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**WA TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2009**
**Findings from the Ecstasy and related Drugs
Reporting System (EDRS)**

NDARC Technical Report No. 52

**WEST AUSTRALIAN
TRENDS IN ECSTASY AND
RELATED DRUG MARKETS 2009**



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ECSTASY AND RELATED DRUGS REPORTING
SYSTEM (EDRS)**

**Candice Rainsford, James Fetherston and Simon
Lenton**

National Drug Research Institute

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TABLE OF CONTENTS

LIST OF TABLES	iv
LIST OF FIGURES	v
ACKNOWLEDGEMENTS	vii
ABBREVIATIONS.....	viii
EXECUTIVE SUMMARY	ix
1 INTRODUCTION	1
1.1 Study aims	1
2 METHODS	2
2.1 Survey of regular ecstasy users	2
2.2 Survey of key experts	3
2.3 Other indicators.....	3
3 OVERVIEW OF REGULAR ECSTASY USERS.....	4
3.1 Demographic characteristics of the regular ecstasy users sample	4
3.2 Drug use history and current drug use	7
3.3 Summary of polydrug use trends in regular ecstasy users.....	11
4 ECSTASY	12
4.1 Ecstasy use among regular ecstasy users.....	12
4.2 Locations of use of ecstasy	14
4.3 Type of ecstasy user.....	15
4.4 Use of other drugs with ecstasy and during comedown.....	16
4.5 Use of ecstasy in the general population	17
4.6 Summary of patterns of ecstasy use	19
4.7 Price	20
4.8 Purity	20
4.9 Availability	22
4.10 Summary of ecstasy trends	26
5 METHAMPHETAMINE	27
5.1 Methamphetamine use among regular ecstasy users	28
5.2 Last location of methamphetamine use.....	31
5.3 Methamphetamine use in the general population	32
5.4 Price	32
5.5 Purity.....	33
5.6 Availability	35
5.7 Summary of methamphetamine trends.....	40
6 COCAINE	41
6.1 Cocaine use among regular ecstasy users.....	41
6.2 Price	42
6.3 Purity	43
6.4 Availability	45
6.5 Summary of cocaine trends	48
7 KETAMINE.....	49
7.1 Ketamine use among regular ecstasy users	49
7.2 Summary of ketamine trends	50

8	LSD	51
8.1	LSD use among regular ecstasy users.....	51
8.2	Price	52
8.3	Purity	52
8.4	Availability	53
8.5	Summary of LSD trends	56
9	CANNABIS	57
9.1	Cannabis use among regular ecstasy users.....	57
9.2	Price	58
9.3	Purity	59
9.4	Availability	60
9.5	Summary of cannabis trends	63
10	OTHER DRUGS	64
10.1	Alcohol.....	64
10.2	Energy drinks	65
10.3	Tobacco	66
10.4	GHB.....	66
10.5	MDA	66
10.6	Pharmaceutical stimulants	66
10.7	Benzodiazepines.....	67
10.8	Anti-depressants	68
10.9	Inhalants	68
10.10	Heroin and other opiates	68
10.11	Mushrooms.....	70
10.12	Over the counter stimulants	70
10.13	Other drugs.....	70
10.14	Summary of other drug use	71
11	DRUG INFORMATION-SEEKING BEHAVIOUR	72
11.1	Content and testing of ecstasy	72
11.2	Information sources used by regular ecstasy users	73
11.3	Summary	74
12	HEALTH-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUG USE	75
12.1	Overdose and drug-related fatalities	75
12.2	Help-seeking behaviour	76
12.3	Other self-reported problems	78
12.4	Hospital admissions	79
12.5	Mental and physical health problems	81
12.6	Personal Wellbeing Index (PWI)	82
12.7	Chronic conditions	83
12.8	Summary of health-related trends	86
13	RISK BEHAVIOURS	87
13.1	Injecting risk behaviour	87
13.2	Sexual risk behaviour.....	89
13.3	Driving risk behaviour.....	91
13.4	Bingeing behaviour	92
13.5	Aggression	93
13.6	Gambling behaviour	94

13.7	Summary of risk behaviour.....	96
14	LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUG USE	97
14.1	Reports of criminal activity among regular ecstasy users.....	97
14.2	Regular ecstasy users' perceptions of police activity.....	99
14.3	Experiences with drug detection 'sniffer' dogs	99
14.4	Summary of law enforcement-related issues.....	100

LIST OF TABLES

Table 1: Demographic characteristics of WA REU samples, 2003-2009	5
Table 2: Lifetime and recent polydrug use of WA REU samples, 2003-2009	8
Table 3: Patterns of ecstasy use among REU, 2003-2009.....	13
Table 4: Reasons for deciding to use ecstasy at an event, WA 2009.....	16
Table 5: Price of ecstasy tablets purchased by REU and price variations, 2003-2009.....	20
Table 6: REU reports of ecstasy availability in the preceding six months, 2003-2009	22
Table 7: Patterns of purchasing ecstasy, 2005-2009.....	23
Table 8: Patterns of methamphetamine powder (speed) use of REU, 2003-2009.....	28
Table 9: Patterns of crystal methamphetamine use of REU, 2003-2009.....	30
Table 10: Use of methamphetamine in the national and Western Australian population, 2007.....	32
Table 11: Price of various methamphetamine forms purchased by REU, 2003-2009.....	33
Table 12: Patterns of cocaine use of REU, 2003-2009.....	41
Table 13: Price of cocaine purchased by REU, 2003-2009.....	42
Table 14: Patterns of ketamine use of REU, 2003-2009.....	49
Table 15: Patterns of LSD use of REU, 2003-2009.....	51
Table 16: Price of LSD purchased by REU, 2003-2009.....	52
Table 17: Patterns of cannabis use of REU, 2003-2009.....	57
Table 18: Median reported price of cannabis ounce, 2006-2009	58
Table 19: Frequency and quantity of alcohol consumption among REU, WA 2009	64
Table 20: User report of use of 'energy drinks' in the last six months, 2009	65
Table 21: Comparison of recent illicit versus licit use of pharmaceutical stimulants reported by REU, 2009.....	67
Table 22: Proportion of REU reporting to have taken a pill they suspected contained a substance other than MDMA (n=74), 2009	73
Table 23: Reported overdose on stimulant and depressant drugs in the last 12 months, 2009.....	75
Table 24: Proportion of REU who accessed health services, 2009.....	76
Table 25: Self-reported drug-related problems, 2009	79
Table 26: Personal wellbeing amongst REU sample, 2009.....	83
Table 27: Chronic conditions among REU sample, 2009.....	84
Table 28: Injecting risk behaviour among REU, 2009	87
Table 29: Injecting drug use history among REU injectors, 2009	88
Table 30: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2009	89
Table 31: Drug use during casual sex in the preceding six months, 2009	90
Table 32: Drug driving in the last six months among REU, 2009.....	92
Table 33: Aggression under the influence of other drugs, WA 2009	94
Table 34: Gambling behaviour amongst REU, 2009.....	95
Table 35: Criminal activity reported by REU, 2003-2009.....	97
Table 36: Perceptions of police activity by REU, 2003-2009.....	99

LIST OF FIGURES

Figure 1: Last Location where most time was spent intoxicated by ecstasy by REU, WA 2009.....	14
Figure 2: Location of most frequent ecstasy use by REU, WA 2009.....	15
Figure 3: Type of ecstasy users' WA 2009.....	16
Figure 4: Prevalence of ecstasy use among the population aged 14 years and over in Western Australia, 2001-2007	i
Figure 5: User reports of current ecstasy purity, 2003-2009.....	21
Figure 6: Median purity of phenethylamines seizures in WA by quarter, July 2002 to June 2008.....	22
Figure 7: Number of phenethylamines seizures in WA by quarter, July 2002 to June 2008	24
Figure 8: Last location where most time was spent under the influence of methamphetamine by form, 2009.....	31
Figure 9: Recent changes in price of various methamphetamine forms purchased by REU, 2009.....	33
Figure 10: User reports of current methamphetamine purity, 2009.....	34
Figure 11: User reports of changes in methamphetamine purity in the past six months, 2009.....	34
Figure 12: Median purity of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2007	35
Figure 13: Current availability of methamphetamine forms, 2009	35
Figure 14: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as 'very easy' to obtain in the six months preceding interview, 2003-2009	36
Figure 15: Change in the availability of various forms of methamphetamine in the preceding six months, 2009	36
Figure 16: Last person from whom methamphetamine powder and crystal was purchased in the preceding six months, 2009.....	37
Figure 17: Last locations where methamphetamine was purchased in the preceding six months, 2009	38
Figure 18: Number of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2008	38
Figure 19: Last use venue where most time spent whilst intoxicated by cocaine, 2009	42
Figure 20: Recent changes in price of cocaine purchased by REU, 2009.....	43
Figure 21: User reports of current purity of cocaine, 2009.....	43
Figure 22: User reports of changes in cocaine purity in the past six months, 2009.....	44
Figure 23: Median purity and number of cocaine seizures analysed in WA by quarter, July 2004 to June 2008	44
Figure 24: Current availability of cocaine, 2009.....	45
Figure 25: Changes in cocaine availability in the preceding six months, 2008 and 2009	45
Figure 26: Last person from whom cocaine had been purchased from last time, 2009*	46
Figure 27: Locations where cocaine had been purchased in the preceding six months, 2009.....	46
Figure 28: User reports of current LSD purity, 2009	53
Figure 29: User reports of changes in LSD purity in the past six months, 2009.....	53
Figure 30: Current availability of LSD, 2009	54
Figure 31: Changes in availability of LSD during the past six months, 2009.....	54
Figure 32: Last location where most time was spent under the influence of LSD, 2009.....	55

Figure 33: Last person from whom LSD had been purchased from last time, 2009.....	55
Figure 34: Locations where LSD had been purchased in the preceding six months, 2009.....	56
Figure 35: Recent changes in price of cannabis purchased by REU, 2009.....	59
Figure 36: User reports of current purity of cannabis, 2009.....	59
Figure 37: User reports of changes in cannabis purity in the past six months, 2009.....	60
Figure 28: Current availability of cannabis, 2009	60
Figure 39: Changes in cannabis availability in the preceding six months, 2009.....	61
Figure 40: Last person from whom cannabis usually purchased in the preceding six months, 2009	61
Figure 41: Location where cannabis was last purchased, 2009	62
Figure 42: Last use venue most intoxicated by cannabis at the time, 2009	62
Figure 43: Frequency of seeking information regarding content and purity of ecstasy, 2009.....	72
Figure 44: Bought ecstasy with different content/purity than expected, 2009.....	73
Figure 45: Sources of information regarding ecstasy content and purity, 2009.....	74
Figure 46: Number of inquiries regarding ecstasy to ADIS, WA January 2000 to June 2009.....	77
Figure 47: Number of inquiries regarding amphetamines to ADIS, WA January 2000 to June 2009.....	78
Figure 48: Number of inquiries regarding cocaine to ADIS, WA January 2000 to June 2009.....	78
Figure 49: Rate of in-patient hospital admissions where (meth) amphetamines were the primary diagnosis in persons aged 15-54 in WA and nationally, July 1993-June 2008.....	80
Figure 50: Rate of hospital admissions where cocaine was the primary diagnosis in persons aged 15-54 years, WA and nationally, July 1993-June 2008	80
Figure 51: Rate of hospital admissions where cannabis was the primary diagnosis in persons aged 15-54 years, WA and nationally, July 1993-June 2008	81
Figure 52: Total K10 scores by risk category among REU, 2008-2009.....	82
Figure 53: Number of consumer and provider arrests for ‘amphetamine-type stimulants’ in WA, 2004-05 to 2007-08	98
Figure 54: Number of clandestine meth/amphetamine laboratories detected by WA police 2004-2008	98

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
A&TSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
AVO	Apprehended Violence Order
BBVI	blood-borne viral infection(s)
BZP	benzylpiperazine
DMA	dimethoxyamphetamine
FDS	Family Drug Support
GHB	gamma-hydroxy-butyrate
GP	general practitioner
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
KE	key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NSW	New South Wales
PMA	paramethoxyamphetamine
REU	regular ecstasy user(s)
WA	Western Australia

EXECUTIVE SUMMARY

This report presents the results of the Western Australian Ecstasy and Related Drugs Reporting System (EDRS), an ongoing study monitoring ecstasy and related drug markets within WA. It is part of a nationwide study, which commenced in NSW, Queensland and Victoria in 2000, with the addition of other states and territories in 2003. The survey design was informed by and modelled upon the pre-existing Illicit Drug Reporting System (IDRS), designed to monitor use of the main illicit drugs in Australia, developing a new survey for monitoring trends in the ecstasy and related drugs market. The current report provides findings for the seventh year of data collection in WA obtained from three sources:

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

Demographic characteristics of regular ecstasy users

For the purpose of this study, REU are a population defined by the use of ecstasy pills, powder or capsules on at least a monthly basis. The sample recruited for the current survey was largely similar to those of previous years with the exception of 2007 which saw an atypically high number of injectors represented in the sample. In 2009, 100 regular ecstasy users were interviewed over the scheduled recruitment time compared with just 58 in 2008. It is uncertain why recruitment for the current sample was more successful than last year's.

In the 2009 sample, statistical tests of significance have been conducted between the 2008 and current sample to indicate recent trends in the data. The current sample exhibits demographic characteristics consistent with the 2008 sample as well as samples prior to 2007, the only exceptions being an increased proportion of males, a decreased proportion of the sample identifying as heterosexual and changes to study and employment. However, the apparent statistical significance of some of these changes may possibly be an artefact of the small sample size in 2008.

In 2009, there was a significant increase in the male proportion of the sample, from 48% in 2008 to 65% in 2009, and a significant decrease in the proportion of the sample identifying as heterosexual from 97% in 2008 to 84% of the current sample. Almost the entire sample was of English speaking background (97%) and no respondents reported being of Aboriginal and/or Torres Strait Islander descent. There was no change in the mean age (23 years) between the 2008 and 2009 sample.

On average, respondents had completed 12 years of schooling, which was comparable to 2008. Close to half of the current sample had completed a post-secondary school course (46%), which decreased significantly from 59% in 2008. The proportion of current full-time students increased significantly from 3% in 2008 to 13% in 2009. The proportion of the current sample reporting both studying and being employed remained comparable to last year, from 24% in 2008 to 27% in 2009. As noted above, changes in employment status were also found, with a significant decrease in the proportion currently in full-time

employment from 55% in 2008 to 22% in 2009. This figure represents the lowest recorded proportion of full-time employed respondents since data collection began in WA in 2003. In contrast, there were significant increases in the proportions currently in part-time employment from 12% in 2008 to 23% in 2009 and unemployed from 5% in 2008 to 15% in 2009.

The proportion of respondents reporting previous imprisonment significantly increased from 3% in 2008 to 8% in 2009, becoming more comparable to samples prior to 2008. There was no significant change in the proportion reporting current drug treatment from 3% in 2008 to 5% in 2009.

Patterns of drug use among REU

Across survey years, REU represent a sample that consistently engages in polydrug use. Among the 2009 sample, lifetime use had a mean of 12 drugs and the mean number of drugs used in the last six months (recent use) was eight drugs. It should be noted however, that as the 2009 survey included 'over the counter codeine' and 'over the counter stimulants' as investigated drug forms for the first time, it is not meaningful to compare these findings to previous years. In addition to ecstasy use, the majority of the current sample reported use of alcohol (99%), cannabis (85%), tobacco (76%) and pharmaceutical stimulants (60%) in the last six months, with rates of use remaining largely unchanged from last year. Both lifetime and recent use of crystal methamphetamine significantly decreased to the lowest crystal proportions since data collection began in 2003. Lifetime use of crystal was reported by 62% in 2008 compared to 41% in 2009, and recent use was reported by 36% in 2008 compared to 20% in 2009. Lifetime use of both speed powder and base methamphetamine also significantly decreased from 2008 to 2009 although recent use for both forms remained comparable. Lifetime use of speed was reported by 72% of the 2008 sample compared to 44% in 2009, and recent use was comparable with 37% reporting in 2009. Lifetime use of base was reported by 22% in 2008 versus 13% in 2009, and recent use remained comparable with three percent reporting in 2009. In addition, significant decreases were also found in recent use of cocaine, from 40% in 2008 to 24% in 2009. Interestingly a significant increase was observed in recent use of LSD amongst the 2009 EDRS sample, from 21% in 2008 to 32% in 2009.

Prevalence of lifetime and recent use of ketamine, GHB, MDA, heroin, methadone, buprenorphine and 'other opiates' remained low and were not significantly different from the previous year's findings. A lifetime history of injection was reported by 11%, and of these respondents injection in the last six months was reported by 46% (n=5), neither of which represented a significant change from 2008.

Ecstasy

Some notable changes in patterns of ecstasy use were found in the current survey. However, there was no significant difference in the mean age of first use compared to 2008. There was a significant decrease in the mean number of days ecstasy was used during the last six months from approximately 13 in 2008 to 12 days in 2009. However, there was a significant increase in the proportion typically using multiple tablets in a session from 74% in 2008 to 86% in 2009, which represents the highest proportion since data collection began in 2003. The proportion reporting use of ecstasy for more than 48 hours without sleep also increased significantly from 22% in 2008 to 40% in 2009.

As found in previous years, pills were by far the most common form of ecstasy used and almost the entire sample (99%) nominated swallowing as the main method of administration. A notable change to previous years' samples to the 2009 sample was a significant decrease in the proportion of respondents reporting typically using other drugs with ecstasy, from 97% in 2008 to 73% in 2009 and during recovery or 'comedown' from ecstasy use, from 90% in 2008 to 54% in 2009. The drugs most commonly used in these contexts were alcohol and cannabis. The proportion nominating ecstasy as their 'drug of choice' increased significantly from 38% in 2008 to 42% in 2009.

In 2009, 'nightclubs' were most commonly reported by respondents as the most recent location where most time was spent under the influence of ecstasy. The proportion nominating 'nightclubs' was comparable to last year's findings, with 41% in 2009 compared to 36% in 2008. This was followed by just over a quarter of the sample reporting most commonly being under the influence of ecstasy at home or private parties (26%), then outdoor music events (11%).

For the first time in 2009, regular ecstasy users were asked to identify what sort of 'party goer' type they identified mostly with, with the greatest proportion of the sample identifying as a 'festival goer' (28%). This was followed closely by participants identifying as a 'clubber' (24%) then an identity 'other' than the options provided (24%), which mainly fit around a 'social user' identity.

Price, purity and availability of ecstasy

For the first time in 2009, the median price of ecstasy decreased to a median price of \$35 per tablet, compared to \$40 in previous years' WA samples. In current and previous years, price during the previous six months was rated as 'stable' by the majority of respondents (52% in 2009). The greatest proportion of the current sample rated the current purity of ecstasy as 'fluctuates' (42%) compared to the same proportion reporting 'medium' (42%) in 2008. Purity during the previous six months was rated by the greatest proportion of current respondents as 'fluctuates' (39%). According to the Australian Crime Commission phenethylamine seizures data 2009, the median purity of phenethylamines for the most recent quarter (April-June 2008) was 20%, which is the weakest reported purity since data collection began in 2002. Currently ecstasy is perceived as 'very easy' to obtain, which is comparable to last year. In 2007, 30% of REU endorsed this rating, which increased to 52% in 2008, then increased to 61% in 2009. Availability over the last six months was rated as 'stable' by 62% of the current sample.

'Friends' have consistently been the most common person from whom ecstasy is obtained, with 79% of the current sample reporting the last person they purchased from was a 'friend'. Accordingly, 'friend's home' is the most commonly reported last location for obtaining ecstasy, as reported by 44% of the current sample. Among the current sample, ecstasy was purchased from a median of three people in the previous six months with a median of five tablets being purchased at a time. There was a significant increase in the proportion reporting purchasing ecstasy 7-12 times a month from 35% in 2008 to 46% in 2009; this represented the most common rate of purchase. Ecstasy was most commonly purchased for 'self and others' (75%).

Methamphetamine

In 2008 there were some notable significant differences in lifetime use of all three forms of methamphetamine in comparison to 2008. Lifetime use of speed powder (44%), base

(13%) and crystal methamphetamine (41%) all significantly decreased from the 2008 sample, with all three forms representing the lowest lifetime use rates since data collection began. Recent use of speed powder (37%) and base (three percent) remained comparable, while recent use of crystal methamphetamine decreased significantly from 36% in 2008 to 20% in 2009, representing the lowest rates of recent crystal methamphetamine use since data collection began. Among those reporting recent use of speed powder, there was a significant decrease in frequency of use from 15 days in 2008 to 7 days in 2009. Similarly, the median number of days REU had used base decreased significantly from approximately 63 days in 2008 to 3 days in 2009, although these findings should be interpreted with caution due to the very small numbers of recent users of base found in both the 2008 and 2009 surveys. Crystal methamphetamine was used approximately 9 days in the last six months, which did not significantly differ from approximately 12 days in 2008. These findings suggest that a pattern of declining methamphetamine use may be occurring.

Methods of use differed across forms, as found in previous years. Snorting remained the most common route of administration for speed powder (87%), with the proportion nominating this route remaining comparable to 2008 (86%). Injecting was the most common route of administration reported for base by two of the three recent users of this form. Smoking remained the most common route of administration for crystal methamphetamine, reported by 80% of current respondents which was similar to figures reported in 2008. There were no notable differences in the proportion reporting injecting as a route of administration for all forms of methamphetamine from the last year's sample.

The median price per 'point' (0.1 gram) for all types of methamphetamine (powder, base and crystal) has consistently remained at \$50 across all survey years. The median price for a gram of speed was \$275 compared with \$100 in 2008. Only two respondents reported on the median price of a gram of base, reporting a median of \$50, and the median price of a gram of crystal methamphetamine was \$400 compared with \$300 the previous year, although current findings are more consistent with those prior to 2008. With regards to changes in the price of methamphetamine during the previous six months, the majority of respondents reported the price as 'stable' for all forms.

There was a perceived decrease in purity of both speed powder and crystal, with the greatest proportion for each form nominating current purity as 'low'. With regards to changes to purity in the last six months, the majority of respondents reported the purity as 'stable' for both forms. Base purity was not reported due to only a small sample size. 'Friends' were the most common last persons from whom methamphetamine was purchased across all forms and 'friend's home' was the most common location for purchasing all forms. The greatest proportion of the current sample rated current availability of speed powder and crystal as either 'easy' or 'very easy' (77% and 70% respectively).

Cocaine

Patterns of cocaine use significantly decreased in both lifetime and recent use rates. Lifetime use of cocaine was reported by 52% of the current sample compared to 66% in 2008, and recent use was reported by 24% of the current sample compared to 40% in 2008. The average number of days cocaine was used in the last six months amongst those recent users was eleven days; this did not significantly differ from last year. Almost all respondents reported snorting as the most common method of administration (96%),

and ‘nightclubs’ and ‘private parties’ were equally reported by the greatest proportions as the last location where most time was spent under the influence, each reported by 33% of recent cocaine users.

The median price per gram of cocaine was \$375 in 2009 compared to \$325 in 2008. The majority of current respondents reported the current price of cocaine was ‘stable’ (56%), which was comparable to 2008. Perceptions of current cocaine purity appear to have decreased in 2009, with the greatest proportion reporting ‘low’ purity (44%) compared to the greatest proportion reporting ‘medium’ in 2008. The greatest proportion of the sample was unable to comment on changes in cocaine purity over the six months preceding interview. In contrast to last year when the greatest proportion nominated current availability of cocaine as ‘very difficult’, in 2009 current cocaine availability was nominated as ‘easy’ by the greatest proportion of the sample (33%). Among the current sample, ‘friends’ were reported as the most common person from whom cocaine was purchased and ‘friend’s home’ was the most commonly nominated location spent under the influence.

Ketamine

Rates of ketamine use have been consistently low among REU in WA with less than one in five respondents reporting lifetime use. In 2009, lifetime use (18% in 2009 versus 21% in 2008) and recent use (six percent in 2009 versus three percent in 2008) of ketamine remained relatively unchanged. Mean number of days used in the last six months significantly decreased from approximately three days in 2008 to one day in 2009. No respondents commented on locations spent under the influence, purchasing practices or aspects of price, purity and availability.

GHB

Rates of GHB use remained low among REU in WA. In 2009, seven percent reported lifetime use of GHB and two percent of the sample reported recent use of GHB in the last six months, identical to proportions found in last year’s sample. Of the two respondents who had used GHB in the last six months, GHB was reported to have been used an average of two days. No respondent commented on locations spent under the influence, purchasing practices or aspects of the GHB market in WA.

LSD

There was no significant change in lifetime use of LSD from 55% in 2009 compared with 47% in 2008. However, recent use of current respondents reporting use of LSD significantly increased from 21% in 2008 to 31% in 2009. In contrast however, among those reporting recent use, mean days used significantly decreased from last year, from approximately eight days in 2008 to six days in 2009. The greatest proportion of respondents reported swallowing as the most common method of administration in the last six months (83%). ‘Own home’ (30%) was reported as the most common last location where most time was spent under the influence.

The median price of LSD remained unchanged at \$25 per tab. Ratings of current LSD purity were also comparable across years, with more than half the samples rating it as ‘high’ (52%). In 2009, equal proportions of 36% reported current availability of LSD as both ‘easy’ and ‘difficult’ to obtain. ‘Friends’ were nominated by the majority as the most common person for purchasing LSD across years.

MDA

In 2009, lifetime and recent use of MDA has remained relatively unchanged from the previous year. Lifetime use was reported by nine percent of the current sample compared to 16% in 2008, and recent use was reported by two percent of the current sample compared to five percent in 2008. Only two respondents commented on locations where most time was spent under the influence, purchasing practices and aspects of the MDA market in WA, making meaningful analysis of this data unfeasible.

Cannabis

Prevalence of cannabis use has been consistently high among REU samples in WA across survey years. Patterns of cannabis use among the current sample were comparable to those found last year. In 2009, lifetime use was reported by 99% (100% in 2008) and recent use by 85%, the same proportion as the 2008 sample. Frequency of use significantly increased from an average of 49 days in 2008 to 81 days in 2009.

The median price of hydroponic cannabis was \$350 in 2009 compared to \$305 in 2008, and the median price of bush cannabis was \$280 in 2009 compared to \$275 in 2008. Price during the last six months was reported as 'stable' by 52% for hydroponic cannabis and 73% for bush cannabis. Current purity of hydroponic was rated by the majority as 'high' (59%) and for bush as 'medium' (60%). Recent purity of both forms was rated by the majority as 'stable' (49% for hydroponic versus 56% for bush). In 2009 there was some indication of an increase in availability of both forms of cannabis in WA, with the greatest proportion of the sample reporting current availability of hydroponic cannabis as either 'easy' or 'very easy' by 83% compared to 54% in 2008. In regards to bush cannabis, current availability was reported as 'easy' by 38% of the current sample, compared to the greatest proportion reporting current availability of bush as 'difficult' (44%) in 2008. Availability of both forms of cannabis during the last six months was rated as 'stable' by 51% of the sample for each form. 'Friends' and 'friend's home' were the most common person and locations for purchasing both forms of cannabis. 'Home' was the most reported by over half of recent cannabis users as the most common last location where most time was spent under the influence of both forms of cannabis.

Patterns of other drug use

Across survey years, alcohol use has been reported by almost the entire sample and remained prevalent among current REU. In 2009, lifetime use of alcohol was reported by 100% of the sample and use during the last six months by 99%. During this period, alcohol was used a median of 48 days, which equates to twice a week. Alcohol remained a common drug used with ecstasy although the proportion reporting use on such occasions decreased significantly from 86% in 2008 to 55% in 2009. Those consuming more than five standard drinks whilst under the influence of ecstasy in the last six months were comparable to last year, with 84% in 2009 versus 83% in 2008. Those reporting use of alcohol during comedown from ecstasy significantly decreased from 47% in 2008 to 11% in 2009. The proportion reporting consumption of more than five standard drinks whilst coming down from ecstasy in the last six months decreased from 56% in 2008 to 40% in 2009.

In 2009, the Alcohol Quantity Frequency and Variability Assessment (AQFV) was included to measure quantity and frequency of alcohol use while taking into account variability of this over the course of the year. It has three categories: a) typical drinking; b) regular changes, e.g. weekends; and c) occasional changes, e.g. festivals, parties.

Each drinking day was then defined as either a) low risk (up to six drinks for males or four for females); b) risky (from seven to ten drinks for males or five to six for females); or c) high risk (11 drinks and above for males or seven and above for females) according to NHMRC guidelines (National Health and Medical Research Council 2001). A significant difference was found between men and woman and the number of days per year for low risk drinking (48 and 67 days respectively). No significant difference was found in the number of high risk and risky drinking between males and females, although men did consume significantly more drinks per drinking session than females.

The consumption of energy drinks by regular ecstasy users was reported for the first time in 2009. Almost three-quarters (72%) of the current sample reported consuming energy drinks with alcohol in the last six months, with an average of three energy drinks with alcohol being consumed on the last occasion. Of the 70% of the current sample who reported using energy drinks within the same episode as taking ecstasy, 71% reported alcohol was also consumed. These findings have implications for harm reduction strategies directed at regular ecstasy users to reduce stimulant overdose and/or dehydration from combining ecstasy with energy drinks and alcohol.

In regards to tobacco, both lifetime and recent use remained comparable to the 2008 sample with 92% reporting lifetime use of tobacco compared to 90% in 2008, and 76% reporting use of tobacco in the last six months compared to 69% in 2008. The median number of days tobacco was used during the previous six months increased from 72 days in 2008 to 180 days in 2009; suggesting there is an increase in daily smoking amongst REU in WA (54% daily smokers). Of those using other drugs with ecstasy, 49% (n=23) reported use of tobacco which decreased significantly from 85% in 2008 and, of those using other drugs during comedown, 22% (n=10) reported use of tobacco compared to 58% in 2008.

Pharmaceutical stimulants, such as dexamphetamine and methylphenidate, were included in the survey as a distinct drug class in 2005 and separated into illicit and licit (i.e.: prescribed) use in 2007. In 2009, lifetime use of any pharmaceutical stimulants remained stable from 85% in 2008 to 82% in 2009. Among these respondents, 95% reported illicit use and 7% reported licit use. Use of pharmaceutical stimulants during the last six months (illicit and licit) was also comparable to 2008, with 60% of the current sample reporting use in the last six months compared to 53% in 2008. Among those reporting lifetime use and recent use of pharmaceutical stimulants, 95% used illicitly (i.e.: without prescription). Frequency of use during this period also remained comparable to 2008, from a median of six days in 2008 to four in 2009. Pharmaceutical stimulants were less used in the context of ecstasy use than was observed in 2008. Of those using drugs with ecstasy, 17% reported use of pharmaceutical stimulants (36% in 2008) and no respondent reported using pharmaceutical stimulants to come down from ecstasy, compared to seven percent last year.

With regards to use of other pharmaceutical medicines, there was no significant change seen in both lifetime and recent use of benzodiazepines. Lifetime use was reported by 41% in 2009 (36% in 2008) and recent use was reported by 22% in 2009 (24% in 2008). In 2009, the median number of days used during this period was five days which was comparable to six days in 2008. Use of benzodiazepines was also separated into illicit and licit use, with illicit use more common than licit use. Use of benzodiazepines with ecstasy remains rare, with no respondents reporting use of benzodiazepines while under

the influence of ecstasy, while of those who reported using drugs to come down from ecstasy only seven percent reported using benzodiazepines compared to 12% in 2008.

Use of anti-depressants was similar across survey years, with lifetime use reported by 21% of current REU (17% in 2008) and use in the last six months by six percent of current REU (nine percent in 2008). The median number of days used during the past six months remained comparable at 165 days (180 days in 2008). Unlike pharmaceutical stimulants and benzodiazepines, no illicit use of anti-depressants was reported by survey participants.

Participants were also asked about the use of inhalants amyl nitrate and nitrous oxide. Use of amyl nitrate remained similar across years, with lifetime use reported by 20% of current REU (21% in 2008) and use in the last six months by six percent of current REU (three percent in 2008). There was no significant change in lifetime use of nitrous oxide from 48% in 2008 to 39% in 2009. Use in the last six months decreased significantly from 21% in 2008 to 13% in 2009. These inhalants were not commonly used either with ecstasy or during comedown.

Use of opiates remained generally uncommon. In 2009, there were no significant differences seen in lifetime and recent use of heroin from last year. Only six percent reported lifetime use of heroin compared to three percent in 2008. Use of heroin in the last six months was also comparable with only two percent reporting use for both sample years. There were no significant changes in either lifetime or recent use of methadone and buprenorphine. In 2009, four percent reported lifetime use of methadone compared to five percent in 2008. Only one current respondent had used methadone in the last six months, compared to none in 2008. In 2009, two percent reported lifetime use of buprenorphine compared to three percent in 2008. Use of buprenorphine in the last six months was not reported by any current REU, compared to only two percent in 2008. Use of 'other opiates', such as morphine, pethidine and over-the-counter medications containing codeine, has fluctuated over survey years. In 2009 no significant changes occurred, with 20% reporting lifetime use of 'other opiates' compared to 24% in 2008. Use of 'other opiates' in the last six months did not significantly differ from 12% in 2008 to 10% in 2009.

Magic mushrooms were included in the survey as a separate drug class from 2005. Rates of lifetime and recent use among current REU were similar to that reported last year. Lifetime use was reported by 50% of current REU (44% in 2008) and use during the last six months was reported by 15% of current REU (10% in 2008).

For the first time in 2009, respondents were asked to report on their use of over the counter stimulants, such as cold and flu medications containing pseudoephedrine, for recreational use. Lifetime use of over the counter medications was reported by 19% of the current sample and by eight percent in the last six months.

Use of drugs other than those listed in the survey was reported by eight percent of current respondents compared to 11% in 2008. From the current sample, 2CB and datura were the most common other drugs reported.

Drug information-seeking behaviour

Commencing in 2005, REU were asked how often they found out the content and purity of ecstasy before taking it. The greatest proportion of the 2009 sample (32%) reported 'always' seeking information on ecstasy before taking it, compared to 21% in the previous year. Just under a quarter of the 2009 sample (23%) reported 'never' finding out the content and purity of ecstasy, which decreased slightly since 2008 (27%). Of those who sought this information for ecstasy, the most common source was 'friends', with comparable proportions of 81% last year to 80% this year.

