

Queensland

L. Kennedy, R. Rainbow and R. Alati

**QUEENSLAND TRENDS IN ECSTASY AND
RELATED DRUG MARKETS 2009**

Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

Australian Drug Trend Series No. 54

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L. Kennedy, R. Rainbow and R. Alati

Queensland Alcohol and Drug Research and Education Centre

Australian Drug Trends Series No. 54

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ABBREVIATIONS

ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AQFV	Alcohol Quantity, Frequency and Variability Assessment
AGDHA	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
AOD	alcohol and other drug
ATS	amphetamine-type stimulant
ATSI	Aboriginal and Torres Strait Islander
DMT	dimethyltryptamine
DUMA	Drug Use Monitoring Australia
ED	emergency department
EDRS	Ecstasy and Related Drugs Reporting System
GHB	gamma hydroxybutyrate acid ('fantasy')
GP	general practitioner
HPV	human papiloma virus
IDRS	Illicit Drug Reporting System
KE	key experts
K10	Kessler Psychological Distress Scale
LSD	lysergic acid diethylamide
MDA	3,4-methylenedioxymethamphetamine
MDMA	3, 4-methylenedioxymethylamphetamine ('ecstasy')
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
PDI	Party Drugs Initiative
PMA	paramethoxyamphetamine
QADREC	Queensland Alcohol and Drug Research and Education Centre
QLD	Queensland
QPS	Queensland Police Service
PWI	Personal Wellbeing Index
RBT	roadside breath testing
REU	regular ecstasy users
ROA	route of administration
SA	South Australia
SD	standard deviation
WA	Western Australia
WHO	World Health Organization
2CB	4-bromo-2,5-dimethoxyphenethylamine

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EXECUTIVE SUMMARY

Demographic characteristics of REU

Eighty-nine regular ecstasy users (REU) participated in the Queensland EDRS in 2009. The mean age of participants was 25 years, which is similar to previous years. Over half (60%) the sample were male and the majority identified as heterosexual. Only two participants were from a non-English speaking background and no participants identified as Indigenous. As with last year's sample, most participants had completed high school and over half had tertiary qualifications. There was a decrease in the proportion of current full-time students to 6% in 2009 from 19% in 2008. Approximately one-third of the sample in both years was full-time employed, while the proportion that was unemployed was 19% in 2009 and 12% in 2008. As in previous years, very few REU had a history of imprisonment or were currently receiving any form of drug treatment.

Drug use history and current drug use

Polydrug use continued to be the norm among REU, with the majority of the 2009 sample reporting use of alcohol, cannabis and tobacco in the previous six months (referred to as 'recent use'). There were decreases in the proportion of REU reporting recent use of speed and cocaine, and an increase in the proportion reporting recent use of base. The majority of REU reported use of other drugs both with ecstasy and during 'comedown' from ecstasy, and the most common drugs used on these occasions were alcohol, cannabis and tobacco. Lifetime injection was reported by 22% this year and by 13% of REU in 2008.

Ecstasy

The 2009 sample of REU reported first consuming ecstasy on average at 18 years of age, which is similar to previous years. The median frequency of recent ecstasy use was once a fortnight and 31% reported use weekly or more often. Seventy-eight percent of the sample reported typically using more than one tablet on a use occasion. These findings were similar to last year.

Swallowing ecstasy remained the preferred route of administration among REU. 'Binge' use of ecstasy (use for more than 48 hours without sleep) was reported by 34% of REU in 2009. The proportion nominating ecstasy as their drug of choice was 31% in 2008 and 39% in 2009. There was change in the proportion reporting use of ecstasy in 'nightclubs' and at 'live music events'.

The price of ecstasy has been decreasing since surveys commenced in 2000 at which time the median price for a tablet was \$40. In 2009, the median price for a tablet was \$20 compared to \$25 last year. REU most commonly reported that the price of ecstasy was 'stable' in the preceding six months.

The greatest proportion of REU rated current purity of ecstasy as 'low' while there was a statistically significant reduction in the proportion rating it as 'medium' from 38% in 2008 to 19% in 2009. As in previous years, almost all REU reported that ecstasy was either 'easy' or 'very easy' to obtain.

The most common source for obtaining ecstasy continued to be 'friend's', with 'friend's home' the most common location. In 2008 and 2009, REU reported purchasing ecstasy from a median of three persons in the last six months and obtaining a median of five tablets at a time. The proportion that reported purchasing ecstasy for themselves decreased from 75% in 2008 to 62% in 2009.

Methamphetamine

Recent use of powder methamphetamine (speed) increased from 34% in 2008 to 41% in 2009. Use was typically infrequent (median of five days in last six months) and in small amounts (median of 0.5 gram). The most common route of administration was swallowing.

There was a decrease in reported recent use of methamphetamine base from 26% in 2008 to 17% in 2009. Frequency of use was unchanged from last year (median four days in last six months), while the amount typically used increased to a median of 3.5 points. The most common route of administration for base was swallowing and smoking.

Recent use of crystal methamphetamine decreased from 26% in 2008 to 17% in 2009. Frequency of use in the last six months was four days in 2009 and three in 2008. The amount used was similar to that reported in 2008, at a median of 1.5 points in 2008 and 2.0 points in 2009. The most common route of administration was smoking.

Speed was most commonly used in the following locations: 'home' and 'nightclubs' and 'friend's home', while crystal and base were most commonly used in private locations, such as 'own home' and 'friend's home'.

The median price of speed increased from \$165 in 2008 to \$180 in 2009. The median price of crystal decreased from \$400 in 2008 to \$350 in 2009. The median price of base remained unchanged at \$200 per gram.

There was little consensus among REU with respect to purity across all methamphetamine types. Similar proportions rated current purity of speed as 'low', 'high' or 'medium'. Current purity of crystal was rated mostly as 'high'. Current purity of base was rated by the greatest proportions as 'high' or 'medium'.

In 2009, speed and base were predominantly rated as either 'easy' or 'difficult' to obtain, while crystal was rated as 'easy' or 'very easy'. The most common source for obtaining speed, base and crystal were 'friend's' (as well as known dealers for crystal). With regard to locations of purchase, 'friend's home' and 'dealer's home' were commonly nominated for all forms.

Cocaine

Recent use of cocaine increased from 30% in 2008 to 55% in 2009. Frequency of use was comparable to last year at a median of two days in the last six months and amount of use remained unchanged at a median of 0.5 grams on a typical use occasion. Almost all REU reported snorting as the route of administration.

The most common location of cocaine use was 'own home' in 2008 and 2009.

The median price of cocaine was unchanged from last year at \$300 per gram and the greatest proportion reported the price in the last six months as 'stable'. Of those REU who commented, just over one-third rated current purity as either 'low' or 'medium' and just under half rated current availability as 'easy'.

Ketamine

In 2009, the proportion of REU reporting recent ketamine use was 6% compared to 4% in 2008. In 2009, frequency of use was a median of two days in the last six months. Only one participant reported on market aspects (price, purity, availability) of ketamine, making it difficult to draw conclusions.

GHB

As in previous years, only a small minority of REU (6%) reported recent use of gamma-hydroxybutyric acid (GHB). Use was infrequent at a median of two days in the last six months and a median of 5 ml of GHB was used. As with ketamine, too few participants commented on market aspects to draw conclusions.

LSD

Recent use of lysergic acid diethylamide (LSD) was similar to last year and reported by approximately one-third (30%) of REU in 2009. Frequency of use increased from a median of one day (2008) in the last six months to two days in 2009. Amounts of LSD used in 2009 were comparable to 2008 with a median of one tab. Common locations of use were 'own home' and 'friend's home'.

The median price of LSD was \$20 per tab, as reported in previous years, and the majority of REU rated the price as 'stable' in the last six months. Approximately half of those who commented rated the current purity of LSD as 'medium' and the current availability as 'difficult'. 'Friend's' were the most common source of LSD and 'friend's home' the most common location of purchase.

MDA

Recent use of 3,4-methylenedioxymethamphetamine (MDA) was reported by 4% of the REU in 2008 and 8% in 2009. Among these, frequency of MDA use was a median of 3.0 days in the last six months and the median amount used was 2.0 caps in both a typical and heavy session.

Cannabis

Similar to previous years, the vast majority of REU (84%) reported recent use of cannabis in 2009. Cannabis was nominated by 23% of REU as their drug of choice, making it the second most favoured drug after ecstasy. The median frequency of cannabis use was 38 days in the last six months (24 days in 2008) which is more than weekly. In 2009, 24% reported daily cannabis use and 28% reported use more than weekly. Use of cannabis with and during 'comedown' from ecstasy remained common. Use of cannabis with ecstasy was reported by 61% of REU and 92% reported use during 'comedown'.

Hydroponic (hydro) cannabis was reported to be more expensive than bush cannabis. The median price of one gram of hydro and bush was \$25 and the median price for one ounce of hydro was \$300 compared to \$250 for bush. Current potency was rated by the greatest proportion for bush cannabis as 'medium' and hydro cannabis as 'high'. Overall, the majority of participants rated current availability of hydro and bush cannabis as either 'easy' or 'very easy' and as 'stable' over the last six months. As in previous years, the majority of REU reported obtaining both forms of cannabis from 'friend's' at 'friend's home'.

Patterns of other drug use

As in previous years, almost all REU reported recent alcohol consumption and it remained the drug most commonly used after ecstasy among REU. The proportion of REU consuming alcohol in the last six months was 99% with 'typical' drinking consisting of a median of three drinks on a median of two days a week, reported by the majority of REU (from the Alcohol Quantity, Frequency and Variability Assessment (AQFG)). Over one-third of REU reported consuming alcohol with ecstasy and consuming more than five standard drinks on these occasions as well as consuming alcohol when 'coming down' from ecstasy.

In 2009, a large proportion of REU reported smoking tobacco in the last six months (83%). The median days of use were 180 (daily).

In 2009, approximately one-third (27%) of REU reported recent use of benzodiazepines. Among these REU, use of illicit benzodiazepines was more common than licit use. Fifteen percent of REU reported recent use of anti-depressants, and among these REU, use of licit anti-depressants was more common than use of illicit anti-depressants.

Nearly forty percent of REU reported use of amyl nitrate or nitrous oxide in the last six months. Recent amyl nitrate use by REU has decreased from 27% in 2008 to 15% in 2009; nitrous oxide was used by 24%. Among the 2009 sample that used these inhalants, nitrous oxide was used more frequently at a median of six days compared to two days for amyl nitrate.

Recent use of pharmaceutical stimulants (such as dexamphetamine and methylphenidate) was reported by 8% of REU in 2008 and 11% in 2009. Among these participants, use of illicit stimulants was more common than licit stimulants in the last six months. Approximately one-fifth (18%) of REU reported recent use of mushrooms.

Few REU reported recent use of heroin (6%), methadone (1%) or buprenorphine (1%). Ten percent of REU reported recent use of 'other opiates', typically over-the-counter painkillers.

Drug information-seeking behaviour

Approximately one-third (33%) of REU reported 'never' attempting to find out the content or purity of the ecstasy tablets they purchased prior to use; 21% reported 'sometimes' found out this information.

The main sources of information about the content and purity of ecstasy were 'friend's' (67%) 'dealers' (32%) and 'internet websites' (39%). Almost one fifth of the REU sample reported using any testing kit (18%) and two percent of those reported using the mandelin testing kit. This suggests that the majority of REU continue to rely on subjective accounts of pill content and purity, such as the opinions of others.

In 2009, 12% of REU reported that they had 'never' bought ecstasy that had a different content or purity than expected and 67% said this had occurred 'sometimes'. The majority (82%) reported that they suspected they bought a pill containing a substance other than MDMA. The two most commonly nominated substances were methamphetamine then ketamine.

Health-related trends associated with ecstasy and related drug use

Sixteen percent of REU reported overdosing on a stimulant drug in the last twelve months and half of those participants nominated the drug as ecstasy, and one-quarter nominated 'other' drugs such as DMT and GHB. Fourteen percent of REU reported overdosing on a depressant drug in the last twelve months and the majority of those participants nominated alcohol as the drug involved while a smaller proportion nominated heroin and benzodiazapines.

In 2009, REU were asked about their mental and physical health. Over one-third (38%) reported having a mental health problem in the last six months and the most commonly reported problems were depression (67%) then anxiety (42%). Approximately half of those that had a mental health problem reported attending a professional in relation to the problem. On the Kessler Psychological Distress Scale (K10), 33% scored at moderate risk or above for symptoms of anxiety and depression, while 35% scored at low risk. The Personal Wellbeing Index (PWI) was included in the 2009 EDRS as a measure of self-reported satisfaction with various aspects of

their life such as standard of living and personal relationships. REU obtained scores lower than the general population mean for each factor apart from safety where the scores were higher.

REU were also asked about any chronic health conditions they may have ever had diagnosed and/or continued to have. The condition category containing the largest proportion of reported sufferers was 'respiratory' which included conditions such as asthma and bronchitis.

