

J. Fischer & S. Kinner

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

NDARC Technical Report No. 223

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National Drug and Alcohol Research Centre

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ABBREVIATIONS

ACC	Australian Crime Commission (formerly ABCI)
ACS	Australian Customs Service
AFP	Australian Federal Police
ADIS	Alcohol and Drug Information Service
AFDL	Australian Forensic Drug Laboratory
AIHW	Australian Institute of Health and Welfare
GHB	gamma hydroxybutyrate ('fantasy')
KE	Key Experts
MDMA	3,4-methylenedioxymethylamphetamine ('ecstasy')
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
PDI	Party Drug Initiative
QADREC	Queensland Alcohol and Drug Research and Education Centre
QPS	Queensland Police Service

TERMINOLOGY

Ever used	Ever used in lifetime
Recent use	Used in the last six months

EXECUTIVE SUMMARY

Sample Characteristics

One hundred and sixty one regular ecstasy users participated in the 2004 PDI. Participants were a mean age of 26 years, 55% were male, 98% reported an English speaking background, 47% reported being tertiary educated and 44% were in full-time employment. Few reported a prison history (7%) and very few were currently in drug treatment (3%).

In 2004, regular ecstasy users reported having ever used a mean of 9.5 drug classes and 6.5 drug classes in the last six months. Almost nine in ten (89%) reported having used other drugs whilst 'on' ecstasy, 75% reporting using other drugs to 'comedown' from ecstasy and 42% reported bingeing on any stimulant in the last six months.

Risk behaviours were apparent in the 2004 sample of regular ecstasy users. Half (51%) reported driving soon after taking a drug in the last six months. The most common drugs being ecstasy (42%), cannabis (30%), alcohol (22%) and methamphetamine base (22%). Seventy per cent of participants who reported injecting in the last six months (29%) injected either under the influence or when coming down. Sixty-five per cent of regular ecstasy users had sex in the last six months whilst 'under the influence' and 49% reported they did not always use protection with their casual partner.

Ecstasy

Regular ecstasy users in 2004 first used ecstasy at a median of 21.42 years, and started using ecstasy regularly at a mean age of 22.55 years.

Regular ecstasy users in the 2004 sample typically used ecstasy about once a week (median: 24 days in six months) in both public (nightclub) and private (home) settings. In a typical session, 2 tabs of ecstasy were consumed, mainly by swallowing (83%).

The median price reported for an ecstasy tab by regular ecstasy users was \$35 (range: \$17 - \$65). This was similar to the prices reported by key experts (range of \$25 - \$60) and by the ACC (2004) (\$35-\$60).

A third of participants reported the current purity of ecstasy was 'medium'. A further 27% reported it as 'high' and 24% reported it as 'fluctuating'.

In 2004, 95% of regular ecstasy users reported current ecstasy availability as 'easy – very easy'.

Methamphetamine powder (speed)

65% of regular ecstasy users reported having ever used methamphetamine powder, 42% reported recent use in 2004. Recent speed users in 2004 (N=67) reported mainly consuming speed by swallowing (79%) and using a median of once a month in the last six months. In a typical session 0.5 grams of speed was used by those reporting (n=27) the average amount they consumed.

The most common last use venue for speed use was nightclubs (30%).

The median price reported by 25 participants for a gram of speed was \$180 in 2004. Of the 50 participants who reported on current speed purity, 54% as being 'medium-high'. Fifty participants reported on current speed availability with none reporting their access as 'very

difficult'. A further 14% reported their access as 'difficult', half reported their access as 'easy', 32% as 'very easy' and 4% reported they 'did not know'.

Methamphetamine base (base)

55% of regular ecstasy users reported having ever used methamphetamine base with 39% reporting recent use in 2004. Recent base users in 2004 (N=62) reported mainly consuming speed by swallowing (60%). However, injecting was also common (51%). Recent based users used on a median of twice a month in the last six months. In a typical session 2 points of base was used by those reporting (n=52) the average amount they consumed.

The most common location last use venue for base was friends home (28%)

The median price reported by 11 participants for a gram of base was \$200 in 2004. Of the 53 participants who reported current base purity, 79% reported it as currently 'medium-high'. Fifty-three participants reported on current base availability with none reporting their access as 'very difficult'. A further 11% reported their access as 'difficult', 38% reported their current access as 'easy' and 51% reported their access as 'very easy'.

Crystal methamphetamine (ice)

Sixty per cent of regular ecstasy users reported having ever used crystal methamphetamine and 42% reported recent use in 2004. Recent ice users in 2004 (N=68) reported mainly consuming speed by smoking (65%) and use occurred about once every month in the last six months. In a typical session 1.5 points of ice was used by those reporting (n=63) the average amount they consumed.

The median price reported by 11 participants for a gram of ice was \$300 in 2004. Of the 50 participants who reported current ice purity, 76% reported it as currently 'medium-high'. Fifty participants reported on current ice availability with 8% reporting their access as 'very difficult'. A further 26% reported their access as 'difficult', 36% reported their current access as 'easy' and 26% reported their access as 'very easy'.

Cocaine

Whilst 45% of regular ecstasy users reported having ever used cocaine, only 21% reported recent use in 2004. Recent cocaine users in 2004 (N=34) reported mainly consuming cocaine by snorting (85%) and using on a median of two days in the last six months. In a typical session 0.5 grams of cocaine was used by those reporting (n=20) the average amount they consumed.

The median price reported by 14 participants for a gram of cocaine was \$237.50 in 2004. Seventeen participants reported on current cocaine purity with six reporting it as 'medium'; three reporting it as 'low', two as 'high' and four reporting they 'did not know'. Of these 17 participants, eight reported that it was currently 'easy-very easy' to obtain, seven reporting it was 'difficult-very difficult to obtain and one reporting they 'did not know'.

Ketamine

Whilst 32% of regular ecstasy users reported having ever used ketamine, only 16% reported recent use in 2004. Recent ketamine users (N=25) reported mainly consuming ketamine by swallowing (68%) and using on a median of two days in the last six months. In a typical session, 3 caps of ketamine was used by those reporting (n=9) the average amount they consumed.

No median price for a cap of ketamine was reported in 2004 and there was little agreement amongst the seven participants who reported on ketamine purity and availability.

GHB

Few (20%) regular ecstasy users reported having ever used GHB only 6% reported recent use in 2004. Recent GHB users (N=9) all reported consuming GHB by swallowing and using on a median of four days in the last six months. In a typical session 4ml of GHB was used by those reporting (n=8) the average amount they consumed in a typical session.

Four participants reported on GHB price reported in 2004 with one reporting a price of 0.60c per ml and three others reporting a price of \$5 per ml. Five participants reported on current GHB purity with three reporting it as 'high', one reporting it as 'fluctuating' and one reporting they 'did not know'. All five participants reported GHB was 'easy-very easy' to obtain.

LSD

Over half (52%) of regular ecstasy users reported having ever used LSD and 18% reported recent use in 2004. Recent LSD users in 2004 (N=29) reported mainly consuming cocaine by swallowing (97%) and using on a median of two days in the last six months. In a typical session, one LSD tab was consumed by those reporting (n=28) the average amount they consumed.

The median price reported by 19 participants for tab of LSD was \$20 in 2004. Nineteen participants reported current LSD purity, with 15 participants reported it as 'medium-high'. Of these 19 seven reporting LSD was currently 'easy-very easy' to obtain, nine reporting it was 'difficult-very difficult' to obtain and three reporting they 'did not know'.

MDA

Whilst 29% of regular ecstasy users reported having ever used MDA, only 16% reported recent use in 2004. Recent MDA users in 2004 (N=25) reported mainly consuming cocaine by swallowing (92%) and using on a median of three days in the last six months. In a typical session two caps was consumed by those reporting (n=21) the average amount they consumed.

The median price reported for a cap of MDA in 2004 was \$35 in 2004. There was little agreement amongst the seven participants who reported on MDA purity and availability in 2004.

Other Drugs

As in the general population, regular ecstasy users reported high levels of alcohol and cannabis use. As they were in the general population, the most common drugs regular ecstasy users reported having ever used in 2004 were alcohol (98%), cannabis (87%) and tobacco (78%). Subsequently these were the most common drugs participants reported recently using in 2004 (alcohol: 89%; cannabis: 70%; tobacco: 68%).

Almost half (46%) of regular ecstasy users reported having ever used benzodiazepines and 30% reported recent use in 2004. In comparison, in 2003, 38% of regular ecstasy users reported having ever used benzodiazepines and 27% reported recent use.

Whilst 22% of regular ecstasy users reported having ever used heroin, only 12% reported recent use in 2004. Additionally, whilst 29% of participants reported having ever used other opiates, only 16% report recent use.

Criminal Activity, Perceptions of Policing and Market Changes

Seven per cent of regular ecstasy users reported a previous conviction in 2004. In the last month, 23% reported committing crime, the most common being drug dealing (20%).

Regular ecstasy users reported obtaining ecstasy from a median of three people (range: 0-10) in the last six months with most participants obtaining ecstasy from one person.

Forty-five per cent of participants reported they 'did not know' about police activity in the last six months.

Implications

The PDI has now completed its second year as a truly national approach in monitoring ecstasy and other related drug markets in Australia. However, the methodology and particularly the methods and channels of recruitment are still being established. Within this context the following implications of the 2004 QLD results are given:

Across time periods (2000, 2001, 2003 and 2004) the demographic characteristics of regular and current ecstasy users seem to be relatively stable. Hence, in time we may be able to determine *how* representative the sampling frame is of current and regular ecstasy users in Queensland.

Risk behaviours were apparent in the 2004 sample of regular ecstasy users. Drug driving, injecting, and sex without protection have the potential to be risks for accidents, transmission of blood borne viruses and sexually transmitted infections. Being under the influence increases the risk in these circumstances. Understanding nuances in these behaviours and the development of interventions in response to these behaviours needs to be considered.

Given the apparent differences in reports of ecstasy purity by regular ecstasy users, key experts and indicator data, the relationships and processes at work between ecstasy manufacture and end market product remain unclear.

The 2004 QLD PDI identified an increase in the use of base amongst regular ecstasy users and the establishment of smoking as the main route of administration for ice. Given the significant health risks associated with methamphetamine it will be important to monitor these patterns of use closely.

Innovative research strategies and interventions are required to minimise the harms associated with opportunistic and recreational use of illicit drugs. In particular, cocaine or LSD use.

Since 2000, the proportion of regular ecstasy users who have reported recent use of alcohol, tobacco and cannabis has gradually declined. The reason for this likely due to cultural shifts in the use of alcohol and tobacco, however, for cannabis use it remains uncertain. Concerns remain with the interaction between the use of ecstasy and the consumption of alcohol, the smoking of tobacco and use of cannabis whilst under the influence of ecstasy. Alternatively, the extent of harm associated with primary use of alcohol or cannabis and concurrent but secondary use of other drugs is also uncertain. As alcohol, cannabis and tobacco use are common.

1.0 INTRODUCTION

The Party Drugs Initiative (PDI) is a national annual study funded by the National Drug Law Enforcement Research Fund (NDLERF). It is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales and the Queensland component is undertaken by the Queensland Alcohol and Drug Research and Education Centre (QADREC), University of Queensland.

QADREC participated in the 2000 and 2001 national trial. 2004 is the second year of a truly national approach to monitoring ecstasy and related drug markets. This report provides the 2004 Queensland PDI findings.

1.1 Study aims

The PDI monitors the price, purity and availability of ecstasy, amphetamines and other illicit drugs. It is designed to provide a snapshot of emerging trends between Australian regions and across time within each region.

The annual PDI national and state reports:

- Identify current trends in the price, purity and availability of a range of illicit drug classes, particularly ecstasy
- Indicate where trends in drug-related harms are emerging
- Identify areas of research need.

2.0 METHODS

The PDI uses a triangulation method to combine information collected through:

- Quantitative interviews with regular and current ecstasy users, who are considered to represent a population likely to be aware of any new trends
- Qualitative interviews with individuals who have regular and current contact with regular ecstasy users
- Existing data on population trends in illicit drug use, health and law enforcement data.

These three sources of data are compared, in order to overcome the weaknesses inherent in each.

2.1 Survey Of Regular Ecstasy Users

During May 2004, 161 regular and current ecstasy users were recruited from the Greater Brisbane and Gold Coast regions (south-east Queensland). They were interviewed on topics relating to their illicit drug use; prices paid for illicit drugs; perceptions of purity and availability; perceived effects; and perceptions of police activity.

2.1.1 Recruitment

Recruitment of regular ecstasy users occurred through advertisements placed in a selection of south-east Queensland street press, through word of mouth and interviewer contacts.

The information given to prospective participants was that regular and current ecstasy users were being recruited to undertake a face-to face survey of approximately 45 minutes and that if they met the selection criteria and consequently participated, they would be reimbursed \$20 for their time.

To participate, the following criteria was to be met:

- Age 16 years or over
- Resided in south-east Queensland continuously for the past 12 months
- Used ecstasy at least once a month for the last six months.

2.1.2 Procedure

The interview procedure depended upon method of recruitment.

On-site Interviewing

If participants saw the advertisement in the street press, they were asked to telephone a 1800 mobile telephone number and leave a name and contact telephone number.

A member of the project team then contacted the potential participant to ascertain whether they met the selection criteria and if so, to arrange a time and place for interview.

The majority of the participants were interviewed at QADREC's offices on weekends throughout May. On these days, four interviewers were rostered to conduct the interviews. These occurred concurrently (in separate rooms) with a co-investigator present onsite.

Off-site Interviewing

For various reasons, some participants were interviewed at other locations. Off-site interviews typically occurred in coffee shops, pubs or, if the participant was well known to the interviewer, in the participant's own home.

2.1.3 Measures

Participants were asked questions about their demographics, drug use history and characteristics of recent use – particularly ecstasy; price, purity and availability of various illicit drugs; risk behaviours and perceptions of police activity.

2.1.4 Data analysis

Data was entered into an access database and then transferred onto SPSS. The analysis consisted of mainly frequencies and comparisons across time. The data analysis was particularly concerned with: overall patterns of use; patterns of recent (in the last six months) use and participant reports of the price, purity and availability of a range of drugs.

2.2 Survey Of Key Experts

During May 2004, 14 key experts who had regular and current contact with ecstasy users were recruited from throughout south-east Queensland. They were interviewed on topics relating to patterns of illicit drug use amongst ecstasy users they had contact with; perceptions of price, purity and availability of various illicit drugs; emerging health related issues and perceptions of police activity.

Box 1: Key Expert Characteristics

- Mainly knew ecstasy users through work (n=7) or social and work (n=7)
- Most had contact with 51+ ecstasy users in the last six months and had contact at least two days a week
- Two key experts had a background in law enforcement; five were from a health/community background and six had an entertainment background
- Seven key experts were male and seven were female.

2.2.1 Recruitment

Key experts were recruited through professional networks of project staff; recommendation and, in some cases, through 'cold calls'.

2.2.2 Procedure

Interviews with key experts occurred either over the telephone or face-to-face at a location convenient to the participant. Interviews took on average 45 minutes to complete.

2.2.3 Measures

Key experts were administered a qualitative interview schedule. The focus of the interview depended on the area of expertise of the key expert.

2.2.4 Analysis

Information obtained from the key experts was entered into a excel spreadsheet. Analysis was considered in terms of screening; populations described; main drug they had most contact with; knowledge of price, purity and availability and any changes in last six – twelve months.

2.3 Indicator Data

Other data was obtained from external health, research and law enforcement sources.

These data cover a wide range of issues relevant to illicit drug use. For inclusion, indicator data met the following criteria:

- Available at least annually
- Include 50 or more cases
- Provide details relating to illicit drug use
- Be collected in the main study site.

In 2004 the following data were obtained for the PDI:

- AIHW – National Drug Strategy 2001, hospital admissions 2003/04
- ABS – accidental deaths due to opioids
- ACC – purity of analysed drug seizures and drug consumer/provider arrests
- NCIS – National Coroners Information System
- Queensland health - Telephone counselling statistics (ADIS)
- QPS – clandestine laboratory seizures, drug-related arrests.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic Characteristics Of Regular Ecstasy Users

One hundred and sixty-one regular ecstasy users participated in the 2004 PDI. These participants were an average age of 26 years and nearly all (98%) identified an English speaking background. They had completed an average of 11 school years and 44% reported being in full-time employment (Table 1).

The characteristics of the 2004 sample were similar to those of the 2003 sample (N=136). However, in 2004 there are more male participants (2004: 55% vs. 2003: 49%), more participants identifying as Aboriginal or Torres Strait Islander (2004: 10% vs. 2003: 5%), more reporting a previous conviction (2004: 7% vs. 2003: 4%) and fewer participants identifying as students (2004: 10% vs. 2003: 16%) (Table 1).

Table 1: Demographic characteristics of regular ecstasy users, 2003 and 2004

	2003 sample (N=136) %	2004 sample (N=161) %
Mean age (years)	25	26
Male (%)	49	55
English speaking background (%)	98	98
ATSI (%)	5	10
Heterosexual (%)	79	75
Education		
Mean number school years	11	11
Tertiary Education	50	47
Employment		
Employed full-time (%)	38	44
Full-time students (%)	16	10
Unemployed (%)	20	16
Prison history (%)	4	7
Currently in drug treatment (%)	2	3

Source: Regular Ecstasy User interviews 2003 & 2004

3.2 Drug Use History And Current Drug Use

Regular ecstasy users in 2004 reported having ever used an average of more drug classes (9.5 drug classes) than in 2003 (7.55 drug classes). Subsequently, more participants in 2004 reported having used more drug classes recently (6.5 drug classes) than participants in 2003 (5.68 drug classes) (Table 2).

Similar proportions of regular ecstasy users reported having ever injected any drug in 2004 (32%) as in 2003 (29%) and binging on any stimulant in the last six months (2004: 42%; 2003: 45%) (Table 2).

Table 2: Overview of lifetime and recent polydrug use amongst regular ecstasy users, 2003 and 2004

	2003 sample (N=136) %	2004 sample (N=161) %
Mean drug classes used		
Ever	7.55	9.5
Recent	5.68	6.5
Injecting		
Ever	29	32
Binged on any stimulant last six months	45	42

Source: Regular Ecstasy User interviews 2003 & 2004

Similar proportions of regular ecstasy users reported having ever used alcohol (98%), cannabis (87%) and tobacco (78%) in 2004 and in 2003 (alcohol: 96%, cannabis: 83%, tobacco: 79%). Fewer participants reported recent use of alcohol (89%), cannabis (70%) and tobacco (68%) than in 2003 (alcohol 93%; cannabis: 73%; tobacco: 70%) (Table 3).