In 2009, REU were asked to report if they had ever suspected to have taken ecstasy that contained a substance other than MDMA. Approximately three-quarters of the sample (74%) reported that they had suspected a substance other than MDMA to be in the ecstasy they took; the most commonly suspected substances were reported to be meth/amphetamine by 58%, ketamine by 41%, MDA by 16% and opiates by 12% of respondents.

Health-related issues

Since 2007, REU were asked about overdose on a stimulant drug and on a depressant drug. Overdose on a stimulant drug in the last 12 months was reported by 16% of the current sample compared to 24% last year, and overdose on a depressant drug was reported by 15% in 2009 compared to 19% in 2008. The most commonly implicated stimulant drug was ecstasy, while the most commonly implicated depressant drug was alcohol.

In 2009, 20% of REU reported accessing a medical or health service in relation to their drug use during the last six months. The most common services accessed were GP (45%) and counsellor or psychologist (30% each). The services of a GP were mostly accessed for 'depression' (33%), whereas counsellors were most commonly accessed for 'dependence/addiction' (50%) and psychologists for 'anxiety' (33%). The main drugs of concern varied according to the service accessed.

The Kessler Psychological Distress Scale was included in the EDRS from 2006 as a screening tool for symptoms of depression and anxiety. Of the total sample in 2009, there was a significant increase in the proportion scoring in the 'high distress' category in comparison to 2008, from four percent in 2008 to 17% in 2009. Further to this, there was a significant decrease in the 'no/low distress' category compared to the 2008 sample, although this category still represented the greatest proportion of the current sample.

Questions regarding mental health problems were included for the first time in the 2008 EDRS. This included asking participants whether they had had any mental health problems (including self-diagnoses) in the last six months. In 2009, a quarter of respondents reported having a mental health problem in the last six months. From these respondents, the most common mental health issue specified was depression (68%).

In 2009, the Personal Wellbeing Index (PWI) was administered to REU for the first time. Comparing the current sample with the 2008 Australian National Health Survey, the REU sample exhibited lower rates of satisfaction with personal health and personal relationships than amongst the general Australian populace. Satisfaction with health was significantly lower amongst REU with a mean score of 67 compared to the National Health mean of 74. Satisfaction with personal relationships was also significantly lower

amongst the EDRS sample, with a mean score of 74 compared to the National Survey average of 80.

2009 also saw the inclusion of a 'chronic conditions' section in the EDRS, which addressed the physical health of REU. The most commonly reported chronic conditions were 'vision problems' and 'hayfever', both reported by 31% of the current sample, closely followed by 'asthma' (30%), 'back/neck pains' (27%) and 'skin problems' (25%). In comparison to the 2007-08 National Health Survey findings, the proportion of REU with asthma was significantly greater than the national sample, while circulatory problems, high blood pressure and skeletal problems were significantly lower than the national sample. This is most likely due to a younger average age for the REU sample in comparison to the national sample.

Risk behaviour

Respondents reported on risk behaviours related to injecting, blood-borne viruses, sexual practices, driving behaviour and alcohol use. In 2009, the proportions reporting lifetime and recent injection were comparable to last years' findings. Lifetime injection was reported by 11% of the current sample (same proportion in 2008) and injecting in the last six months was reported by 46% (n=5) of those who had ever injected compared to 33% in 2008. In 2009, the most common drugs ever injected and recently injected were speed followed by crystal methamphetamine, which was comparable to previous samples.

In 2009, respondents were asked to report how often condoms or gloves were used with regular and/or casual partners in the last six months. Of the current sample, more than half (57%) reported engaging in penetrative sex with a regular partner in the last six months, and the same proportion of the sample reported engaging in penetrative sex with a casual partner in the last six months. The greatest proportion of those who had had penetrative sex with a casual partner reported having 3-5 partners in the last six months. Of those who had regular partners, 30% reported 'never' using a protective barrier during penetrative sex, whereas 54% of those who had regular partners reported 'never' using a protective barrier when under the influence of drugs and alcohol. Of those engaging in penetrative sex with a casual partner, the greatest proportion reported using a protective barrier 'every time' by 32% whilst sober and 'often' by 30% whilst under the influence of drugs and alcohol.

Of the current sample, 80% had driven a car in the last six months. Among these respondents, 69% reported driving whilst affected by alcohol and 75% reported driving over the legal alcohol limit, findings which were comparable to the previous year. The median number of times these respondents had driven over the alcohol limit in the last six months was four times, (i.e.: on average once every six weeks), compared with just one day in the 2008 sample. Just under half reported that they had undergone roadside breath testing in this period (48%) and, of these respondents, 18% (n=7) reported being over the legal blood alcohol limit when tested, compared to three percent in 2008.

Of the current sample that had driven in the last six months, 75% reported driving within one hour of taking a drug. Of these respondents, the median number of times driven under the influence of a drug was five and a half times or just less than once a month. The most commonly reported drugs were ecstasy (72%, n=43) and cannabis (63%, n=38). Of those who had driven soon after taking drugs, the greatest proportion

reported that their driving was 'slightly impaired' (45%). In 2009, five respondents were roadside drug tested and all results were negative.

In 2009, the EDRS included the Buss-Perry Aggression Questionnaire-Short form to investigate the presence of trait aggression among REU. Verbal aggression was identified by the greatest proportion (16%) of the sample. Physical aggression was the second most identified aggression domain (7%) followed by anger (4%).

Also for the first time in 2009, respondents were asked about their gambling experiences in the month prior to the interview. Just under a quarter of participants (24%) had gambled a median of two times in the month prior to interview. Of these, the majority had gambled once in the last month (46%). The median amount of money spent the last time participants gambled was \$100. Just under half (46%, n=11) of those participants who had gambled in the month prior to interview reported gambling under the influence of alcohol and 17% (n=4) of those who had gambled in the last six months reported to be doing so under the influence of drugs.

Criminal and police activity

Rates of reported criminal activity have consistently been low among REU samples. The proportion reporting criminal activity during the last month remained comparable, from 31% in 2008 to 37% in 2009. Of these respondents, 'drug dealing' was the most commonly reported activity (31%) and, of those that had dealt drugs, most engaged in this activity less than once a week (58%). Of the current sample, five percent had been arrested in the last 12 months, which was the same proportion in 2008. Among current respondents, the most common reasons for arrest reported were property crime, violent crime and alcohol and driving offenses.

Perceptions of police activity significantly differed to last year with the greatest proportion of the sample having perceived police activity to have 'increased' (42%) in the last six months. In previous years' samples, police activity was most commonly perceived as 'stable'. The most commonly perceived change in police activity as reported by respondents was increase in sniffer dog presence and the establishment of drug bins at festivals. The vast majority of the sample (85%) reported that police activity did not make scoring drugs more difficult.

Commencing in 2006, REU were asked about the use of sniffer dogs by law enforcement personnel. In 2009, 42% of the sample reported seeing sniffer dogs in the last six months compared to 33% in 2008. The majority of respondents in both years had seen sniffer dogs on one occasion during this period. Of those who had seen sniffer dogs, 24 respondents reported being in possession of drugs when they saw a sniffer dog but no respondents reported being positively identified for drugs by a dog. It is, however, unclear from the data how far the dog was from the respondent at the time of sighting.

Implications

Ecstasy users are commonly perceived as a more affluent user group than, for example, injecting drug users recruited in the IDRS. Ecstasy users are typically young people engaged in either university study and/or employment. There were a number of significant differences in the demographic characteristics of the 2009 REU sample compared to characteristics of the 2008 sample, however, demographic similarities were found between the current sample and samples prior to 2008, suggesting that the 2008 sample

may have been atypical in some demographic areas, particularly education and employment. These changes could have been influenced by a shifting economic climate.

Unlike 2008 when only 58 participants were recruited for the EDRS, in 2009 the desired quota of 100 REU was achieved, which was consistent to samples prior to 2008. It was unclear why REU recruitment was so much more difficult in 2008; however, changing employment patterns in WA which affected interest and availability for interview in 2008. In addition the use of SMS in 2009 for potential respondents to register their interest in the study proved to be a convenient and effortless option for potential participants and will be used again in future study years.

Certain patterns of ecstasy use distinguished the current sample of REU from last year's sample, although many of the findings were comparable to those prior to 2008. There was significant decrease in the average number of days ecstasy was used in the last six months, although the proportion of the sample reporting using ecstasy weekly or more significantly increased. Current findings were comparable to samples prior to 2008, therefore suggesting this finding is most likely due to a smaller sample size in 2008 or could be due to the large increase in the proportion of males in the 2009 sample from 48% to 65%. From the current sample, there was a significant increase in the proportion of REU reporting typical use of more than one pill in a session. There are a few possible factors that may have influenced this trend; one suggestion is that, even though those REU are using less frequently, they may be 'seasoned' ecstasy users having built a tolerance to the drug, therefore requiring more than one pill for a desired effect. Other possible reasons might include REU reporting increases in ecstasy availability (refer to Table 6) or, according to Australian Crime Commission (ACC) most recent figures, purity is the lowest it has been since data collection began (refer to Figure 6).

There was also a significant increase in the proportion of REU who had recently binged on ecstasy or related drugs, which may explain the significant increase in REU typically using more than one pill in a session, with REU using for longer periods of time and therefore using more pills. The proportion reporting ever injecting ecstasy has consistently been low in sample years, with the current sample represented the lowest proportion since data collection began. In 2009, respondents were asked what type of ecstasy user they identified most with. The largest proportion of respondents identified as festival goers; in contrast, the greatest proportion reported 'nightclubs' as the most frequent location of ecstasy use. One interpretation of this disparity is that, while participants may more commonly use ecstasy at nightclubs, there may be a significant proportion who usually attend festivals and do not commonly use ecstasy in this setting.

In 2009, there were some notable changes in the use of other drugs by REU. While polydrug use continued to characterise the sample, significant decreases were found in lifetime use of all forms of methamphetamine and recent use of crystal methamphetamine and cocaine. One possible explanation for this overall decline in lifetime methamphetamine use among REU may be a shift in attitude towards methamphetamine use, possibly from advertising campaigns, experiences through others or what is socially acceptable at the time. In contrast to these declines, significant increases were found in recent use of LSD, suggesting that the illicit drug market of Perth REU continues to evolve.

Some notable changes occurred in perceptions of police activity towards REU, with a significantly greater proportion of the sample reporting police activity to have 'increased'

in the last six months. The most commonly reported change in police activity toward REU was an increased presence of drug detection (sniffer) dogs at events where ecstasy users may be attending. In 2009, police and sniffer dogs received plenty of scrutiny after the death of a young Perth girl who consumed three ecstasy pills and overdosed after seeing sniffer dogs at a festival, *The West Australian* (4 February 2009, p. 17), raised important questions as to whether the use of sniffer dogs may in themselves contribute to drug-related harm.

1 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS) is an ongoing project funded by the Australian Government Department of Health and Ageing, the National Drug Law Enforcement Research Fund (NDLERF), and the Ministerial Council on Drug Strategy modelled upon the more established Illicit Drugs Reporting System (IDRS).

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

The current report presents the findings of the seventh year of data collection for the PDI/EDRS in WA. Like the IDRS, results are based on three data sources: interviews with current illicit drug users (in this case regular ecstasy users); key expert interviews with professionals who have contact with these users; and the collation of secondary indicator data. Also consistent with the paradigm of the IDRS as an ‘early warning system’, participants resided in the capital city reflecting the likelihood that emerging trends in illicit drug markets are more likely to occur initially in large cities rather than regional centres or rural areas.

1.1 Study aims

The specific aims of the WA EDRS 2009 were to:

1. describe the characteristics of a sample of current, regular ecstasy users in Perth;
2. examine patterns of ecstasy and other drug use among this sample;
3. document market aspects of ecstasy and related drugs in Perth, such as price, purity and availability;
4. examine participants’ experiences of the nature and incidence of ecstasy-related harm including physical, psychological, financial, social and legal harms;
5. compare key findings of this study with those reported in previous years (2003-2008); and
6. identify emerging trends in the ecstasy and related drug markets that may require further investigation.

2 METHODS

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

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

2.1 Survey of regular ecstasy users

There is an established market for ecstasy (tablets that are purported to contain 3, 4-methylenedioxymethamphetamine; MDMA) that has existed for more than a decade. According to the 2007 National Drug Strategy Household Survey (NDSHS) (AIHW, 2008) its use among Australians over 14 years of age has increased from 0.9% in 1995 to 3.5% in 2007; however, ecstasy use has not changed significantly from the 2004 survey. In Western Australia, 4.1% of the general population reported use of ecstasy during this time period, making it the state with the second highest use of ecstasy after the ACT (4.7%). For the purposes of the present study, the sentinel population consisted of regular users of pills, powder or capsules sold as 'ecstasy'.

2.1.1 Recruitment

One hundred regular ecstasy users were interviewed for the 2009 EDRS in WA, all of whom reported they had lived in the Perth metropolitan area for more than 12 months. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included: advertisements in entertainment street press; flyers distributed at cafes, record outlets, clothing stores and universities; dance scene related websites and online forums; and participant snowballing techniques as described by Barnard (1995). Ethics approval was granted from the Curtin University Human Research Ethics Committee with a stipulation that interviews be conducted with participants aged 16 years or older.

2.1.2 Procedure

In 2009, potential participants contacted the research coordinator by either telephone, SMS (trialled for the first time in 2009) or by a generic email address and were then screened for eligibility only on the telephone. Participants were asked to leave either a first name/or pseudonym and a contact phone number if they contacted the coordinator via sms or email. Three criteria were to be met for participation:

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

Participants meeting these criteria were informed that the study consisted of a confidential face-to-face interview conducted at a public place of convenience for both parties. It was explained that the structured interview would take approximately 45 to 60

minutes to complete, and that all data were collected anonymously. In 2009, participant reimbursement remained at \$40 to cover participants' time and travel expenses to attend the interview. Upon meeting the interviewer, the nature and purpose of the study was again explained to participants, and informed consent was obtained. All interviewers were trained in administration of the specific interview schedule.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998; Topp et al., 2000). The original survey incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall, & Lee, 1992) and amphetamines (Darke et al., 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997) and has been revised over successive years of PDI/EDRS data collection. The interview schedule focused primarily on the six months preceding the interview. The survey allowed assessment of sample characteristics related to demographic information; ecstasy and other drug use history (including frequency and quantity of use and routes of administration); physical and psychological side effects of ecstasy; other ecstasy-related problems (i.e. relationship, legal, risk, responsibility problems); price, purity and availability of different drugs; sexual and health-related behaviours; self-reported criminal activity; and general trends in the ecstasy and related drug markets such as new drug types, new drug users, and perceptions of police activity.

2.1.4 Data analysis

Quantitative data from the regular ecstasy user survey were analysed using PASW Statistics 17 for Windows. For continuous variables, t-tests were conducted and, for categorical variables, Pearson's chi-square tests were used to determine significant differences with alpha set at 0.05. Qualitative data collected from the regular ecstasy users and 'key experts' were analysed using the word processing and table-making options of Microsoft Word 2003.

2.2 Survey of key experts

To maintain consistency with the central IDRS, the eligibility criterion for 'key experts' (KE) participating in the EDRS was regular contact in the course of employment with a range of ecstasy users. Regular contact was defined as average weekly contact and/or contact with ten or more ecstasy users throughout the past six months. Nine KE from professions in law enforcement, health, counselling and the entertainment industry participated in the WA EDRS 2009.

2.3 Other indicators

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

- the 2007 National Drug Strategy Household Survey (NDSHS);
- Australian Crime Commission (ACC)- drug purity and seizure data, arrest data;
- WA Police Service;
- Australian Institute of Health and Welfare- hospital admissions; and
- telephone advisory service data from the Alcohol and Drug Information Service.

3 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics of the regular ecstasy users sample

Interviews were conducted with 100 regular ecstasy users (REU) in the Perth metropolitan area between April and June 2009. Table 1 presents key demographic data for the current and previous samples of REU recruited in WA. There were a number of differences in the demographic characteristics of the 2009 REU sample compared to that of previous years. The mean age of the REU sample was approximately 23 years in both 2008 and 2009. There was a significant increase in the proportion of males in the 2009 sample, representing the highest proportion since data collection began in 2003. Like in previous samples, the majority of participants across the years have been heterosexual in orientation; however, a significant decrease was observed between the 2008 and current sample, although this current proportion appears to be more representative of samples prior to 2008. More than half the 2009 sample reported their relationship status as 'single' (60%), compared to approximately half in 2008 (48%). Also consistent is the minimal representation of participants of Aboriginal and/or Torres Strait Islander descent, and almost the entire sample across years spoke English as their main language. Similar to last year, approximately half the sample reported residing in rented premises (45%), followed by living in their parents' or family's house (44%). Proportions of the sample with a previous conviction or in current drug treatment have remained low across years.

Several characteristics related to education significantly changed to those found last year. The mean number of school years in the current sample decreased from 11.8 years in 2008 to 11.5 years in 2009 ($t=-2.914$, $df=99$, $p=.004$), although the current reporting is comparable to samples prior to 2008. Fewer than half the sample (46%) had completed a tertiary qualification with 18% possessing a university/college degree and 28% a trade/technical qualification. The number of full-time students in the sample increased significantly from 3% in 2008 to 13% in 2009 ($\chi^2=34.364$, $df=1$, $p=.000$). The proportion of the sample currently both employed and studying (27%) remained largely similar to the previous year's sample (24%). Following a significant increase in the proportion in full-time employment in 2008, a significant decrease was found in the current sample from 55% in 2008 to 22% in 2009 ($\chi^2=44$, $df=1$, $p=.000$). Conversely, there was a significant increase in the proportion in part-time employment from 12% in 2008 to 23% in 2009 ($\chi^2=11.458$, $df=1$, $p=.001$). Finally, there was a significant increase in those who were unemployed from 5% in 2008 to 15% in 2009 ($\chi^2=21.053$, $df=1$, $p=.000$).

For the first time in the 2009 EDRS sample, respondents were asked to report their average wage/salary per week. From the current sample, \$425 was the average income per week. Previous imprisonment history significantly increased from 3% in 2008 to 8% in 2009 ($\chi^2=8.978$, $df=1$, $p=.003$), although the current findings were comparable to those in samples prior to 2008. The proportion of the 2009 sample currently in drug treatment was comparable to last year, with 3% in 2008 and 5% in 2009.

Key expert comments

As in previous years' samples, a number of key experts (KE) commented on the diversity of ecstasy users in terms of demographic characteristics such as age, gender, ethnicity, educational background and employment status. Over the last few years, key experts have made the comment that the dance music culture traditionally associated with ecstasy use is a stereotype and that ecstasy use has become more mainstream and used at a diverse range of locations and events. A few KE mentioned use by professionals, in

highly paid positions or from affluent backgrounds, who have a disposable income and may tend to binge on weekends or at special events rather than use frequently. Some KE commented on a slight gender difference in users, whilst others mentioned that gender was evenly distributed or that use amongst young females was on the rise. Some key experts from a health service commented on currently not seeing any adverse side effects due to ecstasy use amongst REU, whereas others mentioned an increase in problematic presentations as a result of a pre-existing health condition and using ecstasy.

Table 1: Demographic characteristics of WA REU samples, 2003-2009

Variable	2003 (N=100)	2004 (N=100)	2005 (N=100)	2006 (N=100)	2007 (N=100)	2008 (N=58)	2009 (N=100)	Statistical tests of significance from 2008-2009
Mean age (years)	21.4	22	22.7	24.7	26.4	22.9	23.1	t=.384, df=99, p=.701
Male (%)	53	59	58	60	55	48	65	$\chi^2=11.579$, df=1, p=.001*
English speaking background (%)	99	97	99	95	95	98	97	$\chi^2=.510$, df=1, p=.475
ATSI (%)	9	1	3	2	1	0	2	-
Heterosexual (%)	83	89	90	86	88	97	84	$\chi^2=58.076$, df=1, p=.000*
Mean number school years	12.1	11.5	11.5	11.5	11.5	11.8	11.5	t=-2.914, df=99, p=.004*
Tertiary qualifications (%)	48	49	57	51	52	59	46	$\chi^2=6.986$, df=1, p=.008*
Full-time students (%)	16	21	14	19	3	3	13	$\chi^2=34.364$, df=1, p=.000*
Employed full-time (%)	33	31	33	52	24	55	22	$\chi^2=44$, df=1, p=.000*
Employed part-time (%)	16	22	35	13	38	12	23	$\chi^2=11.458$, df=1, p=.001*

Both studying and employed	-	-	-	-	-	24	27	-
Unemployed (%)	22	24	15	14	25	5	15	$\chi^2=21.053$, df=1, p=.000*
Mean income per week	-	-	-	-	-	-	\$425	-
Previous imprisonment (%)	4	16	2	8	8	3	8	$\chi^2=8.978$, df=1, p=.003*
Current drug treatment (%)	5	6	6	5	8	3	5	$\chi^2=1.375$, df=1, p=.241

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

* Significant at alpha level 0.05

- statistical testing not applicable

3.2 Drug use history and current drug use

Respondents were asked about lifetime (ever used) and recent use (last 6 months) of a variety of drugs, as presented in Table 2. Polydrug use has been common among REU samples and the average number of drugs used by the current sample was comparable to that of the previous year. In 2009, the mean number of drugs ever used was approximately 12 compared to 11 in 2008, and the mean number used in the last six months was approximately eight compared to seven in 2008; neither of which were significant. The majority of the sample reported recent use of alcohol (99%), cannabis (85%), tobacco (76%) and pharmaceutical stimulants (53%), although no notable changes occurred from the 2008 sample with all these drug forms.

There were some notable changes in the prevalence of use of different drugs in the current sample compared to last year's sample. While alcohol and cannabis use remained similar, there were significant decreases in lifetime use of all forms of methamphetamine (speed, base, crystal) in addition to a significant decrease in recent use of crystal methamphetamine. Lifetime use of speed powder significantly decreased from 72% in 2008 to 63% in 2009 ($\chi^2=4.018$, $df=1$, $p=.045$), lifetime use of base significantly decreased from 22% in 2008 to 13% in 2009 ($\chi^2=4.720$, $df=1$, $p=.030$), and lifetime use of crystal decreased significantly from 62% in 2008 to 41% in 2009 ($\chi^2=18.718$, $df=1$, $p=.000$). Recent use of crystal significantly decreased from 36% in 2008 to 20% in 2009 ($\chi^2=11.111$, $df=1$, $p=.001$). This represents the lowest prevalence of recent crystal methamphetamine use over the seven-year period of data collection in WA (see section 5 on methamphetamine for more detailed analyses).

Prevalence of lifetime use of cocaine remained comparable in 2009; however, recent use rates significantly decreased from the 2008 sample, from 40% in 2008 to 24% in 2009 ($\chi^2=10.667$, $df=1$, $p=.001$). Lifetime and recent use of ketamine, GHB and MDA remained comparable from 2008 to 2009. Significant increases were found in recent use of LSD from 21% in 2008 to 31% in 2009 ($\chi^2=6.028$, $df=1$, $p=.014$), although lifetime use remained comparable to 2008. No significant changes were observed for lifetime or recent use of heroin, methadone, buprenorphine and 'other opiates'.

For the first time in 2009, respondents were asked to report on their use of over the counter stimulants, such as cold and flu medications containing pseudoephedrine, for recreational purposes. In 2009, lifetime use was reported by 19% and recent use was reported by 8% of the current sample. Small proportions of REU samples have reported use of drugs other than those listed in Table 2. In 2009, 8% of the sample reported lifetime use of other drugs with the most commonly reported miscellaneous drugs being 2CI and datura.

Respondents were also asked about injecting history, for which no notable changes were observed. The proportion ever injected was the same as last year (11%) and recent use was also comparable to last year, from 33% in 2008 to 46% in 2009 (See section 13.1, 'Injecting risk behaviours', for further analyses.)

Table 2: Lifetime and recent polydrug use of WA REU samples, 2003-2009

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)
Mean drug types ever used	9	9	11	10	11	11	12
Mean drug types used in the last 6 months	6	7	8	7	7	7	8
Ever inject any drug (%)	21	22	22	20	27	10	11
Alcohol ever used (%)	99	99	99	100	97	100	100
used last 6 months (%)	94	92	98	99	92	98	99
Cannabis ever used (%)	99	97	99	100	96	100	99
used last 6 months (%)	91	85	83	86	80	85	85
Tobacco ever used (%)	83	84	86	97	79	90	92
used last 6 months (%)	70	73	72	74	52	69	76
Methamphetamine powder (speed) ever used (%)	93	88	94	87	72	72	63*
used last 6 months (%)	83	78	85	65	46	38	37
Methamphetamine base (base) ever used (%)	54	46	59	56	22	22	13*
used last 6 months (%)	32	31	38	32	10	5	3
Crystal methamphetamine (crystal) ever used (%)	91	89	88	89	69	62	41*
used last 6 months (%)	77	80	69	77	52	36	20*
Pharmaceutical stimulants ever used (%)	-	-	89	92	71#	85#	82
used last 6 months (%)	-	-	74	60	53#	53#	60

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)
Cocaine ever used (%)	44	36	57	55	56	66	52
used last 6 months (%)	17	16	35	29	27	40	24*
LSD ever used %	62	50	71	67	49	47	55
used last 6 months %	22	11	35	25	23	21	31*
MDA ever used (%)	12	19	19	6	22	16	9
used last 6 months (%)	1	6	11	0	3	5	2
Ketamine ever used %	25	21	25	14	22	21	18
used last 6 months %	12	10	11	4	2	3	6
GHB ever used (%)	20	11	10	5	8	7	7
used last 6 months (%)	8	5	3	2	0	2	2
Amyl nitrate ever used (%)	43	36	46	34	27	21	20
used last 6 months (%)	16	15	17	8	7	3	6
Nitrous oxide ever used (%)	65	62	63	57	46	48	39
used last 6 months (%)	43	43	34	23	20	21	13
Mushrooms ever used (%)	-	-	53	53	46	45	50
used last 6 months (%)	-	-	14	13	14	10	15
Benzodiazepines ever used (%)	48	35	49	57	48#	36#	41#
used last 6 months (%)	32	29	39	32	37#	24#	22#
Anti-depressants ever used (%)	30	25	32	29	26#	17#	21#
used last 6 months (%)	17	13	13	14	13#	9#	6#
Heroin	10	13	15	10	16	3	6

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)
ever used (%)	1	8	6	1	10	2	2
used last 6 months (%)							
Methadone							
ever used (%)	1	4	8	4	12	5	4#
used last 6 months (%)	1	1	3	2	6	0	1#
Buprenorphine							
ever used (%)	6	4	5	3	10	3	2#
used last 6 months (%)	4	1	2	1	4	2	-#
Over the counter stimulants							
ever used (%)	-	-	-	-	-	-	19
used last 6 months (%)							8
Other opiates							
ever used (%)	31	18	41	24	35	24	20
used last 6 months (%)	17	10	27	13	21	12	10

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

includes licit and/or illicit use

* Significant

3.3 Summary of polydrug use trends in regular ecstasy users

- As found in previous survey years, polydrug use was prevalent among the current sample of regular ecstasy users.
- Lifetime use averaged 12 drug types and an average of eight drug types was used in the previous 6 months.
- Over half the current sample reported recent use of alcohol, cannabis, tobacco and pharmaceutical stimulants. Lifetime and recent use rates for all these drug forms were comparable to last year's findings.
- There were significant decreases compared to last year's sample in lifetime use of all methamphetamine forms.
- There were significant decreases in recent use of crystal methamphetamine and cocaine.
- There was a significant increase in recent use of LSD in comparison to 2008, from 21% in 2008 to 31% in 2009.

4 ECSTASY

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

4.1 Ecstasy use among regular ecstasy users

Presented in Table 3 are key findings regarding ecstasy use in the samples recruited over the last six years in WA. The average age at which participants first used ecstasy remained at 18 years from 2008. The proportion reporting ecstasy as their ‘drug of choice’ was significantly greater than last year, with 38% in 2008 versus 42% in 2009 ($\chi^2=10.643$, $df=1$, $p=.001$). The second most commonly nominated “drug of choice” was cannabis (25%), followed by alcohol (8%).

Some changes in patterns of ecstasy use were found in comparison to last year’s sample although, as mentioned previously, the 2008 sample was somewhat atypical in comparison to previous years. The proportion reporting use of ecstasy on a weekly basis or more increased significantly from 10% in 2008 to 29% in 2009 ($\chi^2=40.111$, $df=1$, $p=.000$). There was also a small decrease in the average number of days ecstasy was used in the last six months. The average number of days in 2008 was approximately 13 days compared to approximately 12 days in 2009 ($t=-3.670$, $df=98$, $.000$). While the average amount used in a ‘typical’ session increased significantly from approximately two tablets to two and a half tablets, the proportion reporting typically using more than one tablet in a session significantly increased from 74% in 2008 to 86% in 2009 ($\chi^2=.188.205$, $df=1$, $p=.000$), the highest proportion of the sample reporting since data collection began in WA. This suggests that REU are using ecstasy less often but a much greater proportion of users are using more than one pill in a session.

Swallowing was consistently reported as the main route of administration and was reported by nearly the entire sample (99%) in 2009, with the one remaining respondent reporting ‘snorting’ as the main route of administration. Similar to the 2008 sample, only four percent of the sample reported ever injecting ecstasy which is consistent with last year’s findings; however, numbers currently reporting ever injecting ecstasy are significantly less than those found in samples prior to 2008. Several key experts commented that swallowing was the most common route of administration for ecstasy pills.

As found in previous years, the vast majority reported using other drugs with ecstasy and just over half the sample reported using other drugs to ‘come down’ from ecstasy; however, it should be noted that a large number of survey participants did not respond to this question. In the current sample, 73% ($n=54$) reported using other drugs in conjunction with ecstasy which significantly decreased from 97% in 2008 ($\chi^2=.146.804$, $df=1$, $p=.000$) and 54% ($n=38$) reported using other drugs during ‘comedown’ compared to 90% in 2008 ($\chi^2=99.206$, $df=1$, $p=.000$) (Table 3).

Table 3: Patterns of ecstasy use among REU, 2003-2009

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance 2008-2009
Mean age first used ecstasy (years)	18	18	18	19	20	18	18	t=-.693, df=99, p=.490
Mean days used ecstasy last 6 months#	16	16	20	21	16	13	12	t=-3.670, df=98, .000*
Ecstasy 'favourite' drug (%)	52	44	51	41	46	38	42	$\chi^2=10.643$, df=1, p=.001*
Use ecstasy weekly or more (%)	25	21	30	35	27	10	29	$\chi^2=40.111$, df=1, p=.000*
Mean ecstasy tablets in 'typical' session	1.7	2.2	1.7	2.0	1.8	2.1	2.5	t=3.060, df=99, p=.003*
Typically use >1 tablet (%)	57	61	68	70	54	74.1	86	$\chi^2=188.205$, df=1, p=.000*
Recently binged on ecstasy or related drugs (%) ~	38	38	40	45	29	22	40	$\chi^2=11.955$, df=1, p=.001*
Ever injected ecstasy (%)	10	14	10	12	14	7	4	$\chi^2=1.382$, df=1, p=.240
Main route of administration of ecstasy in the last 6 months (%)								
Swallow	90	93	95	98	95	91	99	Swallow:
Snort	-	-	3	1	5	9	1	$\chi^2=12.971$, df=1, p=.000*
Inject	-	-	2	-	-	-	-	
Shelve/shaft^	-	-	-	1	-	-	-	

Table 3: Patterns of ecstasy use among REU, 2003-2009 (continued)

Typically use other drugs in conjunction with ecstasy (%)	85	86	90	94	93	97	73	$\chi^2=.146.804$, df=1, p=.000*
Typically use other drugs to 'come down' from ecstasy (%)	76	80	86	86	86	90	54	$\chi^2=99.206$, df=1, p=.000*

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

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

^ 'shelve/shaft' defined as use via insertion into vagina (shelving) or the rectum (shafting)

used ecstasy pills and/or powder

* Significant at alpha level 0.05

4.2 Locations of use of ecstasy

Some recent studies have suggested that REU be viewed as a heterogeneous group with different patterns of and motivations for drug use (Bogt & Engels, 2005; McCaughan, Carlson et al., 2005) and that groups could be identified according to what sort of event they attended. Comments by key experts in 2008 also supported the idea that different subcultures exist among ecstasy users in NSW. Those most commonly reported by KE were 'clubbers', 'ravers', 'festival goers' and the GLBTQ community. The following definitions were taken from both Key Expert interviews and information collected by UniMed in Sydney (Reed, 2009).

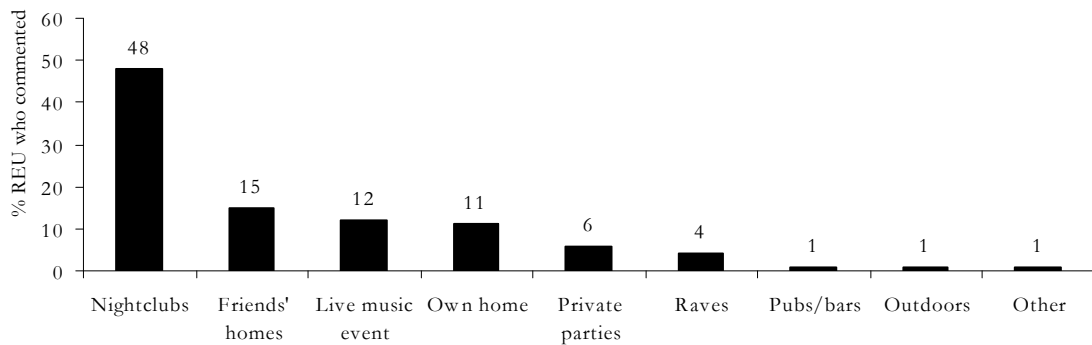
- 'Clubbers' are people who primarily socialise in venues (e.g. nightclubs) in party precincts, which are open on a regular basis.
- 'Ravers' are people who regularly attend raves (i.e. predominantly indoor events of up to 6000 attendees, which typically occur overnight).
- 'Festival goers' are people who predominantly attend festivals (i.e. large, outdoor events with greater than 5000 attendees, occurring over the course of one or multiple days).

