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**ACT TRENDS IN ECSTASY AND  
RELATED DRUG MARKETS 2004:  
Findings from the Party Drugs Initiative (PDI)**

**NDARC Technical Report No. 227**



# **ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS**

**2004**



## **Findings from the Party Drugs Initiative (PDI)**

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**NDARC Technical Report No. 227**

**ISBN 0 7334 2243 8**

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## TABLE OF CONTENTS

LIST OF TABLES .....	IV
LIST OF FIGURES .....	V
ACKNOWLEDGEMENTS .....	VI
ABBREVIATIONS .....	VII
EXECUTIVE SUMMARY .....	VIII
1 INTRODUCTION.....	1
1.1 Study aims.....	1
2 METHOD .....	2
2.1 Survey of regular ecstasy users (REU).....	2
2.2 Survey of key experts (KE) .....	3
2.3 Other indicators.....	3
3 OVERVIEW OF REGULAR ECSTASY USERS .....	5
3.1 Demographic characteristics of the sample.....	5
3.2 Drug use history and current drug use.....	6
3.3 Summary of polydrug use trends in REU.....	9
4 ECSTASY .....	10
4.1 Ecstasy use among REU .....	10
4.2 Summary of patterns of ecstasy use.....	13
4.3 Price .....	14
4.4 Purity .....	14
4.5 Availability .....	16
4.6 Ecstasy related harms.....	17
4.7 Benefit and risk perception .....	18
4.8 Summary of ecstasy trends.....	19
5 METHAMPHETAMINE .....	20
5.1 Methamphetamine use among REU.....	20
5.2 Price .....	24
5.3 Purity .....	26
5.4 Availability .....	28
5.5 Methamphetamine related harms.....	30
5.6 Summary of methamphetamine trends .....	33
6 COCAINE.....	34
6.1 Cocaine use among REU .....	34
6.2 Price .....	35
6.3 Purity .....	36
6.4 Availability .....	36
6.5 Cocaine related harms.....	37
6.6 Summary of Cocaine Trends .....	38
7 KETAMINE.....	39
7.1 Ketamine use among REU .....	39
7.2 Price .....	40
7.3 Purity .....	41
7.4 Availability .....	41
7.5 Summary of Ketamine Trends .....	41

8	GHB.....	42
8.1	GHB use among REU.....	42
8.2	Price.....	43
8.3	Purity.....	43
8.4	Availability.....	43
8.5	Summary of GHB Trends.....	43
9	LSD.....	44
9.1	LSD use among REU.....	44
9.2	Price.....	45
9.3	Purity.....	45
9.4	Availability.....	46
9.5	Summary of LSD Trends.....	47
10	MDA.....	48
10.1	MDA use among REU.....	48
10.2	Price.....	49
10.3	Purity.....	49
10.4	Availability.....	50
10.5	Summary of MDA Trends.....	50
11	OTHER DRUGS.....	51
11.1	Alcohol.....	51
11.2	Cannabis.....	51
11.3	Tobacco.....	52
11.4	Benzodiazepines.....	52
11.5	Antidepressants.....	52
11.6	Inhalants.....	52
11.7	Other opioids.....	53
11.8	Summary of other drug use.....	53
12	RISK BEHAVIOUR.....	54
12.1	Injecting risk behaviour.....	54
12.2	Sexual risk behaviour.....	58
12.3	Tattooing and piercing.....	60
12.4	Driving risk behaviour.....	61
13	HEALTH RELATED ISSUES.....	62
13.1	Overdose.....	62
13.2	Self reported symptoms of dependence.....	62
13.3	Help-seeking behaviour.....	63
13.4	Other problems.....	63
14	CRIMINAL AND POLICE ACTIVITY.....	65
14.1	Reports of criminal activity among REU.....	65
14.2	Perceptions of police activity towards REU.....	65
14.3	Summary.....	66
15	DISCUSSION.....	67
15.1	Demographic characteristics of REU.....	67
15.2	Patterns of polydrug use.....	67
15.3	Ecstasy.....	67
15.4	Methamphetamine.....	68
15.5	Cocaine.....	68
15.6	Ketamine.....	68

15.7	GHB.....	68
15.8	LSD.....	69
15.9	MDA.....	69
15.10	Other drugs .....	69
16	IMPLICATIONS .....	71
	REFERENCES .....	73

## LIST OF TABLES

Table 1: Demographic characteristics of REU sample, 2003 and 2004.....	5
Table 2: Lifetime and recent polydrug use of REU .....	7
Table 3: Patterns of ecstasy use among REU, 2003 and 2004 .....	12
Table 4: Price of ecstasy purchased by REU and price variations, 2003 and 2004 .....	14
Table 5: REU reports of the current availability of ecstasy in the ACT, 2003 and 2004 ..	17
Table 6: Perceived benefits of ecstasy use among ACT REU, 2004.....	18
Table 7: Perceived risks of ecstasy use among ACT REU, 2004.....	19
Table 8: Patterns of methamphetamine powder (speed) use among REU, 2003 and 2004 .....	21
Table 9: Patterns of methamphetamine base use among REU, 2003 and 2004.....	22
Table 10: Patterns of crystal methamphetamine use among REU, 2003 and 2004 .....	23
Table 11: REU reports of usual and last use venue for methamphetamine, ACT, 2004 ..	24
Table 12: Price of various methamphetamine forms purchased by REU, 2003 and 2004 .....	25
Table 13: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997 to 2004 .....	31
Table 14: Patterns of cocaine use among REU, 2003 and 2004 .....	34
Table 15: REU reports of the usual and last venue of cocaine use, ACT, 2004.....	35
Table 16: Price of cocaine purchased by REU and price variations, 2003 and 2004.....	36
Table 17: Number and weight of cocaine seizures, ACT, July 1999 to June 2004.....	37
Table 18: Number of cocaine consumer and provider arrests, ACT, 2000-2004.....	38
Table 19: Patterns of ketamine use among REU, 2003 and 2004.....	39
Table 20: REU reports of the usual and last venue of ketamine use, ACT, 2004.....	40
Table 21: Price of ketamine purchased by REU and price variations, 2003 and 2004 .....	40
Table 22: Patterns of GHB use among REU, 2003 and 2004.....	42
Table 23: Price of GHB purchased by REU and price variations, 2003 and 2004 .....	43
Table 24: Patterns of LSD use among REU, 2003 and 2004 .....	44
Table 25: REU reports of the usual and last venue of LSD use, ACT, 2004.....	45
Table 26: Prices of LSD purchased by REU and price variations, 2003 and 2004 .....	45
Table 27: Patterns of MDA use among REU, 2003 and 2004 .....	48
Table 28: REU reports of the usual and last place of MDA use, ACT, 2004 .....	49
Table 29: Price of MDA purchased by REU and price variations, 2003 and 2004.....	49
Table 30: Injecting risk behaviour among REU in the ACT, 2004 .....	55
Table 31: BBVI vaccination, testing and self-reported status among REU in the ACT, 2004.....	57
Table 32: Context of recent injection, 2004 .....	58
Table 33: Sexual activity and condom use in the preceding six months among REU in the ACT, 2004.....	59
Table 34: Sexual activity and condom use under the influence of drugs in the preceding six months among REU in the ACT, 2004.....	60
Table 35: Tattooing and Piercing among REU in the ACT, 2004.....	61
Table 36: Problems experienced by REU in the preceding six months, 2004.....	64
Table 37: Criminal activity reported by REU in the ACT, 2003 and 2004.....	65
Table 38: Perceptions of police activity by REU in the ACT, 2003 and 2004.....	66



## LIST OF FIGURES

Figure 1: Usual place of ecstasy use among REU in the ACT, 2004.....	13
Figure 2: REU reports of current ecstasy purity in the ACT, 2003 and 2004.....	15
Figure 3: REU reports of change in purity of ecstasy in the ACT, 2003 and 2004.....	15
Figure 4: Median purity of phenethylamines seizures in the ACT, July 2000 to June 2004 .....	16
Figure 5: Recent changes in price of various methamphetamine forms purchased by REU in the ACT in 2004 .....	26
Figure 6: REU reports of the current purity of various methamphetamine forms, 2004 ..	27
Figure 7: REU reports of change in purity of various forms of methamphetamine, 2004 .....	27
Figure 8: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2004.....	28
Figure 9: REU reports of the current availability of various methamphetamine forms, 2004.....	29
Figure 10: REU reports of change in availability of various methamphetamine forms, 2004.....	29
Figure 11: Proportion of REU who report various methamphetamine forms to be ‘very easy’ to obtain in the ACT, 2003 and 2004 .....	30
Figure 12: Number and weight of methamphetamine seizures in the ACT, July 1999 to June 2004.....	31
Figure 13: Number of hospital admissions due to methamphetamine among those aged 15-54 years, ACT, July 1999 to June 2003.....	32
Figure 14: REU reports of current purity of cocaine in the ACT, 2004.....	36
Figure 15: REU reports of current availability of cocaine in the ACT, 2003 and 2004 ....	37
Figure 16: REU reports of current LSD purity in the ACT, 2003 and 2004 .....	46
Figure 17: REU reports of change in purity of LSD in the ACT, 2003 and 2004 .....	46

## ACKNOWLEDGEMENTS

In 2004, the Party Drug Initiative (PDI) project was run for the second consecutive year in the Australian Capital Territory (ACT). The National Drug Law Enforcement Research Fund (NDLERF) funded the PDI in both 2003 and 2004.

In acknowledgement of their valuable assistance with the PDI in 2004, there are a number of organisations and individuals the authors would like to thank. Firstly, we would like to thank the 116 regular ecstasy users (REU) interviewed in the ACT for the 2004 PDI for their openness and willingness to discuss the sensitive issues addressed in the PDI survey.

We would also like to extend our gratitude to the following organisations that committed time and expertise to collecting and providing the indicator data. Specifically, the authors wish to thank the ACT Alcohol and Drug Program, Assisting Drug Dependents Incorporated, Australian Crime Commission, the Australian Federal Police, and the Australian Institute of Health and Welfare.

Just as important to the PDI as the REU survey and the routinely collected indicator data is the information derived from key expert (KE) interviews. These interviews are conducted with people with specific expertise in the domain of ecstasy and related drugs. These people are all busy professionals who gave up their time without compensation, and so we also want to express our gratitude to each of the key experts.

Thanks are also extended to our contract interviewers – Nicky Bath, John Brown, and Amanda George - who assisted on the REU survey.

And last but certainly not least, the authors gratefully acknowledge the support, assistance and advice from the National Drug and Alcohol Research Centre (NDARC), specifically Courtney Breen, the former National IDRS Co-ordinator and Jennifer Stafford, the current National IDRS Co-ordinator. Special thanks also go to Bethany White, the NSW PDI Co-ordinator, and Louisa Degenhardt.

## ABBREVIATIONS

<b>ACC</b>	Australian Crime Commission
<b>ACT</b>	Australian Capital Territory
<b>AFP</b>	Australian Federal Police
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ANU</b>	Australian National University
<b>DASC</b>	Drug and Alcohol Services Council
<b>GBL</b>	Gamma-butyrolactone
<b>GHB</b>	Gamma-hydroxy-butyrate
<b>HBV</b>	Hepatitis B Virus
<b>HCV</b>	Hepatitis C Virus
<b>HIV</b>	Human Immunodeficiency Virus
<b>IDRS</b>	Illicit Drug Reporting System
<b>KE</b>	Key Expert Survey
<b>LSD</b>	<i>d</i> -lysergic acid
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDMA</b>	3,4-methylenedioxymethamphetamine
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug and Law Enforcement Research Fund
<b>NDSHS</b>	National Drug Strategy Household Survey
<b>NSP</b>	Needle and Syringe Program
<b>PDI</b>	Party Drugs Initiative
<b>PMA</b>	Paramethoxyamphetamine
<b>REU</b>	Regular Ecstasy Users
<b>UCAN</b>	University of Canberra
<b>1,4B</b>	1,4 butanediol

## **EXECUTIVE SUMMARY**

### **Demographic characteristics of regular ecstasy users**

The majority of regular ecstasy users (REU) interviewed in the ACT in 2004 for the PDI project were male. The sample was predominantly heterosexual and from an English speaking background. Most users were aged between their late teens and mid twenties. Approximately eight in ten participants interviewed for the study had completed high school, and at the time of the interview, the majority were either employed fulltime or studying at a tertiary level. A minority of the sample reported having contact with the criminal justice system, while none reported recent contact with drug treatment facilities.

### **Patterns of drug use among regular ecstasy users**

In the 2004 ACT PDI sample, polydrug use was universal. Participants had tried a mean of 10 drugs in their lifetime, and a mean of 6 drugs in the six months prior to interview. Almost the entire sample indicated that they ‘typically’ used other drugs in combination with ecstasy and eight in ten used other drugs to facilitate the ‘comedown’ phase associated with ecstasy use. The drugs most commonly used in conjunction with ecstasy and during the recovery phase were alcohol, tobacco and cannabis. Approximately one third of the sample had binged on ecstasy and other related drugs in the past six months. The drugs most commonly reported to be used in recent binge episodes were ecstasy, methamphetamine powder, alcohol, cannabis and crystal methamphetamine.

### **Ecstasy**

Ecstasy was the drug of choice for almost half (47%) the sample interviewed in the 2004 ACT PDI. In terms of the frequency of use, ecstasy use patterns varied among participants from monthly to more than weekly. In the six months prior to interview, the median number of days of ecstasy use was 14 (range 6 - 96). Almost half (47%) the sample used ecstasy on a monthly to less than fortnightly basis, one third (30%) used between a fortnightly to less than weekly basis, and one quarter (22%) had used ecstasy weekly or more. In the six months preceding interview, the median number of ecstasy tablets taken by REU in a ‘typical’ episode of use was two, and in the ‘heaviest’ session of use the median number of tablets used was three. Approximately two-thirds (67%) of participants typically took more than one tablet each time they had used ecstasy in the past six months.

As supported by KE reports, the dominant form of ecstasy administration was oral (96%), though participants also reported having snorted (65%), smoked (6%) and shelved (6%) ecstasy in the six months preceding interview. Six percent of the sample had ever injected ecstasy, and four percent had injected ecstasy in the past six months.

### **Price, purity and availability of ecstasy**

The median reported price for a tablet of ecstasy remained stable at \$35. In 2004, almost the entire sample reported that ecstasy was ‘very easy’ to ‘easy’ to obtain in the ACT and the most commonly reported sources were friends and dealers. The majority of REU reported the current purity of ecstasy to be ‘medium’ to ‘high’, and one quarter of the sample indicated that the purity of ecstasy had consistently fluctuated.

### **Methamphetamine**

Methamphetamine is available in three forms: methamphetamine powder (‘speed’), methamphetamine base (‘base’) and methamphetamine crystal (‘ice’). Approximately two-

thirds of the sample reported the recent use of speed and almost nine in ten REU reported ever having tried speed. As in 2003, recent speed users reported a median of four days of use in the six months prior to interview. Snorting, followed by swallowing, were the most common modes of speed administration, and small proportions of the sample reported having injected or smoked speed recently. In 2004 there was a significant decrease in the proportion of recent speed users who reported 'smoking' speed as a form of administration. REU reported using half a gram for both a 'typical' and the 'heaviest' episodes of use. Speed was used during 'binges' by almost half those participants reporting recent binge activity, and was commonly cited as a drug that REU typically used in combination with ecstasy.

Base was not used as widely among the 2004 ACT REU sample as methamphetamine powder, with only 43% ever having tried it, and approximately one third reporting recent use. The majority of base users had used the substance infrequently (less than monthly) in the past six months, with a median of 2.5 days of use. Swallowing was the most common form of administration, and experimentation with snorting, smoking and injection were also reported. In 2004, there was a significant decrease in the proportion of recent base users who reported 'snorting' base in the past six months. The use of base was predominantly quantified by REU in terms of 'points'. The median amount of base used was one point for both a typical and the heaviest sessions of use. One in ten REU who reported that they typically used other drugs in combination with ecstasy, indicated that they used base methamphetamine in this way.

Crystal methamphetamine was used by over one third of the sample in the preceding six months, and by over half the sample at some stage during their lives. The majority of recent crystal methamphetamine users had used this substance relatively infrequently during the six months preceding interview, with a median of two days of use during this period. As was the case for base methamphetamine, the use of crystal methamphetamine tended to be quantified by REU in terms of 'points'. One point was the standard amount taken in both a 'typical' and the 'heaviest' sessions of use in the previous six months. Over one quarter of the REU who reported bingeing on ecstasy and related drugs in the six months prior to interview, had used crystal methamphetamine during these binges.

The median reported price for a point of speed was \$30, base was \$40 a point and crystal methamphetamine was slightly more expensive again at a median of \$47.50 a point. The majority of REU commenting on each form of methamphetamine reported that the price of speed, base and crystal methamphetamine had remained stable in the preceding six months. The purity of each form of methamphetamine was reported to be medium to high by the majority of respondents. The majority of REU commenting on speed and crystal methamphetamine reported the availability of each form to be easy to very easy to obtain in the ACT.

### **Cocaine**

Over two thirds of the REU sample had tried cocaine, and approximately one third reported the recent use of cocaine. Among those who had recently used in the ACT, the frequency of cocaine use was generally low, with a median of two days of use in the past six months. The amount of cocaine taken in a standard episode of use was half a gram, and this increased to three quarters of a gram for the heaviest sessions of cocaine use. Among the REU who had recently used cocaine, the dominant form of administration was snorting, although there was a significant increase in the proportion of recent cocaine users who reported swallowing as a form of administration. As in 2003, the price

of cocaine was reported to be stable at \$250 a gram. The majority of REU commenting on cocaine believed the purity to be stable to increasing at medium to high levels. The majority of REU believed the availability of cocaine to have remained stable in the preceding six months, although the reports of REU regarding the current availability of cocaine were mixed.

### **Ketamine**

Approximately one third of the sample reported ever having used ketamine and a minority reported the recent use of ketamine. Ketamine use was primarily quantified by REU in terms of 'bumps' – a 'bump' refers to a small amount of powder typically measured and snorted from the end of a key, the corner of a plastic card, or a bumper (a small glass nasal inhaler). The frequency of ketamine use amongst REU was generally low with a median of two days of use in the preceding six months. The typical amount of ketamine used in a 'typical' episode of use was 1 bump, which increased to 2.5 bumps in the 'heaviest' session of use. Recent ketamine users reported snorting and swallowing as the most common modes of ketamine administration. The median reported price for ketamine in 2004 remained stable at \$20 a pill. Ketamine purity was also reported by REU to have remained stable and to be high. The reports of REU in response to the availability of ketamine in the ACT were inconsistent.

### **GHB**

A minority of the 2004 PDI sample reported lifetime and recent use of GHB. All recent GHB users had used GHB infrequently in the past six months with a median of one day of use in this period. The typical amount of GHB used was 15 millilitres for both the 'typical' and 'heaviest' sessions of use. Only one participant commented on the price, purity and availability of GHB in the ACT, therefore the results need to be interpreted with caution.

### **LSD**

One in five REU had used LSD in the six months prior to interview, with 62% having tried it at some point during their life. In the 2004 ACT PDI, there was a significant reduction in the proportion of REU who reported the recent use of LSD. Over half of recent LSD users indicated they had used LSD on a median of one day in the past six months. REU typically used one tab of LSD in both a 'typical' and the 'heaviest' session of use. This year there was a significant reduction in the proportion of REU who reported using LSD whilst bingeing in the previous six months. The price of LSD was reported to be stable at \$20 a tab. LSD was reported to be medium to high in purity, although the response of REU was inconsistent with regards to the change in purity of LSD. Although the response of REU to LSD availability in the ACT was somewhat divided, these reports suggested that LSD was becoming less easy to obtain in the ACT.

### **MDA**

Almost half of the ACT sample reported the lifetime use of MDA, and fifteen percent (a significantly lower proportion when compared to 2003) reported the recent use of MDA. Almost all MDA users had used less than monthly during the past six months. The typical amount of MDA taken in a standard episode of use was one capsule, which increased to one and a half capsules in the heaviest episode of use. The price of MDA remained stable at \$40 a cap. Half the participants commenting on MDA reported that the current purity of MDA was high, and the majority believed this to have remained stable. The response of REU suggested that MDA was easy to obtain in the ACT, and that this had remained the case over the previous six months.

### **Patterns of other drug use**

Alcohol was used by almost the entire sample in the preceding six months. It was commonly used by REU in combination with ecstasy and to manage the 'comedown' or immediate residual effects of having used other drugs. Almost half of those REU who reported bingeing on ecstasy and other related drugs in the past six months, had also used alcohol during these binges. Consistent with KE reports, the use of both cannabis and tobacco was widespread among the PDI population, with cannabis being frequently used in the context of the ecstasy 'comedown'. Similar to the 2003 PDI sample, the use of benzodiazepines, antidepressants and other opiates was minimal in 2004. Inhalants such as amyl nitrate and nitrous oxide were used by approximately one in five REU in the past six months, although the frequency of use of these substances was generally low.

### **Criminal and Police Activity**

In the 2004 PDI, there was a significant decrease in the proportion of the sample reporting they had recently been involved in criminal activity when compared to the previous year. A minority of the REU interviewed in 2004 had been involved in criminal activity, and very few had been arrested. For the majority of the sample, police activity towards ecstasy and other related drugs users in the ACT was perceived as stable. The overwhelming majority of users reported that recent police activity had not made it more difficult for them to score drugs in the past six months.

### **Implications**

The 2004 ACT PDI highlighted a number of concerning issues that warrant mention in relation to the use of ecstasy and related drugs in the Territory. The first is the widespread pattern of multiple drug use in single episodes of use reported by this population. Specifically, a prominent issue of concern is the increasing prevalence of excessive alcohol consumption in the context of ecstasy use. This finding warrants attention given that when ecstasy and alcohol are consumed simultaneously, the usual deleterious effects of alcohol on the body still occur, without the protective effect that increasing alcohol intoxication normally brings with it. Finally, significant proportions of the sample this year reported having unsafe sex under the influence of ecstasy and related drugs. Given the tendency to have had multiple partners in the previous six months and the low frequency of condom use, this group appears to be at increased risk for sexually transmitted diseases.

# 1 INTRODUCTION

The Party Drug Initiative (PDI) arose out of the Illicit Drug Reporting System (IDRS). The IDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The IDRS is funded by the Australian Government Department of Health and Ageing (The Department) and NDLERF. The data collected examines the price, purity and availability of four primary illicit drug classes – heroin, methamphetamine, cocaine and cannabis – and is used to supplement existing data, thus providing a multifaceted approach to the task of monitoring the Australian illicit drug market. The IDRS was piloted in 1996 in Sydney, before extending to New South Wales, Victoria and South Australia the following year. It was not until the year 2000 that the study was run in its entirety in all Australian States and Territories.

In 2000, NDLERF funded a two-State, two-year trial of the feasibility of monitoring trends in the market for ecstasy and other related drugs. This was due to the fact that the IDRS did not capture this population. NDLERF funded the trial in New South Wales and Queensland, with the Drug and Alcohol Services Council (DASC) providing funding for the South Australian trial. In 2002, DASC again provided funding for the project to be run in South Australia, and the National Drug and Alcohol Research Centre (NDARC) provided the funding for the New South Wales arm of the project. In 2003, for the first time, NDLERF provided funding for the Party Drug Initiative (PDI) to be run in all Australian States and Territories. In 2004 NDLERF again provided the funding for the nationwide PDI project.

