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**ACT TRENDS IN ECSTASY AND  
RELATED DRUG MARKETS 2005  
Findings from the Party Drugs Initiative (PDI)**

**NDARC Technical Report No. 247**



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2005**



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(PDI)**

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## **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>A&amp;TSI</b>	Aboriginal and/or Torres Strait Islander
<b>BBVI</b>	Blood-borne viral infections
<b>DASC</b>	Drug and Alcohol Services Council
<b>ESB</b>	English-speaking background
<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>IDU</b>	Injecting drug user(s)
<b>KE</b>	Key expert(s)
<b>LSD</b>	<i>d</i> -lysergic acid
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDMA</b>	3,4-methylenedioxymethamphetamine
<b>NCHECR</b>	National Centre in HIV Epidemiology and Clinical Research
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug 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>REU</b>	Regular ecstasy user(s)
<b>UCAN</b>	University of Canberra

## **EXECUTIVE SUMMARY**

### **Demographic characteristics of regular ecstasy users (REU)**

Consistent with past years, the majority of regular ecstasy users interviewed for the ACT PDI in 2005 were male. The sample was predominantly heterosexual, from an English speaking background, and were aged between their late teens and mid-twenties. Almost ninety percent of the sample had completed at least their high-school education, and at the time of interview the majority of REU were either studying at a tertiary level or employed full-time. A minority of the sample reported ever having contact with the criminal justice system, and only one REU indicated that they were currently accessing a drug treatment facility.

### **Patterns of drug use among REU**

Polydrug use was universal among the 2005 ACT PDI sample. REU had used a mean of nine drugs in their lifetime and a mean of six drugs in the previous six months. Although REU reported the use of a wide number of substances, only a minority of the sample reported ever having injected drugs. Ecstasy was clearly the drug of choice for this sample, followed by cannabis and cocaine. The majority of the sample indicated that they 'typically' used other drugs both in combination with ecstasy and also to facilitate their comedown. Alcohol, tobacco and cannabis were the drugs that were most commonly used by REU in the context of ecstasy use and also during the comedown period. Almost half the sample reported having binged on ecstasy and related drugs in the six months prior to interview. Ecstasy was used in extended binge episodes of drug use by almost all REU who reported recent binge activity. Other drugs commonly used in these binge episodes were methamphetamine powder, cannabis, alcohol, cocaine and methamphetamine base.

### **Ecstasy**

Ecstasy pills had been used by the entire sample in the past six months, and pill form was the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported ever having used ecstasy powder (36%) or having used ecstasy powder in the past six months (24%). In the six months prior to interview, the median number of days of any form of ecstasy use was thirteen. Almost half the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, with approximately one-third of the sample using ecstasy on a greater than fortnightly to weekly basis. The median number of ecstasy tablets consumed in a 'typical' session of use was two, whereas a median of three tablets were taken by REU in the 'heaviest' session of use.

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

The median reported price for a tablet of ecstasy has remained stable in the ACT since 2003 at \$35 a tablet. Also consistent with previous years, almost the entire sample in 2005 reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT. The majority of the sample reported that the ease with which ecstasy could be obtained had remained stable or had become easier. Ecstasy was primarily obtained by REU through friends, known dealers and acquaintances. The current purity of ecstasy was reported by REU to be at 'medium' to 'high' levels, and approximately one-quarter of the sample indicated that the purity of ecstasy had consistently fluctuated in the past six months.

### **Ecstasy markets and patterns of purchasing**

REU had paid for the ecstasy they used in the previous six months through a number of sources, most commonly: paid employment; as a gift from friends; borrowing money from friends; government allowance; or receiving money from parents. In the six months prior to interview, REU had purchased ecstasy from a median of four people. Participants indicated that when

purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of five pills on each purchase occasion. Similar proportions of REU reported typically buying ecstasy on a monthly or less than monthly basis, on a greater than monthly to fortnightly basis, or on a greater than fortnightly to weekly basis in the past six months. Sixty seven percent of the entire sample reported that they were able to purchase other drugs from their 'main' ecstasy dealer. Other drugs that were commonly available to REU at the time of ecstasy purchase were methamphetamine powder, cannabis, cocaine, crystal methamphetamine and base methamphetamine.

### **Methamphetamine**

Methamphetamine is available in three forms: methamphetamine powder ('speed'), methamphetamine base ('base') and methamphetamine crystal ('ice'). Nine in ten REU reported ever having used speed, and seven in ten REU reported using speed in the past six months. Recent speed users reported a median of five days of use in the six months prior to interview. Snorting was the primary mode of administration, although there were significant increases this year in the proportion of REU who reported having swallowed and smoked speed. In 2005, there were increases in the amounts of speed used by REU in both 'typical' and 'heaviest' episodes of recent speed use. Participants reported using a median of 1 gram of speed in a 'typical' session of use (an increase from half a gram in 2004) and 1.6 grams in the heaviest session of use (also an increase from half a gram in 2004). Speed was used during binges by over half those REU who reported recently having binged on ecstasy and related drugs, and was also frequently used in combination with ecstasy.

Base methamphetamine was less commonly used by REU, with forty-five percent of the 2005 sample reporting ever having used base and approximately one-quarter reporting recent use. The majority of recent base users had used this substance infrequently (less than monthly) in the six months prior to interview with a median of three days of use being reported. Swallowing was the most common route of administration reported by base users. There was also a significant increase in the proportion of REU who had recently snorted base, and a trend towards base smoking was also observed. The majority of base users quantified their use of the substance in terms of 'points'. A median of one point of base was used in a 'typical' episode of use, whereas a median of two points were used by REU in the 'heaviest' session of recent use. Almost one in five REU who had used ecstasy and related drugs in extended binge episodes reported using base methamphetamine during these binge sessions. Of those REU who commonly used other drugs in combination with ecstasy, ten percent indicated that they used base methamphetamine in this way.

Crystal methamphetamine had been used by almost half the sample, and by approximately one-quarter of the sample in the past six months. Since 2003, the proportion of the ACT PDI sample reporting the recent use of crystal methamphetamine, or 'ice', each year has continued to significantly decrease. The majority of recent ice users had used this substance infrequently with a median of three days of use in the past six months. In the 2005 PDI the most common mode of recent ice administration was smoking, followed by swallowing and snorting. This represented a change from previous years in which swallowing was the dominant route of ice administration. In the previous six months, one 'point' was the median amount of ice consumed in both 'typical' and 'heaviest' sessions of use by REU. When compared to powder and base methamphetamine, relatively small percentages of REU reported using ice during binge episodes or in combination with ecstasy.

The median price for a point of methamphetamine was reported to be stable at \$35 for speed and crystal methamphetamine and \$40 for base methamphetamine. Consistent with past years, this

year the majority of respondents reported the current purity of each form of methamphetamine to be 'medium' to 'high'. The reports of REU indicated that the purity of base and crystal methamphetamine was relatively stable and that the purity of speed had remained stable or decreased over the previous six months. The availability of each form of methamphetamine was reported to be stable and 'easy' to 'very easy' to obtain, with indications that base methamphetamine was becoming easier to obtain in the ACT. Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends.

### **Cocaine**

Approximately two-thirds of the 2005 PDI sample had ever tried cocaine, and almost half the sample reported using cocaine in the previous six months. Those REU who had recently used cocaine had used the substance on a median of three days in the preceding six months, and the majority had used on a less than monthly basis during this period of time. Snorting remained the most common route of administration, and there was a significant increase this year in the proportion of REU who had recently smoked cocaine. The median amount of cocaine used in a 'typical' episode of use was half a gram, which increased to one gram when referring to the 'heaviest' episode of use. One in five REU who had binged on ecstasy and related drugs in the previous six months reported using cocaine during these binge sessions. Of those REU who commonly used other drugs in combination with ecstasy, eleven percent indicated that they used cocaine in this way. The median price for a gram of cocaine has remained stable in the ACT since 2003 at \$250 per gram. The reports of REU indicated that the current purity of cocaine in the ACT is stable at 'medium' to 'high' levels. The response of REU in regards to the current availability of cocaine in the ACT was mixed, which is also consistent with reports of participants in previous years. Cocaine was typically purchased by REU from known dealers and friends in the six months prior to interview.

### **Ketamine**

Approximately one-third of the sample had ever tried ketamine, and less than one-fifth of the sample reported having used ketamine in the past six months. Almost all recent ketamine users had used this substance on a less than monthly basis in the past six months, with REU reporting a median of two days of use in this period of time. Swallowing and snorting remained the most popular forms of ketamine administration. The majority of ketamine users quantified their use of this drug in terms of 'bumps'. One 'bump' was the median amount of ketamine used by REU in both the 'typical' and the 'heaviest' session of use in the past six months. Reflecting the low levels of ketamine use among ACT REU, only small proportions of the sample reported having used ketamine during binge sessions of substance use or in combination with ecstasy. The median reported price for a pill of ketamine increased from \$20 in 2004 to \$30 per pill in 2005. Despite this change, the majority of REU believed that the price of ketamine had remained stable over the previous six months. REU reported that the purity of ketamine had remained stable in the ACT at high levels. Consistent with previous years, REU were divided in terms of their response to the current ease of availability of ketamine in the ACT. Known dealers and friends were the primary sources through which REU obtained ketamine in the past six months.

### **GHB**

The data that have been collected for the ACT PDI since 2003 suggest that GHB is a drug that appears to be used relatively infrequently by ACT REU. As in previous years, only a minority of the 2005 PDI sample reported lifetime or recent use of GHB. Recent users reported a median of two days of GHB use in the six months prior to interview, and swallowing was the universal mode of administration. The median amount of GHB used for both the 'typical' and 'heaviest' sessions of use was 12.5 millilitres. One participant reported that they had used GHB during extended binge episodes of drug use, or regularly in combination with ecstasy. Only five

respondents were able to comment on the price, purity and availability of GHB in the ACT in 2005, and results therefore need to be interpreted with caution.

### **LSD**

Almost one-third of the 2005 PDI sample reported the recent use of LSD, and almost half the sample reported ever having used LSD. The majority of recent LSD users had used this substance on a less than monthly basis in the previous six months, and reported a median of two days of use during this period of time. Swallowing was the universal mode of administration. REU had used a median of one 'tab' of LSD in both a 'typical' and the 'heaviest' sessions of recent use. One in ten REU who reported having recently binged on ecstasy and related drugs had used LSD during these binge episodes, and only a minority of REU reported 'typically' using LSD in combination with ecstasy. The median price for a 'tab' of LSD has remained stable in the ACT since 2003 at \$20 per tab. REU estimated the current purity of LSD to be 'medium' to 'high' levels and reported either that the purity of LSD had remained stable over the past six months or was decreasing. Although the majority of REU reported that LSD was currently difficult to obtain, REU reports also suggested that LSD had recently become 'easier' to get in the ACT. LSD was most commonly purchased by REU from known dealers and friends in the six months prior to interview.

### **MDA**

In 2005 there was a significant decrease in the proportion of the PDI sample reporting ever having used MDA when compared to the 2004 sample. Despite this difference, the rates of recent MDA use remained stable at low levels in the ACT across the 2004 and 2005 samples. Among those REU who had recently used MDA, the median days of use in the past six months was one. The majority of recent users had swallowed MDA with approximately one-fifth of recent users reporting having snorted MDA. The median amount of MDA used in a 'typical' episode of use was one capsule, which increased to two capsules in the 'heaviest' episode of recent use. As in 2004, only a small number of respondents were able to comment on the current price, purity and availability of MDA. Therefore, the following results should be interpreted with caution. The median reported price of MDA remained stable in the ACT at \$40 per 'cap'. The majority of respondents reported that the current purity of MDA was stable at 'medium' to 'high' levels. The reports of REU suggested that MDA had remained consistently difficult to obtain in the ACT. In the past six months, REU had primarily obtained MDA through known dealers and friends.

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

Almost the entire sample had used alcohol in the six months prior to interview. Alcohol was commonly used (in many cases to excess) in the context of ecstasy use and also to facilitate the ecstasy 'comedown'. Approximately one-third of those REU who reported bingeing on ecstasy and related drugs in the past six months had used alcohol during these binges. As observed by KE, the use of cannabis and tobacco was common in the PDI population. Similar to alcohol, cannabis was commonly used during binge episodes of drug use, in combination with ecstasy, and was also the drug that most REU used to manage the residual effects of their ecstasy use. As in the 2003 and 2004 PDI, the use of other drugs such as benzodiazepines, anti-depressants and 'other opiates' was minimal in the 2005 population. The rates of lifetime use of inhalants such as amyl nitrate and nitrous oxide were significantly lower in the 2005 PDI population when compared to the 2004 sample. The proportion of the sample that had recently used inhalants, however, remained at the similar low levels reported in the 2004 PDI.



### **Drug information-seeking behaviour**

For the first time in 2005 PDI participants were asked questions relating to how they obtained information on the drugs they had used in the past six months. Over half the sample reported that they had actively tried to gain information on the drugs they purchased (excluding ecstasy) prior to taking them. In terms of seeking information on the content of ecstasy tablets, a much higher proportion of the sample (81%) reported that they actively sought information on the contents of the ecstasy they had purchased. Of those REU who did find out about the content of their ecstasy, the most common methods of obtaining information were asking friends, asking their dealer and checking on websites. Approximately one-quarter of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information. Almost half this group reported that they were aware the use of testing kits had limitations.

### **Risk behaviour**

Only a small number (6%) of REU reported ever having injected a drug, and 4% reported injecting drugs in the six months prior to interview. A median of three drugs had ever been injected while those who reported having injected in the past six months had also injected a median of three drugs. Almost half the lifetime injectors reported that they were under the influence of other drugs the first time they ever injected. When asked how they first learnt to inject, the majority of lifetime injectors reported that their friends or partner had taught them.

Almost one-third of the 2005 PDI sample reported that they had not been vaccinated against the hepatitis B virus (HBV). A similar proportion (36%) had completed the HBV vaccination schedule, 14% reported that they had started but not finished the HBV schedule, and 18% were unsure of whether they had completed the schedule. Over half the sample reported that they had never been tested for the hepatitis C virus (HCV); 21% of the sample had been tested in the previous twelve months, and 13% had been tested more than twelve months ago. A minority (8%) of the sample were unsure as to whether they had ever been tested for HCV. Thirty-three percent of participants indicated that they had been tested for the human immunodeficiency Virus (HIV) at some point in their lifetime, and two participants identified as HIV positive.

Almost the entire sample reported having had penetrative sex in the six months prior to interview. The majority (72%) of sexually active REU reported having sex with two or more partners in the past six months. Approximately one-quarter (24%) of sexually active participants in this year's sample had recently (in the past six months) engaged in anal sex. The majority (76%) of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Sixty-two percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug (52% of the entire sample) and 44% had done so while over the legal limit of alcohol. Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis and methamphetamine powder.

### **Health-related issues**

Seventeen percent of the sample reported that they had ever overdosed on ecstasy or related drugs and 9% of the sample reported having overdosed on ecstasy or related drugs in the past six months. Ecstasy was the drug most commonly overdosed on, followed by alcohol, LSD, ketamine and GHB. Approximately half the REU who had recently overdosed reported the use of two or more drugs at the time of overdose.

In the 2005 ACT PDI all participants completed the Severity of Dependence Scale (SDS) in relation to ecstasy and methamphetamine. As in 2004, the median score obtained on the Ecstasy SDS for the 2005 PDI sample was 1 (*range* 0-11). The median frequency of ecstasy use in this population was approximately on a fortnightly basis, and therefore the low SDS scores obtained for this group are consistent with this. Almost all (97%) 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 and, for this sample, the median SDS score obtained was 0 (*range* 0-11). However, ten participants obtained SDS scores that classified them as methamphetamine dependent.

A minority of the sample (2%) had experienced legal/police problems in the preceding six months and just over one-third (35%) of the sample reported that they had recently experienced relationship/social problems due to their drug use. Approximately one-third (36%) of participants also reported experiencing financial problems in the past six months. The drug-related problems most frequently experienced by REU in 2005 were occupational/study problems, with over one in four (41%) REU having experienced these problems in the six months prior. Ecstasy was the drug that REU most commonly attributed their experience of problems to.

### **Criminal activity, policing and market changes**

Over one-quarter (29%) of the 2005 PDI sample reported having engaged in some form of criminal activity in the month prior to interview, which was a significant increase when compared to 11% reporting recent criminal activity in 2004. Similarly, when compared to last year's sample (9%), there was a significant increase in the proportion of REU (25%) who this year indicated that they had sold drugs for cash profit in the month prior to interview. Consistent with previous years, the rates of arrest were minimal in this sample. The majority of REU indicated that they were unable to comment on changes to the level of recent police activity, or that the level of police activity had remained stable. There was a significant decrease this year, however, in the proportion of REU who reported that police activity towards ecstasy and other related drug users had remained stable in the preceding six months. As in the 2003 and 2004 PDI, only a minority of the sample reported that recent police activity had made it more difficult for them to score illicit drugs.

### **Implications**

The 2005 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 level of sexual risk-taking observed among this group. Significant proportions of the sample this year reported having unsafe sex with 'casual' and 'regular' sex partners under the influence of ecstasy and related drugs. STI rates continue to rise in Australia, and – given that the majority of REU had multiple sexual partners in the past six months – this group appears to be at increased risk for contracting sexually transmitted infections. Finally, over half the sample also reported having driven under the influence of ecstasy and related drugs in the previous six months. In light of the high levels of self-reported drug driving reported by the sample, it is important that credible campaigns designed to educate this population about the risks associated with drug driving are implemented.

## 1.0 INTRODUCTION

The Party Drugs 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 National Drug Law Enforcement Research Fund (NDLERF). The data collected examine the price, purity and availability of four primary illicit drug classes – heroin, methamphetamine, cocaine and cannabis – and are 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 South Australia (DASSA, previously known as 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 and 2004 NDLERF provided funding for the Party Drugs Initiative (PDI) to be run in all Australian States and Territories. This year, for the first time, the PDI was funded as a project under the cost-shared funding agreement between the Australian Government Department of Health and Ageing and the Ministerial Council on Drug Strategy.

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the ACT in 2005. 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-methylenedioxyamphetamine) 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 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 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 drug markets, and thereby identify issues that may be of future concern. The data collected provide 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 perceptions of REU with regard to the related risks and benefits associated with their drug use.

## **2.0 METHODS**

The 2005 ACT PDI involves the collection and analysis of data from three sources:

1. Interviews with current regular ecstasy users recruited in the ACT.
2. Interviews with key experts 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; Stafford, Degenhardt, Agalotis, Chanteloup, Fischer, Matthews, Newman, Proudfoot, Stoove and Weekley, 2005). In the 2004 National Drug Strategy Household Survey (NDSHS), ecstasy was identified as the third most widely used illicit drug after cannabis and amphetamines in Australia, with one in eight (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting past year ecstasy use (Australian Institute of Health and Welfare, 2005). 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, Breen & Degenhardt, 2003). Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian ecstasy and related drug markets for the PDI.

#### **2.1.1 Recruitment**

Between May and July of 2005, 126 regular ecstasy users 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 the 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 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; information on ecstasy and other drug testing; ecstasy and methamphetamine severity of dependence scales (SDS); perceived risks and benefits of ecstasy use; risk behaviour; help-seeking behaviour; the experience of ecstasy and other drug-related problems such as relationship, legal, work and financial difficulties; injecting risk behaviour; sexual risk behaviour; self-reported criminal activity; general trends and police activity.

## 2.2 Survey of key experts (KE)

Between May and October 2005, 24 professionals were interviewed as key experts for the PDI. Seven interviews were conducted with nightclub managers, six interviews were conducted with medical officers and ambulance officers, two interviews were conducted with health promotion workers, two interviews with police from the intelligence branch, and one interview each was conducted with a disc jockey, a user-group representative, an outreach worker, a youth worker, a security guard, a drug counsellor and a case manager. The majority of KE did not work with a specific population and had contact with a range of ecstasy users. KE had 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 55 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 2005 PDI study are described below:

- **Purity of drug seizures.** In 2005 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 from the 1999/00 financial year to 2004/05.
- **Number and weight of drug seizures.** Data on the number and weight of drug seizures made by ACT State police were provided by the ACC. Data include number of seizures and amount seized in grams from 1999/00 to 2004/05, by each drug type.

- ***Drug specific arrests.*** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the AFP and ACT local police. This report provides the number of arrests for each drug type from 1997/98 to 2004/05.
- ***Hospital admissions.*** The 2005 PDI study includes data on the number of hospital admissions due to methamphetamine among those aged 15 to 54 years from 1999/00 to 2004/05. These data are provided by the Australian Institute of Health and Welfare (AIHW).

### 3.0 OVERVIEW OF REGULAR ECSTASY USERS

#### 3.1 Demographic characteristics of the REU sample

Table 1 presents the demographic characteristics of the 2005 ACT PDI sample. Consistent with previous years, the sample was predominantly male, which was also indicated by KE reports. The mean age of the sample was 22 years (S.D. 4.9, range 18-57) and there was no difference in the mean age for males (22 years) and females (22 years). The majority of the sample nominated their sexual identity as heterosexual (81%), with 14% identifying as bisexual, and 6% as gay males<sup>1</sup>.

**Table 1: Demographic characteristics of ACT REU sample, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
Mean age (years)	22	25	<b>22***</b>
Male (%)	73	70	<b>68</b>
ESB (%)	96	98	<b>94</b>
A&TSI (%)	2	2	<b>2</b>
Heterosexual (%)	96	90	<b>81</b>
Mean number school years <sup>#</sup>	13	13	<b>13</b>
Tertiary qualifications (%)	27	43	<b>32</b>
Employed full-time (%)	30	41	<b>29</b>
Full-time students (%)	33	30	<b>45*</b>
Unemployed (%)	10	12	<b>8</b>
Previous conviction (%)	0	9	<b>3</b>
Current drug treatment (%)	0	0	<b>1</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

<sup>#</sup> Question changed from ‘How many years of school did you complete?’ to ‘What grade of school did you complete?’

Almost two-thirds (64%) of the sample reported that they were currently single, with almost one-third (31%) of the sample indicating they were in a relationship with a ‘regular’ partner. Smaller proportions reported that they were married/de facto (3%), separated (1%) or divorced (1%)<sup>2</sup>. The majority of the sample (94%) spoke English as the main language at home, and only two participants indicated that they were of indigenous Australian descent. Sixty-one percent of the sample lived in their own (rented or purchased) premises, with over one-quarter (29%) indicating that they lived in their parents’ or family home, and smaller proportions living on university campus (6%) or at boarding houses/hostels (3%). The mean number of years of education completed by the sample was 13, with 87% of respondents having completed their high-school education. Approximately one-third (32%) of the sample had completed a course since finishing their school education – 18% had a trade or technical qualification, and 14% had completed a university degree or college course.

<sup>1</sup> One participant did not respond, results are based on n=125

<sup>2</sup> One participant did not respond, results are based on n=125

When examining employment status, almost half (45%) the sample indicated that they were currently enrolled as full-time students. Twenty-nine percent of the sample were employed on a full-time basis, 17% were employed on a part-time casual basis, and a minority (8%) indicated that they were unemployed. Only one participant was currently in drug treatment and a small proportion (3%) reported having a previous criminal conviction.

When compared to the 2004 ACT PDI sample, the 2005 ACT PDI sample differed on a number of demographic variables. The 2005 PDI sample was on average younger than the 2004 PDI sample (2004 sample = 25 years, 2005 sample = 22 years,  $p < .005$ ). In 2005 a smaller proportion of participants identified as heterosexual (81%) when compared to 2004 (90%) although this result did not quite achieve significance ( $p = .054$ ). A larger proportion of the sample in 2005 (45%) reported that they were currently full-time students when compared to the previous year (2004 = 30%,  $p < .05$ ).

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

Table 2 presents the lifetime and recent drug use history of the PDI sample. Consistent with previous research (Proudfoot & Ward, 2004; Proudfoot, Ward, Buckingham and Sparks, 2005) polydrug use was universal among the 2005 sample with a mean of 9 (S.D. 2.9, range 2-16) drugs having ever been tried and a mean of 6 drugs having been used in the preceding six months (S.D. 2.0, range 1-13).

Ecstasy was the drug of choice for over half (56%) the sample, followed by cannabis (17%) and cocaine (13%). Fourteen percent of the REU sample reported lifetime use of drugs other than those listed in Table 2, with 7% indicating that they had used 'other drugs' in the six months prior to interview.

For the purpose of the PDI study, bingeing was defined as the use of a drug on a continuous basis for 48 hours or more without sleep. Almost half (43%) of the 2005 sample reported having binged on ecstasy and/or related drugs in the six months prior to interview, a non-significant increase from 34% of the sample who reported bingeing in the 2004 PDI. The median length of the longest binge session reported by REU was three days (72 hours, range 48 -168). Ecstasy was used by almost all (91%) REU during binge episodes, and other commonly used substances during these episodes were methamphetamine powder (61%), cannabis (39%), alcohol (32%), cocaine (20%) and base methamphetamine (19%).

Six percent of the entire sample ( $n=8$ ) reported that they had ever injected a drug (comparable to 12% in 2004). Of that six percent, five participants (63%) had injected drugs in the past six months. Of those participants who reported ever having injected a drug, a median of 3 drugs (range 3-8) had ever been injected, and of those who had injected recently a median of 3 drugs (range 1-8) had been injected in the previous six months. When asked to indicate which was the first drug that they had ever injected, three participants nominated methamphetamine powder as the first drug they had injected, two participants reported crystal methamphetamine and one participant each reported methamphetamine base, heroin and steroids.

In accordance with the self-reports of the REU, the KE interviewed for the 2005 PDI commented on the extensive patterns of drug use amongst the REU population. Of the 24 KE interviewed, 23 commented about polydrug use amongst the REU. All indicated that cannabis use and alcohol consumption occurred amongst most of the REU population. The majority of KE indicated that they thought REU were likely to use methamphetamine powder and crystal methamphetamine. The majority of KE also thought that there was a small population of REU who were also likely to use cocaine, ketamine, and benzodiazepines.



Nearly half the KE thought there was a trend developing where REU were not discriminating between the drugs they used, tending to use whatever combination of drugs and alcohol were available at the time.

**Table 2: Lifetime and recent polydrug use of ACT REU, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
Mean number of drug types ever used	10	10	9
Mean number of drug types used in the last 6 months	7	6	6
Ever inject any drug (%)	5	12	6
Alcohol			
Ever used (%)	100	100	98
Used last 6 months (%)	97	97	94
Cannabis			
Ever used (%)	97	98	94
Used last 6 months (%)	82	83	81
Tobacco			
Ever used (%)	92	93	88
Used last 6 months (%)	75	80	71
Methamphetamine powder (Speed)			
Ever used (%)	88	87	90
Used last 6 months (%)	64	64	70
Methamphetamine base (base)			
Ever used (%)	30	43	45
Used last 6 months (%)	24	31	27
Crystal meth (crystal)			
Ever used (%)	71	62	49*
Used last 6 months (%)	56	39	26*
Cocaine			
Ever used (%)	47	69	68
Used last 6 months (%)	26	34	44
LSD			
Ever used %	59	62	48*
Used last 6 months %	44	23	30
MDA			
Ever used (%)	56	41	25*
Used last 6 months (%)	33	15	12

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

**Table 2: Lifetime and recent polydrug use of ACT REU, 2003-2005 (continued)**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
<b>Ketamine</b>			
Ever used %	49	36	<b>38</b>
Used last 6 months %	21	15	<b>17</b>
<b>GHB</b>			
Ever used (%)	17	23	<b>14</b>
Used last 6 months (%)	12	6	<b>6</b>
<b>Amyl nitrate</b>			
Ever used (%)	50	44	<b>29*</b>
Used last 6 months (%)	29	18	<b>14</b>
<b>Nitrous oxide</b>			
Ever used (%)	56	52	<b>38*</b>
Used last 6 months (%)	39	17	<b>16</b>
<b>Mushrooms</b>			
Ever used (%)	-	-	<b>41</b>
Used last 6 months (%)	-	-	<b>10</b>
<b>Benzodiazepines</b>			
Ever used (%)	20	36	<b>23*</b>
Used last 6 months (%)	11	14	<b>12</b>
<b>Anti-depressants</b>			
Ever used (%)	11	24	<b>28</b>
Used last 6 months (%)	6	6	<b>10</b>
<b>Heroin</b>			
Ever used (%)	5	15	<b>7</b>
Used last 6 months (%)	0	4	<b>3</b>
<b>Methadone</b>			
Ever used (%)	0	5	<b>4</b>
Used last 6 months (%)	0	2	<b>1</b>
<b>Other opiates</b>			
Ever used (%)	20	20	<b>20</b>
Used last 6 months (%)	11	6	<b>10</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

### 3.3 Summary of polydrug use trends in REU

- Consistent with previous years 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.
- In general REU have relatively high levels of education. The majority (87%) of REU had completed high-school education, and approximately one-third (32%) had obtained tertiary qualifications. Almost half (45%) the sample was studying full-time at the time of interview.
- Levels of unemployment and contact with drug treatment and criminal justice facilities are minimal in this population.
- Polydrug use was universal among the REU interviewed, although ecstasy was clearly identified as the drug of choice.
- Large proportions of REU reported the recent use of cannabis, alcohol, tobacco and methamphetamine powder.
- Over forty percent of the sample reported bingeing on ecstasy and/or related drugs in the preceding six months.

## 4.0 ECSTASY

The patterns of ecstasy use reported by REU in the ACT from 2003 to 2005 are presented in Table 3. As can be seen, in 2005 the mean age at which REU first used ecstasy was 19 years (S.D. 3.3, range 13-40). The entire sample had used ecstasy at least on a monthly basis at some stage in their life, and reported first having done so at a mean age of 20 years (S.D. 3.9, range 15-47). There were no statistically significant differences between males and females in terms of the mean age at which they first tried ecstasy (Females=18, Males=19,  $p=.90$ ) or the mean age at which they started to use ecstasy regularly (Females=20, Males=20,  $p=.86$ ).

### 4.1 Ecstasy use among REU

For the first time, in 2005, the PDI interview asked participants about the separate use of two forms of ecstasy – ecstasy pills and ecstasy powder. The entire sample (100%) reported the lifetime and recent use of ecstasy pills, whereas approximately one-third (36%) of the sample reported ever having tried ecstasy powder, and one-quarter (24%) reported that they had used ecstasy powder in the past six months. The median number of days that REU had used ecstasy pills in the past six months was thirteen (range 6-96), whereas the median number of days of ecstasy powder use was a median of two days (range 1-24). When compared to the patterns of ecstasy pill use among the sample, the use of ecstasy powder was relatively infrequent with the majority (80%) of recent users having used on a less than monthly basis in the past six months, with small numbers reporting more frequent use on a monthly to fortnightly ( $n=3$ ), or fortnightly to weekly ( $n=3$ ) basis.

