

J.George and S. Lenton

**WA TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2006
Findings from the Ecstasy and related Drugs
Reporting System (EDRS)**

NDARC Technical Report No. 275

WEST AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2006



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

Jessica George and Simon Lenton

National Drug Research Institute

NDARC Technical Report No. 275

ISBN 978 0 7334 2480 9

©NDARC 2007

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

TABLE OF CONTENTS

LIST OF TABLES.....	iv
LIST OF FIGURES.....	v
ACKNOWLEDGEMENTS	vii
ABBREVIATIONS.....	viii
EXECUTIVE SUMMARY	ix
1.0 INTRODUCTION.....	1
1.1 Aims.....	1
2.0 METHODS.....	2
2.1 Survey of regular ecstasy users (REU).....	2
2.2 Survey of key experts (KE).....	3
2.3 Other indicators.....	3
3.0 OVERVIEW OF REGULAR ECSTASY USERS (REU).....	4
3.1 Demographic characteristics of the REU sample	4
3.2 Drug use history and current drug use	6
3.3 Summary of polydrug use trends in REU	9
4.0 ECSTASY	10
4.1 Ecstasy use among REU.....	10
4.2 Use of ecstasy in the general population	13
4.3 Summary of patterns of ecstasy use	14
4.4 Price	14
4.5 Purity	15
4.6 Availability	17
4.7 Ecstasy-related harms	19
4.8 Benefit and risk perception	21
4.9 Summary of ecstasy trends.....	22
5.0 METHAMPHETAMINE	23
5.1 Methamphetamine use among REU	23
5.2 Price	28
5.3 Purity	29
5.4 Availability	32
5.5 Methamphetamine-related harms.....	35
5.6 Summary of methamphetamine trends.....	39
6.0 COCAINE.....	40
6.1 Cocaine use among REU	40
6.2 Price	42
6.3 Purity	42
6.4 Availability.....	44
6.5 Cocaine-related harms.....	46
6.5 Summary of cocaine trends	47
7.0 KETAMINE.....	48
7.1 Ketamine use among REU.....	48
7.2 Price, purity and availability.....	49
7.3 Summary of ketamine trends	49

8.0	GHB	50
8.1	GHB use among REU.....	50
8.2	Summary of GHB trends.....	51
9.0	LSD	52
9.1	LSD use among REU.....	52
9.2	Price.....	54
9.3	Purity	54
9.4	Availability.....	55
9.5	Summary of LSD trends	56
10.0	MDA	57
10.1	MDA use among REU	57
10.2	Summary of MDA trends	57
11.0	CANNABIS	58
11.1	Cannabis use among REU	58
11.2	Price	59
11.3	Purity	60
11.4	Availability.....	61
11.5	Summary of cannabis trends	64
12.0	OTHER DRUGS	65
12.1	Alcohol.....	65
12.2	Tobacco	67
12.3	Pharmaceutical stimulants	67
12.4	Benzodiazepines.....	67
12.5	Antidepressants	68
12.6	Inhalants	68
12.7	Heroin and other opiates.....	68
12.8	Mushrooms.....	69
12.9	Other drugs.....	69
12.10	Summary of other drug use	70
13.0	RISK BEHAVIOUR	71
13.1	Injecting risk behaviour	71
13.2	Blood-borne viral infections (BBVI).....	74
13.3	Sexual risk behaviour	75
13.4	Driving risk behaviour.....	77
13.5	Drug information-seeking behaviour.....	79
13.6	Summary of risk behaviour	83
14.0	HEALTH-RELATED ISSUES	84
14.1	Overdose	84
14.2	Psychological distress.....	84
14.3	Help-seeking behaviour	85
14.4	Other problems.....	87
14.5	Summary of health-related issues	87
15.0	CRIMINAL ACTIVITY AND POLICING	88
15.1	Reports of criminal activity among REU.....	88
15.2	Drug Use Monitoring in Australia (DUMA).....	88
15.3	Perceptions of police activity towards REU	90
15.3	Summary of criminal and police activity.....	91

16.0	SUMMARY	92
16.1	Demographic characteristics of REU	92
16.2	Patterns of polydrug use.....	92
16.3	Ecstasy.....	92
16.4	Methamphetamine	93
16.5	Cocaine	94
16.6	Ketamine.....	94
16.7	GHB.....	94
16.8	LSD	94
16.9	MDA	95
16.10	Cannabis	95
16.11	Patterns of other drug use	95
16.12	Drug information-seeking behaviour.....	97
16.13	Risk behaviour.....	97
16.14	Health-related issues	98
16.15	Criminal and police activity	98
	REFERENCES	99

LIST OF TABLES

Table 1: Demographic characteristics of WA REU samples, 2003-2006	5
Table 2: Lifetime and recent polydrug use of WA REU samples, 2003-2006	7
Table 3: Patterns of ecstasy use among REU, 2003-2006.....	11
Table 4: Price of ecstasy purchased by REU and price variations, 2003-2006	14
Table 5: REU reports of ecstasy availability in the preceding six months, 2003-2006	17
Table 6: Patterns of purchasing ecstasy, 2005-2006.....	18
Table 7: Perceived benefits of ecstasy use among those who commented, 2006.....	21
Table 8: Perceived risks of ecstasy use among those who commented, 2006	22
Table 9: Patterns of methamphetamine powder (speed) use of REU, 2003-2006.....	24
Table 10: Patterns of base methamphetamine use of REU, 2003-2006	25
Table 11: Patterns of crystal methamphetamine use of REU, 2003-2006.....	26
Table 12: Price of various methamphetamine forms purchased by REU, 2003-2006.....	29
Table 13: Responses to Severity of Dependence Scale for REU who used methamphetamine in the previous six months	36
Table 14: Patterns of cocaine use of REU, 2003-2006.....	40
Table 15: Price of cocaine purchased by REU, 2003-2006.....	42
Table 16: Patterns of ketamine use of REU, 2003-2006	48
Table 17: Patterns of GHB use of REU, 2003-2006	50
Table 18: Patterns of LSD use of REU, 2003-2006.....	52
Table 19: Price of LSD purchased by REU, 2003-2006.....	54
Table 20: Patterns of MDA use of REU, 2003-2006.....	57
Table 21: Patterns of cannabis use of REU, 2003-2006.....	58
Table 22: Median reported price of cannabis by quantity, 2006	59
Table 23: Median paid price of cannabis by quantity, 2006.....	59
Table 24: Production source of cannabis reported by REU, 2006.....	63
Table 25: Injecting risk behaviour among REU, 2006	71
Table 26: Injecting drug use history among REU injectors, 2006	71
Table 27: Recent injecting drug use patterns (recent injectors) among REU, 2006.....	72
Table 28: Context and patterns of recent injection among REU, 2006.....	73
Table 29: BBVI vaccination, testing and self-reported status, 2006.....	74
Table 30: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2006	75
Table 31: Drug use during sex in the preceding six months, 2006.....	76
Table 32: Drug driving in the last six months among REU, 2006.....	78
Table 33: Perceived driving risk related to different drugs reported by REU, 2006.....	79
Table 34: Beliefs about ecstasy content, 2006.....	82
Table 35: Overdose on ecstasy or related drugs among REU, 2006.....	84
Table 36: Proportion of REU who accessed health help by main drug type, 2006	86
Table 37: Proportion of REU who accessed health help by main reason, 2006	86
Table 38: Self-reported drug-related problems, 2006	87
Table 39: Criminal activity reported by REU, 2003-2006.....	88
Table 40: Demographic information of ecstasy users in DUMA and EDRS WA samples.....	89
Table 41: Perceptions of police activity by REU, 2003-2006.....	90

LIST OF FIGURES

Figure 1: Usual location of ecstasy use, 2006	12
Figure 2: Location of last ecstasy use, 2006	12
Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2004	13
Figure 4: User reports of current ecstasy purity, 2003-2006	15
Figure 5: REU reports of change in ecstasy purity in the preceding six months, 2003-2006.....	15
Figure 6: Median purity of phenethylamines seizures in WA by quarter, July 2002 to June 2005	16
Figure 7: Number of phenethylamines seizures in WA by quarter, July 2002 to June 2005	16
Figure 8: Number of consumer and provider arrests for ‘amphetamine-type stimulants’ in WA, 2004/05	20
Figure 9: Number of inquiries regarding ecstasy to ADIS, WA, January 2000 to June 2006	20
Figure 10: Location of usual methamphetamine use by form, 2006.....	27
Figure 11: Location of most recent methamphetamine use by form, 2006.....	28
Figure 12: Recent changes in price of various methamphetamine forms purchased by REU, 2006.....	29
Figure 13: User reports of current methamphetamine purity, 2006.....	30
Figure 14: User reports of changes in methamphetamine purity in the past six months, 2006.....	30
Figure 15: Median purity of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2005	31
Figure 16: Number of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2005.....	31
Figure 17: Current availability of methamphetamine forms, 2006	32
Figure 18: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as ‘very easy’ to obtain in the six months preceding interview, 2003-2006	33
Figure 19: Change in the availability of various forms of methamphetamine in the preceding six months, 2006.....	33
Figure 20: People from whom methamphetamine powder, base and crystal were purchased in the preceding six months, 2006*	34
Figure 21: Locations where methamphetamine purchased in the preceding six months, 2006.....	35
Figure 22: Number of clandestine meth/amphetamine laboratories detected by WA police 2004-2006.....	35
Figure 23: Number of chemical diversion reports by WA police 2004-2006	36
Figure 24: Number of inquiries regarding amphetamines to ADIS, WA, January 2000 to June 2006.....	37
Figure 25: Total number of inpatient hospital admissions where amphetamines were the primary diagnosis in persons aged 15-54 in WA and nationally, July 1993-June 2005.....	38
Figure 26: Usual location of cocaine use, 2006.....	41
Figure 27: Location of most recent cocaine use, WA 2006	41
Figure 28: Recent changes in price of cocaine purchased by REU, 2006.....	42
Figure 29: User reports of current purity of cocaine, 2006.....	43
Figure 30: User reports of changes in cocaine purity in the past six months, 2006.....	43

Figure 31: Median purity and number of cocaine seizures analysed in WA by quarter, July 2004 to June 2005	44
Figure 32: Current availability of cocaine, 2006	44
Figure 33: Changes in cocaine availability in the preceding six months, 2006.....	45
Figure 34: People from whom cocaine had been purchased in the preceding six months, 2006.....	45
Figure 35: Locations where cocaine had been purchased in the preceding six months, 2006.....	46
Figure 36: Number of inquiries regarding cocaine to ADIS, WA, January 2000 to June 2006	46
Figure 37: Total number of inpatient hospital admissions where cocaine was the primary diagnosis in persons aged 15-54 years, WA and nationally, 1993-2004.....	47
Figure 38: Usual location of LSD use, 2006	53
Figure 39: Location of most recent LSD use, 2006	53
Figure 40: User reports of current LSD purity, 2006	54
Figure 41: User reports of changes in LSD purity in the past six months, 2006.....	55
Figure 42: Current availability of LSD, 2006	55
Figure 43: Changes in availability of LSD during the past six months, 2006.....	55
Figure 44: Recent changes in price of cannabis purchased by REU, 2006	60
Figure 45: User reports of current purity of cannabis, 2006	60
Figure 46: User reports of changes in cannabis purity in the past six months, 2006.....	61
Figure 47: Current availability of cannabis, 2006	61
Figure 48: Changes in cannabis availability in the preceding six months, 2006	62
Figure 49: People from whom cannabis usually purchased in the preceding six months, 2006.....	62
Figure 50: Locations where cannabis usually purchased in the preceding six months, 2006	63
Figure 51: Total AUDIT scores for REU by risk level, 2006.....	66
Figure 52: Frequency of seeking information regarding content and purity of ecstasy and related drugs, 2006	79
Figure 53: Sources of information regarding ecstasy content and purity, 2006.....	80
Figure 54: Frequency of testing kit use, 2006	80
Figure 55: Information resources that would be useful to REU, 2006.....	81
Figure 56: Total K10 scores by risk category among REU, 2006.....	85

ACKNOWLEDGEMENTS

This research was funded by the Australian Government Department of Health and Ageing.

The Ecstasy and Related Drugs Reporting System (EDRS) is coordinated by the National Drug and Alcohol Research Centre (NDARC). The authors would like to thank Matthew Dunn in his capacity as Acting National EDRS Coordinator, Susannah O'Brien and Louisa Degenhardt.

We acknowledge the organisations that provided indicator data for this report: the Australian Crime Commission; the Alcohol and Drug Information Service (ADIS); and the WA Police Service. We would also like to thank the key experts involved in the EDRS for contributing their knowledge of the ecstasy and related drug scene in Perth.

Special thanks are extended to Robert Collier for conducting many of the user interviews.

Finally, we are in gratitude to the regular ecstasy users interviewed for the EDRS, without whose involvement such research would not be possible.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	blood-borne viral infections
DMA	Dimethoxyamphetamine
FDS	Family Drug Support
GHB	gamma-hydroxy-butyrate
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
KE	key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NSW	New South Wales
PMA	paramethoxyamphetamine
REU	regular ecstasy user(s)
SDS	Severity of Dependence Score
WA	Western Australia

EXECUTIVE SUMMARY

This report presents the results of an ongoing study monitoring ecstasy and related drug markets within WA. It is part of a nationwide study, which commenced in NSW, Queensland and Victoria in 2000, with the addition of other states and territories in 2003. In 2000, the pre-existing Illicit Drug Reporting System (IDRS), designed to monitor use of the main illicit drugs in Australia, was expanded to explore the feasibility of monitoring trends in the 'party drugs' market. The current report provides findings for the third year of data collection in WA obtained from three sources:

1. quantitative interviews with 100 current regular ecstasy users residing in the Perth metropolitan area;
2. qualitative interviews with key experts who have regular contact with ecstasy users and are employed in areas including health, outreach, and law enforcement;
3. analysis of various indicator data from health and law enforcement sources.

Demographic characteristics of regular ecstasy users

For the purpose of this study, 'regular ecstasy users' (REU) are a population defined by their use of tablets sold as ecstasy on at least a monthly basis. The sample recruited for the current survey was found to be mostly similar to that of the previous year. The current sample comprised of 60% males and 86% identified as heterosexual. Almost the entire sample (95%) was of English speaking background and only 2% reported Aboriginal and/or Torres Strait Islander descent. There was a significant increase in age with a mean of 24.7 years in the current sample compared to 22.7 years in 2005.

Unchanged from last year, the mean number of school years in the current sample was 11.5 years. Almost three-quarters (73%) had completed secondary education, half (51%) had completed a course post-secondary school and 19% were currently in full-time education. There was a significant increase in the proportion currently full-time employed from 33% in 2005 to 52% in 2006. However, the rate of unemployment was similar, reported by 14% of the current sample compared to 15% last year. There was a significant increase in the proportion reporting previous imprisonment, however, these rates were very low (8% in 2006 versus 2% in 2005). Similarly, small proportions across survey years reported currently being in drug treatment, as reported by 5% of the current sample.

Patterns of drug use among REU

Across survey years, REU represent a sample that consistently engages in polydrug use. Among the 2006 sample, lifetime use had a mean of 10 drugs and the mean number of drugs used in the last six months (recent use) was 6.7 drugs. Neither of these use patterns was significantly different from that found last year. Over half the current sample reported recent use of ecstasy (100%), alcohol (99%), cannabis (86%), tobacco (74%), crystal methamphetamine (77%), speed powder (65%) and pharmaceutical stimulants (60%).

There was only one significant increase in drug use between the current and last year's sample, which was in lifetime use of tobacco. In contrast, several significant decreases in drug use were found. In 2006, there were significant decreases in both lifetime and

recent use of speed powder, and recent use of LSD. Prevalence of MDA and ketamine have consistently been low among REU in WA; however, lifetime and recent use of both these drug types significantly decreased in 2006. There were also significant decreases in lifetime and recent use of amyl nitrate and 'other opiates', and in recent use of nitrous oxide and heroin.

Rates of both lifetime and recent injection were comparable across survey years. In 2006, 20% of respondents reported ever injecting a drug compared to 22% last year, and 14% reported injecting in the last six months compared to 12% last year.

Ecstasy

Patterns of ecstasy use were mostly similar to that found last year. Pills were by far the most common form of ecstasy used, and almost the entire sample (98%) nominated swallowing as the main method of administration. The majority (70%) of respondents typically used more than one tablet during a session with a mean of 2 tablets used in a session. In the current sample, ecstasy was used a mean of 20.5 days (19.9 days in 2005), and 35% of respondents reported using ecstasy weekly (30% in 2005).

There was a significant decrease in the proportion nominating ecstasy as their 'drug of choice' from 51% in 2005 to 41% in 2006. Increases were found for cannabis (9% in 2005 versus 19% in 2006) and alcohol (7% in 2005 versus 15% in 2006). As with previous years, the majority of respondents reported typically using other drugs with ecstasy (94%) and during recovery or "come down" from ecstasy use (86%). Drugs most commonly used on both these occasions were alcohol and cannabis. Just under half the current sample (45%) reported 'bingeing' on ecstasy in the last six months, defined as use for more than 48 hours without sleep.

'Nightclubs' were reported by the majority of the sample as both the usual and most recent location of ecstasy use, as found last year. However, there were increases in the proportions nominating 'friend's home' and 'private parties' as locations of use, and a decrease in 'raves'. This may indicate that, aside from continued use in nightclubs, there is a trend toward use of ecstasy in private locations.

Price, purity and availability of ecstasy

The median price of ecstasy remained the same as last year at \$40 per tablet. In both years, price was rated as 'stable' during the previous 6 months by the majority of respondents (61% in 2006). The greatest proportion of the current sample rated the current purity of ecstasy as 'fluctuates' (36%) in contrast to last year's sample rating current purity as 'medium' (40%). In both years, the greatest proportion rated purity over the previous six months as 'fluctuating' (45% in 2006 versus 36% in 2005). There was a shift in perception of availability towards it as decreasing. Current availability of ecstasy was rated by 47% in 2006 as 'very easy' compared to 62% in 2005, and recent availability was rated as 'stable' by 55% in 2006 compared to 72% in 2005.

'Friends' remained the most common person from whom to score ecstasy; however, this significantly decreased from 93% in 2005 to 81% in 2006. There was a significant increase in the proportion nominating 'acquaintances' from 24% in 2005 to 37% in 2006. 'Friend's home' was the most common location for scoring ecstasy, reported by 71% in both years. Among the current sample, ecstasy was purchased from a median of 3 people in the previous six months and a median of 5 tablets were purchased as a time. Over three-quarters (77%) reported usually purchasing ecstasy for 'self and others'.

Methamphetamine

There were significant differences between sample years regarding use of speed powder, but not use of either base methamphetamine or crystal methamphetamine. There were significant decreases in both lifetime use (87% in 2006 versus 94% in 2005) and recent use (65% in 2006 versus 85% in 2005) of speed in the current sample, and these rates were the lowest reported since data collection commenced in WA in 2003. In contrast, rates of base use were highly similar, with 56% of the current sample reporting lifetime use (59% in 2005) and 32% reporting recent use (38% in 2005). The vast majority in both years reported lifetime use of crystal (89% in 2006 versus 88% in 2005), while there was a non-significant increase in recent use (77% in 2006 versus 69% in 2005).

Methods of use differed across forms and were consistent with those reported last year. Snorting (86%) was the most common method of administration for speed, swallowing (63%) for base, and smoking (88%) for crystal. 'Nightclubs' were reported as the most common usual location of use for both speed and base, while 'friend's home' was nominated by most for crystal.

The median price per 'point' (0.1 gram) for all types of methamphetamine (powder, base and crystal) has consistently remained at \$50 across all survey years. The median price for a gram of speed was the same as last year at \$300. There was a slight increase in the median price of a gram of base from \$325 to \$350, and an increase in a gram of crystal from \$350 to \$400. With regards to changes in the price of methamphetamines during the previous 6 months, the majority of respondents reported the price as 'stable' for all forms.

There was a perceived decrease in current purity of both speed and base. In the current sample, 30% rated current purity of speed as 'medium' followed by 24% rating it as 'low', compared to 40% of last year's sample rating it as 'medium' and 20% rating it as 'low'. Current purity of base was rated by 44% of the current sample as 'medium' and by 25% as 'low', while equal proportions of last year's respondents rated it as 'medium' and 'high' (41% each). Ratings of crystal were comparable, with 40% of current respondents rating it as 'high' (39% in 2005) and 31% as 'medium' (26% in 2005).

All forms of methamphetamine were rated as either 'very easy' or 'easy' to obtain by the majority of respondents. Similarly, availability over the previous six months was rated as 'stable' for all forms by the greatest proportion of respondents. Persons from whom methamphetamine was purchased were the same across forms, with 'friends', 'known dealers' and 'acquaintances' the most common sources reported. Accordingly, 'friend's home' was the most common location for purchasing all forms.

Cocaine

Both lifetime and recent use of cocaine were similar to that reported last year. In the current sample, 55% reported lifetime use (57% in 2005) and 29% reported use of cocaine in the previous six months (35% in 2005). Snorting was reported by all as the most common method of administration, and 'nightclubs' and 'own home' were equally reported by the greatest proportion as usual location of use (43% each).

The median price per gram of cocaine was the same as last year at \$350. In contrast to last year, the majority of the current sample was unable to comment on price change over

the last six months (58%), while the majority last year rated it as 'stable' (60%). Ratings of purity were highly similar with equal proportions of 37% rating current purity as 'low' and 'medium' (38% each in 2005). As with price, the greatest proportion was unable to comment on recent changes in purity (42%), while 50% of last year's respondents rated it as 'stable'.

In 2006, current availability of cocaine was rated by the majority as 'difficult' (63%) and 26% rated it as 'very difficult'. In 2005, current availability was rated by 43% as 'difficult' and by 36% as 'easy'. This suggests that cocaine has become less available in WA and may account for the inability of respondents to comment on price and purity over the previous six months. Among the current sample, 21% each reported 'friends', 'known dealers' and 'acquaintances' as persons from whom cocaine was purchased.

Ketamine

Rates of ketamine use had been consistently low among REU in WA and the current sample reported the lowest rates since collection commenced in 2003. Lifetime use of ketamine significantly decreased from 25% in 2005 to 14% in 2006, and recent use from 11% in 2005 to 4% in 2006. Only one respondent commented on locations of use, purchasing practices and aspects of price, purity and availability. It was therefore not possible to draw conclusions regarding the ketamine market in WA.

GHB

Similarly, rates of GHB use remained low among REU in WA. In 2006, only 5% reported lifetime use of GHB (10% in 2005) and 2% reported use of GHB in the previous six months (3% in 2005). No respondents commented on items referring to locations of use, purchasing practices, or aspects of the GHB market in WA.

LSD

Lifetime use of LSD was similar to last year, as reported by 67% of the current sample and 71% of last year's sample. There was a significant decrease in recent use, with 25% of the current sample reporting use of LSD in the previous six months compared to 35% in 2005. The current sample reported use during both a typical and a heavy session as 1 tab. All respondents reported swallowing as the only method of administration in the last six months. 'Own home' (46%) and 'friend's home' (31%) were the most common locations of usual use.

The median price of LSD decreased to \$20 per tab, compared to \$25 last year. Just under half those who commented reported price during the previous six months as 'stable' (45%), compared to 29% of last year's sample. Ratings of current LSD purity were comparable across survey years. In 2006, 50% reported current purity as 'high' (54% in 2005) and 35% as 'medium' (23% in 2005). Reports of purity over the preceding six months were varied and inconclusive. There was some indication of an increase in availability of LSD in WA. In 2006, 40% rated current availability as 'easy' compared to 34% in 2005, and 25% rated it as 'difficult' compared to 34% in 2005. 'Friends' were nominated by the majority as the most common source for purchasing LSD (77%).

MDA

Lifetime use of MDA significantly decreased to 6% of the current sample compared to 19% in 2005. No respondent in 2006 reported use of MDA in the previous six months compared to 11% in 2005. No respondent commented on locations of use, purchasing practices or aspects of the MDA market in WA.

Cannabis

Prevalence of cannabis use had been consistently high among REU samples in WA and this remained the case in 2006. Lifetime use was reported by 100% of the current sample and recent use by 86%. There was a decrease in frequency of use, with a median of 48 days use in the last six months among current REU compared to 60 days in last year's sample. Use of cannabis with ecstasy was reported by 40% of those who used other drugs in conjunction with ecstasy, and 71% of those who used drugs to 'come down' from ecstasy reported use of cannabis during this period.

Information regarding market aspects of cannabis in WA was obtained for the first time in the EDRS in 2006. Hydroponic cannabis was bought at a median price of \$280 per ounce, while bush cannabis was bought at a median of \$225 per ounce. Over three-quarters of respondents reported price over the last six months as 'stable' for both forms. Current purity of hydroponic cannabis was rated by the majority as 'high' (70%), while bush was rated as 'medium' (57%). Recent purity of both forms was rated by 55% as 'stable'. Current availability of both forms was rated as 'very easy' by the greatest proportion of respondents (60% hydroponic versus 48% bush), and two-thirds rated recent availability of both forms as 'stable'. 'Friends' and 'friend's home' were the most common source and location for purchasing both forms of cannabis.

Patterns of other drug use

As in previous survey years, alcohol use was highly prevalent; all respondents in 2006 reported lifetime use of alcohol and 99% reported use during the last six months. During this period, alcohol was used a median of 60 days, which equates to 2.5 days a week. Alcohol was the most common drug used with ecstasy, as reported by 77%. Among these respondents, 68% reported usually consuming more than 5 standard drinks. A smaller proportion of those who reported use of other drugs during 'come down' from ecstasy nominated alcohol (38%) and, among these, 52% reported typically consuming more than 5 standard drinks.

The Alcohol Use Disorders Identification Test (AUDIT) was included in the 2006 EDRS to screen for risky drinking practices among the REU sample. Proportions were fairly evenly spread across categories: 28% scored at 'low risk', 30% at 'risky/hazardous', and 21% each at 'high-risk/harmful' and 'high-risk'. With regards composite scores, 75% scored at a risky level for 'alcohol-related problems', 73% for 'consumption' and 20% for 'dependence'. These findings indicate that the majority of REU engaged in potentially harmful drinking practices.

There was a significant increase in lifetime use of tobacco, reported by 97% of the current sample compared to 86% in 2005. Rates of recent use were highly similar, as reported by 74% of the current sample compared to 72% in 2005. The median number of days tobacco was used during the previous 6 months remained at 180, and 61% of the current sample were daily smokers. Of those using other drugs with ecstasy, 56% reported use of tobacco, and of those using other drugs during 'come down', 54% reported use of tobacco.

Pharmaceutical stimulants such as dexamphetamine and methylphenidate drugs were included in the survey as a distinct drug class from last year. Lifetime use of these drugs remained high with 92% reporting lifetime use (89% in 2005); however, there was a significant decrease in recent use reported by 60% in 2006 (74% in 2005). The median

number of days used during this time period was 10 compared to 6 in last year's sample. Pharmaceutical stimulants did not appear to be used in the context of ecstasy use, with smaller proportions than last year reporting use with and during 'come down' from ecstasy. Of those using drugs with ecstasy, 17% reported use of pharmaceutical stimulants (28% in 2005) and 8% of those reporting use of drugs during 'come down' reported pharmaceutical stimulants (17% in 2005).

With regards use of other pharmaceutical medicines, there was a non-significant increase in lifetime use of benzodiazepines from 49% in 2005 to 57% in 2006. Recent use was comparable with 32% in 2006 reporting use in the previous six months and 39% in 2005. In 2006, the median number of days used during this period was 10 compared to 4 days in 2005. Use of benzodiazepines with ecstasy was only reported by one respondent, and 13% reported use during 'come down' from ecstasy.

There were no significant differences across survey years for use of antidepressants, with lifetime use reported by 29% in 2006 compared to 32% in 2005, and recent use by 14% in 2006 compared to 13% in 2005. The median number of days used during the past six months was substantially higher at 125 in 2006 compared to 24 in 2005. Among the current sample, three respondents reported using antidepressants both with and during 'come down' from ecstasy.

Use of 'other opiates' including morphine, pethidine and over-the-counter medications containing codeine, has fluctuated over survey years. In 2006, there were significant decreases in both lifetime and recent use, following significant increases among last year's sample. Lifetime use was reported by 24% in 2006 compared to 41% in 2005, and recent use by 13% in 2006 compared to 27% in 2005. No respondent in the current sample reported typically using these drugs either with ecstasy or during 'come down'.

Participants were also asked about use of inhalants, including nitrous oxide and amyl nitrate. While lifetime use of amyl nitrate remained similar across samples (57% in 2006 versus 63% in 2005), there was a significant decrease in recent use from 34% in 2005 to 23% in 2006. With regards to amyl nitrate, significant decreases were found for both lifetime and recent use. Lifetime use was reported by 34% in 2006 compared to 46% in 2005, and recent use by 8% in 2006 compared to 17% in 2005. These inhalants were not commonly used either with ecstasy or during 'come down'.

Prevalence of use of heroin, buprenorphine and morphine has remained consistently low amongst REU samples. In 2006, 10% reported lifetime use of heroin and this was comparable to the 10% reported in 2005. There was a significant decrease in recent use from 6% in 2005 to 1% in 2006. Rates of buprenorphine remained low with lifetime use reported by 3% and recent use by 1% in 2006. This was also the case for methadone use, with 4% of the current sample reporting lifetime use and 2% reporting recent use.

Magic mushrooms were included in the survey as a separate drug class from 2005. Rate of lifetime use was the same as last year, reported by 53%, and recent use reported by 13% in 2006 compared to 14% in 2005. Six respondents reported use of drugs other than those listed in the survey and these were DMT, 2CB, Novocain and PCP.

Drug information-seeking behaviour

Commencing in last year's survey, REU were asked how often they find out the content and purity of ecstasy and other party drugs before taking them. Approximately half the sample (47%) reported 'never' finding out the content and purity of other party drugs, compared to 18% 'never' seeking this information for ecstasy. Over a third of the sample (36%) reported 'always' finding out this information for ecstasy and 22% reported 'most times'. Of those who sought this information for ecstasy, almost all reported 'friends' as the most common source (94%). Over half reported obtaining information from 'dealers' (59%), 'other people' (59%), 'websites' (55%) and 'personal experience' (55%). Only a small proportion (13%) reported personal use of testing kits; however, 50% stated they would find them a useful resource if available locally.

Risk behaviour

Respondents reported on risk behaviours related to injecting, sexual practices, and driving behaviour. In 2006, 20% reported ever injecting (22% in 2005) and 14% reported injecting in the last six months (12% in 2005). Speed powder was the most common drug ever injected and first injected, while crystal methamphetamine was the most common drug recently injected and last injected. Almost the entire sample of recent injectors reported self-injection every time and half reported usually injecting alone. Less than half of the total sample in 2006 had completed hepatitis B vaccination or been tested for hepatitis C and HIV in the last year.

In 2006, 95% reported having penetrative sex in the last 6 months and the greatest proportion had one partner during this period (44%). The majority had engaged in penetrative sex while using drugs (80%) and a third of these respondents had done so 3 to 5 times in the previous six months. Ecstasy was the most commonly reported drug used on these occasions (76%).

Of the current sample, 85% had driven a car in the last 6 months. Within this group, 51% reported driving under the influence of alcohol on a median of 4 occasions during the previous six months. The majority (61%) reported that they had undergone roadside breath testing in this period and, of these respondents, 15% reported being over the legal blood alcohol limit. Over three-quarters (79%) reported driving within one hour of taking a drug and the median was 10 times in the last six months. The most commonly reported drugs were ecstasy (79%) and cannabis (63%). Of those who had driven soon after taking drugs, the majority (60%) reported that their driving was 'not at all impaired'.

Health-related issues

In 2006, 16% of REU reported accessing a medical or health service in relation to their drug use during the last 6 months. The most common services accessed were GP and drug/alcohol worker, reported by 50% each, and the main drugs of concern were 'other opiates' (63%) and crystal (56%). The reasons for accessing a service were mostly psychological issues, with 75% reporting seeking help for depression and 38% for psychosis.

The Kessler Psychological Distress Scale was included in the 2006 EDRS as a screening tool for symptoms of depression and anxiety. Of the total sample, the majority scored at 'medium risk' (54%), followed by 'no/low risk' (37%) and 'high risk' (9%).

Criminal activity, policing and market changes

Rates of criminal activity have consistently been low among REU samples. In 2006, 26% reported committing a crime in the last month (32% in 2005). Of these respondents, 'drug dealing' was the most commonly reported activity (23%) and most engaged in this activity less than once a week (40%). Of the current sample, 14% had been arrested in the last 12 months and the most common offence reported was driving under the influence of alcohol.

In 2006, similar proportions rated recent police activity toward REU as 'stable' (41%) and 'increased' (34%). Approximately three-quarters of the sample reported that police activity did not make scoring drugs more difficult (73%). A quarter of the sample reported seeing sniffer dogs during the six last months, and most had seen them on one occasion during this period (60%).

Implications

Regular ecstasy users are a group commonly characterised by polydrug use and this has consistently been supported by the PDI/EDRS surveys. While use of other drugs remained common among the current sample, significant decreases were found in the prevalence of such use, particularly in regards to those drugs previously referred to as 'party drugs'. Rates of use for MDA and ketamine have always been low in WA, but use of these drugs decreased further in 2006 as did recent use of speed powder and LSD. This was not accompanied by any significant increases in the use of other drugs and was in contrast to last year when significant increases were found for both cocaine and LSD use.

As found in previous years, the two most common drugs used by the current sample aside from ecstasy were alcohol and cannabis. While ecstasy decreased as the preferred drug among this sample, significant increases were found for the proportion nominating alcohol or cannabis as their drug of choice. Additional information related to these drugs was included in the 2006 EDRS. Firstly, information was obtained regarding market aspects of cannabis and indicated that both hydroponic and bush forms were considered cheap, easily accessible, and of medium to high purity. Secondly, the Alcohol Use Disorders Identification Test (AUDIT) was included in the 2006 survey and the majority of the sample was found to be engaging in various risky drinking practices. Given the high rates of use of these drugs (both in the context of ecstasy and independently) their availability and their preference, use of alcohol and cannabis remain worthwhile targets for harm reduction strategies.

'Friends' remained a commonly reported source for purchasing all major drug types including ecstasy, methamphetamine, cocaine, and LSD; however, increases were observed for obtaining drugs from 'known dealer's' and 'acquaintances'. While this may represent a shift in the perception of the nature of these relationships, it may be that more REU were seeking alternative sources of supply. Interestingly, while 'friends' was also nominated as the main source for seeking information about content and purity of drugs, increases were found in the proportions nominating 'dealers' and 'other people' as sources of such information. These findings might suggest that drug networks had expanded and were no longer restricted to those with whom users felt they had a previously established association. A similar shift away from more personable aspects was found in reasons reported for taking ecstasy. While 'enhanced closeness and bonding' was the most commonly reported benefit in last year's sample, there was a

marked decrease in its nomination among the current sample and, increases in reported benefits specific to effects of the drug such as ‘increased energy and staying awake’.

