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NSW PARTY DRUGS TRENDS 2002:

**Findings from the
Illicit Drug Reporting System (IDRS)
Party Drugs Module**

NDARC Technical Report No. 162

NSW PARTY DRUG TRENDS 2002



FINDINGS OF THE ILLICIT DRUG REPORTING SYSTEM (IDRS) PARTY DRUGS MODULE

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LIST OF ABBREVIATIONS

ACON	AIDS Council of NSW
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
CDHA	Commonwealth Department of Health and Aging
FDS	Family Drug Support
GHB	Gamma-hydroxy-butyrate
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KI	Key Informant(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
NDLERF	National Drug Law Enforcement Research Fund
NDS	National Drug Strategy
NIDIP	National Illicit Drug Indicators Project

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EXECUTIVE SUMMARY

This report presents the results of a study to monitor party drug markets in NSW. The 2002 sample provides data for the fourth year on trends in party drug markets. Data from a feasibility trial conducted in 2000 and 2001 and those of a comparable study conducted in 1997 are also included. Trends of the demographic characteristics and patterns of drug use among party drug users, their criminal behaviour, and perceived party drug-related harms are presented. The implications of the results and the nature and characteristics of party drug markets are discussed.

Demographic characteristics of Party Drug Users (PDU)

The results indicate that party drug users, a population defined in this study by the regular use of tablets sold as 'ecstasy', tend to be young, relatively well-educated, and likely to be employed or engaged in full time study. Less than half reported engaging in crime, most of which is accounted for by low-level drug dealing. Four participants were currently in treatment for a drug-related problem, and two participants had previously been incarcerated.

Patterns of polydrug use among (PDU)

Participants could be characterised as extensive polydrug users, half of whom nominated ecstasy as their favourite or preferred drug. On average, participants had used 12 drugs in their lifetime and had used seven in the preceding six months. Most participants regularly used other drugs concurrently with ecstasy, including tobacco, alcohol, cannabis, methamphetamine powder, and ketamine. Most participants also used other drugs to ease the 'come down' or aversive recovery period following acute ecstasy intoxication, including cannabis, tobacco, alcohol, methamphetamine powder and benzodiazepines. These patterns of polydrug use emphasise the need for research and education on the effects and risks of such practices.

The prevalence and frequency of use of party drugs other than ecstasy among the sample suggest that although the use of drugs such as ketamine, GHB and ice appears to have increased, there are relatively few regular users. The use of these drugs may be opportunistic in nature, and may not be as widely or as consistently available as ecstasy. Most participants that used ketamine, GHB and ice reported using less than once a month. Users of these drugs are invariably experienced users of ecstasy, the 'staple' drug, or fundamental core, of the party drug market.

Patterns of ecstasy use

Participants reported great variation in patterns of party drug use. They typically began to use ecstasy in their late teens, and their current frequency of use varied from once per month to a few days per week. A third (33%) of participants had used between monthly and fortnightly, 47% between fortnightly and weekly, and 20% had used ecstasy on more than one day per week. Participants had used ecstasy on a median of 20 days in the preceding six months (range 6-72). A high proportion of the 2002 reported they had binged (used ecstasy continuously for more than 48 hours) on ecstasy in the preceding six months. Over half (60%) of participants had used four or more tablets in a single use episode in the preceding six months, and three quarters (74%) reported that they 'typically' used more than one tablet. Consistent with earlier reports, participants primarily administered ecstasy orally. Although 15% reported having injected the drug at some time, no one reported that injection was their preferred route of ecstasy administration.

Price, purity and availability of ecstasy

In recent years, there has been a steady decrease in the average price in Sydney of a single ecstasy tablet, from \$50 in 1997, \$40 in 2000, to \$35 in 2001 and 2002. Most participants report paying for ecstasy through paid employment or being given it by friends. The majority report 'scoring' ecstasy from friends and dealers.

Tablets sold as ecstasy have remained readily available in Sydney since 1997; the great majority of users described the drug as 'very easy' or 'easy' to obtain. However, the proportion of the ecstasy market that is sourced by locally produced 'duplicate' tablets has increased markedly since 1997. The Australian Bureau of Criminal Intelligence recently estimated that up to 80% of tablets sold as ecstasy in Australia are locally manufactured duplicate tablets that contain low-dose methamphetamine, sometimes in combination with another drug such as ketamine, rather than MDMA (3,4-methylenedioxymethamphetamine), the compound to which the term 'ecstasy' originally applied (Australian Bureau of Criminal Intelligence, 2002). Almost all of the tablets that actually contain MDMA are likely to have been imported; few clandestine manufacturers in Australia have access to neither the necessary precursors nor the required expertise to produce true MDMA.

There is little consistency regarding users subjective reports of the purity of ecstasy. The average purity of seizures of tablets actually containing MDMA analysed has increased in recent years. 'Imports' (imported tablets) are more likely to contain MDMA and tend to be more highly sought after than locally manufactured imitations that contain methamphetamine, with users willing to pay more for a tablet they believe is imported. The supply of imported MDMA tablets does not appear to match demand, and the market for 'duplicate' pills remains however, NSW police reported that the ratio of methamphetamine tablets sold as MDMA to MDMA tablets actually containing MDMA had decreased in 2001-02. This may indicate an increase in imported MDMA or that tablets containing methamphetamine are being sold as such. The number and weight of customs seizures of ecstasy seized at the border has also increased in recent years suggesting either changes in activity, improvements in detection or more ecstasy being imported or a combination of these factors.

Harms related to ecstasy and other drug use

Participants reported a broad range of recent physical and psychological side effects that they perceived as due, at least in part, to their use of ecstasy. Most were relatively minor and consistent with the side effects reported in previous years; for example, trouble sleeping, mental confusion and difficulty concentrating. Ecstasy-related occupational, relationship and financial problems were also reported by substantial proportions. Although many of these problems could be considered relatively minor, some constituted significant disruptions to functioning, including loss of employment, the ending of relationships, and the inability to pay for food or rent.

Patterns of methamphetamine use

All participants reported lifetime use of methamphetamine powder (speed) and most reported recent use. Most participants reported using about once a month; snorting was the most common route of administration followed by swallowing. Users reported using half a gram of speed in a typical session. The proportion reporting speed use remained relatively stable across sampling years, although frequency of use appears to have decreased (median days used dropped

from 12 days in 2000, 10 days in 2001 to 7 days in 2002). This may be as a consequence of the increased prevalence of other forms of methamphetamine such as base and crystal methamphetamine.

Forty four percent of the sample reported recent use of methamphetamine base, the majority using less than once a month. Similar proportions reported swallowing and snorting, typically using one point in a session. Reports of lifetime and recent use of base have increased since the distinction between different forms of methamphetamine was documented in 2000.

Smaller numbers reported recent use of crystal methamphetamine, on a median of two days in the preceding six months. Users snorted or smoked crystal and typically reported using 1.5 points in a session. Proportions of users reporting crystal use have increased overtime.

Patterns of cocaine use

The majority of participants reported lifetime and recent use of cocaine. The vast majority used less than once a month, with snorting being the most common route of administration. A half a gram of cocaine was used in a typical session. Proportions of party drug users that report cocaine use has remained stable across sampling years.

Patterns of ketamine use

There appears to have been an increase in the proportion of participants reporting lifetime and recent use of ketamine, with the frequency and quantity of use remaining relatively stable. Most recent users reported using less than one a month. Snorting and then swallowing were the most commonly reported routes of administration.

Patterns of GHB use

Recent GHB use was reported by a significant minority of the 2002 sample. Users reported using GHB monthly or less, typically using half a vile or 10mls in a session. The number of party drug users who reported ever having used GHB continued to increase in 2002 (from 23% in 2001 to 35% in 2002). Similarly reports of recent use increased relative to previous years.

Patterns of LSD use

A third of participants reported using LSD in the six months preceding interview. The majority used monthly or less with a tab being the typical amount used in a session. Lifetime use of LSD appears to have decreased across sampling years (from 97% in 1997 to 73% in 2002).

Patterns of MDA use

About a third of participants used MDA recently, generally less than once a month. Typically a cap was used in a session and the vast majority reported swallowing the drug. The proportion of participants who report having ever used MDA has fluctuated across time (60% in 1997, 36% in 2000, 43% in 2001 and 56% in 2002).

Patterns of other drug use

Almost all party drug users report consuming alcohol on a median of two days a week. Similarly, most of the 2002 sample reported recent cannabis use, the majority of who smoke on a median of two days per week. Tobacco use was common although only half of those reporting recent use were daily cigarette smokers. Comparable to previous years, half the 2002 sample had used benzodiazepines at some time. Those who reported recent benzodiazepine use did so less than once a month. A small number of the 2002 sample reported the recent use of antidepressants, half of whom used for reasons other than depression. The use of inhalants such as amyl nitrate and nitrous oxide appear to have decreased across time.

Price, purity and availability of other party drugs

The price, purity and availability of methamphetamine powder was commented on by two thirds of the sample with \$40 for half a weight the most common purchase. Smaller numbers of participants felt confident enough of their knowledge about other forms of methamphetamine and other party drugs to comment on their price, purity and availability, suggesting more limited exposure to such drugs. Much of the use of less common party drugs, such as MDA or ketamine, appears to be opportunistic in nature, and therefore infrequent relative to the use of the widely used party drug ecstasy. It may be that people who report the recent use of such drugs do not deliberately seek them out, and hence, are unfamiliar with market indicators such as changes in price, purity and availability. The low prevalence rates of the regular use of these drugs are indicative of the smaller size of their markets.

The expansion of the party drug market

Data from all three sources suggest the expansion of the market for ecstasy. Both users and KI have reported that the number of people using ecstasy had increased and that, in recent years, ecstasy has become a mainstream drug. These impressions are validated by the results of the 2001 National Drug Strategy Household Survey, which indicated that prevalence of both lifetime and recent use of ecstasy in Australia had tripled since the 1995 survey. The 2001 survey show an increase in lifetime prevalence of ecstasy use since 1998 (to 61% of the general population), despite the fact that the lifetime prevalence of use of almost all illicit drugs appeared to decrease over the same timeframe. The demographic characteristics and self-reported patterns of drug use of regular ecstasy users interviewed in since 1997 were strikingly similar, suggesting that the main change in the market has been its size rather than in its nature.

Although overall rates of polydrug use remained stable over the years, the results suggested that the availability and use of specific drugs varied over that time. From 1997, the prevalence and frequency of use of some drugs decreased, including LSD and inhalants such as amyl nitrite and nitrous oxide. However, over the same period, the prevalence of use of other drugs, including ketamine, GHB, and ice, have steadily increased. It seems that as the demand for and/or availability of one illicit drug wanes, the demand for and/or availability of another increases, highlighting the dynamic nature of party drug markets. Ecstasy remains the fundamental 'staple' of the party drug market and is consistently widely available. The demand for and availability and use of other party drugs appear more limited and erratic, and there are relatively few regular users of these drugs.

Conclusion

Despite the variability in the contents of tablets sold as 'ecstasy', the market demand for the tablets continues to grow, and ecstasy is used in combination with a variety of drugs. Some users report harms associated with their ecstasy use, and the newer drugs reported by some users (such as GHB) may pose significant risks to users. Continued monitoring of this market will enable the collection and dissemination of information that will allow the implementation of timely policy responses to market developments. The conduct of the Party Drugs Initiative (PDI) in 2003 and 2004 in all jurisdictions across Australia (<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.partydrugs>) should be a useful addition to current knowledge about party drug markets across the country.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing study funded by the Commonwealth Department of Health and Aging (CDHA) and the National Drug Law Enforcement Research Fund (NDLRF). It has been conducted on an annual basis in NSW since 1996, and in all states and territories of Australia since 1999. The purpose of the IDRS is to provide a coordinated approach to the monitoring of the use of Australia's main illicit drugs, in particular, methamphetamine, cannabis, cocaine and heroin. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The IDRS is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail, such that it will provide direction for more detailed research on specific issues.

A national overview of trends in other illicit drug markets from the IDRS was presented in *Australian Drug Trends 2002* (Breen et al., 2003). Data from 2002 on other drug classes at the jurisdictional levels are presented in other IDRS reports (Bruno, 2003, Duquemin, 2003, Fetherston & Lenton, 2003, Jenkinson et al., 2003, Kinner & Fischer, 2003, Longo, 2003, Roxburgh et al., 2003, Rushforth, 2003).

In 2000, the National Drug Law Enforcement Research Fund (NDLERF), funded a two year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'party drugs' using the extant IDRS methodology, as the IDRS did not capture the population using 'party drugs'. For the purposes of the study, the term 'party drug' is considered to include drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy, methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate). The results of the trial (Breen et al., 2002) and detailed NSW results from previous (Topp & Darke, 2001, Topp et al., 2002) are reported elsewhere.

The findings in this report provide a summary of trends in ecstasy and other 'party drug' use detected in Sydney in 2002. These trends have been extrapolated from the three data sources; interviews with current regular ecstasy users, interviews with professionals who have contact with ecstasy users and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented. Consistency between the main IDRS and the party drugs study was maintained where possible, as the IDRS has demonstrated success as a monitoring system. Consequently, the focus is on the capital city, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

To demonstrate the value of continued data collection over time, the results from 2002, the two-year feasibility trial and comparable results drawn from a study of ecstasy users conducted by NDARC in Sydney in 1997 (Topp et al., 1998, Topp et al., 2000) are presented in this report. Therefore the results summarise four data collections conducted over the period 1997-2002. There are statistical constraints of drawing comparisons over time, but it is important to note that the methodology of the four studies was identical, including the criteria for participation, questions asked, recruitment methods and statistical analyses.

1.1 Study aims

In 2002, the specific aims of the NSW Party Drugs Study were:

1. to describe the characteristics of a sample of current ecstasy users interviewed in Sydney in 2002;
2. to examine the patterns of ecstasy and other drug use of this sample;
3. to document the current price, purity and availability of ecstasy and other party drugs in Sydney;
4. to examine participant's perceptions of the incidence and nature of ecstasy-related harm, including physical, psychological, financial, occupational, social and legal harms;
5. to identify emerging trends in the party drug market that may require further investigation; and
6. to compare key findings of the 2002 study with those reported in 2001, 2000 and in 1997.

2.0 METHOD

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

1. face-to-face interviews with current regular ecstasy users recruited in Sydney;
2. telephone interviews with key informants who, through the nature of their work, have regular contact with ecstasy users in Sydney; and
3. indicator data sources such as the purity of seizures of ecstasy analysed in NSW, and prevalence of use data drawn from the National Drug Strategy Household Surveys.

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

2.1 Survey of party drug users (PDU)

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

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

The entrenchment of ecstasy in Australia's illicit drug markets relative to other party drugs underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population, namely, party drug users (PDU) (Topp & Darke, 2001). In addition, as there has been an indication of increases in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of this population was successfully recruited and interviewed in the two year feasibility trial, and was able to provide the data that were sought. Therefore, regular ecstasy users have been used again in 2002 to provide information on party drug markets.

2.1.1 Recruitment

A total of 88 ecstasy users were interviewed for the 2002 party drugs IDRS, all of whom resided in the Sydney metropolitan region. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, gay and lesbian newspapers, interviewer contacts, and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon & Loxley, 1996, Solowij et al., 1992) and international (Dalgarno & Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through newspaper advertisements or 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 Sydney metropolitan region for the past 12 months. 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.

Participants were informed that all information provided was strictly confidential and anonymous, and that the study would involve 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 Centre, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

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

2.1.4 Data analysis

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians are reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel & Castellan, 1988), was employed. Categorical variables were analysed using χ^2 . Gender differences are noted when significant. All analyses were conducted using SPSS for Windows, Version 10.0 (SPSS inc, 2001).

The data collected in 2002 were compared with data collected from comparable samples of ecstasy users: the sample interviewed for the trial in 2001 (*n*=163) and 2000 (*n*=94), and a sample drawn from a national study of ecstasy users conducted by NDARC in 1997 and funded by the (then) Commonwealth Department of Health and Family Services (Topp et al., 1998, Topp et al., 2000). The 1997 sample derived for comparative purposes included ecstasy users (*n*=173) who had used the drug at least six times in the six months preceding the interview. Thus, comparisons drawn were based on samples recruited using the same methods and whom self-reported equivalent patterns of ecstasy use.

2.2 Survey of key informants

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for key informant (KI) participation in the party drugs IDRS would be regular contact, in the course of employment, with a range of ecstasy users throughout the preceding six months. Ten key informants (KI) from various metropolitan regions of Sydney provided information on the ecstasy users with whom they had had contact in the six months preceding the interview. The interviews were conducted over the phone. Eight KI were male and two were female.

The ten KI interviewed in 2002 represented a range of occupations. Two KI were health promotion workers with organisations such as the AIDS Council of NSW (ACON); two were DJs and three were employed in various roles in the nightclub industry (e.g. venue promotion, club management etc.). Also interviewed were one first aid medical officer, one researcher and one intelligence analyst.