Similar proportions of regular ecstasy users reported having ever used methamphetamine powder (speed) in 2004 (65%) as in 2003 (67%). However, fewer participants reported recent speed use in 2004 (42%) than in 2003 (57%) (Table 3).

More regular ecstasy users reported having ever used methamphetamine base (base) in 2004 (55%) than in 2003 (43%). Subsequently, more participants reported recent base use in 2004 than in 2003 (39% vs. 34%)(Table 3).

More regular ecstasy users reported having ever used crystal methamphetamine (ice) in 2004 (60%) than in 2003 (49%). Subsequently, more also reported recent ice use (2004: 42% vs. 2003: 38%) (Table 3).

More regular ecstasy users reported having ever used other drugs in 2004 than in 2003 (e.g. cocaine: 45% vs. 37%; LSD: 52% vs. 41%; MDA: 29% vs. 24%; ketamine: 32% vs. 27%; GHB: 20% vs. 13%). However, similar proportions reported recent use of these other drugs in 2004 and 2003 (cocaine: 21% vs. 18%; LSD: 18% vs. 18%; MDA: 16% vs. 18%; ketamine: 16% vs. 14%; GHB 6% vs. 6%) (Table 3).

More participants reported having ever used opiates in 2004 than in 2003 (e.g. heroin: 22% vs. 17%; other opiates: 29% vs. 24%). Subsequently, more participants reported recent use of opiates in 2004 than in 2003 (heroin: 12% vs. 7%; other opiates: 16% vs. 12%) (Table 3).

Table 3: Lifetime and recent drug use among regular ecstasy users, 2003 and 2004

	2003 sample (N=136) %	2004 sample (N=161) %
Alcohol		
Ever	96	98
Recent	93	89
Cannabis		
Ever	83	87
Recent	73	70
Tobacco		
Ever	79	78
Recent	70	68
Methamphetamine powder (Speed)		
Ever	67	65
Recent	57	42
Methamphetamine base (Base)		
Ever	43	55
Recent	34	39
Crystal methamphetamine (Ice)		
Ever	49	60
Recent	38	42
Cocaine		
Ever	37	45
Recent	18	21
LSD		
Ever	41	52
Recent	18	18
MDA		
Ever	24	29
Recent	18	16
Ketamine		
Ever	27	32
Recent	14	16
GHB		
Ever	13	20
Recent	6	6
Amyl nitrate		
Ever	27	44
Recent	9	21
Nitrous oxide		
Ever	38	45
Recent	18	22
Benzodiazepines		
Ever	38	46
Recent	27	30
Anti-depressants		
Ever	23	34
Recent	12	14

Source: Regular Ecstasy User interviews 2003 & 2004

Table 3: Lifetime and recent drug use among regular ecstasy users, 2003 and 2004 (ctd)

	2003 sample (N=136) %	2004 sample (N=161) %
Heroin		
Ever	17	22
Recent	7	12
Methadone		
Ever	10	8
Recent	4	3
Buprenorphine		
Ever	4	29
Recent	2	4
Other opiates		
Ever	24	29
Recent	12	16

Source: Regular Ecstasy User interviews 2003 & 2004

3.3 Key Experts

Key experts reported they had observed the following characteristics of regular ecstasy users in 2004:

- They were mostly aged in their twenties
- About 60% of regular ecstasy users were male
- Most were tertiary educated
- Most were in fulltime employment, many were ‘middle class types’.

3.4 Indicator Data

According to the National Drug Strategy Household Survey (NDSHS) (2001), 1.7 % of the Queensland and 2.9% of the Australian general populations reported using ecstasy/designer drugs in the preceding 12 months. Alcohol was the most common drug used by Queenslanders (83.1%) and by Australians (82.4%). In Queensland as in Australia, the most commonly used illicit drug in the previous 12 months was cannabis (12.7%; 12.9%) (Table 4).

Table 4: In past 12 months selected drug use: proportion of the population aged 14 years and over, Queensland and Australia, 2001

Drug	QLD %	Aust %
Alcohol	83.1	82.4
Cannabis	12.7	12.9
Ecstasy/designer drugs	1.7	2.9
Amphetamines [#]	2.9	3.4
Cocaine	0.7	1.3
Any illicit	16.5	16.9

Source: AIHW, 2001 National Drug Strategy Household Survey, State and Territory Supplement

[#] for non-medical purposes

3.5 Summary of Polydrug Use Among Regular Ecstasy Users

- ❖ 161 regular ecstasy users participated in the 2004 PDI.
- ❖ 2004 participants were an average of 26 years of age, nearly all (98%) identified an English speaking background, 47% reported they had a tertiary education and 44% were in full time employment.
- ❖ The 2004 sample reported having ever used a mean number of 9.5 drug classes and having recently used a mean number of 6.5 drug classes.
- ❖ The most common drugs recently used by the 2004 sample were alcohol (89%), cannabis (70%) and tobacco (68%).
- ❖ Whilst regular ecstasy users reported having ever used a range of other substances, their recent use was uncommon, and for some drugs, recent use was rare.
- ❖ Demographic characteristics of the 2004 regular ecstasy users sample are similar to those obtained in 2003 (see Fischer & Kinner 2004).
- ❖ Key expert observations reflected the sample recruited in 2004 in terms of the age of ecstasy users they observed, being mainly tertiary educated and most being in fulltime employment.

4.0 ECSTASY

4.1 Patterns of Ecstasy Use

In 2004 regular ecstasy users (N=161) reported first trying ecstasy at an average age of 21.42 years and started using ecstasy regularly at an average age of 22.55 years. In comparison regular ecstasy users in 2003 (N=136) first tried ecstasy at an average age of 20.68 years and started using ecstasy regularly at an average age of 21.80 years (Table 5).

In 2004, as in 2003, participants reported having used ecstasy about once a week (median = 24 days). In both years swallowing was the main route of ecstasy administration (83%; 91%). However, in 2004 participants reported consuming a larger quantity of ecstasy tabs in a typical session (median: two tabs) than in 2003 (median: 1.5 tabs) (Table 5).

Similar proportions of regular ecstasy user samples in 2004 and 2003 reported using other drugs whilst 'on' ecstasy (89% vs. 85%), to come down from ecstasy (75% vs. 79%) and going for 48 hours or more without sleep (37% vs. 43%) (Table 5).

Table 5: Patterns of ecstasy use among regular ecstasy users, 2003 and 2004

	2003 sample (N=136) %	2004 sample (N=161) %
Mean age		
First used (years)	20.68	21.42
Started regularly using (years)	21.80	22.55
Median days used ecstasy last 6 months	24 (0 – 105)	24 (6-80)
Ecstasy drug of choice (%)	53	46
Use ecstasy more than weekly (%)	60	53
Median ecstasy tablets in 'typical' session	1.5	2
Typically use >1 tablet (%)	57	75
48 hours without sleep (%)	43	37
Injected ecstasy (%)		
Ever	13	21
Main Route of Recent Administration (%)		
Swallowed	91	83
Snorted	5	7
Injected	3	6
Shelved/Shafted	1	2
Typically use other drugs in conjunction with ecstasy (%)	85	89
Typically use other drugs to 'comedown' from ecstasy (%)	79	75

Source: Regular Ecstasy User interviews 2003 & 2004

Nightclubs, private settings (own or friends home, private party) were the most common locations where participants reported using ecstasy in 2004 and 2003. The most common location for ecstasy use in both years was nightclubs (2004: 77%; 2003: 68%) and it was also reported as the most common last location of ecstasy use (2004: 34%; 2003: 29%) (Table 6).

The second most common locations for ecstasy use reported by 2004 participants was private parties (60%) and friends' homes (58%) whilst, in 2003 it was friends' homes (49%) and own home (49%) followed closely by private parties (48%) (Table 6).

Table 6: Usual and last use locations of ecstasy among regular ecstasy users, 2003 and 2004

	2003 (N=136) %	2004 (N=161) %
Usual use venue:		
Nightclub	68	77
Raves*	45	48
Private party	48	60
Friends' home	49	58
At own home	49	50
Pubs	27	38
Dealer's home	24	25
Restaurant/café	n.a.	5
Public place	17	17
Vehicle – passenger	n.a.	23
Vehicle – driver	n.a.	15
Outdoors	n.a.	28
Live music event	n.a.	32
Work	n.a.	8
Last use venue:		
Nightclub	29	34
Friends' home	19	12
At own home	18	24
Raves	10	6
Private party	4	9
Pubs	3	4
Dealer's home	2	4

Source: Regular Ecstasy User interviews 2003 & 2004

* included similar venues in 2004

4.2 Key Expert Observations

Key experts had observed the following characteristics of regular ecstasy use in 2004:

- All key experts reported the most common form of ecstasy being used was as pills, though a few mentioned you would 'find the odd capsule'
- The main route of ecstasy administration was swallowing, with few injecting, and some reports of shafting
- Ecstasy users fell into two groups. The first group used ecstasy perhaps two nights a week, as a social activity on weekends. The second group used about once a month
- On any occasion users consumed between 1-2 or 2-3 pills
- Ecstasy use often occurred before users 'went out'.

4.3 Indicator Data

A little over one per cent (1.1%) of Australians 14 years and over had used ecstasy/designer drugs in the last month prior to the 2001 NDSHS. Those aged in the 20 – 29 year age group were most likely to have used ecstasy/designer drugs in the last month (4.2%) (Table 7).

Table 7: Ecstasy/designer drug use in the last month, persons aged 14 years and over by age, by sex, Australia 2001

	Age Group				Sex		
	14-19	20-29	30-39	40+	Males	Females	Persons
In the last month	2.1	4.2	0.7	--	1.5	0.7	1.1

Source: AIHW NDSHS 2001 p67

The NDSHS found a higher proportion of those aged 14-19 years used ecstasy/designer drugs every day or every week compared with other age groups. However, overall the most common frequency of recent use was once or twice a year (45.8%) (Table 8).

Table 8: Frequency of ecstasy/designer drug use, recent users aged 14 years and over by age, by sex, Australia 2001

	Age Group				Sex		
	14-19	20-29	30-39	40+	Males	Females	Persons
Daily or weekly	10.4	6.9	0.1	--	6.9	5.1	6.2
About once a month	20.7	20.3	16.2	4.3	20.2	17.2	19.0
Every few months	22.8	30.7	25.8	42.7	31.4	25.1	28.9
Once or twice a year	46.1	42.2	57.9	52.9	41.5	52.7	45.8

Source: AIHW NDSHS 2001 p68

The most common place of usual use of ecstasy reported in the NDSHS (2001) was raves/dance parties (70.1%). Other common places of usual use were in a home (46.1%), at private parties (53.8%) and at public establishments (50.2%) (Table 9).

Table 9: Usual place of use of ecstasy/designer drugs, recent users aged 14 years and over, by sex, Australia 2001

	Males	Females	Persons
	%	%	\$
In a home	44.2	48.9	46.1
At private parties	57.4	48.3	53.8
At raves/dance parties	74.6	63.1	70.1
At public establishments	49.4	51.4	50.2
At work or school/TAFE/uni	2.2	2.8	2.4
In public places e.g. parks	10.2	9.2	9.8
In a car or other vehicle	8.2	3.8	6.5
Somewhere else	3.5	6.2	4.6

Source: AIHW NDSHS 2001 p69

4.4 Summary of Ecstasy Use Patterns

- ❖ Participants first tried ecstasy at a mean age of 21.42 years and started using ecstasy regularly at a mean of 22.55 years.
- ❖ 89% of regular ecstasy users in 2004 reported using other drugs whilst 'on' ecstasy and 75% reported using other drugs to come down from ecstasy.
- ❖ Ecstasy was used in a range of settings in 2004 with the most common last use venues being nightclubs (34%), own home (24%) and friends home (12%). The NDSHS (2001) also reported that ecstasy was used in a range of settings.
- ❖ Whilst patterns of ecstasy use between the 2004 and 2003 samples were similar, the 2004 sample first used at an older age, and had a shorter duration to starting using ecstasy on a regular basis.
- ❖ Key expert observations reflected the pattern of use of the sample recruited in 2004 in terms of route of administration (swallowing), frequency of use, and number of pills consumed in a typical session.

4.5 Price

In 2004 the median price participants reported for an ecstasy tablet was \$35 (range: \$17-\$65). This was the same median price reported in 2003 (range: \$16.50 – \$50) (Table 10).

Over half (53%) of participants reported the price of ecstasy tablets had remained ‘stable’ in the last six months. This is less than the 63% of regular ecstasy users who reported the price had remained stable in 2003 (Table 10).

Table 10: Price of ecstasy purchased by regular ecstasy users and price variations, 2003 and 2004

	2003 sample (N=136)	2004 sample (N=161)
Median price ecstasy tablet (range)	35 (16.50-50)	35 (17 – 65)
Price change last six months (%):		
Increased	9	6
Stable	63	53
Decreased	12	22
Fluctuated	13	13
Don’t know	4	4

Source: Regular Ecstasy User interviews 2003 & 2004

4.6 Purity

In 2004 a third (33%) of participants reported current ecstasy purity as ‘medium’, 27% reported it as ‘high’ and 24% reported it as ‘fluctuating’. In comparison in 2003, 49% reported current ecstasy purity was ‘medium’, 17% reported it was ‘high’ and 29% as ‘fluctuating’ (Table 11).

More regular ecstasy users reported ecstasy purity in the last six months had been ‘fluctuating’ (42%) or had been ‘stable’ (28%). Compared to 2003 31% reported ecstasy purity had been ‘fluctuating’ and a further 39% reported it had been ‘stable’ in the previous six months (Table 11).

Table 11: Regular ecstasy users reports of current and variation in ecstasy purity, 2003 and 2004

	2003 sample (N=136) %	2004 sample (N=161) %
Current purity		
Low	4	13
Medium	49	33
High	17	27
Fluctuates	29	24
Don’t know	1	3
Changes in purity last six months		
Decreasing	10	15
Stable	39	28
Increasing	18	9
Fluctuating	31	42
Don’t know	2	6

Source: Regular Ecstasy User interviews 2003 & 2004

4.7 Availability

Almost every regular ecstasy user in 2004 reported current ecstasy availability as ‘easy – very easy’ (95%) which was more than the 84% reporting this in 2003 (Table 12).

Though similar proportions of regular ecstasy users in 2004 and 2003 reported ecstasy availability in the last six months had been ‘stable’ (2004: 64% vs. 2003: 63%), fewer participants in 2004 reported it had been ‘easier’ (13%) compared to 2003 (23%) (Table 12).

In 2004 the most common person participants reported obtaining ecstasy from were dealers (68%) and friends (67%) (Table 12).

The most common locations where participants reported obtaining ecstasy in 2004 were dealers’ homes (57%) and friends’ homes (53%) (Table 12).

Table 12: Regular ecstasy user reports of availability of ecstasy in the preceding six months, 2003 and 2004

	2003 sample (N=136) %	2004 sample (N=161) %
Current ease:		
Very easy	57	69
Easy	27	26
Availability in last six months:		
Stable	63	64
Easier	23	13
Persons score from:		
Friends	73	67
Dealers	71	68
Acquaintances	29	23
Work colleagues	13	15
Unknown dealers	6	11
Locations scored from:		
At own home	31	30
Friends’ home	57	53
Dealer’s home	55	57
Nightclub	30	22
Pubs	10	13
Raves	14	14
Dance parties	15	n.a.
Street	9	8
Agreed public location	n.a.	30
Work	n.a.	7

Source: Regular Ecstasy User interviews 2003 & 2004

4.8 Key Experts

Key experts reported the following observations on the price, purity and availability of ecstasy in 2004:

- A range of prices for a tab of ecstasy were reported, ranging from \$25 through to \$60, though a general average price of \$35 was reported. Several experts identified different prices for ecstasy which was purchased ‘wholesale’ or in ‘bulk’. Wholesale prices were lower and these ranged from \$15 to \$22 per tab
- There was little agreement amongst key experts on price changes to ecstasy in the last six months with five reporting it had been ‘stable’, three reporting it had ‘decreased’, one each reported it had ‘increased’ and ‘fluctuated’ and three reporting they ‘did not know’
- There was little agreement amongst key experts on current (and changes to the) purity of ecstasy
- There was general agreement that ecstasy was currently ‘easy to very easy’ to obtain with six reporting ecstasy availability had remained ‘stable’ in the last six months.

4.9 Indicator Data

4.9.1 Law Enforcement

The Australian Crime Commission reported a price per tab of \$35-\$60 in the year 2003-2004 (Table 13).

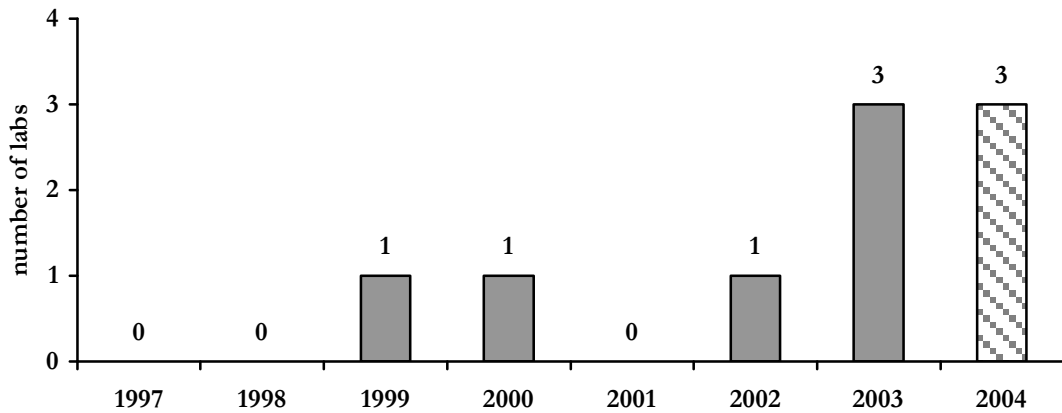
Table 13: Phenethylamines prices for Queensland 2003-2004

Weight tablet/capsule	Price per tab \$
1	35-60
10	28-45
25-100	22.5-35
100-1000	n.a.
10000+	n.a.

Source: ACC price data 2003-2004

While most ecstasy is imported into Australia (ACC, 2003), there is evidence of increased local production of MDMA in Queensland. The first confirmed MDMA lab in Queensland was detected in 1999, and three labs were detected in 2003. In 2004, a further three labs have been detected, although given that only 92 of the 212 labs detected in 2004 had been analysed at the time of printing, this number is expected to rise (Figure 1).