Rates of injecting remained low and were comparable to those reported in previous years. Nevertheless, changes were found in relation to injecting behaviour among the current sample. Most notably, half the current sample of recent injectors reported usually injecting alone compared to none reporting such last year. Only 36% of the current sample reported usually injecting with ‘close friends’ compared to 73% last year. Across samples, ‘own home’ was reported by the majority as the usual location of injection. In contrast to last year, crystal methamphetamine was the most common drug reportedly injected in the previous six months compared to speed powder reported last year. Given the risks associated with use of crystal, particularly in relation to mental health, it is concerning that, together, these findings indicated that the majority of current REU injectors were injecting crystal alone in their own homes.

Lastly, the Kessler Psychological Distress Scales (K10) was included in this year’s survey as a screening tool for symptoms of depression and anxiety. Just over half of the current sample of REU scored within the ‘medium risk’ range for these psychological problems. While only a small proportion reported accessing a medical or health service in relation to their drug use in the last six months, three-quarters of those that did had sought help for depression. In accordance with this, among the total REU sample, ‘depression’ was the most commonly nominated risk perceived to be associated with ecstasy use. Given these findings, further investigation of mental health among this sample is suggested and may need to be addressed within treatment settings.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing project funded by the Australian Government Department of Health and Ageing, the National Drug Law Enforcement Research Fund (NDLERF), and the Ministerial Council on Drug Strategy. It has been conducted on an annual basis in NSW since 1996 and in all states and territories of Australia since 1999. The objective of the IDRS is the provision of a coordinated approach to monitoring the use of the main illicit drugs used in Australia, specifically amphetamines, cannabis, cocaine, and heroin. It is intended to act as a strategic early warning system, designed to identify emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to such trends and to direct future research rather than describe phenomena in detail.

Due to the focus of the IDRS, it did not directly access the population regularly using ecstasy and related drugs. Consequently, in 2000, NDLERF funded a two year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and related drugs using the extant IDRS methodology. For the present purposes, the drugs referred to are those that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy, amphetamines, cocaine, LSD, ketamine, MDA (3-4methylenedioxyamphetamine) and GHB (gamma-hydroxy butyrate). This marked the beginning of the Party Drugs Initiative (PDI), which became a national survey in 2003 and was re-named the Ecstasy and Related Drugs Reporting System (EDRS) in 2006.

The current report presents the findings of the fourth year of data collection for the PDI/EDRS in WA. Like the IDRS, results are based on three data sources: interviews with current illicit drug users (in this case regular ecstasy users); interviews with professionals who have contact with these users; and the collation of indicator data. Also consistent with the logic of the main IDRS, focus is on the capital city as it is thought that emerging trends in illicit drug markets are more likely to occur initially in large cities rather than regional centres or rural areas.

1.1 Aims

The specific aims of the WA EDRS 2006 were to:

1. describe the characteristics of a sample of current, regular ecstasy users in Perth;
2. examine patterns of ecstasy and other drug use among this sample;
3. document market aspects of ecstasy and related drugs in Perth, such as price, purity and availability;
4. examine participants' perceptions of the nature and incidence of ecstasy-related harm including physical, psychological, financial, social and legal harms;
5. compare key findings of this study with those reported in previous years (2003-2005); and
6. identify emerging trends in the ecstasy and related drug markets that may require further investigation.

2.0 METHODS

A triangulated approach was used for the EDRS to provide an indication of emerging trends in use of ecstasy and related drug markets. Using such multiple data sources enables triangulation, which minimises the biases inherent in each source and permits validation of observed trends across the different data sources. The three main sources of information used to document trends were:

1. a survey of regular ecstasy users comprised of face-to-face interviews;
2. a key expert survey of professionals working in the field using semi-structured interviews; and
3. examination of existing indicator data, such as statistical data collected from legal and health services.

2.1 Survey of regular ecstasy users (REU)

There is an established market for ecstasy (tablets that are purported to contain 3, 4-methylenedioxymethamphetamine; MDMA) that has existed for more than a decade and its use in Australia appears to be on the increase. According to the 2004 National Drug Strategy Household Survey, ecstasy has now overtaken methamphetamine to become the second most widely used illicit drug following cannabis. Recent use of ecstasy (last 12 months) was reported by 3.4% of the population aged 14 years and over, and this represented a significant increase from the 2.9% who reported ecstasy use in the 2001 survey (Australia Institute of Health and Welfare, 2005). In Western Australia, 4.1% of the general population reported use of ecstasy during this time period making it the state with the second highest use of ecstasy after the ACT (6%). For the purposes of the present study, the sentinel population consisted of regular users of tablets sold as 'ecstasy'.

2.1.1 Recruitment

One hundred ecstasy users were interviewed for the 2006 EDRS in WA, all of whom resided in the Perth metropolitan area. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included: advertisements in entertainment street-press; flyers distributed at cafes, record outlets, clothing stores, cinemas and universities; dance scene related websites; and participant snowballing techniques. Snowballing is a sampling strategy used to access 'hidden' populations by relying on peer referral (Barnard, 1995). Ethics approval was granted (HR47/2003) from the Curtin University Human Research Ethics Committee permitting interviews to be conducted with participants aged from 16 years.

2.1.2 Procedure

Potential participants contacted the research coordinator by telephone and were screened for eligibility. Three criteria were to be met for participation:

1. use of ecstasy at least monthly over the previous 6 months;
2. aged 16 years or older; and
3. resident in the Perth metropolitan area for minimum of 12 months prior to interview.

Once these criteria were met, participants were informed that the study consisted of a confidential face-to-face interview conducted at a central café in the city. The structured interview would take approximately 45 minutes to complete, and all data were collected anonymously. Participants would be reimbursed \$30 to cover the costs of attendance.

Upon meeting the interviewer, the nature and purpose of the study was again explained to participants, and informed consent was obtained. All interviewers were trained in administration of the specific interview schedule.

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, 2000). The original survey incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall & Lee, 1992) and amphetamines (Darke et al., 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997) and has been revised over successive years of PDI/EDRS data collection. The interview schedule focused primarily on the six months preceding the interview. The survey allowed assessment of sample characteristics related to: demographic information; ecstasy and other drug use history (including frequency and quantity of use and routes of administration); physical and psychological side effects of ecstasy; other ecstasy-related problems (i.e. relationship, financial, legal and occupational problems); price, purity and availability of different drugs; sexual and health-related behaviours; self-reported criminal activity; and general trends in the ecstasy and related drug markets such as new drug types, new drug users, and perceptions of police activity.

2.1.4 Data analysis

Quantitative data from the regular ecstasy user survey were analysed using SPSS 13.0 for Windows. For continuous variables, t-tests were conducted and, for categorical variables, chi-square tests used to determine significant differences with alpha set at 0.05. Qualitative data collected from the regular ecstasy users and 'key experts' were analysed using the word processing and table-making options of Microsoft Word 2003.

2.2 Survey of key experts (KE)

To maintain consistency with the central IDRS, eligibility criterion for key experts (KE) participating in the EDRS was regular contact in the course of employment with a range of ecstasy users. Regular contact was defined as average weekly contact and/or contact with ten or more ecstasy users throughout the past six months. Fourteen KE from professions including outreach worker, drug and alcohol officer, drug counsellor, psychologist, hospital emergency nurse, DJ, nightclub worker, and law enforcement officer participated in the WA EDRS 2006.

2.3 Other indicators

Secondary data sources were examined to complement and validate the data collected from both the REU and KE interviews. Data sources included in this report are:

- 2004 National Drug Strategy Household Survey (NDSHS);
- Australian Crime Commission (ACC), drug purity, seizure and arrest data;
- WA Police Service;
- Australian Institute of Health and Welfare, hospital admissions data; and
- telephone advisory service data from the Alcohol and Drug Information Service.

3.0 OVERVIEW OF REGULAR ECSTASY USERS (REU)

3.1 Demographic characteristics of the REU sample

One hundred regular ecstasy users (REU) residing in the Perth metropolitan area were interviewed over a 6-week period commencing in late April 2006. Table 1 presents key demographic data for the current and previous samples of REU recruited in WA, with little variation observed across the years. The mean age of the current sample was 24.7 years (range 18-52), which did represent a significant increase from the 2005 sample. Similar to previous years, 60% of the current sample was male. Almost the entire sample (95%) spoke English as their main language, and only a small proportion (2%) were of Aboriginal and/or Torres Strait Islander descent. The majority of respondents identified as heterosexual (86%), with a small proportion identifying as bisexual (9%) or homosexual (5%). Just under half the sample (48%) reported their relationship status as 'single', a third (32%) reported having a 'regular partner', 18% were 'married/de facto' and 2% 'divorced'. Just over half the sample resided in rented premises (57%) and just over a quarter in their parents' or family house (27%).

Characteristics related to education were similar to those found in previous years. The mean number of school years in the current sample was 11.5 (range 8-12) and three-quarters (73%) had completed secondary education. Half the sample (51%) had tertiary qualifications with 33% possessing a trade/technical qualification and 18% a university/college degree, and 19% were currently full-time students. Most fluctuation across the samples was in reference to employment. Half the current sample was engaged in full-time employment (52%) and this represented a significant increase from the third of the sample in 2005 (33%). There was a corresponding significant decrease in the proportion reporting part-time employment from 35% in 2005 to 13% in 2006. Unemployment rates remained the same, reported by 14% of the current sample. Small minorities across the years reported current drug treatment (5% in 2006). More variation was observed for proportions reporting a previous criminal conviction, with a significant increase to 8% found in 2006.

Key expert comments

Key experts (KE) provided varied descriptions of the demographic characteristics of ecstasy users with whom they had recent contact. Age estimates ranged from 14 to 50 years; however, most were reported to be in their mid-20s. One key expert stated that there was some indication users were getting younger, while another commented that males start using younger. Two KE reported that younger users (late teens) were changing from use of ecstasy to crystal. All except one KE stated that there were slightly more male ecstasy users. Most were reported as being of Caucasian ethnicity, and no distinctions were made regarding sexual preference. All KE stated that ecstasy users were of various educational and employment backgrounds, and currently either engaged in studies or were employed on some basis. While one KE reported that ecstasy use was concentrated in a younger, nightclub scene, another stated that use was becoming more spread throughout the general population. All reported that ecstasy users would not have a prison history or be engaged in drug treatment.

Table 1: Demographic characteristics of WA REU samples, 2003-2006

Variable	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Mean age (years)	21.4	22	22.7	24.7	t=3.395, df=99, p=0.001*
Male (%)	53	59	58	60	$\chi^2=.164$, df=1, p=0.685
English speaking background (%)	99	97	99	95	$\chi^2=16.162$, df=1, p=0.000*
ATSI (%)	9	1	3	2	$\chi^2=.344$, df=1, p=0.558
Heterosexual (%)	83	89	90	86	$\chi^2=1.778$, df=1, p=0.182
Mean number school years	12.1	11.5	11.5	11.5	t=-.104, df=99, p=0.917
Tertiary qualifications (%)	48	49	57	51	$\chi^2=1.469$, df=1, p=0.226
Full-time students (%)	16	21	14	19	$\chi^2=2.076$, df=1, p=0.150
Employed full-time (%)	33	31	33	52	$\chi^2=16.327$, df=1, p=0.000*
Employed part-time (%)	16	22	35	13	$\chi^2=21.275$, df=1, p=0.000*
Unemployed (%)	22	24	15	14	$\chi^2=.078$, df=1, p=0.779
Previous conviction (%)	4	16	2	8	$\chi^2=18.367$, df=1, p=0.000*
Current drug treatment (%)	5	6	6	5	$\chi^2=.177$, df=1, p=.674

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

* Comparison between 2006 and 2005 values is significant at alpha level 0.05

3.2 Drug use history and current drug use

Respondents were asked about lifetime (ever used) and recent use (last 6 months) of a variety of drugs, as presented in Table 2. Polydrug use was common among the current sample and the average number of drugs used was comparable to that of the previous year. In 2006, lifetime use had a mean of 10 drugs and the mean number of drugs used recently was 6.7. In 2006, over half the sample reported using alcohol (99%), cannabis (86%), tobacco (74%), crystal methamphetamine (77%), speed powder (65%) and pharmaceutical stimulants (60%) during the last six months.

Proportions of the current sample reporting lifetime and recent use of the drug types were largely similar to those found in 2005. Only a single significant increase was found between the samples and this was for lifetime use of tobacco ($\chi^2=10.050$, $df=1$, $p=0.002$). This difference may in part be due to the significantly older sample in 2006. No significant differences were found for other commonly used drugs including alcohol, cannabis, crystal methamphetamine, methamphetamine base, cocaine and magic mushrooms. However, significant decreases were found for both lifetime ($\chi^2=8.688$, $df=1$, $p=0.003$) and recent ($\chi^2=31.373$, $df=1$, $p=0.000$) use of speed powder.

Significant decreases were also found for several other drug types. While rates of lifetime use of both pharmaceutical stimulants and LSD were comparable, there were significant decreases in recent use of these drugs. Use of pharmaceutical stimulants in the previous six months was reported by 60% in 2006 compared to 74% in 2005 ($\chi^2=8.574$, $df=1$, $p=0.003$). Use of LSD across this period was reported by 25% in 2006 compared to 35% in 2005 ($\chi^2=4.396$, $df=1$, $p=0.036$). There was a significant decrease in lifetime use ($\chi^2=10.981$, $df=1$, $p=0.001$) of MDA and no respondent reported use of MDA in the previous six months compared to 11% in 2005. Rates of ketamine use have consistently been low and significant decreases were found for both lifetime ($\chi^2=6.453$, $df=1$, $p=0.011$) and recent use ($\chi^2=5.005$, $df=1$, $p=0.025$) of this drug.

Use of inhalants and of opioids also significantly decreased in 2006. Both lifetime ($\chi^2=5.797$, $df=1$, $p=0.016$) and recent ($\chi^2=3.843$, $df=1$, $p=0.050$) use of amyl nitrate significantly decreased, as did recent use ($\chi^2=5.392$, $df=1$, $p=0.020$) of nitrous oxide. Lifetime ($\chi^2=11.947$, $df=1$, $p=0.001$) and recent ($\chi^2=9.944$, $df=1$, $p=0.002$) use of 'other opiates' also significantly decreased. Recent use ($\chi^2=4.433$, $df=1$, $p=0.035$) of heroin also significantly decreased; however, rates of use were very low in both years.

Small proportions of the sample reported the use of drugs other than those listed in Table 2. In 2006, 9% of the total sample reporting lifetime use of other drugs comprised of DMT (3%), 2CB (1%), PCP (1%) and Novocain (1%).

Respondents were also asked about injecting history and 20% reported lifetime injecting and 14% reported injecting in the previous six months. These figures were comparable to those found last year.

Table 2: Lifetime and recent polydrug use of WA REU samples, 2003-2006

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)
Mean drug types ever used	8.7	8.8	10.6	10.0
Mean drug types used in the last 6 months	6.4	6.7	7.7	6.7
Ever inject any drug (%)	21	22	22	20
Alcohol ever used (%)	99	99	99	100
used last 6 months (%)	94	92	98	99
Cannabis ever used (%)	99	97	99	100
used last 6 months (%)	91	85	83	86
Tobacco ever used (%)	83	84	86	97
used last 6 months (%)	70	73	72	74
Methamphetamine powder (speed) ever used (%)	93	88	94	87
used last 6 months (%)	83	78	85	65
Methamphetamine base (base) ever used (%)	54	46	59	56
used last 6 months (%)	32	31	38	32
Crystal methamphetamine (crystal) ever used (%)	91	89	88	89
used last 6 months (%)	77	80	69	77
Pharmaceutical stimulants ever used (%)	-	-	89	92
used last 6 months (%)	-	-	74	60
Cocaine ever used (%)	44	36	57	55
used last 6 months (%)	17	16	35	29
LSD ever used %	62	50	71	67
used last 6 months %	22	11	35	25
MDA ever used (%)	12	19	19	6
used last 6 months (%)	1	6	11	0

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

Table 2: Lifetime and recent polydrug use of WA REU samples, 2003-2006 (continued)

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)
Ketamine				
ever used %	25	21	25	14
used last 6 months %	12	10	11	4
GHB				
ever used (%)	20	11	10	5
used last 6 months (%)	8	5	3	2
Amyl nitrate				
ever used (%)	43	36	46	34
used last 6 months (%)	16	15	17	8
Nitrous oxide				
ever used (%)	65	62	63	57
used last 6 months (%)	43	43	34	23
Mushrooms				
ever used (%)	-	-	53	53
used last 6 months (%)	-	-	14	13
Benzodiazepines				
ever used (%)	48	35	49	57
used last 6 months (%)	32	29	39	32
Antidepressants				
ever used (%)	30	25	32	29
used last 6 months (%)	17	13	13	14
Heroin				
ever used (%)	10	13	15	10
used last 6 months (%)	1	8	6	1
Methadone				
ever used (%)	1	4	8	4
used last 6 months (%)	1	1	3	2
Buprenorphine				
ever used (%)	6	4	5	3
used last 6 months (%)	4	1	2	1
Other opiates				
ever used (%)	31	18	41	24
used last 6 months (%)	17	10	27	13

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

Key expert comments

All KE reported ecstasy users engage in some kind of polydrug use with most mentioning methamphetamine, cannabis and alcohol. Cannabis was reported by KE as used by 'most' or 'all' ecstasy users, either in combination with ecstasy, to assist in recovery from ecstasy use or used independently. Alcohol was reported as used by the majority of ecstasy users in moderation, rather than consuming large amounts. Several KE stated that they perceived a decrease in ecstasy use due to a shifting preference for crystal methamphetamine as the main drug of choice among this demographic group.

3.3 Summary of polydrug use trends in REU

- As found in previous survey years, polydrug use was prevalent among the sample of regular ecstasy users.
- Lifetime use averaged 10 drug types, while an average of 6.7 drug types was used in the previous 6 months.
- Large proportions reported recent use of alcohol, cannabis, tobacco, speed powder, crystal methamphetamine and pharmaceutical stimulants.
- There was only one significant increase in comparison to last year's sample and this was for lifetime use of tobacco.
- With regards to methamphetamine, the only significant change from last year's sample was a decrease in both lifetime and recent use of speed powder.
- Significant decreases in lifetime use were found for MDA, ketamine, amyl nitrate and 'other opiates'.
- Significant decreases in recent use were found for LSD, MDA, ketamine, amyl nitrate, nitrous oxide, 'other opiates' and heroin.
- Lifetime injecting was reported by 20% and recent injection by 14% of REU, and these rates were comparable to those found last year.

4.0 ECSTASY

Ecstasy is the term used in popular street culture for the drug MDMA, or 3,4-methylenedioxymethamphetamine. This drug is classed as a hallucinogenic amphetamine and commonly associated with the previously-termed 'party drug' scene.

4.1 Ecstasy use among REU

Presented in Table 3 are key findings regarding ecstasy use in the samples recruited over the last four years in WA. The average age at which participants first used ecstasy had consistently been approximately 18 years, while there was a significant increase in 2006 to 19 years ($t=2.359$, $df=99$, $p=.020$). However, this is likely to be related to the significantly older sample in the current year.

There was a significant decrease ($\chi^2=4.002$, $df=1$, $p=.045$) in the proportion reporting ecstasy as their 'drug of choice', currently nominated by 41% compared to 51% in 2005. There were also decreases in those nominating speed powder (10% in 2005 versus 4% in 2006) and LSD (7% in 2005 to 1%). It is noted that rates of recent use of both these drugs also significantly decreased. In contrast, increases were found in the proportion nominating cannabis (9% in 2005 versus 19% in 2006) and alcohol (7% in 2005 versus 15% in 2006) as their 'drug of choice'.

Patterns of ecstasy use remained much the same as found in the previous year. Swallowing was consistently reported as the main route of administration (98% in 2006) and only 12% of the current sample reported ever injecting ecstasy. Ecstasy was used an average of 20.5 days in the previous six months and this was comparable to the 19.9 days found in 2005. In the current sample, the number of days used in this period ranged from 6 to 96 with a median of 12. Use of ecstasy weekly or more was reported by 35% and similar to the 30% reporting this frequency of use last year. Comparable proportions reported typically using more than 1 tablet in a session (68% in 2005 versus 70% in 2006). However, the average amount used in a session significantly increased from 1.7 tablets in 2005 to 2 tablets in 2006.

The proportion of respondents who reported bingeing on ecstasy increased slightly, with 45% reporting such use in 2006. This was the most common drug reportedly used during a 'binge', followed by alcohol (44%), crystal methamphetamine (39%), speed powder (31%) and cannabis (31%). The median number of times REU reported bingeing in the previous six months was 3 (range 1 to 24). As found in previous years, the vast majority reported using other drugs both with ecstasy and to 'come down' from ecstasy. In the current sample, 94% reported using other drugs in conjunction with ecstasy and 86% reported using other drugs during 'come down'. Among REU reporting use of other drugs with ecstasy, those most typically used were alcohol (77%), tobacco (56%), cannabis (40%) and crystal methamphetamine (28%). Of those respondents who typically used alcohol in conjunction with ecstasy, two-thirds (67%) reported usually consuming more than 5 standard drinks. The drugs most typically used to 'come down' were cannabis (71%), tobacco (54%), and alcohol (38%). Of those respondents who used alcohol during this period, 52% reported usually consuming more than 5 standard drinks.

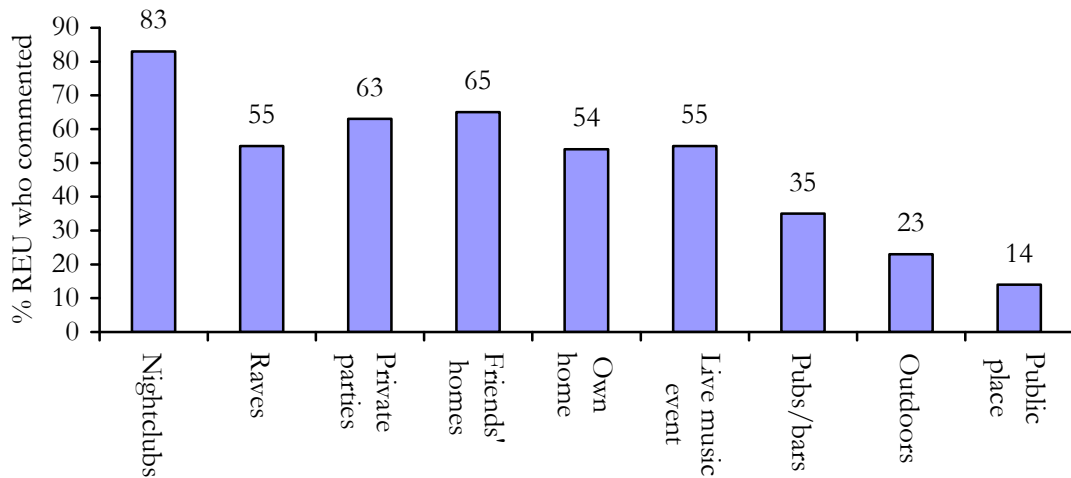
Table 3: Patterns of ecstasy use among REU, 2003-2006

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Mean age first used ecstasy (years)	17.7	17.9	17.8	18.9	t=2.359, df=99, p=.020*
Mean days used ecstasy last 6 months#	16.1	16.4	19.9	20.5	t=.365, df=99, p=.680
Ecstasy 'favourite' drug (%)	52	44	51	41	$\chi^2=4.002$, df=1, p=.045*
Use ecstasy weekly or more (%)	25	21	30	35	$\chi^2=1.190$, df=1, p=.275
Mean ecstasy tablets in 'typical' session	1.7	2.2	1.7	2.0	t=2.738, df=99, p=.007*
Typically use >1 tablet (%)	57	61	68	70	$\chi^2=.184$, df=1, p=.668
Recently binged on ecstasy (%)~	38	38	40	45	$\chi^2=1.042$, df=1, p=.307
Ever injected ecstasy (%)	10	14	10	12	$\chi^2=.444$, df=1, p=.505
Main route of administration of ecstasy in the last 6 months (%)					
Swallowed	90	93	95	98	Swallowing: $\chi^2=1.895$, df=1, p=.169
Snort	-	-	3	1	
Inject	-	-	2	-	
Shelve/shaft	-	-	-	1	
Typically use other drugs in conjunction with ecstasy (%)	85	86	90	94	$\chi^2=1.778$, df=1, p=.182
Typically use other drugs to 'come down' from ecstasy (%)	76	80	86	86	$\chi^2=.000$, df=1, p=1.000

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

~ 'binge' defined as use of ecstasy for more than 48 hours continuously without sleep

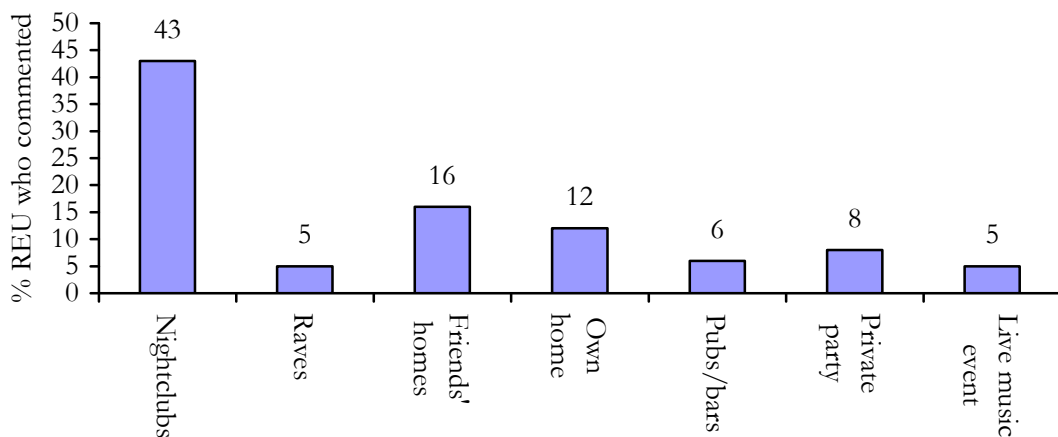
Figure 1: Usual location of ecstasy use, 2006



Source: WA EDRS regular ecstasy user interviews 2006
 NB: Users could nominate more than one location.

Locations of ecstasy use are shown in Figures 1 (usual location of use) and 2 (most recent location of use). The majority of participants reported 'nightclubs' as the location where ecstasy was both usually used and most recently used. Proportions reporting this location were similar to those found last year, with usual use in 'nightclubs' reported by 83% of the current sample (76% in 2005) and as the last place of use by 43% (36% in 2005). Following this, a shift toward use in private locations was observed in the current sample. 'Friends' homes' (65%) and 'private parties' (63%) were the second most commonly reported locations of usual use in 2006. These locations replaced 'raves', which were nominated by 68% in 2005 compared to 55% in 2006. There was also a decrease in the proportion reporting 'raves' as the most recent venue of use from 13% in 2005 to 5% in 2006.

Figure 2: Location of last ecstasy use, 2006



Source: WA EDRS regular ecstasy user interviews 2006

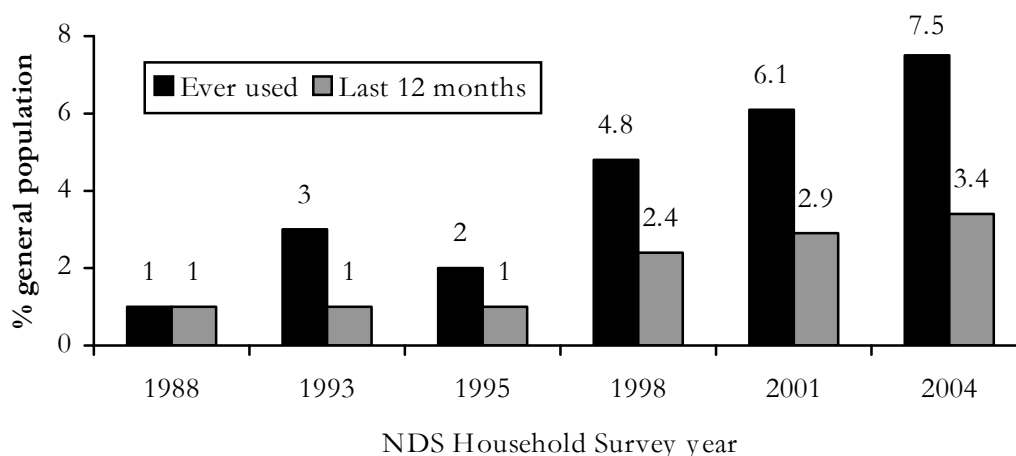
Key expert comments

Most KE who commented on the social context of ecstasy use reported a shift away from the nightclub and rave scene to increased use in private locations. Aside from use at private parties, pubs and attending live music (such as bands) were also mentioned. It was suggested that this reflected increased use among other social groups, such as “surfies”. However, one KE reported a move back to use in clubs and at dance events and away from use at private parties and at home. All KE commented that frequency of ecstasy use varied with some using only at special events to others using every weekend. One KE reported that average use had decreased in general, with the majority consuming a few pills every couple of weeks. Binge use was mentioned, particularly among younger users and those in the “party scene”. With regards quantity per session, KE reported a range of 1 to 4 pills used in an average session, and 10-12 pills in a heavy session. One KE commented that quantity depended on gender of the user, with males using 6 to 8 pills and females using 1 to 2 pills.

4.2 Use of ecstasy in the general population

As shown in Figure 3, the use of ecstasy in Australia has steadily increased, both in lifetime and recent use, from 1988 to 2004. Furthermore, between 2001 and 2004 this increase was significant. In Western Australia, ecstasy was reported as a drug used in the last 12 months by 4.1% of those aged 14 years and over, and was the state with the second highest use of ecstasy in the general population after the ACT (6%) (Australian Institute of Health & Welfare, 2005).

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2004



Source: National Drug Strategy Household Survey 1988-2004

4.3 Summary of patterns of ecstasy use

- Almost the entire sample typically consumed ecstasy orally (98%).
- Ecstasy was used a median of 12 days in the previous 6 months.
- There was a significant decrease in the proportion reporting ecstasy as their favourite drug from 51% last year to 41% of the current sample.
- Just over a third of the sample used ecstasy weekly or more during the last six months (35%).
- Use of more than 1 ecstasy tablet in a typical session was common, as reported by 70% of the sample, with an average of 2 tablets used.
- Some data suggested that frequency of use had increased while quantity of use decreased.
- Almost half the sample (45%) reported recent use of ecstasy for more than 48 hours continuously without sleep.
- The vast majority reported using other drugs with ecstasy (94%) and to ‘come down’ following ecstasy use (86%).
- Nightclubs were the most common location ecstasy was usually used and most recently used; however, there was some indication of a shift toward increased use in private locations

4.4 Price

All current respondents reported on the price of ecstasy tablets in Perth, as shown in Table 4. No respondent commented on the price of capsules or ecstasy powder. In 2006, the median price of a tablet was unchanged from last year at \$40 (range \$25-50). Perceptions of price change have remained consistent over the years with the majority of all samples reporting the price as ‘stable’. In 2006, 61% reported the price over the previous six months as ‘stable’, followed by smaller proportions nominating ‘decreased’ (19%), ‘fluctuated’ (12%) and ‘increased’ (6%).

Table 4: Price of ecstasy purchased by REU and price variations, 2003-2006

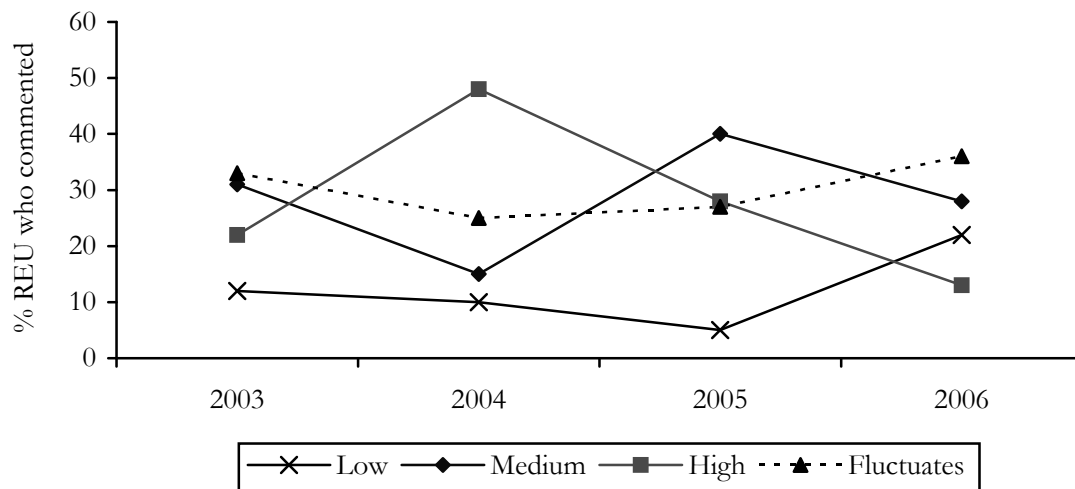
	2003	2004	2005	2006
Median price per tablet (range)	\$40 (25-50)	\$50 (25-60)	\$40 (30-50)	\$40 (25-50)
Price change:				
Increased (%)	10	4	5	6
Stable (%)	68	62	66	61
Decreased (%)	12	19	22	19
Fluctuated (%)	6	13	7	12
Don't know (%)	4	2	-	2

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

4.5 Purity

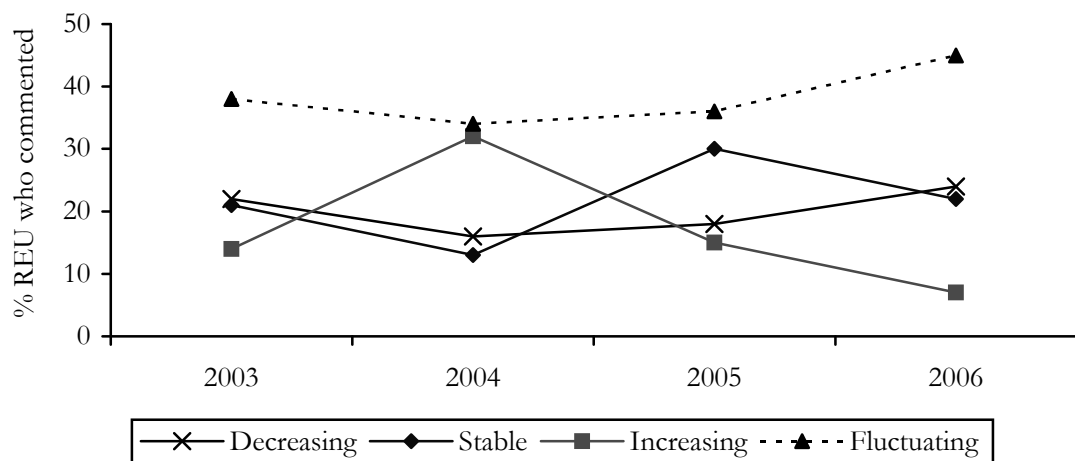
As shown in Figure 4, the highest proportion of respondents in 2006 rated the current purity of ecstasy as 'fluctuates' (36%) followed by 'medium' (28%) and 'low' (22%). This compared to a greatest rating last year of 'medium' (40%), followed by 'high' (28%) and 'fluctuating' (27%). These results suggest that there was a perceived decrease in the purity of ecstasy in WA. This was consistent with user reports of changes in purity over the preceding 6 months (Figure 5). In 2006, almost half the sample reported purity as 'fluctuating' (45%), followed by 'decreasing' (24%) and 'stable' (22%).