Thus, in 2009, participants were asked which type of location or event they had most frequently spent their time at while using ecstasy, over the preceding six months and what sort of party goer they identified as generally.

4.2.1 Last location of ecstasy use

For the first time in 2009, respondents were asked to report on the locations of most recent ecstasy use, as shown in Figure 1 (last location where most time is spent under the influence). 'Nightclubs' were reported by the majority as the locations of usual use for ecstasy. This was followed by those nominating 'friends' homes' (15%), 'live music events' (12%), 'own home' (11%) and 'private parties' (6%) as usual locations of ecstasy use.

Figure 1: Last location where most time was spent intoxicated by ecstasy by REU, WA 2009

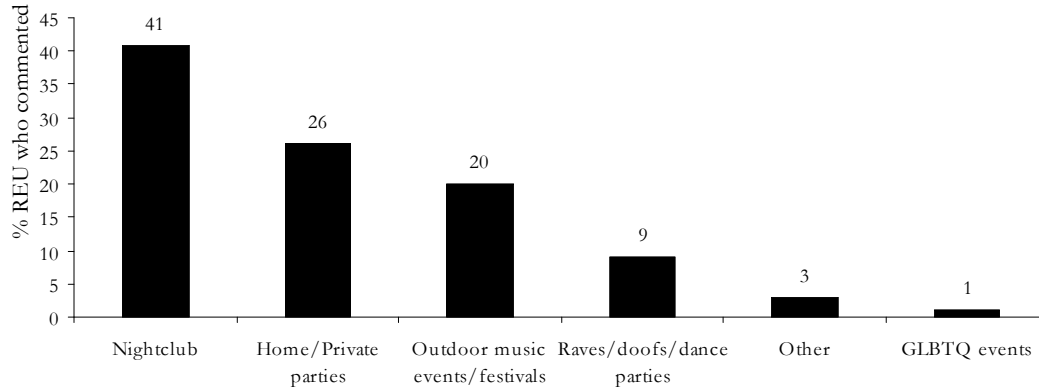


Source: EDRS regular ecstasy user interviews 2009

4.2.2 Most common location of ecstasy use

When participants were asked where they had most frequently spent their time while using ecstasy, the majority reported having done so in nightclubs (41%), comparable to 36% reporting nightclubs in 2008. This was followed by approximately one-quarter reported most commonly using ecstasy at 'home or private parties' (26% in 2009 vs. 21% in 2008), followed by at 'outdoor music events' (20% in 2009 vs. 14% in 2008) (Figure 2).

Figure 2: Location of most frequent ecstasy use by REU, WA 2009

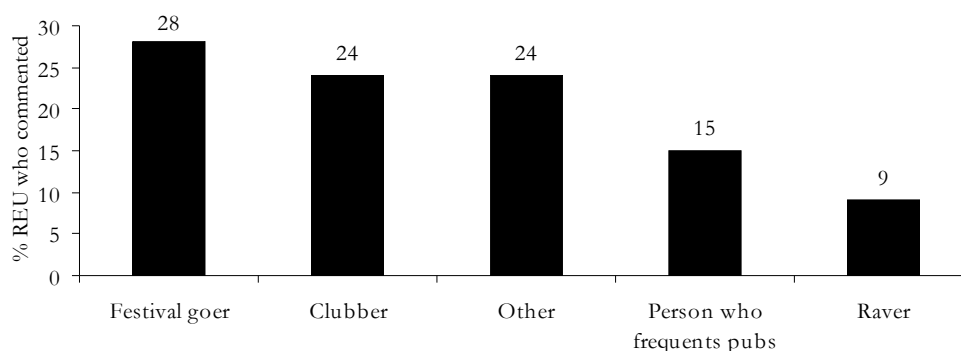


Source: EDRS regular ecstasy user interviews 2009

4.3 Type of ecstasy user

Asked what type of user they most identified as, participants most commonly identified themselves as a 'festival goer' (28%), followed by a 'clubber' and 'other' (both nominated by 24%). Of those 24 respondents that identified as 'other', the greatest proportion (24%, n=8) identified as a 'social user'. This data is displayed in Figure 3.

Figure 3: Type of ecstasy user, WA 2009



Source: EDRS regular ecstasy user interviews 2009

4.3.1 Reasons for using ecstasy at an event

In 2009, participants were asked what their main reasons were for deciding to use ecstasy at an event; this data is presented in Table 4. The most commonly reported reason for deciding to use ecstasy at an event was ‘the high/rush/buzz’ by 65% of the sample. This was closely followed by 63% reporting they used ecstasy ‘to feel great’, then by ‘enhanced appreciation of music’ by 49% of respondents. The responses gained were very similar to the perceived benefits to ecstasy use described in the PDI (subsequently the EDRS) reports between 2003 and 2006 which can be located at <http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRS>).

Table 4: Reasons for deciding to use ecstasy at an event, WA 2009

Variable	2009 (N=100)
The high/rush/buzz	65
To feel great	63
Enhanced appreciation of music	49
To be able to dance all night	38
Drug effects (e.g. hallucinations/insight/creativity)	37
Enhanced closeness/bonding/empathy with others	30
Because it’s not fun being sober when your friends are all high	24
To forget hassles/problems or have fewer worries	18
To make it easier to talk/flirt with people	16
To increase my self-insight	14
To enhance sexual experiences	10

Other	9
-------	---

Source: EDRS Regular ecstasy user interviews 2009

4.4 Use of other drugs with ecstasy and during comedown

Among REU reporting use of other drugs with ecstasy (n=54), those most typically used were alcohol (58%), tobacco (47%) and cannabis (31%). The drugs most typically used to 'come down' were cannabis (44%), tobacco (23%) and alcohol (14%).

More than one half of the current sample (58%) reported using alcohol with ecstasy in the last six months, compared to 86% in 2008. Among these respondents, 16% (n=7) reported usually consuming less than five standard drinks with ecstasy, with the remaining 84% (n=36) reporting consuming more than five standard drinks with ecstasy, which was comparable to 83% reporting 2008. During comedown, a much smaller proportion of 11% reported usually drinking alcohol, compared with 47% in 2008. Among these respondents in 2009, 60% (n=6) reported typically consuming less than five standard drinks, whereas the remaining 40% (n=4) reported consuming more than five standard drinks whilst coming down from ecstasy.

Almost half the 2009 sample (49%, n=23) reported using tobacco with ecstasy compared to 85% last year. Of those reporting use of drugs during comedown, 22% (n=10) reported tobacco use compared to 58% last year. Of the sample who reported using cannabis with ecstasy, 30% (n=14) reported using cannabis with ecstasy in the last six months, compared to 69% in 2008. Among those reporting cannabis during 'comedown' from ecstasy, 41% (n=19) reported using cannabis compared to 69% in 2008.

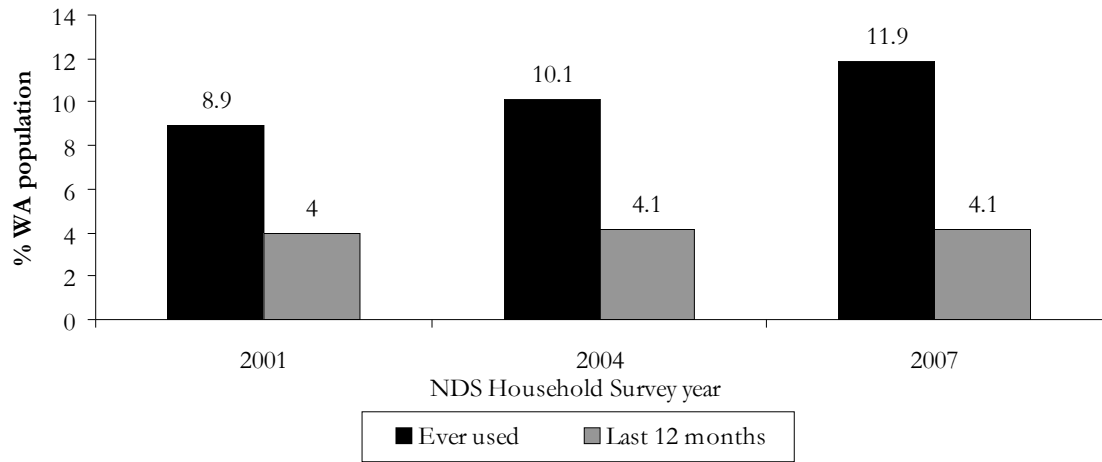
Among those reporting use of pharmaceutical stimulants with ecstasy, 17% of the 2009 sample reported use in the last six months compared to 36% in 2008. In 2009, no respondents reported use of pharmaceutical stimulants to come down from ecstasy, compared to seven percent in last year's findings. No respondents reported using amyl nitrate with ecstasy or during comedown. One respondent reported using nitrous oxide with ecstasy and four respondents reported using nitrous oxide during comedown.

No respondents reported using heroin with ecstasy or during comedown from ecstasy. No respondents reported using benzodiazepines whilst under the influence of ecstasy. In contrast, seven percent of those reporting use of other drugs to come down from ecstasy reported using benzodiazepines at this time compared to 12% in 2008.

4.5 Use of ecstasy in the general population

The National Drug Strategy Household Survey (NDSHS) has been conducted at various intervals in Australia since 1988. As shown in Figure 4, in Western Australia lifetime use of ecstasy reported in this survey has steadily increased from 2001 to 2007, whereas recent use has remained comparable. In Western Australia (WA), ecstasy was reported as a drug used in the last 12 months by 4% of those aged 14 years and over. WA was the state with the second highest use of ecstasy in the general population after ACT (4.7%) (Australian Institute of Health and Welfare, 2008).

Figure 4: Prevalence of ecstasy use among the population aged 14 years and over in Western Australia, 2001-2007



Source: National Drug Strategy Household Survey State and Territory supplement 2001-2007

4.6 Summary of patterns of ecstasy use

- The mean age of first ecstasy use in the EDRS sample was approximately 18 years which did not alter from the mean age of the 2008 sample.
- The proportion reporting ecstasy as their favourite drug increased from 38% in 2008 to 42% in 2009.
- 99% of the entire sample consumed ecstasy orally.
- There was a decrease in the average number of days ecstasy was used in the last six months (13 days in 2008 versus 12 days in 2009).
- There was also a significant increase in the proportion reporting typically using more than one tablet in a session (74% in 2008 versus 86% in 2009).
- The proportion of REU reporting using other drugs with ecstasy significantly decreased from 90% in 2008 to 73% in 2009, as did the proportion reporting using other drugs to come down from ecstasy, with 90% reporting in 2008 compared to 54% in 2009.
- Of those reporting use of other drugs with ecstasy, 55% reported alcohol use and, among these, 84% reported consuming more than five standard drinks.
- Of those who reported using other drugs with ecstasy, 30% reported use of cannabis while 41% of those who reported using other drugs during 'comedown' reported use of cannabis.
- 'Nightclubs' were the most common last location and most frequent location ecstasy was used.
- REU most commonly identified as 'festival goers'.
- The greatest proportion of REU (65%) nominated 'the high/rush/buzz' as the main reason to use ecstasy at an event.

4.7 Price

In 2009, all 100 respondents reported on the price of ecstasy tablets in Perth with 11 of these respondents also reporting on the price of ecstasy capsules and one reporting on the price of ecstasy powder. Median price of tablets and perceived price change across data collections in WA are shown in Table 5. In 2009, the median price of a tablet was \$35 (range \$17-\$50) compared with \$40 in previous years. This represents the lowest median ecstasy price per pill since data collection began in 2003. Looking at mean prices, this fall in cost can be seen to be significant from an average of \$38 for the most recent tablet purchased in 2008 to \$32 in 2009 ($t=-9.775$, $df=99$, $p=.000$). In 2009, 52% reported the price over the previous six months was 'stable', followed by smaller proportions nominating 'decreased' (25%), 'increased' and 'fluctuated' (both 9%) and 'don't know' (5%). Those six respondents that also commented on ecstasy capsules reported a median price of \$35 per capsule (range \$24-\$40).

Table 5: Price of ecstasy tablets purchased by REU and price variations, 2003-2009

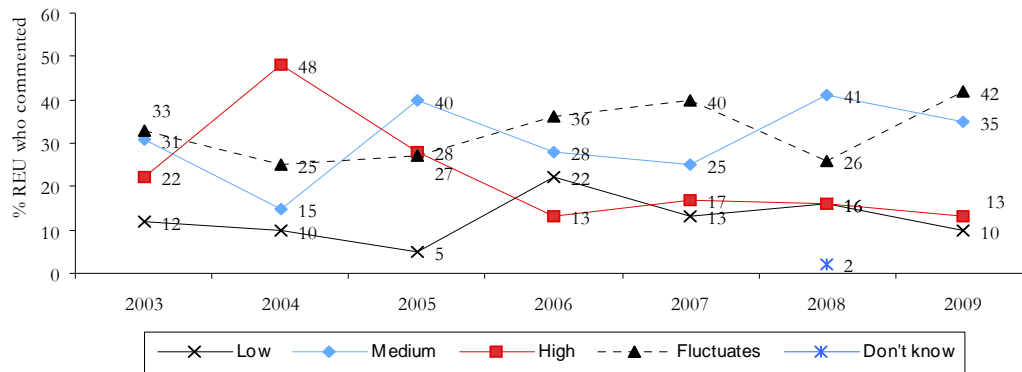
	2003	2004	2005	2006	2007	2008	2009
Median price per tablet (range)	\$40 (25-50)	\$50 (25-60)	\$40 (30-50)	\$40 (25-50)	\$40 (30-50)	\$40 (20-45)	\$35 (17-50)
Price change:							
Increased (%)	10	4	5	6	11	17	9
Stable (%)	68	62	66	61	59	48	52
Decreased (%)	12	19	22	19	16	19	25
Fluctuated (%)	6	13	7	12	9	10	9
Don't know (%)	4	2	-	2	5	5	5

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

4.8 Purity

As shown in Figure 5, the highest proportion of respondents in 2009 (42%) rated the current purity of ecstasy as 'fluctuates' unlike last year when 'medium' was most commonly rated by respondents. After 'fluctuates', participants rated current purity of ecstasy as 'medium' (35%), 'high' (13%) and then 'low' (10%).

Figure 5: User reports of current ecstasy purity, 2003-2009

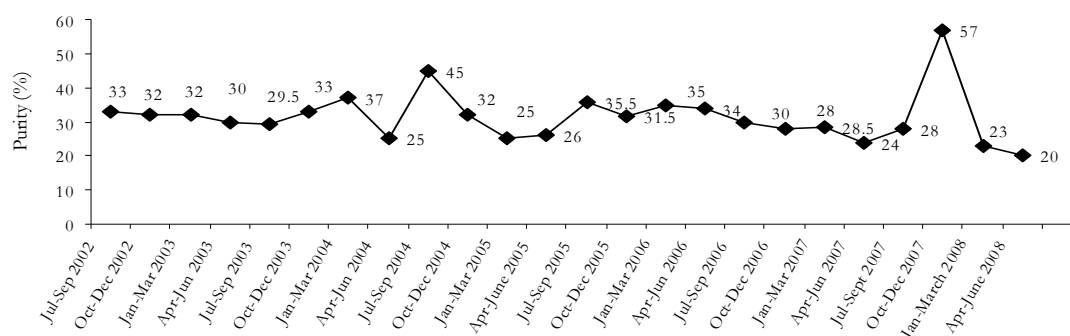


Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

REU were asked about changes in purity over the preceding six months. In 2009, the greatest proportion rated purity as ‘fluctuating’ (39%) during this period, 25% rated purity as ‘stable’ followed by ‘decreasing’ (20%), then ‘increasing’ (10%) and by ‘don’t know’ (6%). Overall, it may be suggested that purity of ecstasy in the current Perth drug market is viewed as unstable and constantly varying, which may have contributed to the greater proportion of the recent REU samples reporting using multiple ecstasy pills in a session.

Purity estimates by users are subjective perceptions and laboratory analyses of ecstasy seizures provide a more objective assessment. However, it must be noted that seizures analysed do not represent a random or comprehensive sample of all seizures made. Figure 6 shows the median purity of phenethylamine seizures in WA according to data provided by the WA State Police and Australian Crime Commission. Interestingly, purity levels dramatically increased during October-December 2007 to a median of 57%, more than doubling the purity of the previous quarter and representing the highest purity level so far. In saying that, however, the lowest purity level (20%) was also observed during the most recent quarter April-June 2008, suggesting a diverse range in purity levels of phenethylamines exists in WA and reflecting the perceptions of REU in the 2009 sample.

Figure 6: Median purity of phenethylamines seizures in WA by quarter, July 2002 to June 2008



Source: Australian Crime Commission (latest figures: Australian Crime Commission, 2009)

4.9 Availability

All respondents commented on the availability of ecstasy in 2009 and responses across survey years are presented in Table 6. Similar to the 2008 sample, the most common response for the current availability of ecstasy was ‘very easy’ by 61% of the sample. In 2009, over half the sample (62%) rated availability over the last six months as ‘stable’ which was comparable to 59% in 2008.

Table 6: REU reports of ecstasy availability in the preceding six months, 2003-2009

	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=99)	2008 (n=58)	2009 (n=98)
Current availability							
Very easy (%)	61	54	62	47	30	52	61
Easy (%)	26	38	35	42	59	41	35
Availability							
Stable (%)	63	64	72	55	65	59	62
Easier (%)	16	15	16	17	10	24	20

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

Across survey years, ‘friends’ were reported as the most common person from whom ecstasy was obtained on the last purchase occasion, nominated by 79% of the current sample, and this was followed by ‘known dealers’ (13%), ‘acquaintances’ (6%) and ‘workmates’ (1%). Consistent with the above, ‘friend’s home’ was reported by the majority of the sample as the most commonly reported last location for scoring (44%), and this was followed by ‘own home’ (19%), ‘agreed public location’ (10%), ‘nightclub’ (8%) and dealer’s home (7%). Changes to the 2009 questionnaire format make comparisons with earlier findings unfeasible.

As shown in Table 7, the median number of people ecstasy was purchased from in the preceding six months was three in 2009, compared to four people in 2008. A median of five tablets was purchased at a time in 2009, compared with a median of six tablets in 2008. Reports of who REU purchased tablets for 'self and others' were similar across the survey years with the majority buying ecstasy for 'self and others' (75%). There has been a evident upward trend towards more frequent purchasing in the last six months with the greatest proportion reporting purchasing ecstasy 7-12 times in the last six months, compared to the greatest proportion purchasing one to six times (60%) in 2008. In 2009, this was followed by one to six times (31%) purchased in the last six months, compared to 60% in 2008. There was also an increase in the proportion reporting purchasing ecstasy 13-24 times in the last six months from five percent in 2008 to 21% in 2009, and two percent of participants reported purchasing ecstasy 25+ times in the last six months compared to no participants in 2008. There were corresponding decreases in other categories.

Table 7: Patterns of purchasing ecstasy, 2005-2009

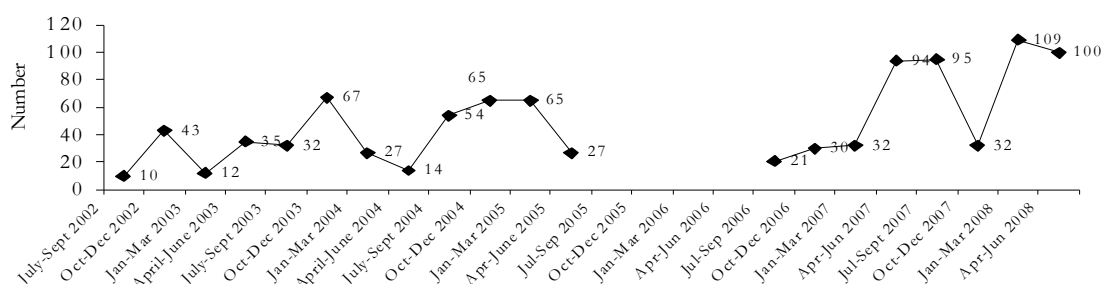
	2005 (n=100)	2006 (n=100)	2007 (n=98)	2008 (n=58)	2009 (n=100)
Median no. of people purchased from	4 (0-20)	3 (0-30)	3 (0-20)	4 (1-15)	3 (1-55)
Median no. of ecstasy tablets purchased	4 (1-100)	5 (1-100)	6 (1-100)	6(1-100)	5 (1-100)
Purchased for (%)					
Self only	26	22	25	22	22
Self and others	71	77	70	78	75
Others only	1	-	-	-	3
Didn't buy ecstasy	-	1	5	-	0
No. of times purchased in the last 6 months (%)					
1-6	35	37	53	60	31
7-12	42	32	25	35	46
13-24	17	28	16	5	21
25 +	3	1	1	-	2
none	-	-	5	-	-

Source: WA PDI/EDRS regular ecstasy user interviews 2005-2009

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

Figure 7 shows the number of phenethylamine seizures analysed by WA State Police, which has fluctuated over time (figures from July-September 2005 to April-June 2006 were not available). The latest figure indicates a large increase in the number of seizures of phenethylamines analysed from April 2007 to April 2008, although the quarter October-December 2007 was more comparable to the number of seizures prior to April-June 2007.

Figure 7: Number of phenethylamines seizures in WA by quarter, July 2002 to June 2008



Source: Australian Crime Commission, 2008

Key expert comments

Some KE commented that ecstasy was increasingly becoming a more frequently used drug for general socialising and partying on weekends rather than on only special occasions which it has been in previous years, although use was said to increase over the summer holiday/festival period when people had more time off and more reason to celebrate. REU were reported as usually coming from relatively affluent backgrounds, either full-time employed professionals or students. A few KE made the comment that most ecstasy now has either a high content of methamphetamines, caffeine, BZP or what is commonly marketed as ‘natural’ or ‘legal’ ecstasy rather than MDMA, and that more health-related problems are arising from these ‘substitute’ drugs than the MDMA itself.

Key experts reported the price of ecstasy as ‘stable’, with pills ranging from \$13 to \$70. A few KE commented on the noticeable increase in ecstasy availability resulting in a slight price drop, as found by the 2009 EDRS sample. As a result people are choosing to ‘buy in bulk’ to save money; however, another KE from a law enforcement background mentioned how recreational ecstasy users, particularly young people and students, are unnecessarily becoming involved in the justice system as a result of purchasing large quantities of ecstasy to distribute to their friends. It was perceived by one KE that a lack of education exists in regards to possession penalties, with 100 pills or 28 grams of a prohibited substance the threshold for prison time.

Several KE mentioned the increased use of ecstasy with alcohol, which was less common a few years back. Interestingly, one KE attributed this increase in alcohol and ecstasy use to more events being held on licensed premises, which was less common ten years ago; as a result there is the option to both drink alcohol and take ecstasy.

Most KE reported the purity of ecstasy to be fluctuating, often cut with combinations of ‘MDMA and MDA, ketamine, caffeine, benzodiazepines, BZP, PMA, methamphetamine and MSM’. A law enforcement KE reported an increase in BZP, PMA and methylthioamphetamine (‘flatliner’) seizures in Perth in the last six months.

Access to ecstasy reported by KE was mainly ‘easy’ or ‘very easy’, with a few KE perceiving an increase in ecstasy availability in the last six months. It was reported by a

KE from a law enforcement background that MDMA labs and pill presses are rare in Western Australia, and as a result most of the ecstasy in Perth is imported from either the eastern states or internationally, mainly Eastern Europe.

4.10 Summary of ecstasy trends

- Median price of ecstasy was \$35 a tablet, the lowest reported since data collection began.
- Just over half the sample (52%) rated price as 'stable' in the previous 6 months.
- The greatest proportion of the current sample rated current ecstasy purity and purity during the previous six months as 'fluctuating'.
- Availability was most commonly reported as 'very easy', as reported last year.
- Of the current sample, 62% rated availability over the last six months as 'stable'.
- 'Friends' (79%) and 'friend's home' (44%) remained the most commonly nominated most recent persons and locations for purchasing ecstasy.
- The majority of the current sample reported usually buying ecstasy for 'themselves and others' (75%).
- Ecstasy was purchased from a median of three people in the last six months, and a median of five tablets was obtained per occasion.
- The most common number of times ecstasy was reportedly bought in the last six months was 7-12 times (46%), suggesting an increasing trend in the frequency of purchasing ecstasy since 2008.

5 METHAMPHETAMINE

Methamphetamine became a primary focus of the IDRS in 2001, in recognition of its increasing prevalence over amphetamine during the 1990s. These drug types differ in molecular structure but have a similar effect of stimulating the release of monoamines such as dopamine, noradrenaline, adrenaline and serotonin in the body (Seiden, Sobol et al., 1993). Throughout the 1980s, amphetamine sulfate was the dominant form of illicit amphetamine in Australia but, due to legislative controls on the availability of primary precursor chemicals, there was a shift toward alternative recipes for ‘cooking’ amphetamine (Wardlaw, 1993). During the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine) steadily increased until methamphetamine clearly dominated the market (ABCI, 1999, 2000, 2001). Across Australia today, the powder traditionally known as ‘speed’ is almost exclusively methamphetamine rather than amphetamine. For example, in the 2006/07 financial year, of the 4396 seizures of (non-phenethylamine) amphetamine-type seizures analysed for purity in Australia, 97.9% (by number) were methamphetamine rather than amphetamine (ACC, 2008).

As methamphetamine markets across the country have expanded over the past few years, it has become apparent that there is a diversity of forms, or presentations, of methamphetamine sold in the Australian illicit drug market.

Powder form methamphetamine is the presentation of the drug which has traditionally been available in Australia. This is commonly a powder that can range from fine to more crystalline or coarse, and may take different colours (commonly white, yellow, brown, orange or pink), depending on the chemical process used in its production and the quality of that process. It is typically produced within Australia, most commonly in small, portable ‘laboratories’, and is usually based on pharmaceutical pseudoephedrine (extracted from, for example, Sudafed tablets). Because of its powder form, it is fairly easy to ‘cut’ (dilute) and is commonly sold at fairly low purity/potency, although this can vary substantially.

The two other ‘forms’ of methamphetamine are traditionally higher in potency (at least partially due to being more difficult to ‘cut’) and have increased in availability across all Australian jurisdictions in the past decade (Topp et al., 2002). The first, referred to in some jurisdictions as ‘base’ or ‘paste’, is commonly a gluggy, waxy, oily, ‘wet’ powder. This form of the drug appears oily because the conversion process from pseudoephedrine to methamphetamine produces the alkaline (base) form of methamphetamine, which is ‘oily’. To convert this to a more easily usable form (methamphetamine hydrochloride crystals, which may take the appearance of powder or, when no impurities are present, and carefully crystallised, may take the form of the ‘ice’ crystals discussed below) requires a high level of skill, and, when not completed correctly, the result of this process is an oily powder that often has a yellow or brownish tinge due to the presence of iodine and other impurities (Topp & Churchill, 2002).

The final form of methamphetamine examined in the current study is often referred to as ‘ice’ or ‘crystal meth(amphetamine)’. This is the product of a careful production process, and is believed to be chiefly imported into Australia from Asian countries (Topp & Churchill, 2002), although there are also indications of local production in recent years (ACC, 2007). It commonly appears as clear, ice-like crystals, and, as such, is difficult to ‘cut’ (dilute), resulting in a relatively high purity/potency product.

5.1 Methamphetamine use among regular ecstasy users

5.1.1 Methamphetamine powder

Table 8 presents patterns of use of methamphetamine powder, or ‘speed’, since data collection began in WA in 2003. In comparison to last year, lifetime speed use has significantly decreased from 72% in 2008 to 44% in 2009 ($\chi^2= 4.018$, $df=1$, $p=.045$) and represented the lowest rates since data collection in WA began., Recent use at 37%, however, has remained stable in comparison to the 2008 sample. In addition, there was a significant decrease in the average number of days speed was used in the previous six months from approximately 15 days in 2008 to seven days in 2009; again representing the lowest average number of days used rates since data collection began. The median number of days speed was used in the last six months also decreased from six days in 2008 to two days in 2009. These findings suggest that use of speed is gradually declining amongst REU, in particular the proportions reporting ever using speed and the number of days of use amongst those recent speed users.

The median amount of speed used in a typical and heavy session significantly increased from 0.4 grams in 2008 to one gram in 2009 ($t=4.825$, $df=13$, $p=.000$) in a typical session, and from 0.5 grams in 2008 to one gram in 2009 in a heavy session ($t=2.99$, $df=14$, $p=.010$). This suggests that even though speed use amongst REUs may be declining, the amount of speed used in a typical session has increased. Among those who reported recent use of speed (37%), snorting was the most common method of use reported by 87% ($n=32$), which was comparable to 2008 findings. Reported use by swallowing did not significantly alter, from 14% in 2008 to 24% in 2009. The proportion reporting injecting as a route of administration did not significantly change from five percent in 2008 to 11% in 2009. There was no significant change in reporting smoking of speed powder as a route of administration with 32% reporting for both sample years.

Table 8: Patterns of methamphetamine powder (speed) use of REU, 2003-2009

Speed	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance 08-09
Ever used (%)	93	88	94	87	72	72	44	$\chi^2= 4.018$, $df=1$, $p=.045^*$
Used preceding six months (%)	83	78	85	65	46	38	37	$\chi^2=.042$, $df=1$, $p=.837$
Of those who had used Mean days used last 6 months	16	18	15	13	19	15	7	$t=-4.972$, $df=36$, $p=.000^*$

Median quantities used (grams)								
Typical (range)	0.2 (0.01-2)	0.5 (0.1-5)	0.5 (0.1-2)	0.35 (0.1-1)	0.1 (0.1-1)	0.4 (0.2-.50)	1 (0.25-1)	
Heavy (range)	0.6 (0.1-10)	0.5 (0.1-20)	1 (0.1-6)	0.5 (0.1-8)	0.3 (0.1-7)	0.5 (0.25-7)	1 (.25-10)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

* Significant at alpha level 0.05

5.1.2 Methamphetamine base

Similar to methamphetamine powder, use rates of base methamphetamine were significantly lower than last year in regards to lifetime use. Recent use rates did not significantly differ from 2008, although they did represent the lowest reported recent use data since 2003. In 2009, 13% reported lifetime use of base which is significantly lower than 2008 when 22% reported lifetime use ($\chi^2= 4.720$, $df=1$, $p=.030$). Recent use was not significantly different to last year, from five percent in 2008 to three percent in the current sample. Base was used on a median of three days in the last six months (range 1-5). The mean number of days used in this period fell from approximately 63 days in 2008 to three in 2009, although these findings should be interpreted with caution due to the very small sample size.

The median amount used in a typical session reduced from two points in 2008 to one point in 2009, as did the median amount used in a heavy session from four points in 2008 to one point in 2009. Once again, the very small number of respondents necessitates caution in the interpretation of this data. There were no major changes in route of administration among those who had used in the last six months, with injecting the most common route of administration reported by two out of three respondents. No further analysis was performed for base amphetamine due to extremely small sample numbers.

5.1.3 Crystal methamphetamine

As shown in Table 9, lifetime use of crystal significantly decreased from 62% in 2008 to 41% in 2009 ($\chi^2=18.718$, $df=1$, $p=.000$). There was also a significant decrease in use of crystal during the last six months from 36% in 2008 to 20% in 2009 ($\chi^2=11.111$, $df=1$, $p=.001$). The average number of days used was nine days in 2009 compared with 12 days in 2008; however, this was not a significant decrease. The median number of days crystal was used in the last six months was 2.5 (range 1-48) compared to six days in 2008 (range 1-90).

The median amount used in both a typical and heavy session doubled from one point in 2008 to two points in 2009. Of those who reported use of crystal in the preceding six months (20%), the most common route of administration remained smoking, reported by 80% ($n=16$) compared with 76% in 2008. There was a significant increase in snorting as a route of administration from 24% in 2008 to 50% ($n=10$) in 2009 ($\chi^2=7.412$, $df=1$, $p=.006$). There was a significant decrease in swallowing as a reported route of

administration from 48% in 2008 to 10% (n=2) in 2009 ($\chi^2=11.571$, $df=1$, $p=.001$). Injecting was reported by 20% (n=4) in 2009 compared with 9% in 2008; however, this was not found to be a significant shift.

Table 9: Patterns of crystal methamphetamine use of REU, 2003-2009

Crystal	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance 08-09
Ever used (%)	91	89	88	89	69	62	41	$\chi^2=18.718$, $df=1$, $p=.000^*$
Used last six months (%)	77	80	69	77	52	36	20	$\chi^2=11.111$, $df=1$, $p=.001^*$
Of those who had used								
Mean days used last 6 months	17.4	22.2	14.1	13.6	27.7	11.9	9.2	$t=-.858$, $df=19$, $p=.402$
Median quantities used (points)								
Typical (range)	1 (0.1-10)	2 (0.33-10)	1 (0.1-40)	1 (0.5-10)	1 (0.1-5)	1 (0.1-3)	2 (0.25-5)	
Heavy (range)	2.5 (0.1-50)	2 (0.33-48)	3 (0.25-40)	2 (0.5-40)	2 (0.2-5)	1 (0.1-8)	2 (0.25-8)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

* Significant at alpha level 0.05

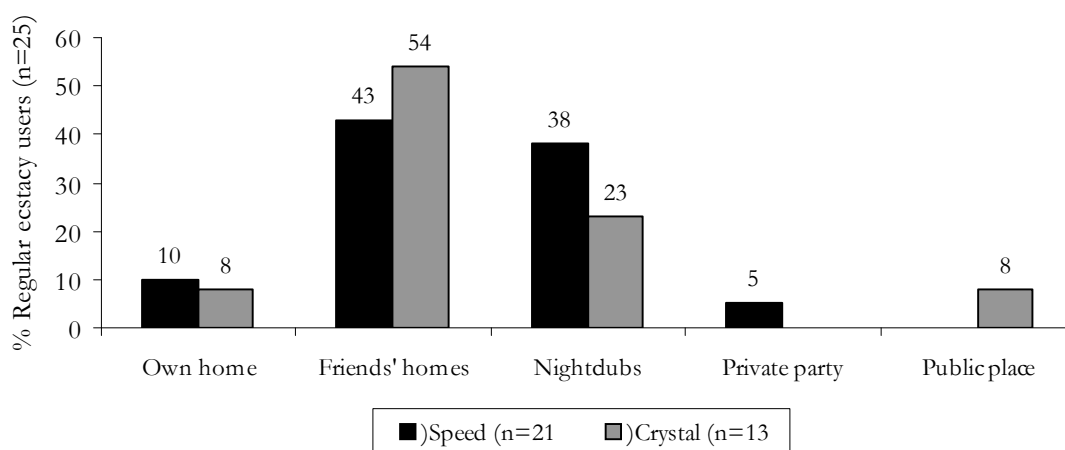
In sum, data from the current sample indicated that lifetime use of all forms of methamphetamine has significantly decreased since 2008. Similarly, a significant decrease was found in recent use of crystal methamphetamine, representing the lowest proportion of the sample reporting recent crystal use since data collection began. There was no significant difference observed in the frequency of crystal methamphetamine use; there was, however, a significant decrease found in the frequency of speed ($t=-4.972$, $df=36$, $p=.000$) use in the last six months. For all forms of methamphetamine, no significant differences were found in the proportions reporting injecting the drug in the last six months.

