percent reported they had used heroin in their lifetime, 10% had injected heroin in their lifetime and 4% reported recently using heroin in the six months prior to interview (4% injected, Table 2). The median age of first use of heroin was 19 years (range 11-36).

There was wide variation in frequency of heroin use (range (1-180). Of those that used heroin in the six months preceding interview, the median days of use was five, or nearly once a month. Three percent of those that used heroin reported daily heroin use.

Six percent of the sample had used methadone, a medication used for the treatment of opioid dependence, two percent (n=15) had used methadone in the last six months (Table 2). Three percent had ever injected methadone, less than one percent (n=6) injecting in the last six months.

Methadone was used on a median of seven days in the six months preceding interview (range 1-180). Nearly half (40%, n=6) of those that used methadone reported daily methadone use, suggesting they were in treatment.

Three percent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. The REU reported first using buprenorphine at a median age of 24 years (range 18-42). Two percent reported recent use of buprenorphine (Table 2).

Of those that had used buprenorphine in the last six months, 73% had swallowed buprenorphine and 67% had injected it.

The frequency of use in the last six months ranged from once to daily, with a median of 90 days (i.e. every second day). Over half (53%) reported using buprenorphine for 90 days or more in the preceding six months.

Twenty-six percent had used other opiates, including drugs such as morphine and pethidine. Fourteen percent had used other opiates in the six months preceding interview and three percent had recently injected other opiates (Table 2).

Other opiates were first used at a median age of 19 years (range 10-44).

The frequency of use of other opiates ranged from once to every second day, on a median of three days in the last six months. Only one participant used other opiates every second day in the six months preceding interview.

11.9 Summary of other drug use

- Five percent of the 2005 national sample nominated alcohol as their drug of choice. The vast majority of the national REU sample reported lifetime alcohol use (99%) and in the six months preceding interview (97%).
- Twelve percent of the 2005 national sample nominated cannabis as their drug of choice. The vast majority (97%) had used cannabis in their lifetime and 84% reported recent use of cannabis.
- Eighty-eight percent of the national sample reported lifetime tobacco use and 75% had used tobacco in the six months prior to interview. REU reported first using tobacco at the median age of 14 years.
- Over two-fifths (42%) of the sample had used benzodiazepines at some time in their life and over one-quarter (27%) reported recent use.
- Over one-quarter (27%) of the national sample reported they had used anti-depressants at some time in their life. Ten percent had used them in the six months prior to interview.
- Half (52%) of the sample reported lifetime use of nitrous oxide and one-quarter (25%) had used nitrous oxide in the six months preceding interview. Over two-fifths (43%) of the REU sample reported having used amyl nitrite (a vasodilator) in their lifetime and seventeen percent had used amyl nitrate in the six months preceding interview.
- Mushrooms were used by 16% of the sample in the last six months on a median of two days.
- Two percent of the national sample nominated heroin as their drug of choice. Fourteen percent reported they had used heroin in their lifetime, 10% had injected heroin in their lifetime and 4% reported having used in the six months prior to interview (4% injected).

12.0 DRUG INFORMATION-SEEKING BEHAVIOUR

For the first time, in 2005, participants were asked a series of questions relating to the content, purity and testing of ecstasy tablets and the use of 'information resources'.

12.1 Content and testing of ecstasy

Table 50 below presents data relating to the content and testing of ecstasy and related drugs. Further analysis of this has been made in a separate paper (Johnston, Barratt et al. in press). Participants were asked a number of questions in relation to the content and purity of ecstasy (and related drugs) such as 'How <u>often</u> do you find out what the content and purity is of ecstasy before taking them?' and 'How <u>do</u> you find out about the content and purity of ecstasy before taking them?'. Further questions were asked about 'testing kits' and if they would still take a tablet if they found out it contained a different substance than expected.

Of the national sample, nearly two-fifths (36%) of participants 'never' found out the content of other drugs (not including ecstasy) while one-fifth 'sometimes' (21%) or 'always' did (21%). Twenty-eight percent reported finding out the content of an ecstasy tablet 'always' and a further 25% found out 'most times' and 23% 'sometimes'. Sixteen percent 'never' found out the content of ecstasy. When asked how they found out about the content of ecstasy (among those who found out, n=680), 81% reported asking a friend, 55% asked a dealer, 47% used websites to find out, 33% relied on personal experiences and 26% used testing kits (Table 50).

Of those who reported using testing kits (n=179), 42% reported using them 'sometimes', 26% 'always', 18% 'most times' and 11% reported 'half the time'. Fifty-six percent stated that they were aware of the limitations of testing kits.

Ninety-eight percent reported that they would still take the tablet if a testing kit revealed that the tablet contained an 'ecstasy-like substance', 84% if it contained an 'amphetamine-like substance', 43% if it contained 'ketamine' and 23% reported still taking the tablet if it had 'no reaction' to the testing kit (i.e. there was no direct information about what the contents were)(Table 50).

All participants were asked 'In the last six months, how often have you bought a tablet and it has turned out to have a different content or purity than expected?'. Of the national sample, 63% reported 'sometimes', 26% reported 'never' and small proportions reported 'half the time', 'most times' or 'always' (Table 50).

Table 50: Content and testing of ecstasy and related drugs by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=125	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Find out the content of other drugs (not ecstasy) (%)									
Always	21	35	16	29	10	29	16	10	19
Sometimes	21	23	22	17	24	21	16	27	15
Half the time	7	7	5	7	13	7	5	4	5
Most times	16	24	15	19	8	14	13	10	24
Never	36	12	42	28	44	29	50	49	38
Find out the content of ecstasy (%)									
Always	28	47	27	40	9	34	25	20	25
Sometimes	23	18	23	16	28	25	22	31	25
Half the time	7	6	8	8	9	4	9	7	8
Most times	25	28	23	27	27	24	25	15	29
Never	16	2	19	9	27	13	19	27	14
Find out ecstasy content via (%)**	N=680	n=99	n=103	n=91	n=73	n=87	n=81	n=60	n=87
Friends	81	84	76	79	88	79	83	81	78
Dealers	55	74	61	63	45	51	35	63	46
Testing kits	26	28	28	37	7	26	30	7	37
Information pamphlets	2	2	2	3	1	1	0	0	2
Websites	47	52	46	58	45	43	62	8	52
Other people	36	43	31	20	38	33	40	50	33
Personal experience	33	37	33	31	41	29	19	50	31
Use testing kits* (%)	N=179	n=28	n=29	n=34	n=5	n=23	n=24	n=4	n=32
Always	26	21	35	32	20	13	12	25	34
Sometimes	42	32	48	32	80	48	50	25	44
Half the time	11	14	3	12	0	13	21	25	3
Most times	18	25	14	18	0	26	17	25	13
Are aware of limitations of testing kits* (%)	56	64	41	56	60	61	50	25	66
Would still take pill if contained* (%)	N=178	n=28	n=29	n=34	n=5	n=23	n=24	n=4	n=31
Ecstasy-like substance	98	96	97	100	100	100	96	100	100
Amphetamine substance	84	86	86	77	100	96	83	100	81
Ketamine substance	43	50	45	38	60	39	42	50	42
No reaction	23	18	10	21	40	27	33	25	32
Drug had a different content than expected (%)	N=810	n=101	n=126	n=100	n=100	n=100	n=100	n=82	n=101
Always	1	1	2	0	0	1	2	4	2
Sometimes	63	60	64	62	67	63	68	57	63
Half the time	8	3	6	9	5	10	5	16	8
Most times	2	2	1	0	1	0	3	4	2
Never	26	34	27	29	27	24	22	20	24

Source: PDI interviews 2005

*Among those who used testing kits **Among those who reported finding out the content of ecstasy.

Table 51: Drug information relating to ecstasy tablets by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Information resources believed to be/would be useful (%)									
Pamphlets	44	49	41	41	53	47	40	52	32
Posters	26	27	21	18	18	28	32	53	18
Postcards	16	22	18	10	8	13	14	31	14
Music CDs	11	8	12	5	7	11	12	25	8
Video/DVDs	15	12	18	7	10	14	20	22	17
Local website	56	62	64	61	50	52	57	43	58
Testing kits	63	62	65	60	72	67	58	63	55
Outreach worker	35	51	40	38	23	47	32	24	23
Logo believed to be a good indication of what pill is like (%)									
Always	8	5	10	9	6	4	8	11	12
Often	23	25	21	22	24	24	20	28	19
Sometimes	37	34	38	40	41	41	30	37	32
Never	32	35	30	29	29	31	42	24	37
Don't know	<1	2	2	0	0	0	0	0	1
Ecstasy pills contain little or no MDMA (%)									
Always	2	2	2	1	1	3	2	6	3
Often	14	18	12	14	11	12	12	26	12
Sometimes	47	49	49	43	45	49	63	25	46
Never	25	24	28	40	29	23	16	14	26
Don't know	12	8	10	2	14	13	7	30	14
Ecstasy pills contain MDMA (%)									
Always	18	23	21	25	12	13	12	17	18
Often	31	35	39	34	21	30	34	14	35
Sometimes	33	32	26	33	43	41	34	26	31
Never	7	3	5	3	10	5	10	16	3
Don't know	12	7	9	5	14	11	10	27	13
Don't care about content as long I have a good time (%)									
Always	28	26	25	16	26	26	32	52	23
Often	17	16	10	11	32	15	16	19	18
Sometimes	26	25	29	26	24	21	29	19	31
Never	29	34	36	45	18	36	22	11	29
Don't know	1	0	2	2	0	2	1	0	0
Ecstasy should be legal (%)									
Always	29	33	32	25	27	23	30	37	28
Often	10	20	9	9	10	9	10	0	8
Sometimes	19	29	18	18	25	17	13	10	25
Never	35	15	32	45	34	36	41	48	31
Don't know	7	4	10	3	4	15	6	5	9
Selling ecstasy should be legal (%)									
Always	20	21	19	14	18	17	15	35	21
Often	8	16	9	7	6	5	9	1	7
Sometimes	21	38	25	14	23	19	17	5	23
Never	45	22	41	62	48	42	54	56	39
Don't know	7	4	6	3	5	17	5	4	11

Source: PDI interviews 2005

12.2 Information sources used by regular ecstasy users

Table 51 presents data from a question asked in relation to information resources. Participants were first asked 'Which of the following information resources would you personally find useful if available locally?'. Two-thirds (64%) of the sample answered 'testing kits' followed by 'local websites' (56%) and 'pamphlets' (44%, Table 51).

In response to a number of statements asked in relation to ecstasy, 37% 'sometimes' believed that the logo (on the tablet) was a good indication of what the tablet will be like, 47% 'sometimes' believed that most of the ecstasy obtained contains little or no MDMA, while 33% believed that 'sometimes' most of the ecstasy obtained is mainly MDMA (Table 51).

Twenty-eight percent reported that they 'always' did not care what was in the ecstasy tablet as long as they had a good time, 35% reported 'never' and 29% 'always' believed ecstasy should be legal, and a further 45% reported 'never' should the selling of ecstasy be legal (Table 51).