Figure 4: User reports of current ecstasy purity, 2003-2006



Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

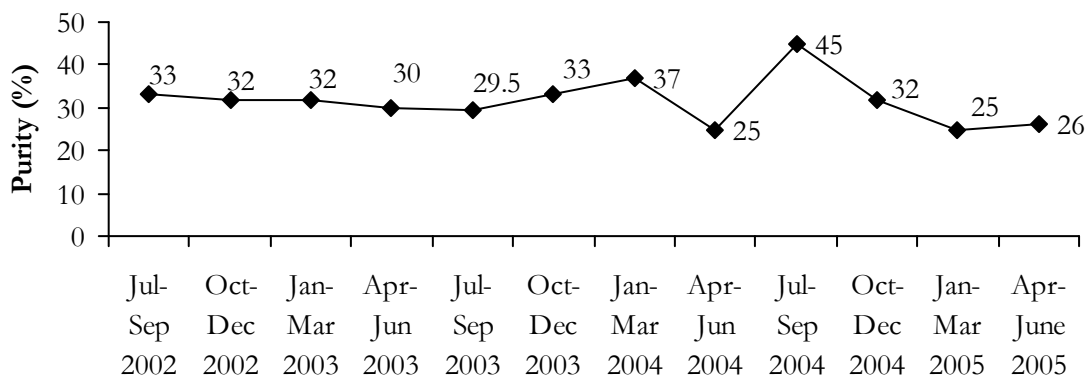
Figure 5: REU reports of change in ecstasy purity in the preceding six months, 2003-2006



Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

Purity estimates by users are subjective perceptions and laboratory analyses of ecstasy seizures provide a more objective assessment. However, it is noted that seizures analysed do not represent a random sample of all seizures made. Figure 6 shows the median purity of phenethylamine seizures in WA according to data provided by the Australian Crime Commission. It is evident that, across time, purity remained stable until mid-2004. For the period April-June, there was a small decrease followed by a large increase in July-September. Since this time, purity has decreased and appears to be stabilising again, although at a lower level.

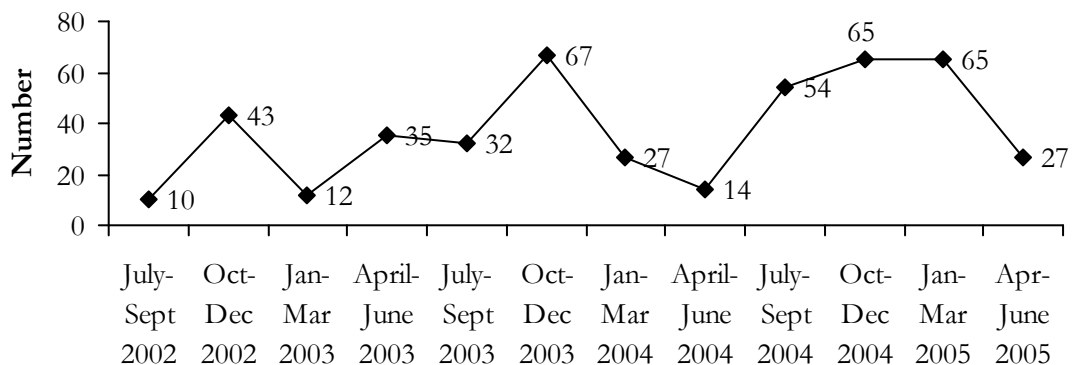
Figure 6: Median purity of phenethylamines seizures in WA by quarter, July 2002 to June 2005



Source: Australian Crime Commission (data from July 2005 unavailable at time of publication)

Figure 7 shows the number of phenethylamine seizures in WA, which has fluctuated over time. Following a substantial decrease in April-June 2004, by early 2005 the number of seizures had returned to that found in October-December 2003. The latest figure indicates another large decrease in the number of seizures of phenethylamines.

Figure 7: Number of phenethylamines seizures in WA by quarter, July 2002 to June 2005



Source: Australian Crime Commission (data from July 2005 unavailable at time of publication)

4.6 Availability

All participants commented on the availability of ecstasy, and responses across survey years are presented in Table 5. While the majority of the current sample considered ecstasy to be either 'very easy' or 'easy' to obtain, there was a marked decrease in those rating it as 'very easy' from 62% in 2005 to 47% in 2006. More pronounced was the decrease in those rating availability as 'stable' over the preceding 6 months from 72% in 2005 to only 55% in 2006. In 2006, equal proportions of 17% each rated availability over this period as 'more difficult' and 'easier'.

Table 5: REU reports of ecstasy availability in the preceding six months, 2003-2006

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)
Current availability				
Very easy (%)	61	54	62	47
Easy (%)	26	38	35	42
Availability				
Stable (%)	63	64	72	55
Easier (%)	16	15	16	17
Persons scored from				
Friends (%)	91	89	93	81
Known dealers* (%)	63	53	36	39
Acquaintances (%)	35	47	24	37
Workmates (%)	19	13	17	15
Unknown people/dealers (%)	9	33	20	18
Locations scored from[#]				
Friends' home (%)	75	72	71	71
Dealer's home (%)	43	42	27	37
Nightclub (%)	33	43	33	33
Raves/dance parties** (%)	-	39	29	19
Agreed public location** (%)	-	47	23	24
At own home (%)	33	33	40	22
Acquaintance's home (%)	-	-	15	22
Private party (%)	-	-	21	20
Pub (%)	-	13	13	16

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

*changed from 'dealers' to 'known dealers' in 2004

**question asked for the first time in 2004

Across survey years, ‘friends’ were reported as the most likely person from whom ecstasy was scored (Table 5, previous page); however, there was a significant decrease from last year in the proportion nominating this category ($\chi^2=22.120$, $df=1$, $p=0.000$). Conversely, there was a significant increase in the proportion reporting scoring from ‘acquaintances’ ($\chi^2=9.265$, $df=1$, $p=0.002$). Proportions that reported scoring from ‘known dealers’, ‘workmates’ and ‘unknown people/dealers’ remained consistent across this period.

Consistent with the above, ‘friends’ home’ was reported by the majority of the sample as the most common location for scoring (71%) and proportions were comparable across survey years. There were significant decreases in the proportions reporting scoring ‘at own home’ ($\chi^2=13.500$, $df=1$, $p=0.000$) and ‘raves/dance parties’ ($\chi^2=4.857$, $df=1$, $p=0.028$) from 2005 to 2006. In contrast, scoring at ‘dealer’s home’ ($\chi^2=5.074$, $df=1$, $p=0.024$) and ‘acquaintance’s home’ ($\chi^2=3.843$, $df=1$, $p=0.050$) significantly increased across this period. In 2006 proportions nominating ‘nightclubs’, ‘agreed public location’, ‘private party’ and ‘pub’ were similar to what they were in the previous year.

Table 6: Patterns of purchasing ecstasy, 2005-2006

	2005 (n=100)	2006 (n=100)
Median no. of people purchased from	4 (0-20)	3 (0-30)
Median no. of ecstasy tablets purchased	4 (1-100)	5 (1-100)
Purchased for (%)		
Self only	26	22
Self and others	71	77
Others only	1	-
Didn’t buy ecstasy	-	1
No. of times purchased in the last 6 months (%)		
1-6	35	37
7-12	42	32
13-24	17	28
25 +	3	1
none	-	-
Able to purchase other drugs from main dealer (%)	87	69
Drugs able to purchase*		
Speed	82	59
Base	28	26
Ice/Crystal	72	78
Cocaine	20	19
MDA	5	-
LSD	28	16
GHB	2	-
Cannabis	71	65
Heroin	1	6

Source: WA PDI/EDRS regular ecstasy user interviews 2005-2006

* Among those who reported being able to purchase other drugs from main dealer

As shown in Table 6 (above), the median number of people ecstasy was purchased from in the preceding six months was 3 in 2006 compared to 4 in 2005. A median of 5 tablets was purchased at a time in 2006 compared to 4 tablets in 2005. Proportions reporting who they purchased tablets for were similar across the survey years with the majority buying ecstasy for ‘self and others’ (77%). While the majority in 2006 reported purchasing ecstasy 1-6 times in the last six months (37%), there appeared to be a shift toward more frequent purchasing in comparison to the previous year. In 2006, 32%

reported purchasing ecstasy 7-12 times compared to 42% in 2005, while 28% reported purchasing 13-24 times compared to only 17% last year. This suggests that, on average, respondents were purchasing more tablets on an occasion and purchasing tablets more often.

There was a significant decrease in the proportion of respondents that reported being able to obtain other drugs from their main dealer at the time of purchasing ecstasy, from 87% last year to 69% in the current sample ($\chi^2=26.207$, $df=1$, $p=0.000$). Among current respondents, crystal methamphetamine (78%) was the drug nominated by the majority as available for purchase, followed by cannabis (65%). This was in contrast to last year when speed powder was reported as the most common drug by 82% compared to only 59% of the current sample. There was also a decrease in the proportion reporting on availability of LSD from 28% in 2005 to 16% in 2006. Smaller, comparable proportions reported on availability of methamphetamine base (26%) and cocaine (19%).

Key expert comments

All KE reported that the ecstasy available in WA was in tablet form. Three mentioned capsules were available on rare occasions, one mentioned 'tabsules' (elongated pill), and two reported MDMA liquid. All reported swallowing as the main method of administration, while half stated that some ecstasy users occasionally crushed and snorted pills. Two mentioned shelving/shafting (anal or vaginal use) and one stated that younger users might try injecting.

Price estimates ranged from \$30 to \$60 with most KE reporting an average price of \$50 per pill. Three KE commented that ecstasy was cheaper if bought in bulk. Two reported the price would decrease to \$30-\$35 per pill and one that the price would be as low as \$15 per pill. All KE reported that the price was stable except for two who reported it had decreased. Purity was estimated at 30% MDMA content, one KE reported MDA in pills within the last 12 months, and a few mentioned ketamine. One KE stated that pills largely containing methamphetamine were described as 'coke-based' and those with ketamine as 'smacky'. All KE reported that purity fluctuates, and one stated that purity had decreased due to pills being crushed and re-pressed. With regards to availability, all KE reported that ecstasy was either 'very easy' or 'easy' to obtain. Three KE stated that the majority of ecstasy tablets was imported from overseas, particularly Europe and South East Asia.

4.7 Ecstasy-related harms

4.7.1 Law enforcement

Figure 8 presents the number of consumer and provider arrests for amphetamine-type stimulants in WA for 2004/05. 'Amphetamine-type stimulants' refers to amphetamine, methylamphetamine, crystalline methylamphetamine, and phenethylamines such as 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA). It is evident that in WA the number of consumer arrests was more than twice that of provider arrests. WA had the fourth highest number of consumer arrests following Queensland (2578), Victoria (1515) and NSW (1506). With regards to provider arrests, WA was third following Queensland (759) and Victoria (659).

Figure 8: Number of consumer and provider arrests for 'amphetamine-type stimulants' in WA, 2004/05

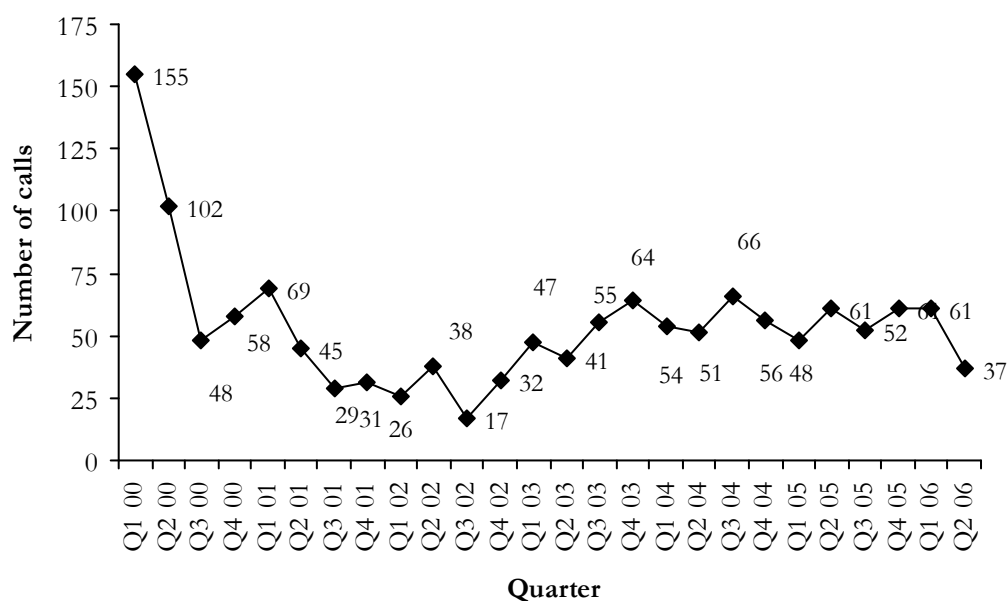


Source: Australian Crime Commission (N.B. 05/06 data not available at time of publication).

4.7.2 Health

The WA Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in WA. While health-related harms associated with ecstasy are discussed in more detail elsewhere, calls to ADIS provide a general indicator of the level of harm experienced by ecstasy users. Figure 9 shows that since January 2003 and prior to the most recent quarter, calls to ADIS regarding ecstasy remained in the range of 41 to 66 per quarter. Beginning in the second quarter of 2005, rates were stable; however, the most recent quarter recorded shows a decline in call numbers. Furthermore, while inquiries to ADIS regarding ecstasy use have continued to constitute only a small proportion of the total number of inquiries received, this also decreased in 2006. For the period January-March ecstasy-related calls comprised 1.8% of total inquiries (n=3393) and for the period April-June made up only 1.3% of total calls (n=2887).

Figure 9: Number of inquiries regarding ecstasy to ADIS, WA, January 2000 to June 2006



Source: WA Alcohol and Drug Information Service

4.8 Benefit and risk perception

4.8.1 Perceived benefits

Respondents were asked to identify any benefits associated with their ecstasy use and 99% reported at least one benefit (Table 7). A maximum of three factors could be nominated and those rated by the greatest proportions of participants were ‘fun’ (38%), ‘enhanced communication/talkativeness/more social’ (37%), and ‘enhanced mood’ (34%). These responses varied from those found last year in which ‘enhanced closeness/bonding/empathy’ was rated the highest at 43% compared to only 27% in the current sample. Conversely, there were increases in the proportion nominating ‘increased energy/stay awake’ (25% in 2006 versus 10% in 2005) and ‘drug effects’ (20% in 2006 versus 9% in 2005).

Table 7: Perceived benefits of ecstasy use among those who commented, 2006

Benefit	% (n=99)
Enhanced closeness/bonding/empathy	27
Enhanced mood	34
Fun	38
Enhanced communication/talkativeness/more social	37
Increased confidence/decreased inhibitions	16
Increased energy	25
Enhanced sexual experience	13
Enhanced appreciation of music/dance	25
The high/rush/buzz	9
Relax/escape/release	16
Drug effects	20
Cheap	3
Feeling in control/focused	6

Source: WA EDRS regular ecstasy user interviews 2006

4.8.2 Perceived risks

Respondents were also asked to identify any risks associated with their ecstasy use and 97% of the sample identified at least one risk (Table 8). Again, a maximum of three factors could be nominated and similar rates to last year were found for ‘depression’ (32% in 2006 versus 34% in 2005) and ‘unknown drug contaminants/cutting agents’ (21% in 2006 versus 23% in 2005). The notable difference was an increase in the perceived risk of damage to brain function reported by 23% of the current sample compared to 9% in 2005.

Table 8: Perceived risks of ecstasy use among those who commented, 2006

Risk	% (n=97)
Psychological harms	
Depression	32
Anxiety/panic	6
Psychosis	5
Paranoia	6
Neuropsychological harms	
Memory impairment	11
Damage to brain function	23
Physical harms	
Dehydration	11
General acute physical problems	9
Fatal overdose	12
Non-fatal overdose	11
Body temperature regulation	7
Long-term physical problems	6
Harms related to illicit status	
Unknown drug contaminants/cutting agents	21
Effects of intoxication	
Impaired decision making/risk taking	12
Increased vulnerability	6
Taking more drug than intended	2
Other harms	
Legal/police problems	10
Financial problems	10

Source: WA EDRS regular ecstasy user interviews 2006

4.9 Summary of ecstasy trends

- Median price of ecstasy was \$40 a tablet, as reported last year.
- The majority of the sample (61%) rated price as stable in the previous 6 months.
- Evidence of a perceived instability in purity, with the greatest proportion of the current sample rating current purity as 'fluctuates' (36%) and purity during the previous six months as 'fluctuating' (45%).
- There was a reported decrease in availability, with 47% of the current sample rating availability as 'very easy' compared to 62% last year.
- Accordingly, 55% of the current sample rated availability over the last six months as 'stable' compared to 72% last year.
- 'Friends' (81%) and 'friend's home' (71%) remained the most common persons and locations for purchasing ecstasy.
- Over three-quarters of the sample usually bought ecstasy for themselves and others (77%).
- Ecstasy was purchased from a median of 5 people in the last six months, and a median of 3 tablets was obtained per occasion.
- There was a significant decrease in those reporting they were able to purchase other drugs at the time of purchasing ecstasy from 87% last year to 69% in the current sample.

5.0 METHAMPHETAMINE

Methamphetamine has been the focus of the IDRS since 2001, in recognition of its increasing prevalence over amphetamine since the 1990s. These drug types differ in molecular structure but have a similar effect of stimulating the release of monoamines such as dopamine, noradrenaline, adrenaline and serotonin in the body (Seiden, Sobol et al., 1993). Throughout the 1980s, amphetamine sulfate was the dominant form of illicit amphetamine in Australia, but, due to legislative controls on the availability of primary precursor chemicals, there was a shift toward alternative recipes for 'cooking' amphetamine (Wardlaw, 1993). The result was an increase in methamphetamine such that the powder currently available in Australia, referred to as 'speed', is almost exclusively constituted by this drug. More potent forms of methamphetamine, variously referred to as ice, rock, crystal, base and paste, have been identified as becoming more widely available. Distinctions between these forms are maintained in the IDRS in an attempt to obtain more comprehensive information about how they differ in terms of use, price, purity and availability.

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine powder (speed)

The majority of the current sample reported ever having used speed (87%) and approximately two-thirds reported use during the last 6 months (65%). As shown in Table 9, these proportions were the lowest obtained since data collection commenced in WA in 2003. Furthermore, the current rates of both lifetime use ($\chi^2=8.688$, $df=1$, $p=.003$) and recent use ($\chi^2=31.373$, $df=1$, $p=.000$) represented significant decreases from those reported in 2005. There was a corresponding decrease in the number of days speed was used in the 6 months preceding interview with a median of 6 days (range 1-96) in 2006 compared to 10 days in 2005. Although the mean number of days used in this period decreased from 15 in 2005 to 12.7 in 2006, this was not significant ($t=-1.052$, $df=64$, $p=.297$).

The typical quantity used decreased from 0.5 gram in 2005 to 0.35 gram in 2006, and the median amount for heavy use decreased from 1 gram to 0.5 gram. Among those who reported recent use of speed ($n=65$), snorting was the most common method of use with similar proportions to those reported last year (86% in 2006 versus 88% in 2005). There was a decrease in reported use by swallowing from 71% in 2005 to 57% in 2006. Smaller proportions reported smoking (25% in 2006 versus 32% in 2005) and injecting (9% in 2005 and 2006). In sum, data from the current sample indicated significant decreases in the use of speed powder, both in terms of proportions using this substance and in frequency and amount of use.

Table 9: Patterns of methamphetamine powder (speed) use of REU, 2003-2006

Speed	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used (%)	93	88	94	87	$\chi^2=8.688$, df=1, p=.003
Used preceding six months (%)	83	78	85	65	$\chi^2=31.373$, df=1, p=.000
Of those who had used					
Mean days used last 6 months	15.7	17.7	15.0	12.7	t=-1.052, df=64, p=.297
Median quantities used (grams)					
Typical (range)	0.2 (0.01-2)	0.5 (0.1-5)	0.5 (0.1-2)	0.35 (0.1-1)	
Heavy (range)	0.6 (0.1-10)	0.5 (0.1-20)	1 (0.1-6)	0.5 (0.1-8)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

5.1.2 Methamphetamine base

Rates of use of base methamphetamine were comparable to last year, as shown in Table 10. Just over half the sample reported lifetime use of methamphetamine base (56%) and a third reported use in the 6 months preceding interview (32%). Base was used a median of 5 days in the last 6 months (range 1-120). The average number of days used in this period increased from 8.8 days in 2005 to 12.8 days in 2006; however, this wasn't significant (t=.949, df=31, p=.350). The median amount typically used doubled from 1 point in 2005 to 2 points in 2006, and the median amount for heavy use increased from 2 to 3 points. Swallowing remained the most common method of use among those who had recently used base (n=32) and was reported by the same proportion as last year (63%). This was also found for proportions reporting snorting (53% in both years) and injecting (19% in 2006 versus 18% in 2005). There was, however, an increase in the proportion reporting smoking base from 24% in 2005 to 34% in 2006.

Table 10: Patterns of base methamphetamine use of REU, 2003-2006

Base	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used (%)	54	46	59	56	$\chi^2=.372$, df=1, p=.542
Used last six months (%)	32	31	38	32	$\chi^2=1.528$, df=1, p=.216
Of those who had used Mean days used last 6 months	7.5	15.0	8.8	12.8	t=.949, df=31, p=.350
Median quantities used (points)					
Typical (range)	1 (0.3-6)	2 (0.25-5)	1 (0.2-60)	2 (0.5-15)	
Heavy (range)	1.5 (0.5-20)	2 (0.25- 10)	2 (0.3-60)	3 (0.5-30)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

5.1.3 Crystal methamphetamine

As shown in Table 11, most of the current sample reported use of crystal methamphetamine in their lifetime (89%) and this was the same as that reported last year (88%). There was an increase in use during the last 6 months from 69% in 2005 to 77% in 2006; however, this wasn't significant ($\chi^2=2.992$, df=1, p=.084). There was little change in frequency of use during this period with a median of 6 days in the current sample compared to 7 days in 2005. Likewise, the average number of days crystal was used was 13.6 (range 1-100 days) in 2006 compared to 14.1 days in 2005. Amounts used were also similar with a median quantity for typical use of 1 point in both years, and for heavy use of 2 points in 2006 compared to 3 points in 2005.

Of those who reported use of crystal in the preceding 6 months (n=77), the vast majority reported smoking as the usual method of use, nominated by 88%. This has consistently been the most common method of use for crystal, reported by 77% in 2005 and 92% in 2004. Prevalence of snorting was comparable, reported by 69% in 2006 and 64% in 2005, while swallowing decreased from 57% in 2005 to 44% in 2006. Sixteen percent of the current sample reported injecting crystal in the last 6 months, compared to 10% in 2005.

Table 11: Patterns of crystal methamphetamine use of REU, 2003-2006

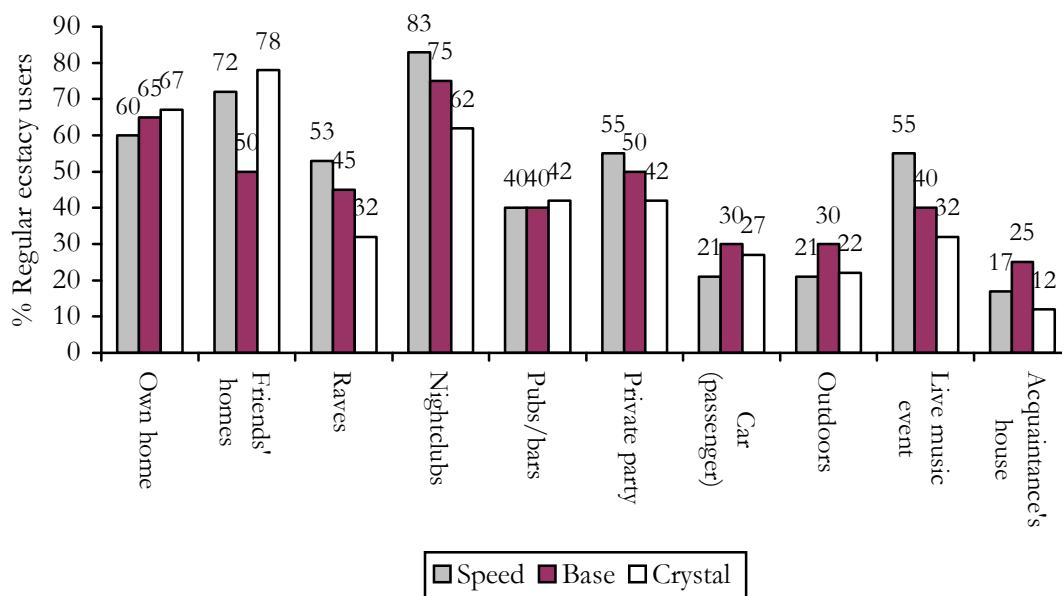
Crystal	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used (%)	91	89	88	89	$\chi^2=.09$, $df=1$, $p=.758$
Used last six months (%)	77	80	69	77	$\chi^2=2.992$, $df=1$, $p=.084$
Of those who had used Mean days used last 6 months	17.4	22.2	14.1	13.6	$t=-.258$, $df=76$, $p=.797$
Median quantities used (points)					
Typical (range)	1 (0.1-10)	2 (0.33-10)	1 (0.1-40)	1 (0.5-10)	
Heavy (range)	2.5 (0.1-50)	2 (0.33-48)	3 (0.25-40)	2 (0.5-40)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

Participants were asked about locations of usual and most recent use of methamphetamine, and these varied according to the particular form. As shown in Figure 10, the most common location of usual use for speed powder was ‘nightclubs’ (83%) as was found last year (81%). However, differences were observed for other categories with ‘friends’ home’ reported by 72% of the current sample, making it the second most common location of usual use, compared to 56% in 2005. The second most common location of usual use in 2005 was ‘raves’ reported by 66%, and this decreased to 53% in 2006. ‘Own home’ (60%), ‘private party’ (55%) and ‘live music event’ (55%) were other common locations of use in the current sample.

The proportion reporting ‘nightclubs’ as usual location of use for base methamphetamine was comparable to last year (75% in 2006 versus 71% in 2005) and represented the most common location in the current sample. This differed from last year in which ‘own home’ was the most common location nominated by 79% and this decreased to 65% in the current sample. ‘Raves’ also decreased as a usual location of base use from 64% in 2005 to 45% in 2006. ‘Friends’ home’ was the most common location of usual use for crystal across samples (78% in 2006 versus 74% in 2005), and nightclubs were nominated by 62% in both years. In contrast, usual use of crystal in ‘own home’ increased to 67% in 2006 compared to 54% in 2005, and ‘raves’ decreased to 32% compared to 58% in 2005. As proportions nominating ‘raves’ as a usual location of use decreased across forms, this may indicate a general decrease in these events or a shift in use of methamphetamine away from this traditional dance scene. However, as similar decreases were found for this location of use for ecstasy, it is likely that these events have become less common.

Figure 10: Location of usual methamphetamine use by form, 2006*

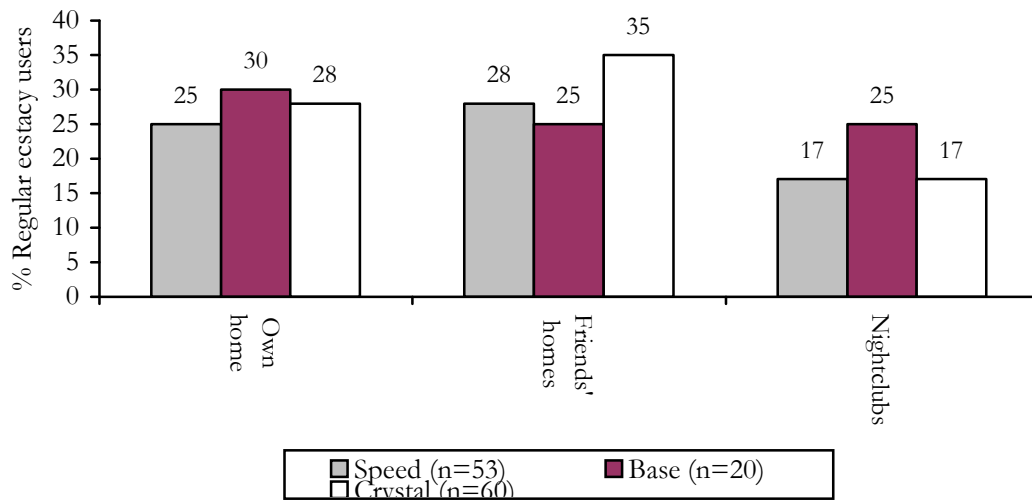


Source: WA EDRS regular ecstasy user interviews 2006

* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

Figure 11 shows locations of most recent use for 2006. Differences in this variable were found across sample years. Proportions for 'friends' home' (28% in 2006 versus 23% in 2005) and 'own home' (25% in 2006 versus 23% in 2005) were similar across years for speed powder. However, there was a large decrease in those reporting 'nightclubs' as most recent location of speed use from 31% in 2005 to 17% in 2006. 'Own home' was reported by the greatest proportion in 2006 for recent use of base (30%), representing an increase from last year (21%). 'Nightclubs' also increased from 14% in 2005 to 25% in 2006, while 'friends' home' decreased from 36% in 2005 to 25% in 2006. 'Friend's home' (35% in 2006 versus 30% in 2005) and 'nightclubs' (17% in 2006 versus 20% in 2005) were comparable for recent use of crystal, while there was an increase in use at 'own home' (28% in 2006 versus 18% in 2005). In sum, the most notable differences across sample years was an increase in the proportion nominating 'nightclubs' as both a usual and most recent location of base use, and an increase in 'own home' as both a usual and most recent location of crystal use.

Figure 11: Location of most recent methamphetamine use by form, 2006*



Source: WA EDRS regular ecstasy user interviews 2006

* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

Key expert comments

The majority of KE commented on use of methamphetamines, particularly in reference to crystal. Estimates of prevalence ranged from half to most ecstasy users also using a form of methamphetamine, especially among those who use every weekend. Contrasting views in regards to age were expressed, with one KE stating that crystal use was more popular among younger users, and another that it was common among older users. Four KE reported a general increase in the use of crystal and that it was now the most popular drug not only in the party scene, but across social groups. Mention was also made of smoking as the method of administration, and a progression from smoking cannabis to crystal due to the common method of use.

5.2 Price

Participants were asked about the cost of the various forms of methamphetamine (Table 12). Nineteen participants reported on the price of a gram of speed powder and the median cost was \$300 (range \$100-400). Thirty-seven participants reported on the price of a point of speed and the median was \$50 (range \$40-100). The median price of both a point and a gram of speed were the same as that reported in the previous two years.

Ten participants reported on the price of a point of base methamphetamine and all stated the cost was \$50. Four participants also commented on the price of a gram of base and the median price was \$350 (range \$300-400). While the price of a point of base remained unchanged across data collections, there was a gradual increase in the price of a gram of base since reported in 2004. Forty-three participants reported on the price of a point of crystal methamphetamine and the median cost was \$50 (range \$50-100). Sixteen participants commented on the price of a gram of crystal and the median cost was \$400 (range \$300-500) representing an increase from that reported last year.

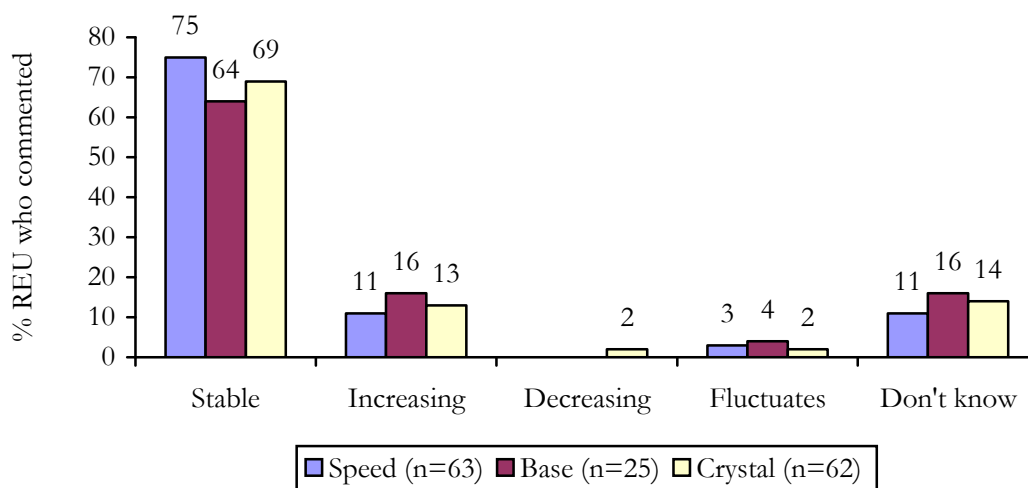
Table 12: Price of various methamphetamine forms purchased by REU, 2003-2006

Median price (\$)	2003	2004	2005	2006
Speed				
Point	50	50	50	50
Gram	200	300	300	300
Base				
Point	50	50	50	50
Gram	-	300	325	350
Crystal				
Point	50	50	50	50
Gram	-	400	350	400

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

Participants were also asked about their perceptions of recent changes in the price of methamphetamine. As shown in Figure 12, responses were consistent across forms with 'stable' the most common response for all forms. This was also found in 2005; however, there was considerably more variation in reports for base with 47% reporting the price as 'stable' in 2005 compared to 64% in 2006.