5.2 Last location of methamphetamine use

Participants who reported using any form of methamphetamine in the last six months were asked about the last locations where they spent most of their time under the influence. Due to the small number of those who responded for base (n=3), results are not reported for this form of methamphetamine.

Figure 8 presents the most common last location spent under the influence for speed and crystal. In 2009, the most common last location spent under the influence of speed was at 'friends' homes' by 43% (n=9), followed by a similar proportion nominating 'nightclubs' (38%, n=8), 'own home' (10%, n=2) then 'private parties' (5%, n=1). Similar findings were reported for crystal, with the most commonly reported last location where most time was under the influence being 'friends homes' by 54% (n=7), followed by 'nightclubs' (23%, n=3), 'own home' and 'public place' (8% each, n=1).

Figure 8: Last location where most time was spent under the influence of methamphetamine by form, 2009*



Source: WA EDRS regular ecstasy user interviews 2009

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

Key expert comments

It was reported that speed and crystal were the most common forms of methamphetamine used amongst REU, with a few KE commenting that smoking was the most popular and more socially acceptable route of administration.

Several KE made the comment that methamphetamine causes high levels of aggression and antisocial behaviour, especially when these people are on a methamphetamine 'bender'. As a consequence of this behaviour these individuals are often very difficult to handle, with law enforcers and health service providers reporting the challenges and fears that come with dealing with such individuals. One health care KE reported that *'methamphetamine users are a drain on staff and hospital resources, [as] they are in hospital longer, and often need to be physically and chemically restrained'*. Another KE reported a lot of construction workers and miners using methamphetamines during their time off from work, as methamphetamine has a short half-life and comes up negative in a drug test after a few days.

5.3 Methamphetamine use in the general population

According to Western Australian figures from the 2007 National Drug Strategy Household Survey (NDSHS) State and Territory supplement, meth/amphetamine is the third most frequently used illicit drug after cannabis and ecstasy (Australian Institute of Health and Welfare, 2008). Of the 2426 participants from the 2007 NDSHS Western Australian findings, approximately nine percent had ever used meth/amphetamine and four percent had used meth/amphetamine in the last 12 months. This data, as well as the national data, is found in Table 10.

Methamphetamine use in the past year was reported by 4.2% of the Western Australian sample compared to 2.3% of the national sample (Table 10). Past year amphetamine use was highest in the 20-29 year old age group for both males and females (12.4% and 14.8% respectively) (Table 10).

Table 10: Use of methamphetamine in the national and Western Australian population, 2007

	Period	14-19 years (%)	20-29 years (%)	30-39 years (%)	40+ years (%)	Males (%)	Females (%)	Total (%)
National (N=23,356)	Lifetime	2.1	16.0	11.4	2.5	7.7	4.9	6.3
	Last 12 months	1.6	7.3	3.9	0.4	3.0	1.6	2.3
Western Australia (n=2426)	Lifetime	3.8	26.6	14.9	7.6	9.7	8.1	8.9
	Last 12 months	3.3	13.6	5.8	3.1	4.5	4	4.2

Source: 2007 National Drug Strategy Household Survey – Detailed Findings and State and Territory Supplement, Western Australia.

5.4 Price

Participants in the EDRS were asked about the cost of the various forms of methamphetamine (Table 11). Fourteen participants reported on the price of a gram of speed powder and the median cost was \$275 (range \$50-400) which significantly increased from \$100 (range \$50-1000) in 2008 ($t=4.432$, $df=13$, $p=.001$). Four participants reported on the price of a point of speed and the median was \$50 (range \$50-100). The median price of a point has been reported at \$50 since data collection began in 2003.

Only two participants reported on the price of a point of base methamphetamine with a median price of \$50, and this price has remained unchanged from all previous sample years. One participant commented on the price of a gram of base, with a median cost of \$400, which has remained relatively unchanged over survey years and based on a very small number of participants reporting.

Five participants reported on the price of a point of crystal methamphetamine and the median cost remained unchanged at \$50 (range \$50-\$50). Eight participants commented on the price of a gram of crystal methamphetamine, with a median cost of \$400 (range \$50-500) which was comparable to a median of \$425 (range \$300-\$550) in 2008. This data is shown in Table 11.

Table 11: Price of various methamphetamine forms purchased by REU, 2003-2009

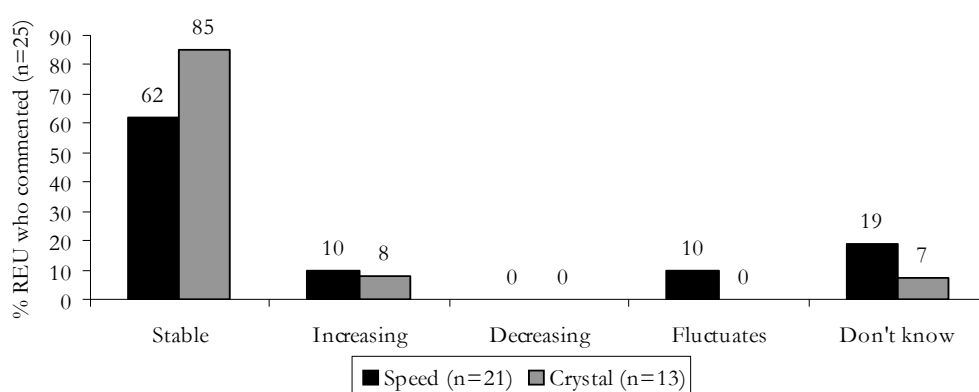
Median price (\$)	2003	2004	2005	2006	2007	2008	2009
Speed							
Point	50	50	50	50	50	50	50 [^]
Gram	200	300	300	300	350	100	275
Base							
Point	50	50	50	50	50	50	50 [^]
Gram	-	300	325	350	380	-	400 [^]
Crystal							
Point	50	50	50	50	50	50	50 [^]
Gram	-	400	350	400	400	425	400 [^]

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

[^] price reported by < 10 respondents

Participants were also asked about their perceptions of recent changes in the price of methamphetamine (see Figure 9). Again, results are not reported for base methamphetamine due to the small number of those who responded for this form (n=3). The majority of respondents reported the price of both speed and crystal methamphetamine as 'stable' during the last six months.

Figure 9: Recent changes in price of various methamphetamine forms purchased by REU who commented, 2009



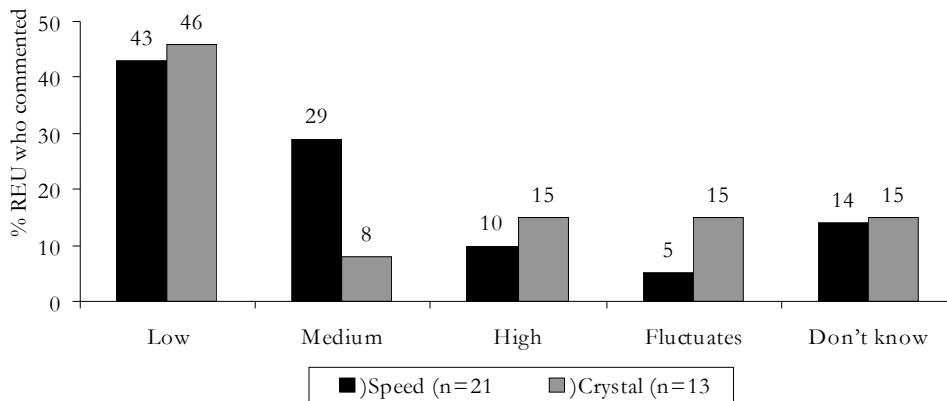
Source: WA EDRS regular ecstasy user interviews 2009

5.5 Purity

Participants also commented on the current purity of methamphetamine (Figure 10) and perceived changes in purity over the preceding six months (Figure 11). Current purity of speed was rated as 'low' by the greatest proportion of those responding (43%, n=9) followed by 'medium' by 29% (n=6), which can be compared with 2008 when purity was reported as either 'medium' or 'low' by 33% of respondents. From the 2009 sample, the greatest proportion responding reported purity of crystal to be 'low' (46%, n=6), compared to 2008, when the greatest proportion reported purity of crystal to be

‘medium’ (56%). This suggests a decrease in the perceived purity of crystal from last year with only 8% (n=1) rating purity as ‘medium’ in 2009. Base is not reported on due to small numbers reporting its recent use (n=3).

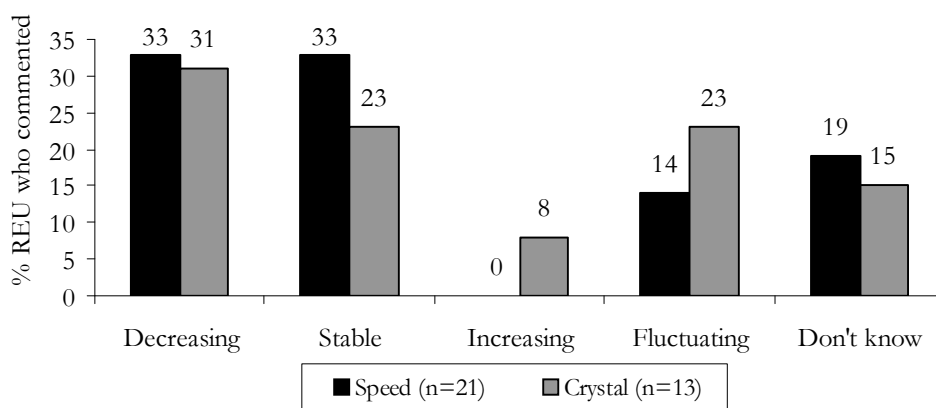
Figure 10: User reports of current methamphetamine purity, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Of those respondents who commented, speed purity was rated over the last six months as ‘decreasing’ and ‘stable’ each by 33% (n=7), compared to ‘stable’, ‘fluctuating’ and ‘don’t know’ each by 27% in 2008. In regards to crystal, just under a third (31%, n=4) rated it as ‘decreasing’ compared to only 13% in 2008, while 23% (n=3) rated it as ‘stable’ or ‘fluctuating’, 15% (n=2) reported ‘don’t know’ and 8% (n=1) as ‘increasing’. Although such variations in perceived purity are subjective, the 2009 sample suggests a perception that purity of crystal has been decreasing over the past six months.

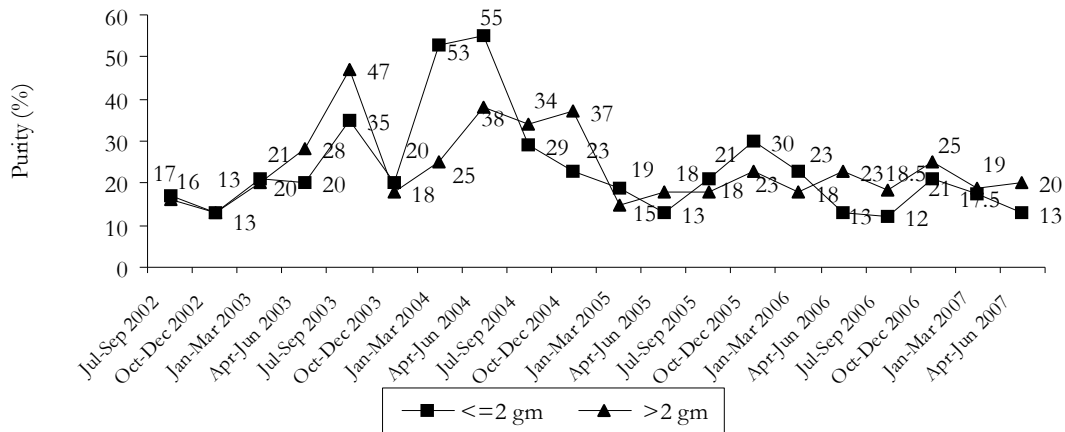
Figure 11: User reports of changes in methamphetamine purity in the past six months, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Figure 12 shows data provided by the Australian Crime Commission regarding the median purity of methylamphetamine in WA. It is evident that purity has varied across time, with a peak in the first half of 2004. However, since that time, purity has decreased and began to stabilise in recent quarters.

Figure 12: Median purity of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2007

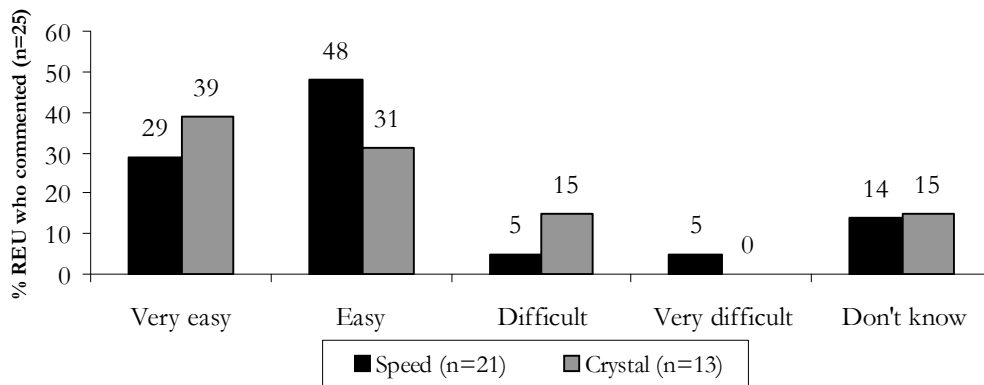


Source: Australian Crime Commission

5.6 Availability

Figure 13 presents user reports of current availability of the different forms of methamphetamine except base due to the small number of respondents who commented (n=1). Speed was nominated as either ‘easy’ or ‘very easy’ by 53% in 2008 and this increased significantly to 77% (n=16) in 2009 ($\chi^2=54.958, df=1, p=.000$). A third of respondents (33%) nominated current availability of speed as ‘difficult’ in 2008 compared to only 15% in 2009. In contrast, ratings of crystal availability significantly decreased from 84% in 2008 to 70% (n=9) of current respondents rating it as ‘easy’ or ‘very easy’ ($\chi^2=418.527, df=1, p=.000$), whereas reporting of current availability of crystal being difficult was comparable with 6% in 2008 to 15% (n=2) in 2009.

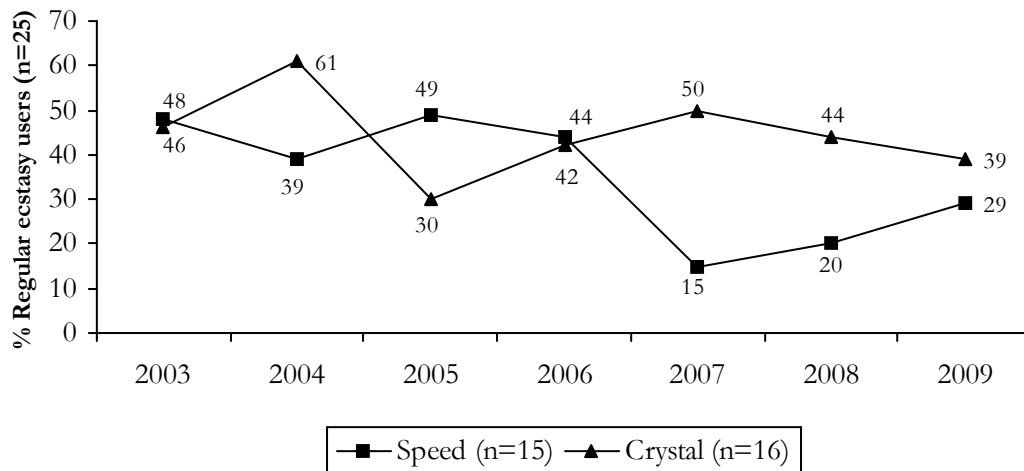
Figure 13: Current availability of methamphetamine forms, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Figure 14 shows that reports of availability as ‘very easy’ for the various forms of methamphetamine varied only slightly from last year. Ratings were comparable across years for both speed and crystal, with ratings of crystal availability decreasing slightly from 44% in 2008 to 39% in 2009, and ratings for speed slightly increasing from 20% in 2008 to 29% in 2009.

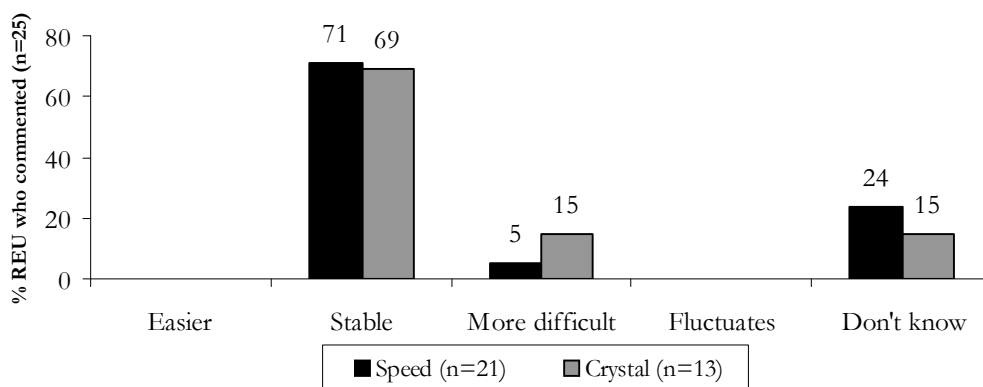
Figure 14: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as ‘very easy’ to obtain in the six months preceding interview, 2003-2009



Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

With regards to perceived changes in availability over the preceding six months (Figure 15), the overwhelming majority of those who commented reported it as ‘stable’ for both speed and crystal. Proportions rating availability of speed as ‘stable’ were 27% in 2008 compared to 71% (n=15) in 2009, while only 5% (n=1) of current respondents rated it as ‘more difficult’ compared to 47% last year. The proportion rating availability of crystal as ‘stable’ in the six months prior to the survey was 69% (n=9) in 2009 compared to 56% in 2008. Interestingly, no respondents in 2009 rated availability of either speed or crystal in the six months prior to the survey as ‘easier’.

Figure 15: Change in the availability of various forms of methamphetamine in the preceding six months, 2009

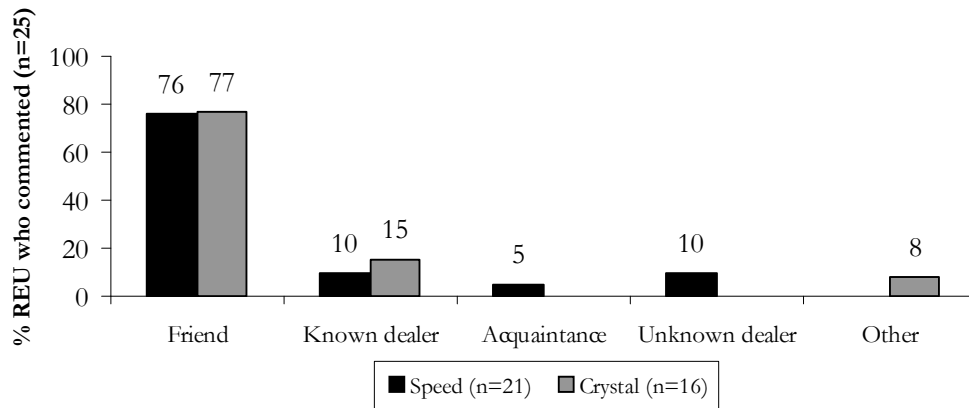


Source: WA EDRS regular ecstasy user interviews 2009

The last person from whom all forms of methamphetamine were predominantly obtained were ‘friends’ (see Figure 16), as was also found in previous survey years. Of those who commented for speed (n=21), 76% (n=16) reported the last purchase as being from ‘friends’ followed by 10% (n=2) each purchasing from ‘known dealer’ and ‘unknown dealer’. Respondents for crystal (n=16) most common last person purchased from was ‘friends’ (77%, n=10) followed by 15% (n=2) purchasing from ‘known dealer’.

Again, only one respondent reported on base, with this respondent reporting purchasing base from an ‘acquaintance’.

Figure 16: Last person from whom methamphetamine powder and crystal was purchased in the preceding six months, 2009*

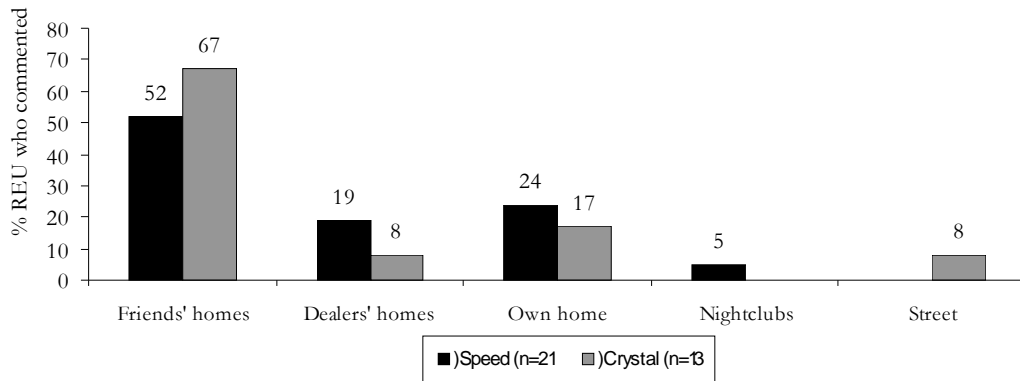


Source: WA EDRS regular ecstasy user interviews 2009

* Respondents could nominate more than one source

Locations for purchasing methamphetamine were consistent with sources of purchase reported above. As shown in Figure 17, ‘friends’ homes’ was reported as the most common location of purchase for both speed and crystal methamphetamine. Over half (52%, n=11) of those who responded for speed reported purchasing from ‘friends’ homes’ followed by 24% (n=5) purchasing from ‘own home’. For those that commented for crystal (n=13), 67% (n=8) reported purchasing from ‘friends’ homes’ followed by 17% (n=2) reporting purchasing from ‘own home’.

Figure 17: Last locations where methamphetamine was purchased in the preceding six months, 2009*

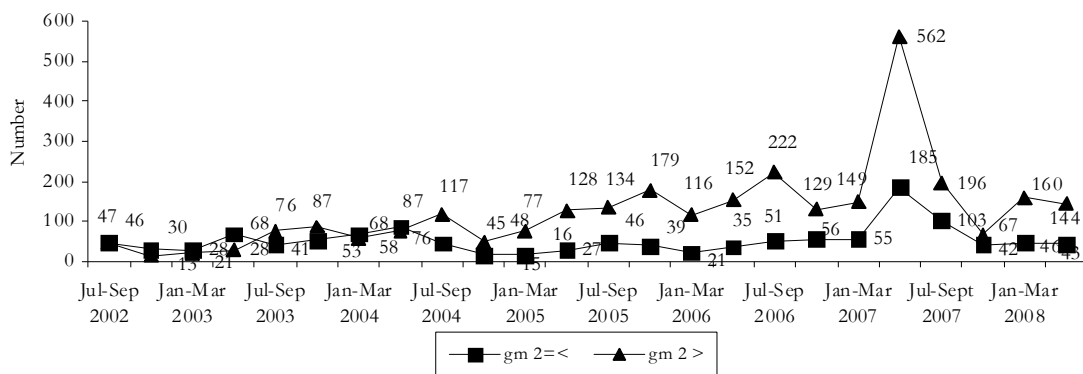


Source: WA EDRS regular ecstasy user interviews 2009

*Respondents could choose more than one response

Figure 18 indicates the number of methylamphetamine seizures analysed in WA. From the period July-September 2007 to April-June 2008, numbers were more comparable to those found prior to the quarter April-June 2007 when seizures analysed surged to 562. This was the highest number of seizures analysed since data collection began. The underlying reasons behind this surge are unclear, but are likely a reflection of both events in the methamphetamine market and police activity.

Figure 18: Number of methamphetamine seizures analysed in WA by quarter, July 2002 to June 2008



Source: Australian Crime Commission

The most recent Illicit Drug Data Report (Australian Crime Commission, 2009) reports on seizures of amphetamine-type stimulants (ATS) in the period 2007-08. In WA, state police and Australian Federal Police were responsible for 4023 seizures totalling 128,318 grams, which increased by 267% from 34,926 grams during 2006-07. This represented approximately 31% of the total number of seizures (13,097) by state and federal police across all jurisdictions, with WA second to NSW (5,125).

Key expert comments

A KE from a law enforcement background reported methamphetamine production to be a very large problem, with four times the number of clandestine labs uncovered in

comparison to last year. This KE mentioned a shift in the demographic characteristics of methamphetamine cooks in the last few years, with less sophisticated labs and more uneducated individuals producing methamphetamine, with most of what is being produced in these labs for the cook's personal use. This KE reported that 'small cooks can be created with supplies and equipment from the local hardware store, and they are producing very pure gear (80% purity)'. As a result of these unsophisticated clandestine labs, both the general public and the 'cooks' themselves are at risk of harm.

A few KE perceived availability of methamphetamine as 'stable', with varying reports of purity ranging from 'low' to 'high'. One KE made the comment that the 'chain of manufacturing methamphetamines is "guarded", with the street dealers being the only ones caught and charged', a comment that seems at odds with the increase in detected clandestine laboratories. A few KE also made the comment that methamphetamine use was in fact a lot more problematic to users and the community in comparison to ecstasy use; however, the 'worst offender' was said to be alcohol.

5.7 Summary of methamphetamine trends

- Prevalence of lifetime use of all forms of methamphetamine significantly decreased from 2008 in all three methamphetamine forms. Recent use remained relatively stable for speed and base, although in 2009 recent use for crystal methamphetamine significantly decreased, representing the lowest rates found since data collection commenced in WA in 2003.
- Median days used during the past six months were significantly lower for both speed and crystal. Speed decreased from a median of six days in 2008 to two in 2009 and crystal from a median of six days in 2008 to three days in 2009 - these are the lowest figures since data collection began in WA.
- The most common methods of use for speed were snorting, injecting for base (n=3) and smoking for crystal.
- Last location where most time was spent intoxicated was reported to be 'friends homes' by the greatest proportion of those who had used speed and crystal recently; this was followed by 'nightclubs' as the second most reported last location of both forms of methamphetamine.
- The median price per point for all forms of methamphetamine was \$50 and this has remained consistent across survey years.
- In 2009, participants reported that a gram of speed cost \$275, and a gram of crystal cost \$400, and the majority rated price as 'stable' for all forms of methamphetamine. There was insufficient data to draw conclusions regarding the price of base.
- Current purity of both speed and crystal forms of methamphetamine was rated by the majority as 'low'. There was insufficient data to draw conclusions regarding the purity of base. While the majority rated availability of crystal as either 'very easy' or 'easy' to obtain, speed availability increased in comparison to last year with the greatest proportions nominating 'easy' followed by 'very easy', unlike 2008 when equal proportions nominated 'easy' and 'difficult'.
- 'Friends' were the most common persons reported for purchasing all forms of methamphetamine from and 'friend's home' was the most common location.

6 COCAINE

6.1 Cocaine use among regular ecstasy users

As shown in Table 12, there was a significant difference in the proportions reporting lifetime use, with 52% in 2009 versus 66% in 2008 ($\chi^2=8.734$, $df=1$, $p=.003$), in addition, a significant decrease was also observed in the proportion reporting recently use of cocaine, from 40% in 2008 to 24% in 2009 ($\chi^2=10.667$, $df=1$, $p=.001$). Of those that used cocaine in the last six months ($n=24$), the average number of days used in this period was 11 days in 2009 compared to 3 days in 2008, however this difference was not significant. The median number of days cocaine was used in this period was 2, decreasing by one day from last year, with a range from one to 180 days.

The vast majority of those that had used cocaine recently reported snorting as the main route of administration (96%) followed by eight percent reported smoking cocaine in the last six months. Injecting and shelving were not reported as a mode of administration in the last six months for those that had used cocaine. Thirteen respondents who had used cocaine in the last six months reported on amounts used in grams. The median quantity reported for both a typical and a heavy session was 0.5 grams, comparable to last year's sample.

Table 12: Patterns of cocaine use of REU, 2003-2009

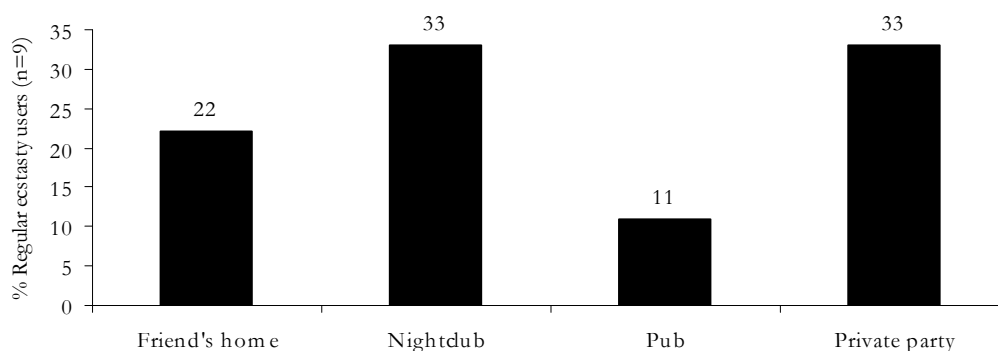
Cocaine	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance 08-09
Ever used %	44	36	57	55	56	66	52	$\chi^2=8.734$ $df=1$, $p=.003^*$
Used last six months %	17	16	35	29	27	40	24	$\chi^2=10.667$, $df=1$, $p=.001^*$
Of those who had used in preceding 6 months Mean days used last 6 months	3	4	3	2	6	3	11	$t=1.108$, $df=23$, $p=.279$
Median quantities used (grams) Typical (range)	0.5 (0.1-2.5)	0.25 (0.1-0.8)	0.5 (0.1-1.75)	0.4 (0.1-4)	1.0 (0.1-3.5)	0.5 (0.5-1)	0.5 (.25-2)	-

Heavy (range)	0.5 (0.1-2.5)	0.5 (0.1-6.25)	0.6 (0.1-6.5)	0.5 (0.1-6)	1.0 (0.1-5)	0.5 (0.5-1)	0.5 (.25-5)	-
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Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

There were nine respondents who commented on last location (Figure 19) of cocaine use where most time was spent intoxicated. In 2009, the greatest proportion of those responding (33%, n=3) equally nominated 'nightclubs' and 'private party', with the second largest proportion (22%, n=2) nominating 'friend's home' as the last location where most time was spent while intoxicated by cocaine. In 2008, 'live music events', 'friend's homes', 'own home' and 'nightclub' were the most common recent location of cocaine use reported by 22% each (n=2).

Figure 19: Last use venue where most time spent whilst intoxicated by cocaine, 2009*



Source: WA EDRS regular ecstasy user interviews 2009

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

6.2 Price

Like in previous years, in 2009 only a small sub-sample of nine respondents commented on the price of cocaine (see Table 13). The median cost for a gram of cocaine was \$375 compared to \$325 in 2008.

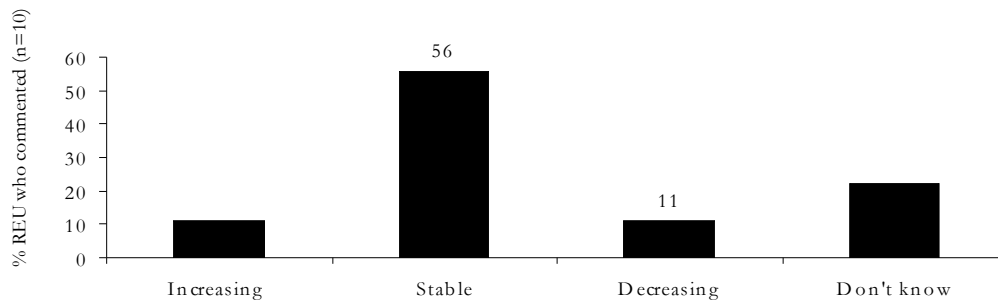
Table 13: Price of cocaine purchased by REU, 2003-2009

Cocaine	2003 (n=6)	2004 (n=7)	2005 (n=14)	2006 (n=14)	2007 (n=8)	2008 (n=8)	2009 (n=9)
Median price cocaine per gram	\$325	\$300	\$350	\$350	\$390	\$325	375
Price range	(\$250-\$400)	(\$250-\$400)	(\$300-\$450)	(\$210-\$600)	(\$200-\$500)	(\$300-\$400)	(\$200-\$1300)

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

Figure 20 shows that, of nine respondents, over half (56%, n=5) reported 'stable' in regards to changes in the recent price of cocaine. Of the remainder, 22% (n=2) reported the price of cocaine in the previous six months as 'don't know' and 11% (n=1) equally as 'increasing' and 'fluctuating'. However, it must be emphasised that extreme caution must be taken in drawing conclusions from these data which are based on small numbers of respondents.

