

Cerissa Papanastasiou, Paul Dietze & Belinda Lloyd

**VICTORIAN DRUG TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2013
Findings from the
Ecstasy and related Drugs Reporting System
(EDRS)**

Australian Drug Trends Series No. 121

VICTORIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2013



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Cerissa Papanastasiou, Paul Dietze and Belinda Lloyd

Burnet Institute

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ABBREVIATIONS

2C-B	4-bromo-2,5-dimethoxyphenethylamine
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AIHW	Australian Institute of Health and Welfare
ASSAD	Australian Secondary Students' Alcohol and Drug
ATSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
EDRS	Ecstasy and related Drugs Reporting System
EPS	Emerging psychoactive substances
ERD	Ecstasy and related drugs
GHB	Gamma-hydroxybutyrate
GP	General practitioner
HPV	Human papilloma virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale (10-item)
KE	Key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MXE	Methoxetamine
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NPS	New psychoactive substances
PDI	Party Drug Initiative
REU	Regular ecstasy user(s)
RPU	Regular psychostimulant user(s)
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection(s)
WHO	World Health Organization

GLOSSARY OF TERMS

Binge	Use of alcohol and other drugs for 48 hours or more without sleep
Bump	An unfixed quantity, often referring to a small mound (e.g., on the corner of a plastic card or on the end of a key) that is snorted.
Illicit	In the EDRS context, illicit use of pharmaceutical drugs refers to those obtained with a prescription in someone else's name, either drugs purchased from a street dealer or obtained from a friend or partner
Key expert(s)	Also referred to as KE; participants of the Key Expert Survey component of the EDRS (see <i>Method</i> section for further details)
Licit	In the EDRS context, licit use of pharmaceutical drugs refers to those obtained with a prescription in the participant's name. This definition does not account for 'doctor shopping' practices; however, it differentiates between prescribed pharmaceuticals and those obtained without a prescription, e.g., drugs purchased from a street dealer or obtained from a friend or partner
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, shelving/shafting, smoking, snorting and swallowing.
Point	0.1 gram
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting, shelving/shafting, smoking, snorting, and swallowing.
Tab	A small piece of blotting paper containing a drop of LSD (<i>α</i> -lysergic acid) that is typically consumed orally.

EXECUTIVE SUMMARY

This report presents the results from the eleventh year of the Ecstasy and Related Drugs Reporting System (EDRS), a study monitoring ecstasy and related drug (ERD) use and market trends in Melbourne, Victoria. Key findings from interviews with 100 regular psychostimulant users (RPU), key expert (KE) interviews and external indicator data are included in this report. The 2013 EDRS Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund.

Demographic characteristics of RPU

The mean age of participants interviewed as part of the 2013 RPU sample was 26 years (slightly older than in 2012). Other demographic characteristics were consistent with those measured in 2012; RPU interviewed in 2013 were typically heterosexual, well educated, from an English-speaking background, and few reported being in drug treatment. Higher proportions were currently in full-time employment and earning a higher mean weekly income (\$693) in 2013, compared to 2012.

Patterns of drug use among RPU

In addition to ecstasy, in 2013 most RPU reported having recently used alcohol, tobacco and cannabis, unchanged from 2012. The reported recent use of the following drugs was significantly higher in 2013 than 2012: ecstasy powder (51% vs. 31%), LSD (52% vs. 38%) and nitrous oxide (48% vs. 22%), while the reported use of speed powder was significantly lower in 2013 (58% vs. 77% in 2012). The prevalence of other methamphetamine use remained at similar levels to 2012; 45% of participants reporting recent use of crystal methamphetamine and 8% reporting recent use of methamphetamine base. In 2013, data on lifetime and recent use of ecstasy crystals were collected for the first time in the EDRS, and 49% of respondents reporting recent use ecstasy crystals. There was a notable increase in reporting of recent use of ketamine between 2012 and 2013 (35% vs. 46% respectively), the highest reported in the EDRS since 2003. Reports of recent cocaine use (reported by 46% of participants in 2013) remained comparable to EDRS respondents in previous years. The prevalence of benzodiazepine use (licit and illicit) increased for both lifetime (80%) and recent use (53%), compared to 2012. Almost half (47%) of the 2013 RPU sample reported recent use of new psychoactive substances (NPS), an increase from reports in 2012 (33%).

Ecstasy

Similar to previous years, the 2013 RPU sample reported first using ecstasy regularly at a mean age of 19 years, swallowing a median of two pills in a typical episode of use and commonly using other drugs in conjunction with ecstasy (92%). In 2013, 26% of RPU reported ecstasy as their 'favourite' drug compared to 35% in 2012. The price of one ecstasy pill remained consistent at \$30 between 2012 and 2013. Fewer RPU reported perceiving ecstasy purity to be high in 2013 than in 2012 (18% vs. 32% respectively) while a significantly higher percentage reported ecstasy to be very easy to obtain (50% vs. 35% respectively). Consistent with previous years, on the last occasion of use RPU reported most commonly obtaining ecstasy from friends (62%), at a friend's home (30%) and using ecstasy at a nightclub (28%).

Victoria Police Forensic Services Department's analyses of ecstasy seizures show that the average purity decreased slightly from 33% in the 2011/2012 financial year to 30% in 2012/2013.

Methamphetamine

RPU were asked about different forms of methamphetamine: speed, crystal methamphetamine and methamphetamine base.

As in previous years, in 2013 RPU reported using a median of 0.5 gram of speed in a typical episode of use. Participants reported using speed on a median of four days in the past six months in 2013, lower than a median of six days in 2012. RPU reported typically paying \$200 per gram for speed in 2013, unchanged from the previous three years. A significantly higher proportion of participants

reported that speed quality was low in 2013 compared to reports in 2012 (23% vs. 8% respectively). Over two-thirds (68%) of the 2013 EDRS sample reported that ease of access to speed was stable in the past six months. Participants reported that on the last occasion of use they most commonly purchased speed from friends (55%), last obtained it at a friend's home (50%), and last used it at their own home (27%).

In 2013, participants reported using a median of two points of crystal methamphetamine in a typical episode of use, slightly higher than the median of 1.5 points in 2012. The median reported days of use of crystal methamphetamine in the preceding six months increased from 8.5 days in 2012 to 10 days in 2013. The most commonly reported route of administration for crystal methamphetamine was smoking (87%). The median reported price per point of crystal methamphetamine was \$80, slightly lower than 2012. In 2013, participants generally reported crystal methamphetamine purity as high (50%) or medium (28%), and very easy (78%) or easy (22%) to obtain in the preceding six months. RPU reported that on the last episode of use they most commonly purchased crystal methamphetamine from a friend (55%), obtained it at an agreed public location (34%) and used it at their own home (47%).

Only eight participants of the 2013 Victorian EDRS sample reported recent use of methamphetamine base and few were able to respond to questions about price, purity and availability.

Methamphetamine was described by the majority of KE interviewed in 2013 as the most widely used illicit drug following cannabis. They considered it to be a problematic drug due to a perception of increasing purity in the preceding 12 months resulting in RPU reaching higher intoxication levels and being intoxicated for longer periods.

Victoria Police Forensic Services Department's analyses of methamphetamine seizures show that the average purity increased from 57% in the 2011/2012 financial year to 60% in 2012/2013.

Cocaine

In 2013, participants reported using a median of 0.5 gram of cocaine in a typical episode of use, which was consistent with 2012. RPU reported using cocaine on a median of two days in 2013 and almost all (98%) of those using cocaine recently reported snorting it. The median reported cost of cocaine in 2013 was \$300 per gram, slightly lower than the \$350 recorded in 2012. Of the recent cocaine users who were able to comment, 29% perceived cocaine purity as high, compared to 19% in 2012, and almost half (48%) described the purity of cocaine as stable in the preceding six months. In 2013, the percentage of participants reporting cocaine as difficult to obtain was significantly lower than in 2012 (29% vs. 42%). On the last episode of use, RPU reported most commonly obtaining cocaine from a friend (43%), at a friend's home (38%) and used it at a pub or bar (23%).

Victoria Police Forensic Services Department's analyses of cocaine seizures during the 2012/2013 financial year show that the average purity was 46%, slightly lower than in 2011/2012 (49%).

Ketamine

In 2013, higher proportions of RPU reported lifetime (76% vs. 63%) and recent (46% vs. 35%) use of ketamine than in 2012. Ketamine was used on a median of four days in the preceding six months in 2013 compared to a median of two days in 2012. Participants most commonly quantified their use of ketamine in 'bumps', reporting using a median of three bumps during a typical episode of use. Consistent with the previous two years, the median reported cost of ketamine in 2013 was \$200 per gram. Of the participants who were able to comment, 74% perceived ketamine purity to be high, significantly more than 2012 (54%), and the majority (59%) described ketamine purity as stable in the preceding six months. Ketamine was reported as very easy to obtain by 37% of participants who were able to comment in 2013, whereas the majority of participants interviewed in 2012 reported ketamine to be easy or difficult to obtain. The majority (70%) of RPU reported most commonly obtaining their last purchase of ketamine from a friend, at a friend's home (30%) and used most commonly at a nightclub (44%).

Gamma-hydroxy-butyrate (GHB)

The proportion of participants reporting recent use (14%) of GHB was the highest ever recorded in the Victorian EDRS. RPU reported recent GHB use on a median of two days in the preceding six months, a slight decrease from 2012. Consistent with 2012, a median of 4.5ml was reported as the amount used during a typical episode of use. Only six participants of the 2013 Victorian EDRS sample were able to respond to questions about the price, purity and availability of GHB.

LSD

Recent users of LSD reported irregular use of the drug on a median of three days in the preceding six months in 2013, comparable to the number of days of use reported in previous years. The median reported price per tab was \$15 in 2013, unchanged among the EDRS sample since 2011. Eighty-three per cent of recent LSD users described the purity of LSD as medium to high, and LSD was reported to be easier to obtain in the preceding six months than reports in 2012 (22% vs. 3%). On the last occasion of use, RPU typically sourced LSD from a friend (71%), at their friend's home (27%), and used it at their own home (26%).

Cannabis

Reports of recent cannabis use were common among RPU in 2013 (87%). Participants reported using cannabis on a median of 50 days (just over two days a week) in 2013, which was substantially lower than the 72 days reported by EDRS participants in 2012. Almost all (99%) of recent users reported smoking cannabis, and reported typically paying \$15 for a gram of hydroponic cannabis and \$12 for a gram of bush cannabis. In 2013, the potency of cannabis was typically reported as being medium to high for both hydroponic (86%) and bush cannabis (95%), comparable to reports in previous years. Almost all (97%) participants reported that hydroponic cannabis was easy or very easy to obtain, while 80% reported this for bush cannabis. KE reported cannabis use to be very common, mostly used via smoking and somewhat normalised among RPU with no perceived change in patterns of use in the past 12 months. Two KE perceived that RPU underestimate the risks of cannabis use both on long-term health and competency when driving.

Alcohol

As in previous years, all of the EDRS participants interviewed in 2013 reported lifetime use of alcohol, initiating drinking at a mean age of 14 years, while 93% reported use in the preceding six months. This group of RPU reported drinking on a median of 50 days (two times per week) in the preceding six months in 2013, a figure comparable to reports in 2012 (a median of 48 days). A significantly lower proportion of participants interviewed in 2013 reported: drinking alcohol on the last occasion they used ecstasy (66% vs. 80% in 2012); and drinking alcohol during a stimulant drug binge (63% vs. 82% in 2012), than participants of the 2012 EDRS. Alcohol continues to be one of the drugs KE most commonly cite as problematic. KE reported alcohol use to be widespread among RPU and often used with other drugs, which they perceived resulted in an increase in both violent behaviour and risk of overdose.

Health and other issues

Some RPU reported adverse consequences related to their drug consumption. Recent stimulant drug overdose was reported by 12% of RPU in 2013; typically attributed to ecstasy or amphetamines. Recent depressant drug overdose was reported by 13% of participants in 2013; typically attributed to alcohol and GHB. In 2013, RPU were administered the 10-item Kessler Psychological Distress Scale (K10) to measure the level of psychological distress experienced in the preceding four weeks; 35% were classified as experiencing moderate, 25% high and 5% very high psychological distress. Twelve per cent of respondents reported accessing a health or medical service in relation to their ERD use in the preceding six months.

In 2012, the Victorian specialist alcohol and other drug telephone counselling service DirectLine received calls identifying ecstasy (0.5%), amphetamine and/or other stimulants (19%), cocaine (0.7%) and cannabis (11%) as drugs of concern. Data from ambulance attendances at non-fatal drug-related events in Victoria suggest that attendances involving ecstasy declined by almost half in 2010 compared to 2009 (236 vs. 409 respectively) but remained relatively stable in 2011 (212 attendances) and 2012 (236 attendances). In contrast, attendances involving amphetamines have increased since 2009 (425 attendances), with 533 attendances occurring in 2010, 768 attendances in 2011 and 1,155 attendances in 2012 .

Risk behaviour

A larger proportion of participants reported ever injecting a drug in 2013 than in 2012 (22% vs. 13% respectively). Only 12 RPU reported injecting a drug in the preceding six months in 2013.

Fifty-two per cent of the 2013 EDRS sample reported recent penetrative sex with a casual partner in the past six months, and 37% of these reported not using a condom the last time they had sex when sober. Forty-nine participants reported having had sex with a casual partner while under the influence of alcohol and/or drugs in the preceding six months. Among this group, 43% reported not using a condom with a casual partner the last time they had sex while under the influence.

A significantly higher proportion (74%) of participants reported ever having a sexual health check-up, compared to 2012 (49%), and 24% had been diagnosed with a sexually transmitted infection at some point in their lifetime.

Sixty-five per cent of the 2013 RPU sample reported having driven a car/motorcycle/vehicle in the six months prior to being interviewed, a rate similar to previous years. Of those who had driven in the previous six months, 23% believed they had driven while over the legal blood alcohol limit (for their licence type) in the preceding six months and 54% reporting driving soon after consuming illicit drugs.

Risky alcohol use was measured among participants in 2013. Sixty-seven per cent of RPU scored eight or more on the World Health Organization's (WHO) Alcohol Use Disorders Identification Test (AUDIT) – a level at which alcohol intake is considered hazardous – a figure lower than that measured in 2012 (80%).

Law enforcement-related trends associated with ERD use

In 2013, 11% of the RPU sample reported that they had been arrested in the past 12 months and 26% reported engaging in any type of crime in the preceding month, a figure lower than reports in 2012 (49%). Drug dealing was the most common type of crime reported by the RPU sample (18%).

New psychoactive substances

The most common NPS used recently by RPU interviewed in 2013 were DMT (25%), 2C-B (18%) and the synthetic cannabinoid branded Kronic (12%). Value for money, a high level of perceived purity, reaching a better high and experiencing fewer side effects compared to other illicit drugs, were examples of motivations nominated for using 2C-B and mephedrone by participants. Common effects of 2C-B and mephedrone were described as: having an urge to move and talk, no appetite for food, and euphoria. In 2013, all KE who commented on NPS reported an increase in the prevalence of use. Several perceived NPS as a problematic drug type group due to their relatively new existence within the illicit drug market, resulting in RPU being more likely to be unsure of what they have consumed.

Conclusions

The results reported here describe ERD use and trends in 2013 in Melbourne, Victoria, and enable comparisons with the findings of the previous ERDS studies. The key findings were as follows: The reported recent use of ecstasy powder, LSD and nitrous oxide increased significantly in 2013 compared to 2012. Reports of recent speed powder use were significantly lower in 2013, while the prevalence of other forms of methamphetamine use remained stable. Almost half the sample reported recent NPS use, typically DMT, 2C-B and the synthetic cannabinoid branded Kronic. Compared to

2012, a lower proportion of the 2013 sample scored in the hazardous level category for alcohol consumption measured by the AUDIT, and fewer RPU reported both, drinking alcohol on the last occasion they used ecstasy and drinking alcohol during a stimulant drug binge. A significantly higher proportion of participants reported having a sexual health check-up at some point in their lifetime, compared to 2012, while fewer participants reported recent (past month) criminal activity.

Implications

Patterns of polydrug use, binge drug use, the frequency and locations where drugs are reportedly used, and the availability of many drugs, have largely remained stable across the 11 years of data collection. Other findings, such as the emergence of ecstasy crystals, possible return of high methamphetamine purity, high percentage of alcohol use (some at potentially harmful levels) evident in recent years, and the increased use of NPS warrant further exploration. The EDRS has also provided unique information on a range of issues of relevance to ERD-using populations, such as drug-driving behaviour and sexual health risks.

The Victorian EDRS represents a key knowledge base from which to further explore patterns and characteristics of ERD use in the state. The primary aim of the national EDRS is to provide a 'snapshot' of the characteristics of regular psychostimulant use in Australia. Although the data collection methods described in this report have limitations, the findings can be used to inform other research with the capacity to target emergent questions relating to regular ecstasy use (see below).

On the basis of the findings of the 2013 Victorian EDRS, we recommend:

- further exploration of methods to reduce and prevent the use of alcohol at harmful levels;
- tailored research and ongoing surveillance activities capable of capturing information on NPS as the prevalence of use increases;
- raising health workers' awareness of NPS to increase their ability to detect related drug overdoses and enhance surveillance activities;
- further research into the health and behavioural effects of NPS in order to gain a greater understanding of these drugs, and develop clinical and public health responses;
- further investigation into how to improve RPU's utilisation of health services;
- further investigation of how to educate RPU about the risks associated with behaviour such as sexual intercourse while under the influence of drugs; and
- targeted research examining the high levels of drug- and drink-driving reported by participants.

1 INTRODUCTION

This report provides a summary of ecstasy and related drug (ERD) use and market trends in Melbourne, Victoria from the eleventh iteration of the Ecstasy and related Drugs Reporting System (EDRS). These trends have been extrapolated from the three data sources: interviews with current regular users of ERD; interviews with professionals who have contact with ERD users (key experts, or KE); and the collation of secondary indicator data sources. These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one.

For the purposes of the study, the terms 'ecstasy and related drugs' or 'psychostimulants' include drugs that are routinely used in the context of entertainment venues such as nightclubs, dance parties and music festivals. In addition to ecstasy (3,4-methylenedioxymethamphetamine or MDMA), this includes drugs such as methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine and GHB (gamma-hydroxybutyrate).¹

In 2013, the EDRS Project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2003). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD use. Consistency between the methodology of the IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

The focus of the Victorian EDRS is Melbourne, as new trends in illicit drug markets are more likely to initially emerge in large cities rather than regional centres or rural areas. Comparisons are made between the 2013 results and those reported in the 2003 to 2012 studies where appropriate.

1.1 Study aims

The overall aim of the 2013 Victorian EDRS was to extend to an eleventh year the routine monitoring of key ERD market indicators in Melbourne. The specific aims of the study were to:

- describe the characteristics of a sample of current regular psychostimulant users (RPU) interviewed in Melbourne;
- examine this sample's patterns of ERD use;
- document the current market characteristics (i.e., price, purity and availability) of ERD in Melbourne;
- examine participants' perceptions of the incidence and nature of ERD-related harm, including physical, psychological, occupational, social and legal harms;
- identify emerging trends in the ERD market that might require further investigation;
- examine participants' involvement in criminal behaviours; and
- where appropriate, compare 2013 findings with those reported in the previous EDRS reports.

¹ For further information about these and other party drugs, see: www.adf.org.au; www.bluelight.org; www.erowid.org.

2 METHOD

The 2013 EDRS used the methodology trialled in the feasibility study (Breen et al., 2002), subsequently used in the 2003-2012 studies, to monitor trends in the markets for ERD. The three main sources of information used to document trends were:

1. face-to-face interviews with current RPU;
2. face-to-face interviews, telephone interviews and online surveys with KE who, through their work, have regular contact with psychostimulant users in Melbourne; and
3. indicator data sources such as ERD treatment episodes, the purity of ecstasy seized in Victoria, and prevalence of use data drawn from the Victorian sample interviewed for the 2011 Australian Secondary Students' Alcohol and Drug (ASSAD) Survey by the Department of Health, Victoria.

These three data sources were triangulated so that different data sources were used to validate each other and provide a more reliable indication of emerging trends in ERD drug use and drug markets.

2.1 Survey of RPU

As described above, the ERD category includes a range of drugs. The sentinel population chosen to monitor trends in ERD markets in 2013 was people who reported regular use of ecstasy and other psychostimulants, termed 'regular psychostimulant users' (RPU). This was the first year the eligibility criteria extended out to include other psychostimulants and reflects the changing nature of the ecstasy market and types of consumers.

For the purposes of this study, 'regular psychostimulant use' was defined as the use of ERD at least once a month over the previous six months. Participants were also required to be at least 18 years of age and have resided in the Melbourne metropolitan area of Victoria for the 12 months preceding interview.

2.2 Recruitment

One hundred RPU were interviewed for the Victorian 2013 EDRS. All of the participants resided in the Melbourne metropolitan region and were recruited through a purposive sampling strategy (Kerlinger, 1986) consisting of advertisements in entertainment street press and online forums, interviewer contacts, and 'snowball' procedures (Biernacki & Waldorf, 1981). Snowballing is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users in Australian studies (Boys et al., 1997; Ovendon & Loxley, 1996; Solowij et al., 1992) as well as international studies (Dalgarno & Shewan, 1996; Forsyth, 1996; Peters et al., 1997). Accordingly, on completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be interested and able to participate. Snowballing is also routinely employed as a recruitment method in the IDRS (Jenkinson & O'Keeffe, 2005).

2.3 Procedure

Participants contacted the researchers by telephone or via email and were screened for eligibility (using the criteria listed in section 2.1). Participants were informed that all information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 60 minutes to complete. All respondents were volunteers who were reimbursed \$40 for their participation. All interviews were undertaken at the Burnet Institute or at an agreed public meeting space (e.g., a café) and were conducted by trained researchers using a standardised interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained. Ethics approval for this study was obtained from the Alfred Hospital Human Research Ethics Committee.

2.3.1 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by the National Drug and Alcohol Research Centre (NDARC) in 1997 (Topp et al., 1998; Topp et al., 2000), which incorporated items from previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder methamphetamine (Darke et al., 1994; Hando & Hall, 1993; Hando et al., 1997). The interview schedule focused primarily on the preceding six months (recent use) and assessed demographic characteristics; patterns of ERD use, including frequency and quantity of use and routes of administration; the price, purity and availability of ERD; patterns of ERD purchasing; self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; help-seeking behaviour; and general trends in party drug markets, such as new drug types and new drug users. The interview schedule was administered predominantly via laptops using Questionnaire Design Studio V.2.6.1 or via paper questionnaire.

2.3.2 Data analysis

Descriptive analyses were conducted using Statistical Package for the Social Sciences (SPSS) as well as Stata V.11.0. For selected key variables, tests of proportions were used to determine the significance of differences between 2012 and 2013 results with a statistically significant difference defined as $p < 0.05$. Throughout the report, a p-value is only reported when significant differences existed. Figures in section five (drug market: price, purity, availability and supply) may not match the national EDRS report figures, due to the exclusion of the 'don't know' response from national analysis.

2.4 Survey of KE

The criterion for KE eligibility was regular contact (at least weekly contact and/or had contact with ten or more ecstasy users in the last six months) or significant knowledge, in the course of employment, of users of ERD throughout the preceding six months. Fifteen KE provided information on the psychostimulant users they had contact with/knowledge of in the six to 12 months preceding interview.

The 15 KE interviewed in 2013 were five members of Victoria Police, two drug treatment workers, two medical officers, three peer educators, a researcher, a venue owner and a live music event manager.

Most of the KE reported working with mixed populations (in terms of age, ethnicity and gender identity); however, five reported that they worked with one or more 'special population groups', including youth, online groups and motorists.

KE were asked to comment on what drug(s) they considered most problematic and the reasons why, and any changes in drug market characteristics between 2012 and 2013.

2.5 Other indicators

Primary information collected from the RPU surveys and KE interviews was supplemented by data obtained from secondary indicator sources of illicit drug use and related morbidity and mortality. Where possible, data relating to trends for the 2012/2013 financial year are reported, unless otherwise indicated. For secondary indicators, when current data were not available, the most recently available data were included.

Indicator data sources accessed for this study are described in the following sections:

Surveys reporting on illicit drug use prevalence in Victoria

- Estimates of prevalence of alcohol and drug use in the general community are typically derived from large-scale population surveys. The most recent Australian household survey from which estimates of illicit drug use within the community are available is the 2010 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare, 2011). Prevalence of substance use figures from this report were presented in the 2012 EDRS report (Nguyen et al., 2013). In 2013, data will be presented from the Victorian sample interviewed for the 2011 ASSAD Survey (Department of Health, 2013).

Results from the 2013 NDSHS will be reported in the 2014 Victorian EDRS report.

Drug seizure purity levels

- The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for inclusion in this report up to the 2012/2013 financial year.

Drug-related arrest data

- Information pertaining to drug-related arrests in Victoria was obtained from the Australian Crime Commission (ACC). Victoria Police and the Australian Federal Police provide arrest data to the ACC for the Illicit Drug Data Report. This report presents drug-related arrest data for the 2011/2012 financial year.

Specialist drug treatment presentations

- The Victorian Department of Health funds community-based agencies to provide specialist alcohol and drug treatment services across the state. The collection of client information is a mandatory requirement and occurs via a formalised client data collection system called the Alcohol and Drug Information System (ADIS). The ADIS data presented in this report represent courses of treatment (not client numbers) undertaken during the 2012/2013 financial year.
- DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database of information about callers' drugs of concern, calls from drug users and calls about drug users. This report presents data for the period between 1999 and 2012.

Ambulance attendances at non-fatal drug-related events

- Turning Point Alcohol & Drug Centre manages electronic drug-related ambulance attendance data extracted from a database called Victorian Ambulance Clinical Information System. Data for the period between January 2009 and December 2013 are presented in this report.

National Hospital Morbidity Database

- The Australian Institute of Health and Welfare (AIHW) compiles the National Hospital Morbidity Database (NHMD), a collection of electronic records for admitted patients in public and private hospitals in Australia. It reports the 'principal diagnosis' (the diagnosis established as chiefly responsible for occasioning the patient's episode of care in hospital). As the most recent hospital admission data were not available at the time of printing, this report presents drug-related (amphetamine, cocaine and cannabis) hospital admissions for Victoria and Australia from 2003/2004 to 2010/2011 (Roxburgh, 2012).

3 DEMOGRAPHICS

3.1 Overview of the EDRS participant sample

The demographic characteristics of the EDRS participants recruited in 2013 in Victoria were comparable to those of previous years (Table 1). Two-thirds of participants were male, the sample was predominantly heterosexual (85%), and the mean age was 26 years. RPU were well educated (59% with tertiary qualifications), and compared to 2012 a higher proportion were employed full-time (31% vs. 23% in 2012) and earning a higher mean weekly income (\$700 vs. \$530 in 2012). Participation in the EDRS in previous years was reported by four participants and the 2013 RPU sample were most commonly recruited via street press (49%).