Figure 12: Recent changes in price of various methamphetamine forms purchased by REU, 2006



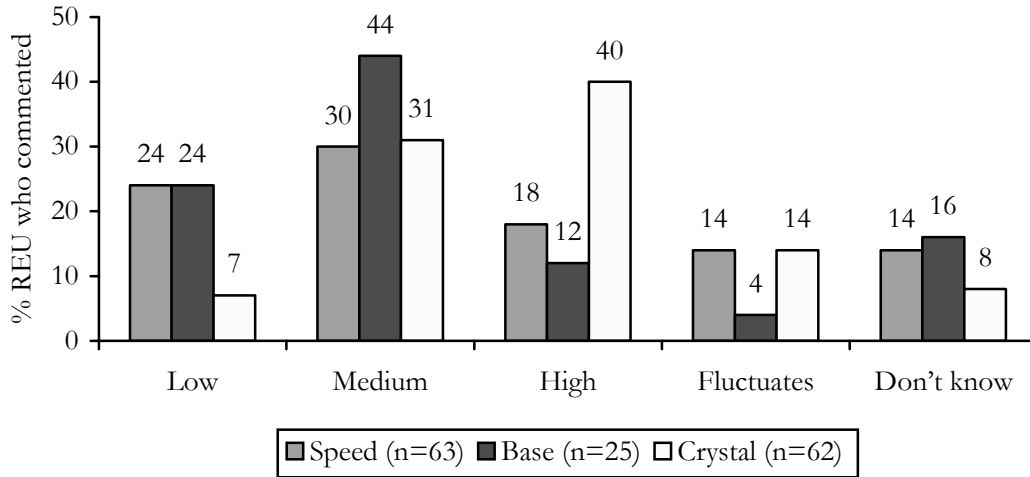
Source: WA EDRS regular ecstasy user interviews 2006

5.3 Purity

Participants also commented on the current purity of methamphetamine (Figure 13) and changes in purity over the preceding 6 months (Figure 14). There was least spread across categories of purity in reports for speed with 30% rating it as 'medium', 24% as 'low' and 18% as 'high'. Purity of crystal was rated by the majority as either 'high' (40%) or 'medium' (31%). While these ratings were similar to those found last year, there was a perceived decrease in the purity of base. Of those who commented in 2006, the majority

reported it as 'medium' (44%) followed by 'low' (25%). In contrast, equal proportions of 41% rated purity of base in 2005 as 'medium' and 'high' and only 6% rated it as 'low'.

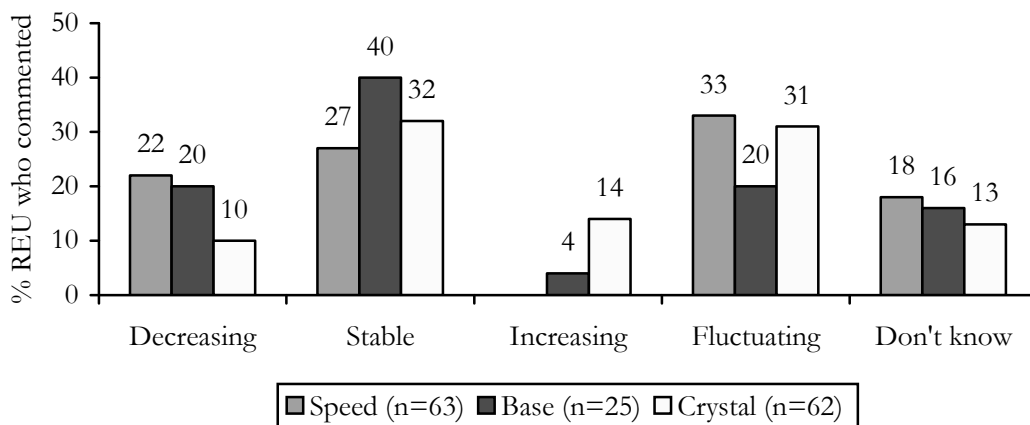
Figure 13: User reports of current methamphetamine purity, 2006



Source: WA EDRS regular ecstasy user interviews 2006

There was relatively even spread over response categories of 'fluctuating' (33%), 'stable' (27%) and 'decreasing' (22%) for recent purity of speed while no participant rated it as 'increasing'. Of those who commented for base, the majority rated recent purity as 'medium' (40%) with 20% each rating it as 'decreasing' and 'fluctuating'. Approximately a third of those who commented for crystal rated it as 'stable' and as 'fluctuating'. The variations in reported purity are indicative of the subjective nature of user ratings of drug purity.

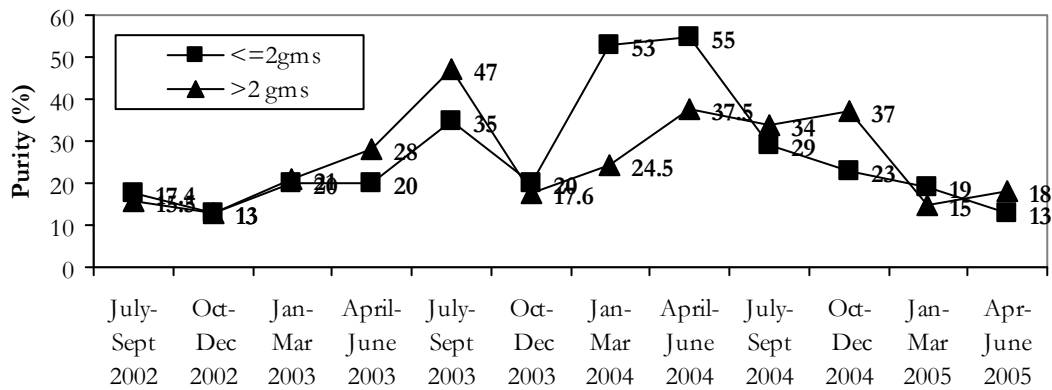
Figure 14: User reports of changes in methamphetamine purity in the past six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figures 15 and 16 show data provided by the Australian Crime Commission regarding the median purity and number of seizures of methylamphetamine in WA. It is evident that purity has varied both across time and according to the amount (in grams) of the seizure (see Figure 16). However, it may be deduced that since April-June 2004 the overall trend in purity for both weight categories represents a substantial decrease.

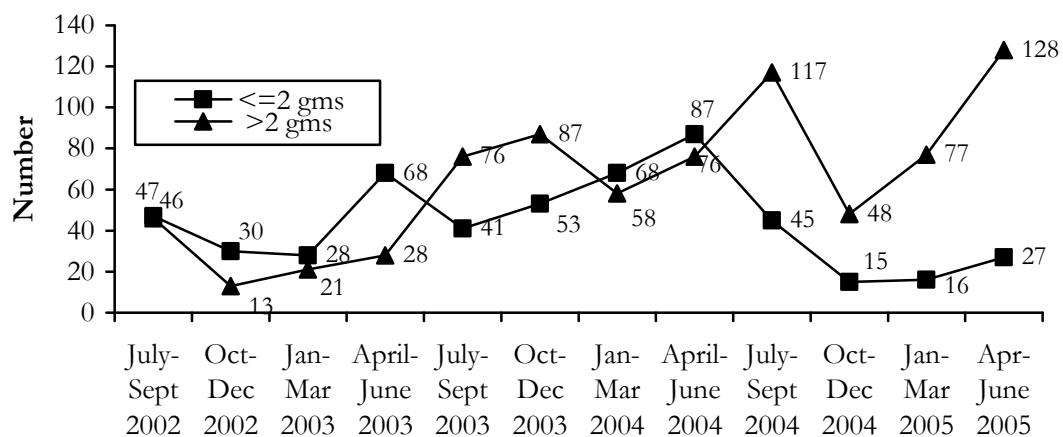
Figure 15: Median purity of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2005



Source: Australian Crime Commission (data from July 2005 unavailable at time of publication)

Figure 16 indicates that the number of methylamphetamine seizures in WA exhibited an overall increase until April-June 2004. From this time, differences are evident according to weight category. Seizures of 2 grams or under initially decreased but have since begun to stabilise. In contrast, seizures over 2 grams decreased substantially in October-December 2004 but have recovered to a peak in April-June 2005 representing the greatest number recorded over the time period.

Figure 16: Number of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2005

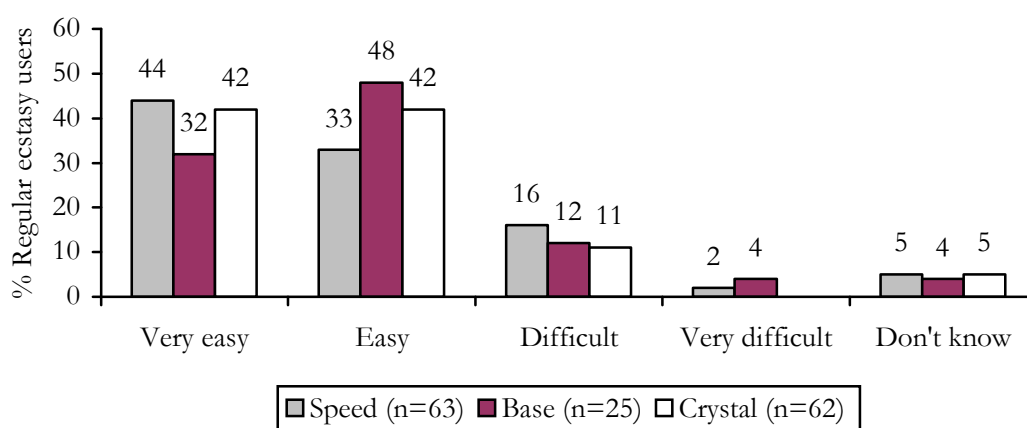


Source: Australian Crime Commission (data from July 2005 unavailable at time of publication)

5.4 Availability

As shown in Figure 17, all forms of methamphetamine were considered by the majority of those who commented as either 'easy' or 'very easy' to obtain. Ratings across these categories for speed powder were 77% in the current sample compared to 94% last year with 16% currently rating it as 'difficult' compared to 6% last year. Ratings of 'easy' and 'very easy' totalled 80% of those who commented in the current sample compared to 69% last year. There was a considerable decrease in the proportion rating availability of base as 'difficult' from 31% in 2005 to 12% in 2006. Ratings of crystal availability were comparable across years with 84% of the current sample reporting it as 'easy' or 'very easy' and 80% rating it in these categories last year.

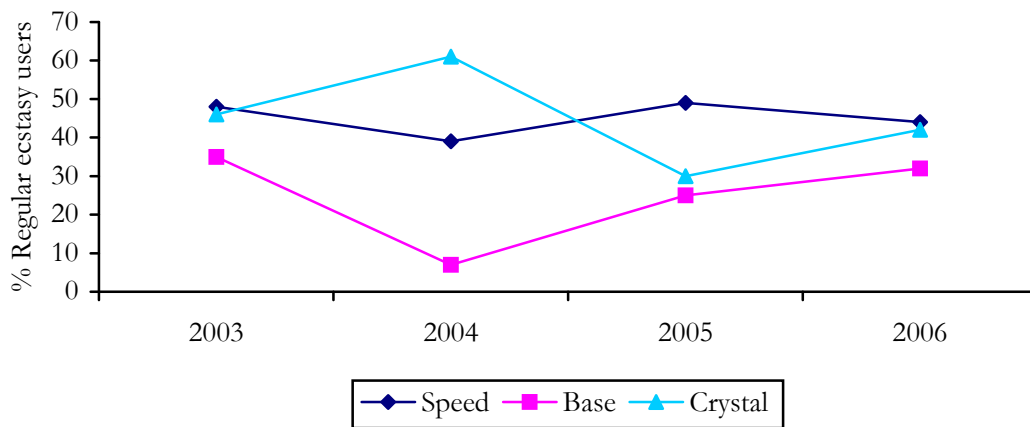
Figure 17: Current availability of methamphetamine forms, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 18 illustrates that reports of availability as 'very easy' for the various forms of methamphetamine remained much the same as last year. Ratings for speed powder have been most consistent with proportions ranging between 39% (2004) and 49% (2005). There was a significant decrease in the proportion rating availability of crystal as 'very easy' from 61% in 2004 to 30% in 2005 and this increased slightly to 42% in the current sample. In contrast, following a decline in 2004 (7%), proportions rating base as 'very easy' have increased across years to 25% last year and 32% in the current year.

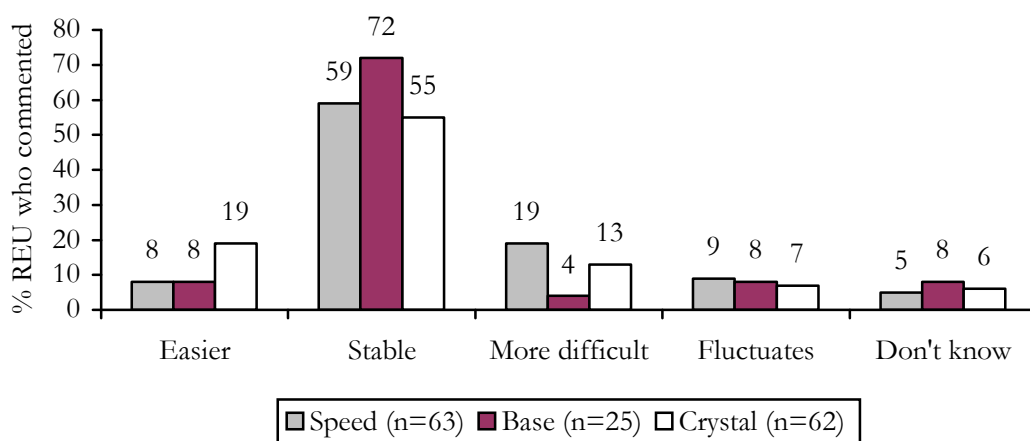
Figure 18: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as ‘very easy’ to obtain in the six months preceding interview, 2003-2006



Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

With regards to perceived changes in availability over the preceding 6 months (Figure 19), most of those who commented reported it as ‘stable’ for all forms of methamphetamine. Proportions for speed powder were largely similar to those found last year with 59% rating it as ‘stable’ (57% in 2005) and 19% as ‘more difficult’ (17% in 2005). Almost three-quarters of those who commented for base rated recent purity as ‘stable’ (72%) and represented an increase from that found last year (57%). This was accompanied by a decrease in the proportion rating it as ‘more difficult’ from 23% in 2005 to 4% in 2006. Proportions for crystal were comparable to last year with most rating it as ‘stable’ (55% in 2006 versus 43% in 2005), followed by ‘easier’ (19% in 2006 versus 20% in 2005) and ‘more difficult’ (13% in 2006 versus 21% in 2005).

Figure 19: Change in the availability of various forms of methamphetamine in the preceding six months, 2006

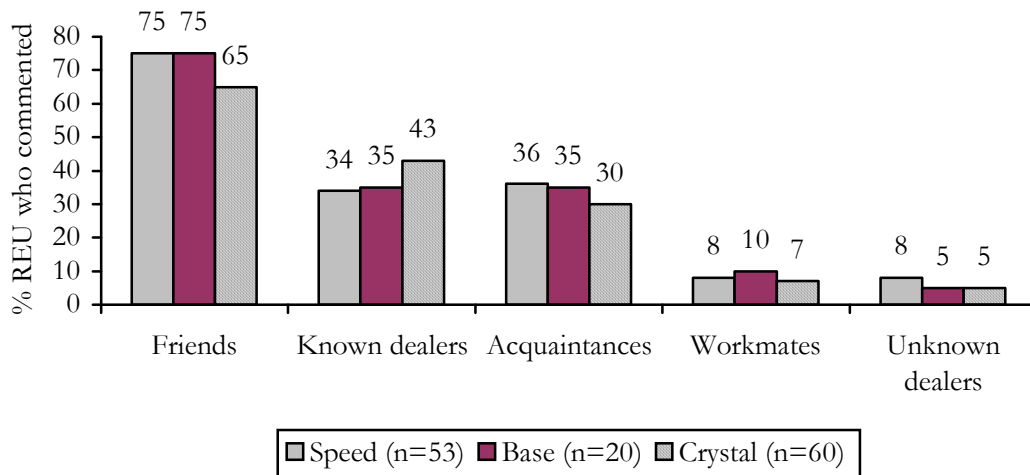


Source: WA EDRS regular ecstasy users’ interviews 2006

All forms of methamphetamine were predominantly obtained from ‘friends’, followed by ‘known dealers’ and ‘acquaintances’ (see Figure 20). Three-quarters of those who commented for speed powder reported scoring from ‘friends’ and approximately a third each from ‘known dealers’ (34%) and ‘acquaintances’ (36%). These proportions were comparable for base with 75% reporting scoring from ‘friends’, and 35% each from

‘known dealers’ and ‘acquaintances’. Approximately two-thirds of those who commented for crystal reported scoring from ‘friends’ (65%), with 43% scoring from ‘known dealers’ and 30% from ‘acquaintances’. The most notable differences in comparison to last year were an increase in scoring speed powder from ‘acquaintances’ (21% in 2005), decreases in scoring base from both ‘known dealers’ (62% in 2005) and ‘unknown dealers’ (5% in 2006 versus 23% in 2005), and a decrease in scoring crystal from ‘friends’ (80% in 2005).

Figure 20: People from whom methamphetamine powder, base and crystal were purchased in the preceding six months, 2006*

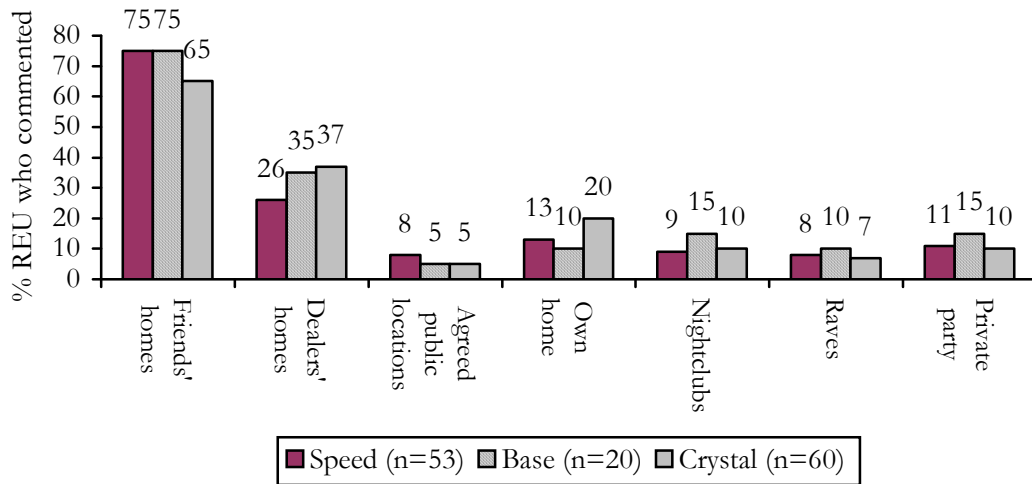


Source: WA EDRS regular ecstasy user interviews 2006

* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

Consistent with ‘friends’ as the dominant source for scoring, ‘friend’s home’ was reported as the most common location of purchase for all forms of methamphetamine (see Figure 21). This was reported by 75% for speed (66% in 2005), 75% for base (57% in 2005), and 65% for crystal (62% in 2005). ‘Dealer’s home’ was the next most commonly identified purchase location, reported by 26% for speed (29% in 2005), 35% for base (50% in 2005), and 37% for crystal (36% in 2005). Across forms, there was a notable decrease in scoring at ‘own home’ in comparison to last year. For speed powder this decreased from 35% in 2005 to 13% in 2006; base from 43% in 2005 to 10% in 2006; and crystal from 28% in 2005 to 20% in 2006. The other main differences observed were decreases in scoring base from ‘raves’ (8% in 2006 versus 36% in 2005) and ‘nightclubs’ (15% in 2006 versus 29% in 2005).

Figure 21: Locations where methamphetamine purchased in the preceding six months, 2006*



Source: WA EDRS regular ecstasy user interviews 2006

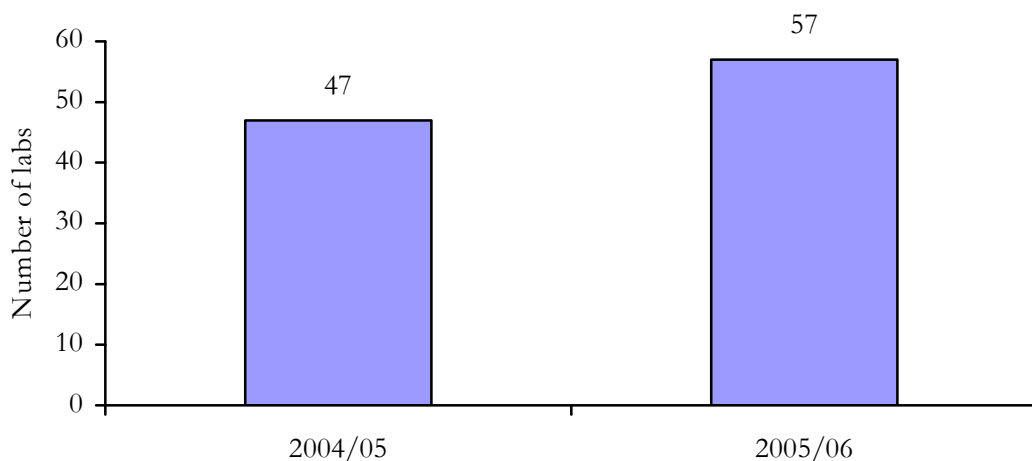
* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

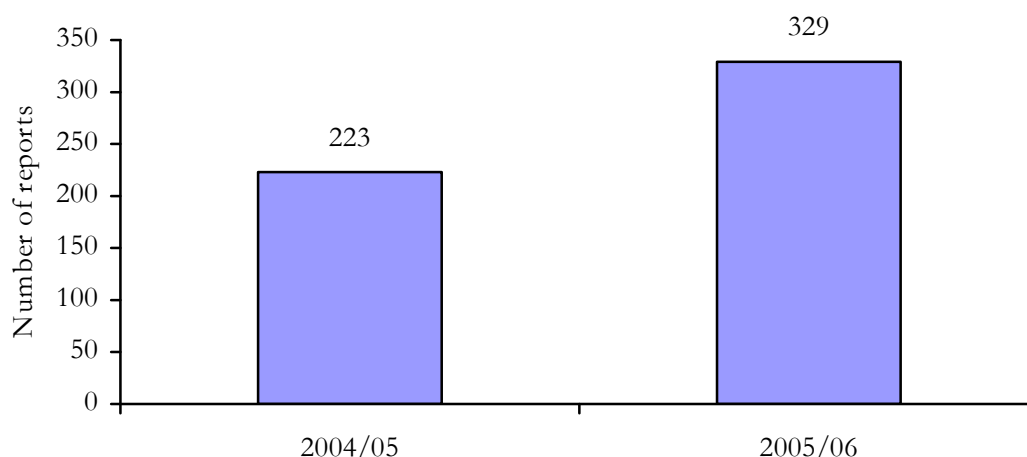
Figure 22 shows that the number of clandestine laboratories detected by WA police for purposes of manufacturing meth/amphetamines increased between 2004 and 2006. Figure 23 shows that, similarly, the number of chemical diversion reports received by police regarding substances potentially capable of producing meth/amphetamines increased across the same period. These data therefore indicate that local manufacture of meth/amphetamines in WA increased during the previous two years.

Figure 22: Number of clandestine meth/amphetamine laboratories detected by WA police 2004-2006



Source: WA Police Service

Figure 23: Number of chemical diversion reports by WA police 2004-2006



Source: WA Police Service

5.5.2 Health

The Severity of Dependence Scale (SDS) (Gossop et al., 1995) was used to assess the degree of dependence on all forms of methamphetamine. The scale is comprised of 5 items with response options of ‘never or almost never’, ‘sometimes’, ‘often’ and ‘always or nearly always’. Previous research has suggested that a total score cut-off of 4 is indicative of methamphetamine dependence (Topp & Mattick, 1997).

Of those that had used methamphetamine in the last 6 months, the mean SDS score was 2 (range 0-14) and a score of 0 was obtained by 46% of the sample. As an indicator of dependence, 20% obtained a score of 4 or more. The pattern of responses is shown in Table 13. It is evident that the least endorsed item was ‘prospect of missing a dose makes you anxious or worried’ with 77% reported ‘never or almost never’. The most endorsed item was ‘do you wish you could stop’ with 37% responding ‘sometimes’, ‘often’ or ‘always or nearly always’.

Table 13: Responses to Severity of Dependence Scale for REU who used methamphetamine in the previous six months

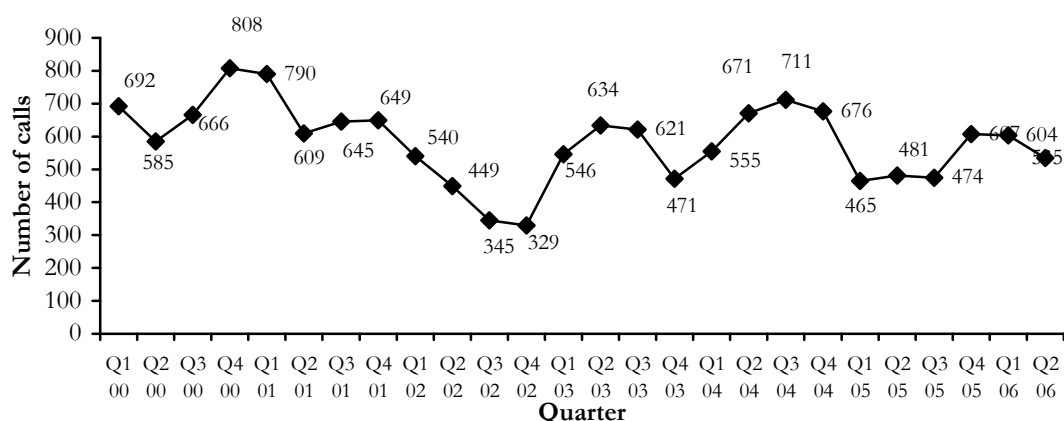
SDS item: “In the last 12 months...”	Never/almost never	Sometimes	Often	Always/nearly always
Meth. use out of control	72%	21%	3%	5%
Prospect missing dose make you anxious/worried	77%	16%	3%	3%
Worry about use of meth.	63%	27%	3%	7%
Wish you could stop	73%	9%	9%	9%

Source: WA EDRS regular ecstasy user interviews 2006

The final item asked respondents how difficult they would find it to stop using methamphetamine. Just over three-quarters (77%) reported 'not difficult', 18% reported 'quite difficult' and 5% reported 'very difficult'. Respondents were asked if their answers were attributed to a particular form of methamphetamine and, if so, to identify which forms. Just under half the sample (46%) reported not attributing their responses to a particular form. Crystal methamphetamine was the most common form nominated by 44%, followed by speed powder (13%) and base (1%).

Figure 24 presents the number of inquiries to ADIS regarding amphetamines and indicates less fluctuation from the beginning of 2005. Since this time, the number of calls related to amphetamine use ranged from 465 (1st quarter, 2005) to 607 (4th quarter, 2005). In the most recent quarters, amphetamine-related calls comprised 17.8% of total inquiries (n=3395) in January-March 2006 and 18.5% of total calls (n=2887) in April-June 2006. Beginning in the last quarter of 2005, amphetamines became the third most common drug inquired about, following alcohol and tobacco, when this drug class had previously been ranked fourth after cannabis-related inquiries.

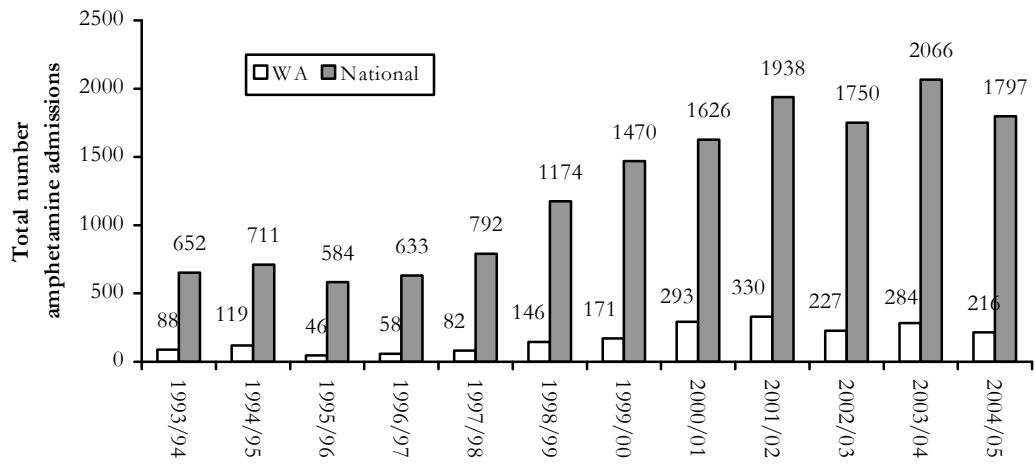
Figure 24: Number of inquiries regarding amphetamines to ADIS, WA, January 2000 to June 2006



Source: WA Alcohol and Drug Information Service

Figure 25 presents the total number of hospital admissions in WA and nationally in which amphetamines were identified as the primary diagnosis. The AIHW defines primary diagnosis as the diagnosis established (after study) to be chiefly responsible for occasioning the patient's episode of care in hospital. It is evident that figures for WA have remained fairly stable since 2000 and peaked in the 2001/02 period.

Figure 25: Total number of inpatient hospital admissions where amphetamines were the primary diagnosis in persons aged 15-54 in WA and nationally, July 1993-June 2005



Source: Australian Institute of Health and Welfare

5.6 Summary of methamphetamine trends

- Rates of both lifetime and recent use of speed significantly decreased from last year. In 2006, 87% reported ever using speed compared to 94% in 2005, and 65% reported using speed in the last 6 months compared to 85% in 2005.
- There was no significant change in lifetime and recent use of base or crystal. Lifetime use of base was reported by just over half the sample (56%) and recent use by a third (32%).
- The majority of the sample reported lifetime use of crystal (89%), and recent use was reported by 77% of the current sample compared to 69% last year; however, this increase wasn't significant.
- Speed and crystal were both used a median of 6 days in the previous 6 months, while base was used a median of 5 days.
- Consistent with previous years, there were differences across methamphetamine forms regarding method of use, with speed most commonly snorted, base most commonly swallowed and crystal most commonly smoked.
- 'Nightclubs' were reported as the usual location of use by the majority for both speed and base, while 'friend's home' was most common for crystal.
- The median price per point for all forms of methamphetamine was \$50 and this has remained consistent across survey years.
- In 2006, participants reported that a gram of speed cost \$300, a gram of base cost \$350 and a gram of crystal cost \$400, and the majority rated price as 'stable' for all forms of methamphetamine.
- Current purity was rated by most as either 'medium' (30%) or 'low' (24%) for speed, while the greatest proportion rated base as 'medium' (44%) and crystal as 'high' (40%). There was high variability in reports of changes in purity over the last six months for all methamphetamine forms.
- All forms were rated as either 'very easy' or 'easy' to obtain, and availability over the previous six months was rated by the majority as 'stable'.
- 'Friends' were the most common persons reported for purchasing all forms of methamphetamine from and 'friend's home' was the most common location.
- Those that had used methamphetamine in the last 6 months completed the Severity of Dependence Scale (SDS). The average SDS score obtained was 2 and 20% scored 4 or above, indicative of dependence.
- Calls to ADIS regarding amphetamines represented 18.5% of total calls in the most recent quarter reported, and replaced cannabis as the third most common drug inquired about after alcohol and tobacco.

6.0 COCAINE

6.1 Cocaine use among REU

As shown in Table 14, use of cocaine in the current sample of REU was comparable to that found in the previous year. There were no significant differences in the proportions reporting either lifetime use (55% in 2006 versus 57% in 2005) or recent use (29% in 2006 versus 35% in 2005). Similarly, the average number of days cocaine was used in the preceding 6 months was 2.5 in the current sample and 2.7 in last year's sample. The median number of days cocaine was used in this period was 2, with a range from 1 to 7 days.

Twenty respondents who had used cocaine in the last 6 months reported on the typical amount used in grams. The median quantity reported was 0.4 gram (range 0.1-4), which is comparable to last year. Twenty respondents also reported on the amount of grams used in a heavy session and the median was 0.5 gram (range 0.1-6), again comparable to last year. Five respondents commented on amount of cocaine used in lines and the median amount for typical use was 3 lines (range 1-6) and 4 lines for heavy use (range 1-6).

Table 14: Patterns of cocaine use of REU, 2003-2006

Cocaine	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used %	44	36	57	55	$\chi^2=.163$, df=1, p=.686
Used last six months %	17	16	35	29	$\chi^2=1.582$, df=1, p=.208
Of those who had used in preceding 6 months Mean days used last 6 months	3.12	3.63	2.71	2.48	t= -.637, df=28, p=.529
Median quantities used (grams)					
Typical (range)	0.5 (0.1-2.5)	0.25 (0.1-0.8)	0.5 (0.1-1.75)	0.4 (0.1-4)	
Heavy (range)	0.5 (0.1-2.5)	0.5 (0.1-6.25)	0.6 (0.1-6.5)	0.5 (0.1-6)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

The median age of first use of cocaine was 20 with a range from 14 to 35 years. All REU who had used cocaine in the last 6 months (n=29) reported snorting as the most common method of use. Small proportions reported swallowing (17%, n=5) and smoking (7%, n=2) cocaine in the last 6 months. Of those who had used cocaine in their lifetime (n=55), 7 reported ever injecting cocaine while no respondents reported injecting cocaine in the last 6 months.

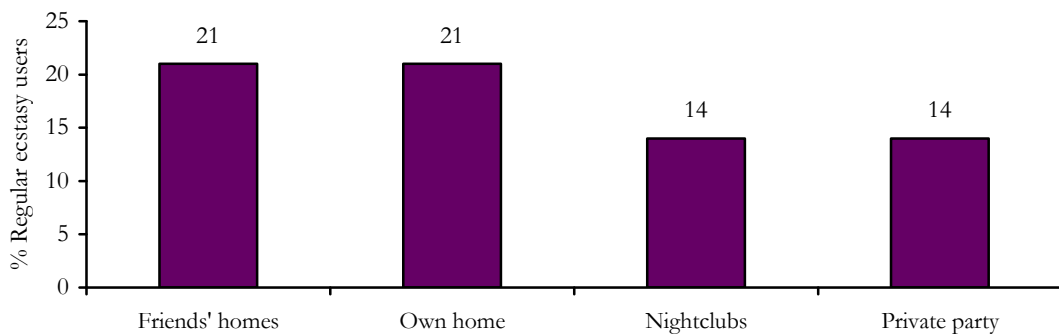
Nineteen respondents commented on usual locations (Figure 26) and most recent location (Figure 27) of cocaine use and some differences were reported. Just under half of those who commented equally reported ‘nightclubs’ (43%) and ‘own home’ (43%) as the usual location of use. This represented a shift from last year when ‘nightclubs’ were reported by two-thirds of the sample (67%) and over half reported ‘own home’ (58%). There was also a decrease in the proportion reporting ‘friend’s home’ from 58% in 2005 to 36% in 2006, and ‘private party’ from 58% in 2005 to 21% in 2006. With regards to the most recent location of use, ‘friend’s home’ and ‘own home’ were equally reported by 21% each, and ‘nightclubs’ and ‘private party’ by 14% each.