Figure 20: Recent changes in price of cocaine purchased by REU, 2009

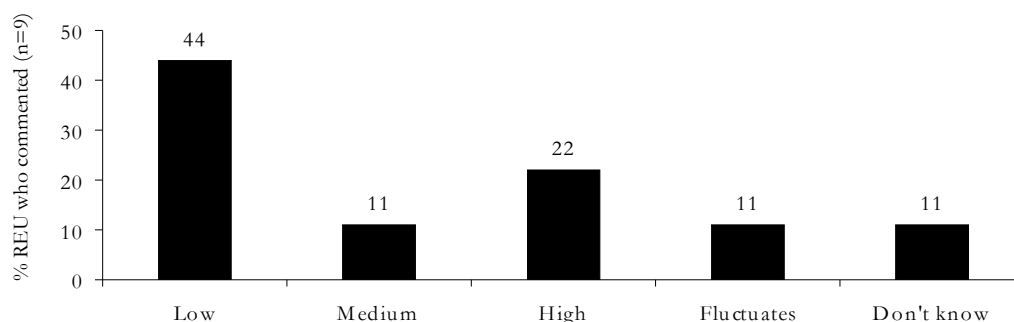


Source: WA EDRS regular ecstasy user interviews 2009

6.3 Purity

There were nine respondents who commented on cocaine purity, with the greatest proportion rating it as 'low' (44%, n=4) whereas last year the greatest proportion rated purity as 'medium' (40%). The next most common response in 2009 was 22% (n=2) who rated purity as 'high' followed by 'medium', 'fluctuates' and those who didn't know each nominated by 11% (n=1). This data is displayed in Figure 21. The very small number of respondents here precludes drawing any conclusions based on these data.

Figure 21: User reports of current purity of cocaine, 2009

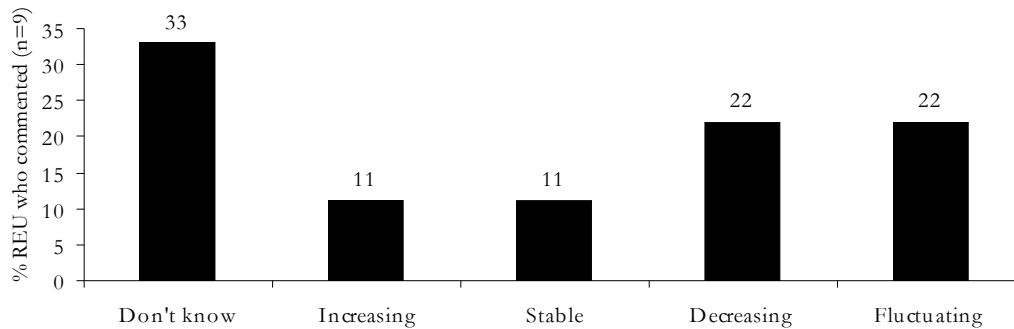


Source: WA EDRS regular ecstasy user interviews 2009

Of the nine REU who responded to perceived purity of cocaine in the six months prior to interview, 33% (n=3) said they didn't know, followed by 22% (n=2) of respondents equally nominating 'decreased' and 'fluctuating' cocaine purity in the past six months. This perceived inability by respondents to comment on both the price and purity of

cocaine over the last six months may suggest the market is unstable and/or that use is infrequent. This data is shown in Figure 22. Again, the very small number of respondents here precludes drawing any conclusions based on these data.

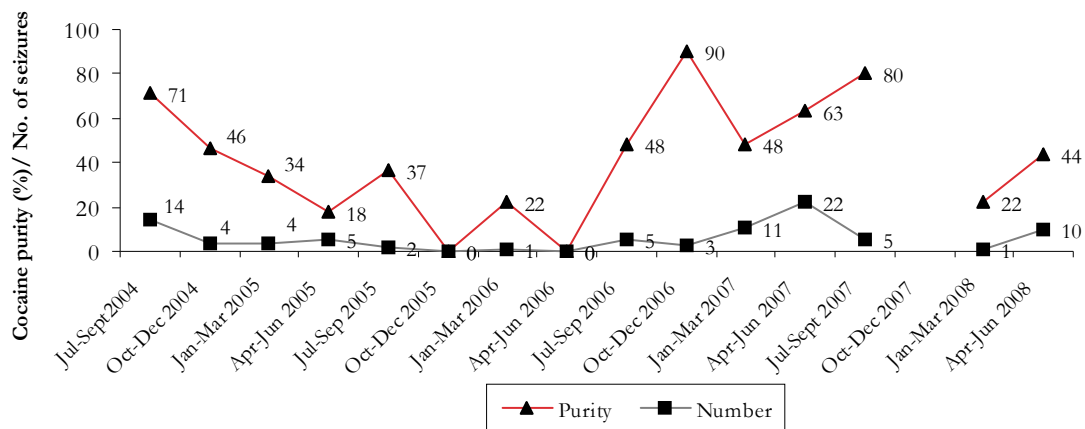
Figure 22: User reports of changes in cocaine purity in the past six months, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Figure 23 shows Australian Crime Commission data for the median purity and number of cocaine seizures in WA. It is difficult to interpret meaningful findings due to number of seizures being extremely low in WA. The median purity between July-September 2007 was 80%, which is the highest purity has been since October-December 2006, although this was based on only five cases. No cocaine seizures occurred in WA during October-December 2007. Just one seizure was analysed in January-March 2008, with a median purity of 22%. In April-June 2008, ten cocaine seizures were analysed with a median purity of 44% reported. It must also be emphasised that the weights (grams) of cocaine seized in WA was relatively low. For example, in 2007-08, 859 grams of cocaine was seized in WA; in comparison the cocaine seized in NSW during this period weighed 525,444 grams (Illicit Drug Data Report, 2009).

Figure 23: Median purity and number of cocaine seizures analysed in WA by quarter, July 2004 to June 2008

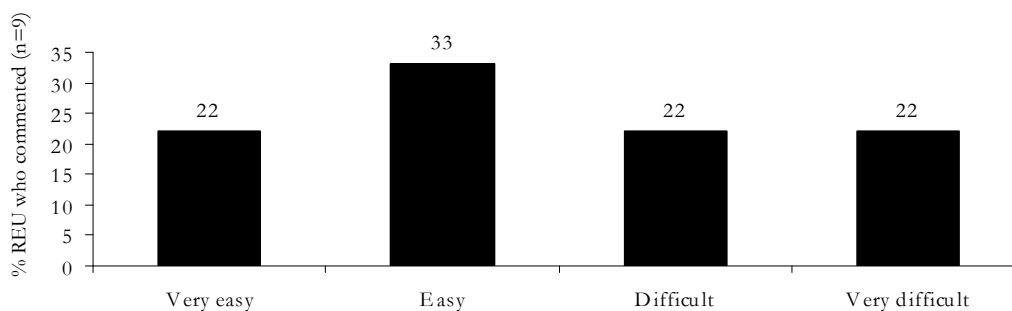


Source: Australian Crime Commission

6.4 Availability

There were nine respondents who commented on cocaine availability in WA with 33% (n=3) rating current availability as 'easy', compared to the greatest proportion nominating availability as 'very difficult' (40%) in 2008. The remaining respondents equally reported current cocaine availability to be 'very easy', 'difficult' and 'very difficult' each by 22% (n=2). This data appears in Figure 24.

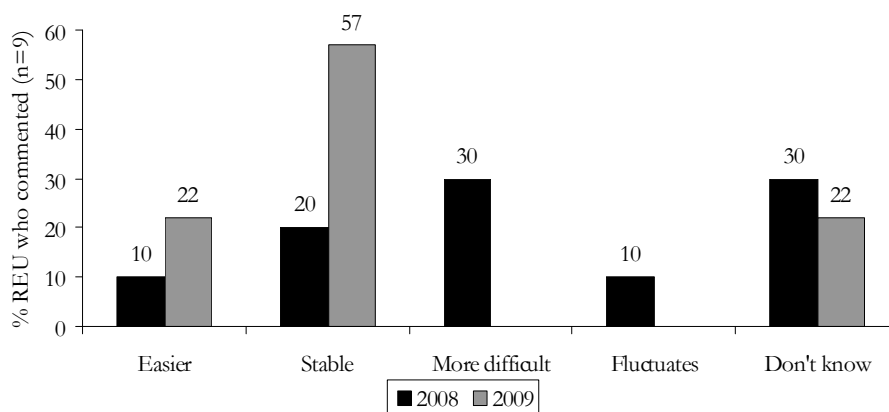
Figure 24: Current availability of cocaine, 2009



Source: WA EDRS regular ecstasy user interviews, 2009

With regards to changes in availability over the preceding six months (Figure 25), more than half of those who commented (57%, n=5) reported change in availability to be 'stable' over the last six months, compared to 2008 when 30% reporting 'don't know' and 30% reported cocaine to be 'more difficult'. This was followed by equal proportions (22%, n=2) nominating availability as 'easier' and 'don't know'. This data appears in Figure 25. As suggested with current cocaine purity, the perceived inability by respondents to comment on changes in availability suggests the market is unstable/or that use is infrequent. Again, the very small number of respondents here precludes drawing any conclusions based on these data.

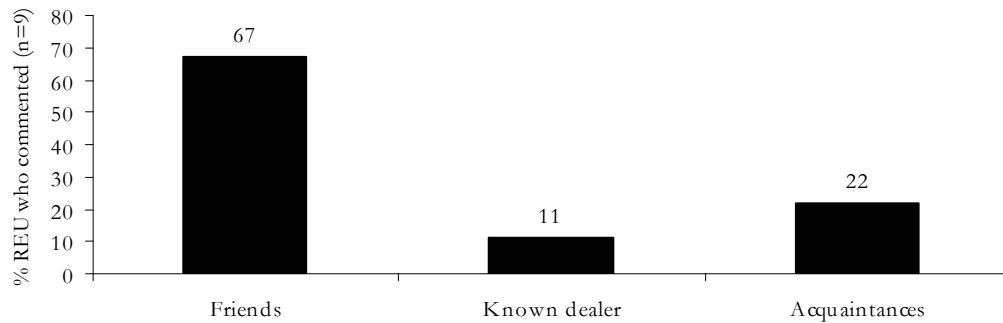
Figure 25: Changes in cocaine availability in the preceding six months, 2008 and 2009



Source: WA EDRS regular ecstasy user interviews 2008 and 2009

Asked to describe the last person who they had purchased cocaine from, ‘friends’ were reported by the majority (67%, n=6) of those who responded as the most common last person from whom cocaine was purchased. This compared to 40% equally nominating ‘friends’ and ‘used not scored’ in 2008. Nearly a quarter (22%, n=2) of current respondents nominated ‘acquaintances’ and 11% (n=1) nominated a ‘known dealer’. These findings are portrayed in Figure 26. Again, the very small number of respondents here precludes drawing any conclusions based on these data.

Figure 26: Last person from whom cocaine had been purchased, 2009*

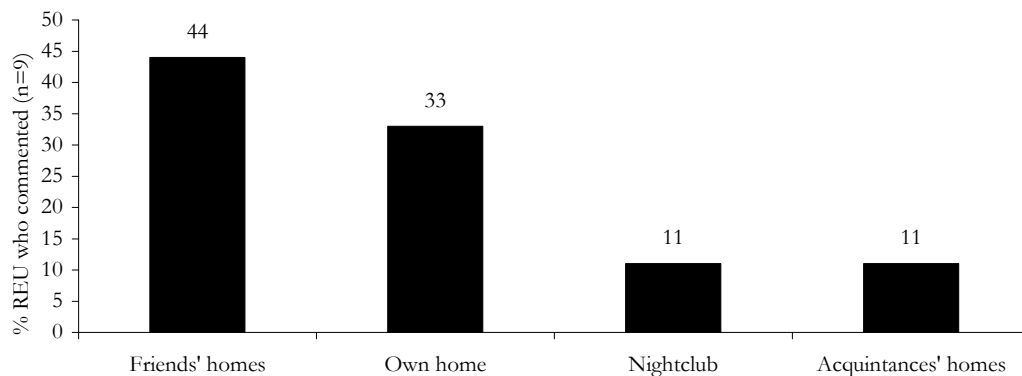


Source: WA EDRS regular ecstasy user interviews 2009

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

Figure 27 shows usual locations of purchase, with ‘friends’ homes’ nominated by the greatest proportion of respondents (44%, n=4), compared to 2008 when the greatest proportion equally nominated ‘friends’ homes’ and ‘own home’ (30%). This was followed by nominating ‘own home’ (33%, n=3) and then by equal proportions nominating ‘nightclubs’ or ‘acquaintances’ homes’ (11%, n=1). Again, the very small number of respondents here precludes drawing any conclusions based on these data.

Figure 27: Locations where cocaine had been purchased in the preceding six months, 2009



Source: WA EDRS regular ecstasy user interviews 2009

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

Key expert comments

It was noted by a few KE that cocaine is somewhat rare in Perth and, of the cocaine that does exist, this is usually heavily cut and of low purity. One KE from the health sector reported that, of the cocaine presentations in a hospital, most of them are actually a cleaner form of methamphetamine, which can be determined by its longer half-life. This KE reported that ‘in the 10 years the drug and alcohol service has been running, 20,500 patients have been seen. Only 25 of these people were [due to] genuine cocaine use’.

6.5 Summary of cocaine trends

- Lifetime use of cocaine did not significantly change in comparison to last year; from 66% in 2008 to 52% in 2009. Recent use rates significantly decreased from 40% in the 2008 sample to 24% in 2009.
- Cocaine was used a median of two days in the previous six months, which was comparable to three days found last year.
- The amount of cocaine used in both a typical and a heavy session was 0.5 grams, which was the same amount reported in last year's sample.
- 'Nightclubs' and 'private parties' were the most common last locations of cocaine use, reported by 33% each.

The number of EDRS respondents who had recently used cocaine and considered themselves able to report on cocaine market trends was extremely small (n=9). As such, we recommend extreme caution in interpreting the data presented here:

- The median price of a gram of cocaine was \$375, which increased from \$325 last year.
- Change in price over the last six months was rated as 'stable' by over half the proportion of the sample (56%).
- Current purity was rated as 'low' by 44% of respondents, whereas in 2008 the greatest proportion rated purity as 'medium'. This suggests some decrease in perceived purity from last year's modal ratings of 'medium'. However, in regards to changes in availability in the last six months, the greatest proportion of 33% nominated 'don't know'.
- Current availability was rated by 33% as 'easy' compared to the greatest proportion of 40% who nominated availability as 'very difficult' in 2008. These changes in availability in the last six months were nominated as 'stable' by the greatest proportion of the sample.
- 'Friends' were the most common person from whom cocaine was purchased, reported by 67% compared to 40% last year. 'Friends' homes' were also the most common location where cocaine was purchased by 44% of the sample.

7 KETAMINE

Ketamine is a rapid acting, dissociative anaesthetic that is used in veterinary surgery and less commonly in human surgery. Ketamine produces a dissociative state in the user, commonly eliciting an out-of-body experience. Ketamine is also known as ‘k’, ‘special k’ or ‘vitamin k’.

7.1 Ketamine use among regular ecstasy users

Presented in Table 14 are patterns of ketamine use among REU for the period 2003-2009. Lifetime and recent use of ketamine remained consistent with 2008 data, with lifetime use in 2008 reported by 21% compared to 18% in 2009. Recent use of ketamine was also comparable to the previous year, with three percent in 2008 compared with six percent in 2009. Other data pertaining to ketamine use needs to be considered in the light of the very small number of respondents able to provide information. Of the six respondents who used ketamine in this period, the average number of days of use significantly decreased from approximately three in 2008 to approximately one in 2009. Five respondents reported on amounts of ketamine used; of these, two reported in ‘bumps’, with a median of 3 ‘bumps’ used for both a typical session and a heavy session. Two respondents reported in pills/tabs, with the median amount of 1.5 pills/tabs used in both a typical and heavy session. The remaining one respondent reported using ketamine in lines, with four lines being used in both a typical and heavy session. Of those respondents who had used ketamine in the last six months, two reported swallowing and five reported snorting as routes of administration. No respondents commented on price or purity, and availability of ketamine in the last six months.

Table 14: Patterns of ketamine use of REU, 2003-2009

Ketamine	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance 08-09
Ever used (%)	25	21	25	14	22	21	18	$\chi^2 = .077$, df=1, p=.781
Used last six months (%)	12	10	11	4	2	3	6	-
Of those who had used in the preceding 6 months								
Mean days used last 6 months	4.1	1.4	3.0	2.5	2.5	2.5#	1.2	t=-8.000 df=5, p=.000*
Median quantities used (bumps)								
Typical (range)	1.5 (1-4)	1(.5-1.5)	2 (1-6)	4#	1#	0.5#	3(1-5)	
Heavy (range)	1.5 (1-4)	1 (1-5)	2 (1-12)	4#	1#	0.5#	3(1-5)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

* Significant at alpha level 0.05

Based on two respondents

- Frequencies too small to run chi squared

Key expert comments

No KE commented on ketamine in 2009.

7.2 Summary of ketamine trends

- Lifetime use of ketamine remained consistent with findings found in previous years' samples.
- Prevalence of recent ketamine use remained low with frequencies too small to run significance testing.
- In 2009, 18% reported ever using ketamine and six percent reported using ketamine in the previous 6 months.
- The number of EDRS respondents who had recently used ketamine and considered themselves able to report on cocaine market trends was extremely small (n=6). As such, we recommend extreme caution in interpreting the data presented here.
- Days used in the last six months significantly decreased from 2008, with an average of approximately one day in 2009 compared to approximately three in 2008.
- No respondents reported on price, purity, availability, locations of use and purchasing.

8 LSD

Lysergic acid diethylamide is commonly known as LSD, ‘trips’ or ‘acid’, and became popular in the 1960s. It is a powerful hallucinogen which can produce significant changes in perception, mood and thought. LSD is usually sold in perforated sheet form (Australian Crime Commission, 2007). Small paper squares (‘tabs’) are detached from these sheets and usually decorated with designs which can often be culturally specific to the user group. However, the 2009 sample showed an increased number of participants reporting purchasing LSD in a liquid form on sugar cubes.

8.1 LSD use among regular ecstasy users

As evident from Table 15, lifetime use of LSD was reported by 55% of the 2009 sample compared with 47% in 2008; however, this was not a significant change. A significant increase in recent use of LSD occurred from 21% in 2008 to 31% in 2009 ($\chi^2=6.028$, $df=1$, $p=.014$). In contrast, however, the average number of days LSD was used during this period decreased significantly from approximately eight days in 2008 to six days in 2009 ($t=-2.156$, $df=30$, $p=.039$). The median number of days LSD was used in the preceding six months almost halved from five days in 2008 to three days in 2009 (range one to 24 in 2009).

The median amount of LSD used in a typical session was one tab, which was unchanged from last year. The median amount used in a heavy session significantly increased from one tab in 2008 to approximately two tabs in 2009 ($t=3.285$, $df=19$, $p=.004$). The highest proportion of REU who had used LSD in the last six months nominated swallowing (83%, $n=10$), followed by 17% ($n=2$) reporting snorting and one respondent (8%) reporting smoking. Interestingly, three respondents from the 2009 sample reported using LSD in the form of liquid on sugar cubes as apposed to the more familiar paper tab form.

Table 15: Patterns of LSD use of REU, 2003-2008

LSD	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance
Ever used (%)	62	50	71	67	49	47	55	$\chi^2 = 2.569$, $df=1$, $p=.109$
Used last six months (%)	22	11	35	25	23	21	31	$\chi^2=6.028$, $df=1$, $p=.014^*$
Of those who had used in the preceding 6 months Mean days used last 6 months	3	3	5	3	5	8	6	$t=-2.156$, $df=30$, $p=.039^*$

Median quantities used (tabs)								
Typical (range)	1 (.5-3)	1 (.33-3)	1.3 (0.5-3)	1 (.25-2)	1 (.25-4)	1 (.50-2)	1 (1-2.5)	-
Heavy (range)	1 (.25-7)	1.5 (.33-8)	2.1 (0.5-9)	1 (.25-3)	1 (.25-5)	1 (.50-2)	1.75 (1-7)	

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2008

* Significant at alpha level 0.05

8.2 Price

As shown in Table 16, the median price for a tab of LSD was \$25, which was consistent with the previous year's findings, although a shift in price range was evident from 2008 figures of \$20-\$45 to \$5-\$40 in 2009. Of those current REU that responded, 56% (n=14) reported the price of LSD as 'stable' during the previous six months. The next greatest proportion of those who commented on price change in the last six months reported 'don't know' (24%, n=6).

Table 16: Price of LSD purchased by REU, 2003-2009

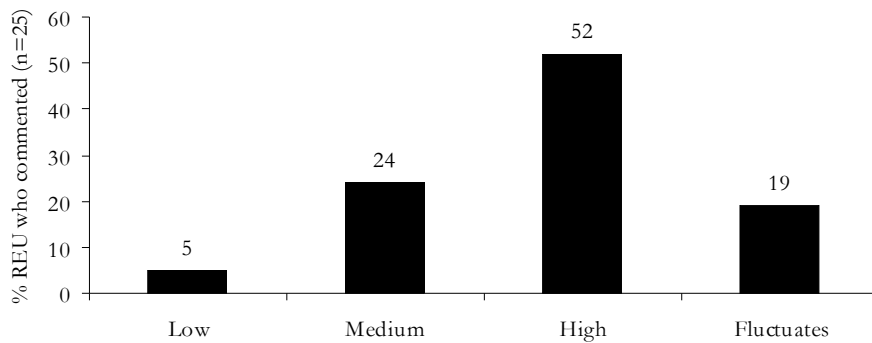
LSD	2003 (n=28)	2004 (n=12)	2005 (n=35)	2006 (n=20)	2007 (n=16)	2008 (n=9)	2009 (n=25)
Median price (\$) tab (range)	\$20 (15-40)	\$25 (7-40)	\$25 (15-40)	\$20 (10-50)	\$25 (10-30)	\$25 (20-45)	25 (5-40)
Price change:	(n=41)	(n=20)	(n=35)	(n=20)	(n=16)	(n=9)	(n=25)
Increased (%)	22	35	31	10	0	22	16
Stable (%)	39	25	29	45	56	44	56
Decreased (%)	5	5	14	5	6	11	4
Fluctuated (%)	7	20	9	5	0	0	0
Don't know (%)	27	15	17	35	38	22	24

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

8.3 Purity

There were twenty-five respondents in the current REU who commented on the purity of LSD. Ratings of current purity were comparable to last year with the greatest proportion rating it as 'high' by 52% (n=11) in 2009 compared to 45% in 2008; this was followed by nominating 'medium' by 24% (n=5), compared to 33% in 2007. This data is shown in Figure 28.

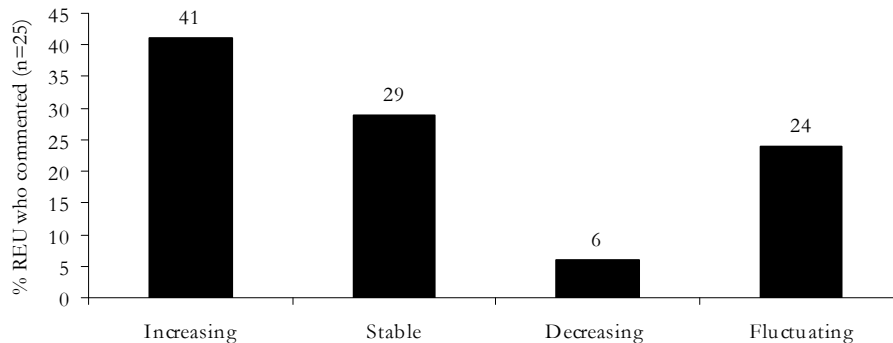
Figure 28: User reports of current LSD purity, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Of those who responded (n=25), LSD purity over the previous six months was rated by the greatest number of respondents as ‘increasing’ by 41% (n=7), compared to 2008 when the greatest proportion reported ‘stable’ (45%), suggesting a perception of increased LSD purity over the six months preceding interview. The next greatest proportion of those that commented on changes in purity reported ‘stable’ (29%, n=5), followed by ‘fluctuating’ (24%, n=4) then ‘decreasing’ (6%, n=1). This data is displayed in Figure 29.

Figure 29: User reports of changes in LSD purity in the past six months, 2009

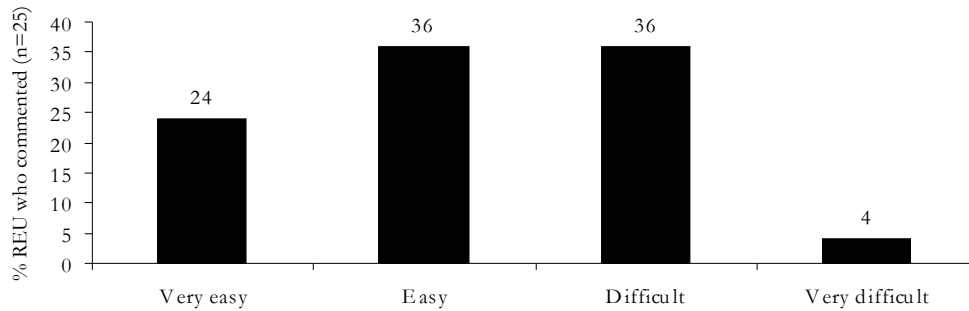


Source: WA EDRS regular ecstasy user interviews 2009

8.4 Availability

Figure 30 shows the reported current availability of LSD, with the greatest proportion equally nominating current availability as ‘easy’ or ‘difficult’ (36%, n=9), followed by nominating current availability as ‘very easy’ (24%, n=6) then ‘very difficult’ (4%, n=1). Figure 30 shows that 36% (n=9) of those who responded rated current availability of LSD as ‘difficult’ compared to only 22% in 2008. While 44% of last year’s sample rated current availability as ‘easy’, 36% (n=9) of the current respondents nominated this rating. These findings suggest an increased perception that availability of LSD has become more ‘difficult’ since last year’s survey.

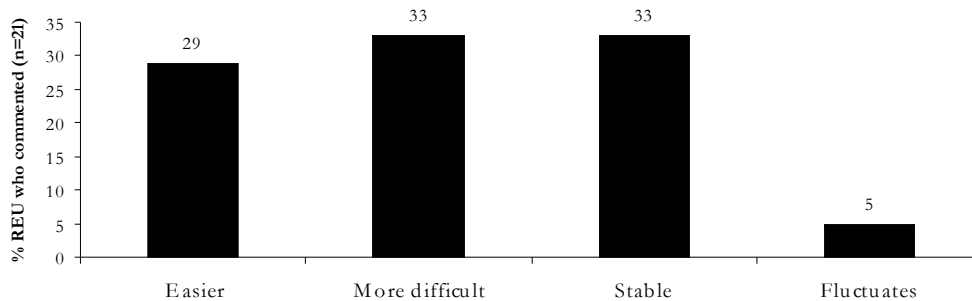
Figure 30: Current availability of LSD, 2009



Source: WA EDRS regular ecstasy user interviews 2009

In regards to recent changes in availability (see Figure 31), most of the current REU who commented equally reported availability as 'more difficult' and 'stable' (33%, n=7), compared to the greatest proportion reporting availability as 'easier' (67%) in 2008. In 2009, just under a third reported 'easier' (29%, n=6) followed by 'fluctuates' (5%, n=1). These findings also suggest an increased perception of LSD availability being 'more difficult' to obtain, compared to only 11% reporting in 2008.

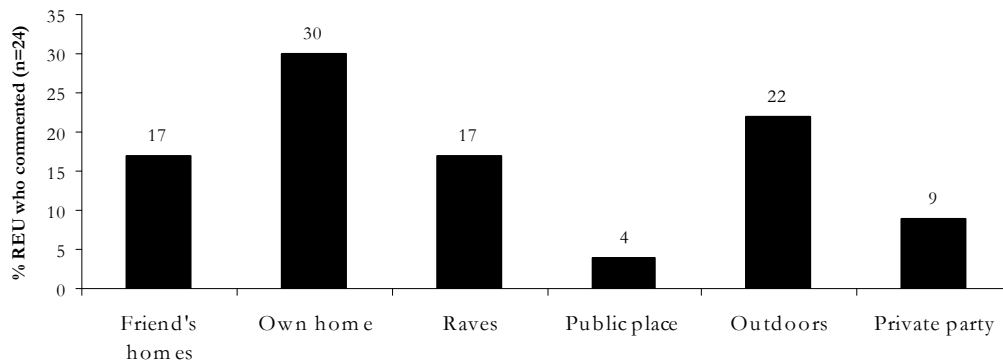
Figure 31: Changes in availability of LSD during the past six months, 2009



Source: WA EDRS regular ecstasy user interviews 2009

From the current sample, 24 respondents commented on questions relating to the last location where most time was spent under the influence of LSD. As shown in Figure 32, 'own home' was the most commonly reported last location spent under the influence by respondents (30%, n=7), which was comparable with the 2008 sample. Of the current sample, 22% (n=5) equally reported usually using LSD 'outdoors', followed by equal proportions of 17% (n=4) who reported usual use at 'friends' homes' and 'raves'.

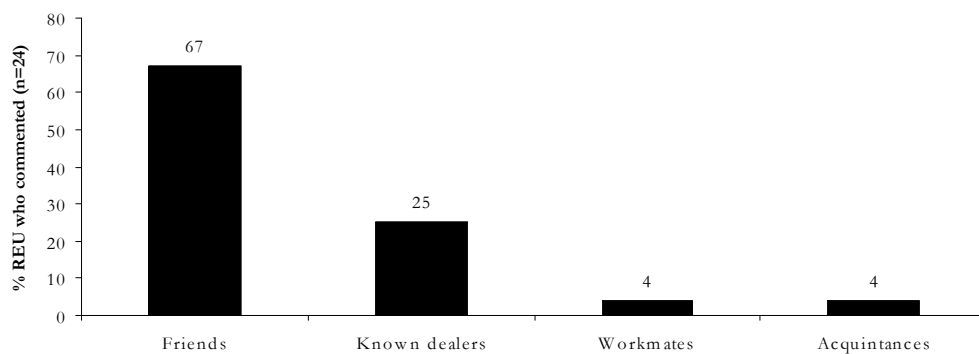
Figure 32: Last location where most time was spent under the influence of LSD, 2009



Source: WA EDRS regular ecstasy user interviews 2009

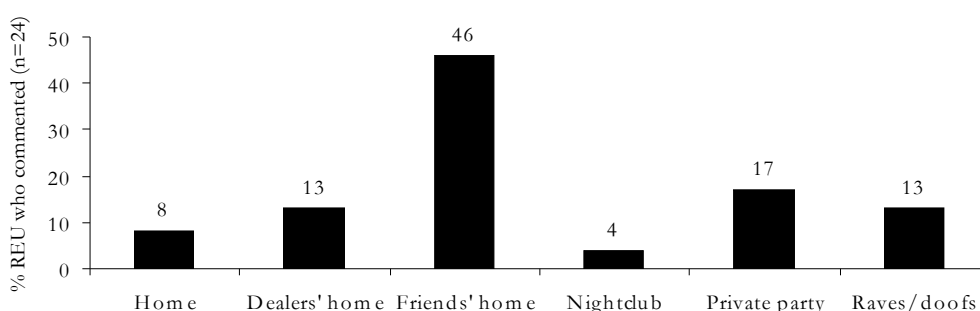
There were twenty-four respondents who commented on the last person and last locations for purchasing LSD in the previous six months. 'Friends' were the most common source for scoring LSD, reported by 67% (n=16), followed by 'known dealers' reported by 25% (n=6) (Figure 33). Accordingly, the most common locations for scoring were 'friends' homes' reported by 46% (n=10) each (see Figure 34).

Figure 33: Last person from whom LSD had been purchased the last time, 2009*



Source: WA EDRS regular ecstasy user interviews 2009

Figure 34: Locations where LSD had been purchased in the preceding six months, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Key expert comments

Only one KE commented on LSD and reported that, of the one hospital presentation they had seen, this individual had consumed very potent LSD and had a psychotic breakdown.

8.5 Summary of LSD trends

- Lifetime use of LSD was similar to that reported last year, with 55% reporting ever-used LSD in the current sample compared to 47% in 2008.
- Recent use of LSD significantly increased from 21% in 2008 to 31% in 2009.
- However, the average days used in this period did significantly decrease from eight days in 2008 to six days in 2009.
- The average amount of LSD used during a typical session was one tab, and a heavy session was approximately two tabs.
- 'Own home' was the most commonly reported last location for using LSD.
- The median price was \$25 a tab; as found in previous years' samples.
- Price of LSD during the last six months was rated as 'stable' by 56% of REU who commented.
- More than half of those who commented rated current purity of LSD as 'high' (52%).
- The greatest proportion rated current availability as both 'easy' and 'difficult' (36% each) compared to 'stable' last year (45%).
- The majority reported 'friends' (67%) as the most common person from whom LSD was obtained and 'friends' homes' (47%) as the most common locations of purchase.

9 CANNABIS

9.1 Cannabis use among regular ecstasy users

As shown in Table 17, nearly the entire sample of REU in 2008 reported lifetime use of cannabis and this rate was comparable to that found in previous years. Rates of recent use were also similar across years, with 85% of the current sample reporting use of cannabis in the previous six months, as reported in 2008. The average number of days cannabis was used in this period increased significantly from 49 days in 2008 to 81 days in 2009 ($t=3.763$, $df=84$, $p=.000$). In 2009, 30 respondents reported daily use of cannabis compared to seven respondents in 2008 and 14 respondents in 2007. At present it is unclear whether this represents a change in cannabis use by regular ecstasy users or is due to sampling issues - that is, more regular cannabis users being recruited by the EDRS.

Table 17: Patterns of cannabis use of REU, 2003-2009

Cannabis	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)	Statistical tests of significance
Ever used %	99	97	99	100	96	100	99	-
Used last six months %	91	85	83	86	80	85	85	-
Of those who had used in preceding 6 months								
Mean days used last 6 months	61	69	85	77	75	49	81	$t=3.763$, $df=84$, $p=.000^*$

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

Among current REU, the median age of first use for cannabis was 15 years (range 9 to 27). The greatest proportion of those who had used cannabis in the last six months reported smoking (85%, $n=85$) and swallowing was reported by 30% ($n=30$). In 2009, respondents were asked how much cannabis they consumed during their last session. Of those who reported on 'cones' ($n=53$), the median was four cones (range 0.5-25) which was double the median number of cones in 2008 ($t=3.888$, $df=52$, $p=.000$), and, of those who reported on 'joints' ($n=25$), the median was one joint (range 0.25-5) which was comparable to 2008.

Unlike last year when none of the current sample nominated cannabis as their drug of choice, in 2009 cannabis was the second most nominated drug of choice following ecstasy by 25% of the current sample. This compares to 14% nominating cannabis as their drug of choice in 2007 and 19% in 2006 (George & Lenton, 2008). Of the 72% of the sample who reported using other drugs with ecstasy, cannabis was reported in this

context by 30% (n=14). Among those reporting use of other drugs during ‘comedown’ from ecstasy (52%), 41% (n=19) reported using cannabis in this context.