When examining the total number of days that REU had used any form of ecstasy in the past six months (use of pill and powder forms combined), the median number of days of ecstasy use was 13 (range 6-110) (comparable to a median of 12 days in 2003 and 14 days in 2004; see Table 3). When comparing the patterns of ecstasy use between the 2004 and 2005 PDI samples, there were no notable changes. In the preceding six months, almost half (49%) the sample had used any form of ecstasy on a monthly to fortnightly basis (comparable to 47% in 2004) and approximately one-third (32%) had used ecstasy on a greater than fortnightly to weekly basis (30% did so the previous year). Also similar to last year, approximately one in five (19%) REU had used ecstasy on a greater than weekly basis in the past six months (22% in 2004). In the 2004 ACT PDI report (Proudfoot et al., 2005) it was noted that the frequency of ecstasy use had increased when comparing the 2003 to the 2004 sample. Although there was no apparent increase in the frequency of ecstasy use from 2004 to 2005, the higher levels of ecstasy use noted in last year's report persisted in this year's sample.

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was 2 (range 0.5-7.0). Seventy-one percent of the sample reported that they typically used more than one tablet in a standard episode of use (similar to 69% in 2003 and 67% in 2004). During the 'heaviest' episodes of recent ecstasy use, REU reported the median use of 3 tablets (range 1-18). Almost half (48%) the sample had taken four or more tablets in a single episode of use in the preceding six months, similar to 44% who reported having done so in 2004.

The majority of recent ecstasy powder users quantified their use of the drug in terms of 'points', 'lines' or 'caps'. Of those REU who reported on their use in terms of points, the median amount of ecstasy powder used in both a 'typical' and the 'heaviest' episodes of use in the past six months was two points ('typical' range 0.5-3; 'heaviest' range 0.5-3). Similarly, those REU who quantified their use of ecstasy powder in terms of 'caps' of use had used a median of one cap for both a 'typical' and the 'heaviest' (range 0.5-2) episodes of recent use. Those REU who quantified their

use of ecstasy powder in terms of ‘lines’ had used a median of two lines of ecstasy powder in a ‘typical’ session (range 1-5) of recent use, which increased to three lines in the heaviest use episode (range 1-5).

**Table 3: Patterns of ecstasy use among ACT REU, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
Mean age first used ecstasy (years)	19	20	<b>19</b>
Median days used ecstasy in past six months	12	14	<b>13</b>
Ecstasy ‘favourite drug’	56	47	<b>56</b>
Use ecstasy > weekly basis	8	22	<b>19</b>
Median ecstasy tablets in ‘typical’ session	2	2	<b>2</b>
Typically use > 1 tablet (%)	69	67	<b>71</b>
Recently binged* on ecstasy (%)	45	32	<b>39</b>
Ever injected ecstasy (%)	0	0	<b>6</b>
Main route of administration of ecstasy in past six months (%)			
Swallowing	97	96	<b>96</b>
Snorting	3	4	<b>3</b>
Injecting	0	0	<b>1</b>
Main form used past six months <sup>a</sup> (%)			
Pills	-	-	<b>100</b>
Powder	-	-	<b>0</b>
Capsules	-	-	<b>0</b>
Typically use other drugs in conjunction with ecstasy (%)	88	96	<b>91</b>
Typically use other drugs to ‘come-down’ from ecstasy (%)	83	80	<b>73</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

<sup>a</sup> Question not asked in the 2003 and 2004 PDI

\* Bingeing defined as the use of stimulants 48 hours or more continuously without sleep

# Includes pills and powder

Participants were asked for the first time in 2005 to nominate which of the three forms of ecstasy (pills, powder and capsules) they had used most of in the preceding six months. All (100%) participants nominated ecstasy pills as the form they had used most commonly during this time. When examining the ways in which REU had taken the ecstasy tablets they used in the six months prior to interview, all (100%) participants in the 2005 REU sample reported swallowing ecstasy tablets. There was a significant increase this year in the proportion of the sample who reported having recently snorted ecstasy (79%; 65% in 2004,  $p < .05$ ). Smaller proportions reported ‘shelving’/‘shafting’ (vaginal or rectal administration 10%; 6% in 2004), smoking (6%; 6% in 2004) and injection (2%; 3% in 2004). Almost all (96%) participants nominated oral ingestion as their ‘main’ route of ecstasy administration in the previous six months (as did 97% in

2003 and 96% in 2004), with 3% of REU reporting they mainly snorted the drug, and one REU primarily injecting ecstasy in the past six months.

Of those participants who reported the recent use of ecstasy powder, the majority (73%) reported that they had swallowed ecstasy powder in the past six months, with a slightly smaller percentage (63%) indicating that they had snorted powder during this time. Two REU reported that they had smoked ecstasy powder in the preceding six months, and no REU had recently injected or shelved/shafted ecstasy powder.

In support of REU reports, KE thought that the predominant form of ecstasy was in the pill format. All KE commented on the mode of ecstasy administration, with 22 indicating oral administration was the preferred method, with the remaining KE unsure. Twenty KE were able to make estimates regarding the frequency of ecstasy use, and – similar to the patterns of use reported by REU – these estimates varied. Nine KE stated that they thought REU used ecstasy once per week, six KE believed that ecstasy was used two to three times per week, four KE believed that REU used ecstasy more than three days per week or would use ecstasy in binge sessions, and one KE estimated that ecstasy was used once per fortnight. Eighteen KE were able to estimate quantity of ecstasy used in a typical session. Seven KE estimated that the quantity of ecstasy used in a session by REU was three pills, 5 KE estimated that REU would use between three and five pills per session, three KE believed that two pills were used per session, two KE estimated that between five and 10 ecstasy pills were consumed in an average session by REU, and one KE estimated that REU used one pill in an average session.

Additionally, 10 KE commented that they have observed two distinct groups of REU. One sub-population is comprised of ‘recreational’, ‘social’ or ‘non-problematic’ ecstasy users. This group would use infrequently, perhaps once a month for special occasions, and only take a minimal amount of ecstasy pills. The other sub-population to the REU is comprised of ‘regular’, ‘heavy’ or ‘problematic’ ecstasy users. This group would use ecstasy a number of times per week and would take multiple ecstasy pills in each session.

The majority (91%) of the sample indicated that they ‘typically’ (defined as more than two-thirds of the time) used other drugs in combination with ecstasy (a small and non-significant decrease from 96% in 2004). Similarly, 73% of the 2005 sample reported that they ‘typically’ used other drugs during the comedown period associated with ecstasy use, which again was a small and non-significant decrease when compared to the previous year (83% in 2004).

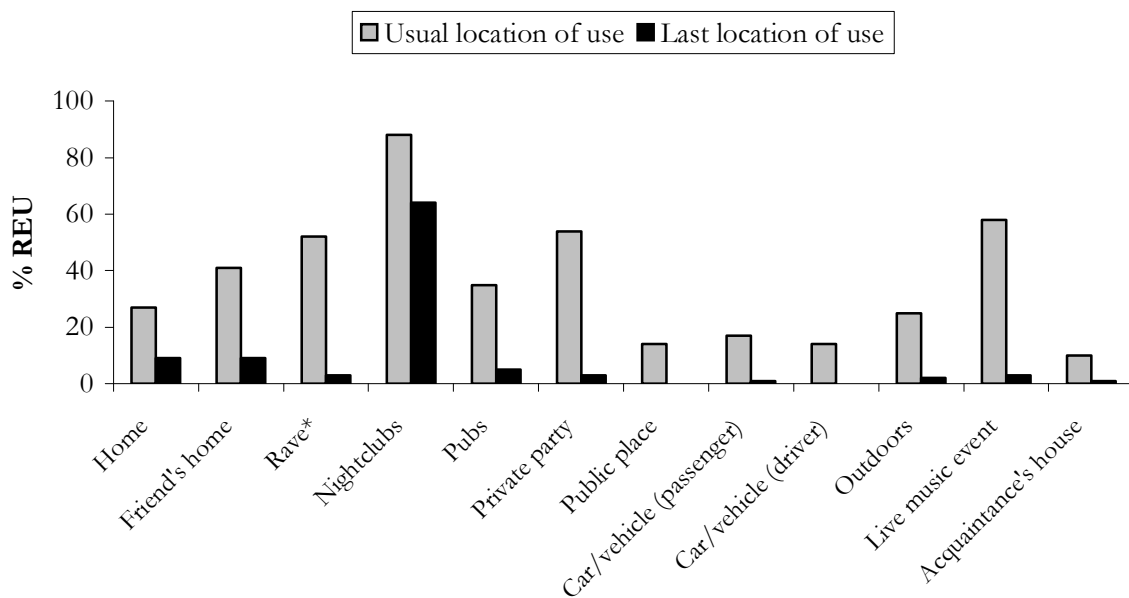
A mean of 3 other drugs (SD=1.32, range 1-7) were typically used in combination with ecstasy. The drugs most commonly used in combination with ecstasy by REU were alcohol (85%), tobacco (58%) and cannabis (43%). Approximately one-third of those REU who typically used other drugs when taking ecstasy nominated speed (31%), with around one in ten reporting the typical use of cocaine (11%) and methamphetamine base (10%). In the 2004 ACT PDI report, a concerning finding was the significant increase in the proportion of REU who reported typically drinking alcohol when consuming ecstasy (from 65% in 2003 to 80% in 2004). The high reported levels of alcohol and ecstasy use documented in the 2004 PDI report increased again in 2005 from 80% to 85%, although this increase was not significant. Furthermore, the high levels of excessive alcohol use (more than 5 standard drinks) in the context of ecstasy use remained consistent with the levels reported last year (66% in 2004; 65% in 2005).

Those REU who normally used other drugs to facilitate the comedown from ecstasy had used a mean of 2 drugs (SD=0.94, range 1-5) during the acute comedown period. As in 2003 and 2004, cannabis (74%), tobacco (52%) and alcohol (42%) remained the primary drugs that REU used in

the context of the ecstasy comedown. Furthermore, a high proportion (69%) of those REU who reported using alcohol to facilitate their comedown had used alcohol to excess in this context (a non-significant increase from 60% in 2004).

Of those respondents who reported bingeing in the six months prior to interview, almost all (91%) had used ecstasy to do so. The median length of time that REU reported bingeing on ecstasy was 3 days (i.e. 72 hours, range 48-168 hours). Other drugs that REU commonly used with ecstasy during these extended binge sessions were methamphetamine powder (61%), cannabis (39%), alcohol (35%), cocaine (20%) and methamphetamine base (20%). There were no age or gender differences between those REU who had binged on ecstasy in the past six months, and those who had not. There were, however, a number of differences found between these two groups. Those REU who had binged on ecstasy in the previous six months used a significantly greater mean number of ecstasy tablets in both the 'typical' ('Non-bingers'=1.7, 'Bingers'=2.6,  $p<.000$ ) and 'heaviest' episodes of use ('Non-bingers'=3.5, 'Bingers'=6.3,  $p<.0000$ ). Furthermore, those REU who had binged on ecstasy in the preceding six months had used ecstasy (pill and powder forms combined) on double the mean number of days in the past six months compared to those who had not binged on ecstasy ('Non-bingers'=15.3, 'Bingers'=31.2,  $p<.000$ ).

**Figure 1: Location of ecstasy use, ACT REU, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

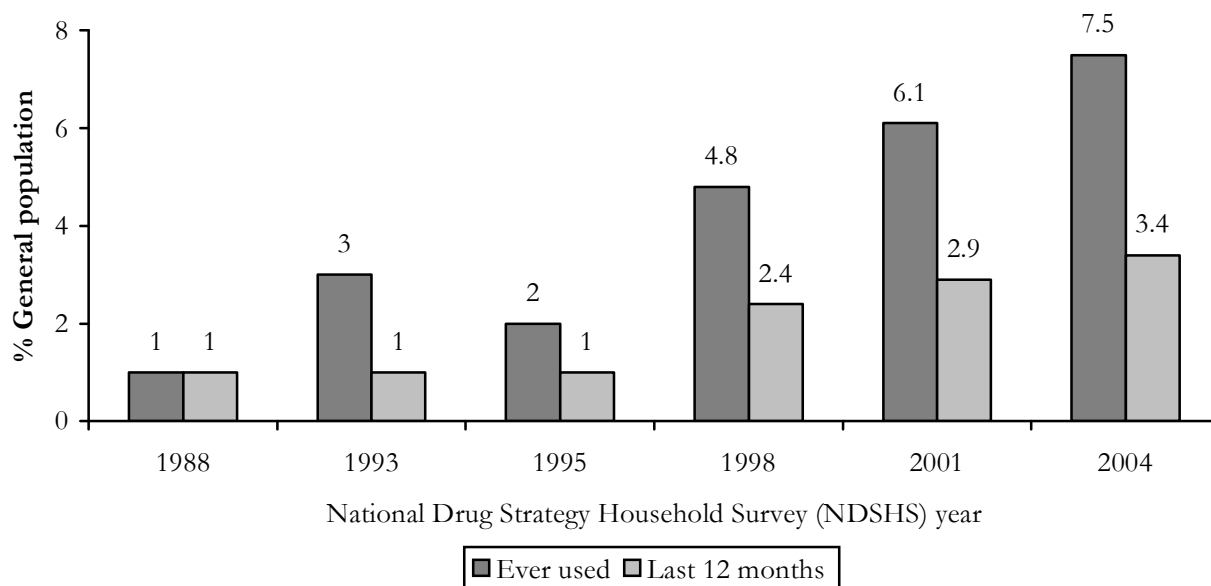
\* Includes outdoor raves, 'doofs' and dance parties

REU reported using ecstasy at a wide variety of locations in the preceding six months (see above). The venues that REU most frequently reported typically using ecstasy at were: nightclubs (88%); live music events (58%); private parties (54%) and raves/'doofs'/dance parties (52%). Over one-third of the sample reported using ecstasy at friends' homes (41%) and pubs (35%), and approximately one-quarter having used ecstasy at their own home (27%) or outdoors (25%) in the past six months. Nightclubs (64%) were the locations where the majority of REU reported last using ecstasy in the previous six months, with smaller percentages nominating their own home (9%) and friends' homes (9%).

## 4.2 Use of ecstasy in the general population

The 2004 National Drug Strategy Household Survey (NDSHS) revealed that ecstasy is the third most widely used illicit drug after cannabis and amphetamines in Australia, with one in eight (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting past year ecstasy use in 2004 (AIHWa, 2005). Ecstasy use in Australia occurs most frequently among those aged 20 to 29 years, with the number of people reporting lifetime and recent use continuing to increase. Figure 2 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1988 to 2004. Since 1995, there has been a steady increase in the number of people who report both ever having tried ecstasy, and having used ecstasy in the past year.

**Figure 2: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988–2004**



Source: NDSHS 1988-2004, AIHW



### 4.3 Summary of patterns of ecstasy use

- The use of ecstasy typically begins in the late teens/early twenties for the majority of users.
- The use of ecstasy pills was much more common than the use of ecstasy powder among regular ecstasy users in the ACT.
- As in previous years, swallowing was the predominant form of ecstasy administration, although there was a significant increase this year in the number of REU who reported snorting ecstasy in the past six months. Experimentation with smoking, shelving/shafting and the injection of ecstasy was reported by a minority of the sample.
- Ecstasy users vary in terms of their patterns of use. For the 2005 sample, the most common pattern of use was monthly to fortnightly.
- Among those REU who reported having used drugs for an extended period of time, ecstasy was a drug that was commonly used during 'binge' sessions.
- The majority of the sample typically consumed more than one tablet each time they took ecstasy, and almost half (48%) the sample had used four or more tablets of ecstasy in a single use episode (in the past six months).
- Nine out of ten REU reported typically using other substances in combination with ecstasy and seven out of ten used other substances to facilitate their comedown. The drugs most commonly used in this way were alcohol, tobacco and cannabis.
- Of the REU who reported drinking alcohol when taking ecstasy and/or during their comedown, the excessive use of alcohol in these contexts was prevalent.

### 4.4 Price

In the 2005 ACT PDI, all respondents (n=126) commented on the price, purity and availability of ecstasy. REU reported the median price for an ecstasy tablet to be \$35 (range 15-40), a price that has remained constant in the ACT since 2003 (see Table 4). Eleven participants also reported on the price of ecstasy capsules, which were slightly more expensive than tablets at a median of \$40 per capsule (range 25-50). One participant reported that the price for a 'point' of ecstasy powder was \$60. The median amount paid for ecstasy the last time it was purchased by REU was cheaper for both tablets and capsules, with a median of \$30 for the last tablet purchased (range 10-45) and \$35 for the last capsule bought (range 15-40). As demonstrated in the reports of REU in response to changes in the price of ecstasy in the ACT, over the past six months, they were similar to those reported by REU in 2004. The majority (76%) of participants in 2005 reported that the price of ecstasy had remained stable (63%; 61% in 2003 and 2004) or had decreased (13%; 18% in 2004) in the past six months. Similar proportions of the sample also reported that the price of ecstasy had consistently fluctuated (12%; 11% in 2004) or increased (11%; 9% in 2004) in the preceding six months.

Consistent with what was reported by the REU, 15 of the 17 KE that were able to comment on the price of ecstasy reported that the price of one ecstasy tablet ranged between \$30 to \$40, with seven KE reporting that an ecstasy tablet cost \$35.

**Table 4: Price of ecstasy purchased by ACT REU and price variations, 2003–2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
Median price per tablet (range)	\$35 (18-50)	\$35 (20-40)	<b>\$35 (15-40)</b>
<b>Did not respond (%)</b>	0	0	<b>0</b>
<b>Did respond (%)</b>	100	100	<b>100</b>
<b>Of those that responded</b>	n=66	n=116	<b>n=126</b>
<i>Increasing (%)</i>	5 (5% of entire sample)	9 (9% of entire sample)	<b>11 (11% of entire sample)</b>
<i>Stable (%)</i>	61 (61% of entire sample)	61 (61% of entire sample)	<b>63 (63% of entire sample)</b>
<i>Decreasing (%)</i>	27 (27% of entire sample)	18 (18% of entire sample)	<b>13 (13% of entire sample)</b>
<i>Fluctuating (%)</i>	8 (8% of entire sample)	11 (11% of entire sample)	<b>12 (12% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	1 (1% of entire sample)	<b>1 (1% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

#### 4.5 Purity

Table 5 presents the reports of ACT REU from 2003 to 2005 regarding both the current purity and the change in the purity of ecstasy available to them. Across the three years, the current ecstasy purity estimates made by REU have remained relatively unchanged. A minority (6%) of the sample believed the current purity of ecstasy to be low in each year. The majority (68%) of the 2005 sample believed the current purity of ecstasy to be ‘medium’ (36%) to ‘high’ (32%), a figure that was comparable to 69% of REU in 2004 who reported the purity of ecstasy as medium (31%) or high (38%). Approximately one-quarter (24%) of REU reported that the purity of ecstasy had continually fluctuated in the past six months, which was identical to the proportion of the 2004 sample (24%) and similar to 27% in 2003 who reported continuous purity fluctuation.

When asked whether they believed the purity of ecstasy to have changed in the six months prior to interview, the responses of REU were again similar across the past three years. Approximately one in five (18%) REU believed that the purity of ecstasy had increased in the past six months (20% in 2003; 19% in 2004), whereas one-quarter (25%) indicated that the purity of ecstasy had remained stable (33% in 2003; 34% in 2004) during this period of time. Over one-third (37%) of the sample interviewed in 2005 believed that the purity of ecstasy had consistently fluctuated (27% in 2003; 35% in 2004), with one in ten (13%) reporting a decrease in the purity of ecstasy in the ACT in the previous six months (20% in 2003; 12% in 2004).

Fifteen KE commented on the purity of ecstasy, with ten estimating the purity to be medium to high, three estimating that the purity was low, and two estimating that purity is fluctuating. Fourteen KE commented on the purity over the last six months, with ten KE stating that they believed the purity has been stable or increased, and four KE commenting that it had fluctuated.

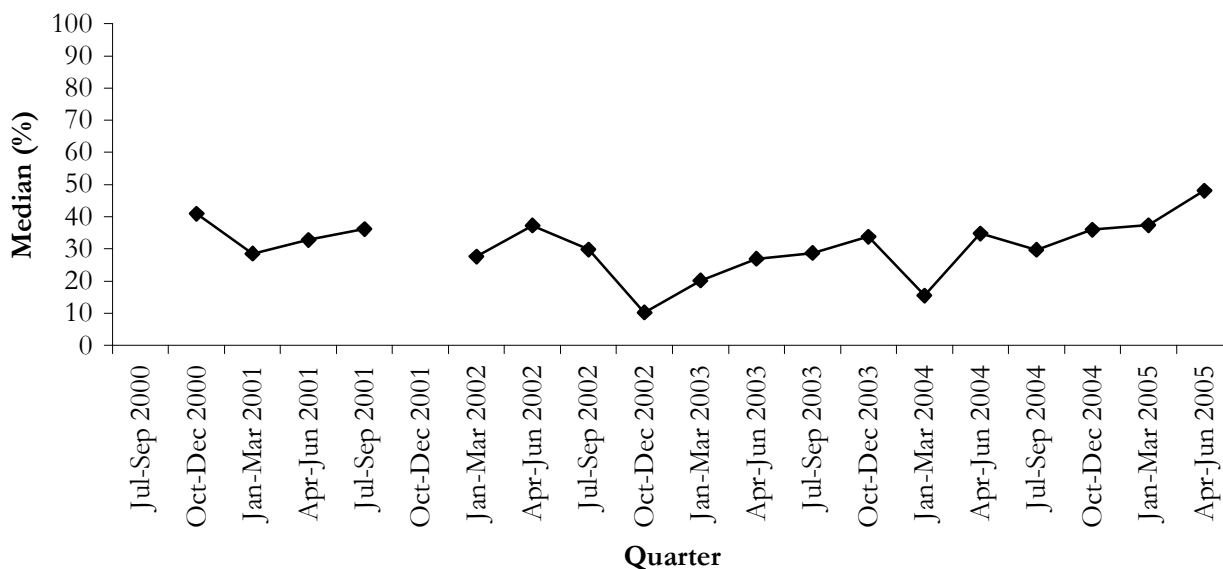
**Table 5: ACT REU reports of ‘current’ ecstasy purity and purity change, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	0	0	<b>0</b>
<b>Did respond (%)</b>	100	100	<b>100</b>
<b>Of those that responded (%)</b>	n=66	n=116	<b>n=126</b>
<b><i>Current purity</i></b>			
<i>Low (%)</i>	6 (6% of entire sample)	6 (6% of entire sample)	<b>6 (6% of entire sample)</b>
<i>Medium (%)</i>	39 (39% of entire sample)	31 (31% of entire sample)	<b>36 (36% of entire sample)</b>
<i>High (%)</i>	23 (23% of entire sample)	38 (38% of entire sample)	<b>32 (32% of entire sample)</b>
<i>Fluctuates (%)</i>	27 (27% of entire sample)	24 (24% of entire sample)	<b>24 (24% of entire sample)</b>
<i>Don't know (%)</i>	5 (5% of entire sample)	1 (1% of entire sample)	<b>2 (2% of entire sample)</b>
<b><i>Purity change</i></b>			
<i>Increasing (%)</i>	20 (20% of entire sample)	19 (19% of entire sample)	<b>18 (18% of entire sample)</b>
<i>Stable (%)</i>	33 (33% of entire sample)	34 (34% of entire sample)	<b>25 (25% of entire sample)</b>
<i>Decreasing (%)</i>	20 (20% of entire sample)	12 (12% of entire sample)	<b>13 (13% of entire sample)</b>
<i>Fluctuating (%)</i>	27 (27% of entire sample)	35 (35% of entire sample)	<b>37 (37% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>7 (7% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

The ACC routinely collects data on the purity of phenethylamines seized by the ACT Police. 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 2005 are presented in Figure 3. In the ACT, the median purity of phenethylamines seizures decreased slightly from 34.8% in the April-June-quarter of 2004 to 29.7 in the July-September quarter before gradually increasing to 36 in the October-December quarter of 2004, to 37.4 in the January-March quarter to 48.1 in the April-June-quarter of 2005, the highest purity recorded since July-September quarter of 2000.

**Figure 3: Median purity of phenethylamine\* seizures in the ACT, July 2000 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004; 2005)

Note: Data not available for the July-September quarter of 2000 and the October-December quarter of 2001

#### 4.6 Availability

In 2005 the entire sample was able to comment on the current availability of ecstasy in the ACT. Table 6 summarises the reports of REU on the availability of ecstasy in the ACT for the years 2003 to 2005. As in previous years, almost the entire (98%) 2005 sample reported that ecstasy was either ‘very easy’ (60%) or ‘easy’ (38%) to obtain (97% in 2003 and 98% in 2004). Also consistent with previous years, a minority (2%) of the sample reported that ecstasy was ‘difficult’ to get (3% in 2003; 2% in 2003). Furthermore, the majority (93%) of REU also indicated that the ease with which ecstasy could be obtained had remained stable (67%) or become easier (26%) in the past six months (similar to 85% in 2003 and 92% in 2004). Consistent with the reports of REU, 17 KE commented that ecstasy was ‘easy’ or ‘very easy’ to obtain. Sixteen KE commented on availability over the last 6 months, with 11 KE thinking that availability has been stable, and four thinking that it has become easier to obtain.

Participants were also asked to nominate the people from whom they had purchased ecstasy in the preceding six months. As in 2003 and 2004, friends (85%), known dealers (64%) and acquaintances (43%) were the most common people through whom REU had bought their ecstasy. Approximately one in five REU also reported purchasing ecstasy through workmates (19%) and unknown dealers (22%) in the previous six months. The most common locations at which ecstasy had been purchased in the past six months were friend’s (62%) and dealer’s homes (46%), and also in nightclubs (56%). Almost half the sample reported that they had arranged to purchase their ecstasy from their supplier at an agreed upon public location, and approximately one-third (32%) of the sample had used their own home as a venue to purchase ecstasy in the past six months.

**Table 6: ACT REU reports of availability of ecstasy in the past six months, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
<b>Did not respond (%)</b>	0	0	0
<b>Did respond (%)</b>	100	100	100
<b>Of those that responded (%)</b>	n=66	n=116	n=126
<b>Current availability</b>			
<i>Very Easy (%)</i>	67 (67% of entire sample)	55 (55% of entire sample)	60 (60% of entire sample)
<i>Easy <sup>a</sup> (%)</i>	30 (30% of entire sample)	43 (43% of entire sample)	38 (38% of entire sample)
<i>Difficult (%)</i>	3 (3% of entire sample)	2 (2% of entire sample)	2 (2% of entire sample)
<i>Very Difficult (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	0 (0% of entire sample)
<i>Don't know (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	0 (0% of entire sample)
<b>Availability change</b>			
<i>More Difficult (%)</i>	9 (9% of entire sample)	4 (4% of entire sample)	3 (3% of entire sample)
<i>Stable (%)</i>	64 (64% of entire sample)	68 (68% of entire sample)	67 (67% of entire sample)
<i>Easier (%)</i>	21 (21% of entire sample)	24 (24% of entire sample)	26 (26% of entire sample)
<i>Fluctuates (%)</i>	3 (3% of entire sample)	4 (4% of entire sample)	2 (2% of entire sample)
<i>Don't know (%)</i>	3 (3% of entire sample)	0 (0% of entire sample)	2 (2% of entire sample)
<b>Persons scored from #:</b>			
Friends (%)	92	88	85
Known dealers (%)*	82	58	64
Acquaintances (%)	42	51	43
Workmates (%)	18	15	19
Unknown dealers (%)	23	22	22
<b>Locations scored from#:</b>			
Friend's home (%)	69	68	62
Dealer's home (%)	53	43	46
Nightclub (%)	59	52	56
Agreed public location (%)	<sup>b</sup>	53	42
At own home (%)	38	37	32
Other (%)	18	1	1

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

<sup>a</sup> Collapsed response of REU who answered 'Moderately Easy' and 'Easy'

# Participants able to give more than one answer

\*Changed from 'Dealers' to 'Known dealers' in 2004

<sup>b</sup> Response option first included in 2004

#### 4.7 Ecstasy markets and patterns of purchasing ecstasy

The reports of REU indicated that they had paid for the ecstasy they consumed through a number of different sources (Table 7). The methods through which REU most commonly reported paying for their ecstasy were: paid employment (87%); receiving ecstasy as a gift from friends (69%); borrowing money from friends (29%); government allowance (25%); and using money from their parents (20%). Additionally, over one-fifth of participants reported that they had bartered drugs/goods (22%) or relied on credit from dealers (21%) to fund their ecstasy use in the past six months. One in five (20%) REU had dealt drugs in order to receive an ecstasy profit in the previous six months, whereas 16% had funded their ecstasy use by selling drugs for cash profit.

Only two participants reported that they had not purchased ecstasy in the past six months. For the remainder of the sample (n=124) the median number of people that REU reported they had purchased ecstasy from in the six months prior was 4 (range 1-15). The majority (83%) of REU indicated that, when purchasing ecstasy, they had typically bought for themselves and 'others', with a smaller percentage (16%) reporting that they had only purchased ecstasy for their own personal use in the prior six months. REU were also asked to indicate how often they had purchased ecstasy in the past six months. Similar proportions of REU reported typically buying ecstasy on a monthly or less than monthly basis (32%), on a greater than monthly to fortnightly basis (29%), or on a greater than fortnightly to weekly basis (33%) (Table 7). A minority (5%) of the sample had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that REU reported 'usually' buying when purchasing ecstasy in the past six months was 5 (range 1-100). Eighty-four participants in the 2005 PDI (67% of the entire sample) reported that they were able to purchase 'other' drugs from their main ecstasy dealer at the time of their ecstasy purchase, should they wish to do so. The three forms of methamphetamine were reported to be readily available to REU at the time of their ecstasy purchases (methamphetamine powder 74%; crystal methamphetamine 37%; methamphetamine base 32%). Similarly, significant proportions of REU also indicated that their dealers were able to provide cannabis (62%), cocaine (39%) and LSD (29%) at the time of their ecstasy purchase, (Table 7).

There were 18 KE who commented in regards to the change in the type of people selling ecstasy in the ACT over the past six months. Eight KE reported that no change had occurred in the previous six months; four KE reported that they thought there had been an increase in small-time dealing (which was defined as buying enough ecstasy for self and friends); two KE reported that it was their impression that there were more people selling ecstasy; two KE indicated that there were more younger people selling ecstasy; and one KE thought that there were less small-time dealers.

In the 2005 PDI, REU were also asked whether they believed a series of variables (see Table 8) would influence the price of ecstasy they purchased. There were three factors that the majority of REU identified would result in a decrease in ecstasy price, which were: buying a larger quantity of ecstasy (90%), knowing the supplier well (86%), and having the supplier close to the original source of the ecstasy (62%).

In terms of those factors that may potentially increase the cost of ecstasy, 63% of REU reported that a decrease in ecstasy availability would simultaneously result in a price increase. Although approximately half the sample (52%) indicated that tablets having a high MDMA content would also attract a price increase, 38% of REU also believed that this would have no impact on ecstasy

price. Similarly, 52% of REU reported that buying ecstasy at a public venue was associated with a price increase, and 40% indicated that this factor would not change the price of ecstasy.

The majority (71%) of REU believed that an increase in police activity would not have an effect on ecstasy prices, but 12% reported they believed there would be a price increase associated with increased police activity. Equal proportions of the sample reported that the decreased availability of a particular ‘brand’ or logo of ecstasy would either increase the price (42%) or have no impact (42%) on the price. Approximately one-third (35%) of the sample indicated that an increase in ecstasy price was associated with special times of the year (e.g. New Years Eve), although over half the sample (55%) believed that this factor had no influence on the price of ecstasy.

