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**AUSTRALIAN CAPITAL TERRITORY  
PARTY DRUG TRENDS 2003  
Findings from the Party Drugs Initiative (PDI)**

**NDARC Technical Report No. 188**

**ACT  
PARTY DRUG TRENDS  
2003**



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Party Drugs Initiative  
(PDI)**

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**NDARC Technical Report No. 188**

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- ACT Alcohol and Drug Program, ACT Health
- ACT Ambulance Service
- ACT Government Analytical Laboratory
- Australian Federal Police (ACT Policing)

Just as important to the PDI as the party drug user survey and the routinely collected indicator data is the information derived from key informant interviews. These interviews are conducted with people with specific expertise in the area of the party drug scene. These people are all busy professionals who gave up their time without compensation, and so we also want to express our gratitude to each of the key informants.

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## ABBREVIATIONS

<b>ACTGAL</b>	Australian Capital Territory Government Analytical Laboratory
<b>AFP</b>	Australian Federal Police
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ANU</b>	Australian National University
<b>GHB</b>	Gamma-hydroxy-butyrate
<b>IDRS</b>	Illicit Drug Reporting System
<b>IDU</b>	Injecting Drug User(s)
<b>KIS</b>	Key Informant Survey
<b>LSD</b>	<i>l</i> -lysergic acid
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDMA</b>	3,4-methylenedioxymethamphetamine
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug and Law Enforcement Research Fund
<b>NDSHS</b>	National Drug Strategy Household Survey
<b>PDI</b>	Party Drug Initiative
<b>PDU</b>	Party Drug User(s)
<b>UCAN</b>	University of Canberra

## **EXECUTIVE SUMMARY**

### **Demographic characteristics of party drug users (PDU)**

The ACT PDU sample interviewed in 2003 was predominantly male and heterosexual. The majority of users were young, aged between their late teens and early twenties. PDU were well educated, few had contact with the legal system, and none had recent contact with drug treatment facilities. The majority of users were either employed, or undertaking tertiary study at the time of interview.

### **Patterns of drug use among PDU**

Polydrug use was universal among the sample, with a mean of 10 drugs having ever been tried and 7 drugs having been used in the six months before interview. The majority of respondents typically used other drugs in combination with ecstasy (88%) and to facilitate the comedown (83%). The drugs most commonly used in conjunction with ecstasy and during the recovery phase from ecstasy use were tobacco, alcohol and cannabis. Binge activity in the preceding six months was reported by almost half (46%) the sample. Ecstasy was reported as a drug used in all recent binge episodes, and other drugs commonly used in this way were methamphetamine powder or 'speed', alcohol and cannabis.

### **Ecstasy**

Ecstasy was the drug of choice for more than half (56%) the PDU sample interviewed in 2003. The frequency of ecstasy use varied from monthly to more than weekly, and the median number of days of ecstasy use in the past six months was 12 (range 6 - 48). The majority (59%) of the sample used ecstasy on a monthly to fortnightly basis, and one third (33%) used between a fortnightly to weekly basis. In the six months prior to interview, the median number of ecstasy tablets taken by PDU in a 'typical' episode of use was 2, though this figure doubled to 4 when users referred to their heaviest sessions of ecstasy use. Over two-thirds (69%) of ecstasy users typically took more than one tablet each time they took ecstasy.

The preferred form of administration was oral (100%), though participants also reported having snorted (49%) and smoked (6%) ecstasy in the six months preceding interview. No respondent had ever injected ecstasy.

The median reported price for a tablet of ecstasy was \$35, which was primarily purchased through friends and dealers. PDU reported ecstasy to be very easy to obtain in the ACT. Reports of PDU regarding the purity of ecstasy were mixed, with the majority of respondents believing it to be 'medium', with similar proportions reporting purity as 'high' or 'fluctuating'.

## **Methamphetamine**

Methamphetamine is available in three forms: methamphetamine powder ('speed'), methamphetamine base ('base') and methamphetamine crystal ('ice'). Almost nine in ten PDU reported ever having tried speed, and approximately two-thirds reported use in the preceding six months. Recent speed users reported a median of four days of use in the six months prior to interview. Snorting, followed by swallowing, were the most common modes of administration. PDU reported using a quarter of a gram on a standard session of use and 0.8 of a gram in the heaviest sessions of use. Speed was a substance that was commonly used during binge sessions.

Base was not used as widely among the 2003 ACT PDU sample, with only 30% ever having tried it, and approximately one quarter reporting recent use. Similar to speed, the majority of base users had used the substance less than monthly in the past six months, with a median of three days of use. Swallowing was the most common form of administration, and two thirds of recent base users had snorted base in the preceding six months. The use of base was predominantly quantified by PDU in terms of 'points' (0.1 of a gram). The typical amount of base used was one point in a standard episode of use, and one and a half points in a heavy session of use.

Crystal methamphetamine was used by over half the sample in the preceding six months, and by almost three quarters of the sample at some stage during their lives. The majority of recent crystal methamphetamine users had used this substance relatively infrequently during the six months preceding interview, with a median of two days of use during this period. Similar to base the use of crystal methamphetamine tended to be quantified in terms of points. One point was the standard amount taken in a 'typical' session of use, and this increased only slightly to 1.25 points in a heavy session. Almost half of the PDU reporting recent binge behaviour had used crystal methamphetamine during their binge sessions.

The median reported price for a point of speed and base was \$40, with crystal methamphetamine slightly more expensive at \$45 a point. The majority of PDU commenting on each form of methamphetamine reported that the price of speed and crystal methamphetamine had remained stable, and the price of base had fluctuated. The purity of each form of methamphetamine was reported to be medium to high by the majority of respondents, though a noticeably higher proportion of PDU reported the purity of crystal methamphetamine to be high when compared to speed and base. The majority of PDU commenting on speed and crystal methamphetamine reported the availability of each form to be moderately easy to easy to obtain in the ACT. Speed was reported by PDU to have remained stable or become more difficult to obtain, whereas the majority of PDU commenting on crystal methamphetamine reported it to be stable or easier to obtain. Due to the small numbers commenting, there was a lack of consistency between the reports of PDU commenting on the availability of base.

## **Cocaine**

Almost half the PDU sample had tried cocaine, and approximately one quarter had used this substance in the six months prior to interview. Among those who had recently used in the ACT, use tended to be opportunistic and at low levels, with a median of one day

of use. The amount of cocaine taken in a standard and also heavy period of use was half a gram, and the overwhelming majority of PDU who had used the substance recently had snorted it. The price of cocaine was reported to be stable at \$250 a gram. The majority of PDU reporting on cocaine believed the purity to be stable at medium levels. Cocaine was reported to be difficult to obtain in the ACT, and this fact was reflected in the patterns of cocaine use among PDU.

## **Ketamine**

Similar to cocaine, approximately half the sample reported ever having used ketamine, with one quarter having used it in the preceding six months. Ketamine was primarily quantified by PDU in terms of 'bumps' - a 'bump' refers to a small amount of powder typically measured and snorted from the end of a key, the corner of a plastic card, or a bumper (a small glass nasal inhaler). The pattern of ketamine use among recent users was infrequent, and the typical amount of ketamine used in an episode of use was 1.5 bumps, increasing to 2 bumps in a heavy session of use. Recent ketamine users reported snorting and swallowing ketamine in the preceding six months. The median price for ketamine remained stable at \$25 a pill, or \$30 a point. Purity also remained stable at medium to high levels, and the majority of PDU commenting on ketamine reported that it was difficult to obtain in the ACT.

## **GHB**

Only a small proportion of the PDU sample reported lifetime and recent use of GHB. GHB was used on a median of three days in the preceding six months with almost all recent GHB users having used less than monthly during this period. The typical amount of GHB used in a standard episode of use was 28 millilitres, increasing slightly to 30 millilitres for the heaviest sessions of use. The median reported price for GHB was stable at \$4 per millilitre. Due to the small sample sizes available, the data regarding GHB purity was difficult to interpret. However, all respondents reported that GHB was difficult or very difficult to obtain in the ACT.

## **LSD**

Almost half the PDU sample had used LSD in the six months prior to interview, with 59% having tried it at some point during their life. The majority of recent LSD users reported using LSD less than monthly though a quarter of recent LSD users used on a monthly to fortnightly basis suggesting some degree of regular use among the sample. PDU typically used one tab of LSD in a standard session of use, and 2 tabs in the heaviest sessions of use. Over one quarter of PDU who had recently binged reported using LSD to do so. LSD was reported to be stable at \$20 a tab. LSD was predominantly reported to be medium in purity, though the response to purity change was inconsistent. Although the response of PDU to LSD availability in the ACT was somewhat divided, these reports suggested that LSD is becoming easier to obtain in the ACT.

## **MDA**

One third of the ACT sample reported the recent use of MDA, and over half the sample reported lifetime use of MDA. Most MDA users had used less than monthly during the past six months, and similar to LSD, one quarter of recent users had used on a monthly to fortnightly basis. The typical amount of MDA taken in a standard and heavy episode of use was 2 capsules. The price of MDA remained stable at \$40 a cap. Four in ten recent users reported that the current purity of MDA was high, and the majority believed this to have remained stable. PDU were divided in their perception of the ease with which MDA could be obtained in the ACT, though in general the response of PDU suggested it had become more difficult to obtain in the preceding six months.

## **Criminal and Police Activity**

With the exception of drug dealing, a minority of the PDU interviewed in 2003 had been involved in criminal activity, and very few had been arrested. For the majority of the sample, police activity towards party drug users was perceived as stable in the ACT. However, there were anecdotal reports from PDU and KI that there had been a recent increase in undercover police presence at ACT nightclubs and raves. Despite this, the overwhelming majority of users reported that recent police activity had not made it more difficult to score drugs.

## **Implications**

The 2003 ACT PDI has revealed three areas of concern that warrant mention in relation to party drug use in the Territory. The first is the binge use of MDMA/ecstasy. Single high doses and frequent low doses of MDMA cause damage to serotonin neurones in animal studies and there is evidence to support an association between MDMA use and serotonin neuron damage in humans. Almost half of the sample reported using ecstasy at levels considered to be high risk in the light of this evidence. The second area of concern is the high level of excessive alcohol consumption in this group. Because of the stimulant qualities of ecstasy, high levels of alcohol are able to be consumed without significant intoxication. However, the usual deleterious effects of alcohol on the body would still occur, without the self-limiting, protective effect that increasing intoxication would bring with it. Finally, a third concern is the apparent switch from the less potent powder form of methamphetamine to the more potent crystal form. The results of the 2003 ACT PDI confirm that the use of crystal methamphetamine is associated with a number of harms. If crystal methamphetamine use increases among this group, it is expected that the problems usually associated with methamphetamine use (drug-induced psychosis, agitation and aggression, methamphetamine dependence) will also increase.

## **1.0 INTRODUCTION**

The Illicit Drug Reporting System (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 the National Drug Law Enforcement Research Fund (NDLERF). The data collected examines the price, purity and availability of four primary illicit drug classes – heroin, methamphetamine, cocaine and cannabis – and is used to supplement existing data, thus providing a multifaceted approach to the task of monitoring the Australian illicit drug market. The IDRS was piloted in 1996 in Sydney, before extending to New South Wales, Victoria and South Australia the following year. It was not until the year 2000 that the study was run in its entirety in all Australian States and Territories.

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

The findings in this report provide a summary of trends in ecstasy and other ‘party drug’ use detected in the ACT in 2003. The term ‘party drug’ was considered to include other drugs typically taken in combination with ecstasy such as methamphetamine, cocaine, ketamine, LSD, 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 informants who have contact with and knowledge of the party drug scene in the ACT, and routinely collected (‘indicator’) data.

### **1.1 Study Aims**

The aim of the PDI is to act as a strategic warning system for trends and issues emerging from the illicit party drug market, and thereby identify issues that may be of future concern. The data collected will provide information on the current price, purity and availability of ecstasy and other ‘party drugs’ in the ACT, and will also examine the patterns of party drug use amongst this sample. The PDI will also examine the perception of party drug users with regard to the related risks and benefits associated with their drug use.

## **2.0 METHOD**

The 2003 ACT PDI involves the collection and triangulated analysis of data from three sources:

1. Interviews with current regular ecstasy users recruited in the ACT
2. Interviews with key informants who have contact with and knowledge of the party drug scene in the ACT
3. 'Indicator' or routinely collected data

### **2.1 Survey of party drug users (PDU)**

Although the term 'party drugs' captures a diverse collection of drugs, ecstasy is a party drug that is used widely across the Australian population. It is widely recognised that a significant proportion of the tablets sold as 'ecstasy' in Australia do not contain MDMA (3,4-methylenedioxymethamphetamine), but rather a combination of other substances (such as methamphetamine and ketamine) in an attempt to mimic the effects of MDMA (White, Breen & Degenhardt, 2003). In the 2001 National Drug Strategy Household Survey (NDSHS) ecstasy was reported as the fourth most widely used illicit drug in Australia, with 2.9% of the population (over 14 years of age) reporting ecstasy use in the past 12 months (Australian Institute of Health and Welfare, 2002). For more than a decade the ecstasy market in Australia has continued to grow, and it appears that ecstasy may be the first party drug with which young Australians who choose to use illicit drugs will experiment (White et al., 2003). Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian party drug market for the PDI.

#### **2.1.1 Recruitment**

Between June and September of 2003, 66 PDU were interviewed in Canberra for the PDI. The required number (100) of PDU surveys was therefore not completed in the ACT, and a discussion of this is presented in the section towards the end of the document entitled 'methodological issues'. Participants in the ACT PDI were recruited via a number of avenues, namely: advertisements in street press publications; 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; distribution of flyers by the director of a local party drug harm minimisation group, and distribution of flyers at clothing and music shops frequented by PDU. Furthermore, 'snowball' procedures were also adopted, and 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.

#### **2.1.2 Procedure**

PDU contacted the researchers by telephone and were screened for eligibility. To meet the eligibility criteria, participants had to be at least 18 years of age (due to ethical constraints), had to have lived in the ACT for the preceding twelve months, and had to

have used ecstasy on a minimum of six times 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 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 party drugs; perceived risks and benefits of party drug use; perceived psychological and physical side effects from drug use; ecstasy and other drug-related problems; self-reported criminal activity; and general health and police activity.

## **2.2 Survey of key informants (KI)**

In July and September 2003, fourteen professionals were interviewed as key informants for the PDI. Four interviews were conducted with youth workers, three interviews with police officers, two with hospital emergency staff, two with user group representatives, one with an ambulance officer, one with a general health worker and one with a PhD research student who conducts research with PDU. Key informants had to have had either weekly contact with ecstasy users, and/or contact with a minimum of 10 different ecstasy users in the six months prior to interview

Interviews were conducted face to face and took approximately 40 minutes to administer. The key informant interview followed the same semi-structured format as that used in the IDRS. The interview included sections on the demographic characteristics of party drug users, patterns of ecstasy and other drug use, the price, purity and availability of ecstasy and other party 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) were collected in order to validate the data obtained from the PDU surveys and KI interviews.

Data sources identified as part of the study and included in this report are:

- Number and characteristics of drug seizures by the AFP (ACT Policing). Data includes number of seizures and amount seized during this period by drug type.