9.2 Price

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

Table 18 presents REU reports of the price of one ounce of cannabis. An ounce of hydroponic cannabis cost a median of \$350 in 2009, which was the highest recorded median since data collection began. An ounce of bush cannabis cost a median of \$280, which remained comparable to \$275 in 2008. Responses were also given for a gram and a ‘stick’. The median price for both a ‘bag’ (median 2 grams, range 1.5-5 grams) (n= 27 in 2009) remained at \$25 across years. Unlike in previous years’ samples, a similar proportion to hydroponic also reported on bush. Across years, a ‘bag’ (median 2 grams) of bush also had a median price of \$25 (n = 14 in 2009). In 2009, an increasing number of respondents (n=10) could also comment on the price of hashish, which has a median price of \$30 for a gram (range \$20-\$50), compared to 2008 when only two respondents reported on the price of hashish with a median of \$47.5.

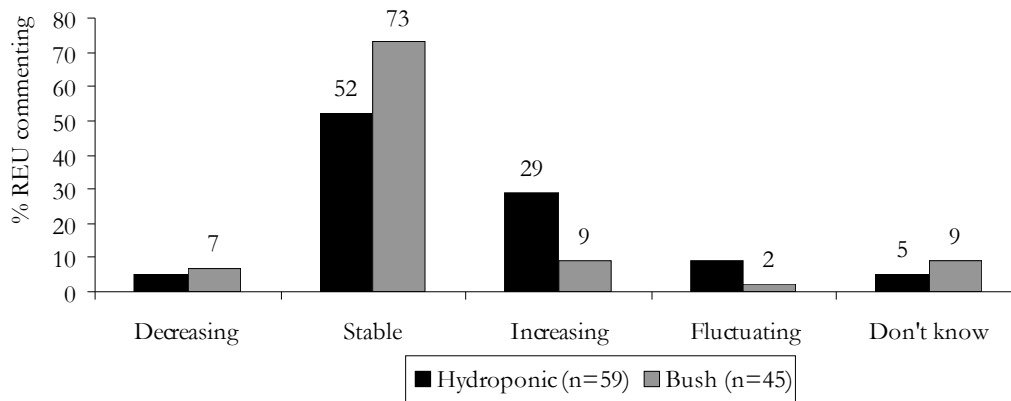
Table 18: Median reported price of cannabis ounce, 2006-2009

Form of cannabis	2006	2007	2008	2009
Hydroponic	(n=42) \$280	(n=33) \$300	(n=24) \$305	(n=23) \$350
Bush	(n=28) \$250	(n=20) \$250	(n=16) \$275	(n=16) \$280

Source: WA EDRS regular ecstasy user interviews 2006-2009

Respondents were also asked to report on perceived changes in the price of cannabis in the previous six months (Figure 35). Of those who commented, the majority reported the price of hydroponic as ‘stable’ (52%, n=31), 29% (n=17) reported it as ‘increasing’, 9% (n=5) reported it as ‘fluctuating’ and 5%(n=3) equally reported ‘decreasing’ or ‘don’t know’. There was not much variation in price reported for bush, with the vast majority of 73% (n=33) reporting it as ‘stable’, 9% (n=4) equally reported ‘increasing’ or ‘don’t know’, 7% (n=3) reported ‘decreasing’ and 2% (n=1) reported ‘fluctuating’. This data is presented in Figure 35.

Figure 35: Recent changes in price of cannabis purchased by REU, 2009

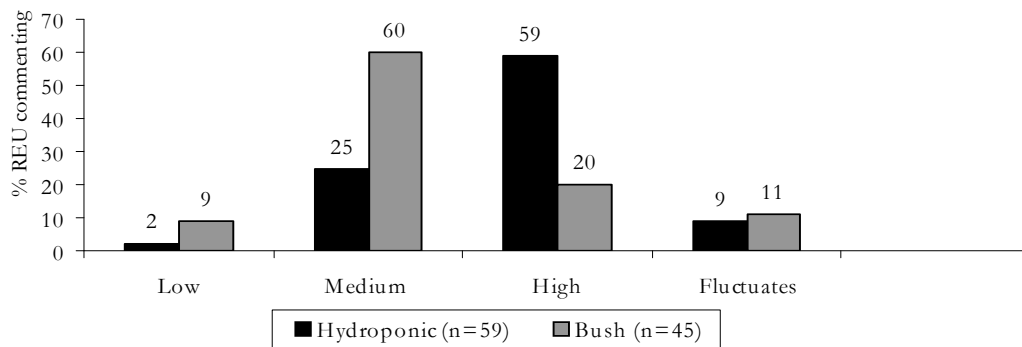


Source: WA EDRS regular ecstasy user interviews 2009

9.3 Purity

Respondents also reported on the current purity of cannabis and perceived changes in purity during the previous six months. As shown in Figure 36, over half of those who commented on hydroponic reported current purity as 'high' (59%, n=35), compared to 2008 when the greatest proportion nominating 'medium' (46%). Increased proportions reported purity of bush as 'medium' (60%, n=27) compared to 41% in 2008.

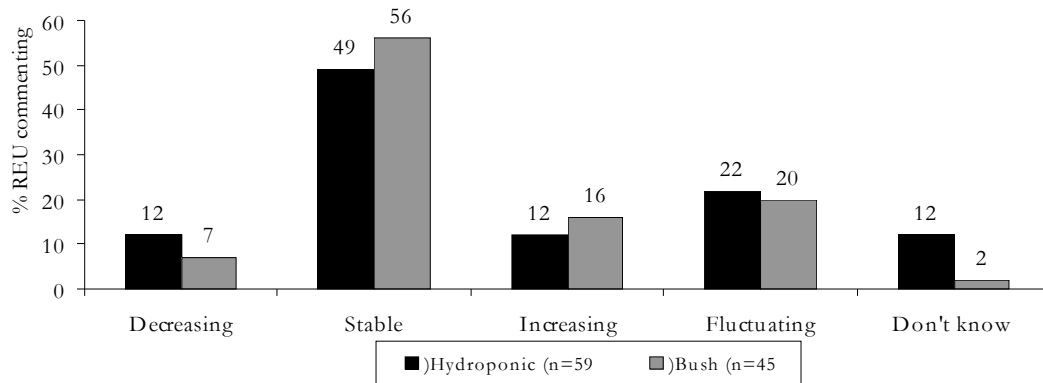
Figure 36: User reports of current purity of cannabis, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Figure 37 presents recent perceived changes to cannabis purity with the majority of respondents for both hydroponic (49%, n=29) and bush (56%, n=25) reporting purity as 'stable', which was comparable to last year's sample.

Figure 37: User reports of changes in cannabis purity in the past six months, 2009

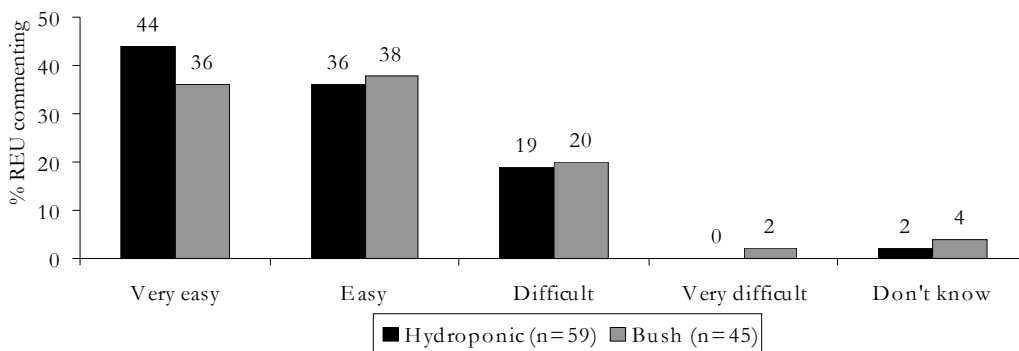


Source: WA EDRS regular ecstasy user interviews 2009

9.4 Availability

Unlike last year's sample, in 2009 there was a greater proportion of the sample nominating current availability of both forms of cannabis as 'very easy' as well as 'easy' (Figure 38). The greatest proportion of the sample nominated hydroponic as 'very easy' by 44% (n=26) compared to the greatest proportion of those commenting nominated it as 'easy' by 39% in 2008. In regards to bush cannabis, the greatest proportion of those who commented nominated 'easy' (38%, n=17) compared to 'difficult' by 44% in 2008, therefore suggesting that current availability of both forms of cannabis has become easier to obtain in comparison to last year's sample.

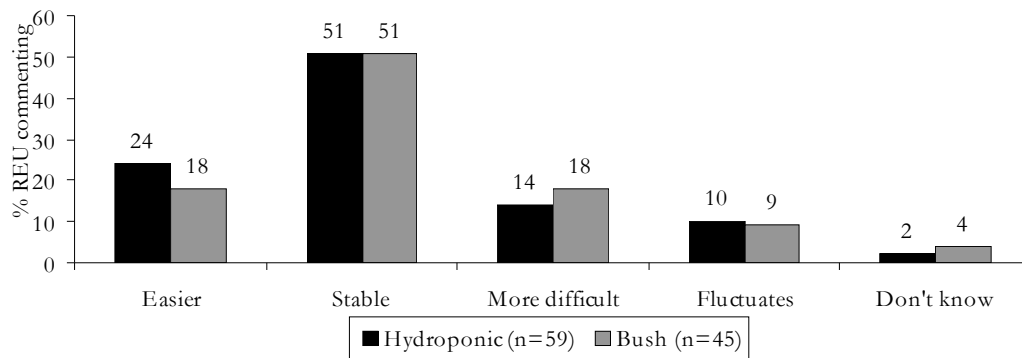
Figure 38: Current availability of cannabis, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Changes to cannabis availability in the preceding six months was perceived as 'stable' by the greatest proportion of the sample (see Figure 39). With just over half of respondents reporting on both forms of cannabis rated recent availability as 'stable' (51%), compared to last year's sample when the greatest proportion reported changes in cannabis availability as becoming 'more difficult' in the last six months.

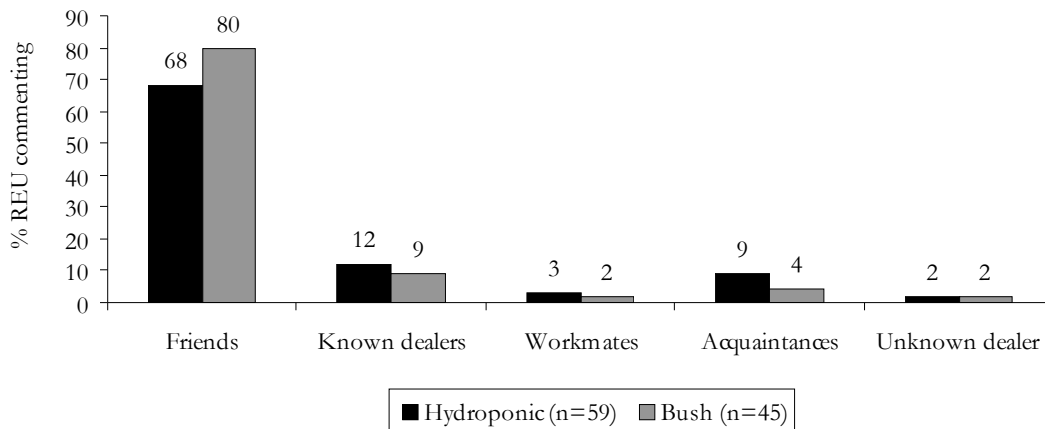
Figure 39: Changes in cannabis availability in the preceding six months, 2009



Source: WA EDRS regular ecstasy user interviews 2009

As shown in Figure 40, ‘friends’ were the most common last source of cannabis for both hydroponic (68%, n=40) and bush (80%, n=36). This was followed by ‘known dealers’ for both hydroponic (12%, n=7) and bush (9%, n=4).

Figure 40: Last person from whom cannabis usually purchased in the preceding six months, 2009*

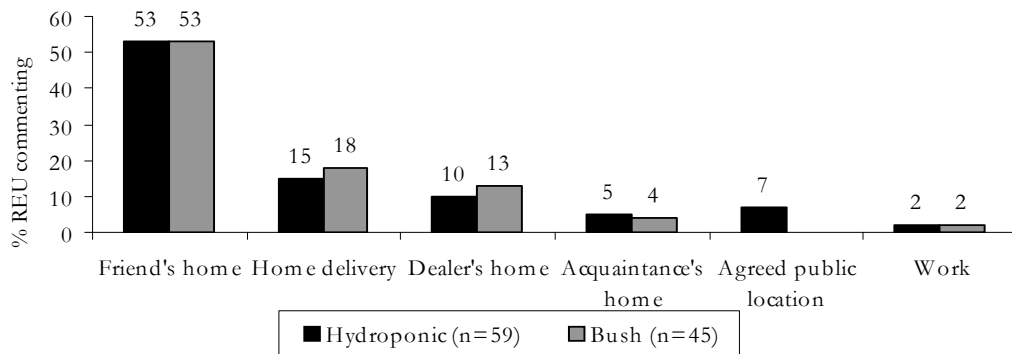


Source: WA EDRS regular ecstasy user interviews 2009

* excluding those who hadn't bought in last six months

With regards to last locations for obtaining cannabis, ‘friend’s home’ was the most common location, reported equally by 53% for both forms of cannabis (Figure 41). This was followed by ‘home delivery’ for hydroponic (15%, n=9) and for bush (18%, n=8), which was comparable to last year’s findings.

Figure 41: Location where cannabis was last purchased, 2009*

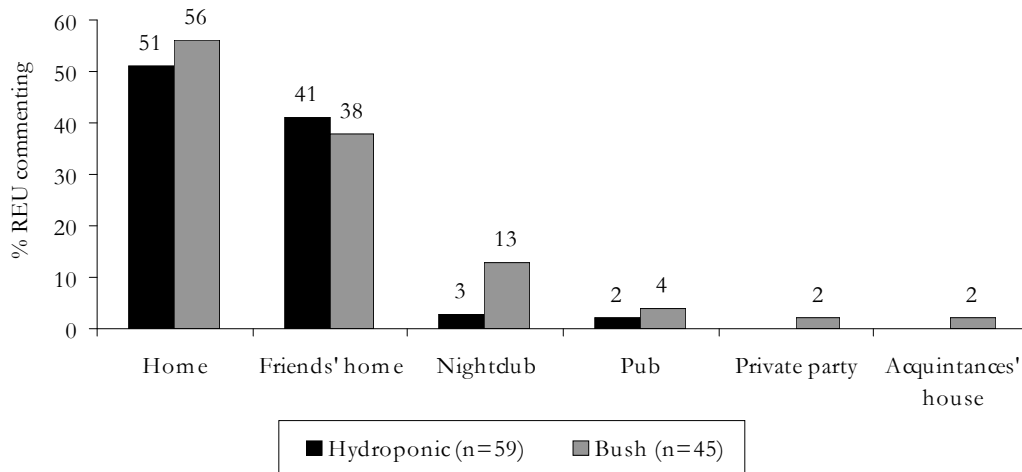


Source: WA EDRS regular ecstasy user interviews 2009

* excluding those who hadn't bought in last six months

When asked about their last location where most time was spent under the influence of cannabis, the greatest proportion of those who responded reported 'home' for both hydroponic (51%,n=30) and bush (56%, n=25). This data is shown in Figure 42.

Figure 42: Last use venue where most time was spent under the influence of cannabis, 2009



Key expert comments

A few KE commented on cannabis. One KE reported a number of psychotic episodes amongst their patients as a result of extensive cannabis use and a predisposition to mental health problems.

9.5 Summary of cannabis trends

- Both lifetime and recent use of cannabis have consistently been high among REU across survey years.
- In 2009, 99% of respondents reported lifetime use of cannabis and 85% reported use in the last six months.
- Cannabis was used an average of 81 days in the previous six months, which increased from 49 days in 2008. In 2009, 30 respondents reported daily use of cannabis, which increased significantly from 7 respondents in 2008 and 14 in 2007
- After ecstasy, cannabis was the second most commonly nominated 'drug of choice' by 25% of the current sample. At present it is unclear whether this represents a change in cannabis use by regular ecstasy users or is due to sampling issues.
- The median price of an ounce of hydroponic was \$350 compared to \$280 for an ounce of 'bush'.
- More than half rated current purity of hydroponic as 'high' (59%). The greatest proportion of those who could answer on bush cannabis reported it to be of 'medium' quality (60%).
- In 2009 the majority of respondents rated current availability of both hydroponic and bush as either 'very easy' or 'easy'. In addition, the greatest proportion for both hydroponic and bush rated availability over the previous six months as 'stable'.
- 'Friends' and 'friend's home' were the last person and last location rated by the majority of respondents as most common sources of purchase for both forms.

10 OTHER DRUGS

10.1 Alcohol

Both lifetime (100%) and recent (99%) use of alcohol were reported by almost the entire REU sample, with similar proportions to previous years (see Table 2). The median age of first use of alcohol was 14 (as found in 2006, 2007 and 2008), with a range from five to 23 years. Of those who used alcohol in the six months preceding interview, use was a median of 48 days (range 1-180), which equates to approximately twice a week. Ten respondents reported drinking alcohol daily.

10.1.1 The Alcohol Quantity Frequency and Variability Assessment (AQFV)

In 2009, a new measure of alcohol consumption was included in the EDRS as a way of more accurately measuring the quantity and frequency of alcohol use while taking into account variability of this over the course of the past year. The Alcohol Quantity Frequency and Variability Assessment (AQFV) is a self-report measure which examines alcohol use over the preceding six months. It has three categories: a) typical drinking; b) regular changes, e.g. weekends; and c) occasional changes, e.g. festivals, parties. Respondents are able to indicate a range for the number of drinks they consume for each section and then indicate on how many days per week, month or year they drink this amount. For example, a participant may report for the 'Typical drinking' section that they consume 'two to three standard drinks, three days per week' or 'five to six standard drinks, two days per month' etc.

Using the information gleaned from the AQFV assessment, the number of days that each participant consumed alcohol over the course of a year and the amount of alcohol consumed on each drinking day was computed. Each drinking day was then defined as either a) low risk (up to six drinks for males or four for females); b) risky (from seven to ten drinks for males or five to six for females); or c) high risk (11 drinks and above for males or seven and above for females) according to NHMRC guidelines (National Health and Medical Research Council, 2001).

Table 19 presents the frequency and quantity of alcohol consumption for male and female REU in WA in 2009. There was no difference in the number of low risk, high risk and risky drinking between males and females. However, men did consume a significantly greater number of drinks per drinking session overall than women did (7 vs. 5) ($p=.015$).

Table 19: Frequency and quantity of alcohol consumption among REU, WA 2009

	Men	Women
Median number of drinking days/year (range):		
Low Risk	48 (0-338)	52(0-260)
Risky	10 (0-208)	12 (0-252)
High Risk	30 (0-364)	29 (0-260)
Average no. drinks per session	7(1.5-33)	5(1-13)

Source: EDRS interviews 2009

Key expert comments

Several KE commented on alcohol use amongst REU, with one KE reporting 90% of all drug-related accidents/injuries/overdose were related to alcohol. One KE commented on a perceived increase in polydrug use amongst REU, in particular alcohol, methamphetamines and ecstasy. Several KE made the comment on the increased use of alcohol with ecstasy which can have health implications such as dehydration. Another KE commented on the perceived increase in alcohol use amongst young people, particularly young girls, many of whom are admitted to hospital for alcohol poisoning. A couple of KE made the comment that alcohol use is often not perceived as problematic, with drinking alcohol and ‘being drunk’ viewed as a social norm.

10.2 Energy drinks

In 2009, REU were asked to report about their consumption of ‘energy drinks’ both unadulterated and when mixed with alcohol (Table 20). ‘Energy drinks’ are soft drinks advertised as providing more energy, alertness and enhanced performance than a typical drink. Common ingredients include guarana, which has a high caffeine content, and taurine, plus various forms of ginseng, maltodextrin, carbonated water, inositol, carnitine, creatine, glucuronolactone and ginkgo balboa. Just under three-quarters (72%) of the 2009 sample reported consuming energy drinks with alcohol in the last six months. The average number of energy drinks with alcohol consumed on the last occasion of use was three (range 1-15). Respondents were also asked to report whether they had consumed energy drinks in the same episode as taking ecstasy, and whether this was before, with, or after consuming ecstasy in the last six months. Use of energy drinks with ecstasy was reported by 70% of the sample and, of these respondents, 47% (n=33) had used energy drinks an average of 30 minutes prior to ecstasy use, 67% (n=47) reported using energy drinks with ecstasy and 39% (n=27) reported using energy drinks an average of 30 minutes after taking ecstasy. From these respondents, 71% (n=50) reported that alcohol and ecstasy were also consumed in combination with energy drinks.

Table 20: User report of use of ‘energy drinks’ in the last six months, 2009

Energy Drinks	2009 N=100
Proportion of REU who had consumed energy drinks with alcohol in the last 6 months	72%
Mean number of energy drinks with alcohol used last time	3 (range 1-15)
Consumed energy drinks with ecstasy in the last six months	N=70
Consumed before ecstasy	47% (n=33)
Median amount of minutes <i>before</i> ecstasy	30
Consumed with ecstasy	67% (n=47)
Consumed after ecstasy	39% (n=27)
Median amount of minutes <i>after</i> ecstasy	30
Consumed energy drinks with ecstasy and alcohol	71% (n=50)

Source: EDRS interviews 2009

10.3 Tobacco

In 2009, both lifetime and recent use of tobacco remained comparable to the 2008 sample. Lifetime use of tobacco was reported by 92% of the current sample, which was comparable to 90% in 2008. Use of tobacco in the previous six months was reported by 76% of the current sample, which was comparable to 69% in 2008. Of those reporting lifetime use of tobacco, the median age of first use was 15 years (range eight to 28). Among those that used tobacco in the last six months, the median number of days use was 180 (range two to 180) compared to a median number of days of 72 in last year's sample. In 2009, 54% (n=41) of those that used tobacco in the last six months were daily smokers.

10.4 GHB

In 2009, seven percent of respondents reported lifetime use of GHB and two respondents reported use in the last six months (two percent); these same proportions were found in last year's sample also. These two respondents reported to have used GHB an average of two days in the last six months compared to an average of one day in 2008. Only one respondent commented on median quantities used, with 30 ml being used in both a typical and heavy session. In addition, neither respondent commented on locations of use, or market aspects such as price, purity and availability, or persons and venues for scoring.

10.5 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family and like ecstasy is classed as a stimulant hallucinogen. There was no significant difference in the prevalence of lifetime use of MDA (nine percent in 2009 versus 16% in 2008). Recent use has also remained comparable to last year's findings (two percent in 2009 versus five percent in 2008). Of the two respondents who had used in the preceding six months, the mean number of days of MDA use was two days in 2009, compared to three days in 2008. Both respondents reported 'swallowing' as the route of administration, although snorting was also reported as another route of administration by one of the two respondents. Unlike in previous samples, in 2009 respondents were not asked to report on price, purity and availability information on MDA due to consistently low numbers of users in the sample.

10.6 Pharmaceutical stimulants

Pharmaceutical stimulants have been included as a separate drug class since the 2005 survey. This category includes dexamphetamine and methylphenidate drugs, such as Ritalin and Attenta. Since 2007, licit use (i.e. prescribed) has been distinguished from illicit use. In 2009, lifetime use of any pharmaceutical stimulant remained stable from 85% in 2008 to 82% in 2009. Among current REU, lifetime use of illicit pharmaceutical stimulants was reported by 95% (n=78) and seven percent reported licit use (n=6). The median age for first illicit use was 17 years and for licit use was 13 years.

Recent use of any pharmaceutical stimulant was reported by similar proportions to last year's sample, with more than half the current sample (60%) reporting recent use compared to 53% in 2008. Among current REU reporting recent use of pharmaceutical stimulants, 95% reported illicit use (n=57) compared to five percent reporting licit use (n=3).

Table 21 presents a comparison of those reporting recent illicit versus licit use of pharmaceutical stimulants. Illicit pharmaceutical stimulants were used a median of four days in the last six months, which was comparable to six days in 2008. In regards to illicit use, the median amount used in a typical session was three tabs (range 1-22) and four and a half tabs for a heavy session (range 1-80). For licit use, the median amount used in a typical session was just over two tabs (range 1.5-3) and six tabs for a heavy session (range 2-10), although licit use findings should be interpreted with extreme caution due to the small sample numbers (n=3). Swallowing was reported as the usual method of use by all respondents for licit use and the vast majority for illicit use (98%). Approximately one-third (33%) of illicit users also reported snorting and a small proportion of illicit users reporting smoking as a route of administration (two percent) which was seen for the first time in the 2008 sample also. From the current sample, no respondents reported injecting as a method of use, which was comparable to last year's sample.

Table 21: Comparison of recent illicit versus licit use of pharmaceutical stimulants reported by REU, 2009

Use of pharmaceutical stimulant	Illicit (n=57)	Licit (n=3)
Days used last six months (median)	4	180
Amount typically used (median tabs)	3	2.25
Amount heavy session (median tabs)	4.5	6
Route of administration		
Swallowed	98%	100%
Snorted	33%	0%
Smoked	2%	0%
Injected	0%	0%

Source: WA EDRS regular ecstasy user interviews 2009

10.7 Benzodiazepines

Use of benzodiazepines was also divided into licit and illicit use in the 2009 EDRS. Taken together (those using any benzodiazepine), there was no significant change in lifetime use from 36% in 2008 to 41% in 2009. Of these respondents, 83% (n=34) reported lifetime illicit use of benzodiazepines and 27% (n=11) reported lifetime licit use of benzodiazepines. The median age of first licit use was 21 years and illicit use was 20 years.

Proportions using any benzodiazepine in the last six months remained comparable to those found in last year's sample, from 24% in 2008 to 22% in 2009. The median number of days benzodiazepines were used during this period was 30 days for licit use, with an average of 63 (range 1-180 days) and a median of three days, with an average of 11 days (range 1-48 days) for illicit use. Of those using benzodiazepines in the last six months, 73% (n=16) reported illicit use and 27% (n=6) reported licit use.

10.8 Anti-depressants

Use of anti-depressants was also divided into licit and illicit use in the 2009 EDRS. Lifetime use of any anti-depressant was reported by 21% (n=21) of the current sample compared to 17% reported last year, although this was not significantly different to last year. Of these current respondents, 71% (n=15) reported lifetime licit use of anti-depressants compared to 29% (n=4) reporting lifetime illicit use of anti-depressants. Thus, unlike pharmaceutical stimulants and benzodiazepines that were mostly used illicitly, anti-depressant use was predominantly licit. The median age of first licit use was 22 years (range 15-37) and the median age of first illicit use was 19 years (range 16-30).

Proportions reporting use in the last six months were comparable between survey years, with nine percent in 2008 compared to six percent in 2009. Of the six respondents reporting recent use, no illicit use was reported with only licit anti-depressants being used in the six months preceding interview. Among current respondents, licit anti-depressants were used a median of 165 days during this period (range 6-180), with three respondents reporting daily use. No respondents reported using anti-depressants with ecstasy or during comedown.

10.9 Inhalants

REU reported on use of the inhalants amyl nitrate and nitrous oxide (see Table 2). Lifetime use of amyl nitrate was comparable across years, as reported by 20% of current REU and 21% of REU in 2008. The median age of first use of amyl nitrate among current REU was 20 years (range 14-36 years). Use in the last six months was six percent of the current sample compared with three percent of the previous year's sample. Amyl nitrate was used a median of approximately three days (range one to 12 days) during this period. The amounts used in a typical session were not recorded in this year's REU questionnaire unlike in previous years' studies.

Lifetime use of nitrous oxide was comparable across years, as reported by 39% of current REU and 48% of REU in 2008. The median age of first use was 17 years (range 12-34 years). Prevalence of use in the last six months decreased significantly from 20% in 2008 to 13% in 2009 ($\chi^2=3.858$, $df=1$, $p=.05$). The median number of days used during this period was two days (range 1-24 days). The median amount used in a typical session was eight bulbs (range 2-60 bulbs) and the median amount used in a heavy session was eight bulbs (range 2-250 bulbs) which was less than half the median heavy amount in 2008 (20 bulbs).

10.10 Heroin and other opiates

10.10.1 Heroin

Among current REU, six percent (n=6) reported ever using heroin, which was comparable to three percent in 2008. The median age of first use was 23 years (range 16-24 years), which was comparable to a median age of 20 years last year. Among the six REU who reported lifetime use of heroin, five reported ever injecting, two reported ever snorting and one to smoking the drug.

In 2009, two respondents reported use of heroin in the last six months, which was comparable to one in 2008. The median number of days heroin was used by these two respondents was 60 days with injecting the only method of use reported.

Several KE commented on heroin, reporting an increase in the number of overdoses occurring, some of these resulting in fatalities.

10.10.2 Methadone and buprenorphine

There were no significant changes in either lifetime or recent use of methadone and buprenorphine; however, these numbers remained low (See Table 2). In 2009, four percent (n=4) reported lifetime use of methadone, which was comparable to five percent in 2008. The median age of first use of methadone was 25 years (range 18-35 years) compared to 22 years in 2008. Among those reporting ever using methadone, 100% (n=4) reported swallowing and was the only route of administration reported. Of those that had ever used methadone, one respondent had used in the last six months compared to none in 2008 - this participant reported swallowing and had only used methadone one day in the last six months.

In 2009, two percent (n=2) reported lifetime use of buprenorphine compared to three percent in 2008. The median age of first use of buprenorphine was 29 years (range 25-32 years) compared to 24 years in 2008. Among those reporting ever using buprenorphine, 100% reported injecting the drug. No respondents reported use of buprenorphine in the last six months in 2009 compared to only one (2%) in 2008.

No respondents reported use of methadone or buprenorphine with ecstasy or to 'come-down' from ecstasy.

10.10.3 Other opiates - illicit and licit

Use of 'other opiates' was divided into illicit and licit use for the first time in the 2009 EDRS. As with methadone and buprenorphine, there were no significant changes in lifetime or recent use of 'other opiates'. This drug class includes morphine, pethidine, oxycodone and various preparations containing codeine. In 2009, 20% of respondents reported lifetime use of 'other opiates' compared to 24% of respondents in 2008. The median age of first use was 24 years (range 16-28 years) for licit use and 19 years for illicit use (range 15-27) compared to 20 years in 2008.

In 2009, 10% (n=10) reported use of 'other opiates' in the last six months compared to 12% in 2008, with 2% (n=2) reporting licit use and 8% (n=8) reporting illicit use in the last six months. The median number of days used in the last six months was one day for illicit use (range 1-90) and one and a half days for licit use (range 1-2) compared to five days in 2008. Of the 10 recent opiate users, the most common route of administration was 'swallowed' (70%), followed by 'injected' (30%), then 'snorted' (20%) and then 'smoked' (10%). No respondents reported use of 'other opiates' with ecstasy or to 'come-down' from ecstasy.

Several KE reported a notable increase in opiate use recently, with one KE reporting the 'drug market is awash with opiates on the street'. A number of KE reported an increase in 'drug seeking behaviours' in hospitals. This is problematic because doctors and hospitals are cautious and withholding from giving or prescribing opiates to people with genuine needs.

10.11 Mushrooms

The proportion of REU reporting lifetime use of mushrooms was not significantly different from the previous year, reported by 50% of current REU in 2009 compared to 44% in 2008. The median age of first use was 18 years (range 13-33 years). Rates of use in the last six months were similar, reported by 15% in 2009 compared to 10% in 2008. For those who reported recent uses in the current sample, mushrooms were used a median of two days (range 1-6 days). The majority of respondents reported swallowing as the route of administration, although two respondents also reported smoking mushrooms. No respondents reported use of mushrooms with ecstasy and no respondents reported use of mushrooms during comedown from ecstasy.

10.12 Over the counter stimulants

For the first time in 2009, REU were questioned about their use of over the counter stimulants for recreational use. This drug class includes cold and flu medications containing pseudoephedrine. Nineteen respondents (19%) reported lifetime use of over the counter stimulants. The median age of first use was 18 years (11-35 years). From the current sample, 8% (n=8) reported use of 'over the counter stimulants' in the last six months. The median number of days used in the last six months was six days (range 1-12 days). Among the current REU reporting lifetime and recent use, 100% reported swallowing with one participant also reported ever snorting.

10.13 Other drugs

Eight respondents (8%) reported lifetime use of drugs other than those listed in the survey compared to 11% of respondents last year. In 2009, the most common drug reported was 2CB and datura (n=2 each) compared to last year when DMT (dimethyltryptamine) was the most common 'other drug' reported (n=2). Several other drugs were reported by individual REU in the current sample including 2CI, butane gas, BZP (benzylpiperazine) and 'Lava' (red coloured crystals most likely methamphetamine based). The four respondents reported use of these other drugs in the last six months which was comparable to six respondents from last year's sample.