Eight KI stated that they knew about the ecstasy users through their work and their personal life and two obtained their knowledge solely through their work. Five KI stated that they worked primarily with the gay and lesbian community, one worked primarily with HIV positive gay men, and one worked primarily with youth. The extent of KI contact with ecstasy users ranged from one day a month to seven days per week over the preceding six months, with an average of three days contact per week. In the six months preceding their interviews, one KI had meaningful contact with between 10 and 20 users, one had contact with between 21 and 50 users, two had contact with between 51 and 100 users, and five had contact with more than 100 users. Nine KI stated that they obtained the information provided in the interview through their own contact with ecstasy users; three also obtained information from their observations or through information collected for work purposes. All KI were either moderately (*n*=3) or very (*n*=7) certain of the information they provided.

2.3 Indicator data

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

Data sources included:

- The 2001 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2002).
- Australian Crime Commission (ACC, formally the Australian Bureau of Criminal Intelligence); number and purity of seizures of ecstasy by state and federal law enforcement agencies analysed across sampling years. Local police seizure data from NSW were not available in 2002.
- Australian Customs Service for the financial years corresponding to sampling years; data on the number and weight of seizures of ecstasy made at the border.
- Alcohol and Drug Information Service (ADIS); data on number of calls received regarding ecstasy.
- Family Drug Support; data on number of calls received regarding ecstasy.
- NSW Bureau of Crime Statistics and Research (BOCSAR); recorded incidents of ecstasy possession or use and ecstasy dealing or trafficking.

3.0 OVERVIEW OF PARTY DRUG USERS

3.1 Demographic characteristics of the PDU sample

Two thirds (67%) of the sample of 88 party drug users interviewed in 2002 was male (Table 1). The mean age of the sample was 24.7 years (SD 7.1; range 17-58), and there was no significant difference in mean age between males (25 years) and females (24 years). The majority (63%) of participants nominated their sexual identity as heterosexual, although gay males (19%), bisexuals (9%) and lesbian women (7%) were also represented. The majority (98%) of the sample spoke English as their main language at home. A minority (2%) were of indigenous Australian descent. Participants resided in a wide range of metropolitan regions of Sydney, including the inner city (35%), northern suburbs (23%), inner west (16%), south (9%), eastern suburbs (8%), and the west, north west and south west (9%). The majority lived in either their own (purchased or rented) premises (69%), or in their parents' or family's house (27%).

The mean number of years of school education completed by the sample was 12.7 (SD 0.74; range 9-13), and more than three quarters (78%) of participants had completed high school education. More than half (58%) had completed courses after school, with 36% possessing a trade or technical qualification, and 22% having completed a university degree or college course. Almost half (47%) were currently employed full-time, and 16% were employed on a part-time or casual basis. One quarter (26%) were full-time students and 11% were unemployed. Three participants were currently in methadone maintenance treatment and another was in counselling for problematic drug use. Two participants had a previous criminal conviction for which they had served a custodial sentence (Table 1).

The demographic characteristics of party drug users recruited varied little across years. Table 1 presents key demographic data for the current sample of ecstasy users ($n=88$), the 2001 sample of ecstasy users ($n=163$), the ecstasy users of the 2000 sample ($n=94$) and the ecstasy users drawn from the 1997 study ($n=173$). The mean age of participants was similar across years. In all samples, the majority of participants were from English speaking backgrounds and most identified as heterosexual although the proportion that did so decreased over sampling years. Only small proportions of each sample were of Aboriginal or Torres Strait Islander descent or had a previous criminal conviction. The 2002 and 2001 samples contained a greater proportion of participants that were employed full time and smaller proportions that were unemployed than both 2000 and 1997 samples.

KI descriptions of the ecstasy users with whom they had recent contact were consistent with the characteristics of the 2002 sample. KI described groups of ecstasy users that comprised an average of 70% male (range 50%- 95%). Estimated age ranges were from 18-50 years, with a mean age range from 21 to 31 years. Three KI described groups of ecstasy users that mainly comprised of people identifying as heterosexual; six KI reported contact with ecstasy users of whom the majority identify as gay or lesbian. The majority of KI described groups of ecstasy users from predominately English- speaking backgrounds. People from NESB backgrounds including those of European, Mediterranean, Middle Eastern and Asian decent were considered to be small minorities of the user groups (range 2%- 20%). One KI mentioned that they were familiar with a group of ecstasy users from a range of backgrounds. Most KI suggested that the group of users they were familiar with resided predominately in the inner city, inner west and eastern suburbs of Sydney.

Almost all KI considered that the majority (70%-100%) of ecstasy users with whom they had recent contact had completed a minimum of year 12. Five KI reported the majority were university educated. High proportions (60- 100%) of the groups were considered to be full time employed in a wide range of professions. KI suggested employment in white-collar (recruitment, finance, IT), music/entertainment and hospitality industries was common among these groups. In contrast to the 2002 PDU sample, one KI mentioned contact with users of whom 40% were thought to be unemployed.

Three KI had recent contact with small proportions of ecstasy users who were in treatment, although only one suggested that this treatment was for ecstasy use. Three KI reported contact with users with a previous prison history although two suggested this proportion to be very low (less than one percent). One KI mentioned that 50% of young people with drug treatment experience also have previous contact with the criminal justice system.

Table 1 Demographic characteristics of PDU sample

Variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Mean age (years)	25	25	25	22
Male (%)	67	58	69	47
English speaking background (%)	98	93	95	90
ATSI (%)	2	6	6	2
Heterosexual (%)	63	68	78	83
Mean number school years	13	13	13	13
Tertiary qualifications (%)	58	54	55	40
Employed full-time (%)	47	48	33	33
Full-time students (%)	26	20	12	36
Unemployed (%)	11	9	21	17
Previous conviction (%)	2	3	6	3

Source: Party Drugs Initiative PDU interviews

3.2 Drug use history and current drug use

Polydrug use was the norm among the 2002 sample, with a mean of 12 drugs (SD 3; range 6-19) having been tried, and a mean of 7 drugs (SD 3; range 2-13) having been used in the preceding six months (Table 2).

The similarities in levels of polydrug use across the samples are noteworthy; both in terms of number of drug classes ever tried and drugs used recently (Table 2). However, the data suggest changes over time in patterns of use of specific drugs; the use of some drugs appears to have declined, and use of others appears to have increased over the same timeframe. For example, the increase in lifetime and recent use of ketamine and GHB observed between 1997, 2000 and 2001

was sustained in 2002. An increase in the proportions of participants reporting lifetime and recent use of base and crystal between 2000 and 2002 is also evident. Further, the prevalence of LSD use among party drug users appears to have declined since 1997 (Table 2).

Table 2 Lifetime and recent polydrug use of PDU

Variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Mean drug classes ever used	12	10	10	10
Mean drug classes used last 6 mths	7	7	7	7
Ever inject any drug (%)	27	20	28	31
Ecstasy				
ever used (%)	100	100	100	100
used last 6 months (%)	100	100	100	100
Alcohol				
ever used (%)	99	99	100	99
used last 6 months (%)	94	98	95	94
Cannabis				
ever used (%)	98	95	99	98
used last 6 months (%)	90	82	90	94
Tobacco				
ever used (%)	90	82	84	86
used last 6 months (%)	81	77	72	76
Methamphetamine powder (Speed)				
ever used (%)	100	99	92	97*
used last 6 months (%)	85	87	75	91*
Methamphetamine base				
ever used (%)	59	34	36	-
used last 6 months (%)	44	20	22	-
Crystal methamphetamine (Ice)				
ever used (%)	43	43	12	-
used last 6 months (%)	19	26	6	-
Cocaine				
ever used (%)	80	77	78	72
used last 6 months (%)	64	57	53	50

*refers to all forms of methamphetamine

Source: Party Drugs Initiative PDU interviews

Variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
LSD				
ever used %	73	74	80	97
used last 6 months %	33	23	37	72
MDA				
ever used (%)	56	43	36	60
used last 6 months (%)	35	14	16	41
Ketamine				
ever used %	59	31	25	16
used last 6 months %	49	15	14	6
GHB				
ever used (%)	35	23	5	2
used last 6 months (%)	19	15	<1	2
Amyl nitrate				
ever used (%)	68	62	66	84
used last 6 months (%)	40	36	29	56
Nitrous oxide				
ever used (%)	50	48	54	69
used last 6 months (%)	14	11	22	41
Benzodiazepines				
ever used (%)	52	45	60	62
used last 6 months (%)	34	31	35	47
Anti-depressants				
ever used (%)	31	22	31	22
used last 6 months (%)	15	9	14	10
Heroin				
ever used (%)	22	19	32	30
used last 6 months (%)	6	6	17	16
Methadone				
ever used (%)	10	3	6	8
used last 6 months (%)	3	1	0	3
Other opiates				
ever used (%)	27	12	22	37
used last 6 months (%)	13	3	6	27

Source: Party Drugs Initiative PDU interviews

Small proportions of all samples reported the use of drugs other than those listed in Table 2. In 2002 the range of other drugs ever used by 38% of sample was extensive. Those most commonly nominated drugs included hallucinogenic mushrooms (10%), dexamphetamine (3%) and GBL (2%). Other drugs ever used by previous samples were comparable; 17% in 2001 and 14% in 2000 reported the use of, for example, hallucinogenic mushrooms.

In 2002, ecstasy was the drug of choice for half (51%) of respondents. The next most commonly preferred drug was cannabis (16%), followed by methamphetamine powder (6%). Alcohol, cocaine and LSD were each nominated as drug of choice by five percent of the sample.

Sixty one percent of the sample had binged on one or more party drugs in the preceding six months. Binging was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The median length of the longest binge was three days (range 2-14 days). Ecstasy (55%) was the most commonly reported drug used in this way. Methamphetamine powder (42%), methamphetamine base (16%), cocaine (14%), ketamine (10%), crystal methamphetamine (7%), and amyl nitrate (3%) were other drugs mentioned by those who had recently binged.

One quarter (27%) of the 2002 sample reported they had injected a drug in their lifetime (Table 2). The mean number of drugs ever injected by this minority was 3.7 (SD 2.0; range 1-8). Most of the injectors commenced injecting with methamphetamine powder (54%), heroin (25%) or cocaine (12%). Seventeen percent reported they had recently (i.e. in the last six months) injected. The most commonly reported drugs injected in the preceding six months were methamphetamine base (11%) and methamphetamine powder (10%). Four participants (5%) had injected heroin in the six months preceding interview.

To ensure that the sample were primarily party drug users, a number of comparisons were drawn between those who had injected a drug at some time and those who had not. There were no differences between the two groups in terms of gender composition, but there was an age difference; those who had injected a drug were significantly older (29 vs 23, $t_{85} = 3.4$; $p < .001$). There was no significant difference between injectors and non-injectors in duration of education or likelihood of previous imprisonment.

There were, however, a number of significant differences between the two groups in terms of drug use: injectors had used more ecstasy in their heaviest use episode (median 6 versus 4 tablets; $U = 510$; $p = .029$). They had also used a wider range of other drugs, both ever (15 vs 10; $t_{86} = -7.7$; $p < .001$) and in the preceding six months (8 vs 6; $t_{86} = -2.7$ $p = .008$). In particular, those who had injected a drug were significantly more likely to report both lifetime (67% vs 5%; $\chi^2_1 = 39.6$; $p < .001$) and recent heroin use (21% vs 0). Further, only three participants were currently in methadone treatment. One participant nominated heroin as their favourite drug, and heroin had been injected in the preceding six months by only 5% of the sample on a median of ten days (range 4-120). Thus, a small proportion of past and current heroin users were included in this sample. Despite this, we can be confident that the majority of this sample comprised primary party drug users and was therefore the appropriate sentinel population to interview to meet the aims of the study.

Consistent with the quantitative data provided by ecstasy users, patterns of extensive polydrug use among ecstasy users were described by KI. Comments by KI regarding each drug class are documented throughout the relevant sections of this report. Overall patterns of polydrug use described by KI varied widely and were heavily influenced by the occupation of the KI and the particular group of ecstasy users with whom they had recent contact. Five KI described the pre-

planned use of particular drugs for certain stages of the party drug use session although descriptions of what drugs were used and when in the session they were taken were not consistent. Two KI mentioned increasing polydrug use among young people.

3.3 Summary of demographic characteristics and polydrug use trends

- ❖ although both males and females of all ages use ecstasy, as with all illicit drugs, ecstasy use is more common among males
- ❖ ecstasy users tend to be young, most being aged in their late teens or early 20s
- ❖ ecstasy users are relatively well-educated, with most having completed high school and a substantial proportion with tertiary qualifications
- ❖ a high proportion of ecstasy users are either employed or engaged in studies
- ❖ ecstasy users have little contact with the criminal justice system or with drug treatment agencies
- ❖ demographic characteristics of ecstasy users in Sydney appear to have changed little since 1997
- ❖ polydrug use appears to be the norm among regular ecstasy users
- ❖ ecstasy was the drug of choice for half of respondents, followed by cannabis and methamphetamine powder
- ❖ large proportions reported recent use of alcohol, cannabis, tobacco, methamphetamine powder and cocaine
- ❖ the increase in lifetime and recent use of ketamine and GHB observed between 1997, 2000 and 2001 was sustained in 2002
- ❖ increases in the proportions reporting lifetime and recent use of base and crystal between 2000 and 2002 is also evident, while use of LSD has declined since 1997

4.0 ECSTASY

The median age at which participants in the 2002 sample first used ecstasy was 18 years (range 14-55) (Table 3), and they reported a median duration of use of four years (range 1- 18). There were no significant gender differences in age of initiation. All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 19 years (range 14-55).

4.1 Ecstasy use among PDU

Participants had used ecstasy on a median of 20 days in the preceding six months (range 6-72). A third (33%) of participants had used between monthly and fortnightly, 47% between fortnightly and weekly, and 20% 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 (range 0.5-10). Three quarters (74%) of the sample reported that they typically used more than one tablet, and 2% typically used five or more tablets in a single use episode. During their 'heaviest' use episode in the preceding six months, participants reported a median of five tablets (range 1-36); 60% of the sample had taken four or more tablets in a single use episode in the preceding six months.

In the six months preceding the interview, all participants swallowed ecstasy; further 66% had snorted ecstasy, 11% had smoked it, 8% had shafted and 5% had injected. Almost all participants (92%) nominated oral ingestion as their main route of ecstasy administration (Table 3), although 6% mainly snorted the drug and one mainly shelved it. No participant reported injection as the main route of administration although 15% of the 2002 sample reported having injected ecstasy at some time. Comparable to previous years, this suggests that the injection of ecstasy continues to occur in a minority of regular ecstasy users. The median age of first injection of ecstasy was 24 years (range 18-45).

Of those who reported bingeing in the preceding six months, 89% had used ecstasy to do so. As previously mentioned, bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The median length of the longest binge involving ecstasy was three days (range 2-14 days). In three quarters (75%) of these cases methamphetamine had also been used. Cocaine (25%), methamphetamine base (23%), LSD (19%) and ketamine (19%) were other commonly mentioned drugs used in conjunction with ecstasy during a binge.

There were no gender or age differences between those who had binged on ecstasy in the preceding six months and those who had not, but those who had binged had used ecstasy on a significantly greater number of days in the preceding six months (median 24 vs 13 days; $U=531.5$; $p<.001$), and used significantly more ecstasy in heavy use episodes (median 5 vs 3 tablets; $U=624$; $p=.007$). Those who had binged on ecstasy in the preceding six months also had a more extensive polydrug use history, having used significantly more drugs (12.3 vs 10.7 $t_{86}=2.5$; $p=.016$) than those that had not binged on ecstasy.

Table 3 Patterns of ecstasy use of PDU

Variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Mean age first used ecstasy (years)	18	19	18	17
Median days used ecstasy last 6 months	20	20	12	12
Ecstasy 'favourite' drug (%)	51	63	53	55
Use ecstasy weekly or more (%)	42	29	34	27
Median ecstasy tablets in 'typical' session	2	1.5	1.5	1.5
Typically use >1 tablet (%)	74	62	53	56
Recently binged on ecstasy (%)	55	58	44	42
Ever injected ecstasy (%)	15	10	12	14
Mainly swallowed ecstasy last 6 mths (%)	92	98	89	_*
Mainly snorted ecstasy last 6 mths (%)	6	1	6	-
Mainly injected ecstasy last 6 mths (%)	0	<1	3	-

*did not ask how mainly used ecstasy in 1997 sample

Source: Party Drugs Initiative PDU interviews

Most participants 'typically' (defined as on two-thirds or more occasions of ecstasy use in the preceding six months) used other drugs in combination with ecstasy (97%) and in the 'come down' (i.e., acute recovery period) following ecstasy use (91%). A mean of 2.9 (SD 1.8; range 0-9), other drugs were typically used in conjunction with ecstasy, most frequently tobacco (63%), alcohol (63%), cannabis (57%), methamphetamine powder (39%) and ketamine (21%). Smaller proportions reported typically using amyl nitrate (11%), cocaine (9%), MDA (8%), GHB (7%), methamphetamine base (6%) and LSD (3%) in conjunction with ecstasy. Of those who typically drank alcohol while using ecstasy, 70% usually consumed more than five standard drinks.

A mean of 2.3 (SD 1.7; range 0-7) other drugs were typically used during the acute recovery period following ecstasy use, most frequently cannabis (67%), tobacco (60%), alcohol (41%), methamphetamine powder (17%) and benzodiazepines (13%). Smaller proportions reported the typical use of ketamine (9%), GHB (6%), cocaine (3%), methamphetamine base (3%) and amyl nitrate (3%) to come down from ecstasy.