Figure 1: Number of clandestine MDMA laboratory seizures in QLD, 1998-2004



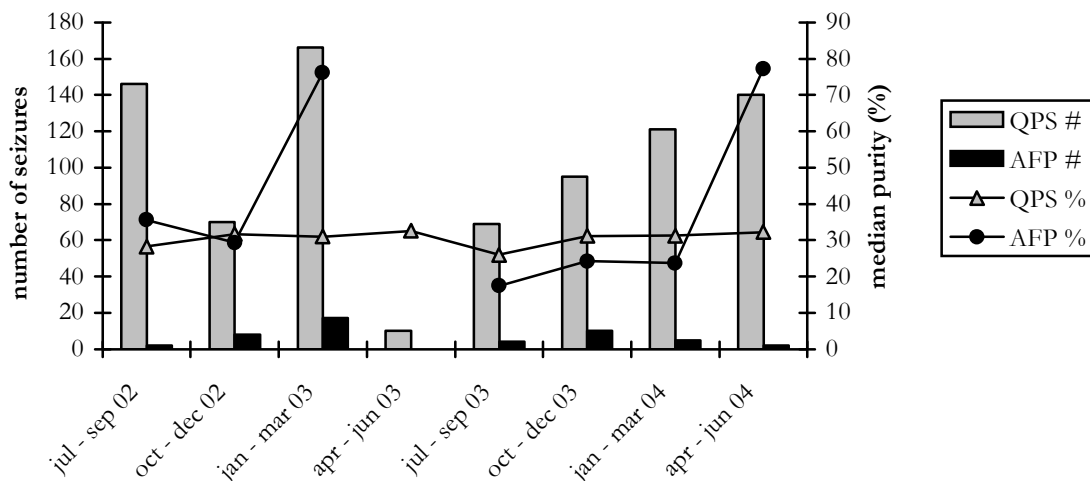
Source: Queensland Police Service

NB: sourced from ILIT within SDIG. These are not official QPS statistics

The number and median purity of analysed phenethylamine seizures in Queensland, by Queensland Police Service (QPS) and the Australian Federal Police (AFP), from July 2002 to June 2004 has fluctuated, although the number of QPS seizures increased linearly throughout the 2003/04 financial year. Over the whole 2003/04 year, QPS made 425 phenethylamine seizures, while AFP made 21 seizures (Figure 2).

Whereas the number of seizures has varied over time, the median purity of seizures by QPS has been remarkably consistent, with the median purity of seizures in 2003/04 (31.6%) very similar to that recorded in 2002/03 (30.6%). The median purity of AFP seizures over this time has been similar, with two notable exceptions: between January and March 2003 the AFP made 17 phenethylamine seizures in Queensland with a median purity of 76.2%, and in the April – June 2004 quarter AFP made two seizures with a median purity of 77.1% (Figure 2).

Figure 2: Purity of phenethylamine seizures analysed in QLD, by quarter, 2002/03 – 2003/04

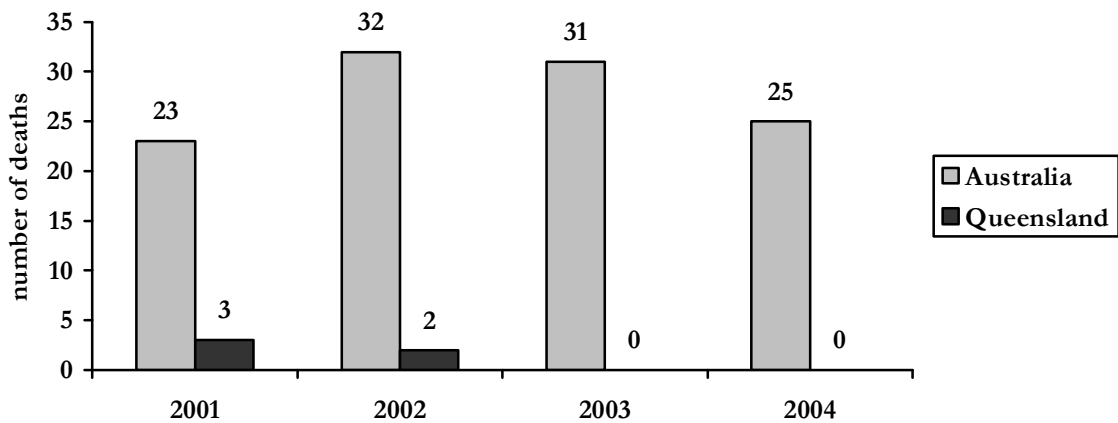


Source: ABCI, ACC

4.9.2 Health

Between 2001 to 2004 five ecstasy-related deaths were identified in Queensland by the National Coroners Information System (NCIS). However ecstasy was considered a primary contributor to death in only two of these cases. Across Australia, 111 ecstasy-related deaths were identified in this time, with ecstasy deemed to be a primary contributor to death in 51 of these cases (Figure 3).

Figure 3: Ecstasy-related deaths in Queensland and Australia, 2001 - 2004

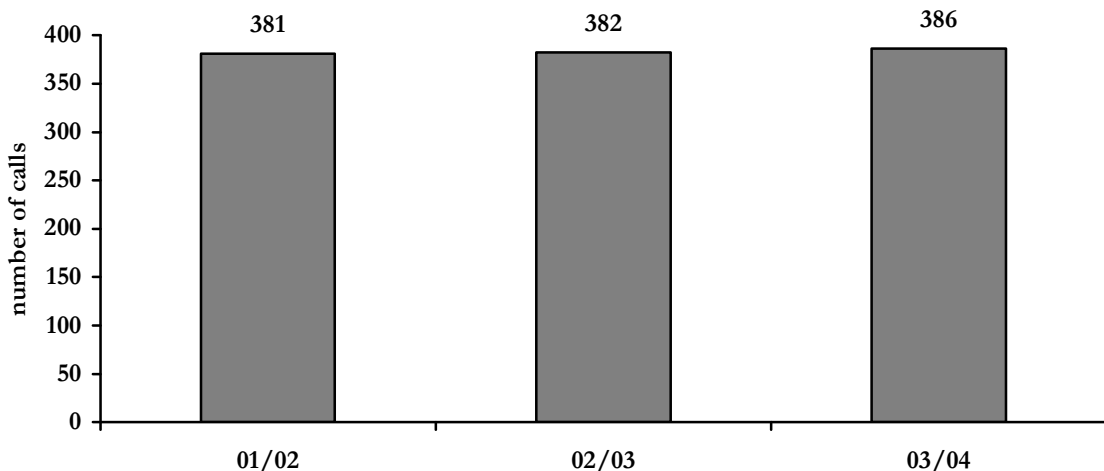


Source: National Coroners Information System (NCIS)

NB: 2004 Data not a complete year

From 2001/02 to 2003/04 there has been no substantive change in the number of ecstasy-related phone calls to the Alcohol and Drug Information Service (ADIS) in Queensland. There were 386 calls received in the 2003/04 financial year, compared with 381 in 2001/02 and 382 in 2002/03 (Figure 4).

Figure 4: Number of inquiries to ADIS regarding ecstasy, 2001/02 – 2003/04



Source: ADIS

4.10 Benefit And Risk Perception

4.10.1 Perceived benefits

Most regular ecstasy users (91%) reported benefits in consuming ecstasy in 2004. The most common benefits participants reported from using ecstasy were enhanced mood (37%),

enhanced closeness/bonding/empathy (24%) and enhanced communication/talkativeness/more social (24%) (Table 14).

Table 14: Perceived benefits of ecstasy use reported by regular users, 2004

Benefits	Frequency n	2004 sample (N=161) %
Enhanced mood	60	37
Enhanced closeness/bonding/empathy	39	24
Enhanced communication/talkativeness/more social	39	24
Fun	34	21
Relax/escape/release	34	21
Enhanced appreciation of music	24	15
Enhanced sexual experience	24	15
Other benefits	22	14
Increased energy/stay awake	17	11
Increased confidence/decreased inhibitions	17	11
The high/rush/buzz	16	10
Different effects of alcohol	13	8

Source: Regular Ecstasy User interviews 2003 & 2004

4.10.2 Perceived risks

Three quarters (75%) of regular ecstasy users reported there were risks associated with consuming ecstasy in 2004. The most common risks reported by participants were general harms (21%), depression (12%), unknown drug contaminants/cutting agents (11%), legal problems (11%), damage to brain function (11%) and dehydration (11%) (Table 15).

Table 15: Perceived risks of ecstasy use reported by regular users, 2004

Risk	Frequency	%
Other harm (general)	34	21
Depression	20	12
Unknown drug contaminants/cutting agents	18	11
Legal/police problems	18	11
Damage to brain function	17	11
Dehydration	17	11
Other physical harm	15	9
Unknown drug strength/purity	15	9
Addiction/dependence	14	9
Unknown long term harm	14	8
Other phys harm	12	8
Memory impairment	12	8
Body temperature regulation	12	8
Paranoia	11	7
Financial problems	9	6
Non-fatal OD	8	5
Psychosis	8	5
Fatal OD	8	5
Anxiety/panic	5	3
Impaired decision making/risk taking	5	3
Long term physical problems	4	3
Lack of motivation	4	3
Social/Relationship problems	3	2
General Acute physical problems	3	2
Driving risk	3	2
Over-hydration	2	1
Increased vulnerability	2	1
Study/Employment problems	1	1
Taking more drug than intended	1	1
Lack of knowledge	1	1

Source: Regular Ecstasy User interviews 2003 & 2004

4.11 Summary Of Ecstasy Trends

- ❖ In 2004 the median price reported for an ecstasy tablet was \$35 (range: \$17 - \$65). This is similar to the average price reported by key experts for one ecstasy tablet (\$35) and by the ACC data for 2003/04 for one tablet/capsule (\$35 - \$60). A median price of \$35 per tab was also reported in 2003.
- ❖ The current purity of ecstasy was reported as 'medium' by 33% of the 2004 sample. A further 27% reported it as 'high' and 24% reported it as 'fluctuating'. Indicator data from the QPS shows that the median purity of seizures has been consistent over time with a median purity of seizures in 2003/2004 of 31.6% compared to 30.6% recorded in 2002/03. AFP seizures in Queensland were also similar but with two notable exceptions: between January and March 2003 the AFP made 17 phenethylamine seizures in Queensland with a median purity of 76.2% and in the April – June 2004 quarter AFP made two seizures with a median purity of 77.1%.
- ❖ 95% of regular ecstasy user reported current ecstasy availability as 'easy – very easy'.
- ❖ The most common benefits participants reported from using ecstasy were enhanced mood (37%), enhanced closeness/boding/empathy (24%) and enhanced communication/talkativeness/more social (24%). The most common risks reported by participants were general harms (21%), depression (12%), unknown drug contaminants/cutting agents (11%), legal problems (11%), damage to brain function (11%) and dehydration (11%).

5.0 METHAMPHETAMINE

5.1 Methamphetamine Use Among Regular Ecstasy Users

5.1.1 Methamphetamine Powder (Speed)

Similar proportions of regular ecstasy users reported having ever used methamphetamine powder (speed) in 2004 (65%) as in 2003 (67%). However, fewer participants reported recent use of speed in the last six months in 2004 (42%) than in 2003 (57%) (see Table 3).

Recent speed users in both 2004 (N=67) and in 2003 (N=78) reported typically consuming speed by swallowing (2004: 79%; 2003: 67%) and using about once every month in the last six months (2004 & 2003: median = 6 days; range: 1-180) (Table 16).

Recent speed users in both 2004 (n=27) and 2003 (n=35) reported consuming typically 0.5 grams in an average session (Table 16).

Table 16: Recent patterns of methamphetamine powder (speed) use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=78)	2004 sample (n=67)
Male %	45	52
Median Age	22 (17-47)	23 (17-45)
ROA %		
Snorting	47	55
Swallowing	67	79
Smoked	19	18
Injecting	36	28
Median days used	6 (1-180)	6 (1-180)
Median Amount Used (grams)	.5 (.1-1.5) n=35	.5 (.2-4) n=27

Source: Regular Ecstasy User interviews 2003 & 2004, recent speed users

Fifty participants reported on where they had usually used speed in the last six months in 2004. Of these, 68% reported they usually used speed in nightclubs, in their own home (56%) or raves (46%). The most common last use venue was in a nightclub (30%).

5.1.2 Methamphetamine Base (Base)

More regular ecstasy users reported having ever used methamphetamine base (base) in 2004 (55%) than in 2003 (43%). Subsequently more participants reported recent use in 2004 (39%) than in 2003 (34%) (see Table 3).

Recent base users in both 2004 (N=63) and 2003 (N=46) reported base was typically consumed by swallowing (2004: 60%; 2003: 70%). Though more recent users reported injecting base in 2004 (51%) than in 2003 (35%) (Table 17).

Recent base users in 2004 (N=63) reported using twice as often in the last six months (median: 12 days, range: 1-180) than recent base users in 2003 (N=46) (median: 6 days, range: 0-180 days) (Table 17).

In 2004 (n=52) twice as much base was consumed in a typical session (median: 2 points, range: 0.2-20) than by recent users in 2003 (n=28) (median: 1 point, range: 0.1-5) (Table 17).

Table 17: Recent patterns of methamphetamine base use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=46)	2004 sample (n=63)
Male %	41 n=45	51
Median Age	25 (17-47)	25(18-52)
ROA %		
Snorting	37	18
Swallowing	70	60
Smoked	20	5
Injecting	35	51
Median days used	6 (0-180)	12 (1-180)
Median Amount Used (points)	1 (.1-5) n=28	2 (.2-20) n=52

Source: Regular Ecstasy User interviews 2003 & 2004, recent base users

Fifty-three participants reported where they usually used base in the last six months in 2004. Of these, 76% reported they usually used base at their friends home, at a nightclub (66%) or in their own home. The most common last use venue was friends' homes (28%).

5.1.3 Crystal Methamphetamine (Ice)

More regular ecstasy users reported having ever used crystal methamphetamine (ice) in 2004 (60%) than in 2003 (49%). However, similar proportions of regular ecstasy users reported recent use (2004: 42%; 2003: 38%) (see Table 3).

Ice was most commonly administered by smoking in 2004 (65%) as it was in 2003 (63%) (Table 18).

Recent ice users in 2004 (N=68) reported using on more days in the last six months (median: 6 days, range:1-180) compared to recent ice users in 2003 (N=51) (median: 4 days, range: 1-180 days) (Table 18).

In 2004 (n=63) the average amount of ice consumed in a typical session (median: 1.5 points, range: .2-10) was more than that reported by recent ice users in 2003 (n=35) (median: 1 point, range: 0.25-4) (Table 18).

Table 18: Recent patterns of crystal methamphetamine (ice) use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=51)	2004 sample (n=68)
Male %	47	60
Median Age	21 (17-47)	24.50 (18-52)
ROA %		
Snorting	16	15
Swallowing	53	44
Smoked	63	65
Injecting	26	29
Median days used	4 (1-180)	6 (1-180)
Median Amount Used (points)	1 (.25-4) n=35	1.5 (.2-10) n=63

Source: Regular Ecstasy User interviews 2003 & 2004

Fifty participants reported where they usually used ice in the last six months in 2004. Of these, 76% reported they usually used base at a nightclub, friends' homes (64%) or in their own home (52%). The most common last use venue was friends' homes (28%).

5.2 Price

The median price for a gram of speed reported by participants (N=25) in 2004 was \$180.00 (range: \$20-240). Fifteen participants reported a median price of \$27.50 (range: \$15-\$50) for a point of speed (Table 19).

The median price for a gram of base reported by participants (N=11) in 2004 was \$200 (range: \$140-\$200) and 32 participants reported a median price of \$27.50 (\$15 - \$50) for a point of base (Table 19).

Seven participants reported a median price for a gram of ice in 2004 as \$300 (range: 180-450). For half a gram of ice, eight participants reported a median price of \$127.50 (range: 100-190) and 38 participants reported a median price of \$40 for a point of ice in 2004 (Table 19).

Table 19: Median current prices of methamphetamine reported by regular ecstasy users, 2004

	2004	
	\$	n
Speed		
Gram	180 (20-240)	25
Point	27.50 (15-50)	15
Base		
Gram	200 (140-200)	11
Point	27.50 (15-50)	32
Ice		
Gram	300 (180-450)	7
½ Gram	127.50 (100-190)	8
Point	40 (20-60)	38

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

In 2004, the median price for a gram of speed was lower at \$200 (range: \$20-\$300). The median price for a gram of base was the same at \$200 (range: 150 – 200). However the median price of a gram of ice was cheaper at \$200 (range: \$180-\$350). The median prices for a point of speed (\$25), base (\$25) and ice (\$40) were the same in 2003 (Fischer & Kinner 2004).

Fifty regular ecstasy users reported on price changes for speed in 2004. Of these, 52% reported the price had remained ‘stable’, 12% reported it had increased; 6% reported it had ‘decreased’, 10% reported it had ‘fluctuated’ and 20% reported they ‘did not know’ (Table 20).

Fifty-three regular ecstasy users reported on price changes for methamphetamine base in 2004. Of these, 72% reported the price had remained ‘stable’, 4% reported it had increased; 15% reported it had ‘decreased’, 2% reported it had ‘fluctuated’ and 8% reported they ‘did not know’ (Table 20).

Fifty regular ecstasy users reported on price changes for ice in 2004. Of these, 40% reported the price had remained ‘stable’, 10% reported it had increased; 18% reported it had ‘decreased’, 10% reported it had ‘fluctuated’ and 20% reported they ‘did not know’ (Table 20).

Table 20: Changes price of methamphetamine in the last six months reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
Increasing	12	4	10
Stable	52	72	40
Decreasing	6	15	18
Fluctuating	10	2	10
Don't Know	20	8	20

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

5.3 Purity

Fifty regular ecstasy users reported on current speed purity in 2004. Of these, 54% reported current speed purity as ‘medium – high’ (Table 21).

Fifty-three regular ecstasy users reported on current methamphetamine base purity in 2004. Of these, 79% reported current methamphetamine base purity as ‘medium – high’ (Table 21).

Fifty regular ecstasy users reported on current ice purity in 2004. Of these, (76%) reported current ice purity as ‘medium – high’ (Table 21).