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the ACT in 2004. In addition to ecstasy, the drugs that receive attention in this report are those drugs that are typically taken in combination with ecstasy, such as methamphetamine, cocaine, ketamine, LSD (*d*-lysergic acid), MDA (3,4-methylenedioxymphetamine) and GHB (gamma-hydroxybutyrate). As in the IDRS, the PDI involves the collection and joint comparison of three data sources: interviews with current regular ecstasy users (REU) recruited in the ACT; interviews with key experts (KE) who have contact with and knowledge of the ecstasy and related drugs scene in the ACT, and data routinely collected ('indicator data') on ecstasy and other drug users by agencies in the ACT.

## 1.1 Study aims

The aim of the PDI is to act as a strategic warning system for trends and issues emerging from the illicit ecstasy and related drugs market, and thereby identify issues that may be of future concern. The data collected provides information on the current price, purity and availability of ecstasy and related drugs in the ACT and on the patterns of ecstasy and related drug use amongst the participants in the REU survey. The PDI also examines the perception of REU with regard to the related risks and benefits associated with their drug use.



## 2 METHOD

The 2004 ACT PDI involves the collection and analysis of data from three sources:

1. Interviews with current regular ecstasy users (REU) recruited in the ACT
2. Interviews with key experts (KE) who have contact with and knowledge of the ecstasy and related drugs scene in the ACT
3. 'Indicator' or routinely collected data

### 2.1 Survey of regular ecstasy users (REU)

Ecstasy is a drug that is used widely across the Australian population (Breen, Degenhardt, White, Bruno, Chanteloup, Fischer, Johnston, Kinner, Moon, Proudfoot & Weekley, 2004). It is widely recognised that a significant proportion of the tablets sold as 'ecstasy' in Australia do not contain MDMA (3,4-methylenedioxymethamphetamine) but rather a combination of other substances (such as methamphetamine and ketamine) in an attempt to mimic the effects of MDMA (White, Breen & Degenhardt, 2003). The 2001 National Drug Strategy Household Survey (NDSHS) reported that almost 3% of Australians (over 14 years of age) reported using ecstasy in the previous 12 months, making ecstasy the third most widely used illicit drug in Australia behind cannabis and amphetamines (Australian Institute of Health and Welfare, 2002). For more than a decade the ecstasy market in Australia has continued to grow, and it appears that ecstasy may be the first party drug with which young Australians who choose to use illicit drugs will experiment (White et al., 2003). Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian ecstasy and related drugs market for the PDI.

#### 2.1.1 Recruitment

Between May and July of 2004, 116 regular ecstasy users (REU) were interviewed in the ACT for the PDI. Participants in the ACT PDI were recruited as volunteers via a number of avenues. Initial contact was established through advertisements in popular street press publications and other methods of recruitment included: advertisements in the Australian National University (ANU) and University of Canberra (UCAN) student magazines; advertisements posted at various tertiary education campuses around Canberra; notices posted on various ACT dance music websites and distribution of flyers at clothing and music shops thought to be frequented by REU. Furthermore, 'snowball' procedures were also adopted. That is, on completion of the interviews participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given a bundle of flyers that listed the contact details for the study.

#### 2.1.2 Procedure

REU contacted the researchers by telephone and were screened for eligibility. To meet the eligibility criteria, participants were required: to be at least 18 years of age (due to ethical constraints); to have lived in the ACT for the preceding twelve months; and to have used ecstasy on a minimum of six times (i.e. a monthly basis) in the past six months. The interview time and location was then negotiated between the researcher and participant.

Participants were then informed that the study would involve a face-to-face interview that would take approximately 40-60 minutes to complete. Before conducting the interview, the nature and purpose of the study were explained to participants prior to

obtaining informed consent. The researchers also informed participants that the information they provided was anonymous and strictly confidential. On completion of the interview, participants were provided with \$30 as reimbursement for their time.

### 2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy use conducted by NDARC in 1997 (Topp, Hando, Degenhardt, Dillon, Roche & Solowij, 1998) and on subsequent studies that were conducted in NSW, QLD and SA. The interview schedule focussed primarily on the preceding six months, and collected information on the following variables: demographics; patterns of ecstasy and other drug use; the price, purity and availability of ecstasy and a number of other related drugs; ecstasy and methamphetamine severity of dependence scales (SDS); perceived risks and benefits of ecstasy use; risk behaviour; help-seeking behaviour and other problems; injecting risk behaviour; sexual risk behaviour; self-reported criminal activity; tattooing and piercing; general trends and police activity.

## 2.2 Survey of key experts (KE)

Between May and October 2004, 22 professionals were interviewed as key experts (KE) for the PDI. Nine interviews were conducted with youth workers, 5 interviews with police officers, 1 with a user group representative, 1 with an ambulance officer, 1 with a court referral officer, 4 with residential rehabilitation centre workers, and 1 with a PhD research student who conducts research with REU. KE had to have had either weekly contact with ecstasy users, and/or contact with a minimum of 10 different ecstasy users in the six months prior to interview

Interviews were conducted face to face and took approximately 40 minutes to administer. The KE interview followed the same semi-structured format as that used in the IDRS. The interview included sections on the demographic characteristics of ecstasy and related drug users, patterns of ecstasy and related drug use, the price, purity and availability of ecstasy and related drugs in the ACT, health and treatment issues, and criminal activity.

## 2.3 Other indicators

A number of secondary data sources ('indicator' or routinely collected data) concerning ecstasy and related drug issues were collected in order to validate the data obtained from the REU surveys and KE interviews. The entry criteria for indicator data are listed below:

- The data should be available at least annually;
- The data should include 50 or more cases;
- The data should provide details of illicit drug use; and
- The data should be collected in the main study site (that is, the ACT)

The indicator data sources meeting the above criteria included in the 2004 PDI study are described below.

- **Purity of drug seizures.** In 2004, the Australian Crime Commission (ACC) provided data on the median purity of illicit drug seizures made by local police in the ACT. This report presents the purity of drug seizures for phenethylamines and methamphetamine from the 1999-2000 to 2003-2004 financial years.
- **Number and weight of drug seizures.** Data on the number and weight of drug seizures made by local police in the ACT was provided by the ACC. Data includes

number of seizures and amount seized in grams for methamphetamine and cocaine from 1999-2000 to 2003-2004.

- ***Drug specific arrests.*** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by ACT local police. This report provides the number of arrests for methamphetamine and cocaine from 1997-1998 to 2003-2004.
- ***ACT Drug and Alcohol Program case management clients.*** The ACT Alcohol and Drug Program provided information on the number of clients in cocaine related case management for the 2003-2004 financial year.
- ***Hospital admissions.*** The 2004 PDI study includes data on the number of hospital admissions due to cocaine and methamphetamine among those aged 15 to 54 years from 1999-2000 to 2003-2003. These data were obtained from the Australian Institute of Health and Welfare (AIHW).

### 3 OVERVIEW OF REGULAR ECSTASY USERS

#### 3.1 Demographic characteristics of the sample

As can be seen in Table 1, the majority (70%) of participants interviewed for the 2004 ACT PDI were male. The mean age of the sample was 25 years (S.D 6.8, range 18-57) and there was no significant difference in the mean age between males (25 years) and females (23 years). The majority (90%) of participants nominated their sexual identity as heterosexual, with seven percent of the sample nominating as bisexual, two percent as gay male and one percent as lesbian. Ninety-eight percent of the sample spoke English as their main language at home, and only two participants indicated they were of indigenous Australian descent. Over half (60%) the sample lived in their own (rented or purchased) premises, with almost one quarter (23%) indicating they lived in their parents' or family home, and smaller proportions living at boarding houses (8%) or on university campus (7%). Two participants (2%) indicated that they were currently homeless.

**Table 1: Demographic characteristics of REU sample, 2003 and 2004**

Variable	2003 sample (n=66)	2004 sample (n=116)
Mean age (years)	22	<b>25***</b>
Mean number school years	13	<b>13</b>
Male (%)	73	<b>70</b>
English speaking background (%)	96	<b>98</b>
ATSI (%)	2	<b>2</b>
Heterosexual (%)	96	<b>90</b>
Tertiary qualifications (%)	27	<b>43*</b>
Employed full-time (%)	30	<b>41</b>
Full-time students (%)	33	<b>30</b>
Unemployed (%)	10	<b>12</b>
Previous conviction (%)	0	<b>9***</b>

Source: ACT PDI REU Interviews, 2003, 2004

Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

The mean number of years of school education completed by the sample was 13 with 85% of respondents having completed high school education. Almost half (43%) the sample had completed a course after school with 30% already possessing a university degree or college course, and 13% possessing a trade or technical qualification. Almost one third (30%) of the sample indicated that they were enrolled full-time as students, 41% were employed full-time, 15% were employed on a part-time or casual basis and 12% were unemployed. No participant interviewed was currently in any form of drug treatment, and 9% reported having a previous criminal conviction.

When compared to the 2003 ACT PDI sample, the 2004 ACT PDI sample differed on a number of demographic variables. The 2004 PDI sample was significantly older than the 2003 PDI sample (2003 sample= 22 years, 2004 sample= 25 years,  $p<.005$ ), and a greater proportion of the 2004 sample had already obtained tertiary qualifications (2003 = 27%, 2004 = 43%,  $p<.05$ ). In 2003, no participant reported ever having been in prison, whereas 9% of the 2004 sample reported that they had previously been incarcerated ( $p<.005$ ).

### **3.2 Drug use history and current drug use**

Table 2 presents the lifetime and recent drug use history of the PDI sample. Polydrug use was universal among the 2004 sample, with a mean of 10 (S.D 3.2, range 3-17) drugs having ever been tried, and a mean of 6 (S.D. 1.9, range 3-13) drugs having been used in the preceding six months.

Almost half (41%) of the REU sample reported lifetime use of drugs other than those listed in Table 2. In terms of lifetime use, the drugs most commonly nominated by REU other than those in the table were hallucinogenic mushrooms (30%), 2C-I (5%) and 2C-B (2%). Nine percent of the entire sample had used mushrooms in six months prior to interview, and 5% of the sample indicated they had used 2C-I in the same period of time.

Ecstasy was the drug of choice for almost half (47%) the REU sample. Both cannabis and alcohol were nominated as the drug of choice by 16% of respondents, and cocaine was the main drug of choice for one in ten participants (10%).

For the purposes of the PDI study, bingeing was defined as the use of a drug on a continuous basis for more than 48 hours, without sleep. Thirty four percent of the sample had binged on one or more party drugs in the six months prior to interview, a small but non-significant decrease from 46% reported in 2003. The median length of the longest binge session reported by REU was 3 days (range 2-4.5 days). Ecstasy was used on almost all (95%) reported binge sessions. Other drugs commonly used in this way were methamphetamine powder (46%), alcohol (46%) cannabis (36%) and crystal methamphetamine (28%).

Twelve percent of respondents in the 2004 PDI sample reported that they had ever injected a drug (compared to 5% the previous year). Five percent of the sample had injected a substance in the preceding six months (0% in 2003). Of those participants who had reported ever having injected a drug, a median of 2.5 drugs (range 1-6) had been injected. When asked to indicate which was the first drug they had ever injected, 43% reported that the first drug they injected was heroin, half of these respondents had initially injected some form of methamphetamine (29% methamphetamine base, 14% methamphetamine powder and 7% crystal methamphetamine) and one respondent reported that hallucinogens were the first drug they had injected.

**Table 2: Lifetime and recent polydrug use of REU**

Variable	2003 sample (n=66)	2004 sample (n=116)
Mean drug classes ever used	10	10
Mean drug classes used last 6 months	7	6
Ever inject any drug (%)	5	12
<b>Alcohol</b>		
Ever used (%)	100	100
Used last 6 months (%)	97	97
<b>Cannabis</b>		
Ever used (%)	97	98
Used last 6 months (%)	82	83
<b>Tobacco</b>		
Ever used (%)	92	93
Used last 6 months (%)	75	80
<b>Methamphetamine powder (Speed)</b>		
Ever used (%)	88	87
Used last 6 months (%)	64	64
<b>Methamphetamine base (Base)</b>		
Ever used (%)	30	43
Used last 6 months (%)	24	31
<b>Crystal methamphetamine (Crystal)</b>		
Ever used (%)	71	62
Used last 6 months (%)	56	39*
<b>Cocaine</b>		
Ever used (%)	47	69***
Used last 6 months (%)	26	34
<b>LSD</b>		
Ever used %	59	62
Used last 6 months %	44	23***

Source: ACT PDI REU Interviews, 2003, 2004

Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

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

Variable	2003 sample (n=66)	2004 sample (n=116)
<b>MDA</b>		
Ever used (%)	56	41
Used last 6 months (%)	33	15***
<b>Ketamine</b>		
Ever used %	49	36
Used last 6 months %	21	15
<b>GHB</b>		
Ever used (%)	17	23
Used last 6 months (%)	12	6
<b>Amyl nitrate</b>		
Ever used (%)	50	44
Used last 6 months (%)	29	18
<b>Nitrous oxide</b>		
Ever used (%)	56	52
Used last 6 months (%)	39	17***
<b>Benzodiazepines</b>		
Ever used (%)	20	36*
Used last 6 months (%)	11	14
<b>Anti-depressants</b>		
Ever used (%)	11	24*
Used last 6 months (%)	6	6
<b>Heroin</b>		
Ever used (%)	5	15*
Used last 6 months (%)	0	4
<b>Methadone</b>		
Ever used (%)	0	5
Used last 6 months (%)	0	2
<b>Other opiates</b>		
ever used (%)	20	20
used last 6 months (%)	11	6

Source: ACT PDI REU Interviews, 2003, 2004

Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

In accordance with the self-reports of REU, KE described varied and extensive patterns of drug use among the REU population. The patterns of use reported on by KE were dependent upon their occupation, and also the group of users with whom they had the most contact. Seven KE commented specifically on the prevalence of polydrug use among this group. Furthermore, five KE reported that the extent of polydrug use was dependent on the quality and availability of drugs at a given time, and seven KE commented specifically that they believed that most of the ecstasy tablets available were a combination of drugs, such as amphetamine and ketamine. KE noted that most users have a 'core' set of drugs they prefer to use (the typical combination mentioned was ecstasy, methamphetamine and alcohol) and the use of other less common drugs such as GHB, cocaine and MDA was based on availability. However, several KE (predominantly those in the youth sector) reported that younger REU were less discriminating and would use whatever combinations of 'party drugs', alcohol and cannabis were available at a particular time.

### 3.3 Summary of polydrug use trends in REU

- The REU sample recruited was predominantly male suggesting that ecstasy use, like the use of most illicit drugs, appears to be more common among males
- The majority of ecstasy users are relatively young, aged between their late teens to mid twenties
- Most (85%) REU had completed high-school education, almost half (43%) had already completed tertiary qualifications and 30% were currently studying full-time
- Levels of unemployment and contact with the criminal justice system or drug treatment facilities are minimal within this population
- As confirmed by KE reports, polydrug use was universal among the sample of regular ecstasy users
- Ecstasy was the drug of choice for the majority of the sample, followed by cannabis, alcohol and cocaine
- Large proportions of REU reported recent use of alcohol, cannabis, tobacco and methamphetamine
- Over one third of the sample (34%) reported bingeing (under the influence for 48 hours or more) on ecstasy and other related drugs in the previous six months



## 4 ECSTASY

The patterns of ecstasy use reported by REU in 2003 and 2004 are presented in Table 3. As can be seen in Table 3, the median age at which participants first used ecstasy in the 2004 sample was 19 years (SD 4.1, range 15 – 36). All participants had used ecstasy at least monthly at some stage in their life, and reported first having done so at a median age of 20 years (SD 5.7, range 15 – 56). There were no statistically significant differences between males and females in the mean age at which they first tried ecstasy, though females were significantly younger than males for the mean reported age at which they started to use ecstasy regularly (Females=20, Males=22,  $p<.05$ ).

### 4.1 Ecstasy use among REU

Respondents had used ecstasy on a median of 14 days (i.e. a greater than fortnightly basis) in the six months prior to the interview (range 6-96 days), an increase from a median of 12 days in 2003 (see Table 3). In the preceding six months, 47% of participants had used ecstasy on a monthly to fortnightly basis and approximately one third (30%) had typically used ecstasy on a fortnightly to weekly basis. The proportion of REU that indicated they used ecstasy on a greater than weekly basis, more than doubled from 8% in 2003 to 22% in 2004 ( $p<.05$ ). Collectively, these figures suggest that the frequency of ecstasy use appears to be greater in the 2004 PDI sample when compared to the 2003 sample.

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was 2 (range 0.5 – 12). Approximately two thirds (67%) of the sample reported that they typically used more than one tablet in a 'typical' episode of use (similar to 69% in the 2003 PDI sample). During the 'heaviest' episodes of ecstasy use in the six months preceding interview, participants reported the median use of 3 tablets (range 1 – 25). Almost half (44%) the sample had taken four or more tablets in a single use episode in the preceding six months, which was a statistically significant decrease when compared to 66% who reported having done so in 2003 ( $p<.01$ ).

All participants in the 2004 REU sample reported swallowing ecstasy in the six months prior to interview, 65% reported snorting and equal proportions reported smoking (6%) and shelving/shafting ecstasy (vaginal or rectal administration; 6%) in the preceding six months. A small proportion (4%) of REU had injected ecstasy in the past six months (0% did so in 2003). Almost all (96%) participants nominated oral ingestion as their 'main' (defined as more than half the time they have taken ecstasy during the six month period) route of administration of ecstasy, and the remaining 4% reported that they mainly snorted the drug.

Consistent with REU reports, KE reported that oral administration was the predominant way in which ecstasy was taken, with small proportions of users estimated to be snorting and shafting the drug also. Several KE reported a possible increase in injecting use, especially amongst younger REU, expressing the view that the increase in 'ice' use over the preceding years has resulted in an increase in the acceptance of injecting behaviour especially amongst younger REU. The majority of KE estimated that ecstasy was used on a weekly to fortnightly basis, and that the standard number of tablets consumed in an episode of use ranged between 1 and 3 tablets.

Almost the entire sample (96%) reported that they ‘typically’ (defined as more than two thirds of the time) used other drugs in combination with ecstasy. This figure represented a statistically significant increase when compared to the proportion of participants reporting the ‘typical’ use of other drugs in combination with ecstasy in 2003 (88%;  $p < .05$ ). Eighty percent of the sample reported that they typically used other drugs to ‘comedown’ from ecstasy, similar to 83% reporting the use of other drugs to facilitate the comedown in 2003 (Table 3).

Those respondents who normally used other drugs with ecstasy used a mean of 3 (SD 1.41, range 1 – 9) drugs in conjunction with ecstasy, the most common being alcohol (80%), tobacco (67%) and cannabis (38%). Smaller proportions of the sample reported typically using methamphetamine powder (22%), cocaine (12%) and base methamphetamine (10%) in combination with ecstasy. In 2004, the proportion of respondents reporting ‘typically’ using alcohol with ecstasy significantly increased from 65% to 80% ( $p < .01$ ). Additionally, of those who typically drank alcohol when using ecstasy, two thirds (66%) consumed more than five standard drinks when doing so (compared to 53% the previous year).

A mean of 2 (SD 0.74, range 1 – 3) other drugs were typically used during the ‘comedown’ from ecstasy. Drugs that were typically nominated by REU to be used during the comedown were cannabis (59%), tobacco (52%) and alcohol (41%). Of those respondents who typically drank alcohol during their ecstasy comedown, 60% consumed more than five standard drinks when doing so.

Of those respondents who reported bingeing in the preceding six months, almost all (95%) had used ecstasy to do so. The median length of REU reported bingeing on ecstasy was 3 days (i.e. 72 hours, range 48 – 108 hours). Other drugs that were commonly used in combination with ecstasy during binge episodes were methamphetamine powder (43%), alcohol (43%), cannabis (35%), crystal methamphetamine (30%), methamphetamine base (22%) and cocaine (19%). There were no age or gender differences between those who had or had not binged on ecstasy in the six months prior to interview. However, there were significant differences observed between those who had binged in the previous six months and those who hadn’t. Respondents who had binged on ecstasy in the previous six months, used a significantly greater mean number of ecstasy tablets in a ‘heavy’ episode of use (‘Non-bingers’=3.4, ‘Bingers’=5.0,  $p < .05$ ). In addition, those who had binged on ecstasy in the preceding six months had used ecstasy on a significantly greater mean number of days during this period, than those who had not binged on ecstasy in the preceding six months (‘Non-bingers’=17.1, ‘Bingers’=27.7,  $p < .005$ ).

**Table 3: Patterns of ecstasy use among REU, 2003 and 2004**

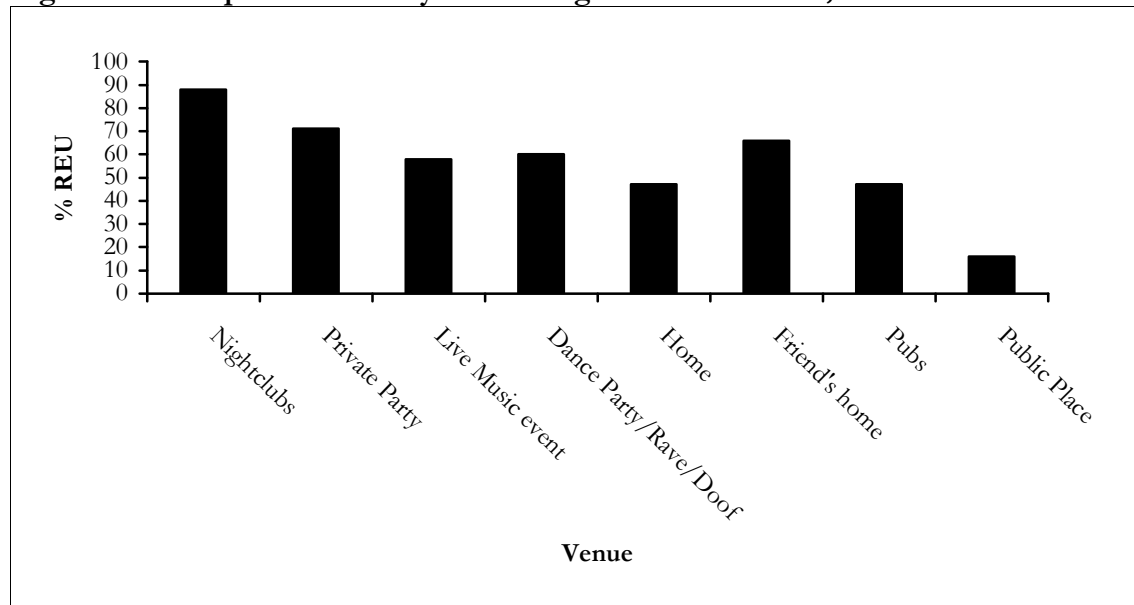
Variable	2003 (n=66)	2004 (n=116)
Median age first used ecstasy (years)	18	19
Median days used ecstasy last 6 months	12	14
Ecstasy 'favourite' drug (%)	56	47
Use ecstasy weekly or more (%)	8	22*
Median ecstasy tablets in 'typical' session	2	2
Typically use >1 tablet (%)	69	67
Recently binged on ecstasy (%)	46	32
Ever injected ecstasy (%)	0	6
Mainly swallowed ecstasy last 6 mths (%)	97	96
Mainly snorted ecstasy last 6 mths (%)	3	4
Mainly injected ecstasy last 6 mths (%)	0	0
Typically use other drugs in conjunction with ecstasy (%)	88	96*
Typically use other drugs to 'comedown' from ecstasy (%)	83	80

Source: ACT PDI REU Interviews, 2003, 2004

Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

The venues at which REU reported usually using ecstasy in the past six months were nightclubs (88%), private parties (71%), friend's homes (66%) and at raves/dance parties (60%) (see Figure 1). Substantial proportions of the sample also reported using ecstasy at live music events (58%), at home (47%), in pubs (47%) and outdoors (37%). The venues most frequently nominated as the place where ecstasy was last used, were nightclubs (37%), pubs (16%), or at a rave/doof/dance party (13%).