Compared to earlier samples, a higher proportion of the 2002 sample reported they had binged on ecstasy in the preceding six months (55% vs 42% in 1997), reported using ecstasy weekly or more (47% vs 27% in 1997) and reported typically using more than one tablet (74% vs 56% in 1997) (Table 3). These data may suggest that over time more ecstasy is being used slightly more often and for longer periods of time.

KI reports of patterns of ecstasy use varied widely and as mentioned previously, were heavily influenced by the particular group of ecstasy users with whom they had recent contact. Most reported between 10% and 100% used ecstasy once week although frequency of use ranged from special occasions only to small proportions using three to four days a week. Two tablets per use occasion was considered fairly typical, although reported quantity ranged from 0.5 to 10 pills per session. Four KI reported a recent increase in the frequency and quantity of ecstasy use; two mentioned longer periods of use and one mentioned users taking more in an effort to achieve the desired effects.

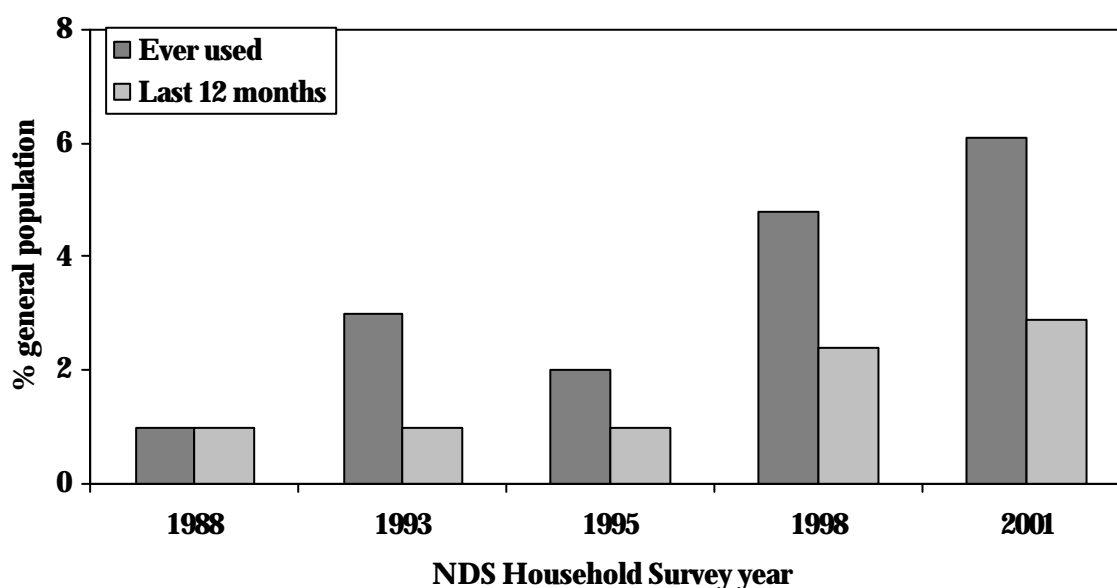
KI reports were consistent with the data from the interviews with users in suggesting that the majority of ecstasy users administer the drug orally; only small proportions of those with whom KI had recent contact were considered to regularly snort or inject ecstasy. Five KI reported small proportions of users administering the drug anally or vaginally (practices referred to by users as 'shafting' or 'shelving'). Two KI mentioned experimentation with routes of administration in the preceding six months.

Two KI mentioned a broader range of people now using ecstasy (eg. professional women now taking half a pill instead of drinking during a night out), two KI mentioned increase in younger people using ecstasy, and five KI were aware of no recent change in the types of people using ecstasy.

4.2 Use of ecstasy in the general population

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

Figure 1 Prevalence of ecstasy use in Australia, 1988-2001



Source: National Drug Strategy Household Survey 1988-2001

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

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

The availability of ecstasy has increased in recent years as indicated by the proportion of people who report having experienced an opportunity to use ecstasy. In 2001 7.8% of the general population aged 14 and over were offered 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 yet still this trend is evident; in 1988 4% of the population had been offered ecstasy, compared to 7% in 1991 and 6% in 1993 (Makkai & McAllister, 1998).

Of concern is the high prevalence of exposure to opportunities to use ecstasy among young adults (14-19 year olds). In 1995, when the question was changed to refer to the preceding 12 months, 8% of this group reported a recent opportunity to use ecstasy. In 1998 the proportion increase to 10% and again in 2001 to 16%. A similar increase occurred in the proportion of 20-29 reporting recent exposure; from 14% in 1998 to 24% in 2001.

4.3 Summary of patterns of ecstasy use

- ❖ ecstasy users start using the drug in their late teens, although there are reports from some KI that the age of initiation is decreasing
- ❖ the vast majority of ecstasy users consume the drug orally
- ❖ a wide range of patterns of ecstasy use were reported, however, most reported using the drug between weekly and fortnightly
- ❖ a substantial proportion of regular ecstasy users have recently used the drug on a continuous basis for 48 hours or more without sleep
- ❖ three quarters of regular ecstasy users typically use more than one tablet per use episode
- ❖ a substantial proportion of regular ecstasy users have recently used four or more tablets in a single use episode
- ❖ some data suggest that the quantity and frequency of ecstasy use among regular users may have increased

4.4 Price

The majority of the users were able to comment on the price of ecstasy in Sydney. All agreed that the ecstasy available in Sydney in the six months preceding the interview came in tablet form. In line with these reports, the majority of KI agreed that the majority of ecstasy available in Sydney continued to come in the form of tablets. The three KI who mentioned ecstasy sold in capsule form considered this to be rare.

The median price of ecstasy was reported by users to be \$35 per tablet (range \$18-70). Most participants reported that the price had either remained stable (64%) or decreased (26%) in the preceding six months (Table 4). KI reports of the price of ecstasy were consistent with the prices reported by users with most agreeing that the standard price for a single tablet is between \$40 and \$50. Three KI also commented that the price varied depending on the number of tablets purchased (with a reduction in cost for bulk purchases), and the purchase location (tablets purchased in a dance venue are likely to be more expensive). The price range per tablet reported by KI was \$30 to \$60, depending on these factors. Of the eight KI who commented on recent changes in the price of ecstasy, most agreed that the price had either remained stable or decreased.

The median price of a tablet of ecstasy has decreased by \$15 since 1997, and has remained stable since 2001 at \$35 (Table 4).

Table 4 Price of ecstasy purchased by PDU and price variations

Variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Median price ecstasy tablet (range)	35 (18-50)	35 (10-70)	40 (30-50)	50 (40-60)
Price change:				
Increased (%)	6	4	3	6
Stable (%)	64	55	53	62
Decreased (%)	26	29	38	29
Fluctuated (%)	15	10	5	2
Don't know (%)	1	-	-	3

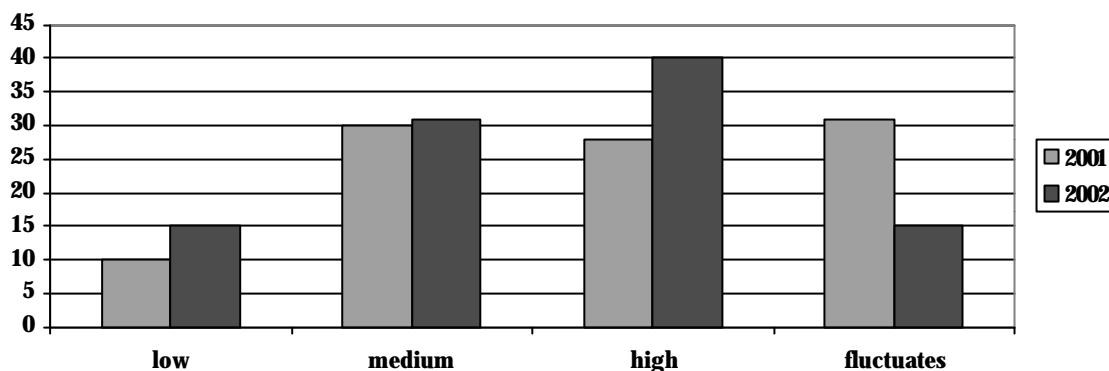
Source: Party Drugs Initiative PDU interviews

A variety of methods of paying for ecstasy in the preceding six months were reported including: paid employment (96%), being given ecstasy by friends or partner (77%), borrowing money from friends (35%), on credit from dealers (35%), and selling or distributing drugs (22%). Other methods of paying for ecstasy included bartering other drugs or goods for ecstasy (30%), obtaining money from parents (19%), unemployment or sickness benefits (11%), government study allowances (10%), pawning goods (3%) and sex work (1%).

4.5 Purity

In 2002, there was little consistency in users' estimates of the current purity of ecstasy, which is similar to the 2001 sample of ecstasy users (Figure 2). KI reports reflect this inconsistency; two KI perceived current purity of ecstasy to be low, four thought it to be high, and two KI reported that it fluctuated.

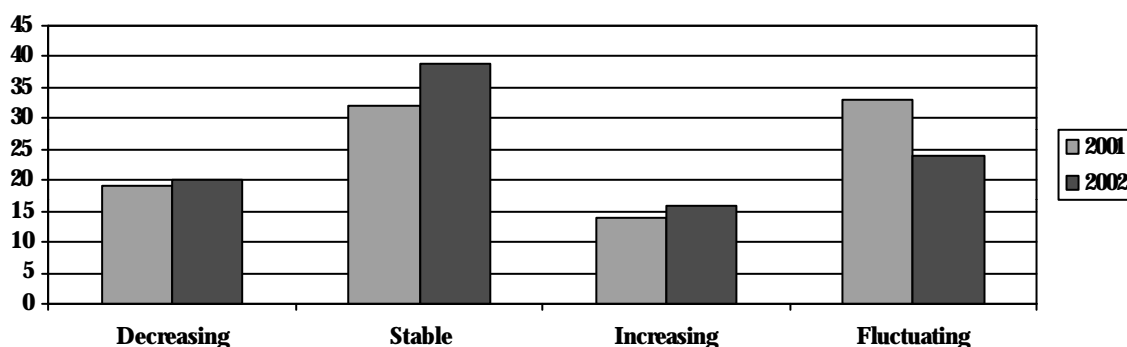
Figure 2: PDU reports of purity of ecstasy in the preceding six months



Source: Party Drugs Initiative PDU interviews

Reports of change in purity in the preceding six months were equally inconsistent, again reflecting reports by the 2001 sample (Figure 3). KI reports reflected this; two KI reported ecstasy purity as increasing, two thought it to be decreasing, three reported it as stable and one KI reported the purity of ecstasy had fluctuated.

Figure 3: PDU reports of change in purity of ecstasy in the preceding six months



Source: Party Drugs Initiative PDU interviews

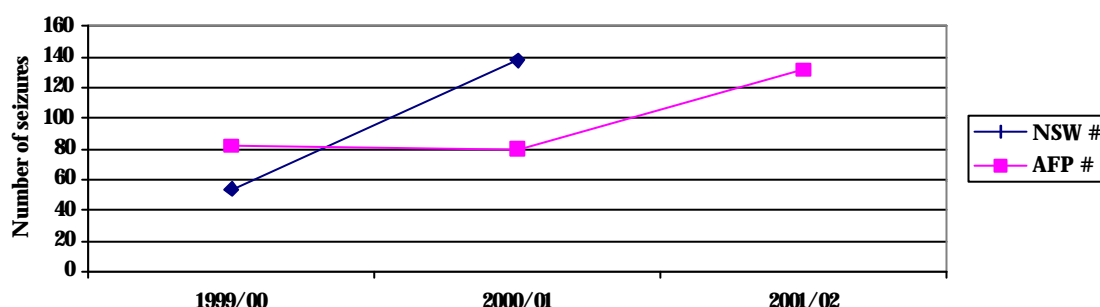
Estimates of purity are necessarily subjective and depend, among other factors, on users' tolerance levels. Clearly, laboratory analyses of the purity of seizures of ecstasy provide objective evidence regarding purity changes, and should therefore be more highly regarded than the

reports of users. However, it is also important to note the limitation of the average purity figures calculated by forensic agencies, 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, it remains the case that the purity figures provided by forensic agencies remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC report both federal and state police seizure data including number and weight of seizures. In 1999-2000 the purity was reported as 'ecstasy' seizures. Since 2000-01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (Australian Crime Commission, 2003) and seizures of these drugs are included in the seizure data from 2000-01.

Data provided by the ACC indicate the number of Australian Federal Police (AFP) seizures of phenethylamines in the financial year 2001-02 increased (Figure 4). Purity data from NSW police for 2001-02 was not available at time of publication. However as shown in Figure 4, there was an increase in the number of NSW police seizures in 2000-01.

Figure 4 Number of phenethylamines* seizures 1999- 2002



*1999/2000 indicate detection of MDMA. In 2000/01 this changed to phenethylamines

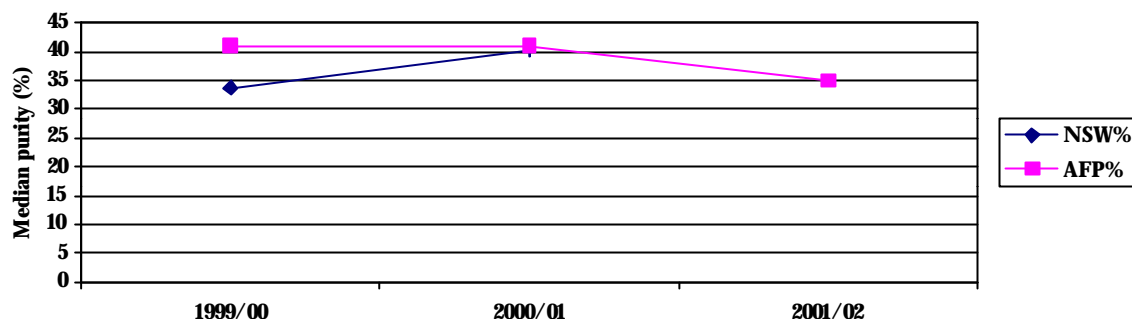
Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)

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. However the lack of difference in purity between state and AFP seizures across years may suggest that little cutting and re-pressing of imported MDMA tablets occurs as they filter down the distribution chain (Figure 5).

The median purity of seizures of phenethylamine analysed in NSW during the 2001/02 financial year were not available at time of publication. However, NSW police reported that the ratio of methylamphetamine tablets (sold as MDMA) to MDMA tablets (containing MDMA) had decreased from 3:1 to 1:1 in 2001-02 (Australian Crime Commission, 2003). The decrease in the proportion of methylamphetamine being sold as MDMA may be an indication that pills

containing methylamphetamine are being sold as such, (i.e. users are knowingly buying methylamphetamine pills) or it could also reflect an increase or return to imported MDMA.

Figure 5 Median purity of phenethylamines* seizures 1999-2002.



*1999/2000 indicate detection of MDMA. In 2000/01 this changed to phenethylamines

Source: Australian Bureau of Criminal Intelligence, (2001,2002), Australian Crime Commission (2003)

4.6 Availability

All participants were able to comment on the availability of ecstasy. There was a high degree of consistency between users' and KI reports of the availability of ecstasy in 2002. The majority of users (86%) considered that ecstasy was either very easy or easy to obtain and a similar proportion (90%) reported that the availability had either remained stable (72%) or increased (18%) in the preceding six months (Table 5). Six KI reported that it was currently 'very easy' to obtain ecstasy, and three described it as 'easy'. Six reported that availability had remained stable over the preceding six months and two KI reported that it had become easier to obtain ecstasy. One KI reported that ecstasy had become more difficult to obtain.

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

In 2002, the majority of participants reported that in the six months preceding the interview they had obtained ecstasy from friends (86%) or dealers (76%). Other people from whom ecstasy had recently been obtained included acquaintances (38%); people unknown to participants (14%); and work colleagues (11%). Ecstasy was most often obtained at friends' homes (74%) and dealers' homes (51%). Other purchase locations included nightclubs (40%), own home (32%); dance parties (22%); raves (14%); and pubs (13%). Eleven percent of the sample reported that they had obtained ecstasy in another location, half of whom identified a mobile or street dealer. A mobile dealer is when a dealer is called on his/her mobile telephone and a meeting place to exchange money and drugs is arranged.

Across sampling years, similar proportions of participants reported that they normally obtained ecstasy from friends and from work colleagues (Table 5). However, greater proportions of the 2002 sample reported they normally obtained ecstasy through dealers and acquaintances. Further, it was more common for participants in the 2002 sample to report they obtained ecstasy from dealer's homes. Although the reasons for this are not entirely clear it may be an indication of more organised drug scoring. Sourcing drugs directly from dealers instead of relying on friends and work mates may suggest less opportunistic and more planned party drug obtainment.