Table 21: Current methamphetamine purity reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
Low	10	6	6
Medium	34	28	30
High	20	51	46
Fluctuates	22	15	10
Don't Know	14	0	8

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

In 2004, 50 participants reported on changes to speed purity. Almost a third (32%) reported speed purity had been 'fluctuating' whilst a further 26% reported it had been 'stable' (Table 22).

Fifty-three participants reported on changes to methamphetamine base purity in 2004. Over half (51%) of these reported it had remained 'stable' whilst a further 26% reported it had been 'fluctuating' (Table 22).

Fifty regular ecstasy users reported on changes to ice purity in 2004. Forty-four per cent of these participants reported ice purity had been 'stable', 8% reported it had been 'increasing' and 16% each reported it had been 'decreasing', 'fluctuating' or 'did not know' (Table 22).

Table 22: Changes in methamphetamine purity in the last six months reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
Increasing	10	11	8
Stable	26	51	44
Decreasing	14	11	16
Fluctuating	32	26	16
Don't Know	18	2	16

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

5.4 Availability

Fifty regular ecstasy users reported on current availability of speed in 2004. Of these, none reported their current access as 'very difficult' and only 14% reported it as 'difficult'. Half reported their current access as 'easy' and a further 32% reported their access as 'very easy' (Table 23).

Fifty-three regular ecstasy users reported on current availability of methamphetamine base in 2004. Of these, none reported their current access as 'very difficult' and only 11% reported it as 'difficult'. Over a third (38%) reported their current access as 'easy' and a further 51% reported their access as 'very easy' (Table 23).

Fifty regular ecstasy users reported on current availability of ice in 2004. Of these, eight per cent reported their access as 'very difficult' and 26% as 'difficult'. Over a third (36%)

reported their current access as ‘easy’ and a further 26% reported their access as ‘very easy’ (Table 23).

Table 23: Current methamphetamine availability reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
Very easy	32	51	26
Easy	50	38	36
Difficult	14	11	26
Very Difficult	0	0	8
Don't Know	4	0	4

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

Fifty regular ecstasy users reported on their ease of access to speed in the last six months in 2004. Of these, 76% reported their access had remained ‘stable’. Few reported their access as ‘more difficult’ (12%), ‘easier’ (4%), ‘fluctuates’ (2%) or ‘did not know’ (6%) (Table 24).

Fifty-three regular ecstasy users reported on their access to methamphetamine base in the last six months in 2004. Of these, 66% reported their access had remained ‘stable’. Few reported their access as ‘more difficult’ (13%), ‘easier’ (13%), ‘fluctuates’ (6%) or ‘did not know’ (2%) (Table 24).

Fifty regular ecstasy users reported on their access to ice in the last six months. Reports of access in the last six months was more varied than for speed or base with 36% reported their access had remained ‘stable’, 22% reporting their access as ‘more difficult’, 20% reporting their access as ‘easier’, 14% reporting their access ‘fluctuates’ and 8% reporting they ‘did not know’ (Table 24).

Table 24: Changes in methamphetamine availability in the last six months reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
More difficult	12	13	22
Stable	76	66	36
Easier	4	13	20
Fluctuates	2	6	14
Don't Know	6	2	8

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

The most common persons who participants (N=50) reported obtaining speed from in the last six months were friends (72%) and known dealers (46%) (Table 25).

The most common persons 53 participants reported obtaining base from were known dealers (72%) and friends (59%) (Table 25).

The most common persons 50 participants reported obtaining ice from in the last six months were known dealers (58%) and friends (52%) (Table 25).

Table 25: Person obtained methamphetamines from reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
Friends	72	59	52
Known Dealers	46	72	58
Workmates	12	6	4
Acquaintances	26	8	10
Unknown dealers	10	17	14

Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

In 2004, private dwellings were the most common locations where regular ecstasy users reported obtaining methamphetamine. Specifically, the most common location for obtaining speed was friends home (46%), for base, dealers home (59%) and dealers home for ice (46%) (Table 26).

Table 26: Location where methamphetamines was obtained reported by regular ecstasy users, 2004

	Speed (n=50) %	Base (n=53) %	Ice (n=50) %
Own home	28	36	36
Dealers home	28	59	46
Friends home	46	51	34
Raves	14	4	2
Nightclubs	20	11	4
Pubs	12	6	0
Street	10	8	8
Public location	20	38	40
Work	10	6	10

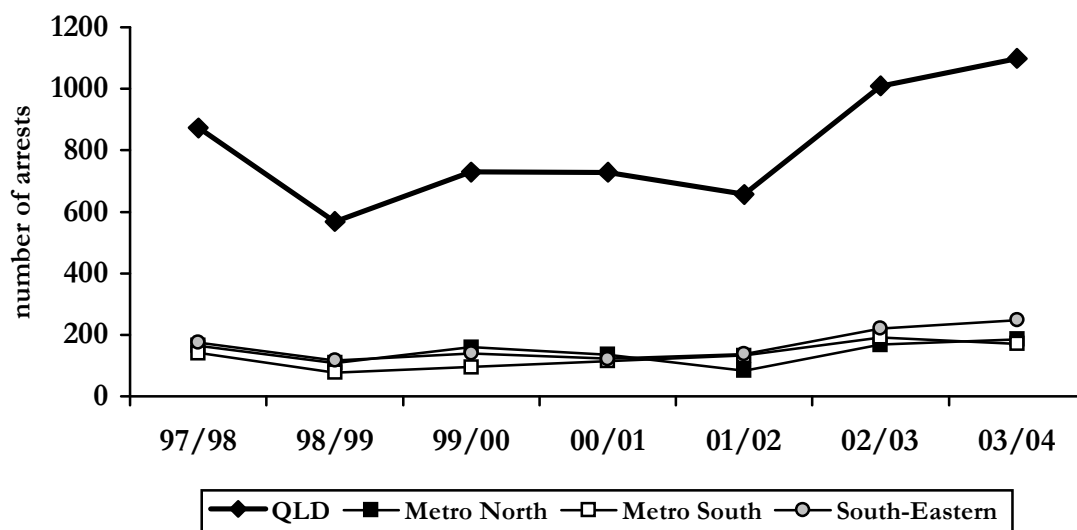
Source: Regular Ecstasy User interviews 2004, participants who were able to report on price, purity and availability

5.5 Indicator Data

5.5.1 Law enforcement

Figure 5 shows the number of amphetamine-type stimulant (ATS) arrests made by QPS from 1997/98 to 2003/04 in Queensland, in the three south-east Queensland regions from which regular ecstasy users are drawn for the PDI. The number of arrests increased sharply from 2001/02 (657) to 2003/04 (1,099), although this trend is only partially reflected in the figures for south-east Queensland regions. The apparent rise in ATS arrests in Queensland is difficult to interpret for two reasons: (a) the ATS category includes amphetamine, methamphetamine and MDMA (ecstasy), and (b) an increase in arrests may indicate increased production, distribution and use of the drug class, and/or it may indicate increased operational activity around that drug class.

Figure 5: Number of amphetamine-type stimulant (ATS) possession/use arrests by geographic area, 1997/98 – 2003/04

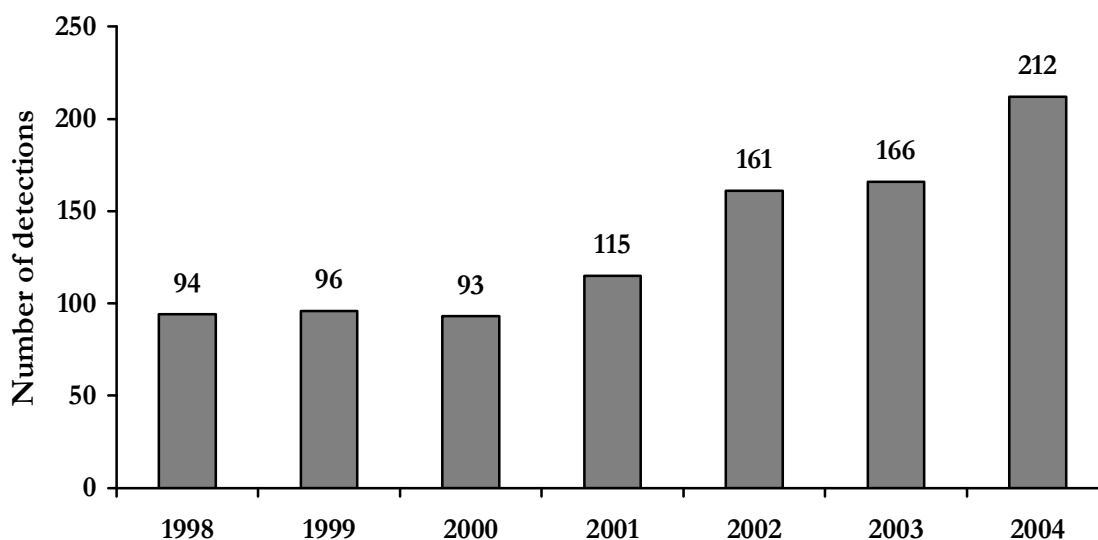


Source: Queensland Police Service

Note: ATS includes amphetamine, methamphetamine and MDMA

Figure 6 shows the number of clandestine laboratories detected by QPS from 1998 to 2004. Over this six year period the number of labs detected has more than doubled from 94 in 1998 to 212 in 2004; this figure increased by 27% from 2003 to 2004 alone. According to key experts from the law enforcement sector (IDRS), the increase in lab detections is indicative of both increased operational activity and detection rates among QPS officers, and a real increase in attempts to produce methamphetamine within the State.

Figure 6: Number of clandestine laboratory detections in QLD, 1998-2004

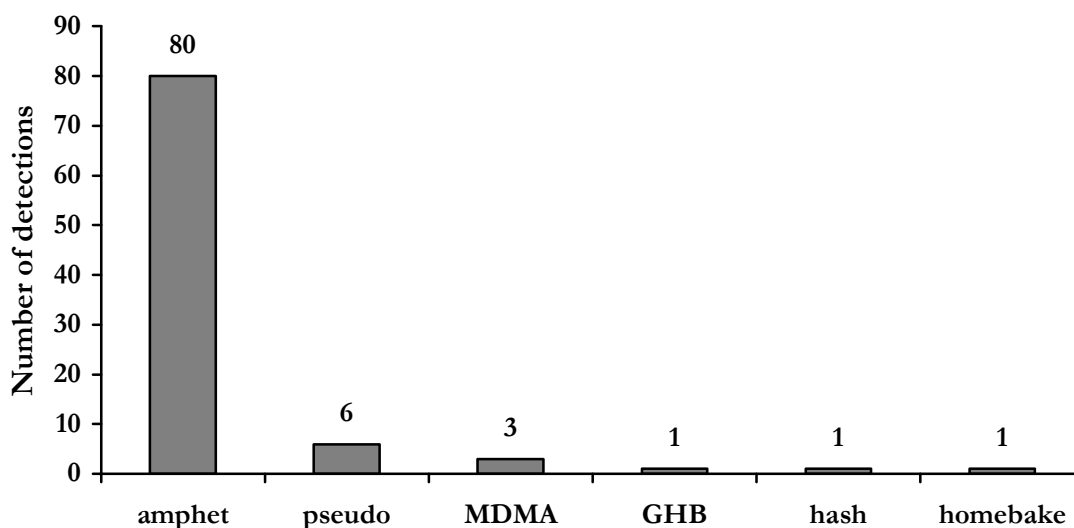


Source: Queensland Police Service

Most, although not all, clandestine labs detected by QPS are designed for the production of methamphetamine. Of the 212 labs detected in 2004, 92 have been analysed to date. As Figure 7 shows, 80 of these 92 labs (87%) were producing methamphetamine, with a further six extracting pseudoephedrine for methamphetamine production. According to one key

expert (IDRS), there is a growing market for dedicated ‘pseudo labs’¹, due to the high demand for pseudoephedrine, the relative ease of the extraction process and the potential for high profit with minimal risk. Similarly, another key expert (IDRS) from the law enforcement sector observed that some clandestine lab operations are becoming increasingly organised, with a number of individuals fulfilling specific roles such as pseudo ‘runner’, pseudo extractor, cook, co-ordinator and distributor (Figure 7).

Figure 7: Substances produced by clandestine laboratories in QLD, 2004



Source: Queensland Police Service

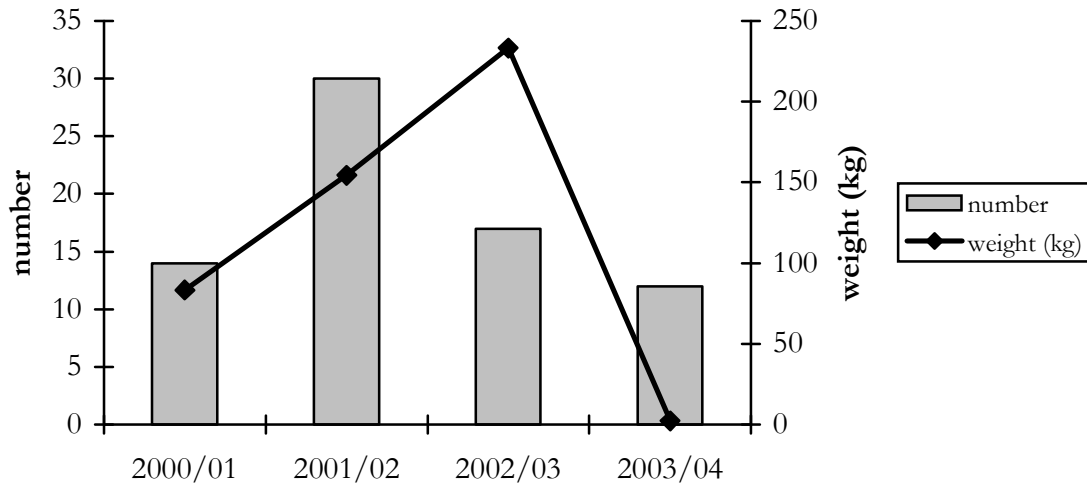
Note: Based on the 92 (of 212) labs analysed as at 20 January 2005

Most of the clandestine labs detected in Queensland during 2004 were located in the south-east part of the State. Of the 212 labs seized in 2004, 67 (32%) were located in the Metropolitan North and South regions, with an additional 99 (47%) located in the South-Eastern and North Coast regions. Although these areas constitute only 3.6% of the land area of the State, they accounted for 78% of lab detections in 2004. Of the remaining 46 labs, 33 (72%) were located in the Southern region, which surrounds south-east Queensland (see Figure 8). Evidently, methamphetamine production in Queensland occurs mainly in areas close to the capital city (Source: Queensland Police Service).

Whereas clandestine lab seizures are likely to reflect production of powder and base methamphetamine, Australian Customs Service (ACS) seizures of methamphetamine reflect importation of crystal methamphetamine. ACS data for 2003/04 suggest a significant decline in ice seizures, however due to ongoing operational activity and prosecutions, the 2003/04 figure is likely to be revised upwards in the future (Figure 8).

¹ ‘pseudo labs’: clandestine laboratories dedicated to the extraction of pseudoephedrine from over-the-counter medications, which is then sold to other individuals or groups for the purposes of illicit methamphetamine manufacture

Figure 8: Number and weight of crystal methamphetamine ('ice') seizures by ACS, 2000/01 – 2003/04



Source: ACS

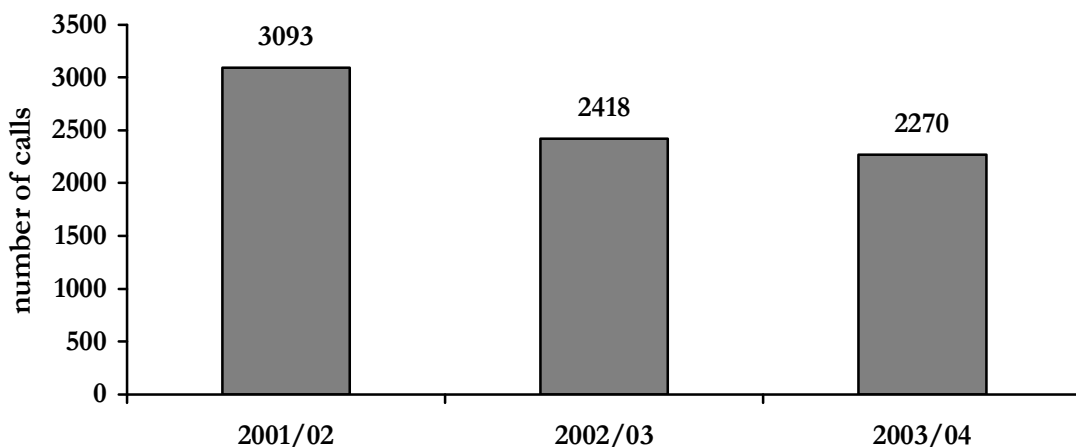
Note: Seizure figures for 2003/04 are subject to revision in the following financial year, and are likely to increase somewhat from those presented here.

5.5.2 Health

Alcohol and illicit drug sectors of health services have traditionally been oriented towards heroin users, with relatively limited services available for methamphetamine users. One consequence of this historical deficit, which is changing, is relatively limited indicator data available from the health sector to monitor trends in the use of methamphetamine. Available data provide an indirect, and arguably incomplete, picture of trends in the harms associated with methamphetamine use, probably providing an underestimate of the harms associated with use of the drug.

ADIS data show a decline in the number of telephone amphetamine-related inquiries from 3,093 in 2001/02, to 2,270 in 2003/04 (Figure 9).

Figure 9: Number of inquiries to ADIS regarding amphetamines, 2001/02 – 2003/04

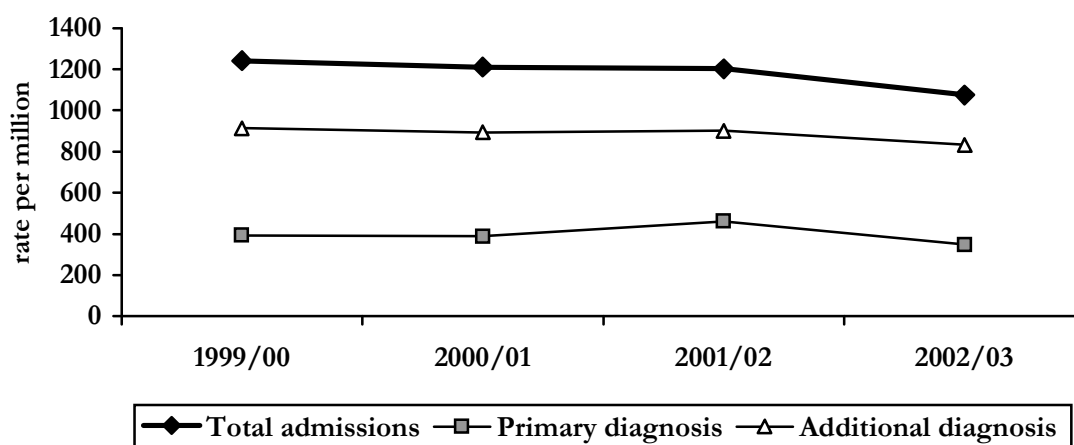


Source: ADIS

There has been a small decline in the rate of amphetamine-related hospital admissions per million persons aged 15-54 in Queensland, from 1999/00 to 2002/03. In this time, from

1,241 admissions per million persons in 1999/00 to 1,075 per million in 2002/03. This decline is reflected in both the rate of primary diagnosis (from 393 in 1999/00 to 348 in 2002/03) and the rate of additional diagnosis, which fell from 913 in 1999/00 to 833 in 2002/03 (Figure 10).