12.3 Summary

- For the first time, in 2005, participants were asked a series of questions relating to the content, purity and testing of ecstasy tablets and the use of 'information resources'.
- Of the national sample, nearly one-third (36%) of participants 'never' found out the content of drugs other than ecstasy, while a fifth 'sometimes' (21%) or 'always' did (21%).
- Twenty-eight percent reported finding out the content of an ecstasy tablet 'always' and a further 25% found out 'most times' and 23% 'sometimes'.
- Eighty-one percent reported asking a friend about the content of an ecstasy tablet while a further 55% asked a dealer and 26% used testing kits.
- Of those who reported using testing kits (n=179), 42% reported using them 'sometimes', 26% 'always', 18% 'most times' and 11% 'half the time'.
- Fifty-six percent stated that they were aware of the limitations of testing kits.
- Ninety-eight percent reported that they would still take the tablet if a testing kit revealed that the tablet contained an 'ecstasy-like substance'
- Two-thirds (64%) of the sample answered 'testing kits' followed by 'local websites' (56%) and 'pamphlets' (44%) as the form of drug information source they would find useful.

13.0 RISK BEHAVIOUR

13.1 Injecting risk behaviour

As in pervious years, the PDI asked participants about their injecting risk behaviours. One in five (19%) of the national sample reported having injected at some time in their lives and 63% reported injecting in the six months preceding interview. Out of a possible 16 drug types, a mean of 3.6 drugs (SD 2.7; range 1-13) had ever been injected; those who reported injecting in the preceding six months had injected a mean of 2.3 (SD 1.7; range 1-9) drugs (Table 52).

Table 52: Injecting risk behaviour among REU by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Ever injected (%)	19	26	6	16	19	16	22	37	19
Mean number of drugs ever injected* (range)	3.6 (1-12)	3.3 (1-9)	4.1 (1-8)	3.2 (1-7)	2.9 (1-8)	3.9 (1-10)	4.2 (1-12)	4.0 (1-11)	3.1 (1-9)
Injected last 6 months* (%)	63	65	63	56	42	63	55	80	68
Mean number of drugs injected last 6 months*[3] (range)	2.3 (1-8)	1.8 (1-5)	3.6 (1-8)	2.3 (1-4)	1.6 (1-3)	2.1 (1-5)	2.6 (1-6)	2.6 (1-8)	2.1 (1-7)

Source: PDI interviews 2005 *Among those that had injected, out of a possible 16 drug types

13.1.1 Lifetime injectors

Patterns of injecting drug use

Those who reported injecting a drug at some time first did so at a mean age of 19.1 years (SD 4.6) and had been injecting for a median of six years (range 0-29 years). Three-fifths (64%) of lifetime injectors had injected a drug in the preceding six months.

Most of the injectors commenced injecting with speed (54%) or heroin (18%), and 15% reported base as the first drug they injected. Speed was also the most common drug ever injected among those that ever injected (83%), followed by base (61%), crystal (58%) and ecstasy (52%, Table 53).

[3] These figures may appear slightly greater than those reported in the 2004 reports; however, this is predominantly due an increase in the number of drug categories injected from 15 in 2004 to 16 in 2005. In 2005, mushrooms were considered as a separate category from 'other drugs' under which it was previously included.

Table 53: Injecting drug use history among those REU that had ever injected, 2005

	Ever injected (%) n=159	First drug injected (%) n=158
Speed	83	54 (n=85)
Base	61	15 (n=10)
Ecstasy	52	1 (n=2)
Crystal	58	9 (n=14)
Heroin	52	18 (n=29)
Cocaine	30	<1 (n=1)
Other opiates[1]	30	4 (n=5)
Benzodiazepines	16	-
Ketamine	14	-
LSD	15	-
MDA	6	-
Any drug	19	-

Source: PDI interviews 2005
1. Note: Includes codeine, Physeptone tablets, morphine, and pethidine.

Lifetime injectors were significantly more likely to be male (70% vs. 56%, OR 1.84; 95% CI 1.26, 2.66) and lifetime injectors were older (mean 27 yrs vs. 23 yrs, t_{808}=8.0, p<0.001) than those that had never injected drugs. There were no differences between the two groups in terms of A&TSI descent. However, lifetime injectors were more likely to be less educated (11 yrs vs. 12 yrs; t_{808}=8.0, p<0.001), to be unemployed (32% vs. 10%; OR 4.3; 95% CI 2.8, 6.5), to be in current treatment (13% vs. 1%; OR 16.4; 95% CI 6.5, 41.3), to have a history of previous imprisonment (15% vs. 2%; OR 7.7; 95% CI: 3.9, 15.3) and less likely to identify as heterosexual (76% vs. 87%; OR 0.5; 95% CI: 0.3, 0.7) compared to those who had never injected.

Those who injected a drug at some time had used more drug types (mean 12.8 vs. 9.2, t_{807}=-13.1, p<.001) and had used more drugs in the preceding six months (mean 7.8 vs. 6.7, t_{808}=-5.5, p<0.001) compared to those who had never injected. Injectors were more likely to report having binged on stimulant drugs (67% vs. 44%, OR 2.6; 95% CI: 1.8, 3.8) and to have used ecstasy weekly or more (50% vs. 32%, OR 2.1; 95% CI: 1.4, 3.3) in the preceding six months compared to non-injectors. Injectors were less likely to report ecstasy as their drug of choice compared to non-injectors (34% vs. 55%, OR 0.4; 95% CI: 0.3, 0.6). There was no difference in the amount of ecstasy used per episode of use.

Context of initiation to injecting

Nearly half (48%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (53%) followed by base (15%) and heroin (15%).

When lifetime injectors were asked to specify how they learned to inject, over half (55%) reported that a friend or partner had showed them how. Thirty-three lifetime injectors (22%) reported that they did not inject themselves and another 11% reported another user taught them.

13.1.2 Recent injectors

Patterns of injecting drug use

Among those who reported injecting in the preceding six months, recent patterns of injecting drug use were consistent with lifetime patterns; methamphetamine forms were the most commonly injected drug in the preceding six months with almost two-thirds reporting recently injecting speed (63%, Table 54). Approximately half reported recent base (54%) and crystal (47%) injection, while one-third reported the recent injection of ecstasy (37%) and heroin (30%, Table 54). Thirteen percent reported recent cocaine injection. Although small numbers necessitate cautious interpretation of these data, speed and base were the most frequently injected drugs, followed by ecstasy or heroin.

Speed was most often reported as last drug injected (29%), while 21% reported base and 17% crystal. Eleven percent reported their last drug injected was heroin (Table 54).

Table 54: Recent injecting drug use patterns (recent injectors) among REU, 2005

	% injected past 6 mths n=98	Median days injected last 6 mths* (range)	Last drug injected* n=97
Speed	63	12 (1-180)	29
Base	54	9 (1-120)	21
Crystal	47	5 (1-150)	17
Ecstasy	37	6 (1-90)	7
Heroin	30	6 (1-180)	11
Cocaine	13	3 (1-24)	4

Source: PDI interviews 2005

* Of those who had injected in the preceding six months

Injecting risk behaviour

Of those that injected in the preceding six months (n=98), a total of nine respondents reported using a needle after someone else in the month preceding interview. QLD reported four people, WA two people, VIC, TAS and SA all reported one person each. No reports were made in the others states. Of those who had used a needle after another person, six reported using after a regular sex partner and four reported after a close friend. Fifteen percent (n=15) reported that someone had used a needle after them in the preceding six months. Two-fifths (40%, n=38) of recent injectors reported using other injecting equipment after someone else, with spoons (24%) being most common. Tourniquets (22%) were other commonly used paraphernalia followed by water (19%) and filters (13%).

Context of injecting

Most (70%) recent injectors reported they injected themselves 'every time'. While two-thirds (63%) of recent injectors reported usually injecting with close friends, one-third (33%) reported usually injecting with a regular sex partner, 13% injected with a casual sex partner, 12% with an acquaintance and 10% typically injected by themselves (Table 55).

The majority of recent injectors reported injecting at home (79%) or friend's home (49%) in the previous six months. Over one-quarter reported injecting in a car (27%) or at a dealer's home (28%) and 16% reported injecting in a public toilet, or venue toilet (12%; such as nightclubs and pubs) or on the street (12%). Two participants reported injecting at a sex venue and a further one participant at the medically supervised injecting centre (MSIC) in Sydney. The median number of times injected in the preceding six months was 30 times. Half (49%) of recent injectors in the preceding six months reported injecting while under the influence of or coming down from the effects of drugs (Table 55).

Table 55: Context and patterns of recent injection, 2005

	National N=98	NSW n=17	ACT n=5	VIC n=9	TAS n=8	SA n=10	WA n=12	NT n=23	QLD n=13
Frequency of self-injection (%)									
Every time	**70**	65	100	56	63	70	83	74	62
Often	**5**	0	0	22	13	0	0	0	15
Sometimes	**4**	12	0	0	0	0	0	4	8
Rarely	**5**	12	0	11	0	0	0	4	8
Never	**16**	12	0	11	25	30	17	17	8
People usually inject with* (%)									
Close friends	**63**	71	60	44	63	60	75	65	54
Regular sex partner	**33**	47	40	33	38	10	33	30	31
Casual sex partner	**13**	24	40	11	0	10	0	9	23
Acquaintance	**12**	18	0	11	13	0	25	13	8
No one	**10**	6	20	22	13	30	0	4	8
Locations injected* (%)									
Own home	**79**	82	80	89	75	60	92	70	92
Friend's home	**49**	59	40	44	50	50	33	57	46
Car	**27**	6	40	0	38	20	42	35	38
Dealer's home	**28**	35	20	11	63	20	33	26	15
Street	**12**	0	20	22	0	0	17	17	23
Public toilet	**16**	6	0	33	38	0	33	9	23
Venue toilet	**12**	6	0	22	25	0	17	9	23
Median times injected any drug last 6 months (range)	**30 (1-900)**	20 (1-120)	96 (54-150)	14 (2-200)	57.5 (1-350)	31 (1-360)	27 (5-900)	120 (1-900)	8 (1-540)
Injected under the influence (%)	**13**	18	40	11	13	20	8	8	8
Injected while coming down (%)	**8**	12	0	11	13	0	25	4	0
Injected under the influence or coming down (%)	**49**	41	60	78	50	40	58	50	31

Source: PDI interviews 2005 *Could nominate more than one response

Obtaining needles

The majority of recent injectors obtained needles from needle and syringe programs (NSPs, 68%) or chemists (51%) in the preceding six months. Other sources included from a friend (17%), from a dealer (10%), vending machines (6%) and from a partner (3%).

Three participants (3%) reported difficulty obtaining needles in the preceding six months, two participants reported location to be the reason why they were unable to obtain sterile injecting equipment, and one participant reported the opening hours of services as the reason.

13.1 Blood-borne viral infections (BBVI)

Blood-borne viral infection (BBVI) vaccinations and testing may be considered a marker of awareness of the risks involved with injecting. Therefore, those who reported injecting in the preceding six months were compared to those who reported never having injected a drug to investigate whether they were more likely to report hepatitis B virus (HBV) vaccination, hepatitis C virus (HCV) and human immunodeficiency virus (HIV) testing.