Table 1: Demographic characteristics of EDRS participants, 2008-2013

	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Mean age (years)	24	23	24	26	24	26
Male gender (%)	53	67	64	64	67	63
English-speaking background (%)	96	100	100	98	94	100
ATSI (%)	1	2	0	2	2	2
Heterosexual (%)	88	84	83	86	90	85
Mean number school years	12	12	12	12	12	12
Tertiary qualifications (%)	46	46	41	58	52	59
Employed full-time (%)	38	25	21	25	23	31
Full-time students (%)	9	9	8	9	8	18
Unemployed (%)	8	16	21	32	16	16
Previous conviction (%)**	2	1	4	-	-	-
Current drug treatment (%)	3	2	5	4	7	4
Mean income per week (\$)*	-	\$542	\$504	\$539	\$530	\$700

Source: EDRS participant interviews

* Income question introduced in 2009

** Previous conviction questions not asked in 2011-2013

KE interviews indicate that the RPU population remains diverse in characteristics such as age, gender, sexuality and geographic location, and described RPU as mostly aged between 16 and 35 years, with an estimated average age of 25 years. Typically, KE described RPU as educated, employed (either in full-time or part-time employment) or current students. Most KE reported having contact with both male and female RPU.

4 DRUG CONSUMPTION PATTERNS

Summary

- Ecstasy was reported as the main drug of choice (favourite or preferred drug) by a lower proportion of participants (26%) than those interviewed in the 2012 EDRS (35%).
- In 2013, data on lifetime and recent use of ecstasy were collected for the first time in the EDRS, and 51% of respondents reporting recent use ecstasy crystals.
- The prevalence of ecstasy powder use in the preceding six months was significantly higher in 2013 among RPU at 51%, than reports in 2012 (31%).
- Recent LSD use was reported by a significantly larger proportion of participants in 2013, compared to 2012 (52% vs. 38%).
- In 2013, the prevalence of lifetime (72%) and recent (48%) nitrous oxide use were the highest reported in the EDRS to date.
- Reported use of speed powder was significantly lower in 2013 (58% vs. 77% in 2012), while the prevalence of other methamphetamine use remained at similar levels to 2012.
- Cannabis continued to be a drug used by most participants, however was reportedly used on a median of 50 days in the preceding six months, substantially lower than reports in 2012 (median of 72 days).
- Almost half (47%) of the 2013 Victorian EDRS sample reported recent use of new psychoactive substances (NPS), an increase from reports in 2012 (33%). (More detailed reports of NPS use can be found in section 9.1.)

4.1 Drug use history and current drug use

In 2013, participants were asked about lifetime (ever used) and recent (used in the last six months) use of a broad range of drug types, including alcohol and tobacco (Table 2). The drugs most likely to have ever been used were alcohol, cannabis, tobacco, ecstasy and LSD. The reported recent use of drugs was significantly higher in 2013 than 2012 for ecstasy powder (51% vs. 31% respectively, $p < 0.05$), LSD (52% vs. 38% respectively, $p < 0.05$), and nitrous oxide (48% vs. 22% respectively, $p < 0.05$). The reported recent use of speed powder was significantly lower in 2013 than in 2012 (58% vs. 77%), but there was no increase in recent use of the other forms of methamphetamine (crystal and base).

Almost half (47%) of the 2013 RPU sample reported recent use of synthetic analogues known as 'research chemicals' such as mephedrone and DMT, or other synthetic drugs, such as 2C-B, benzylpiperazines (BZP); and synthetic cannabinoids (e.g., Kronik and K2 Spice). Data on these new psychoactive substances (NPS) were first collected in the 2010 EDRS. As reported use of NPS has become more prevalent in the last few years (33% of REU interviewed in 2012 reported recent NPS use), detailed results about use of these drug types is included for the first time in the EDRS report for the 2013 sample and can be found in section 9.1.

Similar to 2012, KE considered amphetamines and alcohol to be the most problematic drugs used by RPU in 2013. In addition, KE identified NPS and GHB as problematic in 2013. Crystal methamphetamine was by far the most common form of amphetamine seen by KE, and some KE highlighted it as the most widely used illicit drug after cannabis. KE raised concerns relating to crystal methamphetamine causing aggressive behaviour and harmful effects from lack of sleep, resulting from RPU reaching higher intoxication levels and being intoxicated for longer periods, due to a perceived increase in purity in the previous 12 months. KE highlighted the availability of alcohol and the culture of drinking in Australia, along with 'pre-loading' (drinking large volumes of alcohol before attending nightclubs or other events) as factors contributing to alcohol-related harm. Concerns relating to GHB were mostly associated with the potential for overdose, while the wide variation in NPS content was referred to as problematic especially when RPU are unfamiliar with what they are consuming.

Table 2: Lifetime and recent drug use of EDRS participants, 2008-2013

	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Alcohol						
Ever used (%)	99	100	99	99	100	100
Used last 6 months (%)	97	99	97	97	97	93
Cannabis						
Ever used (%)	99	95	97	96	97	100
Used last 6 months (%)	84	85	89	86	85	87
Tobacco						
Ever used (%)	88	91	97	92	94	92
Used last 6 months (%)	75	86	88	82	87	82
Ecstasy pill						
Ever used (%)	100	100	100	99	99	97
Used last 6 months (%)	100	100	98	91	92	86
Ecstasy capsule						
Ever used (%)	46	65	81	89	83	85
Used last 6 months (%)	18	48	65	65	67	67
Ecstasy powder						
Ever used (%)	49	37	48	56	43	72
Used last 6 months (%)	27	24	34	30	31	51
Ecstasy crystal*						
Ever used (%)	-	-	-	-	-	58
Used last 6 months (%)	-	-	-	-	-	49
Methamphetamine powder (speed)						
Ever used (%)	90	90	88	88	94	86
Used last 6 months (%)	75	72	70	69	77	58
Methamphetamine base (base)						
Ever used (%)	20	18	13	32	22	30
Used last 6 months (%)	7	7	3	12	13	8
Crystal methamphetamine (ice/crystal)						
Ever used (%)	53	36	45	56	57	62
Used last 6 months (%)	22	13	18	38	48	45
Pharmaceutical stimulants (licit & illicit)						
Ever used (%)	31	41	56	59	46	65
Used last 6 months (%)	10	15	27	29	21	30
Cocaine						
Ever used (%)	79	75	76	74	78	78
Used last 6 months (%)	51	48	54	43	54	46
LSD						
Ever used %	51	63	72	82	63	88
Used last 6 months %	29	46	49	57	38	52
MDA						
Ever used (%)	24	9	14	27	27	31
Used last 6 months (%)	9	2	6	12	12	13
Ketamine						
Ever used %	55	43	53	60	63	76
Used last 6 months %	20	21	23	26	35	46
GHB						
Ever used (%)	20	15	23	24	24	30
Used last 6 months (%)	11	10	12	6	7	14
Amyl nitrite						
Ever used (%)	43	62	58	63	53	69
Used last 6 months (%)	16	41	34	24	21	23
Nitrous oxide						
Ever used (%)	43	43	43	55	39	72
Used last 6 months (%)	23	22	22	33	22	48
Psilocybin mushrooms						
Ever used (%)	66	62	75	83	74	85
Used last 6 months (%)	20	27	22	41	38	38
Heroin						
Ever used (%)	16	16	17	28	17	25
Used last 6 months (%)	5	5	7	15	5	10
Benzodiazepines (illicit & licit)						
Ever used (%)	61	74	71	71	59	80
Used last 6 months (%)	38	53	45	56	46	53
Other opioids (illicit & licit)						
Ever used (%)	22	19	25	43	33	41
Used last 6 months (%)	13	8	8	21	13	21
Antidepressants (illicit & licit)						
Ever used (%)	19	27	36	31	36	35
Used last 6 months (%)	8	13	15	11	19	10

Source: EDRS participant interviews

* Ecstasy crystal questions introduced in 2013

4.2 Ecstasy use

4.2.1 Ecstasy use among EDRS participants

In 2013, 26% of participants reported ecstasy as the main drug of choice ('favourite or preferred' drug), compared to 35% in 2012. RPU reported swallowing a median of two ecstasy pills and almost one-third (29%) reported using ecstasy pills weekly or more in the preceding six months, which was similar to previous years (Table 3).

Almost all (n=92) RPU reported using other drugs on the last occasion they used ecstasy. The most common drug used in conjunction with ecstasy was alcohol (consumed >5 standard drinks, 61%), followed by cannabis (39%), tobacco (33%) and speed powder (16%). Similar to 2012, 51% of RPU interviewed in 2013 reported using other drugs to 'come down' from ecstasy. The drugs most commonly reported as used when coming down from ecstasy were cannabis (49%) and benzodiazepines (31%).

Table 3: Patterns of ecstasy use among EDRS participants, 2008-2013

Ecstasy	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Mean age first used ecstasy (years)	18	19	18	18	18	19
Ecstasy 'favourite' drug (%)	39	42	31	31	35	26
Median days used ecstasy pills last 6 months	12	12	12	10	12	10
Use ecstasy pills weekly or more (%)	38	29	23	20	25	29
Median ecstasy pills in 'typical' episode of use	2	2	2	2	2	2
Typically use >1 pill (%)	77	77	76	75	83	81
Main route of administration of ecstasy pills in the last 6 months (%)*						
Swallow	95	94	85	83	88	87
Snort	5	5	13	17	10	11
Inject	3	1	1	0	1	1
Ever injected ecstasy pills (%)	7	3	2	10	4	8
Used other drugs in conjunction with ecstasy last occasion (%)	98	96	98	94	95	92
Used other drugs to 'come down' from ecstasy last occasion (%)	80	55	53	67	56	51

Source: EDRS participant interviews

* Among those who had used ecstasy in the previous 6 months

KE reported pills and powder to be the most common forms of ecstasy used by RPU, while one KE characterised the use of crystal ecstasy as prevalent in Victoria. This group of KE did not commonly associate ecstasy with problematic behaviour; however, polydrug use, involving ecstasy with one or several other drugs, was considered problematic due to the interactions of different drugs, with one KE describing an expectation of taking several drugs as normal among RPU.

Recent use of ecstasy capsules was reported by 67% of RPU, consistent with participants interviewed in 2012. This year, reports of ecstasy powder use increased significantly for both lifetime (72%, $p<0.05$) and recent (51%, $p<0.05$) use, the highest reports of recent use in the EDRS since 2006. In 2013, additional questions were included to capture patterns of use of ecstasy crystals due to reports of recent use in 2012. Table 4 shows reported patterns of use for all four forms of ecstasy. Use of ecstasy crystals in the last six months was reported by almost the same proportion as ecstasy powder; however, pills were the most commonly reported form of ecstasy used in 2013, consistent with previous years.

Table 4: Patterns of ecstasy pill, capsule, powder and crystal use among EDRS participants, 2013

Ecstasy	Ecstasy pill (N=100)	Ecstasy capsule (N=100)	Ecstasy powder (N=100)	Ecstasy crystal (N=100)
Lifetime use (%)	97	85	72	58
Used ecstasy in last 6 months (%)	86	67	51	49
Mean age in years first used (range)	18 (13-41)	22 (15-41)	22 (15-41)	20 (17-33)
Median days used last 6 months (range)	9 (1-60)	5 (1-48)	5 (1-48)	3 (1-30)
Median amount used in 'typical' episode of use* (range)	2 pills (0.5-6)	1 cap (0.25-5)	2 points** (0.5-10)	2 points** (0.5-10)
Route of administration in the last 6 months* (%)				
Swallow	99	97	71	88
Snort	33	40	80	53
Inject	3	<3	<3	6
Other	-	-	-	<3

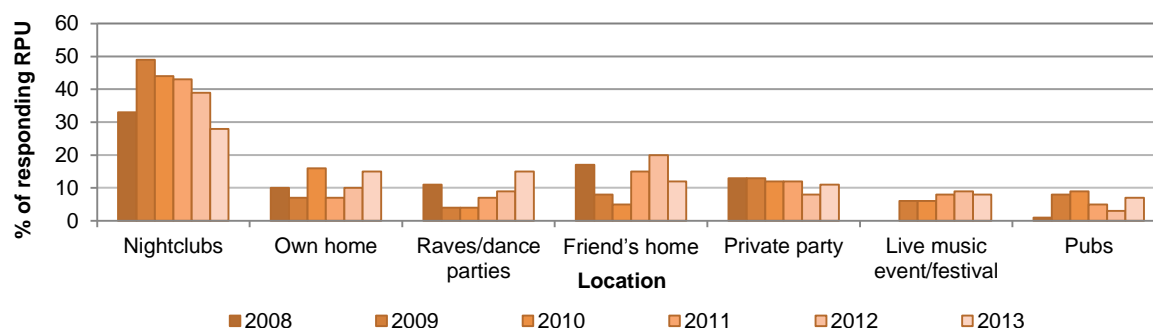
Source: EDRS participant interviews

* Among those who had used ecstasy in the previous 6 months

** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

Figure 1 shows RPU's reported last location of ecstasy use. Consistent with previous years, in 2013, nightclubs were the most commonly reported location of most recent ecstasy use (28%).

Figure 1: Location of most recent ecstasy use, 2008-2013

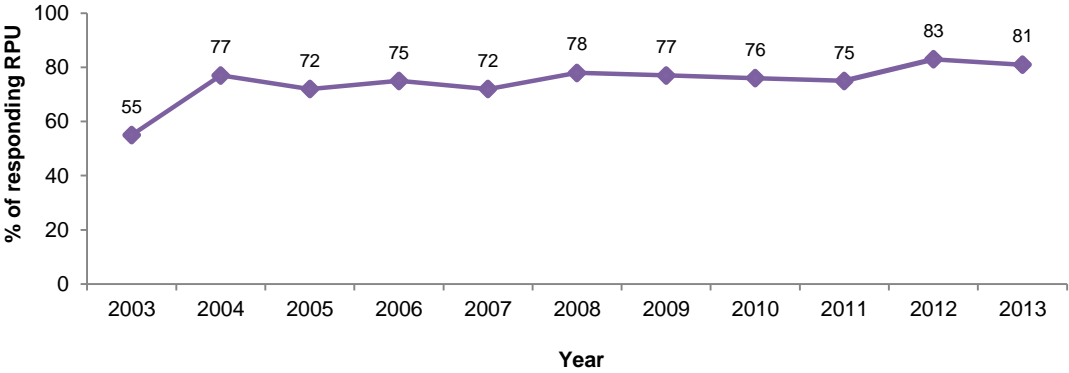


Source: EDRS participant interviews

4.2.2 Ecstasy trends over time

In 2013, 81% of the Victorian EDRS sample reported typically using more than one ecstasy pill per episode of use (Figure 2) and 39% reported using more than two pills per episode of use (the highest report of number of pills used per episode of use was 12 pills). RPU reported using ecstasy pills on the lowest median number of days in the preceding six months since 2003 (nine days). This may be a result of the range of different forms of ecstasy being used (presented in Table 4), in particular ecstasy crystal.

Figure 2: Percentage of EDRS participants who report typically using more than one ecstasy pill, 2003-2013



Source: EDRS participant interviews

4.2.3 Ecstasy use in the general population

Lifetime, past year and past month use of ecstasy were reported by school students aged 12 to 17 years in Victoria interviewed for the 2011 Australian Secondary Students' Alcohol and Drug (ASSAD) Survey (Department of Health, 2013). Of the students surveyed in 2011 (N=4,413), 2% reported having ever used ecstasy, the highest prevalence being among the 17 year old group (5%). Reports of recent ecstasy use were relatively uncommon: 1% of students reported using ecstasy in both time periods (past year and past month).

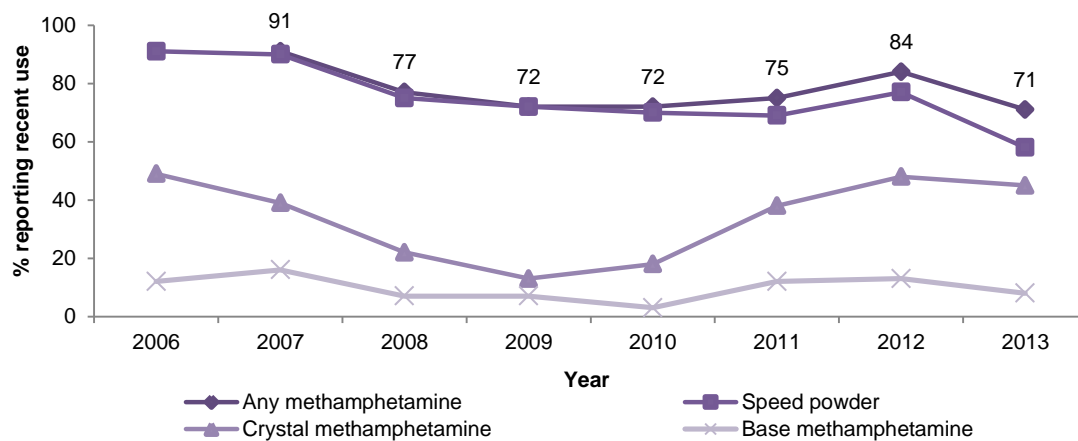
4.3 Methamphetamine use

4.3.1 Methamphetamine use among EDRS participants

The majority (91%) of participants reported lifetime use of one or more forms of methamphetamine (speed powder, crystal or base) and 71% of the sample had done so in the previous six months (Figure 3). Reports of recent use of all forms of methamphetamine were lower than in 2012.

Methamphetamine was described by the majority of KE interviewed in 2013 as the most widely used illicit drug following cannabis. They considered it to be a problematic drug due to a perception of increasing purity in the preceding 12 months resulting in RPU reaching higher intoxication levels and being intoxicated for longer periods. KE raised concerns relating to crystal methamphetamine causing aggressive behaviour and ill-effects from lack of sleep, and noted that it contributed to difficulty in managing some of the people they work with.

Figure 3: Recent use of any methamphetamine, speed powder, crystal and base methamphetamine, 2006-2013



Source: EDRS participant interviews

4.3.2 Methamphetamine powder (speed)

Reports of both lifetime (86%) and recent (58%) use of speed in 2013 was the lowest ever reported among REU/RPU participating in the EDRS (Table 5). Similar to previous years, the median reported age of first speed use was 18 years (range 12-30 years). The median quantity used during a typical episode of use remained unchanged from previous years at half a gram of powder, while the median quantity used during a heavy episode of use (also half a gram of powder) decreased slightly from reports in 2010-2012. Twenty-six per cent of recent speed users reported using speed the last time they used ecstasy.

4.3.3 Methamphetamine base

Consistent with previous years, methamphetamine base use remains low in Victoria among RPU. Thirty per cent of RPU reported having ever used methamphetamine base in 2013, 8% in the preceding six months. The median reported age of first methamphetamine base use was 20 years (range 15-33 years) and base was most commonly snorted (75%) or smoked (63%). Recent users of methamphetamine base reported using on a median of three days (range 1-48 days) in the last six months, typically using two points per episode of use (range 1-10 points).

Table 5: Patterns of speed use among EDRS participants, 2008-2013

Speed	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used (%)	90	90	88	88	94	86
Used preceding 6 months (%)	75	72	70	69	77	58
Median days used last 6 months* (range)	4 (1-90)	5 (1-80)	5 (1-180)	11 (1-115)	6 (1-120)	4 (1-80)
Median quantities used* (grams)						
Typical (range)**	0.5 (0.1-4) n=56	0.5 (0.1-3) n=42	0.5 (0.1-4.5) n=49	0.5 (0.1-2) n=63	0.5 (0.3-5) n=58	0.5 (0.05-3.5)** n=43
Heavy (range)**	1 (0.1-7) n=64	0.5 (0.1-17) n=46	1 (0.1-10) n=53	1 (0.1-4) n=64	1 (0.3-7) n=61	0.5** (0.1-7) n=47

Source: EDRS participant interviews

* Among those who used speed powder in the previous 6 months

** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

4.3.4 Crystal methamphetamine

In 2013, the percentage of RPU in Victoria reporting recent use of crystal methamphetamine remained steady (45%) following a significant increase between 2010 and 2012 (Table 6). Comparable to previous years, RPU reported initiating crystal methamphetamine use at a median age of 21 years (range 13-41 years). The most commonly reported route of administration of crystal methamphetamine in the preceding six months was smoking (87% in 2013 vs. 98% in 2012). RPU reported using two points in a typical episode of use and three and a half points during a heavy episode of use. Thirty-one per cent of recent crystal methamphetamine users reported using crystal methamphetamine the last time they used ecstasy.

Table 6: Patterns of crystal methamphetamine use among EDRS participants, 2008-2013

Crystal methamphetamine	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used (%)	53	36	45	56	57	62
Used last six months (%)	22	13	18	38	48	45
Median days used last 6 months* (range)	4.5 (1-60) n=22	3 (1-60) n=13	3 (1-24) n=18	8 (1-120) n=37	8.5 (1-170) n=48	10 (1-170) n=45
Median quantities used* (points)						
Typical (range)	1 (0.1-5) n=18	1.5 (0.1-4) n=9	1 (1-6) n=13	2 (0.2-10) n=36	1.5 (0.1-7) n=40	2** (0.3-15) n=42
Heavy (range)	2 (0.1-10) n=17	2 (0.1-15) n=9	1.5 (1-6) n=11	3 (0.4-17) n=36	2.5 (0.1-10) n=37	3.5** (1-50) n=42

Source: EDRS participant interviews

* Among those who used crystal methamphetamine in the last 6 months

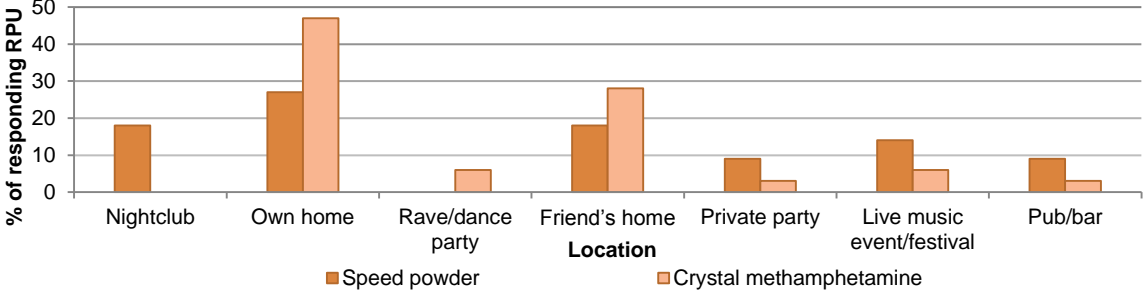
** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

4.3.5 Location of methamphetamine use

The location of the most recent occasion of speed and crystal methamphetamine use is detailed in Figure 4. Compared to 2012, a higher proportion of RPU reported the last location they used speed was at their home (27% vs. 20% in 2012) while a smaller proportion reported the last location of use at a

nightclub (18% vs. 26% in 2012). Consistent with previous years, 75% of recent crystal methamphetamine users reported spending their time in a private setting the last time they used; 47% at their own home, and 28% at a friend's home. Small numbers precluded further analysis of the locations of recent methamphetamine base use.

Figure 4: Location of most recent methamphetamine use: speed & crystal, 2013



Source: EDRS participant interviews

4.3.6 Methamphetamine use in the general population

In the 2011 ASSAD survey, 3% of Victorian school students reported lifetime use of methamphetamine, the same proportion as those in 2008 (Department of Health, 2013). Similar to reports of ecstasy use, the highest prevalence of methamphetamine use among this group was reported by the 17 year old group (5%).

4.4 Cocaine use

4.4.1 Cocaine use among EDRS participants

The same proportion of participants reported having ever used cocaine in 2013 as 2012 (78%) while a lower proportion had used it in the preceding six months (46% vs. 56% respectively), although this difference was not statistically significant (Table 7).

The median age of first use among RPU who reported using cocaine was 20 years (range 15-41 years). EDRS participants reportedly used cocaine on a median of two days (range 1-26 days), and used a median of half a gram during both a typical episode of use (range 0.05-3 grams) and a heavy episode of use (range 0.05-5 grams). The majority of users reported snorting cocaine (98%). Of those who reported using in the last six months, only 14% (n=6) reported using cocaine more frequently than once a month. Thirteen per cent of recent cocaine users reported using cocaine the last time they used ecstasy.

Table 7: Patterns of cocaine use among EDRS participants, 2008-2013

Cocaine	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used %	79	75	76	74	78	78
Used last six months %	51	48	54	43	54	46
Median days used last 6 months* (range)	3 (1-40)	2 (1-50)	2 (1-24)	2.5 (1-60)	3 (1-50)	2 (1-26)
Median quantities used (grams)*						
Typical (range)	0.5 (0.1-7) n=40	0.5 (0.1-2) n=32	0.5 (0.05-3) n=45	1 (0.1-5) n=33	0.5 (0.2-3) n=39	0.5 (0.05-3) n=33
Heavy (range)	1 (0.1-7) n=43	1 (0.1-4) n=35	0.5 (0.05-8) n=46	1 (0.1-5) n=46	1 (0.2-3) n=40	0.5 (0.05-5)** n=33

Source: EDRS participant interviews

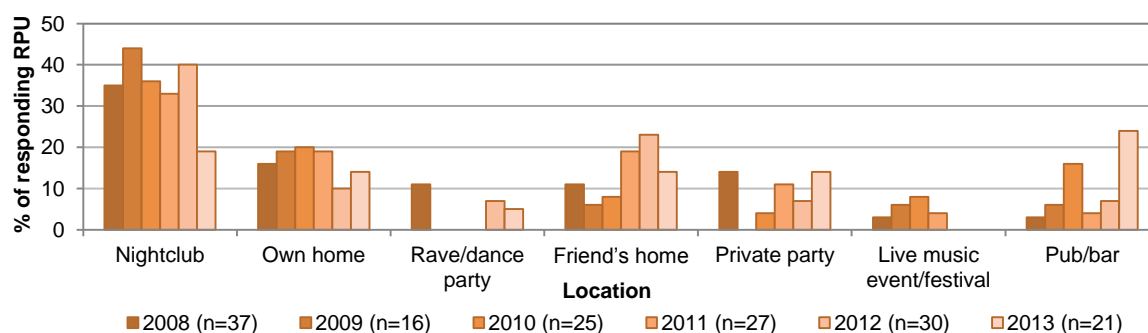
* Among those who used cocaine in the last 6 months

** Figures in the Victorian EDRS report differ slightly to those in the national report due to inclusion of grams in the calculation of points

Consistent with 2012 data, KE reported a low prevalence of cocaine use among the people they work with and suggested that this may be due to its higher cost and perceived low availability when compared to other psychostimulants available in Victoria. Almost all KE who commented on cocaine stated that the most common route of administration was snorting.

The most frequently reported last location of cocaine use in 2013 was a pub/bar (24%) or a nightclub (19%) (Figure 5).

Figure 5: Location of most recent cocaine use, 2008-2013



Source: EDRS participant interviews

4.4.2 Cocaine use in the general population

Lifetime, past year and past month use of cocaine was reported by school students aged 12 to 17 years in Victoria interviewed for the 2011 ASSAD Survey (Department of Health, 2013). Of the students surveyed in 2011 (N=4,413), 2% reported having ever used cocaine, the highest prevalence being among the 16 year old group (2%). Reports of recent cocaine use were relatively uncommon: 1% of students reported using cocaine in both time periods (past year and past month).