**Table 7: Patterns of purchasing ecstasy, ACT REU, 2005**

	<b>2005 (n=126)</b>
<b>Forms used to pay for ecstasy tablets (%)</b>	
Paid employment	87
Credit from dealers	21
Government allowance	25
Gift from friend	69
Borrowed from friends	29
Money from parents	20
Dealing drugs	
- For ecstasy profit	20
- For cash profit	16
Bartering drugs	22
Fraud	1
Property crime	1
Pawning	4
Sex work	0
<b>Median number of people purchased from#</b>	<b>4</b>
<b>Purchased for (%)</b>	
Self only	16
Self and others	83
Others only	0
Didn't purchase	1
<b>No. of times purchased in the last 6 months (%)</b>	
0	1
1-6	32
7-12	29
13-24	33
25 +	5
<b>Median no. of ecstasy tablets purchased#</b>	<b>5</b>
<b>Able to purchase other drugs from main dealer (%)</b>	<b>67</b>
<b>Drugs able to purchase*</b>	
Speed	74
Base	32
Ice	37
Cocaine	39
MDA	6
LSD	29
GHB	11
Cannabis	62
Heroin	5

Source: PDI Regular Ecstasy User Interviews, 2005 #Of those who purchased ecstasy in the past six months, n=124

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

**Table 8: Factors influencing the price of ecstasy, ACT REU, 2005**

	2005 (n=126)
<b>Knowing supplier</b>	
Don't know	1
Increase	2
Decrease	86
No change	11
<b>Supplier close to source</b>	
Don't know	17
Increase	1
Decrease	62
No change	20
<b>High MDMA content</b>	
Don't know	7
Increase	52
Decrease	3
No change	38
<b>Decreased availability of a brand/logo</b>	
Don't know	11
Increase	42
Decrease	5
No change	42
<b>Decrease in availability</b>	
Don't know	11
Increase	63
Decrease	1
No change	25
<b>Special time of year</b>	
Don't know	5
Increase	35
Decrease	5
No change	55
<b>Buying larger quantity</b>	
Don't know	1
Increase	1
Decrease	90
No change	8
<b>Increased police activity</b>	
Don't know	17
Increase	12
Decrease	0
No change	71
<b>Buying public venue</b>	
Don't know	7
Increase	52
Decrease	1
No change	40

Source: PDI Regular Ecstasy User Interviews, 2005



In the 2005 PDI, REU were also asked whether they believed a series of variables (see Table 9) would influence the frequency of their ecstasy use. The factors that REU identified would most likely result in a decrease in their ecstasy use were: noticing negative effects of ecstasy use on their mental health (86%); noticing negative effects of ecstasy use on their relationships (82%); noticing negative effects of ecstasy use on their physical health (80%) and noticing negative effects of ecstasy use on their capacity to work/study (77%). Interestingly, almost three-quarters (73%) of the sample indicated that if the purity of ecstasy decreased a lot, their use of ecstasy would also decrease. Market factors such as the availability and price of ecstasy were also reported to have the potential to impact on the frequency of ecstasy use for ACT REU. Not surprisingly, 63% of the sample reported that if ecstasy became harder to obtain then their use of ecstasy would also decrease, whereas two-thirds (36%) of the sample believed there would be no change in the frequency of their ecstasy use due to decreased availability. Similarly, for the majority of REU, an increase in the availability of ecstasy was not believed to impact on their ecstasy use (63% 'no change'). Almost half (44%) the sample reported that if the price of ecstasy were to increase, their ecstasy use would decrease as a result, although a similar proportion of REU (53%) indicated that an increase in price would not impact on their ecstasy use (53% 'no change').

Participants were divided in their response to the impact that peer factors may have on the frequency of their ecstasy use. Approximately half (54%) the sample indicated that if their friends were to stop using ecstasy then their personal use of ecstasy would also decrease, whereas a similar proportion (44%) of respondents believed that the cessation of ecstasy use by their peers would not impact on their ecstasy use. Similarly, the majority of the sample (68%) reported that there would be no change in their level of ecstasy use if their friends increased their use of the drug.

The majority of REU indicated that the following factors were unlikely to influence their ecstasy use: penalties for ecstasy use increasing (75%), penalties for ecstasy use decreasing (87%) and 'chances of being caught by police are low' (89%). REU were divided in terms of their response to whether increased chances of being caught by police would influence the frequency of their ecstasy use. Approximately half (48%) the sample indicated that this would have 'no change' on their ecstasy use whereas a similar proportion (47%) reported that this would 'decrease' their ecstasy use.

**Table 9: Factors influencing the use of ecstasy, ACT REU, 2005**

	2005 (n=126)
<b>Price went up</b>	
Don't know	2
Increase	1
Decrease	44
No change	53
<b>Purity went down</b>	
Don't know	2
Increase	5
Decrease	73
No change	20
<b>Harder to get</b>	
Don't know	1
Increase	0
Decrease	63
No change	36
<b>Easier to get</b>	
Don't know	2
Increase	34
Decrease	1
No change	63
<b>Ice easier to get</b>	
Don't know	8
Increase	6
Decrease	6
No change	80
<b>Cocaine easier to get</b>	
Don't know	4
Increase	13
Decrease	29
No change	54
<b>Caught by police high</b>	
Don't know	3
Increase	2
Decrease	47
No change	48
<b>Caught by police low</b>	
Don't know	2
Increase	7
Decrease	2
No change	89
<b>Penalties increased</b>	
Don't know	3
Increase	0
Decrease	22
No change	75
<b>Penalties decreased</b>	
Don't know	2
Increase	10
Decrease	1
No change	87

Source: PDI Regular Ecstasy User Interviews, 2005

**Table 9: Factors influencing the use of ecstasy, ACT REU, 2005 (continued)**

	<b>2005 (n=126)</b>
<b>Negative effects on physical health</b>	
Don't know	1
Increase	0
Decrease	80
No change	19
<b>Negative effects on mental health</b>	
Don't know	1
Increase	0
Decrease	86
No change	13
<b>Negative effects on work/study</b>	
Don't know	2
Increase	0
Decrease	77
No change	21
<b>Negative effects on relationships</b>	
Don't know	1
Increase	0
Decrease	82
No change	17
<b>Friends stopped use</b>	
Don't know	2
Increase	0
Decrease	54
No change	44
<b>Friends increased use</b>	
Don't know	2
Increase	29
Decrease	1
No change	68

Source: PDI Regular Ecstasy User Interviews, 2005

## **4.8 Ecstasy-related harms**

### **4.8.1 Health**

Seventeen percent of participants reported ever having overdosed (defined as having unintentionally passed out or fallen into a coma as a result of excessive drug use) on ecstasy and related drugs in their lifetime. Those REU who reported having overdosed had done so on a median of one occasion (range 1-7) in their life, with a median of eight months (range 1-48) having passed since the last overdose incident. When asked which drugs were involved in the last overdose episode, over half (57%) the REU who had overdosed nominated ecstasy. Six participants (5%) in the 2005 PDI reported that they had overdosed on ecstasy in the six months preceding interview (5% of the sample in 2004 also reported having recently overdosed on ecstasy). Of those REU who identified ecstasy as the 'main' drug involved in their overdose, the majority (n=5) also reported having used other substances at the time of overdose. Other drugs used in combination with ecstasy on overdose instances were alcohol (n=4), methamphetamine powder (n=3), cocaine (n=1) and cannabis (n=1).

Furthermore, a number of participants reported having accessed medical and/or mental health professionals in the preceding six months as a consequence of their ecstasy use. Four participants had accessed their general practitioner (GP) due to their ecstasy use. Two of these REU did so in relation to depression, with one participant each seeking treatment for dependence/addiction

issues, and immune system problems. Similarly, four REU had seen a counsellor in the past six months due to their ecstasy use, all of whom sought counselling for depression. Three REU had received attention from a first aid officer due to their ecstasy use (one each for acute physical problems, vomiting and having passed out). One participant received treatment from an ambulance officer for ecstasy-related acute physical problems, and one participant attended a ‘rave safety’ stand to gain information on ecstasy and drug effects.

## 4.9 Benefit and risk perception

### 4.9.1 Perceived benefits

Almost the entire sample (97%) believed there to be benefits associated with the use of ecstasy, whereas a minority (n=3) reported that they believed there to be no benefits associated with ecstasy use, and one participant reported that they did not know whether there were benefits associated with using ecstasy. The most commonly reported benefits associated with ecstasy use are presented in Table 10.

**Table 10: Perceived benefits of ecstasy use, ACT REU, 2005**

<b>Benefit</b>	<b>2005 (n=122)</b>
Enhanced communication/talkativeness/more social	43%
Fun	39%
Enhanced mood	38%
Enhanced closeness/bonding/empathy with others	36%
Increased energy/stay awake	22%
Increased confidence/decreased inhibitions	15%
Drug effects	14%
The high/rush/buzz	13%
Relax/escape/release	12%
Enhanced appreciation of music/dance	11%
Different to effects of alcohol	10%
Other	10%

Source: PDI Regular Ecstasy User Interviews, 2005

Approximately four in ten (43%) REU reported that enhanced communication and sociability was a benefit associated with using ecstasy. Similar proportions reported that ecstasy helped them to have ‘fun’ (39%), that ecstasy enhanced their mood (38%) or their ability to bond with others and be empathic (36%). Around one-fifth (22%) of the sample indicated that ecstasy increased their energy levels and ability to stay awake, with 15% indicating that ecstasy increased their confidence and decreased their inhibitions.

### 4.9.2 Perceived risks

Similarly, almost the entire sample (98%) identified that there were risks associated with the use of ecstasy, and only three participants (2%) indicated that they believed there to be no risks associated with ecstasy use (Table 11). Depression (29%) was the risk that the greatest number of REU associated with the use of ecstasy. Twenty-seven percent of REU reported that the chance of taking ecstasy with unknown contaminants or cutting agents was a risk involved in the use of this drug, with 17% identifying memory impairment as a risk. Similar proportions of REU reported that using ecstasy involved risk because of the unknown strength and purity of the drug (14%); because using ecstasy could result in a fatal overdose (13%) or other harms (13%). The problems that REU associated with the use of ecstasy are consistent with an accumulating body of research that documents the adverse effects associated with ecstasy use 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 11: Perceived risks of ecstasy use, ACT REU, 2005**

Risk	2005 (n=123)
Depression	29%
Unknown drug contaminants/cutting agents	27%
Memory impairment	17%
Unknown drug strength/purity	14%
Fatal overdose	13%
Other harm (general)	13%
Legal problems	12%
General acute physical problems	11%
Non-fatal OD	11%
Impaired decision making/risk taking	11%
Damage to brain function	11%
General acute physical problems	11%
Other psychological harm	11%
Other physical harm	10%

Source: PDI Regular Ecstasy User Interviews, 2005

#### 4.10 Summary of ecstasy trends

- Since 2003, the median price of ecstasy in the ACT has remained stable at \$35 per tab.
- The majority of REU reported that the current purity of ecstasy in the ACT was ‘medium’ to ‘high’.
- Almost the entire sample reported that ecstasy was ‘very easy’ to ‘easy’ to obtain in the ACT, and most REU believed the availability of ecstasy to have remained stable in the past six months.
- Ecstasy was most commonly purchased by REU from friends, known dealers and acquaintances.
- In the past six months REU had purchased ecstasy from a median of four people, had typically purchased ecstasy for themselves and others, and typically purchased five pills at a time.
- In the six months prior to interview, six REU had unintentionally overdosed on ecstasy, most of whom were also taking other drugs at the same time.
- The factors that REU reported were most likely to result in a decrease in their frequency of ecstasy use were noticing negative effects of ecstasy use on their mental health, relationships, physical health and their ability to work and/or study.
- REU identified a large number of risks and benefits that they associated with the use of ecstasy. The most commonly nominated benefits were enhanced communication, having fun, enhanced mood and ability to bond with others. The risks that REU most commonly associated with their own ecstasy use were depression, unknown contaminants/cutting agents and memory impairment.

## 5.0 METHAMPHETAMINE

### 5.1 Methamphetamine use among REU

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 variation in the appearance of speed is the result of both 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 injecting drug users 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 IDRS in the ACT from 2002 onwards (Rushforth, 2003; Ward & Proudfoot, 2004; Buckingham, Ward, Sparks & Proudfoot, 2005) and also the 2003 and 2004 ACT PDI (Proudfoot & Ward, 2004; Proudfoot et al., 2005) emphasised the need for this differentiation by clearly delineating between markets for the three forms of methamphetamine.

Three-quarters (76%) of the 2005 ACT PDI sample had used at least one form of methamphetamine in the six months prior to interview. Among the recent methamphetamine users interviewed, the median number of days of any form of methamphetamine use (including powder, base and crystal methamphetamine forms and pharmaceutical stimulants) was 6 (range 1-180). Over one in ten (13%, n=17) REU who participated in the 2005 PDI had used methamphetamine on a greater than weekly basis in the past six months. The form of methamphetamine used most commonly among the 2005 PDI sample was methamphetamine powder or 'speed' (70% reporting recent use), followed by similar proportions of the sample reporting recent 'base' (27%) and 'ice' (26%) use. Twenty percent of the sample also reported the recent use of pharmaceutical stimulants, but this is reported in Section 11 'Other Drugs'.

In the 2005 ACT PDI, half (50%, n=63) the sample commented on the current price, purity and availability of 'speed', and almost one-fifth (17%, n=21) of the sample commented on the price, purity and availability of 'base' and 'ice'.

#### 5.1.1 Methamphetamine powder (speed)

Table 12 presents a summary of the patterns of methamphetamine powder (speed) use among REU in the ACT from 2003 to 2005. Nine in ten (90%) REU interviewed for the PDI in 2005 reported ever having used speed (comparable to 87% in 2004), and seven in ten (70%) reported having recently used speed (a non-significant increase from 64% the previous year). Recent speed users reported a median of five days (*range* 1-180) of speed use in the past six months. Over half (56%) of those REU who had recently used speed had used five times or less in the preceding six months (compared to 66% in 2004). Similar to 2004, approximately one-quarter (26%) of recent speed users had used on a monthly to fortnightly basis (24% did so in 2004), and 18% had used

speed more regularly than fortnightly during the past six months (a slight increase from 11% the previous year). One participant had used speed on a daily basis in the preceding six months. Only two percent of the sample nominated speed as their drug of choice.

The majority of recent speed users quantified their use of the drug in terms of ‘grams’ (n=21) or ‘points’ (n=38) of use. Of those REU who reported on their use in terms of grams, the median amount of speed used in a ‘typical’ episode of use in the past six months was one gram (range 0.1-3.0), which represented an increase from a half gram ‘typically’ used by REU in 2003 and 2004. There was also a corresponding increase in the median amount of speed used in the ‘heaviest’ sessions of use when compared to previous years. In 2005 the median amount of speed used in the ‘heaviest’ session was 1.6 grams (range 0.1-5.0) a figure approximately three times that reported by REU in 2003 and 2004 (see Table 12). Those REU who quantified their use of speed in terms of ‘points’ had used a median of one point of speed in a ‘typical’ session (range 0.3-4.0) of recent use, which increased to two points in the heaviest use episode (range 0.3-5.0). Of those REU who reported having binged on ecstasy and related drugs recently, 61% reported they had used speed during these binge sessions (a non-significant increase from 46% in 2004). Among those REU who indicated that they ‘typically’ used other drugs in combination with ecstasy, almost one-third (31%) reported using speed regularly in the context of their ecstasy use. Twenty-two KE were able to comment regarding speed use. More than half of those KE thought that the majority of REU were using speed in addition to ecstasy. Additionally, four KE commented specifically that they had noted an increase in speed use amongst REU in the last six months.

Of those participants who had used speed in the previous six months, 81% had snorted it (comparable to 85% in 2004) and 5% had recently injected speed (similar to 4% the previous year). There was an increase in the proportion of REU who reported recently swallowing (74%,  $p=.05$ ) and smoking (16%,  $p<.005$ ) speed in 2005 when compared to 2004 (60% swallowing; 1% smoking).

**Table 12: Patterns of methamphetamine powder use among ACT REU, 2003-2005**

<b>Speed</b>	<b>2003</b> (n=66)	<b>2004</b> (n=116)	<b>2005</b> (n=126)
Ever used (%)	88	87	<b>90</b>
Used preceding six months (%)	64	64	<b>70</b>
<b>Of those who had used</b>			
Median days used last 6 mths (range)	4 (1-14)	4 (1-50)	<b>5 (1-180)</b>
<b>Median quantities used (grams)</b>			
Typical (range)	0.25 (0.1-0.5)	0.5 (0.1-2.0)	<b>1.0 (0.1-3.0)</b>
Heavy (range)	0.8 (0.2-3.5)	0.5 (0.1-4.0)	<b>1.6 (0.1-5.0)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

### 5.1.2 Methamphetamine base

Table 13 presents a summary of the patterns of methamphetamine base (base) use of ACT REU from 2003 to 2005. Forty-five percent of REU interviewed in 2005 reported ever having used base (comparable to 43% the previous year) and approximately one-quarter (27%) reported having recently used base (similar to 31% in 2004). Recent base users reported a median of three days (range 1-70) of base use in the past six months. Almost two-thirds (65%) of those REU who had recently used base had used less than monthly in the past six months (similar to 69% in

2004). Similar to 2004, approximately one-quarter (24%) of recent base users had used on a monthly to fortnightly basis (20% did so in 2004), and 11% had used base on a greater than fortnightly basis during this period (similar to 10% the previous year). Base was nominated as the drug of choice by only one percent of the sample.

The majority (n=26) of recent base users quantified their use in terms of points. The median amount of base used in a ‘typical’ episode of use in the past six months was one point (range 0.25-3.0). In 2005 the median amount of base used in the ‘heaviest’ session was two points (range 0.25-7.0). Of those REU who reported having binged in the past six months, almost one in five (19%) reported that they had used base during these binge sessions (similar to 21% in 2004). One in ten (10%) REU who reported that they normally used other drugs in combination with ecstasy had ‘typically’ (more than two-thirds of the time) used base methamphetamine in this way. Nine KE commented in regards to base use by REU. Six KE thought that a few REU used base, and the remaining three KE thought that half or most of the REU used base. No KE noted an increase in base use over the last six months.

Of those participants who had used base in the previous six months, 82% had swallowed it (81% did so in 2004) and 8% had recently injected it (similar to 6% in 2004). There was a significant increase in the proportion of REU who reported recently snorting (53%) base when compared to the previous year (28% in 2004,  $p<.05$ ). Similarly, there was an increase in the proportion of recent base users who reported smoking (21%) base in 2005 when compared to 2004 (11%), although this difference did not achieve significance.

**Table 13: Patterns of methamphetamine base use among ACT REU, 2003-2005**

<b>Base</b>	<b>2003 (n=66)</b>	<b>2004 (n=116)</b>	<b>2005 (n=126)</b>
Ever used (%)	30	43	<b>45</b>
Used preceding six months (%)	24	31	<b>27</b>
<b>Of those who had used</b>			
Median days used last 6 mths (range)	3 (1-72)	2.5 (1-72)	<b>3 (1-70)</b>
<b>Median quantities used (points)</b>			
Typical (range)	1 (0.1-2.0)	1 (0.3-3.0)	<b>1 (0.25-3.0)</b>
Heavy (range)	1.5 (0.3-8.0)	1 (0.3-10.0)	<b>2 (0.25-7.0)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

### 5.1.3 Crystal methamphetamine

Table 14 presents a summary of the patterns of crystal methamphetamine (‘ice’) use among REU in the ACT from 2003 to 2005. Almost half (49%) the REU interviewed for the PDI in 2005 reported ever having used ice, and approximately one-quarter (26%) reported having recently used ice. The proportion of the REU sample reporting lifetime and recent use of crystal methamphetamine in the ACT has continued to decline from 2003 to 2005, and the decrease in the proportion of the sample from 2004 to this year reporting lifetime (49% in 2005; 62% in 2004,  $p<.05$ ) and recent (26% in 2005; 39% in 2004,  $p<.05$ ) crystal methamphetamine use was again significant. Recent ice users reported a median of three days (range 1-96) of ice use in the past six months. The majority (70%) of those REU who had recently used ice had used five times or less in the preceding six months (compared to 82% in 2004). Approximately one in five (21%) recent ice users had used on a monthly to fortnightly basis (compared to 16% in 2004), and a



minority (9%) had used speed more regularly than fortnightly during the past six months (2% did so the previous year). Only one percent of the sample nominated ice as their drug of choice.

As was the case for methamphetamine base, the majority (n=26) of recent ice users quantified their use in terms of points. Consistent with previous years, one point was the median amount of ice reported to be used in a 'typical' (range 0.25-3.0) and the 'heaviest' (range 0.25-5.0) episode of use in the past six months (see Table 14). Of those REU who reported having binged on ecstasy and related drugs recently, 13% reported they had used ice during these binge sessions (a non-significant decrease from 28% in 2004). Among those REU reporting that they 'typically' consumed other drugs when taking ecstasy, a small percentage (6%) reported using 'ice' regularly in the context of their ecstasy use. Eighteen KE commented on the use of crystal methamphetamine amongst REU. Ten KE thought that a few REU also used crystal, whilst eight thought that half or most used crystal.

**Table 14: Patterns of crystal methamphetamine use among ACT REU, 2003-2005**

<b>Crystal</b>	2003 (n=66)	2004 (n=116)	<b>2005 (n=126)</b>
Ever used (%)	71	62	<b>49*</b>
Used preceding six months (%)	56	39	<b>26*</b>
<b>Of those who had used</b>			
Median days used last 6 mths (range)	2 (1-30)	2 (1-13)	<b>3 (1-96)</b>
<b>Median quantities used (points)</b>			
Typical (range)	1 (0.2-4.0)	1 (0.13-3.0)	<b>1 (0.25-3.0)</b>
Heavy (range)	1.25 (0.25 – 6.0)	1 (0.13-10.0)	<b>1 (0.25-5.0)</b>

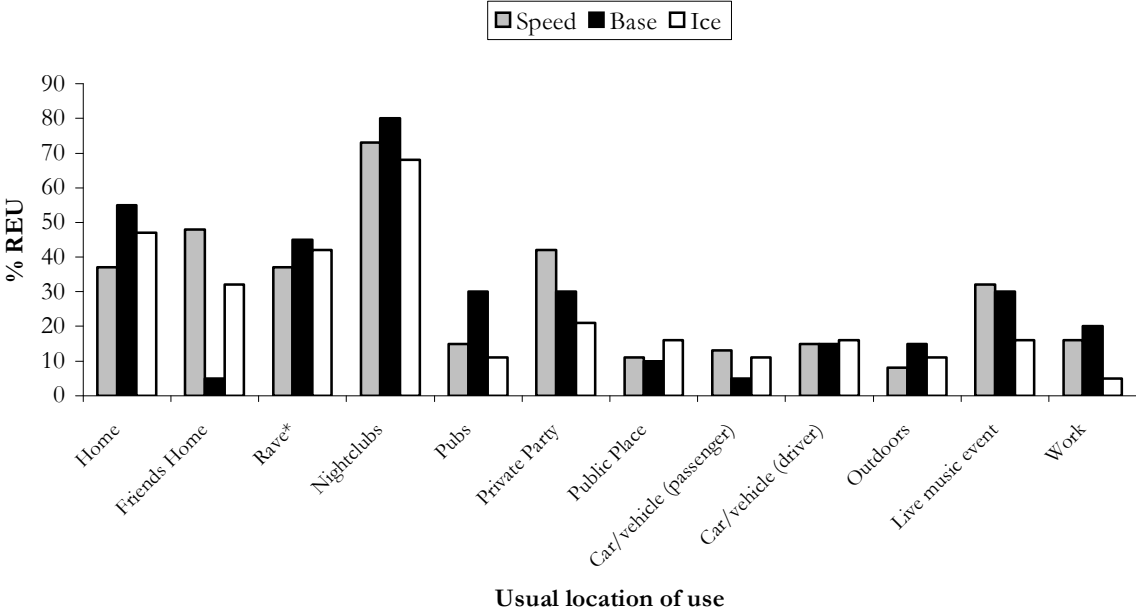
Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

There were noticeable changes in terms of the modes of recent ice administration that REU reported in 2005 when compared to the previous year. There were larger percentages of recent ice users who reported having smoked (58% in 2005; 38% in 2004), snorted (46% in 2005; 33% in 2004) and injected (12% in 2005; 4% in 2004) ice in the past six months, although these increases did not achieve statistical significance. There was a (non-significant) decrease in the proportion of recent ice users who had swallowed ice in 2005 (52%) when compared to 2004 (64%).

Figure 4 presents the locations at which those REU who reported using methamphetamine powder, base and crystal in the six months prior to interview had used these forms of methamphetamine. The venue that all three methamphetamine forms had been used at most commonly by REU were nightclubs ('speed' 73%; 'base' 80%; 'ice' 68%). After nightclubs, the venues that REU reported typically using speed at were friends' homes (48%) and private parties (42%). Base and crystal methamphetamine were also regularly used at home ('base' 55%; 'ice' 47%) and at raves/doofs/dance parties ('base' 45%; 'ice' 42%). The venues that were most commonly nominated by REU as being the location where speed and base were last used were nightclubs ('speed' 34%; 'base' 30%) or at a friends' home ('speed' 24%; 'base' 25%). Most REU commenting on the use of crystal methamphetamine had last used the drug at a nightclub (32%) or in their own home (26%).

**Figure 4: ACT REU reports of usual location of use for methamphetamine, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005  
 Note: Results based on following response numbers: speed (n=62); base (n=20) and ice (n=19)  
 \* Includes outdoor raves (doofs) and dance parties

**5.2 Price**

The median reported prices for methamphetamine powder in the ACT and the changes in the price of methamphetamine powder from 2003 to 2005 are presented in Table 15. The median reported price for a gram (n=19) of speed was \$80, remaining stable from 2004. The median price that REU reported having paid for a gram of speed the most recent time they purchased it (n=11) was slightly cheaper at \$75 (range 20-270) a gram. In terms of purchasing ‘points’ of speed, there was an observable difference this year in the median price paid for a point (n=31) of speed which increased slightly to \$35, having dropped from \$40 in 2003 to \$30 in 2004. However, when those REU commenting on speed prices were asked to nominate the price they paid for the last point of speed they had purchased (n=30), the median price was \$30 (range 10-80). In 2005, half (50%) the sample reported on changes in the price of methamphetamine powder in the ACT. Similar to 2004 the majority of respondents believed that the price of speed had remained stable over the past six months (44%; 44% in 2004), although approximately one in five REU reported a recent decrease in the price of speed (18%; 20% in 2004).

**Table 15: Price and changes in price for methamphetamine powder, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Median price</b>			
<i>Speed</i>			
Point	40 (30-40)	30 (25-50)	<b>35 (20-50)</b>
Gram	175 (70-250)	80 (40-300)	<b>80 (20-300)</b>
<b>Did not respond (%)</b>	48	53	<b>50</b>
<b>Did respond (%)</b>	52	47	<b>50</b>
<b>Of those that responded</b>	n=33	n=55	<b>n=63</b>
<i>Increasing (%)</i>	9 (5% of entire sample)	5 (3% of entire sample)	<b>5 (2% of entire sample)</b>
<i>Stable (%)</i>	47 (24% of entire sample)	44 (21% of entire sample)	<b>44 (22% of entire sample)</b>
<i>Decreasing (%)</i>	9 (5% of entire sample)	20 (10% of entire sample)	<b>18 (9% of entire sample)</b>
<i>Fluctuating (%)</i>	3 (2% of entire sample)	2 (1% of entire sample)	<b>8 (4% of entire sample)</b>
<i>Don't know (%)</i>	32 (17% of entire sample)	29 (14% of entire sample)	<b>25 (13% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

The median price paid for a point of base (n=11) has remained stable in the ACT at \$40 since 2003 (Table 16). Similar to speed, the median price reported for the last point of base (n=11) purchased prior to interview was cheaper at \$35 (range 20-50) per point. A gram of base (n=8) was reported to cost a median of \$200 in the ACT. Eight participants also reported on the price they paid for a gram of base the last time they purchased this amount – the median price paid on this occasion was substantially cheaper at \$170 (range 70-300) for a gram. Consistent with the price data for methamphetamine base, over half (53%) the REU commenting believed that the price of base had remained stable in the past six months (comparable to 52% in 2004), with the remaining participants divided in their response to the recent change in the price of methamphetamine base (see Table 16).

**Table 16: Price and changes in price for methamphetamine base, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Median price</b>			
<i>Base</i>			
Point	40 (30-50)	40 (30-80)	<b>40 (20-50)</b>
Gram	240 (180-300)	-	<b>200 (70-300)</b>
<b>Did not respond (%)</b>	77	78	<b>83</b>
<b>Did respond (%)</b>	23	22	<b>17</b>
<b>Of those that responded (%)</b>	n=15	n=25	<b>n=21</b>
<i>Increasing (%)</i>	0 (0% of entire sample)	16 (3% of entire sample)	<b>5 (1% of entire sample)</b>
<i>Stable (%)</i>	54 (12% of entire sample)	52 (11% of entire sample)	<b>53 (9% of entire sample)</b>
<i>Decreasing (%)</i>	13 (3% of entire sample)	4 (1% of entire sample)	<b>14 (2% of entire sample)</b>
<i>Fluctuating (%)</i>	0 (0% of entire sample)	4 (1% of entire sample)	<b>14 (2% of entire sample)</b>
<i>Don't know (%)</i>	33 (8% of entire sample)	24 (5% of entire sample)	<b>14 (2% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

Fourteen REU commented on the price to purchase a point of crystal methamphetamine in the 2005 ACT PDI (Table 17). The median price paid for a point of crystal methamphetamine dropped from \$47.50 in 2004 to \$35 (range 25-60) in the present year. The median price paid for the last point (n=14) of crystal methamphetamine purchased was stable at \$35 (range 15-60). Only small numbers (n=4) commented on the current price for a gram of crystal methamphetamine in the ACT, which was reported to cost a median of \$265 (range 220-400). The median price paid for the last gram of crystal methamphetamine purchased (n=2) was more expensive at \$285 (range 250-320). Contrary to the price data described above, there was a significant increase in 2005 in the proportion of ACT REU who reported that the price of ice was increasing (29%; 7% in 2004,  $p<.05$ ). As in 2004, the majority (43%) of respondents, however, believed that the price of crystal methamphetamine had remained stable over the past six months (31% in 2004).