Figure 26: Usual location of cocaine use, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 27: Location of most recent cocaine use, WA 2006



Source: WA EDRS regular ecstasy user interviews 2006

6.2 Price

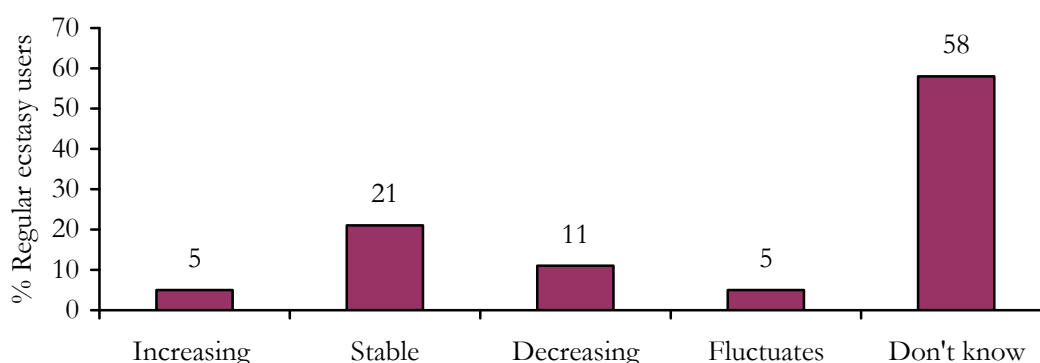
In 2006, 14 respondents commented on the price of cocaine and the median cost for a gram of cocaine was \$350, as reported last year (Table 15). However, a much larger range was reported by the current sample (\$210-600) compared to that reported in the previous year (\$300-\$450). As shown in Figure 28, over half of those who commented on price of cocaine responded 'don't know' (58%) regarding price change in the previous six months. Twenty-one percent reported it was 'stable' and 11% reported it was 'decreasing'. This differed from last year when the greatest proportion reported price was 'stable' (43%).

Table 15: Price of cocaine purchased by REU, 2003-2006

Cocaine	2003	2004	2005	2006
	(n=6)	(n=7)	(n=14)	(n=14)
Median price (\$) cocaine per gram	\$325	\$300	\$350	\$350
Price range	(\$250-400)	(\$250-400)	(\$300-450)	(\$210-600)

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

Figure 28: Recent changes in price of cocaine purchased by REU, 2006

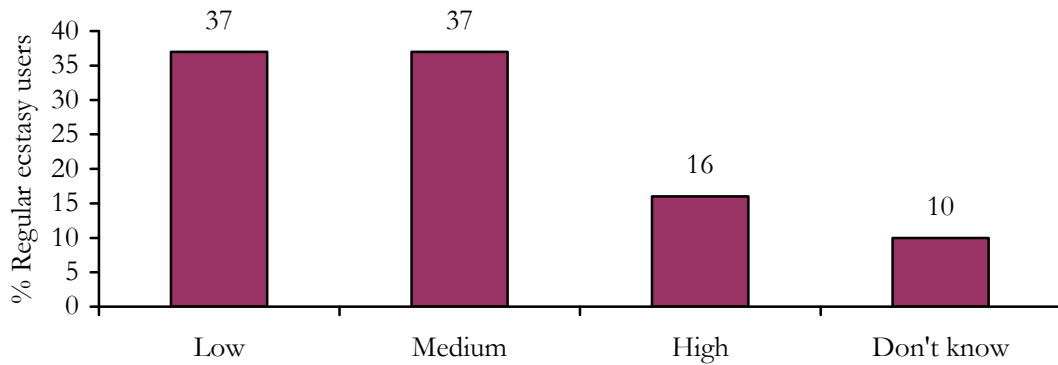


Source: WA EDRS regular ecstasy user interviews 2006

6.3 Purity

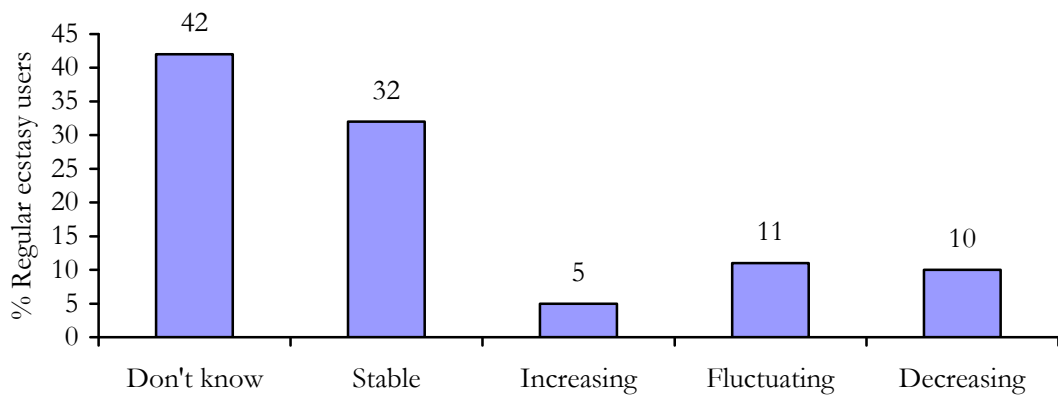
Of those who commented on cocaine purity (n=19), equal proportions of 37% each reported current purity as 'low' and 'medium' (Figure 29). This was almost identical to that reported last year when 36% each reported current cocaine purity in these categories. With regards to changes in purity over the preceding six months presented in Figure 30, 42% were unable to comment (21% in 2005) and 32% reported it as 'stable' (50% in 2005). The perceived inability by respondents to comment on both the price and purity of cocaine over the last 6 months may suggest the market is unstable and/or that use is infrequent.

Figure 29: User reports of current purity of cocaine, 2006



Source: WA EDRS regular ecstasy user interviews 2006

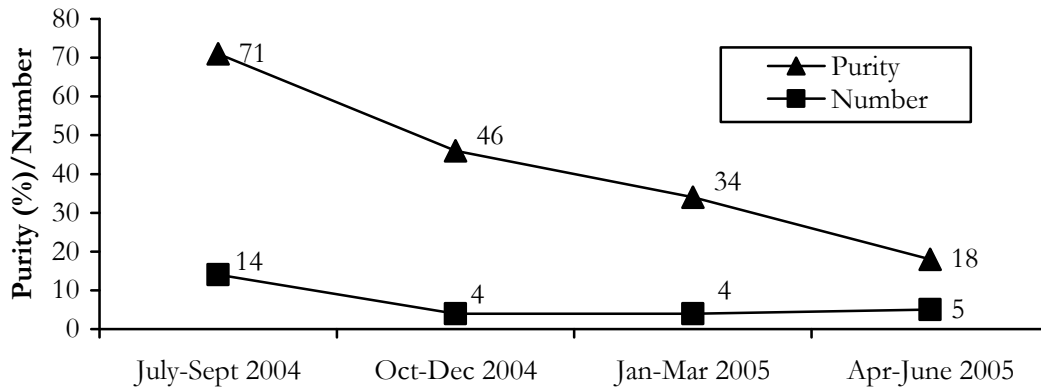
Figure 30: User reports of changes in cocaine purity in the past six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 31 shows Australian Crime Commission data for the median purity and number of cocaine seizures in WA over a 12 month period. It is evident that purity has steadily decreased from July 2004 to June 2005. However, numbers of seizures also decreased and represent very small figures, thereby limiting the conclusions that can be drawn.

Figure 31: Median purity and number of cocaine seizures analysed in WA by quarter, July 2004 to June 2005

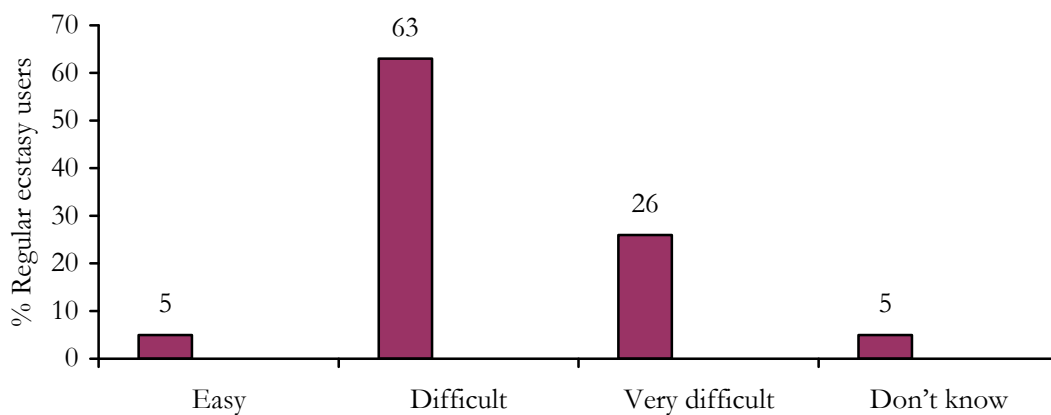


Source: Australian Crime Commission (data from July 2005 unavailable at time of publication)

6.4 Availability

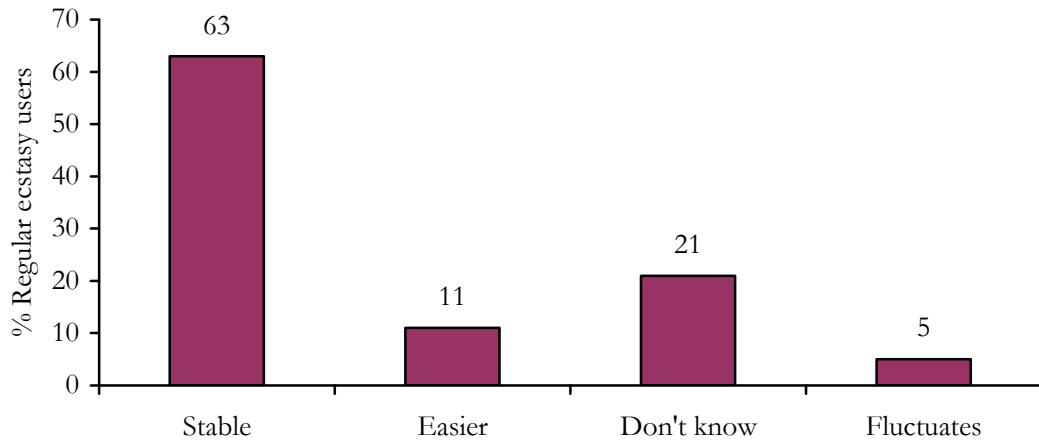
Nineteen respondents commented on cocaine availability in WA and almost two-thirds (63%) reported current availability as ‘difficult’ and a quarter (26%) as ‘very difficult’ (Figure 32). This is contrast to that reported last year in which 43% reported it as ‘difficult’ and 36% as ‘easy’. This therefore suggests that cocaine has become less available in Perth during the interim period. With regards to changes in availability over the preceding six months (Figure 33), 63% reported it as ‘stable’ and this is similar to the 57% reporting it as ‘stable’ last year. This indicates that the decrease in availability was perceived as consistent during the previous six months prior to interview for the current sample.

Figure 32: Current availability of cocaine, 2006



Source: WA EDRS regular ecstasy user interviews 2006

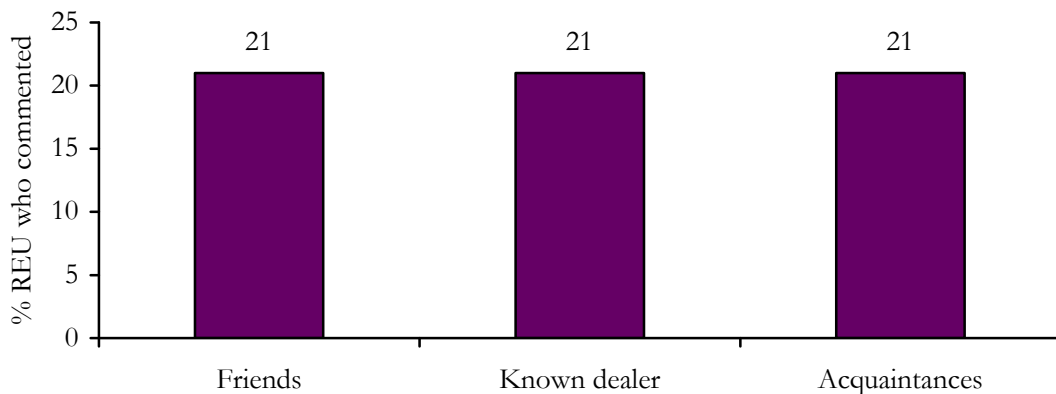
Figure 33: Changes in cocaine availability in the preceding six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

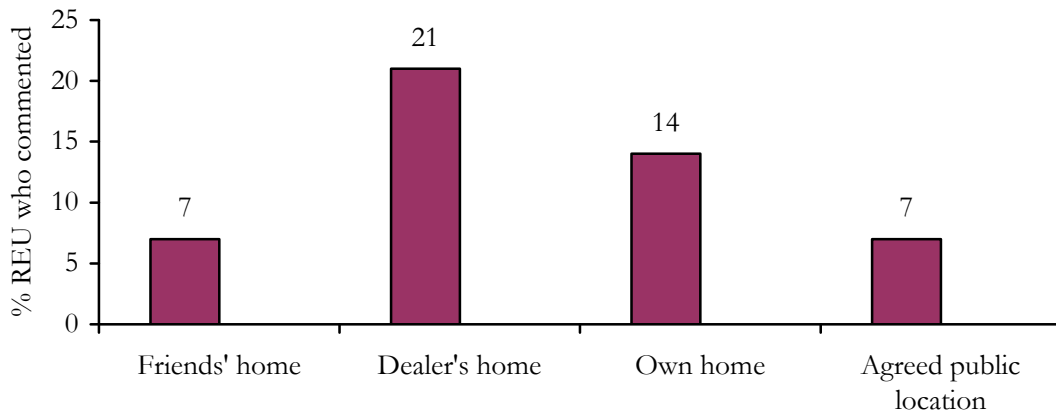
As shown in Figure 34, equal proportions of 21% each reported ‘friends’, ‘known dealers’ and ‘acquaintances’ as the most common person from whom cocaine was purchased. This represented a change from last year in which ‘friends’ were reported by over half of those who commented (58%) and ‘known dealers’ by a third (33%). All other current respondents reported ‘used but not scored’ cocaine. Figure 35 shows usual locations of purchase, and proportions were small in all categories with ‘dealer’s home’ the most common location (21%), followed by ‘own home’ (14%). In accordance with the decrease in ‘friends’ as person from whom cocaine was scored, ‘friend’s home’ as a location for scoring decreased from 42% in 2005 to 7% in the current sample.

Figure 34: People from whom cocaine had been purchased in the preceding six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 35: Locations where cocaine had been purchased in the preceding six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Key expert comments

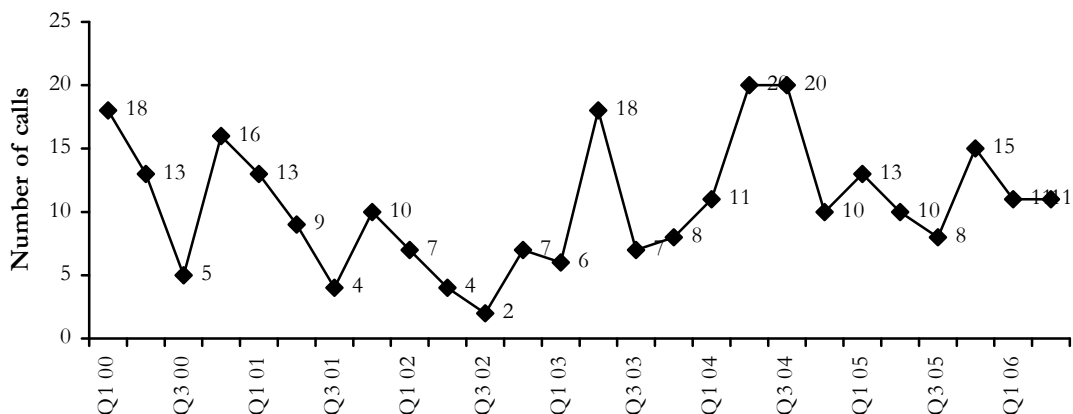
KE reported that cocaine was only used by a few ecstasy users due to price and availability. Those that did use cocaine tended to be either older users or business people who could afford it.

6.5 Cocaine-related harms

6.5.1 Health

The number of cocaine-related calls received by ADIS have fluctuated over time and peaked in mid-2004 (Figure 36). Since this time, the number dropped by half and has ranged from 8 (3rd quarter, 2005) to 15 (4th quarter, 2005) calls. Figures for 2006 show the number of calls stabilised at 11 per quarter and cocaine-related calls have never reached 1% of total calls in the period presented.

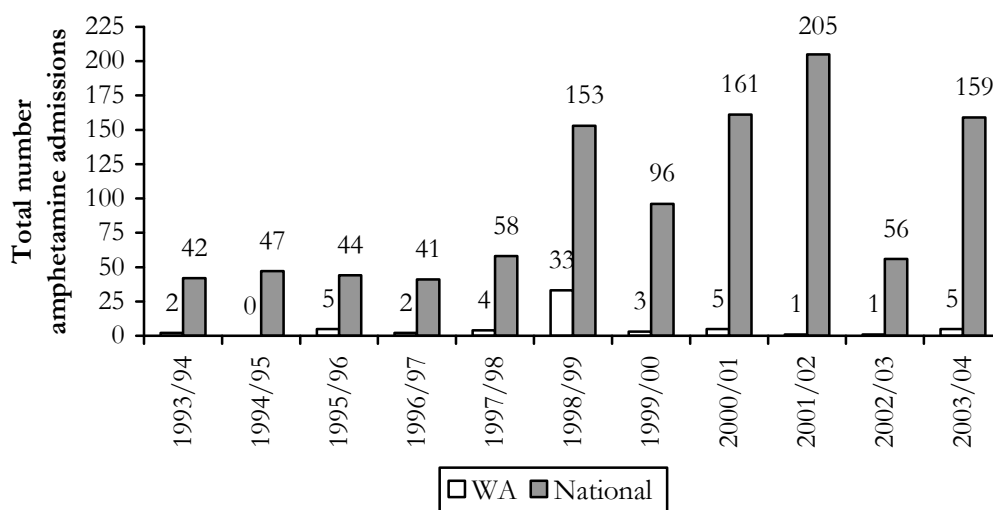
Figure 36: Number of inquiries regarding cocaine to ADIS, WA, January 2000 to June 2006



Source: WA Alcohol and Drug Information Service

Figure 37 shows that the number of hospital admissions in WA where cocaine was the primary diagnosis has remained consistently low over the preceding decade and never exceeded five annually except in 1998/99. Research suggests that this peak is accounted for by an increase in admissions for cocaine dependence (Roxburgh & Degenhardt, in press).

Figure 37: Total number of inpatient hospital admissions where cocaine was the primary diagnosis in persons aged 15-54 years, WA and nationally, 1993-2004



Source: Australian Institute of Health and Welfare

6.5 Summary of cocaine trends

- Both lifetime and recent use of cocaine were similar to last year, as reported by 55% and 29% respectively of the current sample.
- Cocaine was used a median of 2 days in the previous six months.
- The amount of cocaine used in a typical session was 0.4 gram and in a 'heavy' session was 0.5 gram.
- 'Nightclubs' significantly decreased as the most common usual location of use from 76% last year to 43% of the current sample. In 2006, the same proportion (43%) reported usual location of use as 'own home' and 36% reported 'friend's home'.
- The price of a gram of cocaine remained the same as last year at \$350, and the majority of the current sample was unable to comment on price changes in the last six months (58% reported 'don't know').
- Equal proportions of 37% each rated current purity as 'low' and 'medium', and the greatest proportion were unable to comment on purity over the last six months (42%).
- Almost two-thirds of those who commented rated current availability as 'difficult' (63%), and reported availability as 'stable' over the previous 6 months (63%).
- Equal proportions of 21% each reported purchasing cocaine from 'friends', 'known dealers' and 'acquaintances', while 'dealer's home' was reported as the location of use by the greatest proportion (21%).

7.0 KETAMINE

7.1 Ketamine use among REU

As shown in Table 16, both lifetime use and recent use of ketamine significantly decreased in 2006 following a three-year period of stability. Lifetime use decreased from 25% in 2005 to 14% in 2006 ($\chi^2 = 6.453$, $df=1$, $p=0.011$) and recent use from 11% in 2005 to 4% in 2006 ($\chi^2=5.005$, $df=1$, $p=0.025$). Frequency of use did not differ significantly with an average of 2.5 days used in the previous 6 months in the current sample compared to 3 days in the previous year's sample. In the 2006 sample, ketamine was used a median of 2 days in this period with a range of 1 to 5 days. Only one respondent reported on amounts of ketamine used and this was 4 'bumps' for both a typical session and a heavy session. Of the 4 respondents who had used ketamine in the last 6 months, 3 reported snorting and 1 injecting as the main method of administration. The median age of first use for those who had used ketamine in their lifetime was 20 years (range 14-24).

Table 16: Patterns of ketamine use of REU, 2003-2006

Ketamine	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used (%)	25	21	25	14	$\chi^2 = 6.453$, $df=1$, $p=0.011^*$
Used last six months (%)	12	10	11	4	$\chi^2=5.005$, $df=1$, $p=0.025^*$
Of those who had used in the preceding 6 mths Mean days used last 6 mths	4.08	1.40	3.00	2.50	$t=-.522$, $df=3$, $p=0.638$
Median quantities used (bumps)					
Typical (range)	1.5 (1-4)	1 (.5-1.5)	2 (1-6)	4#	
Heavy (range)	1.5 (1-4)	1 (1-5)	2 (1-12)	4#	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

* Significant at alpha level 0.05

Based on one respondent

Only one respondent commented on locations of use. Usual venues of use were 'friend's home', 'private party', 'outdoors', and 'live music event' and the last venue of use was 'live music event'. The respondent reported scoring ketamine from 'friends' and 'known dealers', and locations for scoring as 'friend's home' and 'dealer's home'.

7.2 Price, purity and availability

As in the previous two years, only one respondent commented on the price of ketamine; reported at \$160 per gram compared to \$150 per gram last year. This respondent rated the price as 'stable' during the last 6 months. Only one respondent commented on purity, reporting that current purity was 'medium' and 'decreasing' over the last six months. Only one respondent reported on availability, rating it currently as 'easy' and as 'stable' over the previous six months. Only one KE reported ketamine and stated it was in powder form.

7.3 Summary of ketamine trends

- Both lifetime and recent use of ketamine significantly decreased in 2006, representing the lowest rates reported since data collection began.
- In 2006, 14% reported ever using ketamine and 4% reported using ketamine in the previous 6 months.
- Days used in the last six months ranged from 1 to 5, with a median of 2 days.
- Only one respondent reported on amounts used, locations of use, and market aspects such as price, purity and availability.

8.0 GHB

8.1 GHB use among REU

In 2006, 5% of respondents reported lifetime use of GHB and 2% reported use in the last 6 months. As shown in Table 17, these rates did not differ significantly from those found last year. The average number of days GHB was used in the preceding 6 months increased to 3 days; however, this was not a significant increase from the 1.7 days found in 2005. The median days used in this period was also 3 (range 2-4) in the last 6 months and both respondents reported swallowing only.

Two respondents reported on amounts used and both typical (median of 6) and heavy (median of 8) amounts were less than half that reported last year (median of 19). No respondents commented on locations of use, or market aspects such as price, purity and availability, or persons and venues for scoring.

Table 17: Patterns of GHB use of REU, 2003-2006

GHB	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used (%)	20	11	10	5	$\chi^2 = 2.778$, df=1, p=0.096
Used last six months (%)	8	5	3	2	$\chi^2 = 0.344$, df=1, p=0.558
Of those who had used in the preceding 6 months Mean days used last 6 months	2.50	1.80	1.67	3.00	t=1.330, df=1, p=0.410
Median quantities used (mls)	10 (5-30)	5 (1-10)	19 (10-28)	6 (2-10)#	
Typical (range)	25 (5-500)	5 (1-15)	19 (10-28)	8 (6-10)#	
Heavy (range)					

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

based on two respondents

8.2 Summary of GHB trends

- Proportions of participants reporting both lifetime and recent use of GHB have remained consistently low over survey years.
- In 2006, prevalence of lifetime use decreased to 5%, and 2% had used GHB in the previous 6 months.
- GHB was used a median of 3 days in the last six months and only two respondents reported on amounts used.
- No participant commented on market aspects of price, purity and availability.

9.0 LSD

9.1 LSD use among REU

As evident from Table 18, there was no significant difference in the prevalence of lifetime use of LSD (67% in 2006 versus 71% in 2005). However, there was a significant decrease in reported use of LSD during the previous six months from 35% in 2005 compared to 25% in 2006 ($\chi^2=4.396$, $df=1$, $p=.036$). There was a corresponding significant decrease in the average number of days LSD was used during this period from approximately 5 days in 2005 to 2.8 days in 2006 ($t=-3.717$, $df=24$, $p=0.001$). In both years, LSD was used a median of 2 days in the preceding 6 months (range 1-15 in 2006).

The amount of LSD used in a typical session was 1 tab, comparable to that found last year. However, this was also the median amount used in a heavy session, which was half that found last year (2 tabs). All 35 respondents reported swallowing as the only method of use in the last 6 months except one respondent who had injected LSD. The median age of first use was 17 years (range 13-36). Of the total sample, only one respondent reported LSD as their drug of choice compared to 7 respondents last year.

Table 18: Patterns of LSD use of REU, 2003-2006

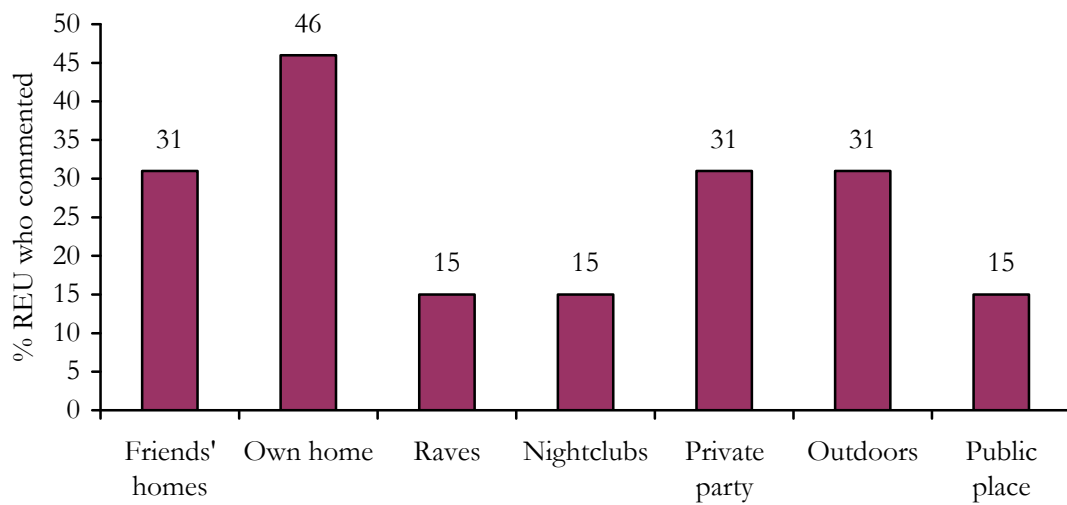
LSD	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used (%)	62	50	71	67	$\chi^2 =.777$, $df=1$, $p=.378$
Used last six months (%)	22	11	35	25	$\chi^2=4.396$, $df=1$, $p=.036^*$
Of those who had used in the preceding 6 months Mean days used last 6 months	2.82	2.91	5.03	2.80	$t=-3.717$, $df=24$, $p=0.001^*$
Median quantities used (tabs)					
Typical (range)	1(.5-3)	1 (.33-3)	1.3 (0.5-3)	1 (.25-2)	-
Heavy (range)	1 (.25-7)	1.5 (.33-8)	2.1 (0.5-9)	1 (.25-3)	-

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

* Significant at alpha level 0.05

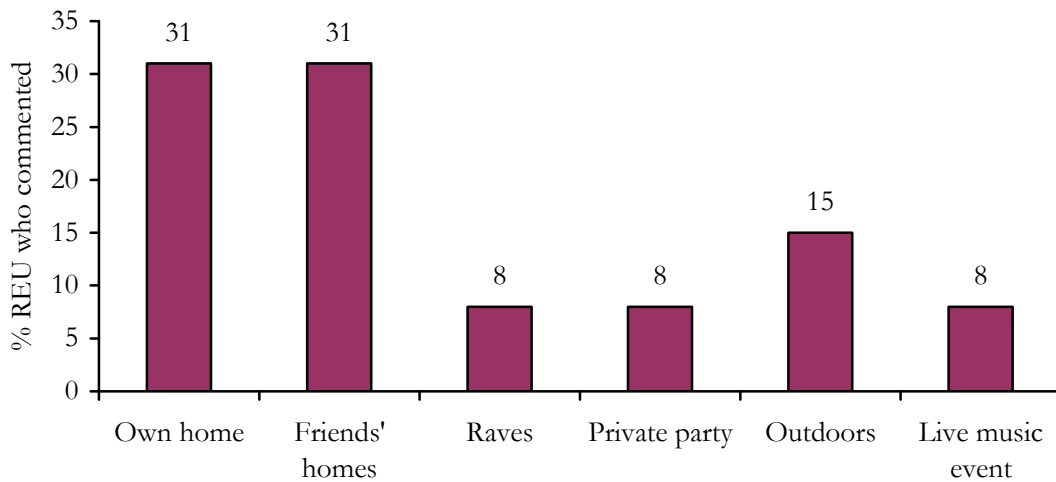
Twenty respondents commented on questions related to locations of use. As shown in Figure 38, 'home' was reported as the usual location of use by the majority of respondents (46%). This was followed by equal proportions of 31% each nominating 'friends' home', 'private party' and 'outdoors'. While these preferences were the same as last year, the proportions were greater in the 2005 sample with 70% nominating 'home', 59% 'friends' home' and 51% 'outdoors'. In contrast, only 19% of last year's respondents nominated 'private party' as a usual location of LSD use. These differences may suggest that LSD was used among current respondents in a wider range of locations. Figure 39 presents most recent locations of use in the 2006 sample, with 'own home' (31%) and 'friends' home' (31%) again nominated by the greatest proportions.

Figure 38: Usual location of LSD use, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 39: Location of most recent LSD use, 2006



Source: WA EDRS regular ecstasy user interviews 2006

9.2 Price

As shown in Table 19, the median price for a tab of LSD was \$20, representing a decrease from that found for the previous two years. Reports of the price of LSD during the previous six months also differed. In 2006, 45% of the current respondents reported the price of LSD as ‘stable’ compared to 29% last year, and only 10% reported the price as ‘increased’ compared to 31% last year. However, 35% of current respondents were unable to comment (‘don’t know’) compared to 17% last year.

Table 19: Price of LSD purchased by REU, 2003-2006

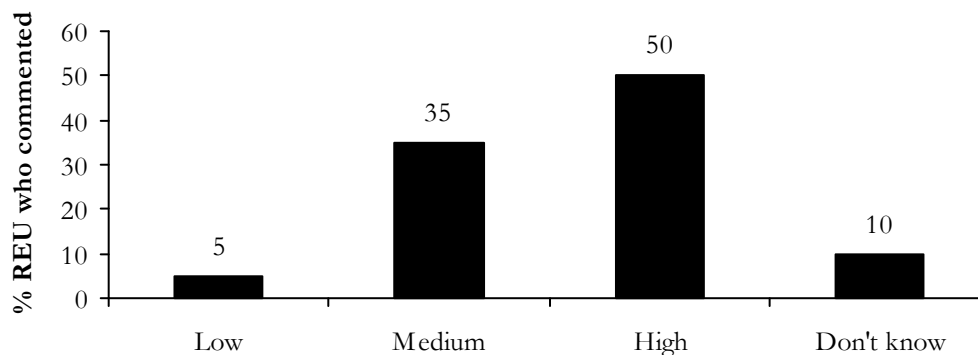
LSD	2003	2004	2005	2006
	(n=28)	(n=12)	(n=35)	(n=20)
Median price (\$) tab (range)	\$20 (15-40)	\$25 (7-40)	\$25 (15-40)	\$20 (10-50)
Price change:	(n=41)	(n=20)	(n=35)	(n=20)
Increased (%)	22	35	31	10
Stable (%)	39	25	29	45
Decreased (%)	5	5	14	5
Fluctuated (%)	7	20	9	5
Don't know (%)	27	15	17	35

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

9.3 Purity

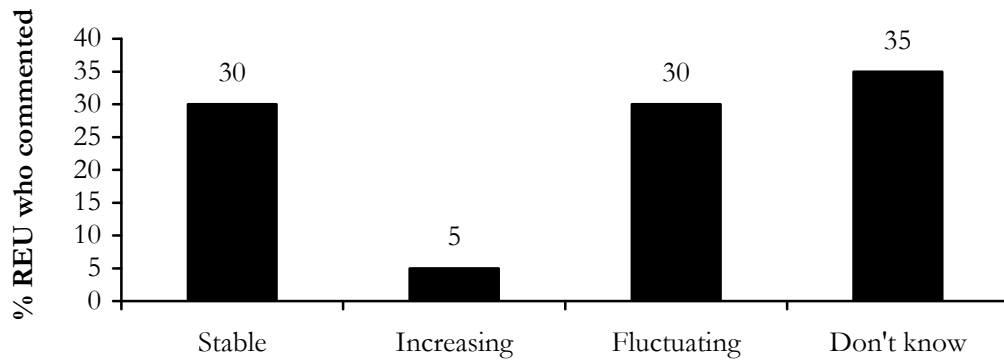
Twenty respondents commented on the purity and availability of LSD with half (50%) reporting current purity as ‘high’ and 35% as ‘medium’ (see Figure 40). These ratings were comparable to last year (54% as ‘high’ and 23% as ‘medium’) suggesting little change to user perceptions of LSD purity. Similarly, the greatest proportion in both years (35% in 2006 versus 40% in 2005) was unable to report on changes in purity over the last 6 months (see Figure 41). In the 2006 sample, equal proportions of 30% each rated purity as ‘stable’ and ‘fluctuating’ during this period.