4.5 Ketamine use

4.5.1 Ketamine use among RPU

In 2013, higher proportions of RPU reported lifetime (76% vs. 63%) and recent (46% vs. 35%) use of ketamine than in 2012 (Table 8). The median reported age of first use was 20 years (range 12-42 years). As seen in previous years, ketamine remains infrequently used – on a median of four days in the preceding six months (range 1-48 days). Recent ketamine users most commonly quantified their use in terms of bumps, reporting using a median of three bumps during a typical (range 1-4 bumps) and heavy episode of use (range 1-6 bumps), and all recent users reported snorting ketamine. Twenty-six per cent of recent ketamine users reported using ketamine the last time they used ecstasy.

Table 8: Patterns of ketamine use among EDRS participants, 2008-2013

Ketamine	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used (%)	55	43	53	60	63	76
Used last 6 months (%)	20	21	23	26	35	46
Median days used last 6 months* (range)	3 (1-50)	2 (1-10)	2 (1-12)	4 (1-40)	2 (1-15)	4 (1-48)
Median quantities used (bumps)*						
Typical (range)	2.5 (0.1-15) n=12	0.5** (0.25-1) n=5	2 (1-10) n=12	3 (0.3-8) n=19	2.5 (0.5-10) n=24	3 (1-4) n=13
Heavy (range)	3 (0.1-20) n=13	0.5** (0.25-7) n=5	2 (1-10) n=12	3 (0.3-15) n=18	2.5 (0.5-15) n=24	3 (1-6) n=13

Source: EDRS participant interviews

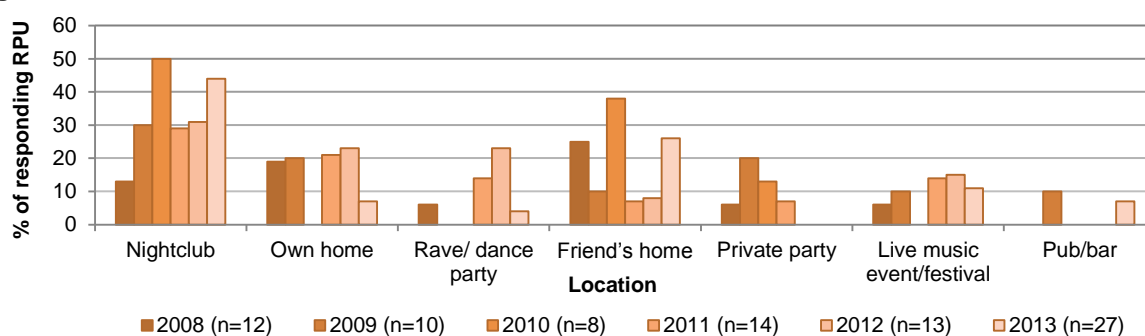
* Among those who used ketamine in the last 6 months

** In 2009, median quantities were described in points

Several KE reported some use of ketamine among the RPU they work with, and there was a perception it was contained in pills being sold as ecstasy. For those KE working at live music events and in areas where nightclubs are located, the use of ketamine was not evident.

As presented in Figure 6, RPU interviewed in 2013 reported using ketamine on the most recent occasion at a nightclub (44%) or a friend's home (26%).

Figure 6: Location of most recent ketamine use, 2008-2013



Source: EDRS participant interviews

4.5.2 Ketamine use in the general population

In 2011, the prevalence of ketamine use among the Victorian school students interviewed for the ASSAD Survey was extremely low (Department of Health, 2013). Of the 4,413 12-17 year olds in the Victorian sample, 1% reported both lifetime and past year use of ketamine, while no respondents reported use occurring in the month preceding interview.

4.6 GHB use

4.6.1 GHB use among EDRS participants

Lifetime use of GHB was reported by 30% of respondents interviewed in 2013, the highest proportion ever reported in the Victorian EDRS (Table 9). The proportion of RPU reporting recent use (14%) was also the highest ever recorded in Victoria in the EDRS. The median reported age of first use was 23 years (range 16-40 years).

RPU reported recent GHB use on a median of two days (range 1-180 days) in the preceding six months, a slight decrease from 2012. Consistent with 2012, a median of 4.5ml was reported as the amount used during a typical episode of use (range 0.5-1ml), and median of 5ml during a heavy episode of use (range 0.5-25ml). All RPU reported using GHB orally.

Table 9: Patterns of GHB use among EDRS participants, 2008-2013

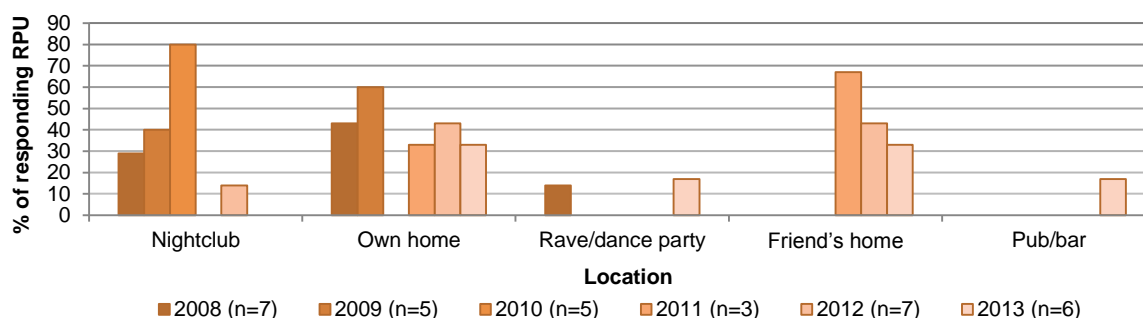
GHB	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used (%)	20	15	23	24	24	30
Used last six months (%)	11	10	12	6	7	14
Median days (range) used last 6 months*	3 (1-15)	2.5 (1-5)	2 (1-24)	6.5 (1-25)	6 (1-135)	2 (1-180)
Median quantities used* (ml)						
Typical (range)	3 (1-20) n=10	4 (0.5-15) n=9	3 (1.8-10) n=11	5.5 (1.8-50) n=6	4.5 (2.5-7) n=5	4.5 (0.5-10) n=14
Heavy (range)	3 (2-40) n=10	5 (1-30) n=9	6.5 (2-20) n=10	16.5 (1.8-50) n=6	4.5 (3-15) n=5	5 (0.5-25) n=14

Source: EDRS participant interviews

* Among those who used GHB in the last 6 months

KE who commented on GHB in 2013 perceived it to be problematic due to the risk of overdose as a result of dose miscalculation. One KE noted that GHB users were less likely to consume alcohol than users of other psychostimulants and were more likely to be patrons of nightclubs as opposed to music festivals and dance parties.

Figure 7: Location of most recent GHB use, 2008-2013



Source: EDRS participant interviews

4.6.2 GHB use in the general population

Lifetime, past year and past month use of GHB was reported by participants of the 2011 ASSAD Survey. Of the students surveyed (N=4,413), 1% reported having ever used GHB, the highest prevalence being among the 17 year old group (2%) (Department of Health, 2013). Reports of recent GHB use were relatively uncommon: 1% of students reported using ecstasy in both time periods (past year and past month).

4.7 LSD use

4.7.1 LSD use among EDRS participants

Lifetime LSD use reported by RPU in 2013 was the highest ever reported in the Victorian EDRS at 88%. Reports of recent use of LSD by the 2013 sample was significantly higher than in 2012 (52% vs. 38% respectively, $p=0.05$), returning to a level similar to 2011 (57%) and 2010 (49%). (Table 10). Recent users of LSD reported being a median age of 18 years when they first used (range 13-41 years).

Participants reported use of LSD on a median of three days in the preceding six months (range 1-26 days). The median number of tabs reported as used during a typical episode of use was one, and two tabs during a heavy episode of use, with the majority (98%) using LSD orally. Six per cent of recent LSD users reported using LSD the last time they used ecstasy.

Table 10: Patterns of LSD use among EDRS participants, 2008-2013

LSD	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used (%)	51	63	72	82	63	88
Used last 6 months (%)	29	46	49	57	38	52
Median days used last 6 months* (range)	2 (1-12)	2 (1-20)	3 (1-36)	4 (1-48)	3 (1-30)	3 (1-26)
Median quantities used* (tabs)						
Typical (range)	1 (0.5-3) n=28	1 (0.25-3) n=41	1 (0.5-3) n=45	1 (0.5-6) n=55	1 (0.5-3) n=34	1 (1-3) n=52
Heavy (range)	2 (0.5-9) n=26	1.5 (0.25-20) n=41	1.5 (0.5-10) n=44	2 (0.5-10) n=55	2 (0.5-15) n=34	2 (1-10) n=52

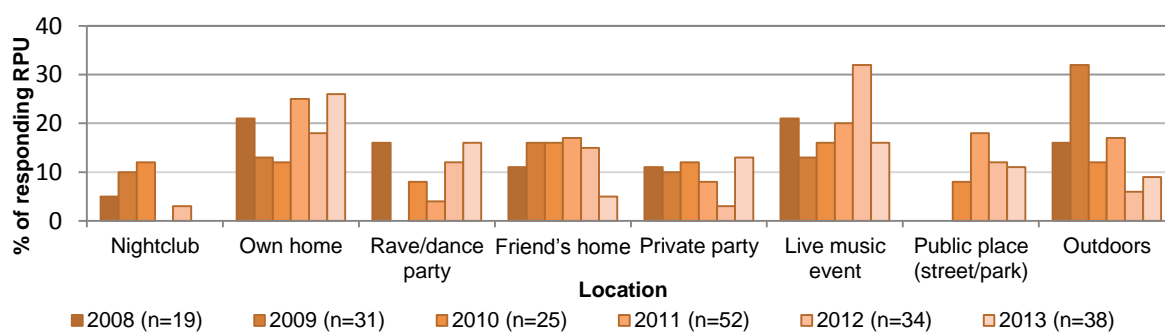
Source: EDRS participant interviews

* Among those who used LSD in the last 6 months

The 2013 RPU sample most commonly reported their most recent LSD use occurring at home (26%), at a rave/dance party (16%) or other live music event (16%).

LSD use among RPU was reported by those KE working at music festivals and dance parties and was typically used by swallowing tabs. Several KE reported that LSD altered decision-making and found it difficult to manage intoxicated users, when taken in high doses, due to the duration and intensity of the drug effects.

Figure 8: Location of most recent LSD use, 2008-2013



Source: EDRS participant interviews

4.7.2 Hallucinogen use in the general population

A 'hallucinogen' category is included in the ASSAD Survey, but this is a broad category encompassing: LSD, magic mushrooms, angel's trumpet and datura (Department of Health, 2013). The most recent data indicates that 3% of the school students interviewed in 2011 reported both lifetime and past year use of hallucinogens, while only 1% reported hallucinogen use in the preceding month. The highest prevalence was in the 17 year old group: 8% reported lifetime use, 7% reported use in the past 12 months and 2% in the month prior to interview.

4.8 Cannabis use

4.8.1 Cannabis use among RPU

Cannabis use remains common among EDRS participants, with 87% of the 2013 sample reporting use within the last six months (Table 11). The median reported age of first use was 15 years (range 11-29 years). RPU reported using cannabis on a median of 50 days (just over two days a week), substantially lower than 2012 (median of 72 days) with 15% reporting daily use in the preceding six months. Furthermore, 41% of recent cannabis users reported using cannabis the last time they used ecstasy, 29% reported using cannabis to come down from the last occasion ecstasy use, and 35% reported using cannabis during a stimulant drug binge in the past six months. Just over one-quarter (28%) of the recent users reported swallowing cannabis while 99% of recent users reported smoking, with most reporting smoking a joint (53%) or a 'cone'² (21%) the last time they smoked. Participants who reported smoking a joint on the last occasion of use reported smoking a median of one joint (range 0.25-4 joints). Those who reported smoking cones the last time they smoked cannabis used a median of four cones (range 2-20 cones).

Table 11: Patterns of cannabis use among EDRS participants, 2008-2013

Cannabis	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used %	99	95	97	96	97	100
Used last six months %	84	85	89	86	85	87
Of those who had used						
Median days (range) used last 6 months	33 (1-180)	24 (1-180)	30 (1-180)	48 (2-180)	72 (1-180)	50 (1-180)

Source: EDRS participant interviews

KE reported cannabis use to be very common, mostly used via smoking, and somewhat normalised among RPU with no perceived change in patterns of use the past 12 months. Although several KE did not see problems arising from cannabis use among the RPU they work with, two perceived that RPU underestimate the risks of cannabis both on long-term health and competency when driving.

4.8.2 Cannabis use in the general population

The ASSAD Survey provides estimates of the prevalence of cannabis use among school students in Victoria. In 2011, 12% of the sample reported lifetime cannabis use, 7% reported using cannabis in the previous year and 4% in the preceding month (Department of Health, 2013). The highest prevalence was in the 17 year old group: 25% reported lifetime use, 14% reported use in the past year and 8% had used cannabis in the month prior to being interviewed.

² A cone refers to a small cone-shaped receptacle in which marijuana is burnt in a bong (a water pipe for smoking cannabis).

4.9 Other drug use

4.9.1 Alcohol

All RPU reported alcohol use in their lifetime and almost all (93%) reported use in the preceding six months, as in previous years (Table 12). The median reported age of first use was 14 years (range 5-22 years).

Similar to the 2012 REU sample, participants interviewed in 2013 reported drinking on a median of 50 days (two days per week, range 2-180 days) in the preceding six months. A significantly lower proportion of participants reported drinking alcohol on the last occasion they used ecstasy than in 2012 (66% vs. 80% respectively, $p < 0.05$). Of the participants reporting alcohol use with ecstasy, 85% reported drinking more than five standard drinks while doing so. A significantly lower proportion of RPU reported drinking alcohol during a stimulant drug binge in 2013 than in 2012 (63% vs. 82% respectively, $p < 0.05$).

Table 12: Patterns of alcohol use among EDRS participants, 2008-2013

Alcohol	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever used %	99	100	99	99	100	100
Used last 6 months %	97	99	97	97	97	93
Median days (range) used last 6 months		48 (1-180)	72 (3-180)	48 (1-180)	48 (1-180)	50 (2-180)
Drank alcohol last ecstasy use occasion	86	84	86	80	80	66
Drank more than 5 standard drinks last ecstasy use occasion*	82	81	77	78	78	85
Drank alcohol during a binge**	51	89	87	66	82	63

Source: EDRS participant interviews

* Of those who reported drinking alcohol last ecstasy use occasion

** Of those who reported bingeing on any stimulant in the six months prior to interview

Alcohol continues to be one of the drugs most commonly reported as problematic by KE, yet (they note) it is often not perceived to be a 'drug'. KE described alcohol use as widespread among RPU, and often used with other drugs, leading to an increased risk of overdose. High levels of intoxication are reportedly seen as normal among RPU and often result in anti-social behaviour, aggression and, in some cases, risky sexual behaviour. KE expressed concerns regarding RPU's response to high alcohol prices in licenced venues and at events by drinking large volumes of alcohol before attending (pre-loading).

4.9.2 Tobacco

Consistent with previous years, reports of lifetime (92%) and recent (82%) tobacco use were common among RPU in 2013, and tobacco was first used at a median age of 15 years (range 7-27 years). Of those reporting recent use, a higher proportion of RPU reported smoking daily in 2013 than in 2012 (62% vs. 56% respectively). Of those who had ever used tobacco, 33% reported smoking the last time they used ecstasy.

4.9.3 Psilocybin or magic mushrooms (mushrooms)

In 2013, 85% of participants reported having ever used mushrooms, slightly higher than the proportion interviewed in 2012 (75%). Prevalence of use of mushrooms in the preceding six months remained the same as in 2012 (38%). Also similar to 2012, the median reported age of first use of mushrooms was 19 years (range 14-48 years). Recent mushroom use was infrequent; RPU reported using on a median of two days in the previous six months (range 1-13 days).

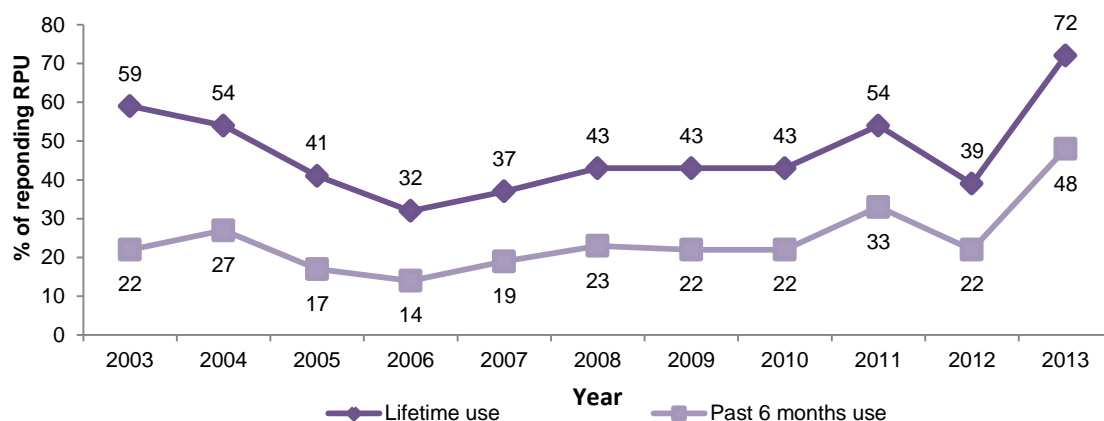
4.9.4 MDA (3,4-methylenedioxyamphetamine)

Thirty-one per cent of the 2013 sample reported lifetime use of MDA (27% in 2012) and 13% reported use in the preceding six months (12% in 2012). The median reported age of first use was 20 years (range 16-40 years). Reported MDA use was infrequent, occurring on a median of one day in the preceding six months (range 1-6 days), and typically involving a median of one capsule per episode of use (range 1-6 capsules).

4.9.5 Nitrous oxide

In 2013, compared with 2012, there was a significant increase in both reported lifetime (72% vs. 39% respectively, $p < 0.05$) and recent (48% vs. 22% respectively, $p < 0.05$) use of nitrous oxide by EDRS participants (Figure 9). The median reported age of first use of nitrous oxide was 19 years (range 13-36 years). RPU reported using nitrous oxide on a median of three days (range 1-48) in the preceding six months, involving a median of eight bulbs on average (range 1-250). Four participants reported using nitrous oxide during a stimulant drug binge in the preceding six months.

Figure 9: Lifetime and recent use of nitrous oxide, 2003-2013



Source: EDRS participant interviews

4.9.6 Amyl nitrate

Just over two-thirds (69%) of RPU reported lifetime use of amyl nitrate in 2013, a significant increase from 2012 (53%, $p < 0.05$). However, reported use in the preceding six months in 2013 was comparable to that in 2012 (23% vs. 21% respectively). The median reported age of first use of amyl nitrate was 18 years (range 15-50 years) and it was used infrequently, with RPU reporting using on a median of three days (range 1-48 days) in the preceding six months.

4.9.7 Benzodiazepines

Both lifetime (80%) and recent (53%) benzodiazepine use (licit and illicit) reported by RPU in 2013 were greater than in 2012 (lifetime, 59% $p < 0.05$; recent 45%). Of those who had used benzodiazepines in the preceding six months, the majority reported illicit use (89% lifetime; 87% recent use).

Among recent illicit benzodiazepine users, the median reported age of first use was 19 years (range 7-30 years) with recent users reporting use on a median of four days (range 1-48 days). In 2013, 30% of recent benzodiazepine users (licit or illicit) reported using them to come down on the last occasion they used ecstasy, significantly higher than in 2012 (13%, $p < 0.05$).

4.9.8 Pharmaceutical stimulants

Lifetime use of any pharmaceutical stimulants (e.g. dexamphetamine; methylphenidate or Ritalin) (licit or illicit) was reported by 65% of RPU in 2013, a significant increase from 2012 (46%; $p < 0.05$).

Almost all (97%) of the 30% of RPU reporting using pharmaceutical stimulants in the preceding six months had done so illicitly, an increase from 2012 (90%). The median reported age of first illicit use was 19 years (range 13-35). Illicit use was infrequent; median number of days used in the preceding six months was three days (range 1-84 days) over the preceding six months, involving a median of two pills (range 1-7 pills).

4.9.9 Heroin and pharmaceutical opioids

Reported lifetime use was higher in 2013 than in 2012 for heroin (25% vs. 17% respectively), methadone (14% vs. 7%), and other (licit or illicit) pharmaceutical opioids, such as morphine or oxycodone (41% vs. 33%). Six per cent of RPU reported ever using buprenorphine, similar to the 7% recorded in 2012.

The proportions of RPU reporting using opiates or pharmaceutical opioids in the preceding six months were also higher in 2013 than in 2012 for heroin (10% vs. 5% respectively), methadone (4% vs. 2% respectively), and (licit or illicit) pharmaceutical opioids (21% vs. 13% respectively). Three per cent of RPU reported recent use of buprenorphine in the preceding six months in 2013 and 2012.

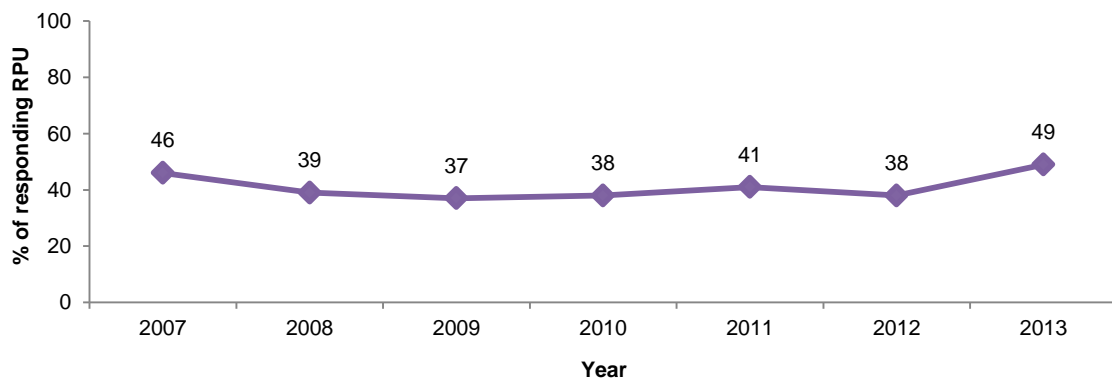
Two-thirds (67%) of the 21% of RPU reporting using pharmaceutical opioids in the preceding six months had done so illicitly, a decrease from 2012 (77%). The median reported age of first illicit use was 20 years (range 12-35 years). Illicit use was infrequent; median frequency of use was three days over the preceding six months (range 1-16 days).

In 2013 more RPU reported lifetime use (31% vs. 23%) and recent use (14% vs. 12%) of over-the-counter codeine than in 2012.

4.10 Bingeing on stimulants or related drugs

For the purpose of this study, bingeing is defined as using any drug(s) continuously for 48 hours or more without sleep (Ovendon & Loxley, 1996). Forty-nine per cent of RPU reported bingeing on stimulants or related drugs in the preceding six months, an increase from 2012 (38%). The median length of the longest binge was 72 hours (range 48-120) and those reporting recent bingeing indicated having done so on a median of two occasions (range 1-24) during that period. Of those respondents who reported that they had recently binged on stimulants or related drugs (n=49), ecstasy was the most commonly reported drug used while bingeing (67%), followed by crystal methamphetamine (55%), alcohol (use of greater than five standard drinks, 55%), tobacco (43%), cannabis (35%), and speed powder (35%). The proportion of people reporting recent bingeing over time is presented below (Figure 10).

Figure 10: Percentage of EDRS participants who reported recently bingeing*, 2007-2013



Source: EDRS participant interviews

* Bingeing is defined as the use of drugs for 48 hours or more continuously without sleep

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

Summary

- The median price of ecstasy reported by participants in 2013 was \$30, unchanged from 2012. The perceived purity of ecstasy was considered stable in the preceding six months by 63% of the sample, the highest since 2008 (71%).
- In 2013, the proportion of participants who perceived the purity of crystal methamphetamine as high (50%) in the preceding six months was larger than the proportion of participants that reported speed powder to be of high purity (32%).
- Crystal methamphetamine was reported as very easy to obtain by 78% of participants in 2013, while only 55% reported speed as very easy to obtain.
- The average purity of all seizures of amphetamines analysed by the Victoria Police Forensic Services Department during the 2012/2013 financial year was 67% an increase from the purity measured in the 2011/2012 financial year (57%).
- In 2013, a significantly higher proportion of ketamine users perceived the purity of ketamine to be high, compared to participants interviewed in the 2012 EDRS (74% vs. 54%).

5.1 Ecstasy

5.1.1 Price

The median price of ecstasy reported by Victorian EDRS participants was \$30 per pill (Table 13). The reported cost per pill was cheaper when purchased in bulk; the median reported cost per pill was approximately \$20 (range \$8.5-\$30) when 20 pills were purchased and \$17 (range \$8-\$25) for 50 pills. This remained unchanged from reports in 2012.

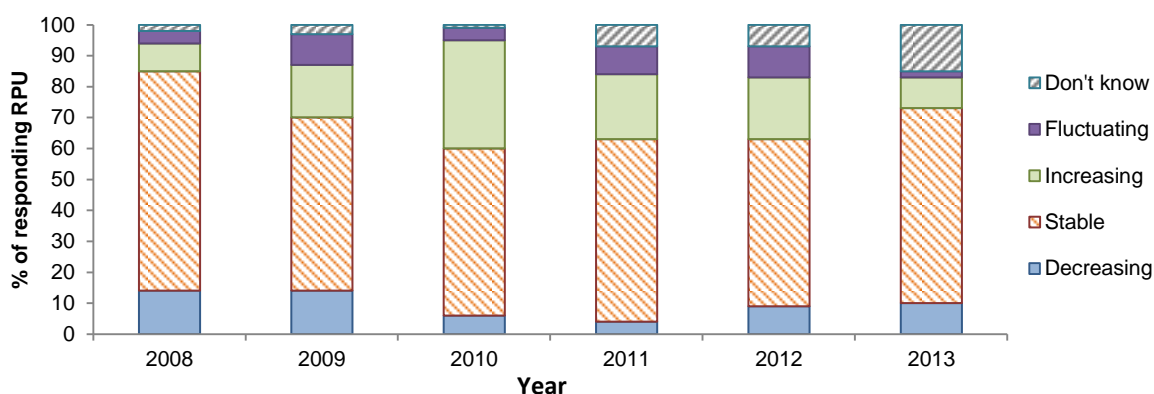
Table 13: Price of ecstasy pill purchased by EDRS participants, 2008-2013

Ecstasy	2008	2009	2010	2011	2012	2013
Median price per pill (range)	\$27.50 (\$17.50-\$40)	\$25 (\$10-\$35)	\$25 (\$6-\$35)	\$25 (\$10-\$50)	\$30 (\$7-\$50)	\$30 (\$10-50)

Source: EDRS participant interviews

Consistent with previous years, most of the 2013 RPU sample reported that the price of ecstasy had remained stable in the six months prior to interview (63%), the highest since 2008 (71%) (Figure 11).