REU were asked about other problems associated with their drug use in the areas of risk, responsibility, relationship/social and legal. Risk problems (associated with situations while under the influence of drugs in which themselves or others could be hurt) were the most common, reported by 48%. Alcohol was the most common drug to which 'risk' problems were attributed, while 'legal' problems were mostly attributed to cannabis.

In contrast to those reporting problems associated with their drug use, only 27% of REU reported seeking assistance for their drug use in the last six months (11% in 2008). Help was most commonly sought from general practitioners (GPs) and alcohol/drug workers.

Calls to the Alcohol and Drug Information Service (ADIS) were similar for all drugs of relevance to REU (ecstasy, methamphetamine, cocaine and cannabis) from 2006/07 to 2008/09 when considered as proportions of calls from the whole sample.

Risk behaviour

In 2009, 22% of REU reported lifetime injection, which was increased from 13% in 2008. The median age of first injection was 19 years and the most common drug first injected was speed. Eleven REU reported injecting in the last six months and the most common drug last injected was base methamphetamine. No recent injectors reported sharing a needle with others but eight had shared other injecting equipment such as tourniquets. The most common location for injection was 'own home' and 'friend's home' and a small proportion reported injecting while under the influence and/or coming down from drugs. The majority sourced needles from a NSP.

In 2009, REU were asked about sexual activity with casual partners and 73% reported penetrative sex with a casual partner in the last six months. Of these, 64% reported having one to five casual partners in this time period. One-third (33%) reported having sex with a casual partner while under the influence of drugs and 76% had done so three or more times in the last six months. Alcohol was the most commonly nominated drug (79%) followed by ecstasy (67%). Twenty-nine percent of REU reported 'never' using a protective barrier with a casual sex partner and 'never' using a protective barrier with a casual sex partner when under the influence of drugs.

REU who had driven a car in the last six months were asked about risks associated with driving. Over one-half (58%) reported driving under the influence of alcohol and 53% reported driving within one hour of taking an illicit drug. The illicit drugs most commonly consumed before driving were ecstasy and speed.

In 2009, REU completed the Buss-Perry Aggression Questionnaire (Short Form) (BPAQ-SF) to assess three major components of aggression: motor, emotional and cognitive. Only a small percentage of REU fully endorsed each sub-scale of the BPAQ-SF. The largest proportion (15%) fully endorsed the 'verbal aggression' scale while a smaller proportion (7%) fully endorsed the scale for 'hostility'.

REU were asked about their gambling habits in 2009. Thirty-nine percent had gambled in the last 30 days with the most common form of gambling reported as 'poker machines' and 'horse/dog racing'. Over half the sample reported being under the influence of alcohol the last time they gambled and nine were under the influence of illicit drugs. Four REU scored in the 'problem gambling' category when administered the Problem Gambling Severity Index (PGSI).

Law enforcement-related trends associated with ecstasy and related drug use

Almost one-third of REU (45%) reported engaging in criminal activity in the last six months, with fifteen percent of those having been arrested in the last 12 months. The greatest proportion was arrested for 'use/possession' (31%).

In 2009, under one-half (42%) of REU perceived police activity to have increased in the last six months, while over one-third (36%) reported it was 'stable'. Consistent with previous years, the majority (72%) reported that police activity did not make scoring drugs more difficult.

The proportion of REU who reported seeing sniffer dogs in the last six months increased from 32% in 2008 to 58% in 2009. Over half of these REU were in possession of drugs at the time. One participant reported being searched by police due to positive notification from a sniffer dog.

Conclusions and implications

In 2009 there were some changes in patterns of drug use among REU. Most notably, the proportion reporting using ecstasy weekly or more increased. The proportion reporting recent use of base methamphetamine decreased in comparison to last year, as did the proportion reporting recent use of cocaine. 'Binge' ecstasy use was reported by a larger proportion of REU in 2009 compared to 2008. The proportion nominating ecstasy as the drug of choice also increased in comparison to last year.

Only a minority of REU reported recent overdose on both stimulant or depressant drugs and most received treatment from health professionals. This was compared to friends and bystanders providing treatment in 2008.

While a high proportion of REU reported suspecting that the pills they purchase contain substances other than MDMA, information-seeking behaviours were varied among REU. Some REU reported that they did not seek information regarding the content and purity of the pills they purchased, while the majority that did reported relying on the reports of other REU before taking the drug. Objective education/information sources about 'pills' available on the market would always be of some benefit although 'pills' are an ever-changing resource.

One KE described distinctive logos being applied to pill batches which may for a while have better quality contents and achieve popularity because of this. When popularity is achieved (due to content and consumers reporting them as 'good' pills), they are changed and sold with lesser quality (cheaper) contents but the same label.

Over three-quarters of the REU sample fell into categories of psychological distress and indicated that they were at moderate or high risk of experiencing a mental disorder (measured by the K10). However, only thirty-eight percent of the REU sample reported having a mental health problem and only half of those sought help for those problems. Interestingly, most of the REU sample fell within the expected range of wellbeing scores (measured by the PWI) which means that people with these scores often feel good about themselves and are motivated to carry out their lives.

Under one-third of the REU sample sought treatment for their drug use which was, however, more common than in 2008. Regarding alcohol, 41% of REU reported alcohol as the drug underlying finding themselves 'at risk' (in situations when being under the influence could result in themselves or others being hurt). Alcohol was reported as being used in the last six months by 99% of the REU sample on a median of fifty days. Most KE from both the health and legal sectors report that alcohol consumed in large quantities is the most problematic drug in terms of health and legal implications for the average user. Harm reduction messages targeted toward combined alcohol consumption and ecstasy use appear warranted as over one-third of REU reported consumption of alcohol with ecstasy and often at reportedly risky levels on these occasions.

Finally, many REU reported engaging in sexual activity with casual sex partners, including when under the influence of drugs. A proportion of these REU reported never using protective barriers, both as usual practice and when under the influence of drugs. These behaviours place REU at high risk of contracting sexually transmitted infections (STI). These sexual practices represent risk-taking behaviours that warrant on-going education about harm reduction strategies.

1 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS) is an annual, national study funded by the Australian Government Department of Health and Ageing. It is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales. The Queensland component is undertaken by the Queensland Alcohol and Drug Research and Education Centre (QADREC) in the School of Population Health, University of Queensland.

QADREC participated in the 2000 and 2001 trial of the EDRS (then called the Party Drugs Initiative or PDI). The purpose of the trial was to determine the feasibility of monitoring emerging trends in ecstasy and related drug markets using the extant methodology of the Illicit Drug Reporting System (IDRS). The PDI commenced as a national study in 2003 and was renamed the Ecstasy and Related Drugs Reporting System in 2006. The current report presents the findings of the ninth year of data collection for the EDRS in Queensland (there was no data collection in 2002).

1.1 Study aims

The EDRS monitors the use, price, purity and availability of ecstasy, amphetamines and other illicit drugs. It is designed to provide a snapshot of emerging trends across all Australian jurisdictions and over time.

The annual EDRS national, state and territory reports:

- describe the demographic characteristics of current, regular ecstasy users in Australian capital cities;
- examine patterns of ecstasy and other drug use among these samples;
- identify current trends in the price, purity and availability of a range of illicit drug classes;
- indicate the nature and incidence of drug-related harms; and
- identify emerging trends in ecstasy and related drug markets that may represent areas of research need.

2 METHODS

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

- quantitative interviews with regular and current ecstasy users (REU), who are considered a population likely to be aware of new drug trends;
- qualitative interviews with 'key experts' (KE), individuals who have regular and current contact with REU; and
- existing data on population trends in illicit drug use, and health and law enforcement data.

2.1 Survey of regular ecstasy users (REU)

The market for ecstasy (tablets that are alleged to contain 3, 4-methylenedioxymethamphetamine; MDMA) in Australia has existed for more than two decades and its use among the general population appears to be increasing. According to the 2007 National Drug Strategy Household Survey (NDSHS), ecstasy is the second most commonly used illicit drug following cannabis. In 2007, recent use of ecstasy (last 12 months) was reported by 3.5% of the population aged 14 years and over; this compares to 3.4% in 2004 and 2.9% in 2001 (Australia Institute of Health and Welfare (AIHW), 2008a).

For the purposes of the present study, the sentinel population consisted of regular users of tablets sold as 'ecstasy'. From April to July 2009, 89 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 including prices paid for illicit drugs; perceptions of drug purity and availability; perceived drug effects; and perceptions of police activity.

2.1.1 Recruitment

Recruitment of REU occurred through advertisements placed in south-east Queensland street press, flyers in various locations, word of mouth and interviewer contacts.

The advertisements conveyed to prospective participants that regular and current ecstasy users were being recruited to undertake a face-to-face survey of approximately 45 minutes duration. Further, if selection criteria were met and the interview was completed, they would be reimbursed \$40 for their time.

Selection criteria for participation in the EDRS were:

- aged 16 years or over;
- resided in south-east Queensland continuously for the past 12 months; and
- used ecstasy at least once a month for the past six months.

2.1.2 Procedure

The interview procedure depended upon the method of recruitment.

On-site interviewing

If REU saw the advertisement in the street press, they were asked to telephone a mobile telephone number, and to leave a name and contact telephone number. The coordinator of the project then contacted the potential participant to ascertain whether they met the selection criteria and, if so, to arrange a time and place for interview.

Some of the REU were interviewed at QADREC offices during weekends in April and May 2009. On these days, three to four interviewers were rostered to conduct the interviews, which occurred concurrently in separate rooms. A co-investigator was present onsite to assist with coordination.

Off-site interviewing

Some REU were interviewed at other locations often convenient to the participant and the interviewer. These sites included coffee shops, one university campus and, if the participant was well known to the interviewer, in the participant's own home.

2.1.3 Measures

REU were asked a range of 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.

Data analysis

Data were entered into an Access database and then transferred into Statistical Package for the Social Sciences (SPSS) Version 17.0 for Windows. Data analyses were mostly descriptive and concerned with lifetime and recent patterns of use (in the previous six months) and participant reports of the price, purity and availability of a range of illicit drugs. Some significance testing

was undertaken on this year's data and when the changes between years were found to be statistically significant, this was stated within the report. Otherwise, proportional differences seen between 2008 and 2009 may represent sampling variability only.

2.2 Survey of key experts (KE)

During the latter half of 2009, 17 KE who had knowledge of ecstasy users and/or the ecstasy market were recruited throughout south-east Queensland. KE were drawn from the health sector, law enforcement/forensic sector, and nightclub or party promotion industry.

2.2.1 Recruitment

KE were recruited either through the professional networks of project staff or recommendations, and in some cases through 'cold calling' appropriate organisations.

2.2.2 Procedure

Interviews with KE occurred over the telephone or face-to-face in their work environments or at a convenient location. Interviews took on average 30 minutes to complete.

2.2.3 Measures

KE were administered a qualitative interview schedule. The focus of the interview depended on the area of expertise of the KE. However, in general, KE were interviewed on topics related to patterns of illicit drug use among the REU they had contact with in the past six months. These topics included perceptions of price, purity and availability of ecstasy and other related drugs, emerging features of drug use, issues related to health, and perceptions of crime and police activity.

2.3 Other indicators

Secondary data sources from external health, research and law enforcement sources were collected and examined to complement the data collected from REU and KE. In 2009, the following data were obtained for the EDRS:

- Australian Crime Commission (ACC) – number and purity of drug seizures;
- Australian Customs Service (ACS) – number and weight of drug seizures;
- Australian Institute of Health and Welfare (AIHW) – National Drug Strategy Household Surveys (NDSHS);
- Queensland Health – Alcohol Drug Information Service (ADIS);
- Queensland Police Service (QPS) – clandestine laboratory seizures, drug-related arrests.

3 OVERVIEW OF REU

3.1 Demographic characteristics of the REU sample

Interviews were conducted with 89 regular ecstasy users (REU) in the Brisbane and Gold Coast metropolitan areas from May to July, 2009. Table 1 presents key demographic characteristics of REU recruited for the Queensland (QLD) EDRS from 2003 to 2009.

The 2009 sample was demographically similar to that recruited in previous years. On average, REU were 25 years old and over half the sample (60%) was male. The majority were from an English speaking background (98%) and identified as heterosexual (89%).

The average number of school years completed was 12 years and just over half the sample (62%) had tertiary qualifications. Less of the sample were current full-time students 6% (19% in 2008) and approximately one-third of the sample reported current, full-time employment. There was an increase in the proportion that were unemployed from 12% in 2008 to 19% in 2009.

Very few REU reported previous imprisonment (1%) or current involvement in drug treatment (5%).

Some key experts (KE) interviewed for the EDRS commented about REU demographics. Overall, KE reported the age range of REU to be from 18 to 27 years with one KE reporting that some REU are aged into their 60's. Most KE stated that male and females could be found in equal proportions; they also reported that most ecstasy users were Caucasian, with a small number of Asian users. KE stated that the majority of ecstasy users had education levels which crossed the spectrum (from no education through to a tertiary education) as they did with their employment status.