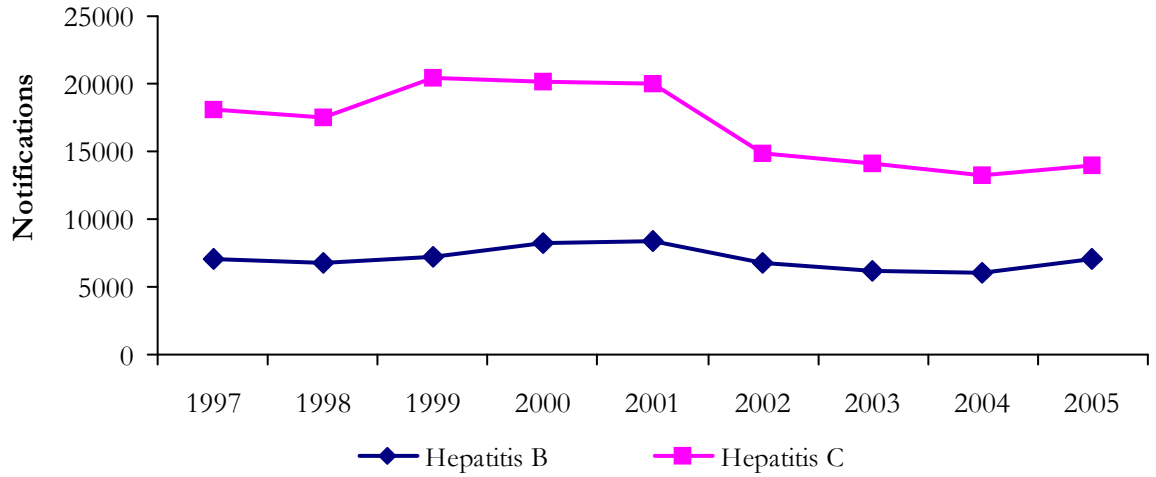
Forty-five percent of the national sample reported that they have never been vaccinated for HBV, 35% reported that they had completed the vaccination schedule and 10% did not finish the vaccination schedule. A further 13% did not know if they had been vaccinated and 42% had not been vaccinated for HBV. There was no significance difference between participants who had injected at some stage in their life or in the preceding six months and had completed the three dose schedule of HBV vaccinations, compared to those who never injected.

Participants were asked if they have been tested for HCV. Of the national sample, 44% reported that they had not been tested for HCV ever, while 29% had been tested in the last year, 15% were tested more than a year ago and 6% either did not know or didn't get their result. Those that had ever injected were significantly more likely to be tested for HCV in the last 12 months compared to those who were non-injectors (56% vs. 22%; OR 4.5; 95% CI 3.1, 6.4). Recent injectors were also significantly more likely to have been tested for HCV in the last 12 months compared to those who had not injected recently (63% vs. 46%; OR 2; 95% CI 1.04, 4.0). Three percent (n=12) of the national sample reported that they were positive for HCV; of this number, 12 participants were lifetime injectors and 10 participants were recent injectors.

Thirty-one percent of the national sample had been tested for HIV in the last year and a further 17% had been tested more than a year ago. Lifetime (85% vs. 62%, OR, 3.4; 95% CI 1.6, 7.3) and past year (51% vs. 26%, OR, 6.3; 95% CI 4.2, 9.4) HIV testing was more likely to be reported by recent injectors compared to those who had never injected. Of the national sample, seven participants reported that they were HIV positive. No significant difference in HIV prevalence was found between recent injectors and those who had never injected.

Figure 48 presents the total number of notifications for HBV and HCV in Australia. Incident or newly acquired infections and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV, with a gradual decreasing trend in notifications of HCV since 2001. HBV notifications have increased slightly from 6,098 in 2004 to 7,028 in 2005 but remain lower than levels reported in 2001.

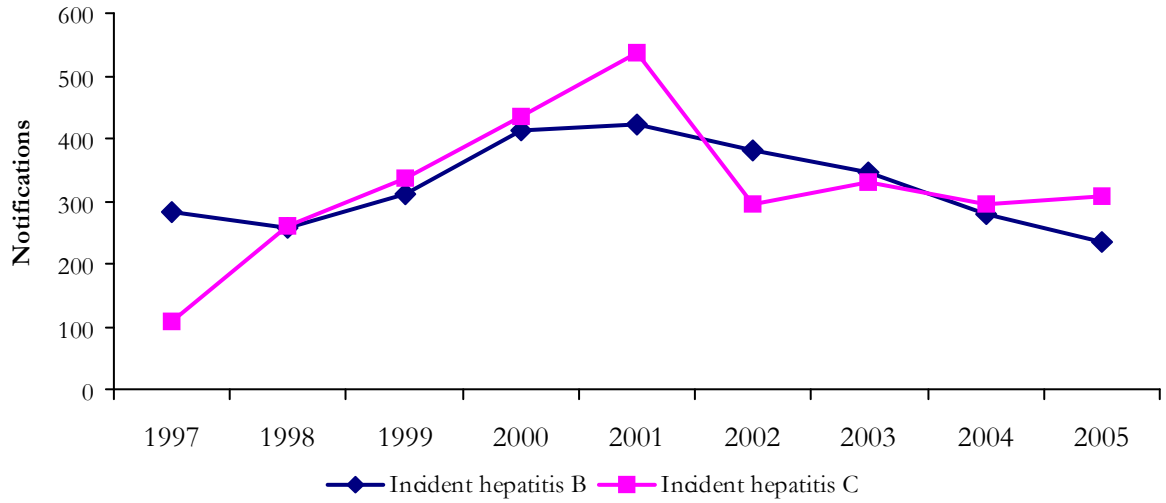
Figure 48: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 1997-2005



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System[4]

Trends in the number of *incident* notifications for HBV and HCV in Australia are shown in Figure 49. HBV incident reporting has decreased slightly over the past few years, from 422 in 2001 to 235 in 2005, returning to similar levels reported in 1997. The number of HCV incident notifications decreased more markedly from a high of 538 in 2001 to 309 in 2005.

Figure 49: Total notifications for HBV and HCV incident* infections, Australia, 1997-2005



Source: Communicable Diseases Network – Australia – National Notifiable Diseases Surveillance System
* NT and QLD reported as hep C (unspecified)

[4] ***Notes on interpretation***
There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time (NNDSS Annual Report, 2000).

13.2 Sexual risk behaviour

As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview. Penetrative sex was defined as "penetration of penis or hand of the vagina or anus". Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire.

13.2.2 Recent sexual activity

Over two-fifths (42%) reported one sexual partner during the preceding six months although one-fifth (19%) of participants had penetrative sex with two people and just over one-quarter (28%) reported sex with between three and five people. Of those who reported penetrative sex in the preceding six months, the majority (85%) reported having sex with a regular partner and over three-fifths (60%) reported sex with a casual partner.

Participants were asked about the use "protective barriers" which were defined as "condoms, dams or gloves" with each partner type. Consistent with population-based surveys, the prevalence of using any barrier every time (always) was higher with casual (57%) compared to regular (21%) partners.

Nearly one-quarter (23%) of those who reported penetrative sex in the preceding six months had had anal sex. The frequency of anal sex was relatively low with the majority (71%) reporting having had anal sex less than monthly (Table 56).

Table 56: Prevalence of sexual activity and number of sexual partners in the preceding six months by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Penetrative sex (%)	**93**	91	93	91	97	92	96	94	95
No. sexual partners (%)*	**(n=756)**	(n=91)	(n=117)	(n=91)	(n=97)	(n=92)	(n=96)	(n=76)	(n=96)
1 person	**42**	44	28	47	38	41	44	43	50
2 people	**20**	22	21	15	26	13	16	21	24
3-5 people	**28**	18	41	23	30	33	30	29	19
6 or more	**10**	17	10	14	6	13	10	11	7
Sex with regular partner (%)*	**85**	93	86	85	77	83	85	79	94
	(N=644)	(n=84)	(n=101	(n=77)	(n=74)	(n=76)	(n=82)	(n=60)	(n=90)
Always use protection (%)	**21**	16	37	20	18	22	21	17	12
Sex with casual partner (%)*	**60**	56	74	53	70	65	53	53	49
	(n=451)	(n=51)	(n=87)	(n=48)	(n=67)	(n=60)	(n=51)	(n=40)	(n=47)
Always use protection (%)	**57**	47	70	65	45	57	61	60	47
Anal sex (%)*	**23**	41	24	32	13	23	20	15	19
No. of times had anal sex	**(n=176)**	(n=37)	(n=28)	(n=29)	(n=13)	(n=21)	(n=19)	(n=11)	(n=18)
1-6 times	**71**	43	75	86	92	67	84	64	72
7-12 times	**11**	14	7	3	0	14	5	36	17
13 or more	**19**	43	18	10	8	19	11	0	11

Source: PDI interview 2005 *Of those who had penetrative sex in the last 6 months

13.2.3 Drug use during sex

The majority (82%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. The highest was reported in VIC and the NT (90%) and lowest in QLD (73%). Just over one-quarter reported that drug use during sex had occurred three to five times (28%) in the preceding six months, followed by eleven or more times (27%).

The most commonly used drugs used during sex were ecstasy (88%), alcohol (46%) and cannabis (39%). This pattern continued across the different jurisdictions (Table 57). Similar to protective barrier use generally, the use of any barrier every time (always) during sex combined with drug use was more common with casual (49%) compared to regular (19%) partners.

Table 57: Drug use during sex in the preceding six months by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Penetrative sex while on drugs* (%)	**82**	80	76	90	83	83	88	90	73
No. times had sex while on drugs (%)	**(N=621)**	(n=73)	(n=88)	(n=82)	(n=80)	(n=76)	(n=84)	(n=68)	(n=70)
Once	**12**	18	11	8	14	11	13	9	14
Twice	**17**	8	24	15	15	24	17	15	19
3-5 times	**28**	37	31	30	29	20	30	27	23
6-10 times	**16**	19	13	20	19	16	12	6	20
Eleven +	**27**	18	22	27	24	30	29	44	24
Drugs used (%)									
Ecstasy	**88**	90	98	76	88	88	88	94	81
Cannabis	**39**	36	35	40	33	51	44	40	36
Alcohol	**46**	40	32	39	69	53	52	43	43
Speed	**27**	37	21	39	19	19	33	34	14
Base	**11**	15	2	1	4	43	7	6	11
Ice	**12**	21	7	2	0	13	27	7	16
Cocaine	**10**	18	18	9	1	7	8	2	13
Ketamine	**3**	11	5	2	0	1	1	2	1
GHB	**3**	10	1	6	0	4	0	0	4

Source: PDI interviews 2005 *Of those who had penetrative sex

13.3 Driving risk behaviour

For the second time, in 2005, the PDI asked participants about driving soon after taking a drug including alcohol. Of the national sample, 82% had driven a car in the last six months. Of those that had driven a car (n=662), nearly half (47%) had driven over the limit of alcohol, ranging from 27% in NSW to 68% in the NT.

Two-thirds (67%) of those that had driven in the previous six months had driven soon (within one hour) of taking an illicit drug. TAS (55%) reported the lowest percent of people driving soon after taking an illicit drug and WA (82%) reported the highest proportion. The drug most commonly taken was ecstasy (77%) followed by cannabis (57%) and speed (45%). Ecstasy was the most comment drug used in all jurisdictions (Table 58).