Figure 11: Recent changes in price of ecstasy purchased by EDRS participants, 2008-2013

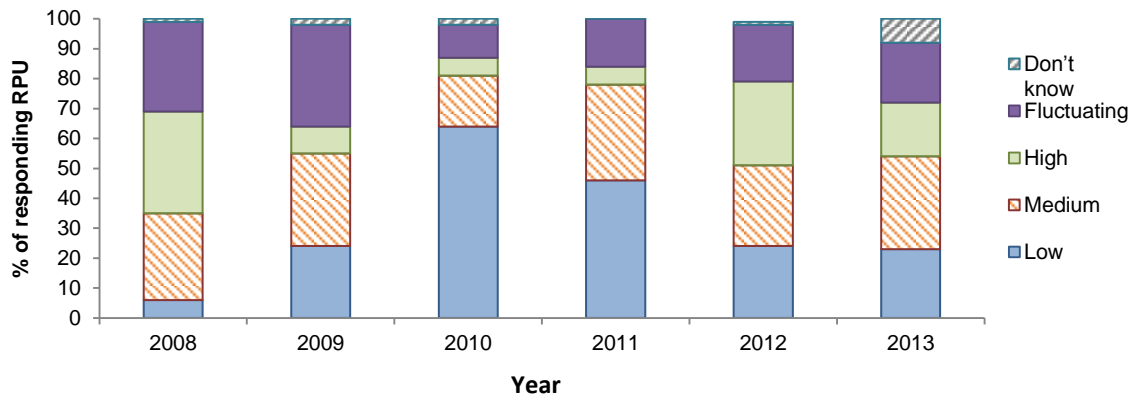


Source: EDRS participant interviews

5.1.2 Purity

In comparison to the stability of reported ecstasy price (Figure 12), the purity of ecstasy was typically considered by RPU as more variable. Compared to 2012, similar proportions of the 2013 RPU sample reported the purity as low (23% vs. 24% in 2012), medium (31% vs. 27% in 2012), and fluctuating (20% vs. 19% in 2012), while fewer respondents rated the current purity as high (18% vs. 32% in 2012).

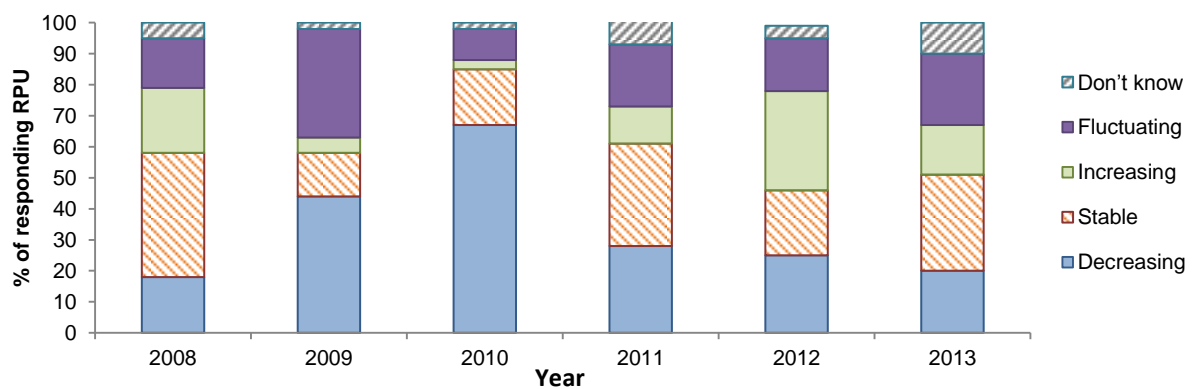
Figure 12: RPU reports of current ecstasy purity, 2008-2013



Source: EDRS participant interviews

Furthermore, as shown in Figure 13, a lower proportion of RPU reported the purity of ecstasy as increasing in the preceding six months in 2013 than in 2012 (16% vs. 32% respectively, $p < 0.05$), but a higher percentage reported the purity as stable (31% vs. 21% in 2012).

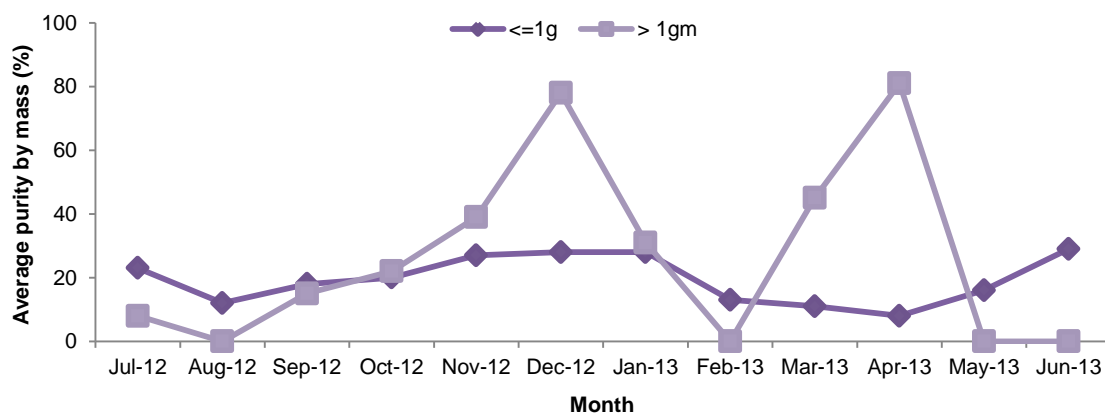
Figure 13: RPU reports of change in purity of ecstasy in the preceding six months, 2008-2013



Source: EDRS participant interviews

Ecstasy seizures analysed by the Victoria Police Forensic Services Department during the 2012/2013 financial year averaged 30% purity (range 8%-81%) (Figure 13), slightly lower than the average in 2012 (33%).

Figure 14: Purity of ecstasy seizures (includes MDMA, MDEA and MDA) by Victorian law enforcement, July 2012-June 2013

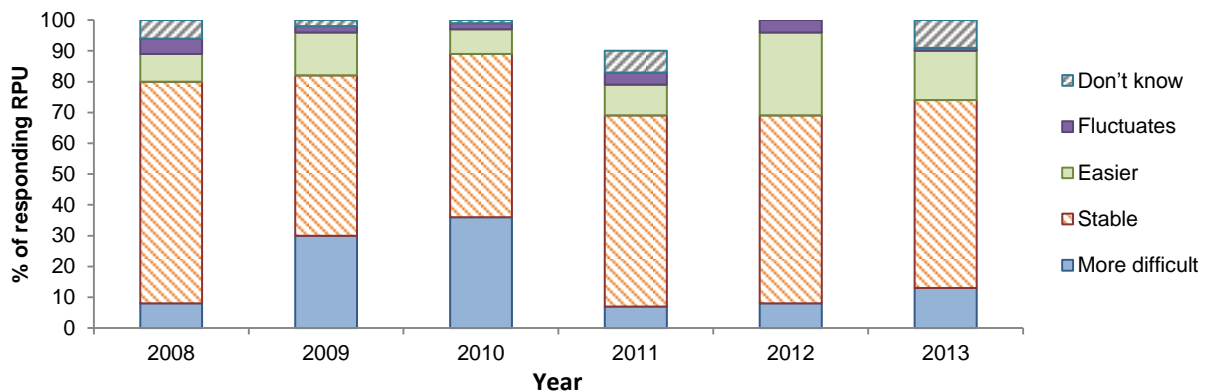


Source: Victoria Police Forensic Services Department

5.1.3 Availability

In 2013, a significantly higher percentage of RPU reported that ecstasy was 'very easy' to source than those interviewed in 2012 (50% vs. 35% respectively; $p < 0.05$); 32% reported it to be 'easy' to obtain, while only 10% reported it being difficult to obtain (Figure 14). No participants reported ecstasy to be very difficult to obtain. Approximately two-thirds (61%) of RPU reported that the availability of ecstasy had remained stable in the six months prior to interview (Figure 15). Sixteen per cent reported that ecstasy had become easier to source in the six months preceding interview, while 13% reported it had become more difficult to source during that time.

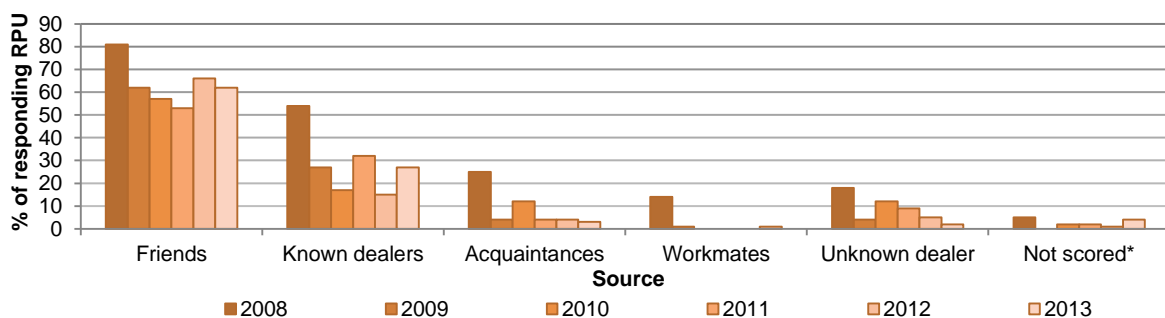
Figure 15: RPU reports of changes in availability of ecstasy in the preceding six months, 2008-2013



Source: EDRS participant interviews

As with previous years, most RPU interviewed in 2013 reported that the last time they had obtained ecstasy in the six months prior to interview, they had obtained it from friends (62%) or known dealers (27%) (Figure 16). In 2013, ecstasy was reported to be most commonly obtained at a friend's home (30%) or at a nightclub (14%) on the last occasion (Figure 17).

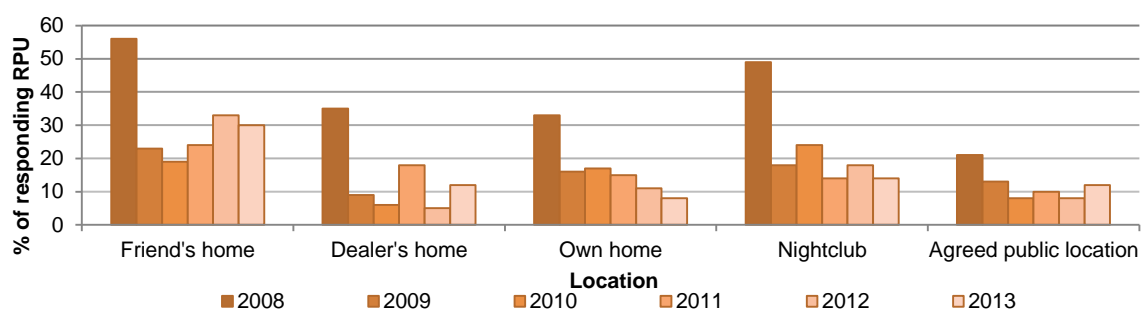
Figure 16: People from whom ecstasy was last purchased in the preceding six months, 2008-2013



Source: EDRS participant interviews

Note: 2008 data represent the person from whom ecstasy was purchased in the last six months, not the *last* time

Figure 17: Locations where ecstasy was last purchased in the preceding six months, 2008-2013



Source: EDRS participant interviews

Note: 2008 data represent the person from whom ecstasy was purchased in the last six months, not the *last* time

5.1.4 Ecstasy markets and patterns of ecstasy purchasing

Patterns of ecstasy purchase by 2013 RPU were consistent with previous years. Participants reported that they had scored ecstasy from a median of three people in the preceding six months. The majority reported purchasing ecstasy on a fortnightly to monthly basis (91%), obtaining a median of four pills (range 1-50), and usually obtained pills for themselves and other people (59%) (Table 14).

Table 14: Patterns of ecstasy purchasing in preceding six months, 2008-2013

Ecstasy	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Median no. of people purchased from	3	4	3	3	3	3
Purchased for (%)						
Self only	27	33	23	34	41	32
Self and others	67	66	73	64	55	59
Others only	0	1	1	0	3	2
No. of times purchased in the last 6 months (%)*						
1-6	40	47	40	47	37	46
7-12	26	30	40	38	42	31
13-24	24	22	18	13	15	21
25 +	4	1	2	2	2	2
Median no. of ecstasy tablets purchased	5	5	5	4	4	4

Source: EDRS participant interviews

* Among those who reported purchasing in last six months

5.2 Methamphetamine

5.2.1 Price

Consistent with previous years, the median reported price per gram of speed was \$200 and \$35 for a point (Table 15). Of the 22 RPU who commented on the recent price of speed in 2013, 68% reported that the price had remained stable in the preceding six months, with 13% reporting an increase in the price of speed (Figure 19).

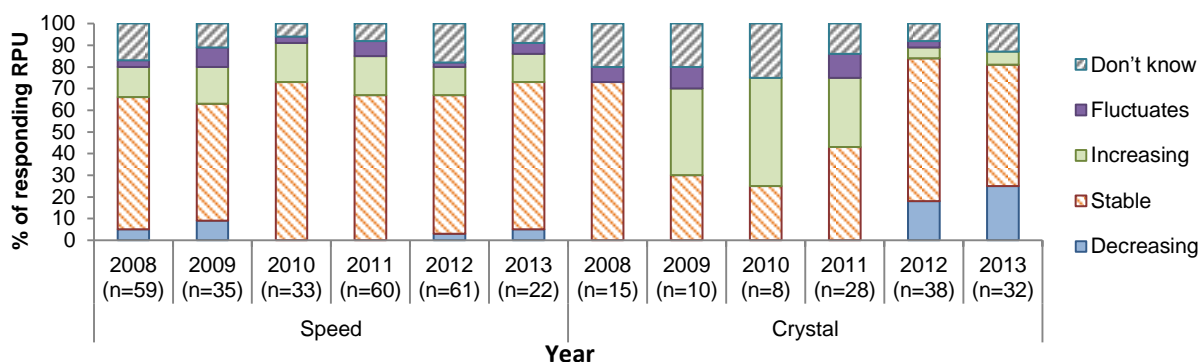
The median reported price per point of crystal methamphetamine was \$80, a slight decrease from reports in 2012 (\$100), and \$600 for a gram. The 32 participants who commented on the recent price of crystal methamphetamine reported the price had remained stable (56%) or had decreased (25%), with 13% being unsure (Figure 19). Small numbers (n=6) precluded analysis of the prices of methamphetamine base.

Table 15: Price of various methamphetamine forms purchased by RPU, 2008-2013

Methamphetamine	2008	2009	2010	2011	2012	2013
Speed – median price						
Point	\$50	\$25	\$20	\$40	\$50	\$35
(range)	(\$20-\$120)	(\$20-\$30)	(\$15-\$200)	(\$20-\$100)	(\$14-\$200)	(\$20-\$100)
	n=7	n=2	n=6	n=25	n=7	n=10
Gram	\$200	\$190	\$200	\$200	\$200	\$200
(range)	(\$100-\$300)	(\$135-\$320)	(\$90-\$250)	(\$60-\$600)	(\$75-\$300)	(\$60-\$500)
	n=52	n=31	n=21	n=51	n=48	n=15
Base – median price						
Point	\$30	–	–	\$40	–	\$80
(range)	(\$25-\$35)			(\$20-\$60)		(\$30-\$100)
	n=4			n=2		n=3
Gram	\$150	\$300	–	\$180	\$300	\$400
(range)				(\$60-\$450)	(\$300-\$350)	(\$300-\$750)
	n=1	n=1		n=5	n=3	n=3
Crystal – median price						
Point	\$50	\$50	\$85	\$100	\$100	\$80
(range)	(\$40-\$50)	(\$40-\$50)	(\$50-\$100)	(\$20-\$200)	(\$60-\$200)	(\$40-\$100)
	n=8	n=5	n=4	n=19	n=32	n=29
Gram	\$237.50	\$400	\$800	\$800	\$700	\$600
(range)	(\$150-\$500)	(\$200-\$450)	(\$450-\$1000)	(\$200-\$1000)	(\$300-\$800)	(\$300-\$850)
	n=10	n=4	n=3	n=19	n=21	n=18

Source: EDRS participant interviews

Figure 18: Recent changes in price of speed and crystal methamphetamine purchased by EDRS participants, 2008-2013

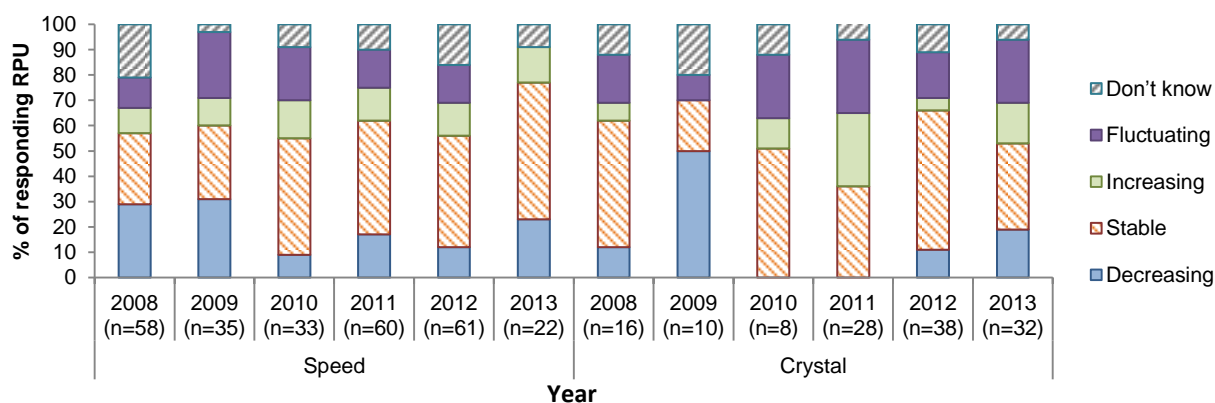


Source: EDRS participant interviews

5.2.2 Purity

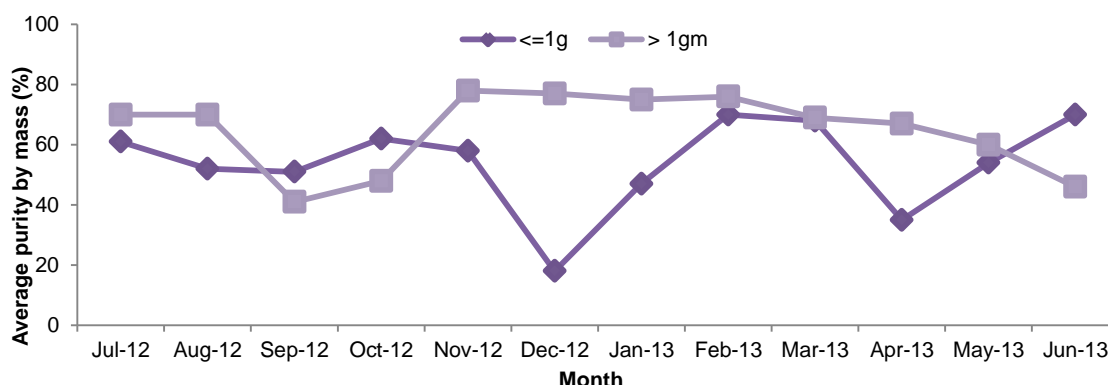
In 2013, of the 22 participants who commented on the current purity of speed, 32% reported that it was of high purity, 27% perceived it to be medium, and significantly more reported it to be of low purity than in 2012 (23% vs. 8% respectively). Most viewed the purity of speed as remaining stable in the preceding six months (68%) or increasing (13%) (Figure 20). Participants who were able to comment on the current purity of crystal methamphetamine (n=32) generally reported it as high (50%) or medium (28%), a slight decrease from 2012 (63% reported it as high and 21% reported it as medium in 2012). Participants viewed crystal methamphetamine purity in the preceding six months as stable (34%), fluctuating (25%), or decreasing (19%). Small numbers (n=6) precluded analysis of perceptions of the purity of methamphetamine base.

Figure 19: Reports of change in purity of speed and crystal methamphetamine in the preceding six months among EDRS participants, 2008-2013



The average purity of all seizures of amphetamines analysed by the Victoria Police Forensic Services Department during the 2012/2013 financial year was 60% (range 18%-78%) (Figure 21), higher than the purity measured in the 2011/2012 financial year (57%).

Figure 20: Average purity of methamphetamine seizures by Victorian law enforcement, July 2012-June 2013



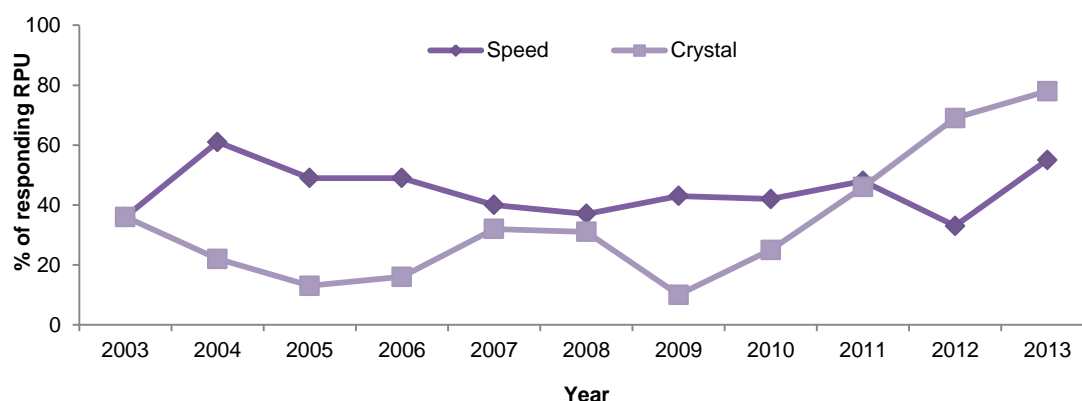
Source: Victoria Police Forensic Services Department

5.2.3 Availability

In 2013, participants who commented on the current availability of speed (n=22) generally reported that it was very easy (55%) or easy (28%) to obtain, with 18% reporting that it was difficult to obtain (Figure 22). In 2013, the majority (82%) of RPU who commented on the recent changes in the availability of speed (n=22) reported availability was stable, with only 9% reporting it as easier and 5% reporting it as more difficult to obtain in that time period.

Of the RPU who commented on the availability of crystal methamphetamine in 2013 (n=32), 78% reported it as ‘very easy’ and 22% as ‘easy’ to obtain. The proportion reporting it as ‘very easy’ to obtain crystal methamphetamine was the highest yet reported among EDRS participants (Figure 22). Over half (59%) of those who commented on crystal methamphetamine reported that availability had been stable over the last six months. Compared to 2012, a smaller proportion reported that crystal methamphetamine had become easier to obtain in the previous six months (28% vs. 34%) and a larger proportion reported it had become more difficult (13% vs. 5%) during that time.

Figure 21: Changes to current methamphetamine availability over time – percentage of EDRS participants who reported it very easy to obtain speed and crystal methamphetamine in Victoria, 2003-2013



Source: EDRS participant interviews

Similar to 2012, participants mostly reported last purchasing speed from friends (55%) or a known dealer (32%), and obtaining it in a private home – a friend’s home (50%) or a dealer’s home (32%). In relation to crystal methamphetamine, in 2013, RPU most commonly reported last purchasing from friends (53%) or a known dealer (41%), and obtaining it at an agreed public location (34%) or a private home – their own home (22%) or dealer’s home (19%). Small numbers precluded further analysis of base availability.

5.3 Cocaine

5.3.1 Price

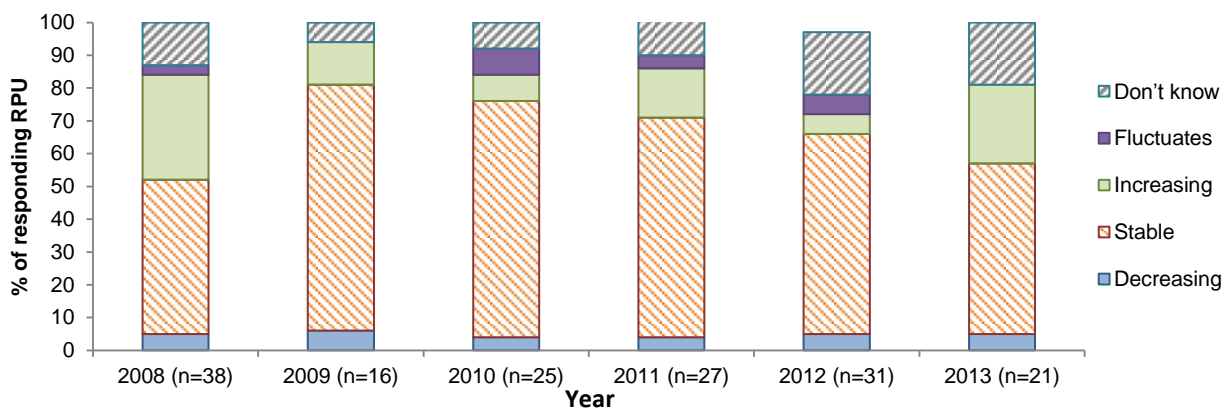
In 2013, the median reported price of cocaine was \$300 per gram, a decrease from 2012 (Table 16). A significantly higher percentage of participants interviewed in 2013 reported the price of cocaine to have increased in the preceding six months than in the 2012 sample (24% vs. 6%, $p < 0.05$) (Figure 23).