Table 1: Demographic characteristics of REU sample, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Mean age (years)	25	26	23	22	23	24	24
Male (%)	49	55	51	61	61	57	60
English speaking background (%)	98	98	100	100	98	99	98
ATSI* (%)	5	10	6	1	1	2	0
Hetero- sexual (%)	79	75	87	92	87	84	89
Mean number school years	11	12	12	12	12	12	12
Tertiary qualifi- cations (%)	50	47	43	31	57	56	62
Employed full-time (%)	38	44	40	41	33	39	29
Full-time students (%)	16	10	18	16	5	19	6
Unemp- loyed (%)	20	16	10	12	18	12	19
Previous conviction (%)	4	7	6	3	4	7	1
Current drug treatment (%)	2	3	4	1	1	5	5

Source: EDRS REU interviews 2003-2009

* ATSI - Aboriginal and/or Torres Strait Islander

3.2 Drug use history and current drug use

An overview of lifetime (ever used) and recent (last six months) drug use by participants from 2003 to 2009 is presented in Table 2.

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

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever inject any drug (%)	29	32	20	14	15	13	22
Alcohol							
Ever used (%)	96	98	100	100	100	100	100
Used last 6 mths (%)	93	89	97	97	98	97	99
Cannabis							
Ever used (%)	83	87	96	100	100	99	99
Used last 6 mths (%)	73	70	83	92	87	81	84
Tobacco							
Ever used (%)	79	78	90	86	88	94	93
Used last 6 mths (%)	70	68	75	77	75	76	83
Methamphetamine powder (speed)							
Ever used (%)	67	65	75	75	76	71	77
Used last 6 mths (%)	57	42	57	58	47	34	41
Methamphetamine base (base)							
Ever used (%)	43	55	57	52	39	44	35
Used last 6 mths (%)	34	39	45	38	18	26	17

) Table 2: Lifetime and recent polydrug use of REU, QLD 2003-2009 (continued)

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Crystal meth							
Ever used (%)	49	60	69	63	54	44	43
Used last 6 mths (%)	38	42	50	50	23	26	17
Cocaine							
Ever used (%)	37	45	55	56	61	69	78
Used last 6 mths (%)	18	21	41	36	42	30	55
LSD							
Ever used (%)	41	52	58	60	62	64	67
Used last 6 mths (%)	18	18	24	38	28	32	30
MDA							
Ever used (%)	24	29	19	27	20	17	34
Used last 6 mths	18	16	5	12	4	4	8
Ketamine							
Ever used (%)	27	32	37	31	28	26	31
Used last 6 mths (%)	14	16	20	12	1	4	6
GHB							
Ever used (%)	13	20	26	17	11	11	16
Used last 6 mths (%)	6	6	13	9	3	5	3
Amyl nitrate							
Ever used (%)	27	44	47	26	33	44	46
Used last 6 mths (%)	9	21	18	6	20	27	15

Table 2: Lifetime and recent polydrug use of REU, QLD 2003-2009 (continued)

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Nitrous oxide							
Ever used (%)	38	45	54	55	54	45	64
Used last 6 mths (%)	18	22	30	32	22	23	24
Mushrooms							
Ever used (%)	--	--	41	40	52	52	55
Used last 6 mths (%)	--	--	19	13	15	19	18
Heroin							
Ever used (%)	17	22	18	12	12	14	16
Used last 6 mths (%)	7	12	7	2	1	3	6
Methadone							
Ever used (%)	10	8	6	5	5	6	3
Used last 6 mths (%)	4	3	3	1	1	0	1
Buprenorphine							
Ever used (%)	4	6	4	4	2	6	3
Used last 6 mths (%)	2	4	3	2	1	4	1
Other opiates							
Ever used (%)	24	29	24	23	23	28	40
Used last 6 mths (%)	12	16	11	10	15	13	10
Pharmaceutical stimulants*							
Ever used (%)	--	45	37	40	35	42	50
Used last 6 mths (%)	--	14	15	15	12	8	11

Table 2: Lifetime and recent polydrug use of REU, QLD 2003-2009 (continued)

Benzo-diazepines*							
Ever used (%)	38	46	45	44	47	51	53
Used last 6 mths (%)	27	30	24	37	27	23	27
Anti-depressant*							
Ever used (%)	23	34	24	23	22	31	38
Used last 6 mths (%)	12	14	8	6	6	14	15

Source: EDRS REU interviews 2003-2009

* Includes licit and illicit use

Polydrug use has been common among QLD REU samples across EDRS surveys. In 2009 (as they did in 2008), REU reported recent use of alcohol (100%), cannabis (84%) and tobacco (83%).

In 2009, REU were asked about their use of ecstasy capsules. Of the total sample, 66% reported lifetime use of capsules and 27% reported use in the last six months.

Regarding lifetime use of other drugs, there was a similar proportion reporting use of crystal (43% in 2009 versus 44% in 2008) and an increase in the proportion reporting use of cocaine (78% in 2009 vs. 64% in 2008). With regard to use in the last six months, more participants reported use of speed (41% in 2009 vs. 34% in 2008) and cocaine (42% in 2009 vs. 30% in 2008), while less participants reported use of base (17% in 2009 vs. 26% in 2008).

The number of REU reporting lifetime injection was 22% (of those who reported ever injecting a drug); in 2008 this was 13%.

Table 3 presents the 2004 and 2007 NDSHS findings for selected drug use in the 12 months prior to the surveys, by population aged 14 years and over, for Queensland and nationally. The same drug trends were observed both nationally and in Queensland. Use of any illicit drug decreased from 2004 to 2007 both nationally (15.3% vs. 13.4%) and in Queensland (15.9% vs. 13.7%).

Table 3: Past 12 months selected drug use – proportion of the population aged 14 years and over, QLD and Australia, 2004 & 2007

Drug	NDSHS 2004		NDSHS 2007	
	QLD %	Aust %	QLD %	Aust %
Alcohol	84.0	83.6	84.8	82.9
Cannabis	12.1	11.3	9.5	9.1
Ecstasy	3.4	3.4	3.7	3.5
Amphetamine	3.0	3.2	2.0	2.3
Cocaine	0.7	1.0	1.4	1.6
Ketamine	0.3	0.3	0.1	0.2
GHB	0.2	0.1	<0.1	0.1
Any illicit	15.9	15.3	13.7	13.4

Source: National Drug Strategy Household Survey 2004 & 2007 (Australian Institute of Health and Welfare) 2008/09 data was not available at the time of report writing.

3.3 Summary of polydrug use trends in REU

- Polydrug use continues to be the norm among REU.
- A large proportion of the sample reported recent use of alcohol, cannabis and tobacco.
- With regard to lifetime prevalence, there was a similar proportion reporting use of crystal methamphetamine and an increase in use of cocaine.
- With regard to recent use, there was an increase in use of speed and cocaine, and a decrease in use of base.
- Prevalence of lifetime injection was reported by 22% in 2009 and 13% in 2008.

4 ECSTASY

4.1 Ecstasy use among REU

Unless specifically stated that there was a statistically significant difference, all differences seen in proportions between years are likely to only reflect sampling variability rather than meaningful differences.

Table 4 presents patterns of ecstasy use among REU from 2003 to 2009. The average age at which participants reported first using ecstasy in 2009 was 18 years and 19 years in 2008.

Ecstasy was reported as the drug of choice by 39% of REU in 2009 and the median days that ecstasy was reportedly used in the last six months among current REU remained similar to last year at 13 days, approximately once a fortnight.

The proportion reporting use of ecstasy weekly or more was 31% in 2009 compared to 23% in 2008. The average amount of ecstasy used per session has remained at two tablets since 2004. The proportion of people typically using more than one tablet was 78% which has also been relatively stable since 2004.

Prolonged use of ecstasy or 'bingeing', defined as use for over 48 hours without sleep, in the current REU sample was 34%, as compared to 21% in 2008.

Swallowing remained the most common route of administration (ROA) with 87% reporting mainly swallowing ecstasy in the last six months. A small proportion (14%) reported ever injecting ecstasy (4% in 2008).

Use of other drugs, both in combination with ecstasy and to 'come down' from ecstasy, remained the norm. In the current sample 97% reported use of other drugs with ecstasy, and during 'comedown' by 75%. Among REU reporting use of other drugs with ecstasy, the drugs most commonly used were alcohol (77%, >5 standard drinks), tobacco (71%) and cannabis (61%). Cannabis (91%) was the most common drug reported by those using drugs during 'comedown', followed by tobacco (58%), and alcohol (38%).

There was a general perception among KE that ecstasy users were consuming greater amounts of 'ecstasy' pills. This was attributed to a decrease in tablet purity and in one particular geographical area the consumption of excessive amounts of pills was "becoming the normal thing to do". Ecstasy pills are now often taken as a part of poly-substance ingestion, which may include large quantities of alcohol, cannabis, other illicit drugs and/or energy drinks.

One KE from the health sector reported treating many ecstasy users suffering from anxiety attacks and also noted an increase in sexualised behaviours.

There was overall agreement amongst KE that there is an increase in group violence commonly including amongst females.

Table 4: Patterns of ecstasy use among REU, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Mean age first used ecstasy (years)	20.7	21.3	19.2	18.0	18.6	19.0	18
Median days used ecstasy last 6 mths	24	24	17	14	12	12	13
Ecstasy 'favourite' drug (%)	53	46	55	40	45	31	39
Use ecstasy weekly or more (%)	24	41	31	29	24	23	31
Median ecstasy tablets in 'typical' session	1.5	2	2	2	2	2	2
Typically use >1 tablet (%)	57	75	77	63	69	73	78
Recently binged on ecstasy (>48 hours without sleep) (%)	43	37	42	38	26	21	34
Ever injected ecstasy (%)	13	21	5	11	6	4	14
Mainly swallowed ecstasy last 6 mths (%)	91	83	92	97	87	96	87
Mainly snorted ecstasy last 6 mths (%)	5	7	5	3	10	3	9
Mainly injected ecstasy last 6 mths (%)	3	6	2	0	1	1	4
Typically use other drugs in conjunction with ecstasy (%)	85	89	92	95	96	94	97
Typically use other drugs to 'come down' from ecstasy (%)	79	75	81	85	86	78	75

Source: EDRS REU interviews 2003-2009

N.B. Where totals don't equal 100%, this is due to rounding

4.1.1 Locations of use

Usual and last locations of ecstasy use from 2003 to 2009 are shown in Table 5. 'Nightclub' was reported by the majority of REU as the location of usual use for ecstasy by 54% in the current sample. 'At own home' (13%) was the next most commonly reported 'usual' location then 'private party' (9%).

'Nightclub' continued to be the most common location of last use of ecstasy (55%). Other locations nominated were 'own home' by 13% and 'friend's home' by 8%.

Table 5: Locations of ecstasy use, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Usual use venue (%)	68	77	94	82	85	75	54
Nightclub	45	48	55	42	43	44	1
Raves	48	60	49	49	50	63	9
Private party	49	58	50	50	52	55	8
Friend's home	49	50	52	55	48	59	13
At own home	27	38	20	29	30	35	2
Pubs	24	25	10	3	5	7	-
Dealer's home	--	5	4	3	3	4	-
Restaurant/café*	17	17	16	18	11	23	-
Public place	--	23	15	10	12	23	-
Vehicle	--	15	8	4	6	15	-
passenger*	--	28	20	20	19	40	-
Vehicle – driver*	--	32	46	52	59	76	7
Outdoors*	--	8	3	5	2	2	1
Live music event*							
Work*							
Last use venue# (%)	29	34	51	37	54	34	55
Nightclub	19	12	7	18	11	13	8
Friend's home	18	24	13	17	10	15	13
At own home	10	6	15	5	5	5	1
Raves	4	9	5	4	6	11	9
Private party	3	4	3	5	6	1	2
Pubs	2	4	0	0	1	0	0
Dealer's home							

Source: EDRS REU interviews 2003-2009

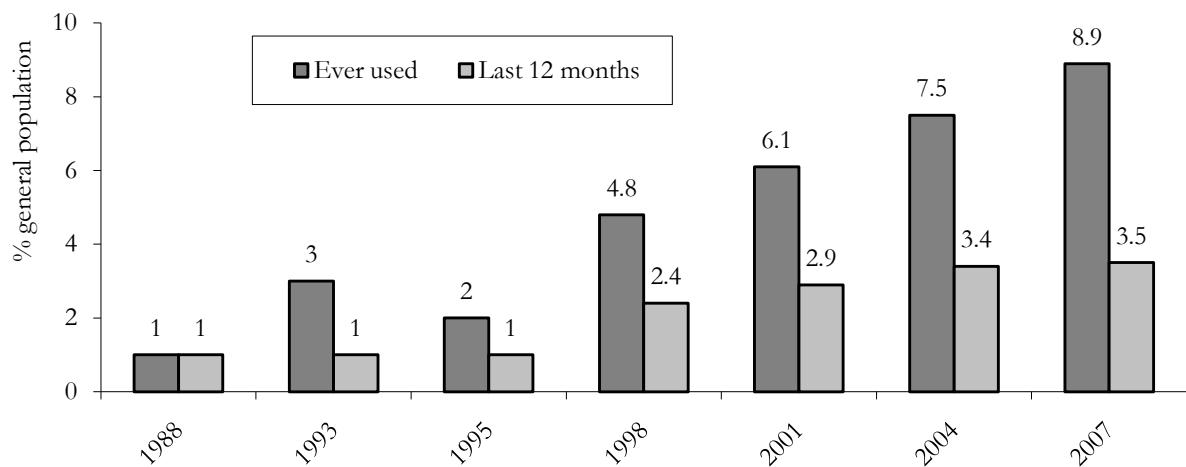
* Not asked in 2003

In 2008, question changed from, 'Where were you the last time you used ecstasy' to 'The last time you used ecstasy, where did you spend the most time while intoxicated'

4.2 Use of ecstasy in the general population

The 2007 National Drug Strategy Household Survey (NDSHS) reported that ecstasy was the second most common illicit drug used in Australia following cannabis (Australian Institute of Health and Welfare (AIHW), 2008a): Figure 1. Males were more likely than females to have ever used ecstasy (10.2% versus 7.6%) and used ecstasy in the 12 months prior to participating in the study (4.4% versus 2.7%).