10.14 Summary of other drug use

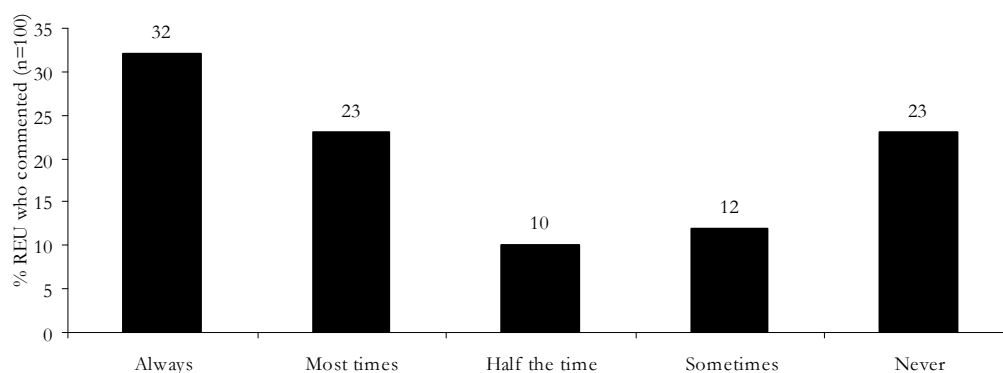
- Almost the entire sample of REU in 2009 reported lifetime use of alcohol (100%) and 99% reported recent use. These rates were consistent with those found in previous survey years.
- In the last six months, alcohol was used a median of 48 days, which equates to twice a week. This finding was comparable to last year.
- In 2009, respondents were asked for the first time about their use of energy drinks with alcohol and ecstasy. Energy drinks with alcohol were consumed by 72% of the sample in the last six months. In addition, 71% of the sample reported consuming energy drinks with alcohol and used ecstasy in the same session.
- Both lifetime and recent use of tobacco remained comparable to last year's sample.
- In 2009, 92% of REU reported lifetime use of tobacco compared to 90% in 2008, while 76% reported use in the last six months compared to 69% in 2008.
- Lifetime use of pharmaceutical stimulants remained comparable to last year, from 82% in 2008 to 85% in 2009, while recent use remained comparable with 60% in 2009 (versus 53% in 2008).
- Among those reporting lifetime use and recent use of pharmaceutical stimulants, 95% used illicitly (i.e. without prescription).
- Overall, lifetime and recent use of benzodiazepines remained comparable to last year, with lifetime use reported by 41% (36% in 2008) and recent use by 22% (28% in 2008).
- Of those reporting lifetime use of benzodiazepines, 83% used illicitly and, of those reporting recent use, 73% used illicitly.
- Lifetime and recent use of anti-depressants remained comparable to last year, with lifetime use reported by 21% and recent use by six percent
- In contrast to pharmaceutical stimulants and benzodiazepines, 29% of lifetime anti-depressant users reported illicit use and no recent users reported illicit use.
- Both lifetime use of amyl nitrate (20% in 2009 versus 21% in 2008) and recent use of amyl nitrate (6% in 2009 versus 3% in 2008) were comparable to last year.
- Lifetime and recent use of nitrous oxide was similar to last year, with 39% in 2009 compared to 48% in 2008 reporting lifetime use, while recent use decreased significantly from 20% in 2008 to 13% in 2009.
- Lifetime and recent use of heroin remained comparable to last year, with lifetime use reported by 6% in 2009 compared to 3% in 2008, while recent use was reported by 2% in both 2008 and 2009.
- Lifetime and recent use of methadone, buprenorphine and other opiates remained very uncommon amongst REU and did not significantly change in comparison to last year.
- Use of mushrooms was comparable to the previous year, with lifetime use reported by 50% in 2009 (44% in 2008) and recent use by 15% (10% in 2008).
- For the first time in 2009, respondents were asked about recreational use of over the counter stimulants. Lifetime use was reported by 19% of the sample and recent use was reported by 8%.
- Eight respondents reported use of drugs other than those listed in the survey compared to 11 respondents in 2008; the most common 'other drugs' mentioned in 2009 were 2CB and datura.

11 DRUG INFORMATION-SEEKING BEHAVIOUR

11.1 Content and testing of ecstasy

Beginning in 2005, REU were asked questions concerning the methods used to determine the content and purity of pills obtained as 'ecstasy'. Particular attention was directed toward the use of pill testing kits and the impact results of such tests may have on subsequent drug use. Figure 43 shows the frequency of seeking information regarding the content and purity of ecstasy, as reported by respondents. Just under a quarter of the current sample (23%) reported 'never' seeking information for ecstasy compared to 27% of last year's sample. In 2009, the greatest proportion of this year's sample reported 'always' seeking information for ecstasy (32%) compared to 21% last year. Those respondents who 'most times' sourced information about the content and purity of ecstasy represented 23% of the current sample, compared to 16% in 2008. These findings suggest a shift towards more information-seeking behaviours may be occurring, although this behaviour is still 'never' undertaken by approximately one-quarter of the current sample.

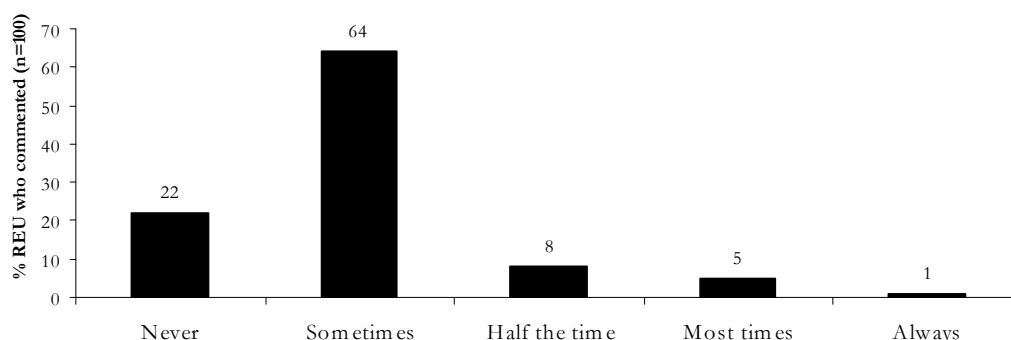
Figure 43: Frequency of seeking information regarding content and purity of ecstasy, 2009



Source: WA EDRS regular ecstasy user interviews 2009

All participants were asked if they had purchased ecstasy in the last six months that had a different content or purity than expected (see Figure 44). Approximately two-thirds of the sample reported this had happened 'sometimes' (64%), consistent with last year's reports (67%). In 2009, 22% of current REU reported this had 'never' happened compared to 14% in last year's sample.

Figure 44: Bought ecstasy with different content/purity than expected, 2009



Source: WA EDRS regular ecstasy user interviews 2009

In 2009, respondents were asked if they had suspected that they had taken ecstasy that contained a substance other than MDMA in the last six months (Table 22). From the current sample, 74% had suspected they had taken ecstasy which contained a substance other than MDMA. Of those reporting adulterants, the greatest proportion of the sample (58%) suspected that meth/amphetamine was in the ecstasy they took, followed by ketamine (41%) then an ‘other’ substance (23%), then MDA (16%), then opiates (12%), then caffeine (10%) and then 2CB/2CI (8%). From those reporting an ‘other’ substance (n=17) was suspected in the ecstasy they had taken, the greatest number of respondents reported ‘not sure’ and LSD (both n=5). In addition, five respondents mentioned they suspected PMA was contained in the ecstasy that they took.

Table 22: Proportion of REU reporting to have taken a pill they suspected contained a substance other than MDMA (n=74), 2009

Substance	Suspected substance in pill (%)#
Meth/amphetamine	58
Ketamine	41
Opiates	12
Caffeine	10
2CI/2CB	8
PMA	7
MDA	16
Other	23

Source: WA EDRS regular ecstasy user interviews 2009

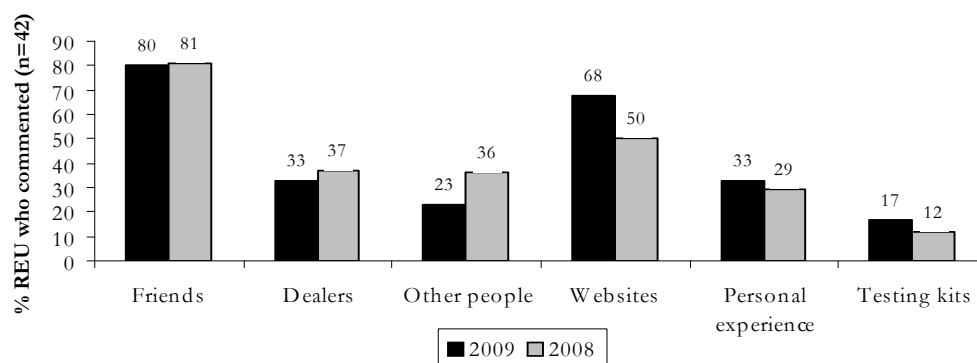
Respondents could nominate more than one substance resulting in totals exceeding 100%

11.2 Information sources used by regular ecstasy users

All respondents apart from those who ‘never’ engaged in information-seeking behaviours for ecstasy were asked about information sources (n=42). The majority reported ‘friends’ as a source of information (80%), which was comparable to 81% nominating this source

last year. In 2009, 68% reported ‘websites’ which increased from 50% in 2008. The most commonly cited website among current respondents nominating this source was www.pillreports.com (96%, n=47) and also nominated by the greatest proportion of respondents in 2008 (95%). Comparable proportions of the sample nominated ‘dealers’ from 33% (n=25) in 2009 to 37% in 2008, and ‘personal experience’ 33% (n=25) in 2009 to 29% in 2008. Similarly, sourcing information from ‘other people’ was reported by 23% (n=18) of current respondents compared to 36% last year. Comparable proportions of 17% in 2009 and 12% in 2008 reported using testing kits. This data is portrayed in Figure 45.

Figure 45: Sources of information regarding ecstasy content and purity, 2009



Source: WA EDRS regular ecstasy user interviews 2009

11.3 Summary

- With regards drug information-seeking behaviour, 32% of current REU reported ‘always’ finding out the content/purity of ecstasy, 23% reported ‘most times’ and 23% reported ‘never’ finding out content/purity of ecstasy.
- In 2008, REU were asked to report if they had ever suspected they have taken ecstasy that contained a substance other than MDMA; 74% reported they suspected a substance other than MDMA, and the most commonly suspected substance was meth/amphetamine by 58%. Just under two-thirds of current respondents (64%) reported ‘sometimes’ purchasing a drug in the last year that had different content/purity to what was expected.
- The most common source of information for ecstasy was ‘friends’ (80%), followed by websites (68%).
- Use of testing kits was reported by 17% of those who sought information about ecstasy.

12 HEALTH-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUG USE

12.1 Overdose and drug-related fatalities

For the purposes of the EDRS, overdose is defined as ‘passed out or fallen into a coma’. Since 2007, respondents were asked separately about overdose on a stimulant drug and on a depressant drug. Of the total current sample, 16% reported overdosing on a stimulant drug in the last 12 months and 15% on a depressant drug (see Table 23). Of those who had overdosed on a stimulant drug in the last 12 months, the median number of times was one (range one to three) and the most recent overdose was a median of 18 months ago (range five months to 228 months). Of those who had overdosed on a depressant drug in the last 12 months, the median number of times was two (range one to 20) and the most recent overdose was a median of 18 months ago (range one week to 228 months). Those respondents who had not had either form of overdose in the last 12 months were excluded from further questioning. The most common location of stimulant overdose was equally reported (25% each) at ‘home’, ‘friend’s home’, ‘outdoors’ and ‘live music events’ and at ‘friend’s home’ for depressant overdose (43%).

Table 23: Reported overdose on stimulant and depressant drugs in the last 12 months, 2009

Overdose	Stimulant	Depressant
Ever overdosed	16%	15%
Of those that had overdosed:	(n=16)	(n=15)
Median number of times (range)	1 (1-3)	2 (1-20)
Most recent overdose (median months)	18	18
Location of overdose being ‘home’	25%	29%

Source: WA EDRS regular ecstasy user interviews 2009

Of the four respondents who commented on stimulant overdose in the last 12 months, the greatest proportion reported ‘ecstasy’ (75%, n=3) as the main drug taken, followed by cocaine (25%, n=1). Only one respondent reported taking another drug (alcohol) in combination with a stimulant when the overdose occurred. Of the seven participants who commented on depressant overdose in the last 12 months, the main drug reported was alcohol (71%, n=5), followed by ‘other opiates’ and ketamine (both 14%, n=1). Other drugs taken when depressant overdose occurred were most commonly cannabis and benzodiazepines (both 29%, n=2), alcohol (14%, n=1) and anti-depressants (14%, n=1). It must be emphasised that only a small number of participants are represented in these overdose samples and therefore these samples may not be representative of trends occurring within the general population of party drug users. It may also be important to note that the drugs that influence these overdoses may be more a reflection of the drug preferences of the sample than the various substances’ relative potential to result in overdose.

Respondents were also asked what symptoms they experienced when overdosed. For stimulant drugs, half (50%, n=2) reported ‘vomiting’, ‘increased body temperature’, ‘increased heart rate’, ‘rapid irregular breathing’ and ‘dizziness’ (50% each). A quarter

(25%, n=1) reported 'nausea', 'agitation', 'passed out' and 'muscle twitches'. In contrast, the most commonly reported symptom for depressant overdose was 'losing consciousness' (86%, n=6). Other symptoms reported were 'collapsing' (71%, n=5), 'vomiting' (71%, n=5) and 'suppressed breathing' (14%, n=1). Treatment response for stimulant overdose was reported as 'none' by 100% of respondents who commented (n=4). Just over a quarter of the depressant overdose sample also nominated 'none' for treatment (29%, n=2) and 'other treatment' being 'monitored/watched by friends' (29%, n=2). One respondent each from the remainder of the depressant overdose sample nominated 'got oxygen', 'ambulance attendance', 'hospital emergency department', and seeing a 'GP' (14%).

12.2 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their drug use in the last six months, and this was reported by 20% of current REU. Table 24 presents the proportion of respondents who accessed various health services. The most common services accessed were general practitioners (45%, n=9) and the most nominated issue was 'depression' (33%, n=3), followed by 'information/advice on drug effects' (22%, n=2). The most common drug a general practitioner was seen in relation to was ecstasy (63%, n=5), which is not surprising considering that the recruitment requirement for the EDRS is regular ecstasy use. The most common drugs a counsellor was seen in relation to were cannabis and alcohol (both 33%, n=2) and this was mainly in relation to 'dependence/addiction' (50%, n=3). The main issues for seeing a psychologist was 'anxiety' (33%, n=2), and the main corresponding drugs involved for seeking treatment were ecstasy, speed and alcohol (each 33%). It must be emphasised that of those that did access these services, sample size was extremely small and therefore must be viewed objectively.

Table 24: Proportion of REU who accessed health services, 2009

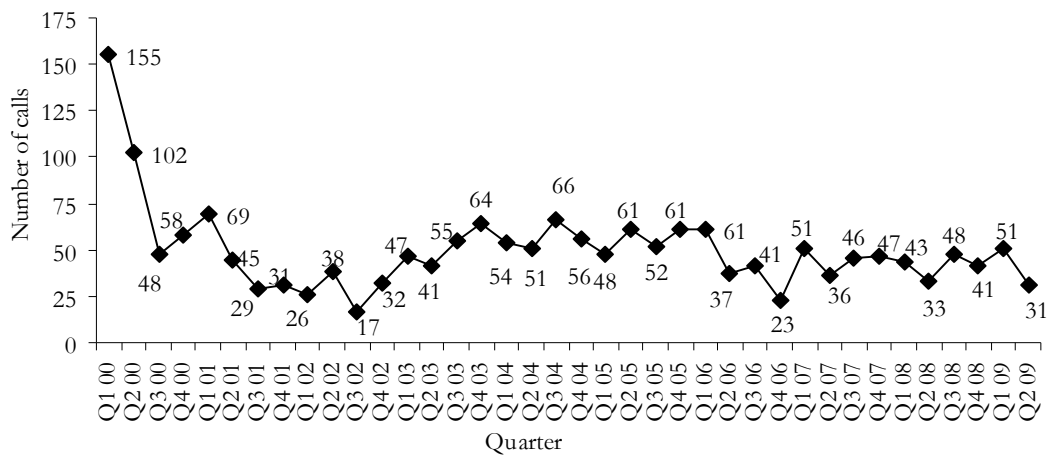
Service	2009 N=100
Accessed medical/health service (%)	20
<i>Of those who accessed service</i>	(n=20)
Service (%)	
GP	45
Counsellor	30
Psychologist	30
First aid	10
Ambulance	10
Emergency	10
Hospital	10
Drug/alcohol worker	5
Psychiatrist	5

Source: WA EDRS regular ecstasy user interviews 2009

The WA Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in WA. As such, calls to ADIS provide a general indicator of the levels of use and concerns experienced by users of different drugs. Figure 46 presents data on calls where ecstasy was the primary drug of concern.

In the last year, numbers have remained relatively comparable to previous years trends, with a recurring decline in the number of enquiries during the second quarter in 2009 (n=31) as seen in the previous two years. The second quarter in 2009 (n=31) has been the lowest decline since quarter four 2006 (n=23) occurred. Inquiries to ADIS regarding ecstasy use have generally constituted only a small proportion of the total number of inquiries received. For the period January-March 2009 ecstasy-related calls comprised under three percent of total inquiries (n=5470) and for the period April-June 2009 comprised just under two percent of total calls (n=5038).

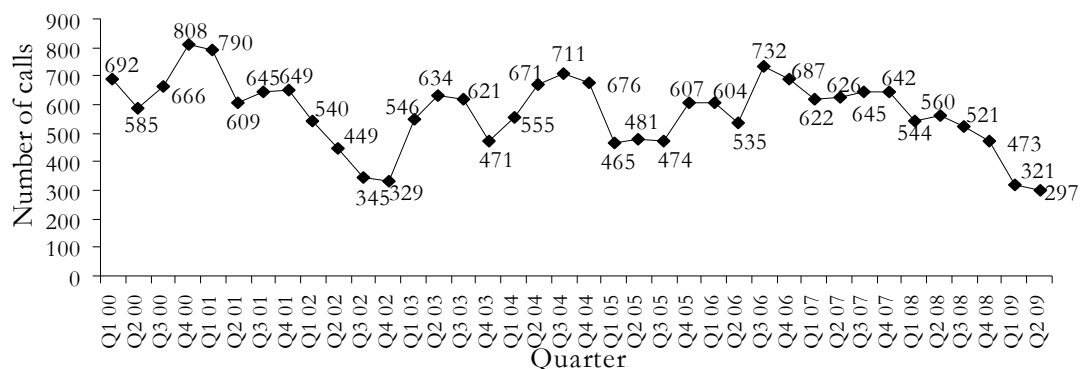
Figure 46: Number of inquiries regarding ecstasy to ADIS, WA January 2000-June 2009



Source: WA Alcohol and Drug Information Service

Figure 46 presents the number of inquiries to ADIS regarding (meth)amphetamines. This figure shows a significant decrease in calls from the second quarter in 2008 (n=560) to the most recent quarter, quarter two in 2009 (n=297). This recent quarter is the lowest number of inquiries made to ADIS regarding amphetamines since 2000; supporting EDRS findings that amphetamine use may be declining in Perth. In the most recently reported quarters, amphetamine-related calls comprised approximately 18% of calls received in the first two quarters of 2009.

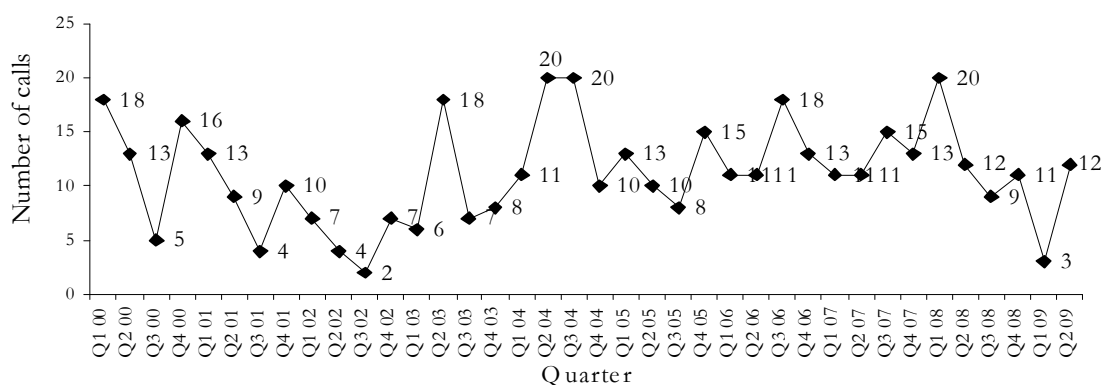
Figure 47: Number of inquiries regarding amphetamines to ADIS, WA January 2000 to June 2009



Source: WA Alcohol and Drug Information Service

The number of cocaine-related calls received by ADIS (see Figure 48) has fluctuated but remained low. There was a marked decrease during the first quarter 2009 (n=3) although this stabilised to findings more comparable to previous quarters in the second quarter 2009 (n=12). Calls to ADIS regarding cocaine have consistently represented less than one percent of total calls received in a quarter.

Figure 48: Number of inquiries regarding cocaine to ADIS, WA January 2000 to June 2009



Source: WA Alcohol and Drug Information Service

12.3 Other self-reported problems

In previous years, EDRS respondents were asked if they perceived their use of ecstasy and related drugs to cause any relationship/social, financial, legal/police and/or work/study problems in the last six months. Since 2007, this has been changed to problems in 'social', 'legal', 'risk' and 'responsibility' categories (see Table 25).

The most common problem reported was in the area of 'risk' (51%). This was followed by 42% nominating 'responsibility', 29% nominating 'social', and a small proportion reported 'legal' problems (11%). Of those who reported a 'risk' problem, the greatest proportion of those identifying this problem attributed it to alcohol (45%, n=23), closely followed by ecstasy (39%, n=20). Of those reporting a 'responsibility' problem, the greatest proportion attributed the problem to ecstasy (42%, n=17), followed by cannabis (29%, n=12) then 'alcohol' (15%, n=6). Of those who reported a 'social' problem, just over a quarter attributed the problem to ecstasy and cannabis (both 28%, n=8) which was closely followed by alcohol (24%, n=7), then crystal (14%, n=4) and a small proportion reported speed (3%, n=1). 'Legal' problems were attributed by the greatest proportion to alcohol (40%, n=4) followed by crystal (30%, n=3), cannabis (20%, n=2) then lastly by ecstasy (10%, n=1). It is likely that the apparent frequency with which ecstasy is implicated here has been affected by regular consumption of ecstasy being a prerequisite for participation in the survey.

Table 25: Self-reported drug-related problems, 2009

	Any drug (n=100)#	Ecstasy (%)*	Speed (%)*	Crystal (%)*	Cannabis (%)*	Alcohol (%)*
Social (%)	29	28	3	14	28	24
Legal (%)	11	10	0	30	20	40
Risk (%)	51	39	2	2	10	45
Responsibility (%)	42	42	2	5	29	15

Source: WA EDRS regular ecstasy user interviews 2009

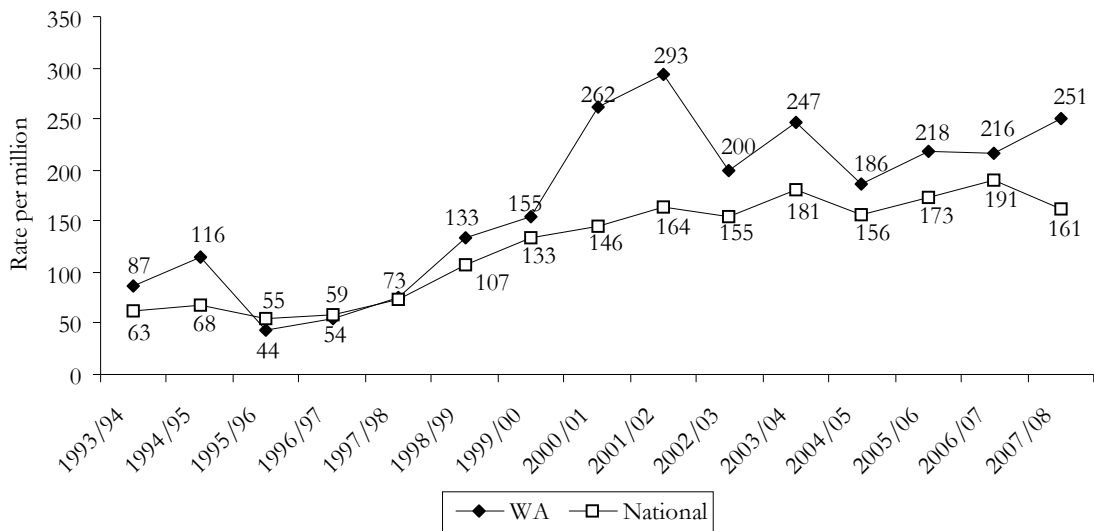
* Of those who nominated the problem

Respondents could select multiple categories of problems allowing percentage totals to exceed 100

12.4 Hospital admissions

Figure 49 presents the rate of hospital admissions in WA and nationally in which (meth)amphetamines were identified as the primary diagnosis. The AIHW defines primary diagnosis as the diagnosis established (after study) to be chiefly responsible for occasioning the patient's episode of care in hospital. It is evident that rates of admissions per million people for WA continue to remain above the national rates, and although some increase was observed in 2007/2008, rates remain below the WA peak reported in 2001/2002.

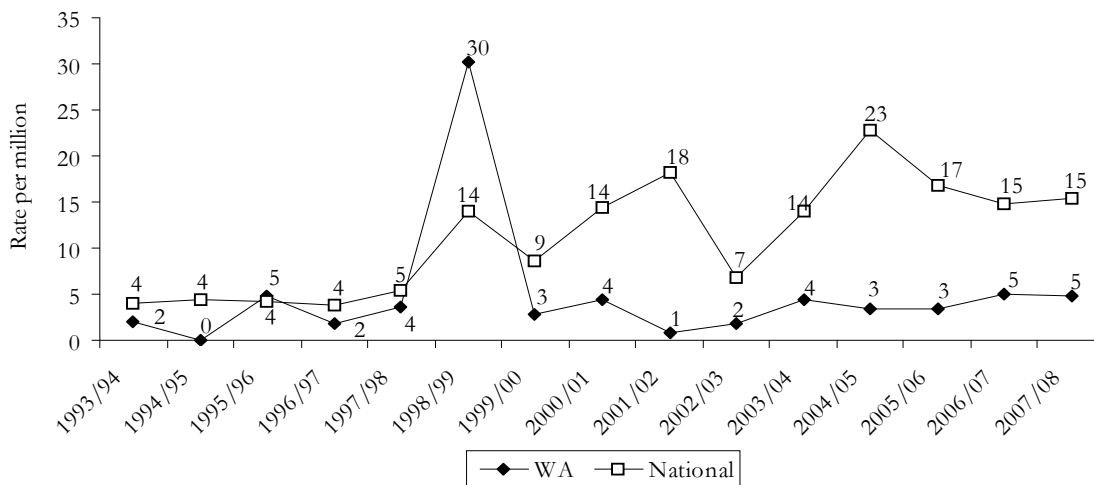
Figure 49: Rate of in-patient hospital admissions where (meth)amphetamines were the primary diagnosis in persons aged 15-54 in WA and nationally, July 1993-June 2008



Source: Australian Institute of Health and Welfare

Figure 50 shows that the rate of hospital admissions in WA where cocaine was the primary diagnosis has remained consistently low over the preceding decade except in 1998/99. Since then WA rates of cocaine-related hospital admissions have remained substantially lower than national rates.

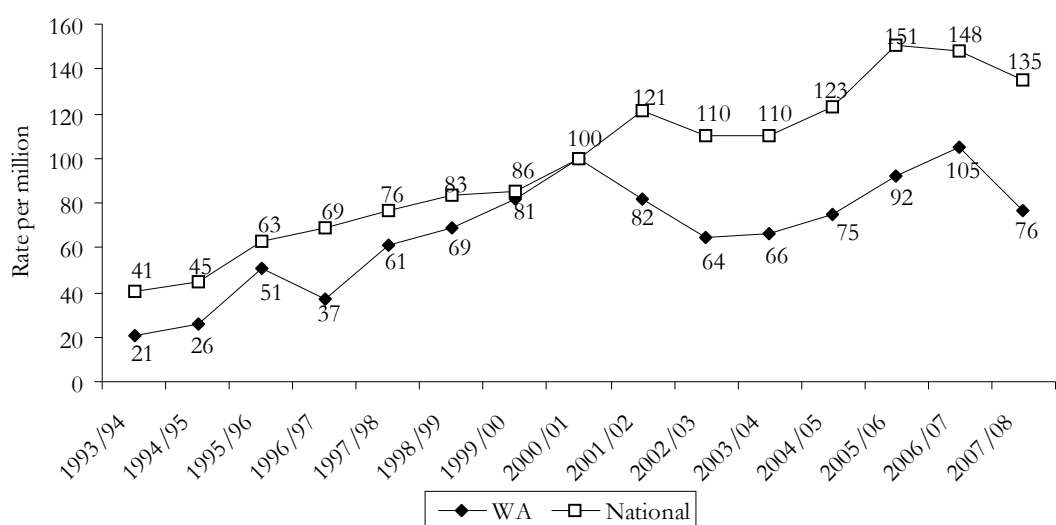
Figure 50: Rate of hospital admissions where cocaine was the primary diagnosis in persons aged 15-54 years, WA and nationally, July 1993-June 2008



Source: Australian Institute Health and Welfare

Figure 51 shows rates per million for cannabis-related admissions to hospitals. Not only was a considerable decrease observed in WA admissions during 2007/2008, but the situation where WA rates are substantially less than the national rates remains unchanged since 2000/2001.

Figure 51: Rate of hospital admissions where cannabis was the primary diagnosis in persons aged 15-54 years, WA and nationally, July 1993-June 2008



Source: Australian Institute Health and Welfare

All data used to report on rates of hospital admissions can be located in Roxburgh and Burns (in press).

12.5 Mental and physical health problems

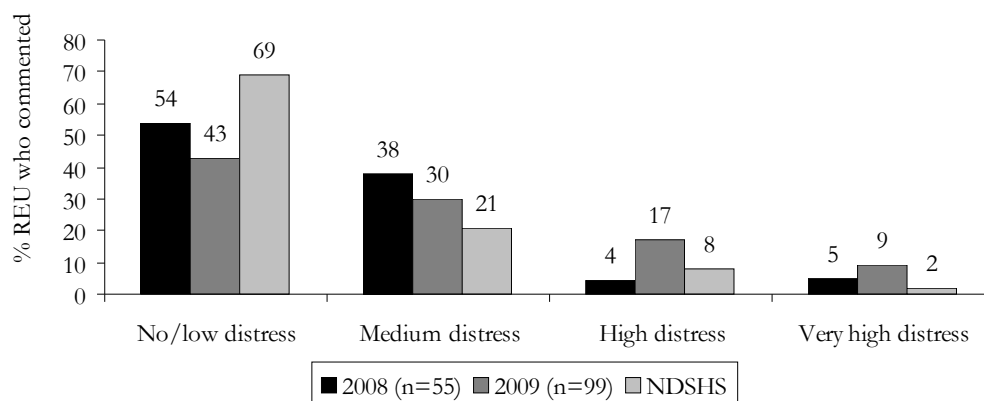
12.5.1 Mental health problems and psychological distress (K10)

The Kessler 10 (K10) was also administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (Andrews & Slade, 2001; Furukawa et al., 2003).

The minimum score on the K10 is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Work conducted at the Clinical Research Unit for Anxiety Disorders (CRUFAD, 2007) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder.

The K10 was included in the EDRS for the first time in 2006 and scores are presented by risk category for 2008 and 2009 in Figure 52. Of the 99 respondents that responded, the mean total score in 2009 was 18 (range 10-36) compared to 16 in 2008. In 2009, under half the sample (43%) scored in the 'no or low distress' range (10-15), while 30% scored at 'medium distress' (16-21), 17% at 'high distress' (22-29) and 9% at 'very high distress' (30-50). In comparison to the 2008 sample, there was a significant increase in the proportion in the 'high distress' category, from four percent in 2008 to 17% in 2009 ($\chi^2=44.010$, $df=1$, $p=.000$). In addition, there was also a significant decrease in the proportion of the current sample falling into the 'no/low distress' category, from 54% in 2008 to 43% in 2009 ($\chi^2=5.721$, $df=1$, $p=.017$).

Figure 52: Total K10 scores by risk category among REU, 2008-2009



Source: WA EDRS regular ecstasy user interviews 2008-2009

12.5.2 Self-reported mental problems and medication

Questions regarding mental health problems were included for the first time in the 2008 EDRS. Participants were asked whether they had had any self-reported mental health problems in the last six months, including those issues that they hadn't spoken to a health professional about. From the current sample of REU, 25% of respondents reported having had mental health problems in the past six months. Of these respondents, the main mental health problem specified in the past six months was 'depression' (68% n=17), and this was followed by 'anxiety' (40% n=10), manic-depression/bipolar disorder (16% n=4), 'paranoia' and 'drug induced psychosis' (both 12% n=3), 'obsessive compulsive disorder' (OCD) (8%, n=2) and 'any personality disorder' and 'panic' (both 4%, n=1). Of the 25 respondents who identified having a mental health problem in the past six months, 14 (56%) had attended a health professional in the past six months.

Of those respondents who identified having a mental health problem, the most commonly prescribed medications for these mental health problems were anti-depressants (25%, n=6), usually Lexapro (33%, n=2), Melipramine, Avanza, Zoloft or Efexor (17% each, n=1).

12.6 Personal Wellbeing Index (PWI)

The Personal Wellbeing Index (PWI) was created from the Comprehensive Quality of Life Scale (ComQol) (Cummins, McCabe, Romeo & Gullone, 1994). It comprises seven questions in an 11-point Likert Scale format relating to satisfaction with life domains, such as 'health' and 'standard of living'. All responses are made on a zero to 10 scale. The satisfaction responses are anchored by zero (completely dissatisfied) and 10 (completely satisfied). The scores are then combined across the seven domains to yield an overall index score, which is adjusted to have a range of 0-100.

Overall there were few significant differences between the 2009 EDRS sample and the 2008 National Health Survey (National Health Survey, 2008). However, the EDRS sample were significantly lower than the national sample in self-reported perceptions of satisfaction with health and personal relationships (see Table 26). Satisfaction with health was significantly lower amongst REU with a mean score of 67 compared to the National Health Survey mean of 74 ($t=1.407$, $df=98$, $p=.163$). Satisfaction with personal

relationships were also significantly lower amongst the EDRS sample, with a mean score of 74 compared to the National Health Survey average of 80 ($t=-2.208$, $df=98$, $p=.030$). No other differences were found to be significant.