Figure 40: User reports of current LSD purity, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 41: User reports of changes in LSD purity in the past six months, 2006

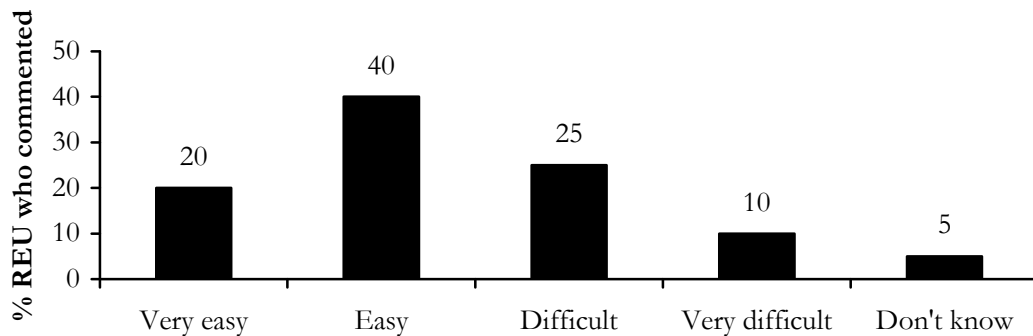


Source: WA EDRS regular ecstasy user interviews 2006

9.4 Availability

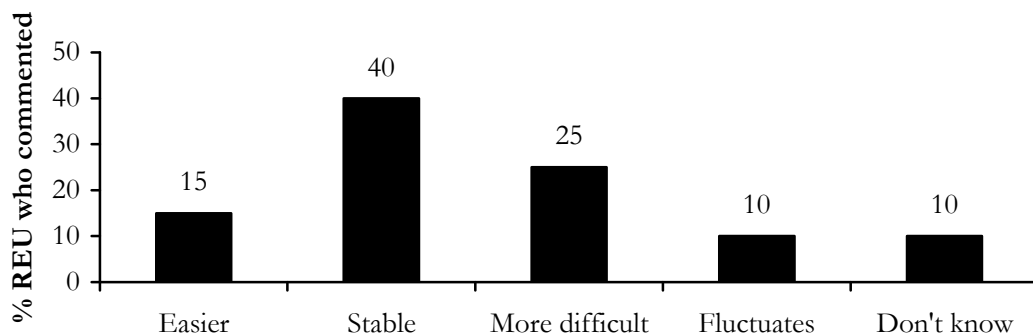
Figure 42 shows the reported current availability of LSD, with the greatest proportion nominating it as 'easy' (40%) and a quarter rating it as 'difficult'. In comparison, 34% of last year's respondents each rated availability as 'easy' and as 'difficult'. With regards to recent changes in availability (see Figure 43), most of those who commented reported availability as 'stable' (40%), as was found last year (43%).

Figure 42: Current availability of LSD, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 43: Changes in availability of LSD during the past six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Thirteen respondents commented on people and locations for purchasing LSD after excluding those reporting 'haven't used' in the previous six months. 'Friends' were by far the most common source for scoring LSD, reported by 77% (n=10). Only two other categories were nominated, with 4 respondents reporting 'known dealers' and 1 respondent reporting 'acquaintances'. Locations for scoring were more varied with 54% (n=7) nominating 'friends' home', 31% (n=4) 'dealer's home', 15% (n=2) 'own home', and 1 respondent each nominating 'raves', 'live music event' and 'acquaintance's home'.

Key expert comments

KE reports were mixed as one reported an increase in LSD among the party scene, two stated that only a few ecstasy users used LSD, and three reported that this drug was not used by this group.

9.5 Summary of LSD trends

- Lifetime use of LSD was similar to that reported last year, with 67% reporting ever used LSD in the current sample compared to 71% last year.
- Recent use of LSD significantly decreased across samples, with 25% of the current sample reporting use in the last six months compared to 35% last year.
- The average days used in this period also significantly decreased to 2.8 days among the current sample compared to 5 days in last year's sample.
- The average amount of LSD used during both a typical and a heavy session was 1 tab.
- 'Own home' was the usual location of use reported by the greatest proportion of the current sample (46%).
- The median price was \$20 a tab, representing a decrease from \$25 reported over the previous two years.
- Just under half of those who commented rated price during the last six months as 'stable', while 35% were unable to comment.
- Half of those who commented rated current purity of LSD as 'high' (50%) and reports of changes in purity over the previous six months were varied.
- The greatest proportion rated current availability as 'easy' (40%) and availability over the last six months as 'stable' (40%).
- The majority reported 'friends' (77%) as the most common person from whom LSD was obtained and 'friend's home' (54%) as the most common location of purchase.

10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family and like ecstasy is classed as a stimulant hallucinogen.

10.1 MDA use among REU

In 2006, there was a significant decrease in both lifetime and recent use of MDA among REU in WA (Table 20). Only 6% reported lifetime use compared to 19% in 2005 ($\chi^2 = 10.981$, $df=1$, $p=.001$), and no respondents reported using MDA in the last 6 months (11% in 2005). Consequently, no information was obtained regarding amounts and methods of use, or market aspects such as price, purity and availability.

Table 20: Patterns of MDA use of REU, 2003-2006

MDA	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of Significance
Ever used (%)	12	19	19	6	$\chi^2 = 10.981$, $df=1$, $p=.001^*$
Used last six months (%)	1	6	11	0	-
Of those who had used in the preceding 6 months Mean days used last 6 months (range)	6	3.33 (1-10)	4.73 (1-20)	-	-
Median quantities used (capsules) Typical (range)	1	1 (1-2)	1 (.5-3)	-	-
Heavy (range)	3	1.25 (1-4)	1 (.5-6)	-	-

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

10.2 Summary of MDA trends

- There was a significant decrease in lifetime use of MDA from 19% in 2005 to 6% in 2006.
- No respondent in the current sample reported use of MDA in the last six months.
- No key expert commented on MDA.

11.0 CANNABIS

11.1 Cannabis use among REU

As shown in Table 21, the entire sample of REU in 2006 reported lifetime use of cannabis and this rate was comparable to that found in all previous years. Rates of recent use were also similar across years, with 86% of the current sample reporting use of cannabis in the previous 6 months. The average number of days cannabis was used in this period was 77 days, which did not differ significantly from that found last year (85 days). In the 2006 sample, cannabis was used a median of 48 days in the previous six months, with 22 respondents reporting daily use.

Table 21: Patterns of cannabis use of REU, 2003-2006

Cannabis	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	Statistical tests of significance
Ever used %	99	97	99	100	-
Used last six months %	91	85	83	86	$\chi^2 = .573$, df=1, p=.449
Of those who had used in preceding 6 months					
Mean days used last 6 months	61	69	85	77	t=-1.044, df=84, p=0.300

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

The median age of first use for cannabis was 14.5 years (range 8 to 26). Smoking was reported by all respondents as the main method of use, and swallowing by 38% of those who had used cannabis in the previous six months. There was an increase in the proportion nominating cannabis as their drug of choice from 9% last year to 19% in the current sample and, of these, 84% (n=16) were male. Of the 94% of the sample who reported using other drugs with ecstasy, cannabis was reported as the other drug used by 40% (n=38). Among those reporting use of other drugs during “come down” from ecstasy (86%), 71% (n=61) reported using cannabis during this period.

11.2 Price

For the first time in 2006, data was collected from REU regarding aspects of the cannabis market. Consistent with the IDRS, a distinction was made between indoor-cultivated ‘hydroponic’ cannabis and outdoor-cultivated ‘bush’ cannabis.

Table 22 presents REU reports of the price of cannabis by form and type, while Table 23 presents the price reported by those REU who had bought cannabis in the previous six months. It is evident that a ‘stick’, gram or ‘bag’ of hydroponic or bush had a median price of \$25, although the reported median price of a gram of bush was slightly lower at \$19. The median reported price of an ounce of hydroponic was the same as the median bought price of \$280. The median reported price of \$250 for a ounce of bush was slightly higher than the median bought price of \$225. Only small proportions reported purchasing quarter ounces and the median price was \$80 for both hydroponic and bush. The median price paid for half an ounce of hydroponic was \$150 compared to \$145 for bush. These figures suggest that bush may be slightly cheaper to buy than hydroponic.

Table 22: Median reported price of cannabis by quantity, 2006

Form of Cannabis	‘Stick’	Gram	Ounce
Hydroponic	(n=11) \$25	(n=11) \$25	(n=42) \$280
Bush	(n=7) \$25	(n=6) \$19	(n=28) \$250

Source: WA EDRS regular ecstasy user interviews 2006

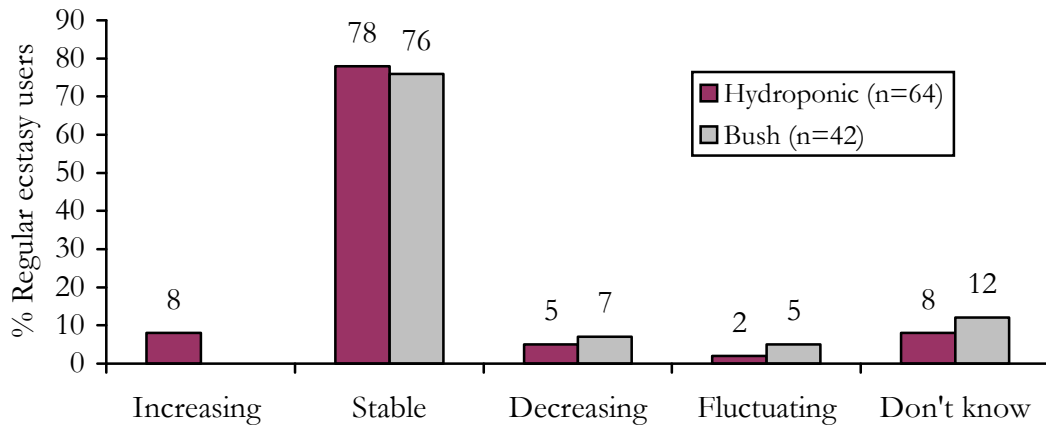
Table 23: Median paid price of cannabis by quantity, 2006

Form of Cannabis	Gram	‘Bag’	Quarter ounce	Half ounce	Ounce
Hydroponic	(n=4) \$25	(n=21) \$25	(n=5) \$80	(n=15) \$150	(n=25) \$280
Bush	(n=3) \$25	(n=9) \$25	(n=2) \$80	(n=4) \$145	(n=14) \$225

Source: WA EDRS regular ecstasy user interviews 2006

Respondents were also asked to report on perceived changes in the price of cannabis in the previous six months (Figure 44). Of those who commented, the majority reported the price as ‘stable’ for both bush (76%) and hydroponic (78%). Only three respondents commented on price of ‘hash’. One respondent reported buying a gram of hash for \$25, and two respondents reported buying an ounce of hash for \$400.

Figure 44: Recent changes in price of cannabis purchased by REU, 2006

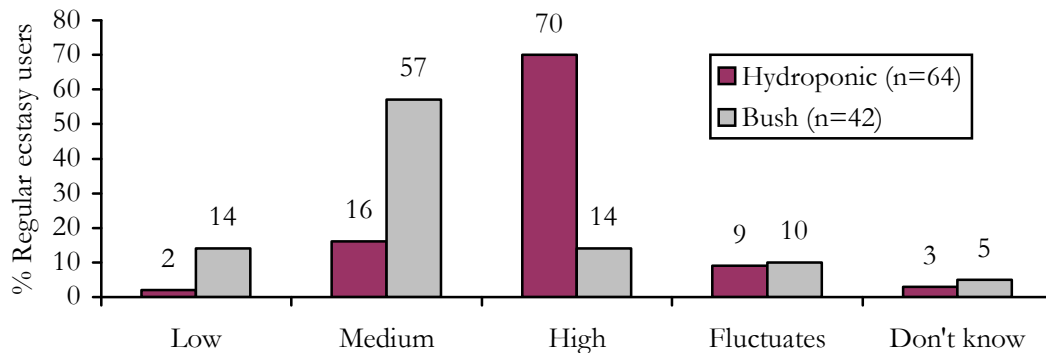


Source: WA EDRS regular ecstasy user interviews 2006

11.3 Purity

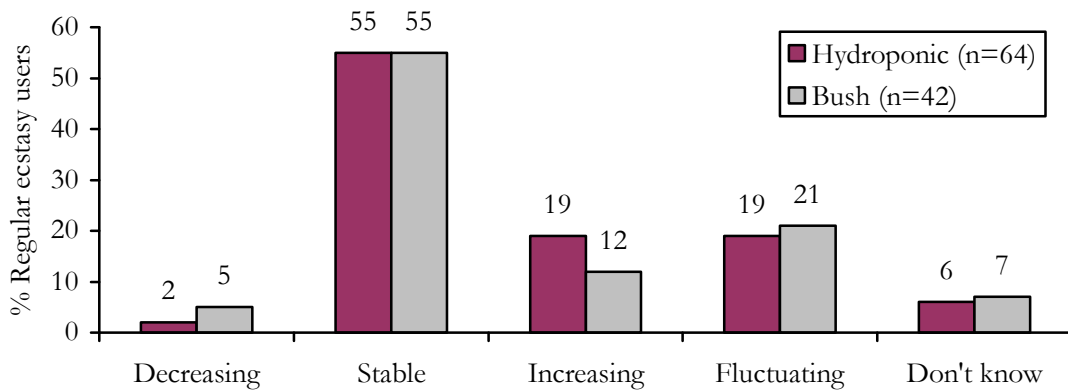
Respondents also reported on the current purity of cannabis and perceived changes in purity during the previous six months. As shown in Figure 45, the majority of those who commented for hydroponic reported current purity as 'high' (70%), while just over half of those who commented for bush reported purity as 'medium' (57%). Figure 46 presents reports of recent purity, and equal proportions of 55% reported it as 'stable' for both forms.

Figure 45: User reports of current purity of cannabis, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 46: User reports of changes in cannabis purity in the past six months, 2006

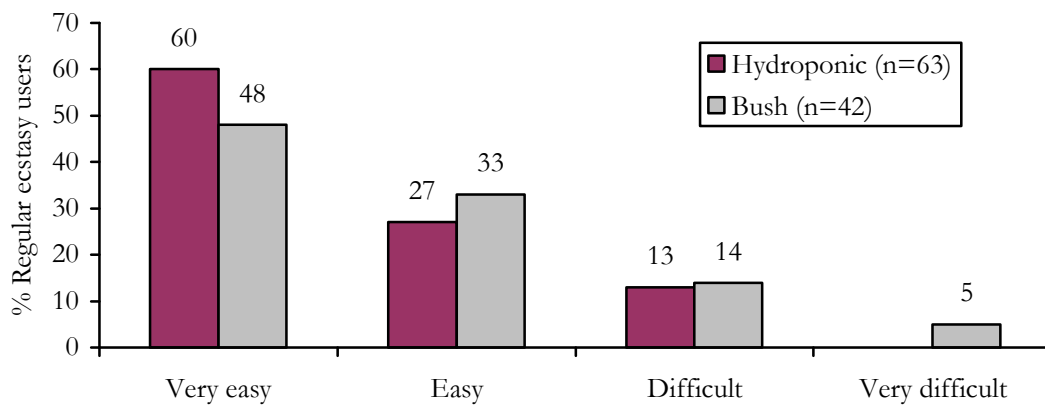


Source: WA EDRS regular ecstasy user interviews 2006

11.4 Availability

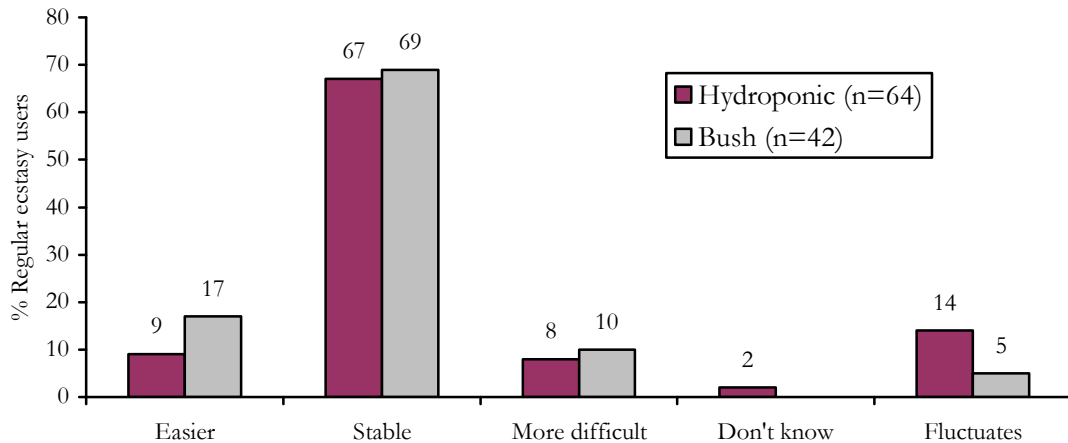
With regards to current availability, both forms of cannabis were rated by the majority as either 'very easy' or 'easy' to obtain (Figure 47). In total, hydroponic was reported by 87% of those who commented as 'very easy' (60%) or 'easy' (27%), and bush by 81% as 'very easy' (48%) or 'easy' (33%). Figure 48 shows that, for both forms, recent availability was reported as 'stable' for hydroponic (67%) and for bush (69%).

Figure 47: Current availability of cannabis, 2006



Source: WA EDRS regular ecstasy user interviews 2006

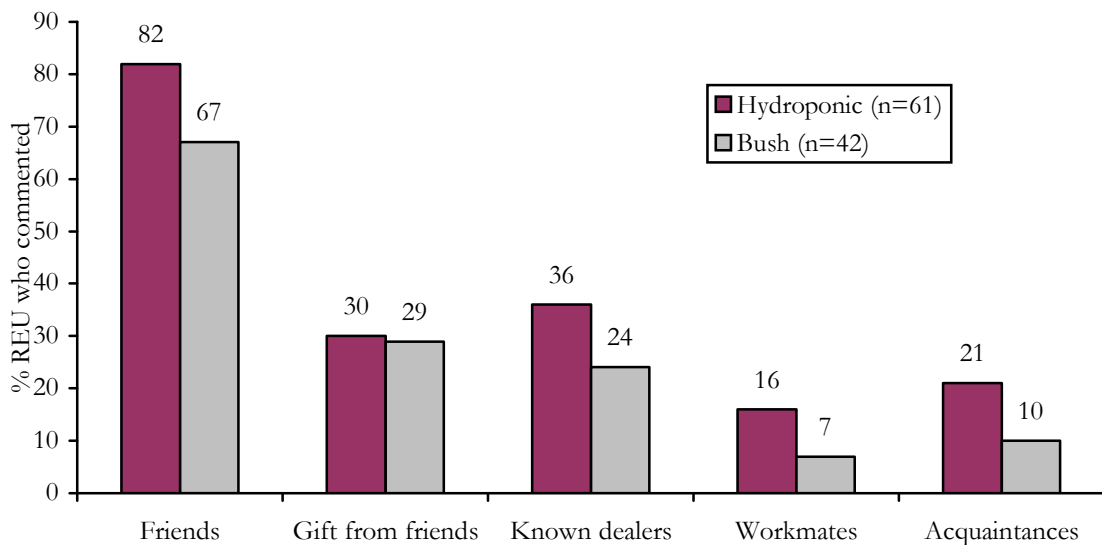
Figure 48: Changes in cannabis availability in the preceding six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

As shown in Figure 49, the vast majority of respondents reported ‘friends’ as the most common source of hydroponic (82%). This source was nominated by approximately two-thirds of those who commented for bush (67%). ‘Known dealers’ and ‘gift from friends’ were the next most commonly reported sources for scoring. ‘Known dealers’ were reported by 36% for hydroponic and 24% and for bush, and ‘gift from friends’ by 30% for hydroponic and 29% for bush. Accordingly, ‘friends’ home’ was the most common location for scoring, reported by 70% for hydroponic and 71% for bush (Figure 50). This was followed by ‘dealer’s home’ (36% hydroponic versus 24% bush) and ‘home delivery’ (28% hydroponic versus 19% bush).

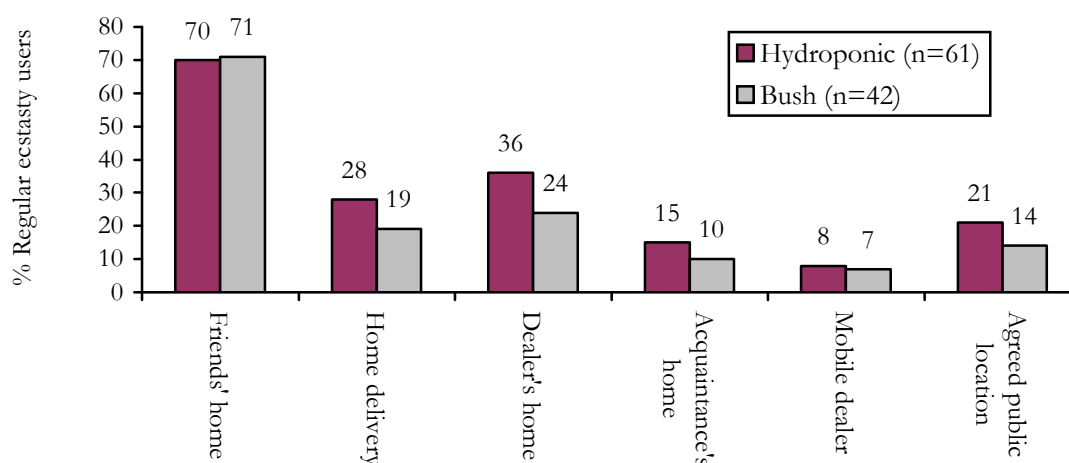
Figure 49: People from whom cannabis usually purchased in the preceding six months, 2006*



Source: WA EDRS regular ecstasy user interviews 2006

* excluding those who didn't use last six months

Figure 50: Locations where cannabis usually purchased in the preceding six months, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Respondents were asked to report on the production source for the forms of cannabis and nominate their associated degree of certainty (Table 24). Just under half of those who commented for hydroponic (48%, n=30) and 40% (n=17) for bush were unable to report on the source. This was followed by nominating 'smalltime/backyard user/grower' as the production source. For hydroponic, 40% (n=25) nominated this source and, of these, 72% (n=18) were 'very sure' and 28% (n=7) were 'moderately sure'. Approximately half of those who commented for bush nominated this source (48%, n=20) and, of these, 90% were 'very sure' (n=18) and 10% were 'moderately sure' (n=2).

Table 24: Production source of cannabis reported by REU, 2006

Source	Hydroponic (n=63)	Bush (n=42)
Smalltime/backyard user/grower	40%	48%
Large scale cultivator/supplier	10%	-
Grew my own	2%	12%
Don't know	48%	40%

Source: WA EDRS regular ecstasy user interviews 2006

Key expert comments

Apart from one KE, all others reported use of cannabis among ecstasy users. Estimates of prevalence ranged from 'all' to 'most' with cannabis use before, during and after ecstasy consumption. One KE particularly mentioned use of cannabis at 'after parties' to assist with recovery.

11.5 Summary of cannabis trends

- Both lifetime and recent use of cannabis have consistently been high among REU across survey years.
- The entire sample in 2006 reported lifetime use of cannabis and the vast majority reported use in the last six months (86%).
- Cannabis was used a median of 48 days in the previous six months, and 22% reported using daily.
- The proportion nominating cannabis as their drug of choice increased from 9% in 2005 to 19% in 2006.
- Of those who reported using other drugs with ecstasy, 40% reported use of cannabis, while 71% of those who reported using other drugs during “come down” reported use of cannabis.
- Data related to aspects of the cannabis market were collected for the first time in 2006.
- The median price hydroponic was bought at was \$280 for an ounce compared to \$225 for an ounce of ‘bush’. Over three-quarters of those who commented reported price over the last six months as ‘stable’ for both types.
- The majority rated current purity of bush as ‘medium’ (57%), while hydroponic was rated by most as ‘high’ (70%). Over half of those who commented rated recent purity of both forms as ‘stable’ (55%).
- Current availability of hydroponic was rated as ‘very easy’ by 60% and by 48% for bush. Recent availability of both forms was rated by approximately two-thirds as ‘stable’.
- ‘Friends’ and ‘friend’s home’ were the person and location rated by the majority of respondents as most common sources of purchase for both forms.

12.0 OTHER DRUGS

12.1 Alcohol

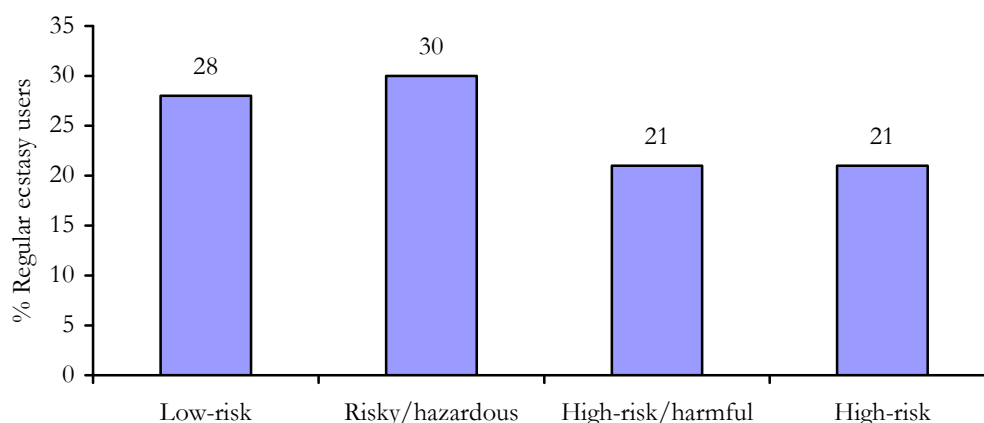
Lifetime use of alcohol was reported by the entire REU sample and recent use by almost all respondents (99%), as was found in previous years (see Table 2). The median age of first use of alcohol was 14, with a range from 5 to 21 years. During the six months preceding interview, alcohol was used a median of 60 days (range 0-180), which equates to 2.5 days a week. The average number of days alcohol was consumed within this period was 75 days, comparable to the 74 days found for last year's sample.

Almost the entire sample reported typically using other drugs with ecstasy (94%) and, of these, 77% reported usually drinking alcohol. Among these respondents, 68% reported usually consuming more than 5 standard drinks. These rates were comparable to last year with 70% reporting use of alcohol and, of these, 69% reported consuming more than 5 standard drinks. The vast majority of the sample also reported typically using other drugs during recovery, or 'come down', from ecstasy (86%). Of these, a smaller proportion of 38% reported usually drinking alcohol, which had decreased from the 52% reporting such use last year. Among these respondents in 2006, 52% reported typically consuming more than 5 standard drinks compared to 72% of those in 2005. Therefore, while alcohol consumption with ecstasy remained unchanged at high levels, drinking alcohol following ecstasy use had decreased both in prevalence and amount consumed. All KE commented that most or all ecstasy users consume alcohol; however, they stated that this was in small quantities and limited to a 'few drinks' during the night.

For the first time, the Alcohol Use Disorders Identification Test (AUDIT; Saunders, Aaslad, Babor & de la Fuente, 1993) was included in the 2006 EDRS. The AUDIT was designed by the World Health Organisation (WHO) as a screening tool used for early detection of risky and high-risk drinking. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert & Allen, 2002). The total score obtained is classified according to the level of risk as 'low-risk' (0-7), 'risky or hazardous risk' (8-15), 'high-risk or harmful level' (16-19), and 'high-risk' (20+), with a maximum possible score of 40.

In the WA sample, total scores ranged from 0 to 32 with a mean score of 13.5, and proportions within each risk category are shown in Figure 51. According to the cut-off score of 8 as indicative of risk, 72% of respondents scored at or above this level. The greatest proportion of participants (30%) scored in the 'risky or hazardous level' category, suggesting a moderate risk of harm.

Figure 51: Total AUDIT scores for REU by risk level, 2006



Source: WA EDRS regular ecstasy user interviews 2006

The AUDIT also provides three composite scores: ‘consumption’, ‘dependence’, and ‘alcohol-related problems’. Three items comprise the ‘consumption’ score with a total cut-off of 6 or 7 indicating a risk of alcohol-related harm. In the current sample, the mean total ‘consumption’ score was 7 and 73% obtained scores of 6 or more. For the item assessing how often alcohol is consumed, 68% responded that they had a drink containing alcohol 2 or more times a week. On the other two items, 82% responded having 3 or more standard drinks on a typical day when drinking, and 51% reported having 6 or more standard drinks on a weekly basis. This suggests that the vast majority of REU was consuming alcohol at risky or harmful levels.

The ‘dependence’ score is also comprised of 3 items with a total score of 4 or more indicating possible alcohol dependence. The mean dependence score in the current sample was 1.8 with 20% obtaining scores of 4 or above. Fifty six percent of the sample reported ‘never’ being unable to stop drinking once started during the past year. Therefore, responses of ‘less than monthly’ or more often totalled 44% of the sample. Fifty three percent reported ‘never’ failing to do what was expected of them due to drinking. Therefore, responses of ‘less than monthly’ or more often totalled 47%. For the final item, 88% reported ‘never’ needing a drink in the morning to get going.

Any scoring on the 4 items representing ‘alcohol-related problems’ is considered to warrant further investigation. Of concern, the mean ‘alcohol-related problems’ score in the current sample was 4.6 and 75% scored 1 or above. Forty nine percent of the sample reported ‘never’ feeling guilt or remorse after drinking. However, 27% responded they had such feelings ‘less than monthly’, 18% ‘monthly’ and 6% ‘weekly’. For the item assessing how often the respondent was unable to remember what happened the night before, 38% reported ‘never’. Therefore, 62% responded having experienced this ‘less than monthly’ or more often. Fifty six percent of the sample reported that no-one had ever been injured as a result of their drinking; however, 34% reported this had occurred within the last year. Lastly, 63% reported that no-one had been concerned about their drinking or suggested they cut down; however, 29% reported this had occurred within the last year.

The AUDIT guidelines also provide a means of determining alcohol dependence. A total score of 20 or more coupled with a dependence score of 4 or more is described as indicating certain alcohol dependence. In the current sample, 15% obtained these dual scores. In sum, responses to the AUDIT indicated that the current sample of REU were

largely involved in potentially harmful drinking practices with three-quarters of the sample obtaining high-risk scores for both consumption and alcohol-related problems. This suggests that alcohol consumption among this population is a likely target for harm reduction strategies.

12.2 Tobacco

In 2006, almost the entire sample reported lifetime use of tobacco (97%) and this represented a significant increase from the 86% reporting such use last year ($\chi^2=10.050$, $df=1$, $p=0.002$). Proportions reporting use of tobacco in the previous six months were comparable at 74% in 2006 and 72% in 2005. The median number of days used within this period was 180 days (range: 1-180), with 61% ($n=45$) daily smokers. The median age of first use was 15 years (range 8 to 29 years). Of those using other drugs with ecstasy (94%), 56% reported tobacco use and of those reporting use of drugs during come down, 54% reported tobacco use.

12.3 Pharmaceutical stimulants

Pharmaceutical stimulants were included as a separate drug class in the 2005 PDI and remained in the 2006 EDRS interview schedule. This category includes dexamphetamine and methylphenidate drugs, such as Ritalin and Attenta. Lifetime use of pharmaceutical stimulants was reported by 92% of respondents, comparable to the 89% reported last year. There was a significant decrease in the proportion reporting use in the previous six months from 74% in 2005 to 60% in 2006 ($\chi^2=8.574$, $df=1$, $p=0.003$). Thus, pharmaceutical stimulants were the fourth most common drug ever used after alcohol, cannabis and tobacco, and sixth most common drug recently used after alcohol, cannabis, tobacco, speed powder and crystal methamphetamine (ecstasy not included). The median age of first use was 18, with a range from 8 to 51 years.

Of those who had used pharmaceutical stimulants in the last six months, the median days used was 6, with an average of 20 days (range 1-180). The median amount used in a typical session was 3.5 tabs (range 0.5-30) and the median amount for a heavy session was 6 tabs (range 1-50). Swallowing was reported as the usual method of use by all respondents who had recently used stimulants, while 38% ($n=23$) reported snorting and 2% ($n=1$) reported smoking. Small proportions reporting using pharmaceutical stimulants in the context of ecstasy use, with 17% reporting use with ecstasy and 8% to 'come down' from ecstasy. These proportions represented decreases from those reported last year at 28% with ecstasy and 17% during recovery. One KE reported on dexamphetamine and stated that 15 to 20 tabs would be used in a session.

12.4 Benzodiazepines

There was an increase in the proportion of REU reporting lifetime use of benzodiazepines from 49% in 2005 to 57% in 2006; however, this wasn't significant ($\chi^2=2.561$, $df=1$, $p=0.110$). Rates of benzodiazepine use in the previous six months were comparable, as reported by 32% in 2006 and 39% in 2005 ($\chi^2=2.060$, $df=1$, $p=0.151$). The median number of days this drug class was used within this period was 10 (range 1-180). The median age of first use was 20, with a range of 13 to 31 years. Only one respondent reported using benzodiazepines with ecstasy; however, 13% ($n=11$) of those reporting use of drugs during 'come down' from ecstasy nominated benzodiazepines. One KE reported that 'hardcore' ecstasy users may use benzodiazepines during "come down".

12.5 Antidepressants

Lifetime use of antidepressants was reported by 29% of the 2006 REU sample and this was comparable to the 32% reported last year. Proportions reporting use in the last six months were also similar with 14% reporting recent use in 2006 and 13% in 2005. For these respondents, antidepressants were used a median of 125 days during this period (range 1-180), with 6 respondents reporting daily use. The median age of first use was 19, with a range of 13 to 36 years. Three respondents reported using antidepressants both with ecstasy and during come down. One KE estimated that approximately 5% of ecstasy users were using antidepressants, and another reported an increase in use of prescribed antidepressants with little awareness of their interaction with alcohol in heightening intoxication.

12.6 Inhalants

REU reported on use of inhalants including both nitrous oxide and amyl nitrate (see Table 2). Lifetime use of nitrous oxide was reported by 57%, similar to that reported last year of 63%. In contrast, there was a significant decrease in the proportion reporting recent use of nitrous oxide of 23% in 2006 compared to 34% in 2005 ($\chi^2=5.392$, $df=1$, $p=0.020$). The median number of days used during this period was 2, with a range of 1 to 24 days. The median age of first use was 18 with a range of 13 to 34 years.