Table 16: Price of cocaine purchased by EDRS participants, 2008-2013

Cocaine	2008	2009	2010	2011	2012	2013
Median price per gram	\$300	\$300	\$300	\$320	\$350	\$300
(range)	(\$200-\$500)	(\$180-\$380)	(\$80-\$400)	(\$200-\$500)	(\$250-\$400)	(\$150-\$400)
	n=36	n=16	n=18	n=23	n=27	n=19

Source: EDRS participant interviews

Figure 22: Recent changes in price of cocaine purchased by EDRS participants, 2008-2013

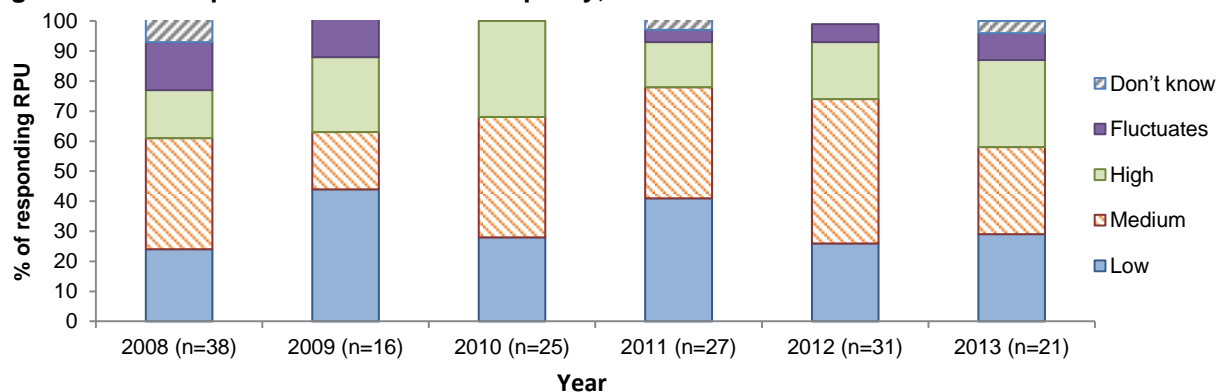


Source: EDRS participant interviews

5.3.2 Purity

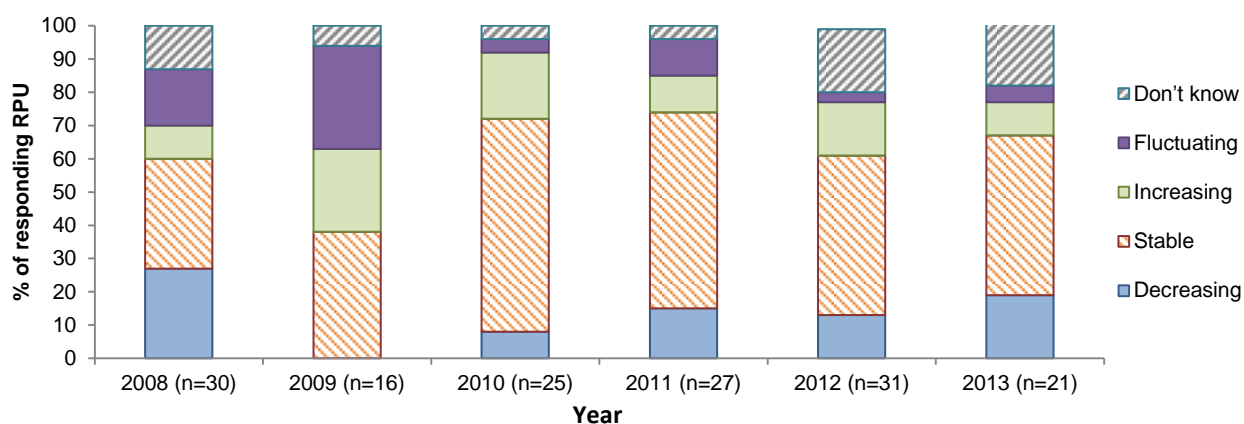
Of the 2013 RPU sample who commented ($n=21$), 29% perceived current cocaine purity to be high compared to 19% in 2012 (Figure 24). Compared to 2012, similar proportions in 2013 reported cocaine purity changes, with a slight decrease in those reporting it to be increasing (10% vs. 16%), a slight increase in those reporting cocaine purity to be decreasing (19% vs. 13%) and the same proportion as 2012 (48%) reporting the purity as stable (Figure 25).

Figure 23: RPU reports of current cocaine purity, 2008-2013



Source: EDRS participant interviews

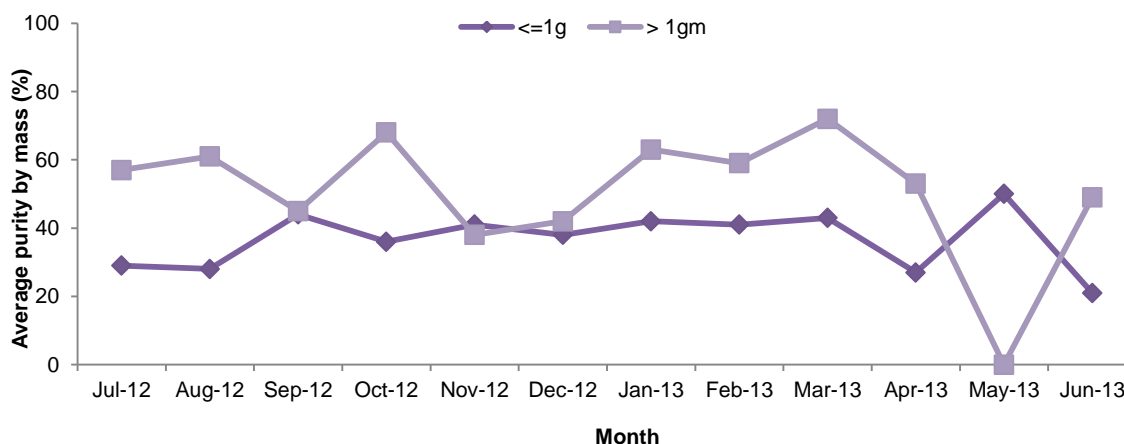
Figure 24: RPU reports of changes in cocaine purity in the past six months, 2008-2013



Source: EDRS participant interviews

Cocaine seizures analysed by the Victoria Police Forensic Services Department during the 2012/2013 financial year averaged 46% purity (range 21%-72%), a figure slightly lower than in the previous financial year (49% in 2011/2012) (Figure 26).

Figure 25: Average purity of cocaine seizures by Victorian law enforcement, July 2012-June 2013

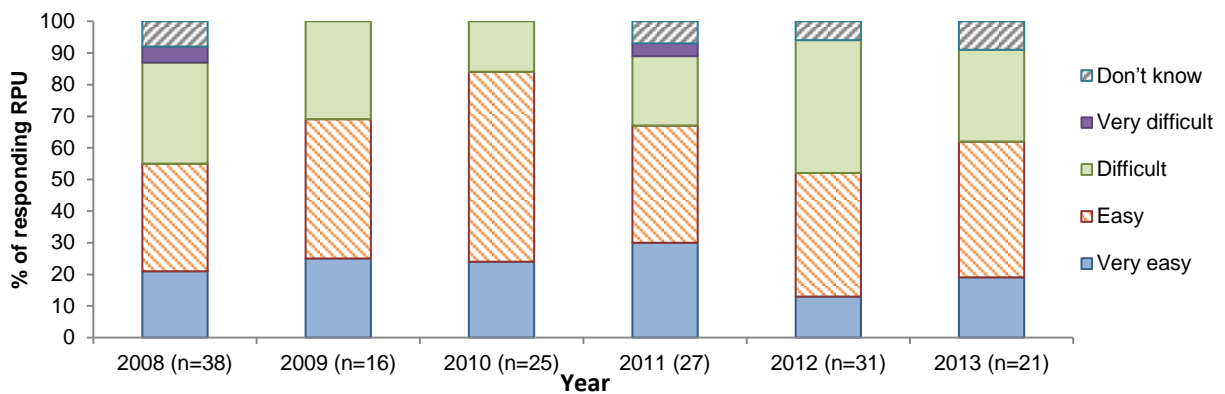


Source: Victoria Police Forensic Services Department

5.3.3 Availability

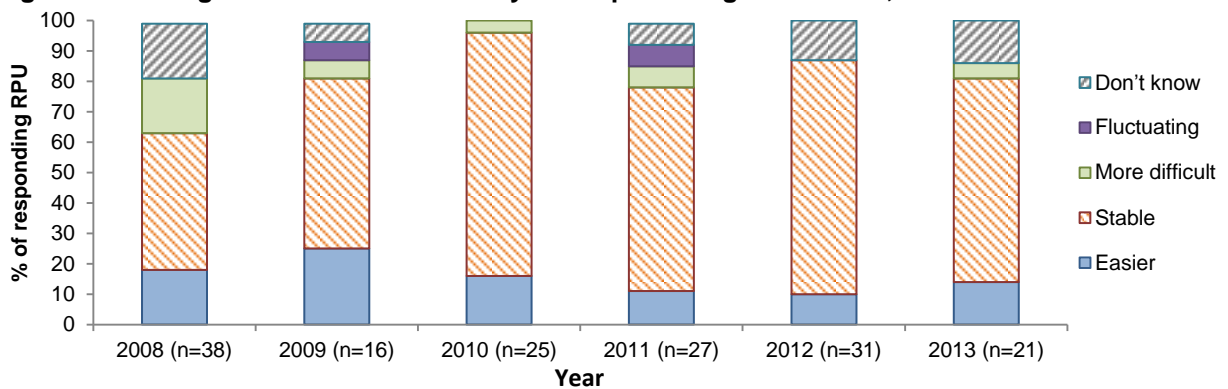
In 2013, the percentage of RPU reporting cocaine to be difficult to obtain was significantly lower than in 2012 (29% vs. 42%, $p=0.05$) and was similar to reports in years prior to 2012 (Figure 27). Over the six months preceding the interview, cocaine availability was regarded as stable by the majority of RPU who commented in 2013 (67%), consistent with past years (Figure 28).

Figure 26: Current availability of cocaine, 2008-2013



Source: EDRS participant interviews

Figure 27: Changes in cocaine availability in the preceding six months, 2008-2013



Source: EDRS participant interviews

As in previous years, RPU who commented on the last person they purchased cocaine from in 2013 (n=21) reported obtaining it mainly from friends (43%) or a known dealer (38%). The most common locations where cocaine was purchased were a friend's home (38%), a dealer's home (29%), and their own home (10%).

5.4 Ketamine

5.4.1 Price

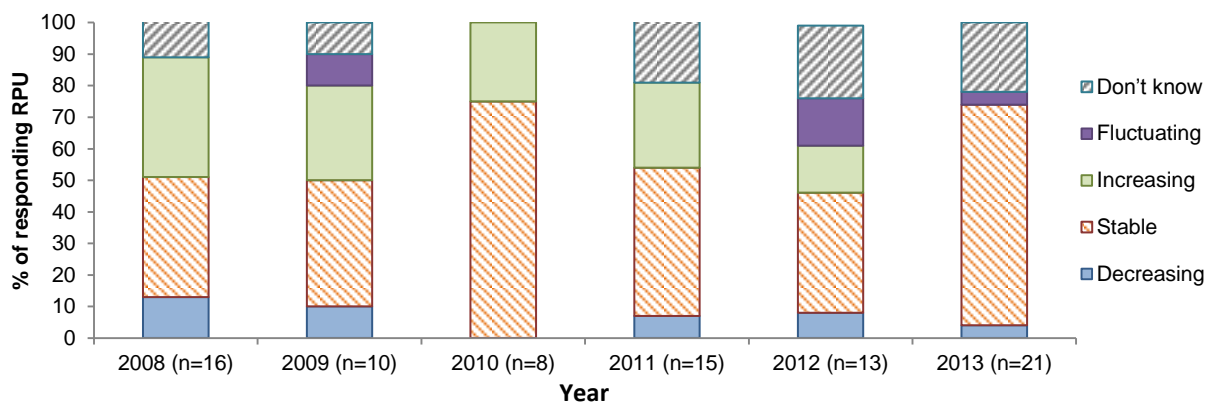
Twenty-one RPU were able to answer questions relating to ketamine in 2013 – the largest proportion since 2004 (Table 17). The median reported price was unchanged from 2012 at \$200. Participants most commonly reported the price as stable (70%) in the preceding six months and no participants reported the price to be increasing (Figure 29).

Table 17: Price of ketamine purchased by RPU, 2008-2013

Ketamine	2008	2009	2010	2011	2012	2013
Median price per gram	\$200	\$200	\$220	\$200	\$200	\$200
(range)	(\$175-\$300)	(\$170-\$25)		(\$80-\$400)	(\$150-\$300)	(\$30-\$300)
	n=12	n=9	n=2	n=15	n=12	n=21

Source: EDRS participant interviews

Figure 28: Recent changes in price of ketamine purchased by RPU, 2008-2013

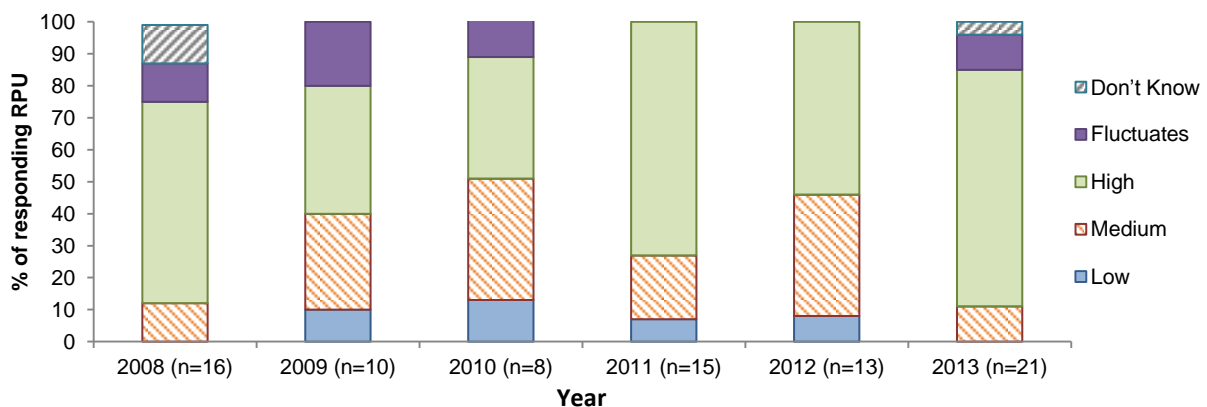


Source: EDRS participant interviews

5.4.2 Purity

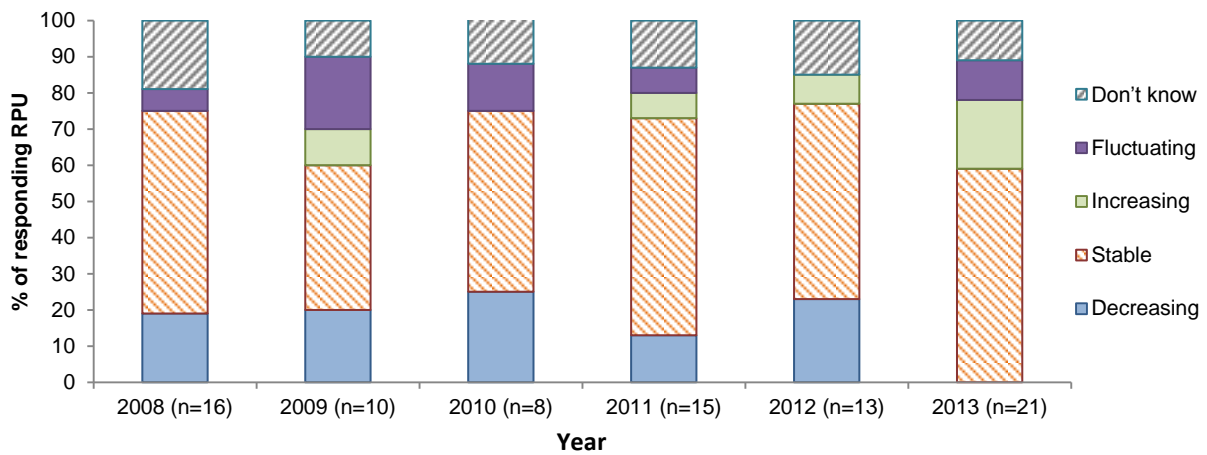
In 2013, a significantly higher proportion of ketamine users perceived the purity to be high than participants interviewed in 2012 (74% vs. 54%, $p < 0.05$) and no participants reported the purity to be low (Figure 30). Similarly, no participants perceived the purity of ketamine to be decreasing in the preceding six months; the majority reported the purity as stable (59% vs. 54%) (Figure 31).

Figure 29: RPU reports of current purity of ketamine, 2008-2013



Source: EDRS participant interviews

Figure 30: RPU reports of recent change in ketamine purity, 2008-2013

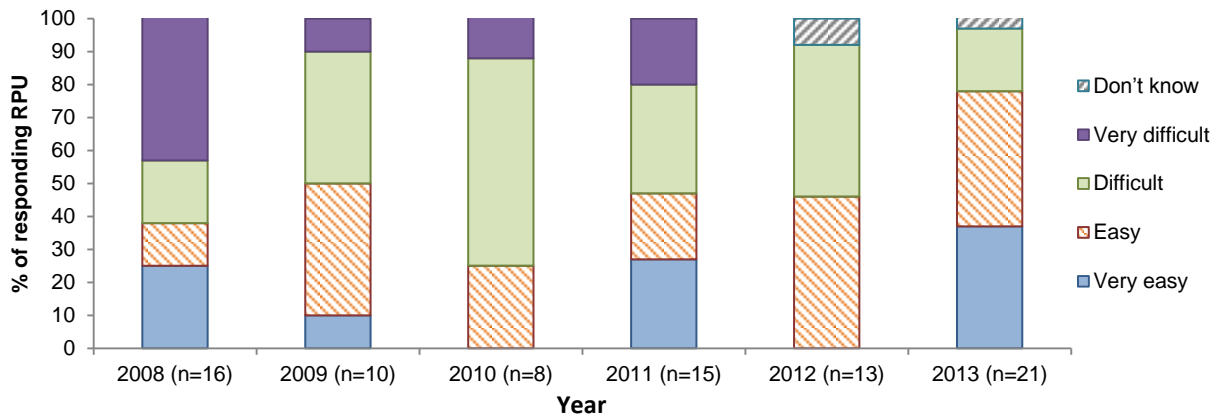


Source: EDRS participant interviews

5.4.3 Availability

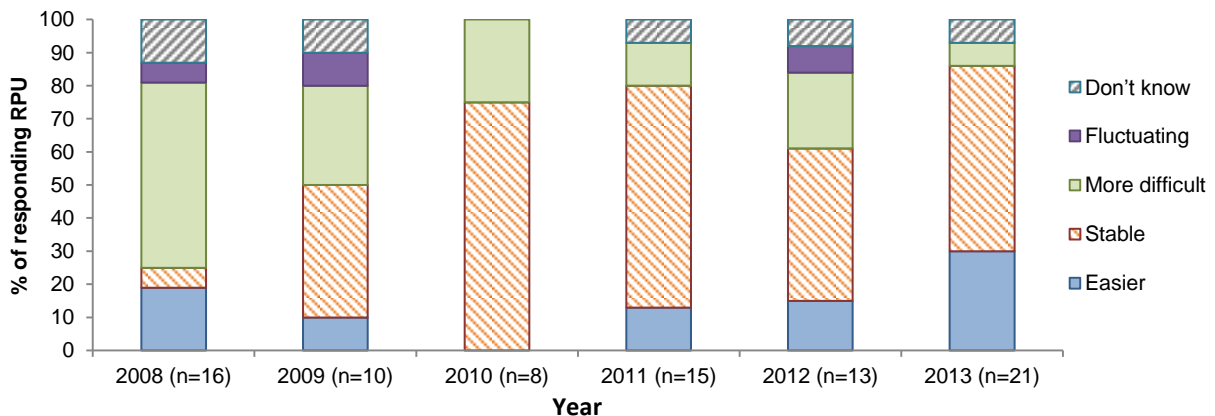
Of the RPU who were able to comment in 2013 (n=21), 37% reported that ketamine was very easy to obtain, whereas no participants did so in 2012 (Figure 32). Over half (56%) of RPU reported the availability of ketamine in the previous six months to be stable (Figure 33) and only 7% perceived it to be more difficult to obtain (vs. 27% in 2012).

Figure 31: RPU reports of current ketamine availability, 2008-2013



Source: EDRS participant interviews

Figure 32: Changes in availability of ketamine over the past six months, 2008-2013



Source: EDRS participant interviews

RPU who commented on the last person they purchased ketamine from in 2013 (n=21) reported obtaining it mainly from friends (70%). The most common locations at which ketamine was recently purchased were at a friend's home (30%) and nightclub/pub (19%).

5.5 GHB

5.5.1 Price

Very few participants (n=6) from the 2013 sample were able to comment on the current price of GHB; the median of their reported prices was \$5 per ml (Table 18).

Table 18: Price of GHB purchased by RPU, 2008-2013

GHB	2008	2009	2010	2011	2012	2013
Median price per ml (range)	\$4.25 (\$3-\$10) n=6	\$4 (\$1.40-\$7) n=5	\$4.25 (\$3-\$5) n=4	\$3 (\$0.35-\$3) n=3	\$3 (\$3-\$4) n=7	\$5 (\$2-\$12) n=5

Source: EDRS participant interviews

5.5.2 Purity

Too few RPU were able to comment.

5.5.3 Availability

Too few RPU were able to comment.

5.6 LSD

5.6.1 Price

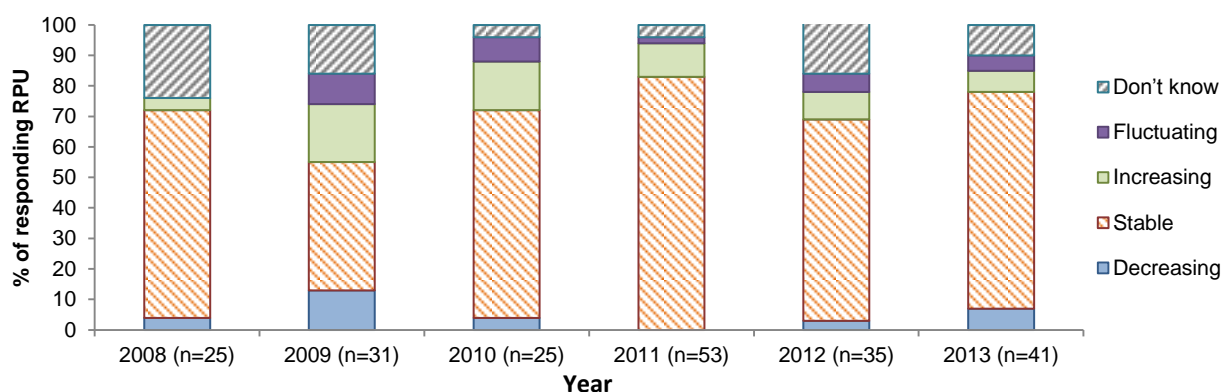
The median reported price of LSD was \$15 per tab in 2013, unchanged from 2012 and 2011 (Table 19). More than two-thirds (71%) of RPU reported the price of LSD was stable in the preceding six months (Figure 34).

Table 19: Prices of LSD purchased by EDRS participants, 2008-2013

LSD	2008	2009	2010	2011	2012	2013
Median price per tab (range)	\$15 (\$10-\$40)	\$17 (\$10-\$35)	\$10 (\$10-\$25)	\$15 (\$10-\$30)	\$15 (\$10-\$50)	\$15 (\$10-\$30)

Source: EDRS participant interviews

Figure 33: Recent changes in price of LSD purchased by EDRS participants, 2008-2013

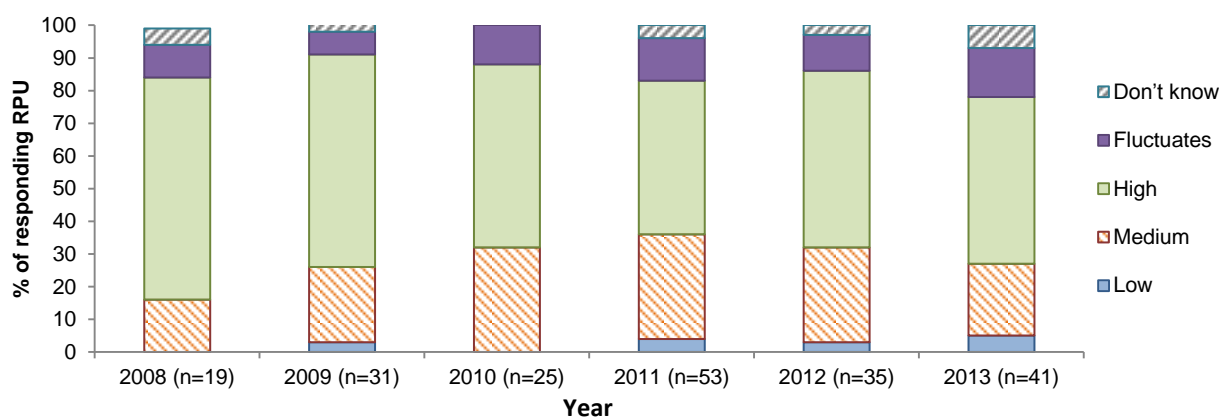


Source: EDRS participant interviews

5.6.2 Purity

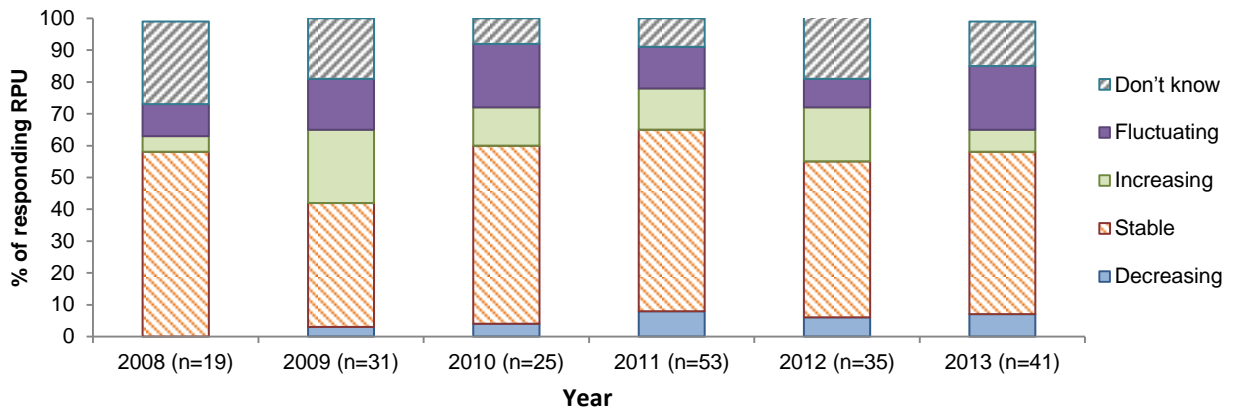
Consistent with previous years, the majority of recent LSD users reported the purity of LSD as medium to high (73%) in 2013 (Figure 35) and as being stable (51%) over the six months preceding interview (Figure 36).