Figure 1: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2007



Source: NDSHS 1988-2007

Recent use of ecstasy among the Queensland population aged 14 years and older in 2007 was reported by 3.7% (AIHW, 2008b). This was the fourth highest prevalence after ACT (4.7%), NT (4.2%) and WA (4.1%), and represented a slight increase from 3.4% reported in 2004 (AIHW, 2005).

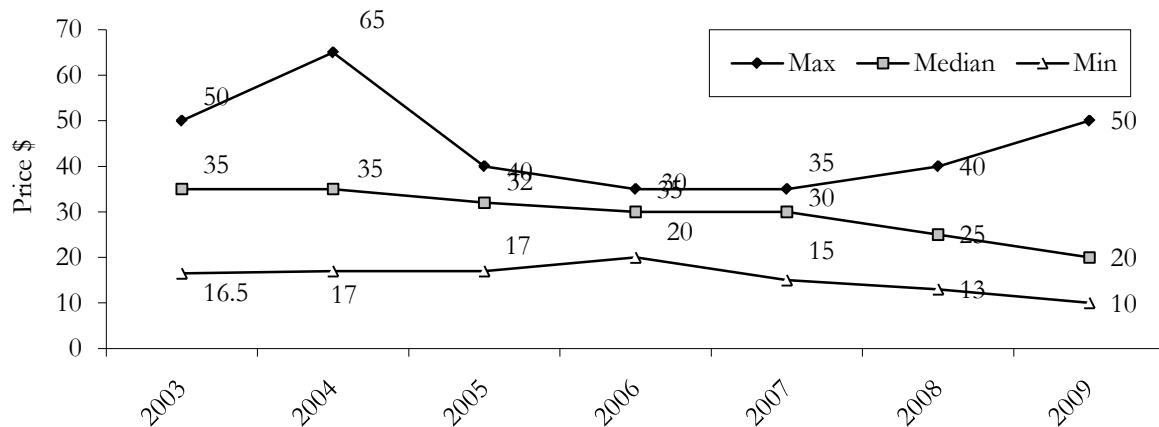
4.3 Summary of patterns of ecstasy use

- The mean age of first ecstasy use was 18 years in 2009 and 19 years in 2008.
- The proportion reporting ecstasy as their favourite drug was 39%.
- The majority of the sample continues to consume ecstasy orally.
- The median number of days ecstasy was used in the last six months remained very similar to the two previous years at 13 days.
- One-third of REU reported typically using ecstasy weekly or more.
- The median amount of ecstasy used in a session has been reported as two tablets consistently since 2004.
- 'Binge' ecstasy use was reported by over one-third in 2009.
- As in previous years, the majority of REU in 2009 reported usually using other drugs with ecstasy (97%) and to 'come down' following ecstasy use (75%).
- 'Nightclub' and 'at own home' were commonly reported as locations of usual and last ecstasy use.

4.4 Price

The reported price of ecstasy tablets according to REU is presented in Figure 2. In 2009, the median price of ecstasy was \$20 (range \$10-\$50) for one tablet. The reported price of ecstasy has consistently decreased over time from a median of \$40 per tablet in 2000. REU were also asked about the price of ecstasy when purchased in bulk amounts. The price of ecstasy decreased as the amount purchased increased to a reported price of \$14 per tablet for 100 tablets (see Table 6).

Figure 2: Price of ecstasy tab reported by REU, QLD 2003-2009



Source: EDRS REU interviews 2003-2009

In 2009, REU were asked about the price of ecstasy capsules. The median price was reported to be \$30 per capsule (range: \$20-\$50).

Table 6: Prices for larger quantities of ecstasy, QLD 2009

Quantity	Median price per pill (range) (n)
1 pill	\$23.50 (\$10-\$50) (n=64)
10 pills	\$20 (\$11-\$170) (n=24)
20 pills	\$18 (\$11-\$24) (n=18)
50 pills	\$16 (\$8-\$35) (n=16)
100 pills	\$14 (\$7.50-\$30) (n=20)

Source: EDRS REU interviews 2009

REU perceptions of price change between 2003 and 2009 are shown in Table 7. Consistent with previous years, the greatest proportion of REU (63%) nominated the price of ecstasy as 'stable' over the last six months, while 24% reported that the price had 'decreased'.

Table 7: Ecstasy price variations, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=100	2008 N=108	2009 N=88
Price change (%)							
Increased	9	6	6	9	9	6	7
Stable	63	53	68	57	54	48	63
Decreased	12	22	10	19	31	30	24
Fluctuated	13	13	13	11	5	9	6
Don't know	4	4	3	4	1	7	-

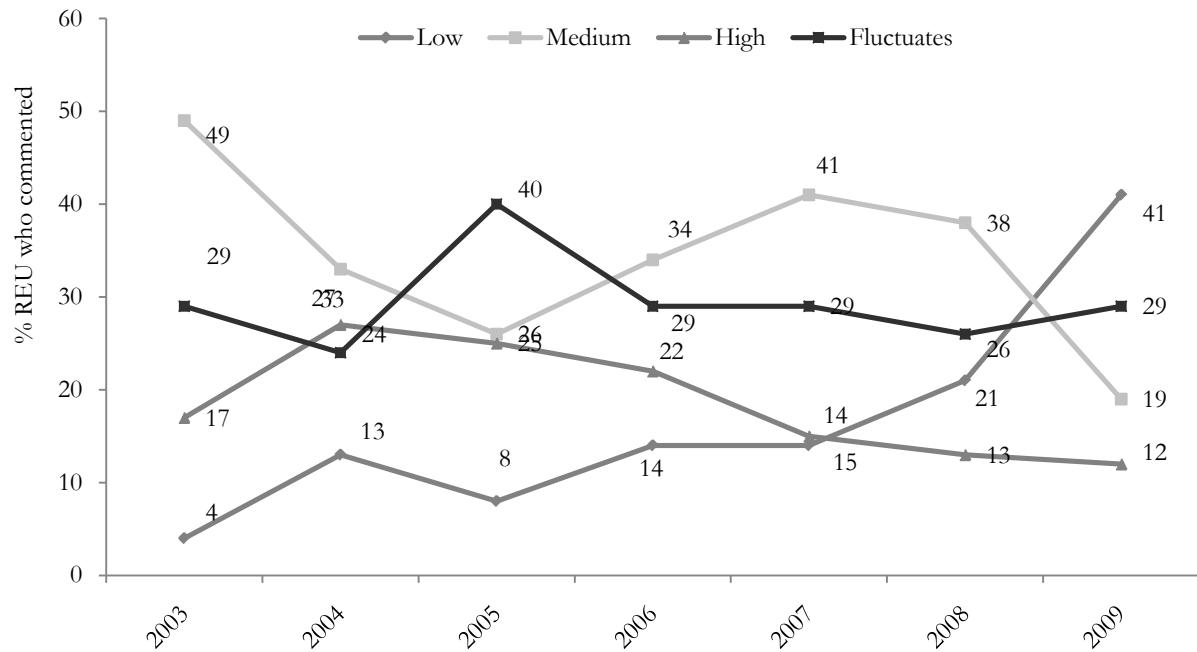
Source: EDRS REU interviews 2003-2009

Consistent with REU, KE reported the price of ecstasy as \$20-\$40 per pill and agreed that the price would be discounted when buying pills in bulk.

4.5 Purity

As shown in Figure 3, the highest proportion of REU in 2009 rated the current purity of ecstasy as 'low' (41%), followed by 'fluctuates' (29%). The proportion rating current purity as 'medium' was 38% in 2008 and 19% in the current sample which represented a statistically significant reduction (19%; 95% CI of difference 7-31).

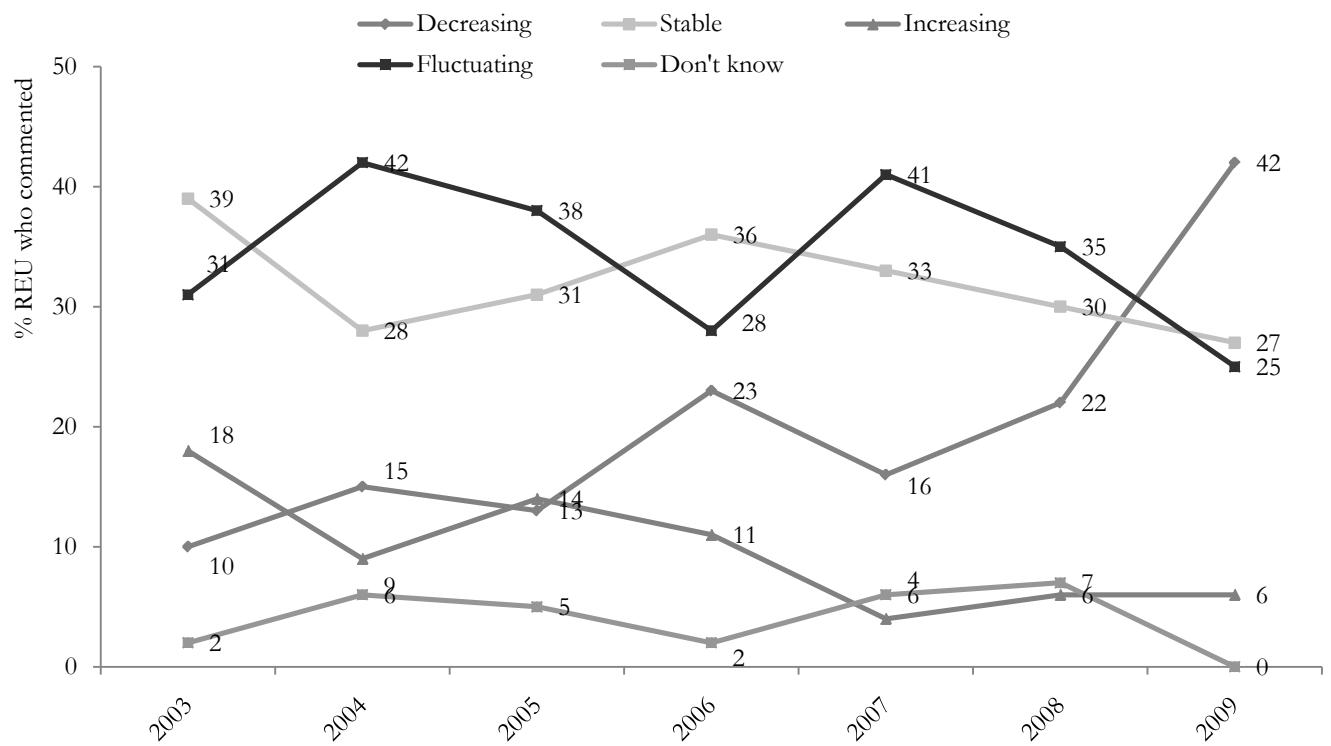
Figure 3: User reports of current ecstasy purity, QLD 2003-2009



Source: EDRS REU interviews 2003-2009

In 2009, 25% of REU rated ecstasy purity over the last six months as 'fluctuating', 27% rated it as 'stable' while 42% reported that purity was 'decreasing' (refer Figure 4).