Table 5 PDU reports of availability of ecstasy in the preceding six months

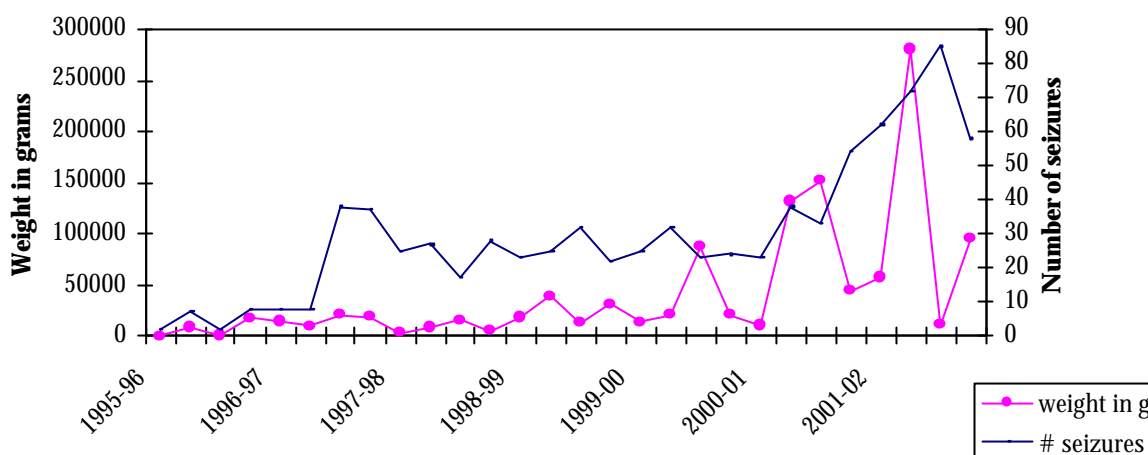
Ecstasy	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ease of obtaining ecstasy:				
Very easy (%)	71	72	70	67
Easy (%)	15	23	27	31
Availability:				
Stable (%)	72	68	69	67
Increased (%)	18	28	21	25
Persons Score from:				
Friends (%)	86	90	83	90
Dealers (%)	76	50	63	34
Acquaintances (%)	38	28	30	12
Work colleagues (%)	11	12	12	8
Unknown people (%)	14	22	27	6
Locations scored from:				
Friends' home (%)	74	69	59	
Dealer's home (%)	51	33	35	23
Nightclub (%)	40	35	37	
At own home (%)	32	30	45	35
Other (%)	11	20	20	12

Source: Party Drugs Initiative PDU interviews

Customs detections of ecstasy

The total number and weight of detections of phenethylamine at the Australian border has increased dramatically since the mid-1990s. Detection of record quantities of phenethylamine recently resulted in an increase of 31.5% from 338.4 kilograms in 2000/01 to 445 kilograms in 2001/02 (Australian Crime Commission, 2003). It is generally recognised that increased detection weights could reflect: (1) changes in law enforcement activity, such as increased detection capabilities or a shift in focus to high-level trafficking syndicates; (2) increased demand for the drug, and the consequential increase in the size of its market; or (3) some combination of the two factors.

Figure 6 Number and weight in kilograms of detections of MDMA at the Australian Border, 1995-1996 to 2001-02



Source: Australian Customs Service

Increased funding for Commonwealth law enforcement agencies in recent years has significantly enhanced their intelligence, targeting, search and detection capabilities, which is likely to have contributed to the increase in MDMA detections depicted in Figure 6. However, at the same time, there are also indications that the use and perhaps the demand for ecstasy have increased in recent years (Australian Institute of Health and Welfare, 2002). There is limited manufacture of MDMA in Australia; in the financial year 2001/02, no MDMA clandestine laboratories were seized in Australia and there was only one incident involving the detection of MDMA precursors by state police (Australian Crime Commission, 2003). Further, Customs has detected only limited numbers of imported MDMA precursors (Australian Crime Commission, 2003). Thus, it may be that the increased weight of MDMA detections reflects not only more efficient supply reduction activity, but also increased market demand that traffickers are seeking to meet through an increase in the weight per importation.

4.7 Summary of the price, purity and availability of ecstasy

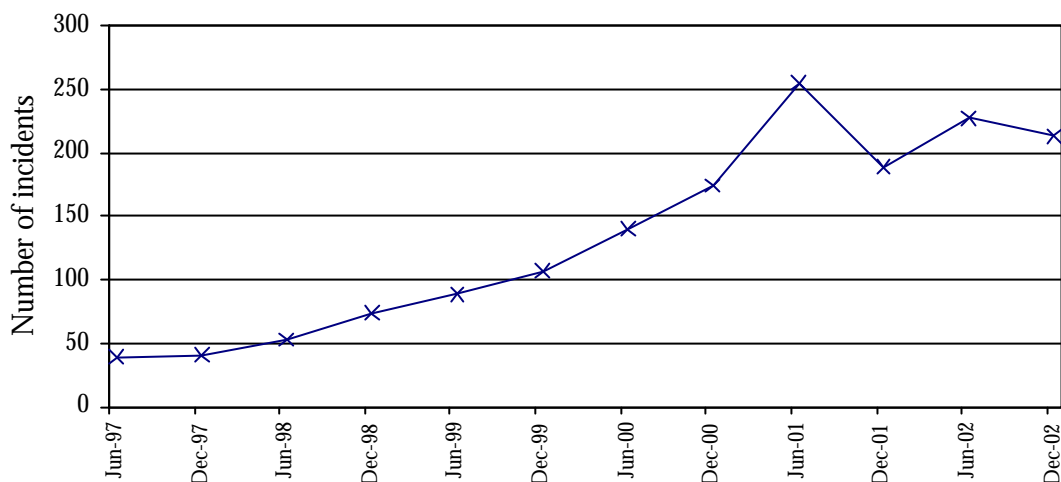
- ❖ median price of ecstasy is currently \$35 which has remained stable since 2001
- ❖ user and KI reports of ecstasy purity are inconsistent although ACC data suggest the proportion of tablets sold as MDMA that contain MDMA increased in 2001-02
- ❖ both users and KI have consistently reported that ecstasy is 'easy' or 'very easy' to obtain since 1997
- ❖ comparable to previous years, the majority of participants continue to obtain ecstasy from friends
- ❖ border detection of phenethylamine, the class of drug to which MDMA belongs, has continued to increase in terms of number and weight

4.8 Ecstasy related harms

4.8.1 Law enforcement

Figure 7 indicates that the number of ecstasy use/possession incidents per month recorded by NSW police have steadily risen over time; increasing from 80 police incidents in 1997 to 440 incidents in 2002.

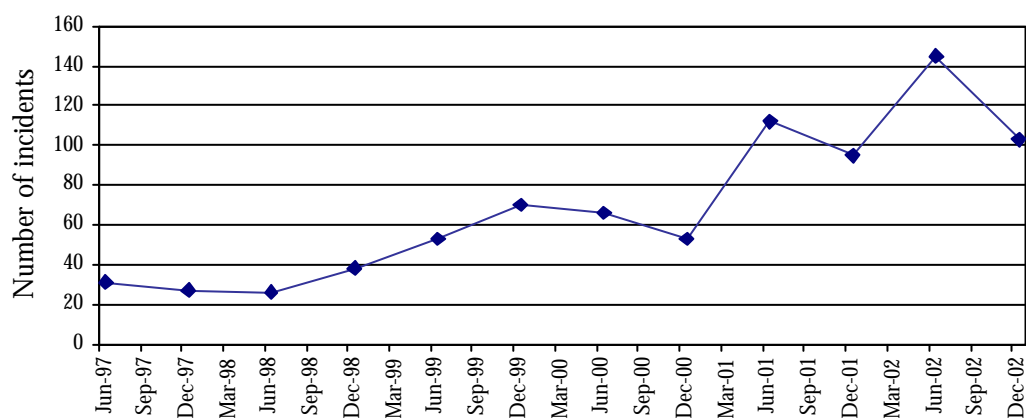
Figure 7 Number of police incidents recorded for ecstasy possession/use, 1997-2002



Source: NSW Bureau of Crime Statistics and Research

The number of ecstasy deal/ traffic incidents recorded since January 1997 has likewise increased, from 58 in 1997 to 248 in 2002. The increase may reflect change in law enforcement activity or increases in the use of ecstasy or a combination of the two. User and key informant reports support both trends.

Figure 8 Number of police incidents recorded for ecstasy deal/traffic, January 1997 - December 2002



Source: NSW Bureau of Crime Statistics and Research

4.8.2 Health harms

Tables 6 and 7 respectively, display the physical and psychological side effects attributed by participants, at least in part, to their use of ecstasy in the preceding six months. The duration and perceived origins of side effects among those participants who reported them are also presented.

Participants reported a mean of nine physical side effects in the preceding six months (SD 4.1; range 0-20). Similar to 2001 user reports, the most common physical side-effects were blurred vision, trouble sleeping, weight loss, loss of energy and profuse sweating, which had been experienced by more than half the sample in the six months preceding the interview (Table 6). A mean of seven psychological symptoms related at least in part to ecstasy use were reported (SD 2.9; range 0-13). More than half the sample reported experiencing difficulty concentrating, confusion, blackout/memory loss, irritability, agitation/restlessness and depression (Table 7). As with reports of physical side effects, reported psychological side effects were consistent with those reported in 2001, however 'difficulty concentrating' and 'agitation/ restlessness' were asked about for the first time in 2002.

Results from the 1997 and 2000 samples indicated that those who had binged on ecstasy in the preceding six months reported a significantly higher number of both physical and psychological side effects than those who had not binged. Contrary to expectation, in both 2001 and 2002 there was no difference in the number of side effects reported by those who had recently binged on ecstasy and those who had not.

Furthermore, in 2002, route of administration of ecstasy was not related to the number of either physical or psychological side effects experienced whereas in 2001, compared to participants who had never injected ecstasy, those who had ever injected ecstasy reported a significantly higher number of recent physical and psychological side effects. Similarly in 2001, those who had recently injected ecstasy reported having experienced more physical although not psychological side effects. Contrary to expectation, in 2002 there was no difference in the number of side effects experienced by those who had ever or recently injected ecstasy and those who had not.

The physical side effects that were attributed solely to ecstasy use by half or more of those who reported them included: blurred vision, teeth problems, hot or cold flushes, numbness and/or tingling, vomiting, inability to urinate, dizziness and heart palpitations. The other physical symptoms noted in Table 6 were more often perceived as caused by ecstasy use combined with other factors (eg effects of other drugs, lack of sleep or food).

Table 6 Physical side- effects of ecstasy experienced in preceding six months

Symptom	Last 6 months (%) *	Median length of worst case #	Only related to ecstasy (%) #
Blurred vision	76	1 hour	78
Trouble sleeping	74	12 hours	47
Weight loss	58	3 days	29
Loss of energy	57	2 days	38
Profuse sweating	55	4 hours	44
Headaches	49	6 hours	33
Teeth problems	47	2 days	59
Muscular aches	46	2 days	28
Joint pains/stiffness	44	1 days	28
Tremors/shakes	43	2.5 hours	47
Hot / cold flushes	43	3 hours	63
Numbness/tingling	42	1 hours	73
Vomiting	36	10 mins	59
Inability to urinate	36	3.5 hours	78
Stomach pains	36	2 hours	47
Dizziness	35	30 mins	61
Heart palpitations	26	30 mins	57
Shortness of breath	22	30 mins	47
Chest pains	17	1 min	33

* proportion of total sample
among those reporting the symptom

Source: Party Drugs Initiative PDU interviews 2002

Similarly, there were a number of psychological symptoms attributed solely to the use of ecstasy by half or more of those who reported them including confusion, blackout, visual and auditory hallucinations, inability to achieve orgasm, loss of sex urge, flashbacks and panic attacks.

Few KI perceived recent changes in physical or psychological side effects experienced by party drug users. One noted a resurgence of bad reactions to pills but believed this to be the result of polydrug use and perhaps an indication of a bad batch of pills. Two KI who mentioned problems such as over-heating, hallucinations and paranoia attributed the cause of these symptoms to drugs other than ecstasy including base, crystal and ketamine. Three KI agreed that despite high levels of use, party drug users tend to take care of themselves and each other in order to minimise negative consequences of their drug use.

Table 7 Psychological side- effects of ecstasy experienced in the preceding six months

Symptom	Last 6 months (%) *	Median length of worst case #	Only related to ecstasy (%) #
Difficulty concentrating	75	24 hours	46
Confusion	64	1 days	70
Blackout/ memory loss	64	4 hours	50
Irritability	58	2 days	39
Agitation/ restlessness	57	1 day	47
Depression	53	2 days	47
Visual hallucinations	47	2 hours	66
Anxiety	44	24 hours	44
Sound hallucinations	33	60 mins	76
Paranoia	32	5.5 hours	36
Inability to achieve orgasm	32	8 hours	50
Anger/hostility	31	1 day	30
Loss of sex urge	24	24 hours	57
Flashbacks	24	10 mins	67
Panic attacks	11	1.15 hours	50
Suicidal thoughts	6	1 hour	20 (n=1)

* proportion of total sample
among those reporting the symptom

Source: Party Drugs Initiative PDU interviews 2002

4.8.3 Other ecstasy related harms

Forty three percent of the sample had experienced occupational or study problems in the preceding six months (Table 8), which they perceived as related, at least in part, to their use of ecstasy. Of those that reported experiencing recent work or study problems, over half (59%) were relatively minor, involving trouble concentrating, reduced work performance or feeling unmotivated. About one fifth (18%) involved taking sick leave or not attending classes, while 16% were serious problems such as being dismissed from or quitting a job, or the inability to obtain employment.

One third (31%) of the sample reported ecstasy-related relationship or social problems in the six months preceding interview (Table 8). Of those problems, 56% were relatively minor, involving arguments. About one third (30%) of those who had had relationship problems reported more serious issues such as ending a relationship.

No participant in 2002 reported recent legal problems related to ecstasy. Financial problems related to ecstasy use were reported by a third (31%) of the sample. Over half (59%) of these were relatively minor, such as having no money for other recreational activities. Fifteen percent (n=4) of those who had experienced recent ecstasy-related financial problems reported being in debt, and 26% (n= 7) had been unable to pay for essentials such as food or rent.

Table 8 Time trends in ecstasy-related problems among ecstasy users

Ecstasy-related problem	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Mean no. physical side-effects	9	9	9	10
Mean no. psychological side-effects	7	5	5	4
Occupational/study problems (%)	43	52	59	53
Relationship/social problems (%)	31	36	49	52
Financial problems (%)	31	31	27	54
Legal/police problems (%)	-	7	6	4

Source: Party Drugs Initiative PDU interviews

There were no gender differences in the likelihood of participants reporting various ecstasy-related problems in the preceding six months. Participants who had ever injected any drug, those who had ever injected ecstasy and those who had injected ecstasy recently, were no more likely to report ecstasy-related problems than those who had not. Further, similar to the 2001 sample and in contrast to 2000 findings, recent bingeing on ecstasy was unrelated to the likelihood that participants reported occupational, financial or relationship problems in 2002.

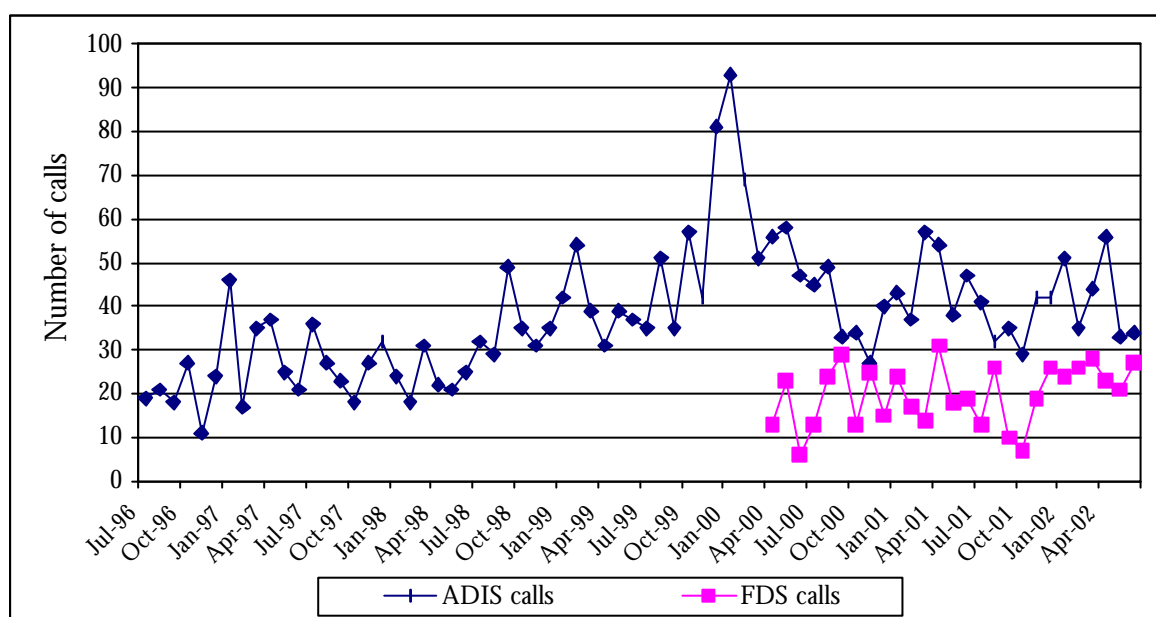
Samples of ecstasy users interviewed from 1997 - 2002 were relatively similar in terms of the ecstasy-related harms they reported (Table 8). Compared to previous years, the 2002 sample reported similar numbers of recent physical and psychological symptoms that they perceived as being related, at least in part, to their ecstasy use. Further, similar proportions of the four samples reported relationship and financial problems that they attributed to their use of ecstasy. However, these data also suggested lower rates of occupational or study problems and legal or police problems in 2002. The reasons for these reduced rates are not clear.