**Figure 1: Usual place of ecstasy use among REU in the ACT, 2004**



Source: ACT PDI REU Interviews, 2004

#### 4.2 Summary of patterns of ecstasy use

- Ecstasy use typically begins in the early twenties for the majority of users
- As confirmed by KE reports, swallowing was the predominant form of ecstasy administration, although experimentation with snorting, smoking, shelving/shafting and injection was also reported
- Ecstasy users vary in terms of their patterns of use. In this sample, the most common pattern of use was monthly to fortnightly. However, there was also a significant increase in the proportion of REU who reported having used ecstasy more than once a week
- Ecstasy was used on almost all reported episodes of binge activity
- Sixty seven percent of the sample typically used more than one tablet each time they took ecstasy, and 44% of regular ecstasy users had used four or more tablets of ecstasy in a single use episode in the preceding six months
- Nine in ten REU reported that they typically used other substances in combination with ecstasy (a significant increase when compared to the previous year) and eight in ten REU typically used other substances to facilitate the comedown from ecstasy
- Of the participants who reported drinking alcohol when taking ecstasy, two thirds reported excessive alcohol use (having more than five standard drinks) when they consumed ecstasy

### 4.3 Price

In 2004, all respondents commented on the price of ecstasy in the ACT. REU reported the median price for an ecstasy tablet to be \$35 (range \$20-40), remaining consistent with the reported price for ecstasy in the 2003 ACT PDI (see Table 4). The median reported price for the last ecstasy tablet purchased was also \$35 (range \$15-\$50). Also consistent with the 2003 PDI, the majority (79%) of participants in 2004 reported that the price of ecstasy had remained stable (61%) or had decreased (18%) in the preceding six months (2003: 61% 'stable', 27% 'decreased'). Similar proportions of the sample reported that ecstasy had increased (9%) or fluctuated (11%) in price, and again, these figures were comparable to those reported in the 2003 ACT PDI (4% increased, 8% fluctuated) and were also consistent with KE reports.

Participants reported a number of methods in which they paid for the ecstasy they purchased during the previous six months. The most commonly reported methods of paying for ecstasy in the preceding six months were through: paid employment (90%); receiving ecstasy as a gift from friends (72%); borrowing money from friends (34%); government allowance (27%); and using money from parents (21%). Additionally, over one fifth of respondents in the 2004 sample reported that they had relied on credit from their dealers (25%) or had bartered drugs or goods (21%) to fund their ecstasy use in the past six months.

**Table 4: Price of ecstasy purchased by REU and price variations, 2003 and 2004**

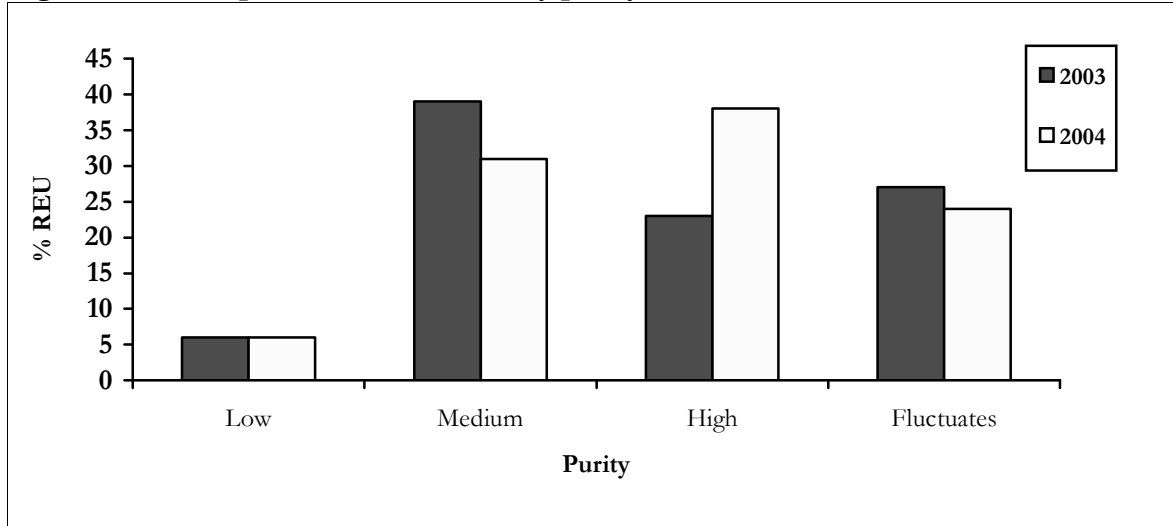
Variable	2003 sample (n=66)	2004 sample (n=116)
<b>Median price ecstasy tablet (range)</b>	\$35 (18-50)	<b>\$35 (20-40)</b>
<b>Price change (%)</b>		
Increased	4	<b>9</b>
Stable	61	<b>61</b>
Decreased	27	<b>18</b>
Fluctuated	8	<b>11</b>
Don't know	0	<b>1</b>

Source: ACT PDI REU Interviews, 2003, 2004

### 4.4 Purity

The majority of respondents believed the current purity of ecstasy to be 'high' (38%) (Figure 2) which was a significant increase when compared to the proportion of the 2003 sample (23%) that indicated the current purity of ecstasy was 'high' ( $p < .05$ ). Approximately one third (31%) of respondents reported the current purity of ecstasy to be 'medium' (compared to 39% in 2003). Approximately one quarter (24%) of respondents believed that the purity of ecstasy had fluctuated in the preceding six months. Only one REU respondent believed the purity of ecstasy to be 'low'.

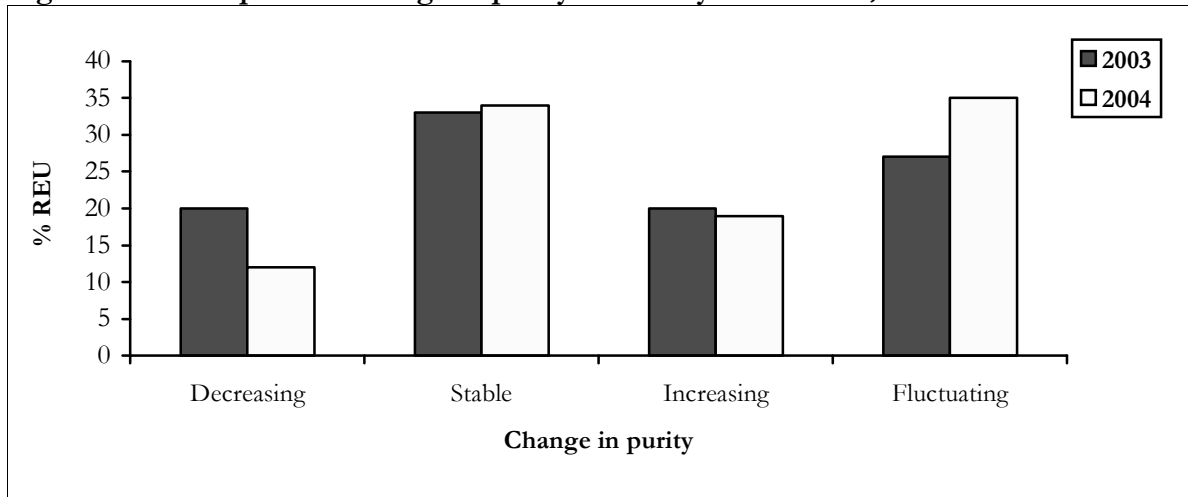
**Figure 2: REU reports of current ecstasy purity in the ACT, 2003 and 2004**



Source: ACT PDI REU Interviews, 2003, 2004

Reports of REU in response to the change in the purity of ecstasy in the preceding six months were inconsistent as was the case in the 2003 PDI (Figure 3). Approximately one third of respondents believed that the purity of ecstasy had remained stable (34%: 33% in 2003). Similar proportions reported an increase (19%: 20% in 2003) and decrease (12%: 20% in 2003) in the purity of ecstasy. Approximately one third of respondents believed the purity of ecstasy to have fluctuated (35%) in the preceding six months (27% did so in 2003).

**Figure 3: REU reports of change in purity of ecstasy in the ACT, 2003 and 2004**

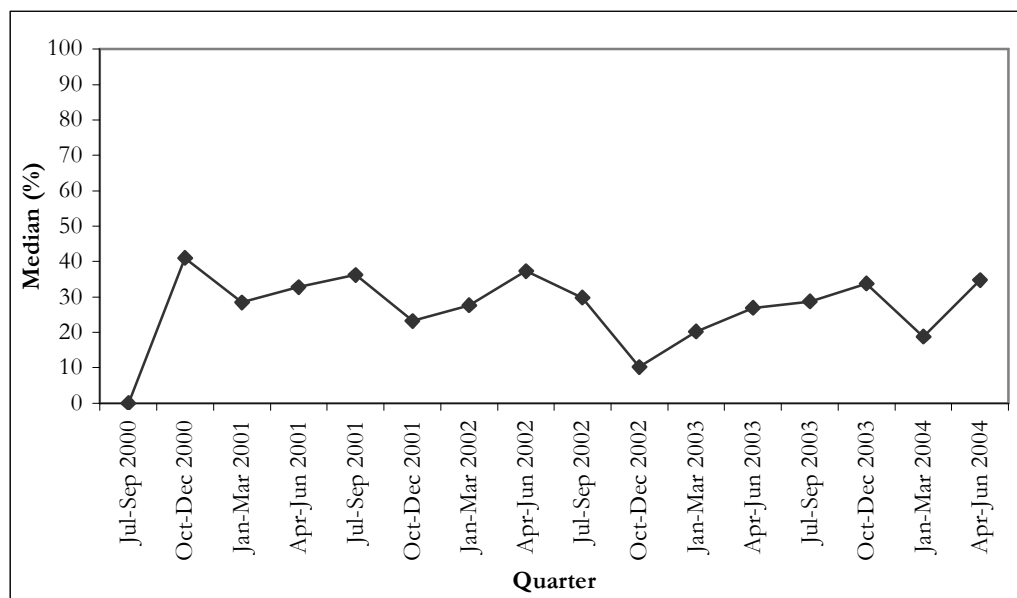


Source: ACT PDI REU Interviews, 2003, 2004

The ACC routinely collects data on the purity of phenethylamines seized by the ACT Policing. Compounds belonging to this class (such as MDMA) are grouped by the unique psychological effect they induce, that is not dissimilar to a blend of mescaline and amphetamine (Holland, 2001). In the ACT, the analysis of the purity of phenethylamine seizures includes purity analysis of drugs such as MDMA, MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the July-September quarter of 2000 and the April-June quarter of 2004 are presented in Figure 4. In the ACT, the median purity of phenethylamines seizures gradually increased from 10.2% in the 2002 October-December quarter to 33.8% in the 2003 October-December

quarter, before dropping to 18.8% in the January-March quarter of 2004. The purity of phenethylamines seizures increased again to 34.8% in the April-June quarter in 2004 (not all seizures of phenethylamines were analysed for purity).

**Figure 4: Median purity of phenethylamines seizures in the ACT, July 2000 to June 2004**



Source: ACC (2000; 2001; 2002; 2003; 2004)

#### 4.5 Availability

Table 5 presents a summary of REU reports on the availability of ecstasy in the ACT in the six months preceding the interview. In 2004, all PDI respondents were able to comment on the availability of ecstasy. The majority of the sample (98%) indicated that ecstasy was ‘very easy’ (55%) to ‘easy’ (43%) to obtain with two respondents (2%) reporting that ecstasy was ‘difficult’ to obtain. This year, there was a statistically significant increase in the proportion of REU indicating that ecstasy was ‘easy’ to obtain (43%) when compared to 2003 (18%;  $p < .005$ ). In the preceding six months the majority of participants reported that the ease with which they could obtain ecstasy had remained stable (67%) or had become easier (24%) (comparison figures for 2003 are 64% ‘stable’ and 21% ‘easier’). KE reports were consistent with the reports of REU, indicating that ecstasy was easy to obtain and that the availability of ecstasy had remained stable.

The majority of participants indicated that they had obtained ecstasy primarily through friends (88%) or dealers (58%; see Table 5). Other sources through which participants had scored ecstasy in the last six months were acquaintances (51%), people unknown (22%) and work colleagues (15%). Participants reported that ecstasy was most often obtained at friends’ homes (68%), agreed public locations (53%), nightclubs (52%), dealers’ homes (43%) and at the participants’ own home (37%). Other purchase locations that were commonly reported included pubs (35%) and raves/dance parties (29%).

Participants reported that they had scored ecstasy from a median of 4 people in the preceding six months (S.D. 3.4, range 1-20). Ninety five percent of REU were able to identify one primary dealer from whom they had sourced their ecstasy in the past six months. Of these participants, 65% reported that they were also able to obtain drugs other than ecstasy from their ecstasy dealer. Other drugs that were available from the

main ecstasy dealer included cannabis (69%), methamphetamine powder (61%), crystal methamphetamine (47%), cocaine (38%) and methamphetamine base (35%).

**Table 5: REU reports of the current availability of ecstasy in the ACT, 2003 and 2004**

Variable	2003 sample (n=66)	2004 sample (n=116)
<b>Ease of obtaining ecstasy (%)</b>		
Very easy	67	55
Easy	18	43***
<b>Availability (%)</b>		
Stable	64	67
Increased	21	24
<b>Persons scored from (%)</b>		
Friends	92	88
Dealers	82	58
Acquaintances	42	51
Work colleagues	18	15
Unknown people	23	22
<b>Locations scored from (%)</b>		
Friends' home	69	68
Nightclub	59	52
Dealer's home	53	43
At own home	38	37

Source: ACT PDI REU Interviews, 2003, 2004

Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

## 4.6 Ecstasy related harms

### 4.6.1 Health related harms

Six participants (5%) in the 2004 PDI reported that they had overdosed (defined as having unintentionally passed out or fallen into a coma as a result of excessive drug use) on ecstasy in the six months prior to interview. Of those participants who reported ecstasy to be the main drug involved in their overdose, other drugs commonly used on these instances, in combination, were alcohol (n=2) and methamphetamine powder (n=2).

Furthermore, a number of participants reported having accessed medical and/or mental health professionals in the past six months as a result of their ecstasy use. Three REU reported that they had seen a general practitioner (GP) in the previous six months due to complications resulting from their ecstasy use. One participant accessed their GP to receive advice on drug effects, one participant had experienced ecstasy-related dizziness and lethargy, whilst the remaining participant sought medical help from their GP due to acute physical effects resulting from their ecstasy use. Additionally, two participants indicated that they had received ambulance attention, and one participant had been hospitalised as a result of ecstasy use in the preceding six months. One REU reported that they had accessed a counsellor in relation to their ecstasy use in the six months prior to interview.



## 4.7 Benefit and risk perception

### 4.7.1 Perceived benefits

Participants were asked whether they believed there to be risks and benefits associated with ecstasy use. As can be seen in Table 6, almost the entire sample (99%) reported that they believed there to be benefits associated with ecstasy use. Approximately four in ten (43%) REU nominated enhanced communication and sociability to be a benefit associated with their ecstasy use, whereas 37% believed that using ecstasy enhanced their closeness to others. These findings are consistent with other research that attributes the popularity of ecstasy to the euphoric effects users experience, encompassing strong feelings of closeness to others (Holland, 2001). Furthermore, approximately one third (34%) of the sample reported that enhanced mood was a benefit associated with using ecstasy and similar proportions indicated that ecstasy helped them to have fun (31%) and increased their energy level, as well as their ability to stay awake (28%).

**Table 6: Perceived benefits of ecstasy use among ACT REU, 2004**

Benefits	% (n=115)
Enhanced communication/talkativeness/more social	43
Enhanced closeness/bonding/empathy	37
Enhanced mood	34
Fun	31
Increased energy/stay awake	28
Relax/escape/release	20
Enhanced appreciation of music/dance	19
Increased confidence/decreased inhibitions	15
The high/rush/buzz	11

Source: ACT PDI REU Interviews, 2004

### 4.7.2 Perceived risks

Nine in ten participants identified that there were risks associated with ecstasy use, whereas ten percent reported that they did not believe there to be any risks associated with the use of ecstasy. One participant reported that they did not know whether there were risks associated with using ecstasy. As can be seen in Table 7, the risk most frequently associated with using ecstasy by REU was damage to brain functioning (26%), closely followed by the risk that ecstasy contains unknown drug contaminants (25%). Similar proportions of REU believed fatal overdose (17%), depression (17%), dehydration (14%), memory impairment (14%) and financial problems (14%) to be risks associated with the use of ecstasy. There is a growing body of literature that documents the adverse effects associated with ecstasy use that includes problems identified by REU in the 2004 PDI, such as lethargy, moodiness, depression, possible memory impairment and financial and relationship difficulties (Breen et al., 2004; Curran & Travill, 1997; Davison & Parrott, 1997; Parrott & Lasky, 1998; Parrott, Milani, Parmer & Turner, 2001; Topp, Hando, Dillon, Roche & Solowij, 1999a).

**Table 7: Perceived risks of ecstasy use among ACT REU, 2004**

Risks	% (n=104)
Damage to brain function	26
Unknown drug contaminants/cutting agents	25
Fatal overdose	17
Depression	17
Dehydration	14
Memory impairment	14
Financial problems	14
Addiction/dependence	13
Social/relationship problems	13
General acute physical problems	13
Unknown drug strength/purity	11

Source: ACT PDI REU Interviews, 2004

#### 4.8 Summary of ecstasy trends

- The median price of ecstasy in the ACT has remained stable at \$35 per tab
- Most REU believed the current purity of ecstasy to be ‘medium’ to ‘high’
- Ecstasy was generally considered to be ‘very easy’ to ‘easy’ to obtain in the ACT, and the majority of participants believed the availability of ecstasy to have remained stable in the past six months
- Six REU reported having unintentionally overdosed on ecstasy in the six months prior to interview
- Seven REU reported having accessed medical or health professional services in the past six months as a consequence of their ecstasy use
- REU identified an extensive number of both risks and benefits that they believed to be associated with ecstasy use. The most frequently nominated benefits were enhanced communication, enhanced closeness and bonding with others and enhanced mood
- The risks that REU most commonly associated with their own ecstasy use were damage to brain function, the risks of unknown contaminants and fatal overdose

## 5 METHAMPHETAMINE

For the first time in 2002 the IDRS questionnaire differentiated between three categories of methamphetamine - methamphetamine powder or 'speed', methamphetamine base or 'base' and methamphetamine crystal or 'crystal meth/ice'. 'Speed' is the powder form of methamphetamine regarded by users to be of low to medium purity, and can range in colour from white to yellow, orange brown or pink (Topp, Degenhardt, Kaye & Darke, 2002). The wide variation present in the appearance of speed results from the reagent used in its manufacture and the expertise of the chemist producing it. Methamphetamine base is typically a waxy, oily or gluggy form of damp powder that has a yellow or brownish hue. 'Base' is the result of a failed conversion of methamphetamine oil to methamphetamine salt or crystal, hence its appearance. Base is generally considered to be of medium purity, and, like speed, is manufactured in Australia (Topp et al., 2002). 'Crystal meth' or 'ice' is a crystalline form of high purity methamphetamine that is generally in the form of large, translucent whitish crystals, or a coarse crystalline powder (Topp et al., 2002).

This separation between the different forms of methamphetamine in the IDRS questionnaire was a result of the increasing proportion of IDU surveyed who gave information on more expensive and 'purer' or potent forms of methamphetamine available. The differentiation made between speed, base and ice in the IDRS was made in an effort to collect information on the use, price, purity and availability of the different methamphetamine forms, and to observe the differences (if any) between the markets for each form. The results of the ACT IDRS from 2002 onwards (Rushforth, 2003; Ward & Proudfoot, 2004) and also the 2003 ACT PDI (Proudfoot & Ward, 2004) emphasised the need for this differentiation by clearly delineating between markets for the three forms of methamphetamine.

In the 2004 ACT PDI, 55 (47%) REU commented on the current price, purity and availability of 'speed', 25 (22%) commented on 'base', and 29 (25%) commented on 'ice'.

### 5.1 Methamphetamine use among REU

#### 5.1.1 Methamphetamine Powder (Speed)

Table 8 presents a summary of the patterns of methamphetamine powder (speed) use among REU in the ACT in 2004. Eighty seven percent of the sample surveyed in 2004 reported having ever used speed, and 64% reported the use of speed in the preceding six months. These figures are comparable to 88% of the sample reporting lifetime use and 64% reporting recent speed use in the 2003 ACT PDI. Recent speed users reported the median use of four days (range 1 – 50) in the six months prior to interview. Two thirds (66%) of recent speed users had used five times or less in the preceding six months. Approximately one quarter (23%) of recent speed users had used on a monthly to fortnightly basis, and 11% had used speed more regularly than once a fortnight during this six-month period. Only two REU in 2004 (2%) nominated speed as their drug of choice.

The median amount of speed used in a 'typical' episode of use in the six months prior to interview was a half a gram (range 0.1 – 2.0). During their 'heaviest' use episode, recent speed users reported the use of a median of 0.5 grams (range 0.1 – 4.0). Of those

respondents who reported binge activity in the preceding six months, almost half (46%) reported the use of speed during these binge episodes (60% did so in 2003). Of those respondents who had used speed in the previous six months, 85% had snorted speed (84% in 2003), 60% had swallowed speed (76% in 2003), and smaller proportions reported injection (4%; 0% in 2003) and smoking (1%; 17% in 2003,  $p < .005$ ).

**Table 8: Patterns of methamphetamine powder (speed) use among REU, 2003 and 2004**

Variable	2003 (n=66)	2004 (n=116)
<b>Ever used (%)</b>	88	87
<b>Used preceding six months (%)</b>	64	64
Of those who had used in the preceding 6 months		
<b>Median days used last 6 months (range)</b>	4 (1-14)	4 (1-50)
<b>Median quantities used (grams)</b>		
Typical (range)	0.25 (0.1-0.5)	0.5 (0.1-2.0)
Heavy (range)	0.8 (0.2-3.5)	0.5 (0.1-4.0)

Source: ACT PDI REU Interviews, 2003, 2004

### 5.1.2 Methamphetamine Base

Table 9 presents a summary of the patterns of methamphetamine base use among REU in the ACT in 2004. Forty three percent of the REU interviewed in 2004 reported lifetime use of methamphetamine base and approximately one third (31%) reported the use of base in the previous six months. Although these figures represent an increase from the proportions of participants reporting lifetime and recent use of base in the 2003 ACT PDI (30% lifetime use; 24% recent use), this increase was not statistically significant. Three KE commented on methamphetamine base, with two KE indicating that the use of base was fairly common in the ‘club’ scene.