**Figure 4: REU reports of change in ecstasy purity in the preceding six months,
QLD 2003- 2009**

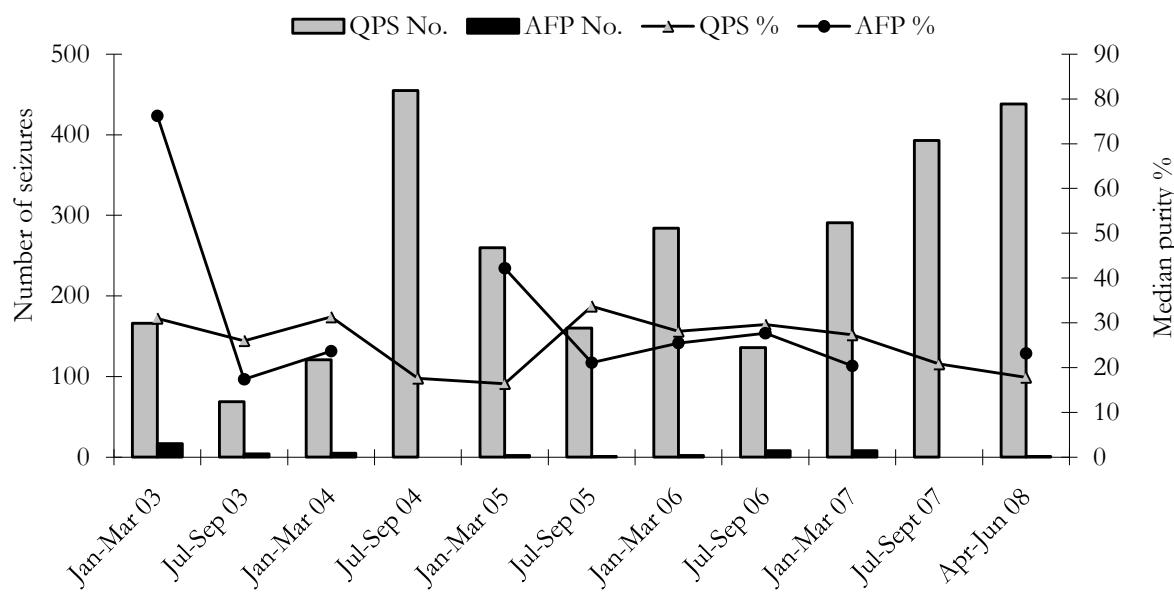


Source: EDRS REU interviews 2003-2009

Two KE stated that it is unlikely that there is MDMA in any significant quantities in pills currently being bought as ecstasy. Seized pills analysed by law enforcement agencies have been shown to contain a variety of other substances such as nicotine, caffeine, prescription medications and other illicit drugs. One KE representing one law enforcement agency stated that people probably bought 'pills' rather than 'ecstasy' and no longer necessarily expected to be taking MDMA. An ongoing trend noted by another KE was the availability and use of stimulant-type tablets that aren't ecstasy but mimic its effects, for example '4-MMC' and 'Diablo'.

Figure 5 shows the number and median purity of phenethylamine seizures made by Queensland Police Service (QPS) and Australian Federal Police (AFP) in Queensland from January 2003 to June 2008. QPS has consistently made the majority of phenethylamine seizures in Queensland. From July 2007 to June 2008, QPS made a total of 1721 seizures (vs. 844 in 2006/07) and AFP made a total of 3 seizures (vs. 25 in 2007/08). The median purity of seizures made by QPS during this period was 19.5% and 23.2% by the AFP. The ACC seizure data presented below relate to seizures of phenethylamines already in Australia.

Figure 5: Number and median purity of phenethylamine seizures analysed in QLD, January 2003 to June 2008



Source: Australian Crime Commission (ACC)

Note: Data not available for 2009

4.6 Availability

Table 8 presents REU perceptions of ecstasy availability from 2003 to 2009. Over the years ecstasy has consistently been rated as 'easy' or 'very easy' to obtain and 2009 did not differ.

In 2009 the majority of REU reported that ecstasy availability over the last six months had been 'stable' (57%), while 22% reported availability as 'more difficult' and 14% rated it as 'easier'.

With regard to persons and location for scoring ecstasy, there was little change from last year. 'Friend's' remained the most common source for purchasing ecstasy, reported by 67% in 2009, followed by 'dealers' (19%) and 'acquaintances' (12%). 'Friend's home' was the most commonly reported location for scoring ecstasy (41%), followed by 'own home' (22%), 'dealer's home' (9%), and 'nightclub' (7%).

Table 8: REU reports of availability of ecstasy in the preceding six months, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=100	2008 N=108	2009 N=88
Current availability (%)							
Very easy	57	69	61	49	53	49	36
Easy	2	26	36	42	42	45	49
Difficult	0	4	3	8	5	4	14
Very difficult	2	0	0	1	0	0	1
Availability in last 6 months (%)							
Stable	63	64	70	51	55	69	57
Easier	23	13	12	20	26	14	14
More difficult	4	7	9	20	12	8	22
Fluctuating	5	9	8	7	4	7	7
Persons scored from (%) [#]							
Friend's	73	67	87	82	88	84	67
Dealers	71	68	57	47	55	58	19
Acquaintances	29	23	29	37	25	25	12
Work colleagues	13	15	16	15	12	11	1
Unknown dealers	6	11	19	21	16	15	1
Locations scored from (%) [#]							
Own home	31	30	36	36	38	39	22
Friend's home	57	53	65	64	63	64	41
Dealer's home	55	57	47	35	42	46	9
Nightclub	30	22	37	33	46	29	7
Pubs	10	13	15	15	16	13	4
Raves	14	14	16	13	16	21	2
Dance parties*	15	--	--	--	--	--	--
Street	9	8	13	10	8	5	--
Agreed public location	--	30	24	17	21	25	--
Work	--	7	8	8	6	5	1

Sour

ce: EDRS REU interviews 2003-2009

* 'Dance parties' inclusive with 'raves' from 2004

Excludes participants responding 'used not scored'

Note: Multiple responses allowed for persons and locations scored from; -- Not asked in that year; 2000-2003 included additional response option for current availability: 'moderately easy' not presented.

The majority of KE reported the availability of ecstasy as easy. One KE stated that access to ecstasy was easy because on-selling pills (i.e. dealing) is no longer viewed as illegal and as such some young people have been seen selling pills openly as their 'job' on weekends. KE from both the health and law sectors expressed a concern that young people are unaware of the legal implications of buying and on-selling ecstasy tablets.

4.6.1 Ecstasy markets and patterns of purchasing ecstasy

In 2009, respondents reported obtaining ecstasy from a median of three persons in the last six months and the median number of ecstasy tablets purchased at one time was five. Most REU reported purchasing ecstasy 1-12 times in the past six months (Table 9).

Table 9: Patterns of purchasing ecstasy, QLD 2007-2009

	2007 N=101	2008 N=108	2009 N=88
Median no. of people purchased from (range)	4 (1-25)	3 (0-20)	3 (1-20)
Purchased for (%)			
Self only	37	22	35
Self and others	63	75	62
Others only	0	1	2
No. of times purchased in the last 6 months (%)			
1-6	43	38	47
7-12	34	41	35
13-24	21	19	17
25 +	3	1	1
Median no. of ecstasy tablets purchased (range)	5 (1-100)	5 (1-100)	5 (1-100)
Able to purchase other drugs from main dealer (%)	81	69	NA
Drugs able to purchase* (%)	(n=81)	(n=74)	NA
Speed	61	38	
Base	21	24	
Crystal	46	24	
Cocaine	54	37	
MDA	11	4	
LSD	28	24	
GHB	9	8	
Cannabis	71	72	
Heroin	5	1	
Pharmaceutical stimulants	5	3	
Mushrooms	6	5	
Ketamine	6	4	
Other	5	7	

Source: EDRS REU interviews 2007-2009

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

NA: these questions not asked in 2009

4.6.2 Energy drinks and their consumption with alcohol and ecstasy

In 2009, participants were asked about their use of energy drinks, alcohol and ecstasy in the last six months. Half the participants (n=44) reported consumption of alcohol with energy drinks and the median number consumed was five (range 1-25). Forty-two participants commented about whether they had consumed energy drinks within the same episode as taking ecstasy and thirty-four (77%) had (Table 10).

The last time those participants consumed ecstasy and energy drinks, 39% consumed energy drinks before they consumed ecstasy, 72% consumed energy drinks with ecstasy and 29% consumed them after (Table 10). Out of participants that had consumed energy drinks in the same episode as taking ecstasy, 85% had mixed those energy drinks with alcohol.

Table 10: Patterns of energy drink consumption with ecstasy in the last six months, QLD 2009

	2009
Recent consumption of energy drinks and alcohol (%), (n=44)	77
Recent consumption of energy drinks within same ecstasy-taking episode (%), n=42	67
Recent consumption of energy drinks, alcohol and ecstasy (%)*	79
Energy drinks before taking ecstasy (%)*	39
Energy drinks with taking ecstasy (%)*	72
Energy drinks after taking ecstasy (%)*	29
If energy drinks taken before, with or after ecstasy, whether they were mixed with alcohol (%)*	85

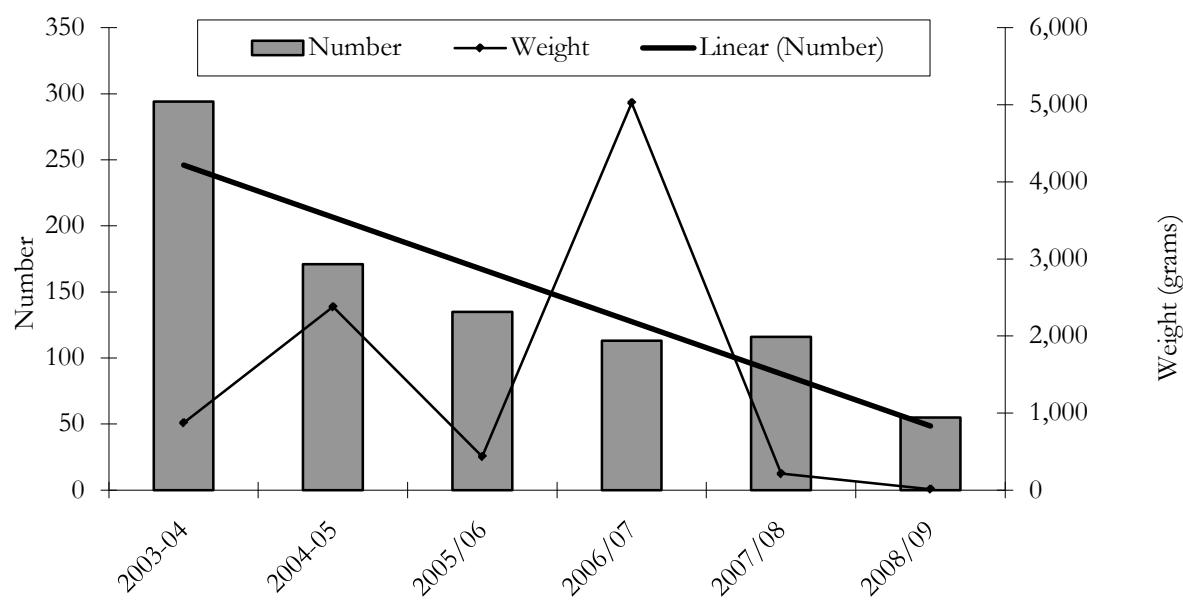
Source: EDRS regular ecstasy user interviews, 2009

*among those who had consumed energy drinks and ecstasy

4.6.3 Ecstasy detected at the Australian border

Data from Australian Customs Service (ACS) represents seizures made at the border. Figure 6 shows the number and weight of ecstasy seizures by ACS at the Australian border from 2003/04 to 2008/09. Over this time the number of seizures has declined (see linear trend-line) and in the 2008/09 period there was a steep decline in seizures. The total number of ACS ecstasy seizures in 2008/09 was 55 and the total weight of seizures for this period was 12,860 grams.

Figure 6: Number and weight of ecstasy seizures by ACS, 2003/04-2008/09



Source: Australian Customs Service

4.7 Summary of ecstasy market trends

- Median price of ecstasy has decreased over time to \$20 a tablet in 2009.
- The price of ecstasy decreases in proportion to increases in the amount purchased; in quantities of 100, tablets cost \$14 each.
- Over half the sample rated price of ecstasy as 'stable' in the previous six months.
- The greatest proportion of the current sample rated current purity of ecstasy as 'low' followed by 'decreasing' or 'stable'.
- Current availability of ecstasy was rated as either 'easy' or 'very easy' by the majority of REU.
- The greatest proportion of the current sample rated availability over the last six months as 'stable', with some rating it as 'more difficult'.
- 'Friend's' and 'friend's home' remained the most common person and location for purchasing ecstasy.
- Three-quarters of the current sample reported usually buying ecstasy for themselves and 'themselves and others'.
- Ecstasy was purchased from a median of three people in the last six months and a median of five tablets was obtained per occasion (2008 and 2009).
- Ecstasy was reportedly purchased by most REU between 1-6 times in the last six months.

5 METHAMPHETAMINE

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine powder (speed)

Unless specifically stated that there was a statistically significant difference found, the differences seen in proportions between years are likely to only reflect sampling variability rather than a meaningful difference.