**Table 17: Price and changes in price for methamphetamine crystal, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Median price</b>			
<i>Crystal</i>			
Point	45 (30-300)	47.50 (10-100)	<b>35 (25-60)</b>
Gram	375 (300-450)	-	<b>265 (220-400)#</b>
<b>Did not respond (%)</b>	50	75	<b>83</b>
<b>Did respond (%)</b>	50	25	<b>17</b>
<b>Of those that responded (%)</b>	n=33	n=29	<b>n=21</b>
<i>Increasing (%)</i>	15 (8% of entire sample)	7 (2% of entire sample)	<b>29* (5% of entire sample)</b>
<i>Stable (%)</i>	43 (21% of entire sample)	31 (8% of entire sample)	<b>43 (7% of entire sample)</b>
<i>Decreasing (%)</i>	12 (6% of entire sample)	17 (4% of entire sample)	<b>9 (2% of entire sample)</b>
<i>Fluctuating (%)</i>	3 (2% of entire sample)	7 (2% of entire sample)	<b>14 (2% of entire sample)</b>
<i>Don't know (%)</i>	27 (14% of entire sample)	38 (10% of entire sample)	<b>5 (1% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

# n ≤ 5 Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

### 5.3 Purity

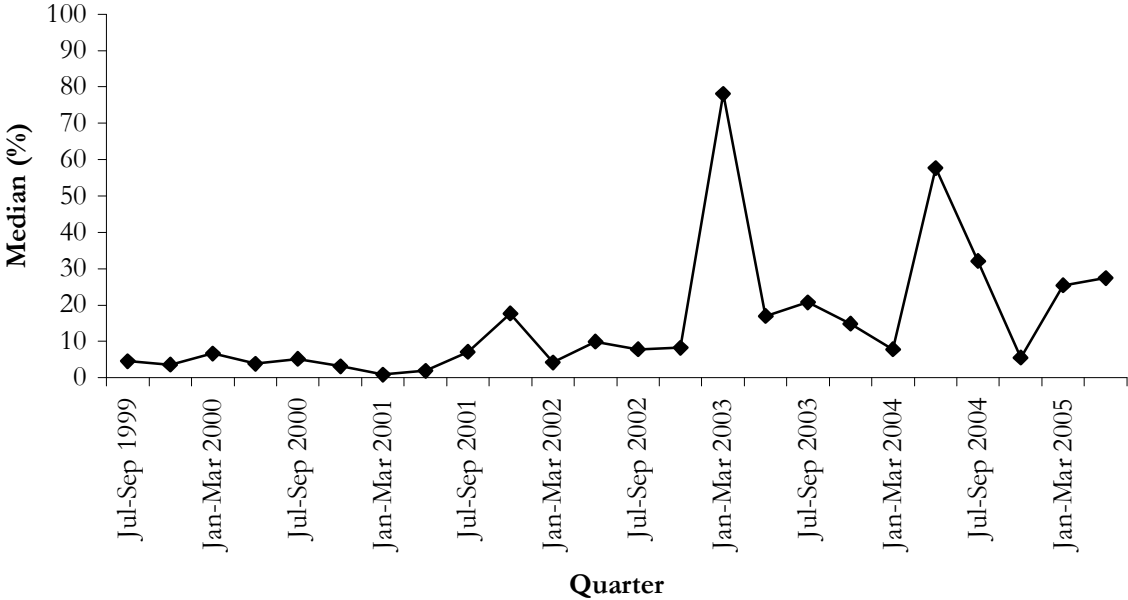
There were no significant differences between the reports of REU this year when compared to 2004 regarding the current purity of methamphetamine powder, base and crystal. As in past years, the majority of respondents in 2005 that commented on each methamphetamine form believed the current purity to be ‘medium’ to ‘high’ (see Table 18). Sixty-eight percent of respondents commenting on speed reported the current purity to be ‘medium’ (38%; 40% in 2004) to ‘high’ (30%; 22% in 2004), which was comparable to 62% the previous year. Approximately one-third (32%) of respondents believed that the purity of speed has remained stable over the past six months (a non-significant decrease from 46% in 2004, see Table 19). This year, however, there was a significant increase ( $p<.05$ ) in the proportion of REU who reported that the purity of speed had decreased in the six months prior (22%; 7% in 2004). A similar proportion of respondents also believed that the purity of speed had consistently fluctuated (19%; 11% in 2004) over this period of time.

Similar to 2004 (80%), the majority (95%) of REU who commented on the current purity of base methamphetamine believed the purity to be ‘medium’ (19%; 32% in 2004) to ‘high’ (76%; 48% in 2004, Table 18). The proportion of REU who reported the current purity of base as ‘high’ increased this year, although this increase was not statistically significant. The reports of REU regarding the change in the purity of base methamphetamine in 2005 remained unchanged from those presented in the 2004 PDI report. The majority (81%) of REU believed that base purity had remained stable (57%; 48% in 2004) or had increased (24%; 16% in 2004) in the past six months (Table 19).

In 2005, over three-quarters (86%) of REU commenting on the current purity of crystal methamphetamine reported purity to be ‘medium’ (43%; 24% in 2004) to ‘high’ (43%; 45% in 2004), a non-significant increase from 69% in 2004. Almost half (48%) the REU responding believed that the purity of ice had remained stable in the preceding six months (comparable to 42% in 2004, Table 19). There was an increase this year in the proportion of REU who reported that the purity of ice had consistently fluctuated over the past six months (28%; 14% in 2004), although this difference did not achieve statistical significance.

Figure 5 presents the median purity of methamphetamine seizures made by the ACT police from July-September 1999 to April-June 2005. The analysis of these data indicate 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. In 2004/05 the median purity of methamphetamine decreased significantly from 57.7% in the April-June-quarter of 2004 to 32.1 in the July-September quarter to 5.5 in the October-December quarter of 2004. The median purity of methamphetamine increased considerably in the January-March quarter of 2005 to 25.4 and stabilised at 27.4 in the April-June-quarter of 2005.

**Figure 5: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004; 2005)

**Table 18: Current purity of methamphetamine, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Speed</b>			
<b>Did not respond (%)</b>	48	53	50
<b>Did respond (%)</b>	52	47	50
<b>Of those that responded (%)</b>	n=34	n=55	n=63
<i>Low (%)</i>	11 (6% of entire sample)	18 (9% of entire sample)	<b>13 (6% of entire sample)</b>
<i>Medium (%)</i>	27 (14% of entire sample)	40 (19% of entire sample)	<b>38 (19% of entire sample)</b>
<i>High (%)</i>	27 (14% of entire sample)	22 (10% of entire sample)	<b>30 (15% of entire sample)</b>
<i>Fluctuates (%)</i>	6 (3% of entire sample)	6 (3% of entire sample)	<b>11 (6% of entire sample)</b>
<i>Don't know (%)</i>	29 (15% of entire sample)	14 (7% of entire sample)	<b>8 (4% of entire sample)</b>
<b>Base</b>			
<b>Did not respond (%)</b>	77	78	83
<b>Did respond (%)</b>	23	22	17
<b>Of those that responded (%)</b>	n=15	n=25	n=21
<i>Low (%)</i>	0 (0% of entire sample)	12 (3% of entire sample)	<b>5 (1% of entire sample)</b>
<i>Medium (%)</i>	20 (5% of entire sample)	32 (7% of entire sample)	<b>19 (3% of entire sample)</b>
<i>High (%)</i>	33 (8% of entire sample)	48 (10% of entire sample)	<b>76 (13% of entire sample)</b>
<i>Fluctuates (%)</i>	7 (2% of entire sample)	4 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	40 (9% of entire sample)	4 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<b>Ice</b>			
<b>Did not respond (%)</b>	50	75	83
<b>Did respond (%)</b>	50	25	17
<b>Of those that responded (%)</b>	n=33	n=29	n=21
<i>Low (%)</i>	0 (0% of entire sample)	7 (2% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Medium (%)</i>	15 (8% of entire sample)	24 (6% of entire sample)	<b>43 (7% of entire sample)</b>
<i>High (%)</i>	67 (33% of entire sample)	45 (11% of entire sample)	<b>43 (7% of entire sample)</b>
<i>Fluctuates (%)</i>	3 (2% of entire sample)	7 (2% of entire sample)	<b>9 (2% of entire sample)</b>
<i>Don't know (%)</i>	15 (8% of entire sample)	17 (4% of entire sample)	<b>5 (1% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

**Table 19: Change in methamphetamine purity, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Speed</b>			
<b>Did not respond (%)</b>	48	53	50
<b>Did respond (%)</b>	52	47	50
<b>Of those that responded (%)</b>	n=34	n=55	n=66
<i>Increasing (%)</i>	15 (8% of entire sample)	11 (5% of entire sample)	<b>8 (4% of entire sample)</b>
<i>Stable (%)</i>	32 (17% of entire sample)	46 (22% of entire sample)	<b>32 (16% of entire sample)</b>
<i>Decreasing (%)</i>	12 (6% of entire sample)	7 (3% of entire sample)	<b>22 (11% of entire sample)</b>
<i>Fluctuating (%)</i>	12 (6% of entire sample)	11 (5% of entire sample)	<b>19 (10% of entire sample)</b>
<i>Don't know (%)</i>	29 (15% of entire sample)	25 (12% of entire sample)	<b>19 (10% of entire sample)</b>
<b>Base</b>			
<b>Did not respond (%)</b>	77	78	83
<b>Did respond (%)</b>	23	22	17
<b>Of those that responded (%)</b>	n=15	n=25	n=21
<i>Increasing (%)</i>	20 (5% of entire sample)	16 (3% of entire sample)	<b>24 (4% of entire sample)</b>
<i>Stable (%)</i>	26 (6% of entire sample)	48 (10% of entire sample)	<b>57 (10% of entire sample)</b>
<i>Decreasing (%)</i>	7 (2% of entire sample)	4 (1% of entire sample)	<b>5 (1% of entire sample)</b>
<i>Fluctuating (%)</i>	7 (2% of entire sample)	12 (3% of entire sample)	<b>5 (1% of entire sample)</b>
<i>Don't know (%)</i>	40 (9% of entire sample)	20 (4% of entire sample)	<b>9 (2% of entire sample)</b>
<b>Ice</b>			
<b>Did not respond (%)</b>	50	75	83
<b>Did respond (%)</b>	50	25	17
<b>Of those that responded (%)</b>	n=33	n=29	n=21
<i>Increasing (%)</i>	6 (3% of entire sample)	10 (3% of entire sample)	<b>5 (1% of entire sample)</b>
<i>Stable (%)</i>	52 (26% of entire sample)	42 (10% of entire sample)	<b>48 (8% of entire sample)</b>
<i>Decreasing (%)</i>	9 (5% of entire sample)	3 (1% of entire sample)	<b>5 (1% of entire sample)</b>
<i>Fluctuating (%)</i>	3 (2% of entire sample)	14 (3% of entire sample)	<b>28 (5% of entire sample)</b>
<i>Don't know (%)</i>	30 (15% of entire sample)	31 (8% of entire sample)	<b>14 (2% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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



## 5.4 Availability

Of the 63 REU who commented on the availability of speed in the preceding six months, the majority (80%, comparable to 85% in 2004) reported that speed was currently ‘easy’ (50%; 49% in 2004) to ‘very easy’ (30%; 36% in 2004) to obtain (Table 20). Over half of those respondents believed that the availability of speed had remained stable over the past six months (56%; 69% in 2004), and one-quarter indicated that it had become easier to obtain (25%; 13% in 2004).

Similar to 2004, over seventy percent of REU commenting on the availability of base methamphetamine (71%; n=21) indicated that it was currently ‘easy’ (38%; 44% in 2004) to ‘very easy’ (33%; 32% in 2004) to obtain in the ACT (Table 20). Although there appeared to be an increase in the proportion of REU reporting that base was ‘difficult’ to obtain (29%; 16% in 2004), this was not statistically significant. When asked about changes in the availability of base methamphetamine (see Table 21), the majority (57%) of REU reported it to be stable, similar to 64% in 2004) although there was a significant ( $p<.05$ ) increase in the proportion of REU who reported that base was becoming easier to get (29%; 4% in 2004).

The reports of the 21 REU commenting on crystal methamphetamine indicated that three-quarters (76%) of these respondents believed crystal methamphetamine to be ‘easy’ (38%; 34% in 2004) to ‘very easy’ (38%; 24% in 2004) to obtain. Consistent with previous years, approximately one-quarter (24%) of REU, on the contrary, believed that crystal methamphetamine was ‘difficult’ to obtain (28% in 2004). As demonstrated in Table 21, the majority (62%) of respondents reported that the availability of crystal methamphetamine had remained stable over the past six months. The same proportion of respondents reported that crystal methamphetamine had become more difficult to obtain (19%; 11% in 2004) or easier to obtain (19%; 17% in 2004) in this period of time.

**Table 20: Current availability of methamphetamine forms, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b><i>Speed</i></b>			
<b>Did not respond (%)</b>	48	53	50
<b>Did respond (%)</b>	52	47	50
<b>Of those that responded (%)</b>	n=34	n=55	n=63
<i>Very Easy (%)</i>	20 (11% of entire sample)	36 (17% of entire sample)	<b>30 (15% of entire sample)</b>
<i>Easy<sup>A</sup> (%)</i>	62 (32% of entire sample)	49 (23% of entire sample)	<b>50 (25% of entire sample)</b>
<i>Difficult (%)</i>	9 (5% of entire sample)	11 (5% of entire sample)	<b>16 (8% of entire sample)</b>
<i>Very Difficult (%)</i>	6 (3% of entire sample)	0 (0% of entire sample)	<b>2 (1% of entire sample)</b>
<i>Don't know (%)</i>	3 (2% of entire sample)	4 (2% of entire sample)	<b>2 (1% of entire sample)</b>
<b><i>Base</i></b>			
<b>Did not respond (%)</b>	77	78	83
<b>Did respond (%)</b>	23	22	17
<b>Of those that responded (%)</b>	n=15	n=25	n=21
<i>Very Easy (%)</i>	13 (3% of entire sample)	32 (7% of entire sample)	<b>33 (6% of entire sample)</b>
<i>Easy<sup>A</sup> (%)</i>	33 (8% of entire sample)	44 (10% of entire sample)	<b>38 (6% of entire sample)</b>
<i>Difficult (%)</i>	27 (6% of entire sample)	16 (3% of entire sample)	<b>29 (5% of entire sample)</b>
<i>Very Difficult (%)</i>	7 (2% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	20 (5% of entire sample)	8 (2% of entire sample)	<b>0 (0% of entire sample)</b>
<b><i>Ice</i></b>			
<b>Did not respond (%)</b>	50	75	83
<b>Did respond (%)</b>	50	25	17
<b>Of those that responded (%)</b>	n=33	n=29	n=21
<i>Very Easy (%)</i>	12 (6% of entire sample)	24 (6% of entire sample)	<b>38 (6% of entire sample)</b>
<i>Easy<sup>A</sup> (%)</i>	52 (26% of entire sample)	34 (9% of entire sample)	<b>38 (9% of entire sample)</b>
<i>Difficult (%)</i>	27 (14% of entire sample)	28 (7% of entire sample)	<b>24 (4% of entire sample)</b>
<i>Very Difficult (%)</i>	3 (2% of entire sample)	7 (2% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	6 (3% of entire sample)	7 (2% of entire sample)	<b>0 (0% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

<sup>A</sup> Combined 'Moderately Easy' and 'Easy' for 2003 data, Note: \* p<.05, \*\* p<.01, \*\*\* p<.005, \*\*\*\* p<.001

**Table 21: Changes to availability of methamphetamine forms, ACT, 2003-2005**

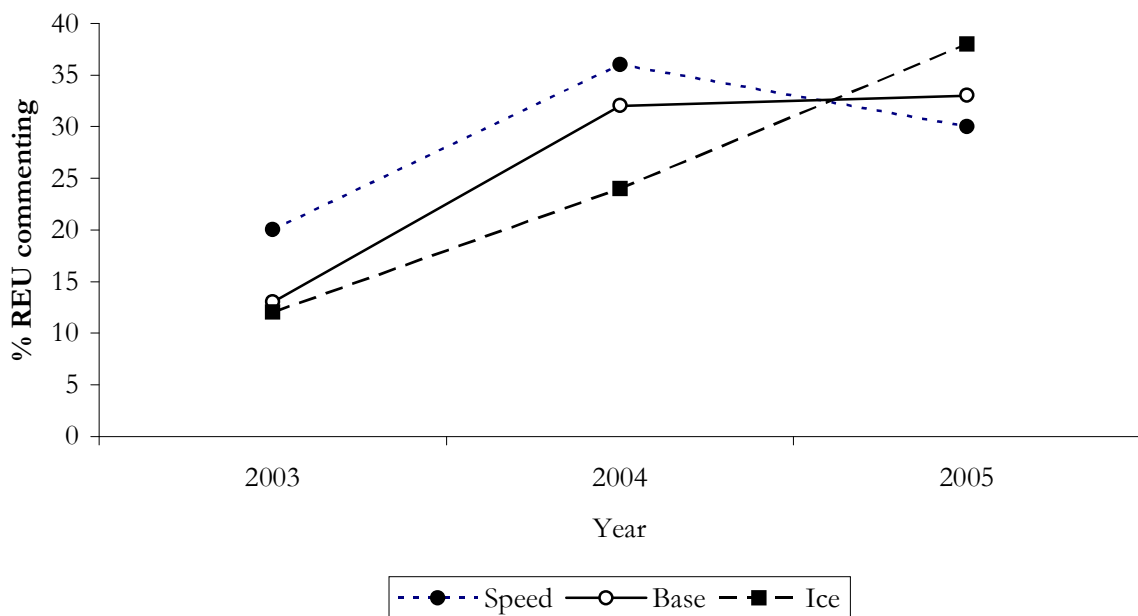
	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b><i>Speed</i></b>			
<b>Did not respond (%)</b>	48	53	50
<b>Did respond (%)</b>	52	47	50
<b>Of those that responded (%)</b>	n=34	n=55	n=63
<i>More Difficult (%)</i>	26 (14% of entire sample)	9 (4% of entire sample)	<b>9 (5% of entire sample)</b>
<i>Stable (%)</i>	47 (24% of entire sample)	69 (33% of entire sample)	<b>56 (28% of entire sample)</b>
<i>Easier (%)</i>	12 (6% of entire sample)	13 (6% of entire sample)	<b>25 (13% of entire sample)</b>
<i>Fluctuates (%)</i>	6 (3% of entire sample)	2 (1% of entire sample)	<b>5 (2% of entire sample)</b>
<i>Don't know (%)</i>	9 (5% of entire sample)	7 (3% of entire sample)	<b>5 (2% of entire sample)</b>
<b><i>Base</i></b>			
<b>Did not respond (%)</b>	77	78	83
<b>Did respond (%)</b>	23	22	17
<b>Of those that responded (%)</b>	n=15	n=25	n=21
<i>More Difficult (%)</i>	7 (2% of entire sample)	16 (3% of entire sample)	<b>9 (2% of entire sample)</b>
<i>Stable (%)</i>	53 (12% of entire sample)	64 (14% of entire sample)	<b>57 (10% of entire sample)</b>
<i>Easier (%)</i>	13 (3% of entire sample)	4 (1% of entire sample)	<b>29* (5% of entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	27 (6% of entire sample)	16 (3% of entire sample)	<b>5 (1% of entire sample)</b>
<b><i>Ice</i></b>			
<b>Did not respond (%)</b>	50	75	83
<b>Did respond (%)</b>	50	25	17
<b>Of those that responded (%)</b>	n=33	n=29	n=21
<i>More Difficult (%)</i>	15 (8% of entire sample)	11 (3% of entire sample)	<b>19 (3% of entire sample)</b>
<i>Stable (%)</i>	43 (21% of entire sample)	55 (14% of entire sample)	<b>62 (10% of entire sample)</b>
<i>Easier (%)</i>	24 (12% of entire sample)	17 (4% of entire sample)	<b>19 (3% of entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% of entire sample)	3 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	18 (9% of entire sample)	14 (3% of entire sample)	<b>0 (0% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

Figure 6 presents the proportions of REU who reported each form of methamphetamine to be ‘very easy’ to obtain in the ACT from 2003 to 2005. In 2004 there were non-significant increases in the proportions of REU who indicated that speed, base and ice were ‘very easy’ to obtain. Although again there were no significant differences when comparing this year’s data to that of the previous year, there was a slight increase in the proportion of REU reporting that ice was ‘very easy’ to obtain in 2005. This year, for the first time, the proportion of REU who indicated that ice (38%) and also base (33%) were ‘very easy’ to obtain exceeded the proportion of REU reporting speed (30%) as ‘very easy’ to obtain.

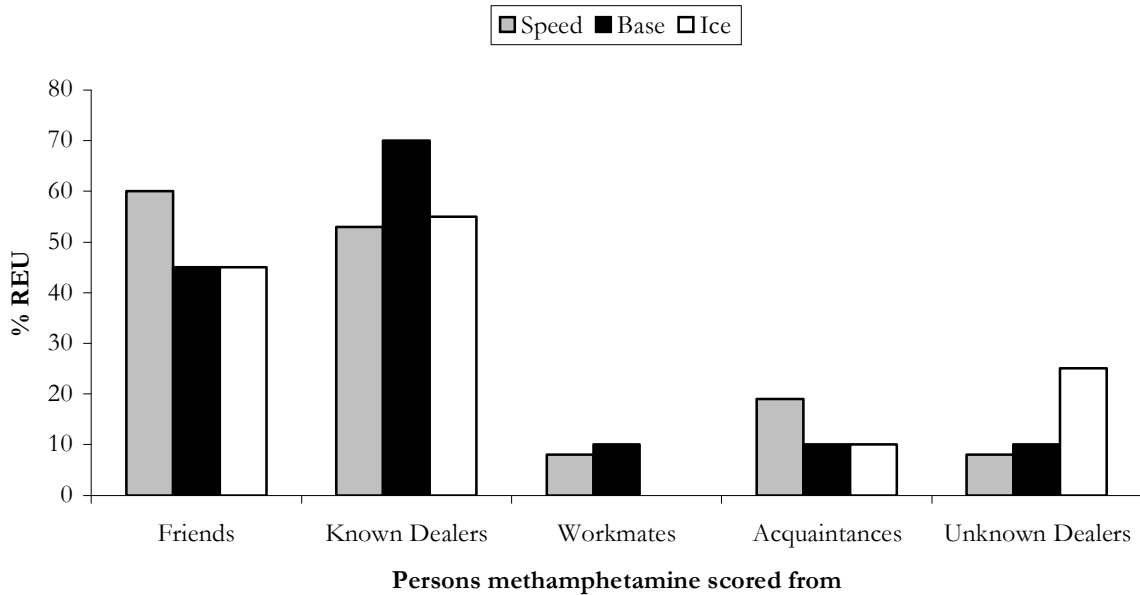
**Figure 6: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as ‘very easy’ to obtain in the six months preceding interview in ACT, 2003-2005**



Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

Figure 7 presents the people from whom REU had purchased methamphetamine in the six months prior to interview. Friends (60%) were the people from whom speed was most commonly purchased by REU in the preceding six months, followed by known dealers (53%) and acquaintances (19%). In terms of purchasing base and crystal methamphetamine, REU reported that they normally bought these drugs from dealers who were known to them (‘base’ 70%; ‘ice’ 55%), and also from friends (‘base’ 45%, ‘ice’ 45%). One-quarter (25%) of respondents indicated that they had bought crystal methamphetamine from dealers unknown to them, with a slightly smaller proportion of REU indicating that they had typically purchased base methamphetamine from unknown dealers also (19%).

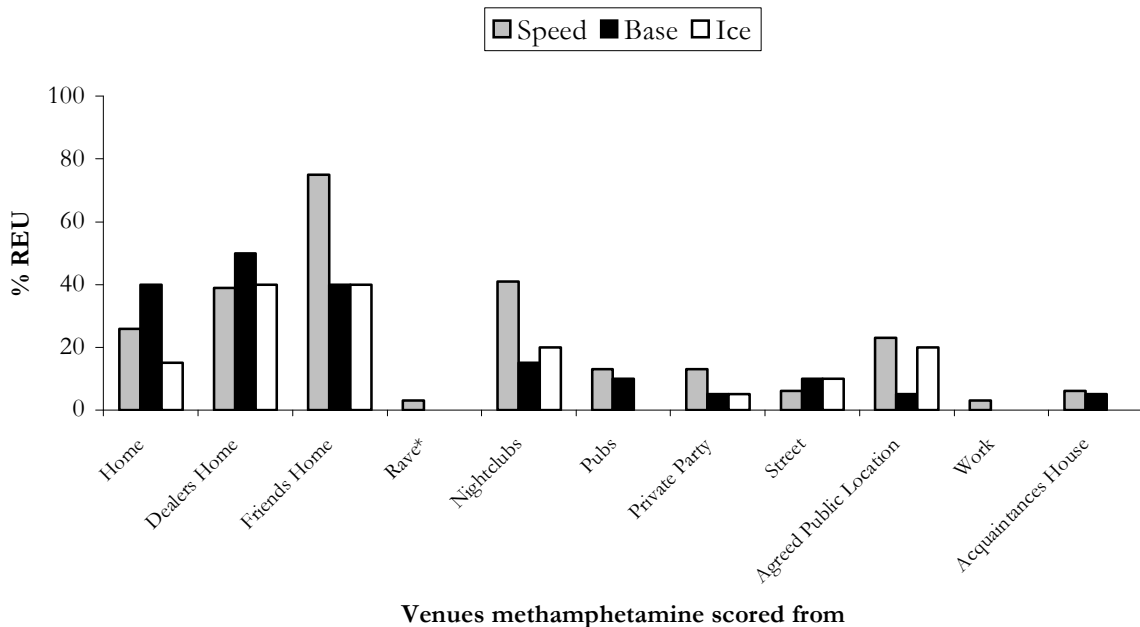
**Figure 7: People from whom methamphetamine was purchased in the preceding six months, ACT, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

Note: Results based on following response numbers: speed (n=62); base (n=20) and ice (n=20)

**Figure 8: Locations where methamphetamine was purchased in the preceding six months, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

Note: Results based on following response numbers: speed (n=62); base (n=20) and ice (n=20)

\* Includes outdoor raves, 'doofs' and dance parties

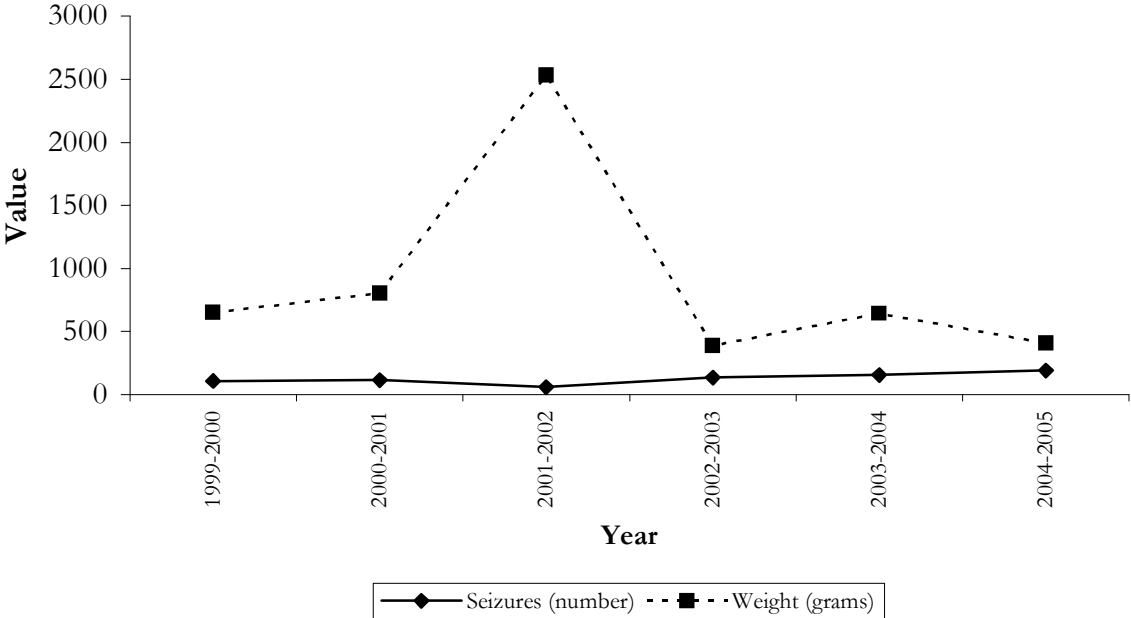
The locations at which REU most frequently scored speed in the six months prior were primarily in private settings such as at friends' homes (75%), dealers' homes (39%) and at their own home (26%) (Figure 8). Interestingly, 41% of REU commenting reported that they had typically purchased speed in nightclubs in the past six months. Both base and crystal methamphetamine were typically purchased in private locations such as at the dealer's home ('base' 50%; 'ice' 40%) or at a friend's home ('base' 40%; 'ice' 40%). Forty percent of respondents had also scored base at their own home in the past six months, and twenty percent of respondents indicated that they had scored ice at a nightclub or a public location during this period of time.

### 5.5 Methamphetamine-related harms

#### 5.5.1 Law enforcement

The number and weight of methamphetamine seizures in the ACT from 1999 to 2005 are presented in Figure 9. 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 2000/01. In the following year (2001/02) there was an approximate three-fold increase in the weight of amphetamine-like substances seized (2532 grams). The weight of seizures decreased from 644 grams in 2003/04 to 406 in 2004/05. The number of seizures has increased consistently since 2001/02 to 189 in 2004/05.

**Figure 9: Median purity of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004; 2005)

Table 22 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 2000/01, coinciding with an increase in methamphetamine use (particularly speed and ice) in the ACT. Since 2000/01 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 2004/05 the number of user-related arrests decreased for both males and females. In 2003/04 there were 60 males compared to 51 males in 2004/05, and 16 females in 2003/04 compared to 7 in 2004/05 arrested for user-related offences. In 2004/05 the number of supply-related arrests almost doubled for both males and females compared to the previous year.