The thirty-three respondents who had recently used base reported a median use of 2.5 days (range 1 – 72) in the preceding six months. The majority (69%) of base users used it on a less than monthly basis. One in five (20%) recent base users had used between monthly to fortnightly (20%) and one in ten used on a greater than fortnightly basis during this period. One respondent (1%) nominated base as their drug of choice.

The majority (n=31) of respondents who used base in the preceding six months quantified their use in terms of points. Recent methamphetamine base users reported the use of a median of one point in both a typical (range 0.30 – 3.00) and heavy episode of use (range 0.30 – 10.00). Of those respondents who reported bingeing on party drugs in the previous six months, one in five (21%) indicated that they had used base to do so (similar to 17% in 2003). The majority of participants who used base in the preceding six months reported that they had swallowed it (81% compared to 88% in 2003), one quarter (28%) had snorted it (a significant decrease from 63% reported in 2003,  $p < .05$ ), 11% had smoked it (compared to 31% in 2003) and 8% reported the recent injection of base (0% in 2003). Only one KE was able to comment on the administration of base, and

consistent with REU reports, indicated that swallowing was the most common route, but that injection was becoming more popular.

**Table 9: Patterns of methamphetamine base use among REU, 2003 and 2004**

Variable	2003 (n=66)	2004 (n=116)
<b>Ever used (%)</b>	30	<b>43</b>
<b>Used last six months (%)</b>	24	<b>31</b>
Of those who had used in the preceding 6 months		
<b>Median days used last 6 months (range)</b>	3 (1-72)	<b>2.5 (1-72)</b>
<b>Median quantities used (points)</b>		
Typical (range)	1 (0.1-2.0)	<b>1 (0.30-3.0)</b>
Heavy (range)	1.5 (0.3-8.0)	<b>1 (.30-10.00)</b>

Source: ACT PDI REU Interviews, 2003, 2004

### 5.1.3 Crystal Methamphetamine

The patterns of crystal methamphetamine use among the 2004 ACT REU are summarised in Table 10. Sixty two percent of the sample surveyed in 2004 reported lifetime use of crystal methamphetamine, similar to 71% reporting lifetime crystal use in 2003. Almost forty percent (39%) of REU reported the use of crystal methamphetamine in the preceding six months, which is a significant decrease from the 56% of REU who reported the recent use of crystal methamphetamine in 2003 ( $p < .05$ ). Forty-five percent of crystal methamphetamine users reported using crystal methamphetamine on a median of two days (range 1 – 13) in the preceding six months. The majority (82%) of those who recently used crystal meth did so infrequently (i.e. less than monthly) while 16% used it on a monthly to fortnightly basis, and only one participant used it more than fortnightly. One respondent (1%) nominated crystal methamphetamine as their drug of choice. The majority of KE in 2004 reported that crystal methamphetamine was used by REU, with estimates ranging from 40% to 80% of the population using crystal methamphetamine either in conjunction with, or separately from ecstasy.

Of those respondents who reported recent crystal methamphetamine use, the majority (n=41) referred to their use in terms of points. Those who quantified their use in terms of points reported using a median of one point on both typical (range 0.13 – 3) and heaviest occasions of use (range 0.13 – 10). Of those who reported bingeing in the six months prior to interview, 28% reported having used crystal methamphetamine during this period (45% in 2003). The majority (64%) of recent crystal methamphetamine users reported swallowing the substance during the preceding six months (comparable to 70% in 2003). Similar proportions also reported smoking (38%; 32% in 2003) and snorting (33%; 27% in 2003) crystal methamphetamine in the six months prior to interview, and a minority (4%) of recent crystal methamphetamine users had injected this substance in the preceding six months (compared to 0% in 2003). KE reported that snorting and smoking were the most common routes of crystal methamphetamine administration.

**Table 10: Patterns of crystal methamphetamine use among REU, 2003 and 2004**

Variable	2003 sample (n=66)	2004 sample (n=116)
<b>Ever used (%)</b>	71	<b>62</b>
<b>Used last six months (%)</b>	56	<b>39</b>
Of those who had used in the preceding 6 months		
<b>Median days used last 6 months (range)</b>	2 (1-30)	<b>2 (1-13)</b>
<b>Median quantities used (points)</b>		
Typical (range)	1 (0.2-4.0)	<b>1 (0.13-3.0)</b>
Heavy (range)	1.25 (0.25-6.0)	<b>1 (0.13-10.0)</b>

Source: ACT PDI REU Interviews, 2003, 2004

Table 11 presents the usual use locations (for the past six months) and the last use location for speed, base and crystal methamphetamine. The venues at which speed, base and ice were most commonly used in the preceding six months were nightclubs, friends' homes, raves/doofs/dance parties, private parties and home. The venues most frequently cited as the last venue of use for each of the methamphetamine forms were friends' homes, nightclubs and raves/doofs/dance parties.

**Table 11: REU reports of usual and last use venue for methamphetamine, ACT, 2004**

Variable	2004 REU sample
<b>Methamphetamine powder (speed)</b>	n=55
<b>Usual use venue (%)</b>	
Nightclub	62
Friends' home	47
Private Party	47
Home	46
Rave/Doof/Dance Party	40
Live Music Event	35
<b>Last use venue (%)</b>	
Friends' home	20
Nightclub	20
Home	19
<b>Methamphetamine base (base)</b>	n=25
<b>Usual use venue (%)</b>	
Friends' home	72
Nightclub	64
Rave/Doof/Dance Party	64
Home	52
Private Party	52
Live music event	24
<b>Last use venue (%)</b>	
Friends' home	48
Rave/Doof/Dance Party	16
Nightclub	12
<b>Methamphetamine crystal (ice)</b>	n=29
<b>Usual use venue (%)</b>	
Friends' home	41
Nightclub	38
Rave/Doof/Dance Party	38
Home	24
Private Party	21
<b>Last use venue (%)</b>	
Friends' Home	28
Rave/Doof/Dance Party	24
Nightclub	21

Source: ACT PDI REU Interviews, 2004

## 5.2 Price

The median reported prices for the speed, base and crystal forms of methamphetamine are presented in Table 12. The median reported price for a gram (n=23) of speed was \$80 (range \$40 – 300) a figure less than half the median price for a gram of speed (\$175) reported in 2003. The median reported price for the last gram of speed purchased however was slightly lower at \$70 (range \$40-250). The price of a point (n=21) of speed also decreased from a median of \$40 in 2003 to \$30 (range \$25-50) in 2004. The median

price for the last point of speed purchased was slightly more expensive at \$35 (range \$25-50). Despite these reductions in the reported cost of speed, the majority of respondents believed the price of speed to have remained stable (44%) in the past six months (similar to 47% in 2003), although one in five (20%; 9% in 2003) respondents did report a decrease in the cost of speed (Figure 5).

The median price paid for a point (n=21) of base in 2004 remained stable from 2003 at \$40 (range \$30 - 80). The median price paid for the last point of base purchased also remained stable at \$40 (range \$20-80). Accordingly, half (52%; 53% in 2003) the REU commenting on base believed that the price had remained stable in the six months preceding interview, while 16% (0% in 2003) believed the price of base to have increased in 2004 (Figure 5).

The reported median price for a point (n=18) of crystal methamphetamine was \$47.50 (range \$10 – 100) a slight increase from a median cost of \$45 per point in 2003. The median price reported for the last point of crystal methamphetamine was slightly cheaper at \$45 (range \$15-100). Approximately one third (31%) of REU commenting on crystal methamphetamine reported that in the previous six months the price had remained stable (compared to 42% in 2003), while 17% (12% in 2003) reported a decrease in price (Figure 5). KE generally indicated that the price of crystal methamphetamine had remained stable over the past six months. A number of KE reported that ‘ice’ is increasingly available in small quantities (e.g. \$5, \$10) where the weight purchased cannot be determined.

**Table 12: Price of various methamphetamine forms purchased by REU, 2003 and 2004**

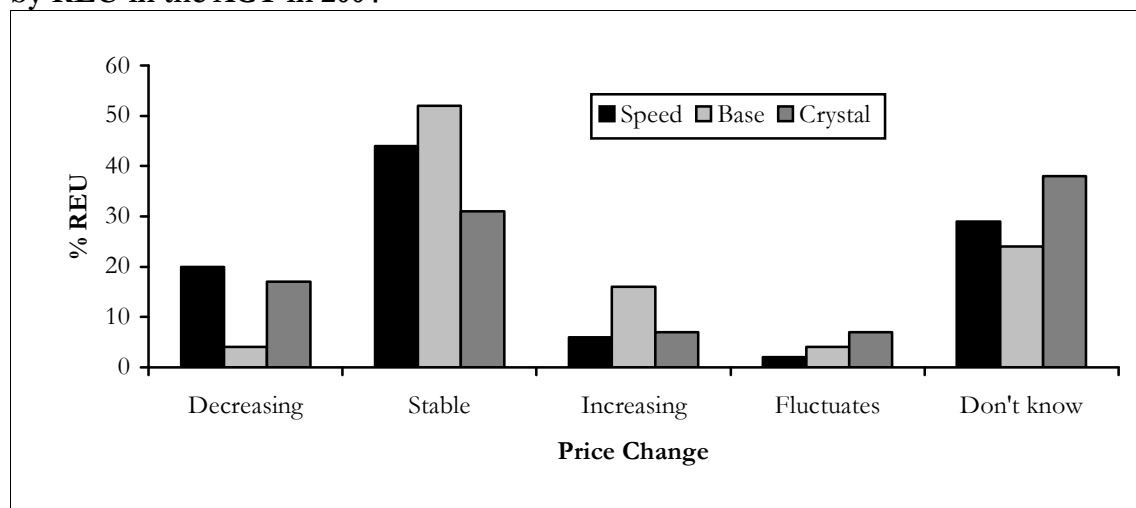
Methamphetamine form	2003 sample	2004 sample
	Median price [\$]	
<b>Speed</b>		
Gram	\$175 (70-250)	<b>\$80 (40-300)</b>
Point	\$40 (30-40)	<b>\$30 (25-50)</b>
<b>Base</b>		
Point	\$40 (30-50)	<b>\$40 (30-80)</b>
Gram	\$240 (180-300)	-
<b>Crystal</b>		
Point	\$45 (30-300)	<b>\$47.50 (10-100)</b>
Gram	\$375 (300-450)	-

Source: ACT PDI REU Interviews, 2003, 2004

Note: Range presented in brackets



**Figure 5: Recent changes in price of various methamphetamine forms purchased by REU in the ACT in 2004**



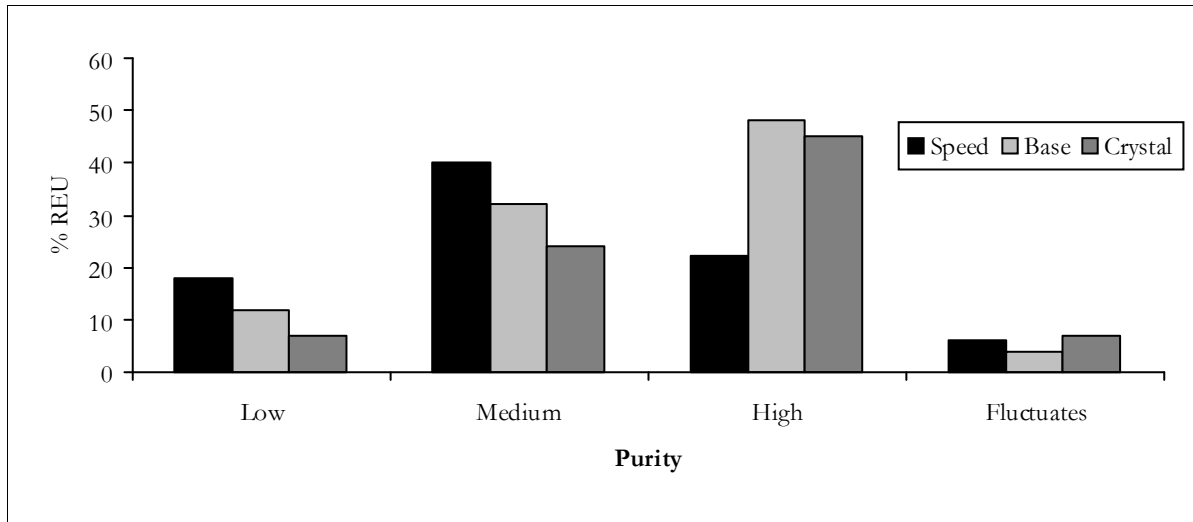
Source: ACT PDI REU Interviews, 2004

### 5.3 Purity

The majority of respondents commenting on the three forms of methamphetamine reported the purity of each form to be 'medium' to 'high' (Figure 6). Sixty two percent of respondents commenting on speed in 2004 reported the current purity to be 'medium' (40%) to 'high' (22%). In comparison, in 2003, 54% of respondents commenting on speed believed the current purity to be 'medium' (27%) to 'high' (27%). In 2004, 80% of respondents commenting on base reported the current purity to be 'medium' (32%) to 'high' (48%), whereas in 2003, 53% of REU commenting on base reported the current purity to be 'medium' (20%) to 'high' (33%). In 2004, over two-thirds (69%) of REU commenting on the current purity of crystal methamphetamine reported purity to be 'medium' (24%) to 'high' (45%). In 2003, 67% of REU commenting on the current purity of crystal believed the purity to be 'high' while 15% believed the purity to be 'medium'.

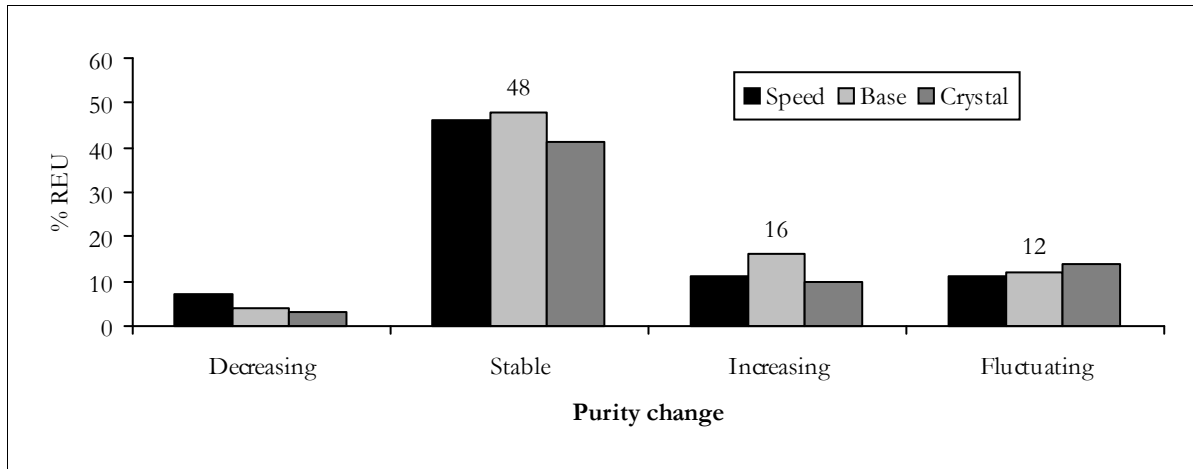
In 2004, similar proportions of REU reported that the purity of speed (46%), base (48%) and crystal methamphetamine (41%) had remained stable in the six months prior to the interview. A smaller proportion of REU believed the purity of speed (11%), base (16%) and crystal (10%) to have increased over the past six months (Figure 7). The comparable figures for 2003 are as follows: stable (speed 32%; base 27%; crystal 52%) and increasing (speed 15%; base 20% and crystal 6%).

**Figure 6: REU reports of the current purity of various methamphetamine forms, 2004**



Source: ACT PDI REU Interviews, 2004

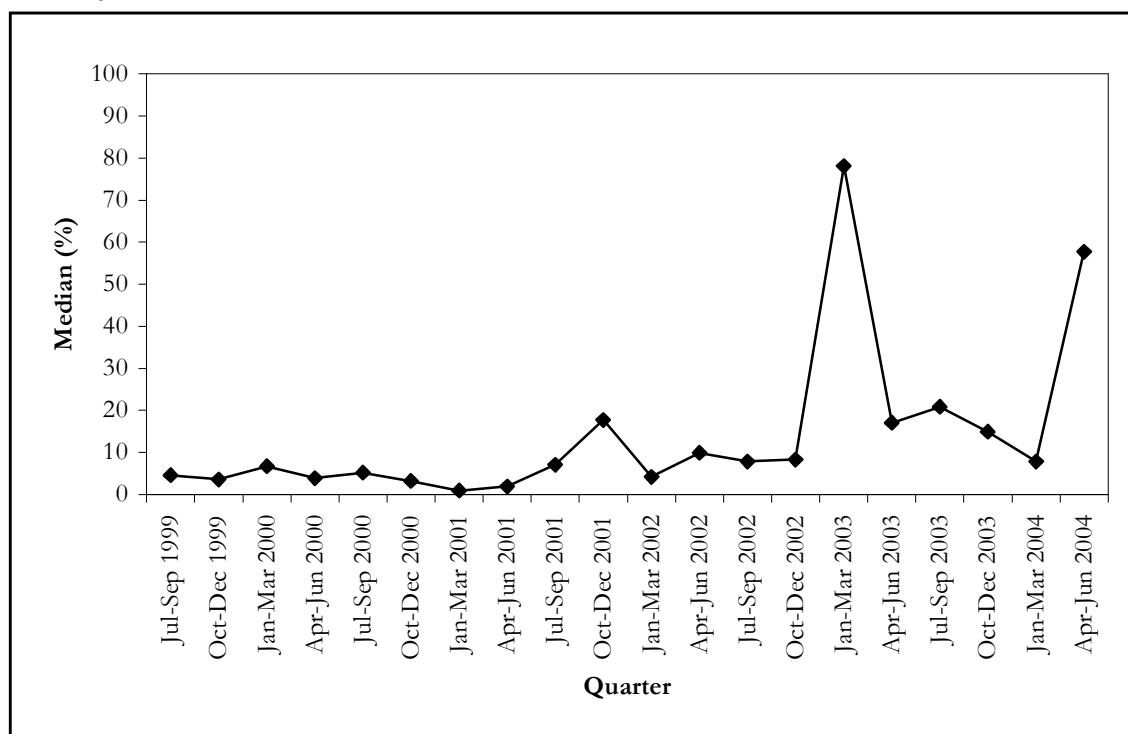
**Figure 7: REU reports of change in purity of various forms of methamphetamine, 2004**



Source: ACT PDI REU Interviews, 2004

Figure 8 presents the median purity of methamphetamine seizures made by the ACT police from July-September 1999 to April-June 2004. The analysis of this data indicates that the median purity of methamphetamine in the ACT was consistently low up until the October- December quarter of 2002 when it increased slightly to 17.7% in the October-December quarter of 2001. In the January-March quarter of 2003, the median purity of methamphetamine in the ACT increased significantly to 78.1% before falling dramatically in the April-June quarter of 2003 to 17%. This increase is most likely attributable to the increased proportion of crystal methamphetamine being seized in the ACT. The median purity of methamphetamine seized in the ACT continued to decrease in the January-March quarter of 2004, then, in the April-June quarter of 2004, there was a dramatic increase in the median methamphetamine purity in the ACT to 58%.

**Figure 8: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2004**



Source: ACC (2000; 2001; 2002; 2003; 2004)

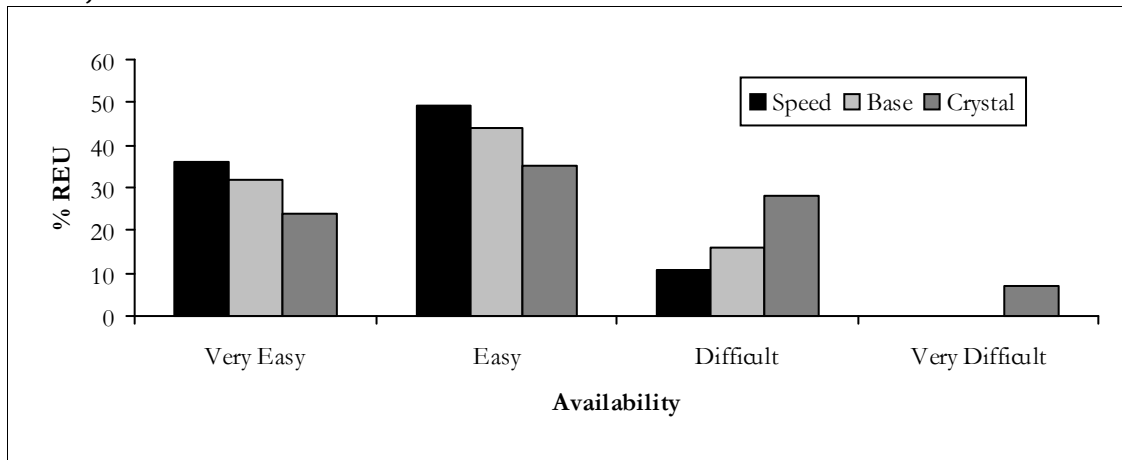
#### 5.4 Availability

Of the 55 respondents who commented on the availability of speed in the preceding six months, the majority (86%) reported it to be ‘easy’ (49%) to ‘very easy’ (36%) to obtain (Figure 9). Over two thirds (69%) of those participants believed that the availability of speed had remained stable in the six months prior to interview (a significant increase when compared to 47% in 2003,  $p < .05$ ) while only a small proportion (9%) believed it had become more difficult (a significant decrease from 27% in 2003,  $p < .05$ ) (Figure 10).

Over three quarters (76%) of the REU commenting on base methamphetamine reported that base was ‘easy’ (44%: 20% in 2003) to ‘very easy’ (32%: 13% in 2003) to obtain in the six months prior to interview (Figure 9). Similarly, the majority (64%) of respondents commenting on base believed that the availability had remained stable (similar to 53% the previous year), while 16% believed it had become more difficult to obtain in the ACT in the past six months (comparable to 7% in 2003) (Figure 10).

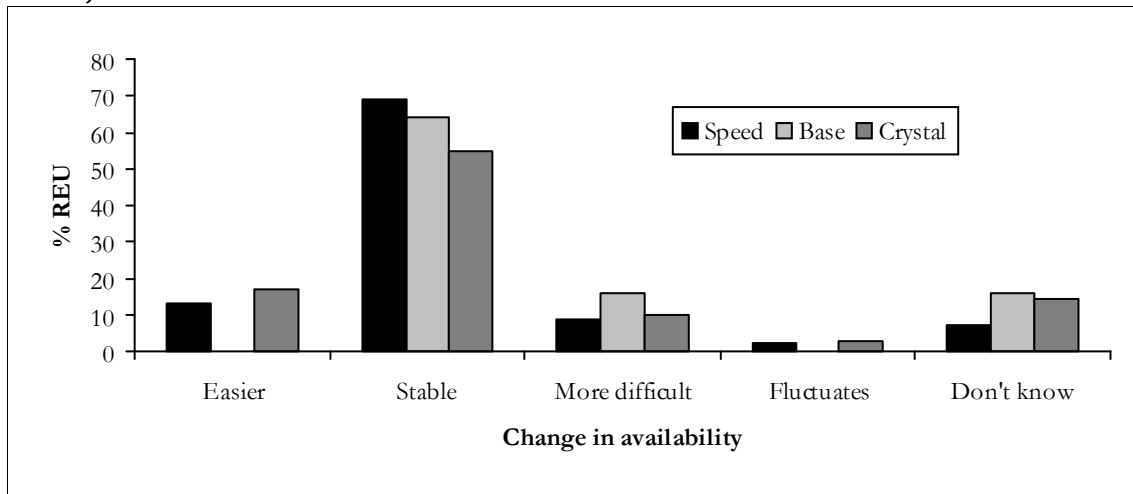
The reports of 29 participants commenting on crystal methamphetamine indicated that over half (59%) believed crystal methamphetamine to be ‘easy’ (35%: 33% in 2003) to ‘very easy’ (24%: 12% in 2003) to obtain (Figure 9). As in 2003, one quarter (27%) of respondents reported that they believed crystal methamphetamine was difficult to obtain. Seventy two percent of the sample commenting on crystal methamphetamine believed that the availability of crystal methamphetamine in the ACT had remained stable (55%: 42% in 2003) or had become easier to obtain (17%: 24% in 2003) in the preceding six months (Figure 10). Again, a number of KE perceive that ice is becoming increasingly available for purchase in small amounts (e.g. \$5, \$10), possibly indicating a general increase in availability, especially to younger users.