Patterns of methamphetamine powder (speed) use in QLD from 2003 to 2009 are presented in Table 11. Lifetime prevalence of use was comparable in 2008 (71%) and 2009 (77%). Among those reporting lifetime use of speed (n=68), the median age of first use was 19 years. The proportion reporting recent use of speed increased from 34% in 2008 to 41% in 2009.

Among participants who reported use in the last six months, the median days speed was used was five (2009). The amount of speed used in a typical session remained stable at a median of 0.5 gram (range 0.5-2.0), as did the median amount used in a heavy session at one gram (range 0.5-3.5).

Participants who reported using speed in the last six months (n=36), took the drug most commonly by swallowing (n=30, 83%). Other methods of administration were snorting (33%), smoking (22%), and injecting (8%). The median number of days speed was injected was five.

Of participants that reported using other drugs with ecstasy (n=31), four used speed. Of those reporting use of other drugs during 'comedown', 4% reported using speed.

One KE reported that speed use among ecstasy users had remained stable in terms of numbers but the method of administration has tended towards smoking rather than snorting; the purity of speed is currently perceived as high.

Table 11: Patterns of methamphetamine powder (speed) use among REU, QLD 2003-2009

Speed	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	67	65	75	75	76	71	77
Used last 6 mths (%)	57	42	57	58	47	34	41
Median days used last 6 mths (range)*	6 (1-180)	6 (1-180)	5 (1-180)	5 (1-26)	3 (1-72)	3 (1-48)	5 (1-72)
Median quantities used (grams)*							
Typical (range)	0.5 (0.1-1.5)	0.5 (0.2-4)	0.5 (0.6-6)	0.5 (0-5)	0.5 (0.1-2)	0.5 (0.25-1.5)	0.5 (0.5-2)
Heavy (range)	1.0 (0.1-4)	1.0 (0.3-6)	1.0 (0.5-8)	0.5 (0.1-10)	0.5 (0.1-10)	1 (0.25-2)	1 (0.5-3.5)

Source: EDRS REU interviews 2003-2009

* Among those who had used last 6 months

5.1.2 Methamphetamine base

Patterns of methamphetamine base use in QLD from 2003 to 2009 are presented in Table 12. The proportion of REU reporting lifetime use of base was 44% in 2008 and 35% in 2009. Among those reporting lifetime use of base (n=31), the median age of first use was 20 years and the proportion reporting recent use was 26% in 2008 and 17% in 2009.

Among those who reported recent use, the median days of use for base was four days. The amount used in a typical session increased to a mean of 3.5 points, while the mean amount used in a heavy session increased to five points. The most common routes of administration reported were swallowing, smoking, snorting and injecting. Among those who reported injecting, the median number of days was seven.

Of those who reported using other drugs with ecstasy, only 10% (n=3) reported using base.

Table 12: Patterns of base methamphetamine use of REU, QLD 2003-2009

Base	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	43	55	57	52	39	44	35
Used last 6 mths (%)	34	39	45	38	18	26	17
Median days used last 6 mths (range)*	6 (6-180)	12 (1-180)	4 (1-180)	3 (1-180)	3 (1-72)	3 (1-48)	4 (1-48)
Median quantities used (points)*							
Typical (range)	1.0 (0.1-5)	2.0 (0.2-20)	1.0 (0.5-5)	2.0 (0.5-10)	1.0 (0.5-10)	2.0 (0.5-6)	2.0 (0.5-10)
Heavy (range)	2.0 (0.1-25)	3.0 (0.5-40)	2.0 (0.5-8)	2.0 (0.5-10)	2.0 (0.5-10)	2.0 (0.5-10)	5.0 (0.5-12)

Source: EDRS REU interviews 2003-2009

*among those who had used

5.1.3 Crystal methamphetamine

Patterns of crystal methamphetamine use among QLD REU from 2003 to 2009 are presented in Table 13. Similar proportions reported lifetime use in 2008 (44%) and 2009 (43%). Among those reporting lifetime use of crystal methamphetamine, the median age of first use was 21 years and 17% of participants reported use in the last six months.

Among those who reported recent use (n=15), the median days of crystal methamphetamine use was three in 2008 and four in 2009. The amount used in a typical session was a median of 3.5 points and in a heavy session 5 points.

The most common route of administration reported for crystal methamphetamine was smoking (87%), swallowing (47%) and snorting (13%). Injection of crystal was reported by 27% of recent users and the median number of days that crystal was injected was three.

Of those that reported using other drugs with ecstasy, 3% reported using crystal.

Table 13: Patterns of crystal methamphetamine use among REU, QLD 2003-2009

Crystal	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	49	60	69	63	54	44	43
Used last 6m (%)	38	42	50	50	23	26	17
Median days used last 6m* (range)	4.0 (1-180)	6.0 (1-180)	3.0 (1-180)	4.0 (1-90)	1.0 (1-48)	5.5 (1-48)	2.0 (1-48)
Median quantities used (points)*							
Typical (range)	1.0 (0.3-4)	1.5 (0.2-10)	1.0 (0.3-8)	2.0 (0.1-5)	1.3 (0.5-5)	1.5 (0.25-7)	2.0 (0.5-5)
Heavy (range)	1.0 (0.3-5)	3.0 (0.3-30)	2.0 (0.3-10)	2.0 (0.2-8)	1.5 (0.5-10)	2.0 (0.25-7)	5.0 (1-20)

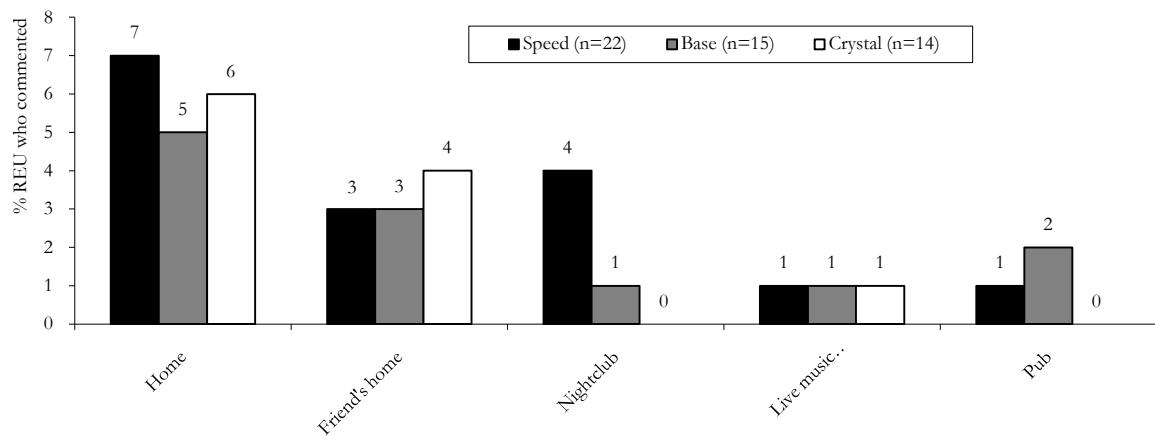
Source: EDRS REU interviews 2003-2009

* of those who had recently used

5.1.4 Locations of use

Participants who reported using methamphetamine (of any form) in the last six months were asked about locations where they spent the most time whilst intoxicated. Differences were observed between usual use venues according to the form of methamphetamine (refer Figure 7). Speed (n=22) was most commonly used at a 'home' (32%), 'nightclub' (18%), and 'friend's home' (14%). Base (n=15) was most commonly used at a 'home' (33%), 'friend's home' (20%), and 'pub' (13%). Crystal methamphetamine (n=14) was most commonly used at 'own home' (43%) and in 'friend's home' (29%).

Figure 7: Locations where most time spent whilst intoxicated following methamphetamine use by form, QLD 2009



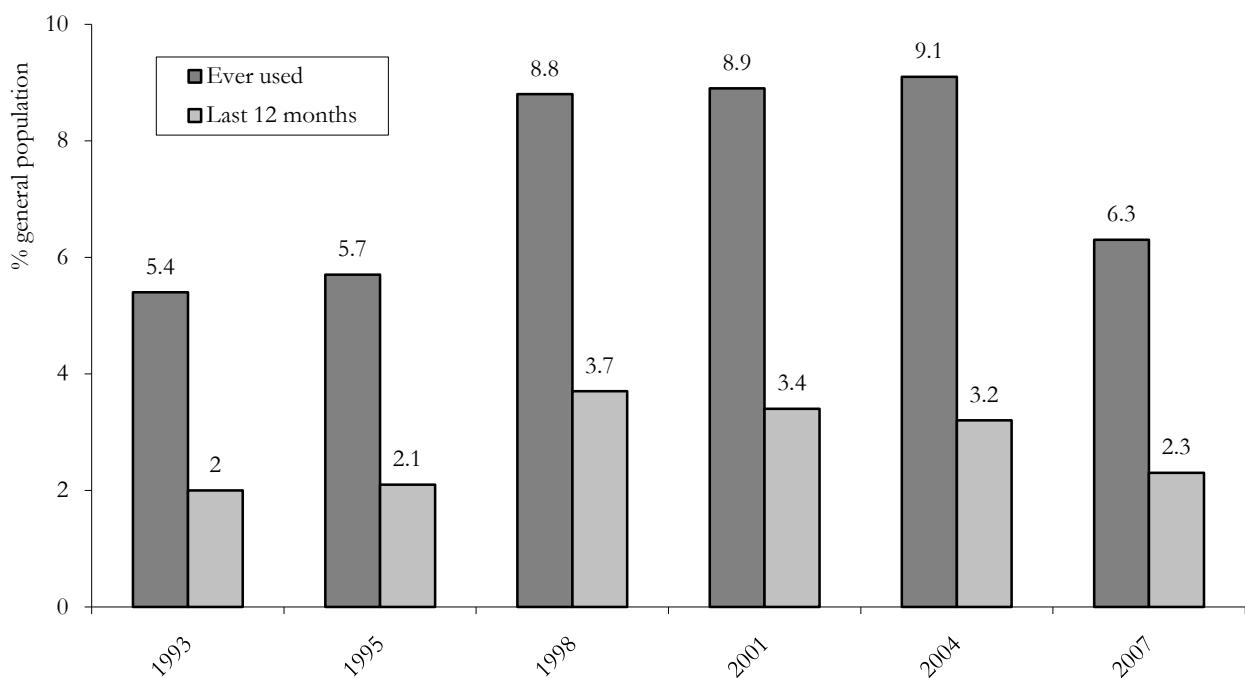
Source: EDRS REU interviews 2009

Note: The question was 'The last time you used ecstasy, where did you spend the most time while intoxicated?'

5.2 Meth/amphetamine use in the general population

Some data from the 2007 National Drug Strategy Household Survey (NDSHS) are represented in Figure 8. Only 6.3% of the general population aged 14 years and older had ever used methamphetamine (AIHW, 2008a). As with ecstasy, males were more likely than females to have ever used meth/amphetamine (7.7% versus 4.9%) and to have used meth/amphetamine in the last twelve months (3.0% versus 1.6%).

Figure 8: Prevalence of meth/amphetamine use among the population aged 14 years and over in Australia, 1993-2007



Source: NDSHS 1988-2007 (AIHW)

Recent use of meth/amphetamine among the Queensland population aged 14 years and older in 2007 was reported by 2.0% (AIHW, 2008b). This was the third lowest prevalence following NSW (1.8%) and Tasmania (1.7%). Consistent with the national trend, this represented a decrease from 3.0% reported in 2004 (AIHW, 2005).

5.3 Price

Table 14 presents the prices of the methamphetamine forms purchased by REU from 2003 to 2009.

The median price reported for one gram of speed in 2009 was \$180, for one point of speed was \$45, which had previously been reported to be \$25 (2005-2008).

The median price for one gram of base in 2009 (and 2008) was \$200 and for one point of base was \$40 (\$25 in 2008).

The median price for one gram of crystal in 2009 was \$350 (\$400 in 2008). The median price of one point of crystal was \$50 which has been the median reported price since 2006. Thus, crystal is the most expensive form of methamphetamine per gram compared to the price of speed (one third of the price) and base (less than half the price).