Table 26: Personal wellbeing amongst REU sample, 2009

Personal Wellbeing Index	2009 EDRS mean (%) N=99	2008 national mean (%)	Statistical test REU vs. Australian norms
1. Standard of living	75	77	$t=-1.407$, $df=98$, $p=.163$
2. Health	67	74	$t=-3.429$, $df=98$, $p=.001^*$
3. Achieving in life	71	72	$t=-1.209$, $df=98$, $p=.230$
4. Personal relationships	74	80	$t=-2.208$, $df=98$, $p=.030^*$
5. How safe you feel	84	80	$t=1.884$, $df=98$, $p=.062$
6. Community connect	73	71	$t=1.221$, $df=98$, $p=.225$
7. Future security	68	70	$t=-.620$, $df=98$, $p=.536$
8. Life as a whole	77	77	$t=.029$, $df=98$, $p=.977$
TOTAL	73	75	$t=-1.211$, $df=98$, $p=.229$

Source: WA EDRS regular ecstasy user interviews 2009

* Significant at alpha level .05

12.7 Chronic conditions

In 2009 the EDRS included questions addressing the physical health of REU. The questions were based on the Australian National Mental Health and Wellbeing survey. The most commonly reported chronic conditions among REU were 'vision problems' and 'hayfever' reported by 31% of the sample. This was closely followed by 'asthma' (30%), then 'back or neck pain' (27%) and then 'skin problems' (25%). The median age of those first diagnosed with 'vision problems' was 15 years and 64% of those diagnosed had received treatment in the last 12 months. The median age first diagnosed with 'hayfever' was 13 years with 41% of those diagnosed receiving some sort of treatment in the last 12 months. Participants with asthma when first diagnosed were at a median of seven years of age, and 27% ($n=8$) of those respondents diagnosed had received treatment in the last 12 months. Back and neck pain first was diagnosed at a median of 16 years of age with 58% ($n=11$) of those diagnosed still receiving treatment in the last 12 months.

When comparing REU physical health problems with the 2007-08 National Health Survey findings, the proportion of the REU sample with asthma was significantly greater than the national sample. While REU respondents diagnosed with circulatory problems (stroke and other heart conditions), high blood pressure and skeletal problems were significantly lower than the national sample, the increased proportion of the national

sample with these conditions may be explained by the more diverse age range of the NHS, as older people are more predisposed to such conditions, whereas the REU sample is typically younger (mean age 23 years) and generally healthier. Comparisons between the proportion of respondents diagnosed with cancer did not significantly differ across EDRS and national samples. This data is shown in Table 27 below.

Table 27: Chronic conditions amongst REU sample, 2009

Condition	% Participants ever diagnosed	Median age (years) first diagnosed*	% Participants receiving treatment in past 12 months*	% NHS Participants ever diagnosed (N= Approx. 20,800)	Comparisons of % diagnosed in EDRS and NHS
Asthma	30	6.5	27	10	$\chi^2=45.343$, df=1, p= .000**
Cancer	1	35	100	2	$\chi^2=.377$, df=1, p=.539
Stroke	2	27	0	16	$\chi^2= 10.926$, df=1, p=.001**
Other heart or circulatory condition	1	23	0		
Gout, rheumatism, or arthritis	1	27	100	-	-
Diabetes or high blood sugar levels	1	21	100	-	-
Epilepsy	3	20	50	-	-
Skin problems	25	15	47	-	-
Vision problems	31	14.5	64	-	-
Hearing problems	7	10	20	-	-
Diabetes	0	0	0	4	-
High blood pressure	1	17	0	9	$\chi^2=4.996$, df=1, p=.025**
Liver disease	4	26	67	-	-
Respiratory disease	1	15	0	-	-
Joint/muscular /skeletal	7	21	60	15- Arthritis 3- Osteoporosis	$\chi^2=5.776$, df=1, p=.016**
Human papilloma virus	4	19	0	-	-
Septacemia	1	14	0	-	-
Cellulitis	1	5	0	-	-
Hay fever	31	12.5	41	-	-

Sinus or sinus allergy	10	12	43	-	-
Emphysema	1	31	100	-	-
Bronchitis	13	15	44	-	-
Anaemia	10	17	43	-	-
Fluid problems/fluid retention /oedema	0	0	0	-	-
Hernias	3	21.50	0	-	-
Kidney problems	4	20	33	-	-
Psoriasis	1	15	0	-	-
Stomach ulcer or other gastrointestinal ulcer	6	25.5	50	-	-
Thyroid trouble/goiter	1	23	100	-	-
Tuberculosis	0	0	0	-	-
Back or neck pain or back or neck problems	27	16	58	-	-
Migraine	9	17	33	-	-

Source: WA EDRS REU Participants 2009

* Of those diagnosed with that particular condition

** Significant at alpha level .05

- this was not surveyed by NHS

Key expert comments

A few KE reported that sometimes instability in mood is seen amongst REU, this mainly occurs amongst those that are coming down from ecstasy. A few KE reported that ecstasy was relatively unproblematic in this regard in comparison to alcohol and methamphetamine use in the community. A key expert from a health care background commented that most ecstasy-related hospital presentations are the result of a pre-existing health condition and not directly related to ecstasy.

12.8 Summary of health-related trends

- Sixteen respondents reported overdosing on a stimulant and fifteen respondents on a depressant drug in their lifetime.
- In screening for depression and anxiety, the greatest proportion of the sample was at 'no/low risk' (43%), while 30% were at 'medium risk' and 17% were at 'high risk'.
- Twenty-five respondents (25%) reported either being diagnosed or self - diagnosed with a mental health problem in the past six months. Of these respondents, the main mental health problem identified was depression reported by 68% followed by anxiety by 40%.
- The most commonly reported problems were in the area of 'risk' (51%), followed by 'responsibility' problems (42%), then 'social' problems (29%) and last 'legal' problems (11%).
- One-fifth of current REU (20%) reported accessing medical or health services in relation to their ecstasy and related drug use in the last 6 months.
- In 2009, the Personal Wellbeing Index was used for the first time in the EDRS. Overall the REU scores on most scales were not significantly lower than the general population assessed in the 2008 National Health Survey. However, self reported perceptions of satisfaction with health and personal relationships of the 2009 EDRS sample were significantly lower than those in the National Health Survey.
- In comparison to National Health Survey findings, the REU sample had a significantly greater proportion of respondents diagnosed with asthma, although it should be noted that the average diagnosis was 7 years of age suggesting that for the majority the diagnoses pre-dated drug use.

13 RISK BEHAVIOURS

13.1 Injecting risk behaviour

Table 28 presents responses pertaining to injecting practices among the current REU sample. In 2009, 11% of respondents reported injecting a drug in their lifetime which was unchanged from findings in 2008. There was no significant change among those who had ever injected, with five respondents in 2009 (46%) reporting injecting in the last six months compared to two in 2008 (33%).

Table 28: Injecting risk behaviour among REU, 2009

	2009 (n=98)
Ever injected (%)	11 (n=11)
Injected last 6 months*	46 (n=5)

Source: WA EDRS regular ecstasy user interviews 2009

* Of those who had ever injected

13.1.1 Lifetime injectors

Context of initiation to injecting

Just over half of those who had injected in their lifetime were female (55%, n=6), compared to 2008 when 67% (n=4) were male. The mean age of these lifetime injectors was 31 years (range 22-40).

Patterns of injecting drug use

Table 29 presents figures for the types of drugs injected among those in the current sample who reported lifetime and recent injection. Lifetime injectors (n=11) had injected a range of drugs, with the most common drug ever injected being speed with 82% (n=9) compared to 100% in 2008, followed by crystal reported by 64% (n=7) of lifetime injectors compared to 50% in 2008. Ever injected base was reported by 46% (n=5) in 2009 compared to 33% in 2008. Lifetime injecting of ecstasy pills was reported by 36% (n=4) in 2009 compared to 17% in 2008. Lifetime injecting of heroin was reported by 46% (n=5) of respondents in 2009 compared to 33% in 2008. Respondents in 2009 also reported lifetime injecting of cocaine (27%), buprenorphine (18%), other opiates (18%) and benzodiazepines (18%).

Table 29: Injecting drug use history among REU injectors, 2009

Drug	Ever injected (%) n=11	Recently injected (%) n=5
Speed	82	80
Crystal	64	80
Base	46	40
Ecstasy pills	36	40
Heroin	46	40
Cocaine	27	0
Buprenorphine	18	0
Benzodiazepines	9	0
Other opiates	17	40

Source: WA EDRS regular ecstasy user interviews 2009

13.1.2 Recent injectors

Patterns of injecting drug use

Of the five respondents who reported injecting in the last 6 months, three were male and two were female, and their average age was 36 years (range 29 to 40). Four out of the five (80%) recent injectors reported injecting speed and crystal in the last six months. Ecstasy pills, heroin and other opiates were reported as injected by 40% (n=2) of recent injectors in the last six months. Of these respondents, two reported last injecting crystal, two reported last using other opiates and one reported last injecting speed. All but one (n=4) reported last injecting at their 'own home' and the remaining respondent reported 'friend's home'.

Injecting risk behaviour

None of the recent injectors reported using a needle after or before someone else in the last six months. In addition, no respondents reported to have shared injecting equipment either.

Context of injecting

One recent injector reported usually injecting by themselves, two respondents reported usually injecting with a 'regular sex partner', and one reported usually injecting with 'acquaintances'. The remaining one respondent choose not to disclose such information. The median number of times both recent injectors had injected a drug in the last 6 months was 32 (range 5 to 90 times), which has significantly decreased since 2008 when the median number of times was 90. This equates to injecting approximately every fifth to sixth day compared to 2008 when it equated to every second day. There were four out of five recent injecting respondents who reported to have injected while either under the influence of/or coming down from drugs compared to two respondents (100%) in 2008. This occurred at a median of two times (range 1 to 90 times) in the last six months. Due to the extremely small sample of five recent injectors, interpretation of this data should be done with caution.

Obtaining needles

The greatest proportion of the recent injecting respondents reported obtaining needles from a 'chemist' (80%, n=4), followed by from a 'needle and syringe program' (40%, n=2) (compared to 50% last year, n=2). However, these findings should be interpreted with caution due to only a small number of respondents.

13.2 Sexual risk behaviour

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

Recent sexual activity

Unlike in previous years’ samples when participants were asked how many people they had had penetrative sex with in the last six months, in 2009 participants were only asked to report on how often barriers were used with regular and/or casual partners either under the influence of alcohol and drugs, or not under the influence in the last six months. ‘Casual partner’ is defined as referring to anyone participants had penetrative sex with who is not a regular partner. As presented in Table 30, more than half the current sample (57%) had engaged in penetrative sex with a regular partner in the last six months, with the same proportion reporting engaging in penetrative sex with a casual partner in the last six months. In regards to those respondents that had penetrative sex with a casual partner in the last six months, the greatest proportion reported three to five casual partners in the past six months (22%, n=22), followed closely by participants nominating two casual partners (20%, n=20). Protective barriers were defined as ‘condoms, dams or gloves’ and use differed according to partner type. The greatest proportion reported ‘never’ using a protective barrier with a *regular* partner both not under the influence of alcohol and other drugs (30%, n=30) or under the influence of alcohol and drugs (54%, n=30). The greatest proportion of those who had had penetrative sex with casual partners reported using a protective barrier ‘every time’ (32%, n=18) whilst not under the influence of alcohol and other drugs (see Table 30), and ‘often’ by 30% (n=14) whilst under the influence of alcohol and other drugs (see Table 30).

Table 30: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2009

	2009 (N=100)
With a regular partner (%) not UI# of AOD	(n=57)
Use a protective barrier every time	8
Use a protective barrier often	10
Use a protective barrier sometimes	5
Use a protective barrier rarely	4
Never use a protective barrier use	30
With a regular partner (%) UI# of AOD	(n=56)
Use a protective barrier every time	16
Use a protective barrier often	9
Use a protective barrier sometimes	9
Use a protective barrier rarely	13
Never use a protective barrier use	54
Had casual sex in the last six months	n=57
No. of casual sexual partners (%)	(n=98)
None	42
One person	10
Two people	20
3-5 people	22

	2009 (N=100)
6-10 people	5
With a casual partner (%) +	(n=57)
Use a protective barrier every time	32
Use a protective barrier often	21
Use a protective barrier sometimes	18
Use a protective barrier rarely	9
Never use a protective barrier use	21

Source: WA EDRS regular ecstasy user interviews 2009

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

+ Of those who had a casual partner

Under the influence

Drug use during sex

Presented in Table 31 are findings related to sexual behaviour and drug use. Of those who had engaged in penetrative casual sex in the last six months (n=57), 81% (n=46) had done so under the influence of drugs. Of these respondents, 28% (n=13) reported doing so three to five times in the last six months. The most common responses were under the influence of alcohol, which remained comparable from 75% in 2008 to 72% (n=33) in 2009. The second most commonly reported drug for both 2008 and 2009 was ecstasy, with 71% (n=32) reporting use with a casual partner in 2009 compared to 64% in 2008, and this was followed by 52% (n=24) reporting being under the influence of cannabis whilst having penetrative sex with a casual partner in 2009. Less than a quarter (22%, n=11) of those with a casual sex partner reported using protective barriers 'every time' they had penetrative sex while on drugs; this was significantly lower than last year's proportions (36%) ($\chi^2=29.340$, $df=1$, $p=.000$), suggesting that more needs to be done to reduce the amount of unprotected sexual practices that occur under the influence of alcohol and other drugs.

Table 31: Drug use during casual sex in the preceding six months, 2009

	2009 (n=57)
Penetrative casual sex while on drugs* (%)	81
<i>Of those who had penetrative casual sex under the influence of drugs</i>	<i>n=46</i>
Number of times (%)	
Once	7
Twice	24
3-5 times	28
6-10 times	17
Ten +	24
Drug used (%)	(n=46)
Ecstasy	71
Cannabis	52
Alcohol	72
Speed	13

	2009 (n=57)
Ice/crystal	4
Cocaine	9
LSD	4
With a casual partner while using drugs (%)⁺	(n=46)
Use a protective barrier every time	22
Use a protective barrier often	30
Use a protective barrier sometimes	13
Use a protective barrier rarely	9
Never use a protective barrier use	26

Source: WA EDRS regular ecstasy user interviews 2008

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

+ Of those who had used drugs with a casual partner

13.3 Driving risk behaviour

Unlike in previous samples when nearly all respondents had reported driving a car in the last six months, in 2009 80% reported driving a car in that time, as shown in Table 32. Of these, 69% (n=55) reported having driven under the influence of alcohol in the last six months with the majority (75%, n=45) reporting to have driven over the legal alcohol limit. This was similar to 2008 results.

The median number of times respondents had driven over the alcohol limit was four (equating to once every one and a half months) (range one to 48 times) compared to the 2008 findings (median of three times, or once every two months). Of all those who had driven a car in the last six months, 48% (n=38) reported having been breathalysed in the last six months; of these, seven respondents (18%) reported being over the legal blood alcohol limit when tested, which increased significantly from one respondent in the 2008 sample ($\chi^2=20.580$, $df=1$, $p=.000$).

Similarly prevalent was the rate of driving within one hour of taking a drug, reported by 75% (n=60) of those who had driven a car in the last six months which remained unchanged from 2008. The median number of times reported was six (range one to 180). The most commonly reported drugs used prior to driving were ecstasy (72%, n=43) and cannabis (63%, n=38) which was comparable to the previous year's findings. Reports of driving after using crystal decreased significantly from 32% last year to 12% (n=7) this year ($\chi^2=11.40$, $df=1$, $p=.001$) and rates of driving after consuming speed remained consistent with 12% in 2009 compared to 14% last year. The median number of hours after which respondents reported driving was two (range 0-50).

Respondents who reported driving after drug use were asked about their perceived level of impairment and the risk of accident. Of these, 28% (n=17) reported their drug use had 'no impact' on their driving which was comparable to 26% last year. Nearly half of those who reported driving after drug use reported their driving was 'slightly impaired' (45%, n=27) which was also comparable to last year (50%), while 13% (n=8) stated that their driving was 'quite impaired' followed by 'slightly improved' (10%, n=6) and 'quite improved' (3%, n=2).

Table 32: Drug driving in the last six months among REU, 2009

	2008 N=58	2009 N=100
Driven a car in last 6 months (%)	95	80
Driven under influence of alcohol# (%)	74	69
Driven soon after* taking a drug# (%)	70	75
<i>Of those who'd driven soon after</i>	(n=38)	(n=60)
Drug (%)		
Ecstasy	76	72
Cannabis	58	63
Speed	14	12
Crystal	32	12
LSD	5	10
Pharmaceutical stimulants	11	7
Cocaine	8	7
Benzodiazepines	0	3
Mushrooms	3	2
Nitrous oxide	3	2
Heroin	0	0
Base	3	0

Source: WA EDRS regular ecstasy user interviews 2009

*within one hour of taking

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

Drug driving testing was introduced in WA in October 2007 to allow police to randomly stop motorists and motorcyclists and test them for illicit drugs. Since the 2008 EDRS, REU have been asked if they had ever been tested for drug driving by the police roadside drug testing, and from the current sample five respondents (six percent) reported to have been tested for drug driving in the last six months compared to 4% in 2008 (n=2), of which all reported a negative result.

13.4 Bingeing behaviour

A significant increase was observed in 'bingeing' behaviour; that is, use of substances for more than 48 hours without sleep. From the current 2009 sample, 40% reported bingeing on ecstasy and related drugs in the last six months compared to 22% from the 2008 sample ($\chi^2=11.955$, $df=1$, $p=.001$). Those reporting bingeing on any stimulant or party drug in the 2009 sample reported an average of approximately six occasions (range one to 48) during this six-month period, and this was comparable to an average of four occasions in 2008.

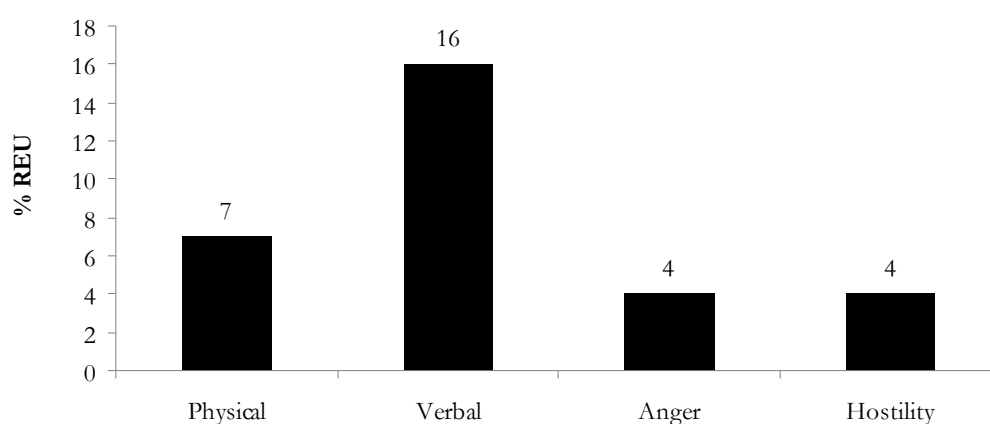
13.5 Aggression

In 2009 the EDRS included a new module investigating the presence of trait aggression among REU. This was in response to the increased government and media attention surrounding antisocial behaviour in and around ‘party precincts’. Ecstasy has long been known to impact on the serotonergic system in the brain and there is a growing body of evidence that serotonin is implicated in the modulation of aggression in humans (Bond, 2005; Hoshi, Cohen et al., 2007). In addition, there are multiple other factors which may contribute toward an increased involvement in aggressive situations by REU. These include currently experiencing symptoms of depression and/or anxiety, being young, being male, the use of other illicit substances such as cocaine and other stimulants, the high prevalence of cannabis use and the involvement in obtaining/using drugs and associated social contexts (Murray et al., 2008).

Thus, the 2009 EDRS included the Buss-Perry Aggression Questionnaire (Short Form) (BPAQ-SF). This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression), the emotional component (anger) and the cognitive component (hostility). This questionnaire provides a valid and reliable measure of ‘dispositional aggression’ which correlates well with the original 29-item Buss-Perry Aggression Questionnaire (Bryant & Smith 2001).

In 2009, participants were administered the Buss-Perry Aggression Questionnaire-Short Form. The measure consists of four domains: physical aggression, verbal aggression, anger and hostility. REU were asked to report on a Likert scale from one (very characteristic of me) to six (very un-characteristic of me). Each domain consists of three questions used to measure the specific domain of aggression. Figure 53 shows the proportion of participants who answered each of the three questions related to a domain as characteristic of them. The greatest proportion reported verbal aggression with 16% (n=15) of REU in the WA sample. Physical aggression was the second most reported aggression domain (7%) followed by anger (4%) and hostility (4%).

Figure 52: REU reporting the degree to which they perceived aggression domains as applicable to themselves, WA, 2009



Source: WA EDRS regular ecstasy user interviews 2009

Respondents were also asked to report on whether they would have answered the Buss Perry Aggression questionnaire any differently if they were under the influence of any drugs (Table 33). Of the WA EDRS sample 45% believed they would have answered differently if under the influence of any drugs, with ecstasy the most common drug reported to alter aggression responses (63%, n=27). The same proportion of those who

felt their responses would have changed if under the influence of any drugs believed their level of aggression would have been lower (63%, n=27). It is important to note, however, that results from this question can be misleading and may produce bias conclusions in relation to levels of aggression whilst under the influence of drugs and alcohol. As a result, these questions will not be included in the 2010 EDRS questionnaire.

Table 33: Aggression under the influence of other drugs, WA, 2009

Aggression	2009 (n=95)
Under the influence of drugs would have answered differently?	45
Under the influence of which drugs would have answered differently?	n= 43
Ecstasy (%)	63
Alcohol (%)	21
Cannabis (%)	9
Speed (%)	5
Ice/crystal (%)	2
Aggression level if under the influence of any drug	n=43
Lower (%)	63
The same (%)	0
Higher (%)	37

Source: WA EDRS regular ecstasy user interviews 2009

13.6 Gambling behaviour

In 2009, WA participants were asked for the first time about their gambling experiences in the month prior to interview (see Table 34). Just under a quarter of participants (24%) had gambled a median of two times (range 1 to 8), in the month prior to interview. Almost half the sample had gambled once in the last month (46%). Of these, 71% had gambled at the casino, 33% among friends, 25% on the horses and 4% on poker machine, which is not surprising as WA does not have poker machines external to the casino like other states.

To further examine this behaviour, participants were asked about their 'last' gambling experience in the month prior to interview (Table 34). The 'last' time participants gambled, the majority reported use of the casino (63%, n=15), with fewer participants gambling amongst friends (13%, n=3), horse/dog racing (8%, n=2), or poker machines (4%, n=1). The median amount of money spent the 'last' time participants gambled was \$100 (range \$10 to \$3400).

Less than half (46%, n=11) of those participants who had gambled in the month prior to interview reported the last time they had gambled they did so under the influence of alcohol. Of these, the majority continued to consume alcohol while gambling (91%, n=10). Seventeen percent (n=4) of the participants reported being under the influence of

illicit drugs the last time they gambled, with 50% of these (n=2) under the influence of cannabis, and lesser numbers reporting use of ecstasy and cocaine (25% each, n=1).

Table 34: Gambling behaviour amongst REU, 2009

Gambling	2009 (%) N=100
Gambled in the last 30 days	24 (n=24)
Usual form of gambling	
Casino	71
Betting amongst friends	33
Horse/dog racing	25
Poker machines	4
Last form of gambling	
Casino	63
Betting amongst friends	13
Horse/dog racing	8
Poker machine	4
Median number of days gambled in last 30 days	2
Is this number;	
Usual	33
More than usual	54
Less than usual	13
Under the influence of alcohol last time gambled	46
Continue drinking while gambling?	91
UI* of illicit drugs while gambling	17
Ecstasy	25
Speed	0
Crystal	0
Cocaine	25
Cannabis	50

Source: WA EDRS regular ecstasy user interviews 2009

* Under the influence

13.6.1 Problem Gambling Severity Index

If respondents reported gambling more than four days in the last 30 days prior to interview they were asked to complete the Problem Gambling Severity Index (PGSI). The Problem Gambling Severity Index (PGSI) is composed of nine items and focuses on the harms and consequences associated with problem gambling. In 2009, six respondents were eligible to complete the PGSI. Of these six, two respondents were classified as 'recreational gamblers', three were categorised as 'low risk gamblers' and one was put into the category of 'moderate risk gambling'.

13.7 Summary of risk behaviour

- Prevalence of lifetime and recent injection remained comparable to 2008. In 2009, 11% reported ever injecting (10% in 2008) and five percent reported injecting in the last six months (3% in 2008).
- Speed was the most common drug ever injected by 82% of injectors, and the most common drug recently injected by 80% of those who had injected in the last six months. Crystal (80%) was equally the most common drug injected in the last six months, although all recent use findings were based on a very small sample (n=5).
- No recent injectors reported using a needle before or after someone else during the last six months.
- Two recent injectors reported usually injecting with a regular sex partner, one recent injector reported usually self-injecting and one recent injector usually with an acquaintance.
- Over half the sample (57%) had engaged in penetrative sex with a casual partner in the previous 6 months, with the greatest proportion having three to five casual partners (28%).
- Nearly half the sample (46%) had engaged in penetrative sex with a casual partner while using drugs and, of these respondents, the most commonly reported drug was alcohol (72%) closely followed by ecstasy by 71%. Of these respondents, 26% reported 'never' using a protective barrier.
- Of those participants who had driven a car in the last six months, 69% had done so under the influence of alcohol and 75% had done so within an hour of taking a drug. The most common drugs consumed prior to driving were ecstasy (72%) and cannabis (63%).
- 'Binge' ecstasy use also increased significantly from last year's findings of 22% compared to 40% this year.
- Verbal aggression was reported by the greatest proportion (16%), and this was followed by physical aggression (7%), then anger and hostility (both 4%). It was reported by 63% that if under the influence of ecstasy their aggression would be 'lower'.
- Just under a quarter of the REU (24%) reported gambling the month prior to survey with a median of two times. The most common form of gambling was at the casino.
- Whilst gambling, 46% reported being under the influence of alcohol and 17% reported being under the influence of illicit drugs.

14 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUG USE

14.1 Reports of criminal activity among regular ecstasy users

Table 35 presents the proportion of respondents reporting criminal activity in the month preceding interview across survey years. Rates have remained similar across samples; the proportion reporting criminal activity in 2009 was 38% compared to 31% last year. Furthermore, like in previous years' studies, drug dealing remained the most common crime reported (32%) compared to 24% in 2008. Property crime was reported by six percent in 2009 compared to seven percent in 2008. Of those who reported 'drug dealing', 58% (n=18) reported doing so less than once a week and 83% (n=5) of those reporting 'property crime' did so less than once a week. In 2009, 19 respondents had been arrested in the previous year compared to only three respondents in 2008, this was a significant increase ($\chi^2=87.973$, $df=1$, $p=.000$). The greatest proportion were arrested for offences involving 'property crime' (32%, n=6), followed by 'violent crime' and 'alcohol and driving' (each 21%, n=4), then 'use/possession' (16%, n=3). This was different to last year when arrests were primarily related to drug possession, alcohol and driving and other driving offenses.

Table 35: Criminal activity reported by REU, 2003-2009

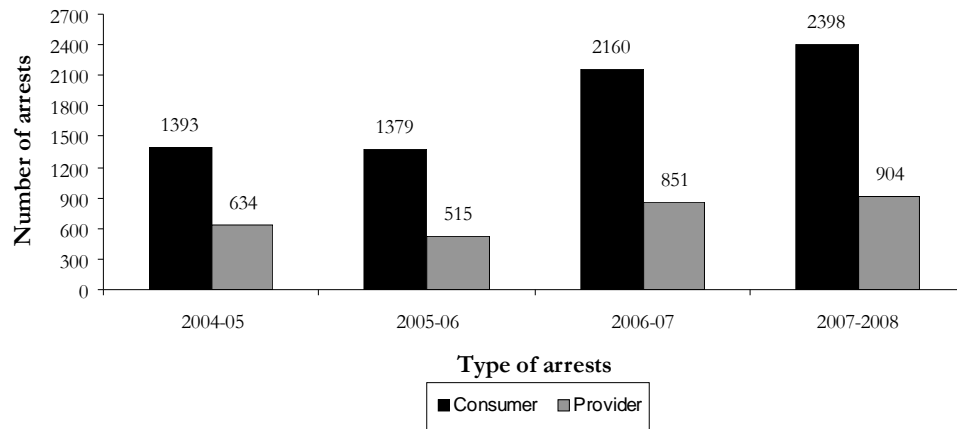
Criminal activity in the last month	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)
Any crime (%)	38	30	32	26	39	31	38
Drug dealing (%)	36	25	24	23	31	24	32
Property crime (%)	5	10	9	9	16	7	6
Fraud (%)	2	4	6	2	4	2	0
Violent crime (%)	0	4	2	1	5	3	3
Arrested last 12 months (%)	9	13	14	14	12	5	19

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

Figure 54 presents the number of consumer and provider arrests for amphetamine-type stimulants in WA from 2004 to 2008. 'Amphetamine-type stimulants' refers to amphetamine, methylamphetamine, crystalline methylamphetamine, and phenethylamines such as 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA). It is evident that in WA the number of both consumer and provider arrests are the highest yet, with increases observed in both consumer and provider arrests since 2006-07. In 2007-08, WA had the fourth highest number of consumer arrests following Queensland (3653), NSW

(2525) and Victoria (2462). WA also had the third highest number of provider arrests (n=904) following NSW (1168) and Victoria (1137).

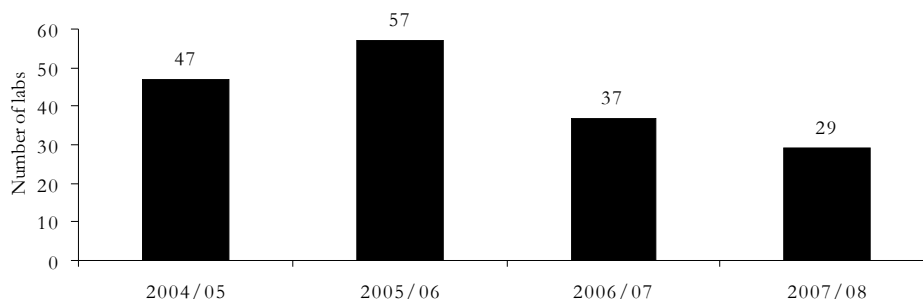
Figure 54: Number of consumer and provider arrests for ‘amphetamine-type stimulants’ in WA, 2004-05 to 2007-08



Source: Australian Crime Commission

Figure 55 shows that in 2007-08 clandestine meth/amphetamine laboratory detections decreased in comparison to 2006-07. It is suggested that decreasing laboratory detections may in part be due to rescheduling and restrictions placed on the purchase of pseudoephedrine-based pharmaceutical products and further implementation of Project STOP (Illicit Drug Data Report, 2009). This data therefore suggests that over the 2007-2008 time period, local manufacture of meth/amphetamines in WA may have either decreased and/or has become more difficult to detect during the previous three years. However, according to the reporting of a law enforcement key expert, over the 2008-2009 time period there has been a record high number of clandestine methamphetamine laboratories detected in WA. As a result, this increase in clandestine laboratory detections will be reported in the 2008/09 WA police service data.

Figure 55: Number of clandestine meth/amphetamine laboratories detected by WA police 2004-2008



Source: WA Police Service

Key expert comments

A few KE commented on persons dealing in ecstasy. One reported that there is an increase in young people and students currently getting involved in drug dealing and that more people are distributing drugs to their friends without necessarily thinking of it as trafficking. This results in people that would never usually have contact with the justice system having to face some serious criminal consequences, including jail time. There were also KE comments on ‘buying in bulk’ to save money, which often resulted in people being charged with intent to supply due to the high number of pills purchased. One KE from the nightclub industry reported that people can always seek out drugs within a club and, as a result of people having more than one connection, deals are coming down to who has the best price rather than the most trusted source. This KE also mentioned that dealing still appears to be discreet within nightclubs.

14.2 Regular ecstasy users’ perceptions of police activity

As shown in Table 36, there was some change in participant perceptions of police activity across survey years, with a larger proportion of the current sample reporting a perceived ‘increased’ police activity towards REU in the last six months from 26% in 2008 to 42% in 2009, with the greatest proportion of these respondents reporting the greatest change being a greater sniffer dog presence and the establishment of drug bins at festivals. A decreased proportion rated police activity as ‘stable’, decreasing from 35% in 2008 to 22% in 2009. Over a third (36%) of current respondents were unable to comment (‘don’t know’). A large majority of REU did not perceive police activity to make scoring drugs more difficult, as reported by 85%, which was similar to 88% in 2008.

Table 36: Perceptions of police activity by REU, 2003-2009

Recent police activity	2003 (n=100)	2004 (n=100)	2005 (n=100)	2006 (n=100)	2007 (n=100)	2008 (n=58)	2009 (n=100)
Decreased	6	4	0	0	6	0	0
Stable	34	38	36	41	33	35	22
Increased	29	29	43	34	24	26	42
Don’t know	31	29	21	25	37	39	36
Did not make scoring more difficult	82	89	80	73	73	88	85

Source: WA PDI/EDRS regular ecstasy user interviews 2003-2009

14.3 Experiences with drug detection ‘sniffer’ dogs

Commencing in 2006, REU were asked questions about the use of sniffer dogs. Almost half the current sample (42%, n=42) reported seeing sniffer dogs in the last six months compared to 33% of the 2008 sample. The largest proportion in both years had seen sniffer dogs once during this period (41% in 2009 versus 68% in 2008). Of those who had seen sniffer dogs, 24 respondents (57%) reported being in possession of drugs when they saw sniffer dogs. No respondents reported being searched by the police due to a positive notification from a sniffer dog in the last six months.

14.4 Summary of law enforcement-related issues

- Rates of criminal activity have consistently been low among REU samples recruited in WA.
- There was no significant change in the proportion reporting engagement in criminal activity during the last month from 31% in 2008 to 38% in 2009.
- Of these respondents, drug dealing was the most common activity reported (32%).
- There was a significant increase in the number of respondents who had been arrested during the previous 12 months, from 5% in 2008 to 19% in 2009. The most common offences were property crime, then violent crime and 'alcohol and driving' offenses.
- The greatest proportion of respondents reported an 'increased' perception in police activity toward REU in the last 6 months (42% in 2009 vs. 26% in 2008).
- The greatest proportion of the sample (85%) reported that police activity did not make scoring drugs more difficult.
- 24 respondents reported seeing sniffer dogs during the previous six months compared to 19 respondents in 2008.

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