**Figure 9: REU reports of the current availability of various methamphetamine forms, 2004**



Source: ACT PDI REU Interviews, 2004

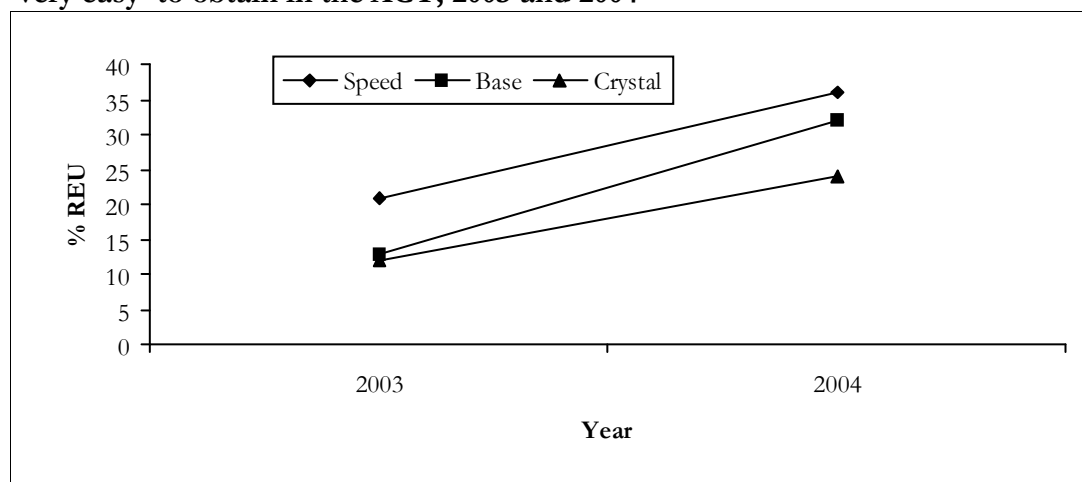
**Figure 10: REU reports of change in availability of various methamphetamine forms, 2004**



Source: ACT PDI REU Interviews, 2004

Figure 11 presents the proportion of REU interviewed for the PDI in 2003 and 2004 who reported each form of methamphetamine to be 'very easy' to obtain in the six months preceding the interview. For speed, base and crystal methamphetamine this graph demonstrates that larger proportions of REU reported methamphetamine to be 'very easy' to obtain in 2004 when compared to the previous year. Despite this trend, none of these differences were statistically significant.

**Figure 11: Proportion of REU who report various methamphetamine forms to be 'very easy' to obtain in the ACT, 2003 and 2004**



Source: ACT PDI REU Interviews, 2003, 2004

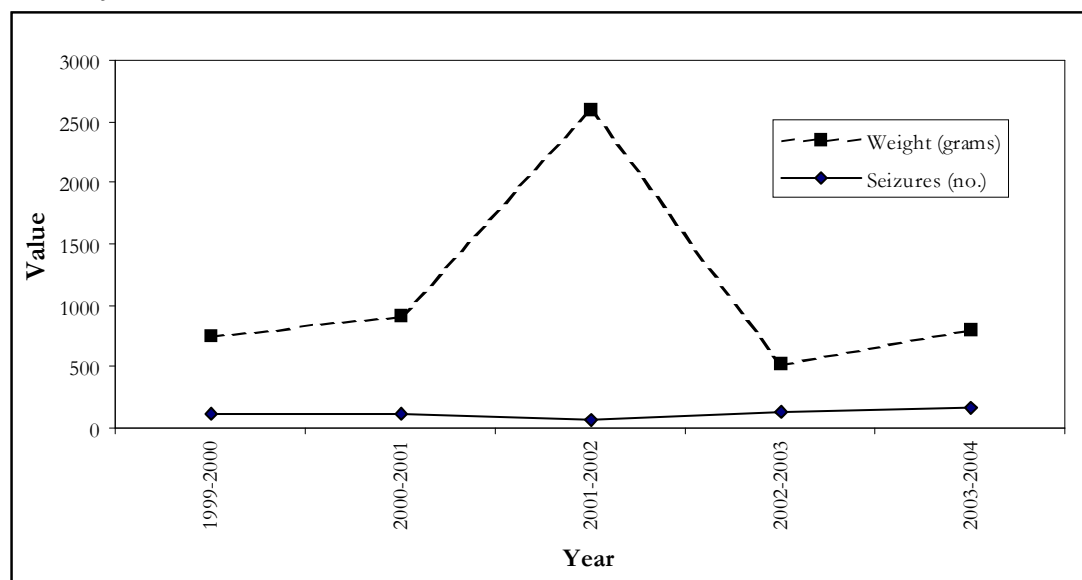
The people from whom participants reported 'usually' scoring speed, base and crystal methamphetamine from in the preceding six months were primarily friends (speed 64%; base 80%; crystal 35%) and known dealers (speed 40%; base 60%; crystal 31%). The locations at which each methamphetamine form was most frequently scored in the six months prior were friends' homes (speed 55%; base 64%; crystal 31%), dealers' homes (speed 35%; base 52%; crystal 21%), home (speed 26%; base 40%; crystal 17%) and at agreed upon public locations (speed 18%; base 16%; crystal 17%).

## 5.5 Methamphetamine related harms

### 5.5.1 Law enforcement

The number and weight of methamphetamine seizures in the ACT from 1999 to 2004 are presented in Figure 12. Since July 1999, the number of methamphetamine seizures made in the ACT has remained stable. Eight hundred and seven grams of amphetamine-like stimulants were seized by the ACT police in 2000-2001. In the following year (2001-2002) there was an approximate three-fold increase in the weight of amphetamine-like substances seized (2532 grams). The weight of seizures decreased to 388 grams in 2002-2003, and then increased again to 644 grams in 2003-2004.

**Figure 12: Number and weight of methamphetamine seizures in the ACT, July 1999 to June 2004**



Source: ACC (2001; 2002; 2003; 2004)

Table 13 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2004. The Australian Crime Commission (ACC) classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). Prior to 2000, the number of arrests in the ACT relating to amphetamine-type stimulants remained low. The number of arrests then increased dramatically in 2000-2001, coinciding with an increase in methamphetamine use (particularly speed and ice) in the ACT. Since 2000-2001 the number of people in the ACT charged with user-type offences is approximately 4 times greater than the number charged with supply-type offences. In 2003-2004 there were 60 males and 16 females charged with user-type offences, compared to 41 males and 11 females in 2002-2003.

**Table 13: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997 to 2004**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	8	3	5	2	18
1998-1999	15	2	6	0	23
1999-2000	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000-2001	37	10	6	3	56
2001-2002	44	4	9	3	60
2002-2003	41	11	8	4	64
2003-2004	60	16	19	4	99

Source: ACC (1999; 2000; 2001; 2002; 2003; 2004)

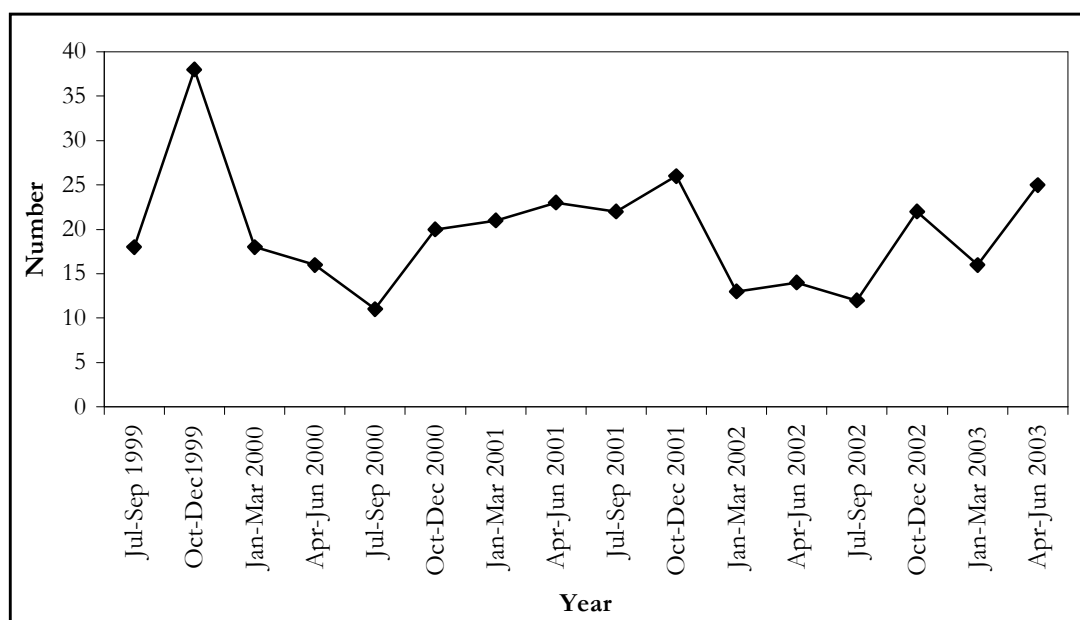
Note: <sup>a</sup> Figures for ACT 1999-2000 were not available

Note: Arrest data from 1997-1998 to 1999-2000 excludes Australian Federal Police data.

### 5.5.2 Health

The number of methamphetamine related hospital admissions in the ACT from 1999 to 2003 are presented in Figure 13. There was a total of 90 hospital admissions due to methamphetamine in the period 1999-2000, with a peak of 38 admissions in the October-December quarter. Since this peak, admissions for methamphetamine problems have remained stable, fluctuating between 10 to 25 admissions per quarter. Admissions were at their highest in July-September 2000 and for the first three quarters of 2002. The majority of KE reported anecdotal increases in aggressive and violent behaviour amongst methamphetamine users, as well as increased cases of amphetamine psychosis.

**Figure 13: Number of hospital admissions due to methamphetamine among those aged 15-54 years, ACT, July 1999 to June 2003**



Source: Australian Institute of Health and Welfare (AIHW)

## 5.6 Summary of methamphetamine trends

- Speed was the form of methamphetamine most commonly used by REU, followed by crystal and base methamphetamine. This year, there was a significant decrease in the proportion of REU who reported the recent use of crystal methamphetamine
- Among recent methamphetamine users, there was a significant decrease in the proportion of REU who reported smoking speed or snorting base in the past six months
- The median price for a point of methamphetamine was reported to be stable, and varied according to the form purchased: speed \$30, base \$40 and crystal \$47.50
- Similar to the 2003 PDI, the majority of REU in 2004 reported the purity of each form of methamphetamine to be 'medium' to 'high', and to have remained stable
- The median purity of methamphetamine seized by the ACT Police in 2003-2004 was 20%, an increase from 11.5% in 2002-2003. The sudden increases in the purity of methamphetamine seizures in the ACT are attributable to the increasing domination of the market by crystal methamphetamine
- The availability of each form of methamphetamine was reported to have remained stable and was considered 'easy' to 'very easy' to obtain. Like ecstasy, methamphetamine was primarily obtained from friends and dealers



## 6 COCAINE

Over two thirds (69%) of the 2004 PDI sample reported lifetime use of cocaine, a significant increase when compared to the proportion of REU in the 2003 PDI sample (47%;  $p < .005$ ). Despite this difference, the proportion of REU reporting recent cocaine use remained consistent across the 2003 and 2004 PDI samples. Approximately one third (34%) of the 2004 sample had used cocaine in the six months preceding the interview, comparable to 26% in 2003.

### 6.1 Cocaine use among REU

Table 14 presents a summary of the patterns of cocaine use among REU in the ACT in 2003 and 2004. Forty percent of REU who reported recent cocaine use, reported a median of two days of use in the preceding six months (range 1 – 24 days). The majority (73%) of recent cocaine users had used infrequently (i.e. less than monthly) in the six months prior to interview, 20% had used on a monthly to fortnightly basis and 7% had used more than fortnightly. One in ten (10%) respondents nominated that cocaine was their main drug of choice.

The majority ( $n=28$ ) of recent cocaine users quantified their use of cocaine in terms of grams; a median of a half-gram was used during a ‘typical’ (range 0.13 – 2.0) session of use, whereas three quarters of a gram was the median amount reported for the ‘heaviest’ (range 0.13 – 3.5) occasion of use (see Table 14). Of those who quantified their use of cocaine in terms of lines ( $n=6$ ), a median of 2 lines (range 1 – 6) was used during a ‘typical’ episode of use, increasing to a median of 5 lines (range 2-10) during the ‘heaviest’ episode of use. Eighteen percent of REU who reported bingeing in the six months prior to the interview, reported that they had used cocaine to do so.

The most common form of administration among recent cocaine users was intranasal administration or ‘snorting’ (98%; 94% in 2003). One third (33%) also reported that they had swallowed cocaine in the previous six months, a significant increase from 6% of REU in 2003 who reported swallowing cocaine ( $p < .05$ ).

**Table 14: Patterns of cocaine use among REU, 2003 and 2004**

Variable	2003 sample ( $n=66$ )	2004 sample ( $n=116$ )
<b>Ever used (%)</b>	47	69
<b>Used last six months (%)</b>	26	34
Of those who had used in the preceding 6 months		
<b>Median days used last 6 mths (range)</b>	1 (1-4)	2 (1-24)
<b>Median quantities used (grams)</b>		
Typical (range)	0.5 (0.25-1.0)	<b>0.5 (.13-2.0)</b>
Heavy (range)	0.5 (0.5-2.0)	<b>0.75 (.13-3.5)</b>

Source: ACT PDI REU Interviews, 2003, 2004

REU reports of the usual and last venues at which cocaine was used is summarised in Table 15. The venues at which REU reported using cocaine in the six months prior to interview were: nightclubs (44%); friend's homes (33%); pubs (28%); and, at home (25%). Similarly, the venues most frequently nominated by REU as the place where cocaine was last used were: nightclubs (25%); home (19%); private parties (11%); or, at a friends' home (11%).

**Table 15: REU reports of the usual and last venue of cocaine use, ACT, 2004**

Variable	2004 (n=36)
<b>Usual use venue (%)</b>	
Nightclub	44
Friends' home	33
Private Party	31
Pubs	28
Home	25
Live music event	17
<b>Last use venue (%)</b>	
Nightclub	25
Home	19
Friends' Home	11
Private Party	11

Source: ACT PDI REU Interviews, 2004

## 6.2 Price

In the 2004 ACT PDI, thirty-six participants commented on the price, purity and availability of cocaine. Table 16 presents a summary of the price of cocaine purchases by REU in the ACT in 2003 and 2004. The median reported price for a gram of cocaine remained consistent with the reported price in 2003 at \$250 (range \$180 - \$600; n=27). However, the price for the most recent gram of cocaine purchased was cheaper at \$200 (range \$100-350). One third (33%) of those participants commenting on cocaine were unable to report on changes in price over the past six months, and one third (33%) believed the price to have remained stable over this period (comparable with 50% in 2003). Seventeen percent of respondents indicated that the price of cocaine had increased, and equal but small proportions reported that the price of cocaine had decreased (8%) or fluctuated (8%) in the previous six months.

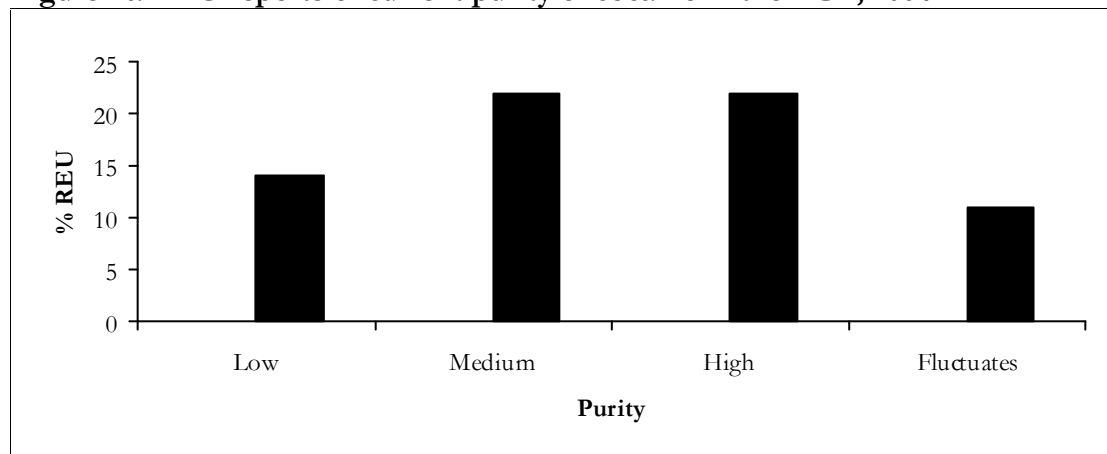
**Table 16: Price of cocaine purchased by REU and price variations, 2003 and 2004**

Variable	2003 sample (n=12)	2004 sample (n=36)
Median price gram (range)	\$250 (180-300)	<b>\$250 (180-600)</b>
<b>Price change (%)</b>		
Increased	17	<b>17</b>
Stable	50	<b>33</b>
Decreased	0	<b>8</b>
Fluctuated	17	<b>8</b>
Don't know	17	<b>33</b>

Source: ACT PDI REU Interviews, 2003, 2004

### 6.3 Purity

There were no significant differences in the reports of REU regarding the purity of cocaine across the 2003 and 2004 PDI. Almost half (44%) the REU commenting on cocaine indicated that the current purity of cocaine was 'medium' (22%) to 'high' (22%). Similar proportions reported the purity to be low (14%) or fluctuating (11%) (see Figure 14). The majority (39%) of participants commenting on the purity of cocaine were unable to report on changes in cocaine purity over the preceding six months. Of the remaining participants, one in five (22%) believed the purity of cocaine had remained stable, 17% reported an increase in purity, and one in ten reported a decrease (11%) or fluctuation (11%) in the purity.

**Figure 14: REU reports of current purity of cocaine in the ACT, 2004**

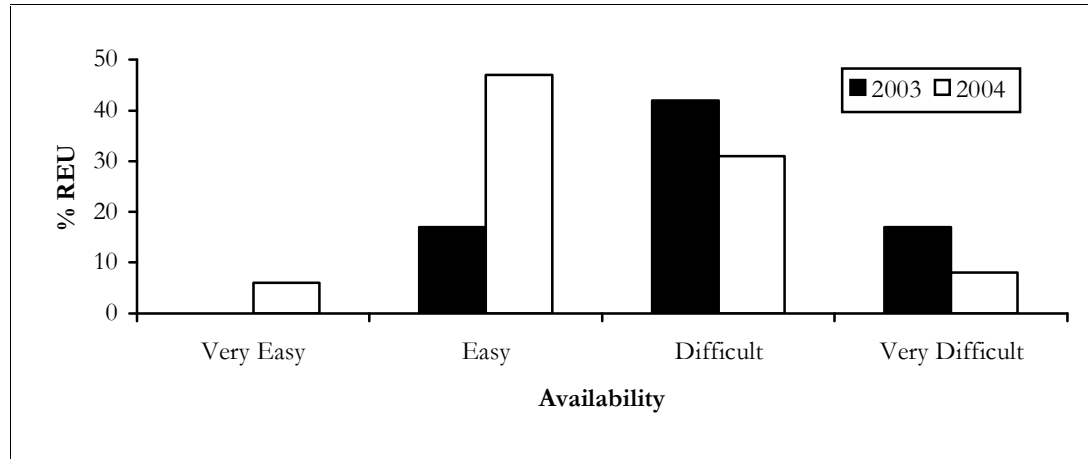
Source: ACT PDI REU Interviews, 2004

### 6.4 Availability

Similar to the reports of REU regarding the purity of cocaine, there were no significant differences across the 2003 and 2004 PDI sample in response to the current availability of cocaine. The reports of REU regarding the current availability of cocaine in the ACT in 2004 were inconsistent (see Figure 15). Fifty three percent of respondents indicated that cocaine was 'easy' (47%) to 'very easy' (6%) to obtain, whereas 39% of participants reported it to be 'difficult' (31%) to 'very difficult' (8%) to obtain. Despite this inconsistency, the majority (67%) of participants reported that the availability of cocaine had remained stable (42%) or had become easier to obtain (25%) over the preceding six months. The people from whom participants reported 'usually' scoring cocaine from in the preceding six months were dealers (36%), friends (31%) and acquaintances (17%).

The locations at which cocaine was most frequently scored in the six months prior were friends' homes (33%), dealers' home (25%) and the participants' own home (22%).

**Figure 15: REU reports of current availability of cocaine in the ACT, 2003 and 2004**



Source: ACT PDI REU Interview, 2003, 2004

## 6.5 Cocaine related harms

### 6.5.1 Law enforcement

The number and weight of cocaine seizures seized in the ACT from July 1999 to June of 2004 are presented in Table 17. Both the number and weight of cocaine seizures has remained low during this period despite a notable peak in 2001-02 with 2650 grams of cocaine seized. In 2003-2004 there were 6 cocaine seizures, weighing 4 grams.

**Table 17: Number and weight of cocaine seizures, ACT, July 1999 to June 2004**

Year	Seizures (no.)	Weight (grams)
1999-2000	6	3
2000-2001	3	7
2001-2002	20	10.41
2002-2003	0	0
2003-2004	6	4

Source: ACC (2000; 2001; 2002; 2003; 2004)

Since 1997, the number of cocaine related arrests in the ACT has remained low. Between July 1997 and June 2000 there were no reported cocaine arrests in the ACT. In 2000-2001 and 2001-2002 there were 3 cocaine arrests, with two arrests being made in 2002-2003 and 2003-2004 respectively (see Table 18).

**Table 18: Number of cocaine consumer and provider arrests, ACT, 2000-2004**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
2000-2001	1	0	1	1	3
2001-2002	2	0	1	0	3
2002-2003	2	0	0	0	2
2003-2004	1	0	1	0	2

Source: ACC (2000; 2001; 2002; 2003; 2004)

### 6.5.2 Health

The number of cocaine-related hospital admissions remains low in the ACT. There were 2 cocaine hospital admissions in 1999-2000, none in 2000-2001, 2 in 2001-2002 and 2 in 2002-2003. Only one person in the ACT Alcohol and Drug Program was in case management for cocaine in the 2003-2004 financial year. This reflects the relatively infrequent levels of cocaine use among ACT REU.