- Purity of drug seizures made by the AFP as analysed by ACTGAL – data provided by ACTGAL.
- Number and characteristics of telephone enquiries to the 24-hour help line, data provided by the ACT Alcohol and Drug Program, ACT Health. Data provided by the ACT Alcohol and Drug Program.
- Number and characteristics of drink-spiking incidences attended by the ACT Ambulance Service, June 2002 to August 2003.

### 3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

#### 3.1 Demographic Characteristics of the PDU sample

Almost three quarters (73%) of the sample of 66 party drug users interviewed in 2003 were male (Table 1). The mean age of the sample was 22 years (SD 4.4, range 18 – 40), and there was no significant difference in the mean age between males (22 years) and females (21 years). The majority (96%) of participants nominated their sexual identity as heterosexual, with the remaining participants (4%) nominating their sexual identity as bisexual<sup>1</sup>. Ninety six percent of the sample spoke English as their main language at home, and only one participant (2%) indicated that they were of indigenous Australian descent. Almost one half (48%) of the sample lived in their own (purchased or rented) premises, with one third (35%) indicating they lived in their parents' or family home and the remaining respondents (17%) living at on-campus university residences.

The mean number of years of school education completed by the sample was 13 (SD 0.41, range 11 – 13) with 85% of respondents having completed high school education. Approximately one quarter (27%) of the sample had already completed a course after school, with 12% possessing a trade or technical qualification and 15% having completed a university degree or college course. One third (33%) of the sample were full-time students, 30% were employed full-time, 27% were employed on a part-time basis and 10% were unemployed. None of the participants were in drug treatment of any form, nor did any respondents have a previous criminal conviction<sup>2</sup>.

**Table 1: Demographic characteristics of PDU sample**

Variable	2003 sample (N=66)
Mean age (years)	22
Male (%)	73
English speaking background (%)	96
ATSI (%)	2
Heterosexual (%)	96
Mean number school years	13
Tertiary qualifications (%)	27
Employment status (%)	
Full-time	30
Part-time	27
Student (Full-time)	33
Unemployed	10
Previous conviction (%)	0

Source: ACT Party Drugs Initiative PDU Interviews, 2003

<sup>1</sup> One participant did not indicate their sexual preference. Results are calculated on n=65 respondents.

<sup>2</sup> One participant did not indicate their criminal history. Results are calculated on n=65 respondents.

Key informant reports of PDU demographic characteristics in general, reflected those of the sample. Key informants judged the PDU sample to be even in gender distribution, to be aged predominantly between early to mid 20's and to have achieved Year 12, if not tertiary education. Key informants estimated the majority of PDU to be employed or studying in some capacity. Key informants reported that the PDU group was not likely to have contact with either the criminal justice system, or drug treatment facilities.

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

Polydrug use was universal among the 2003 sample, with a mean of 10 drugs (SD 2.65, range 4 – 14) having ever been tried, and a mean of 7 drugs (SD 2.16, range 3 – 11) having been used in the preceding six months. Table 2 (see p.7) presents the lifetime and recent drug use history of the PDU sample.

The majority (52%) of the PDU sample reported lifetime use of drugs other than those listed in Table 2. In terms of lifetime use, the drugs most commonly nominated by PDU other than those in the table were hallucinogenic mushrooms (41%), 2C-B (24%) and dexamphetamine (9%). Eleven percent of the entire sample had used mushrooms in six months prior to interview, and similarly, 11% of the sample indicated they had used 2C-B in the same period of time.

Ecstasy was the drug of choice for over half (56%) the PDU sample. Cannabis was the drug of choice for almost one in five respondents (18%), followed by alcohol, cocaine and 2C-B, which were each nominated as the drug of choice for 5% of the sample.

Forty six percent of the sample had binged on one or more party drugs in the six months prior to interview. For the purposes of the study, binging was defined as the use of a drug on a continuous basis for more than 48 hours, without sleep. The median length of the longest binge session reported by PDU was two days (range 2-5 days). Ecstasy was used on all (100%) reported binge sessions. Other drugs commonly used in this way were methamphetamine powder (60%), alcohol (59%) and cannabis (55%). Crystal methamphetamine (45%), nitrous oxide (35%) and LSD (28%) were other drugs nominated by respondents who had recently binged.

Only three respondents (5%) of the 2003 PDU sample reported that they had ever injected a drug. Of these respondents, the mean number of drugs injected was one. Each injector had commenced injecting with a different drug: one respondent reported methamphetamine powder as the first drug injected, another respondent reported heroin, and the last respondent reported cocaine as the first drug injected. No respondents had injected any drug in the six months preceding interview.

In accordance with the self-reports of PDU, KI described patterns of extensive drug use among the PDU population. The patterns of use reported on by KI were dependent on their occupation, and the group of users with whom they had the most contact. Five KI commented specifically on the prevalence of polydrug use among this group. Furthermore, four KI reported that the extent of polydrug use was dependent on the quality and availability of drugs at a given time. KI noted that most users have a 'core' set of drugs they prefer to use (the typical combination mentioned was ecstasy,

methamphetamine and alcohol) and the use of other less common drugs such as ketamine, cocaine and MDA was based on availability.

**Table 2: Drug use history of PDU sample**

Variable	2003 sample (N=66)	Variable	2003 sample (N=66)
Mean drug classes ever used	10	<b>Ecstasy</b>	
Mean drug classes used last 6 months	7	Ever used %	100
Ever inject any drug %	5	Used last 6 months %	100
<b>Speed</b>		<b>Base</b>	
Ever used %	88	Ever used %	30
Used last 6 months %	64	Used last 6 months %	24
<b>Crystal meth</b>		<b>Cocaine</b>	
Ever used %	71	Ever used %	47
Used last 6 months %	56	Used last 6 months %	26
<b>LSD</b>		<b>MDA</b>	
Ever used %	59	Ever used %	56
Used last 6 months %	44	Used last 6 months %	33
<b>Ketamine</b>		<b>GHB</b>	
Ever used %	49	Ever used %	17
Used last 6 months %	21	Used last 6 months %	12
<b>1,4B</b>		<b>Amyl nitrate</b>	
Ever used %	12	Ever used %	50
Used last 6 months %	12	Used last 6 months %	29
<b>Nitrous oxide</b>		<b>Cannabis</b>	
Ever used %	56	Ever used %	97
Used last 6 months %	39	Used last 6 months %	82
<b>Alcohol</b>		<b>Heroin</b>	
Ever used %	100	Ever used %	5
Used last 6 months %	97	Used last 6 months %	0
<b>Methadone</b>		<b>Buprenorphine</b>	
Ever used %	0	Ever used %	0
Used last 6 months %	0	Used last 6 months %	0
<b>Other opiates</b>		<b>Tobacco</b>	
Ever used %	20	Ever used %	92
Used last 6 months %	11	Used last 6 months %	75
<b>Antidepressants</b>		<b>Benzodiazepines</b>	
Ever used %	11	Ever used %	20
Used last 6 months %	6	Used last 6 months %	11

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 3.3 Summary of demographics and polydrug use trends in PDU

- ❖ The PDU sample recruited was predominantly male (73%), 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 early twenties
- ❖ Ecstasy users are well educated. Most (85%) have completed high-school education, one quarter (27%) have already completed tertiary qualifications and a further third (33%) were currently studying to complete a tertiary qualification
- ❖ Within the party drug population, levels of unemployment and contact with the criminal justice system or drug treatment facilities are minimal
- ❖ Polydrug use is universal among the sample of ecstasy users
- ❖ Ecstasy was the drug of choice for over half the sample, followed by cannabis and alcohol
- ❖ Large proportions of PDU reported recent use of alcohol, cannabis, tobacco and speed
- ❖ Almost half of the sample (48%) reported bingeing (under the influence for 48 hours or more) on ecstasy and other party drugs in the previous six months

## 4.0 ECSTASY

The median age at which participants first used ecstasy in the 2003 sample was 18 years (SD 3.5, range 15 – 35; see Table 3). There were no significant differences between males and females in the age at which they first tried ecstasy. All participants had used ecstasy at least monthly at some stage, and reported first having done so at a median age of 19 years (SD 3.7, range 16 – 35).

### 4.1 Ecstasy use among PDU

Respondents had used ecstasy on a median of 12 days (i.e. a fortnightly basis) in the six months prior to interview (range 6 - 48). In the preceding six months, 59% of participants had used ecstasy on a monthly to fortnightly basis, one third (33%) had typically used ecstasy on a fortnightly to weekly basis, and 8% had used ecstasy on more than one day per week during this period.

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was 2 (range 1 – 5.5). Over two thirds (69%) of the sample reported that they typically used more than one tablet, and only 2% typically used 5 or more tablets in a standard episode of use. During the 'heaviest' episodes of ecstasy use in the six months preceding interview, participants reported the median use of 4 tablets (range 1 – 15). Two thirds (66%) of the sample had taken four or more tablets in a single use episode in the preceding six months. PDU were asked whether they had noticed any recent changes in the types of drugs being used or the frequency of drug use among the party drug population. Sixty eight percent of the sample reported this to be the case, and of this group, 22% reported that there had been an increase in the frequency and quantity of ecstasy use among the sample. Consistent with this data one KI commented on the increase in ecstasy use for large, pre-planned social events, stating that during these episodes there is typically an increase in the number of ecstasy tablets taken (to 3 or 4 tablets in the one night) that is often accompanied by an increase in the use of other drugs.

All participants reported swallowing ecstasy in the six months prior to interview, and 49% reported snorting, and 6% smoking. Almost all (97%) participants nominated oral ingestion as their 'main' (defined as more than half the time they have taken ecstasy during the six month period) route of administration of ecstasy, and the remaining 3% reported that they mainly snorted the drug.

Supporting the PDU data, KI reported that oral administration was the predominant way in which ecstasy was taken, with small proportions of users estimated to be snorting and shafting (rectal administration) the drug also. The majority of key informants estimated that ecstasy was used on a weekly to fortnightly basis, and that the typical number of tablets taken in an episode of use ranged between 1 and 3 tablets.

Eighty eight percent of participants reported that they 'typically' (defined as more than two thirds of the time) used other drugs in combination with ecstasy, and 83% reported that they typically used other drugs to 'comedown' from ecstasy. Of those respondents who normally used other drugs with ecstasy, a mean of 3 (SD 1.51, range 1 – 9) other drugs were used in conjunction with ecstasy, the most common being tobacco (70%), alcohol (65%) and cannabis (40%). Smaller proportions reported using speed (21%),

nitrous oxide (19%) and crystal methamphetamine (14%). Of those who typically drank alcohol when using ecstasy, over half (53%) consumed more than five standard drinks over the episode of use.

**Table 3: Patterns of ecstasy use among PDU**

Variable	2003 sample (N=66)
Mean age first used ecstasy	18
Median days used ecstasy last 6 months	12
Ecstasy nominated as drug of choice (%)	56
Frequency of ecstasy use	
Monthly to fortnightly	59
Fortnightly to weekly	33
Weekly or more	8
Median ecstasy tablets in 'standard' session	2
Typically use >1 tablet (%)	69
Recently binged on ecstasy (%)	46
Main route of ecstasy administration last 6 months-	
Swallow	97
Snort	3

Source: ACT Party Drugs Initiative PDU Interviews, 2003

A mean of 2 (SD 0.9, range 1 – 4) other drugs were typically used during the 'comedown' from ecstasy. Drugs that were typically nominated by PDU to be used during the comedown were cannabis (69%), tobacco (59%), alcohol (32%) and less commonly, nitrous oxide (9%). Of those respondents who typically drank alcohol during their ecstasy comedown, 71% consumed more than five standard drinks when doing so.

Of those respondents who reported bingeing in the preceding six months, all had used ecstasy to do so. The median length of reported bingeing was two days (range 2 – 5 days). Other drugs that were commonly used in combination with ecstasy during these binges were methamphetamine powder (60%), alcohol (59%), cannabis (55%), crystal methamphetamine (45%) and nitrous oxide (35%). There were no age or gender differences between those who had or had not binged on ecstasy in the six months prior to interview. However, there were a number of significant differences observed between those who had binged in the previous six months and those who hadn't. Respondents who had binged on ecstasy in the previous six months, used a significantly greater mean number of ecstasy tablets in both a 'typical' ('Non-bingers'=1.7, 'Bingers'=2.3,  $t = -.261$ ,  $p < .05$ ) versus 'heavy' episode of use ('Non-bingers'=4.2, 'Bingers'=5.9,  $t = -2.38$ ,  $p < .05$ ), than those who had not. Similarly, those who had binged on ecstasy in the preceding six months had used ecstasy on a significantly greater mean number of days ('Non-bingers'=13.3, 'Bingers'=18.6,  $t = -2.45$ ,  $p < .05$ ) during this period, than those who had not binged on ecstasy in the preceding six months. Respondents who reported bingeing

had also used a significantly greater mean number of drugs in their lifetime ('Non-bingers'=8.8, 'Bingers'=11.3,  $t = -3.28$ ,  $p < .01$ ) and over the past six months (Non-bingers'=6.4, 'Bingers'=8.6,  $t = -3.80$ ,  $p = .000$ ).

## 4.2 Summary of patterns of ecstasy use

- ❖ Ecstasy use typically begins in the late teens for the majority of users
- ❖ Swallowing was the predominant form of ecstasy administration, although experimentation with snorting and smoking was also reported
- ❖ Ecstasy users vary in terms of their patterns of use. In this sample, the most common pattern of use was monthly to fortnightly
- ❖ Almost half the sample had binged on party drugs in the six months prior to interview, and all had used ecstasy to do so
- ❖ Two thirds of the sample typically used more than one tablet each time they took ecstasy, and over two-thirds of regular ecstasy users had used four or more tablets of ecstasy in a single use episode in the preceding six months
- ❖ Of the participants who reported drinking alcohol when taking ecstasy, over half reported excessive alcohol use (having more than five standard drinks) when they consumed ecstasy

## 4.3 Price

All respondents were able to comment on the price of ecstasy in the ACT. The reported median price for an ecstasy tablet in the ACT was \$35 (range \$18 - \$50). It should be noted that a significant proportion of PDU reported that the price of ecstasy varied according to a number of factors, with the most commonly noted being: the number of ecstasy tablets that were bought at any one time; the relationship the purchaser had to the dealer; and whether the purchase had been pre-arranged to take place in a private venue, or was made at a nightclub or other public venue. The majority (88%) of participants reported that the price had remained stable (61%) or had decreased (27%) in the six months prior to interview. A number of methods of paying for ecstasy in the preceding six months were reported by respondents including: paid employment (89%); being given ecstasy as a gift from friends (41%); on credit from dealers (27%); borrowing money from friends (26%); by dealing drugs (23%) or government study allowances (21%).

The majority of key informants estimated that the typical price of an ecstasy tablet in the ACT was \$40 (range \$20 - \$70), a price slightly higher than the median price reported by PDU. Similar to the PDU data, almost all key informants reported that the price of ecstasy had remained stable in the past six months, with one key informant reporting that the price had decreased.