Table 14: Price of various methamphetamine forms purchased by REU, QLD 2003-2009

Median price (\$)	2003	2004	2005	2006	2007	2008	2009
Speed							
Gram	n=38 200 (20-300)	n=25 180 (20-240)	n=21 180 (30-220)	n=26 150 (50-350)	n=28 200 (20-400)	n=22 165 (20-400)	n=11 180 (30-450)
Point	n=25 25.0 (10-50)	n=15 27.5 (15-50)	n=19 25.0 (15-40)	n=23 25.0 (15-150)	n=18 25.0 (15-50)	n=5 25.0 (20-50)	n=6 45.0 (20-50)
Base							
Gram	n=7 200 (150-200)	n=11 200 (140-200)	n=11 200 (100-300)	n=12 190 (50-300)	n=3 200 (100-200)	n=10 200 (50-250)	n=9 200 (180-550)
Point	n=27 25.0 (15-200)	n=32 27.5 (15-50)	n=19 25.0 (20-50)	n=13 25.0 (20-50)	n=15 25.0 (15-200)	n=14 25.0 (15-50)	N=9 40.0 (20-50)
Crystal							
Gram	n=5 200 (180-350)	n=7 300 (180-450)	n=11 310 (175-600)	n=12 325 (100-500)	n=6 350 (240-400)	n=9 400 (200-500)	n=5 350 (200-450)
Point	n=37 40.0 (20-300)	n=38 40.0 (20-60)	n=32 47.5 (18.5-80)	n=22 50.0 (35-50)	n=19 50.0 (30-80)	n=13 50.0 (40-50)	n=10 50.0 (40-50)

Source: EDRS REU interviews 2003-2009

Table 15 shows perceptions of recent changes in the price of methamphetamine forms by REU from 2003 to 2009. In 2009, all forms of methamphetamine - speed (52%), base (73%) and crystal (50%) - were reported as being 'stable' in price. Following this, 16% reported that speed was either 'decreasing' or 'fluctuating' in price. Thirteen percent reported that base was 'increasing' in price while 7% reported that it was 'decreasing'. The price of crystal was rated as 'increasing' (19%) and 19% reported 'don't know'.

Table 15: Recent changes in price of methamphetamine forms purchased by REU, QLD 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Speed (%)	n=72	n=50	n=53	n=47	n=45	n=29	n=25
Increasing	3	12	9	11	9	21	4
Stable	74	52	32	55	42	21	60
Decreasing	8	6	11	9	4	14	8
Fluctuating	3	10	11	9	7	7	4
Don't know	13	20	36	17	38	38	24
Base (%)	n=40	n=53	n=33	n=25	n=15	n=20	n=15
Increasing	3	4	9	12	20	15	13
Stable	50	72	49	60	40	35	73
Decreasing	18	15	6	28	7	0	7
Fluctuating	10	2	6	8	7	5	0
Don't know	20	8	30	12	27	45	7
Crystal (%)	n=44	n=50	n=44	n=35	n=24	n=20	n=16
Increasing	9	10	30	26	21	25	19
Stable	46	40	16	34	54	55	50
Decreasing	11	18	9	17	8	10	6
Fluctuating	5	10	11	9	4	5	6
Don't know	30	20	34	15	13	5	19

Source: EDRS REU interviews 2003-2009

Note: REU who were able to report on price, purity and availability.

5.4 Purity

REU reports of current methamphetamine purity from 2003 to 2009 are presented in Table 16.

In 2009, perceptions of purity continued to vary across the three forms. For speed (n=25), 28% rated purity as either 'low', 'high' (28%) and 'medium' (36%). Only a small percentage (4%) reported that the purity 'fluctuates'.

Table 16: User reports of current methamphetamine purity, QLD 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Speed (%)	n=72	n=50	n=53	n=47	n=35	n=29	n=25
Low	14	10	9	16	20	10	28
Medium	32	34	28	38	60	28	36
High	36	20	21	21	11	24	28
Fluctuates	10	22	26	6	9	10	4
Don't know	8	14	0	13	0	28	4
Base (%)	n=40	n=53	n=33	n=25	n=13	n=20	n=15
Low	8	6	6	16	8	15	7
Medium	20	28	21	44	39	15	27
High	48	51	36	20	39	50	33
Fluctuates	15	15	21	8	15	10	20
Don't know	10	0	15	3	0	10	13
Crystal (%)	n=44	n=50	n=44	n=35	n=24	n=20	n=16
Low	2	6	5	9	8	25	19
Medium	14	30	21	40	50	25	19
High	57	46	55	43	38	30	50
Fluctuates	11	10	7	6	4	5	6
Don't know	16	8	14	3	0	15	6

Source: EDRS REU interviews 2003-2009

Note: Of REU who were able to report on price, purity and availability.

Purity of base (n=15) was rated by 33% as 'high', while 27% reported the purity as 'medium'.

Twenty percent reported the purity 'fluctuates' and 7% rated purity as 'low'.

In regards to crystal methamphetamine (n=16), 50% rated it as 'high', while 19% rated it as 'low', 'medium' (19%) and 6% reported that the purity of crystal 'fluctuates'.

REU reports of changes in methamphetamine purity in the last six months from 2003 to 2009 are presented in Table 17. Speed purity was reported by over half (52%) as 'stable', 16% as 'decreasing' and 16% as 'fluctuating' while 8% reported 'increasing' purity.

Base was rated by 33% as 'stable' and 20% respectively as either 'fluctuating', 'increasing' or 'don't know'; 7% reported a 'decreasing' purity.

Crystal purity was rated as 'stable' by 44%, 'decreasing' by 19% and 'fluctuating' (19%). Thirteen percent were unable to comment ('don't know') and 6% reported that recent purity was increasing.

Table 17: User reports of changes in methamphetamine purity in the past six months, QLD 2003-2009

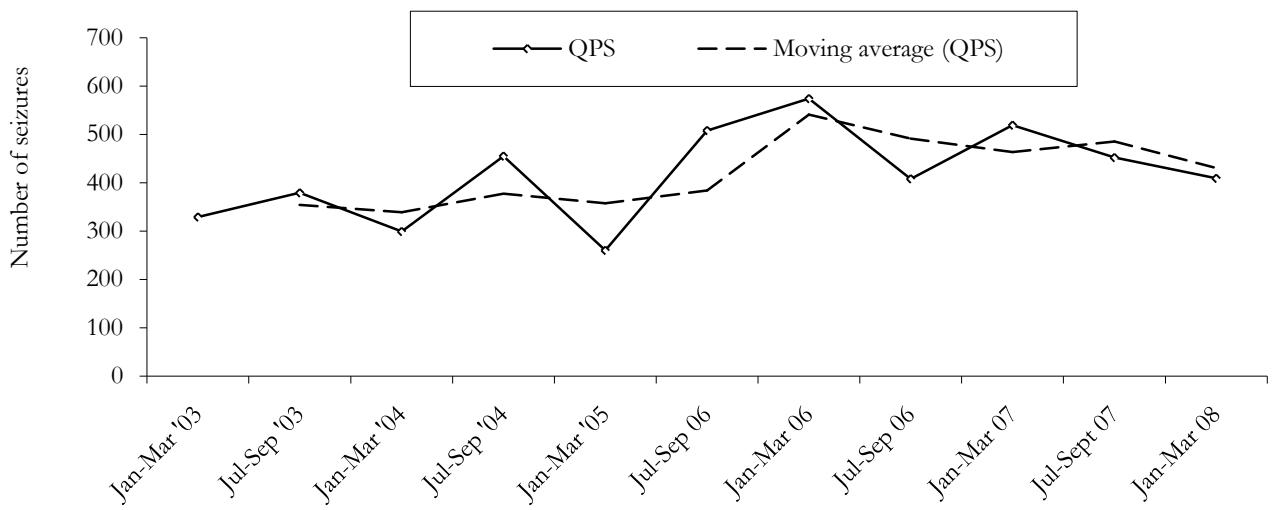
	2003	2004	2005	2006	2007	2008	2009
Speed (%)	n=72	n=50	n=53	n=47	n=45	n=29	n=25
Increasing	25	10	11	9	4	0	8
Stable	36	26	23	47	36	28	52
Decreasing	13	14	6	15	13	7	16
Fluctuating	10	32	25	9	11	10	16
Don't know	17	18	36	21	36	55	8
Base (%)	n=40	n=53	n=33	n=25	n=15	n=20	n=15
Increasing	23	11	9	4	7	5	20
Stable	50	51	33	44	40	35	33
Decreasing	10	11	12	20	27	5	7
Fluctuating	5	26	18	16	7	15	20
Don't know	13	2	27	16	20	40	20
Crystal (%)	n=44	n=50	n=44	n=35	n=24	n=20	n=16
Increasing	18	8	7	9	17	0	6
Stable	39	44	30	40	21	35	44
Decreasing	11	16	9	29	25	40	19
Fluctuating	2	16	27	14	17	5	19
Don't know	30	16	27	9	21	20	13

Source: EDRS REU interviews 2003-2009

Note: Of REU who were able to report on price, purity and availability.

Figure 9 presents the number of methamphetamine seizures made by QPS that were analysed, from January 2003 to March 2008. QPS are responsible for the majority of methamphetamine seizures analysed in QLD. QPS seizures show variation across time. From July 2007 to June 2008, QPS made a total of 1649 methamphetamine seizures.

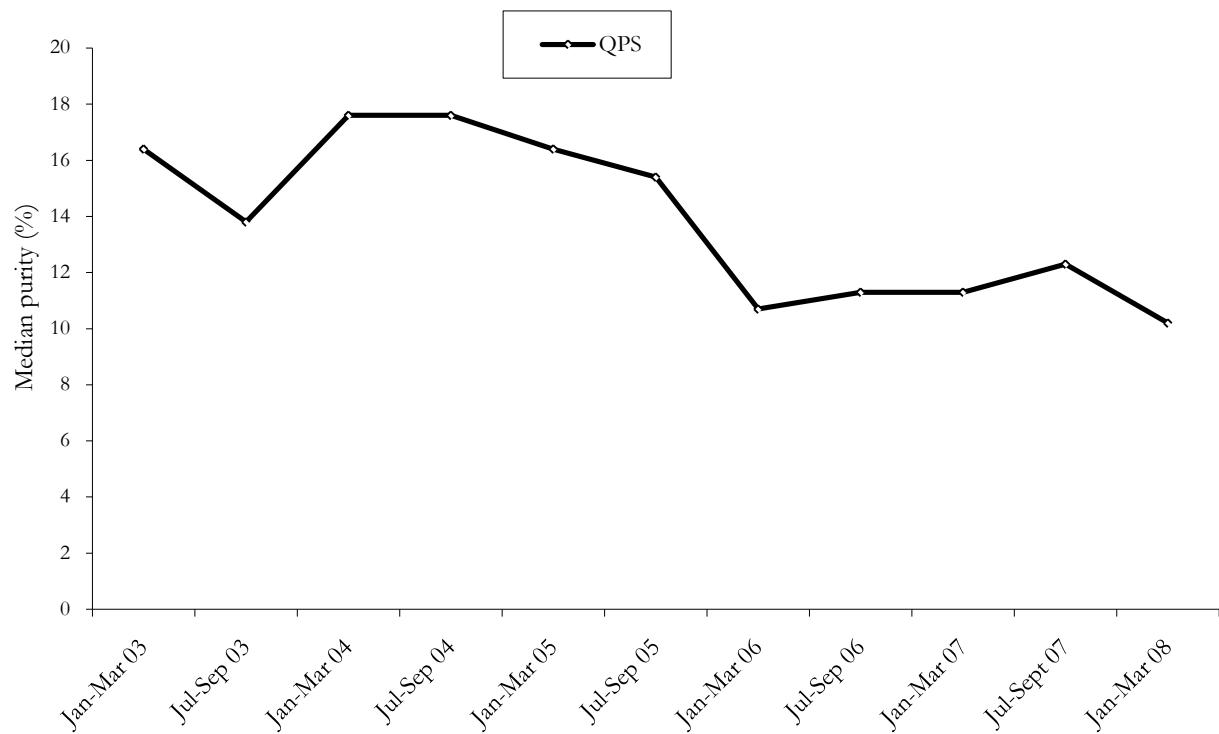
Figure 9: Number of methamphetamine seizures analysed in QLD, January 2003 to March 2008



Source: Australian Crime Commission

Figure 10 shows the median purity of the methamphetamine seizures from January 2003 to March 2008. The median purity of seizures made between July 2007 to June 2008 was 11.9% for the QPS. It is important to note that seizure data do not distinguish between crystal and other forms of (generally domestically produced) methamphetamine. Thus, fluctuations in purity are difficult to interpret.