### 6.6 Summary of Cocaine Trends

- Approximately one third of the 2004 PDI sample reported cocaine use in the six months prior to interview. The majority of cocaine users had used infrequently during this period
- The median price for cocaine remained stable at \$250 a gram
- REU estimated that the current purity of cocaine was medium to high and that the purity of cocaine was stable to increasing
- REU were divided in their response concerning the availability of cocaine in the ACT
- The number and weight of seizures of cocaine in the ACT have remained for the most part relatively small between 1997 and 2004
- As a reflection of the low levels of cocaine use in the ACT, the number of cocaine-related hospital admissions has remained consistently low. Similarly, the number of cocaine-related arrests made by ACT Policing between 2000-2004 are also low

## 7 KETAMINE

Over one third (36%) of the 2004 PDI sample reported lifetime use of ketamine, and 15% reported the use of ketamine in the six months prior to interview. These figures did not differ from those reported in the 2003 ACT PDI (49% lifetime use; 21% recent use).

### 7.1 Ketamine use among REU

A summary of the ketamine use patterns among REU in the ACT in 2003 and 2004 is presented in Table 19. The seventeen participants reporting recent use of ketamine did so on a median of two days (range 1 - 24) in the past six months. Almost all (94%; n=16) recent ketamine users had used the substance less than once a month during the preceding six months, and approximately one third (35%) had used on only one day in the previous six months. One (6%) REU had used ketamine on a weekly basis in the past six months.

Recent ketamine users typically quantified their use in terms of bumps (n=9) and tablets (n=6). Those who reported ketamine use in terms of bumps had used a median of 1 bump in a 'typical' episode of use (range 1 – 8) and 2.5 bumps in a 'heavy' session (range 1 – 8). Those REU who reported their use of ketamine in terms of tablets had used a median of 1.5 tablets in both 'typical' (range 1 – 5) and 'heaviest' episodes of use (Table 19).

Recent ketamine users reported swallowing (65%; 59% in 2003) and less often snorting (47%; 79% in 2004) ketamine in the preceding six months. One participant indicated that they had injected ketamine in the past six months (on one day of use).

The majority of KE either could not comment on, or reported little mention of ketamine amongst the REU that they have contact with. However, several KE believed there had been an increase in ketamine use as a consequence of an increase in amphetamine/ketamine tablets being sold as ecstasy.

**Table 19: Patterns of ketamine use among REU, 2003 and 2004**

Variable	2003 (n=66)	2004 (n=116)
<b>Ever used (%)</b>	49	36
<b>Used last six months (%)</b>	21	15
Of those who had used in the preceding 6 months		
<b>Median days used last 6 months (range)</b>	2 (1-24)	2 (1-24)
<b>Median quantities used (bumps)</b>		
Typical (range)	1.5 (1 - 3)	1 (1-8)
Heavy (range)	2.0 (1 - 3)	2.5 (1-8)

Source: ACT PDI REU Interviews, 2003, 2004

The venues at which REU reported usually using ketamine in the past six months were nightclubs (33%), friend's homes (33%) and private parties (22%). Nightclubs (33%), friends' homes (33%) and private parties (11%) were also the most commonly reported locations as the last venue of ketamine use (see Table 20).

**Table 20: REU reports of the usual and last venue of ketamine use, ACT, 2004**

Variable	2004 (n=9)
<b>Usual use venue (%)</b>	
Friends' home	33
Nightclub	33
Private Party	22
<b>Last use venue (%)</b>	
Nightclub	33
Friends' Home	33
Private Party	11

Source: ACT PDI REU Interviews, 2004

## 7.2 Price

Only a small number of REU (n=9) commented on the current price, purity and availability of ketamine in the ACT in 2004 (Table 21). Due to the small sample size commenting on ketamine in the 2004 PDI, these results should be interpreted with caution and statistical comparisons were not conducted between the 2003 and 2004 ketamine prices reported. The reported median price for a ketamine tablet (n=3) was \$20 (range \$15 - \$25) and the median price for a gram (n=1) of ketamine was \$200. The median price of the last ketamine tablets purchased prior to interview (n=4) was \$22.50 (range \$15-40). Of the respondents commenting on trends in ketamine in the preceding six months, the majority (67%) were unable to comment on the price change of ketamine in that period. The remaining three respondents (33%) reported that the price of ketamine had remained stable.

**Table 21: Price of ketamine purchased by REU and price variations, 2003 and 2004**

Variable	2003 sample (n=12)	2004 sample (n=9)
<b>Gram</b>	-	<b>\$200 (n=1)</b>
<b>Pill</b>	\$25	<b>\$20 (n=1)</b>
<b>Price change (%)</b>		
Increased	8	<b>0</b>
Stable	50	<b>33</b>
Decreased	-	<b>0</b>
Fluctuated	-	<b>0</b>
Don't know	42	<b>67</b>

Source: ACT PDI REU Interviews, 2003, 2004

### 7.3 Purity

The majority (67%) of respondents commenting on the purity of ketamine reported that the current purity was 'high', an increase from 42% in 2003. The remaining participants (33%) were unable to comment on the purity of ketamine. When asked whether the purity of ketamine had changed in the preceding six months, over half (56%; n=5) the respondents reported it to be 'stable' and four participants (44%) were unable to comment. Again, due to the small sample size commenting on ketamine in 2004 these results should be interpreted with caution.

### 7.4 Availability

The response of participants in regard to the current availability of ketamine in the ACT varied. Four participants each reported the availability to be 'easy' (44%) or 'difficult' (44%), while the remaining participant (11%) indicated that ketamine was 'very easy' to obtain. The majority (67%) of respondents reported that the availability of ketamine had remained stable over the preceding six months, and one participant each reported that ketamine had become more difficult (11%) or easier (11%) to obtain. One participant was unable to comment on the changes in availability of ketamine. Again, the small sample size makes these results difficult to interpret.

The people from whom REU reported scoring ketamine from in the preceding six months were most commonly friends (44%), known dealers (22%) and unknown dealers (11%). Friends' homes (22%) and nightclubs (22%) were the most frequently nominated locations at which ketamine was scored in the six months prior to the interview.

### 7.5 Summary of Ketamine Trends

- Only a minority of the 2004 PDI sample reported the recent use of ketamine
- Among recent ketamine users, the level and frequency of ketamine use in the past six months was low
- The median reported price for ketamine in 2004 was \$20 per pill and \$200 per gram
- The purity of ketamine was reported to be stable at high levels
- REU were divided in their response to the current availability of ketamine in the ACT



## 8 GHB

Almost one quarter (23%) of the 2004 REU sample reported lifetime use of GHB (similar to 17% in 2003) whereas a minority (6%) reported the recent use of GHB (comparable to 12% in 2003). Four participants (3%) reported ever having used GBL, and two (2%) reported the recent use of GBL. One participant (1%) reported ever having tried 1,4B although they had not used 1,4B in the previous six months. Due to a small number of respondents, caution needs to be exercised in interpreting the trends discussed below.

### 8.1 GHB use among REU

Table 22 presents a summary of the patterns of GHB use among REU in the ACT in 2003 and 2004. Seven recent GHB users reported a median of one day (range 1 – 4) of use in the preceding six months. All (100%) respondents had used GHB on a less than monthly basis during this period. Two recent GBL users had used this substance on a median of 2.5 days (range 1-4) in the six months prior to interview. No respondents nominated GHB, GBL or 1,4B as their main drug of choice. Consistent with these reports, KE commenting on GHB use among the ACT PDI population believed that use was uncommon and infrequent among this group.

Swallowing was the universal form of administration of GHB in terms of both lifetime and recent use. All GHB users quantified their use in terms of millilitres (n=5). The median amount of GHB used was 15 millilitres in both the ‘typical’ (range 2-30) and the ‘heaviest’ (range 2-55) episode of use. Similarly, recent GBL (n=2) users quantified their use in terms of millilitres. In both the ‘typical’ and the ‘heaviest’ episode of use the median amount of GBL used was 15 millilitres (range 0.5 – 15). One participant who reported the binge use of ecstasy and other related drugs in the past six months had used GHB in a binge episode.

**Table 22: Patterns of GHB use among REU, 2003 and 2004**

Variable	2003 (n=66)	2004 (n=116)
<b>Ever used (%)</b>	17	23
<b>Used last six months (%)</b>	12	6
Of those who had used in the preceding 6 months		
<b>Median days used last 6 months (range)</b>	3 (1-5)	1 (1-4)
<b>Median quantities used (mls)</b>		
Typical (range)	28 (2-30)	15 (2-30)
Heavy (range)	30 (4-45)	15 (2-55)

Source: ACT PDI REU Interviews, 2003, 2004

## 8.2 Price

In the 2004 ACT PDI, only one participant was able to comment on the current price, purity, and availability of GHB, whereas no participants reported on the price, purity and availability of 1,4B or GBL (see Table 23). The reported price for GHB was \$200 for two litres (n=1). The one participant who commented on the price of GHB reported that the price of GHB had remained stable in the six months prior to interview. The respondent reported that in the past six months, the usual and last venue of GHB use was a friends' home.

**Table 23: Price of GHB purchased by REU and price variations, 2003 and 2004**

Variable	2003 sample (n=5)	2004 sample (n=1)
<b>Median Price (\$)</b>	\$4 per ml (n=1) \$200 per litre (n=1)	<b>\$200 2 Litres</b>
<b>Price change (%)</b>		
Increased	-	-
Stable	60	<b>100</b>
Decreased	-	-
Fluctuated	-	-
Don't know	40	-

Source: ACT PDI REU Interviews, 2003, 2004

Note: Caution: very few informants commenting on the price of GHB in the ACT

## 8.3 Purity

The one respondent commenting on the current purity of GHB believed the purity to be 'high', and reported that the purity of GHB had increased over the past six months.

## 8.4 Availability

Although GHB was reported to be 'difficult' to obtain, the commenting participant indicated that it had become 'easier' to obtain in the preceding six months. This participant typically scored GHB from friends, and the typical score venue was at a friend's home.

## 8.5 Summary of GHB Trends

- Only a small proportion of the sample reported lifetime and recent use of GHB
- GHB use was relatively infrequent among the 2004 PDI sample
- Only one REU commented on the price, purity and availability of GHB, therefore results should be interpreted with caution

## 9 LSD

In 2004, three in five (62%) REU reported ever having tried LSD, which was comparable to 59% reporting lifetime use of LSD in the 2003. This year however, there was a statistically significant decrease in the proportion of REU reporting the recent use of LSD, almost halving from 44% in 2003 to 23% in 2004 ( $p < .005$ ).

### 9.1 LSD use among REU

The patterns of LSD use among REU in the ACT in 2003 and 2004 are summarised in Table 24. Twenty-seven recent LSD users reported a median of one day of use in the preceding six months (range 1 – 10). Fifty nine percent of recent LSD users had used this substance only once in the past six months, and almost all (96%) recent LSD users reported use on a less than monthly basis during this period of time. One respondent reported using LSD on a monthly to less than fortnightly basis (10 times) in the six months prior to interview. Two participants (2%) nominated LSD as their main drug of choice.

All REU who had recently used LSD reported that swallowing was the only method of administration in the previous six months. Almost all ( $n=25$ ) recent LSD users quantified their use of LSD in terms of ‘tabs’ and one user quantified their use in terms of ‘drops’. A median of one tab was taken during both the ‘typical’ (range 0.5 – 3) and the ‘heaviest’ (range 0.5 – 5) session of use in the preceding six months (see Table 24). The respondent referring to their use of LSD in terms of liquid used two drops of LSD liquid in a typical episode of use, and four drops of LSD liquid in the heaviest episode of use. Only one respondent (3%) who reported bingeing on ecstasy and related drugs use in the preceding six months had used LSD to do so, a statistically significant reduction from the 28% who reporting bingeing on LSD in 2003 ( $p < .005$ ).

**Table 24: Patterns of LSD use among REU, 2003 and 2004**

Variable	2003 (n=66)	2004 (n=116)
<b>Ever used (%)</b>	59	<b>62</b>
<b>Used last six months (%)</b>	44	<b>23</b>
Of those who had used in the preceding 6 months		
<b>Median days used last 6 months (range)</b>	2 (1-20)	<b>1 (1-10)</b>
<b>Median quantities used (tabs)</b>		
Typical (range)	1 (1-2)	<b>1 (0.5-3)</b>
Heavy (range)	2 (2-3)	<b>1 (0.5-5)</b>

Source: ACT PDI REU Interviews, 2003, 2004

The locations at which respondents indicated they usually used LSD at in the six months prior to the interview were outdoors (36%), at home (28%), at friends’ homes (24%) and at private parties (16%). Similarly, the venues that participants most frequently reported as the last venue of LSD use were outdoors (16%), at home (16%) and at friends’ homes (12%; see Table 25).

**Table 25: REU reports of the usual and last venue of LSD use, ACT, 2004**

Variable	2004 (n=25)
<b>Usual use venue (%)</b>	
Outdoors	36
Home	28
Friends' Home	24
Private Party	16
<b>Last use venue (%)</b>	
Outdoors	16
Home	16
Friends' Home	12

Source: ACT PDI REU Interviews, 2004

## 9.2 Price

In the 2004 ACT PDI, twenty-five participants reported on the current price, purity and availability of LSD. The median reported price for a 'tab' of LSD was \$20 (range \$15 - \$30) remaining stable from the reported price in 2003 (see Table 26). The median price for the last 'tab' of LSD purchased by REU was also stable at \$20 (range \$15-25). Of the twenty-five respondents commenting on LSD, over half (52%) reported that the price of LSD had remained stable in the preceding six months (50% did so in 2003). Smaller proportions of respondents indicated that they believed the price of LSD to have increased (16%), decreased (12%) or fluctuated (8%) in the six months prior. As demonstrated in Table 26, these figures were comparable to those reported in the 2003 PDI.

**Table 26: Prices of LSD purchased by REU and price variations, 2003 and 2004**

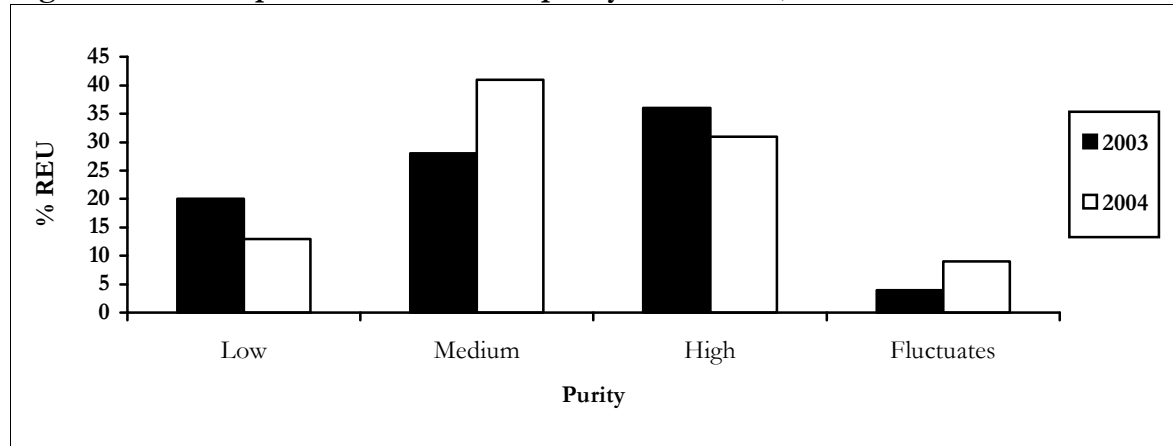
Variable	2003	2004
<b>Median price (\$)</b>		
Tab (range)	20 (10-30)	<b>20 (15-30)</b>
Vial (range)	-	-
<b>Price change (%)</b>		
Increased	19	<b>16</b>
Stable	50	<b>52</b>
Decreased	3	<b>12</b>
Fluctuated	6	<b>8</b>
Don't know	22	<b>12</b>

Source: ACT PDI REU Interviews, 2003, 2004

## 9.3 Purity

Over sixty percent (64%) of REU reported the current purity of LSD to be 'medium' (28%) to 'high' (36%). In 2003, almost three quarters (72%) of the 32 respondents commenting on the current purity of LSD, believed the purity to be 'medium' (41%) to 'high' (31%). One in five (20%) respondents believed the purity to be 'low' (compared to 13% in 2003), and one respondent (4%) indicated that LSD purity had fluctuated in the past six months (compared to 9% the previous year; see Figure 16).

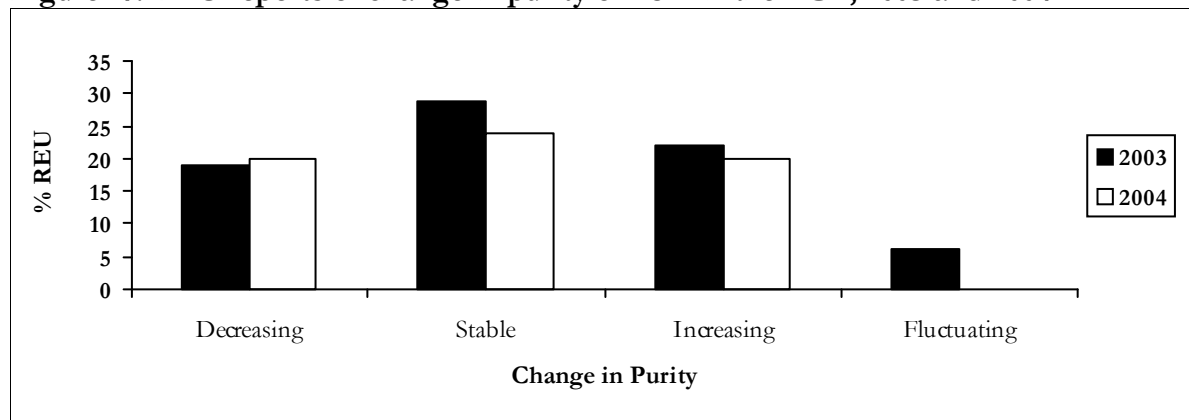
**Figure 16: REU reports of current LSD purity in the ACT, 2003 and 2004**



Source: ACT PDI REU Interviews, 2003, 2004

As in the 2003 ACT PDI, in 2004 REU reports of the stability of LSD purity in the preceding six months were inconsistent. Almost one quarter (24%) of respondents believed that LSD purity had remained stable, one in five reported both an increase (20%) and decrease (20%) in the purity of LSD and nine respondents (36%) were unable to comment (Figure 17).

**Figure 17: REU reports of change in purity of LSD in the ACT, 2003 and 2004**



Source: ACT PDI REU Interviews, 2003, 2004

#### 9.4 Availability

Approximately one third (36%) of respondents indicated that LSD was currently ‘easy’ (28%) to ‘very easy’ (8%) to obtain. However, 64% of respondents reported that LSD was difficult (48%) to ‘very difficult’ (16%) to obtain in the ACT (a slight increase from 2003 figures: 25% ‘difficult’ and 22% ‘very difficult’). Over half (56%) the participants commenting on LSD indicated that the availability of LSD had remained stable in the preceding six months (41% did so in 2003) whereas one quarter (28%) believed LSD to have become more difficult to obtain in the ACT in the past six months (compared to 13% the previous year). In 2004, there was a statistically significant ( $p < .05$ ) decrease in the proportion of REU who reported that LSD had become ‘easier’ to obtain (8%) when compared to 2003 figures (38%).

The people from whom participants reported scoring LSD in the preceding six months were primarily friends (60%) followed by known dealers (12%). The venues where REU

reported scoring LSD from in the previous six months were friends' homes (40%), at their own home (28%) and dealers' homes (16%).

In 2004, the majority of KE reported no use or were unable to comment on LSD use amongst REU, with only one KE reporting LSD use among this group. This contrasts to KE reports regarding LSD in the 2003 PDI, which indicated LSD use was becoming more widespread among this group. This change in KE reports, in the context of recent REU reports, also suggests a reduction in the prevalence of LSD use since 2003.

## **9.5 Summary of LSD Trends**

- In 2004 there was a significant decrease in the proportion of the REU sample who reported the recent use of LSD
- The frequency of LSD use among the ACT sample was generally low
- The median price for a tab of LSD remained stable at \$20
- REU reported the current purity of LSD to be medium to high
- LSD was considered by the majority of REU to be difficult to very difficult to obtain
- The reports of REU and KE with regard to the availability of LSD in the ACT suggest that it has become less easy to obtain over the past six months

## 10 MDA

In the 2004 ACT PDI, almost half (41%) the sample reported lifetime use of MDA (comparable to 56% in 2003). There was a significant reduction in the proportion of this year's sample reporting recent MDA use (15%) when compared to 2003 (33%;  $p < .005$ ).

### 10.1 MDA use among REU

Table 27 presents a summary of the patterns of MDA use among REU in the ACT in 2003 and 2004. Seventeen recent MDA users reported a median of two days of use in the preceding six months (range 1 – 24). Almost all (94%) recent MDA users had used this substance less than monthly during the previous six months, and the remaining respondent used MDA on a weekly basis (24 days) during that period. Very few KE were able to comment on MDA use in 2004, with one KE reporting that MDA was only occasionally mentioned by REU.

Almost all ( $n=16$ ) recent MDA users quantified their use in terms of 'caps'. In the six months prior to interview a median of one cap was taken in the 'typical' (range 0.5 – 4) episode of use and a median of 1.5 caps were taken in the 'heaviest' (range 1 – 4) episode of use (Table 27). Only one participant (3%) who reported having binged in the preceding six months indicated that they used MDA to do so.

Approximately one quarter (24%) of recent MDA users reported having snorted MDA in the preceding six months, while 94% indicated they had swallowed MDA during this period of time.

**Table 27: Patterns of MDA use among REU, 2003 and 2004**

Variable	2003 ( $n=66$ )	2004 ( $n=116$ )
<b>Ever used (%)</b>	56	41
<b>Used last six months (%)</b>	33	15
<b>Of those who had used in the preceding 6 months</b>		
Median days used last 6 mths (range)	2 (1-24)	2 (1-24)
<b>Median quantities used (capsules)</b>		
Typical (range)	2 (1-3)	1 (0.5 – 4)
Heavy (range)	2 (1-6)	1.5 (1-4)

Source: ACT PDI REU, 2003, 2004

The locations at which respondents indicated using MDA in the six months prior to interview were nightclubs (50%), at private parties (38%) and at raves/doofs/dance parties (25%). Similarly, the venues that participants most commonly reported as the last venue of MDA use were nightclubs (25%) and pubs (25%). One respondent each reported the last venue of MDA use as home (12.5%), rave/doof/dance party (12.5%) and at a live music event (12.5%; see Table 28).

**Table 28: REU reports of the usual and last place of MDA use, ACT, 2004**

Variable	2004 (n=8)
<b>Usual use venue (%)</b>	
Nightclub	50
Private Party	38
Rave/Doof/Dance Party	25
<b>Last use venue (%)</b>	
Nightclub	25
Pub	25

Source: ACT PDI REU Interviews, 2004

### 10.2 Price

Eight participants commented on the current price, purity and availability of MDA in the ACT in 2004. Therefore due to the small sample sizes, caution needs to be exercised when interpreting these results and no statistical comparisons were made with the 2003 MDA data. In 2004, the median price for an MDA ‘cap’ (n=7) was \$40 (range \$27 - \$50). The median price for the last ‘cap’ of MDA purchased was slightly more expensive at \$45 (range \$27-50). Half (50%) the respondents reported that the price of MDA remained stable during the preceding six months. Three participants (38%) were unable to comment (see Table 29).