**Table 4: Price of ecstasy purchased by PDU and price variations**

Variable	2003 sample (N=66)
Median price ecstasy tablet (range)	35 (18-50)
<b>Price change (%):</b>	
Increased	4
Stable	61
Decreased	27
Fluctuated	8
Don't know	0

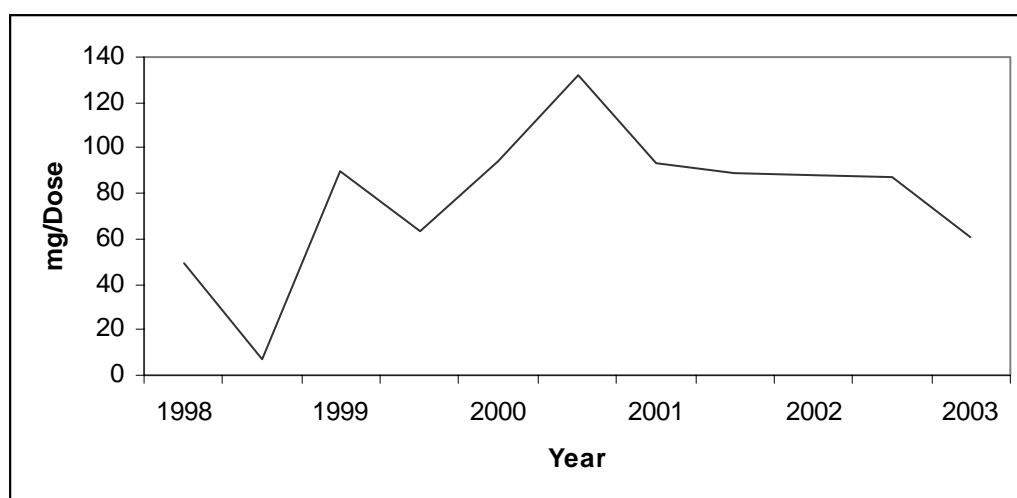
Source: ACT Party Drugs Initiative PDU Interviews, 2003

#### **4.4 Purity**

The reports of PDU in regard to the 'current' purity of ecstasy were mixed. This however was not unexpected as the purity measure used was subjective and therefore depended on a number of factors (such as tolerance and the extent of their use history) that will vary according to the individual. Similarly, one KI reported that the PDU with greater experience in terms of ecstasy use were more confident of assessing the presence or strength of MDMA in the 'ecstasy' tablets they have consumed. The majority of respondents believed purity to be 'medium' (39%), while similar proportions of the sample reported that they believed purity to be 'high' (23%), or fluctuating (27%). Six percent of respondents believed purity of ecstasy to be 'low', and the remaining 5% were unable to comment. Accordingly, reports of the change in the purity of ecstasy in the preceding six months were also inconsistent. One third of respondents (33%) believed that the purity of ecstasy had remained stable in the preceding six months, 27% believed it had fluctuated, and 20% each reported an increase or decrease in the purity of ecstasy.

The greater proportion of key informants believed the purity of ecstasy in the ACT to be 'medium' (n=3) to 'high' (n=3), while two KI believed the price to have fluctuated. Key informants were more uncertain regarding their knowledge of the change in ecstasy purity over the past six months. Of those KI who commented, two believed there to have been an increase in purity, one reported that the purity had remained stable, and one reported that it had fluctuated.

**Figure 1: Purity of MDMA measured in milligrams of MDMA per dose, ACT, 1998-2003**



Source: ACTGAL

In the ACT, the ACT Government Analytical Laboratory analyses samples of MDMA from seizures made by the AFP (ACT Policing). Data on the purity of these samples are presented in Figure 1 (above) at six-month intervals from January 1998 to June 2003, where purity is quantified in terms of milligrams of MDMA per dose. The purity of MDMA fluctuated between 1998 to the end of 2000, where the highest purity to date (132 milligrams per dose) was reached. Since the second half of 2000, the purity of MDMA seizures in the ACT have remained relatively stable, though a slight decrease in purity was observed from the second half of 2002 (87 milligrams per dose) to the first half of 2003 (61 milligrams per dose).

#### **4.5 Availability**

All respondents were able to comment on the availability of ecstasy. The majority (85%) of respondents indicated that ecstasy was ‘very easy’ (67%) to ‘easy’ (18%) to obtain, and that the availability in the preceding six months had remained stable (64%) or had become easier (21%).

The majority of participants indicated that they had obtained ecstasy primarily through friends (92%) or dealers (82%). Other sources through which participants had scored ecstasy in the last six months were acquaintances (42%), people unknown (23%) and work colleagues (18%). Ecstasy was most often obtained at friends’ homes (69%), nightclubs (59%) and dealers’ homes (53%). Other purchase locations included dance parties (39%), raves (38%), own home (38%) and on the street (26%). In addition, 18% indicated that they had obtained ecstasy in another location to those nominated – 15% of the sample reported that they had obtained ecstasy in a car or at a car park.

The venues at which PDU reported usually using ecstasy in the past six months were nightclubs (94%), raves (76%), private parties (73%) and dance parties (67%). Venues commonly nominated as the place where ecstasy was last used, were nightclubs (52%), at home (15%), or at a friends home (12%).

**Table 5: PDU reports of availability of ecstasy in the preceding six months**

Ecstasy	2003 sample N=66
<b>Ease of obtaining ecstasy:</b>	
Very easy (%)	67
Easy (%)	18
<b>Availability:</b>	
Stable (%)	64
Increased (%)	21
<b>Persons score from:</b>	
Friends (%)	92
Dealers (%)	82
Acquaintances (%)	42
Unknown people (%)	23
Work colleagues (%)	18
<b>Locations scored from:</b>	
Friends' home (%)	69
Nightclubs (%)	59
Dealers' home (%)	53
Dance parties (%)	39
Raves (%)	38

Source: ACT Party Drugs Initiative PDU Interviews, 2003

#### 4.6 Summary of the price, purity and availability of ecstasy

- ❖ The median price of ecstasy in the ACT is currently \$35 per tab
- ❖ PDU and KI reports assessing the purity of ecstasy were mixed, though the majority reported it to be 'medium'
- ❖ Ecstasy was reported by both PDU and KI to be very easy or easy to obtain in the ACT
- ❖ The majority of participants obtained ecstasy through their friends, closely followed by dealers

#### 4.7 Ecstasy related harms

##### 4.7.1 Law enforcement

Table 6 sets out the number and total weight of MDMA seizures made by the AFP (ACT Policing) in the ACT between 1997-2003. The number of MDMA seizures was consistently low between 1997-2000, before more than doubling to 40 seizures in 2001. Despite the relatively small number of seizures made in 2000 (16), the largest weight of MDMA seizures was obtained that year, with 516 grams of MDMA seized. The weight of MDMA seizures made in the ACT has been steadily increasing between 2001 and

2003. In 2002, the number of MDMA seizures decreased, but has since increased to 31 in 2003 even though this figure is only representative of seizures made up until 30 October 2003.

**Table 6: Number and weight of MDMA seizures in the ACT, 1997-2003\***

Year	Number of seizures	Weight seized (grams)
1997	2	0.23
1998	4	13
1999	4	2
2000	16	516
2001	40	39
2002	24	41
2003 (as at 30 Oct)	31	56

Source: AFP (ACT Policing)

\* Note: Information for 2003 is only up until October 2003

#### **4.7.2 Other harms**

One in five PDU reported that in the past twelve months they had tried to decrease or stop their use of ecstasy, but were unsuccessful.

#### **4.8 Benefits and risk perception**

Participants were asked to nominate the risks and benefits they perceived to be associated with ecstasy use. Almost two thirds (68%) of the PDU sample in 2003 indicated that some form of ‘social benefit’ could be derived from ecstasy use. PDU reported becoming more sociable, talkative and less self conscious under the influence of ecstasy. Ecstasy use was also associated with the opportunity to establish new friendship networks for many of the users. A perceived increase in empathy was another benefit reported by PDU in the study. A similar proportion of the sample (62%) reported that they experienced physical benefits from using ecstasy – the most commonly noted of these were an increase in energy and activity, heightened senses (such as touch) and a pleasant body sensation described by users as a ‘body rush’.

Conversely, the entire sample (n=66) indicated that they believed there were risks associated with the use of ecstasy. Over 30 different risks associated with the use of ecstasy were reported by the sample. The perceived risks of ecstasy use most commonly noted by ACT PDU were overheating/dehydration (50%), purity uncertainty (35%), depression and mood swings (26%), possible overdose (23%) and perceived serotonin depletion (21%).

#### 4.9 Summary of Ecstasy Trends

- ❖ Despite fluctuations in the number of MDMA seizures made by the AFP in the ACT over 1997-2003, the weight of seizures has been gradually increasing since 2001
- ❖ Ecstasy users were able to identify an extensive number of risks and benefits they believed to be associated with ecstasy use
- ❖ Similar proportions of the sample reported social and physical benefits they associated with ecstasy use, such as increased sociability, talkativeness, energy and activity, heightened senses, decreased self-consciousness and a body rush
- ❖ Commonly identified risks were overheating and dehydration, purity concerns and depression and mood swings.

## **5.0 METHAMPHETAMINE**

For the first time in 2002, the IDRS questionnaire differentiated between three categories of methamphetamine – methamphetamine powder or ‘speed’, methamphetamine base or ‘base’ and methamphetamine crystal or ‘crystal meth/ice’. Prior to this, both amphetamines and methamphetamine were subsumed under the blanket term of ‘amphetamines’. From 2001, the term ‘methamphetamine’ was used to refer to the drugs previously known as ‘amphetamines’ due to the change in the composition of ‘speed’ from amphetamine sulphate to methamphetamine and also, to account for the more potent members of this drug family (such as crystal meth and base) which were becoming widely used across Australia (White et al., 2003).

The separation between the different forms of methamphetamine was a result of the increasing proportion of IDU surveyed who gave information on more expensive and ‘purer’ forms of methamphetamine available on the street. The differentiation made between speed, base and ice in the IDRS was made in an effort to collect information on the use, price, purity and availability of the different methamphetamine forms, and to observe the differences (if any) between the markets for each form. The results of the ACT IDRS in both 2002 (Rushforth, 2003) and 2003 (Ward & Proudfoot, 2004) demonstrated the success of this differentiation by clearly delineating between markets for the three forms of methamphetamine.

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

In the 2003 ACT PDI, 33 PDU commented on the current price, purity and availability of ‘speed’, 15 commented on ‘base’, and 33 commented on ‘ice’.

### **5.1 Methamphetamine use among PDU**

#### **5.1.1 Methamphetamine Powder (Speed)**

Eighty eight percent of the sample surveyed in 2003 reported having ever used speed, and 64% reported the use of speed in the preceding six months. Recent speed users reported the median use of four days (range 1 – 14) in the six months prior to interview. The majority (67%) of recent speed users had used five times or less in the preceding six months. One quarter (26%) of speed users had used on a monthly to fortnightly basis, and only 7% had used speed more regularly than once a fortnight during this six-month period. Only one PDU (2%) nominated speed as their drug of choice.

The median amount of speed used in a 'typical' episode of use in the six months prior to interview was a quarter of a gram (range 0.1 – 0.5). During their 'heaviest' use episode, recent speed users reported the use of a median of 0.8 grams (range 0.2 – 3.5). One third (35%) of recent speed users had used two or more grams of speed in their heaviest binge session in the preceding six months. Of those respondents who reported binge activity in the preceding six months, 60% had reported the use of speed during binge episodes. Of those respondents who had used speed in the previous six months, 84% had snorted speed, 76% had swallowed speed and a smaller proportion (17%) reporting smoking it.

### **5.1.2 Methamphetamine Base**

Almost one third (30%) of the PDU sample reported lifetime use of methamphetamine base, and 24% reported the use of base in the previous six months.

The sixteen participants who had recently used base reported a median use of three days (range 1 – 72) in the preceding six months. The majority (72%) of base users used it on a less than monthly basis. Two respondents reported regular base use (three times a week in the previous six months), and one respondent (2%) nominated base as their drug of choice.

The majority (n=13) of respondents who used base in the preceding six months quantified their use in terms of points, though a small number of respondents reported their use in terms of grams (n=2) and lines (n=1). PDU reported the use of a median of one point in a typical episode of use (range 0.10 – 2.00) and 1.5 points in the heaviest episode of use (range 0.30 – 8.00). Of those respondents who reported bingeing on party drugs in the previous six months, almost one in five (17%) indicated that they had used base to do so. The majority of participants who used base in the preceding six months reported that they had swallowed it (88%), two thirds (63%) snorted it, and one third (31%) smoked it.

### **5.1.3 Crystal Methamphetamine**

Seventy one percent of the sample surveyed in 2003 reported lifetime use of crystal methamphetamine, and over half (56%) reported the use of crystal methamphetamine in the preceding six months. Thirty-seven recent crystal meth users reported doing so on a median of two days (range 1 – 30) in the preceding six months. The majority (81%) of those who recently used crystal meth did so infrequently, while 8% used it on a monthly to fortnightly basis, and 11% used it more than fortnightly. One respondent nominated crystal meth as their drug of choice.

Of those respondents who reported recent crystal meth use, the majority (n=32) referred to their use in terms of points, and five respondents referred to their use in terms of grams. Those who quantified their use in terms of points reported using a median of one point (range 0.20 – 4) on a typical occasion of use and 1.25 points during their heaviest occasion of use (range 0.25 – 6). All respondents referring to their use in terms of grams used a half-gram during a typical session of use and again, a median of a half-gram during the heaviest occasion of use (range 0.25 – 1.00). Of those who reported bingeing in the six months prior to interview, almost half (45%) had used crystal meth to do so.

The majority (70%) of recent crystal methamphetamine users reported swallowing the substance during the preceding six months. Similar proportions also reported smoking (32%) and snorting (27%) it in the six months prior to interview.

Of the PDU who commented on recent changes in the use of party drugs in the ACT (n=45) the majority (24%) reported an increase in the use and availability of crystal meth. Similarly over half the KI sample commented on the widespread use of methamphetamine among the PDU population, with the majority estimating that almost all party drug users were using some form of methamphetamine. One law enforcement officer commented on the recent increase in methamphetamine use in ACT nightclubs, specifically in regard to the purchase and use of crystal methamphetamine. It was estimated that users were typically swallowing or snorting crystal methamphetamine, though injecting equipment had also been found in the toilets of some club premises.

The patterns of methamphetamine use among the 2003 ACT PDU are summarised in Table 7.

**Table 7: Patterns of methamphetamine use of PDU**

Variable	2003 sample (N=66)
Methamphetamine powder (speed)	
Ever used (%)	88
Used last 6 months (%)	64
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	4 (1-14)
<b>Median quantities used (grams)</b>	
Typical (range)	0.25 (0.1 – 0.5)
Heavy (range)	0.80 (0.2 – 3.5)
Methamphetamine base (base)	
Ever used (%)	30
Used last 6 months (%)	24
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	3 (1 – 72)
<b>Median quantities used (points)</b>	
Typical (range)	1.0 (0.1 – 2.0)
Heavy (range)	1.5 (0.3 – 8.0)
Methamphetamine crystal (ice)	
Ever used (%)	71
Used last 6 months (%)	56
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	2 (1 – 30)
<b>Median quantities used (points)</b>	
Typical (range)	1.0 (0.2 – 4.0)
Heavy (range)	1.25 (0.25 – 6.0)

Source: ACT Party Drugs Initiative PDU Interviews, 2003



## 5.2 Price

The median reported prices for speed, base and crystal methamphetamine in 2003 are presented in Table 8. Half (52%) of the PDU sample commented on the current price of speed. The most commonly purchased amount of speed was a point (n=10) for a median price of \$40 (range \$30 - \$40). The median reported price for a gram of speed was \$175 (range \$70 – 250). Of the 34 respondents who commented on speed, almost half (47%) reported that the price of speed had remained stable in the preceding six months. Nine percent reported an increase in price, and similarly, 9% believed the price of speed to have decreased.