Figure 34: RPU reports of purity of LSD in the preceding six months, 2008-2013



Source: EDRS participant interviews

Figure 35: RPU reports of change in purity of LSD in the preceding six months, 2008-2013

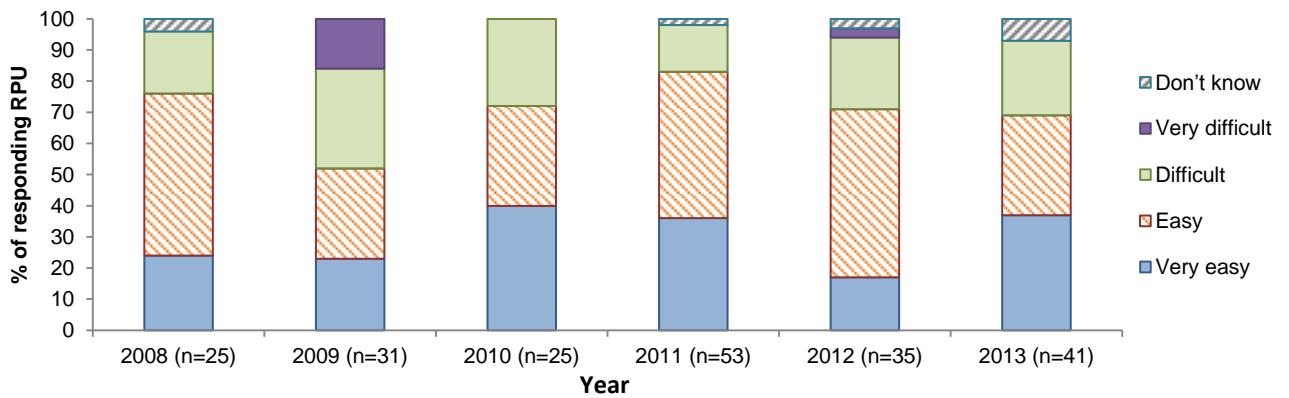


Source: EDRS participant interviews

5.6.3 Availability

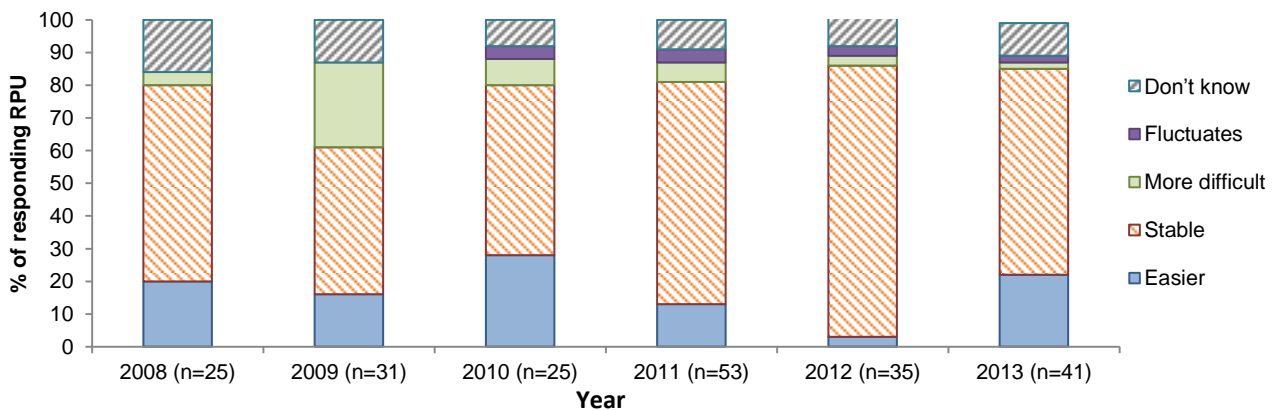
In 2013, 37% of RPU who commented reported LSD as being very easy to source compared to 17% in 2012 (Figure 37). LSD availability in the preceding six months was described as stable by most RPU (83%) and more participants reported it to be easier to obtain than in 2012 (22% vs. 3%) (Figure 38).

Figure 36: Current LSD availability, 2008-2013



Source: EDRS participant interviews

Figure 37: Changes in availability of LSD, 2008-2013



Source: EDRS participant interviews

The last person from whom 2013 RPU purchased LSD was most often a friend (71%) or known dealer (15%). The most common location for the last purchase of LSD was at a friend's home (27%), agreed public location (20%) or their own home (12%).

5.7 Cannabis

5.7.1 Price

Participants were asked questions about the price, potency and availability of both hydroponic cannabis and bush/naturally-grown cannabis. Fewer participants were able to comment on hydroponic (n=35) and bush (n=20) cannabis in 2013 than in 2012 (n=50 and n=30 respectively).

The median price of hydroponic cannabis remained unchanged at \$15 for a gram and \$250 for an ounce in 2013. The median price of a gram of bush cannabis (\$12 in 2013) decreased slightly from 2012 (\$15), as did the median price of an ounce (\$200 vs. \$240) (Table 20). The median price of an ounce of bush cannabis should be treated with caution due to small numbers reported.

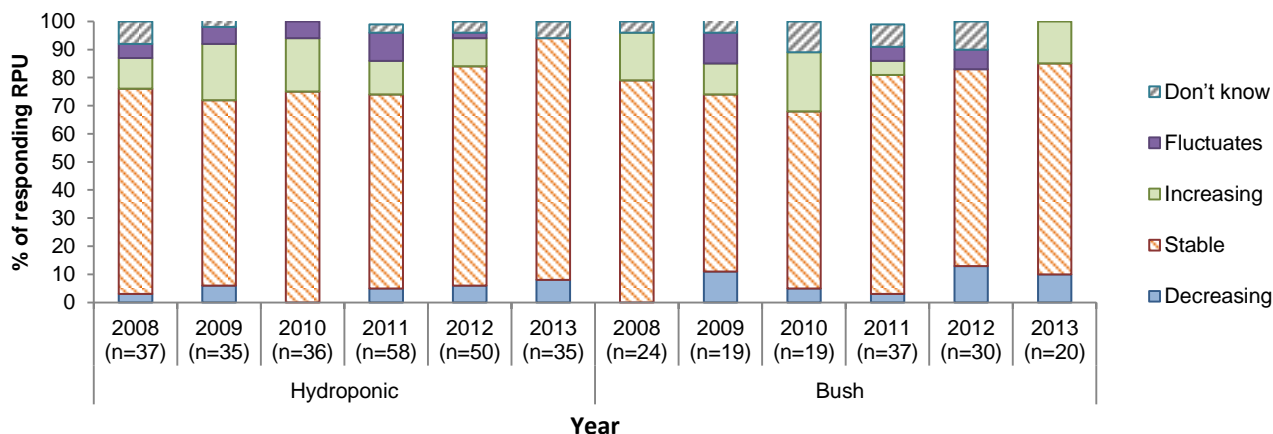
Table 20: Price of cannabis purchased by EDRS participants, 2008-2013

Cannabis	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Median price (range)						
Hydroponic						
Gram	\$20 (\$10-\$25) n=34	\$20 (\$15-\$20) n=23	\$20 (\$10-\$30) n=20	\$18.75 (\$10-\$30) n=44	\$15 (\$10-\$25) n=33	\$15 (\$10-\$25) n=19
Ounce	\$250 (\$200-\$300) n=13	\$250 (\$200-\$280) n=17	\$250 (\$200-\$300) n=10	\$250 (\$70-\$320) n=38	\$250 (\$150-\$320) n=23	\$250 (\$200-\$300) n=12
Bush						
Gram	\$20 (\$10-\$30) n=15	\$10 (\$10-\$20) n=8	\$16 (\$15-\$25) n=8	\$15 (\$10-\$70) n=30	\$15 (\$5-\$65) n=22	\$12 (\$10-\$15) n=13
Ounce	\$220 (\$80-\$380) n=17	\$200 (\$150-\$250) n=5	\$270 (\$65-\$300) n=5	\$245 (\$120-\$300) n=22	\$240 (\$100-\$300) n=17	\$200 n=2

Source: EDRS participant interviews

Prices of cannabis were reported as being stable in the preceding six months by the majority (79%) of recent hydroponic cannabis users (n=35) and of recent bush cannabis users (75%, n=20) (Figure 39).

Figure 38: Recent changes in price of hydroponic and bush cannabis purchased by EDRS participants, 2008-2013

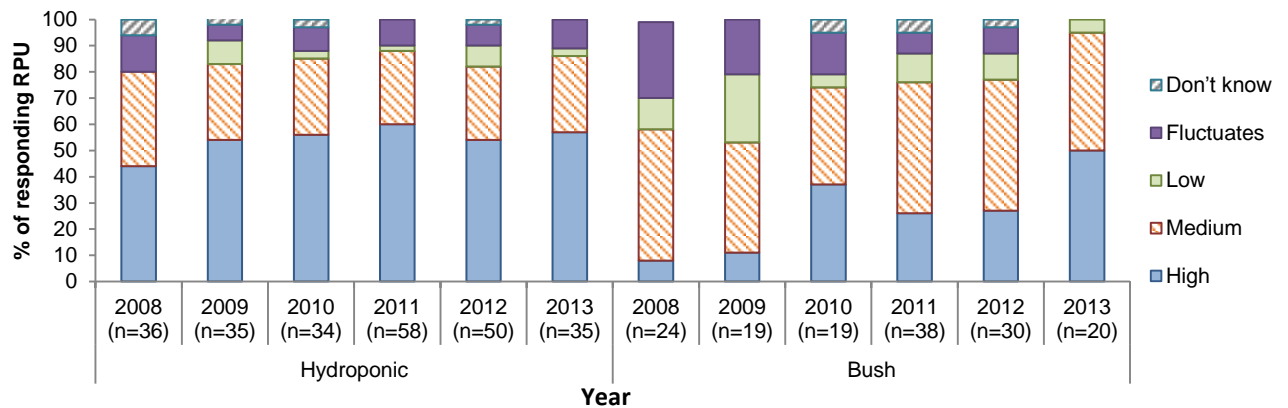


Source: EDRS participant interviews

5.7.2 Potency

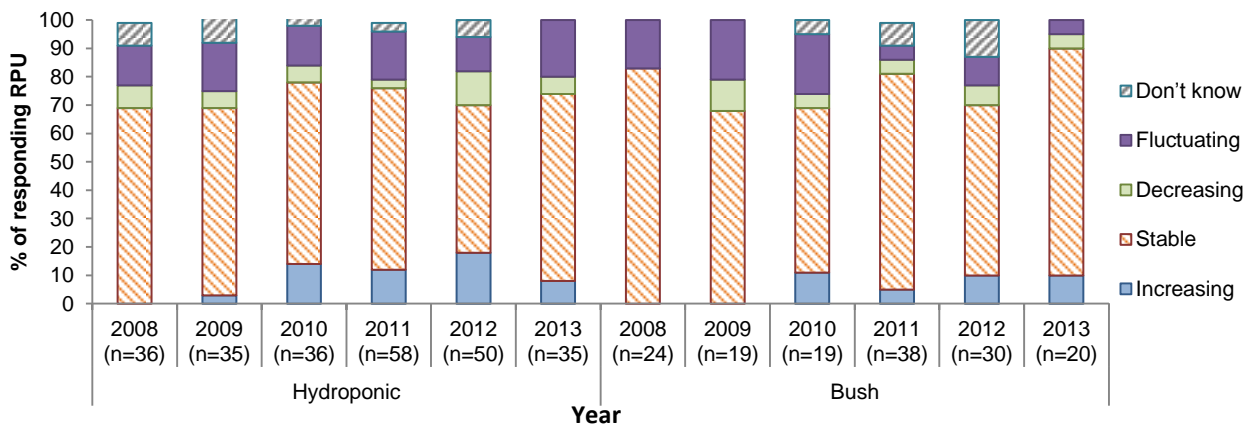
In 2013, potency was typically reported as being medium to high for hydroponic cannabis (86%) and bush cannabis (95%), consistent with past years (Figure 40). Two-thirds (66%) of participants reported hydroponic cannabis potency to be stable in the preceding six months, though more REU reported the potency had fluctuated in 2013 than in 2012 (20% vs. 12%). The majority (80%) of participants who were able to comment on the potency of bush cannabis reported it to be stable, an increase from 2012 (60%) (Figure 41).

Figure 39: Reports of current hydroponic and bush cannabis potency by RPU, 2008-2013



Source: EDRS participant interviews

Figure 40: Reports of changes in hydroponic and bush cannabis potency, 2008-2013

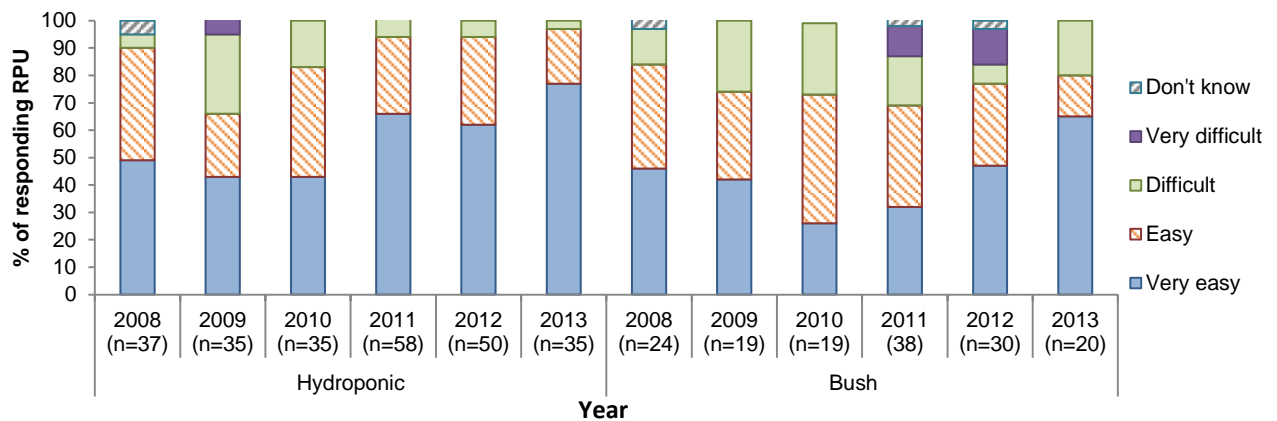


Source: EDRS participant interviews

5.7.3 Availability

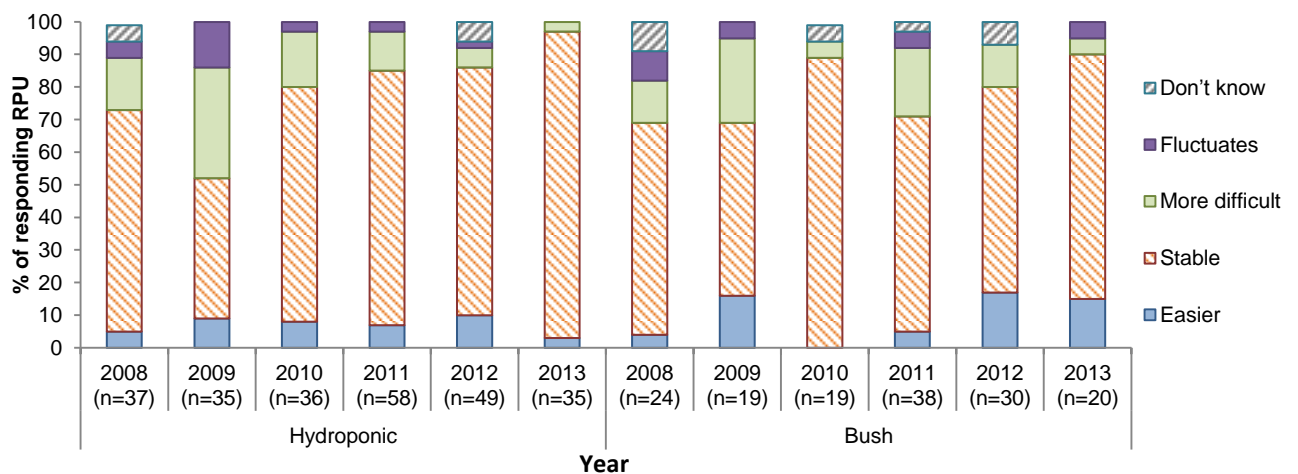
In 2013, of the participants who were able to comment, 97% reported hydroponic cannabis as easy or very easy to obtain, and 80% reported bush cannabis as easy or very easy to obtain, both slightly higher than in 2012 (Figure 42). Typically, both hydroponic and bush cannabis availability was reported to be stable in the preceding six months - 94% vs. 76% in 2012 for hydroponic; and 75% vs. 63% in 2012 for bush cannabis (Figure 43).

Figure 41: Current availability of hydroponic and bush cannabis, 2008-2013



Source: EDRS participant interviews

Figure 42: Recent changes in availability of hydroponic and bush cannabis, 2008-2013



Source: EDRS participant interviews

Consistent with past years, most RPU reported that the last person they purchased cannabis from was a friend (46% for hydroponic and 85% for bush cannabis) or known dealer (34% for hydroponic and 5% for bush cannabis). Most of those who commented on the last location they purchased hydroponic cannabis reported obtaining it from a dealer's home (34%), whereas bush cannabis was most commonly purchased from a friend's home (60%).

6 HEALTH-RELATED TRENDS ASSOCIATED WITH USE OF ECSTASY & RELATED DRUGS

Summary

- Twelve participants reported experiencing an overdose after taking a stimulant drug in the preceding 12 months, most commonly after taking ecstasy (25%) and amphetamines (25%).
- Thirteen participants reported experiencing an overdose after taking a depressant drug in the preceding 12 months, most commonly after consuming alcohol (50%) and GHB (33%).
- The most commonly reported health service accessed by participants in the six months preceding interview was a general practitioner (73%).
- Twelve participants reported they had accessed a health or medical service in relation to their ERD use in the preceding six months.
- In 2012, DirectLine (a specialist drug and alcohol telephone service in Victoria) received calls identifying ecstasy (0.5%), amphetamine and/or other stimulants (19.3%), cocaine (0.7%), and cannabis (11%) as drugs of concern. Calls related to amphetamine and/or other stimulants increased significantly between 2009 (6.8%) and 2013.
- The number of ambulance attendances in metropolitan Victoria where amphetamine use was recorded increased from 768 attendances in 2011 to 1,155 attendances in 2012.
- The number of ambulance attendances in metropolitan Victoria where GHB use was recorded increased from 366 attendances in 2011 to 448 attendances in 2012.
- Of the EDRS participants who reported experiencing a mental health problem in the preceding six months (n=32), the main mental health problems experienced were anxiety (59%) and depression (44%).

6.1 Overdose and drug-related fatalities

Since 2008, questions have been included in the EDRS interview schedule inquiring about drug overdose, split into stimulant drug overdose and depressant drug overdose.

In 2013, 25 participants reported that they had overdosed on any stimulant drug(s) at some point in their lifetime on a median of two occasions (range 1-60). Of those who had ever overdosed on stimulants, 12 participants reported having done so in the preceding 12 months, a slight decrease from 2012 (n=18). Participants cited ecstasy (25%), speed (25%) and crystal methamphetamine (25%) as the main drugs associated with their most recent stimulant overdose, which reportedly occurred most commonly at the participant's own home and next most commonly at a live music event. Common symptoms experienced at the most recent overdose were vomiting, increased heart rate, irregular breathing and loss of consciousness (each reported by 17% of participants). Only five participants (42%) reported that there was a person not under the influence of alcohol and/or other drugs present to assist when their most recent overdose occurred. Eight participants reported receiving treatment during or as a result of their most recent overdose; five stated they were monitored or watched by a friend; and three received formal medical monitoring or treatment.

Twenty-two participants reported they had ever overdosed after taking a depressant drug (including alcohol) on a median of two occasions (range 1-50). Of those who reported a depressant overdose, 13 (59%) had done so in the preceding 12 months. Fifty per cent of participants attributed the most recent depressant overdose (occurring in the preceding 12 months) to alcohol, and 33% to GHB. The main symptoms experienced were losing consciousness (42%) and vomiting (33%). Participants reported a median of six hours of partying before the overdose occurred (range 3-72 hours). The most common locations of the most recent depressant overdoses were at home, a friends' home, and a public place (each reported by 25% of RPU). Eleven participants reported they received treatment; eight stated they were monitored or watched by a friend.

6.2 Help-seeking behaviour & health service access

Twelve per cent of the 2013 Victorian EDRS sample reported they had used a health or medical service in relation to their drug use in the six months preceding interview. An additional 11% reported thinking about using a health service in relation to their drug use, but did not contact a service. Common reasons for not contacting a health service in relation to their drug use were that: they worked out the issue on their own (n=3), the issue was not a priority (n=2) and they were unaware of services available for their issue (n=2).

EDRS participants were asked about the health services they had accessed in the preceding six months. The health service most commonly accessed was a general practitioner (GP), accessed by 73% of the 2013 sample. Other health services accessed were a dentist (reported by 18% of participants), emergency department at a hospital (13%), psychologist (10%), and psychiatrist (7%).

6.3 Drug treatment

6.3.1 Alcohol and Drug Information System (ADIS)

Data on people seeking treatment from specialist alcohol and other drug agencies in Victoria are collected via the ADIS. During the 2012/2013 financial year, 58,918 courses of treatment were delivered to 31,630 clients³ in Victorian specialist alcohol and other drug services. Of these, approximately 13% of the total courses of treatment were delivered to approximately 15% of clients for amphetamine problems, making amphetamines the third most prevalent main presenting drug problem after alcohol (42%) and cannabis (21%). Only 0.6% of the courses of treatment were delivered to 1% of clients for ecstasy (ADIS Database, Victorian Department of Health, unpublished data).

³ Clients in specialist alcohol and drug services include both drug users and non-users. Non-users may include partners, family or friends.

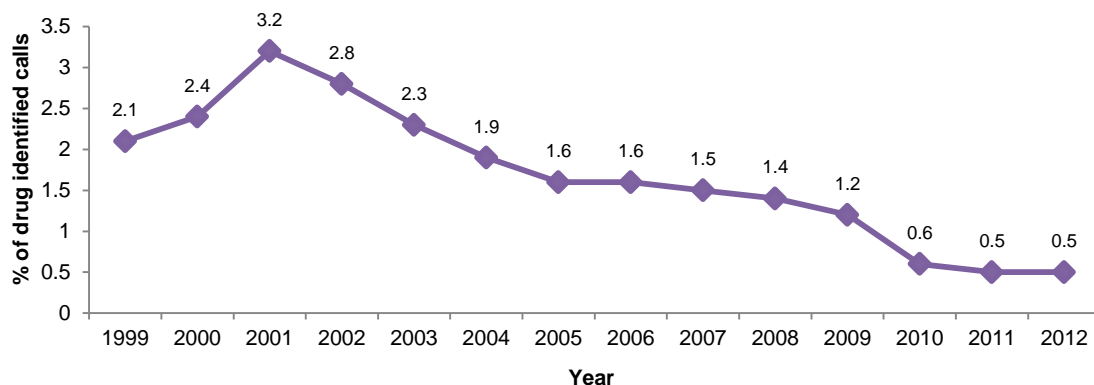
6.3.2 DirectLine

DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from drug users and calls about drug users. This report presents DirectLine data for the period 1999-2012.

Ecstasy

During 2012, DirectLine received 123 calls in which ecstasy was identified as a drug of concern. This represents 0.5% of all drug-identified calls to DirectLine in that year (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls in which ecstasy was identified as the drug of concern steadily declined from 2001 to 2005, plateaued, and then continued to decline from 2009 onwards (Figure 44).

Figure 43: Proportion of calls to DirectLine in which ecstasy was identified as drug of concern, Victoria 1999-2012

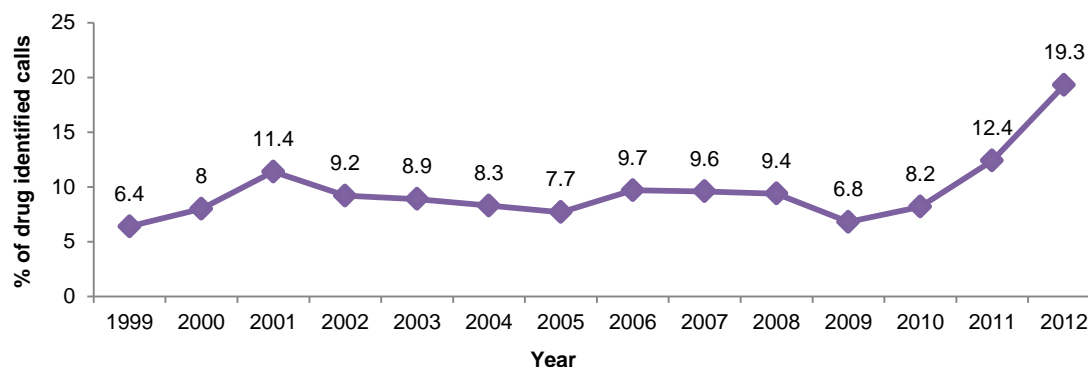


Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

Methamphetamine

During 2012, DirectLine received 4,511 calls in which amphetamines and/or other stimulants (including ecstasy and cocaine) were identified as drugs of concern. This represented approximately 19% of all drug-identified calls to DirectLine (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls in which amphetamines and/or other stimulants were identified as drugs of concern increased significantly ($p < 0.05$) between 2009 and 2012 (Figure 45), 2012 being the highest recorded since 1999.

Figure 44: Proportion of calls to DirectLine in which amphetamines and/or other stimulants were identified as drug of concern, Victoria, 1999-2012

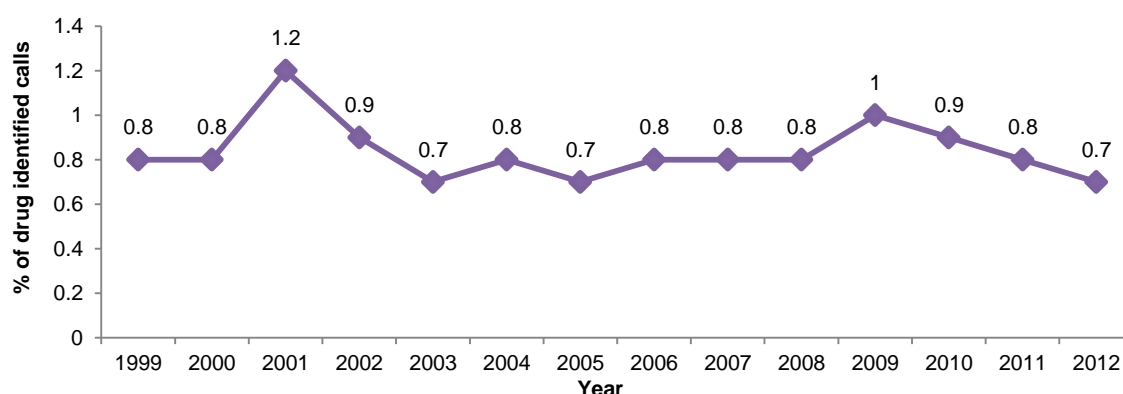


Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

Cocaine

During 2012, DirectLine received 173 calls in which cocaine was identified as a drug of concern, which was 0.7% of all calls made to DirectLine during that time in which a drug of concern was cited (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls where cocaine was identified has remained very low ($\leq 1\%$) during recent years (Figure 46).