Table 58: Driving after taking drugs in the last six months among REU by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Driven a car in the last 6 months (%)	**82**	72	85	79	80	88	85	83	81
Driven while over the limit of alcohol# (%)	**N=662**	n=73	n=107	n=79	n=80	n=88	n=85	n=68	n=82
	47	27	44	35	58	50	57	68	40
Driven soon after* taking an illicit drug (%)	**67**	58	62	58	55	81	82	74	67
Drugs used** (%)	**(N=444)**	(n=42)	(n=66)	(n=46)	(n=44)	(n=71)	(n=70)	(n=50)	(n=55)
Ecstasy	**77**	69	86	70	91	76	69	86	75
Cannabis	**57**	55	55	43	68	63	56	70	44
Speed	**45**	36	53	70	34	39	57	46	22
Base	**21**	12	15	2	9	66	16	10	20
Ice	**23**	26	14	24	2	18	44	16	36
Cocaine	**11**	17	17	15	5	11	1	6	20
Ketamine	**4**	14	3	7	2	3	1	20	6
LSD	**7**	5	8	9	5	13	7	6	4
Heroin	**2**	0	2	0	0	1	4	0	6

Source: PDI interviews 2005 # Of those who had driven a car in the last 6 months

* Within one hour of taking **Of those that had driven soon after taking an illicit drug

13.4 Summary of risk behaviour

- One in five (19%) of the national sample reported having injected at some time in their lives; of those who had ever injected, 63% reported injecting in the six months preceding interview.
- A mean of 3.6 drugs (range 1-12) had ever been injected while those who reported injecting in the preceding six months had injected a mean of 2.3 (range 1-8) drugs.
- Nearly half (48%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that were lifetime injectors who had first injected while under the influence of drugs, the first drug injected was speed (53%) followed by heroin and base (both 15%).
- When lifetime injectors were asked to specify how they learned to inject, over half (55%) reported that a friend or partner had showed them how.
- Among recent injectors, the most common drugs injected were methamphetamines, with almost two-thirds recently injecting speed (63%).
- Of those that injected in the preceding six months, a total of nine respondents reported using a needle after someone else in the month preceding interview.
- Forty-five percent of the national sample reported that they have never been vaccinated for HBV. A further 35% reported that they had completed the vaccination schedule, 10% did not finish the vaccination schedule and 13% did not know if they have been vaccinated.
- Of the national sample, 44% reported that they had never been tested for HCV, while 29% had been tested in the last year, 15% were tested more than a year ago, and 6% either did not know or didn't get their result.
- Thirty-one percent of the national sample had been tested for HIV in the last year and a further 17% had been tested more than a year ago.
- The majority (93%) of participants reported penetrative sex in the six months preceding interview.
- Over two-fifths (42%) reported one sexual partner during the preceding six months, although one-fifth (19%) of participants had penetrative sex with two people and over one-quarter (28%) reported sex with between three and five people.
- Nearly one-quarter (23%) of those who reported penetrative sex in the preceding six months had had anal sex.
- The majority (82%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months.
- Of those who had driven in the last six months, nearly half (47%) had driven over the limit of alcohol and nearly two-thirds (67%) soon after taking any drug. The drug most commonly taken was ecstasy (77%) followed by cannabis (57%) and speed (45%).

14.0 HEALTH ISSUES

14.1 Overdose

In 2005, participants were asked if they had overdosed on ecstasy or related drugs. Overdose was defined as 'passed out or fallen into a coma'. Of the national sample, 11% of the participants had 'overdosed' on drugs. The highest overdose rate was reported in the NT (20%) and lowest in SA (2%). Of those that had overdosed, the main drug used was alcohol (27%) followed by ecstasy (24%). Alcohol was reported the highest in WA (56%) and ecstasy in the ACT (55%, Table 59).

Table 59: Overdose in the last six months among REU by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Overdosed on ecstasy or related drugs (%)	**11**	15	9	7	16	2	9	20	13
Which drug (%)*	**(N=89)**	(n=15)	(n=11)	(n=7)	(n=16)	(n=2)	(n=9)	(n=16)	(n=13)
Ecstasy	**24**	7	55	14	13	0	11	38	31
Cannabis	**6**	7	0	0	25	0	0	0	0
Alcohol	**27**	27	18	14	25	0	56	50	0
Speed	**2**	0	0	0	6	0	11	0	0
Ice	**1**	0	0	0	0	0	0	0	8
Ketamine	**7**	20	9	0	0	0	0	6	8
GHB	**15**	33	9	57	0	50	0	0	15

Source: PDI interviews 2005 *Of those that overdosed

14.2 Self-reported symptoms of dependence

In 2005, participants were asked questions from the Severity of Dependence Scale (SDS) for the use of ecstasy and methamphetamine; previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick 1997).

14.2.1 Ecstasy

The median SDS score for ecstasy was one (range 0-14). Females were significantly more likely then males to score higher on the ecstasy SDS (2.1 vs. 1.8; t_{805}=2.1; 95% CI 0.02, 0.64). Participants were asked if their ecstasy use was out of control, with sixty-six percent reporting 'never or almost never', 28% 'sometimes', 5% 'often' and 1% 'always or almost always'. Seventy-seven percent reported that missing a dose did not make them feel anxious; however, 19% reported that it did 'sometimes', 2% 'often' and 2% 'always or almost always'. Nearly half (46%) of the participants were not worried about their ecstasy use; however, the other half were worried. Seventeen percent wished that 'sometimes' they could stop using ecstasy and 17% found it quite difficult to stop using ecstasy.

14.2.2 Methamphetamine

Of those that had used methamphetamine, the median SDS score was three (range 0-15), with 21% scoring four or above, the level of dependence (Topp and Mattick 1997). There were no significant differences between gender and median methamphetamine SDS score or those who scored four or above. Of those who scored four or above on the SDS, 40% reported specifically using methamphetamine speed, 29% crystal, 20% base and 23% reported no specific methamphetamine.

14.3 Help-seeking behaviour

In 2005, participants were asked if they had accessed any medical or health services in relation to their ecstasy and related drug use in the last six months. Of the national sample 18% had accessed either a medical or health service in the preceding six months of the interview. Of those who had accessed help, the majority accessed their General Practitioner (GP, 45%), followed by a counsellor (31%), first aid (20%), psychologist (19%), emergency department (17%), drug and alcohol worker (14%), ambulance (13%), psychiatrist (10%), hospital (10%) or social worker (9%).

Table 60 below presents the proportion of participants who accessed health help by main drug used. For those who saw a GP (n=64), 32% reported that the main drug involved was ecstasy, followed by speed (11%) and the main issue of concern was dependence. A counsellor (n=44) was the next most assessed service, where the main drug of concern was ecstasy (20%) and the main issue was for depression.

Table 60: Proportion of REU who accessed health help by main drug type used and main reason, 2005

	Ecstasy (%)	Speed (%)	Base (%)	Crystal (%)	Heroin (%)	Cannabis (%)	Alcohol (%)	Main reason
GP (n=64)	32	11	3	10	3	11	0	Dependence
Counsellor (n=44)	30	14	5	7	0	18	2	Depression
First aid (n=30)	43	11	0	4	4	4	4	Physical problems
Psychologist (n=27)	19	15	4	11	7	15	0	Dependence
Emergency (n=24)	25	8	8	13	4	4	8	Physical problems
D&A worker (n=20)	20	5	5	10	15	25	5	Dependence
Ambulance (n=19)	17	11	0	11	11	6	22	Overdose
Psychiatrist (n=14)	21	7	0	0	14	21	0	Dependence
Hospital (n=14)	23	8	8	0	0	8	23	Overdose/Physical
Social worker (n=12)	17	25	8	0	25	8	8	Dependence

Source: PDI interviews 2005

14.4 Other problems

Participants were also asked if they had experienced any occupational, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use (Table 61).

Occupational or study problems were reported by the highest proportion of REU in the national sample (42%). Nearly two-fifths also reported financial problems (36%) and a small proportion (5%) also reported legal/police problems.

Relationship or social problems attributed to ecstasy and related drug use were reported by 38% (n=305) of the national sample. Many of these problems could be considered relatively minor. Among those who reported relationship or social problems, arguments were most commonly reported (44%, n=134), followed by mistrust or anxiety (29%, n=86). However, more serious problems such as ending a relationship (12%, n=36), violence (4%, n=12) and being kicked out of home (1%, n=4) due to their ecstasy and related drug use were also reported.

Participants who reported relationship or social problems were asked what drug they attributed their relationship or social problems to and this generally followed patterns of use, with ecstasy (51%, n=156) being the most common drug, followed by crystal methamphetamine (9%, n=28), powder (7%, n=21) and base (6%, n=17).

Table 61: Self-reported drug-related problems, by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Occupational/study problems (%)	**42**	39	41	39	68	40	47	29	34
Relationship/social problems (%)	**38**	35	35	41	43	42	42	33	32
Financial problems (%)	**36**	36	36	36	43	31	37	38	31
Legal/police problems (%)	**5**	7	2	3	6	3	6	9	5

Source: PDI interviews 2005

14.5 Summary of health-related issues

- Of the national sample, 11% of the participants had overdosed on either ecstasy or other related drugs. The highest overdose rate was reported in the NT (20%) and lowest in SA (2%).
- Of those that had overdosed, the main drug used was alcohol (27%) followed by ecstasy (24%). Alcohol was reported the highest in WA (56%) and ecstasy in the ACT (55%).
- The median Severity of Dependence score for ecstasy was one (range 0-15). Participants were asked if their ecstasy use was out of control, with sixty-six percent reporting 'never or almost never', 77% reported that missing a dose did not make them feel anxious, nearly half of the participants were not worried about their ecstasy use, and 17% percent wished that sometimes they could stop using ecstasy.
- Of those that had used methamphetamines, the median SDS score was three (range 0-15), with 21% scoring four or above, the level of dependence. Of those scoring above four on the SDS, 40% reported specifically using methamphetamine speed, 29% crystal, 20% base and 23% reported no specific methamphetamine.
- Twenty percent believed that their methamphetamine use was 'sometimes' out of control, 18% reported that missing a dose 'sometimes' make them feel anxious, 25% were 'sometimes' worried about their methamphetamine use, 16% 'sometimes' wished that they could stop and 13% found it 'quite difficult' to stop using methamphetamine.
- Of the national sample, 18% had accessed either a medical or health service in the preceding six months of the interview.
- Of those who had accessed help, the majority accessed their GP (45%) and 31% accessed a counsellor. For those who saw a GP, 32% reported that the main drug involved was ecstasy, followed by speed (11%), and the main issue of concern was dependence.
- Occupational or study problems were reported by the highest proportion of REU in the national sample (44%), followed by relationship or social problems (38%).
- Financial problems attributed to ecstasy and related drug use were reported by 36% of the national sample. A small proportion (5%) also reported legal/police problems.

15.0 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING

15.1 Reports of criminal activity among regular ecstasy users

One-quarter (25%) 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 (15%) in TAS and the NT to a third (32%) in WA (Table 62).

Drug dealing was the most commonly reported criminal activity (20%, Table 62). Of those that reported drug dealing in the last month, over three-fifths (61%) reported dealing less than once a week, 16% once a week, 15% more than once a week but less than daily, and 7% reported dealing on a daily basis.

Five percent of the national sample reported they had committed a property crime in the last month (Table 62). Of those that reported committing a property crime, over three-quarters (79%) reported they had done so less than once a week, 12% once a week and 9% more than once a week but less than daily.

Only small proportions (4%) reported having committed fraud in the month prior to interview (Table 62). Of those that committed fraud, over three-quarters (78%) reported having done so less than once a week, 11% once a week, 4% more than once a week but less than daily and 7% reported dealing on a daily basis.

Of those that committed a violent crime (2%), all participants had done so less than once a week.

Seventeen percent of the national sample reported paying for their ecstasy through dealing drugs and a further two percent reported through property crime (Table 62).