**Table 22: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997-2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/98	8	3	5	2	18
1998/99	15	2	6	0	23
1999/00	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000/01	37	10	6	3	56
2001/02	44	4	9	3	60
2002/03	41	11	8	4	64
2003/04	60	16	19	4	99
2004/05	51	7	27	9	94

Source: ACC (1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005)

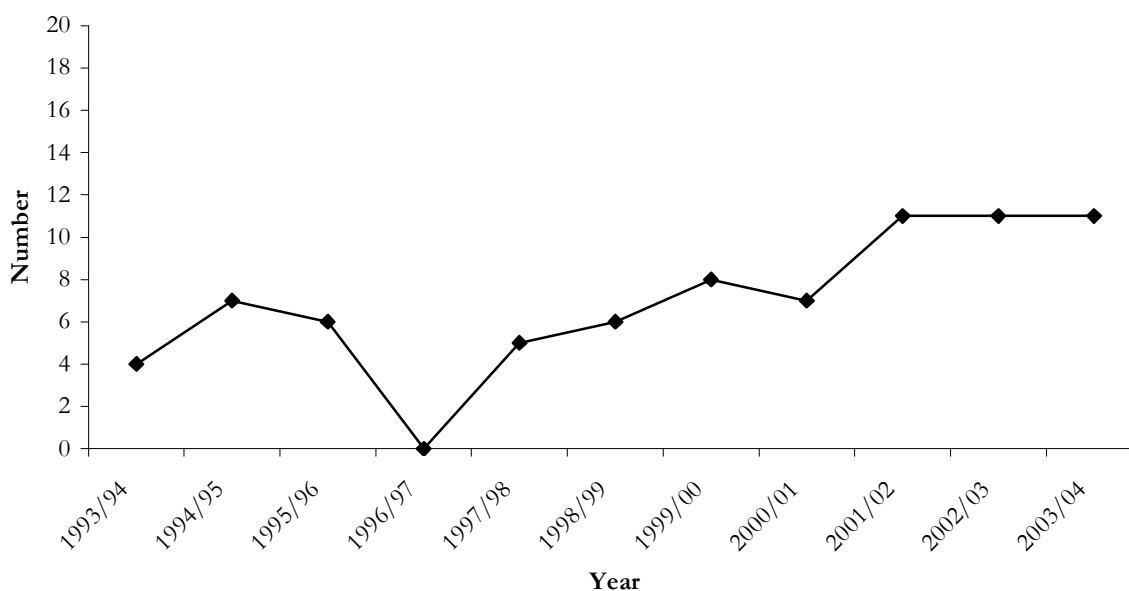
Note. <sup>a</sup> Figures for ACT 1999/00 were not available

Note. Arrest data from 1997/98 to 1999/00 exclude 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 10. There was a total of 90 hospital admissions due to methamphetamine in the period 1999/00, 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 10: Number of hospital admissions in persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/94-2003/04**



Source: Australian Institute of Health and Welfare (AIHW)

## 5.6 Summary of methamphetamine trends

- Methamphetamine powder or ‘speed’ was the form of methamphetamine most commonly used by REU, followed by base methamphetamine (‘base’) and crystal methamphetamine (‘ice’).
- For the second consecutive year, there was a decrease in the proportion of REU who reported recent or lifetime use of crystal methamphetamine in the 2005 PDI.
- Among recent methamphetamine users there were significant increases in the proportions of REU who reported having swallowed speed, and snorted speed and base. This year there was an increasing trend towards the smoking of base methamphetamine.
- The median price for a point of methamphetamine was reported to be stable, and varied slightly according to the form of methamphetamine purchased: ‘speed’ \$35; ‘base’ \$40 and ‘ice’ \$35.
- As in previous years, the majority of respondents in 2005 reported the current purity of each form of methamphetamine to be ‘medium’ to ‘high’. The reports of REU indicated that the purity of both base and crystal methamphetamine was relatively stable, and the purity of speed had decreased over the previous six months.
- The availability of each form of methamphetamine was reported to be stable and ‘easy’ to ‘very easy’ to obtain, with indications that base methamphetamine was becoming easier to obtain in the ACT.
- Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends.



## 6.0 COCAINE

Similar to 2004, over two-thirds (68%) of the 2005 PDI sample reported the lifetime use of cocaine (69% did so in 2004). This year there was a slight increase in the proportion of the sample that reported having recently used cocaine, from 34% in 2004 to almost half (44%) in 2005, although this increase did not achieve statistical significance.

### 6.1 Cocaine use among REU

Table 23 presents a summary of the patterns of cocaine use of ACT REU from 2003 to 2005. A median of three days of use (range 1-72) was reported by those REU who had used cocaine in the past six months. Over two-thirds (69%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months (similar to 73% in 2004), approximately one-fifth (22%) had used cocaine on a monthly to fortnightly basis (20% did so in 2004) and nine percent had used on a greater than fortnightly basis (7% the previous year). In 2005, one in ten (13%) REU nominated cocaine as their drug of choice.

The majority (n=27) of recent cocaine users quantified their use of cocaine in terms of grams. A median of half a gram (range 0.25-3.0) was used during a 'typical' session of cocaine use, although this increased to one gram (range 0.5-5.0) when referring to the median amount used in the 'heaviest' sessions of cocaine use (see Table 23). Of those REU who quantified their use in terms of lines (n=18), a median of two lines (range 1-25) was used during a 'typical' session of cocaine use, and a median of three lines (range 1-25) was used in the 'heaviest' session of recent use. Similar to the previous year, twenty percent of REU who had recently binged on ecstasy and related drugs reported using cocaine during these binge episodes (comparable to 18% in 2004).

As in the previous year, the most common forms of cocaine administration among recent users were intranasal, or 'snorting' (93%; 98% in 2004), and oral administration (22%; 33% in 2004). In 2005, 15% of recent cocaine users reported that they had smoked cocaine in the past six months, a significant increase ( $p < .05$ ) from 0% in 2004. In 2004, no participant reported having injected cocaine in the past six months, whereas 6% of recent cocaine users in this year's sample reported having injected cocaine in the past six months (this difference, however, was not statistically significant).

**Table 23: Patterns of cocaine use among REU, 2003-2005**

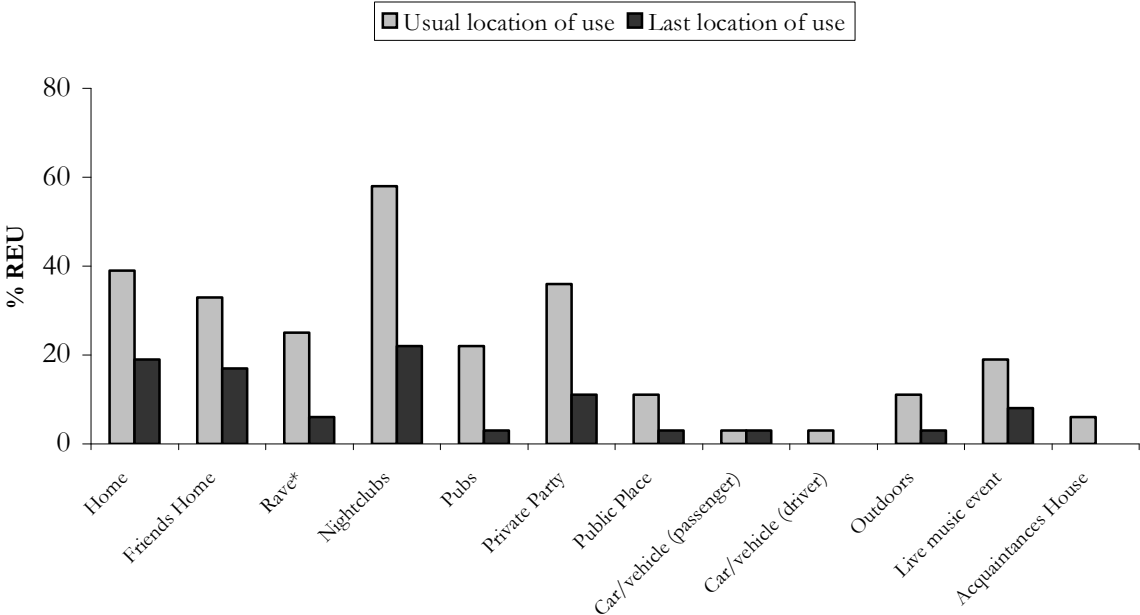
<b>Cocaine</b>	2003 (n=66)	2004 (n=116)	<b>2005 (n=126)</b>
Ever used %	47	69	<b>68</b>
Used last six months%	26	34	<b>44</b>
<b>Of those who had used</b>			
Median days used last 6 mths (range)	1 (1-4)	2 (1-24)	<b>3 (1-72)</b>
<b>Median quantities used (grams)</b>			
Typical (range)			
Heavy (range)	0.5 (0.25-1.0)	0.5 (.13-20)	<b>0.5 (0.25-3.0)</b>
	0.5 (0.5-2.0)	0.75 (.13-3.5)	<b>1.0 (0.5-5.0)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

Fourteen KE commented on cocaine use amongst REU. Nine KE thought that a few of the REU also used cocaine, whilst five KE thought that half or most REU also used cocaine. Four KE commented specifically that they had noted an increase in the use of cocaine over the past six months.

Figure 11 summarises the reports of REU regarding the locations where they had typically used cocaine in the past six months, and also the location where they last used cocaine. Cocaine was frequently used by REU across a number of diverse contexts. One-third or more of respondents reported that they had ‘usually’ used cocaine at nightclubs (58%), at home (39%), at a private party (36%), or at a friend’s home (33%) in the previous six months. Approximately one-fifth of REU commenting also indicated that they had frequently used cocaine at raves (25%), in pubs (22%) or at a live music event (19%). Similarly, the venues most commonly nominated by REU as the places where they had most recently used cocaine were nightclubs (22%), at home (19%) and at a friend’s home (17%).

**Figure 11: Location of cocaine use, ACT REU, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005  
 \* Includes outdoor raves, ‘doofs’ and dance parties

**6.2 Price**

In the 2005 ACT PDI, 30% (n=38) of the entire sample commented on the current price, purity and availability of cocaine. Twenty-seven participants reported this year on the price paid for a gram of cocaine in the ACT (see Table 24). The median reported price for a gram of cocaine (n=27) has remained stable in the ACT since 2003 at \$250 (range 180-450) per gram. This was also the median price paid for the last gram of cocaine that REU had purchased prior to interview. Three participants also reported having purchased cocaine in point form in the past six months. One participant reported paying \$50 when purchasing four points of cocaine. Two participants reported buying one point each, at a median of \$57.50 (range 45-70), and a median of \$55 on the last purchase occasion (range 40-70). There were no significant changes in the reports of REU regarding the price of cocaine across the 2004 and 2005 PDI. Similar to 2004, approximately one-third (29%) of commenting REU reported that they could not report on the changes in price of cocaine over the six months preceding interview. The remaining participants

were divided in their responses to cocaine prices – similar proportions of REU reported that the price of cocaine had remained stable (21%; 34% in 2004), was decreasing (18%; 8% in 2004), fluctuating (18%; 8% in 2004) or increasing (14%; 17% in 2004).

**Table 24: Prices and changes in price for cocaine, ACT, 2003-2005**

	2003 N=66	2004 N=116	2005 N=126
<b>Median price for gram (\$)</b>	250 (180-300)	250 (180-600)	<b>250 (180-450)</b>
<i>Changes in price</i>			
<b>Did not respond (%)</b>	82	69	<b>70</b>
<b>Did respond (%)</b>	18	31	<b>30</b>
<b>Of those that responded</b>	n=12	n=36	<b>n=38</b>
<i>Increasing (%)</i>	17 (3% of entire sample)	17 (5% of entire sample)	<b>14 (4% of entire sample)</b>
<i>Stable (%)</i>	50 (9% of entire sample)	34 (10% of entire sample)	<b>21 (6% of entire sample)</b>
<i>Decreasing (%)</i>	0 (0% of entire sample)	8 (3% of entire sample)	<b>18 (6% of entire sample)</b>
<i>Fluctuating (%)</i>	17 (3% of entire sample)	8 (3% of entire sample)	<b>18 (6% of entire sample)</b>
<i>Don't know (%)</i>	16 (3% of entire sample)	33 (10% of entire sample)	<b>29 (9% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

### 6.3 Purity

In the 2005 PDI, the majority (84%) of respondents reported that the current purity of cocaine was ‘medium’ (42%; 22% in 2004) to ‘high’ (42%; 22% in 2004, see Table 25). These statistics represent almost a doubling of the proportion of REU who believed this to be the case in 2004 (44%). Although there was a noticeable trend for REU to report the purity of cocaine as medium to high this year, these differences were not statistically significant. The reports of REU concerning the change in cocaine purity remained consistent across the 2004 and 2005 PDI. The majority (29%) of participants believed the purity of cocaine to have remained stable over the preceding six months, and 19% of REU reported it to have fluctuated during this period of time. Identical proportions of REU indicated that the purity of cocaine had increased (13%) or decreased (13%) in the six months prior to interview.

**Table 25: Reports of cocaine purity, ACT REU, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	82	69	70
<b>Did respond (%)</b>	18	31	30
<b>Of those that responded (%)</b>	n=12	n=36	n=38
<b><i>Current purity</i></b>			
<i>Low (%)</i>	17 (3% of entire sample)	14 (4% of entire sample)	<b>3 (1% of entire sample)</b>
<i>Medium (%)</i>	50 (9% of entire sample)	22 (7% of entire sample)	<b>42 (13% of entire sample)</b>
<i>High (%)</i>	17 (3% of entire sample)	22 (7% of entire sample)	<b>42 (13% of entire sample)</b>
<i>Fluctuates (%)</i>	16 (3% of entire sample)	11 (3% of entire sample)	<b>5 (2% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	31 (10% of entire sample)	<b>8 (2% of entire sample)</b>
<b><i>Purity change</i></b>			
<i>Increasing (%)</i>	17 (3% of entire sample)	17 (5% of entire sample)	<b>13 (4% of entire sample)</b>
<i>Stable (%)</i>	42 (8% of entire sample)	22 (7% of entire sample)	<b>29 (9% of entire sample)</b>
<i>Decreasing (%)</i>	8 (2% of entire sample)	11 (3% of entire sample)	<b>13 (4% of entire sample)</b>
<i>Fluctuating (%)</i>	8 (2% of entire sample)	11 (3% of entire sample)	<b>19 (6% of entire sample)</b>
<i>Don't know (%)</i>	25 (5% of entire sample)	39 (12% of entire sample)	<b>26 (8% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

## 6.4 Availability

In 2005, the reports of REU in relation to the availability of cocaine in the ACT were mixed, which is consistent with the data presented for the 2004 PDI (Table 26). Forty-two percent of respondents indicated that cocaine was ‘very easy’ (8%; 6% in 2004) to ‘easy’ (34%; 47% in 2004) to obtain. Conversely, 58% of those responding reported that cocaine was ‘difficult’ (55%; 31% in 2004) to ‘very difficult’ (3%; 8% in 2004) to obtain in the ACT. The majority (58%) of REU believed that the availability of cocaine had remained stable over the previous six months (a non-significant increase from 42% in 2004) and similar proportions of respondents indicated that cocaine had become more difficult (13%; 8% in 2004) or easier (16%; 25% in 2004) to obtain during this period of time.

The people REU reported primarily scoring cocaine from in the preceding six months were friends (50%) and known dealers (50%). Smaller percentages also reported buying cocaine from acquaintances (12%) and unknown dealers (6%). The locations at which REU reported most frequently scoring cocaine from in the six months prior (see Figure 12) were private locations such as dealers’ homes (41%), friends’ homes (32%) or at their own home (21%).

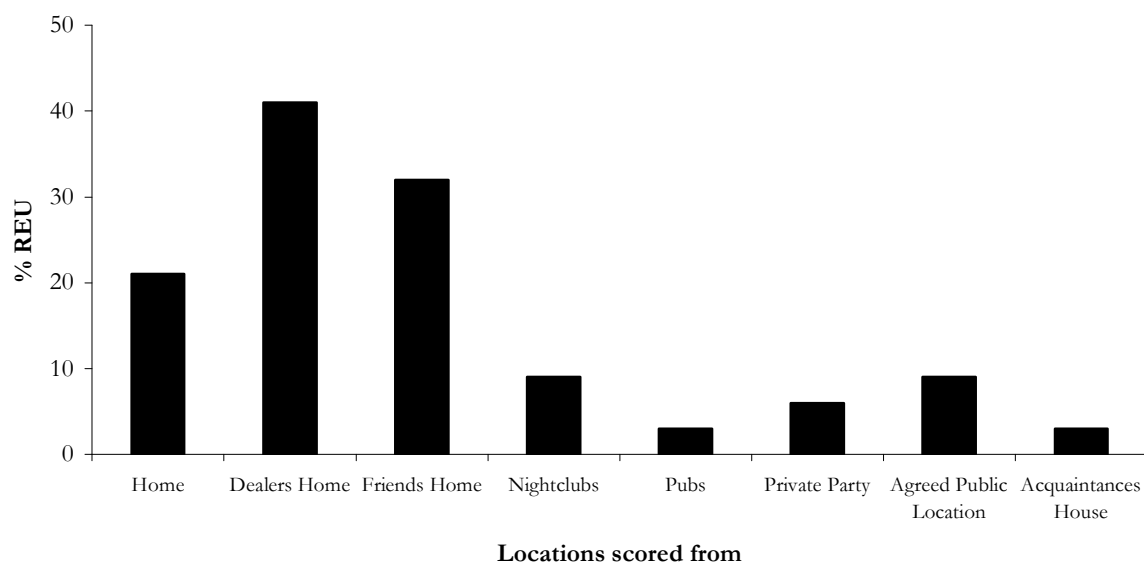
**Table 26: Availability of cocaine, ACT REU, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	82	69	70
<b>Did respond (%)</b>	18	31	30
<b>Of those that responded (%)</b>	n=12	n=36	n=38
<b><i>Current availability</i></b>			
<i>Very Easy (%)</i>	0 (0% of entire sample)	6 (2% of entire sample)	<b>8 (2% of entire sample)</b>
<i>Easy* (%)</i>	42 (8% of entire sample)	47 (15% of entire sample)	<b>34 (10% of entire sample)</b>
<i>Difficult (%)</i>	42 (8% of entire sample)	31 (10% of entire sample)	<b>55 (17% of entire sample)</b>
<i>Very Difficult (%)</i>	16 (3% of entire sample)	8 (3% of entire sample)	<b>3 (1% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	8 (3% of entire sample)	<b>0 (0% of entire sample)</b>
<b><i>Change in availability</i></b>			
<i>More Difficult (%)</i>	17 (3% of entire sample)	8 (3% of entire sample)	<b>13 (4% of entire sample)</b>
<i>Stable (%)</i>	42 (8% of entire sample)	42 (13% of entire sample)	<b>58 (18% of entire sample)</b>
<i>Easier (%)</i>	25 (5% of entire sample)	25 (8% of entire sample)	<b>16 (5% of entire sample)</b>
<i>Fluctuates (%)</i>	8 (2% of entire sample)	8 (3% of entire sample)	<b>8 (2% of entire sample)</b>
<i>Don't know (%)</i>	8 (2% of entire sample)	17 (5% of entire sample)	<b>5 (2% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

\* Combined 'Moderately Easy' and 'Easy' for 2003 data

**Figure 12: Locations where cocaine had been purchased in the preceding six months, ACT, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

## 6.5 Cocaine-related harms

### 6.5.1 Law enforcement

Table 27 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2005. During this period the number and weight of seizures has remained low; however, in 2004-2005 there were 6 cocaine seizures, consistent with previous years, but weight increased dramatically to 589 grams.

**Table 27: Number and weight of cocaine seizures, ACT, July 1999 to June 2005**

Year	Seizures (no.)	Weight (grams)
1999/00	6	3
2000/01	3	7
2001/02	10	10
2002/03	0	0
2003/04	6	4
2004/05	6	589

Source: ACC (2000; 2001; 2002; 2003; 2004; 2005)

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 2000/01 and 2001/02 there were 3 cocaine arrests, with two arrests being made in 2002/03 and 2003/04 respectively (see Table 28). In 2004/05 there was a substantial increase in the number of cocaine-related arrests in comparison to previous years. There were two arrests in both 2002/03 and 2003/04,

compared to 7 in 2004/05. There was an increase from 1 male arrested in 2003/04 for supply-related arrests to 4 in 2004/05.

**Table 28: Number of cocaine consumer and provider arrests, ACT, 2000-2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
2000/01	1	0	1	1	3
2001/02	2	0	1	0	3
2002/03	2	0	0	0	2
2003/04	1	0	1	0	2
2004/05	2	1	4	0	7

Source: ACC (2001; 2002; 2003; 2004; 2005)

### 6.5.2 Health

The number of cocaine-related hospital admissions that have occurred in the ACT over the past ten years remain very low. One cocaine-related hospital admission occurred in the years 1993/94, 1998/99 and 2001/02. There were no hospital admissions in persons aged 15 to 54 years where cocaine was implicated in the primary diagnosis in the ACT in 2003/04 (Roxburgh & Degenhardt, in press). This reflects the relatively infrequent levels of cocaine use among ACT REU.

## 6.6 Summary of cocaine trends

- Almost half the 2005 ACT PDI sample reported having used cocaine in the previous six months, the majority of whom had used on a less than monthly basis.
- Since 2003, the median price for a gram of cocaine has remained stable in the ACT at \$250 per gram.
- The reports of REU indicated that the current purity of cocaine in the ACT is stable at 'medium' to 'high' levels.
- Consistent with past years, the response of REU in regards to the availability of cocaine in the ACT was mixed.
- In the previous six months, cocaine was typically purchased by REU from known dealers and friends.

## 7.0 KETAMINE

Over one-third (38%) of the 2005 PDI sample reported ever having used ketamine in their lifetime, whereas 17% reported having used ketamine in the past six months. These figures are comparable to the lifetime and recent ketamine use statistics reported in the 2004 ACT PDI (36% lifetime use; 15% recent use).

### 7.1 Ketamine use among REU

The ketamine use patterns of ACT REU from 2003 to 2005 are presented in Table 29. Similar to previous years, recent ketamine users reported using this substance on a median of two days (*range* 1-60) in the past six months. The majority (86%) of recent ketamine users had used this substance infrequently (i.e. less than monthly use) in the past six months, with 10% of recent ketamine users using between monthly and fortnightly. One participant (4%) had used ketamine more than two days per week (60 times) in the past six months, and one participant nominated ketamine as their drug of choice. A small number (7%; n=4) of REU who had recently used ecstasy and related drugs in extended 'binge' sessions reported using ketamine during these binge sessions (0% in 2004). Three REU reported that they typically used ketamine in combination with ecstasy, whereas no participants reported using ketamine during their ecstasy comedown. Thirteen KE commented about REU use of ketamine. Eleven KE thought that it was used by a few REU, and two KE thought that ketamine was used by half of the REU. One KE commented that their service had noted a reduction in ketamine use.

Recent ketamine users typically quantified their use in terms of 'bumps' (n=9), with small numbers quantifying their use in terms of points (n=3), tablets (n=3), grams (n=2), lines (n=1) and millilitres (n=1). Those REU who reported ketamine use in terms of bumps had used a median of one bump in a 'typical' (*range* 0.5-5.0) episode of use and one bump in the 'heaviest' (*range* 1.0-10.0) session of use, decreasing from 2.5 bumps reported for the heaviest sessions of use in 2004.

The routes of ketamine administration typically used by REU were similar to those documented in the 2004 PDI report. Swallowing was the most common form of recent ketamine administration (67%; 65% in 2004), followed by snorting (57%; 47% in 2004). As in 2004, one participant this year reported the recent injection of ketamine.

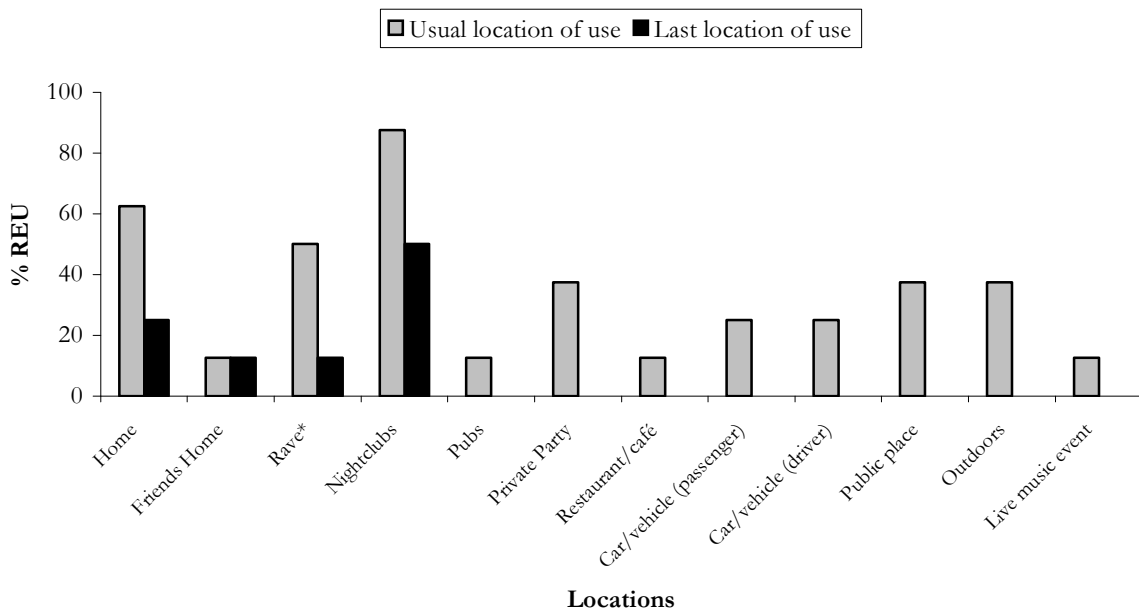
**Table 29: Patterns of ketamine use among REU, 2003-2005**

<b>Ketamine</b>	2003 (n=66)	2004 (n=116)	2005 (n=126)
Ever used (%)	49	36	38
Used last six months (%)	21	15	17
<b>Of those who had used</b>			
Median days used last 6 mths ( <i>range</i> )	2 (1-24)	2 (1-24)	2 (1-60)
<b>Median quantities used (bumps)</b>			
Typical ( <i>range</i> )	1.5 (1-3)	1 (1-8)	1 (0.5-5.0)
Heavy ( <i>range</i> )	2.0 (1-3)	2.5 (1-8)	1 (1.0-10.0)

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005



**Figure 13: Location of ketamine use, ACT REU, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

\* Includes outdoor raves, ‘doofs’ and dance parties

Figure 13 presents the locations where REU reported using ketamine in the six months prior to interview. The most commonly nominated venues where REU had typically used ketamine in the past six months and also the locations where they had last used ketamine were at home (‘usual’ 53%; ‘last’ 20%), at friends’ homes (‘usual’ 47%; ‘last’ 20%) and nightclubs (‘usual’ 47%; ‘last’ 33%),

## 7.2 Price

Reflecting the low levels of ketamine use in the ACT, only a minority of the sample (12%, n=15) reported on the current price, purity and availability of ketamine in 2005. Due to the small sample sizes that have commented on ketamine in the ACT since 2003, the following results should be interpreted with caution. Furthermore, statistical comparisons cannot be conducted to examine potential differences between the 2004 and 2005 data due to the small sample sizes obtained. The majority (n=8) of those REU reporting on recent ketamine prices in 2005 reported on the price paid for a ketamine tablet. The median price for a ketamine tablet (which remained consistent with the price paid for the last ketamine tablet purchased) was \$30 (range 20-40). This represented an increase from the median price reportedly paid for a ketamine pill in the 2004 PDI (\$20). Two participants also reported on the price paid for a gram of ketamine. There was significant variability in the median reported prices for a gram of ketamine (\$65, range 50-80) and the median price paid for the last gram of ketamine purchased (\$125, range 50-200). Of those participants who commented on the price, purity and availability of ketamine, one-third (33%; 67% in 2004) were unable to comment on changes in price of ketamine over the preceding six months (see Table 30). The majority of respondents (60%) reported that the price of ketamine had remained stable during this period of time (33% in 2004).

**Table 30: Prices and price change for ketamine, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Median price paid:</b>			
<b>Gram (range)</b>	-	\$200 (n=1)	<b>\$65 (50-80)</b>
<b>Pill</b>	\$25	\$20 (n=1)	<b>\$30 (20-40)</b>
<b>Did not respond (%)</b>	82	92	<b>88</b>
<b>Did respond (%)</b>	18	8	<b>12</b>
<b>Of those that responded</b>	n=12	n=9	<b>n=15</b>
<i>Increasing (%)</i>	8 (2% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Stable (%)</i>	50 (9% of entire sample)	33 (3% of entire sample)	<b>60 (7% of entire sample)</b>
<i>Decreasing (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>7 (1% of entire sample)</b>
<i>Fluctuating (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	42 (8% of entire sample)	67 (5% of entire sample)	<b>33 (4% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

### **7.3 Purity**

The majority (80%) of respondents commenting on the purity of ketamine reported that the current purity was 'high' (similar to 67% in 2004), and the remaining participants reported the purity as 'medium' (20%; 0% in 2004, see Table 31). When asked whether they believed the purity of ketamine had changed in the six months prior to interview, one-quarter (26%; 44% in 2004) of participants were unable to comment on changes in ketamine purity. Almost two-thirds (60%), however, indicated that the purity of ketamine had remained stable over the past six months (comparable to 56% the previous year).

**Table 31: Current ketamine purity and change in purity, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	82	92	88
<b>Did respond (%)</b>	18	8	12
<b>Of those that responded (%)</b>	n=12	n=9	n=15
<b><i>Current purity</i></b>			
<i>Low (%)</i>	8 (2% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Medium (%)</i>	25 (5% of entire sample)	0 (0% of entire sample)	<b>20 (2% of entire sample)</b>
<i>High (%)</i>	42 (8% of entire sample)	67 (5% of entire sample)	<b>80 (10% of entire sample)</b>
<i>Fluctuates (%)</i>	8 (2% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	17 (3% of entire sample)	33 (3% of entire sample)	<b>0 (0% of entire sample)</b>
<b><i>Purity change</i></b>			
<i>Increasing (%)</i>	8 (2% of entire sample)	0 (0% of entire sample)	<b>7 (1% of entire sample)</b>
<i>Stable (%)</i>	59 (11% of entire sample)	56 (4% of entire sample)	<b>60 (7% of entire sample)</b>
<i>Decreasing (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>7 (1% of entire sample)</b>
<i>Fluctuating (%)</i>	8 (2% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	25 (5% of entire sample)	44 (3% of entire sample)	<b>26 (3% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

## 7.4 Availability

As in 2004, the response of REU in regard to the current availability of ketamine in the ACT varied in 2005 (Table 32). Sixty percent of respondents indicated that ketamine was currently 'easy' (40%; 44% in 2004) to 'very easy' (20%; 11% in 2004) to obtain, whereas 40% of REU believed that ketamine was 'difficult' (20%; 44% in 2004) to 'very difficult' (20%; 0% in 2004) to obtain. The majority (67%) of respondents reported that the availability of ketamine had remained stable over the past six months (also 67% in 2004), with similar proportions reporting that ketamine had become more difficult (13%; 11% in 2004) or easier (13%; 11% in 2004) to obtain over this period of time.

The people from whom REU reported scoring ketamine from in the past six months were most commonly known dealers (40%), friends (27%), acquaintances (20%) and unknown dealers (20%). Participants responded that they had most commonly purchased ketamine in public locations such as nightclubs (33%), pre-arranged public locations with their supplier (27%) and on the street (13%). Significant proportions of REU had also purchased ketamine at their dealers' homes (20%), friends' homes (20%) and at their own home (13%) in the previous six months.

**Table 32: Current ketamine availability and change to availability, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	82	92	88
<b>Did respond (%)</b>	18	8	12
<b>Of those that responded (%)</b>	n=12	n=9	n=15
<b><i>Current availability</i></b>			
<i>Very Easy (%)</i>	8 (2% of entire sample)	11 (1% of entire sample)	<b>20 (2% of entire sample)</b>
<i>Easy<sup>A</sup> (%)</i>	25 (5% of entire sample)	44 (3% of entire sample)	<b>40 (5% of entire sample)</b>
<i>Difficult (%)</i>	67 (12% of entire sample)	44 (3% of entire sample)	<b>20 (2% of entire sample)</b>
<i>Very Difficult (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>20 (2% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<b><i>Availability change</i></b>			
<i>More Difficult (%)</i>	25 (5% of entire sample)	11 (1% of entire sample)	<b>13 (2% of entire sample)</b>
<i>Stable (%)</i>	33 (6% of entire sample)	67 (5% of entire sample)	<b>67 (8% of entire sample)</b>
<i>Easier (%)</i>	17 (3% of entire sample)	11 (1% of entire sample)	<b>13 (2% of entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	25 (5% of entire sample)	11 (1% of entire sample)	<b>7 (1% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

<sup>A</sup> Combined 'Moderately Easy' and 'Easy' for 2003 data

## 7.5 Summary of ketamine trends

- A minority of the sample reported the recent use of ketamine. Among the small number of REU who had recently used ketamine, the levels of use were infrequent.
- The median reported price for a pill of ketamine increased from \$20 in 2004 to \$30 per pill in 2005. The majority of REU, however, reported that the price of ketamine had remained stable in the ACT over the previous six months.
- The purity of ketamine was reported to have remained stable at high levels.
- Consistent with previous years, REU were divided in their response to the current availability of ketamine in the ACT.