Figure 45: Proportion of calls to DirectLine in which cocaine was identified as a drug of concern, Victoria, 1999-2012

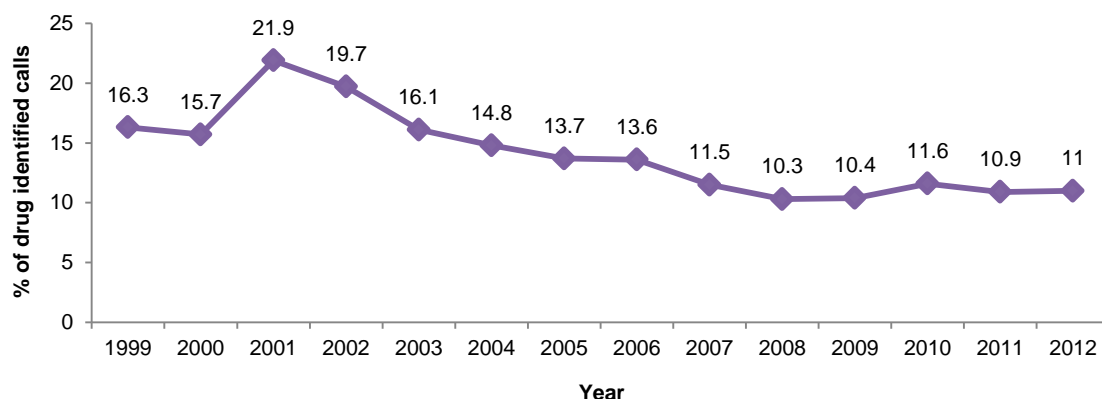


Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

Cannabis

During 2012, DirectLine received 2,588 calls in which cannabis was identified as a drug of concern – approximately 11% of all drug-identified calls to DirectLine during that year (Turning Point Alcohol & Drug Centre, unpublished data). The percentage of drug-related calls in which cannabis was identified as the drug of concern steadily declined from 2001 to 2008, and plateaued thereafter (Figure 47).

Figure 46: Proportion of calls to DirectLine in which cannabis was identified as a drug of concern, 1999-2012



Source: DirectLine, Turning Point Alcohol & Drug Centre (unpublished data)

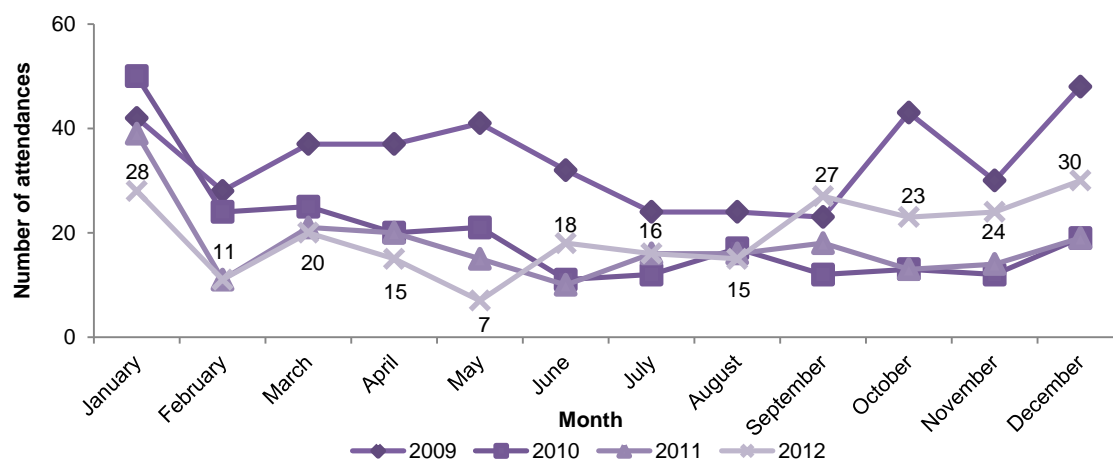
6.3.3 Ambulance attendances at non-fatal drug related events

Turning Point Alcohol & Drug Centre manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records (Dietze et al., 2000). Data for the period between January 2009 and December 2012 are presented in this report.

Ecstasy

Ambulance attendances in metropolitan Melbourne at which ecstasy use was recorded ranged between seven and 48 per month during 2009-2012. The total number of attendances at which ecstasy was recorded declined by almost half between 2009 and 2010 (409 vs. 236) and continued to decline to 212 attendances in 2011. In 2012, 234 ecstasy related ambulance attendances were recorded, a slight increase from 2011 (Figure 48). The median age of patients who were attended to by an ambulance in 2012 was 22 years (range 14-55) (Turning Point Alcohol & Drug Centre, unpublished data). Ambulance attendances recorded in regional Victoria relating to ecstasy use were less than eight per month in 2012.

Figure 47: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2009-2012



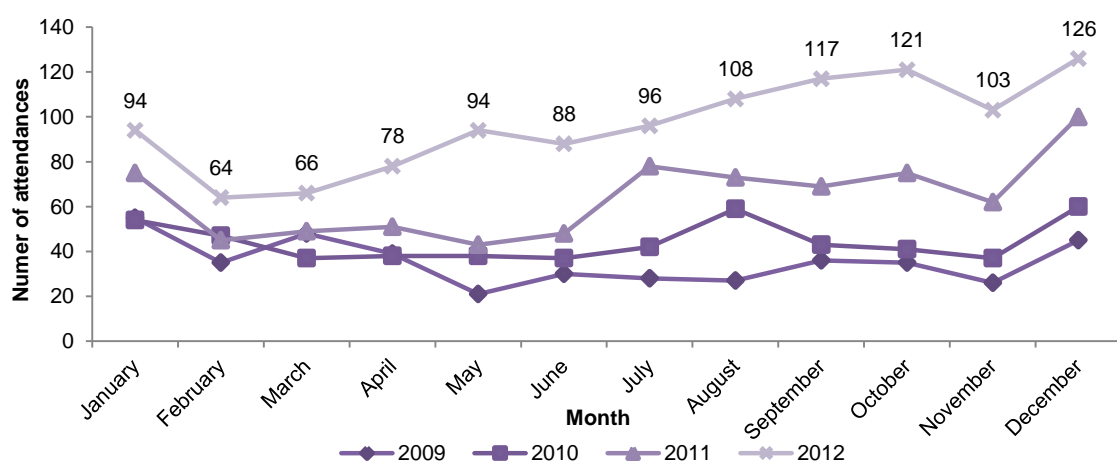
Source: Ambulance Victoria and Turning Point Alcohol & Drug Centre

Amphetamines

Ambulance attendances at which crystal methamphetamine use was recorded in metropolitan Victoria was categorised separately from amphetamines for the first time in 2012. Ambulance attendances in which amphetamine use was recorded in metropolitan Melbourne ranged between 21 and 126 per month between January 2009 and December 2012 (Figure 49). Attendances in metropolitan Victoria where amphetamine use was recorded have increased since 2009 (425 attendances), with 533 attendances occurring in 2010, 768 attendances in 2011 and 1,155 attendances in 2012. In regional Victoria, 240 attendances in 2012 involving amphetamines were recorded and the median age of patients was 27 years (range 13-70) (Turning Point Alcohol & Drug Centre, unpublished data).

There were 870 ambulance attendances at which crystal methamphetamine was recorded in metropolitan Melbourne in 2012, and the median age of patients was 26 years (range 14-70). In regional Victoria, 161 attendances occurred at which crystal methamphetamine use was recorded; the median age of these patients was 26 (range 13-60) (Turning Point Alcohol & Drug Centre, unpublished data).

Figure 48: Number of amphetamine-related events attended by Ambulance Victoria, Melbourne, 2009-2012



Source: Ambulance Victoria and Turning Point Alcohol & Drug Centre

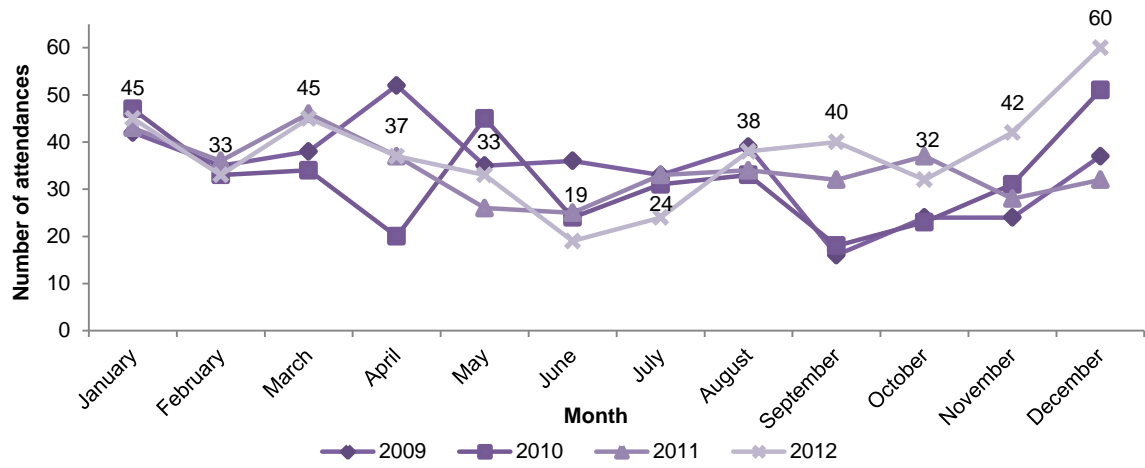
Cocaine

In 2012 cocaine use was estimated to be mentioned at approximately 120 ambulance attendances in metropolitan Melbourne, an increase from the figure reported in 2011 (N=82) (Turning Point Alcohol & Drug Centre, unpublished data).

GHB

Ambulance attendances at which GHB use was recorded ranged between 16 and 60 per month between January 2009 and December 2012 (Figure 50). In 2012, the number of ambulance attendances in metropolitan Melbourne where GHB use was recorded increased from 366 in 2011 to 448, the highest recorded since 2006 (Turning Point Alcohol & Drug Centre, unpublished data). The median age of patients requiring ambulance attendance was 24 years (range 15-66).

Figure 49: Number of GHB-related events attended by Ambulance Victoria, Melbourne, 2009 2012



Source: Ambulance Victoria and Turning Point Alcohol & Drug Centre

6.4 Other self-reported problems associated with ERD use

Since 2007, participants have been asked to report if their drug use has caused any repeated or recurrent problems in the last six months, including relationship/social problems, legal implications, problems related to responsibilities at home, work or school, or problems involving harm to themselves and/or other people. Participants are also asked to attribute such problems to the use of particular drugs.

Consistent with 2012, 22% of 2013 RPU reported that their drug use caused repeated problems with their social life (family, friends, and work/school). The main drugs to which these problems were attributed were: crystal methamphetamine (36% vs. 18% in 2012), cannabis (27% vs. 18% in 2012) and ecstasy (23% vs. 14% in 2012). Interestingly, only 5% reported alcohol as the main drug, whereas in 2012, 23% of REU did so. Two participants reported having recurrent drug-related legal problems attributed to alcohol and cannabis. Again consistent with 2012, 27% of RPU reported that they had recurrently found themselves in situations in which they were under the influence of drugs and hurt themselves or others or put themselves or others at risk. The drugs perceived to be associated with these risky situations were mainly alcohol (37%), crystal meth (29%) and ecstasy (19%). Just under one-third (31%) of the sample, a decrease from 2012 (46%), reported recurrent interference with responsibilities at home, work or school due to their drug use and attributed this mainly to cannabis (26%), crystal methamphetamine (26%), ecstasy (19%), and alcohol (16%).

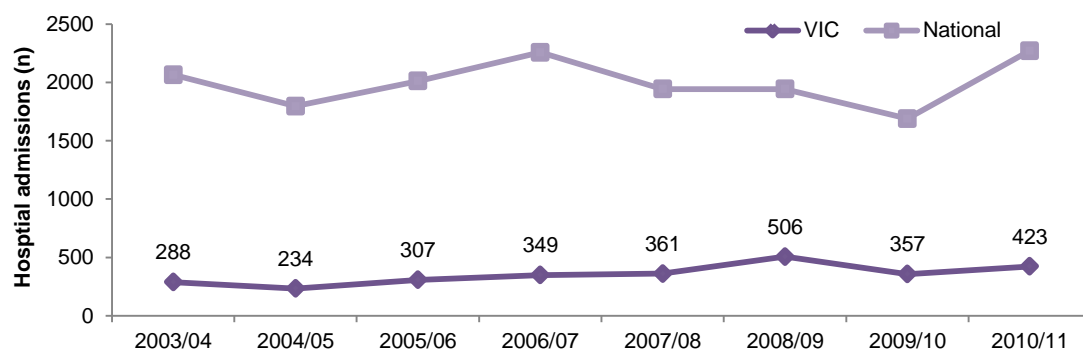
6.5 Hospital admissions

The NHMD is compiled by the AIHW. It is a collection of electronic records for admitted patients in public and private hospitals in Australia. It reports the 'principal diagnosis' (the diagnosis established after study to be chiefly responsible for occasioning the patient's episode of care in hospital) for each admission. This report presents drug-related (amphetamine, cocaine and cannabis) hospital admissions for Victoria and Australia, 2003/2004 to 2010/2011 (Roxburgh, 2013).

6.5.1 Amphetamines

Amphetamine-related hospital admissions for Victoria and Australia (among persons aged 15-54 years) are presented in Figure 51. There was an increase in amphetamine-related hospital admissions in Victoria in 2010/2011 than in the 2009/2010 financial year (n=423) and reflects the increase in the national figure in this period (1,689 in 2009/2010 vs. 2,277 in 2010/2011).

Figure 51: Number of amphetamine-related hospital admissions, Victoria and Australia, 2003/2004-2010/2011

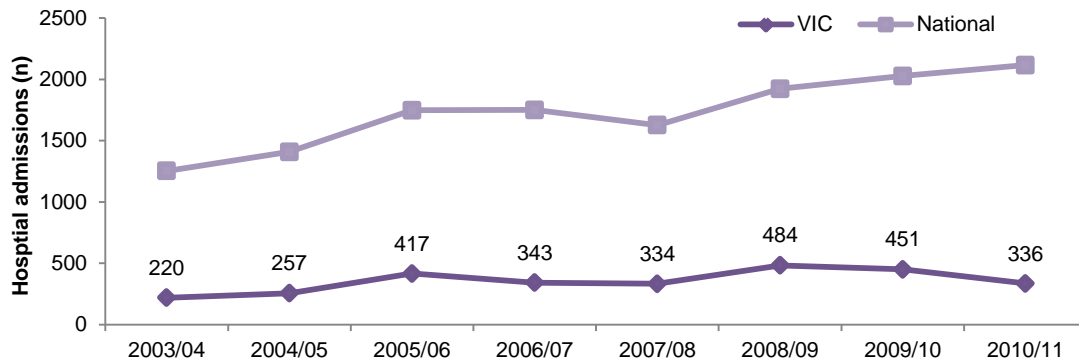


Source: Roxburgh 2013; AIHW

6.5.2 Cocaine

Cocaine-related hospital admissions for Victoria and Australia (among persons aged 15-54 years) are presented in Figure 52. The number of cocaine-related hospital admissions in Victoria decreased between 2009/2010 and 2010/2011 (35 vs. 25 respectively).

Figure 52: Number of cocaine-related hospital admissions, Victoria and Australia, 2003/2004-2010/2011

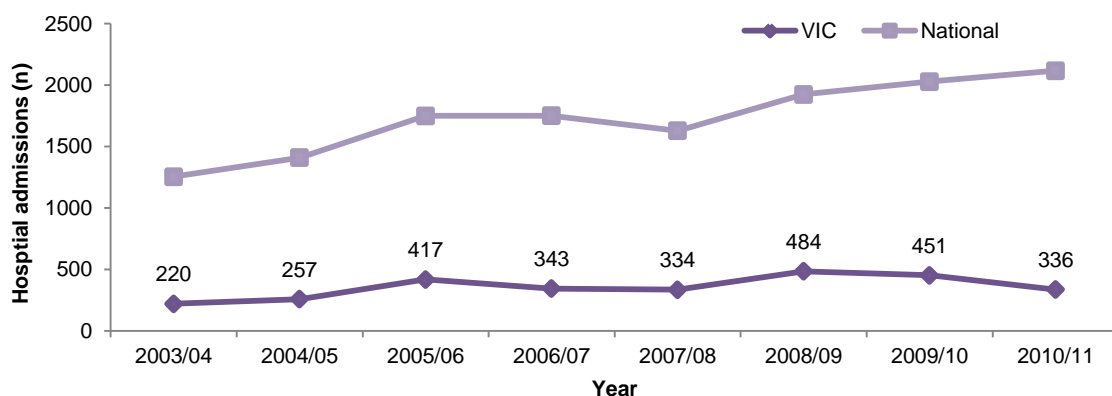


Source: Roxburgh, 2013; AIHW

6.5.3 Cannabis

Cannabis-related hospital admissions for Victoria and Australia (among persons aged 15-54 years) are presented in Figure 53. Between the 2009/2010 and 2010/2011 financial year period, the number of cannabis-related admissions decreased to 336 in Victoria, a figure similar to admissions recorded in 2006 to 2008.

Figure 53: Number of cannabis-related hospital admissions, Victoria and Australia, 2003/2004-2010/2011



Source: Roxburgh, 2013; AIHW

6.6 Mental and physical health problems and psychological distress

6.6.1 Mental health problems and psychological distress (K10)

Since 2006 the EDRS study has included the 10-item Kessler Psychological Distress Scale (K10), a questionnaire designed to measure the level of distress that participants experienced in the preceding four weeks (Kessler et al., 2002). K10 scores ranging from 10 to 15 are classified as low or no distress, 16 to 21 as moderate distress, 22 to 29 as high distress, and 30 to 50 as very high distress.

The mean K10 score of the 2013 RPU sample was 19 (range 10-42). According to the above scoring classification, 32% of participants were in the low range, 35% in the moderate range, 25% in the high range, and 6% in the very high range. Compared to the figure in the most recent NDSHS report (AIHW, 2010) for respondents who use ecstasy, a higher percentage of 2013 RPU scored in the moderate to high distress range (60% in EDRS vs. 41% in 2010 NDSHS). Participants were asked whether the specified feelings occurred more often, the same or less than in a 'usual' four weeks; 69% reported that they occurred about the same as usual, while 17% reported the feelings occurring more than usual.

6.6.2 Self-reported mental problems

In 2013, 32 participants reported they had experienced a mental health problem in the preceding six months, most commonly anxiety (59%), followed by depression (44%), with 19% reporting experiencing both. Sixty-five per cent of participants who experienced a mental problem reported attending a health professional in relation to it. Forty-eight per cent (n=10) of participants who attended a health professional for their mental health problem were prescribed medication. The main medications prescribed were anti-depressants and benzodiazepines (n=7).

7 RISK BEHAVIOUR

Summary

- A larger proportion (22%) of participants interviewed in 2013 reported ever injecting a drug than the 2012 EDRS sample (13%), and 12% reported recent injection, occurring in the preceding six months.
- Fifty-two per cent of participants reported recent penetrative sex with a casual partner, and 94% of this group had done so under the influence of alcohol and/or other drugs.
- Forty-nine participants reported having sex under the influence of alcohol and/or other drugs in the preceding six month with a casual partner, most commonly under the influence of alcohol (69%), followed by ecstasy (41%).
- A significantly higher proportion (74%) of participants reported ever having a sexual health check-up, compared to 2012 (49%), and 24% had been diagnosed with a sexually transmitted infection at some point in their life.
- In 2013, 23% of those who had driven a car/motorcycle in the past 12 months believed they had driven over the legal limit of blood alcohol content (for their license type), and 54% reported driving soon after consuming an illicit drug.
- Sixty-seven per cent of the 2013 RPU sample scored eight or more on the AUDIT, which refers to alcohol levels at which alcohol intake may be considered hazardous. This was a significant decrease from the 80% scoring eight or more interviewed for the 2012 EDRS.

7.1 Injecting risk behaviour

7.1.1 Lifetime injectors

Compared to the 2012 EDRS sample, a larger proportion of the 2013 participants reported ever injecting any drug (13% vs. 22% respectively) (Table 21). Among those who reported ever injecting, the median age for injecting for the first time was 19 years (range 12-35 years). Most RPU who had ever injected reported the first drug they injected as speed powder (45%). RPU are only able to provide some information on trends on injecting drug use in Melbourne; the IDRS gives a more comprehensive picture. As outlined in section 1, the IDRS employs a similar methodology to the EDRS. The IDRS involves the collection of data from people who inject drugs on the prevalence and patterns of use and market characteristics of drugs of injection. Results from the 2013 Victorian IDRS will be available in early 2014 (Cogger et al., 2014).

Table 21: Injecting behaviour among EDRS participants, 2008-2013

	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Ever injected (%)	15	18	14	27	13	22

Source: EDRS participant interviews

7.1.2 Patterns of recent injecting drug use

Twelve respondents reported having injected in the preceding six months in 2013. These participants reported injecting a median of 34 times (range 2-200 times) in the last six months, with all reporting their last injection occurring at their own home. Two participants reported the sharing of needles in the preceding six months, one with a close friend and the other with both a regular sex partner and a close friend. Four participants reported sharing spoons, three shared filters and water, and one had shared a tourniquet after someone else had used these items. Small numbers of injectors preclude detailed interpretation of the figures in Tables 23 and 24, which should be viewed with caution.

Table 22: Recent injecting drug use patterns among RPU who reported injecting in the last six months, 2012-2013

	% injected past 6 months*		Median days injected last 6 months (range)*		% last drug injected	
	2012 (n=7)	2013 (n=12)	2012 (n=7)	2013 (n=12)	2012 (n=7)	2013 (n=12)
Crystal	57	67	22.5 (6-80)	9 (1-48)	14	50
Speed	83	67	50 (1-72)	4.5 (1-48)	29	17
Base	33	8	7.5 (3-12)	1 (1-1)	-	-
Pharm stimulants**	-	17	-	17 (16-18)	-	-
Ecstasy (pills)	43	17	1 (1-1)	2 (2-2)	14 [^]	-
Ecstasy***	29	17	1 (1-1)	1 (1-1)	-	-
Ecstasy crystal	-	25	-	1 (1-4)	-	-
Heroin	43	50	90 (1-105)	10 (5-140)	29	33
Cocaine	29	17	2.5 (2-3)	4 (3-5)	14	-

Source: EDRS participant interviews

* Could nominate multiple responses

** Licit & illicit

*** Powder or capsule

[^] Any ecstasy

Table 23: Context and patterns of recent injection among RPU who reported injecting in the last six months, 2008-2013

	2008 (n=9)	2009 (n=7)	2010 (n=7)	2011 (n=17)	2012 (n=7)	2013 (n=12)
Last injected at own home (%)	86	71	86	71	57	100
Injected (only) under the influence (%)	14	14	14	13	14	25
Injected (only) while coming down (%)	29	14	29	13	-	42
Injected (both) while under the influence and coming down (%)	43	29	29	38	57	17
Median times injected any drug under the influence and/or coming down last 6 months (range)	96 (3-1080)	6 (1-36)	5 (2-180)	12 (2-188)	10 (1-90)	4 (1-18)

Source: EDRS participant interviews

* Could nominate multiple responses

** One participant injected daily, six times per day

7.2 Sexual risk behaviour and sexual health

7.2.1 Recent casual sexual activity

In 2013, participants were asked questions about their sexual risk behaviour, focusing on penetrative sex with casual sex partners (defined as the penetration by penis or hand of the vagina or anus).

Fifty-two per cent of respondents reported penetrative sex with a casual partner in the past six months. Of those who reported recent penetrative sex with a casual partner while sober (38%), 37% reported not using a condom the last time they had sex when sober (Table 24).

Table 24: Prevalence of casual sexual activity and number of sexual partners in the preceding six months, 2008-2013

	2008 (n=61)	2009 (n=56)	2010 (n=52)	2011 (n=68)	2012 (n=69)	2013 (n=52)
Number of casual partners						
One person (%)	26	25	8	18	23	21
Two people (%)	25	21	19	29	20	37
3-5 people (%)	31	39	54	35	36	31
6-10 people (%)	11	9	15	9	10	9
10+ people (%)	7	5	4	9	10	2
Sex with a casual partner when sober*	-	-	-	n=67	n=64	n=38
Used a protective barrier last time (when sober) %*	-	-	-	75	61	63

Source: EDRS participant interviews

* Not asked in 2008-2010

7.2.2 Drug use during sex

Forty-nine participants reported having had sex with a casual partner while under the influence of alcohol and/or other drugs in the past six months and almost half (47%) had done this on six or more occasions (Table 26). Similar to 2012, most respondents reported having sex under the influence of alcohol (69%), followed by ecstasy (41%), cannabis (27%) and crystal methamphetamine (22%). The proportion of RPU who reported not using a protective barrier while having sex with a casual partner, under the influence of alcohol and/or other drugs, increased slightly from 2012 to 2013, with 73% reporting that they did not use a condom on every occasion they had sex in the preceding six months, and 18% reporting never using a condom. Among this group, consistent with participants interviewed in 2012, 43% reported not using a condom or other barrier with a casual partner on the last occasion they had sex while under the influence of alcohol and/or other drugs. Common reasons for not using a condom on the last occasion were 'using contraceptive pill' (29%) and 'agreed to not use a condom' (24%).

Table 25: Casual sex under the influence of drugs in the preceding six months among EDRS participants, 2011-2013

	2011	2012	2013
Penetrative sex with casual partner while on drugs last 6 months	n=65	n=65	n=49
Number of times*			
Once (%)	6	12	12
Twice (%)	12	23	16
3-5 times (%)	38	25	24
6-10 times (%)	14	18	12
Ten or more times (%)	29	22	35
Drugs used last time*			
Ecstasy (%)	32	37	41
Cannabis (%)	35	29	27
Alcohol (%)	76	74	34
Speed (%)	24	9	6
Crystal meth (%)	5	18	22
Cocaine (%)	5	9	14
Ketamine (%)	6	2	2
LSD (%)	11	2	6
Used a protective barrier last time (%)*	71	57	57

Source: EDRS participant interviews

* Of those who had penetrative sex with a casual partner under the influence of drugs in the last six months

Two KE noted an increase in risky sexual practices reported by the RPU they work with, particularly among the younger users. They described condom use as rare and commented that the risk increased when RPU were under the influence of alcohol and/or illicit drugs.

7.2.3 Sexual health

Seventy-four per cent of the 2013 RPU sample reported ever having a sexual health check-up (swab, urine, or blood test), a significant increase from respondents interviewed in the 2012 EDRS (49%, $p < 0.05$). Similar to 2012, of the 2013 EDRS respondents who reported ever being tested, 74% were tested in the past year. Almost one-quarter (24%) had ever been diagnosed with a sexually transmitted infection (STI), 38% of these reporting the diagnosis occurring in the last year. The most commonly reported STI was chlamydia (67%), followed by the human papilloma virus (HPV), 22%.

Table 26: Sexual health testing among RPU, 2011-2013

	2011 N=101	2012 N=100	2013 N=100
Ever had a sexual health check-up (%)	n=100	n=99	n=100
No	35	48	26
Yes, in last year	49	36	55
Yes, > year ago	15	13	19
Don't know/didn't get result	1	2	-
Ever diagnosed with an STI (%)	n=98	n=99	n=100
Yes	21	10	24
Past year STI diagnosis	n=5	n=9	n=9
Gonorrhoea (%)	0	11	0
Chlamydia (%)	76	78	67
HPV (genital warts) (%)	19	0	22
Other (%)	5	11	11

Source: EDRS participant interviews

7.3 Driving risk behaviour

Sixty-five per cent of the 2013 RPU sample reported having driven a car/motorcycle/vehicle in the six months prior to being interviewed, a rate similar to previous years. Of those reporting having driven during this time, 23% (n=15) believed that they had driven while over the legal limit for alcohol in the preceding six months, the lowest result in the last six years of the EDRS (Table 27); one-third held a full licence when driving over the legal limit, the remainder were on a provisional, learners or did not currently have a licence. Those who believed that they had driven over the legal limit reported having done so on a median of two occasions in the last six months (range 1-6). Forty-eight per cent of those who had driven in the past six months had undergone a police roadside breath test in that period but none was over the legal alcohol limit when tested.