Ten percent of the national sample had been arrested in the past year (Table 62). Of those arrested, over one-quarter (27%) were arrested for driving offences (including driving under the influence of alcohol and other drugs), 18% for property crime, 15% for use or possession, 15% for a violent crime, 6% for dealing or trafficking and 1% for prostitution.

The REU sample in the NT had the highest percentage (17%) reporting they had been arrested in the past year, followed by WA (n=14%). The smallest numbers were in NSW (6%) and the ACT (6%).

Table 62: Criminal activity among REU, by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=126	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
In the last month (%)									
Any crime	**25**	29	29	24	15	27	32	15	27
Drug dealing	**20**	23	25	18	8	25	24	11	24
Property crime	**5**	8	4	10	4	3	9	2	2
Fraud	**4**	2	2	2	4	3	6	5	4
Violent crime	**2**	1	2	1	2	2	2	4	2
In the last six months (%)									
Paid for ecstasy through dealing drugs (cash profit)	**17**	13	16	15	10	20	22	20	18
Paid for ecstasy through property crime	**2**	4	1	0	1	0	0	7	1
Arrested last 12 months (%)	**10**	6	6	10	9	8	14	17	11

Source: PDI interviews 2005

15.2 Perceptions of police activity towards regular ecstasy users

Participants were asked whether there had been changes in police activity towards REU in the six months preceding interview. One-third (35%) reported that police activity had remained stable and nearly two-fifths (39%) thought that police activity had increased (Table 63).

REU were also asked if police activity had made it 'more difficult' for them to score drugs. Of the national sample, 11% reported that police activity did make scoring drugs 'more difficult' for them (Table 63).

Table 63: Perceptions of police activity towards REU, by jurisdiction, 2005

	National N=810	NSW n=101	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=82	QLD n=101
Recent police activity (%)									
Decreased	**2**	2	1	1	1	3	0	4	1
Stable	**35**	36	39	31	43	55	36	15	19
Increased	**39**	49	25	52	27	26	43	44	54
Don't know	**24**	14	35	16	29	16	21	38	27
Police activity made scoring more difficult	**11**	8	8	6	15	3	20	17	13

Source: PDI interviews 2005

There were differences across jurisdictions in the proportion reporting that police activity had increased, with 25% in the ACT compared to over half in VIC (52%) and QLD (54%) reporting increased police activity. Despite substantial proportions in all states reporting increased police activity, few REU in all states reported that police activity had made it 'more difficult' to score drugs, ranging from 3% in SA to 20% in WA.

15.3 Summary of criminal activity and perceptions of policing

- One-quarter (25%) of REU 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 (15%) in TAS and the NT to a third (32%) in WA.
- Drug dealing was the most common crime reported in all jurisdictions.
- Five percent of the national sample reported property crime in the last month. Over three-quarters reported that they had done so less than once a week.
- Small proportions reported having committed fraud or a violent crime in the last month.
- Seventeen precent of the national sample had paid for ecstasy through dealing drugs.
- Ten percent of the national sample was arrested in the past year.
- One-third (35%) reported that police activity had remained stable and nearly two-fifths (39%) thought that police activity had increased.
- There were differences across jurisdictions in the proportion that reported police activity had increased, with 25% in the ACT compared to over half in VIC (52%) and QLD (54%) reporting increased police activity.
- Few (11%) responded that police activity had made it more difficult for them to score drugs.

16.0 SUMMARY

The PDI is a national monitoring system of ecstasy and related drugs that is intended to serve as a strategic early warning system, identifying emerging trends of jurisdictional and national interest in these drug markets. The PDI was conducted across Australia for the first time in 2003; monitoring of these markets has been undertaken since 2000 in NSW, SA and QLD.

The PDI is based on the IDRS methodology and consists of three components: interviews with regular ecstasy users; interviews with key experts, professionals who have regular contact with REU through their work; and analysis and examination of indicator data sources related to ecstasy and related drugs. The PDI monitors the price, purity, availability and patterns of use of ecstasy, methamphetamine, cocaine, ketamine, GHB, LSD, MDA and other related 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 REU surveys are not representative of ecstasy and related drug use in the general population, but this is *not* the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. REU are a *sentinel* group of REU that provide information on patterns of drug use and market trends.

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

16.1 Demographic characteristics of regular ecstasy users interviewed

As in previous years, the national ecstasy and related drug sample was slightly over-represented by males, with a mean age of 24 years. The REU interviewed were well educated, half with tertiary qualifications. Over half of the national sample was employed or full-time students. Few of the REU interviewed had a criminal history or were involved in drug treatment.

16.2 Patterns of drug use among regular ecstasy users

Polydrug use was the norm among the national sample. Ecstasy was the drug of choice for half the sample, followed by cannabis. Over two-fifths of the national sample had binged on any stimulant (used them continuously for more than 48 hours without sleep), with ecstasy the most commonly reported drug involved in a binge followed by methamphetamine (powder, crystal and then base). Twelve percent reported they had recently injected a drug, most commonly methamphetamine (powder, crystal and then base).

16.3 Ecstasy

The median age first used ecstasy was 19 years, and REU reported a median duration of use of four years. There was a significant difference between gender and age first used ecstasy, with females having started using ecstasy at an earlier age. All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 19 years. Swallowing ecstasy was the most common route of administration followed by snorting. A small percentage had injected ecstasy recently.

In the six months prior to interview, over two-fifths of participants had used ecstasy between monthly and fortnightly. Two-thirds (68%) 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 and a half tablets.

Two-fifths (40%) of the national sample reported bingeing on ecstasy; the median length of time was three days. The vast majority (93%) of the ecstasy users interviewed reported that they usually used other drugs with ecstasy, most commonly alcohol, tobacco, cannabis and methamphetamine. The majority (83%) also used other drugs with ecstasy to come down. Most commonly reported were cannabis, tobacco and alcohol.

Half (51%) of the national sample reported that most of their friends used ecstasy, obtaining ecstasy mainly from friends (86%) or known dealers (56%). Ecstasy was used in a number of locations, most commonly in nightclubs (81%), at raves (58%) or at a private party (54%).

The median price for an ecstasy tablet was $35 (range $15-$80). Price was reported as 'stable' by the majority over the preceding six months. The purity of ecstasy varied, with one-third reporting it as 'fluctuating' and nearly two-thirds as 'medium' or 'high'. The majority reported the purity change as 'fluctuating' over the last six months. Two-thirds of the national sample who commented reported the availability of ecstasy as 'very easy'. This remained 'stable' in the last six months.

Participants nominated a wide variety of benefits associated with taking ecstasy, with 96% reporting at least one benefit. 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 majority (94%) 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.

In NSW, QLD and SA, where data has been collected in previous years, the 2005 results add to existing information on trends in ecstasy use among this group over time. In all three states since 2000 there has been an increase in the proportion that report typically using more than one tablet. This pattern continues in the others states since 2003 except in the ACT and SA. The frequency of ecstasy use has increased in the NT, decreased in QLD, and was relatively stable in the other states. Since 2004, reports of REU binging on ecstasy decreased in the NT, increased in NSW, SA and increased slightly in VIC.

16.4 Methamphetamine

Speed powder

The majority (89%) of participants in the 2005 national sample reported lifetime speed use and about three-quarters (74%) had used speed in the preceding six months. Snorting was the most common route of administration (76%), followed by swallowing (73%), with smaller proportions injecting (11%) and smoking (19%). Speed users typically used on a monthly basis, typically using half a gram in a session.

Speed users reported they usually scored from friends (70%), dealers (49%) and acquaintances (16%). They reported scoring from friends' or dealers' homs and reported using speed in a variety of locations, most commonly in nightclubs, raves or in private homes (their own or friend's).

Base

Half (52%) of participants in the 2005 national sample reported lifetime use of base and nearly two-fifths (38%) had used base in the six months preceding interview. Of those who reported recent use of base, 82% swallowed, 36% snorted, 17% injected and 18% smoked. Of the base users, half (55%) reported using less than monthly. Base users used one point of base in a 'typical' use episode.

Like speed, base was usually purchased from friends (64%) and known dealers (48%), in a variety of locations, most commonly at friends' or dealers' homes. Base was used in a variety of locations, most commonly nightclubs, private homes and raves.

Crystal methamphetamine

Three-fifths (60%) of participants in the 2005 national sample reported lifetime use of crystal and nearly two-fifths (38%) had used crystal in the six months preceding interview. Of those that used crystal, nearly three-quarters (71%) smoked it, half (48%) swallowed, nearly two-fifths (37%) snorted it and 15% injected. Nearly three-fifths (56%) used crystal less than once a month, and one-quarter (25%) used crystal between monthly and fortnightly. Crystal users used a median amount of one point of crystal in a 'typical' use episode.

Half (51%) of those who commented reported they scored crystal from their friends; dealers' were also common sources (38%). 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).

Purity and availability

The majority of those who commented reported the purity of speed, base and crystal to be 'medium' or 'high' (58%, 79% and 75% respectively). Small proportions reported the current strength of speed, base or crystal to be 'low' (18%, 4% and 8% respectively).

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 (23%) and crystal (19%) users reported that purity had 'fluctuated' than base users (14%).

Sixty-one percent of the national sample commented on the recent availability of speed, and the majority (79%) reported it to be 'very easy' or 'easy' to obtain. This was relatively consistent across jurisdictions. Nearly three-fifths (58%) 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' (14%) or more 'difficult' (14%).

Around one-third (29%) of the national sample commented on the current availability of base. The majority (71%) reported that it was 'very easy' or 'easy' to obtain. Of the national sample, 22% reported that it was 'difficult' to obtain, with substantial proportions in the NT (40%), TAS (33%) the ACT and WA (29%) reporting base as 'more difficult' to obtain.

Nearly three-fifths (56%) of the respondents commenting on base reported that the availability had remained 'stable', with similar proportions reporting it had become 'easier' (17%) or 'more

difficult' (14%) to obtain in the preceding six months. Across jurisdictions, at least half of those that commented reported that the availability of base remained 'stable'.

Around one-third (33%) of the national sample was able to comment on the availability of crystal. Of those that commented on the availability of crystal, 39% believed it to be 'easy' and a further 22% reported it as 'very easy' to obtain. Substantial proportions in all jurisdictions reported the availability as 'difficult' to obtain ranging from 16% in SA to 56% in TAS.

Two-fifths (40%) of the national sample reported that this level of availability of crystal had remained 'stable' in the preceding six months. Twenty percent of those that commented reported the availability had become 'easier', while 23% reported that it was 'more difficult'.

Harms

Indicator data suggest increasing harms related to methamphetamine in recent years. Data from the National Hospital Morbidity Database (NHMD) shows a gradual increase in inpatient hospital admissions for amphetamines over the years, reducing slightly in 2003/04.

Data from the AODTS-NMDS indicated that in 2003/04 WA had the highest proportion of people seeking treatment for amphetamine. This is consistent with IDU survey data, in which the highest rates of methamphetamine use were reported in WA.

16.5 Cocaine

Three-fifths (61%) of participants in the 2005 national sample reported lifetime use of cocaine and two-fifths (41%) had used cocaine in the six months preceding interview. The median age of first use was 20 years.

Among recent users, snorting (92%) was the most common route of administration, followed by swallowing (26%), smoking (9%) and injecting (4%). Cocaine use was infrequent, with the majority (77%) having used less than monthly. The median amount of cocaine used in a 'typical' use episode was half a gram. Nineteen percent of those that binged in the six months preceding interview used cocaine in their binge.