## 8.0 GHB

In 2005, a minority (14%) of the ACT PDI sample reported ever having tried GHB (a non-significant decrease from 23% in 2004) or recently having used GHB (6%; 6% also in 2004). One participant reported ever having tried 1,4B although they had not used the substance recently, and no participants in the 2005 PDI had ever used GBL.

### 8.1 GHB use among REU

The GHB use patterns of ACT REU from 2003 to 2005 are presented in Table 33. In the six months prior to interview, eight recent GHB users reported a median of two days (*range* 1-14) of use. As documented in previous years, GHB is a drug that appears to be used relatively infrequently among regular ecstasy users in the ACT. One recent GHB user had used this substance on a greater than fortnightly basis (14 days) in the past six months, whereas the remaining respondents had used GHB less than monthly in this period of time. No participants nominated GHB, 1,4B or GBL as their drug of choice in the 2005 PDI. Only one participant had used GHB during an extended binge session on ecstasy and related drugs in the previous six months (as did one participant in 2004), and one respondent indicated that they ‘typically’ used GHB to facilitate their comedown from ecstasy. Eight KE commented on the use of GHB amongst REU, and all eight KE indicated that it was used by a few REU.

Swallowing was the universal form of administration of GHB in terms of both lifetime and recent use. Six GHB users quantified their use of the substance in terms of millilitres, one respondent quantified their use in terms of ‘vials’ and one recent GHB user did not comment on their recent quantities of GHB use. The median amount of GHB used in both the ‘typical’ (*range* 1.0-30.0) and ‘heaviest’ (*range* 1.0-60.0) episodes of use was 12.5 millilitres. For the respondent who quantified their use in terms of ‘vials’, they had used 0.5 of a vial in both the typical and heaviest episodes of recent GHB use.

**Table 33: Patterns of GHB use among REU, ACT, 2003-2005**

<b>GHB</b>	2003 (n=66)	2004 (n=116)	2005 (n=126)
Ever used (%)	17	23	14
Used last six months (%)	12	6	6
<b>Of those who had used</b>			
Median days used last 6 mths ( <i>range</i> )	3 (1-5)	1 (1-4)	2 (1-14)
<b>Median quantities used (ml)</b>			
Typical ( <i>range</i> )	28 (2-30)	15 (2-30)	12.5 (1.0-30.0)
Heavy ( <i>range</i> )	30 (4-45)	15 (2-55)	12.5 (1.0-60.0)

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

Of the five participants who commented on the price, purity and availability of GHB in 2005, two indicated that they had not used GHB in the past six months. The remaining REU (n=3) commenting on GHB all reported that they had typically used this substance at home in the past six months, with one REU also reporting that they had used GHB at a friend’s home in this

period of time. All respondents had used GHB at their own home the last time they used GHB prior to interview.

## **8.2 Price**

Due to a small number of respondents, caution needs to be exercised in interpreting the trends discussed in this section. In the 2005 PDI, five participants reported on the current price, purity and availability of GHB in the ACT, and one participant commented on GHB in 2004. As such, no statistical comparisons can be made across the 2004 and 2005 PDI data. This year, the median reported price for 500mls of GHB (n=2) was \$250 (range 200-300). This price remained stable when the respondents referred to how much they had paid on the last purchase occasion. One participant reported that GHB cost \$250 for 330mls in the ACT, and another participant reported that GHB cost \$20 for a 'vial' of GHB. Out of the five REU commenting on GHB price, purity and availability this year, two participants indicated that the price of GHB had been increasing over the past six months. One participant each reported the price to have remained stable or to have been decreasing, and one respondent was unable to comment.

## **8.3 Purity**

The current purity of GHB was reported primarily to be 'medium' (n=2) to 'high' (n=2) by respondents. One participant indicated that they believed the current purity of GHB in the ACT was 'low'. Two REU reported that the purity of GHB had remained stable over the past six months, whereas one participant each reported an increase or decrease in purity, and one participant was unable to comment.

## **8.4 Availability**

The five REU commenting on the price, purity and availability of GHB in the ACT were divided in terms of their response to the current availability of GHB. Two respondents believed that GHB was 'difficult' to obtain, whereas the remaining participants indicated that GHB was 'very easy' (n=1) to 'easy' (n=2) to obtain. Participants also indicated that the availability of GHB had remained stable (n=2) over the preceding six months, or that GHB had become easier to obtain (n=3).

REU reported having purchased GHB from friends (n=2) and known dealers (n=2). Respondents indicated that in the previous six months they had scored GHB at their dealers' homes (n=2), at a friend's home (n=1), at their own home (n=1) or at a nightclub (n=1).

## **8.5 Summary of GHB Trends**

- A minority of the ACT sample reported lifetime or recent use of GHB.
- The data that have been collected for the PDI in the ACT since 2003 suggest that GHB is a drug that appears to be used relatively infrequently among REU in the ACT.
- Only a small number of respondents were able to comment on the price, purity and availability of GHB in the ACT, and results therefore need to be interpreted with caution.

## 9.0 LSD

In 2005 almost half (48%) the sample reported ever having tried LSD, which represented a significant decrease in lifetime rates of LSD use when compared to the 2004 sample (62%,  $p < .05$ ). Despite the difference in rates of lifetime use of LSD between these two samples, there was a slight increase (although non-significant) in the proportion of REU who reported having recently used LSD in this year's sample (30%; 23% in 2004).

### 9.1 LSD use among REU

Table 34 summarises the patterns of LSD use among ACT REU from 2003 to 2005. Recent LSD users ( $n=38$ ) reported a median of two days of use in the past six months (range 1-48). The majority (87%) of REU who had used LSD in the preceding six months had used on a less than monthly basis in that period of time, and 8% used on a monthly to less than fortnightly basis. One participant had used LSD on a fortnightly basis (15 times) and one participant had used LSD twice a week (48 times) in the past six months. Of those REU who reported bingeing on ecstasy and related drugs in the preceding six months, approximately one in ten (11%) had used LSD during extended drug use sessions (comparable to 3% in 2004). Of those REU who reported that they typically (more than two-thirds of the time) used other drugs in combination with ecstasy, six (5%) nominated that they frequently used LSD in the context of ecstasy use. One REU reported that they typically used LSD during their comedown period. A minority ( $n=3$ , 2%) of the sample reported that LSD was their drug of choice. Eight KE commented on the use of LSD, and all eight KE thought that a few REU used LSD.

The majority ( $n=34$ ) of recent LSD users quantified their use of this drug in terms of 'tabs'. A median of one 'tab' was taken during both the 'typical' (range 0.5-3) and 'heaviest' (range 0.5-7) episodes of LSD use (see Table 20). A small number of participants ( $n=4$ ) referred to their use of LSD in terms of 'drops'. In the past six months, these respondents had used a median of 2 'drops' (range 1-2) in an average session of LSD use, and a median of 3 'drops' (range 2-4) in the heaviest session of LSD use. All recent LSD users reported that they had swallowed LSD in the past six months. Additionally, one participant each (3%) reported having injected, smoked and snorted LSD in this period of time.

**Table 34: Patterns of LSD use among REU, 2003-2005**

LSD	2003 ( $n=66$ )	2004 ( $n=116$ )	2005 ( $n=126$ )
Ever used (%)	59	62	<b>48*</b>
Used last six months (%)	44	23	<b>30</b>
<b>Of those who had used</b>			
Median days used last 6 mths (range)	2 (1-20)	1 (1-10)	<b>2 (1-48)</b>
<b>Median quantities used (tabs)</b>			
Typical (range)	1 (1-2)	1 (0.5-3)	<b>1 (0.5-3)</b>
Heavy (range)	2 (2-3)	1 (0.5-5)	<b>1 (0.5-7)</b>

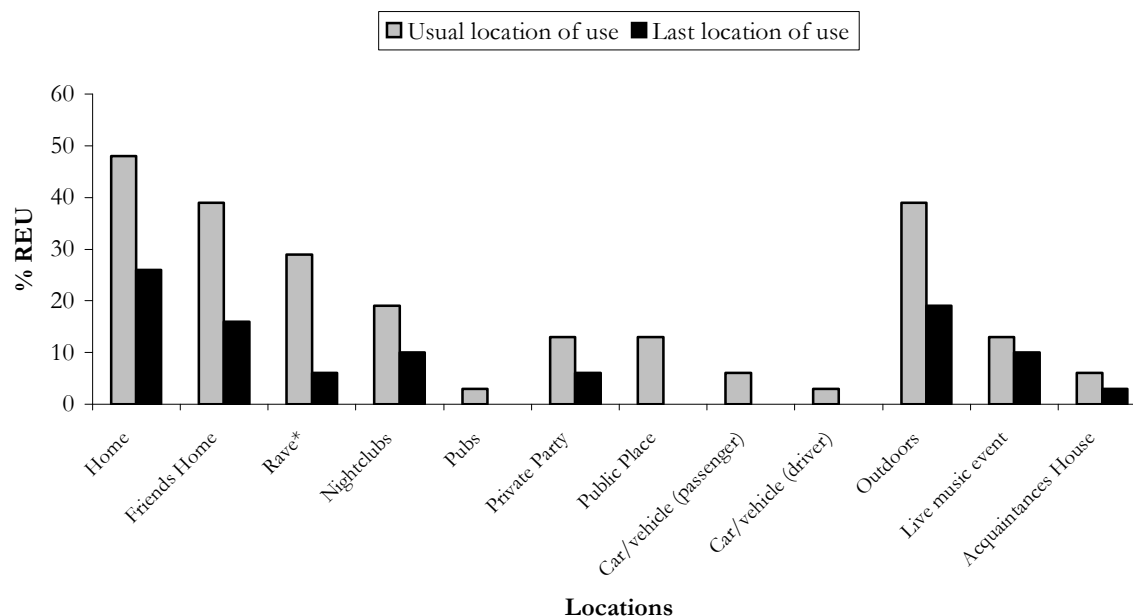
Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

REU reported having 'typically' used LSD across a number of contexts and locations in the previous six months (Figure 14). The locations at which respondents indicated they had usually

used LSD were at home (48%), a friend's home (39%), outdoors (39%), raves (29%) and at nightclubs (19%). Similarly, the venues that participants most frequently reported as the last venue of LSD use prior to interview were home (26%), friend's home (16%) and outdoors (12%).

**Figure 14: Usual and last location of LSD use, ACT REU, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

\* Includes outdoor raves (doofs) and dance parties

## 9.2 Price

In 2005, almost one-third (30%, n=38) of the entire PDI sample commented on the current price, purity and availability of LSD in the ACT. The majority (n=35) of respondents who commented on the price of LSD in the ACT in 2005, reported on prices for LSD 'tabs' (Table 35). Remaining stable from 2003 to 2005, the median reported price for a 'tab' of LSD was \$20 (range 10-40). The median price paid for the last 'tab' of LSD that REU (n=31) reported purchasing prior to interview also remained stable at \$20 (range 10-35). Three REU reported that they had recently purchased LSD in 'sugarcube' form in the ACT, costing a median of \$35 (range 15-35) per 'sugarcube'. One participant reported that LSD could be purchased in liquid form for \$35 for three 'drops'. Of the thirty-eight respondents commenting on LSD, almost half (42%) believed the price to have remained stable in the past six months (comparable to 52% in 2004). Small and similar proportions of REU reported that the price of LSD had decreased (13%; 12% in 2004) or consistently fluctuated (11%; 8% in 2004) in the six months prior to interview.



**Table 35: Prices of LSD purchased by REU, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
Median price for 'tab' (range)	20 (10-30)	20 (15-30)	<b>20 (10-40)</b>
<b>Did not respond (%)</b>	52	78	<b>70</b>
<b>Did respond (%)</b>	48	22	<b>30</b>
<b>Of those that responded</b>	n=32	n=25	<b>n=38</b>
<i>Increasing (%)</i>	19 (9% of entire sample)	16 (3% of entire sample)	<b>8 (2% of entire sample)</b>
<i>Stable (%)</i>	50 (24% of entire sample)	52 (11% of entire sample)	<b>42 (13% of entire sample)</b>
<i>Decreasing (%)</i>	3 (2% of entire sample)	12 (3% of entire sample)	<b>13 (4% of entire sample)</b>
<i>Fluctuating (%)</i>	6 (3% of entire sample)	8 (2% of entire sample)	<b>11 (3% of entire sample)</b>
<i>Don't know (%)</i>	22 (11% of entire sample)	12 (3% of entire sample)	<b>26 (8% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

### 9.3 Purity

As in 2004, the majority (74%; 64% in 2004) of REU commenting on LSD in 2005 believed the current purity to be 'medium' (45%; 28% in 2004) to 'high' (29%; 36% in 2004, see Table 36). There was a non-significant decrease this year in the proportion of REU who reported that the purity of LSD was 'low' (5%; 20% in 2004) or 'fluctuating' (13%; 4% in 2004). Over half (53%) the respondents commenting on LSD indicated that the purity of LSD had remained stable (29%; 24% in 2004) or was decreasing (24%; 20% in 2004) over the preceding six months (44% reported so in 2004). Sixteen percent of REU reported that the purity of LSD in the ACT was consistently fluctuating (a non-significant increase from 0% in 2004) and a minority (8%) believed it was increasing (a non-significant decrease from 20% in 2004).

**Table 36: Current purity of LSD and purity change, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	52	78	70
<b>Did respond (%)</b>	48	22	30
<b>Of those that responded (%)</b>	n=32	n=25	n=38
<b><i>Current purity</i></b>			
<i>Low (%)</i>	13 (6% of entire sample)	20 (4% of entire sample)	<b>5 (2% of entire sample)</b>
<i>Medium (%)</i>	41 (20% of entire sample)	28 (6% of entire sample)	<b>45 (14% of entire sample)</b>
<i>High (%)</i>	31 (15% of entire sample)	36 (8% of entire sample)	<b>29 (9% of entire sample)</b>
<i>Fluctuates (%)</i>	9 (5% of entire sample)	4 (1% of entire sample)	<b>13 (4% of entire sample)</b>
<i>Don't know (%)</i>	6 (3% of entire sample)	12 (3% of entire sample)	<b>8 (2% of entire sample)</b>
<b><i>Purity change</i></b>			
<i>Increasing (%)</i>	22 (11% of entire sample)	20 (4% of entire sample)	<b>8 (2% of entire sample)</b>
<i>Stable (%)</i>	28 (14% of entire sample)	24 (5% of entire sample)	<b>29 (9% of entire sample)</b>
<i>Decreasing (%)</i>	19 (9% of entire sample)	20 (4% of entire sample)	<b>24 (7% of entire sample)</b>
<i>Fluctuating (%)</i>	6 (3% of entire sample)	0 (0% of entire sample)	<b>16 (5% of entire sample)</b>
<i>Don't know (%)</i>	25 (12% of entire sample)	36 (8% of entire sample)	<b>23 (7% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

## 9.4 Availability

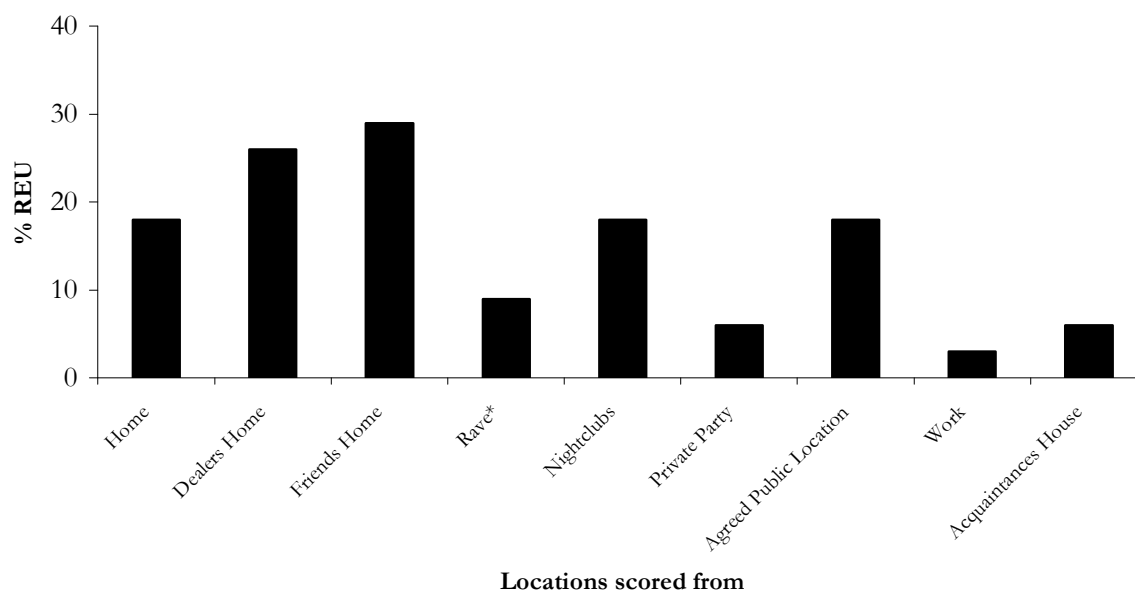
The majority (63%) of respondents commenting on LSD in the ACT reported that it was currently ‘difficult’ to obtain (a non-significant increase from 48% the previous year). Similar to 2004, approximately one in five REU (21%; 28% in 2004) indicated that LSD was ‘easy’ to obtain with sixteen percent reporting it was ‘very easy’ to obtain in the ACT (8% in 2004, see Table 37). In terms of the change to the availability of LSD in the previous six months, almost half (45%) the respondents indicated that the availability of LSD had remained stable (comparable to 56% the previous year). In 2005, there was a non-significant increase in the proportion of REU who reported that LSD had become easier to obtain in the ACT (26%; 8% in 2004), and approximately one in five (18%) respondents indicated that it had become more difficult to obtain LSD over the past six months (similar to 28% in 2004). Only small proportions of the sample reported that the availability of LSD had fluctuated in the previous six months (3%; 8% in 2004), or that they were unable to comment (8%; 0% in 2004).

**Table 37: Current LSD availability and availability change, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	52	78	70
<b>Did respond (%)</b>	48	22	30
<b>Of those that responded (%)</b>	n=32	n=25	n=38
<i>Very Easy (%)</i>	9 (5% of entire sample)	8 (2% of entire sample)	<b>16 (5% of entire sample)</b>
<i>Easy* (%)</i>	44 (21% of entire sample)	28 (6% of entire sample)	<b>21 (6% of entire sample)</b>
<i>Difficult (%)</i>	25 (12% of entire sample)	48 (10% of entire sample)	<b>63 (19% of entire sample)</b>
<i>Very Difficult (%)</i>	22 (11% of entire sample)	16 (3% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>More Difficult (%)</i>	12 (6% of entire sample)	28 (6% of entire sample)	<b>18 (6% if entire sample)</b>
<i>Stable (%)</i>	41 (20% of entire sample)	56 (12% of entire sample)	<b>45 (14% of entire sample)</b>
<i>Easier (%)</i>	38 (18% of entire sample)	8 (2% of entire sample)	<b>26 (8% of entire sample)</b>
<i>Fluctuates (%)</i>	3 (2% of entire sample)	8 (2% of entire sample)	<b>3 (1% of entire sample)</b>
<i>Don't know (%)</i>	6 (3% of entire sample)	0 (0% of entire sample)	<b>8 (2% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

**Figure 15: Locations where LSD had been purchased in the preceding six months, ACT, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005

\* Includes outdoor raves (doofs) and dance parties

The locations at which REU reported most frequently scoring LSD from in the six months prior (see Figure 15) were private locations such as friends' homes (29%), dealers' homes (26%) or at their own home (18%). Almost one in five REU, however, indicated that they also typically bought LSD at nightclubs (18%) and at public locations where they agreed to meet their dealer (18%). The people from whom REU reported primarily scoring LSD from in the preceding six months were friends (50%) and known dealers (32%). Smaller percentages also reported buying LSD from acquaintances (15%), unknown dealers (3%) and workmates (3%).

## 9.5 Summary of LSD Trends

- In 2005 there was a significant decrease in the proportion of REU who reported ever having tried LSD, although there was a slight increase in the proportion of the sample who had used LSD in the six months prior to interview.
- The majority of recent LSD users had used this substance on a less than monthly basis in the previous six months.
- The median price of a 'tab' of LSD in the ACT has remained stable since 2003 at \$20 per tab.
- REU estimated the current purity of LSD to be 'medium' to 'high' levels.
- Although the majority of REU reported that LSD was difficult to obtain, there was a non-significant increase this year in the proportion of REU who indicated that LSD was becoming 'easier' to obtain in the ACT.
- Known dealers and friends were the people through whom REU most commonly purchased LSD in the previous six months.

## 10.0 MDA

In 2005, one-quarter (25%) of the ACT PDI sample reported that they had ever tried MDA, a significant decrease from 41% reporting lifetime MDA use in the preceding year ( $p < .01$ ). Despite the difference between the 2004 and 2005 sample in terms of the proportion of REU who reported ever having used MDA, a minority of the sample (12%) this year reported having used MDA in the past six months, which was similar to 15% in 2004.

### 10.1 MDA use among REU

Table 38 presents a summary of the patterns of MDA use among ACT REU from 2003 to 2005. Recent MDA users reported using this substance on a median of one day (range 1-30) in the six months prior to interview. MDA use was relatively infrequent in the ACT, with the majority (87%;  $n=13$ ) of recent users having used on a less than monthly basis in the past six months, and two respondents (13%) who used approximately on a weekly basis. Given the low rates of MDA use in the ACT, it is not surprising that MDA was not identified as a drug of choice for any participants in this year's sample. Only one respondent indicated that they regularly used MDA in combination with ecstasy, and no REU had used MDA during binges, or during their comedown from ecstasy. Five KE commented on the use of MDA. Consistent with the REU data, all five KE indicated that MDA was used by a few of the REU in the ACT.

The majority ( $n=11$ ) of recent MDA users quantified their use of this drug in terms of 'caps'. Recent MDA users reported taking a median of 1 cap (range 1-6) in a 'typical' episode of use, and 2 caps (range 1-6) in the 'heaviest' session of use in the six months prior. Similar to the previous year, approximately one-fifth (20%) of recent MDA users had snorted the drug in the past six months (24% reported having done so in 2004), whereas the majority (93%) of recent users indicated they had swallowed MDA (similar to 94% in 2004).

**Table 38: Patterns of MDA use among REU, 2003-2005**

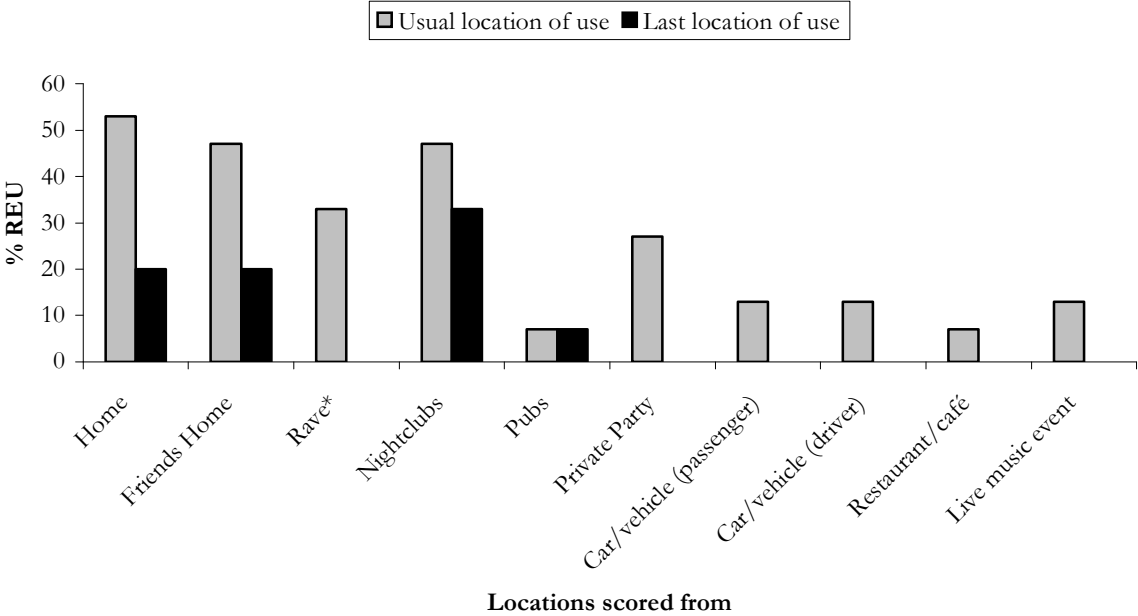
<b>MDA</b>	2003 ( $n=66$ )	2004 ( $n=116$ )	2005 ( $n=126$ )
Ever used (%)	56	41	<b>25 **</b>
Used last six months (%)	33	15	<b>12</b>
<b>Of those who had used</b>			
Median days used last 6 mths (range)	2 (1-24)	2 (1-24)	<b>1 (1-30)</b>
<b>Median quantities used (capsules)</b>			
Typical (range)	2 (1-3)	1 (0.5-4)	<b>1 (1-6)</b>
Heavy (range)	2 (1-6)	1.5 (1-4)	<b>2 (1-6)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

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

REU reported having 'typically' used MDA at nightclubs (87.5%,  $n=7$ ), home (62.5%,  $n=5$ ), and at raves (50%,  $n=4$ ; Figure 16). Similarly, the venues that participants most frequently reported as the last venue of MDA use prior to interview were at a nightclub (50%), home (25%), a friend's home (12.5%) or a rave (12.5%).

**Figure 16: Usual and last location of MDA use, 2005**



Source: PDI Regular Ecstasy User Interviews, 2005  
 Note: Based on small sample size (n=8)  
 \* Includes outdoor raves (doofs) and dance parties

**10.2 Price**

Due to the small number of REU commenting on MDA this year, caution needs to be exercised when interpreting the trends discussed below. In both the 2004 and 2005 ACT PDI, eight participants reported on the current price, purity and availability of MDA (Table 39). Given the small sample sizes obtained, no statistical analyses were conducted to examine differences between the years. The median price of an MDA ‘cap’ (n=7) has remained stable in the ACT since 2003 at \$40 (range 35-80). The median reported price for the last ‘cap’ of MDA purchased was slightly cheaper at \$35 (range 25-50). One participant reported that they had purchased MDA in pill form at a price of \$35 (per pill) in the past six months. As in 2004, the majority (62.5%, n=5) of respondents this year indicated that the price of MDA had remained stable over the past six months (50% in 2004). One-quarter (25%, n=2) of REU commenting believed that the price of MDA had increased during this period of time, whereas one participant (12.5%) was unable to comment.

**Table 39: MDA prices and price changes, ACT, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
Median price for 'cap' (range)	40 (25-50)	40 (27-50)	<b>40 (35-80)</b>
<b>Price changes:</b>			
<b>Did not respond (%)</b>	74	93	<b>94</b>
<b>Did respond (%)</b>	26	7	<b>6</b>
<b>Of those that responded (%)</b>	n=17	n=8	<b>n=8</b>
<i>Increasing (%)</i>	0 (0% of entire sample)	13 (1% of entire sample)	<b>25 (2% of entire sample)</b>
<i>Stable (%)</i>	76 (20% of entire sample)	50 (3% of entire sample)	<b>62.5 (4% of entire sample)</b>
<i>Decreasing (%)</i>	6 (2% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Fluctuating (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	18 (5% of entire sample)	37 (3% of entire sample)	<b>12.5 (1% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

### 10.3 Purity

All (100%) participants commenting on the purity of MDA in the ACT believed the current purity to be 'medium' (37.5%, n=3) to 'high' (62.5%, n=5). Similarly, the majority (62.5%) of respondents in 2004 also indicated that the purity of MDA was 'medium' to 'high' (see Table 40). Half (50%, n=4) the REU responding reported that the purity of MDA had remained stable over the past six months (37.5% did so in 2004), with one participant each reporting an increase (12.5%) or decrease (12.5%) in the purity of MDA. Two participants (25%) were unable to comment on the change in purity of MDA over the preceding six months (similar to 37.5% in 2004).

**Table 40: Current purity and purity change of MDA, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	74	93	<b>94</b>
<b>Did respond (%)</b>	26	7	<b>6</b>
<b>Of those that responded (%)</b>	n=17	n=8	<b>n=8</b>
<i>Low (%)</i>	6 (2% of entire sample)	12.5 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Medium (%)</i>	29 (8% of entire sample)	12.5 (1% of entire sample)	<b>37.5 (2% of entire sample)</b>
<i>High (%)</i>	41 (11% of entire sample)	50 (3% of entire sample)	<b>62.5 (4% of entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% of entire sample)	12.5 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	24 (6% of entire sample)	12.5 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Increasing (%)</i>	12 (3% of entire sample)	0 (0% of entire sample)	<b>12.5 (1% of entire sample)</b>
<i>Stable (%)</i>	47 (12% of entire sample)	37.5 (3% of entire sample)	<b>50 (3% of entire sample)</b>
<i>Decreasing (%)</i>	6 (2% of entire sample)	12.5 (1% of entire sample)	<b>12.5 (1% of entire sample)</b>
<i>Fluctuating (%)</i>	6 (2% of entire sample)	12.5 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	29 (8% of entire sample)	37.5 (3% of entire sample)	<b>25 (2% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

#### 10.4 Availability

Three-quarters (75%; 12.5% in 2004) of the REU commenting on MDA reported that MDA was currently 'difficult' to obtain in the ACT (Table 41). This contrasts with 87.5% of the sample in 2004 that indicated that MDA was 'easy' (37.5%) to 'very easy' (50%) to get. When asked about recent changes to the availability of MDA, REU either reported that the availability had remained stable (62.5%; 50% in 2004) over the previous six months, or were unable to comment (37.5%; 12.5% in 2004).

REU reported having purchased MDA from known dealers (87.5%, n=7) and friends (25%, n=2). Participants indicated that in the previous six months they had scored MDA at their dealer's home (62.5%, n=5), nightclubs (37.5%, n=3), at their own home (25%, n=2), a rave (25%, n=2), on the street (12.5%, n=1) or at a pre-arranged public location (12.5%, n=1).