Fifteen participants commented on the current price of methamphetamine base. The majority of respondents reporting on methamphetamine base referred to its purchase in terms of points, and the median price paid for a point of base was \$40 (range \$30 - \$50). Half (53%) of the PDU commenting on base believed that the price had remained stable in the six months preceding, while 13% believed that the price of base had decreased during this period.

Thirty-three of the 2003 PDU sample commented on the current price of crystal methamphetamine. Again, the majority of respondents referred to the purchase of crystal methamphetamine in terms of points. The reported median price for a point of crystal methamphetamine was \$45 (range \$30 – 300). Forty two percent of PDU commenting on crystal methamphetamine reported that, in the previous six months, the price had remained stable, while similar proportions reported an increase (15%) and decrease (12%) in price. Generally consistent with the PDU data, one KI commented on the current price of crystal methamphetamine reporting that it had decreased in price from \$50 a point to the more recent price of \$40 a point.

**Table 8: Price of various forms of methamphetamine purchased by PDU**

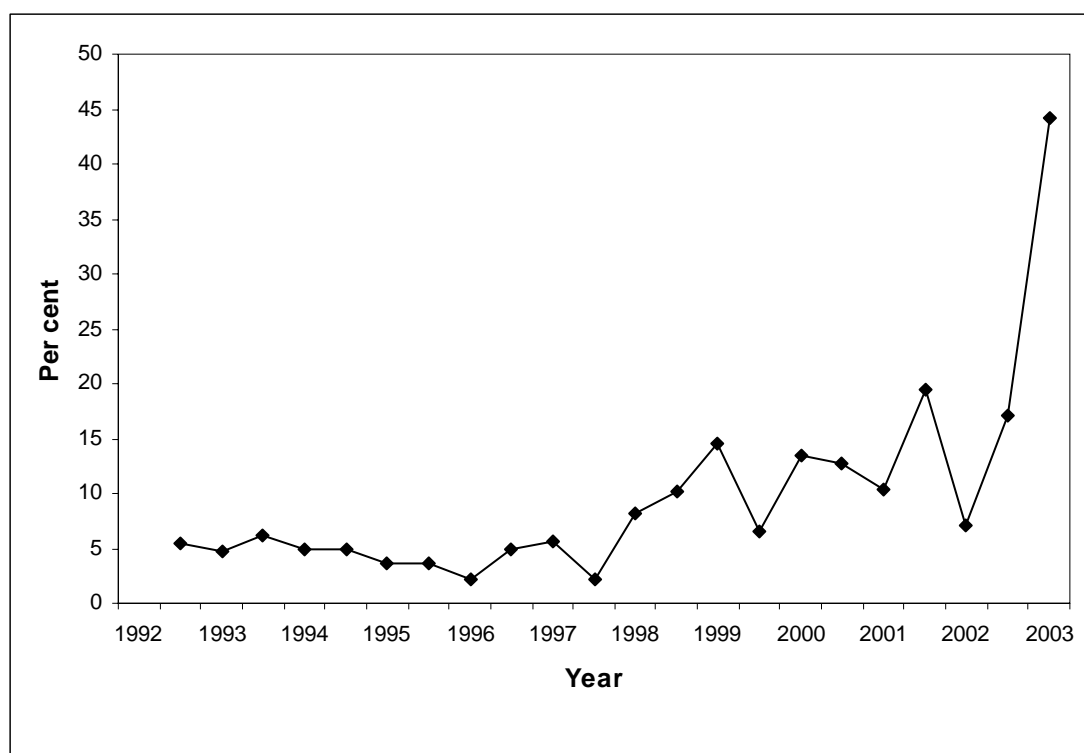
Methamphetamine form	Median price (\$)
<b>Methamphetamine powder (speed)</b> Point Gram	\$40 (30-40) \$175 (70-250)
<b>Methamphetamine base (base)</b> Point Gram	\$40 (30-50) \$240 (180-300)
<b>Crystal Methamphetamine</b> Point Gram	\$45 (30 – 300) \$375 (300-450)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 5.3 Purity

The majority of respondents commenting on the three forms of methamphetamine reported the purity of each form to be either 'medium' to 'high'. Fifty four percent of respondents commenting on speed reported the current purity to be 'medium' (27%) to 'high' (27%) and 53% of respondents commenting on base reported the current purity to be 'medium' (20%) to 'high' (33%). Two-thirds (67%) of PDU commenting on the current purity of crystal methamphetamine reported purity to be 'high'. Equal proportions of PDU reported that the purity of speed (47%) and base (47%) had remained stable to increasing, over the preceding six months. Of those respondents commenting on crystal methamphetamine, again, the majority (58%) reported that the purity was stable to increasing.

**Figure 2: Average purity of methamphetamine seizures analysed by ACTGAL, January 1992- June 2003**



Source: ACTGAL

ACTGAL analyses of AFP methamphetamine seizures indicate that methamphetamine purity in the ACT was consistently low up until the mid-to-late 1990's (Figure 2). In 2002-2003, a dramatic increase in the purity of methamphetamine seizures is evident. The average purity of methamphetamine seizures in the ACT was at 13% for 2001-2002, and this more than doubled to 31% the next financial year. The average purity of methamphetamine seized in the ACT between January and June in 2003, was substantially higher than preceding years at 44%. According to advice from the ACTGAL, this is attributable to the increasing proportion of crystal methamphetamine that is being seized.

## 5.4 Availability

Of the 34 respondents commenting on the recent availability of speed, the majority (83%) reported it to be 'moderately easy' (38%), to 'easy' (24%) or 'very easy' (21%) to obtain. Almost half (47%) of PDU reported that speed availability had remained stable over the preceding six months, while one quarter (27%) believed it had become more difficult.

There was a lack of consistency between the reports of the 15 PDU commenting on the availability of base in the preceding six months. Approximately one quarter (27%) of respondents believed that base was 'difficult' to obtain, while one in five (20%) reported it to be 'easy'. Equal proportions reported that base was 'moderately easy' (13%) or 'very easy' (13%) to obtain. Half (53%) the respondents commenting on base reported that the availability had remained stable, while 13% believed it had become easier to obtain.

The reports of 33 participants commenting on crystal methamphetamine indicated that the majority (63%) believed crystal meth to be 'moderately easy' (18%), to 'easy' (33%) or 'very easy' (12%) to obtain. One quarter (27%) of respondents reported that they believed crystal methamphetamine was difficult to obtain. Two thirds (66%) of the sample commenting on crystal methamphetamine believed that the availability of crystal methamphetamine had remained stable (42%) or had become easier (24%) in the preceding six months.

Table 9 (see p.23) presents the usual score person (person from whom methamphetamine was purchased), score location (location of purchase) and venue of use for each of the three methamphetamine forms. The majority of participants commenting on speed, base and ice indicated that they had obtained each form of methamphetamine primarily through friends or dealers, and the common venues at which they scored were friends' and dealers' homes. Venues commonly listed as the 'usual venue of use' in the preceding six months were friends' homes, raves, dance parties and nightclubs.

**Table 9: PDU reports of usual score person, score location and venue of use for methamphetamine in the preceding six months**

<b>Methamphetamine variable</b>	<b>2003 sample</b>
<i>Methamphetamine powder (speed)</i> <b>Score person (%):</b> Friend 65 Dealer 41  <b>Score location (%):</b> Friends' home 50 Nightclub 24 Own home 24 Dance party 21  <b>Usual use venue (%):</b> Friends' home 50 Nightclub 50 Rave 44 Dance party 44	N=34
<i>Methamphetamine base (base)</i> <b>Score person (%):</b> Friend 67 Dealer 53  <b>Score location (%):</b> Dealers' home 53 Friends' home 47 Own home 40  <b>Usual use venue (%):</b> Rave 73 Dance party 67 Nightclub 60 Friends' home 47	N=15
<i>Methamphetamine crystal (ice)</i> <b>Score person (%):</b> Friend 76 Dealer 30  <b>Score venue (%):</b> Friends' home 61 Dealers' home 27 Own home 24  <b>Usual use venue (%):</b> Nightclub 52 Friends' home 39 Rave 24 Private party 24	N=33

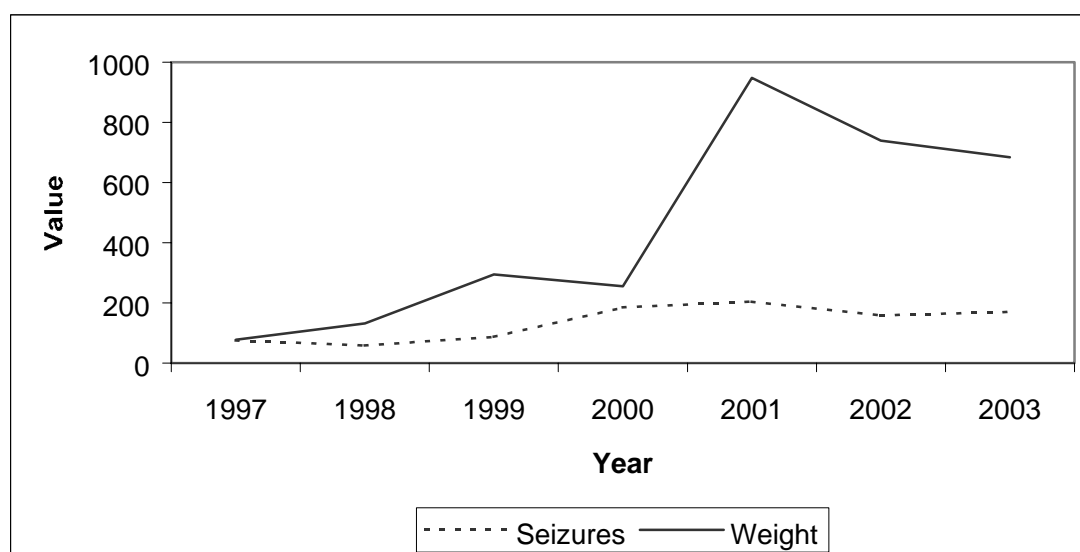
Source: ACT Party Drugs Initiative PDU Interviews, 2003

## 5.5 Methamphetamine related harms

### 5.5.1 Law enforcement

The number and weight of amphetamine seizures made in the ACT between 1997 and 2003 is presented in Figure 3. In 2001 there was an almost fourfold increase in the weight of amphetamine seized despite the number of seizures remaining approximately the same. The weight of amphetamine seizures in the ACT has remained much higher in 2002 and 2003, than levels seen prior to 2001.

**Figure 3: Number and weight of amphetamine seizures in the ACT, 1997-2003\***



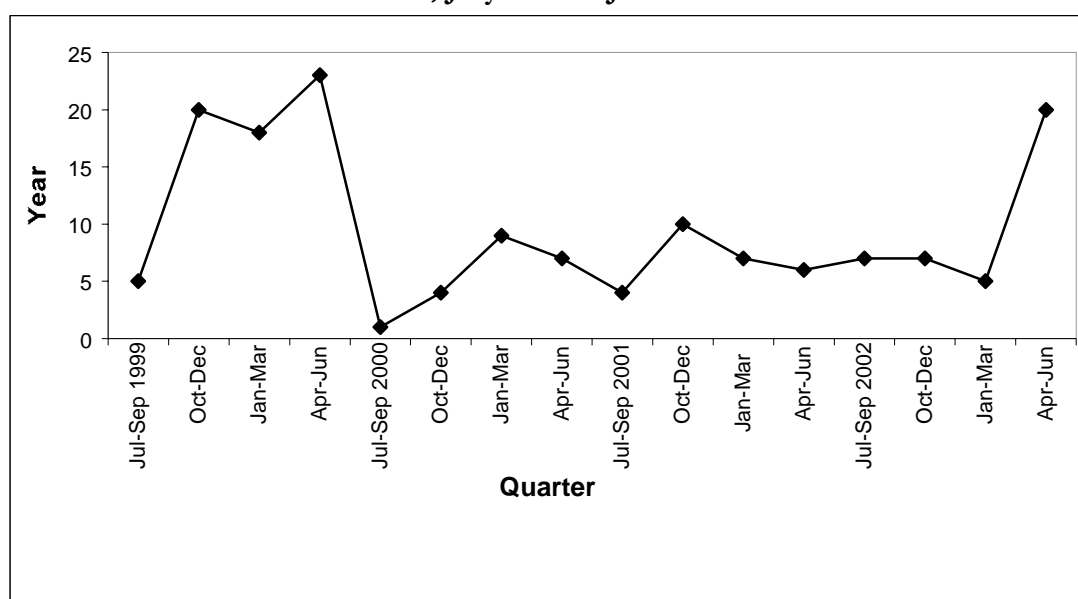
Source: AFP (ACT Policing)

\* Note: Information for 2003 is only up until 30 October 2003

### 5.5.2 Health

There has been a fluctuation in the number of amphetamine-related calls made to the ACT Alcohol and Drug Program's 24-hour telephone helpline over the period from July 1999 to June 2003 (Figure 4). Despite the introduction of new counting rules in the July quarters of 1999 and 2000, the number of amphetamine-related calls has continued to increase since then. In 2003, a sharp increase in the number of amphetamine-related calls (from 5 calls in the third quarter to 20 calls in the 4th quarter) made to the helpline was observed.

**Figure 4: Number of amphetamine-related callers to 24-hour helpline, by quarter, ACT, July 1999 to June 2003**



Source: ACT Alcohol and Drug Program (ADP)

Note: New systems were introduced in the July Quarters of 1999 and 2000 that affected the counting rules. Callers who were allocated a caseworker or other Alcohol and Drug Program Services are no longer counted in Helpline statistics.

## 5.6 Benefit and risk perception

Eighty-nine percent of the PDU sample reported there to be benefits associated with speed use, 38% reported benefits associated with base use, and 71% listed benefits associated with the use of ice. The smaller proportion of PDU commenting on base may be explained by the fact that this drug was used by a relatively smaller percent of the sample. 'Increase in energy' was the most common benefit reported for speed (44%), base (21%) and ice (32%). The use of each form of methamphetamine was also associated with the capacity to stay awake for extended periods of time (speed 38%; base 11%; ice 17%). Fifteen percent of the sample associated speed and ice use with increased talkativeness, while a smaller proportion (12%) associated the use of these substances with a euphoric feeling or 'buzz'.

Compared to the proportions of PDU reporting benefits associated with each methamphetamine form, larger percentages were able to list risks associated with the use of speed (88%), base (45%) and ice (80%). Speed was associated with the risk of elevated body temperature and heart rate by a quarter of the sample (27%). Addiction (23%), a decline in general health (21%) and a change in social behaviour (15%) were also risks nominated by PDU to be associated with speed. Similar to speed, common risks associated with base use were addiction (21%), legal problems (11%) and a decline in general health (9%). Almost one third (32%) of the sample identified addiction as a risk associated with using crystal methamphetamine. Equal proportions (17%) reported heart complications, a decline in general health, and elevated body temperature and blood pressure to be associated with the use of crystal methamphetamine.