Cocaine was most commonly acquired through friends (47%) or known dealers (32%), and this was consistent across states. REU obtained cocaine from private homes, most commonly friends' homes, dealers' homes or at their own home. REU reported that they used cocaine in a variety of locations including private homes (friend's and own), nightclubs, private parties and pubs.

Cocaine was commonly purchased in grams. The median price of a gram of cocaine ranged from $250 in the ACT to $375 in the NT. Thirty-six percent of those that commented reported that they 'did not know' if the price had changed; one-third (31%) reported the price of cocaine had remained 'stable' in the preceding six months.

Nearly one-third (30%) of those who commented reported the purity of cocaine to be 'medium' and a further 29% reported cocaine strength as 'high'. Of those that commented on whether the purity of cocaine had changed in the six months preceding interview, 39% 'did not know' if the purity had changed, 28% thought it was 'stable', 12% said that the purity was 'decreasing' while a further 10% said that it had 'increased'.

Cocaine was reported to be 'difficult or 'very difficult' to obtain by half that commented. Nearly one-third considered it to be 'very easy' to obtain. Half reported the availability of cocaine had remained 'stable' over the preceding six months, ranging from 39% in QLD to 63% in VIC.

16.6 Ketamine

Thirty-eight percent of the 2005 national sample reported lifetime use of ketamine and about one-fifth (21%) had used ketamine in the six months preceding interview. The median age of first use was 20 years. Of those that reported recent ketamine use, the majority (75%) had snorted it.

Ketamine was predominantly obtained through friends (49%) and known dealers (30%). REU reported scoring ketamine from a variety of locations, most commonly private residences (friends' homes, dealers' homes or their own home). Over half of the REU reported they had last used ketamine in a private home (38% friend's home and 23% own home) and 20% reported last using at a nightclub or rave and 7% a private party.

Ketamine was most commonly purchased in grams. Small numbers commented on the price of a gram of ketamine in all jurisdictions and therefore the results should be interpreted with caution. The median price of a gram of ketamine ranged from $65 in the ACT to $200 in SA.

Nearly half (47%) of the national sample responded that they 'did not know' if the price had changed. Two-thirds (40%) reported that 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 (54%) of those who commented reported the purity of ketamine to be 'high' and a further 27% 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 (43%) reported the purity was 'stable', although nearly one-third (33%) 'did not know'.

Half of the participants reported that ketamine was 'very easy' (12%) or 'easy' (38%) to obtain. The remaining half reported it to be 'difficult' (36%) or 'very difficult' (12%) to obtain. Over half (55%), reported that the availability of ketamine had remained 'stable' over the preceding six months, while different proportions reported that it had become 'easier' (12%) or 'more difficult' (20%) to obtain.

16.7 GHB

Small numbers had used GHB. Therefore not all were able to comment on the price, purity and availability of GHB. The results should therefore be interpreted with caution.

Twenty-one percent of the 2005 national sample reported lifetime use of GHB and 9% 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 the NT who injected it. Of those that used GHB, the median number of days used was two. The majority (64%) had used less than monthly.

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 5mls. One-fifth (20%) reported having used 15mls or more in a single occasion in the last six months.

Six percent of those who had binged on drugs (used for at least 48 hours without sleep) in the six months preceding interview used GHB in their binge.

The majority of those that reported scoring GHB obtained it from friends (43%) and known dealers (43%). Around one-third (35%) scored from their dealer's home, from their friend's home (30%) or their own home (13%). Like ecstasy and other related drugs, GHB was used in a variety of locations. Private homes (51% friend's home or 54% own home) were the most common locations, followed by nightclubs (42%).

Forty-two percent of those who commented reported the purity of GHB to be 'high' and a further 21% reported GHB strength as 'medium'.

There was inconsistency regarding reports on the availability of GHB, with 54% reporting it as 'very easy' or 'easy' to obtain and 39% reporting it to be 'difficult' or 'very difficult' to obtain. Over two-fifths (44%) 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 were a record number of detections in 2001/02 of GBL. In 2005, the number of GBL and GHB detections at the Australian border remained stable.

16.8 LSD

Sixty-four percent of the 2005 national sample reported lifetime use of LSD and 32% had used LSD in the six months preceding interview. The median age of first use, among those that reported using LSD, was 21 years. Swallowing was the most common route of administration.

LSD use was infrequent. The majority had (79%) used less than monthly, typically using one tab. Twenty-two percent reported having more than three tabs in a single occasion in the last six months.

Seventeen percent of those 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, WA and TAS. The price was considered 'stable' in most states.

The reports on the purity of LSD were mixed: 44% reported the purity as 'high' and a further 24% as 'medium'.

The reports on the availability of LSD were mixed: over two-fifths reported the availability as 'difficult' or 'very difficult' and over half reported it as 'easy' or 'very easy' to obtain.

16.9 MDA

One-fifth (20%) of the 2005 national sample reported lifetime use of MDA and 9% had used MDA in the six months preceding interview. The median age of first use was 20 years. The majority (93%) of those that reported recent MDA use reported recently swallowing and 36% reported having snorted MDA. The majority (78%) had used less than monthly.

There were jurisdictional differences in reports of recent use of MDA ranging from 2% in the NT to nearly one-fifth in NSW (19%).

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 $30 in QLD to $50 in WA and the NT. The price of MDA was reported to be stable (48%).

The majority of those who commented reported the purity of MDA to be 'high' (50%) or 'medium' (27%). Purity was considered to be 'stable' (46%).

MDA was described as 'difficult' to obtain by over two-fifths (43%) of those who commented. A further two-fifths (39%) reported MDA as 'easy' to obtain. Over half (52%) of those that commented reported the availability of MDA was 'stable' in the past six months.

16.10 Other drugs

The vast majority of the national REU sample reported that they had used alcohol in their lifetime (99%) and in the six months preceding interview (97%). Seventy-seven percent reported that they usually used alcohol in combination with ecstasy.

Eighty-four percent reported recent use of cannabis (25% reporting daily cannabis use), 75% had recently used tobacco, one-third (27%) reported recently using benzodiazepines and 10% had recently used anti-depressants.

A further 25% had used nitrous oxide in the six months preceding interview, 17% had used amyl nitrate and 16% had used mushrooms in the six months preceding interview.

Ten percent had injected heroin in their lifetime and 4% reported having used in the six months prior to interview. Two percent had used methadone in the last six months, 2% had recently used buprenorphine and 14% had used other opiates in the six months preceding interview.

16.11 Risk behaviour

One in five (19%) of the national sample reported having injected at some time in their lives. Of those that had ever injected, 63% reported injecting in the six months preceding interview. A mean of 3.6 drugs (range 1-12) had ever been injected while those who reported injecting in the preceding six months had injected a mean of 2.3 (range 1-8) drugs.

Nearly half (48%) of lifetime injectors reported injecting for the first time while under the influence of drugs (mainly cannabis and alcohol). Of those that first injected while under the influence of drugs, the first drug injected was speed (53%) followed by base (15%) and heroin (15%).

When lifetime injectors were asked to specify how they learned to inject, over half (55%) reported that a friend or partner showed them how. Of those that injected in the preceding six months, nine participants reported using a needle after someone else in the month preceding interview.

Forty-five percent of the national sample reported they had never been vaccinated for HBV. A further 35% reported they had completed the vaccination schedule, 10% did not finish the vaccination schedule and 13% did not know if they had been vaccinated.

Of the national sample, 44% reported they had never been tested for HCV, while 29% had been tested in the last year, 15% were tested more than a year ago and 6% either did not know or did not get their result.

Thirty-one percent of the national sample had been tested for HIV in the last year and a further 17% had been tested more than a year ago.

As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview. Over two-fifths (42%) reported one sex partner during the preceding six months, although one-fifth (19%) of participants had penetrative sex with two people. Over one-quarter (28%) reported sex with between three and five people. Nearly one-quarter (23%) of those who reported penetrative sex in the preceding six months had had anal sex. The majority (82%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. The most commonly used drug during sex was ecstasy, followed by alcohol and cannabis.

Of the national sample, 82% had driven a car in the last six months. Of those who had driven a car, 47% had driven while over the limit of alcohol and 67% had driven soon (within one hour) of taking an illicit drug). The drug most commonly take was ecstasy (77%) followed by cannabis (57%), and speed (45%).

16.12 Health issues

Of the national sample, 11% had overdosed on either ecstasy or other related drugs in the past 6 months. The highest rate was reported in the NT (20%) and lowest in SA (2%). Of those that had overdosed, the main drug used was alcohol (29%) followed by ecstasy (24%). Alcohol was reported the highest in WA (56%) and ecstasy in the ACT (55%).

In 2005, participants were asked questions from the Severity of Dependence Scale (SDS) for the use of ecstasy and methamphetamine. The median SDS score for ecstasy was one (range 0-14). Participants were asked if their ecstasy use was out of control: 66% reported 'never or almost never', 77% reported that missing a dose did not make them feel anxious, 46% were not worried about their ecstasy use and 17% wished that sometimes they could stop using ecstasy.

Of those who had used methamphetamine, the median SDS score was three (range 0-15), with 21% scoring four or above, the level of dependence. Of those who scored above four on the SDS, 40% reported specifically using methamphetamine speed, 29% crystal, 20% base, and 23% reported no specific methamphetamine. Twenty percent of methamphetamine users believed that their methamphetamine use was 'sometimes' out of control, 18% reported that missing a dose 'sometimes' made them feel anxious, 25% were 'sometimes' worried about their methamphetamine use, 17% 'sometimes' wished that they could stop and 13% found it 'quite difficult' to stop using methamphetamine.

Of the national sample, 18% had accessed either a medical or health service in the preceding six months related to their drug use. Of those who had sought help, the majority accessed their GP (45%) and 31% accessed a counsellor. For those who saw a GP, 32% reported the main drug involved was ecstasy, followed by speed (11%) and the main issue of concern was dependence.
Participants were also asked if they had experienced any occupational, social, financial or legal problems in the six months preceding interview that they would attribute to their drug use. Occupational or study problems were reported by the highest proportion of REU in the national sample (42%). Relationship or social problems attributed to ecstasy and related drug use were reported by 38% of the national sample and a further 36% reported financial problems. A small proportion (5%) also reported legal/police problems.

16.13 Criminal activity and perceptions of policing

One-quarter (25%) of the national sample had committed a crime in the month preceding interview. There were differences across states in the proportion reporting involvement in crime ranging from 15% in TAS and the NT to over a third (32%) in WA.

Drug dealing (20%) was the most common reported criminal activity. The frequency of drug dealing in the last month was low, nearly two-thirds reporting they had done so less than once a week. Ten percent of the national sample had been arrested in the past year.

Over one-third (35%) of REU reported that police activity had remained stable and a further two-fifths (39%) thought that police activity had increased. There were differences across jurisdictions in the proportion that reported police activity had increased, with 16% in the ACT reporting increased activity compared to over half in VIC reporting increased activity. Despite having substantial proportions reporting increased police activity, few (11%) of the REU responded that police activity had made it more difficult for them to score drugs.

17.0 IMPLICATIONS

The third year of the national PDI has supported data collected in previous years that suggest REU are polydrug users, using a range of drugs in combination with ecstasy. Consistent with data collected previously, the sample interviewed in 2005 was young, educated and employed or studying. To further document trends across time in the use of ecstasy and related drugs in Australia, the PDI would ideally be conducted annually in a standard manner on an ongoing basis.