**Table 41: Current availability and availability change of MDA, ACT, 2003-2005**

	2003 (N=66)	2004 (N=116)	2005 (N=126)
<b>Did not respond (%)</b>	74	93	94
<b>Did respond (%)</b>	26	7	6
<b>Of those that responded (%)</b>	n=17	n=8	n=8
<i>Very Easy (%)</i>	12 (3% of entire sample)	50 (3% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Easy<sup>A</sup> (%)</i>	47 (12% of entire sample)	37.5 (3% of entire sample)	<b>12.5 (1% of entire sample)</b>
<i>Difficult (%)</i>	41 (11% of entire sample)	12.5 (1% of entire sample)	<b>75 (5% of entire sample)</b>
<i>Very Difficult (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>12.5 (1% of entire sample)</b>
<i>More Difficult (%)</i>	23 (6% of entire sample)	12.5 (1% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Stable (%)</i>	59 (15% of entire sample)	50 (3% of entire sample)	<b>62.5 (4% of entire sample)</b>
<i>Easier (%)</i>	6 (2% of entire sample)	25 (2% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% of entire sample)	0 (0% of entire sample)	<b>0 (0% of entire sample)</b>
<i>Don't know (%)</i>	12 (3% of entire sample)	12.5 (1% of entire sample)	<b>37.5 (3% of entire sample)</b>

Source: PDI Regular Ecstasy User Interviews; 2003, 2004, 2005

<sup>A</sup> Combined 'Moderately Easy' and 'Easy' for 2003 data

## 10.5 Summary of MDA Trends

- There was a significant decrease in the proportion of the 2005 PDI sample that reported having ever used MDA when compared to the 2004 sample. Despite this difference, the rates of recent MDA use remained stable at low levels across the 2004-2005 samples.
- As in 2004, only a small number of respondents were able to comment on the current price, purity and availability of MDA. Therefore, these results should be interpreted with caution.
- The median reported price of MDA remained stable at \$40 per 'cap'.
- All respondents reported that the current purity of MDA was stable at 'medium' to 'high' levels.
- The reports of REU suggested that MDA had become more difficult to obtain in the ACT in 2005, with the majority of REU indicating that MDA was currently difficult to obtain.

## 11.0 OTHER DRUGS

### 11.1 Alcohol

The majority (98%) of the 2005 ACT PDI sample reported the lifetime (98%) and recent (94%) use of alcohol (as in previous years). These figures are consistent with those documented in the 2004 National Drug Strategy Household Survey (NDSHS) that reported the prevalence of daily to less than weekly alcohol consumption in the ACT population to be at 89% (AIHWb, 2005). Alcohol was consumed on a median of 48 days (two days per week, range 2-180) in the six months prior to interview. This was a decrease from a median of 72 days (three days per week) as reported by REU in the 2004 PDI report. Approximately one-third (31%) of recent alcohol users reported using alcohol on more than three days per week in the past six months, comparable to 35% in 2004. In 2005, there was a (non-significant) decrease in the proportion of REU who reported using alcohol during extended binge sessions of ecstasy and related drug use in the preceding six months (32% in 2005; 46% in 2004).

As in 2004, there were high levels of reported alcohol and ecstasy use in combination among the PDI sample in 2005. Of those respondents that indicated they typically used other drugs in combination with ecstasy, 85% nominated the use of alcohol (a non-significant increase compared to 80% in 2004). Furthermore, almost two-thirds (65%) of these participants reported that they consumed more than five standard drinks during each episode of ecstasy use (again, comparable to 66% in 2004).

The proportion of REU who reported using ecstasy to facilitate the 'comedown' from ecstasy in 2005 (42%) remained stable from 2004 (41%). Again, a concerning finding was the high proportion (69%) of participants who reported excessive alcohol consumption when 'coming down' from ecstasy (similar to 60% in 2004).

Twenty-two KE commented on the use of alcohol by REU. Twenty-one of the 22 KE thought that alcohol was consumed by most or all the REU. Additionally, KE from nightclubs thought that the amount of alcohol consumed by ecstasy users was excessive.

### 11.2 Cannabis

Almost the entire (94%) sample reported lifetime use of cannabis (similar to 98% in 2004), and over three-quarters (81%) had used cannabis in the preceding six months (comparable to 83% the previous year). Of those who had used cannabis in the preceding six months, almost all (98%) reported having smoked it, and over one-third (37%) reported having swallowed/eaten it. There was an increase in the median number of days of cannabis use for this year's sample when compared to the 2004 sample. Recent cannabis users reported a median of thirty-nine days (range 1 - 180) of use in the six months prior to interview, compared to a median of twenty-seven days (range 1-180) the previous year. In the 2005 sample, approximately one-third (34%) of this group had used cannabis three days a week or more in the preceding six months (compared to 38% in 2004). As in 2004, nineteen percent of recent cannabis users reported daily use in the past six months.

Among those respondents who had binged on ecstasy and other related party drugs in the preceding six months, over one-third (39%) reported the use of cannabis during these binge episodes (similar to 36% in 2004). Forty-three percent of participants who 'typically' used other drugs in combination with ecstasy reported the regular use of cannabis in combination with ecstasy (38% in 2004). Cannabis was also the drug nominated most frequently (74%) as the drug

used to facilitate the 'comedown' from ecstasy, a significant increase ( $p<.05$ ) in comparison to 59% in 2004.

### **11.3 Tobacco**

Over two-thirds of the 2005 sample (71%: 80% in 2004) reported the use of tobacco in the preceding six months (median 180 days use, range 1-180), and the majority (88%: 93% in 2004) of the sample reported ever having tried tobacco. The 2004 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 21% (AIHWb, 2005). Thirty-seven percent of the sample in 2005 reported daily tobacco use, therefore exceeding the NDSHS figures. This figure, however, was similar to the rates of daily smoking reported by the 2003 and 2004 PDI samples (41%).

### **11.4 Benzodiazepines**

In 2005, there was a significant reduction in the proportion of REU who reported ever having tried benzodiazepines (23%) when compared to the previous year (36%;  $p<.05$ ). Despite this difference, the percentage of REU who reported having used benzodiazepines in the past six months remained relatively unchanged across 2004 (14%) and 2005 (12%). Swallowing was the universal form of administration for the 2005 sample. Sixty percent of recent benzodiazepine users had used infrequently (i.e. less than six times) during the six months prior to interview, with a median of four days (range 1-40 days) of use during this period. Small numbers reported the use of benzodiazepines on a monthly to less than fortnightly (13%) and greater than fortnightly (27%) basis. One participant reported that they typically used benzodiazepines in combination with ecstasy, and four participants indicated that they typically used benzodiazepines to facilitate the comedown from ecstasy. Thirteen KE commented on the use of benzodiazepines. Nine KE thought that a few REU also used benzodiazepines and four KE thought that half of the REU also used benzodiazepines.

### **11.5 Anti-depressants**

Over one-quarter (28%) of the 2005 PDI sample reported ever having used anti-depressants, similar to 24% reporting lifetime anti-depressant use in 2004. The proportion of REU reporting recent anti-depressant use remained consistent across the samples (10%; 6% in 2004). 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 180 days (i.e. a daily basis, range 5-180). One participant this year indicated that they typically used anti-depressants in combination with ecstasy, as well as to facilitate the comedown.

### **11.6 Inhalants**

This year there was a significant reduction in the proportion of REU who reported lifetime use of inhalants such as amyl nitrate (29%; 44% in 2004,  $p<.001$ ) and nitrous oxide (38%; 52% in 2004,  $p<.001$ ). In 2005, similar and small proportions of the sample reported the recent use of amyl nitrate (14%; 18% in 2004) and nitrous oxide (16%; 17% in 2004) when compared to the previous year's sample. Both amyl nitrate (range 1-150) and nitrous oxide (range 1-25) had been used relatively infrequently on a median of two days in the past six months. The median amount of amyl nitrate used in both a typical and heavy session of use was 3 'snorts' ('typical' episode of use: range 1-30; 'heaviest' episode of use: range 1-30). The typical quantity of nitrous used in a standard session of use was 10 'bulbs' (range 1-20), increasing slightly to 12 'bulbs' in the heaviest sessions of use (range 1-40).

## 11.7 Other opiates

One-fifth of the sample reported ever having tried other opioids (as did 20% in 2004) and 10% reported the recent use of other opioids (similar to 6% the previous year). The median days of other opioid use in the preceding six months was 5 (range 1-25). The majority (77%) of recent opioid users reported swallowing as the mode of administration, with three REU (23%) reporting that they had smoked opioids, two REU reporting they had injected other opioids (15%), and one user (8%) reporting having snorted opioids in the preceding six months. One participant indicated that they 'typically' took other opioids in combination with ecstasy, and two participants commonly used other opioids to facilitate their comedown from ecstasy. Five KE commented on the use of opioids and thought that only a few REU also used opioids.

## 11.8 Pharmaceutical stimulants

Almost half the 2005 sample (41%) reported ever having used pharmaceutical stimulants, similar to 44% reporting lifetime pharmaceutical stimulants use the previous year. The proportion of REU reporting recent pharmaceutical stimulant use also remained relatively stable across the 2004 and 2005 samples, with 20% of the current sample reporting recent use, similar to 16% in 2004. The median number of days of use in the past six months among those REU who had used pharmaceutical stimulants recently was 2 days (range 1-180). The median number of tablets taken in both a 'typical' (range 1-10) and the 'heaviest' (range 1-15) occasions of pharmaceutical stimulant use in the past six months was 3. The routes of pharmaceutical stimulant administration used by REU were similar to those reported in the 2004 PDI. Swallowing was the most common form of administration (92%; 100% in 2004), followed by snorting (28%; 32% in 2004). No participants in the 2005 ACT PDI reported having injected, smoked or shelved/shafted pharmaceutical stimulants in the six months prior to interview.

## 11.9 Summary of other drug use

- Concerning levels of excessive alcohol use, both in combination with ecstasy and also during the comedown, were reported in this year's sample.
- This year there was a (non-significant) decrease in the proportion of the PDI sample who reported using alcohol during extended binge sessions.
- Cannabis was clearly the drug of choice used to facilitate the ecstasy comedown by REU. The use of cannabis was prevalent among the sample interviewed, and this year saw an increase in the frequency of cannabis use (median days used) during the previous six months.
- Over two-thirds of the sample had recently used tobacco, and 37% of the 2005 sample identified as daily smokers.
- The recent use of benzodiazepines, anti-depressants and other opiates were reported by a minority of the sample.
- There was a significant reduction in 2005 in the proportion of REU who reported lifetime use of inhalants such as amyl nitrate and nitrous oxide. However, when compared to the 2004 PDI sample, similar and small proportions of the sample reported the recent use of amyl nitrate and nitrous oxide.

## 12.0 DRUG INFORMATION-SEEKING BEHAVIOUR

For the first time in 2005, PDI participants were asked a number of questions that related to their drug information-seeking behaviours. When asked how often they found out the content of the drugs they took (excluding ecstasy), over half (58%) the sample reported that they had actively tried to gain information on the drugs they purchased prior to taking them (see Table 42). Approximately one-fifth (22%) of the sample reported that they ‘sometimes’ sought information of the contents of the drugs they had taken, with a similar proportion (20%) of the sample indicating they sought information on the contents of their drugs around ‘half the time’ (5%) or ‘most times’ (15%). Sixteen percent of the sample reported that they had actively sought information on the contents of the drugs they consumed (with the exclusion of ecstasy) every time they used drugs.

In terms of seeking information on the content of ecstasy tablets, a much higher proportion of the sample (81%) reported that (through various methods) they had actively sought information on the contents of the ecstasy they had purchased. The frequency with which REU reported gaining content-related information on the ecstasy they took ranged from ‘sometimes’ (23%) to ‘always’ (27%) (Table 42). Of those REU who did find out about the content of their ecstasy (82% of the sample; n=103), the most common methods of obtaining information were asking friends (76%), asking their dealer (61%) and checking on websites (46%). Approximately one-quarter (28%; n=29) of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information. Of those REU who reported using testing kits, approximately one-third (35%) indicated that they used testing kits every time prior to taking ecstasy. Almost half (41%) this group reported that they were aware the use of testing kits had limitations, with some REU identifying such issues as: ‘it doesn’t tell you [about] strength, just content’; ‘you can test for an active ingredient but not what the whole content is’; ‘in the reagent tests the older kits don’t detect as well’. REU who indicated that they used pill-testing kits were asked if they would still consume a pill where the result of the pill test was ‘no reaction’ (i.e. an unidentified substance). Only ten percent of respondents indicated that they would still take the pill if the test revealed that it contained an unidentified substance. Under half the REU also reported that they would not take a pill that was shown to contain a ‘ketamine-like’ substance, whereas the majority (86%) of participants would still take a pill that contained an ‘amphetamine-like’ substance.

REU were asked to indicate which information resources they would personally find useful (if the resource was available to them locally) as a source of drug information (see Table 43). Almost two-thirds (65%) of the sample nominated testing kits and local websites (64%) as useful sources of information. Furthermore, approximately forty percent of the sample reported that having pamphlets (41%) or outreach workers (40%) available to them would also be beneficial.

Almost seventy percent (68%) of the sample believed that pill logos were able to provide a good indication of what the contents of the pill will be like (from ‘sometimes’ to ‘always’, see table 43). Forty-nine percent of the sample indicated that pills sold as ecstasy ‘sometimes’ contained little or no MDMA, with 12% believing this is ‘often’ the case and 2% reporting that ecstasy tablets ‘always’ contained minimal MDMA or no MDMA at all. One-quarter of the sample reported that they were never concerned about the contents of the ecstasy pills they took, as long as they had a good time. Ten percent reported that this was ‘often’ the case and over one-quarter (29%) indicated that ‘sometimes’ they were unconcerned regarding the contents of their ecstasy pills. Approximately one-third (32%) of the sample believed that ecstasy should never be legal, and 41% expressed the opinion that selling ecstasy should never be legal (Table 43).

**Table 42: Content and testing of ecstasy tablets by ACT REU, 2005**

	2005 (n=126)
<b>Find out the content of other drugs (not including ecstasy %)</b>	
Always	16
Sometimes	22
Half the time	5
Most times	15
Never	42
<b>Find out the content of ecstasy (%)</b>	
Always	27
Sometimes	23
Half the time	8
Most times	23
Never	19
<b>Find out content via (%) *</b>	
Friends	76
Dealers	61
Testing kits	28
Information pamphlets	2
Websites	46
Other people	31
Personal experience	33
<b>Use testing kits** (%)</b>	
Always	35
Sometimes	48
Half the time	3
Most times	14
<b>Are aware of limitations of testing kits** (%)</b>	41
<b>Would still take pill if contained** (%)</b>	
Ecstasy-like substance	97
Amphetamine substance	86
Ketamine substance	45
No reaction	10
<b>Drug had a different content than expected (%)</b>	
Always	2
Sometimes	64
Half the time	6
Most times	1
Never	27

Source: PDI Regular Ecstasy User Interviews, 2005

\* Among those who reported finding out the content of ecstasy, n=103

\*\* Among those who used testing kits, n=29

**Table 43: Drug information relating to ecstasy tablets, 2005**

	<b>2005 (n=126)</b>
<b>Information resources believed to be/would be useful (%)</b>	
Pamphlets	41
Posters	21
Postcards	18
Music CDs	12
Video/DVDs	18
Local website	64
Testing kits	65
Outreach worker	40
<b>Logo believed to be a good indication of what pill is like (%)</b>	
Always	10
Often	21
Sometimes	38
Never	30
Don't know	2
<b>'Ecstasy' pills contain little or no MDMA (%)</b>	
Always	2
Often	12
Sometimes	49
Never	28
Don't know	10
<b>'Ecstasy' pills contain mainly MDMA (%)</b>	
Always	21
Often	39
Sometimes	26
Never	5
Don't know	9
<b>Don't care about content as long I have a good time (%)</b>	
Always	25
Often	10
Sometimes	29
Never	36
Don't know	2
<b>'Ecstasy' should be legal (%)</b>	
Always	32
Often	9
Sometimes	18
Never	32
Don't know	10
<b>Selling 'ecstasy' should be legal (%)</b>	
Always	19
Often	9
Sometimes	25
Never	41
Don't know	6

Source: PDI Regular Ecstasy User Interviews, 2005

## 12.1 Summary of drug information-seeking behaviour

- Over half the sample reported that they had actively tried to gain information on the drugs they purchased (excluding ecstasy) prior to taking them.
- In terms of seeking information on the content of ecstasy tablets, eight in ten REU reported that they actively sought information on the contents of the ecstasy they had purchased.
- The most common methods of obtaining information were asking friends, asking their dealer, and checking on local websites.
- Approximately one-quarter of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information.
- Ten percent of respondents indicated that they would still take the pill if the testing kit revealed 'no reaction'; under half the REU also reported that they would not take a pill that was shown to contain a ketamine-like substance.



## 13.0 RISK BEHAVIOUR

### 13.1 Injecting risk behaviour

#### 13.1.1 Lifetime injectors

In 2005, a minority (6%, n=8) of the PDI sample reported ever having injected a drug (comparable to 12% in 2004). The median age at which participants reported first having injected a drug was seventeen years (range 15-24). Those REU who indicated that they had injected drugs at some point during their lifetime were asked to nominate the first drug they had injected. The majority (75%, n=6) of lifetime injectors reported that they had injected some form of methamphetamine the first time they injected ('speed'=3; 'base' = 1; 'ice' = 2) with one participant each reporting heroin and steroids as the first drug they injected. Of those REU who reported ever having injected a drug, a median of 3 drugs (range 3-8) had been injected in their lifetime (Table 44).

#### *Context of initiation to injecting*

Of the eight REU who reported ever having injected a drug, half (n=4) reported that the first time they ever injected they were under the influence of other drugs. Alcohol (n=3) and cannabis (n=1) were the drugs that REU were under the influence of when initiated to injecting. When asked how they first learnt to inject, the majority (n=6) of lifetime injectors reported that a friend or partner had taught them how to inject, and two REU indicated that they were 'self-taught' injectors.

**Table 44: Injecting risk behaviour among REU, 2005**

	<b>2005 (n=126)</b>
Ever injected (%)	6 (n=8)
Median number of drugs ever injected* (range)	3 (3-8)#
Injected last 6 months*	63 (n=5)
Median number of drugs injected last 6 months* (range)	3 (1-8)

Source: PDI Regular Ecstasy User Interviews, 2005

\*Among those that had injected

# One participant did not respond, based on n=7

#### 13.1.2 Recent injectors

Of the eight participants who reported lifetime injection, five (63%) indicated that they had injected drugs in the preceding six months (Table 44). Of those REU who reported having injected a drug in the past six months, a median of 3 drugs (range 1-8) had been injected in this period of time. Of those REU who had recently injected drugs, the median number of times they had injected any drug in the past six months was 96 (range 54-150). Table 45 presents the types of drugs injected by REU in the past six months, and the median number of days on which these drugs had been injected in this period of time.

**Table 45: Drug injection patterns, ACT REU, 2005**

Drug type	Number of REU recently injected	Median days injected (range)
Ecstasy	n=3	20 (4-40)
Methamphetamine powder	n=4	47 (20-100)
Methamphetamine base	n=2	20
Methamphetamine crystal	n=4	13 (2-20)
Cocaine	n=3	2 (1-2)
LSD	n=1	5
Ketamine	n=1	1
Heroin	n=3	3 (2-50)
Buprenorphine	n=1	1
Other opiates	n=2	13 (6-20)

Source: PDI Regular Ecstasy User Interviews, 2005

All recent injectors reported that they had either injected while under the influence of other substances (n=2) or both while under the influence or coming down from other drugs (n=3). REU had injected drugs on a median of 30 days (range 9-100) while under the influence or coming down from other drugs in the six months prior.

Ecstasy (n=2), methamphetamine base (n=1), crystal methamphetamine (n=1) and heroin (n=1) were the 'last' drugs that recent injectors reported having injected prior to the interview.

#### *Injecting risk behaviour*

In the 2005 PDI no participants indicated that they had, in the past month, used a needle after someone having already used it, or had someone used a needle after they had used it. One participant indicated that they had used other injecting equipment (a spoon/mixing container; tourniquets; water) after someone else had used this equipment.

#### *Context of injecting*

The locations most frequently reported as sites of injection in the past six months were: at home (80%); at a friend's home (40%); in a car (40%); at a dealer's home (20%) and on the street/public place (20%) (Table 46). Those REU who had recently injected drugs primarily did so in the company of close friends (60%), regular (40%) and casual (40%) sex partners.

#### *Obtaining needles*

Those REU who reported having injected in the past six months were asked to indicate from where they had sourced their needles. All (n=5) recent injectors had obtained needles from a needle and syringe program (NSP), with participants also reporting having obtained needles from vending machines (n=2), chemists (n=2) or a friend (n=1). No participants had experienced any difficulty obtaining needles in the previous six months.

**Table 46: Context and patterns of recent injection among ACT REU, 2005**

	Recent injectors (n=5)
<b>Frequency of self injection</b>	
Every time (%)	100
Sometimes (%)	0
Rarely (%)	0
<b>People usually inject with*</b>	
Close friends (%)	60 (n=3)
Regular sex partner (%)	40 (n=2)
Casual sex partner (%)	40 (n=2)
No one (%)	20 (n=1)
<b>Locales where injected*</b>	
Own home (%)	80 (n=4)
Friend's home (%)	40 (n=2)
Car (%)	40 (n=2)
Dealer's home (%)	20 (n=1)
Street (%)	20 (n=1)
Public toilet (%)	0
Venue toilet (%)	0
<b>Median times injected any drug last 6 mths</b>	96
<b>Injected under the influence (%)</b>	40 (n=2)
<b>Injected while coming down (%)</b>	0
<b>Injecting while under the influence and coming down (%)</b>	60 (n=3)
<b>Median times injected any drug under the influence last 6 mths</b>	30

Source: PDI Regular Ecstasy User Interviews, 2005

### 13.2 Blood-borne viral infections (BBVI)

Almost one-third (32%) of the 2005 PDI sample reported that they had not been vaccinated against the hepatitis B virus (HBV) (see Table 47). A similar proportion (36%) had completed the HBV vaccination schedule, approximately one in ten (14%) reported that they had started but not finished the HBV schedule, and almost one in five (18%) were unsure of whether they had completed the schedule. The primary reasons for having received HBV vaccination were travelling overseas (51%), being vaccinated as a child (21%) and as a work requirement (11%). Four participants (7%) who had been vaccinated against HBV did so because they believed they were at risk due to their sexual behaviour.

Approximately one-third (34%) of the sample reported that they had been tested for the hepatitis C virus (HCV); 21% of the sample had been tested in the previous twelve months, and 13% had been tested more than twelve months ago (see Table 47). A minority (8%) of the sample were unsure as to whether they had ever been tested for HCV. Of those REU who had been tested for HCV, one participant (2%) did not receive their results and one participant (2%) tested positive for the virus.

Thirty-three percent of participants indicated that they had been tested for the human immunodeficiency virus (HIV) at some point in their lifetime. Of those participants who had been tested for HIV and received their results, two (5%) identified as HIV positive.

Almost half (46%) the sample had received a sexual health check-up at some point in their lifetime; 32% of the sample had been tested in the previous twelve months, and 14% had been tested more than twelve months ago (see Table 47). Five participants in the entire sample reported ever having been diagnosed with a sexually transmitted infection (STI) (see Table 47).

**Table 47: BBVI vaccination, testing and self-reported status of ACT REU, 2005**

	<b>2005 (n=126)</b>
<b>HBV Vaccination</b>	
No	32
Yes – Did complete the schedule	36
Yes – Didn't complete the schedule	14
Don't know	18
<b>HCV Test</b>	
No	58
Yes – In the last year	21
Yes – More than one year ago	13
Don't know	8
<b>Result of last HCV test</b>	
Positive	2
Negative	96
Did not get results	2
<b>HIV Test</b>	
No	65
Yes – In the last year	19
Yes – More than one year ago	14
Don't know/Did not get results	2
<b>If yes</b>	
Positive	5
Negative	95
<b>Sexual health check-up</b>	
No	54
Yes – In the last year	32
Yes – More than one year ago	14
<b>Ever diagnosed with an STI</b>	
No	95
In the past year	2
More than one year ago	3

Source: PDI Regular Ecstasy User Interviews, 2005

### 13.3 Sexual risk behaviour

#### *Recent sexual activity*

Almost the entire sample (93%) reported having had penetrative sex in the six months prior to interview (see Table 48). Penetrative sex was defined as sex that involved the penetration of the vagina/anus by penis/fist. The majority (72%) of sexually active REU reported having sex with two or more partners in the past six months. Similar proportions of sexually active REU reported having had sex with one (28%) or two (21%) partners in the past six months, and almost half (41%) indicated they had between 3 and 5 partners in this period of time. Ten percent (10%) of sexually active participants had had sex with six or more partners in the preceding 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, one-third (36%) reported using condoms every time they had sex with their regular sex partner, whereas one-fifth (18%) reported that they never used condoms with their regular sex partner.

Almost three-quarters (74%) of sexually active participants reported having sex with a ‘casual’ sex partner in the preceding six months. When having sex with a casual sex partner in the preceding six months, 70% of REU reported that they always used protective barriers, and a minority (6%) reported never using protection (Table 48).

Approximately one-quarter (24%) of sexually active participants in this year’s sample had recently (in the past six months) engaged in anal sex. The majority (75%) of these REU had had anal sex relatively infrequently (monthly or less) in the preceding six months.

A number of KE thought that sexual risk taking amongst REU was a significant issue. Additionally, a couple of KE believed that in the ACT there were a number of older male drug dealers that were targeting females aged between 16 and 20 to be couriers and were trading the supply of party drugs for sexual favours.

**Table 48: Sexual activity and number of sexual partners in the preceding six months, ACT REU, 2005**

	2005 (n=126)
<b>Penetrative sex (%)</b>	93
<b>No. of sexual partners (%)*</b>	
One person	28
Two people	21
3-5 people	41
6-10 people	9
10+ people	1
<b>Sex with a regular partner (%)*</b>	86
Always use protection (%)	36
Never used a protective barrier (%)	18
Any protective barrier use (%)	46
<b>Sex with a casual partner (%)*</b>	74
Always use a protective barrier (%)	70
Never used a protective barrier (%)	6
Any protective barrier use (%)	24
<b>Anal sex (%)*</b>	24
<b>No. of times had anal sex</b>	
≤ Monthly (%)	75
≤ Fortnightly (%)	7
Weekly or more (%)	18

Source: PDI Regular Ecstasy User Interviews, 2005

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

#### *Drug use during sex*

Three-quarters (76%) of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months (see Table 49). Similar proportions of those REU who reported having sex under the influence of ecstasy and related drugs had done so once or twice (35%), three to five times (31%) or six or more times (34%) in the past six months. REU were asked to nominate which drugs they had sex under the influence of the last time they had had sex using ecstasy and related drugs. Almost all (98%) nominated ecstasy, followed by cannabis (35%) and alcohol (32%). Approximately one-fifth of REU had had sex under the influence of speed (21%) and cocaine (18%) the last time they had sex under the influence.

Among those who had sex with a regular partner while using ecstasy and/or related drugs in the preceding six months, 32% reported using condoms or protective barriers every time, whereas a similar proportion (34%) reported that they never used condoms (almost a doubling of the 18% of REU who indicated that they never used condoms with a regular sex partner when not intoxicated). Among those who had sex with a casual sex partner while using ecstasy and/or related drugs in the past six months, the majority (65%) reported using condoms on every occasion, whereas approximately one-quarter (28%) reported never using condoms. This contrasts to the 6% of REU who reported never using condoms with casual sex partners on encounters where ecstasy and other drugs were not involved.

The findings this year indicate that within the context of sex with both ‘regular’ and ‘casual’ sex partners, sexual encounters that place the individual at increased risk for STIs appear to be more likely to occur when ecstasy and other related drugs are involved. When considered in context of the fact that the overwhelming majority (72%) of sexually active REU had two or more sexual partners in the previous six months, and over half (54%) the sample had never had a sexual health check up, these results are cause for concern.

**Table 49: Drug use during sex in the preceding six months, ACT REU, 2005**

	<b>2005 n=116</b>
<b>Penetrative sex while on drugs* (%)</b>	76
<i>Of those who had penetrative sex under the influence of drugs</i>	
<b>Number of times</b>	
Once	11
Twice	24
3 -5 times	31
6 - 10 times	12
Ten +	22
<b>Drugs used (%)</b>	
Ecstasy	98
Cannabis	35
Alcohol	32
Speed	21
Base	2
Ice	7
Cocaine	18
Ketamine	5
GHB	1
<b>Sex with a regular partner using party drugs (%)*</b>	
Always used a protective barrier (%)	32
Never used a protective barrier (%)	34
Any protective barrier use (%)	34
<b>Sex with a casual partner using party drugs (%)*</b>	
Always used a protective barrier %	65
Never used a protective barrier %	28
Any protective barrier use %	7

Source: PDI Regular Ecstasy User Interviews, 2005

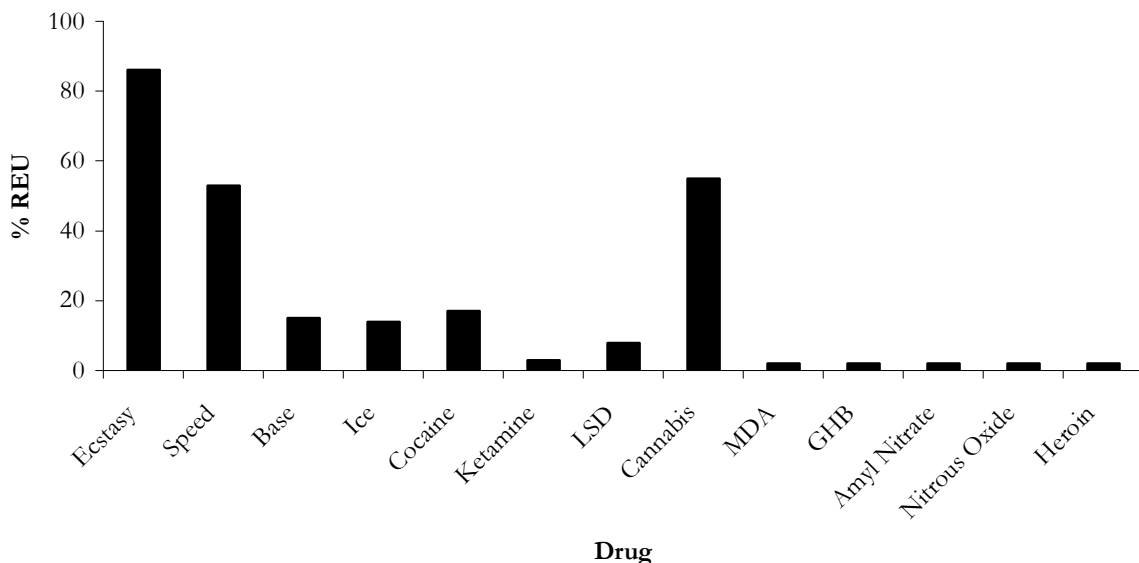
\* Of those who had penetrative sex in the last 6 months, n=116 (one case missing data)

### 13.4 Driving risk behaviour

The majority (85%; n=107) of the 2005 PDI sample reported that they had driven a car in the six months prior to interview. Almost half (44%; n=47) of those REU who indicated they had driven a car in the past six months reported that they had done so while over the limit of alcohol. Those participants who had driven a car while over the legal limit of alcohol in the six months prior had done so on a median of three times in this period of time (range 1-120).

When those participants who had driven a car in the previous six months were asked if they had done so under the influence (within one hour) of taking an illicit drug, 62% (n=66) of this group reported having done so. As demonstrated in Figure 17, ecstasy was the drug that most (86%) REU, who had driven under the influence of drugs in the past six months, reported driving under the influence of. This was followed by cannabis (55%) and methamphetamine powder (53%) as the most common. Smaller proportions had also driven under the influence of cocaine (17%), methamphetamine base (15%) and crystal methamphetamine (14%).