## 5.7 Summary of methamphetamine trends

- ❖ Speed was the predominant form of methamphetamine used by PDU, closely followed by crystal methamphetamine. A smaller proportion of the sample reported lifetime and recent use of base methamphetamine.
- ❖ Consistent with PDU data, KI reported that the use of some form of methamphetamine was common among the party drug population. Law enforcement KI believed that over the past six months there had been an increase in the use of crystal methamphetamine among PDU, and this was supported by the reports of PDU indicating that crystal methamphetamine was becoming increasingly easy to obtain.
- ❖ Speed (\$40), base (\$40) and crystal methamphetamine (\$45) were commonly purchased in point form. The price was reported to be stable for all three forms of methamphetamine.
- ❖ The majority of respondents commenting on methamphetamine reported all three forms to be medium to high and stable in purity. Two thirds of PDU commenting on ice believed it to be high purity, supporting the conclusion that the purity of methamphetamine is increasing. This was further supported by the dramatic increase in the purity of methamphetamine seized by the AFP in the ACT during 2002-2003.
- ❖ PDU considered speed and crystal methamphetamine to be moderately easy to easy to obtain. The majority of PDU reported that the availability of speed and crystal methamphetamine had remained stable, with one quarter believing that speed was becoming more difficult to obtain whereas crystal methamphetamine was becoming easier to obtain. Reports regarding the availability of base methamphetamine were inconsistent.
- ❖ Corresponding to an increase in the purity of methamphetamine available in the ACT, there was also an increase in the number of amphetamine-related calls made to the 24-hour helpline between the third and fourth quarters of 2002-2003.

## 6.0 COCAINE

Almost half (47%) of the PDU sample reported that they had ever used cocaine, and one quarter (26%) of the sample had used cocaine in the previous six months.

### 6.1 Cocaine Use Among PDU

Seventeen recent cocaine users reported a median of one day of use in the preceding six months (range 1 – 4), and all of them had used infrequently (on a less than monthly basis) during this period. The majority (59%) of recent cocaine users had used cocaine on only one day in the six months prior to interview. Three respondents (5%) indicated that cocaine was their main drug of choice. KI data was consistent with PDU reports of cocaine use, with all KI commenting on this drug reporting that it was used at low levels by a small proportion of the group, due to its relative unavailability.

The majority (n=11) of recent cocaine users quantified amounts of cocaine used in the preceding six months in terms of grams; a median of a half-gram was used during both a typical (range 0.25 – 1.0) and heavy (range 0.5 – 2.0) occasion of use. Of those who quantified their use of cocaine in terms of lines (n=6), a median of 2 lines (range 1 – 3) was used during both the typical and heavy episode of use. Seven percent of PDU who reported bingeing in the six months prior to interview reported that they had used cocaine to do so.

Most (94%) participants reporting recent cocaine use had snorted cocaine during the preceding six months, while 6% each reported smoking and swallowing cocaine over this period.

**Table 10: Patterns of Cocaine use among PDU**

Cocaine variable	2003 sample (N=66)
Ever used (%)	47
Used last 6 months (%)	26
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	1 (1 – 4)
<b>Median quantities used (grams)</b>	
Typical (range)	0.5 (0.25 – 1.0)
Heavy (range)	0.5 (0.5 – 2.0)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 6.2 Price

Twelve respondents commented on the current price, purity and availability of cocaine.



The median reported price for a gram of cocaine in the ACT was \$250 (range \$180 - \$300) (n=7). Other nominated prices were \$25 for a point (n=1) and \$500 for an 'eight ball' (1/8 of an ounce) (n=1). Fifty percent of PDU commenting on cocaine reported that in the preceding six months, the price of cocaine had remained stable, while one third (34%) reported that the price had either increased (17%) or fluctuated (17%) over this period.

### **6.3 Purity**

Fifty percent of respondents who chose to comment on cocaine trends indicated that the current purity of cocaine was 'medium'. The remaining respondents were mixed in their reports; 17% each reported that the purity of cocaine was 'low', 'high' or 'fluctuates'. The majority (59%) of PDU reporting on cocaine believed that over the preceding six months, the purity of cocaine had remained 'stable' (42%) or had 'increased' (17%).

As a reflection of the low level of cocaine use reported by the ACT PDU, the AFP made only one seizure of cocaine in 2002-2003. ACTGAL received two cocaine samples in the 2002-2003 period for analysis though purity could not be assessed as both samples were unweighable.

### **6.4 Availability**

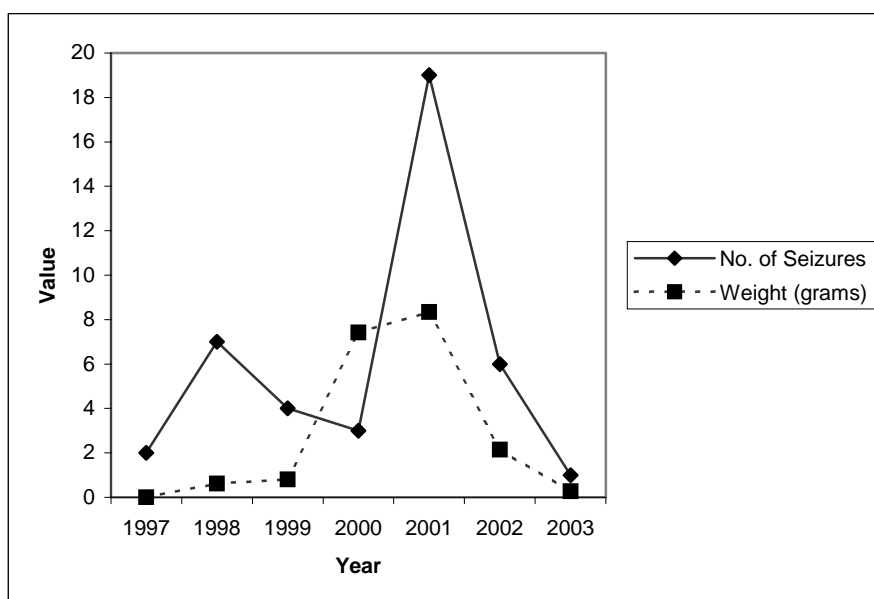
Over half (59%) the respondents commenting on cocaine, reported that it was either 'difficult' (42%) or 'very difficult' (17%) to obtain, and that this had remained stable (42%) over the preceding six months.

### **6.5 Cocaine related harms**

#### **6.5.1 Law enforcement**

Figure 5 shows the number and weight of cocaine seizures made in the ACT by the AFP (ACT Policing) for the years 1997 to 2003. In this period, the number and weight of seizures has remained small, although there is a notable peak in the number of cocaine seizures made in 2001 that corresponds with a low level of heroin seizures and similar peak in the weight of amphetamine seizures.

**Figure 5: Number and weight of cocaine seizures in the ACT, 1997-2003\***



Source: AFP (ACT Policing)

\* Note: Information for 2003 is only up until October 2003.

## 6.6 Benefit and risk perception

Sixty-nine percent of the PDU sample believed there to be benefits associated with cocaine use. Almost half (48%) the sample reported that an inflated feeling of self-confidence was an advantage to using cocaine, with smaller proportions reporting a euphoric feeling or 'high' (12%), feeling relaxed (11%) and an increased sex drive (9%) as benefits associated with cocaine use.

Three quarters (76%) of the sample identified risks associated with the use of cocaine. Of the nineteen risks associated with cocaine use reported by PDU, addiction was the most commonly noted (39%) followed by problems associated with damage to the nasal passage (29%), financial problems (18%) and risk of overdose (13%).

## 6.7 Summary of Cocaine Trends

- ❖ One quarter of the sample reported having used cocaine in the six months prior to interview, though the majority of recent users had only used cocaine on one day during this period.
- ❖ The median price for a gram of cocaine was \$250
- ❖ PDU estimated that the current purity of cocaine was medium and stable
- ❖ Cocaine was considered to be consistently hard to obtain in the ACT
- ❖ The number and weight of seizures of cocaine in the ACT have remained for the most part relatively small between 1997 and 2003

## 7.0 KETAMINE

Forty nine percent of the entire PDU sample reported lifetime use of ketamine, and 21% reported the use of ketamine in the six months prior to interview.

### 7.1 Ketamine Use Among PDU

The fourteen participants reporting recent use of ketamine did so on a median of two days (range 1 - 4) in the past six months. All recent ketamine users had used the substance less than once a month during the preceding six months, and 50% of recent ketamine users had used on only one day in the previous six months. Consistent with the user reports, KI commented that ketamine was not a drug of choice for PDU in the ACT, reporting that use was minor and infrequent among the PDU population.

Recent ketamine users quantified their use in terms of bumps (n=4), points (n=3), pills (n=3) and lines (n=2). Those who reported ketamine use in terms of bumps used a median of 1.5 bumps in a typical episode of use (range 1 – 3), and 2 bumps in a heavy session (range 1 – 3). Those who reported use of ketamine in terms of points, used a median of 1 point in both a typical (range 0.5 – 1.0) and heavy (range 0.5 – 2.0) episode of use; those who reported using pills used a median of 1 pill in a typical episode of use, and 1.5 pills in the heaviest period of use (range 1 – 3). A small proportion (7%) of the respondents that reported recent bingeing indicated they had used ketamine during a binge episode.

Recent ketamine users reported snorting (79%) and, less often swallowing (59%), ketamine in the preceding six months.

**Table 11: Patterns of Ketamine use among PDU**

Ketamine variable	2003 sample (N=66)
Ever used (%)	49
Used last 6 months (%)	21
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	2 (1 –4)
<b>Median quantities used (bumps)</b>	
Typical (range)	1.5 (1 - 3)
Heavy (range)	2.0 (1 - 3)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 7.2 Price

A small number of PDU (n=12) commented on the current price, purity and availability of ketamine in the ACT. The median price for a ketamine pill was \$25 (range \$10 - \$30) (n=3), and the median price for a point of ketamine was \$30 (range = 0) (n=2). Of the respondents commenting on trends in ketamine in the preceding six months, 5 (42%)

were unable to comment on the price change of ketamine in that period. Six respondents (50%) reported that the price of ketamine had remained stable, while one respondent (8%) reported that the price had increased.

### **7.3 Purity**

The majority (67%) of respondents commenting on the purity of ketamine reported that the current purity was 'medium' (25%) to 'high' (42%). One respondent (8%) reported that the purity was 'low', while another respondent (8%) reported that it was 'fluctuating'. Two respondents were unable to comment on the current purity of ketamine.

When asked whether the purity of ketamine had changed in the preceding six months, the majority (58%) of respondents reported it to be 'stable'. One respondent (8%) each reported that the purity of ketamine had 'increased' or 'fluctuated' during that period, and three respondents (25%) were unable to comment. Due to the small sample size, these results should be interpreted with caution.

### **7.4 Availability**

Two thirds (67%) of the participants commenting on ketamine reported that it was 'difficult' to obtain. A further two respondents (17%) reported that ketamine was 'moderately easy' to obtain. The response of participants varied in regard to the change of ketamine availability over the preceding six months. One third (33%) of respondents reported that availability had remained stable, one quarter (25%) believed it to be more difficult, 17% believed it had become easier, and three respondents (25%) were unable to comment on changes in the availability of ketamine. Again, the small sample size makes these results difficult to interpret.

### **7.5 Ketamine related harms**

#### **7.5.1 Law enforcement**

Consistent with the reports of PDU that ketamine is largely difficult to obtain in the ACT, the AFP (ACT Policing) made one seizure of ketamine (50 ml Katamil) in 2002-2003, although ketamine was reported as an ingredient in other seizures.

### **7.6 Benefit and risk perception**

Similar proportions of the PDU sample identified benefits (47%) and risks (48%) they believed to be associated with the use of ketamine. One quarter of the sample reported that a benefit of ketamine use was the 'escape' that this substance provided, with smaller proportions citing visual hallucinations (6%) and relaxation (6%). Conversely, the risk most commonly (20%) identified with ketamine use by PDU was the chance of inducing a dissociative state that users termed the 'K-Hole', where control of the body, orientation and senses may be temporarily lost.

## 7.7 Summary of Ketamine Trends

- ❖ The prevalence of ketamine use among ACT PDU is similar to that of cocaine, with approximately one quarter of PDU reporting the recent use of ketamine
- ❖ The levels and frequency of ketamine use were low
- ❖ The median price for ketamine in the ACT was reported as \$25 for a pill, and \$30 for a point
- ❖ PDU estimated the purity of ketamine to be medium, and stable
- ❖ Both KI and PDU reported that ketamine is difficult to obtain in the ACT, and this is consistent with the low level of ketamine seizures made by the AFP in 2002-2003

## 8.0 GHB

A small proportion (17%) of the PDU sample reported lifetime use of GHB, and 12% reported having used GHB in the preceding six months. Eight respondents (12%) reported lifetime and recent use of 1,4B.

### 8.1 GHB use among PDU

Eight recent GHB users reported a median of three days (range 1 – 5) use in the preceding six months. All (100%) respondents had used GHB on a less than monthly basis during this period. Similarly, eight recent 1,4B users reported a median of two days (range 1 – 7) use in the six months prior to interview. Only one respondent had used 1,4B on a monthly or more than monthly basis. No respondents nominated either GHB or 1,4B as their main drug of choice. Consistent with these reports, KI commenting on GHB use among the ACT PDU population believed that use was uncommon and infrequent among this group.

All GHB users quantified their use in terms of millilitres (n=8). The median amount of GHB used in a typical episode of use was 28 millilitres (range 2 – 30), and the median amount used in the heaviest session of use was 30 millilitres (range 4 – 45). Similarly, all 1,4B users quantified their use in terms of millilitres; in a typical episode of use, the median amount of 1,4B used was 23 millilitres (range 7 – 100), and in the heaviest episodes of use, the median amount used was 33 millilitres (range 20 – 150). Ten percent of participants who had reported bingeing in the preceding six months had used 1,4B to do so.

**Table 12: Patterns of GHB and 1,4B use among PDU**

Variable	2003 sample (N=66)
<b>GHB</b>	
Ever used (%)	17
Used last 6 months (%)	12
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	3 (1 – 5)
<b>Median quantities used (mls)</b>	
Typical (range)	28 (2 – 30)
Heavy (range)	30 (4 – 45)
<b>1,4B</b>	
Ever used (%)	12
Used last 6 months (%)	12
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	2 (1 – 7)
<b>Median quantities used (mls)</b>	
Typical (range)	23 (7 – 100)
Heavy (range)	33 (20 – 150)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

## **8.2 Price**

Five respondents commented on the current price, purity and availability of GHB, and a further five respondents commented on the availability of 1,4B. Therefore, due to the small sample sizes, caution needs to be exercised when interpreting these results.

Only two respondents reported prices for purchased quantities of GHB in the preceding six months. The reported price for a millilitre of GHB was \$4 (n=1), and the reported price for one litre of GHB, was \$200 (n=1). Three respondents indicated that the price of GHB had remained stable in the preceding six months, while two respondents were unable to comment.

## **8.3 Purity**

Two respondents reported that the current purity of GHB was 'medium', while one respondent each believed the current purity to be 'low' and 'high'. One respondent was unable to comment on the purity of GHB. Two respondents reported that over the preceding six months, the purity of GHB had remained stable, while one respondent believed it had decreased. Two respondents were unable to comment on the change in purity of GHB over the six months prior to interview.