Figure 10: Amphetamine-related hospital admissions by diagnosis type, rate per million person aged 15-54, QLD 1999/00 – 2002/03



Source: AIHW

In 2003 there were 17 accidental drug-induced deaths mentioning amphetamine as the underlying cause with a total of 50 mentions. Total mentions remained stable 2001-2003, with the most mentions occurring in 1999 and 2000 (Table 27).

Table 27: Number of accidental drug-induced deaths mentioning amphetamine among those aged 15–54 years in Australia 1997 – 2002

	1997	1998	1999	2000	2001	2002	2003
Underlying cause	4	6	15	15	13	1	17
Total mentions	25	48	79	99	51	55	50

Source: Degenhardt, Roxburgh & Black 2004

5.6 Summary of Methamphetamine Trends

Methamphetamine Powder (Speed)

- ❖ 65% of regular ecstasy users reported having ever used speed and 42% report recent use in 2004.
- ❖ Recent users (N=67) typically reported consumed speed by swallowing (79%) and using about once a month in the last six months.
- ❖ The most common last use location for speed was nightclubs (30%).
- ❖ In 2004 the median price reported for a gram of speed was \$180 (n=25). Over half (54%) of participants reporting current speed purity (N=50) report it as being 'medium-high'. Of these fifty, none reported access to speed as 'very difficult'. Fourteen per cent reported their access as 'difficult', 50% reported their current access as 'easy', 32% as 'very easy' and 4% reported they did not know.

Methamphetamine Base

- ❖ 55% of regular ecstasy users reported having ever used base and 39% reported recent use in 2004.
- ❖ Amongst recent users (N=63) base was typically administered by swallowing (60%). However, injecting (51%) was also common. Recent base users reported using twice as often (median 12 days) in the last six months and taking twice as much (median 2 points) in an average session by those reporting recent use (n=52).
- ❖ The most common last use location for base was friends' homes (28%).
- ❖ The median price for a gram of base reported in 2004, was \$200 (n=11). Over three quarters (79%) of regular users who reported on current base purity (N=53) reported it as 'medium-high'. Of these 53 participants, none reported their current access to base as 'very difficult'. Eleven per cent reported their current access as being 'difficult', 38% reported their current access as 'easy' and 51% reported it as 'very easy'.

Crystal Methamphetamine

- ❖ 60% of regular ecstasy users reported having ever used ice and 42% reported recent use in 2004.
- ❖ Recent users (N=68) typically reported consuming ice by smoking (65%) using on a median of once every month in the last six months and using 1.5 points, for those who reported on the amount of ice used in an average session (n=63).
- ❖ The most common last use venue for ice was friends' homes (28%).
- ❖ The median price reported by participants (n=7) for a gram of ice in 2004 was \$300. Over three-quarters (76%) of participants who reported on current ice purity (N=50) reported it was 'medium-high'. Of these fifty, 8% reported their current access to ice as 'very difficult', 26% reported their access as 'difficult', 36% reported their access as being 'easy' and 26% reported it as being 'very easy'.

6.0 COCAINE

6.1 Cocaine Use Among Regular Ecstasy Users

More regular ecstasy users reported having ever used cocaine in 2004 (45%) than in 2003 (37%). Subsequently, more also reported having recently used cocaine in 2004 (21%) than in 2003 (18%) (see: Table 3).

Amongst recent users, in 2004 (N=34) and in 2003 (N=25), cocaine was typically consumed by snorting (2004: 85%; 2003: 68%). In 2004 recent cocaine users reported typically using cocaine twice in the last six months (range:1-36) which was more than in 2003 when recent cocaine users reported using on a median of 4.5 days (range: 1 – 90) in the last six months (Table 28).

In both 2004 (n=20) and in 2003 (n=12) recent cocaine users reported typically consuming 0.5 grams in a session (Table 28).

Table 28: Recent patterns of cocaine use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=25)	2004 sample (n=34)
Male %	44	50
Median Age	25	25 (18-38)
ROA %		
Snorting	68	85
Swallowing	20	12
Smoked	12	15
Median days used	4.5 (1-90)	2 (1-36)
Median Average Amount Used (caps)	.5 (.25-2) n=12	.5 (.1-3.5) n=20

Source: Regular Ecstasy User interviews 2003 & 2004, recent cocaine users

6.2 Price

In 2004, 14 participants reported a median price of \$237.50 (range: 50 – 450) a gram for cocaine (No table shown). This was less than the median price reported in 2003 (\$250 a gram) (Fischer & Kinner 2004).

Seventeen participants reported on price changes to cocaine in the previous six months. Of these, six reported cocaine price as remaining 'stable', three reported it had 'increased', two reported it had 'decreased', one reported it had been 'fluctuating' and five reported they 'did not know'.

6.3 Purity

Of the 17 participants who reported on current cocaine purity in 2004, six reported it as 'medium', three reported it as 'low', two as 'high', two as 'fluctuating' and four reported they 'did not know'.

Seven participants reported cocaine purity had remained 'stable' in the last six months. A further one participant reported cocaine purity had been 'increasing', two reported it had been 'decreasing', and two reported it had been 'fluctuating' and a further five participants reported they 'did not know'.

Little agreement in cocaine purity reports was noted in 2003 (Fischer & Kinner 2004).

6.4 Availability

Participants (N=17) reported cocaine was currently either 'easy - very easy' to obtain (n=8) or it was 'difficult - very difficult' to obtain (n=8). One participant did not know.

Eleven participants reported their access to cocaine had remained 'stable' in the last six months. One participant reported their access to cocaine had become more 'difficult', two participants reported their access as 'easier' and three participants 'did not know'.

Similar reports on cocaine availability were noted amongst 2003 regular ecstasy users (Fischer & Kinner 2004).

6.5 Key Experts

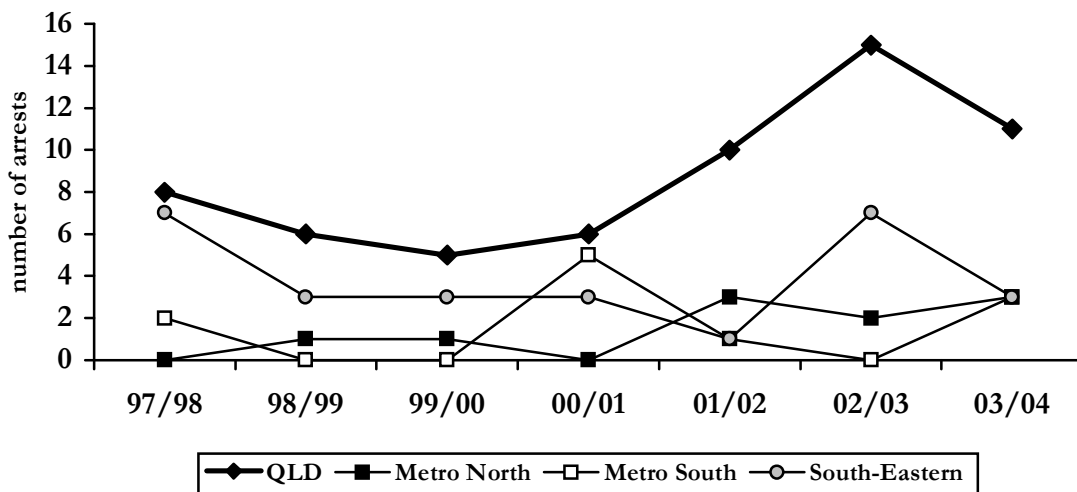
Key experts observed that cocaine was 'around' but it was used infrequently by ecstasy users.

6.6 Indicator Data

6.6.1 Law enforcement

The number of arrests for cocaine use/possession in Queensland has been consistently low, with only 11 arrests recorded within the State in 2003/04. This number is lower than that recorded in the previous financial year (n =15), however given the small number of arrests overall, this decrease should be interpreted with caution. For the purposes of comparison, while there were 11 cocaine use/possession arrests made in Queensland in 2003/04, QPS also recorded 1,099 arrests for ATS use/possession. Across all drugs, QPS recorded 5,122 arrests for drug use/possession, with cocaine use/possession arrests representing about 0.2% of these (Figure 11).

Figure 11: Number of cocaine possession/use arrests by geographic area, 1997/98 – 2003/04



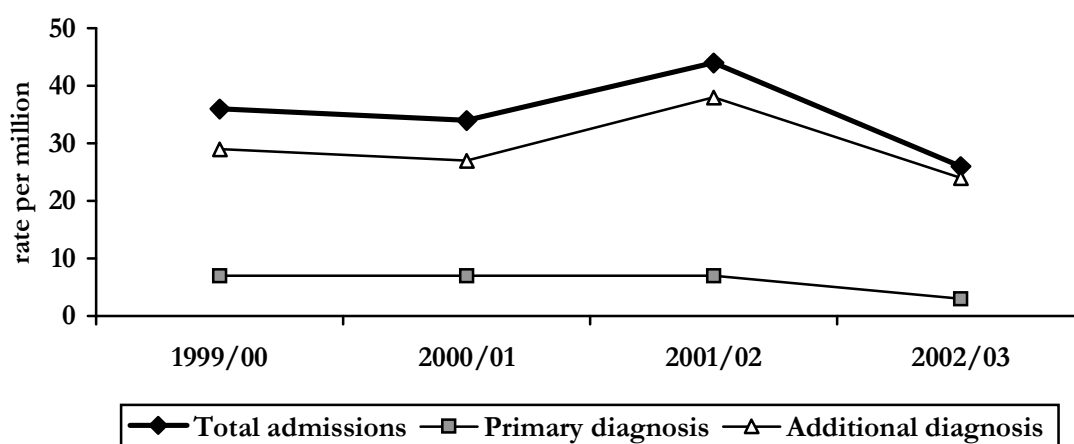
Source: Queensland Police Service

In 2003-04 the QPS recorded 28 seizures of cocaine with a total weight of 408 grams. In the same period the AFP recorded 55 seizures with a total weight of 5893 grams. In comparison, the majority of recorded state police seizures was New South Wales where 122 seizures occurred with a total weight of 9082 grams and where 495 AFP seizures occurred with a total weight of 86,273 grams. (Source ACC 2003-2004)

6.6.2 Health

After a small increase in the rate of cocaine-related hospital admissions per million persons aged 15-54 in Queensland in 2001/02 (44 admissions per million persons), the rate dropped to 26 per million in 2002/03. In all years, diagnoses related to cocaine use have usually been made as additional diagnoses², underscoring the fact that cocaine use represents a relatively small burden on the hospital system in Queensland. For comparison purposes, in 2002/03 the rate of total admissions per million persons aged 15-54 in Queensland for amphetamines was 1,075, and for alcohol was 6,890 (Figure 12) see also Figure 3).

Figure 12: Cocaine-related hospital admissions by diagnosis type, rate per million persons aged 15-54, QLD 1999/00 – 2002/03



Source: AIHW

The number of accidental drug-induced deaths mentioning cocaine as the underlying cause between 1997 and 2003 across Australia was small between 1997 and 2003. Additionally the number of total mentions for cocaine in 2002 and 2003 is the lowest in the period 1997 – 2003 (Table 29).

Table 29: Number of accidental drug-induced deaths mentioning cocaine among those aged 15–54 years in Australia 1997 – 2002

Cocaine	1997	1998	1999	2000	2001	2002	2003
Underlying cause	0	3	4	3	2	1	5
Total mentions	20	36	33	27	28	15	15

Source: Degenhardt, Roxburgh & Black 2004

² defined by AIHW as “a condition or complaint either co-existing with the principal diagnosis or arising during the episode of care.”

6.7 Summary of Cocaine Trends

- ❖ 45% of regular ecstasy users reported having ever trying cocaine and 21% reported recent use in 2004
- ❖ Recent cocaine users in 2004 (N=34) reported mainly consuming cocaine by snorting (85%) and using on a median of two days in the last six months. In a typical session 0.5 grams of cocaine was used by those reporting the amount they consumed (n=20). This pattern is similar to that seen in 2003.
- ❖ In 2004 a median price of \$237.50 (range: 50 – 450) was reported for a gram of cocaine by 14 participants. By comparison in 2003 a median price of \$250 for a gram of cocaine was reported.
- ❖ Most participants (N=17) reported current cocaine purity as ‘medium to high’ (n=8) in 2004.
- ❖ Seventeen participants reported on the current cocaine availability in 2004. They either reported cocaine was ‘easy - very easy’ to obtain (n=8) or it was ‘difficult – very difficult’ to obtain (n=8). One reported they did not know.

7.0 KETAMINE

7.1 Ketamine Use Among Regular Ecstasy Users

Slightly more regular ecstasy users reported having ever used ketamine in 2004 (32%) than in 2003 (27%). Subsequently, more also reported having recently used ketamine in 2004 (16%) than in 2003 (14%) (see Table 3).

Amongst recent users, in 2004 (N=25) and in 2003 (N=19), ketamine was typically consumed by swallowing (2004: 68%; 2003: 58%) and used on a median of two days in the last six months in both years (Table 30).

In 2004, recent ketamine users (n=9) reported typically consuming more caps (median: three; range: 1-5) in a average session, compared to 2003 recent users (n=5) who reported consuming one cap (range: 0.5 – 3) in an average session (Table 30).

Table 30: Recent patterns of ketamine use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=19)	2004 sample (n=25)
Male %	63	60
Median Age	21 (18-36)	23 (18-39)
ROA %		
Snorting	58	44
Swallowing	58	68
Injecting	5	28
Smoked	0	4
Median days used	2(1-48)	2 (1-13)
Average Median Amount Used (caps)	1(0.5-3) n=5	3 (1-5) n=9

Source: Regular Ecstasy User interviews 2003 & 2004, recent ketamine users

7.2 Price, Purity And Availability

No median price for a cap of ketamine was reported in 2004.

Seven participants reported on ketamine price changes in 2004 with two reporting the price had remained 'stable', one reported it had 'decreased' and four reported they 'did not know'.

There was little agreement amongst the seven participants who reported on current ketamine purity in 2004, with three participants reporting current ketamine purity as 'high', two reporting it as 'medium' and two reporting they 'did not know'.

The seven participants disagreed on the current availability of ketamine in 2004 with two each reporting their access as 'difficult', 'very easy', one reporting their access as 'easy' and two reporting they 'did not know'.

Little agreement amongst regular ecstasy users on the purity and availability of ketamine were noted in the 2003 sample of regular ecstasy users (Fischer & Kinner 2004).

7.3 Indicator data

Law enforcement and health data for ketamine does not seem to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

7.4 Summary of Ketamine Trends

- ❖ 32% of regular ecstasy users reported having ever trying ketamine and 16% reported recent use in 2004.
- ❖ Recent ketamine users in 2004 (N=25) reported mainly consuming ketamine by swallowing (68%) and using on a median of two days. In a typical session, 3 caps of ketamine was consumed by those reporting the amount they consumed (n=9). Except for amount consumed, this pattern is similar to that reported in 2003. In 2003 five ketamine users reported consuming a median of one cap in a typical session.
- ❖ No median price for a cap of ketamine was reported in 2004.
- ❖ There was little agreement amongst the seven participants who reported on current ketamine purity or availability in 2004.

8.0 GHB

8.1 GHB Use Among Regular Ecstasy Users

More regular ecstasy users reported having ever used GHB in 2004 (20%) than in 2003 (13%). However, similar proportions of regular ecstasy users reported recent GHB use in both years (6%) (see Table 3).

Amongst recent users, in 2004 (N=9) as in 2003 (N=8) GHB was consumed by swallowing (100%). In 2004, recent users reported using GHB on more days in the last six months (median: 3 days, range:1-78) than in 2003 (median: one day; range: 1-90) (Table 31).

In both 2004 (n=8) and in 2003 (n=6), recent GHB users typically consumed a median of 4ml in a session (Table 31).

Table 31: Recent patterns of GHB use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=8)	2004 sample (n=9)
Male %	38	20
Median Age	22 (18-37)	24 (21-38)
ROA %		
Swallowing	100	100
Injecting	0	0
Median days used	1 (1-90)	3 (1-78)
Median Amount Used (ml)		
Average	4(2-10) n=6	4 (.5 – 100) n=8

Source: Regular Ecstasy User interviews 2003 & 2004, recent GHB users

8.2 Price, Purity & Availability

Four participants reported current prices for GHB. One reported a price of .60c per ml for GHB and the other three reported a price of \$5 per ml for GHB.

Five participants reported on GHB price changes in the last six months. Three participants reported the price had 'decreased', two reported the price had been 'stable' and one did not know.

Three participants reported current GHB purity as 'high', one reporting it is 'fluctuating' and one 'did not know'.

All (N=5) participants who reported on their current ease of access to GHB reported it was 'easy' (n=4) or 'very easy' (n=1) to obtain.

In comparison, in 2003 four participants reported on GHB price, purity and availability. That year four participants reported a median GHB price of \$4.00 per ml and there was little agreement on purity and availability (Fischer & Kinner 2004).

8.3 Indicator Data

Law enforcement and health data for ketamine does not seem to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

8.4 Summary of GHB Trends

- ❖ 20% of regular ecstasy users reported having ever trying GHB and 6% reported recent use in 2004.
- ❖ Recent GHB users in 2004 (N=9) reported consuming GHB by swallowing (100%), using on a median of four days and in a typical session consuming 4ml by those reporting the amount they consumed (n=8).
- ❖ Four participants reported on GHB price. One reported a price of .60c per ml and the other three reported a price of \$5 per ml in 2004.
- ❖ Five participants reported on GHB availability all reported it was 'easy-very easy' to obtain in 2004.