**Figure 17: Proportion of REU reporting driving under the influence of drugs, by drug type, 2005\***



Source: PDI Regular Ecstasy User Interviews, 2005

# Of those who had driven under the influence of drugs in the past six months (n=66)



### 13.5 Summary of risk behaviour

- A small minority (6%) of the sample had ever injected a drug; only 4% of the sample had injected drugs in the past six months.
- A median of three drugs had ever been injected, and 'recent' injectors had also injected a median of three drugs.
- The majority of injectors reported that their friends or partner had taught them how to inject.
- Almost one-third of the 2005 PDI sample reported that they had not been vaccinated against the hepatitis B virus (HBV).
- Over half the sample reported that they had never been tested for the hepatitis C virus (HCV).
- One-third of the sample indicated that they had been tested for the human immunodeficiency virus (HIV) at some point in their lifetime.
- Almost the entire sample reported having had penetrative sex in the six months prior to interview and the majority (72%) of sexually active REU reported having sex with two or more partners in the past six months.
- Approximately one-quarter of sexually active participants in this year's sample had engaged in anal sex in the past six months.
- The majority (76%) of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months, most commonly ecstasy, cannabis and alcohol.
- Sixty-two percent of those REU who had driven a car in the past six months had driven under the influence an illicit drug and 44% had done so while over the legal limit of alcohol.
- Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis and methamphetamine powder.

## 14.0 HEALTH-RELATED ISSUES

### 14.1 Overdose

REU were asked how many times they had ever overdosed (defined as unintentionally passing out or falling into a coma) on ecstasy or related drugs. Seventeen percent of the sample reported that they had ever overdosed, on a median of one occasion (range =1-7). Of those REU who had ever experienced overdosing, the median amount of time since last having overdosed was eight months (range = 1-48). Ecstasy was the drug most commonly reported to be the drug attributable to the last overdose incident (57%), followed by alcohol (24%) and less frequently cocaine (14%) and GHB (14%).

In terms of recent overdose, nine percent (n=11) of the entire sample reported having overdosed on ecstasy or related drugs in the past six months. As demonstrated in Table 50, ecstasy was the drug most commonly overdosed on (55%), followed by alcohol (18%), LSD (9%), ketamine (9%) and GHB (9%). The majority of REU who had recently overdosed indicated that they had used more than one drug at the time of overdose. The most common drugs also used in the overdose incidences were methamphetamine powder (n=4), alcohol (n=3) and ecstasy (n=3). The relevant KE, such as emergency department nursing staff who commented on the issues of overdose, indicated that party drug overdoses were relatively infrequent, but had occurred occasionally over the preceding six months.

**Table 50: Overdose in the last six months among ACT REU, 2005**

	<b>2005 (n=126)</b>
<b>Overdosed on ecstasy or related drugs (%)</b>	9 (n=11)
<b>Main drug (%)*</b>	
Ecstasy	55 (n=6)
Alcohol	18 (n=2)
LSD	9 (n=1)
Ketamine	9 (n=1)
GHB	9 (n=1)

Source: PDI Regular Ecstasy User Interviews, 2005

\* Percentage of those reporting overdose

### 14.2 Self-reported symptoms of dependence

#### 14.2.1 Ecstasy

In the 2005 ACT PDI all participants 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). As in 2004, the median score obtained on the Ecstasy SDS for the 2005 PDI sample was 1 (range 0-11). Fifty-nine percent of the sample did, however, indicate that they had worried about their use of ecstasy at some point. The median frequency of ecstasy use in this population was approximately on a fortnightly basis and therefore

the low SDS scores obtained for this group are consistent with this. Ecstasy users are not a group typically defined by 'heavy' patterns of use such as daily or greater than daily frequencies of use. The research at this stage 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 both the 2004 and 2005 PDI studies are consistent with this.

### 14.2.2 Methamphetamine

In the 2005 ACT PDI, 96 REU (76% of the entire sample) had used at least one form of methamphetamine in the six months prior. Among this group, the median number of days of methamphetamine use was 6 (range 1-180). Almost all (97%) 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 0-11). Approximately one-quarter (27%) of recent methamphetamine users reported that they had worried about their use of methamphetamine at some point in time. Ten participants (7 males and 3 females) in this year's sample 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, three REU attributed their response on the scale to their use of methamphetamine powder, two REU attributed their response to base methamphetamine and one participant to crystal methamphetamine. The remaining four participants did not attribute their responses to one form of methamphetamine specifically.

### 14.3 Help-seeking behaviour

In the preceding six months, 18% of the sample had accessed some form of medical or health service as a consequence of their drug use (see Table 51).

**Table 51: Proportion of ACT REU who accessed health help by main drug type and main reason, 2005**

Service	(%)#	Main Drug	Main Reason
Counsellor	41	Ecstasy	Depression
First Aid	41	Ecstasy/Polydrug	Acute physical problems
General Practitioner (GP)	36	Ecstasy	Depression, Other psychological problems, Dependence/addiction
Psychologist	14*	Speed/Cocaine/Polydrug	Dependence/addiction
Emergency	14*	Ice/Heroin/Polydrug	Acute physical problems
Ambulance	14*	Ecstasy/Ice/Heroin	Overdose
Drug & Alcohol Worker	9*	Cannabis	Dependence/addiction & anxiety
Social/Welfare Worker	5*	Speed	Dependence/addiction
Psychiatrist	5*	Speed	Dependence/addiction

Source: PDI Regular Ecstasy User Interviews, 2005

# Of those who reported accessing services (n=22)

\* n=5 or less

The services most commonly accessed by 2005 REU were first aid (41%, n=9) and counselling services (41%, n=9). The primary reason for accessing first aid assistance was the experience of acute physical problems (n=4). The majority of REU who had accessed first aid in the previous six months did so in relation to ecstasy (n=3) or polydrug (n=3) use. Of those REU who had recently seen a counsellor due to drug-related issues, depression was the most common reason for help seeking. The majority (n=4) of REU who had accessed first aid in the previous six months did so in relation to their ecstasy use. Eight participants had also visited a general practitioner in the past six months for a varied number of reasons (see Table 51). Ecstasy again was the drug most commonly cited as the reason for this form of help seeking (n=4).

#### 14.4 Other problems

Drug-related harms were characterised into four primary groups: social/relationship problems, financial problems, legal/police problems and occupational/study problems. REU were asked if they had experienced any of these problems due to their drug use in the past six months. If so, participants nominated the main drug that they attributed these problems to. The results are summarised in Table 52.

Consistent with previous years, only a minority of the sample (2%, n=3) had experienced legal/police problems in the preceding six months. One participant had been arrested, one participant had been sentenced to weekend detention and another had outstanding debts as a result of their drug use. Two participants attributed their experience of legal/police problems to ecstasy, whereas one REU attributed their problems to crystal methamphetamine.

Just over one-third (35%) of the sample reported that they had recently experienced relationship/social problems due to their drug use. The most commonly reported problems in this domain were arguments (36%), mistrust/anxiety (30%), and eight participants (18%) had terminated a relationship as a consequence of their drug use. Almost two-thirds (64%) of those REU who had reported relationship/social problems attributed these problems to ecstasy, with smaller proportions attributing their experiences to other drugs (see Table 52).

**Table 52: Self reported drug-related problems, ACT REU, 2005**

	% REU	Ecstasy (%)#	Speed (%)#	Base (%)#	Crystal (%)#	Cannabis (%)#	Alcohol (%)#
<b>Occupational/Study (%)</b>	41	69	8*	2*	0	15	4*
<b>Financial (%)</b>	36	64	7*	7*	0	7*	4*
<b>Relationship/Social (%)</b>	35	64	2*	5*	5*	9*	7*
<b>Legal/Police (%)</b>	2*	67*	0	0	33*	0	0

Source: PDI Regular Ecstasy User Interviews, 2005

# Of those who reported experiencing that problem

\* n=5 or less

Approximately one-third (36%) of participants also reported experiencing financial problems in the past six months. The most commonly experienced financial problem was having no money for recreation/luxuries (56%), being in debt or owing money (22%) or having no money for food or rent (18%). Ecstasy was the drug that the majority (64%) of REU experiencing financial problems attributed their difficulties to.

The drug-related problems most frequently experienced by REU in the 2005 PDI were occupational/study problems, with 41% of REU having experienced these problems in the six months prior to interview. Of these, the most commonly reported by participants were being unmotivated (35%), having trouble concentrating (31%) and taking sick leave or not attending class (17%). Again, ecstasy (69%) was the drug that REU most commonly attributed their experience of occupational/study problem to (see Table 52).

#### **14.5 Summary of health-related issues**

- Almost one in five REU had ever overdosed on ecstasy and/or related drugs and 9% of the sample reported having overdosed on ecstasy or related drugs in the past six months.
- Ecstasy was the drug most commonly overdosed on, followed by alcohol, LSD, ketamine and GHB.
- The median score obtained on the Ecstasy SDS for the sample was 1, suggesting dependence on ecstasy is rare among REU.
- The median SDS score obtained on the Methamphetamine SDS was 0; however, ten participants obtained SDS scores that classified them as methamphetamine dependent according to reliable criteria.
- Eighteen percent of the sample had accessed medical or health facilities in the past six months as a result of their drug use.
- The most commonly accessed services by REU were first aid, counsellors and general practitioners. Ecstasy was the drug that the majority of REU attributed their help-seeking behaviours to.
- Only a minority of the sample had experienced legal/police problems in the preceding six months and just over one-third of REU reported that they had recently experienced relationship/social problems due to their drug use.
- Approximately one-third of participants also reported experiencing financial problems in the past six months.
- The drug-related problems most frequently experienced by REU in the 2005 PDI were occupational/study problems.

## 15.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

### 15.1 Reports of criminal activity among REU

Over one-quarter (29%) of the 2005 PDI sample reported having engaged in some form of criminal activity in the month prior to interview (Table 53). This figure represented a significant increase ( $p<.005$ ) in 'recent' criminal activity reported by this year's sample, when compared to 11% reporting recent criminal activity in 2004. Similarly, when compared to last year's sample (9%), there was a significant increase in the proportion of REU (25%) who this year indicated that they had sold drugs for cash profit in the month prior to interview ( $p<.005$ ). This trend was also supported by the reports of KE this year, who thought there had been an increase in drug dealing by REU. Similar proportions of the sample reported that in the past six months they had paid for their ecstasy through dealing drugs to receive an ecstasy profit (20%; 15% in 2004) or dealing drugs to receive a cash profit (16%; 10% in 2004). Consistent with previous years, the rates of arrest were minimal in this sample with only 6% of the sample indicating that they had been arrested in the previous 12 months (6% in 2004 and 5% in 2003).

**Table 53: Criminal activity reported by ACT REU, 2003-2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
<b>Criminal activity in the last month (%)</b>			
Any crime	45	11	29***
Drug dealing	42	9	25***
Property crime	3	3	4
Fraud	3	1	2
Violent crime	0	0	2
In the preceding six months:			
Paid for ecstasy through dealing drugs <sup>a</sup>	23	-	-
- Ecstasy profit	-	15	20
- Cash profit	-	10	16
Paid for ecstasy through property crime	0	0	1
Arrested in the past 12 months	5	6	6

Source: PDI Regular Ecstasy User Interviews, 2005

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

<sup>a</sup> Question as asked in 2003; 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

### 15.2 Perceptions of police activity towards REU

Table 54 summarises the responses of REU in regards to their perceptions of recent police activity in the ACT. In the 2005 PDI, there was a significance decrease in the proportion of REU who reported that police activity towards ecstasy and other related drugs users had remained stable in the preceding six months (39%; 59% in 2004,  $p<.005$ ). One-quarter (25%) of the sample believed that police activity in relation to ecstasy and related drugs users had increased in the past six months, whereas only 1% reported a decrease. There was a significant increase this year in the

proportion of the sample who were unable to comment (responded ‘don’t know’) on recent police activity when compared to 2004 (35%; 21% in 2004,  $p<.05$ ). Twelve REU commented specifically on the increase of police numbers at clubs in the ACT. Nine participants noted an increase in the presence of sniffer dogs at dance events and clubs over the past six months, and eight REU observed that there were more uniformed police (as opposed to undercover police) attending clubs and raves in the ACT during this period of time. As in the 2003 and 2004 PDI, only a minority (8%) of the sample reported that recent police activity had made it more difficult for them to score illicit drugs. Twenty-two KE commented on police activity over the previous six months. Opinion was mixed, with 13 KE reporting no change, four KE reporting an increase in police activity, three KE reporting a decrease in police activity and two KE reporting that police activity was fluctuating.

**Table 54: Perceptions of police activity by REU, 2003–2005**

	2003 (n=66)	2004 (n=116)	2005 (n=126)
<b>Recent police activity (%):</b>			
Decreased	14	4	1
Stable	48	59	39***
Increased	19	16	25
Don’t know	20	21	35*
Made scoring more difficult (%)	15	12	8

Source: PDI Regular Ecstasy User Interviews, 2005

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

### 15.3 Perceptions of changes in ecstasy and related drug markets

Approximately half (56%) the sample believed that there had been changes to the use of ecstasy and other related drugs by ACT REU in the six months prior to interview. Ten REU reported that there had been an increase in the prevalence and frequency of ecstasy use in the preceding six months, whereas only three REU believed there to have been a decrease in ecstasy use during this period. Similar numbers of REU indicated that the use of LSD (n=10) and cocaine (n=9) had increased in the ACT PDI population over the past six months. Eight REU reported that there had been an increase in general experimentation with ecstasy and related drugs (i.e. trying different drug combinations and trying new drugs on the market) in the previous six months.

Nineteen KE commented on changes in the use of other drugs in addition to ecstasy. Of the 19, six KE thought that the use of crystal methamphetamine among REU had increased over the past six months. Consistent with the REU data, four KE thought that the use of methamphetamine powder had increased in the last six months and four KE thought that the use of cocaine had also increased in the last six months.

## 15.4 Summary of criminal and police activity

- Over one-quarter (29%) of the sample reported having engaged in some form of criminal activity in the past month, a significant increase from last year.
- There was also significant increase in the proportion of REU (25%) who this year indicated that they had sold drugs for cash profit in the month prior to interview (9% in 2004).
- The rates of arrest were minimal in the 2005 ACT PDI sample.
- One-quarter of REU believed that recent police activity had increased in the ACT, whereas only 1% reported a decrease.
- Consistent with previous years, only a minority of the sample reported that recent police activity had made it more difficult for them to score illicit drugs.



## **16.0 SUMMARY**

### **16.1 Demographic characteristics of REU**

The demographic characteristics of the 2005 ACT PDI sample were, for the most part, similar to those obtained in the 2004 ACT PDI. However, the 126 REU interviewed for the PDI in 2005 were significantly younger than those REU interviewed for the 2004 PDI, and were also more likely to identify as full-time students. A smaller proportion of the sample this year identified as heterosexual, although this difference did not quite achieve statistical significance. Despite these differences, the characteristics of the 2005 PDI sample provided contrast against the demographics that defined the injecting drug user (IDU) sample surveyed for the 2005 ACT IDRS. When compared to the IDU sample, REU tended to be young with high levels of education, to be currently studying or employed and to have had minimal contact with the legal system or drug treatment facilities.

### **16.2 Patterns of polydrug use**

Ecstasy was the drug of choice for over half the sample. The REU interviewed for the PDI in 2005 were polydrug users, having used a mean of 9 drugs in their lifetime and a mean of 6 drugs in the preceding six months. Consistent with past years, the proportion of the sample that reported ever or recently having injected drugs was minimal. Recent 'binge' activity was reported by almost one half of the sample, with a median binge length of three days. The drugs that were most commonly used during binges were ecstasy, methamphetamine powder, cannabis, alcohol, cocaine and base methamphetamine.

### **16.3 Ecstasy**

Ecstasy use typically started for REU in their late teens. Ecstasy pills were the most common form of ecstasy used by REU in the previous six months above ecstasy capsules and powder. As in the 2004 PDI, the most common pattern of ecstasy use among the 2005 REU sample was a monthly to fortnightly pattern of use. The majority of the sample indicated that they typically took more than one tablet each time they used ecstasy – a median of 2 ecstasy tablets were taken in a 'standard' session of use in the past six months, and this increased to 3 when referring to the 'heaviest' episode of use. Similar to 2004, almost half the sample had used four or more ecstasy tablets in a single use episode during the preceding six months. As supported by KE reports, swallowing was the predominant form of administration, and there was a significant increase this year in the proportion of the sample who reported having snorted ecstasy. Experimentation with other methods such as smoking, shelving/shafting and injection (for a minority) were also reported. The majority of the 2005 PDI sample reported that they typically used other drugs both in combination with ecstasy, and also to facilitate the comedown period associated with ecstasy use. Concerning levels of excessive alcohol use during ecstasy intoxication and also the comedown period were again evident in this year's sample. The drugs most frequently used in conjunction with ecstasy and to ease the ecstasy comedown were alcohol, cannabis and tobacco.

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

The median price for a tablet of ecstasy in the ACT remained stable in 2005 at \$35. The majority of respondents reported that the current purity of ecstasy was at 'medium' to 'high' levels, and also similar to 2004 –the reports of REU with regard to the change in purity of ecstasy over the past six months were inconsistent. Data provided by the ACC indicate that the purity of ecstasy increased consistently over the year from 29.7% in the July-September quarter of 2004 to 48.1% in the April-June-quarter of 2005. Ecstasy was considered to be very easy to easy to obtain by ACT REU, with the majority of the sample reporting that the availability had remained stable or

had become easier in the six months prior to interview. As in 2004, ecstasy was primarily obtained through friends, known dealers and also acquaintances. Almost the entire sample nominated benefits associated with the use of ecstasy, with the most frequently nominated benefits being enhanced communication/sociability, having fun, enhanced mood and enhanced bonding and closeness with others. The most common perceived risks that REU associated with ecstasy use were depression, the consumption of unknown contaminants and memory impairment.

### **16.3.2 Ecstasy markets and patterns of purchasing**

In the six months prior to interview, REU had purchased ecstasy from a median of four people. Participants indicated that they typically purchased for themselves and others when they purchased ecstasy and that they purchased a median of five ecstasy pills on each purchase occasion. Sixty-seven percent of the entire sample reported that they were able to purchase other drugs from their 'main' ecstasy dealer. Other drugs that were commonly available to REU at the time of ecstasy purchase were methamphetamine powder, cannabis, cocaine, crystal methamphetamine and base methamphetamine.

## **16.4 Methamphetamine**

Seventy percent of the sample reported the recent use of methamphetamine powder (speed), while approximately one-quarter of the sample reported the use of base and crystal methamphetamine in the past six months. As observed in 2004, there was a significant decrease again this year in the prevalence of crystal methamphetamine use among the ACT PDI sample. In 2005, there were noticeable increases in the amounts of speed that recent users reported having consumed during both 'typical' and 'heavy' episodes of use. Speed was also a commonly used substance during binge episodes on ecstasy and other related drugs. The median price for a point of methamphetamine varied according to the purity of the form purchased: speed and crystal methamphetamine were \$35 a point whereas methamphetamine base was \$40 a 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, with suggestion that the purity of speed had decreased over the six months prior to interview. Speed, base and crystal methamphetamine were reported to be reliably 'easy' to 'very easy' to obtain by REU. There was a significant increase this year in the proportion of REU who indicated that base was becoming 'easier' to get in the ACT. Similar to ecstasy, the three methamphetamine forms were predominantly obtained through known dealers and friends.

## **16.5 Cocaine**

Consistent with the 2004 PDI sample, over two-thirds of the 2005 PDI sample reported ever having used cocaine. Almost half of this year's sample had used cocaine in the preceding six months compared to approximately one-third reporting recent use in the 2004 sample. Although this increase was non-significant, several KE also noted that they believed there to have been an increase in cocaine use in the ACT over the past six months. The majority of recent cocaine users had used the substance on a less than monthly basis in the past six months. Snorting remained the most popular route of cocaine administration, although there was a significant increase in the proportion of REU who had recently smoked cocaine. The price of cocaine remained stable at \$250 per gram. Respondents indicated that the purity of cocaine was stable at 'medium' to 'high' levels. Participants, however, were divided in terms of their perceptions regarding the current availability of cocaine in the ACT, with almost half the sample reporting cocaine to be 'easy' to 'very easy' to obtain and over half reporting it to be 'difficult' to 'very difficult' to obtain.

## **16.6 Ketamine**

Similar to the 2004 PDI, over one-third of the REU sample in 2004 reported ever having tried ketamine, with under one in five REU having used ketamine in the previous six months. The majority of recent ketamine users had used this substance on a less than monthly basis in the six months prior to interview. The median price for a ketamine pill increased this year to \$30 per pill from \$20 per pill in 2004. The price of ketamine, however, was reported to have remained stable by REU in the past six months. Consistent with the 2004 data, the purity of ketamine was reported to be stable at high levels in the ACT, and REU were divided in their response to the ease with which ketamine could be obtained.

## **16.7 GHB**

A minority of the 2005 ACT PDI sample reported lifetime or recent use of GHB. Since 2003, the data collected in the ACT PDI indicate that the prevalence and levels of GHB use in the ACT remain low. Consistent with the low level of GHB use among the sample, only five participants commented on the price, purity and availability of GHB in the ACT this year. These results therefore need to be interpreted with caution.

## **16.8 LSD**

Almost half the 2005 PDI sample had ever used LSD, and approximately one-third of REU had used LSD in the six months prior to interview. LSD was used on a median of two days in the past six months, and the quantity of LSD used in a 'typical' and the 'heaviest' session of use was one 'tab'. The price of LSD was reported to be stable at \$20 a 'trip'. Consistent with reports from previous years, the majority of REU interviewed in 2005 reported that the current purity of LSD was at 'medium' to 'high' levels. REU reports indicated that the purity of LSD had remained stable or was decreasing over the past six months. Although the majority of the sample reported that LSD was 'difficult' to obtain in the ACT, there were indications that LSD was becoming easier to obtain also. When commenting on changes to drug use patterns and the types of drugs used by ACT REU over the past six months, ten REU reported an increase in the use of LSD specifically.

## **16.9 MDA**

There was a decrease in the proportion of the sample reporting ever having used MDA in 2005, and rates of recent MDA use remained at the low levels similar to those reported in the 2004 PDI sample. As observed in previous years, the frequency of MDA use among ACT REU generally appears to be quite low. Again in 2005, only small numbers of REU were able to comment on the current price, purity and availability of MDA. The median price for a cap of MDA remained stable at \$40 per 'cap'. MDA purity was reported by REU to be stable at 'medium' to 'high' levels. As a reflection of the low levels of MDA use in the ACT, the majority of REU reported that MDA was difficult to obtain.

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

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, and the high levels of alcohol use observed in the 2004 sample were also observed in this year's PDI report. Although the general frequency of alcohol use appeared to decrease this year, REU reports indicated that alcohol is still frequently being used in conjunction with ecstasy and to ease the comedown, and in a significant number of cases was being used to excess. Alcohol was also commonly used in the context of other drugs in extended 'binge' episodes of drug use by a number of REU. The level of alcohol use among REU in the 2005 PDI sample contrasts to the patterns of alcohol use documented in the IDRS

sample. Whereas almost all (94%) REU reported the use of alcohol in the six months prior to interview, and did so on a median of 48 days (i.e. twice a week) in the past six months, approximately three-quarters of IDU interviewed for the IDRS in 2005 had recently used alcohol on a median of 13 days (i.e. a fortnightly basis).

As was the case in 2004, the proportion of recent cannabis users was relatively constant between the 2005 PDI (81%) and IDRS (90%) 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 39 days (an increase from 27 days in 2004) typically in the context of an ecstasy 'comedown'. The use of tobacco was less common among REU (71%) than IDU (96%), although the median number of days of use was 180 (i.e. daily) for both samples.

The recency and frequency of use of benzodiazepines, anti-depressants 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 (12%) in the preceding six months contrasted to over half (62%) of IDU who reported recent benzodiazepine use in the 2005 IDRS. Proportions of recent anti-depressant use were also higher in the IDU sample (22%) than in the REU sample (10%).

The level of inhalant use was significantly higher among the PDI population than the IDU sample. Fourteen percent of REU reported the recent use of amyl nitrate and sixteen percent had used nitrous oxide in the past six months, whereas only 1% of the IDU sample had used any form of inhalant in the preceding six months.

### **16.11 Drug information-seeking behaviour**

Approximately half the sample reported that they had tried to gain information on the drugs they purchased (excluding ecstasy) prior to taking them, and over three-quarters of the sample reported that they actively sought information on the contents of the ecstasy they had purchased. The most common methods of obtaining information related to the drugs that REU intended to use were asking friends, asking their dealer and checking on websites. Approximately one-quarter of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information.

### **16.12 Risk behaviour**

Only a minority of the sample had ever or recently injected drugs. A median of three drugs had ever been injected while those who reported having injected in the past six months had also injected a median of three drugs. Almost half the lifetime injectors reported injecting for the first time while under the influence of other drugs. When asked how they first learnt to inject, the majority of lifetime injectors reported that their friends or partner had taught them.

Almost one-third of the 2005 PDI sample reported that they had not been vaccinated against the hepatitis B virus (HBV) and over half the sample reported that they had never been tested for the hepatitis C virus (HCV). Thirty-three percent of participants indicated that they had been tested for the human immunodeficiency virus (HIV) at some point in their lifetime, and over half the sample had never received a sexual health check up.

Almost the entire sample reported having had penetrative sex in the six months prior to interview, and the majority reported having sex with two or more partners in the past six months. Approximately one-quarter (24%) of sexually active participants in this year's sample had recently

(in the past six months) engaged in anal sex. Over three-quarters of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Sixty-two percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug and just under half had done so while over the legal limit of alcohol. Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis and methamphetamine powder.

### **16.13 Health-related issues**

Seventeen percent of REU reported ever having overdosed on ecstasy or related drugs and 9% reported having overdosed on ecstasy or related drugs in the past six months. Ecstasy was the drug most commonly overdosed on, followed by alcohol, LSD, ketamine and GHB, although the majority of recent self-reported overdoses involved the use of multiple drugs.

In the 2005 ACT PDI all participants completed the Severity of Dependence Scale (SDS) in relation to ecstasy and methamphetamine. As in 2004, the median score obtained on the Ecstasy SDS for the 2005 PDI sample was 1 (range 0-11). The median SDS score obtained for recent methamphetamine users was 0 (range 0-11); however, ten participants obtained SDS scores that classified them as methamphetamine dependent.

A minority of the sample had experienced legal/police problems in the preceding six months and just over one-third of the sample reported that they had recently experienced relationship/social problems due to their drug use. Approximately one-third of participants also reported experiencing financial problems in the past six months. The drug-related problems most frequently experienced by REU in the 2005 PDI were occupational/study problems, with over one in four REU having experienced these problems in the six months prior. Ecstasy was the drug that REU most commonly attributed their experience of these problems to.

### **16.14 Criminal activity, policing and market changes**

Over one-quarter of the 2005 PDI sample reported having engaged in some form of criminal activity in the month prior to interview, a significant increase compared to 11% reporting recent criminal activity in last year's sample. Similarly, when compared to the 2004 sample, there was a significant increase in the proportion of REU who this year indicated that they had sold drugs for cash profit in the month prior to interview (from 9% in 2004 to 25% in 2005). Consistent with previous years, the rates of arrest were minimal in this sample. The majority of REU were either unable to comment on recent police activity or reported that the level of police activity had remained stable in the past six months. As in the 2003 and 2004 PDI, only a minority of the sample reported that recent police activity had made it more difficult for them to score illicit drugs.

## 17.0 IMPLICATIONS

Since 1995 the use of ecstasy has continued to steadily increase in Australia, and today ecstasy is the third most widely used illicit drug in the country (AIHW, 2005). In 2005, for the third consecutive year, the 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. The results of the 2005 ACT PDI have highlighted a number of issues that concern the population captured by the PDI study. As in past years, data from the 2005 PDI indicate that, although the REU surveyed are young, well educated and not involved in significant levels of drug-related crime, their drug use is associated with significant levels of risk-taking behaviours and the potential harms associated with these behaviours.

Of specific concern in the 2005 PDI were the high levels of sexual risk-taking reported by the sample. Sexual risk-taking associated with ecstasy use has been identified as a problematic issue among young adults (Boyd, McCabe & d'Arcy, 2003; Strote, Lee and Wechsler, 2002). 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 both the 2004 and 2005 ACT PDI, significant proportions of the sample reported having sex under the influence of ecstasy and related drugs in the previous six months with 'casual' and 'regular' sex partners. Additionally, the overwhelming majority of sexually active REU reported having sex with two or more partners in the previous six months. In the context of these figures, the levels of sexual risk-taking observed in this year's ACT PDI again warrants comment.

Among those REU who had sex with a 'regular' partner while using ecstasy and/or related drugs in the preceding six months, approximately one-third reported that they never used condoms. This figure exceeded the 18% of REU who never used condoms with a regular sex partner when the use of ecstasy and related drugs were not involved. A similar pattern was observed when examining the rates of condom use by REU with 'casual' partners. Over one-quarter of REU reported never using condoms with 'casual' partners when under the influence of ecstasy and other drugs, an increase from 6% who never used condoms in sexual encounters where drugs were not involved. The findings from the 2005 ACT PDI suggest, therefore, that, within the context of sex with both 'casual' and 'regular' partners, unsafe sexual encounters that place the individual at increased risk for sexually transmitted infections appear to be more likely to occur when ecstasy and other related drugs are involved.

Despite the high rates of sexual risk-taking reported by the REU in this year's PDI, over half the sample reported never having received a sexual health check, and only around one-third had received a sexual health check within the last year. This is especially concerning given that over recent years Australia has experienced an increase in the annual rates of diagnosis for a number of sexually transmitted infections (STI). Not only have the number of diagnoses of gonorrhoea (from 31.4 per 100,000 population in 2000, to 37.0 per 100,000 population in 2004) and chlamydia (from 91.4 per 100,000 population in 2000, to 186.1 per 100,000 population in 2004) increased, but the number of new HIV diagnoses increased from 656 cases in 2000 to 820 cases in 2004 (National Centre in HIV Epidemiology and Clinical Research (NCHECR), 2005). The need to deliver effective campaigns that promote an awareness of the advantages of safe sex practices (including receiving sexual health checks) among this population should therefore be emphasised.

A second concern rising from the study this year was the level of self-reported drug driving. In the 2004 NDSHS it was revealed that 3.3% of Australian residents had driven a motor vehicle while under the influence of drugs other than alcohol in the past year (AIHW, 2005). In contrast,

over half (52%) the PDI sample reported having driven under the influence of ecstasy and/or related drugs in the past six months. Polydrug use and the use of alcohol in combination with other drugs prior to driving has been shown to be associated with increased driving impairment and risk of driving accidents (Kelly et al., 2004). The PDI sample is a group that is defined not only by patterns of polydrug use but also specifically the use of alcohol (in a significant number of cases to excess) in the context of ecstasy and other related drug use. It is especially important among the PDI population, therefore, to raise an awareness of the possible consequences and risks that are associated with drug driving, in order to minimise the incidence of drug driving-related harms.

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