## **8.4 Availability**

All respondents reported that GHB was 'difficult' (n=3) or 'very difficult' (n=2) to obtain, and that over the preceding six months this had remained stable (n=5). Five respondents reported buying 1,4B in the six months prior to interview. Respondents were divided in their reports regarding the current availability of 1,4B. Three respondents reported that 1,4B was either 'difficult' (n=2) or 'very difficult' (n=1) to obtain, and two respondents indicated that 1,4B was 'easy' (n=1) to 'moderately easy' (n=1) to obtain.

## **8.5 GHB related harms**

### **8.5.1 Health**

#### *Drink spiking*

Four KI reported on the perceived increase in the number of GHB overdoses and GHB-related drink spiking incidences occurring in the ACT during 2002-2003. The use of GHB is associated with high-risk as the substance is dose-sensitive and there is no known drug that can reverse the effect of GHB in the body. Two KI in the field of emergency medicine commented on the standard presentation of a GHB overdose, whereby the patient presents in an unmoveable and unconscious state. The cases discussed occurred always at night, among members of the young experimental drug use crowd.

Between June 10 2002 and August 17 2003, the ACT Ambulance Service attended 56 drink-spiking cases in the ACT (ACT Ambulance Service). The majority (84%) of these cases required transportation to hospital, and there were four (7%) known sexual assaults. The group was predominantly female (75%), with a mean age of 23 years (range

14 -48). Almost half (46%) of these cases occurred in nightclubs, 9% occurred at private residences and the remaining cases were classified as unknown/other (45%). Commonly observed symptoms reported in the ambulance case sheets were nausea and vomiting, ataxia, agitation and emotional distress, tachycardia, hyperventilation and dysphasia. Although screening for all drugs is still somewhat unreliable, law enforcement and medical KI believed GHB to be involved in a significant proportion of drink spiking incidences. Other substances believed to be commonly involved in incidences of drink spiking are ketamine, benzodiazepines and methamphetamine.

## **8.6 Benefit and risk perception**

Almost half (44%) the sample reported risks associated with the use of GHB, whereas only 29% commented on perceived benefits. Equal (6%) yet small proportions of the sample identified the 'relaxant' and 'aphrodisiac' qualities of GHB to be benefits of its use. The risks most commonly noted to be associated with GHB use were that GHB was extremely dangerous if mixed with alcohol (18%), resulting in possible death (17%) and overdose (14%).

## **8.7 Summary of GHB Trends**

- ❖ A minority of the sample reported the lifetime or recent use of GHB
- ❖ All recent GHB users had used on a less than monthly basis, and the quantity of use varied only slightly when PDU referred to typical and heavy episodes of use
- ❖ The median reported price for a millilitre of GHB was stable at \$4
- ❖ Due to a small sample size, the GHB purity data is hard to interpret
- ❖ All respondents reported that GHB is difficult to very difficult to obtain in the ACT
- ❖ KI reported on the perceived increase in the number of GHB related overdoses and drink-spiking incidences in the ACT during 2002-2003



## 9.0 LSD

Fifty nine percent of the PDU sample reported having ever used LSD, and almost half the sample (44%) reported recent use of LSD.

### 9.1 LSD use among PDU

Twenty-nine recent LSD users reported a median of two days of use in the preceding six months (range 1 – 20). Seventy three percent of recent LSD users reported using infrequently (less than six times) in the preceding six months, 24% reported using LSD on a monthly to fortnightly basis, and 3% reported using LSD on more than a fortnightly basis. One respondent (2%) nominated LSD as their main drug of choice.

Almost all LSD users quantified their recent use of LSD in terms of ‘tabs’, and one quantified their use in terms of ‘drops of liquid’. Of those who quantified their use in terms of tabs, a median of one tab was taken during an average session of use (range 1 – 2), and a median of two tabs were taken during the heaviest episode of use (range 1 – 3). The respondent referring to their use of LSD in terms of liquid used 2 drops of LSD liquid in a typical episode of use, and three drops of LSD liquid in the heaviest episode of use. Of those respondents who reported binge use in the preceding six months over one quarter (28%) used LSD to do so.

**Table 13: Patterns of LSD use among PDU**

LSD variable	2003 sample (N=66)
Ever used (%)	59
Used last 6 months (%)	44
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	2 (1 – 20)
<b>Median quantities used (tabs)</b>	
Typical (range)	1 (1 – 2)
Heavy (range)	2 (1 – 3)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 9.2 Price

Thirty-two PDU commented on the current price, purity and availability of LSD in the ACT. The median price paid for a tab of LSD was \$20 (range \$10 - \$30). Of the thirty-two respondents commenting on current trends in LSD, two thirds (69%) reported that the price of LSD had remained stable in the preceding six months. Small proportions reported that the price of LSD had fluctuated (6%) or decreased (3%) in the six months prior to interview.

**Table 14: Price Of LSD purchased by PDU**

Median price (\$) LSD	2003 sample (N=32)
Tab (range)	20 (10 – 30)
Lowest tab price (range)	15 (10 – 25)
Highest tab price (range)	22.50 (15 – 35)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### **9.3 Purity**

Of the 32 respondents commenting on the ‘current’ purity of LSD, almost three quarters (72%) reported the purity as ‘medium’ (41%) to ‘high’ (31%). Four respondents (13%) believed the purity to be ‘low’, and three respondents (9%) reported that it fluctuated. Reports regarding the stability of LSD purity in the preceding six months were inconsistent. Twenty nine percent of respondents believed that LSD purity had remained stable, seven respondents (22%) reported it had increased, six respondents (19%) reported it had decreased and two (6%) believed it had fluctuated.

### **9.4 Availability**

Respondents (n=32) were divided in their reports of the current availability of LSD in the ACT. Fifty three percent believed that LSD was ‘moderately easy’ (38%), to ‘easy’ (6%) and ‘very easy’ (9%) to obtain, while 47% reported that LSD was ‘difficult’ (25%) or ‘very difficult’ (22%) to obtain. The majority (79%) of respondents reported that the availability of LSD had remained stable (41%) or had become easier (38%) to obtain during the preceding six months. Smaller proportions reported that LSD had become more difficult (13%) to obtain or had fluctuated (3%) during this period.

Two key informants commented on the increase in LSD use among ACT PDU in the six months preceding interview. KI reported that LSD use was becoming more widespread in this group, and LSD had become a regular substance of use for some individuals. This was attributed to an increase in the strength and availability of LSD in the ACT. Ten PDU reported on the recent emergence of a more potent form of hallucinogen called ‘2C-B’ in the ACT market. Available in cap form, PDU reported that 2C-B was typically swallowed or snorted and cost between \$40 to \$50 dollars per cap. This substance may require monitoring in the 2004 ACT PDI.

### **9.5 LSD related harms**

#### **9.5.1 Law enforcement**

Table 15 sets out the number and total weight of LSD seizures made by the AFP (ACT Policing) in the ACT between 1997-2003. During this period, the number of LSD seizures in the ACT has remained consistently low. Since 2001, no LSD seizures have been made in the ACT, though the 2003 data is only representative of seizures made up until 30 October 2003.

**Table 15: Number and weight of LSD seizures in the ACT, 1997-2003\***

<b>Year</b>	<b>Number of seizures</b>	<b>Weight seized (grams)</b>
1997	3	Impregnated, traces only
1998	7	Impregnated, traces only
1999	2	0.0006199 grams
2000	2	0.000725 grams
2001	1	Impregnated, traces only
2002	0	-
2003 (as at 30 Oct)	0	-

Source: AFP (ACT Policing)

\* Note: Information for 2003 is only up until October 2003

## **9.6 Benefit and risk perception**

Almost nine in ten (86%) PDU reported risks they believed to be associated with the use of LSD, while two-thirds (67%) identified perceived benefits. Hallucinations (35%) were the most commonly cited benefit, though being ‘stuck in a trip’ or experiencing a ‘bad trip’ (30%) was the most frequently reported risk. Nineteen percent of the sample reported that ‘constant laughter’ was a benefit experienced while under the influence of LSD. In terms of risks, one quarter (26%) of the sample believed that LSD use may lead to psychological problems, 18% believed that acting impulsively under the influence of LSD was a potential risk and 17% of PDU cited ‘flashbacks’ as a risk associated with LSD use.

## **9.7 Summary of LSD Trends**

- ❖ Almost half the sample reported the recent use of LSD, with KI reports indicating that the use of LSD is increasing among ACT PDU
- ❖ Although the general level of LSD use tends to be low, there is a notable proportion of the sample that appears to use the substance on a regular basis
- ❖ The median price for an LSD ‘tab’ or ‘trip’ was stable at \$20
- ❖ The majority of PDU reported the purity of LSD to be medium to high, though the response of PDU in regard to the change in purity of LSD was inconsistent
- ❖ PDU were divided in their response to the current availability of LSD, though the majority reported that it was stable or becoming easier to obtain

## 10.0 MDA

Fifty six percent of the PDU sample reported lifetime use of MDA, and one third (33%) of the sample reported recent use of MDA use.

### 10.1 MDA use among PDU

Twenty-two recent MDA users reported a median of 2 days of use in the preceding six months (range 1 – 24). Seventy three percent of recent MDA users had used MDA less than monthly during the previous six months, 23% used on a monthly to fortnightly basis, and the remaining respondent used MDA on a weekly basis during that period. The majority of KI commenting on MDA believed that there was a small proportion of PDU that used MDA, with only a few of these users actively seeking out the drug, and therefore patterns of use tend to be opportunistic.

All recent MDA users quantified their use in terms of ‘caps’. In the six months prior to interview a median of two caps were taken in both the typical (range 1 – 3) and heaviest (range 1 – 6) episodes of use. Ten percent of participants that reported bingeing in the preceding six months indicated they used MDA to do so.

Approximately half (46%) the respondents reporting recent MDA use had snorted MDA in the preceding six months, while all had swallowed MDA during this period of time.

**Table 16: Patterns of MDA use among PDU**

MDA Variable	2003 sample (N=66)
Ever used (%)	56
Used last 6 months (%)	33
<b>Of those who used in preceding 6 months</b>	
Median days used last six months (range)	2 (1 – 24)
<b>Median quantities used (caps)</b>	
Typical (range)	2 (1 – 3)
Heavy (range)	2 (1 - 6)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 10.2 Price

Seventeen PDU commented on the current price, purity and availability of MDA. The median price for an MDA cap reported by PDU was \$40 (range \$25 - \$50). The majority (77%) of respondents reported that the price of MDA remained stable during the preceding six months, and one respondent reported a decrease in price.

**Table 17: Price Of MDA purchased by PDU**

Median Price (\$) MDA	2003 sample (N=17)
Capsule price (range)	40 (25 – 50)
Lowest capsule price (range)	30 (25 – 35)
Highest capsule price (range)	40 (40 – 50)

Source: ACT Party Drugs Initiative PDU Interviews, 2003

### 10.3 Purity

The majority (70%) of PDU commenting on MDA reported current purity to be ‘high’ (41%) to ‘medium’ (29%). One respondent (6%) reported the purity of MDA as ‘low’. Almost half (47%) the respondents commenting on MDA reported the purity to have remained stable during the preceding six months, two respondents (12%) believed it to have increased, one (6%) believed it to have decreased and one (6%) believed it to have fluctuated. Five respondents were unable to comment on the changes in MDA purity in the six months prior to interview.

### 10.4 Availability

Among those who commented on the current availability of MDA, the majority (59%) thought it to be ‘very easy’ (12%), to ‘easy’ (12%) or ‘moderately easy’ (35%) to obtain. However, seven respondents (41%) reported that MDA was ‘difficult’ to obtain. Again, the majority (59%) of respondents thought the availability of MDA had remained stable in the preceding six months, while four respondents (24%) believed it had become more difficult, and one respondent (6%) believed it had become easier to obtain.

### 10.5 Summary of MDA Trends

- ❖ One third of the sample had recently used MDA, with KI reporting opportunistic levels of use among the PDU sample
- ❖ The frequency of MDA use was low, though 10% of PDU reporting recent binge activity had used MDA during these binge periods
- ❖ The median price for a cap of MDA was stable at \$40
- ❖ The purity of MDA was reported as stable at medium to high levels
- ❖ PDU were divided in their perception of the ease with which MDA could be obtained, with approximately half the sample reporting that it was easy or difficult to obtain

## **11.0 OTHER DRUGS**

### **11.1 Alcohol**

The 2001 NDSHS reported the prevalence of daily to less than weekly alcohol consumption in the ACT population to be 92% (AIHW, 2002). Similarly, in the 2003 PDU, all respondents reported lifetime use of alcohol, and most (97%) reported the use of alcohol in the preceding six months. Alcohol was consumed on a median of 48 days (two days per week, range 1 - 180) in the six months prior to interview. One in five (20%) recent alcohol users reported using the substance more than three days a week during the preceding six months.

Of those respondents that indicated they typically used other drugs in combination with ecstasy, 65% nominated the use of alcohol. Of these, over half (53%) had more than five standard drinks during each episode ecstasy of use. The proportion of respondents who nominated the consumption of alcohol during the 'comedown' from ecstasy was noticeably lower (32%), though of these respondents, a large proportion (71%) reported drinking more than five standard drinks during the acute recovery period. Consistent with this data, KI commenting on alcohol use among the sample reported that most to all party drug users also drank alcohol. One KI reported that alcohol use went hand in hand with the party drug scene, and the levels or quantities of alcohol use varied according to the venue of ecstasy consumption.

PDU were asked whether they perceived any benefits and risks to be associated with the use of alcohol. Most (92%) reported benefits associated with alcohol use, and the entire sample identified alcohol-related risks. Approximately one third (35%) of the sample believed that alcohol facilitated social interaction, and one quarter (24%) reported that it was a relaxant. The loss of inhibition associated with alcohol use was reported as both a benefit (29%) and risk (36%) of its use. Half the sample indicated that liver damage was a possible risk associated with the use of alcohol, while violence/aggression (33%) and addiction or alcoholism (27%) were also reported risks.

### **11.2 Cannabis**

Almost all (97%) the PDU sample reported lifetime use of cannabis, and 82% had used cannabis in the preceding six months. This data supports the beliefs of KI who reported that cannabis use among the PDU population was widespread. Fifty-four recent cannabis users reported a median of twenty-eight days (range 1 – 180) of use in the six months prior to interview, and almost half (46%) this group had used cannabis three times a week or more in preceding six months. Almost one quarter (23%) of the sample reported the daily use of cannabis.

Among respondents who typically used other drugs when using ecstasy, 40% reported the use of cannabis in combination with ecstasy. Cannabis was the drug nominated most (69%) by respondents who reported the use of other drugs to 'comedown' from ecstasy. KI reports indicated the belief that cannabis use among the PDU population was the norm.

As with alcohol, the majority of PDU could identify benefits (86%) and risks (94%) associated with the use of cannabis. In terms of cannabis-related benefits, almost half the

sample reported that cannabis had a relaxing effect (45%), 21% reported it eased the comedown from other drugs, and 15% reported it was good in assisting sleep. A number of risks were associated with the use of cannabis, the most common being addiction (39%), de-motivation (38%) and damage to lungs (36%). Approximately one in five (21%) PDU believed that schizophrenia, paranoia and depression were cannabis-related risks.