9.0 LSD

9.1 LSD Use Among Regular Ecstasy Users

More regular ecstasy users reported having ever used LSD in 2004 (52%) than in 2003 (41%). However, similar proportions reported recent LSD use in both years (18%) (see Table 3).

Amongst recent users, in 2004 (N=29) and in 2003 (N=25), LSD was commonly consumed by swallowing (2004: 97%; 2003: 92%) and used on a median of two days in the last six months (Table 32).

Recent LSD users, in 2004 (n=28) as in 2003 (n=20) reported typically consuming one tab in a session (Table 32).

Table 32: Recent patterns of LSD use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=25)	2004 sample (n=29)
Male %	36	59
Median Age	22	24 (18-38)
ROA %		
Swallowing	92	97
Injecting	4	3
Median days used	2 (0-15) n=24	2 (1-20)
Median Amount Used (ml)	1 (0.5-3 n=20)	1 (.5 - 4) n=28

Source: Regular Ecstasy User interviews 2004 & 2004, recent LSD users

9.2 Price

Participants (N=19) reported a price of \$20 per tab (range: \$12 - \$30).

Of these 19, nine reported the price for LSD had remained 'stable' in the preceding six months, three reported it had 'increased', two reported it had been 'fluctuating' and five reported they 'did not know'.

9.3 Purity

Nineteen participants reported on LSD purity in 2004. Over half of these (n=10) reported current LSD purity as 'medium', five reported it as 'high', two reported it as 'low' and two reported they 'did not know'.

There was little agreement amongst the 19 participants on changes to LSD purity in the last six months with eight reporting it had remained 'stable', three reporting it was 'increasing', one reporting it was 'decreasing', two reporting it was 'fluctuating' and five reporting they 'did not know'.

9.4 Availability

Participants reporting on current availability to LSD were divided, with nine reporting their current access as 'difficult – very difficult', seven reporting their LSD access as 'easy - very easy' and three reporting they 'did not know'.

Eight participants reported their access to LSD had been 'stable' in the last six months, four reported it had become 'easier', three reported it had become more 'difficult' and four reported they 'did not know'.

9.5 Indicator Data

Law enforcement and health data for ketamine does not seem to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

9.6 Summary of LSD Trends

- ❖ 52% of regular ecstasy users reported having ever trying LSD and 18% reported recent use in 2004.
- ❖ Recent LSD users in 2004 (N=29) reported mainly consuming LSD by swallowing (97%), using on a median of two days and in a typical session consuming one tab by those reporting the amount they consumed (n=28).
- ❖ Nineteen participants reported a price of \$20 a tab for LSD in 2004.
- ❖ Fifteen of nineteen participants reported current LSD purity as 'medium-high'.
- ❖ Nineteen participants reported on availability with nine reporting their access as 'difficult-very difficult' and seven reporting it as 'easy-very easy'. Three reported they 'did not know'.

10.0 MDA

10.1 MDA Use Among Regular Ecstasy Users

More regular ecstasy users reported having ever used MDA in 2004 (29%) than in 2003 (24%). However, fewer participants reported recent MDA use in 2004 (16%) than in 2003 (18%) (see Table 3).

Amongst recent users, in 2004 (N=25) and in 2003 (N=25), MDA was consumed through swallowing (2004: 92%; 2003: 76%). Recent MDA users in 2004 used on more days in the last six months (median: three days; range:1-20) than users in 2003 (median: two day; range:1-15) (Table 33).

Recent MDA users, in 2004 (n=21) also reported consuming more in a typical session in 2004 (median: two caps) than in 2003 (median: one cap; range:0.5-2) (Table 33).

Table 33: Recent patterns of MDA use amongst regular ecstasy users, 2003 and 2004

	2003 sample (n=25)	2004 sample (n=25)
Male %	56	36
Median Age	22 (18-47)	25 (18-39)
ROA %		
Snorting	44	28
Swallowing	76	92
Injecting	8	4
Median days used	2 (1-15)	3(1-20)
Median Amount Used (caps)	1 (0.5 – 2)	2 (1-15) n=21

Source: Regular Ecstasy User interviews 2003 & 2004, recent MDA users

10.2 Price, Purity & Availability

Seven participants reported a median price of \$35 (range: 30-50) for a capsule of MDA in 2004. Four participants reported the price as for MDA in the last six months had remained 'stable' and three reported they 'did not know'.

There was little agreement amongst participants (N=7) on current MDA purity in 2004 with four reporting current purity as 'high', two as 'medium' and one as 'low'.

Participants (N=7) disagreed on their current ease of access to MDA, with one reporting it as 'very difficult', two each reporting their access as 'difficult' or 'easy' and one each reporting their access as 'very easy' or they 'did not know'.

In comparison to 2003, reports of MDA price, purity and availability were similar. The median price of MDA was the same reported in 2003 and there were similar divisions on current purity and current ease of access to MDA (Fischer & Kinner 2004).

10.3 Indicator Data

Law enforcement and health data for ketamine does not seem to be available in Queensland. However, it is likely that data on ketamine is subsumed under 'other drugs' in relevant datasets.

10.4 Summary of MDA Trends

- ❖ 29% of regular ecstasy users reported having ever used MDA and 16% reported recent use in 2004.
- ❖ Recent MDA users in 2004 (N=25) reported consuming MDA by swallowing (92%), using on a median of three days and in a typical session consuming 2 caps, by those reporting the amount they consumed (n=21). In comparison in 2003, 25 participants reported consuming on a median of two days (range:1-15) and reported consuming one cap in a typical session.
- ❖ Seven participants reported a median price of \$35 for a cap of MDA in 2004.
- ❖ There was little agreement amongst the seven participants who reported on current LSD purity or availability in 2004.
- ❖ Recent MDA users in 2004 reported using on more days and consuming more than recent users in 2003. However, reports on MDA price, purity and availability are similar to those reported in 2003.

11.0 OTHER DRUGS

11.1 Alcohol

11.1.1 Alcohol use among regular ecstasy users

More regular ecstasy users reported having ever used alcohol in 2004 (98%) than in 2003 (96%) though fewer reported recent alcohol use (2004: 89% vs. 2003: 93%) (Table 34).

Table 34: Ever and recent use of alcohol by current ecstasy users: 2003 and 2004

Variable	2003 sample (N=136)	2004 sample (N=161)
Alcohol (%)		
Ever	96	98
Recent	93	89

Source: Regular Ecstasy User interviews 2003 & 2004

11.1.2 Indicator Data

Health

The NDSHS (2001) reported nearly half of the Queensland population (46.3%) and the Australians general population (47.8%) consume alcohol on at least a weekly basis (Table 35).

Table 35: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia

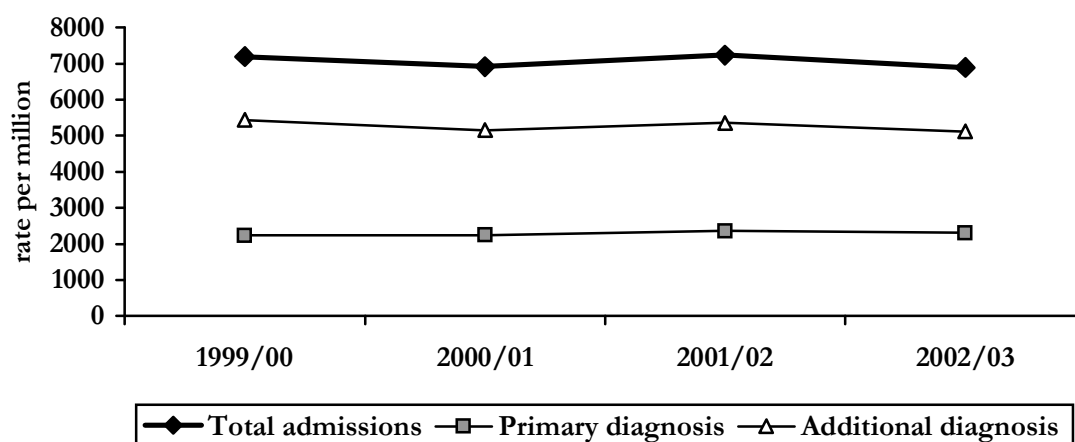
	QLD	AUST
Daily	8.4	8.3
Weekly	37.8	39.5
Less than weekly	36.9	34.6
Ex drinker	8.5	8
Never a full serve	8.4	9.6

Source: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia, AIHW, 2001 National Drug Strategy Household Survey, State and Territory Supplement

Calls to the ADIS report alcohol as the most common drug callers refer to in both 2002/03 (5410 calls, which is 40.1% of all calls) and 5663 calls, representing 40.7% of all calls in 2003/04.

In 2002/03 the rate of total admissions per million persons aged 15-54 in Queensland for alcohol was 6,890 (Figure 13).

Figure 13: Alcohol-related hospital admissions by diagnosis type, rate per million persons aged 15-54, QLD 1999/00 – 2002/03



Source: AIHW

11.2 Cannabis

11.2.1 Cannabis use among regular ecstasy users

More regular ecstasy users reported having ever used cannabis in 2004 (87%) than in 2003 (83%) though fewer reported recent cannabis use (2004: 70% vs. 2003: 73%) (Table 36).

Across time the proportion of regular ecstasy users reporting having ever or recently used cannabis has gradually declined. For instance, the proportion of regular ecstasy users reported having recently used cannabis in 2004 was 70% whereas in 2000 it was 94% (Table 36).

Table 36: Ever and recent cannabis use by regular ecstasy users: 2000, 2001, 2003 and 2004

Variable	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Cannabis (%)				
Ever	100	97	83	87
Recent	94	87	73	70

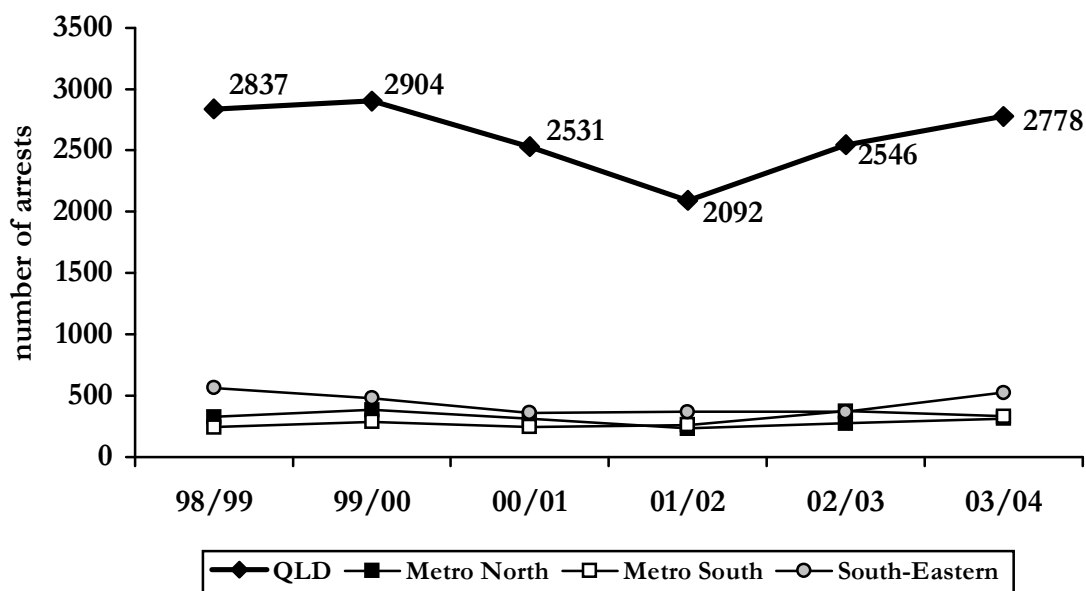
Source: Regular Ecstasy User interviews: 2000, 2001, 2003 & 2004

11.2.2 Indicator Data

Law enforcement

The total number of arrests for cannabis use/possession in Queensland dropped to a low of 2,092 in 2001/02, but has risen consistently since this time to 2,778 cannabis use/possession arrests in the 2003/04 financial year. Some of this increase can be attributed to an increase in arrests in the Metro North region, which rose from 232 in 2001/02 to 313 in 2003/04 (Figure 14).

Figure 14: Number and proportion of cannabis possession/use arrests by geographic area, 1998/99 – 2003/04

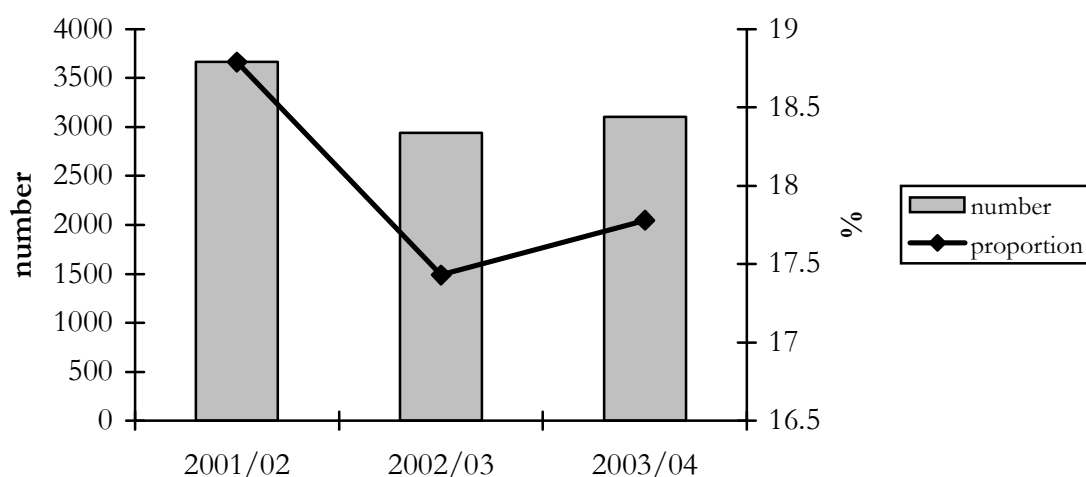


Source: Queensland Police Service

Health

In 2003/04 3,101 calls were made regarding cannabis to ADIS, up slightly from 2,940 in 2002/03. The proportion of calls to ADIS in relation to cannabis has changed relatively little over time, from 18.8% in 2001/02 to 17.8% in 2003/04 (Figure 15).

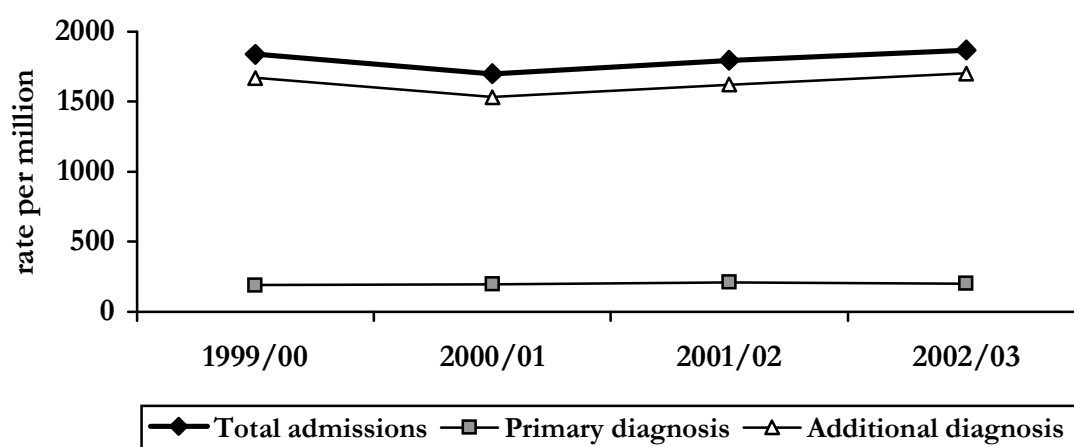
Figure 15: Number of inquiries to ADIS regarding cannabis, 2001/02 – 2003/04



Source: ADIS

There has been relatively little change in the rate of cannabis-related hospital admissions per million persons aged 15-54 in Queensland from 1999/00 to 2002/03. During this time there has been relatively little change in the number of admissions, with 1,868 admissions per million persons in 2002/03. In all years, in the vast majority of cases cannabis use has contributed to an additional rather than a primary diagnosis (Figure 16).

Figure 16: Cannabis-related hospital admissions by diagnosis type, rate per million persons aged 15-54, Queensland 1999/00 – 2002/03



Source: AIHW

11.3 Tobacco

11.3.1 Tobacco use amongst regular ecstasy users

Slightly fewer regular ecstasy users reported having ever used tobacco in 2004 (78%) than in 2003 (79%). Subsequently, fewer also reported recent tobacco use (2004: 68% vs. 2003:70%) (Table 37).

Across time the proportion of regular ecstasy users reporting having ever or recently used tobacco has gradually declined. For instance the proportion of regular ecstasy users reporting recent tobacco use was 68% in 2004 compared to 80% in 2003 (Table 37).

Table 37: Ever and recent use of tobacco by current ecstasy users: 2000, 2001, 2003 and 2004

Variable	2000 sample (N=40)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Tobacco (%)				
Ever	92	86	79	78
Recent	80	80	70	68

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.3.2 Indicator Data

The NDSHS (2001) reported that 24.2% of the Queensland population and 23.10% of the Australian population were smokers (Table 38).

Table 38: Smoking status: proportion of the Australian population 14 years and older Queensland and Australia

Status	QLD %	Aust %
Smokers	24.2	23.10
Ex smokers (a)	26.5	26.2
Never Smoked (b)	49.2	50.6

Source: Smoking status: proportion of the Australian population 14 years and older Queensland and Australia, S, AIHW, 2001 National Drug Strategy Household Survey, State and Territory Supplement (a) smoked at least 100 cigarettes in their lifetime (b) never smoked more than 100 cigarettes in their lifetime

11.4 Inhalants

11.4.1 Amyl Nitrate

More regular ecstasy users reported having ever used amyl nitrate in 2004 (44%) than in 2003 (27%) and much more reported recent amyl nitrate use (2004: 21% vs. 2003: 9%) (Table 39).

Table 39: Ever and recent use of amyl nitrate by regular ecstasy users, 2000, 2001, 2003 and 2004

	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Amyl nitrate (%)				
Ever	52	50	27	44
Recent	26	24	9	21

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.4.2 Nitrous Oxide

More regular ecstasy users reported having ever used nitrous oxide in 2004 (45%) than in 2003 (38%) and more reported recent use (2004:22% vs. 2003:18%) (Table 40).