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 REU sample reported using alcohol in combination with ecstasy, with nearly three-quarters 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 ecstasy and related 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 with GHB, especially when combined with another depressant such as alcohol.

The 2005 PDI results suggest that 'binge' drug use is common among REU 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 a person is going to use ecstasy, the low risk pattern of use is to take low doses at infrequent intervals.

Data collected on the perceived risks and benefits of ecstasy use suggested that users were aware that there are risks associated with taking ecstasy. Given that research in NSW suggests increases in the use of ecstasy and related drugs, it is important to provide information on risks quickly to this group. Harm reduction strategies need to address knowledge gaps, especially as some of this drug use is opportunistic.

Ecstasy and related drug use occurs in a range of locations both in public and private venues. The high proportion of REU reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use. As a substantial proportion of ecstasy and related drug use occurs in dance-related public venues, training in harm reduction and appropriate responses to persons suspected of using drugs should be provided to staff of appropriate venues in addition to emergency workers.

While methamphetamine was not the main drug of choice for the majority of the REU, substantial proportions had recently used methamphetamines either separately or in conjunction with ecstasy. Nearly a quarter of this group scored four or above (indicating "dependent use" in previous validation studies (Topp and Mattick 1997) on the Severity of Dependence Scale. Furthermore, a small number reported that they had sought help (health/medical) for

methamphetamine-related problems, in particular psychosis and/or anxiety. A significant minority of the sample reported that crystal methamphetamine was the form about which they were concerned, despite lower rates of the use of this drug than for speed powder.

This raises concerns about how to deal with an increase in demand for assistance with problems associated with methamphetamine use. The problems associated with the use of methamphetamine (e.g. amphetamine psychosis, amphetamine dependence, paranoia and cardiac difficulties) may develop more quickly with sustained use of the potent crystal form (Degenhardt and Topp 2003), and health and law enforcement professionals who work with drug-using populations may need to develop strategies for managing these negative effects. Clear and practical harm reduction information on the use of methamphetamines should be developed and distributed to users and health workers, in addition to the development and implementation of practical strategies and training for dealing with affected individuals.

A further issue related to the increase in crystal methamphetamine use is increasing community concern about the potential for increased sex risk behaviours by persons using crystal methamphetamine. This issue has received considerable attention in the United States over the past decade (Frosch, Shoptaw et al. 1996; Anderson and Flynn 1997; Halkitis, Parsons et al. 2001), but it is most likely that documented associations between crystal methamphetamine use and HIV risk behaviours during sex are *not* the result of a simple causal association. Further work is needed to clarify the factors related to reports (particularly among the gay community) of increasing sex risk behaviours in the context of drug use, particularly since there have been recent reports of increased notifications of sexually transmitted infections and HIV cases (Degenhardt, McGuigan et al. 2005). Further research is needed to examine this issue.

For the first time, in 2005, participants were asked about the content, purity and testing of ecstasy pills (see also (Johnston, Barratt et al. in press). While there is some controversy over the use of testing kits in Australia, the majority of REU reported that they would use testing kits if available. Further research is required in this area.

REU were asked about injecting risk behaviours and BBVI vaccination. While the PDI is not directed towards monitoring IDU, small proportions of the REU interviewed had injected drugs. Injection among this group was infrequent but the majority were under the influence of drugs before and while injecting and a small number did report sharing injecting equipment (not including needles). While only a small number of participants among this group reported being positive for HCV and HIV, injecting (in particular while under the influence) continues to raise concerns for BBVIs. Furthermore, it is important for innovative harm reduction information to be disseminated to this group, many of whom may not be accessing traditional harm reduction initiatives through NSPs since they may be obtaining needles from pharmacies.

The reports of users driving under the influence of drugs is a concerning finding in this year's PDI. It is important to disseminate information to users about the effects of different drug types upon driving ability, and indeed of the negative effects of polydrug use on such abilities. Recent discussions have suggested that NSW will be introducing random roadside drug testing in early 2006, as has recently been introduced in Victoria in late 2004. Other jurisdictions are considering introducing random roadside drug testing.

PDI data indicated that the sample was engaged in penetrative sex, a large majority while under the influence of drugs. Unprotected sex was also common among this group. Like injecting, unprotected sex raises concerns about BBVI's and STIs. Ongoing monitoring of injecting and sexual risk behaviours among this group is required.

The 2005 PDI data collected provided good information on a group of REU across Australia, and the findings from this third year are interesting. They suggest that continued research is required in areas such as an ongoing investigation of the injecting and sexual practises of REU, the potential intersection between traditional IDU and REU populations and markets, and driving while under the influence of drugs. The REU surveyed in 2005 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 ecstasy and related drug use is this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the drug-using population. Looking at ways to expand existing education and harm reduction strategies is required.

Methodological considerations

As previously mentioned, the PDI is not designed to provide information regarding ecstasy and related drug use in the general population, nor does it provide information that is representative of all ecstasy users. However, the PDI does provide directly comparable data relating to ecstasy and related drug use and markets, collected in every Australian jurisdiction on a sentinel group of REU, in an attempt to detect emerging trends in the ecstasy and related drug markets. The REU survey is a key component of the PDI, providing accurate data available on drug prices and availability, data that cannot be collected as efficiently in any other way. The inclusion of the REU survey in all Australian jurisdictions since 2003 and the examination of comparable data over time represent continued progress in the monitoring of ecstasy and related drug markets.

The PDI is designed to detect emerging trends and inform future research; it therefore cannot and does not intend to answer detailed research questions such as the harms associated with a particular drug or the extent of diversion of pharmaceutical supplies. However, the PDI can provide background information issues related to ecstasy and related drug markets such as levels of use of a certain drug among a group of REU and changes over time.

As there are differences between jurisdictions in the availability and patterns of use of various drugs, detailed jurisdictional findings of the PDI and discussion of their implications are available in the jurisdictional reports available from the NDARC website.

APPENDICES

Appendix A

Table A1: Price, purity and availability of ecstasy by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
Median price ($) per tablet	35	35	35	30	40	35	50	50	35
Price change (%)									
Increased	6	3	9	8	6	3	4	9	5
Stable	60	58	61	58	64	66	62	66	53
Decreased	19	30	18	16	15	16	19	6	22
Fluctuated	12	6	11	14	13	10	13	20	13
Don't know	3	4	1	4	2	1	2	0	5
Current purity (%)									
Don't know	2	2	1	2	1	2	2	3	3
Low	12	17	6	11	6	13	10	20	13
Medium	28	32	31	24	20	35	15	28	33
High	32	24	38	28	39	21	48	28	27
Fluctuates	27	25	24	35	34	28	25	21	24
Purity change (%)									
Don't know	4	5	0	4	4	1	5	9	6
Increasing	18	18	19	20	29	11	32	13	9
Stable	26	34	34	31	16	29	13	18	28
Decreasing	17	26	12	18	12	21	16	21	15
Fluctuates	34	17	35	27	39	37	34	39	42
Availability (%)									
Don't know	<1	1	0	0	0	0	1	0	2
Very easy	63	67	55	70	68	56	54	58	69
Easy	32	28	43	26	25	41	38	27	26
Difficult	5	4	2	4	7	3	6	16	3
Very difficult	0	0	0	0	0	0	1	0	1
Availability change (%)									
Don't know	3	0	0	0	3	4	7	0	4
More difficult	8	13	4	9	10	9	5	10	6
Stable	64	72	67	76	43	60	64	68	64
Easier	18	14	24	12	34	18	15	20	13
Fluctuates	7	0	4	3	10	9	9	3	12
Scored from (%)									
Friends	82	76	88	89	92	84	89	73	67
Known dealers	57	55	58	52	62	46	53	52	68
Acquaintances	34	15	51	37	34	29	47	39	23
Workmates	13	11	15	17	12	8	13	16	15
Unknown dealers	19	10	22	23	19	14	33	26	11

Source: PDI interviews 2004

Appendix B

Table B1: Price, purity and availability of methamphetamine speed by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	68	81	64	92	68	62	78	72	42
Price ($) per gram	-	(n=24) $60	(n=23) $80	(n=34) $180	(n=18) $300	(n=35) $50	(n=22) $300	(n=25) $100	(n=25) $180
Price ($) per point	-	(n=2) $30	(n=21) $30	(n=34) $25	(n=49) $40	(n=15) $25	(n=22) $50	(n=14) $50	(n=18) $25
Price changes									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Don't know	23	15	29	20	38	26	16	17	20
Decreased	11	17	20	19	1	13	7	2	6
Stable	52	57	44	47	44	55	60	66	52
Increased	8	10	6	7	9	0	13	6	12
Fluctuated	6	2	2	8	9	7	5	9	10
Median purity*	-	11.0	n/a	23.5	16.9	19.8	32	n/a	16.9
Availability (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Don't know	5	2	4	0	14	6	5	2	4
Very easy	42	47	36	62	24	42	39	53	32
Easy	39	40	49	29	41	26	42	34	50
Difficult	14	12	11	8	20	22	13	9	14
Very difficult	2	0	0	1	1	6	2	2	0
Availability changes (%)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
(% who commented)	11	2	7	8	28	15	11	6	6
Don't know	14	18	13	23	10	16	13	6	4
Easier	61	68	69	59	39	56	48	83	76
Stable	13	12	9	9	20	13	19	4	12
More difficult	2	0	2	1	3	0	8	0	2
Fluctuates									
Scored from (%)									
(% who commented)	(n=475)	(n=60)	(n=55)	(n=75)	(n=71)	(n=55)	(n=62)	(n=47)	(n=50)
Friends	69	55	64	80	63	62	84	66	72
Known dealers	44	45	40	51	39	29	52	53	46
Acquaintances	16	7	22	19	9	15	23	13	26
Workmates	7	3	2	7	9	9	3	9	12
Unknown dealers	8	3	2	12	1	2	26	9	10

Source: PDI interviews 2004

Source of purity data: ABCI, 2001, 2002. ACC 2003, 2004. Purity data reflects analysed seizures by state police in each jurisdiction. The figure reported is the median of total (<2g and >2g) seizures for the financial year 2003/04. The purity figures do not differentiate between different forms of methamphetamine and therefore may incorporate powder, base and ice.