### **11.3 Tobacco**

Three quarters of the 2003 PDU (75%) reported the use of tobacco in the preceding six months (median 180 days use, range 4 -180), and the majority (92%) of the sample reported ever having tried tobacco. Similar to this, most KI believed that tobacco was used to some degree by the majority of PDU. The 2001 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 24% (AIHW, 2002). In the PDU sample the proportion of daily tobacco smokers exceeded the NDSHS figures, with 41% of the sample reporting daily tobacco use.

### **11.4 Benzodiazepines**

Benzodiazepine use was relatively minor among the PDU sample, with one in five (20%) respondents having ever tried benzodiazepines, and a small proportion (11%) having used benzodiazepines in the preceding six months. All recent benzodiazepine users had used infrequently during the six months prior to interview, with a median of two days (range 1 – 2) of use during this period. Swallowing was the universal form of administration, though two participants had snorted benzodiazepines, and one respondent had done so in the past six months.

### **11.5 Antidepressants**

Only a small proportion of the sample reported lifetime (11%) or recent (6%) use of antidepressants. Swallowing was the only reported mode of administration, and the median number of days of use (among PDU who had used anti-depressants in the past six months) was 33 days (range 5 – 180). One participant reported that they had used anti-depressants for reasons other than depression in the past six months, and this was to facilitate the comedown from ecstasy.

### **11.6 Inhalants**

Approximately half the sample had ever tried amyl nitrate (50%) or nitrous oxide (56%), with smaller proportions reporting the recent use of both substances (29% amyl nitrate; 39% nitrous oxide). Amyl nitrate had been used on a median of two days (range 1 – 12) in the past six months, whereas nitrous oxide was used more frequently on a median of five days (range 1 – 30) during this period. The median amount of amyl nitrate used in a typical session of use was 3 ‘snorts’, increasing to 4 ‘snorts’ in a heavy episode of use. The quantity of nitrous oxide varied significantly according to the occasion of use, with a median of 5 ‘bulbs’ used in a standard session, and 25 ‘bulbs’ in a heavy session of use. In addition to being asked about their patterns of inhalant use, PDU were asked to report

the risks and benefits (if any) they believed to be associated with the use of amyl nitrate. Similar proportions reported both benefits (35%) and risks (32%) associated with amyl nitrate, with the most common being the 'rush' experienced (20%) and the relaxant (11%) properties of the drug. Damage to brain cells (15%) and heart attack (6%) were the risks most frequently associated with amyl nitrate listed by PDU.

## 11.7 Other Opiates

Twenty percent of the PDU sample had ever tried other opiates (such as Panadeine Forte®, morphine, pethidine) and 11% had used other opiates in the past six months. The median days of other opiate use in the six months prior to interview was 3 (range 1 – 10). Most opiate users swallowed as a mode of administration, with one user reporting ever having snorted opiates, and also snorting opiates in the preceding six months.

## 11.8 Summary of other drug use

- ❖ The majority of the PDU sample consumed alcohol on a median of two days per week in the past six months
- ❖ Of the PDU who typically used other drugs in combination with ecstasy, almost two thirds indicated that they used alcohol in conjunction with ecstasy, and one third used alcohol to comedown from ecstasy
- ❖ Cannabis use was prevalent among the PDU sample, with three quarters of recent users smoking three times a week or more. Cannabis was commonly used by PDU to facilitate the comedown from ecstasy
- ❖ A large proportion of the sample had recently used tobacco and 41% of the sample indicated that they were daily tobacco smokers
- ❖ A minority of the sample reported the use of benzodiazepines, antidepressants and other opiates in the six months preceding interview
- ❖ Similar proportions of the PDU sample reported the lifetime use of amyl nitrate and nitrous oxide. However, a greater proportion of PDU had used nitrous oxide than amyl nitrate and they used it more frequently than those who reported the use of amyl nitrate



## **12.0 PARTY DRUG RELATED HARM**

### **12.1 Law Enforcement**

#### **12.1.1 Reports of criminal activity among PDU**

In the month prior to interview, less than half (45%) the 2003 PDU sample had engaged in criminal activity. While only minor numbers reported they had engaged in fraud (n=2) or property crime (n=2) in the month preceding interview, 42% of the sample reported that they had sold drugs at least once during this period. Almost one quarter (23%) of the PDU sample had sold drugs on a less than weekly basis, 11% had sold more than weekly but less than daily, and equal proportions reported weekly (5%) or daily (5%) dealing. Similarly, 23% of the sample reported that over the preceding six months, they had paid for their ecstasy through profits received from drug dealing. Only 5% (n=3) of the sample indicated that they had been arrested in the previous 12 months, all of whom were arrested for driving under the influence of alcohol.

#### **12.1.2 Perception of police activity towards PDU**

The majority (48%) of the sample believed police activity towards party drug users to have remained stable in the six months prior to interview. Similar proportions also reported an increase (19%: particularly in regards to undercover nightclub presence and the frequency of raids/busts) or decrease (14%: particularly in regard to police presence in general) in their perception of recent police activity. The overwhelming majority (85%) of PDU however reported that recent police activity had not made it more difficult for them to score illicit drugs.

Two key informants (including a law enforcement officer) reported that in 2002-2003 there had been an increase in the uniformed patrol of nightclubs in the ACT on weekends that resulted in an increase in the number of arrests made during these times. A further two KI reported that party drug activity police operations had become more covert, and although police may not be patrolling openly their presence was still felt. One KI commented that party drug users were more aware of the risks involved in carrying their drugs, and also of the risks involved in scoring drugs at a club, as a result of this increase in undercover activity.

### **12.2 Health**

#### **12.2.1 Acute health related harms related to party drug use**

Participants were asked whether in the past six months they had experienced health-related side effects due to their party drug use. Information was collected on a list of forty side effects. Participants were asked whether they had experienced each side effect in the past six months; whether they had experienced the side effect under the influence of drugs, during the comedown from drugs (or both); whether they believed this side effect to be related to ecstasy use; whether they attributed this side effect to the use of any 'other drug(s)' and whether they attributed this side effect to 'other factors'. Due to the fact that ecstasy was the only drug specifically asked about, the overestimation of ecstasy attribution may have occurred as a result.

The health-related side effects most commonly experienced by 2003 PDU whilst under the influence of drugs are presented in Table 18. The most commonly specified drugs and side effects are presented, and the side effects experienced are presented as a proportion of those who reported recent use of each drug type. As can be seen from Table 18, side effects such as loss of appetite, profuse sweating and trouble sleeping were commonly experienced by PDU, and were frequently associated with the use of ecstasy, speed and crystal methamphetamine. Over forty percent of the sample reported encountering memory lapses, confusion, weight loss, vomiting and difficulty concentrating under the influence of drugs. Ecstasy was the drug primarily attributed to the experience of these side effects by users. Cannabis was also commonly associated with the experience of memory lapses, confusion and difficulty concentrating, with approximately one quarter of recent cannabis users reporting these side effects. Approximately one in five recent speed and crystal methamphetamine users reported that they had experienced agitation/restlessness, teeth problems, irritability and heart palpitations while under the influence of these drugs. Visual and auditory hallucinations were also commonly reported side effects, although the drug that the majority of its users primarily attributed these side effects to was LSD.

**Table 18: Acute health related side effects experienced while under the influence of drugs**

Side effect	Any drug N=66 (%)	Ecstasy N=66 (%)	Speed N=42 (%)	Crystal N=37 (%)	Cannabis N=54 (%)
Loss of appetite	82	79	55	35	6*
Blurred vision	76	73	7*	3*	7*
Visual hallucinations	68	33	5*	3*	13
Profuse sweating	62	59	43	27	2*
Trouble sleeping	58	48	40	38	4*
Auditory hallucinations	52	33	2*	3*	13
Memory lapses	50	39	5*	3*	28
Confusion	49	45	14	8*	22
Weight loss	48	15	14	11*	4*
Vomiting	46	33	0	0	9
Difficulty concentrating	46	45	5*	3*	26
Numbness	44	35	7*	8*	6*
Hot/cold flushes	42	39	12	5*	6*
Agitation/restlessness	42	38	26	19	9
Inability to urinate	39	38	14	5*	0
Paranoia	39	24	7*	11*	6*
Teeth problems	38	38	24	16	0
Dizziness	32	27	7*	3*	13
Heart palpitations	30	24	17	14	11
Tremors/shakes	30	27	17	8*	4*

Source: ACT Party Drugs Initiative PDU Interviews, 2003

Note: \* n<5

In Table 19, the most frequently reported health-related side effects experienced during the ‘comedown’ phase of drug use are presented. Again, ecstasy was the drug that users primarily attributed the experience of these side effects to. A significant proportion of recent speed and crystal methamphetamine users reported experiencing loss of appetite, trouble sleeping, weight loss, agitation/restlessness and loss of energy during the comedown period from these substances. Similarly, over one in five recent cannabis users attributed memory lapses, paranoia, depression, loss of energy, confusion and difficulty concentrating to the use of this substance.

**Table 19: Acute health related side effects experienced coming down from drugs**

Side effect	Any drug N=66 (%)	Ecstasy N=66 (%)	Speed N=42 (%)	Crystal N=37 (%)	Cannabis N=54 (%)
Confusion	73	71	29	11	24
Difficulty concentrating	73	73	14	8*	30
Loss of appetite	68	65	43	32	9
Loss of energy	62	56	21	22	24
Irritability	59	48	19	16	11
Trouble sleeping	59	47	36	38	6*
Muscular aches	58	44	19	11	6*
Depression	53	52	5*	5*	24
Headaches	53	42	17	5*	9
Agitation/restlessness	49	42	29	19	9
Paranoia	41	32	10*	8*	22
Weight loss	41	35	38	30	7*
Memory lapses	39	33	2*	0	20
Anxiety	39	33	14	11*	17
Joint pains	36	33	10*	11*	4*
Hot/cold flushes	30	29	12	5*	7*

Source: ACT Party Drugs Initiative PDU Interviews, 2003

Note: \* n<5

Of the participants who reported experiencing party drug related side effects in the six months preceding interview, smaller proportions reported experiencing these side effects as a result of polydrug use (Table 20, p.47). For the purposes of this study, side effects were related to polydrug use if PDU attributed four or more drugs to the side effect. In Table 20 the proportion of participants who experienced each side effect both under the influence of drugs, and during the drug comedown and attributed this experience to polydrug use is reported.

Commonly reported side effects such as loss of appetite, confusion, trouble sleeping, agitation/restlessness and loss of energy were attributed to polydrug use by approximately one quarter of participants who had recently experienced these side effects.

**Table 20: Acute health related side effects attributed to polydrug use**

	Experienced under the influence (%)	%	Experienced during 'comedown' (%)	%
Loss of appetite	82	30	68	29
Blurred vision	76	18	15	30*
Visual hallucinations	68	16	17	27*
Profuse sweating	62	22	18	25*
Trouble sleeping	58	26	59	26
Auditory hallucinations	52	15	26	12*
Memory lapses	50	18	39	15*
Confusion	49	28	73	25
Weight loss	48	33*	41	44
Difficulty concentrating	46	20	73	17
Vomiting	46	13*	11	14*
Numbness	44	7*	21	21*
Hot/cold flushes	42	7*	30	15*
Agitation/restlessness	42	29	49	22
Paranoia	39	23	41	19
Inability to urinate	39	0*	11	14*
Teeth problems	38	16*	29	26
Dizziness	32	19*	24	19*
Tremors/shakes	30	20*	35	17*
Heart palpitations	30	30	20	23*
Anxiety	29	32	39	19
Stomach pains	27	6*	27	0*
Inability to orgasm	27	17*	21	29*
Shortness of breath	26	0*	9	0*
Headaches	24	6*	53	11*
Loss of energy	23	40	62	24

Source: ACT Party Drugs Initiative PDU Interviews, 2003

\*n<5

In addition to reporting which drugs they believed to be associated with certain side effects, participants were also asked if there were 'other factors' to which they attributed the experience of their side effects. 'Other factors' were separated into 'pre-existing conditions' and 'environment/physical' factors (for example, dancing in a crowded or hot environment, dancing for an extended period of time, dehydration, lack of sleep, lack of food). As demonstrated in Table 21 (p.48) significant proportions of PDU believed that physical/environment factors had contributed to the experience of certain side effects, namely: profuse sweating; muscular aches; faint/pass out; weight loss; joint pains and/or stiffness and shortness of breath. Approximately one-third of PDU who had recently experienced stomach pains, a loss of energy, headaches or dizziness attributed this experience to the use of a number of drugs at the one time.

**Table 21: Acute health related problems attributed (at least in part) to other factors, experienced either under the influence or coming down**

	Side effect experienced (%)	Attribute to physical/environmental factors (%)	Attribute to pre-existing condition (%)
Confusion	79	12	-
Difficulty concentrating	77	14	2*
Profuse sweating	70	63	2*
Loss of energy	65	37	-
Memory lapses	65	14	2*
Muscular aches	61	63	-
Headaches	59	31	8*
Irritability	59	18	-
Weight loss	55	53	-
Dizziness	50	27	-
Tremors/shakes	50	15	3*
Heart palpitations	42	25	-
Joint pains/stiffness	39	50	4*
Stomach pains	38	36	-
Shortness of breath	32	48	10*
Faint/pass out	15	60	10*

Source: ACT Party Drugs Initiative PDU Interviews, 2003

\*n<5

### 12.2.2 Other harms related to party drug use

In the PDI questionnaire, party drug harms were categorised into four groups – occupational/study problems, relationship/social problems, financial problems and legal problems. Participants were asked if they had experienced any of these problems due to their drug use in the past six months, and if so, which drugs did they attribute these problems to.

As can be seen in Table 22, legal problems were rarely experienced by the PDU sample (n=2). Alcohol was the drug attributed by both participants to their legal complications, with one PDU also attributing them to ecstasy. Occupational and study problems however were experienced by almost half (43%) the group, with the most frequently reported problems in this category being sick leave/not attending class (43%) and demotivation (35%). Seventy nine percent of those who experienced work or study related problems in the past six months attributed these problems (at least in part) to their ecstasy use. Cannabis (43%) and speed (18%) were drugs that were also reported by this group to be related to the experience of these problems.

Almost one third (32%) of the sample reported that they experienced relationship or social problems due to drug use in the past six months, and again ecstasy was the drug most commonly attributed to these problems, followed by cannabis (38%) and alcohol (29%). For the majority of respondents, the problems experienced under this category were relatively minor, such as arguments (48%) and mistrust/anxiety (29%). However, four respondents indicated that they had ended a relationship during this period due to their drug use.

Of the four categories listed, the most frequently experienced problem among party drug users were financial, with almost half (46%) the sample reporting this to be the case, and over nine in ten (93%) attributing this to ecstasy. Approximately one-third of those who had experienced financial difficulties attributed these in part to cannabis (37%) and alcohol (30%). PDU who had experienced financial problems in the preceding six months reported being in debt or owing money (37%), having no money for recreation/luxuries (30%), and of greater concern, having no money for food or rent (20%).