**Table 29: Price of MDA purchased by REU and price variations, 2003 and 2004**

Variable	2003 (n=17)	2004 (n=8)
<b>Capsule price (range)</b>	40 (25-50)	40 (27-50)
<b>Price change (%)</b>		
Increased	-	13
Stable	76	50
Decreased	6	-
Fluctuated	-	-
Don’t know	18	38

Source: ACT PDI REU Interviews, 2003, 2004

### 10.3 Purity

Half (50%) the respondents commenting on the purity of MDA in the ACT reported the current purity to be ‘high’. The remaining participants were divided in their responses with one participant each reporting the purity of MDA to be ‘low’ (12.5%), ‘medium’ (12.5%) or continually fluctuating (12.5%). One respondent was unable to comment on the current purity of MDA in the ACT. The majority (37.5%) of respondents commenting on MDA reported the purity to have remained stable during the preceding six months.



#### **10.4 Availability**

Among those who commented on the current availability of MDA, the majority (87.5%) reported it was 'very easy' (50%) to 'easy' (37.5%) to obtain. One respondent (12.5%) reported that MDA was currently 'difficult' to obtain. When commenting on changes in the availability of MDA over the preceding six months, three quarters (75%) of REU thought the availability of MDA had remained 'stable' (50%) or had become 'easier' (25%). The people from whom MDA was primarily scored from in the previous six months were known dealers (63%) and friends (25%). The venues most frequently nominated as locations at which MDA was scored from were dealers' (50%) and friends' (38%) homes.

#### **10.5 Summary of MDA Trends**

- Only a small proportion of the sample reported the recent use of MDA
- The level of use among recent users was primarily infrequent
- A minority of the sample was able to comment on the price, purity and availability of MDA in the 2004 PDI, therefore caution should be exercised in interpreting these results
- The median reported price MDA was stable at \$40 a cap
- The current purity of MDA was reported by REU to be high
- Among REU, MDA was considered to be easy to very easy to obtain in the ACT

## 11 OTHER DRUGS

### 11.1 Alcohol

In the 2004 PDI sample, all REU reported the lifetime use of alcohol, and most (97%) reported the use of alcohol in the preceding six months (as in 2003). These figures are consistent with those documented in the 2001 NDSHS that reported the prevalence of daily to less than weekly alcohol consumption in the ACT population to be at 92% (AIHW, 2002). Alcohol was consumed on a median of 72 days (three days per week, range 1-180) in the six months prior to interview. This was an increase from a median of 48 days (two days per week) reported by REU in the 2003. Over one third (35%) of recent alcohol users reported using alcohol on more than three days per week in the past six months, a significant increase from 20% reporting so in 2003 ( $p < .05$ ). In 2004, 46% of REU who reported bingeing on ecstasy and other related party drugs used alcohol during these binges (a non-significant decrease from 59% in 2003).

Of those respondents that indicated they typically used other drugs in combination with ecstasy, 80% nominated the use of alcohol. This represented a significant increase from the percentage of participants reporting regular alcohol use with ecstasy in the 2003 PDI (65%,  $p < .01$ ). Additionally, two thirds (66%) of these participants reported that they consumed more than five standard drinks during each episode of ecstasy use (a small but non-significant increase from 53% in 2003).

The proportion of REU who reported using ecstasy to facilitate the 'comedown' from ecstasy in 2004 (41%) also increased from 2003 (32%), although this increase was also non-significant. Again of concern was the fact that a high proportion (60%) of these participants also reported excessive alcohol consumption when 'coming down' from ecstasy (similar to 71% in 2003). Consistent with the REU data, KE reported that most (80–100%) REU regularly consume alcohol, both in combination with and also when 'coming down'.

### 11.2 Cannabis

Almost the entire (98%) sample reported lifetime use of cannabis (97% in 2003), and over three quarters (83%) had used cannabis in the preceding six months (similar to 82% the previous year). These data are consistent with the reports of KE, who believe the use of cannabis to be widespread among the REU population. Of those who had used cannabis in the preceding six months, all (100%) reported having smoked it, and approximately one third (34%) reported having swallowed/eaten it. Ninety-six percent of cannabis users reported a median of twenty-seven days (range 1 – 180) of use in the six months prior to interview, and over one third (38%) of this group had used cannabis three days a week or more in the preceding six months (compared to 46% in 2003). Nineteen percent of recent cannabis users reported daily use in the past six months (comparable to 23% the previous year).

Among those respondents who had binged using ecstasy and other related party drugs in the preceding six months, over one third (36%) reported the use of cannabis during these binge episodes (a non-significant decrease from 55% in 2003). Thirty eight percent of participants who 'typically' used other drugs in combination with ecstasy reported the regular use of cannabis in combination with ecstasy (40% in 2003). Cannabis was also the drug nominated most frequently (59%) as the drug used to facilitate the 'comedown' from ecstasy (as was the case in 2003, 69%).

### 11.3 Tobacco

Over three quarters of the 2004 sample (80%: 75% in 2003) reported the use of tobacco in the preceding six months (median 180 days use, range 1 -180), and the majority (93%: 92% in 2003) of the sample reported ever having tried tobacco. Similarly, most KE believed that tobacco was used to some degree by the majority of REU. The 2001 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 24% (AIHW, 2002). In 2004, the proportion of daily tobacco smokers exceeded the NDSHS figures, with 41% of the sample reporting daily tobacco use, a figure identical to the proportion of daily smokers reported in the 2003 ACT PDI.

### 11.4 Benzodiazepines

In 2004, a significantly larger proportion of participants reported ever having tried benzodiazepines (36%) when compared to the 2003 sample (20%;  $p < .05$ ). Despite this difference, the percentage of participants reporting 'recent' use remained consistent across 2003 (11%) and 2004 (14%). Swallowing was the universal form of administration for the 2004 sample. The majority (63%) of recent benzodiazepine users had used infrequently during the six months prior to interview, with a median of five days (range 1 – 24 days) of use during this period. Equal proportions reported the use of benzodiazepines on a monthly to less than fortnightly (19%) and fortnightly to weekly (19%) basis.

### 11.5 Antidepressants

Almost one quarter (24%) of the 2004 PDI sample reported ever having used antidepressants, a statistically significant increase from 11% reporting lifetime antidepressant use in 2003 ( $p < .05$ ). However, the proportion of participants reporting the recent use of antidepressants remained stable and at low levels (6%) across the 2003 and 2004 samples. Swallowing was the only reported mode of administration, and the median number of days of use (among REU who had used anti-depressants in the past six months) was 20 days (range 1 – 180). Two participants reported that they had used anti-depressants for reasons other than depression in the past six months, and this was to facilitate the comedown from ecstasy. One participant indicated that, more than two-thirds of the time when they had used ecstasy, they used anti-depressants to facilitate the comedown.

### 11.6 Inhalants

Approximately half the sample had ever tried inhalants, such as amyl nitrate (44%) or nitrous oxide (52%). In 2004, similar proportions reported the recent use of amyl nitrate (18%) and nitrous oxide (17%). When compared to the 2003 PDI sample (39%), there was a significant decrease in the number of participants reporting the recent use of nitrous oxide in 2004 ( $p < .005$ ). Amyl nitrate had been used on a median of two days (range 1 – 10) in the past six months, whereas nitrous oxide was used more frequently on a median of five days (range 1 – 96) during this period. The median amount of amyl nitrate used in both a typical and heavy session of use was 4 'snorts' ('typical' episode of use: range 1-20; 'heaviest' episode of use: range 1-30). The quantity of nitrous oxide varied slightly according to the occasion of use, with a median of 20 'bulbs' used in a standard session (range 1-50) and 25 'bulbs' in a heavy session of use (range 1-150).

### 11.7 Other opioids

Twenty percent of the REU sample had ever tried other opioids (such as Panadeine Forte®, morphine, pethidine) and 6% had used other opioids in the past six months. The median days of other opioid use in the six months prior to interview was 5 (range 1 – 180). The majority (86%) of recent opioid users reported swallowing as the mode of administration, with two participants reporting that they had snorted opioids, and one user reporting injection and smoking of opioids in the preceding six months.

### 11.8 Summary of other drug use

- There was a significant increase in the recent frequency of alcohol use, and also the use of alcohol in combination with ecstasy in the 2004 PDI. Significant proportions of alcohol users used alcohol excessively when in combination with ecstasy, and also to facilitate the comedown from ecstasy
- Cannabis was commonly used to facilitate the comedown from ecstasy, and the use of cannabis was prevalent among the REU population
- Over three quarters of the sample had recently used tobacco, and forty one percent of the entire sample identified as daily smokers
- The recent use of benzodiazepines, antidepressants and other opiates were reported by a minority of the sample
- Similar proportions of the sample reported the lifetime and recent use of inhalants such as amyl nitrate and nitrous oxide. There was a significant decrease in the proportion of REU in 2004 PDI who reported recent nitrous oxide use

## 12 RISK BEHAVIOUR

### 12.1 Injecting risk behaviour

#### 12.1.1 Lifetime injecting patterns

In 2004, approximately one in ten (12%; n=14) participants reported ever having injected a drug. Participants who reported they had ever injected a drug were asked to nominate which was the first drug that they had injected. The most commonly reported drugs were heroin (43%; n=6), methamphetamine base (29%; n=4) and methamphetamine powder (14%; n=2). Crystal methamphetamine and hallucinogens such as LSD were each nominated by one participant as being the first drug that they had injected. Of those participants who had reported ever injecting a drug, a median of 2.5 drugs (range 1-6) had been injected.

#### *Context of initiation to injecting*

Of the fourteen participants who reported ever having injected a drug, half (n=7) indicated that the first time they ever injected they were under the influence of other drugs. Of this group, four (57%) injected for the first time under the influence of cannabis, three under the influence of alcohol (43%) and two under the influence of methamphetamine powder (29%). When asked how they learnt to inject, the majority (79%) reported that a friend/partner taught them how to inject, whereas one participant each reported learning from an information pamphlet, or receiving direct instructions from a health professional. Three participants (21%) reported that they do not inject themselves. When recent injectors were asked how often they had injected themselves in the preceding six months, equal numbers reported injecting themselves every time (33%), sometimes (33%) or not at all (33%) in the past six months.

#### 12.1.2 Recent injecting patterns

Six participants (5%) reported having injected substances in the preceding six months. Among these participants, the median number of substances injected in the past six months was 2.5 (range 1-6). Four REU had injected ecstasy on a median of two days (range 1-12) in the six months prior to interview. The drug most frequently injected in the past six months was heroin (three injectors) on a median of 45 days (range 1-144). Methamphetamine powder and methamphetamine base were both injected by three participants each in the past six months, with methamphetamine powder being injected on a median of 7 days (range 2-12) and base on a median of 1 day (range 1-10). Crystal methamphetamine had been injected by two REU in the past six months, on a median of 2 days (range 1-3). The drugs most commonly reported as the last drug injected prior to interview were heroin (n=2), methamphetamine base (n=2), methamphetamine powder (n=1), and crystal methamphetamine (n=1).

#### *Injecting risk behaviour among recent injectors*

Table 30 presents a summary of the injecting risk behaviour reported among REU in the ACT in 2004. Of those participants who had injected drugs in the preceding six months, none reported having shared needles in the previous month, however three participants reported shared needles in the six months prior to the interview (Table 30). One of those who reported sharing used a needle after someone else and two reported that they had used needles prior to other people using them. In addition, over half (n=4) the recent injectors also reported sharing of other injecting equipment such as spoons/mixing containers (n=2), water (n=2), filters (n=1) and tourniquets (n=1) in the six months prior

to interview. Although only a small proportion of the 2004 PDI sample reported the recent injection of substances, these findings are still of some concern given that sharing injection equipment (other than needles and syringes) is also thought to be implicated in HCV transmission (Crofts, Nigro, OMan, Stevenson, & Sherman, 1997; Hagan, Thiede, Weiss, Hopkins, Duchin, & Alexander, 2001).

**Table 30: Injecting risk behaviour among REU in the ACT, 2004**

Variable	2004 (n=6)
Shared needles last month (%)	0
Shared needles last 6 months (%)	17(n=3)
Used needle after someone last 6 months (%)	
No times	83 (n=5)
Once	0
Twice	17 (n=1)
<b>Of those who used after someone:</b>	
<b>Number of different people used before (%)</b>	
None	0
One	100 (n=1)
<b>People used after (%)</b>	
Regular sex partner	100 (n=1)
<b>Times someone used needle after you last six months (%)</b>	
No times	67 (n=4)
Once	16 (n=1)
Twice	16 (n=1)
<b>Shared other injecting equipment (%)</b>	
Spoons/Mixing containers	33 (n=2)
Filters	17 (n=1)
Tourniquets	17 (n=1)
Water	33 (n=2)
<b>Frequency of self-injection (%)</b>	
Every time	33 (n=2)
Sometimes	33 (n=2)
Never	33 (n=2)
<b>Injected drugs under the influence of drugs in past six months (%)</b>	
No, neither	50 (n=3)
Yes, under the influence and coming down	33 (n=2)
Yes, coming down	17 (n=1)
<b>Median times injected any drug last 6 months</b>	12.5
<b>Median times injected any drug under the influence last 6 months</b>	25

Source: ACT PDI REU Interviews, 2004

When examining the frequency of overall injection among REU, recent injectors had injected drugs a median of 12.5 times in the preceding six months (range 1-160) (Table 30). Half (n=3) of this group also reported injecting drugs either under the influence of drugs or while coming down from drugs, which occurred a median of 25 times (range 1-96) in the previous six months.

KE working in the youth sector expressed concern over injecting risk behaviours amongst younger REU. Specifically, KE reported that younger REU were less likely to obtain injecting equipment from needle and syringe programs, and were more likely to obtain them directly from dealers or friends, thereby not being exposed to educational information alerting them to potential risks involved.

#### *Obtaining needles*

REU were asked to indicate where they had obtained the needles they had used in the preceding six months. The most common sources of needles were friends (67%; n=4), needle and syringe programs (NSP) (50%; n=3) and chemists (50%; n=3). No participant reported experiencing any difficulty in obtaining needles in the preceding six months.

#### *BBVI vaccination, testing and self reported status*

Forty four percent of the 2004 ACT PDI sample indicated that they had not been vaccinated against the Hepatitis B Virus (HBV) (see Table 31). Approximately four in ten (39%) participants had completed the HBV vaccination schedule, 8% reported that they had started but did not complete the schedule, and 9% were unsure of whether they had completed the schedule. The primary reasons for having received the HBV vaccination were: going overseas (35%); having been vaccinated as a child (17%) and being vaccinated as a work requirement (17%). Three participants (6%) indicated that they received the HBV vaccination because they believed themselves to be at risk of infection due to their sexual behaviour.

**Table 31: BBVI vaccination, testing and self-reported status among REU in the ACT, 2004**

Variable	2004 sample (n=116)
<b>HBV vaccination (%)</b>	
No	44
Yes – did not complete schedule	8
Yes – did complete schedule	39
Don't know	9
<b>If yes, reason</b>	
<b>Risk (sexual)</b>	6
<b>Risk (IDU)</b>	0
<b>HCV test (%)</b>	
No	57
Yes – in the last year	21
Yes - more than one year ago	18
Don't know/did not get result	4
<b>Result of last HCV test</b>	
<b>Positive</b>	7
<b>Negative</b>	93
<b>HIV test (%)</b>	
No	52
Yes – in the last year	24
Yes – more than one year ago	23
Don't know/did not get result	1
<b>If yes</b>	
<b>Positive</b>	0
<b>Negative</b>	100

Source: ACT PDI REU Interviews, 2004

Approximately half (43%) the sample reported that they had been tested for the Hepatitis C Virus (HCV) (Table 31). Similar proportions of participants reported having been tested in the previous year (21%) or more than a year ago (18%), whereas 4% were either unsure of whether they had been tested, or did not obtain the test results. Of those participants who had been tested and received their results, 7% indicated that they had tested positive for HCV.

Forty eight percent of participants indicated that they had been tested for the Human Immunodeficiency Virus (HIV) at some point in their lifetime (Table 31). Approximately one quarter of participants reported that they had been tested within the previous year to interview (24%) or longer than one year ago (23%). One participant had been tested but had not received the results of their HIV test. All participants who had been tested for HIV and were informed of their status reported that they were HIV negative.



### *Context of injecting*

The locations most commonly nominated as sites where REU had recently injected were at home (n=5), at a friends home (n=4), in a car (n=2) or at a public location such as a street/park or bench (n=2). Only one recent injector reported that they usually did not inject in the presence of other people. Four participants reported that they normally injected with close friends, and two participants also indicated that they typically injected in the presence of their regular sex partner (see Table 32).

**Table 32: Context of recent injection, 2004**

Variable	2004 (n=6)
<b>Injection location (%)</b>	
Own home	83 (n=5)
Friends' home	67 (n=5)
Car	33 (n=2)
Street/Park or bench	33 (n=2)
<b>People injected with (%)</b>	
No one	17 (n=1)
Regular sex partner	33 (n=2)
Close Friends	67 (n=4)

Source: ACT PDI REU Interviews, 2004

## **12.2 Sexual risk behaviour**

### **12.2.1 Patterns of recent sexual activity**

Almost the entire sample (96%) reported having had penetrative sex in the six months prior to interview (Table 33). Penetrative sex was defined as sex that involved the penetration of the vagina/anus by penis/fist. The majority (40%) of sexually active participants reported having sex with one person in this period of time, approximately one quarter (23%) reported having two sexual partners during this period and one third (32%) reported between 3 and 5 sexual partners in the six months prior to interview. Five percent of sexually active REU had had penetrative sex with between 6 and ten people in the past six months.

The majority (86%) of sexually active REU reported having sex with a 'regular' sex partner in the past six months. Of this group, only one in five (21%) reported using condoms every time they had sex with their regular sex partner, whereas one third (34%) reported that they had never used condoms with their regular sex partner. Almost seventy percent (68%) of sexually active REU also reported having sex with a 'casual' sex partner in the previous six months. When having sex with a casual sex partner, half (53%) this group reported using condoms every time they did so, and one in ten (11%) reported never using condoms with a casual sex partner (Table 33).

Anal sex was reported to be relatively uncommon among the REU sample, with 11% of sexually active participants reporting they had had anal sex in the past six months. Half (50%; n=6) this group had had anal sex on a monthly or less than monthly basis, 42% (n=5) did so on a fortnightly or less basis and 8% (n=1) on a weekly or less basis in the preceding six months.

**Table 33: Sexual activity and condom use in the preceding six months among REU in the ACT, 2004**

Variable	2004 (n=116)
<b>Penetrative sex last six months (%)</b>	96
<b>Of those who were sexually active:</b>	
<b>Number of sex partners (%)</b>	
One	40
Two partners	23
Three-five partners	32
Six to ten partners	5
<b>Had penetrative sex with (%)</b>	
Regular partner	86
Casual partner	68
<b>Of those who had regular partner (s), condoms used (%)</b>	
Every time	21
Often	24
Sometimes	12
Rarely	10
Never	34
<b>Of those who had casual partner(s), condoms used (%)</b>	
Every time	53
Often	25
Sometimes	8
Rarely	4
Never	11
<b>Number of times had anal sex last six months (%)</b>	
None	89
Monthly or less (1-6 times)	50
Fortnightly or less (7-12 times)	42
Weekly or less (13-24 times)	8

Source: ACT PDI REU Interviews, 2004

### 12.2.2 Sexual risk behaviour

Seventy eight percent of sexually active REU participants reported having sex under the influence of ecstasy or other party drugs in the past six months (see Table 34). The drugs most frequently reported being used the last time participants had sex under the influence of ecstasy or related drugs were: ecstasy (87%); alcohol (53%); cannabis (36%) and speed (20%). Among those who had sex with a regular partner while using ecstasy or party drugs in the preceding six months (65% of sexually active REU), 19% used condoms every time, and half (50%) reported that they never used condoms (which is higher than the 34% of REU who indicated they never used condoms with a regular sex partner when not intoxicated). Among those who had sex with a casual partner while using ecstasy and party drugs in the past six months (49% of sexually active REU), 54% reported always using condoms, and 9% reported never using condoms with casual partners. These findings suggest that within the context of sex with a regular partner, 'risky' sexual encounters (i.e. those that place the individual at increased risk for sexually transmitted diseases) appear to be more likely to occur when ecstasy and other related drugs are involved. These results are of concern when considered in context of the fact that approximately half (52%) the sample indicated that they had never had a sexual health check up, and only one third (31%) reported that they had received a sexual health

check-up in the past twelve months. Additionally, KE working in the youth sector expressed concerns over perceived high levels of non-consensual and coercive sex (without the use of condoms) amongst younger REU when under the influence of ecstasy and/or polydrug use.

**Table 34: Sexual activity and condom use under the influence of drugs in the preceding six months among REU in the ACT, 2004**

Variable	2004 (n=116)
<b>Had penetrative sex under the influence</b> (% of sexually active participants)	78 (n=87)
<b>Of those who had sex under the influence*</b>	
<b>Number of times had sex under the influence (%)</b>	
Once	17
Twice	21
Three to five times	28
Six to ten times	12
More than ten times	22
<b>Drugs used under the influence (%)</b>	
Ecstasy	87
Alcohol	53
Cannabis	36
Methamphetamine powder	20
<b>Of those who had regular partner (s), condoms used (%)</b>	
Every time	19
Often	11
Sometimes	10
Rarely	10
Never	50
<b>Of those who had casual partner(s), condoms used (%)</b>	
Every time	54
Often	19
Sometimes	7
Rarely	11
Never	9

Source: ACT PDI REU Interviews, 2004

\* Response of two participants missing therefore based on n=85 respondents

### 12.3 Tattooing and piercing

One quarter (26%) of the 2004 ACT PDI sample reported that they had received a tattoo. The median length of time reported since receiving their last tattoo was 36 months (i.e. 3 years). Two participants reported that they had been tattooed by a non-professional; three participants indicated friends had tattooed them, and two participants reported having tattooed themselves. One participant (25%) who reported having received a tattoo from a non-professional reported that the tattoo needle had been used on another person prior to them.

Similarly, 30% of the sample reported that they had received a piercing, and the median length of time since receiving the last piercing was 36 months. One in five REU who had received a piercing had done so from a non-professional, three (9%) had pierced

themselves, and two (6%) had had friends pierce them. No respondent who reported receiving a piercing from a non-professional indicated that the needle had been used on people prior to him or her.

**Table 35: Tattooing and Piercing among REU in the ACT, 2004**

Variable	2004 (n=116)
<b>Tattooed (%)</b>	26
<b>Of those tattooed (%)</b>	
Non-professional	7
Friend	10
Self	7
<b>Of those with non professional tattoo*</b>	
<b>Needle used before (%)</b>	
Yes	25
No	75
<b>Pierced (%)</b>	30
<b>Of those pierced (%)</b>	
Non professional	20
Friend	6
Self	9
<b>Of those with non professional piercing*</b>	
<b>Needle used before (%)</b>	
Yes	0
No	100

Source: ACT PDI REU Interviews, 2004

Note: \* Very few informants commenting

## 12.4 Driving risk behaviour

The majority (72%) of the sample reported that they had driven under the influence of drugs (within one hour of consumption) in the six months prior to interview. Participants reported having driven under the influence of a median of three drugs (range 1-8) in the last six months. Among those participants who had driven under the influence of drugs in the preceding six months, the most commonly reported drugs were alcohol (70%), ecstasy (65%) and cannabis (59%). One quarter of the participants who drove under the influence of drugs reported having done so under the influence of methamphetamine powder (27%), whereas approximately one in ten reported being under the influence of methamphetamine base (15%), crystal methamphetamine (13%) and cocaine (13%).