Table 40: Ever and recent use of nitrous oxide by current ecstasy users, 2000, 2001, 2003 and 2004

	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Nitrous oxide (%)				
Ever	82	68	38	45
Recent	38	37	18	22

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.5 Benzodiazepines

11.5.1 Benzodiazepine use amongst regular ecstasy users

More regular ecstasy users reported having ever used benzodiazepines in 2004 (46%) than in 2003 (38%). Subsequently, more participants also reported recent use in 2004 (30%) than 2003 (27%) (Table 41).

Table 41: Ever and recent use of benzodiazepines by current ecstasy users, 2000, 2001, 2003 and 2004

Variable	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Benzodiazepines (%)				
Ever	64	50	38	46
Recent	50	35	27	30

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.5.2 Key expert observations of benzodiazepine use amongst regular ecstasy users

Key experts provided observations on benzodiazepine use by regular ecstasy users:

- Licit and illicit benzodiazepine use was common amongst regular ecstasy users
- Benzodiazepines were used to come down
- Benzodiazepine use was becoming increasingly common.

11.6 Antidepressants

More regular ecstasy users reported having ever used antidepressants in 2004 (34%) than in 2003 (23%) but similar percentages reported recent use (2004:14% vs. 2003:12%) (Table 42)

Overall, the proportion of regular ecstasy users reporting having ever or recently used antidepressants has remained stable 2000 – 2004 (Table 42).

Table 42: Ever and recent use of antidepressants by current ecstasy users 2000, 2001, 2003 and 2004

Variable	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Anti-depressants (%)				
Ever	36	34	23	34
Recent	20	18	12	14

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.7 Opiates

11.7.1 Heroin

More regular ecstasy users reported having ever used heroin in 2004 (22%) than in 2003 (17%) and slightly more report recent use in 2004 (12%) than in 2003 (7%) (Table 43).

Across time periods the proportion of regular ecstasy users having ever or recently used heroin changes. This may reflect changes in availability of heroin and subsequent opportunity to use heroin (Table 43).

Table 43: Ever and recent use of heroin by current ecstasy users: 2000, 2001, 2003 and 2004

	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Heroin (%)				
Ever	32	34	17	22
Recent	4	15	7	12

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.7.2 Other Opiates

More regular ecstasy users reported having ever used other opiates in 2004 (29%) than in 2003 (24%) and slightly more report recent use in 2004 (16%) than in 2003 (12%) (Table 44).

The proportion of regular ecstasy users who report having ever or recently used other opiates has steadily increased since 2000 (ever: 14%; recent: 4%) (2004: ever:29%; recent: 16%) (Table 44).

Table 44: Ever and recent use of other opiates by current ecstasy users, 2000, 2001, 2003 and 2004

	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Other opiates (%)				
Ever	14	20	24	29
Recent	4	6	12	16

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.8 Prescribed drugs

11.8.1 Methadone

Less regular ecstasy users reported having ever used methadone in 2004 (8%) than in 2003 (10%) but few report recent use in either year (2004: 3%; 2003: 4%) (Table 45).

Table 45: Ever and recent use of methadone by current ecstasy users: 2000, 2001, 2003 and 2004

Variable	2000 sample (N=50)	2001 sample (N=115)	2003 sample (N=136)	2004 sample (N=161)
Methadone (%)				
Ever	4	11	10	8
Recent	0	4	4	3

Source: Regular Ecstasy User interviews 2000, 2001, 2003 & 2004

11.8.2 Buprenorphine

More regular ecstasy users reported having ever used buprenorphine in 2004 (29%) than in 2003 (4%) but similar small proportions reported recent buprenorphine use in 2004 (4%) and in 2003 (2%) (Table 46).

Table 46: Ever and recent use of nitrous oxide by current ecstasy users, 2003 and 2004

Variable	2003 sample (N=136)	2004 sample (N=161)
Buprenorphine (%)		
Ever	4	29
Recent	2	4

Source: Regular Ecstasy User interviews 2003 & 2004

11.9 Summary of Other Drug Use

Alcohol, Cannabis & Tobacco

- ❖ The most common drugs regular ecstasy users reported having ever used in 2004 were alcohol (98%), cannabis (87%) and tobacco (78%). Subsequently these were the most common drugs participants reported recently using (alcohol: 89%; cannabis: 70%; tobacco: 68%).
- ❖ For each of these drugs there is a substantial amount of indicator data, reflecting how common their use is in the general population.
- ❖ Across time (2000 to 2004) recent use of alcohol, cannabis and tobacco have all declined, and for cannabis and tobacco regular ecstasy users reports of having ever used have also declined (see Fischer & Kinner 2004; Rose & Najman 2002).

Inhalants

- ❖ 44% of regular ecstasy users reported having ever used amyl nitrate and 21% report recent use in 2004.
- ❖ 45% of regular ecstasy users reported having ever used nitrous oxide and 22% report recent use in 2004.

Benzodiazepines

- ❖ 46% of regular ecstasy users reported having ever used benzodiazepines and 30% report recent use.
- ❖ Key experts have observed that benzodiazepine use is becoming increasingly common and it is used to come down from ecstasy use.

Opiates and Opiate Replacements

- ❖ 22% of regular ecstasy users reported having ever used heroin and 12% report recent use in 2004.
- ❖ 29% of regular ecstasy users reported having ever used other opiates and 16% report recent use in 2004.

12.0 RISK BEHAVIOUR

12.1 Injecting

Almost a third (32%) of regular ecstasy users in 2004 reported they had ever injected any drug. Injectors were older (median 28 years) than non-injectors, were less likely to be in full time employment (31% vs. 50%), more likely to have ever been in prison (12% vs. 5%) and to currently be in treatment (8% vs. 1%) (Table 47).

Table 47: Selected characteristics of injectors compared to non-injectors, 2004

	Injectors (n=51)	Non-injectors (n=110)	Total Sample (N=161)
Median age	28	23	24
Male %	65	51	55
Median grade completed	11	11	11
Employment %			
Full time	31	50	44
Unemployed	24	13	16
Ever in prison	12	5	7
Currently in treatment	8	1	3

Source: Regular Ecstasy User interviews 2004

Almost as many regular ecstasy users who had ever injected (32%) had recently injected (29%). The median number of drugs ever injected was 3 (range: 1-12) and a median of two (range: 1-9) drugs were recently injected (Table 48).

Table 48: Injecting risk behaviour among regular ecstasy users, 2004

	QLD
Ever injected	32%
Median number of drugs ever injected* (range)	3 (1-12)
Injected last 6 months*	29
Median number of drugs injected last 6 months* (range)	2 (1-9)

Source: Regular Ecstasy User interviews 2004

* among those who had ever injected

Amongst recent injectors the most common last drug reported to have been injected was methamphetamine base (37%) followed by heroin (24%). The most common drug injected by males was base (27%) followed by powder (23%) compared to the most common drug for females being methamphetamine base (56%) followed by heroin (38%) (Table 49).

Table 49: Last drug reported injected by participants, 2004

	Male (n=30) %	Female (n=16) %	Total (n=46) %
Ecstasy	10	0	7
Powder	23	6	17
Base	27	56	37
Ice	13	0	9
Heroin	17	38	24
Methadone	3	0	2
Other opiates	3	0	2
Steroids	3	0	2

Source: Regular Ecstasy User interviews 2004, recent injectors

In 2004, of those that had injected recently over half (52%) had injected whilst under the influence or coming down (Table 50).

Table 50: Injected while under the influence/coming down in last six months by gender, 2004

	Males (n=30)	Females (n=16)	Total (n=46)
No, neither	33	25	30
Yes, under influence	7	19	11
Yes, coming down	7	6	7
Yes, both	53	50	52

Source: Regular Ecstasy User interviews 2004, recent injectors

Seventy per cent of recent injectors (N=46) reported injected themselves every time in the last six months. Injectors either were alone when they injected (35%) or with close friends (65%). The most common locations for injecting were their own home (74%) or at friends' homes (67%). Injectors had injected a median of 45 times (range: 1-320) in the last six months (Table 51).

Table 51: Context and patterns of recent injection, 2004

	QLD (n=46) %
Frequency of self injection	
Every time	70
Sometimes	7
Rarely	2
People usually inject with*	
Close friends	65
Regular partner	20
No one	35
Locations injected*	
Own home	74
Friend's home	67
Car	35
Dealer's home	28
Street	13
Public toilet	20
Venue toilet	15
Median times injected any drug last 6 months (range)	45 (1-320)

Source: Regular Ecstasy User interviews 2004

*of those injected in last six months

12.2 Sexual risk behaviour

Almost two thirds (65%) of regular ecstasy users reported having sex whilst under the influence of drugs in the last six months.

Of the 62% of regular ecstasy users who reported having casual sex in the last six months, 49% did not use protection every time (Table 52).

Table 52: Prevalence of sexual activity and number of sexual partners in the preceding six months by jurisdiction, 2004

	QLD (N=161)
Penetrative sex (%)	88
No. of sexual partners (%)*	
One person	39
Two people	23
3-5 people	24
Sex with a regular partner (%)*	84
Always use protection (%)	28
Sex with a casual partner (%)*	62
Always use protection (%)	51
Anal sex (%)*	28
No. of times had anal sex	
≤ Mthly	42
≤ Fortnightly	11
≤ Weekly	4

Source: Regular Ecstasy User interviews 2004

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

12.3 Driving Risk Behaviour

Over half (51%) of regular ecstasy users in 2004 reported driving soon after taking a drug in the six months preceding interview. Of those that drove soon after taking a drug, males were more likely to report driving soon after taking a drug than females (48% vs. 35%). The drugs respondents reported to have recently used were ecstasy (42%), cannabis (30%), alcohol (22%), methamphetamine base (22%) and crystal methamphetamine (19%).

12.4 Health Related Issues

12.4.1 Overdose

In 2004 sixteen participants reported they had overdosed in the past six months. Ten of these were female. The main drug involved in five cases was alcohol whilst in four cases ecstasy was the main drug involved, in four cases methamphetamine was involved, in two cases the main drug was cannabis and in one case heroin. The main drug involved for females was ecstasy (four cases), compared to alcohol for males (four cases).

12.4.2 Help-seeking behaviour

Nineteen per cent of the regular ecstasy users (n=31) had sought the assistance medical or other health services in relation to their drug use in the last six months. The main source of seeking treatment was accessing a general practitioner (n=16), mainly for ecstasy use (n=7) and/or methamphetamine use (n=7). The presenting concerns relating to ecstasy were dependence/addiction in two cases and anxiety in four others.

12.4.3 Other problems

In 2004 the main problems regular ecstasy users reported were social problems (35%), followed by work (27%) and financial problems (27%). Social problems were the most common reported by both males(35%) and females (35%) (Table 53).

Table 53: Problems reported by the 2004 sample, by gender

Problem	Females (n=72)	Males (n=89)	Total Sample (N=161)
Problems			
Social (%)	35	35	35
Work (%)	33	23	27
Financial (%)	29	26	27
Legal (%)	3	14	9

Source: Regular Ecstasy User interviews 2004

Social Problems

Overall, the main social problem reported was arguments (14%) and the main drug this was attributed to was ecstasy (16%), followed by speed (7%) and ice (6%).

The main social problems experienced by females (n=72) were arguments (13%); ending a relationship (8%); and mistrust/anxiety (6%). The main drug these were attributed to was ecstasy (18%), followed by speed (7%).

The main social problems reported by males (n=89) were arguments (16%) mistrust/anxiety (7%), ending a relationship (6%). The main drugs these were attributed to were ecstasy (15%) and crystal methamphetamine (8%).

Work Problems

Overall, the main work problem reported was trouble concentrating (8%) followed by reduced work performance (7%). The main drug these problems were attributed to was ecstasy (14%) followed by cannabis (4%).

The main work problems experienced by females (n=72) were trouble concentrating (8%), sick leave/not attending classes (10%) and reduced work performance (8%). The main drug these were attributed to was ecstasy (14%), followed by meth powder (6%).

The main work problems reported by males (n=89) were trouble concentrating (7%), being unmotivated (7%) and reduced work performance (6%). The main drug to which these were attributed was ecstasy (14%).

Financial Problems

Overall, the main financial problem reported was having no money for recreation/luxuries (13%) and the main drug this was attributed to was ecstasy (14%) followed by cannabis (4%).

The main financial problems reported by females (n=72) were having no money for recreation/luxuries (14%) and being in debt/owing money (11%). The main drug these were attributed to was ecstasy (19%).

The main financial problems reported by males (n=89) were having no money for recreation/luxuries (12%) and being in debt/owing money (6%). The main drug these were attributed to was ecstasy (10%).

Legal Problems

Overall, the main legal problem reported was being arrested (6%) and the main drug this was attributed to was ecstasy (4%). The main legal problem reported by males (n=89) was being arrested (10%) and the main drug this was attributed to was ecstasy (7%).

12.5 Summary of Risk Behaviours

- ❖ 29% of regular ecstasy users reported having injected in the last six months. The most common last drug they reported injected was methamphetamine base (37%), followed by heroin (24%). 70% reported injecting either under the influence of or coming down from ecstasy in the last six months. Over a third of injectors (35%) reported injecting alone. The most common locations where injecting occurred at were their own home (74%) and friends home (67%).
- ❖ 65% reported having sex whilst under the influence in the last six months. Of those having sex with a casual partner, 49% reported not using a condom every time.
- ❖ Over half of all respondents (51%) reported driving soon after taking a drug in the last six months. Males were more likely to report this than females (48% vs. 35%). The most common drugs that had been used were ecstasy (42%), cannabis (30%) and alcohol (22%).
- ❖ The main problems regular ecstasy users reported were social problems (35%), followed by work (27%) and financial problems (27%). Social problems were the most common reported by both males (35%) and females (35%).

13.0 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING

13.1 Reports Of Criminal Activity Among Regular Ecstasy Users

13.1.1 Lifetime

Seven per cent of all participants in 2004 reported a previous conviction compared to four per cent in 2003.

A similar proportion of participants had been arrested in the previous 12 months in 2004 (12%) compared to 2003 (13%). The arrests related in 2004 (n=20), were mainly concerned with use/possession (n=10). In 2003 there was no main type of arrest.

13.1.2 Past Month

Twenty-three per cent of 2004 regular ecstasy users reported committing a crime in the last month with the most common crime being drug dealing (20%). In 2003, 11% of participants reported having committed a crime in the previous month. Of these 31% reported that this crime was dealing (Table 54).

Table 54: Self-reports of criminal activity in the past month, 2003 and 2004

In the last month	2003 (N=136) %	2004 (N=161) %
Any crime	11	23
Property crime	10	6
Dealing	31	20
Fraud	4	1
Violent crime	3	2

Source: Regular Ecstasy User interviews 2003 & 2004

13.1.3 Dealing

In 2004, regular ecstasy users reported obtaining ecstasy from a median of three people in the last six months (range: 0 – 20), with most participants reported obtaining ecstasy from one person.

Seventy per cent of regular ecstasy users in 2004 reported they were able to obtain other drugs from their main ecstasy dealer at the time of their ecstasy purchase. Of those who were able to obtain other drugs, the most common drugs that could be purchased were: methamphetamine powder (speed; 47%), methamphetamine base (58%), ice (59%), cocaine (27%), LSD (28%), ketamine (20%) and cannabis (74%).

13.2 Perceptions of Police Activity

Forty-five per cent of 2004 participants reported they ‘did not know’ about recent police activity. This is an increase from 32% in 2003 (Table 55).

Almost nine in ten (89%) of regular ecstasy users reported recent police activity had not made ‘scoring’ more difficult compared to 86% in 2003 (Table 55).

Table 55: Perceptions of police activity in the last six months, 2003 and 2004

Perception	2003 sample (n=136) %	2004 sample (n=161) %
Recent police activity:		
Less activity	2	3
Stable	41	24
More activity	25	29
Don’t Know	32	45
Did not make scoring more difficult	86	89

Source: Regular Ecstasy User interviews 2003 & 2004

13.3 Key Expert Observations

Key experts observed the following about criminal activity (dealing) and police activity:

- Dealing in ecstasy was more small time, selling for ‘ecstasy profit’ rather than cash
- Regular ecstasy users ‘don’t see it as dealing’
- Buying in bulk was cheaper
- More of a visible police presence, in particular, there were more undercover police ‘who seem to [be] dress[ing] better’.

13.4 Indicator Data

Consistent with 2002/03, in 2003/04 about 84% of arrests were of drug consumers, and almost three quarters (73%) of consumer and provider arrests made in Queensland were in relation to cannabis. The proportion of arrests in relation to amphetamine-type stimulants has risen slightly from 9% in 2002/03 to 10% in 2003/04, however, because the ATS class includes amphetamine, methamphetamine and MDMA, the significance of this increase is unclear. Overall, the number of drug consumer and provider arrests in Queensland has risen by 13%, from 26,808 in 2002/03 to 30,197 in 2003/04 (Table 56).

Table 56: Consumer and provider arrests by drug type in Queensland, 2003/04

	Consumer	Provider	Total	% of arrests
Cannabis	19370	2695	22065	73%
Amphetamine-type stimulants	2333	667	3000	10%
Heroin and other opioids	269	98	367	1%
Cocaine	21	14	35	<1%
Hallucinogens	22	9	31	<1%
Steroids	45	9	54	<1%
Other/unknown	3444	1201	4645	15%
All drugs	25504	4693	30197	100%
% of arrests	84%	16%	100%	

Source: ACC

13.5 Summary of Criminal Activity and Perceptions of Policing

- ❖ Of the 23% who reported having committed a crime in the last month, 31% reported that this crime was dealing.
- ❖ Forty-five per cent of 2004 participants reported they 'did not know' about recent police activity.
- ❖ Almost nine in ten (89%) of regular ecstasy users reported recent police activity had not made 'scoring' more difficult compared to 86% in 2003.

14.0 DISCUSSION

14.1 Regular Ecstasy Users Sample

One hundred and sixty one regular ecstasy users participated in the 2004 PDI. Participants were a mean age of 26 years, 55% were male, 98% reported an English speaking background, 47% reported they were tertiary educated and 44% were in full-time employment. Few reported a prison history (7%) and very few were currently in drug treatment (3%).