Table B2: Price and availability of methamphetamine base by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	39	39	31	34	20	72	31	45	39
Price ($) per point (range)		(n=12) $37.50 (20-70)	(n=21) $40 (30-80)	(n=6) $28.75 (25-50)	(n=14) $50 (40-200)	(n=46) $25 (20-180)	(n=6) $50 (25-50)	(n=14) $50 (15-80)	(n=32) $27.50 (15-50)
Price changes									
(% who commented)	(n=247)	(n=30)	(n=25)	(n=15)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Don't know	19	27	24	33	40	9	21	24	8
Decreased	11	23	4	0	0	14	0	12	15
Stable	60	50	52	33	45	72	57	52	72
Increased	7	0	16	27	10	3	14	4	4
Fluctuated	3	0	4	7	5	2	7	8	2
Availability (%)									
(% who commented)	(n=247)	(n=30)	(n=25)	(n=15)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Don't know	4	0	8	0	10	3	0	12	0
Very easy	40	30	32	20	15	65	7	20	51
Easy	40	43	44	46	40	26	57	56	38
Difficult	14	27	16	27	25	5	14	8	11
Very difficult	3	0	0	7	10	2	21	4	0
Availability changes (%)									
(% who commented)	(n=247)	(n=30)	(n=25)	(n=15)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Don't know	9	0	16	13	25	6	14	16	2
Easier	12	20	4	7	5	17	0	8	13
Stable	65	70	64	46	55	72	71	52	66
More difficult	11	10	16	27	15	2	0	16	13
Fluctuates	4	0	0	7	0	3	14	8	6
Scored from (%)									
(% who commented)	(n=246)	(n=30)	(n=25)	(n=14)	(n=20)	(n=65)	(n=14)	(n=25)	(n=53)
Friends	61	43	80	50	45	72	71	52	59
Known dealers	51	30	60	50	50	35	36	72	72
Acquaintances	11	10	12	7	10	11	14	16	8
Workmates	4	3	0	0	0	6	0	8	6
Unknown dealers	7	0	0	7	5	5	7	4	17

Source: PDI interviews 2004

Table B3: Price and availability of crystal methamphetamine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	45	46	39	52	16	47	80	35	42
Median price ($) per point		(n=28) $40	(n=18) $47.50	(n=20) $40	(n=11) $50	(n=25) $25	(n=43) $50	(n=14) $50	(n=38) $40
Crystal price changes									
(% who commented)	(n=301)	(n=34)	(n=29)	(n=37)	(n=18)	(n=41)	(n=69)	(n=23)	(n=50)
Don't know	23	21	38	24	67	17	7	39	20
Decreased	13	18	17	27	0	12	6	4	18
Stable	47	47	31	35	22	63	64	35	40
Increased	10	15	7	11	6	0	15	17	10
Fluctuated	6	0	7	3	6	7	9	4	10
Availability (%)									
(% who commented)	(n=301)	(n=34)	(n=29)	(n=37)	(n=18)	(n=41)	(n=69)	(n=23)	(n=50)
Don't know	5	0	7	3	22	2	1	13	4
Very easy	37	50	24	22	11	46	61	9	26
Easy	31	29	35	32	22	22	30	39	36
Difficult	21	21	27	34	33	24	7	30	26
Very difficult	5	0	7	8	11	5	0	9	8
Availability changes (%)									
(% who commented)	(n=301)	(n=34)	(n=29)	(n=37)	(n=18)	(n=41)	(n=69)	(n=23)	(n=50)
Don't know	10	0	14	8	33	10	6	22	8
Easier	21	21	17	19	11	15	33	9	20
Stable	51	62	55	38	39	63	52	61	36
More difficult	14	15	10	32	17	7	6	9	22
Fluctuates	5	3	3	3	0	5	3	0	14
Scored from (%)									
(% who commented)	(n=300)	(n=34)	(n=29)	(n=37)	(n=18)	(n=40)	(n=69)	(n=23)	(n=50)
Friends	56	47	35	60	28	50	78	64	52
Known dealers	42	53	31	38	0	28	51	36	58
Acquaintances	14	6	21	24	6	10	17	14	10
Workmates	2	0	0	0	0	0	4	5	4
Unknown dealers	8	3	3	5	0	5	13	5	14

Source: PDI interviews 2004

Appendix C

Table C1: Price, purity and availability of cocaine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	27	46	34	48	10	26	16	16	24
Median price ($) per gram	-	(n=16) $200	(n=27) $250	(n=16) $277.50	(n=8) $325	(n=20) $250	(n=6) $400	(n=3) $250	(n=14) $237.50
Price change (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Don't know	28	8	33	39	11	39	29	17	29
Decreased	11	8	8	22	0	13	0	17	12
Stable	34	33	33	17	67	30	43	50	35
Increased	17	42	17	9	11	9	14	0	18
Fluctuated	10	8	8	13	11	9	14	17	6
Availability (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Don't know	6	0	8	4	0	9	0	17	6
Very easy	15	50	6	13	11	0	0	17	12
Easy	28	8	47	35	0	30	14	0	35
Difficult	40	38	31	44	44	52	57	33	35
Very difficult	12	4	8	4	44	9	29	33	12
Availability changes (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Don't know	15	4	17	17	11	22	0	33	18
Easier	17	25	25	17	11	13	0	0	12
Stable	53	50	42	44	56	61	86	67	65
More difficult	11	17	8	22	22	4	0	0	6
Fluctuates	3	4	8	0	0	0	14	0	0
Scored from (%)									
(% who commented)	(n=145)	(n=24)	(n=36)	(n=23)	(n=9)	(n=23)	(n=7)	(n=6)	(n=17)
Friends	38	46	31	44	44	30	29	33	47
Known dealers	30	38	36	30	11	9	29	17	53
Acquaintances	8	4	17	9	0	9	0	17	0
Workmates	<1	4	0	0	0	0	0	0	0
Unknown dealers	3	0	8	4	0	4	0	0	0

Source: PDI interviews 2004

Appendix D

Table D1: Price, purity and availability of ketamine by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	23	39	15	45	5	39	10	18	16
Median price ($) per gram		(n=11) $200	(n=1) $200	(n=10) $195	(n=1) $50	(n=11) $200	-	(n=3) $200	-
Price change (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Don't know	43	28	67	34	63	41	100	71	57
Decreased	6	4	0	9	0	6	0	0	14
Stable	36	44	33	37	38	34	0	29	29
Increased	11	24	0	20	0	3	0	0	0
Fluctuated	4	0	0	0	0	16	0	0	0
Availability (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Don't know	5	0	0	0	0	9	0	17	29
Very easy	13	8	11	6	13	25	0	0	29
Easy	36	40	44	34	25	41	0	29	14
Difficult	37	40	44	46	50	19	100	43	29
Very difficult	10	12	0	14	13	6	0	14	0
Availability changes (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Don't know	18	8	11	3	25	34	0	29	43
Easier	17	12	11	11	0	31	0	29	14
Stable	36	32	67	37	50	25	100	29	43
More difficult	26	40	11	49	25	3	0	14	0
Fluctuates	3	8	0	0	0	6	0	0	0
Score from (%)									
(% who commented)	(n=124)	(n=25)	(n=9)	(n=35)	(n=8)	(n=32)	(n=1)	(n=7)	(n=7)
Friends	43	28	44	60	25	44	100	14	43
Known dealers	36	52	22	31	13	31	0	29	71
Acquaintances	8	4	0	9	13	9	0	29	0
Workmates	<1	0	0	3	0	0	0	0	0
Unknown dealers	2	0	11	3	0	0	0	0	0

Source: PDI interviews 2004

Table D2: Price, purity and availability of GHB by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	10	18	6	27	3	12	5	6	6
Price ($) per ml		$1	-	$2 7x$2.50 2x$3 $4 $8	-	$1.25 $2 2x$3 4x$5	$2.50	$3	0.60 3x$5
Price change (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Don't know	28	20	0	21	100	42	100	33	0
Decreased	26	40	0	16	0	25	0	33	60
Stable	36	30	100	47	0	25	0	33	40
Increased	8	0	0	16	0	8	0	0	0
Fluctuated	2	10	0	0	0	0	0	0	0
Availability (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Don't know	8	0	0	0	0	33	0	0	0
Very easy	34	40	0	53	50	8	0	33	20
Easy	32	30	0	26	0	25	100	33	80
Difficult	25	30	100	21	50	33	0	0	0
Very difficult	2	0	0	0	0	0	0	33	0
Availability changes (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Don't know	13	0	0	5	0	50	0	0	0
Easier	23	20	100	11	0	17	100	68	40
Stable	42	50	0	58	50	25	0	0	40
More difficult	19	30	0	26	50	0	0	33	0
Fluctuates	4	0	0	0	0	8	0	0	20
Scored from (%)									
(% who commented)	(n=53)	(n=10)	(n=1)	(n=19)	(n=2)	(n=12)	(n=1)	(n=3)	(n=5)
Friends	47	60	100	63	0	25	0	33	40
Known dealers	21	20	0	21	0	17	0	33	40
Acquaintances	6	20	0	0	0	0	100	0	0
Workmates	0	0	0	0	0	0	0	0	0
Unknown dealers	2	0	0	5	0	0	0	0	0

Source: PDI interviews 2004

Table D3: Price, purity and availability of LSD by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	26	20	23	40	32	36	11	31	18
Median price ($) per tab		(n=14) $20	(n=23) $20	(n=33) $20	(n=40) $20	(n=40) $10	(n=20) $25	(n=22) $25	(n=19) $20
Price change (%)									
(% who commented)	(n=225)	(n=18)	(n=25)	(n=35)	(n=42)	(n=42)	(n=20)	(n=24)	(n=19)
Don't know	20	28	12	20	26	12	15	29	26
Decreased	8	17	12	9	2	14	5	8	0
Stable	50	28	52	48	57	64	25	50	47
Increased	13	28	16	14	7	5	35	0	16
Fluctuated	8	0	8	9	7	5	20	13	11
Availability (%)									
(% who commented)	(n=225)	(n=18)	(n=25)	(n=35)	(n=42)	(n=42)	(n=20)	(n=24)	(n=19)
Don't know	5	6	0	0	10	2	0	8	16
Very easy	14	11	8	31	17	10	0	17	11
Easy	28	28	28	20	26	43	15	29	26
Difficult	40	56	48	38	36	38	45	42	26
Very difficult	13	0	16	11	12	7	40	4	21
Availability changes (%)									
(% who commented)	(n=225)	(n=18)	(n=25)	(n=35)	(n=42)	(n=42)	(n=20)	(n=24)	(n=19)
Don't know	14	22	0	6	26	12	0	21	21
Easier	13	11	8	31	10	5	15	8	21
Stable	48	39	56	49	43	50	55	50	42
More difficult	19	28	28	11	17	19	25	13	16
Fluctuates	6	0	8	3	5	14	5	8	0

Source: PDI interviews 2004

Table D4: Price, purity and availability of MDA by jurisdiction, 2004

	National N=852	NSW n=104	ACT n=116	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=71	QLD n=161
% used last 6 months	15	30	15	16	15	14	6	10	16
Median price ($) per capsule		(n=10) $47.50	(n=7) $40	(n=7) $35	(n=9) $40	-	(n=2) $47.50	(n=2) $55	(n=7) $35
Price change (%)									
(% who commented)	(n=60)	(n=11)	(n=8)	(n=11)	(n=9)	(n=9)	(n=3)	(n=2)	(n=7)
Don't know	23	9	38	27	0	33	0	50	43
Decreased	2	0	0	0	0	11	0	0	0
Stable	67	82	50	55	100	44	100	50	57
Increased	8	9	13	18	0	11	0	0	0
Availability (%)									
(% who commented)	(n=60)	(n=11)	(n=8)	(n=11)	(n=9)	(n=9)	(n=3)	(n=2)	(n=7)
Don't know	5	0	0	0	0	22	0	0	14
Very easy	23	27	50	46	0	0	0	50	14
Easy	30	18	37.5	9	56	44	33	0	29
Difficult	35	46	12.5	45	44	33	0	50	29
Very difficult	7	9	0	0	0	0	67	0	14
Availability changes (%)									
(% who commented)	(n=60)	(n=11)	(n=8)	(n=11)	(n=9)	(n=9)	(n=3)	(n=2)	(n=7)
Don't know	15	0	13	18	22	22	0	0	29
Easier	13	0	25	18	0	11	67	0	14
Stable	58	91	50	37	78	44	33	50	57
More difficult	8	9	13	18	0	11	0	0	0
Fluctuates	5	0	0	9	0	11	0	50	0

Source: PDI interviews 2004

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