## **13 HEALTH RELATED ISSUES**

### **13.1 Overdose**

Over one quarter (28%) of the 2004 ACT sample indicated that they had overdosed on ecstasy or related drugs in the preceding six months. An overdose was defined as having unintentionally passed out or fallen into a coma as a result of drug use. Participants who had overdosed were asked to indicate the main drug involved in their overdose. Over half nominated alcohol (n=19; 59%), followed by ecstasy (n=6; 19%), cannabis (n=3; 9%), GHB (n=2, 6%) and nitrous oxide (n=2, 6%).

Of those participants who nominated alcohol as the main drug they overdosed on, other drugs used at the same time were ecstasy (n=7), cannabis (n=3), tobacco (n=2) and methamphetamine powder (n=2). Of those participants who reported ecstasy to be the primary drug attributed to their overdose, other drugs commonly used in combination were alcohol (n=2), methamphetamine powder (n=2).

### **13.2 Self reported symptoms of dependence**

#### **13.2.1 Ecstasy**

All participants in the 2004 PDI completed the Severity of Dependence Scale (SDS) in relation to ecstasy. The SDS is composed of five items that are scored on a 0-3 point scale resulting in a range of possible scores of 0-15. The SDS can be adapted to cover a number of drugs by modifying reference to the drug in question. Since its inception, the SDS scale has demonstrated good measurement properties across populations of heroin, cocaine, amphetamine and benzodiazepine users (Topp & Mattick, 1997). For this sample, the median score obtained on the Ecstasy SDS was 1 (range 0-9). Given that the median frequency of ecstasy use in this population was approximately on a fortnightly basis, the low SDS scores obtained for this group are not surprising. The frequency of ecstasy use documented in this study is generally consistent with other studies that have examined patterns of ecstasy use in Australian samples (Breen et al., 2004; Degenhardt, Barker & Topp, 2004; Proudfoot & Ward, 2004; Topp et al, 1999a; Topp, Hando & Dillon, 1999b; White et al., 2003). There is evidence to suggest that a relationship exists between heavier (frequency) levels of ecstasy use and an increase in the experience of psychobiological problems (Parrott, Buchanan, Scholey, Heffernan, Ling & Rodgers, 2000). For substances such as cocaine and alcohol, the literature typically defines 'heavy' or chronic use in terms of daily or greater than daily use patterns. Ecstasy users however are not a group defined by such patterns of use. The research at this stage therefore suggests that ecstasy users in general do not appear to be a group that develop 'chronic' levels of dependency on this substance, and the results obtained from the 2004 PDI are consistent with this.

#### **13.2.2 Methamphetamine**

In the 2004 ACT PDI, 88 REU had used at least one form of methamphetamine in the preceding six months. Among this group, the median number of days of methamphetamine use was 6 (range 1-180). All recent methamphetamine users completed the Severity of Dependence Scale (SDS) for methamphetamine. An SDS score of four or greater is indicative of problematic amphetamine use (Topp & Mattick, 1997) and for this sample, the median SDS score obtained was 0 (range 0-9). However, five participants (3 males and 2 females) obtained SDS scores that classified them as methamphetamine dependent according to reliable criteria (Topp & Mattick, 1997). Of

those participants whose level of methamphetamine use was defined as problematic, one respondent each attributed their response on the scale to their use of methamphetamine powder and crystal methamphetamine, whereas the remaining three participants did not attribute their responses to one form of methamphetamine specifically.

### **13.3 Help-seeking behaviour**

One in ten (10%) participants in the 2004 ACT PDI sample had accessed a health or medical service in the six months preceding interview, as a result of their drug use. The most commonly reported service accessed was a general practitioner (GP) (n=7) followed by the ambulance service (n=2). One respondent each nominated that they had accessed the following services in the previous six months: counsellor; hospital; drug and alcohol worker and social/welfare worker. Those participants accessing a counsellor and the hospital did so in relation to their ecstasy use, whereas the participants accessing the drug and alcohol worker and social/welfare worker did so in regard to their cannabis use.

### **13.4 Other problems**

In the PDI questionnaire, party drug harms were categorised into four primary groups: social/relationship problems, financial problems, legal/police problems and occupational/study problems. Participants were asked if, in the past six months, they had experienced any of these problems due to their drug use. If so, participants nominated the main drug that they attributed the experience of these problems to. The results are summarised in Table 36.

A minority (3%) of the 2004 ACT PDI sample experienced legal/police problems with two participants reporting that they had been arrested, one participant having been cautioned by the police and one participant detained overnight in the past six months. Two respondents attributed their legal/police problems to their ecstasy use, with one participant each attributing their problems to cannabis and alcohol.

Over one third (35%) of the 2004 sample reported the experience of social or relationship problems in the preceding six months. The most frequently reported were arguments (49%), ending a relationship (20%) and mistrust/anxiety (17%). Over half (56%) those participants who experienced social/relationship problems in the previous six months attributed these problems primarily to their ecstasy use, with one in ten (12%) attributing their problems to cannabis use.

**Table 36: Problems experienced by REU in the preceding six months, 2004**

<b>Problem</b>	<b>Experienced (%)</b>	<b>Attribute to Ecstasy (%)</b>	<b>Attribute to Cannabis (%)</b>	<b>Attribute to Alcohol (%)</b>
Occupational/Study	47	53	20	15
Financial	40	48	22	13
Relationship/Social	35	56	12	5
Legal/Police	4	50	25	25

Source: ACT PDI REU Interviews, 2004

Four in ten (40%) participants in the 2004 PDI reported that they had experienced financial difficulties due to their drug use in the past six months. Ecstasy was the drug most commonly attributed by participants to their financial problems (48%), one in five (22%) respondents attributed their financial difficulties to cannabis, whereas 13% attributed their financial problems to alcohol use. The most commonly reported financial difficulties experienced were having no money for recreational activities/luxuries (48%), being in debt or owing money (22%), and having no money for food or rent (20%).

The drug-related problems most frequently experienced by ecstasy users in the 2004 PDI were occupational/study problems, with almost half (47%) the sample reporting the experience of these problems in the preceding six months. Of these, the most commonly reported by participants were being unmotivated (29%), trouble concentrating (29%), reduced work performance (24%), and sick leave or non-attendance at class (15%). Again, ecstasy was the drug that most participants attributed their occupational/study problems to (53%), followed by cannabis (20%) and alcohol (15%).

## 14 CRIMINAL AND POLICE ACTIVITY

### 14.1 Reports of criminal activity among REU

In the month prior to interview, one in ten (11%) REU reported having engaged in criminal activity (Table 37). This figure represented a significant decrease ( $p < .005$ ) in recent criminal activity among REU when compared to 45% reporting recent criminal activity in 2003. Similarly, when compared to the 2003 PDI sample (42%), there was a significant reduction in the proportion of REU in the 2004 PDI (9%) who indicated that they had sold drugs in the month preceding interview ( $p < .005$ ). Approximately one quarter of the 2003 PDI sample had paid for their ecstasy use through dealing drugs. In 2004 this question was separated into two categories – selling drugs in order to retain one or more ecstasy tablets for one’s own use at no cost and selling drugs for cash profit. In the preceding six months, 15% of the 2004 PDI sample had dealt drugs to receive an ecstasy profit, and one in ten (10%) had dealt drugs to receive a cash profit. Similar to 2003 figures, only 6% of the sample indicated that they had been arrested in the previous 12 months (5% in 2003).

**Table 37: Criminal activity reported by REU in the ACT, 2003 and 2004**

	2003 (n=66)	2004 (n=116)
<b>Criminal activity in the last month (%)</b>		
Any crime	45	11***
Drug dealing	42	9***
Property crime	3	3
Fraud	3	1
Violent crime	0	0
<b>In the preceding six months</b>		
Paid for ecstasy through dealing drugs <sup>a</sup> (Ecstasy profit)	23	15
(Cash profit)		10
<b>Paid for ecstasy through property crime</b>	0	0

Source: ACT PDI REU Interviews, 2003, 2004

Note: \*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .005$ , \*\*\*\*  $p < .001$ ; <sup>a</sup>Question as asked in 2003 PDI;

<sup>b</sup>In 2004, paying for ecstasy through dealing drugs was separated into the categories of selling drugs to retain some ecstasy for one’s own use and selling drugs for cash.

### 14.2 Perceptions of police activity towards REU

Over half (59%) the REU sample believed police activity towards ecstasy and other related drugs users to have remained stable in the preceding six months (similar to 48% in 2003) (Table 38). In 2004, there was a significant ( $p < .05$ ) decrease in the proportion of respondents indicating that police activity had decreased (4%) in the six months prior to interview when compared to the 2003 figures (14%). Sixteen percent of REU reported an increase in their perception of recent police activity. Of these participants, the majority ( $n=7$ ) believed there to have been a general increase in police presence at clubs, with four participants reporting increase in the number of raids made on clubs in the past six months. As in the 2003 PDI, the overwhelming majority (88%) of REU reported that recent police activity had not made it more difficult for them to score illicit drugs.

KE did not report significant changes in police activity towards ecstasy and other related drug users over the past six months. Two KE (both law enforcement officers) reported



regular uniformed patrol of nightclubs in the ACT, but reported low levels of arrests. Two KE reported that REU perceive there is currently little undercover police activity in clubs, and so are relatively unconcerned with the risk of arrest. One KE reported that due to police operations in clubs in the previous year, most REU consumed their drugs at home before travelling to venues.

**Table 38: Perceptions of police activity by REU in the ACT, 2003 and 2004**

Perception of police activity	2003 (n=66)	2004 (n=116)
<b>Recent police activity (%)</b>		
Decreased	14*	4*
Stable	48	59
Increased	19	16
Don't know	20	21
Did not make scoring more difficult	85	88

Source: 2003 and 2004 ACT PDI REU interviews

Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

### 14.3 Summary

- In 2004 there was a significant decrease in the proportion of REU reporting they had recently been involved in criminal activity
- The proportion of REU who reported dealing drugs in the month prior to interview also significantly decreased in 2004 when compared to the previous year
- Similar to the 2003 sample, very few REU interviewed for the 2004 PDI had been arrested in the past 12 months
- Police activity towards ecstasy and other related drug users in the ACT for the most part was reported by REU and KE to be stable
- As in 2003, the overwhelming majority of REU reported that recent police activity had not made it more difficult for them to score drugs in the past six months

## **15 DISCUSSION**

### **15.1 Demographic characteristics of REU**

The demographic characteristics of the 2004 ACT PDI sample were, for the most part, similar to those obtained in the 2003 ACT PDI. However, the sample of REU interviewed for the PDI in 2004 were significantly older, and a greater proportion had obtained tertiary qualifications or had contact with the criminal justice system when compared to the 2003 sample. Despite these differences, the characteristics of the 2004 PDI sample provided contrast against the demographics that defined the injecting drug user (IDU) sample surveyed for the 2004 ACT IDRS. In comparison to the IDU, REU tended to be young, well educated, employed or studying, and had minimal contact with the legal system or drug treatment facilities.

### **15.2 Patterns of polydrug use**

Ecstasy was the drug of choice for almost half the sample. The REU interviewed for the PDI in 2004 were polydrug users, having used a mean of 10 drugs in their lifetime and a mean of 6 drugs in the preceding six months. In the 2004 sample, there was an increase in the proportion of REU who reported lifetime or recent injection, although these differences were non-significant. Recent 'binge' activity was reported by approximately one third of the sample, with a median binge length of three days. Similar to the 2003 PDI, the drugs that were most commonly used during binges were ecstasy, methamphetamine speed, alcohol, cannabis and crystal methamphetamine. When compared to REU who had not binged, recent 'bingers' had used ecstasy on a greater mean number of days in the preceding six months, and had also used a greater mean number of tablets in the 'heaviest' session of ecstasy use.

### **15.3 Ecstasy**

Ecstasy use typically started for REU in their late teens. As in the 2003 PDI, the most common pattern of ecstasy use among the 2004 REU sample was between monthly and fortnightly use. However, in 2004 the median number of days of use increased from 12 to 14, and there was also a significant increase in the proportion of the sample that used ecstasy on a greater than weekly basis in the 2004 sample. A median of 2 ecstasy tablets were used in a 'standard' session of use, and this increased to 3 when referring to the 'heaviest' episode of use. Almost half the sample had used four or more ecstasy tablets in a single use episode during the preceding six months, a significant decrease from 66% who reported having done so in 2003. As supported by KE reports, swallowing was the predominant form of administration, though experimentation with other methods such as snorting, smoking, shelving and injection (for a minority) were also reported. In 2004, there was an increase in the proportion of the sample that reported they typically used other drugs in combination with ecstasy. The proportion of the sample that reported typically using alcohol with ecstasy also significantly increased in 2004. The drugs most frequently used in conjunction with ecstasy and to ease the ecstasy comedown were alcohol, cannabis and tobacco.

The median price for a tablet of ecstasy in the ACT was \$35. REU indicated that the price of ecstasy had remained stable or had decreased in the past six months. There was a significant increase in 2004 in the number of REU who reported the current purity of ecstasy to be high, with the majority of respondents reporting that the purity of ecstasy was 'medium' to 'high'. The reports of REU with regard to the change in purity of ecstasy over the past six months were inconsistent. In the April-June quarter of 2004, the

median purity of phenethylamines seized by the ACT police increased from 15.5% (January-March 2004) to 34.8%. Ecstasy was considered to be very easy to easy to obtain, with the majority of REU reporting that the availability had remained stable or had become easier in the preceding six months. As in 2003, ecstasy was primarily obtained through friends and dealers. Almost the entire sample nominated benefits associated with the use of ecstasy, with the most frequently nominated benefits being enhanced communication/sociability, enhanced bonding and closeness with others and enhanced mood. The most common perceived risks that REU associated with ecstasy use were brain damage, the consumption of unknown contaminants and fatal overdose.

#### **15.4 Methamphetamine**

Over half the sample reported the recent use of methamphetamine powder (speed), while approximately one third of the sample reported the use of base and crystal methamphetamine in the past six months. This year, there was a decrease in the prevalence of crystal methamphetamine use among the PDI sample. Despite this, crystal methamphetamine and speed were substances commonly used during binges on ecstasy and other related drugs. The median price for a point of methamphetamine was higher according to the purity of the form purchased: speed was \$30 a point, methamphetamine base was \$40 a point and crystal methamphetamine was slightly more expensive still at \$47.50 per point. The majority of REU reported the price of each methamphetamine form to have remained stable in the preceding six months. The purity of the three forms of methamphetamine was estimated to be stable at medium to high levels. Speed, base and crystal methamphetamine were reported to be easy to very easy to obtain by REU, with suggestions that speed had become slightly easier to obtain. Similar to ecstasy, methamphetamine was predominantly obtained through friends and dealers.

#### **15.5 Cocaine**

There was an increase in the proportion of the sample reporting ever having used cocaine in 2004, and approximately one third of REU reported the recent use of cocaine. The majority of recent cocaine users had used on an infrequent basis in the six months prior to interview. Although a larger proportion of the REU sample than IDU sample had recently used cocaine, the data from the 2004 PDI and IDRS studies indicate that cocaine use tends to be opportunistic and remains at low levels in the ACT.

#### **15.6 Ketamine**

Consistent with the 2003 PDI, over one third of the REU sample in 2004 reported ever having tried ketamine, with over one in ten REU having used ketamine in the previous six months. The level of ketamine use among the 2004 sample was infrequent, with approximately one third of recent ketamine users having used this substance only once in the past six months. The price of ketamine was reported to be stable at \$20 a pill. While the purity of ketamine was reported to be stable at high levels, REU were divided in their response to the ease with which ketamine could be obtained in the ACT.

#### **15.7 GHB**

A minority of the 2004 REU sample reported lifetime or recent use of GHB. Consistent with the low level of GHB use among the sample, only one participant was able to comment on the current price, purity and availability of GHB in the ACT. These results therefore need to be interpreted with caution.

## 15.8 LSD

There was a significant decrease in the proportion of the sample reporting recent LSD use in 2004. LSD was used on a median of one day in the past six months, and the quantity of LSD use did not vary according to the 'typical' or 'heaviest' sessions of use. In 2004, a significantly smaller proportion of REU who had recently binged on ecstasy and other related party drugs reported using LSD during these binges. The price of LSD was reported to be stable at \$20 a 'trip'. As was the case in 2003, the majority of REU reported the current purity of LSD to be 'medium' to 'high'. As a reflection of the low levels of LSD use in 2004, LSD was considered by the majority of REU commenting to be 'difficult' to 'very difficult' to obtain in the ACT.

## 15.9 MDA

Almost half the sample reported lifetime use of MDA, with a minority of the sample reporting recent MDA use (a significant reduction when compared to the 2003 sample). The frequency of MDA use was generally low. The price of MDA was reported to be stable at \$40 a 'cap'. MDA purity was reported by REU to be stable at high levels. Although only a small number of REU commented on current trends in MDA, the majority believed it to be 'easy' to 'very easy' to obtain, and that the availability of MDA had remained stable or become easier to obtain in the past six months.

## 15.10 Other drugs

In the 2004 ACT PDI, there appeared to be an increase in the frequency of alcohol use within the context of ecstasy and other related drug use when compared to the 2003 PDI. The level of alcohol use amongst REU in this year's sample is also interesting when compared to the patterns of alcohol use in the IDRS sample. Whereas almost all (97%) REU reported the use of alcohol in the six months prior to interview and did so, on a median of 72 days (i.e. three times a week) in the past six months, approximately half (58%) of IDU interviewed for the IDRS in 2004 had recently used alcohol on a median of 13 days (i.e. a fortnightly basis). REU reports indicated that alcohol is increasingly being used in conjunction with ecstasy and to ease the comedown, and in a significant number of cases was being used to excess.

As was the case in 2003, the proportion of recent cannabis users was relatively constant between the PDI (83%) and IDRS (85%) samples, although the frequency of cannabis use was significantly higher among injecting drug users. Cannabis was used recently on a median of 180 days (i.e. daily use) by IDU, whereas REU used cannabis on a median of 27 days, typically in the context of an ecstasy 'comedown'. Tobacco use was less common among REU (80%) than IDU (91%), although the median days of use was 180 (i.e. daily) for both samples.

The recency and frequency of use of benzodiazepines, antidepressants and 'other opiates' was low in the REU sample, with the small proportions that reported recent use reporting infrequent use. The relatively minor use of benzodiazepines among REU (14%) in the preceding six months contrasted to over half (59%) of IDU who reported recent benzodiazepine use in the 2004 IDRS. Proportions of recent antidepressant and 'other opiate' use were also higher in the IDU sample (25% antidepressants; 17% 'other opiates') than in the REU sample (6% antidepressants; 6% 'other opiates').

As documented in the 2003 ACT PDI, the level of inhalant use was significantly higher among REU when compared to the IDU sample, despite a decrease in the recent use of nitrous oxide in 2004. Approximately one in five REU reported the recent use of amyl

nitrate (18%) and nitrous oxide (17%) whereas only 4% of the IDU sample had used any form of inhalant in the preceding six months.

## 16 IMPLICATIONS

In the face of an accumulating body of research that documents the adverse effects associated with ecstasy use (Breen et al., 2004; Curran & Travill, 1997; Davison & Parrott, 1997; Parrott & Lasky, 1998; Parrott et al., 2001; Topp et al., 1999a), the use of this drug continues to increase both in Australia and overseas (AIHW, 2002; Morgan, 2000). For the second consecutive year, the 2004 ACT PDI has been able to provide a snapshot of the drug use patterns and harms associated with ecstasy and related drug use, among regular users in the ACT.

Although ecstasy clearly remains the drug of choice for the population captured by the PDI, REU also appear to be a group characterised by polydrug use. The use of multiple drugs in single episodes of use, including during extended 'binge' sessions, was widely reported by REU in the 2004 PDI. Similarly, almost the entire 2004 sample reported using (multiple) other drugs in combination with ecstasy, and the majority also reported using other drugs (such as cannabis and alcohol) to ease their comedown. Despite an understanding of the effects that these drugs in isolation have on the human brain and body, the consequences of polydrug use remain unclear.

Of specific concern arising from the 2004 ACT PDI was the increase in both the prevalence and quantity of alcohol use in combination with ecstasy. In the 2003 ACT PDI, the high levels of excessive alcohol use in the context of ecstasy use were identified as a point of concern, and again, this issue warrants comment. Whilst under the influence of psycho-stimulants such as ecstasy, it is possible that high levels of alcohol can be consumed without the immediate effects of alcohol intoxication. Although an individual under the influence of both ecstasy and alcohol is able to consume higher quantities of alcohol without obvious signs of intoxication, the damage associated with the high-level alcohol consumption to the body's organs (such as the liver) is not averted. Considering this fact in light of the rising levels of alcohol consumption detected across the 2003 and 2004 ACT PDI project, it is important to raise awareness of the possible risks of combining ecstasy and alcohol among REU. Further emphasising the need for accessible and credible harm reduction strategies regarding ecstasy use, was the finding in this years study that one in ten REU did not believe there to be any risks associated with using ecstasy.

A second concern arising from the 2004 ACT PDI was the reported levels of sexual risk-taking among this population. Sexual risk taking associated with ecstasy use has been identified in the literature as a problematic issue among young adults (Boyd, McCabe & d'Arcy, 2003; Strote, Lee and Wechsler, 2002), and there is evidence to suggest that, as in the case of alcohol, individuals are more likely to engage in sexual risk taking after ecstasy use (Topp et al., 1999b). In the 2004 ACT PDI, significant proportions of the sample reported having sex under the influence of ecstasy and related drugs in the previous six months with both 'casual' and 'regular' sex partners. The rates of condom use in this sample remained relatively stable across sexual encounters with 'casual' partners while under the influence of ecstasy and while not. Despite this, the general low frequency with which condoms were reported to be used with 'casual' sex partners by ACT REU, deserves attention. Furthermore, one half of those participants who reported having sex with a 'regular' partner when under the influence of ecstasy and other party drugs indicated that they never used condoms, an increase from one third who reported never using condoms with a 'regular' partners while not intoxicated. These findings suggest that

within the context of sex with a regular partner, 'risky' sexual encounters (i.e. those that place the individual at increased risk for sexually transmitted diseases) appear to be more likely to occur when ecstasy and other related drugs are involved. Given that REU may vary in their definition of what constitutes a 'regular' sex partner, and that over half of sexually active REU reported having sex with more than one person in the past six months, these data indicate a need for an increased awareness of what constitutes safe sexual practice among ecstasy and related drug users.

The 2004 ACT PDI has provided information for the second consecutive year on the drug use patterns of regular ecstasy users residing in the Territory. The results of the 2004 PDI have highlighted a number of issues that concern the population captured by the PDI study, namely the possible consequences of polydrug drug use, the excessive alcohol consumption that accompanies ecstasy use, and sexual risk-taking behaviours. As in 2003, data from the 2004 PDI indicated that although the REU surveyed are young, educated and not involved in significant levels of drug-related crime, their drug use is associated with significant levels of self-reported ecstasy related harms. The findings of the study this year emphasise the need to reduce the harm associated with ecstasy and related drug use within this population.

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