Similar to 2012, more than half (54%) of the RPU who had driven in the last six months reported driving soon after consuming any illicit drug(s) a median of four times (range 1-96) (Table 27). Of the RPU who had driven after taking an illicit drug (n=35), 40% considered their drug use to have no impact on their driving ability, 49% reported their ability was impaired and the remaining RPU reported their ability was improved (on the last occasion). Consistent with previous years, the drugs most commonly reported as being taken just before driving in the preceding six months by the 2013 RPU sample were crystal methamphetamine (46%), cannabis (43%), ecstasy (34%) or speed (20%). (Table 27). Ten RPU reported ever receiving a roadside drug test and one respondent reported a positive test result.

Participants who had driven after taking an illicit drug in the preceding six months were asked if the introduction of roadside testing in Victoria changed their driving behaviour for the first time in 2013. Thirty-two per cent reported a change in behaviour, the most common changes being to wait a few hours before driving, and not drive after using drugs (both reported by 66% of participants). Respondents who had driven in the last six months were asked to nominate the number of people out of the next 100 who drive after taking illicit drugs they thought would get caught; a median of five people was reported (range 0-75).

Law enforcement KE were of the opinion that the majority of people being picked up for driving under the influence of alcohol and/or illicit drugs were aged between 18 and 35 years and were most commonly driving under the influence of alcohol, cannabis and amphetamines.

Table 27: Patterns of driving under the influence of alcohol and/or other drugs in the last six months among RPU, 2008-2013

	2008	2009	2010	2011	2012	2013
Driven while over the legal limit of alcohol - last 6 months (%)	25	37	42	68	42	23
Driven soon after* taking a drug - last 6 months *(%)	61	60	61	67	55	54
Illicit drugs taken before driving - last six months (%)**						
Ecstasy	75	60	42	30	33	34
Cannabis	85	63	61	59	58	43
Speed	55	43	26	33	20	20
Cocaine	15	8	8	7	10	6
Crystal methamphetamine	15	3	3	17	48	46
GHB	0	3	0	7	8	6

Source: EDRS participant interviews

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

** Could nominate multiple responses

7.4 Risky alcohol use among RPU

The 2013 RPU sample were administered the World Health Organization's (WHO) Alcohol Use Disorders Identification Test (AUDIT) (Reinert & Allen, 2002). The AUDIT is a reliable and simple screening tool used as a measure of risky and high-risk (or hazardous and harmful) drinking. Its 10 core questions cover the domains of alcohol consumption, drinking behaviour and dependence, and the consequences or problems related to drinking. Questions were designed to assess three conceptual domains: alcohol intake or consumption, dependence, and adverse consequences (Reinert & Allen, 2002).

The consumption score is scored from the first three questions of the AUDIT:

1. How often do you have a drink containing alcohol?
2. How many drinks containing alcohol do you have on a typical day when you are drinking?
3. How often do you have six or more drinks on one occasion?

A score of six or seven indicates a risk of alcohol-related harm, particularly for those groups more susceptible to the effects of alcohol, such as young people, women, and people using other substances. Seventy-one per cent of respondents scored six or more on these questions in 2013 (Table 28), a decrease compared to RPU interviewed for the 2012 EDRS, of whom 83% scored six or more.

The dependence score is scored from questions four to six of the AUDIT:

4. How often during the last year have you found that you were not able to stop drinking once you had started?
5. How often during the last year have you failed to do what is normally expected from you because of drinking?
6. How often during the last year have you needed a first drink in the morning to get yourself going, after a heavy drinking session?

A score of four or more indicates the possibility of alcohol dependence. Fifteen per cent of participants had a score of four or more in 2013, compared to 27% in 2012 (Table 28).

The alcohol-related problems score is derived from the final four questions of the AUDIT, any scoring on these items warrants further investigation to determine whether the alcohol-related problem is of current concern and requires intervention:

7. How often during the last year have you had a feeling of guilt or remorse after drinking?
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?
9. Have you or someone else been injured as a result of your drinking?
10. Has a relative or friend or doctor or other health workers been concerned about your drinking or suggested you cut down?

Seventy-three per cent of participants scored on the final four questions of the AUDIT, warranting investigation to determine whether the alcohol-related problem is of current concern and requires intervention, compared to 86% of participants in 2012.

Total AUDIT scores of eight or more are regarded as indicators of hazardous and harmful alcohol use as well as possible alcohol dependence (Babor et al., 2001). Sixty-seven per cent of the 2013 RPU sample scored eight or more, indicating alcohol consumption levels considered hazardous (Table 28), a significant decrease ($p < 0.05$) from 82% in 2012.

Table 28: AUDIT scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol use, 2013

	Median score (range)	% scoring above recommended level
Consumption score	7 (0-12)	71
Dependence score	1 (0-6)	15
Adverse consequences score	3 (0-12)	73
Total AUDIT score	11 (0-28)	67

Source: EDRS participant interviews

7.5 Ecstasy dependence

Whether it is possible to be dependent on ecstasy remains controversial. Currently, using the DSM-IV-TR, it is possible to be diagnosed with ecstasy dependence (coded as either amphetamine dependence or hallucinogen dependence), and there are clear case studies in the literature of people dependent on ecstasy. Animal models have demonstrated that dependence on ecstasy is biologically plausible.

To date, internationally, only a few studies have reported rates of dependence in ecstasy users. Studies from the United States household survey suggest a prevalence rate of past-year dependence in approximately 3.6%-3.8% of ecstasy users in the general population. An early NDARC study suggested a lifetime prevalence rate of 64% in types of REU similar to those interviewed in the EDRS.

In 2013, the participants in the EDRS were asked questions from the Severity of Dependence Scale (SDS) to investigate ecstasy dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Sindicich & Burns, 2012). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15. A cut-off score of four was used to identify possible dependence (Sindicich & Burns, 2012).

For RPU participants who had used ecstasy in the preceding six months, the median SDS score was 1 (range 0-11). Sixteen per cent scored four or above, suggesting ecstasy dependence. The majority of participants (71%) reported never or almost never thinking that their use of ecstasy was out of control, and 85% reported never or almost never wishing they could stop using ecstasy. Almost half the sample (44%) reported worrying about their use of ecstasy 'sometimes' or 'often', a proportion similar to 2012 (41%). There were no significant gender differences regarding mean stimulant SDS score. Of those RPU who scored four or above, 47% were female, a significant increase from 2012 (8%, $p < 0.05$).

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH USE OF ECSTASY & RELATED DRUGS

Summary

- The number of people reporting engaging in any recent crime decreased significantly among the 2013 EDRS sample compared to 2012 (49% vs. 26%).
- The most common criminal activity reported by the 2013 EDRS sample was drug dealing (18%).
- In the 2011/2012 financial year, approximately 27% of the arrests made in Australia for amphetamine-type stimulant offences occurred in Victoria, a slight increase from last year (24%).
- In the 2011/2012 financial year, approximately 19% of the arrests made in Australia for cocaine offences occurred in Victoria compared to 14% in 2012.
- In the 2011/2012 financial year, approximately 13% of the arrests made in Australia for cannabis offences occurred in Victoria compared to 12% in 2012.
- In the 2011/2012 financial year, approximately 12% of the arrests made in Australia for hallucinogen offences occurred in Victoria, a decrease from last year (17%).

8.1 Reports of criminal activity among EDRS participants

Eleven participants in the 2013 RPU sample reported that they had been arrested in the past 12 months (Table 29). Compared to 2012, there was a significant decrease in the number of people reporting engaging in any crime in the last month (26% vs. 49%, $p < 0.05$), and individual reports of the four types of offences all decreased. As in all previous years, the most common crime EDRS participants reported committing during the last month was drug dealing (18%). RPU reported no past month violent crime in 2013.

Table 29: Criminal activity reported by EDRS participants, 2008-2013

Types of criminal activity	2008 (N=100)	2009 (N=100)	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
Any crime (%)	41	50	44	50	49	26
Drug dealing (%)	37	36	33	33	35	18
Property crime (%)	9	23	18	25	25	12
Fraud (%)	5	0	1	5	3	<2
Violent crime (%)	4	2	4	3	12	<0
Arrested in the preceding 12 months (%)	3	12	9	16	17	11

Source: EDRS participant interviews

In 2013 several questions were included to enquire about the last occurrence of the four types of crime outlined above. Sixty-one per cent of the participants ($n=11$) reporting recent drug dealing reported doing so under the influence of alcohol and/or other drugs on the last dealing occasion. The drug most commonly reported that respondents were under the influence of was crystal methamphetamine (45%), followed by cannabis (36%). Of the participants reporting recent property crime (12%), four reported doing so under the influence of alcohol and/or other drugs, and six participants reported the main reason for committing a property crime was an unspecified financial reason.

8.2 Arrests

The ACC records the number of arrests for consumer offences (e.g., drug possession and/or use) and provider offences (e.g., drug trafficking and/or manufacturing) annually in Australia. This section outlines those statistics for the 2011/2012 financial year in Victoria and Australia for amphetamine-type stimulants, cocaine, cannabis and hallucinogens.

8.2.1 Amphetamine-type stimulants

Table 30 details consumer and provider arrests for amphetamine-type stimulants during 2011/2012 in Victoria and Australia. Amphetamines, methylamphetamine, MDMA and phenethylamines are included in the 'amphetamine-type stimulant' category. During 2011/2012, approximately 27% of the arrests made in Australia for amphetamine-type stimulant offences occurred in Victoria, compared to 24% in the 2010/2011 financial year (Australian Crime Commission, 2011).⁴ The total number of consumer and provider arrests for amphetamine-type stimulants in Victoria increased during the 2011/2012 financial year compared to 2010/2011 (4,494 vs. 3,111).

⁴ Proportions (%) should be interpreted with caution due to the lack of uniformity across states and territories in the recording and storing of data on illicit drug arrests.

Table 30: Amphetamine-type stimulants: Consumer and provider arrests – Victoria and Australia, 2011/2012

	Victoria (n)	Australia (n)	% of national arrests
Consumer	3,339	12,590	26.5
Provider	1,155	4,216	27.4
TOTAL*	4,494	16,828	26.7

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

8.2.2 Cocaine

Table 31 details the comparatively small number of consumer and provider arrests for cocaine during 2011/2012 in Victoria and Australia. During that period, approximately 19% of the arrests made in Australia for cocaine offences occurred in Victoria, a figure higher than in the previous financial year (14%) (Australian Crime Commission, 2011). In Victoria, the total number of consumer and provider arrests increased in 2011/2012 compared to 2010/2011 (187 vs. 116).

Table 31: Cocaine: Consumer and provider arrests – Victoria and Australia, 2011/2012

	Victoria (n)	Australia (n)	% of national arrests
Consumer	140	714	19.6
Provider	47	280	16.8
TOTAL*	187	995	18.8

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

8.2.3 Cannabis

Table 32 details consumer and provider arrests for cannabis during 2011/2012 in Victoria and Australia. During that period, approximately 13% of the arrests made in Australia for cannabis offences occurred in Victoria, a slight increase from the previous financial year (12%) (Australian Crime Commission, 2011). In Victoria, the total number of consumer and provider arrests increased in 2011/2012 over 2010/2011 (7,916 vs. 7,144).

Table 32: Cannabis: Consumer and provider arrests – Victoria and Australia, 2011/2012

	Victoria (n)	Australia (n)	% of national arrests
Consumer	6,342	52,413	12.1
Provider	1,574	8,546	18.4
TOTAL*	7,916	61,011	13.0

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

8.2.4 Hallucinogens

Table 33 details the small number of consumer and provider arrests for hallucinogens (LSD or psilocybin mushrooms) during 2011/2012 in Victoria and Australia. During that time period, approximately 12% of the arrests made in Australia for hallucinogen offences occurred in Victoria, a decrease from the percentage reported in the 2010/2011 financial year (17%) (Australian Crime Commission, 2011). The total number of consumer and provider arrests for hallucinogen offences remains very low and in Victoria decreased to 56 arrests in 2011/2012 from 63 arrests reported in the 2010/2011 financial year.

Table 33: Hallucinogens: Consumer and provider arrests – Victoria and Australia, 2011/2012

	Victoria (n)	Australia (n)	% of national arrests
Consumer	48	366	13.1
Provider	8	117	6.8
TOTAL*	56	484	11.6

Source: ACC

* Includes those offenders for whom consumer/provider status was not stated

9 SPECIAL TOPICS OF INTEREST

Summary

- The NPS most commonly used in the previous six months by EDRS participants in 2013 were: DMT (25%), 2C-B (18%), Kronic (12%) and 2C-I (9%).
- Motivations for using mephedrone were most commonly described as: value for money, experiencing a better high and fewer side effects than other illicit drugs, and that the dose effect is not as long lasting.
- Motivations for using 2C-B were most commonly described as: a high level of perceived purity, the comparative high (compared to other illicit drugs) and fewer side effects.
- Just over half (55%) of the EDRS participants reported knowing a few friends or acquaintances that had injected an illicit drug in their lifetime.
- The main reasons participants nominated for not injecting a drug was fear of needles (17%) and injection not their preferred route of administration. The main reasons given for considering injecting a drug were curiosity (15%) and to have a stronger drug effect (13%).

9.1 New psychoactive substances

The past 10 years has seen the emergence of a range of substances that mimic illicit stimulants and hallucinogens such as amphetamines, ecstasy and LSD – often referred to collectively as ‘new psychoactive substances’ (NPS). As they are designed to be structurally similar to their banned counterparts without containing controlled substances, they do not fall readily under legislative control and some have been marketed as ‘legal highs’. The promotion of these substances as legal highs, together with the fact that they can be bought over the Internet, over the counter, and in shop fronts in Australia has made them accessible to people who may not have used illicit drugs previously, and gives the illusion of safety. However, the safety or otherwise of these substances is unclear, and there is little evidence on which to base public policies relating to these substances. Indeed, the health and social consequences of these drugs remain poorly understood in Australia, and internationally. This module has therefore been included to improve our knowledge and understanding of the use and effects of NPS in Victoria.

In 2013, all KE who commented on NPS reported an increase in the prevalence of use. Several perceived NPS as a problematic drug type group due to RPU being unaware what they have consumed; with two commenting on the rapid change in the content of NPS due to a response by manufacturers to legislative bans. KE working in the medical field described the difficulty identifying specific drug effects of NPS due to the high number of different drugs in this category and their relatively new presence in the drug market. KE highlighted that regular users of NPS were more likely to know what they had consumed, compared with infrequent users, and were less likely to experience adverse effects. Also highlighted by KE was the need for them keep up to date with knowledge about NPS to ensure they are able to respond effectively.

Reports of lifetime and recent use of the more commonly used NPS are presented in Table 34. More detailed results are described below for NPS reported by more than five participants in the preceding six months. A full list of the NPS included in the 2013 EDRS interview schedule is listed in Appendix A.

9.1.1 2-CB/2-CI use

In 2013, 30% of RPU reported lifetime use of 2-CB (4-bromo-2,5-dimethoxyphenethylamine), a significant increase from 2012 REU (15%, $p<0.05$). Lifetime use of 2-CI (2,5-dimethoxy-4-iodophenethylamine) was also reported by a significantly higher proportion (16%) of RPU than in 2012 (6%, $p<0.05$). Recent use of 2-CB was reported by 18% of participants, and 2-CI by 9%.

Both 2-CB and 2-CI were used infrequently by participants in 2013: on a median of one day for 2-CB (range 1-6) and two days for 2-CI (range 1-30), and both were most commonly swallowed. Participants reported the source of the most recent purchase: 63% of 2-CB users and 67% of the 2-CI users reported the last source was a friend.

9.1.2 Mephedrone use

Of the RPU interviewed in 2013, 36% reported lifetime use of mephedrone (4-methylmethcathinone), an increase from 2012 (28%). Reports of recent use were also slightly more prevalent in 2013 (10%) compared to 2012 (8%), but lower than recent use of mephedrone in 2011 and 2010. Mephedrone was used infrequently by participants on a median of two days (range 1-40) and was commonly swallowed or snorted (56%). Recent mephedrone users most often reported the source of their last purchase as a friend (57%) or a dealer (33%).

9.1.3 DMT use

Reports of lifetime use of DMT (N,N-Dimethyltryptamine) was significantly higher in 2013 than in 2012 (44% vs. 28%, $p<0.05$) and was the highest proportion reported since these data started being collected (2010). The percentage of RPU reporting recent use was also significantly higher in 2013 than 2012 (25% vs. 14%, $p=0.05$). DMT was reportedly used on a median of two days in the preceding six months.

Table 34: Lifetime and recent NPS use among EDRS participants, 2010-2013

New psychoactive substances	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)
2-CB				
Ever used (%)	9	18	15	30
Used last 6 months (%)	2	1	10	18
2-CI				
Ever used (%)	4	9	6	16
Used last 6 months (%)	1	1	2	9
Mephedrone				
Ever used (%)	29	37	28	36
Used last 6 months (%)	28	25	8	10
Mescaline				
Ever used (%)	5	22	-	19
Used last 6 months (%)	2	4	-	3
Methylone				
Ever used (%)	-	16	9	7
Used last 6 months (%)	-	12	4	5
PMA				
Ever used (%)	3	0	7	4
Used last 6 months (%)	0	0	3	2
DMT				
Ever used (%)	23	43	28	44
Used last 6 months (%)	15	29	14	25
DXM				
Ever used (%)	5	18		13
Used last 6 months (%)	1	6		2
MDPV/ivory wave				
Ever used (%)	1	6	6	5
Used last 6 months (%)	1	5	2	2
Methoxetamine (MXE)				
Ever used (%)	-	-	3	7
Used last 6 months (%)	-	-	3	6
BZP				
Ever used (%)	1	8	5	6
Used last 6 months (%)	1	2	2	2
Synthetic cannabinoids				
Kronic				
Ever used (%)	-	-	-	20
Used last 6 months (%)	-	-	-	12
K2/Spice				
Ever used (%)	-	-	-	5
Used last 6 months (%)	-	-	-	2
Other				
Ever used (%)	-	-	-	9
Used last 6 months (%)	-	-	-	6

Source: EDRS participant interviews

9.1.4 Synthetic cannabinoid (Kronic) use

2013 was the first year questions were included in the EDRS interview schedule about synthetic cannabinoid use. Kronic was the cannabinoid RPU most commonly reported using, with 20% of the sample reporting lifetime use and 12% reporting use in the preceding six months. Kronic was reportedly smoked by all participants who had used it recently, on a median of one day (range 1-5), and was last sourced via a friend (50%) or a shop (42%).

9.1.5 Pre-packaged branding of new psychoactive substances

Participants who had used the four most commonly used NPS in Australia (mephedrone, 2C-B, methylone and MDPV) were asked if they bought the particular NPS in a pre-packaged brand. 2C-B was the only NPS that was bought in a pre-packaged brand among Victorian EDRS participants, reported by two of the 15 participants who had used 2-CB in the preceding six months. There were no reports of participants buying mephedrone, methylone and MDPV in pre-packaged brands.

9.1.6 Motivations for using new psychoactive substances

Particular motivations to use the four most commonly used NPS in Australia were assessed and rated in terms of their influence. Participants were asked (for example), 'On a scale of 0 to 10 where 0 is no influence at all and 10 is maximum influence, how motivating have the following factors been when you have taken mephedrone?' Results are presented in percentages for those that answered it had 'some' influence, i.e., rated the motivation factor greater than zero. Value for money, better high and fewer side effects than other illicit drugs, and that the dose effect is not as long lasting (all 90%) were the factors most often considered when using mephedrone (10 users). For 2C-B (n=15), the results would suggest that the high level of perceived purity (93%), the comparative high (93%) and fewer side effects (87%) were the most influential influences on its use. Due to small numbers reporting use of methylone (n=5) and MDPV (n=2) in the preceding six months, motivations for use are not presented in this report.

9.1.7 Effects of new psychoactive substances

Prevalence and frequency of drug effects were investigated in relation to mephedrone, 2C-B, methylone and MDPV. Due to small numbers reporting use of methylone and MDPV, only Victorian figures for mephedrone and 2C-B are reported.

The effects that were experienced 'most of the time' by the majority (greater than 50%) of participants who had taken mephedrone recently (n=10) included: urge to move (70%), urge to talk (60%), and no appetite for food (60%). Having an urge to move (80%), no appetite for food (60%), euphoria (53%) and increased energy (53%) were the effects experienced 'most of the time' when taking 2C-B by the majority (greater than 50%) of participants commenting on 2C-B.

If participants answered that they had experienced a particular effect, they were asked the level of intensity for this experience – whether it was 'mild', 'moderate' or 'intense'. For mephedrone, the effects that were nominated as being the most intense included: 'empathy with others' (50%), and 'urge to move' (50%). 2C-B experiences that were reported as intense were 'urge to talk' (27%), 'urge to move' (40%), no appetite for food (27%) and 'hard to sleep' (27%).

9.2 Exposure to injecting

Interviews with KE conducted as part of the 2012 EDRS identified that there could be an increasing number of young people injecting as a route of administration. KE reported that they have noticed an increasing number of young people presenting to emergency services with injection-related problems, indicating that in addition to an increase in young people injecting, there could be a lack of awareness around safe injecting practices. While rates of injecting drug use among EDRS samples have traditionally been extremely low, identifying risks of injecting has important harm reduction implications, particularly in relation to education around blood-borne viruses and safe injecting practices.

The aim of this module was to investigate the risk of injecting drug use among RPU by: (a) identifying the level of exposure to injecting; (b) investigating attitudes toward the practice of injecting drugs; and (c) investigating beliefs around the likelihood of injecting a drug in the future.

In relation to exposure to injecting, just over half (55%) of the EDRS participants reported knowing a few friends or acquaintances that had injected an illicit drug in their lifetime, whilst a third (34%) reported that they did not know of any person that had injected (Table 36). Of those who knew of a person/people who had injected previously, they were asked what relationship they had in the last 12 months with the people that had injected. The majority reported that these people were friends or acquaintances (77%), smaller proportions reported that they were family members (9%) or partners (9%) or that in the preceding 12 months nobody they knew had recently injected a drug (22%). Also, participants that knew of lifetime injectors were asked if they had ever been directly exposed to the injecting practice, i.e., been in the vicinity of the injecting practice taking place, to which almost half (45%) answered positively. Smaller numbers of the whole sample reported having been offered drugs to inject (25%) in the last 12 months and had ever seriously considered injecting a drug (7%).

Table 35: Exposure to injecting drug use among EDRS participants, 2013

Exposure to injecting	(%)
What proportion of your friends/acquaintances have ever injected a drug illicitly?	N=100
Most	5
About half	4
A few	55
None	34
I don't know	2
Of those who know someone who has injected, who has injected (past 12 months)?	n=64
A friend/acquaintance	77
A (non-partner) family member	9
Partner	9
No one	22
Of those who know someone who has injected, have they ever injected around you?	n=64
Yes	45
Have you been offered drugs to inject in the past 12-months?	N=100
Yes	25
Have you ever seriously considered injecting a drug?	N=100
Yes	7
No	72
I have already injected a drug	21

Source: EDRS participant interviews

The main reasoning among this sample for not injecting a drug was fear of needles (17%), not the preferred route of administration (13%), use drugs that are not injectable (i.e., cannabis) (11%) and concerns about dependence (10%) (Table 36). The main reasons for this sample to consider injecting a drug were curiosity (15%), to have a stronger drug effect (13%), and preferred route of administration (5%); however, over half the participants (61%) reported that they ‘would not consider’ injecting a drug. Finally participants were asked to rate on a scale of 1-10 (where 1 means ‘extremely unlikely’ and ‘10’ means ‘extremely likely’) how likely they would be to inject a drug in the future, to which a large majority (70%) replied ‘1’. Small numbers (10%) reported that they would be ‘extremely likely’ to inject a drug in the future.

Table 36: Reasons for injecting as a route of administration among EDRS participants, 2013

	(%) N=100
What would be your main reason for not injecting a drug?	
Fear of needles	17
Not my preferred administration	13
Don't use drugs that are injectable	11
Concerns about dependence	10
Social stigma associated with injecting	14
Concerns about BBVs	5
I will continue to inject no matter what	6
Concern about injection related injury	4
I don't know how to inject myself	2
No access to injecting equipment	2
Other	16
What would be your main reason for injecting a drug?	
Would not consider	61
Curiosity	15
To have a stronger drug effect	13
Get high/have fun	2
Peer pressure/influence	1
Preferred route of administration	5
Other	3

Source: EDRS participant interviews

APPENDIX A

Table 1A: New psychoactive substances – adapted from 2011 National EDRS report (Scott & Burns, 2011)

Street name	Chemical name	Information on Drug
Phenethylamines (2C-x Class)		
2C-B	2,5-dimethoxy-4-bromophenethyl-amine	A psychedelic drug with stimulant effects
2C-I	2,5-dimethoxy-4-iodophenethyl-amine	A psychedelic drug with stimulant effects
2C-E	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects
2C Other		A psychedelic drug with stimulant effects
Phenethylamines (Beta-ketones)		
Mephedrone	4-methyl-methcathin-one	A stimulant which is closely chemically related to amphetamines
Methylone	3,4-methylenedioxy-N-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes
Ivory Wave/MDPV	Methylenedioxypropylvalerone (3,4-methylenedioxy)	A cathinone derivative
Phenethylamines (Amphetamine-based)		
Benzo Fury (6-APB)	6-(2-minopropyl)benzofuran	A synthetic chemical with stimulant effects
Mescaline	3,4,5-trimethoxyphenethylamine	A hallucinogenic alkaloid
MDAI	5,6-methylenedioxy-2-aminoindane	An empathogen. Its effects are sometimes compared to MDMA (ecstasy)
(Ergolines)		
LSA (Hawaiian Baby Woodrose)	d-lysergic acid amide	LSA is a naturally occurring psychedelic found in many plants such as morning glory
Tryptamines		
5MEO-DMT	5-methoxy-dimethyltrypt-amine)	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the Bufo alvarius toad
DMT	Dimethyl tryptamine	A hallucinogenic drug in the tryptamine family
(Dissociative)		
DXM (Cough syrup)	Dextromethorphan	A semisynthetic opiate derivative which is legally available over the counter in the United States
Methoxetamine (MXE)	2-(3-methoxyphenyl)-2-(ethylamino)cyclohexanone	A sedative and a near chemical analog of ketamine
Salvia	Salvia divinorum	Salvia is derived from the American plant Salvia divinorum, a member of the mint family
Piperazines		
BZP	1-benzylpiperazine	A piperazine; a CNS stimulant
Other		
Synthetic cannabis (K2/Spice)	Synthetic cannabinoids	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)
Other herbal highs		Naturally occurring substances used for a high
Capsules (contents unknown)		Capsules consumed by REU opportunistically without being aware of what the contents were

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