Significant decreases were found for both lifetime and recent use of amyl nitrate compared to last year (Table 2). Lifetime use of amyl nitrate was reported by 34% in 2006 compared to 46% in 2005 ($\chi^2=5.797$, $df=1$, $p=0.016$). Use in the last six months was reported by 8% in 2006 compared to 17% in 2005 ($\chi^2=5.741$, $df=1$, $p=0.017$). Amyl nitrate was used a median of 3.5 days (range 1-48) during this period. The median age of first use of amyl nitrate was 20 with a range of 14 to 34 years.

For those reporting recent use of nitrous oxide, the median number of bulbs used on a typical occasion was 7 (range 1-70) and the median number for heavy use was 8.5 (range 1-140). Only 4% of the sample reported using nitrous oxide with ecstasy compared to 14% last year, and 5% reported use during 'come down' compared to 16% last year. For those reporting recent use of amyl nitrate, the median amount used in a typical session was 4 snorts (range 2 to 15) and 4.5 snorts (range 3 to 20) for a heavy session. Only two respondents reported using amyl nitrate with ecstasy and no respondents reported use during 'come down'. One KE mentioned use of nitrous oxide among REU.

12.7 Heroin and other opiates

Ten percent of respondents reported lifetime use of heroin and this was comparable to the 15% reported last year (see Table 2). There was a significant decrease in recent use, reported by 1 respondent in 2006 compared to 6 respondents in 2005 ($\chi^2=4.433$, $df=1$, $p=0.035$). This respondent reported using heroin on one day during the previous six months and had injected the drug. Of those who had ever used heroin ($n=10$), 90% reported injecting, 30% snorting, and 20% smoking. The median age of first use was 18 with a range from 14 to 27 years.

Small proportions reported use of methadone and buprenorphine, as in previous years (See Table 2). In 2006, 4% reported lifetime use of methadone and 2% reported recent use, while 3% reported lifetime use of buprenorphine and 1% reported recent use. The two respondents reporting recent use of methadone used on 1 and 4 days, and the one respondent with recent use of buprenorphine used on 72 days in the last six months. The median age of first use of methadone was 18.5 years (range 16-24) and for buprenorphine was 21 years (range 19-33). No respondents reported use of methadone

with or following ecstasy use, and one respondent reported use of buprenorphine on both these occasions.

In contrast to the consistently small proportions reporting use of these drugs, use of 'other opiates' has fluctuated across sampling years (see Table 2). This drug class includes morphine, pethidine, and over-the-counter drugs containing codeine. Following significant increases in both lifetime and recent use of these drugs in 2005, significant decreases were found for the current sample. In 2006, 24% of respondents reported lifetime use of 'other opiates' compared to 41% in 2005 ($\chi^2=11.947$, $df=1$, $p=0.001$), and 13% reported recent use compared to 27% in 2005 ($\chi^2=9.944$, $df=1$, $p=0.002$).

The median age of first use of 'other opiates' was 20 years (range 10-33). In 2006, the median number of days use in the last 6 months was 5 (range 1-170). Of those who used in this period, 69% (n=9) reported swallowing, 31% (n=4) reporting smoking, and 8% (n=1) each reported snorting and injecting. No respondent reported use of 'other opiates' either with or following ecstasy use. One KE commented that the most significant recent change was an increase in all forms of pharmaceutical use and mentioned opiates in particular.

12.8 Mushrooms

The proportion of REU reporting lifetime use of mushrooms was unchanged from last year at 53%. Rates of use in the last six months were highly similar, reported by 13% in 2006 compared to 14% in 2005. For those who reported recent use in the current sample, mushrooms were used a median of 1 day (range 1 to 5 days), and all respondents reported swallowing and one respondent smoking as method of use. The median age of first use was 19 years (range 13 to 33 years). No respondent reported use of mushrooms either with or following ecstasy use.

12.9 Other drugs

Six respondents reported lifetime use of drugs other than those listed in the survey. The most common was DMT reported by three respondents, and one respondent each reported use of 2CB, novocain and PCP. None of these drugs had ever been injected, with swallowing the most common method of use reported in the last 6 months (n=7). Only two respondents had used these other drugs in the last 6 months, and each reported 5 days use and smoking as the method of administration. One KE mentioned CB1/CB2 and described it as a yellow powder sold as 'trippy speed'.

12.10 Summary of other drug use

- The entire sample of REU in 2006 reported lifetime use of alcohol and 99% reported recent use. These rates were consistent with those found in previous survey years.
- In the last six months, alcohol was used a median of 60 days, which is equal to 3 days a week.
- Of those reporting use of other drugs with alcohol, 77% reported alcohol use and, among these, 68% reported consuming more than 5 standard drinks.
- The AUDIT was included in the 2006 survey as a screening tool for 'risky' drinking practices and suggested a high risk of alcohol-related harm among the current sample. Scores indicating risk were obtained by 75% for 'alcohol-related problems', 73% for 'consumption' and 20% for 'dependence'.
- There was a significant increase in lifetime use of tobacco (97% in 2006 versus 86% in 2005), while rates of recent use were similar (74% in 2006 versus 72% in 2005).
- Lifetime use of pharmaceutical stimulants was comparable across years, as reported by 92% in 2006 compared to 89% in 2005. There was a significant decrease in recent use from 74% in 2005 to 60% in 2006.
- Pharmaceutical stimulants were used a median of 6 days in the previous six months, and small proportions reported use of these drugs both with ecstasy and during 'come down'.
- Just over half (57%) the current sample reported lifetime use of benzodiazepines, while recent use was reported by 32%. Lifetime use of antidepressants was reported by 29% and recent use by 14%. Rates of use for both these drug types were comparable to those found last year.
- Lifetime use of nitrous oxide was similar to last year (57% in 2006 versus 63% in 2005), while there was a significant decrease in recent use (23% in 2006 versus 34% in 2005). Both lifetime (34% in 2006 versus 46% in 2005) and recent use (8% in 2006 versus 17% in 2005) of amyl nitrate significantly decreased across samples.
- Only small proportions have reported use of heroin, methadone and buprenorphine across survey years, while use of 'other opiates' has varied. In 2006, there was a significant decrease in both lifetime use (24% in 2006 versus 41% in 2005) and recent use (13% in 2006 versus 27% in 2006) of 'other opiates'.
- Use of mushrooms remained unchanged, with lifetime use reported by 53% and recent use by 13%.

13.0 RISK BEHAVIOUR

13.1 Injecting risk behaviour

As shown in Table 25, 20% of respondents reported injecting a drug in their lifetime and 14 respondents reported injecting in the last six months. These proportions were similar to the 22% reporting lifetime injection and 12% recent injection in last year's sample. The median number of drugs ever injected and range was the same as last year at 3 drugs (range 1 to 12), while the median number of drugs injected in the last six months decreased to 1 (2 in 2005).

Table 25: Injecting risk behaviour among REU, 2006

	2006 (n=100)
Ever injected (%)	20
Median number of drugs ever injected* (range)	3 (1-12)
Injected last 6 months*	14
Median number of drugs injected last 6 months* (range)	1 (1-4)

Source: WA EDRS regular ecstasy user interviews 2006

*Among those that had injected

13.1.1 Lifetime injectors

Patterns of injecting drug use

Table 26 presents figures relating to injecting drug use history and recent injecting behaviour among the current sample of REU. Of the 20 respondents who had ever injected, speed powder (95%) and crystal (90%) were the most common drugs. These were followed by base (70%) and ecstasy (60%). These reports differed from last year in the increase in crystal (77% in 2005) and ecstasy (46% in 2005), and a decrease in 'other opiates' (46% in 2005). Speed was by far the most common drug first injected, reported by approximately two-thirds of lifetime injectors in the current sample (65%). This compared to 50% in last year's sample reporting first injecting speed and 32% reporting first injecting crystal compared to only 15% this year.

Table 26: Injecting drug use history among REU injectors, 2006

Drug	Ever injected (%)	First drug injected (%)
Speed	95	65
Crystal	90	15
Base	70	-
Ecstasy pills	60	-
Heroin	45	10
Cocaine	35	-
Pharmaceutical stimulants	30	-
Other opiates	25	5
Benzodiazepines	25	5
Ketamine	15	-

Source: WA EDRS regular ecstasy user interviews 2006

Context of initiation to injecting

The average age at which a drug was first injected was 18 years (range 14-26). Just over two-thirds of those who had injected in their lifetime were male (65%, n=13) and the current average age of lifetime injectors was 26 years (range 18-39).

Over a third (35%, n=7) of those who had ever injected reported doing so for the first time while under the influence of other drugs. Drugs reported were alcohol (n=5) and cannabis (n=4), while one respondent reported being under the influence of ecstasy. With regards to how they learned to inject, just over half (55%) reported learning from a friend or partner. Various other sources were reported by one respondent each including 'other user', 'dealer' and family members.

13.1.2 Recent injectors

Patterns of injecting drug use

Fourteen respondents reported injecting in the last 6 months and crystal was the drug injected by the greatest proportion of respondents (86%, n=12). This was followed by equal proportions of 43% each (n=6) reporting injection of speed and base. Crystal was also reported as the last drug injected by the greatest proportion of recent injectors (50%), followed by base (21%). However, among those injecting these drugs, speed was the most frequently injected with a median of 25 days compared to 12 days for base and 5 days for crystal. In comparison to last year, apart from an increase in crystal (58% in 2005), there was a decrease in proportions injecting all drug types, particularly speed (67% in 2005), heroin (42% in 2005) and 'other opiates' (42% in 2005). Of the 14 respondents who had injected in the last 6 months, 10 were male and the average age of the sample was 27 years (range 18 to 39).

Table 27: Recent injecting drug use patterns (recent injectors) among REU, 2006

	% injected past 6 months n=14	Median days injected last 6 months*	Last drug injected (%) n=14
Crystal	86	5	50
Speed	43	25	14
Base	43	12	21
Ecstasy	14	6	-
Ketamine	7	1#	-
Heroin	7	1#	7
Other opiates	7	60#	7
Buprenorphine	7	72#	-

Source: EDRS regular ecstasy user interviews 2006

* Of those who had injected in the preceding six months

Based on one respondent

Injecting risk behaviour

No recent injectors reported using a needle after someone else in the last month. Three respondents reported using a needle after someone else in the last 6 months; one reported doing so once and two reported 3-5 times. All reported that one person had previously used the needle; two reported a 'regular sex partner' and one reported a 'close friend'. Four respondents reported that someone had used a needle after them in the last 6 months; 3 reported one occasion and the other reported 3-5 times.

Two-thirds (64%) of recent injectors reported that they had not used any injecting equipment after someone else. Of those that had, 36% reported sharing spoons or mixing containers, 29% water, and 21% each reported filters and tourniquets.

Context of injecting

As shown in Table 28, almost the entire sample of recent injectors (n=14) reported self-injection 'every time' (93%, n=13) and the one respondent reporting 'rarely' was injected by a 'close friend'. Half the recent injectors reported usually injecting alone, followed by 36% reporting usually injecting with 'close friends'. This is in contrast to that reported last year in which no respondent reported injecting alone and 73% reported usually injecting with 'close friends'. The majority of current recent injectors reported injecting in their 'own home' (79%), followed by 'friend's home' (36%) and 'car' (35%). These findings have important implications for targeting harm reduction as the majority reported injecting alone in their own home. However, given the small number of recent injectors, caution must be exercised in interpreting the findings with regards to trends over time.

The median number of times recent injectors had injected a drug in the last 6 months was 17 (range 1 to 350 times). Over half had injected while under the influence and/or coming down from other drugs (57%), with a median of 11 times (range 1 to 40 times) in the last six months.

Table 28: Context and patterns of recent injection among REU, 2006

Variable	Recent injectors (n=14)
Frequency of self-injection	
Every time (%)	93
Sometimes (%)	-
Rarely (%)	7
People usually inject with*	
Close friends (%)	36
Regular sex partner (%)	14
No one (%)	50
Locales injected*	
Own home (%)	79
Friend's home (%)	36
Car (%)	35
Public toilet (%)	21
Venue toilet (%)	14
Dealer's home (%)	7
Street, park or bench (%)	7
Sex venue (%)	7
Median times injected any drug last 6 months	17
Injected under the influence and/or coming down (%)	57
Median times injected any drug under the influence/coming down last 6 months	11

Source: WA EDRS regular ecstasy user interviews 2006

*could nominate more than one response

Obtaining needles

The majority of recent injectors reported obtaining needles from a ‘chemist’ (79%), and smaller proportions reported ‘needle and syringe programs’ (21%), ‘friend’ (7%) and a ‘GP’ (7%). One respondent reported difficulty obtaining needles in the preceding 6 months and attributed this to ‘opening hours’ and ‘location’.

13.2 Blood-borne viral infections (BBVI)

Of the total sample, 42% reported completing vaccination for hepatitis B, 35% reported never being vaccinated for hepatitis B and 22% reported ‘don’t know’. The most common reason for vaccination was ‘vaccinated as a child’ (45%), followed by ‘going overseas’ (26%). With regards hepatitis C, 47% of the total sample reported never being tested. Twenty nine percent reported testing in the last year, 18% more than a year ago, and 6% didn’t know. Just under half the total sample (43%) reported never being tested for HIV. A third (33%) reported testing in the last year. 19% tested more than a year ago, and 4% didn’t know. No respondent reported a positive test result for either hepatitis C or HIV.

Table 29 presents data on BBVI vaccination according to injecting status. Of those that had never injected, 38% reported completing vaccination for hepatitis B (HBV). Of those remaining, 37% had never been vaccinated and 25% didn’t know. Rates of HBV were higher among recent injectors with 50% reporting completing the schedule. Thirty six percent had never been vaccinated and 14% didn’t know. The most common reason for vaccination for non-injectors was ‘vaccinated as a child’ (45%), followed by ‘going overseas’ (26%). Equal proportions of 29% of recent injectors each nominated ‘vaccinated as a child’ and ‘at risk (injecting drug use)’.

Rates of hepatitis C testing were more comparable, with 24% of non-injectors and 36% of recent injectors reporting testing in the last year. Over half of non-injectors (54%) had never been tested compared to 21% of recent injectors, with the remaining reporting testing more than a year ago. Proportions reporting HIV testing were more varied with 28% of non-injectors reporting testing in the last year compared to 43% of recent injectors. Fifty one percent of non-injectors reported never being tested compared to 21% of recent injectors.

Table 29: BBVI vaccination, testing and self-reported status, 2006

Variable	Never injectors (n=79)	Recent injectors (n=14)
HBV vaccination completed (%)	38	50
HCV test last year (%)	24	36
If yes		
Positive (%)	-	-
HIV test last year (%)	28	43
If yes		
Positive (%)	-	-

Source: WA EDRS regular ecstasy user interviews 2006

13.3 Sexual risk behaviour

Penetrative sex was defined as ‘penetration of penis or fist of the vagina or anus’. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire.

Recent sexual activity

As presented in Table 30, almost the entire sample had engaged in penetrative sex in the last 6 months (96%) and most had one sexual partner (44%). The majority reported having a regular sex partner (79%) and just over half reported sex with a casual partner (55%). Protective barriers were defined as ‘condoms, dams or gloves’ and use differed according to partner type. Half of those with a regular partner reported never using protective barriers compared to 19% of those with a casual partner. Protective barriers were always used by 17% of those with a regular partner compared to 42% with a casual partner. Almost a quarter (23%) reported engaging in anal sex in the last six months and the majority had done so monthly or less (82%).

Table 30: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2006

Variable	2006 (n=99)
Penetrative sex last 6 months (%)	96
No. of sexual partners (%)*	(n=95)
One person	44
Two people	24
3-5 people	22
6-10 people	8
10+ people	1
With a regular partner (%)#	(n=76)
Use a protective barrier every time	17
Use a protective barrier often	8
Use a protective barrier sometimes	13
Use a protective barrier rarely	12
Never use a protective barrier	50
With a casual partner (%)+	(n=53)
Use a protective barrier every time	42
Use a protective barrier often	19
Use a protective barrier sometimes	13
Use a protective barrier rarely	8
Never use a protective barrier	19
Anal sex (%)*	23
No. of times has anal sex (%)~	(n=22)
Monthly or less	82
Fortnightly or less	9
Weekly or less	9

Source: WA EDRS regular ecstasy user interviews 2006

* of those who had penetrative sex in the last 6 months

of those who had a regular partner

+ of those who had a casual partner

~ of those who had anal sex

Respondents were also asked about sexual health and 42% reported never having had a sexual health check up. Of the remaining, 41% reported having a check up in the last year and 15% more than a year ago. Almost the total sample (89%) reported never being diagnosed with a sexually transmitted infection. Of those that had been diagnosed in the last year (n=7), four respondents reported chlamydia, and one respondent each reported gonorrhoea and herpes.

Table 31: Drug use during sex in the preceding six months, 2006

Variable	2006 N=95
Penetrative sex while on drugs* (%)	80
<i>Of those who had penetrative sex under the influence of drugs</i>	
Number of times (%)	(n=76)
Once	8
Twice	13
3-5 times	33
6-10 times	21
Ten +	25
Drug used (%)	(n=76)
Ecstasy	76
Cannabis	50
Alcohol	53
Speed	21
Base	4
Ice/Crystal	22
Pharmaceutical stimulants	8
Cocaine	7
Ketamine	1
With a regular partner while using drugs (%)#	(n=59)
Use a protective barrier every time	15
Use a protective barrier often	5
Use a protective barrier sometimes	7
Use a protective barrier rarely	7
Never use a protective barrier	66
With a casual partner while using drugs (%)+	(n=39)
Use a protective barrier every time	41
Use a protective barrier often	13
Use a protective barrier sometimes	15
Use a protective barrier rarely	8
Never use a protective barrier	23

Source: WA EDRS regular ecstasy user interviews 2006

* of those who had penetrative sex in the last 6 months

of those who had used drugs with a regular partner

+ of those who had used drugs with a casual partner

Drug use during sex

Presented in Table 31 (previous page) are findings related to sexual behaviour and drug use. Of those who had engaged in penetrative sex in the last six months, 80% had done so under the influence of drugs. Approximately a third of these respondents reported doing so 3-5 times, and a quarter reported more than 10 times. The most common drug used during sex was ecstasy (76%), followed by alcohol (53%) and cannabis (50%). Two-thirds (66%) of those with a regular partner reported never using protective barriers while using drugs compared to 23% of those with a casual partner. Rates of always using a protective barrier were comparable to those reported above with 15% of those using drugs with a regular partner and 41% with a casual partner.

13.4 Driving risk behaviour

The majority of participants reported driving a car in the last six months (85%), as shown in Table 32. Approximately half (51%, n=43) had driven under the influence of alcohol in the last 6 months, with a median of 4 occasions (range 1-144). The 2006 EDRS asked these respondents about their experiences with roadside breath testing (RBT). The majority (61%, n=26) reported they had been tested in the last six months and, of these, 15% (n=4) reported being over the legal blood alcohol limit.

More prevalent was the rate of driving within one hour of taking a drug, reported by 79% (n=67). The median number of times reported in the last six months was 10 (range 1 to 180). The most commonly reported drugs used prior to driving were ecstasy (79%), cannabis (63%), crystal (55%), and speed (43%). The average number of hours after which respondents reported driving was 1 (range 0-7). Of those who reported driving soon after taking drugs, 60% stated that their driving was 'not at all impaired', 34% that it was 'slightly impaired', 3% that it was 'substantially impaired', and 2% each that it was 'moderately impaired' and 'totally impaired'.

Table 32: Drug driving in the last six months among REU, 2006

Variable	2006 n=100
Driven a car in last 6 months (%)	85
Driven under influence of alcohol# (%)	51
Driven soon after* taking a drug# (%)	79
<i>Of those who'd driven soon after</i>	(n=67)
Drug (%)	
Ecstasy	79
Cannabis	63
Speed	43
Crystal	55
Base	13
Pharmaceutical stimulants	30
Cocaine	6
LSD	5
Benzodiazepines	2
Mushrooms	2
Nitrous oxide	5

Source: WA EDRS regular ecstasy user interviews 2006

*within one hour of taking

of those who had driven a car in the last 6 months

In 2006, REU were asked to nominate the degree of risk they perceived to be associated with driving under the influence of various different drugs (Table 33). The drug rated as associated with the highest driving risk was LSD (76%), followed by driving over the legal blood alcohol limit (70%). Methamphetamines (all forms) were perceived as associated with least risk, with 13% reporting 'no risk' and 38% reporting 'low risk'. Ecstasy was rated by 42% as associated with 'high risk', followed by 31% perceiving 'moderate risk' and 23% 'low risk' for driving.

Table 33: Perceived driving risk related to different drugs reported by REU, 2006

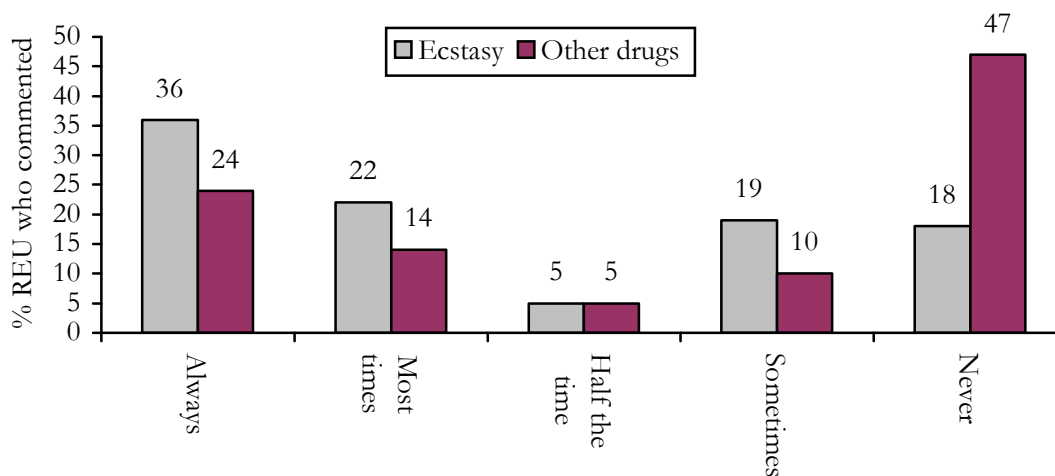
Perceived driving risk	No risk (%)	Low risk (%)	Moderate risk (%)	High risk (%)	Don't know (%)
Over legal blood alcohol limit	1	6	23	70	-
Ecstasy	4	23	31	42	-
Methamphetamine (all forms)	13	38	29	16	4
Cannabis	1	4	11	62	23
LSD	-	1	6	76	17
Ketamine	-	2	8	44	45
GHB	-	1	1	30	67
Benzodiazepines	1	4	11	62	23

Source: WA EDRS regular ecstasy user interviews 2006

13.5 Drug information-seeking behaviour

Beginning in 2005, REU were asked questions concerning the methods used to determine the content and purity of pills obtained as 'ecstasy'. Particular attention was directed toward the use of pill testing kits and the impact results of such tests may have on subsequent drug use. Figure 52 shows the frequency reported by respondents for seeking information regarding the content and purity of ecstasy and other party drugs. Just over half the sample reported finding out this information for ecstasy either 'always' (36%) or 'most times' (22%). In contrast, just under half the sample reported 'never' (47%) seeking this information for other party drugs.

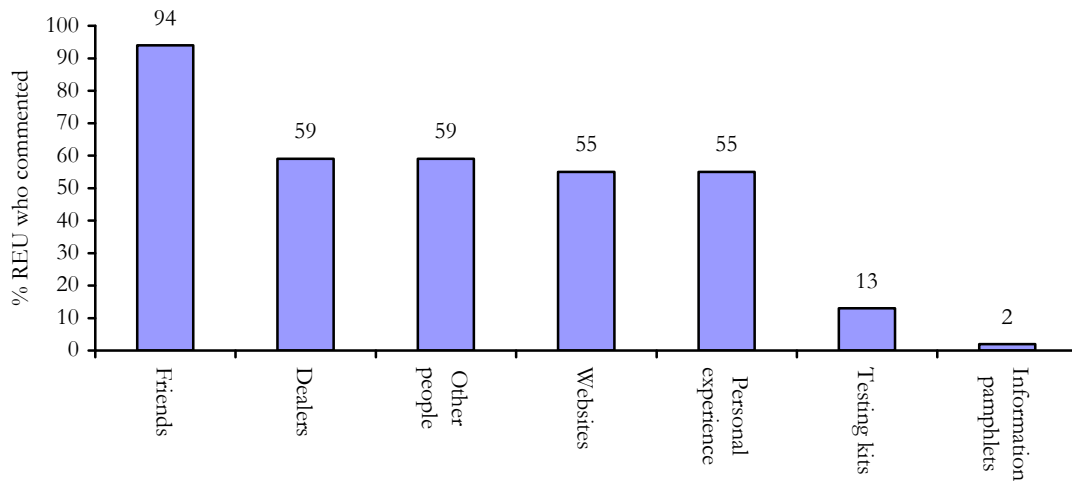
Figure 52: Frequency of seeking information regarding content and purity of ecstasy and related drugs, 2006



Source: WA EDRS regular ecstasy user interviews 2006

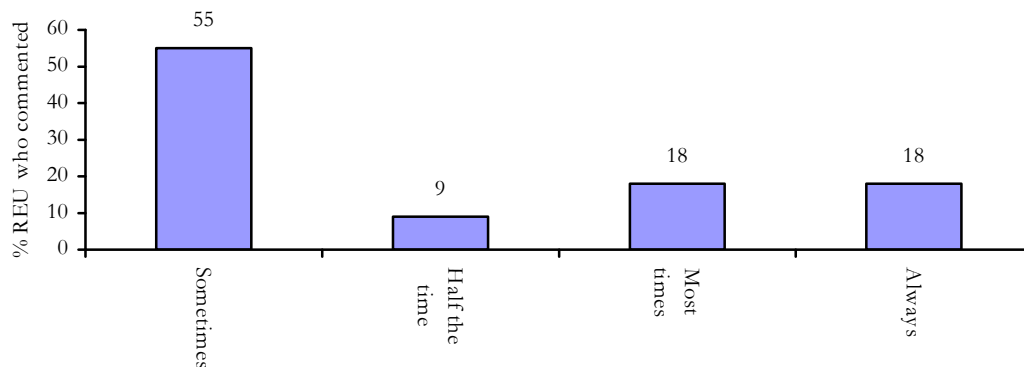
Of those who reported finding out the content of ecstasy at least sometimes (n=82), almost the entire sample reported obtaining information from ‘friends’ (94%, n=77) (Figure 53). Comparable proportions nominated ‘dealers’ (59%, n=48), ‘other people’ (59%, n=48), ‘websites’ (55%, n=45) and ‘personal experience’ (55%, n=45). By far the most common website reported was ‘pillreports’ (n=36). Only 13% (n=11) of respondents reported using testing kits, and 55% of these reported using them ‘sometimes’ (Figure 54). Of those who used testing kits, 46% (n=5) were aware of the limitations of these tests. Limitations reported referred to the inability of tests to detect all substances or to provide information on purity. These proportions represent some changes from last year, most notably increases in ‘dealers’ (35% in 2005) and ‘other people’ (40% in 2005), and decreases in ‘testing kits’ (30% in 2005). This may indicate a shift toward more subjective means of obtaining information (e.g. opinions of others) rather than more objective methods, such as testing kits. Two KE made references to information-seeking behaviour. One commented that users sought availability of testing kits, and the other remarked on the use of internet chatrooms as a self-regulatory harm reduction strategy by which users could inform each other of characteristics such as pill types, purity and effects.

Figure 53: Sources of information regarding ecstasy content and purity, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Figure 54: Frequency of testing kit use*, 2006



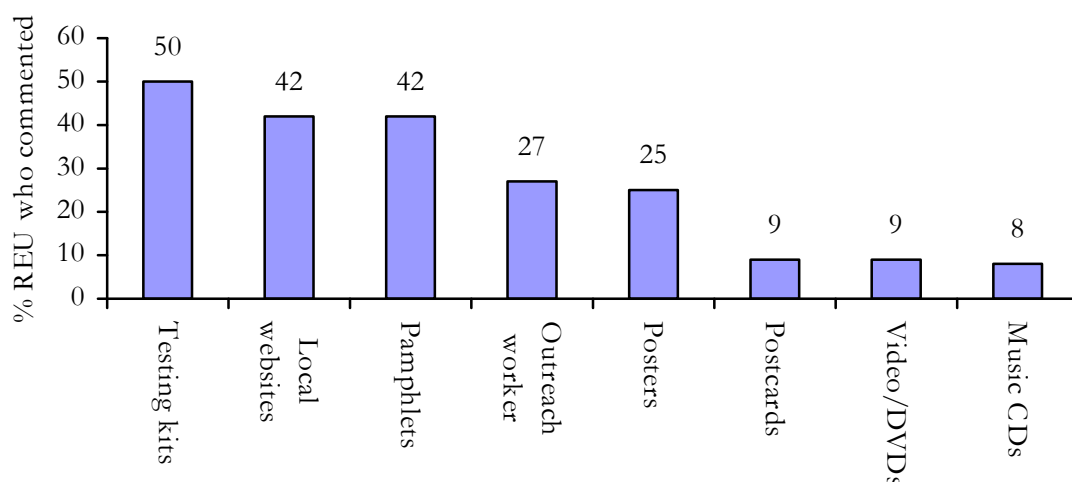
Source: WA EDRS regular ecstasy user interviews 2006

*Amongst those who used testing kits

Respondents were asked if they would take a pill if a testing kit indicated it contained various substances. Of those who responded (n=89), all reported they would take the pill if the test indicated it contained an ‘ecstasy-like substance’. Almost the entire sample reported they would take the pill if the test indicated it contained an ‘amphetamine type substance’ (96%, n=85). Over half of respondents reported they would take the pill if it contained opiates (66%, n=59), 2CB/2CI (60%, n=53), ketamine (59%, n=52) and PMA (53%, n=47). Just under half reported they would take the pill if it contained DXM (49%, n=44) or the test showed no reaction (47%, n=42). However, it is unclear how many of these respondents were knowledgeable about what these substances actually were.

All participants were asked if they had purchased a drug in the last 6 months that had a different content or purity than expected. Approximately two-thirds of the sample reported this had happened ‘sometimes’ (66%), while 15% reported this had ‘never’ happened. Respondents were asked what information resources they would personally find useful if they were available locally (Figure 55). Despite the small proportion reporting use of testing kits, half the sample reported they would find these a useful source of information. Equal proportions of 42% each rated ‘local websites’ and ‘pamphlets’ as useful sources. Approximately a quarter nominated ‘venue outreach workers’ (27%) and ‘posters’ (25%), while 16% reported finding no information resources useful.

Figure 55: Information resources that would be useful to REU, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Respondents were also asked a series of statements relating to beliefs about ecstasy tablets (Table 34). With regards to logos on pills, just over half ‘disagreed’ (23%) or ‘strongly disagreed’ (30%) these were a good indication of what a pill will be like. The majority of respondents also ‘disagreed’ (44%) or ‘strongly disagreed’ (24%) that they knew what was in the pills they take. Responses to the statement, “I do not care what’s in the tabs I take as long as I have a good time” were varied with approximately a quarter each ‘agreeing’ (23%) and ‘disagreeing’ (26%). Equal proportions of 40% ‘agreed’ or ‘strongly agreed’ and ‘disagreed’ or ‘strongly disagreed’ that using ecstasy should be legal. A smaller proportion reported that selling ecstasy should be legal with 22% ‘agreeing’ or ‘strongly agreeing’.

Table 34: Beliefs about ecstasy content, 2006

	N = 100
Logos are a good indication of what the pill will be like (%)	
Strongly agree	5
Agree	31
Neutral	11
Disagree	23
Strongly disagree	30
I know what is in the pills I take (%)	
Strongly agree	4
Agree	13
Neutral	15
Disagree	44
Strongly disagree	24
Don't care about content as long I have a good time (%)	
Strongly agree	16
Agree	23
Neutral	22
Disagree	26
Strongly disagree	13
Using ecstasy should be legal (%)	
Strongly agree	7
Agree	33
Neutral	20
Disagree	30
Strongly disagree	10
Selling ecstasy should be legal (%)	
Strongly agree	3
Agree	19
Neutral	27
Disagree	37
Strongly disagree	14

Source: WA EDRS regular ecstasy user interviews 2006

13.6 Summary of risk behaviour

- Prevalence of lifetime and recent injection was comparable to last year. In 2006, 20% reported ever injecting and 14% reported injecting in the last six months.
- Speed was the most common drug ever injected (95%) and first injected (65%).
- In contrast, crystal was the most common drug injected in the last six months (86%) and last injected (50%).
- Over a third (35%) of lifetime injectors first injected under the influence of other drugs and just over half (55%) learnt to inject from a partner or friend.
- No recent injectors reported using a needle after someone else during the last month, while 3 reported doing so in the last six months.
- Almost the entire sample of recent injectors reported self-injection every time (93%) and half reported usually injecting alone.
- Completion of a hepatitis B vaccination was reported by 42% of the total sample and 50% of recent injectors.
- In the last year, 47% of the total sample had been tested for hepatitis C and 36% of recent injectors.
- In the last year, 33% of the total sample had been tested for HIV and 43% of recent injectors.
- Almost the entire sample (95%) had engaged in penetrative sex in the previous 6 months and the majority had one sexual partner during this time (44%). The majority (80%) had engaged in penetrative sex while using drugs and, of these respondents, the most commonly reported drug was ecstasy (76%).
- Of those participants who had driven a car in the last 6 months, 51% had done so under the influence of alcohol and 79% had done so within an hour of taking a drug. The most common drugs consumed prior to driving were ecstasy (79%), cannabis (63%) and crystal (55%).
- Respondents were asked about drug information-seeking behaviour, and 18% reported 'never' finding out content/purity of ecstasy compared to 47% for 'other party drugs'.
- By far the most common source of information regarding ecstasy content/purity was 'friends', as reported by 94% of those who engaged in information-seeking behaviour.
- Use of testing kits was reported by 13% and, of these respondents, 55% reported using kits 'sometimes'. Half the entire sample in 2006 reported they would find testing kits useful if available locally.

14.0 HEALTH-RELATED ISSUES

14.1 Overdose

For the purposes of the EDRS, overdose was defined as ‘passed out or fallen into a coma’. In the 2006 sample, 21% reported having ever overdosed on a party drug and the median number of times was 5 (range 1 to 40) (Table 35). Of these respondents, 29% (n=6) reported overdosing in the last six months; five reported their last overdose was in the previous month, and one reported in the previous 3 months. Two-thirds (67%, n=4) reported alcohol as the main drug and 17% (n=1) each reported the main drug as ecstasy and other opiates. Location of last overdose was reported by 33% (n=2) as ‘home’ and 17% (n=1) each reported location as ‘friend’s home’, ‘nightclub’, ‘pub’, and ‘private party’. The median number of hours spent partying prior to last overdose was 12 hours (range .25 to 72 hours) and the median number of hours since the last meal was 22 hours (range 12 to 72 hours).