Two KI mentioned relationship problems as a consequence of the paranoia experienced by some users during the 'come down' phase after party drug use; one mentioned financial problems and one work related problems. It was generally agreed however that these problems were of low severity.

Drug and alcohol information services

The NSW Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in NSW. Likewise, Family Drug Support (FDS) provide over the phone support and referral. ADIS data reflect calls in which ecstasy was the primary drug of concern while FDS data represent all calls in which ecstasy was mentioned. Data became available from FDS in April 2000. Figure 9 shows that the number of calls received regarding ecstasy by ADIS and FDS have gradually increase overtime with a spike of calls around the new millennium.

Figure 9 Number of inquires regarding ecstasy received by FDS and ADIS, 1997-2002



4.9 Summary of ecstasy related harms

- ❖ recorded number of offences relating to the use/possession and dealing/trafficking of ecstasy have increased since 1997
- ❖ most ecstasy users report a range of physical and psychological symptoms which they perceive as related, at least in part, to their use of the drug
- ❖ the majority of these symptoms are perceived as relatively minor
- ❖ very small numbers of ecstasy users report psychological side-effects which cause significant clinical distress, such as panic attacks and suicidal thoughts
- ❖ substantial proportions of ecstasy users report occupational, relationship and financial problems that they perceive as being related, at least in part, to their use of the drug
- ❖ many of these problems are relatively minor, but some constitute significant disruptions to functioning, including loss of employment, the ending of relationships, and the inability to pay for essentials such as food or rent
- ❖ there has been a decrease over time in the proportion of samples of ecstasy users that report recent ecstasy-related relationship problems, although the reasons for the apparent decrease are not clear
- ❖ the number of telephone enquiries received by the Alcohol and Drug Information Service and Family Drug Support relating to ecstasy, increased over recent years

5.0 METHAMPHETAMINE

Prior to 2001, IDRS reports used the overarching term ‘amphetamines’ to refer to both amphetamine and methamphetamine. ‘Amphetamine’ is used to denote the sulfate of amphetamine which, throughout the 1980s, was the form of illicit amphetamine most available in Australia (Chesher, 1993). As a result of legislative controls introduced in the early 1990s on the distribution of the main precursor chemicals (Wardlaw, 1993), illicit 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 sulfate) steadily increased, until methamphetamine dominated the market (Australian Bureau of Criminal Intelligence, 2001) such that in the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine (Australian Bureau of Criminal Intelligence, 2002).

Chemically, amphetamine and methamphetamine differ in molecular structure but are closely related. They exert their effects indirectly by stimulating the release of peripheral and central monoamines (principally dopamine, noradrenaline, adrenaline and serotonin), and both have psychomotor, cardiovascular, anorexogenic and hyperthermic properties (Seiden et al., 1993). Compared to amphetamine, methamphetamine has proportionally greater central stimulatory effects than peripheral circulatory actions (Chesher, 1993), and is a more potent form with stronger subjective effects.

In Australia today, the powder traditionally known as ‘speed’ is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste, identified as becoming more widely available and used in all jurisdictions (Topp & Darke, 2001), are also methamphetamine. Therefore, the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed ‘amphetamines’.

The distinction between methamphetamine powder (‘speed’), methamphetamine base (‘base’) and crystalline methamphetamine (‘crystal’) has been made in an attempt to collect more comprehensive information on the use, price, purity and availability of each of the different forms. ‘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 is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. ‘Crystal’ (also called ice, shabu, or crystal meth), is a crystal or coarse powder that ranges from translucent to white but may also have a green, blue or pink tinge. Crystal is manufactured in Asia and imported into Australia (Topp & Churchill, 2002), although the first crystalline methamphetamine laboratory was detected in Queensland in February 2002 (Australian Crime Commission, 2003).

5.1 Methamphetamine use among PDU

5.1.1 Methamphetamine powder (speed)

All participants in the 2002 survey reported lifetime methamphetamine powder (speed) use and the majority (85%) had used speed in the preceding six months.

Seventy-five recent speed users reported using on a median of seven days (range 1-72) in the preceding six months. One third of them (32%) had used speed between monthly and fortnightly, 15% between fortnightly and weekly and 15% used speed more than once a week. A small proportion of the 2002 sample (6%) nominated speed as their favourite drug.

The median amount of speed used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.1-3.4). During their 'heaviest' use episode, recent speed users reported the use of a median of one gram (range 0.1-10.5); 26% had used more than two grams on a single occasion in the last six months. Of those who reported recent bingeing, 69% had used speed to do so.

Two thirds (67%) of recent speed users reported snorting. Swallowing (45%), smoking (12%) and injecting (9%) were other routes of speed administration reported by participants who had used speed in the preceding six months.

Lifetime and recent use of speed has remained stable across sampling years (Table 9). Data presented in Table 9 suggest a decrease in the frequency of speed use across time although quantity of use appears stable.

Table 9 Patterns of methamphetamine powder (speed) use of PDU

Speed variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)*
Ever used (%)	100	99	92	97
Used preceding six months (%)	85	87	75	91
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	7 (1-72)	10 (1-180)	12 (1-180)	12 (1-120)
Median quantities used (grams)				
Typical (range)	0.5 (0.1-3.4)	1 (0.1-6)	0.5 (0.25-7)	0.5 (0.1-4)
Heavy (range)	1 (0.1-10.5)	1 (0.1-6)	1 (0.5-28)	1 (0.1-28)

*denoted all forms of methamphetamine

Source: Party Drugs Initiative PDU interviews

5.1.2 Methamphetamine base

A substantial proportion (59%) of the 2002 survey reported lifetime methamphetamine base use and just under half (44%) had used 'base' in the preceding six months.

Thirty-nine participants who had recently used base reported a median of three days (range 1-30) of use in the preceding six months. The majority (77%) of participants had used base less than

once a month. Six participants (15%) had used between monthly and fortnightly, one between fortnightly and weekly and two had used based once a week or more. One respondent nominated base as their drug of choice.

Of those who reported using base during the preceding six months, 22 quantified their use in terms of 'points' and 14 referred to grams. One participant referred to their use in 'rocks'. Although there remains some confusion among participants, it appears that one 'point' is equal to approximately 0.1 of one gram. Those referring to points used a median of one point during an episode of both normal (range 0.1-10) and heavy (range 0.1-10) use. Participants referring to grams had used a median of half a gram of base on a typical occasion of use (range 0.3-3) and one gram (range 0.3-6) during a heavy use episode. Of those who reported bingeing in the preceding six months, 26% had used base to do so.

Similar proportions of participants had swallowed (59%) and snorted (57%) base in the preceding six months. Smaller numbers had injected (23%) and smoked (15%) base.

Trends in base use across time are presented in Table 10. Since 2000 when the distinction was made between three forms of methamphetamine, both lifetime and recent use of base have increased. Frequency of base use has fluctuated while quantity of use has remained stable.

Table 10 Patterns of methamphetamine base use of PDU

Base variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used (%)	59	34	36	N/A
Used last six months (%)	44	20	22	N/A
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	3 (1-30)	7 (1-70)	4 (1-48)	N/A
Median quantities used (points)				
Typical (range)	1 (0.1-10)	1 (0.5-10)	1 (1-10)	N/A
Heavy (range)	1 (0.1-10)	1.5 (1-10)	1.5 (1-10)	N/A

Source: Party Drugs Initiative PDU interviews

5.1.3 Crystal methamphetamine (ice)

Forty-three percent of the 2002 sample reported having ever used crystal methamphetamine (ice) and one fifth (19%) reported using crystal in the preceding six months. As small numbers reported recent use of crystal methamphetamine these data should be interpreted with caution.

Seventeen recent crystal users reported doing so on a median of two days (range 1-15) in the preceding six months. Most (82%) used monthly or less; two participants reported using between monthly and fortnightly and one between fortnightly and weekly. Three respondents reported crystal methamphetamine as their favourite or preferred drug.

Of those who reported recent crystal use, ten described their use in terms of 'points'; three quantified their use in terms of grams and two described using bumps. Those who quantified their crystal use in terms of points reported using a median of 1.5 points (range 1-5) on a typical occasion of use and 2.5 points (range 1-10) during a heavy occasion of use. Those referring to

grams used a median of one gram (range 0.5-2) during a typical session of use and 1.5 grams (range 1-4) in their heaviest use episode. Of those who reported bingeing in the preceding six months, 11% had used crystal to do so.

The most common routes of crystal administration were snorting (59%) and smoking (53%). Smaller proportions reported swallowing (35%) and injecting (24%) crystal in the six months preceding the interview.

Again, the small number of participants who reported recent crystal methamphetamine use across sampling years is relatively small and accordingly these data must be interpreted with caution. Nevertheless, prevalence of crystal use among this group appears to have increased since 2000 when the distinction between three forms of methamphetamine was documented (Table 11). Frequency and quantity of crystal use appear to have remained relatively stable across time.

Table 11 Patterns of crystal methamphetamine (ice) use of PDU

Ice variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used (%)	43	43	12	N/A
Used last six months (%)	19	26	6	N/A
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	2 (1-15)	1 (1-50)	1 (1-20)	N/A
Median quantities used (points)				
Typical (range)	1.5 (1-5)	.25 (0.1-0.5)	2 (1-3)	N/A
Heavy (range)	2.5 (1-10)	1 (0.5-7)	2 (1-3)	N/A

Source: Party Drugs Initiative PDU interviews

All KI described the use of methamphetamine powder (speed) in the groups of users with whom they had had recent contact. Six KI reported substantial proportions (40-90%) used weekly; three KI described smaller proportions (5-20%) using between weekly and fortnightly. Less consistent were KI estimates of proportions using methamphetamine base and crystal methamphetamine. Four KI reports regarding base varied widely; from less than 1% swallowing monthly to 95% injecting weekly. Similarly, six KI described between 5% and 50% using crystal from weekly to twice a year. Two KI mentioned a recent reduction in speed use; one of who believed this to be a consequence of increased base and crystal use.

5.2 Price

Two thirds (67%) of the 2002 sample was able to comment on the current price of speed (Table 12). The most commonly purchased amount of speed was a half-weight (half of one gram) for which a median of \$40 was paid. The median price paid for a gram of speed was \$60. An 'eight-ball' of speed (3.5 grams) was purchased for a median of \$150 (Table 12). Of the 60 participants who commented, most reported the price of speed had either remained stable (68%) or decreased (22%) in the preceding six months.

Twenty-three participants commented on the current price of base, the majority of who referred to its purchase in 'points' (Table 12). The median price paid for a point of base was \$40. Of the

16 who were able comment, the majority reported the price of base had either remained stable (69%) or decreased (19%) in the preceding six months. Two people reported the price of base had increased.

A small proportion of the 2002 sample was able to comment on the price of crystal methamphetamine; eleven participants referred to it's purchase in terms of points and grams (Table 12). The median price paid for a point of crystal was \$50 while a gram was purchased for a median of \$160. Reports of changes to the price of crystal in the preceding six months varied; five participants (42%) believed the price of crystal was increasing, four (33%) believed it to be stable and one thought it to be decreasing.

Median price trends across sampling years are presented in Table 12. Prior to 2002, data concerning the price of methamphetamine powder was not collected in the party drug users survey in the Party Drugs Module. Further, the distinction between base and crystal methamphetamine has only been documented since 2001. Nevertheless, the data suggest the 'point' price of methamphetamine base and crystal methamphetamine have remained stable over time.

Table 12 Price of various methamphetamine purchased by PDU

Median price (\$) methamphetamine	2002 sample		2001 sample		2000 sample
Speed	n=59		N/A		N/A
Half gram	40 (30-50)	(n=23)			
Gram	60 (40-100)	(n=18)			
Eight-ball (3.5grams)	150 (75-750)	(n=13)			
Point	50(30-80)	(n=5)			
Base	n=23		n=22		n=5*
Point	40 (20-50)	(n=11)	50 (10-80)	(n=13)	50 (50-80)
Gram	175 (100-325)	(n=6)	80 (60-80)	(n=3)	-
Half gram	62.50 (50-150)	(n=4)	100 (80-180)	(n=3)	-
Eight-ball (3.5grams)	140	(n=1)	225	(n=1)	-
Ounce	1200	(n=1)	1100 (1000-1200)	(n=2)	-
Crystal	n=11		n=31		N/A
Point	50 (40-70)	(n=6)	50 (20-70)	(n=17)	
Gram	160 (100-500)	(n=4)	250 (80-400)	(n=9)	
Half gram	-		80 (80-250)	(n=5)	
Rock	50	(n=1)	-		

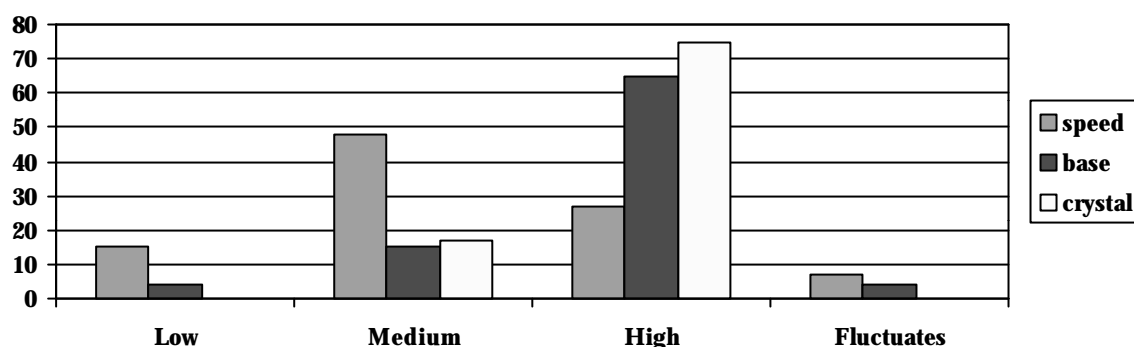
*refers to amount paid for crystal meth, base and pure

Source: Party Drugs Initiative PDU interviews

5.3 Purity

The consistency between party drug users' estimates of the purity of all forms of methamphetamine is noteworthy. The majority of those who commented reported the purity of speed (75%), base (81%) and crystal (92%) to be 'medium' or 'high' (Figure 10).

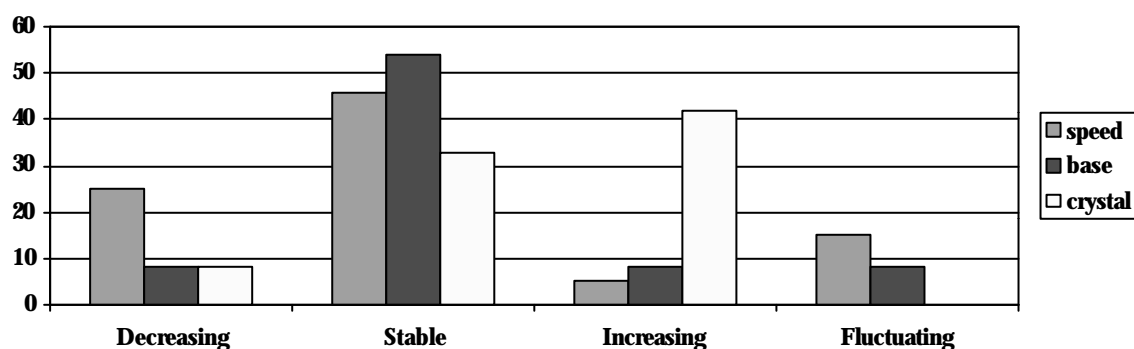
Figure 10 Current Purity of Methamphetamine 2002



Source: Party Drugs Initiative PDU interviews 2002

Consistent with reports of current purity, all forms of methamphetamine were considered by the majority of those who commented to have either remained stable or increased in purity in the preceding six months (Figure 11).

Figure 11 Recent change in Purity of Methamphetamine 2002



Source: Party Drugs Initiative PDU interviews 2002

5.4 Availability

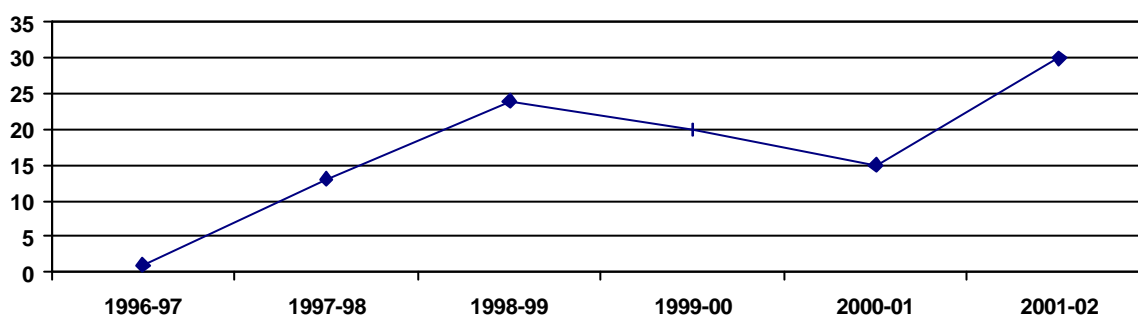
The majority of those who commented on the availability of speed reported it 'easy' (36%) or 'very easy' (46%) to obtain; most (73%) agreed speed availability had remained stable over the preceding six months.