**Table 22: Party-drug harms experienced by ecstasy users**

<b>Harm</b>	<b>Experienced (%)</b>	<b>Attribute to ecstasy use (%)</b>
<b>Occupational/study</b>	43	79
<b>Relationship/social</b>	32	81
<b>Financial</b>	46	93
<b>Legal</b>	3	50

Source: ACT Party Drugs Initiative PDU Interviews, 2003

## **13.0 DISCUSSION**

### **13.1 Demographic characteristics**

The demographic characteristics of the 2003 ACT PDI sample are similar to those obtained previously in a study examining the party drug population in Sydney, Australia (White et al., 2003). The characteristics of the 2003 PDI sample also provided contrast against the demographics that defined the injecting drug user (IDU) sample surveyed for the 2003 ACT IDRS. PDU tended to be young, well educated, employed or studying, and had minimal contact with the legal system or drug treatment facilities. Conversely, the IDU sample were characterised by low levels of education, high levels of unemployment, contact with the legal system and treatment seeking for drug-related problems.

### **13.2 Patterns of polydrug use**

The PDU interviewed in 2003 were polydrug users, having used a mean of 7 drugs in the previous six months, and a mean of 10 drugs during their lifetime. Ecstasy was the drug of choice for the majority of the sample. PDU and KI data suggested that PDU typically use a core set drugs (comprised of ecstasy, methamphetamine and alcohol) and the use of other drugs remained dependent on availability. Almost half the sample reported recent 'bingeing', with a median binge length of two days. Ecstasy, speed, alcohol and cannabis were the drugs that were commonly used during binge episodes. When compared to PDU who had not binged, recent bingers had used a significantly greater number of drugs both in the past 6 months and over their lifetime, had used ecstasy on a greater number of days in the preceding six months, and had used a significantly greater number of ecstasy tablets in both a typical and heavy episode of use.

### **13.3 Ecstasy**

PDU typically commenced their use of ecstasy in their late teens, and varied widely according to their frequency of use. The most common pattern of ecstasy use among the 2003 PDU sample was between monthly and fortnightly use. PDU typically consumed a median of 2 ecstasy tablets in a 'standard' session of use, which doubled to 4 ecstasy tablets when referring to a 'heavy' episode of use. Over two-thirds of the sample had used four or more ecstasy tablets in a single use episode during the preceding six months. As suggested by KI reports, swallowing was the predominant form of administration, though experimentation with other methods such as snorting and smoking was also reported. Ecstasy was typically used in combination with others drugs for most of the sample. The drugs commonly used in conjunction with ecstasy and to ease the ecstasy comedown were alcohol, cannabis and tobacco.

The median price for a tablet of ecstasy in the ACT was \$35, and PDU reports indicated that price had remained stable or decreased over the preceding six months. Ecstasy was very easy to easy for PDU to obtain, with reports suggesting that it was becoming more readily available. Friends and dealers were the people through whom ecstasy was predominantly obtained. PDU reports of ecstasy purity in the ACT were mixed. ACTGAL analyses of AFP (ACT Policing) MDMA seizures made in the ACT for the

January-June period of 2003 reported a mean purity of 61 milligrams of MDMA per dose.

PDU reported an extensive list of potential risks and benefits they believed to be associated with ecstasy use, the most common risks being overheating/dehydration, purity uncertainty, depression and mood swings. Over half the recent ecstasy users reported experiencing loss of appetite, blurred vision, profuse sweating, confusion, difficulty concentrating, loss of energy and depression either under the influence or coming down from ecstasy. This is especially concerning when considered in light of the fact that one in five PDU reported that they had been unable to cutdown or cease their ecstasy use in the past twelve months, despite having tried.

### **13.4 Methamphetamine**

Over half the sample reported the recent use of speed and crystal methamphetamine use, whereas only one quarter of PDU had used base in the past six months. Both speed and crystal methamphetamine were commonly used during party drug binges. Speed, base and crystal methamphetamine were most frequently purchased in point form, with speed and base at \$40 a point, and crystal methamphetamine slightly more expensive at \$45 a point. The price was reported to have remained stable for all three forms of methamphetamine. The purity of speed and base was reported to be stable at medium to high levels and the majority of PDU commenting on ice believed the current purity to be high. This perception among PDU was supported by ACTGAL analyses of methamphetamine seized in the ACT, where a dramatic increase in the purity of methamphetamine was observed in the first half of 2003. Speed and crystal methamphetamine were reported to be moderately easy to very easy to obtain, with suggestions that speed had become slightly more difficult to get, whereas crystal methamphetamine was becoming easier. Similar to ecstasy, methamphetamine was predominantly obtained through friends and dealers.

A point of concern emerging from the 2003 PDI was that KI reported the use of more potent forms of methamphetamine (such as crystal methamphetamine) among PDU in the ACT. PDU data also supported these observations, with over half the sample having used crystal methamphetamine in the preceding six months. This finding is of interest when considered in the context of the 2003 ACT IDRS findings which suggested that crystal methamphetamine was becoming dominant in the ACT methamphetamine market. The use of crystal methamphetamine among PDU is concerning given recent evidence that the use of stronger forms of methamphetamine are associated with high levels of aggression, psychosis and side effects, even in relatively infrequent, new and non-injecting users (Degenhardt & Topp, 2003).

### **13.5 Cocaine**

Cocaine was used by approximately one quarter of PDU in the past six months, though the level of use among this group was low. The majority of recent cocaine users reported a median of one days use in the preceding six months, and consistent with PDU data, KI reports indicated that cocaine use among the PDU sample was opportunistic. Although a greater proportion of the PDU sample than IDU sample reported recent cocaine use, both groups indicated that cocaine was difficult to very difficult to obtain in the ACT.



### **13.6 Ketamine**

Almost half the PDU sample reported having tried ketamine, with approximately one quarter having used in the previous six months. Ketamine use was infrequent and at low levels among recent users. The price of ketamine was stable at \$25 a pill and \$30 a point. While the purity of ketamine was reported to be medium and stable, both KI and PDU reports indicated that it is difficult to obtain in the ACT.

### **13.7 GHB**

Only a small proportion of the 2003 PDU sample reported lifetime or recent use of GHB. Consistent with the low level of GHB use among the sample, only a small number of PDU commented on the current price, purity and availability of GHB. The price of GHB was reported to be stable at \$4 a millilitre. In response to GHB purity, the small sample size led to difficulty in interpreting the results, although all participants reported that GHB was considered difficult to very difficult to obtain. Although GHB did not appear to be a substance that was knowingly used by many PDU, medical and law enforcement KI implicated GHB (along with ketamine, benzodiazepines and methamphetamine) in a number of drink spiking incidences that had recently occurred in the ACT. KI believed there to have been an increase in the ACT in the number of GHB related overdoses and drink spiking incidences occurring during the 2002-2003 financial year.

### **13.8 LSD**

With the exception of ecstasy and methamphetamine, LSD was the most frequently used party drug among ACT PDU in the six months prior to interview. LSD price was reported to be stable at \$20 a 'trip'. The majority of PDU reported LSD purity to be medium to high though PDU were inconsistent in their response to purity change and current availability. Although the reported levels of LSD use were generally low, PDU and KI data indicated that there is a proportion of the group using LSD with some regularity, and that LSD is becoming easier to obtain. Whether the availability and frequency of use of LSD among PDU in the ACT continues to increase is a question that will be able to be examined in the 2004 PDI.

### **13.9 MDA**

Over half the sample had ever tried MDA, with one third reporting the recent use of this substance. The frequency of MDA use was low, and KI reported that MDA use among PDU was opportunistic. A cap of MDA remained stable at \$40. MDA purity was reported by PDU to be stable at medium to high levels. Approximately one half of PDU commenting on MDA reported it to be easy to obtain, whereas the other half reported it to be difficult to get. PDU data indicated that MDA was becoming harder to obtain in the ACT.

### **13.10 Other drugs**

In relation to the use of other drugs, it is worthwhile to consider the findings for the 2003 ACT PDI in the context of the findings for the 2003 ACT IDRS. While almost all (97%) PDU reported the use of alcohol in the six months prior to interview and did so, on average for 48 days in the past six months, three quarters (73%) of IDU interviewed for the IDRS in 2003 had recently used alcohol on a median of 20 days. Both PDU and KI reports consistently indicated that alcohol is commonly used in conjunction with other party drugs among the PDU sample and in many cases was being used to excess.

The proportion of recent cannabis users was relatively constant between the PDI (82%) and IDRS (86%) 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 PDU used cannabis on a median of 28 days, typically in the context of an ecstasy 'comedown'. Tobacco use was less common among PDU (75%) than IDU (97%), although the median was daily use in both samples.

In general, the prevalence and frequency of benzodiazepine, antidepressant and 'other opiate' use was low in the PDU sample, with the small proportions that reported recent use only using at low levels. The relatively minor use of benzodiazepines among PDU (11%) in the preceding six months contrasted to the 62% of IDU who reported recent benzodiazepine use. Proportions of recent antidepressant and 'other opiate' use were also higher in the IDU sample (16% antidepressants; 17% 'other opiates') than PDU (6% antidepressants; 11% 'other opiates').

However, the level of inhalant use was significantly higher among PDU when compared to the IDU sample. Approximately one third of the PDU sample reported the recent use of amyl nitrate (29%) and nitrous oxide (39%), whereas only 3% of the IDU sample had used any form of inhalant in the preceding six months.

### **13.11 Methodological issues**

In 2003, the target sample size for the PDI survey (n=100) was not obtained in the ACT. Reasons for this remain unclear. Multiple recruitment methods were adopted, and the recruitment techniques used were the same as those employed in other jurisdictions where the target sample size was reached. The most likely explanation for this may concern the timeframe in which the ACT PDI was conducted in 2003. The ACT has a large student population and due to delays in setting up the ACT PDI, a significant proportion of the recruitment period overlapped with the tertiary education semester breaks. In future years, it remains to be seen whether with a change in the schedule of the ACT PDI, the target sample of 100 regular party drug user surveys can be attained.

## 14.0 IMPLICATIONS

Ecstasy use is increasing among adolescents and young adults in Australia and elsewhere around the world (Australian Institute of Health and Welfare, 2002; Morgan, 2000). The ACT PDI provides a snapshot of the drug use patterns and harms associated with this use among PDU in the ACT for the first time. The picture provided by the 2003 ACT PDI suggests a number of areas of concern.

Serotonin is a neurochemical that regulates brain functioning and is implicated in the regulation of mood, cognition and behaviour. MDMA/ecstasy is a potent serotonin releaser and reuptake inhibitor. While the mechanism implicated remains unclear, there is a substantial body of evidence attesting to the neurotoxicity of MDMA in a range of animal species, including non-human primates (Lyles & Cadet, 2003). Evidence for neurotoxicity in humans comes from a range of studies examining alterations in serotonin functioning, as indicated by studies using brain imaging techniques and the investigation of alterations in serotonin metabolites and other biochemical markers of serotonin functioning (Morgan, 2000). MDMA neurotoxicity results in damage to serotonin nerve terminals in animal studies, and is thought to cause similar damage in humans (Lyles & Cadet, 2000). The most studied functional consequence of this putative damage in humans is in terms of memory impairment, with the weight of the evidence suggesting that MDMA is associated with mild memory impairment (Morgan, 2000).

Importantly, neurotoxicity is exacerbated in animal studies by two patterns of use: the administration of high single doses and the repetitive administration of lower doses at frequent intervals (Steel, McCann & Ricaurte, 1994). The most likely explanation of these findings is that at very high single doses and with repetitive administration, the serotonin neurons do not have a chance to recover from the hyperstimulation caused by the ingestion of MDMA. The accumulated evidence suggests that in humans heavier use of ecstasy may be associated with memory impairment, although this pattern is not observed in all studies (Morgan, 2000).

When taken in the context of this considerable body of scientific evidence, the implications of the binge patterns of ecstasy use observed in the 2003 ACT PDI become clear. While there may be no safe level of ecstasy use (although this has yet to be established), the evidence clearly suggests that taking repetitive or multiple doses in the same evening and taking repetitive doses over a longer period of time (2 to 4 days) are patterns of use shown to increase the risk of neurotoxicity in laboratory animals and are associated with memory impairment in humans. While this knowledge is widely circulated (e.g. on the internet) and appears to be well known among ecstasy users (e.g. the identification of serotonin depletion as one of the risks of ecstasy use in the PDI), it is also widely contested. This contestation often cites the previous misrepresentation of scientific evidence in relation to cannabis and LSD as justification for scepticism regarding the findings on MDMA and neurotoxicity. Therefore it is important to represent the import of this evidence as accurately as possible. All reviews of the animal evidence conclude that the evidence is overwhelming that MDMA is neurotoxic across all mammalian species tested (e.g. Lyles & Cadet, 2003). The evidence for neurotoxicity in humans, when taken in the context of the animal evidence, suggests that MDMA is also neurotoxic in this species. However, the implications of MDMA neurotoxicity in the short and long term have yet to be clearly determined, although mild memory impairment may be one consequence. The challenge for public health campaigns is to

communicate the risks associated with bingeing in a way that does not jeopardise the credibility of the evidence being employed to justify the campaign. The evidence at this time suggests that, if one is going to use MDMA, then the safest pattern of use is to take low doses at infrequent intervals.

A second concern arising from the 2003 ACT PDI is the widespread use of multiple drugs in the same drug use episode. While, on the whole, there is a good understanding of the brain mechanisms associated with intoxication with each of the specific drugs being taken by PDU, the consequences of taking multiple drugs on the one occasion are not well understood. Of specific concern is the use of central nervous system depressants and stimulants at the same time. The use of alcohol provides a good example for what the consequences might be of this pattern of drug use. Drinking alcohol while under the influence of psychostimulants allows for the consumption of relatively large quantities of alcohol without experiencing its immediate effects. A person under the influence of both ecstasy and alcohol is therefore able to consume large quantities of alcohol without obvious signs of intoxication, yet the damage associated with the high level alcohol consumption is being inflicted upon the body's organs (such as the liver). The high levels of excessive drinking reported above are therefore an issue of some concern.

A final concern raised by the 2003 ACT PDI is the incidence of recent crystal methamphetamine use. This pattern of use mirrored the shift in the methamphetamine market that was observed in the 2003 ACT IDRS, specifically, an increase in the use and availability of crystal methamphetamine (Ward & Proudfoot, 2004). The use of crystal methamphetamine among PDU is of concern given recent evidence that the use of this substance is associated with harmful side effects even in relatively new, low level, and non-injecting users (Degenhardt & Topp, 2003). Indeed, although crystal methamphetamine use was at relatively low levels among the 2003 PDU sample, substantial proportions of recent 'crystal meth' users reported having experienced numerous health-related side effects attributed to this substance. The dangers associated with crystal methamphetamine use may be exacerbated by a lack of awareness among PDU regarding the consequences of the increased potency of crystal methamphetamine in comparison to speed, the methamphetamine form that has traditionally been used among this group (Topp et al., 2002). Given the high levels of alcohol and polydrug use that exist in the PDU sample, the future health consequences experienced by PDU may increase in severity, if the increase in crystal methamphetamine use persists.

The 2003 ACT PDI has provided information on the drug use patterns of PDU residing in the Territory. The findings suggest a number of concerns related to the binge use of ecstasy and other drugs, the excessive alcohol consumption that accompanies ecstasy use, and an apparent trend to use the more potent crystal form of methamphetamine. While the PDU surveyed are young, educated and not involved in significant levels of drug-related crime, their drug use is associated with significant levels of self-reported harm, and there is the potential to reduce the harm associated with party drug use in this sector of the ACT population. The challenge is how to do this in a way that is credible and acceptable to the target population.

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