Table 35: Overdose on ecstasy or related drugs among REU, 2006

	2006 (n=100)
Ever overdosed on ecstasy or related drugs (%)	21
Overdosed on ecstasy or related drugs in last six months (%)*	29
Main drug used (%)*	(n=6)
Alcohol	67
Ecstasy	17
Other opiates	17

Source: WA EDRS regular ecstasy user interviews 2006

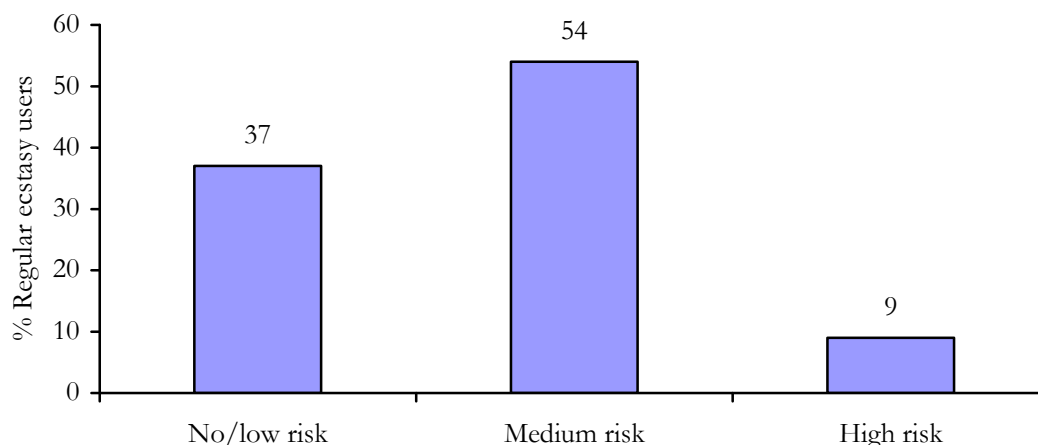
* Percentage of those reporting overdose

Note: percentages don't equal 100 due to rounding

14.2 Psychological distress

The Kessler Psychological Distress Scale (K10; Kessler & Mroczek, 1994) was designed as a screening tool for assessing psychological distress. It is comprised of 10 items measuring the level of anxiety and depressive symptoms a person may have experienced during the previous 4 weeks. A 5-point Likert scale is used to measure responses from ‘all of the time’ to ‘none of the time’ with a maximum possible score of 50. Scores of 10-15 indicate ‘no or low risk’, scores of 16-29 indicate ‘medium risk’, and scores of 30-50 indicate ‘high risk’. The K10 was included in the EDRS for the first time in 2006 and scores are presented in Figure 56 by risk category. The mean total score for the sample was 19, with a range of 10 to 38. Just over half the sample (54%) scored in the ‘medium risk’ range, with 37% scoring at ‘no or low risk’ and 9% at ‘high risk’.

Figure 56: Total K10 scores by risk category among REU, 2006



Source: WA EDRS regular ecstasy user interviews 2006

Key expert comments

The majority of KE who commented on mental health issues reported an association with drugs other than ecstasy. Most stated that psychological problems were related to use of methamphetamines or cannabis. Where ecstasy was mentioned, it was in association with depression, anxiety and mild paranoia. Two KE in particular commented on periods of “come down” as times of particular susceptibility to mood-related difficulties.

14.3 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ecstasy and related drug use in the last 6 months, and this was reported by 16% of REU. Table 36 presents the number of respondents who accessed various health services according to the main drug used. The drug for which most help was sought was ‘other opiates’ (n=10), followed by crystal (n=9) and polydrug use (n=8). Half of the sample (n=8) each reported accessing a GP and drug/alcohol worker. This was followed by attending a psychiatrist (n=6) and a counsellor (n=6), and a psychologist (n=5). Presented in Table 37 are the main reasons reported for help-seeking behaviour. The most common reason for accessing services was depression (n=12), followed by dependence/addiction (n=10), psychosis (n=6), overdose (n=4), and other psychological problems (n=3).

Table 36: Proportion of REU who accessed health help by main drug type, 2006

Variable	Main drug involved (n)
GP	crystal (2), base (1), cannabis (1), other opiates (1), antidepressants (1), benzodiazepines (1), polydrug (1)
Drug/alcohol worker	crystal (2), other opiates (2), ecstasy (1), cannabis (1), heroin (1), polydrug (1)
Psychiatrist	crystal (2), other opiates (2), LSD (1), cannabis (1)
Counsellor	ecstasy (1), crystal (1), cannabis (1), alcohol (1), other opiates (1), polydrug (1)
Psychologist	crystal (2), polydrug (2), other opiates (1)
First aid	alcohol (2), other opiates (1)
Hospital	alcohol (1), other opiates (1), polydrug (1)
Emergency	alcohol (1), polydrug (1)
Social/welfare	other opiates (1)
Ambulance	polydrug (1)

Source: WA EDRS regular ecstasy user interviews 2006

Table 37: Proportion of REU who accessed health help by main reason, 2006

Variable	Main reason (n)
GP	depression (3), dependence/addiction (2), psychosis (1), acute physical problems (1), prescription (1)
Drug/alcohol worker	dependence/addiction (5), depression (1), psychosis (1), court order (1)
Psychiatrist	depression (3), psychosis (2), other psychological problems (1)
Counsellor	depression (2), dependence/addiction (1), psychosis (1), information (1), social/relationship issues (1)
Psychologist	other psychological problems (2), dependence/addiction (1), depression (1), psychosis (1)
First aid	overdose (2), depression (1)
Hospital	overdose (1), depression (1), AOD-related car accident (1)
Emergency	overdose (1), AOD-related car accident (1)
Social/welfare	dependence/addiction (1)
Ambulance	AOD-related car accident (1)

Source: WA EDRS regular ecstasy user interviews 2006

14.4 Other problems

Respondents were asked if they perceived their use of ecstasy and related drugs to have caused any relationship/social, financial, legal/police, work/study problems in the last 6 months. Table 38 shows the number of respondents reporting each problem area and the main drug these were attributed to.

The most common problems reported were financial (43%), closely followed by social/relationship (41%) and work/study (37%). Only a small proportion of respondents reported legal/police problems (8%). Of those who reported a financial problem, the majority identified 'no money for recreation/luxuries' (51%), followed by 'in debt/owing money' (26%) and 'no money for food/rent' (23%). Just over half those reporting a social/relationship problem nominated 'arguments' (54%) as the most common social/relationship problem, followed by 'mistrust/anxiety' (22%) and 'ending a relationship' (15%). Proportions of those identifying work/study problems were more equal with 35% nominating 'sick leave/not attending class', 24% 'unmotivated', 22% 'trouble concentrating', and 16% 'reduced work performance'. Almost two-thirds of the respondents reporting a legal/police problem identified 'arrested' (63%), followed by 'convicted of a crime' (25%) and 'cautioned by police' (13%).

Table 38: Self-reported drug-related problems, 2006

	Any drug (n=100)	Ecstasy (%)	Speed (%)	Crystal (%)	Cannabis (%)	Alcohol (%)	Polydrug (%)
Work/study (%)	37	24	3	16	22	24	8
Financial (%)	43	44	2	16	16	7	7
R'ship/social (%)	41	15	7	34	15	10	2
Legal/police (%)	8	13	-	13	25	25	13

Source: WA EDRS regular ecstasy user interviews 2006

14.5 Summary of health-related issues

- Six respondents reported overdosing on a 'party drug' in the last 6 months, with alcohol nominated by most as the main drug involved (n=4).
- A small proportion (16%) of the total sample reported accessing medical or health services in relation to their ecstasy and related drug use in the last 6 months.
- The main services accessed were a GP (50%) and a drug/alcohol worker (50%), and the main drugs of concern were 'other opiates' (63%) and crystal (56%).
- The most common reasons for accessing a service were psychological, with 75% seeking help for depression and 38% for psychosis.
- The Kessler Psychological Distress Scale was included in the 2006 survey as a screening tool for symptoms of depression and anxiety. Of the total sample, 37% scored at 'no or low risk', 54% at 'medium risk' and 9% at 'high risk'.
- Respondents perceived their use of drugs to have caused recent problems in financial (43%), social/relationship (41%) and work/study (37%) areas.

15.0 CRIMINAL ACTIVITY AND POLICING

15.1 Reports of criminal activity among REU

Table 39 presents the proportion of respondents reporting criminal activity in the month preceding interview across survey years. Rates have remained similar across samples, with approximately a quarter (26%) of the current sample reporting such activity. Drug dealing was the most common crime, reported by 23% in 2006. Of those who reported this activity, 40% reported doing so less than once a week. Fourteen respondents had been arrested in the previous year and this was the same proportion reported last year. Of these respondents, the most common offences for arrest were driving under the influence of alcohol (n=6), use/possession (n=5) and property crime (n=4).

Table 39: Criminal activity reported by REU, 2003-2006

Criminal activity in the last month	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)
Any crime	38	30	32	26
Drug dealing	36	25	24	23
Property crime	5	10	9	9
Fraud	2	4	6	2
Violent crime	0	4	2	1
Arrested last 12 months	9	13	14	14

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

15.2 Drug Use Monitoring in Australia (DUMA)

Drug Use Monitoring in Australia (DUMA) is a project which seeks to measure drug use among those people recently apprehended by police across jurisdictions in Australia (DUMA, 2006). Collection in WA takes place at the East Perth lock-up and the latest figures available related to quarterly collections in 2005 conducted: 30/01– 0/02, 24/04– 15/05, 24/07– 4/08, 09/10–30/10. The total sample comprised of 722 adults (131 female, 591 male) with an age range from 18 to 67 years (mean = 30.74). Of the 602 who responded, 51% (n = 308) reported ever using ecstasy with 63% first using ecstasy between 15 to 24 years of age. Twenty three percent (n = 141) reported using ecstasy in the last 12 months, 11% (n = 67) in the last 30 days, and 2% (n = 15) in the last 48 hours.

Demographic information for those who had used ecstasy in the last 30 days is presented in Table 40 along with comparative data for the current PDI sample. Most notable differences relate to the greater proportion of males in the DUMA sample, and the higher education and current employment status of the PDI sample. In this DUMA sub-sample, the most common charges related to breach of bail or order (40%, n = 27), followed by dealing/trafficking illicit drugs of non-commercial quantity (11%, n = 7). Possession of illicit drug and aggravated robbery were the next most common charges, comprising 8% (n = 5) each. The majority (64%, n = 43) had received none or one charge in the last 12 months.

Table 40: Demographic information of ecstasy users in DUMA and EDRS WA samples

	DUMA 2005 % (n = 67)	EDRS 2006 % (n = 100)
Gender		
Female	12	40
Male	88	60
Age		
18 – 24	51	59
25 – 34	36	33
35 – 44	10	7
45+	3	1
Highest level of education completed		
Secondary education		
Year 10 or less	54	17
Year 11 or 12	19	83
Tertiary education		
Completed TAFE	9	33
Completed university	3	18
Employment		
Full-time	37	52
Part-time/casual	6	13
Unemployed	37	14
Full-time student	8	19
Other	12	2
Relationship status		
Single	69	48
Married/de facto	18	18
Divorced	13	2
Regular partner (PDI only)	-	32

With regards to frequency of ecstasy use in this sample, 39% (n = 26) reported 1 day of use, 25% reported 2 days use, 19% (n = 13) reported 3 or 4 days use, and 16% (n = 11) reported 5 days or more use. Amphetamine use was reported by 81% (n = 54), cannabis by 72% (n = 48), cocaine by 15% (n = 10), and hallucinogens by 13% (n = 9). Injection in the last 12 months was reported by 28% (n = 19), and 42% (n = 28) reported ever being in drug or alcohol treatment.

Key expert comments

Most comments by KE with regards to criminal activity were in reference to dealing behaviour. Six KE reported that users, particularly younger users, may be involved in selling pills to their friends. This was viewed as a means of funding their own use or to cover costs for the night out. Two KE mentioned dealing within the nightclub/hospitality industry. Most KE stated that ecstasy users were not a group associated with crime, and two KE reported that crime was more likely to be associated with use of methamphetamines.

15.3 Perceptions of police activity towards REU

As shown in Table 41, there was some change in participant perceptions of police activity across survey years. The proportion of those rating police activity as ‘stable’ was similar across years. However, while 43% of respondents in 2005 reported police activity had ‘increased’, this decreased to 34% in 2006. A quarter of the current sample was unable to comment and no respondent reported police activity had ‘decreased’. Just less than three-quarters of REU did not perceive police activity to make scoring drugs more difficult (73%).

Table 41: Perceptions of police activity by REU, 2003-2006

Perception	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)
Recent police activity:				
Decreased	6	4	-	-
Stable	34	38	36	41
Increased	29	29	43	34
Don't know	31	29	21	25
Did not make scoring more difficult	82	89	80	73

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2006

For the first time in 2006, REU were asked questions about the use of sniffer dogs. A quarter (25%) of the sample reported seeing sniffer dogs in the last six months and, of these, the majority (60%) had seen them once. Among these respondents, the most common precautions if knew in advance sniffer dogs would be at an event were ‘hide drugs better’ (48%), ‘take drugs beforehand’ (25%), and ‘not take drugs to the event’ (20%). Just under half of these respondents (48%, n=12) were in possession of drugs when the sniffer dogs were seen at the event. Of these, three-quarters (75%) reported they responded by ‘doing nothing’ or ‘walking away’. A small proportion reported ‘took the drugs’ (17%) and none reported either ‘disposed of drugs’ or ‘caught by police’.

Key expert comments

KE reported an increased presence and visibility of police in nightclubs and at music events. This included more frequent appearances, ID checks and the use of sniffer dogs. One KE stated that this was more in relation to alcohol use, and another remarked on an improved awareness and interest by police in regards to harm minimisation.

15.3 Summary of criminal and police activity

- Rates of criminal activity have consistently been low among REU samples recruited in WA.
- Approximately a quarter (26%) of the current sample reported engaging in criminal activity in the last month.
- Of these respondents, drug dealing was the most common activity reported (23%) and 40% reported engaging in such activity less than once a week.
- Fourteen respondents had been arrested during the previous 12 months and the most common offence was driving under the influence of alcohol.
- Data obtained from DUMA revealed that, of the total 2005 sample, 51% reported lifetime use of ecstasy, 23% reported use in the last year, and 11% reported use in the last month.
- Comparable proportions of respondents reported police activity toward REU in the last 6 months as 'stable' (41%) and 'increased' (34%).
- Approximately three-quarters (73%) reported that police activity did not make scoring drugs more difficult.
- A quarter of the sample reported seeing sniffer dogs during the previous six months, and most had seen them once during this period (60%).

16.0 SUMMARY

16.1 Demographic characteristics of REU

Regular ecstasy users were a population defined by monthly or more frequent use of tablets sold as 'ecstasy' during the previous 6 months. The demographics of the current sample were consistent with that found in previous years. REU tend to be in their early twenties, of both genders, almost entirely Caucasian, and engaged in current studies or employment. There was a significant increase in age with a mean of 24.7 years in the current sample compared to 22.7 years in 2005. Few participants were in any form of drug treatment or had a previous criminal conviction.

16.2 Patterns of polydrug use

Across survey years, REU represented a sample that consistently engaged in polydrug use. Among the 2006 sample, lifetime use averaged 10 drugs and an average of 6.7 drugs was used in the six months preceding interview. Neither of these use patterns were significantly different from that found last year. Over half the current sample reported recent use of ecstasy (100%), alcohol (99%), cannabis (86%), tobacco (74%), crystal methamphetamine (77%), speed powder (65%) and pharmaceutical stimulants (60%).

The only significant increase in drug use between the current and last year's sample was in lifetime use of tobacco. In contrast, several significant decreases in drug use were found. In 2006, there were significant decreases in both lifetime and recent use of speed powder, and recent use of LSD. Prevalence of MDA and ketamine have consistently been low among REU in WA; however, lifetime and recent use of both these drug types significantly decreased in 2006. There were also significant decreases in lifetime and recent use of amyl nitrate and 'other opiates', and in recent use of nitrous oxide and heroin.

Rates of both lifetime and recent injection were comparable across survey years. In 2006, 20% of respondents reported ever injecting a drug compared to 22% last year, and 14% reported injecting in the last six months compared to 12% last year.

16.3 Ecstasy

Patterns of ecstasy use were mostly similar to that found last year. Pills were by far the most common form of ecstasy used, and almost the entire sample consumed ecstasy orally (98%). An average of 2 tablets was used in a typical session. In the current sample, ecstasy was used an average of 20.5 days in the last six months, and 35% of respondents reported using ecstasy weekly.

There was a significant decrease in the proportion nominating ecstasy as their 'drug of choice' to 41% in 2006. As with previous years, the majority of respondents reported typically using other drugs with ecstasy (94%) and during recovery or "come down" from ecstasy use (86%). Drugs most commonly used on both these occasions were alcohol and cannabis. Just under half the current sample (45%) reported using ecstasy for more than 48 hours without sleep during the last six months.

The median price for a tablet of ecstasy remained the same as last year at \$40 per tablet. Across survey years, approximately two-thirds of the sample reported the price of ecstasy as 'stable' over the preceding six months. The greatest proportion of the current sample rated the current purity of ecstasy as 'fluctuates' compared to 'medium' last year.

Responses indicated a perceived decrease in availability, with a decline in the proportion reporting current availability as 'very easy' to less than half the sample. 'Friends' have consistently been reported as the most common person to score from and 'friend's home' as the most common scoring location.

16.4 Methamphetamine

There were significant differences between sample years regarding use of speed powder, but not use of either base methamphetamine or crystal methamphetamine. There were significant decreases in both lifetime use (87% in 2006 versus 94% in 2005) and recent use (65% in 2006 versus 85% in 2005) of speed in the current sample, and these rates were the lowest reported since data collection commenced in WA in 2003. In contrast, rates of base use were highly similar, with 56% of the current sample reporting lifetime use (59% in 2005) and 32% reporting recent use (38% in 2005). The vast majority in both years reported lifetime use of crystal (89% in 2006 versus 88% in 2005), while there was a non-significant increase in recent use (77% in 2006 versus 69% in 2005).

Methods of use differed across forms and were consistent with those reported last year. Snorting (86%) was the most common method of administration for speed, swallowing (63%) for base and smoking (88%) for crystal. 'Nightclubs' were reported as the most common usual location of use for both speed and base, while 'friend's home' was nominated by most for crystal.

The median price per point for all types of methamphetamine (powder, base and crystal) has consistently remained at \$50 across all survey years. The median price for a gram of speed was the same as last year at \$300. There was a slight increase in the median price of a gram of base from \$325 to \$350, and an increase in a gram of crystal from \$350 to \$400. With regards to changes in the price of methamphetamines during the previous 6 months, the majority of respondents reported the price as 'stable' for all forms.

There was a perceived decrease in current purity of both speed and base. In the current sample, 30% rated current purity of speed as 'medium' followed by 24% rating it as 'low', compared to 40% of last year's sample rating it as 'medium'. Current purity of base was rated by 44% of the current sample as 'medium' and by 25% as 'low', while equal proportions of last year's respondents rated it as 'medium' and 'high' (41% each). Ratings of crystal were comparable, with 40% of current respondents rating it as 'high' (39% in 2005) and 31% as 'medium' (26% in 2005).

All forms of methamphetamine were rated as either 'very easy' or 'easy' to obtain by the majority of respondents. Similarly, availability over the previous six months was rated as 'stable' for all forms by the greatest proportion of respondents. Persons from whom methamphetamine was purchased were the same across forms, with 'friends', 'known dealers' and 'acquaintances' the most common sources reported. Accordingly, 'friend's home' was the most common location for purchasing all forms.

16.5 Cocaine

Both lifetime and recent use of cocaine were similar to that reported last year. In the current sample, 55% reported lifetime use (57% in 2005) and 29% reported use of cocaine in the previous six months (35% in 2005). Snorting was reported by all as the most common method of administration, and 'nightclubs' and 'own home' were equally reported by the greatest proportion as usual location of use (43% each).

The median price per gram of cocaine was the same as last year at \$350. In contrast to last year, the majority of the current sample was unable to comment on price change over the last six months (58%), while the majority last year rated it as 'stable' (60%). Ratings of purity were highly similar with equal proportions of 37% rating current purity as 'low' and 'medium' (38% each in 2005). As with price, the greatest proportion was unable to comment on recent changes in purity (42%), while 50% of last year's respondents rated it as 'stable'.

In 2006, current availability of cocaine was rated by the majority as 'difficult' (63%) and 26% rated it as 'very difficult'. In 2005, current availability was rated by 43% as 'difficult' and by 36% as 'easy'. This suggests that cocaine has become less available in WA and may account for the inability of respondents to comment on price and purity over the previous six months. Among the current sample, 21% each reported 'friends', 'known dealers' and 'acquaintances' as persons from whom cocaine was purchased.

16.6 Ketamine

Rates of ketamine use had been consistently low among REU in WA and the current sample reported the lowest rates since collection commenced in 2003. Lifetime use of ketamine significantly decreased from 25% in 2005 to 14% in 2006, and recent use from 11% in 2005 to 4% in 2006. Only one respondent commented on locations of use, purchasing practices and aspects of price, purity and availability. It was therefore not possible to draw conclusions regarding the ketamine market in WA.

16.7 GHB

Similarly, rates of GHB use remained low among REU in WA. In 2006, only 5% reported lifetime use of GHB (10% in 2005) and 2% reported use of GHB in the previous six months (3% in 2005). No respondents commented on items referring to locations of use, purchasing practices, or aspects of the GHB market in WA.

16.8 LSD

Lifetime use of LSD was similar to last year, as reported by 67% of the current sample and 71% of last year's sample. There was a significant decrease in recent use, with 25% of the current sample reporting use of LSD in the previous six months compared to 35% in 2005. The current sample reported use during both a typical and a heavy session as 1 tab. All respondents reported swallowing as the only method of administration in the last six months. 'Own home' (46%) and 'friend's home' (31%) were the most common locations of usual use.

The median price of LSD decreased to \$20 per tab, compared to \$25 last year. Just under half those who commented reported price during the previous six months as 'stable' (45%), compared to 29% of last year's sample. Ratings of current LSD purity were comparable across survey years. In 2006, 50% reported current purity as 'high' (54% in 2005) and 35% as 'medium' (23% in 2005). Reports of purity over the preceding six months were varied and inconclusive. There was some indication of an increase in

availability of LSD in WA. In 2006, 40% rated current availability as 'easy' compared to 34% in 2005, and 25% rated it as 'difficult' compared to 34% in 2005. 'Friends' were nominated by the majority as the most common person for purchasing LSD (77%).

16.9 MDA

Lifetime use of MDA significantly decreased to 6% of the current sample compared to 19% in 2005. No respondent in 2006 reported use of MDA in the previous six months compared to 11% in 2005. No respondent commented on locations of use, purchasing practices or aspects of the MDA market in WA.

16.10 Cannabis

Prevalence of cannabis use had been consistently high among REU samples in WA and this remained the case in 2006. Lifetime use was reported by 100% of the current sample and recent use by 86%. There was a decrease in frequency of use, with a median of 48 days use in the last six months among current REU compared to 60 days in last year's sample. Use of cannabis with ecstasy was reported by 40% of those who used other drugs in conjunction with ecstasy, and 71% of those who used drugs to 'come down' from ecstasy reported use of cannabis during this period.

Information regarding market aspects of cannabis in WA was obtained for the first time in the EDRS in 2006. Hydroponic cannabis was bought at a median price of \$280 per ounce, while bush cannabis was bought at a median of \$225 per ounce. Over three-quarters of respondents reported price over the last six months as 'stable' for both forms. Current purity of hydroponic cannabis was rated by the majority as 'high' (70%), while bush was rated as 'medium' (57%). Recent purity of both forms was rated by 55% as 'stable'. Current availability of both forms was rated as 'very easy' by the greatest proportion of respondents (60% hydroponic versus 48% bush), and two-thirds rated recent availability of both forms as 'stable'. 'Friends' and 'friend's home' were the most common person and location for purchasing both forms of cannabis.

16.11 Patterns of other drug use

As in previous survey years, alcohol use was highly prevalent; all respondents in 2006 reported lifetime use of alcohol and 99% reported use during the last six months. During this period, alcohol was used a median of 60 days, which equates to 2.5 days a week. Alcohol was the most common drug used with ecstasy, as reported by 77%. Among these respondents, 68% reported usually consuming more than 5 standard drinks. A smaller proportion of those who reported use of other drugs during 'come down' from ecstasy nominated alcohol (38%) and, among these, 52% reported typically consuming more than 5 standard drinks.

The Alcohol Use Disorders Identification Test (AUDIT) was included in the 2006 EDRS to screen for risky drinking practices among the REU sample. Proportions were fairly evenly spread across categories: 28% scored at 'low risk', 30% at 'risky/hazardous', and 21% each at 'high-risk/harmful' and 'high-risk'. With regards to composite scores, 75% scored at a risky level for 'alcohol-related problems', 73% for 'consumption' and 20% for 'dependence'. These findings indicate that the majority of REU engaged in potentially harmful drinking practices.

There was a significant increase in lifetime use of tobacco, reported by 97% of the current sample compared to 86% in 2005. Rates of recent use were highly similar, as reported by 74% of the current sample compared to 72% in 2005. The median number of days tobacco was used during the previous 6 months remained at 180, and 61% of the

current sample were daily smokers. Of those using other drugs with ecstasy, 56% reported use of tobacco, and of those using other drugs during 'come down' 54% reported use of tobacco.

Pharmaceutical stimulants such as dexamphetamine and methylphenidate drugs were included in the survey as a distinct drug class from last year. Lifetime use of these drugs remained high with 92% reporting lifetime use (89% in 2005); however, there was a significant decrease in recent use reported by 60% in 2006 (74% in 2005). The median number of days used during this time period was 10 compared to 6 in last year's sample. Pharmaceutical stimulants did not appear to be used in the context of ecstasy use, with smaller proportions than last year reporting use with and during 'come down' from ecstasy. Of those using drugs with ecstasy, 17% reported use of pharmaceutical stimulants (28% in 2005) and 8% of those reporting use of drugs during 'come down' reported pharmaceutical stimulants (17% in 2005).

With regards use of other pharmaceutical medicines, there was a non-significant increase in lifetime use of benzodiazepines from 49% in 2005 to 57% in 2006. Recent use was comparable with 32% in 2006 reporting use in the previous six months and 39% in 2005. In 2006, the median number of days used during this period was 10 compared to 4 days in 2005. Use of benzodiazepines with ecstasy was only reported by one respondent, and 13% reported use during 'come down' from ecstasy.

There were no significant differences across survey years for use of antidepressants, with lifetime use reported by 29% in 2006 compared to 32% in 2005, and recent use by 14% in 2006 compared to 13% in 2005. The median number of days used during the past six months was 125 in 2006 compared to 24 in 2005. Among the current sample, three respondents reported using antidepressants both with and during 'come down' from ecstasy.

Use of 'other opiates' including morphine, pethidine and over-the-counter medications containing codeine, has fluctuated over survey years. In 2006, there were significant decreases in both lifetime and recent use, following significant increases among last year's sample. Lifetime use was reported by 24% in 2006 compared to 41% in 2005, and recent use by 13% in 2006 compared to 27% in 2005. No respondent in the current sample reported typically using these drugs either with ecstasy or during 'come down'.

Participants were also asked about use of inhalants, including nitrous oxide and amyl nitrate. While lifetime use of amyl nitrate remained similar across samples (57% in 2006 versus 63% in 2005), there was a significant decrease in recent use from 34% in 2005 to 23% in 2006. With regards to amyl nitrate, significant decreases were found for both lifetime and recent use. Lifetime use was reported by 34% in 2006 compared to 46% in 2005, and recent use by 8% in 2006 compared to 17% in 2005. These inhalants were not commonly used either with ecstasy or during 'come down'.

Prevalence of use of heroin, buprenorphine and morphine has remained consistently low amongst REU samples. In 2006, 10% reported lifetime use of heroin and this was comparable to the 10% reported in 2005. There was a significant decrease in recent use from 6% in 2005 to 1% in 2006. Rates of buprenorphine use remained low with lifetime use reported by 3% and recent use by 1% in 2006. This was also the case for methadone use, with 4% of the current sample reporting lifetime use and 2% reporting recent use.

Magic mushrooms were included in the survey as a separate drug class from 2005. Rate of lifetime use was the same as last year, reported by 53%, and recent use reported by

13% in 2006 compared to 14% in 2005. Six respondents reported use of drugs other than those listed in the survey and these were DMT, 2CB, Novocain and PCP.

16.12 Drug information-seeking behaviour

As in last year's survey, REU were asked how often they find out the content and purity of ecstasy and other party drugs before taking them. Approximately half the sample (47%) reported 'never' finding out the content and purity of other party drugs, compared to 18% 'never' seeking this information for ecstasy. Over a third of the sample (36%) reported 'always' finding out this information for ecstasy and 22% reported 'most times'. Of those who sought this information for ecstasy, almost all reported 'friends' as the most common source (94%). Over half reported obtaining information from 'dealers' (59%), 'other people' (59%), 'websites' (55%) and 'personal experience' (55%). Only a small proportion (13%) reported personal use of testing kits; however, 50% stated they would find them a useful resource if available locally.

16.13 Risk behaviour

Respondents reported on risk behaviours related to injecting, sexual practices, and driving behaviour. In 2006, 20% reported ever injecting (22% in 2005) and 14% reported injecting in the last six months (12% in 2005). Speed powder was the most common drug ever injected and first injected, while crystal methamphetamine was the most common drug recently injected and last injected. Almost the entire sample of recent injectors reported self-injection every time and half reported usually injecting alone. Less than half of the total sample in 2006 had completed hepatitis B vaccination, or been tested for hepatitis C and HIV in the last year.

In 2006, 95% reported having penetrative sex in the last 6 months and the greatest proportion had one partner during this period (44%). The majority had engaged in penetrative sex while using drugs (80%) and a third of these respondents had done so 3 to 5 times in the previous six months. Ecstasy was the most commonly reported drug used on these occasions (76%).

Of the current sample, 85% had driven a car in the last 6 months. Within this group, 51% reported driving under the influence of alcohol on a median of 4 occasions during the previous six months. The majority (61%) reported that they had undergone roadside breath testing in this period and, of these respondents, 15% reported being over the legal blood alcohol limit. Over three-quarters (79%) reported driving within one hour of taking a drug and the median was 10 times in the last six months. The most commonly reported drugs were ecstasy (79%) and cannabis (63%). Of those who had driven soon after taking drugs, the majority (60%) reported that their driving was 'not at all impaired'.

16.14 Health-related issues

In 2006, 16% of REU reported accessing a medical or health service in relation to their drug use during the last 6 months. The most common services accessed were GP and drug/alcohol worker, reported by 50% each, and the main drugs of concern were 'other opiates' (63%) and crystal (56%). The reasons for accessing a service were mostly psychological issues, with 75% reporting seeking help for depression and 38% for psychosis. The Kessler Psychological Distress Scale was included in the 2006 EDRS as a screening tool for symptoms of depression and anxiety. Of the total sample, the majority scored at 'medium risk' (54%), followed by 'no/low risk' (37%) and 'high risk' (9%).

16.15 Criminal and police activity

Rates of criminal activity have consistently been low among REU samples. In 2006, 26% reported committing a crime in the last month (32% in 2005). Of these respondents, 'drug dealing' was the most commonly reported activity (23%) and was committed by most less than once a week (40%). Of the current sample, 14% had been arrested in the last 12 months and the most common offence reported was driving under the influence of alcohol.

In 2006, similar proportions rated recent police activity toward REU as 'stable' (41%) and 'increased' (34%). Approximately three-quarters of the sample reported that police activity did not make scoring drugs more difficult (73%). A quarter of the sample reported seeing sniffer dogs during the last six months, and most had seen them on one occasion during this period (60%).

REFERENCES

- Australian Institute of Health and Welfare. (2005). *2004 National Drug Strategy Household Survey: Detailed Findings*. Australian Institute of Health and Welfare, Canberra.
- Barnard, R.H. (1995). *Research Methods in Social Anthropology: Qualitative and Quantitative approaches* (2nd Ed.). London, Altamira Press.
- Darke, S., Cohen, J., Ross, J., Hando, J. & Hall, W. (1994) Transitions between routes of administration of regular amphetamine users. *Addiction*, 89, 1683–1690.
- DUMA (2006). <http://www.aic.gov.au/research/duma/> (Accessed 21/11/2006). Australian Institute of Criminology.
- Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W. & Strang, J. (1995). The Severity of Dependence Scale (SDS): Psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. *Addiction*, 90(5), 607–614.
- Hando, J. & Hall, W. (1993) *Amphetamine use among young adults in Sydney, Australia*. NSW Health Department Drug and Alcohol Directorate Research Grant Report Series, B93/2. NSW Health Department, Sydney.
- Hando, J., Topp, L. & Hall, W. (1997) Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, *Australia Drug and Alcohol Dependence*, 46, 105–113.
- Kerlinger, F.N. (1986). *Foundations of Behavioural Research*, CBS Publishing Limited, Japan.
- Roxburgh, A. & Degenhardt, L. (in press). Inpatient hospital stays for illicit drug-related problems in Australia.
- Reinert, D.F., & Allen, J.P. (2002). The Alcohol Use Disorders Identification Test (AUDIT): A review of recent research. *Alcoholism: Clinical and Experimental Research*, 26 (2), 272-279.
- Saunders, J.B., Aasland, O.G., Babor, T.F., de la Fuente, J.R. & Grant, M. (1993). Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction*, 88, 793-804.
- Seiden, L.S, Sobol, K.E., et al. (1993). Amphetamine: effects on catecholamine systems and behaviour. *Annual Review Pharmacology and Toxicology*, 33, 639–674.
- Solowij, N., Hall, W. & Lee, N. (1992) Recreational MDMA use in Sydney: A profile of 'Ecstasy' users and their experiences with the drug. *British Journal of Addiction*, 87, 1161–1172.
- Topp, L. & Mattick, R.. (1997). Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction*, 92 (7) 839–845.

Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A. & Solowij, N. (1998) *Ecstasy Use in Australia*, NDARC Monograph No. 39. National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Topp, L., Hando, J., Dillon, P., Roche, A. & Solowij, N. (2000). Ecstasy use in Australia: Patterns of use and associated harms. *Drug and Alcohol Dependence*, 55, 105–115.

Wardlaw, G. (1993). In *Illicit Psychostimulant Use in Australia* (eds. Burrows, D., Flaherty, B., & MacAvoy, M). Australian Government Publishing Service, Canberra.