Similarly, half those commenting on the availability of base thought it to be easy (39%) or very easy (12%) to obtain, with more than a third (35%) reporting it to be moderately easy. The majority thought the availability of base in the preceding six months had either remained stable (61%) or had become easier (27%) to obtain.

The reports of twelve participants who were able to comment on the availability of crystal were inconsistent, half (50%) thought it to be difficult (n=3) or very difficult (n=3) to obtain, 33% reported it as easy (n=3) or very easy (n=1) to obtain and two reported it to be moderately easy. Similarly inconsistent were reports of change in crystal availability; half (50%) believed it had become more difficult to obtain (n=6), three people (25%) thought the availability of crystal had remained stable over the preceding six months and two thought it had become easier to obtain.

Data concerning the number of crystal seizures at the Australian border indicates an increase. Figure 12 shows that the number of seizures of crystal methamphetamine has increased from one in 1996-1997 to 30 in 2001-02. This is supportive of the other data collected suggesting that availability and use of crystal methamphetamine or 'ice' has increased over the past five years.

Figure 12: Number of seizures of 'ice' at the Australian border, 1996-97 to 2001-02



Source: Australian Customs Service

5.5 Summary of methamphetamine trends

- ❖ lifetime and recent use of speed has remained stable across sampling years while the prevalence of more potent forms of methamphetamine, base and crystal, has increased
- ❖ KI reports of speed use were consistent with those of the users. KI reports of base and crystal use were less consistent which may reflect specific patterns of use among different groups, or perhaps that KI have less contact with these users
- ❖ speed was most commonly purchased in half-gram amounts for which a median of \$40 was paid in 2002. A 'point' of base was purchased for \$40, a slight decrease from \$50 in 2001 while crystal was purchased for a median of \$50 a 'point' in 2002
- ❖ all forms of methamphetamine were reported by most respondents to be 'medium' or 'high' and the majority reported that the purity had remained 'stable' or 'increased' over the preceding six months
- ❖ most respondents reported that speed and base were 'very easy' or 'easy' to obtain. Reports of crystal methamphetamine were less consistent, although customs data suggests that the availability of this form of methamphetamine has also increased over time

6.0 COCAINE

The majority of the 2002 sample of party drug users reported lifetime (80%) and recent (64%) cocaine use.

6.1 Cocaine use among PDU

Fifty-six recent cocaine users reported a median of four days of use in the preceding six months (range 1-48). The majority (71%) used cocaine less than once a month; 23% had used between monthly and fortnightly, one person used between fortnightly and weekly and two people used cocaine more than once a week.

The majority of recent cocaine users quantified amounts used in the preceding six months in terms of grams; a median of half a gram was used during both a typical (range 0.1-3.5) and heavy (range 0.1-10) occasion of use. One fifth (22%) of those who had binged on party drugs in the preceding six months had used cocaine to do so.

Most (93%) participants reporting recent cocaine use had used cocaine intranasally. Small proportions had swallowed (13%), smoked (7%) and injected (7%) cocaine.

Prevalence of lifetime cocaine use remained stable across time although the data suggest a slight increase in reports of recent cocaine use (Table 13). Frequency and quantity of cocaine use is comparable between sampling years. As discussed in the report of the first year of the party drugs trial (Topp & Darke, 2001), these data suggest that changes in cocaine related harms noted in Sydney in recent years (in particular, arrests for cocaine possession or use) may be related to changes in use among injecting drug users (Darke et al., 2002), rather than party drug users.

Table 13 Patterns of cocaine use of PDU

Cocaine variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used %	80	77	78	72
Used last six months%	64	57	53	50
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	4 (1-48)	3 (1-96)	4 (1-90)	2 (1-100)
Median quantities used (grams)				
Typical (range)	0.5 (0.1-3.5)	0.5 (0.1-3)	0.25 (0.1-7)	0.25 (0.1-5)
Heavy (range)	0.5 (0.1-10)	1 (0.1-7)	0.5 (0.1-26)	0.5 (0.1-9)

Source: Party Drugs Initiative PDU interviews

Eight KI estimated between 10% and 100% of the ecstasy users with whom they were familiar used cocaine. Frequency of use was generally thought to be occasional, ranging from weekly to special occasions. Quantity of use also ranged from two lines to a gram of cocaine per occasion of use.

6.2 Price

Data concerning the price of cocaine was not collected in the user survey component in 2002. This data will be collected and reported from 2003 onwards.

6.3 Purity

Data concerning the purity of cocaine was not collected in the user survey component in 2002. This data will be collected and reported from 2003 onwards.

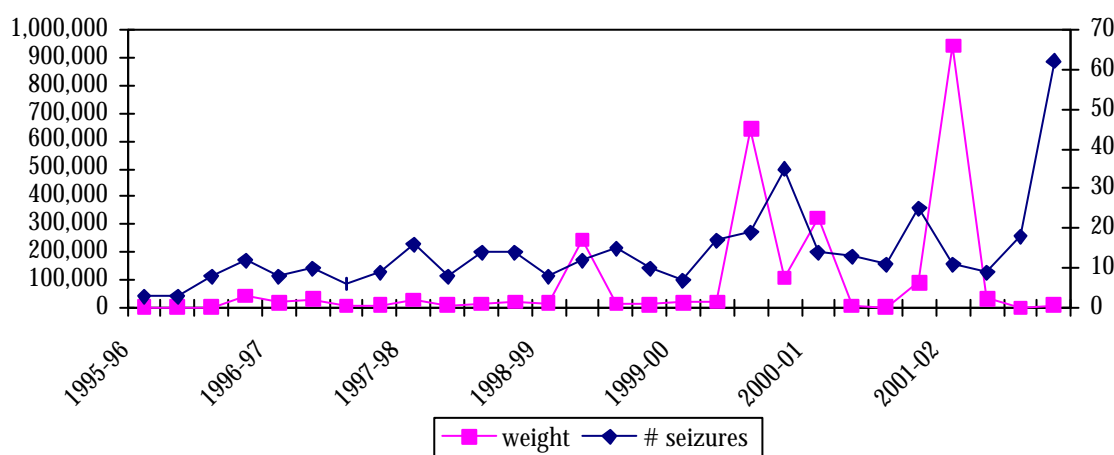
6.4 Availability

Data concerning the availability of cocaine was not collected in the user survey component in 2002. This data will be collected and reported from 2003 onwards.

The majority (78%) of cocaine importations detected at the Australian border in 2001-02 were in New South Wales (although WA accounted for the 96% of the total weight of detections during this time period) (Australian Crime Commission, 2003).

As indicated in Figure 13, there was a significant increase in the number and weight of cocaine border detections in 2001-02 (a 66% and 130% increase respectively compared to the previous year) (Australian Crime Commission, 2003). It has been suggested that this increase may be attributed to improved targeting of cocaine trafficking by law enforcement. However, the decreased availability of heroin and an increase in organised crime collaboration have also been noted as factors possibly related to cocaine importation (Australian Crime Commission, 2003).

Figure 13 Number and weight of seizures of cocaine detected at the Australian border 1995-96 to 2001- 2002



Source: Australian Customs Service

6.5 Summary of cocaine trends

- ❖ prevalence of lifetime cocaine use has remained stable across sampling years while reports of recent cocaine use have increased slightly
- ❖ frequency and quantity of cocaine use are remarkably similar between years
- ❖ KI reports of cocaine use were consistent with user reports; it appears that most PDU use cocaine occasionally, averaging about once a month
- ❖ the number and weight of cocaine seizures at the Australian border have increased somewhat dramatically in the reporting period 2001-02. This may reflect changes in law enforcement activity or improvements in detection. However, given that the increase occurred at a time when the availability of heroin decreased and heroin seizures dropped, it is possible that increases in the amount of cocaine seized reflect increases in the amount imported

7.0 KETAMINE

Over half (59%) the 2002 sample reported lifetime use of ketamine and a similar proportion (49%) reported recent use.

7.1 Ketamine use among PDU

Forty-three participants reported using ketamine in the preceding six months on a median of four days (range 1-30). Most (61%) used ketamine less than once a month; 21% used between monthly and fortnightly and 16% between fortnightly and weekly. One person reported using ketamine more than once a week. Ketamine was nominated drug of choice by one respondent.

Recent ketamine users quantified their use in terms of bumps (n=17) grams (n=13) and pills (n=9). Small numbers mentioned lines (n=3) and caps (n=1). A bump refers to a small amount of powder, typically measured on either the end of a key or a small spoon provided with a container used to store and administer measured doses of powdered substances. Those who reported ketamine use in terms of bumps used a median of two bumps in a 'typical' episode of use (range 0.5-15) and four bumps (range 1-15) during a 'heavy' use period. Respondents describing gram use reported a median of half a gram as the amount used in both a typical (range 0.1-1) and heavy (range 0.2-1) occasion of use in the preceding six months. Other ketamine users reported a median of 2 pills (range 1-3) and 3 pills (range 1-4) in a typical and heavy period of use respectively. Of those who reported bingeing in the preceding six months, 17% had used ketamine to do so.

Recent users reported snorting (86%) and less often swallowing (35%) ketamine. Two people reported smoking ketamine and no one reported injecting.

Prevalence of lifetime and recent use of ketamine has increased over time. Frequency and quantity of ketamine use has remained relatively stable (Table 14).

Table 14 Patterns of ketamine use of PDU

Ketamine variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used (%)	59	31	25	16
Used last six months (%)	49	15	14	6
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	4 (1-30)	5 (1-24)	2 (1-30)	5 (1-20)
Median quantities used (bumps)				
Typical (range)	2 (0.5-15)	5 (1-15)	5 (2-20)	4 (1-12)
Heavy (range)	4 (1-15)	4 (1-30)	5 (2-50)	5 (1-20)

Source: Party Drug Initiative PDU interviews

KI reports of ketamine use were consistent with data collected from user interviews. Eight KI were able to describe ketamine use by party drug users although reports of prevalence, quantity

and frequency of use varied. Four KI reported substantial majorities (60- 98%) use ketamine at least weekly, generally in combination with ecstasy. These users were estimated to be using half a gram or between five and ten bumps per session of use. Three KI reported a group using less ketamine less frequently; between 2% and 30% using ketamine between fortnightly and once every six months, using several bumps or 1-2 points at a time.

Also consistent with the user reports were reports by six KI of increases in ketamine use during the preceding six months, particularly in conjunction with ecstasy. One KI believed that ketamine use occurred as consequence of the perception that tablets sold as ecstasy are often speed pills in which case ketamine is used to achieve a more MDMA-like effect. Another mentioned that this use generally occurred at the end of the night or towards the end of a party drug use session.

7.2 Price

In 2002 ketamine was commonly reported as purchased in grams (n=22) although tabs (n=3) and points (n=1) were purchased by a small number of respondents. The current median price for a gram of ketamine was \$160 (range \$20-200) (Table 15). The majority of those who commented reported the price of ketamine had remained stable (53%) or decreased (13%) in the preceding six months. Thirty-one percent were unable to comment on changes in the price of ketamine.

The proportion of users who were able to comment on the price of ketamine in previous sampling years is small and accordingly these data must be interpreted with caution. Nevertheless these data suggest that the price of ketamine in 2002 was consistent with 2001 data and that the price may have decreased since 1997 (Table 15).

Table 15 Price of ketamine purchased by PDU

Median price (\$) ketamine	2002 sample (n=32)	2001 sample (n=3)	2000 sample (n=3)	1997 sample (n=6)
Gram (range)	160 (20-200) (n=22)	150 (50-200)	200 (no range)	200 (200-220)
Lowest gram price (range)	155 (20-200) (n=10)	170 (50-180)	170 (140-200)	200 (100-200)
Highest gram price (range)	200 (25-250) (n=10)	200 (150-200)	200 (no range)	250 (200-250)

Source: Party Drug Initiative PDU interviews

7.3 Purity

The majority of those who commented reported the current purity of ketamine as medium (13%) or high (78%) and most thought the strength of ketamine had remained stable (50%) or increased (16%) in the preceding six months.

7.4 Availability

The majority of participants who commented reported that ketamine was 'very easy' (34%), 'easy' (16%) or 'moderately easy' (34%) to obtain. Similar proportions reported that the availability had remained stable (56%) or become easier (28%) in the preceding six months.

7.5 Summary of ketamine trends

- ❖ reports of lifetime and recent use of ketamine have increased over time
- ❖ the frequency and quantity of ketamine use has remained stable
- ❖ although only small proportions in previous years were able to comment, the gram price of ketamine may have decreased since 1997
- ❖ most respondents in 2002 reported the current purity of ketamine to be medium or high and that the purity had remained stable or increased over the preceding six months
- ❖ ketamine was 'very easy', 'easy' or 'moderately easy' to obtain for the majority of respondents in 2002. The ease of obtaining ketamine has remained stable or has become easier

8.0 GHB

GHB (gamma-hydroxybutyrate) has been researched and used for a number of clinical purposes including as an anaesthetic (Nicholson & Balster, 2001, Kam & Yoong, 1998). In 1964, GHB was introduced in Europe as an anaesthetic agent particularly for children (Vickers, 1968, Laborit, 1964), but was not widely used due to the incidence of vomiting and seizures (Hunter et al., 1971). Research has also examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak, 1989, Mack, 1993, Chin et al., 1992) and for alcohol dependence and opioid withdrawal (Nicholson & Balster, 2001, Kam & Yoong, 1998)

In recent years, there has been documentation of the use of GHB as a recreational drug, in a range of countries around the world. 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, GBL (gamma-butyrolactone). The use of GBL, and another similar chemical, 1-4B (1,4-butanediol) has also been documented (Ingels et al., 2000). GBL and 1-4B are metabolised into GHB in the body. They may be used as substitutes for GHB, but are known to be pharmacologically different

One third (35%) of the 2002 sample reported lifetime GHB use and a fifth (19%) reported using GHB in the preceding six months. Although a greater proportion of participants than in past surveys reported on the price, purity and availability of GHB, the numbers are small and therefore the results should be interpreted with caution.

Three respondents in 2002 reported lifetime and recent use of 1-4B. Given that only two were able to comment on price purity and availability of 1-4B these results are not reported here.

8.1 GHB use among PDU

Seventeen recent GHB users reported using GHB on a median of three days in the preceding six months (range 1-30). Most (94%) had used monthly or less. One person reported using GHB more than once a week.

Recent GHB users quantified their use in terms of millilitres (n=11) or 'vials' (n=5) and one participant reported using GHB pills. A 'vial' refers to small glass or plastic container in which GHB is sold. Those reporting millilitres used a median of 10mls in both a 'typical' (range 1-70) and 'heavy' (range 1-120) episode of use in the preceding six months. Those referring to vials used a median 0.5 of a vial (range 0.5-1) in a typical occasion of use and 2 vials (range 0.5-2) during a heavy occasion of use. Of those who reported bingeing in the preceding six months, 7% had used GHB to do so. All recent GHB users administered the drug orally.

Reports of GHB use have increased over time. While small numbers of respondents reported GHB use in the 1997 and 2000 samples, the substantial increase in prevalence of use in 2001 was sustained in 2002 (Table 16). The frequency of GHB use is comparable between years although quantities used in 'typical' and 'heavy' occasions of use seem to have doubled. Despite this large increase, given the small numbers who report recent GHB use and the apparent confusion among users regarding millilitres contained in a 'vial' and the size of a typical dose, it is difficult to draw any definite conclusions from these data.

Table 16 Patterns of GHB use of PDU

GHB variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used (%)	35	23	5	2
Used last six months (%)	19	15	1	2
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	3 (1-30)	2 (1-10)	1 (no range)	2 (1-2)
Median quantities used (mls)				
Typical (range)	10 (1-70)	5 (1-35)	1	-
Heavy (range)	12 (1-120)	5 (1-50)	1	-

Source: Party Drugs Initiative PDU interviews

Estimates by the four KI who were able to comment on current GHB use varied widely, ranging from 10% to 95% of ecstasy users using between half a vial and 3-4 doses from once a week to special occasions only. Two KI mentioned the recent increase in GHB use although this was considered by both to have occurred in small proportions of users only.

8.2 Price

The most common amount of GHB purchased in 2002 was a 'vial' that cost \$50. Of the ten people who commented on the price change of GHB, the majority reported the price was stable (90%). One person said the price had increased.

Given the confusion regarding the size of vials in which GHB is typically purchased and the uncertainty around what constitutes a typical dose, it is not surprising that there is wide variation and seemingly inconsistent reports of the price of GHB between years (Table 17). And again, the small proportion of respondents who commented on the price of GHB makes it difficult to draw any strong conclusions from these data.