The demographic characteristics of this sample are dissimilar to those of users recruited for other drug monitoring projects (e.g., IDRS, DUMA). As with the 2003 sample, it is also unlikely that this group of illicit drug users is engaged with, or even has contact with, public and community health agencies. As a 'hidden population' of illicit drug users, there is relatively little information regarding this group of users, their patterns of use or associated harms. Additionally, as many harm reduction and demand reduction strategies are aimed at 'young people'; it is unclear whether current strategies are effective with this slightly older audience. Hence, further quantitative and qualitative research may be required to explore patterns of drug use amongst those who, despite using on a regular basis, do not access traditional avenues of intervention.

In 2004, regular ecstasy users reported having ever used a mean of 9.5 drug classes and 6.5 drug classes in the last six months. Almost nine in ten (89%) reported having used other drugs whilst 'on' ecstasy, 75% reporting using other drugs to 'comedown' from ecstasy and 42% reported bingeing on any stimulant in the last six months.

Risk behaviours were apparent in the 2004 sample of regular ecstasy users. Half (51%) reported driving soon after taking a drug in the last six months with the most common drugs being ecstasy (42%), cannabis (30%), alcohol (22%) and methamphetamine base (22%). Seventy per cent of participants who reported injecting in the last six months injected either under the influence or when coming down. Sixty-five per cent of regular ecstasy users had sex in the last six months whilst 'under the influence' and 49% of those who had casual sex did not always use protection. Drug driving, unsafe injecting practices, and sex without protection have the potential to be risks for accidents, transmission of blood borne viruses and sexually transmitted infections. Being under the influence, increases the risks of these incidents occurring. The need for understanding nuances in these behaviours and to develop interventions in response to this behaviour requires further investigation.

14.2 Ecstasy

Regular ecstasy users in 2004 first used ecstasy at an older age (21.42 years), but started using regularly in a shorter period of time (mean 22.55 years) than previous years samples (see Fischer & Kinner 2004; Rose & Najman 2002). The reasons for the older samples however, across time remains unclear, the increasingly short period of time between first and regular use suggests that once regular ecstasy users try ecstasy for the first time, there are few barriers (personal, financial or legal) to regular use. This increasingly rapid transition from first use to regular use may have important implications for the development of appropriate harm reduction and demand reduction strategies.

Regular ecstasy users in the 2004 sample typically used ecstasy about once a week (median: 24 days in six months) in both public (nightclub) and private (home) settings. In a typical session 2 tabs of ecstasy were consumed mainly by swallowing (83%).

In comparison, in 2003 regular ecstasy typically used ecstasy about once a week (median = 24 days in six months) in both public (nightclub) and private (home) settings, but consumed a smaller amounts (median: 1.5 tabs) and more reported their main route of administration as swallowing (91%).

Thirty-four per cent reported they last used ecstasy in a nightclub, however a further 24% reported they last used ecstasy in their own home with a further 12% reporting last using at a friends home. From a public health perspective the effects of a substance are influenced by drug (pharmacology), set (beliefs and expectations) and setting (context). Accordingly, the use of ecstasy in two qualitatively different settings (nightclub and home) may be associated with two different sets of risks and effects. The high rate of ecstasy use in private locations suggests ecstasy use is becoming 'normalised' among at least some groups of users.

The median price reported for an ecstasy tab in 2004 by regular ecstasy users was \$35 (range: \$17 - \$65). This was similar to that reported by key experts observations (range of \$25 - \$60) and by the ACC 2004 (\$35-\$60).

The current purity of ecstasy was reported as 'medium' by 33% of the 2004 sample. A further 27% reported it as 'high' and 24% reported it as 'fluctuating'. Indicator data from the QPS shows that the median purity of seizures has been consistent over time with a median purity of seizures in 2003/2004 of 31.6% compared to 30.6% recorded in 2002/03. AFP seizures in Queensland were also similar but with two notable exceptions: between January and March 2003 the AFP made 17 phenethylamine seizures in Queensland with a median purity of 76.2% and in the April – June 2004 quarter AFP made two seizures with a median purity of 77.1%. The disparity in reports indicates the relationships between production, manufacture, distribution and end use needs to be better understood.

In 2004, 95% of regular ecstasy user reported current ecstasy availability as 'easy – very easy'. This was more than that reported by regular ecstasy users in 2003 (84%).

14.3 Methamphetamine

Methamphetamine powder (speed)

Sixty-five per cent of regular ecstasy users reported having ever used methamphetamine powder and 42% reported recent use in 2004. Recent speed users in 2004 (N=67) reported mainly consuming speed by swallowing (79%) and using on a median of once every month in the last six months. In a typical session 0.5 grams of speed was used by those reporting (n=27) the average amount they consumed.

The most common last use venue for speed use was nightclubs (30%).

The median price reported by 25 participants for a gram of speed in 2004 was \$180. Of the 50 participants who reported current speed purity, 54% reported it being 'medium-high'. Fifty participants reported on the current availability of speed with none reporting their access as 'very difficult'. A further 14% reported their access as 'difficult', half reported their access as 'easy', 32% as 'very easy' and 4% reported they 'did not know'.

The most common location where speed was obtained in 2004 was friends' homes (46%).

Methamphetamine base (base)

Whilst 55% of regular ecstasy users reported having ever used methamphetamine base only 39% reported recent use in 2004. Recent base users in 2004 (N=62) reported mainly consuming base by swallowing (60%). However, injecting was also common (51%). Recent base users used on a median of twice a month in the last six months. In a typical session 2 points of base was used by those reporting (n=52) the average amount consumed.

In comparison, in 2003, 43% of regular ecstasy users reported having ever used base and 34% reported recent use. Recent base users in 2003 (N=46) used on half the median number of days (median 6) than 2004 users and for those who reported the amount used in a typical session (n=28), a median of 1 point was used. Additionally, there were fewer base injectors in 2003 (35%) than in 2004. This seemingly change in the pattern of base use will be monitored in coming reports.

The most common location last use venue for base use was friends home (28%)

The median price reported by 11 participants for a gram of base in 2004 was \$200. Of the 53 participants who reported current base purity, 79% reported it as currently 'medium-high'. Fifty-three participants reported on current base availability with none reporting their access as 'very difficult'. A further 11% reported their access as 'difficult', 38% reported their current access as 'easy' and 51% reported their access as 'very easy'.

The most common location where base was obtained in 2004 was dealers' homes (59%).

Crystal Methamphetamine (ice)

Whilst 60% of regular ecstasy users reported having ever used crystal methamphetamine, 42% reported recent use in 2004. Recent ice users in 2004 (N=68) reported mainly consuming speed by smoking (65%), and use occurred about once every month in the last six months. In a typical session 1.5 points of ice was used by those reporting (n=63) the average amount they consumed in a typical session. The international literature suggests a range of harms associated with ice smoking. However, this research has been based on in-treatment populations. Hence, the relationship between ice smoking and harms amongst a community sample of users is unclear and requires further investigation.

The most common location last use venue for ice was friends' homes (28%).

The median price reported by 11 participants for a gram of ice was \$300 in 2004. Of the 50 participants who reported current ice purity, 76% reported it as currently 'medium-high'. Fifty participants reported on current ice availability with 8% reporting their access as 'very difficult'. A further 26% reported their access as 'difficult', 36% reported their current access as 'easy' and 26% reported their access as 'very easy'.

The most common location where base was obtained in 2004 was dealers' homes (46%).

14.4 Cocaine

Whilst 45% of regular ecstasy users reported having ever used cocaine, only 21% reported recent use in 2004. Recent cocaine users in 2004 (N=34) reported mainly consuming cocaine by snorting (85%) and using on a median of two days in the last six months. In a typical session, 0.5 grams of cocaine was used by those reporting (n=20) the average amount they consumed in a session.

The median price reported by 14 participants for a gram of cocaine was \$237.50 in 2004. Seventeen participants reported on current cocaine availability, with eight reporting it was 'easy-very easy' to obtain, seven reporting it was 'difficult-very difficult' to obtain and one reporting they 'did not know'. There was little agreement amongst these 17 participants on current cocaine purity with six reporting it as 'medium; three reporting it as 'low', two as 'high' and four reporting they 'did not know'.

In comparison, cocaine use was uncommon amongst regular ecstasy users in 2003 sample. Whilst 37% of regular ecstasy users in 2003 reported having ever used cocaine, only 18% reported recent use. There was little agreement amongst participants with regard to the price, purity or availability of cocaine.

Overall, it would seem that cocaine use amongst regular ecstasy users is opportunistic. However, participants who could report on cocaine price, purity and availability seem to be divided into two categories, those for whom access is relatively easy and those who access is not. The triangulation of the regular ecstasy users data, key expert observations and indicator data suggest that it is an area of the illicit drug market requiring close ongoing monitoring.

14.5 Ketamine

Whilst 32% of regular ecstasy users reported having ever used ketamine, only 16% reported recent use in 2004. Recent ketamine users (N=25) reported mainly consuming ketamine by swallowing (68%) and using on a median of two days in the last six months. In a typical session 3 caps of ketamine was used by those reporting (n=9) the average amount they consumed in a session.

No median price for a cap of ketamine was reported in 2004 and there was little agreement amongst the seven participants who reported on ketamine purity and availability.

In comparison, ketamine use was uncommon amongst regular ecstasy users in 2003. Whilst 27% reported having ever used ketamine in 2003, only 14% reported recent use. There was also little agreement amongst participants with regard to the price, purity or availability of cocaine.

Overall, it would seem that ketamine use amongst regular ecstasy users remains opportunistic. There was little agreement amongst participants who reported on ketamine price, purity or availability suggesting consistent access to ketamine remains difficult.

14.6 GHB

Few (20%) regular ecstasy users reported having ever used GHB, only 6% reported recent use in 2004. Recent GHB users (N=9) all reported consuming GHB by swallowing and using on a median of four days in the last six months. In a typical session, 4ml of GHB was used by those reporting (n=8) the average amount they consumed in a typical session.

Four participants reported on GHB price reported in 2004 with one reporting a price of .60c per ml and three others reporting a price of \$5 per ml. Five participants reported on current GHB purity with three reporting it as 'high', one reporting it as 'fluctuating' and one reporting they 'did not know'. All five participants reported GHB was 'easy-very easy' to obtain.

In comparison, GHB was very uncommon amongst the regular ecstasy users in 2003 when 13% reported having ever used GHB and 6% reported recent use. In 2003 few also reported on the price, purity and availability of GHB.

Generally, it would seem that whilst GHB use amongst regular ecstasy users is opportunistic, a niche market may exist. This is indicated by all five participants who reported on purity and availability, reported their access was 'easy-very easy'.

14.7 LSD

Over half (52%) of regular ecstasy users reported having ever used LSD and 18% reported recent use in 2004. Recent LSD users in 2004 (N=29) reported mainly consuming LSD by swallowing (97%), and using on a median of two days in the last six months. In a typical session one LSD tab was consumed by those reporting (n=28) the average amount they consumed in a typical session.

The median price reported by 19 participants for tab of LSD in 2004 was \$20. Nineteen participants reported on current LSD availability with seven reporting it was 'easy-very easy' to obtain, nine reporting it was 'difficult-very difficult' to obtain and three reporting they 'did not know'. Fifteen of the 19 participants reported current LSD purity as 'medium-high'.

In comparison amongst the 2003 regular ecstasy users, 41% reported having ever used LSD, and 18% reported doing so recently. The median reported price in 2003 for an LSD tab was \$30, however there was little agreement with regard to LSD purity/strength.

Overall, it would seem that LSD use amongst regular ecstasy users is opportunistic. However, participants who could report on price, purity and availability (n=19), seem to be divided into two categories, those for whom access is relatively easy and those for whom access is not. The reporting of more recent LSD users in 2004 (41%) than in 2003 (18%) and a cheaper median price for LSD reported in 2004 (\$20) compared to 2003 (\$30), suggest that this is an area of the illicit drug market requiring close ongoing monitoring.

14.8 MDA

Whilst 29% of regular ecstasy users reported having ever used MDA, only 16% reported recent use in 2004. Recent MDA users in 2004 (N=25) reported mainly consuming MDA by swallowing (92%) and using on a median of three days in the last six months. In a typical session two caps was consumed by those reporting (n=21) the average amount they consumed in a typical session.

The median price reported for a cap of MDA in 2004 was \$35 in 2004. There was little agreement amongst the seven participants who reported on MDA purity and availability in 2004.

In comparison, 24% of regular ecstasy users in 2003 reported having ever used MDA, and 18% reported recent use. However, few participants were able to comment on its price, purity or availability.

Overall, it would seem that MDA use is opportunistic amongst regular ecstasy users. There was little agreement amongst participants who reported on MDA price, purity or availability, suggesting consistent access to MDA remains difficult.

14.9 Other Drugs

As in the general population, regular ecstasy users reported high levels of alcohol and cannabis use. As they were in the general population, the most common drugs regular ecstasy users reported having ever used in 2004 were alcohol (98%), cannabis (87%) and tobacco (78%). Subsequently these were the most common drugs participants reported recently using in 2004 (alcohol: 89%; cannabis: 70%; tobacco: 68%). However since 2000, the proportion of regular ecstasy users who have reported recent use of these has gradually declined. The reason for this likely due to cultural shifts in the use of alcohol and tobacco generally, however for cannabis use it remains uncertain. Concerns remain however, with the interaction between the use of ecstasy and the consumption of alcohol, tobacco, and cannabis whilst on or coming down from using ecstasy. Alternatively, it is also uncertain, the extent of harm associated with primary use of alcohol or cannabis and concurrent but secondary use of other drugs. As alcohol, cannabis and tobacco use are common within the general population this is an area of public health requiring further attention.

Almost half (46%) of regular ecstasy users reported having ever used benzodiazepines and 30% reported recent use in 2004. In comparison in 2003 38% of regular ecstasy users reported having ever used benzodiazepines and 27% reported recent use. Key experts observed in 2004 that licit and illicit benzodiazepine use was becoming increasingly common amongst regular ecstasy users. The regular ecstasy users data (2004 and 2003) and key expert observations suggests that as benzodiazepines can be obtained both licitly and illicit it is an area of illicit drug use that requires further research.

Whilst 22% of regular ecstasy users reported having ever used heroin, only 12% reported recent use in 2004. Additionally, whilst 29% of participants reported having ever used other opiates, only 16% report recent use. Overall, it would seem that opiate use amongst regular ecstasy users is a) opportunistic and b) recordings of use in the sample may indicate a group of primary heroin users who also use ecstasy.

14.10 Criminal Activity and Perceptions of Policing

Seven per cent of regular ecstasy users reported a previous conviction in 2004. In the last month, 23% reported committing crime, the most common being drug dealing (20%).

Regular ecstasy users reported obtaining ecstasy from a median of three people (range: 0-10) in the last six months, with most participants obtaining ecstasy from one person.

Forty-five per cent of participants reported they 'did not know' about police activity in the last six months.

15.0 IMPLICATIONS

The PDI has now completed its second year as a truly national approach in monitoring ecstasy and other related drug markets in Australia. However, the methodology and particularly the methods and channels of recruitment are still being established. It is therefore difficult to disentangle genuine fluctuations in patterns of drug use and associated issues, from fluctuations due to sampling differences. The development of the IDRS, first conducted nationally in 1999, suggests that as the PDI monitoring system for ecstasy and related markets in Australia becomes more firmly established, sampling and recruitment practices across both jurisdictions and years will become increasingly consistent. Within this context the following implications of the 2004 QLD PDI are given.

Across time periods (2000, 2001, 2003 and 2004) the demographic characteristics of regular and current ecstasy users seem to be relatively stable. Hence, in time we may be able to determine *how* representative the sampling frame is of current and regular ecstasy users in Queensland.

Regular ecstasy users in 2004 first used ecstasy at an older age (21.42 years), but started using regularly in a shorter period of time (mean 22.55 years) than previous years samples (see Fischer & Kinner 2004; Rose and Najman 2002). The reasons for the older samples across time remain unclear. However, the increasingly short period of time between first and regular use suggests that once regular ecstasy users try ecstasy for the first time, there are few barriers (personal, financial or legal) to regular use. This increasingly rapid transition from first use to regular use may have important implications for the development of appropriate harm reduction and demand reduction strategies.

Risk behaviours were apparent in the 2004 sample of regular ecstasy users. Over half (51%) of regular ecstasy users reported driving soon after taking a drug in the last six months with the most common drugs being ecstasy (42%), cannabis (30%), alcohol (22%) and methamphetamine base (22%). Seventy per cent of participants who reported injecting in the last six months injected either under the influence or when coming down. Sixty-five per cent of regular ecstasy users had sex in the last six months whilst under the influence of ecstasy and 49% did not always use protection with their casual partner. Drug driving, injecting, and sex without protection have the potential to be risks for accidents, transmission of blood borne viruses and sexually transmitted infections. Being under the influence increases the risk in these circumstances. Understanding nuances in these behaviours and the development of interventions in response to these behaviours needs to be considered.

Given the apparent differences in reports of ecstasy purity by regular ecstasy users, key experts and indicator data, the relationships and processes at work between ecstasy manufacture and end market product remain unclear.

The 2004 QLD PDI identified an increase in the use of base amongst regular ecstasy users. In particular, an increased proportion of users reported injecting, a doubling in the median instances of base use in the last six months and in the amount being used in a typical session. Given the significant health risks associated with injection of illicit drugs (e.g., blood-borne viruses, vein damage), it will also be important to monitor patterns of base use.

It would seem that smoking has become established as the main route of administration for ice. Whilst there is international research, undertaken with engaged population, strongly

suggesting a range of harms associated with ice smoking, the relationship between ice smoking and harms amongst a community sample of users is unclear and requires further attention.

Regular ecstasy users represent a sentinel group for a hidden population of users. Innovative research strategies and interventions are required to minimise the harms associated with opportunistic and recreational use of illicit drugs among this group. The data seems to suggest that, given the increase in the commonality of regular ecstasy users reporting having ever or recently used cocaine or LSD, use of these drugs requires close monitoring. Additionally specific public health measures are required to increase knowledge about the risks of using less common illicit drugs, such as ketamine, GHB and MDA.

Since 2000, the proportion of regular ecstasy users who have reported recent use of alcohol, tobacco and cannabis has gradually declined. The reason for this likely due to cultural shifts in the use of alcohol and tobacco, however, for cannabis use it remains uncertain. Concerns remain with the interaction between the use of ecstasy and the consumption of alcohol, the smoking of tobacco and use of cannabis whilst under the influence of ecstasy. Alternatively, the extent of harm associated with primary use of alcohol or cannabis and concurrent but secondary use of other drugs is also uncertain. As alcohol, cannabis and tobacco use are common.

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