Table 17 Price of GHB purchased by PDU

Median price (\$) GHB	2002 sample		2001 sample
	(n=12)		(n=6)
ml (range)			50 (10-80)
Lowest ml price			20 (n=1)
Highest ml price			50 (n=1)
Vial (range)	50 (50-60)	(n=5)	
2mls	10	(n=2)	
15mls	10	(n=1)	
30mls	10	(n=1)	
400mls	150	(n=1)	
1litre	120	(n=1)	
GHB based pill	25	(n=1)	

Source: Party Drug Initiative PDU interviews

8.3 Purity

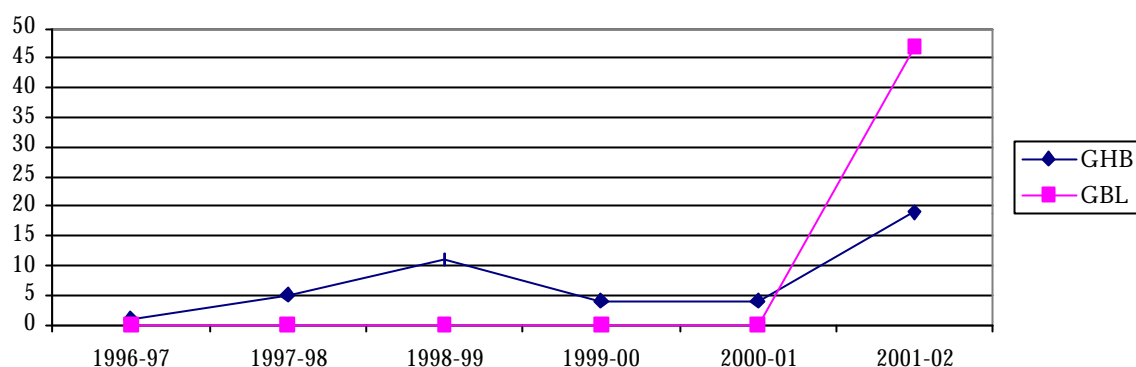
Of the fifteen respondents who commented on current GHB purity, the majority reported the strength as medium (27%) or high (67%). One user reported the strength of GHB fluctuated. Most thought the strength of GHB remained stable (47%) over the preceding six months; one thought it had increased and two thought it had fluctuated. A further five were unable to comment on changes in GHB purity.

8.4 Availability

A similar number of respondents commented on the current availability of GHB. While 47% of thought that GHB was 'very easy' (n=6) or 'easy' (n=1) to obtain, 27% believed it to be 'moderately easy' (n=4). A further three participants (20%) reported GHB 'difficult' to obtain. The majority reported the availability of GHB in the preceding six months had remained stable (53%) or had become easier (13%) to obtain, although another two people (13%) thought it had become more difficult.

Figure 14 indicates an increase in recent years in the number of seizures of GHB and GBL at the Australian border. There were a record number of 47 detected importations of GBL in 2001-02 when previously there had been none. This may be an indication that GBL is being imported for production to GHB in Australia.

Figure 14 Number of GHB and GBL seizures at the border 1996-97 to 2001-02



Source: Australian Customs Service

8.5 Summary of GHB trends

- ❖ the proportion of users reporting lifetime and recent GHB increased over time
- ❖ small numbers of users provide information on the use, price purity and availability of GHB therefore results should be interpreted with caution. Further, there is some confusion among respondents with regard to how many millilitres are held in a 'vial' of GHB and the size of a typical dose
- ❖ frequency of use is comparable between years, however quantity of use appears to have increased although again, given the small numbers who commented, cautious interpretation is required
- ❖ GHB was most commonly purchased in a 'vial' for a cost of \$50. Prices reportedly paid for other amounts by small numbers of respondents were inconsistent
- ❖ most participants reported GHB purity as medium or high and that the purity had remained stable
- ❖ the availability of GHB was considered to be 'very easy', 'easy' or 'moderately easy' to obtain by most of those who commented and the availability had remained stable over the preceding six months
- ❖ an increase in GBL detected at the Australian border suggests GBL may be being imported for production to GHB in Australia

9.0 LSD

Three quarters (73%) of the 2002 sample reported lifetime use of LSD. One third (33%) reported using LSD in the preceding six months.

9.1 LSD use among PDU

Twenty-nine recent LSD users reported a median of three days of use in the preceding six months (range 1-24). The majority (86%) reported using monthly or less. Ten percent had used LSD between monthly and fortnightly and one person reported using weekly. Four respondents reported LSD their drug of choice.

The median number of LSD tabs taken in a 'typical' or 'average' use episode was one (range 0.3-3). During their 'heaviest' use episode in the preceding six months, a median of two tabs (range 0.3-6) was used. Seventeen percent of those who had recently binged used LSD to do so. All recent LSD users reported swallowing the drug.

Table 18 suggests a reduction over time in the prevalence of lifetime and recent LSD use. Despite this reduction, frequency and quantity of LSD used by recent users has remained relatively stable.

Table 18 Patterns of LSD use of PDU

LSD variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used (%)	73	74	80	97
Used last six months (%)	33	23	37	72
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	3 (1-24)	5 (1-70)	2 (1-74)	5 (1-60)
Median quantities used (tabs)				
Typical (range)	1 (0.3-3)	1 (0.25-1)	1 (0.25-1)	1 (0.25-10)
Heavy (range)	2 (0.3-6)	1 (0.25-4)	1 (0.25-4)	1.5 (0.25-10)

Source: Party Drugs Initiative PDU interviews

Six KI commented that LSD was difficult to obtain and its use rare; three KI described between 1% and 10% of users swallow one tab infrequently.

9.2 Price

The median price paid for a tab of LSD in 2002 was \$15. Of the thirty-one respondents who commented, the majority (71%) reported that the price of LSD had remained stable in the preceding six months although small numbers reported that the price of LSD had both increased

(16%) and decreased (13%) recently. As indicated in Table 19, the price of LSD tabs has varied little across sampling years.

Table 19 Prices of LSD purchased by PDU

Median price (\$) LSD	2002 sample (n=39)	2001 sample (n=46)	2000 sample (n=16)	1997 sample (n=68)
Tab (range)	15 (8-25)	10 (5-45)	10 (3-25)	15 (2-25)
Lowest tab price (range)	10 (2-15)	10 (1-30)	10 (1-15)	10 (2-25)
Highest tab price (range)	20 (10-30)	15 (10-45)	20 (10-25)	25 (10-30)

Source: Party Drug Initiative PDU interviews

9.3 Purity

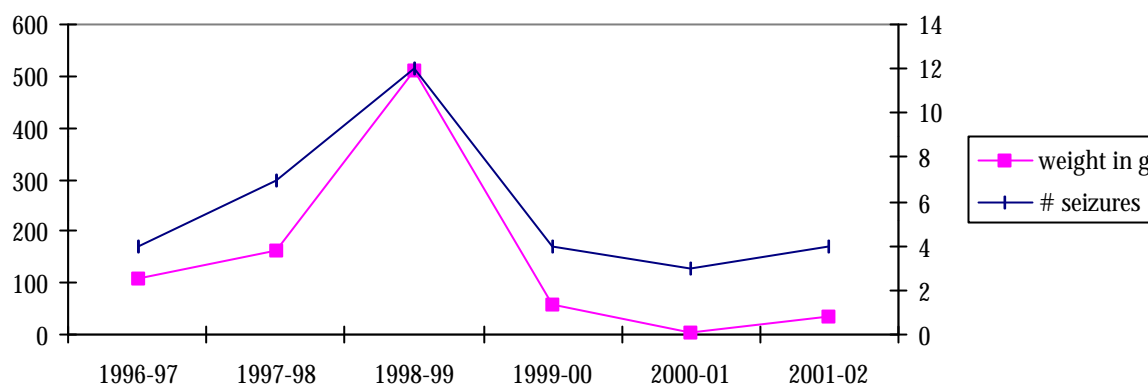
Twenty-nine respondents were able to comment on the current purity of LSD. The majority reported purity as medium (34%) or high (48%). Five (17%) thought it to be low. Most (60%) reported the purity of LSD remained stable over the preceding six months although five (22%) thought it to be decreasing, three (13%) believed it to be increasing, and one said it had fluctuated.

9.4 Availability

Reports on the current availability of LSD varied although over half the 36 respondents who commented reported that it was either difficult (39%) or very difficult (14%) to obtain. However, similar proportions thought it had been moderately easy (28%), easy (6%) or very easy (14%) to obtain. Reports of changes in availability of LSD in the preceding six months were similarly inconsistent; while most (47%) considered the availability of LSD to have remained stable during the preceding six months, seven (19%) thought it easier to obtain, five (14%) thought it had become more difficult to obtain, and one reported that the availability of LSD had fluctuated. Six people were unable to comment on changes in LSD availability in the preceding six months.

Figure 15 indicates that both the number and weight of LSD border detections has decreased over recent years since a peak in 1998-99, remaining low since that time.

Figure 15 Number and weight of border-level seizures of LSD, 1996-97 to 2001-02



Source: Australian Customs Service

9.5 Summary of LSD trends

- ❖ prevalence of LSD use has decreased over time although the frequency and quantity of use by recent users has remained stable
- ❖ the price of LSD has fluctuated between \$10-\$15 since 1997
- ❖ six KI reported the use of LSD among the groups of ecstasy users with whom they were familiar rare
- ❖ the majority of participants thought the current purity of LSD was medium or high and had remained stable over the preceding six months
- ❖ reports regarding the availability of LSD were varied although more than half thought it had been difficult (39%) or very difficult (14%) to obtain and that the availability of LSD had remained stable over the preceding six months
- ❖ the number and weight of LSD detected at the Australian border has decreased since a peak in 1998-99

10.0 MDA

Over half (56%) the 2002 sample reported lifetime use of MDA and about one third (35%) reported using MDA in the preceding six months.

10.1 MDA use among PDU

Thirty-one recent MDA users reported using MDA on a median of four days (range 1-20) in the preceding six months. The majority (61%) used MDA less than once a month; one third (32%) used between monthly and fortnightly and two respondents had used MDA between fortnightly and weekly.

The majority of recent MDA users quantified their use in terms of caps (n=22) although small numbers referred to tabs (n=5) and grams (n=3). Those who reported MDA use in terms of caps used a median of one cap (range 1-3) during a 'typical' episode of use and 1.5 caps (range 1-6) during an occasion of heavy use. The median number of MDA tabs used in both a typical and heavy use episode in the preceding six months was 1 (range 1-2). Those who reported MDA use in terms of grams used a median of half a gram (range 0.3-0.5) during a typical occasion of use and one gram (no range) during a heavy period of use.

The most common route of administration reported by recent MDA users was swallowing (90%). One third (36%) reported snorting MDA and one participant had injected MDA in the preceding six months. Of those who reported bingeing in the last six months, 6% had used MDA to do so.

Table 20 shows that while the prevalence of MDA use has fluctuated over time, frequency and quantity of use has remained relatively stable.

Table 20 Patterns of MDA use of PDU

MDA variable	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Ever used (%)	56	43	36	60
Used last six months (%)	35	14	16	41
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	4 (1-20)	2 (1-30)	2 (1-12)	3 (1-48)
Median quantities used (capsules)				
Typical (range)	1 (1-3)	1 (1-2)	1 (1-2)	1 (1-3)
Heavy (range)	1.5 (1-6)	1 (1-2)	1 (1-2)	1 (1-5)

Source: Party Drugs Initiative PDU interviews

Only two KI were able to comment on MDA use. One mentioned that MDA use is seasonal and the other reported that a small proportion of the ecstasy-using group with whom they were familiar injected MDA on a monthly basis.

10.2 Price

The median price for an MDA cap reported by PDU in 2002 was \$50. An eight-ball (3.5 grams) of MDA was reported by one participant to be \$370. Of the twenty-two people who commented, the majority (75%) reported the price of MDA remained stable during the preceding six months; two reported the price had recently decreased and two thought it had increased.

The proportion of users who were able to comment on the price of MDA across sampling years is relatively small and accordingly these data must be interpreted with caution. Nevertheless, the price of MDA has remained remarkably stable across sampling years (Table 21).

Table 21 Price of MDA purchased by PDU

Median Price MDA (\$)	2002 sample (n=26)	2001 sample (n=24)	2000 sample (n=8)	1997 sample (n=32)
Capsule price (range)	50 (25-60)	50 (20-80)	50 (40-60)	50 (30-60)
Lowest capsule price (range)	35 (15-45)	40 (20-60)	40 (35-50)	40 (25-60)
Highest capsule price (range)	50 (35-60)	50 (45-100)	55 (40-60)	50 (35-70)

Source: Party Drug Initiative PDU interviews

10.3 Purity

Twenty-four people commented on the purity of MDA. The majority reported the purity to be medium (25%) or high (46%). Five respondents (21%) reported the strength of MDA as low and two (8%) thought it fluctuated. Further, while two thirds (63%) reported the strength of MDA to have remained stable during the preceding six months, three respondents (13%) believed it to have increased and four reported it had decreased (17%). Two respondents were unable to comment on changes in MDA purity in the preceding six months.

10.4 Availability

Reports of MDA availability varied. Among the twenty-four people who commented, most thought it to be very easy (8%), easy (33%) or moderately easy (38%) to obtain although five respondents (21%) reported MDA difficult to obtain. Similarly, while 50% thought the availability to have remained stable in the preceding six months; five people thought it had become easier, four people thought it more difficult to obtain and three said it fluctuated. Again, the small number of people commenting makes it difficult to interpret these data.

10.6 Summary of MDA trends

- ❖ prevalence of MDA use has fluctuated across sampling years
- ❖ frequency and quantity of MDA use has remained stable
- ❖ the price of MDA has been stable at \$50 a cap since 1997
- ❖ the majority of respondents reported the purity of MDA was medium to high and that the purity had remained stable in the preceding six months
- ❖ user reports of availability were less consistent and very few KI were able to comment on MDA use in 2002

11.0 OTHER DRUG USE

Significant proportions of party drug users have reported the use of other both licit and illicit drugs across sampling years.

11.1 Alcohol

Lifetime (99%) and recent (94%) alcohol use was reported by almost all 2002 respondents. The proportion of party drug users reporting alcohol use was similar across time (see Table 2). Alcohol was consumed on a median of two days per week (48 days; range 2-180) in the preceding six months. One fifth (21%) of recent alcohol users reported using at least four days a week.

Noteworthy is the steady increase in the proportion of participants who report typically drinking alcohol while using ecstasy (from 41% in 1997, 52% in 2000, 56% in 2001 to 63% in 2002). Further, reports by those who typically drink alcohol in conjunction with ecstasy of consuming more than five standard drinks has also increased (from 45% in 1997 to 70% in 2002). These data suggest that a higher proportion of ecstasy users may be consuming larger quantities of alcohol in conjunction with their ecstasy use. Consistent with this, a higher proportion of the 2002 sample reported typically drinking alcohol during the recovery period following ecstasy use (19% in 1997 vs 41% in 2002).

Eight KI reported that the majority of ecstasy users drink alcohol regularly (50%- 100%), although alcohol use patterns varied. Estimates of frequency of use ranged from two days per week to daily. Further, the amounts consumed ranged from two to ten standard drinks per session.

11.2 Cannabis

Nearly all (98%) of the 2002 participants reported lifetime cannabis use and the majority (90%) had used cannabis in the preceding six months. Prevalence of lifetime and recent use of cannabis have remained stable across sampling years (see Table 2). Seventy-eight respondents used cannabis on a median day of two days per week (48 days; 1-180) in the preceding six months. A substantial proportion (41%) used cannabis three times a week or more. Further, considerable proportions reported typically using cannabis both in conjunction with (57%) and to come down from (67%) ecstasy in the six months preceding the interview. The proportion of respondents who report using cannabis in conjunction with (34% in 2001 and 50% in 2000) and to come down from (54% in 2001 and 66% in 2000) ecstasy is comparable across years.

Consistent with user reports, all KI described the use of cannabis among substantial proportions of ecstasy users (10-100%). For some users this was only while acutely intoxicated or recovering from ecstasy (and other drug) use. However, four KI considered that substantial proportions of ecstasy users smoke cannabis weekly and four KI described daily cannabis use.

11.3 Tobacco

The majority (90%) of the 2002 sample reported lifetime use of tobacco and most (81%) had used tobacco in the six months preceding the interview with just over half (58%) of the recent tobacco users daily smokers. The proportion of users reporting smoking in 2002 is comparable to previous sampling years (see Table 2).

11.4 Benzodiazepines

Half (52%) the 2002 sample reported having ever tried benzodiazepines and approximately one third (34%) had used benzodiazepines in the six months preceding the interview. These rates are similar to those of previous years (see Table 2). Benzodiazepines had been used on a median of five days (1-180) in the preceding six months. Most (60%) recent users had use benzodiazepines once a month or less.

Small proportions (13%) of the 2002 sample reported the use of benzodiazepines during the acute recovery phase or 'come down' period after party drug use. While this was comparable to 2001 reports (15%), a much smaller proportion of the 2000 sample (4%) reported using benzodiazepines following the use of ecstasy and other party drugs.

The use of benzodiazepines was reported by the majority KI to be widespread among party drug users; between 5% and 100% of the party drug users with whom they had recent contact used benzodiazepines. All agreed that between one and two tablets were used on each occasion. Of the four who commented on whether benzodiazepines were illicitly or illicitly obtained, three suggested they were prescribed to the user (i.e. licitly obtained). Four KI commented on the brands commonly used by this group. These included Normisson, Mogadon, Rohypnol, Valium and Xanax. Four KI mentioned that benzodiazepines were used while recovering from ecstasy.

11.5 Antidepressants

Approximately one third (31%) of participants reported lifetime antidepressant use. A much smaller proportion (15%) reported using antidepressants in the preceding six months. Of the thirteen recent users, seven (54%) reported using antidepressants for reasons other than depression; two people reported using antidepressants before taking ecstasy and five reported taking antidepressants after ecstasy use.

Although small numbers report using antidepressants for reasons other than depression it is an issue that should be addressed as the reasons for taking antidepressants may be based on myths associated with the effects of these drugs either used in combination with ecstasy or to ease 'come down' effects.

An increase of anti-depressant use mentioned by small numbers of KI in previous years was only mentioned by one KI in 2002. This KI reported the use of anti-depressants by a very small proportion of ecstasy users to lengthen the effects of ecstasy. The KI was also aware of a small number of people who took them as directed.

11.6 Inhalants

Prevalence of amyl nitrate use appears to have decreased since 1997 (see Table 2). In 2002, 68% reported having ever used amyl and 40% had used it in the six months preceding the interview. The majority (60%) had used amyl less than once a month.

Another inhalant commonly associated with party drug use, nitrous oxide, had been used by half (50%) of the 2002 sample at some time although a much smaller proportion (14%) reported its use in the preceding six months. Prevalence of lifetime and recent nitrous use has also decreased since 1997 (see Table 2). Frequency of nitrous oxide was low; two thirds (68%) of recent users reported using nitrous one or two occasions in the preceding six months.

11.7 Other opiates

Approximately one quarter (27%) of the 2002 sample reported lifetime 'other opiate' use while 13% had used 'other opiates' in the preceding six months.

11.8 Summary of other drug use

- ❖ almost all party drug users consume alcohol on a median of two days a week
- ❖ reports of alcohol used in conjunction with ecstasy have increased over time, with increasing proportions reporting drinking more than five standard drinks in a session
- ❖ cannabis is commonly used on a median of two days a week
- ❖ a large proportion (81%) of the 2002 sample report recent tobacco use and just over half (58%) are daily smokers
- ❖ one third (34%) of the 2002 sample reported recently using benzodiazepines although the majority reported using less than once a month
- ❖ small numbers (15%) reported the recent use of antidepressants, half of whom reported using antidepressants for reasons other than depression
- ❖ approximately half of the 2002 sample reported having used inhalants amyl nitrate (68%) and nitrous oxide (50%) at some time. Smaller proportions reported recently using them less than monthly in the preceding six months
- ❖ other opiates had been used by small numbers across sampling years

12.0 CRIMINAL AND POLICE ACTIVITY

12.1 Reports of criminal activity among PDU

Less than half (43%) of the 2002 sample had committed a crime in the month preceding the interview (Table 22). Drug dealing was the criminal activity in which participants were most likely to have recently engaged, with 40% of the sample having sold drugs at least once in the preceding six months. Twenty-one percent of the sample reported that they had sold drugs less than once a week in the preceding month, 6% had sold drugs once a week and 10% had sold drugs between weekly and daily. Three participants had sold drugs daily during the preceding month. It should be noted that many of these 'dealers' may not identify themselves as such, buying drugs to distribute among their friends only, and making little if any profit in the process.

Consistent with user reports, three KI mentioned the increased numbers of small time user dealers in the preceding six months.

Five percent of the sample ($n=4$) had committed a property crime in the preceding month, most of whom had done so less than once per week. One participant reported committing property crime about once a week in the preceding month. Two participants had committed violent crime in the preceding month, both of whom had done so less than once a week. One participant reported that they had committed fraud between weekly and daily in the preceding month.

Six percent of the sample ($n=5$) had been arrested in the preceding 12 months. Two participants were arrested for illicit drug use or possession; one participant had been arrested for dealing and the other for driving under the influence of alcohol. Only two participants had a previous criminal conviction for which they had served a custodial sentence.

Since 1997, substantially smaller proportions of party drug users have reported involvement in any criminal activity (Table 22). An apparent decrease in reports of property crime appears to account for most of the reduction. Reports of drug dealing have also decreased slightly over time. Across all four samples, low rates of fraud and violent were reported. There was a corresponding decrease between 1997 and 2002 in the proportion of the samples that reported these types of criminal activity to fund the purchase of ecstasy. A reduction in both dealing drugs (from 49% in 1997 to 22% in 2002) and property crime (from 13% in 1997 to 0% in 2002) to finance ecstasy use was evident (Table 22). Further, the proportions of all samples that reported that they had obtained ecstasy on credit from dealers (from 47% in 1997 to 35% in 2002), by bartering drugs or goods (36% in 1997 to 30% in 2002) or through pawning goods (22% in 1997 to 3% in 2002) similarly decreased. It is difficult to specify the reasons for these apparent decreases.

Table 22 Criminal activity reported by PDU

Criminal activity in the last month	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Any crime	43	44	49	62
Drug dealing	40	38	40	51
Property crime	5	4	11	25
Fraud	1	4	3	3
Violent crime	2	4	2	2
In the preceding six months:				
Paid for ecstasy through dealing drugs	22	36	35	49
Paid for ecstasy through property crime	0	3	4	13

Source: Party Drug Initiative PDU interviews

12.2 Perceptions of police activity towards PDU

Compared to earlier samples, a higher proportion of the 2002 sample reported they had recently perceived more police activity towards ecstasy users and the party drug market in general (Table 23). Over three quarters (78%) of participants perceived an increase in police activity towards party drug users in the preceding six months.

Increased use of drug detection (sniffer) dogs most commonly accounted for the increase in police activity. Those who commented described the use of the dogs on trains, in the street, inside and outside nightclubs and in pubs. Other perceived changes in police activity included undercover police officers in clubs, at raves and at dance parties. Many also mentioned the well-publicised raids on nightclubs and dance parties that had occurred in the six months preceding the interview.

Despite the marked increase in perceptions of a recent increase in police activity, the overwhelming majority of the sample reported that police activity had failed to make it more difficult for them to obtain illicit drugs recently.

Reports regarding other aspects of police activity varied little across years. In all four sampling years, very few participants reported a perceived decrease in recent police activity, and approximately one fifth of the samples reported that more of their friends had recently been in trouble with the police than in the past (Table 23). However, the majority of all samples reported that police activity had failed to make it more difficult recently for them to obtain illicit drugs.

Table 23 Perceptions of police activity by PDU

Perception	2002 sample (n=88)	2001 sample (n=163)	2000 sample (n=94)	1997 sample (n=173)
Recent police activity:				
Decreased	2	5	5	4
Stable	16	34	52	38
Increased	78	49	32	35
Don't know	3	12	11	23
Did not make scoring more difficult	88	94	87	82
No. friends in trouble with the police:				
Stable	82	83	80	76
Increased	17	16	18	24

Source: Party Drug Initiative PDU interviews

KI reports of recent police activity were consistent with user reports in 2002. Seven KI agreed there had been an increase in police activity towards party drug users in the preceding six months, particularly in the form of drug detector dogs, increased police presence in venues and nightclub raids.

12.3 Summary

- ❖ relatively few ecstasy users are involved in criminal activity apart from dealing drugs
- ❖ relatively few ecstasy users are arrested and very few report a history of incarceration
- ❖ there has been an apparent decrease in prevalence of property crime among ecstasy users across time
- ❖ reports of criminal activity to fund the purchase of ecstasy have decreased over time
- ❖ the continued enhanced profile of drug detector dogs in NSW has led to a marked increase in the proportion of ecstasy users and KI who perceive recent increases in police activity
- ❖ across sampling years substantial minorities of ecstasy users reported that more of their friends had experienced recent trouble with the police
- ❖ despite these results, the overwhelming majority of all three samples of ecstasy users reported that police activity had not made it more difficult for them to obtain drugs

13.0 SUMMARY AND IMPLICATIONS

13.1 Demographic characteristics of PDU

The current results, along with the findings obtained in the two-year feasibility trial, are consistent in indicating that party drug users, a population defined by monthly or more frequent use of tablets sold as 'ecstasy', tend to be young, relatively well-educated, and likely to be employed or engaged in studies. Few participants reported having engaged in crime other than drug dealing. Four participants were currently in treatment for a drug-related problem and two participants had previously been incarcerated.

13.2 Patterns of polydrug use

As with other Australian samples of party drug users (Boys et al., 1997), and previous PDU samples (Breen et al., 2002), the participants interviewed 2002 were extensive polydrug users, half of whom had a preference for ecstasy. Participants had used an average of twelve drugs in their lifetime, and an average of seven in the six months preceding the interview.

Although overall rates of polydrug use remained stable between 1997 and 2002, results suggest that over this period, the use of some drugs decreased, including LSD and inhalants such as amyl nitrite and nitrous oxide. Over the same period, the use of other drugs has steadily increased, including ketamine, GHB, base and *ie*. It seems that as the demand for and/or availability of one illicit drug decreases, the demand for and/or availability of another increases. Despite the variability in other party drug use, ecstasy appears to be the 'staple' of the party drug market and is consistently widely available.

Recent 'bingeing', or the continuous use of drugs for more than 48 hours without sleep, was reported by 61% of the 2002 sample. The median length of time this occurred was for three days and included the use of ecstasy, methamphetamine powder and base, cocaine and ketamine.

One quarter (27%) of the 2002 sample reporting having ever injected a drug. There were no differences in terms of demographic characteristics between injectors and non-injectors although non-injectors had a more extensive recent and lifetime polydrug use history and in particular were more like to report recent and lifetime heroin use. Despite this small proportion of past and current heroin users, the majority of the 2002 sample comprised primary party drug users, half of whom nominated ecstasy as their favourite drug.

13.3 Patterns of ecstasy use

The regular ecstasy users interviewed in 2002 described a wide range of patterns of ecstasy and other drug use. Participants typically began to use ecstasy in their late teens, and current frequency of use varied from once per month to several days per week. Approximately one-fifth of the sample reported the use of ecstasy on at least one day per week in the six months preceding the interview. Three quarters of the sample reported typically taking more than one tablet during an episode of use.

Recent 'bingeing' on ecstasy was comparable across years; 44% of the 2000 sample, 58% of the 2001 sample and 55% of the 2002 sample. More than half (60%) of the sample reported the use of four tablets in a single use episode in the preceding six months, and the majority (74%) reported that they 'typically' used more than one tablet. Consistent with KI reports, use of ecstasy was primarily through oral routes, although two-thirds (66%) reported snorting. A minority (5%) had recently injected ecstasy although no one nominated injection as their preferred route of ecstasy administration.

Substantial proportions regularly used other drugs concurrently with ecstasy, including alcohol, cannabis, tobacco, methamphetamine, and ketamine. Most participants also used drugs such as cannabis, alcohol and benzodiazepines to ease the 'come down' or recovery period following acute ecstasy intoxication. These apparently normative patterns of polydrug use emphasise the need for research and education on the effects and risks of such practices.

Reports by users and KI were validated by the results of the 2001 NDS Household Survey, which indicated that prevalence of both lifetime and recent use of ecstasy in Australia had increased again between the 1998 and 2001 Household Surveys, despite methodological differences that may well have led to underestimates of prevalence in the 2001 survey. In addition to the other indicators of availability, it would appear that the ecstasy market continues to expand.

13.4 Price, purity and availability of ecstasy

The price of ecstasy remained stable at \$35 in 2002. Tablets sold as ecstasy have remained readily available since 1997; in all studies, the majority of users described the drug as 'very easy' or 'easy' to obtain. These data were supported by evidence of increased seizures of ecstasy, and of increased purity of seizures containing MDMA (Australian Crime Commission, 2003). The small number of MDMA-producing laboratories seized in Australia suggests that it is highly likely that almost all of the tablets available in Australia that actually contain MDMA are imported.

There are, however, websites set up for users to post and access reports about 'pills' they have recently used (e.g., www.pillreports.com), which include detailed descriptions of the colour, weight and logo of the tablets, along with their subjective effects. These sites could easily provide clandestine chemists with all the information they require to produce duplicate tablets in a timely fashion that are sought after among users. It would appear that users may be using a wide variety of substances even though the pills they are ingesting look the same.

13.5 Ecstasy related harms

The number of recorded ecstasy use/possession incidents per month has steadily increased since 1997. Further, the number of deal/traffic incidents related to ecstasy represents a similar trend. This may be a reflection of specific law enforcement strategies (such as the use of 'sniffer dogs' around nightclubs and dance venues). Given the previously mentioned increases in the use and availability of ecstasy, the increases observed probably reflect both the size of the market and the law enforcement response to it.

Participants reported a broad range of recent physical and psychological side effects that they perceived as due, at least in part, to their use of ecstasy. There was a fairly high level of consistency in the side-effects reported by samples of ecstasy users over time; for example,

blurred vision, trouble sleeping, mental confusion and irritability had recently been experienced by over 60% of the 2002, 2001 and 2000 samples.

Ecstasy-related occupational, relationship and financial problems were also reported relatively frequently between samples. Although many of these problems could be considered relatively minor, some constituted significant disruptions to functioning, including loss of employment, the ending of relationships, and the inability to pay for food or rent.

13.6 Patterns of other drug use

Nearly all participants across sampling years reported the use of methamphetamine powder (speed) although frequency of use appears to have decreased (from a median of 12 days of use in 2000 to 7 days in 2002). KI reports in 2002 were consistent with those of users; all described the use of speed by the groups of party drug users and two mentioned the reduction of use; one of whom believed that this was a result of increased base and ice use.

The use of the more potent forms of methamphetamine, base and ice, have increased in recent years. There has been considerable concern about the use of the more potent forms of methamphetamine among injecting drug users in Australia. However non-injecting drug users have been the focus of considerable concern in other countries, because of the problems with psychosis and aggression associated with the use of these stronger forms (Matsumoto et al., 2002, Anderson & Flynn, 1997, Farrell et al., 2002, Methamphetamine Interagency Task Force, 2000)

Cocaine was also commonly used among the PDU interviewed; approximately three quarters of participants reported lifetime cocaine use, a similar proportion to previous years. Further, reports of recent cocaine use appear to have increased. However, consistent with KI reports, cocaine use by party drug users seems to be relatively infrequent; the majority of PDU report using less than once a month.

The prevalence of ketamine use has consistently increased across sampling years; less than one fifth (16%) of the 1997 sample reported ever using ketamine compared to more than half (59%) in 2002. In support of this, all KI mentioned recent use by significant proportions of ecstasy users and most reported the increase in ketamine use in the preceding six months.

The proportion of participants who report having used GHB at sometime has increased substantially over time; from 2% of the sample in 1997, 5% in 2000, 23% in 2001 to 35% in 2002. Frequency of use is comparable between years and most users reported the availability to be 'very easy' or 'easy' to obtain. The majority of recent GHB users reported the current purity of GHB as high and most thought the purity had remained stable. While the use of this drug appears to be largely occasional, it nevertheless remains the case that many GHB users (even occasional users) experience relatively severe consequences related to their use (Degenhardt et al., 2002, Degenhardt et al., 2003)

The use of other party drugs appears to be much more sporadic. Consistent with a relatively low level of use of these drugs, only small numbers felt confident about commenting on the price, purity and availability of them. Consequently, many people who report the recent use of such drugs do not deliberately seek them out, and hence, are unfamiliar with market indicators such as changes in their price, purity and availability. This relatively low rate of exposure to the regular use of these drugs is in itself an indicator of the small size of the markets for them. Perhaps the

most important factor related to PDUs' use of these other drugs is the risks associated with polydrug use.

14.0 IMPLICATIONS

There is increasing evidence that the ecstasy market has increased in recent years. This is suggested by the results of general population surveys (showing an increased prevalence of use over time), increased arrests for possession or dealing, increased calls to telephone helplines about ecstasy, and reports from regular party drug users suggesting that over time, this group is using ecstasy more heavily and more frequently.

Despite Australia's continued effort to reduce both the importation and local manufacture of ecstasy, it has remained readily available in Sydney since 1997. It would appear that in this instance, law enforcement has not had success in reducing the availability of the drug.

There is evidence to suggest that ecstasy (MDMA) may be neurotoxic to serotonergic neurons in the brain, which are involved in mood regulation and memory function (Boot et al., 2000, Hegadoren et al., 1999). While the content of 'ecstasy' tablets is variable, many ecstasy users reported a wide range of harms that they perceived as related to their use of the drug. Continued monitoring of the market for this drug will ensure policymakers are well placed to respond to changes in the market or to the nature and extent of ecstasy-related harms in a timely fashion. Since party drug users are also polydrug users, it is important to provide accurate information to users regarding combinations of specific party drugs and their effects. The provision of evidence-based information to reduce the harm associated with the use (and poly use) of these drugs may help to avoid some of these harms.

Despite the variability in the contents of tablets sold as 'ecstasy', it remains the case that the market demand for the tablets continues to grow, and that substantial proportions of samples of users report ecstasy-related harm. Continued monitoring of this market will enable the collection and dissemination of information that will allow the implementation of timely policy responses to market developments. Continued monitoring will also enable the regular collection of indicative data relating to the size of the markets for other party drugs, such as GHB and ketamine, and will point to the need for research specific to such drugs as and when it arises. The conduct of the Party Drugs Initiative (PDI) in 2003 and 2004 in all jurisdictions across Australia (<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.partydrugs>) will be a useful addition to current knowledge about party drug markets across the country.

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