Figure 10: Purity of methamphetamine seizures analysed in QLD, January 2003 to March 2008



Source: Australian Crime Commission

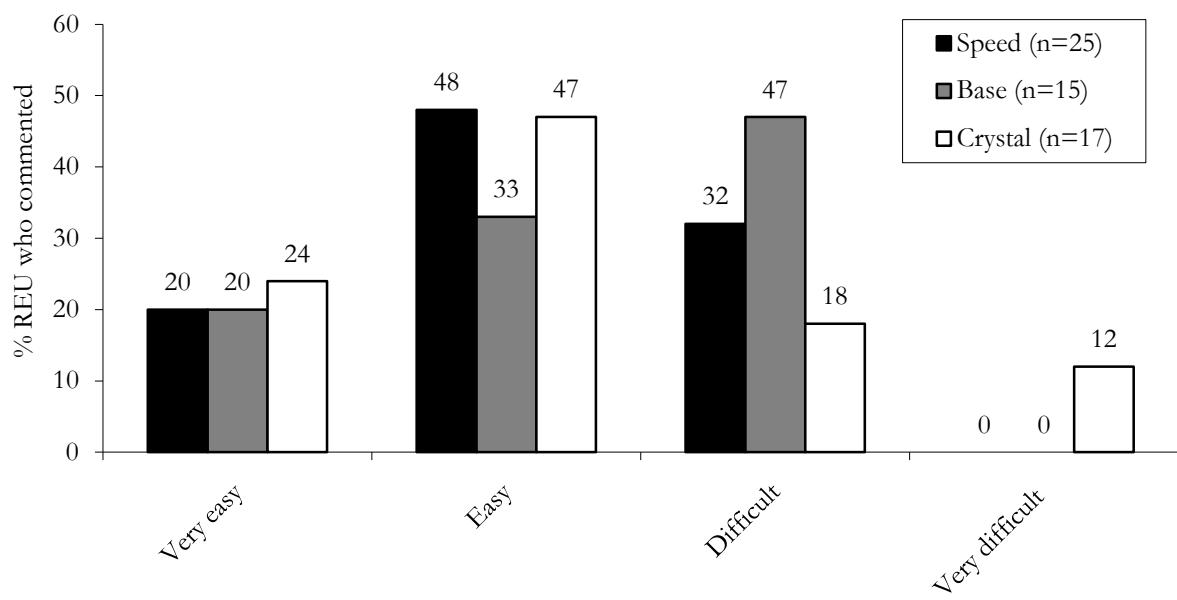
5.5 Availability

Current availability of methamphetamine forms as reported by REU in 2009 are illustrated in Figure 11. In 2009, speed was reported by 48% to be 'easy' to obtain, 32% to be 'difficult' and by 20% that it was 'very easy' to obtain.

Availability of base was rated as 'difficult' by 47%, 'easy' by 33% and as 'very easy' by 20%.

Crystal was rated as 'easy' (47%), 'very easy' (24%), 'difficult' (18%) and 'very difficult' (12%) to obtain.

Figure 11: Current availability of methamphetamine forms, QLD 2009



Source: EDRS REU interviews 2009

Changes in methamphetamine availability in the previous six months from 2003 to 2009 are presented in Table 18. In 2009 the majority reported availability across the three methamphetamine categories as 'stable'. For speed, 56% rated recent availability as 'stable', 16% as 'easier' and 12% rated availability as 'more difficult'.

Base availability was rated by 73% 'stable' and 27% as 'more difficult'. Availability of crystal methamphetamine was reported as 'stable' by 56%, and as either 'more difficult' or 'easier' by 13%, and 'fluctuating' by only 6%.

Table 18: User reports of changes in methamphetamine availability reported by REU, QLD 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Speed (%)	n=72	n=50	n=53	n=47	n=45	n=29	n=25
More difficult	15	12	23	28	7	28	12
Stable	54	76	47	57	67	35	56
Easier	18	4	11	4	2	10	16
Fluctuates	3	2	6	2	0	7	8
Don't know	10	6	13	9	24	21	8
Base (%)	n=40	n=53	n=33	n=25	n=15	n=20	n=15
More difficult	13	16	27	28	33	35	27
Stable	63	66	46	48	40	50	73
Easier	8	13	9	8	27	0	0
Fluctuates	5	6	3	8	0	10	0
Don't know	13	2	15	8	0	5	0
Crystal (%)	n=44	n=50	n=44	n=35	n=24	n=20	n=16
More difficult	11	22	36	14	17	30	13
Stable	36	36	16	43	38	35	56
Easier	30	20	34	29	33	20	13
Fluctuates	5	14	9	3	0	10	6
Don't know	18	8	6	11	13	5	13

Source: EDRS interviews 2003-2009

Note: REU who were able to report on price, purity and availability. Excludes REU who reported 'haven't used' or 'used not scored'.

Reports of people from whom methamphetamine was purchased (by REU) in the preceding six months (2003-2009) are presented in Table 19. The most common source that all forms of methamphetamine were purchased from in 2009 was 'friend's' - speed (58%), base (60%) and crystal (33%). 'Known dealers' and 'friends' were rated equally as the most common source for purchasing crystal (33%).

Table 19: People from whom methamphetamine powder, base and crystal were purchased in the preceding six months, QLD 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Speed (%)	n=72	n=50	n=53	n=47	n=45	n=24	n=24
Friend's	62	72	66	60	62	71	58
Known dealers	73	46	40	47	24	46	33
Workmates	14	12	8	6	7	0	0
Acquaintance	22	26	13	11	11	17	8
Unknown dealer	--	10	4	4	4	4	0
Base (%)	n=40	n=53	n=33	n=25	n=15	n=15	n=15
Friend's	60	59	73	72	73	87	60
Known dealers	60	72	39	28	33	47	13
Workmates	12	6	6	0	7	0	0
Acquaintance	14	8	0	8	7	13	20
Unknown dealer	2	17	0	4	0	7	0
Crystal (%)	n=44	n=50	n=44	n=35	n=24	n=15	n=15
Friend's	59	52	39	17	42	67	33
Known dealers	48	58	30	17	33	67	33
Workmates	2	4	0	12	8	0	0
Acquaintance	14	10	5	12	13	13	13
Unknown dealer	--	14	0	8	4	13	7

Source: EDRS REU interviews 2003-2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

'Friend's home', 'dealer's home' and 'own home' remain the most common locations for purchasing all forms of methamphetamine (Table 20). Common locations for purchasing speed were 'friend's home' (42%), dealer's home (25%), and 'own home' (13%).

Base was purchased commonly at a 'friend's home' by 40%, 'own home' by 20% and 'dealer's home' by 13%.

Locations for the purchase of crystal methamphetamine were reported as 'dealer's home' (40%), 'own home' (20%) and 'friend's home' (20%).

Table 20: Locations at which methamphetamine powder, base and crystal were purchased in the preceding six months, QLD 2003-2009

	2003	2004	2005	2006	2007	2008	2009
Speed (%)	n=72	n=50	n=53	n=47	n=45	n=24	n=24
Own home	26	28	30	26	24	33	13
Dealer's home	55	28	40	40	20	42	25
Friend's home	46	46	49	45	47	42	42
Raves	7	14	11	6	7	4	0
Nightclubs	14	20	15	11	9	4	0
Pub	3	12	2	6	0	4	8
Street	10	10	4	6	2	4	0
Public location	--	20	4	11	2	17	0
Work	--	10	6	2	0	0	0
Acquaintances home	--	--	--	--	--	--	4
Base (%)	n=40	n=53	n=33	n=25	n=15	n=15	n=15
Own home	31	36	18	8	27	33	20
Dealer's home	55	59	30	16	40	40	13
Friend's home	38	51	46	52	53	47	40
Raves	7	4	0	4	13	0	0
Nightclubs	7	11	9	8	20	0	0
Pub	2	6	0	4	0	0	13
Street	14	8	6	4	7	7	0
Public location	--	38	6	20	0	33	0
Work	--	6	3	0	0	0	0
Acquaintances home	--	--	--	--	--	--	7
Crystal (%)	n=44	n=50	n=44	n=35	n=24	n=15	n=15
Own home	27	36	27	20	21	20	20
Dealer's home	25	46	32	43	42	47	40
Friend's home	50	34	36	31	33	53	20
Raves	5	2	2	0	0	0	0
Nightclubs	7	4	9	3	13	0	0
Pub	0	0	5	6	4	0	0
Street	9	8	5	6	4	13	0
Public location	--	40	5	11	0	33	0
Work	--	10	5	3	0	0	0
Acquaintances home	--	--	--	--	--	--	7

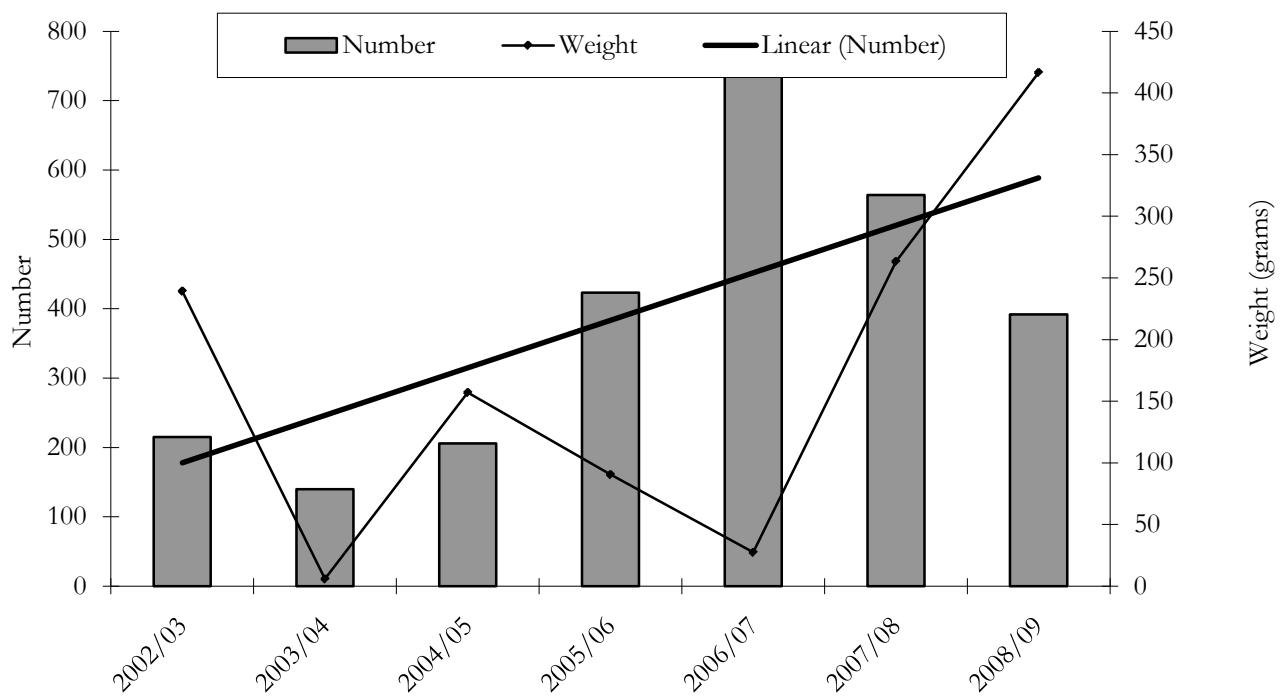
Source: EDRS REU interviews 2003-2009

Note: excludes participants who responded 'used not scored', 'haven't used' and 'other'

5.5.1 Amphetamine-type stimulants (ATS) detected at the Australian border

Figure 12 shows the number and weight of amphetamine-type stimulants (ATS) seizures by ACS at the Australian border from 2002/03 to 2008/09. Across time, the number of seizures each year has fluctuated, but the overall trend shows an increase (see linear trend-line). The total weight of seizures also shows considerable variation, with recent seizures showing increases in weight. The total number of ATS seizures in 2008/09 was 392 and the total weight of seizures for this period was 416 550 grams.

Figure 12: Number and weight of methamphetamine seizures by ACS, 2002/03-2008/09



Source: Australian Customs Service

Note: ACS classifies amphetamine, methamphetamine and crystal methamphetamine as ATS.

5.6 Summary of methamphetamine trends

- Lifetime use of speed was reported by 77% of REU, comparable to 71% reported in 2008. The proportion reporting recent use was 41% in 2009 and 34% in 2008.
- Lifetime use of base was reported by 35% of REU in 2009, and 44% in 2008. The proportion reporting recent use was 17% in 2009 and 26% in 2008.
- There were similar proportions reporting lifetime use of crystal - 43% in 2009 and 44% 2008. Recent use was 17% in 2009 and 26% in the previous year.
- In the last six months, the median days used for speed was 5 days, base was 4 and crystal use was 2 days.
- The most common method of administration for speed was swallowing; base was both swallowing and smoking while crystal was most commonly smoked.
- Crystal remained the most expensive form of methamphetamine, costing twice as much for one point and one gram as speed and base. The greatest proportion of REU were unable to comment on the recent price of speed and base, while the recent price of crystal was most commonly reported as 'stable'.
- REU reports of purity were varied across the different forms of methamphetamine. The greatest proportions for speed rated current purity as 'medium'. Current purity of both base and crystal was most commonly rated as 'high'.
- REU reports of availability of methamphetamine indicated that speed and crystal were 'easy' to obtain and base was 'difficult'. Recent availability was reported as 'stable' for all forms.

- ‘Friend’s’ were the most common source for purchasing all forms of methamphetamine.
- Similarly, ‘friend’s home’ was the most commonly nominated location for purchasing speed and base while ‘dealer’s home’ was commonly nominated for crystal.

6 COCAINE

6.1 Cocaine use among REU

Unless specifically stated that there was a statistically significant difference, all differences seen in proportions between years are likely to only reflect sampling variability rather than meaningful differences.

Patterns of cocaine use among REU from 2003 to 2009 are presented in Table 21. In 2009, lifetime use was reported by 78% of respondents and 55% reported use in the last six months. The proportion reporting lifetime use of cocaine was 69% in 2008 and 78% in 2009. Among the current sample the median age of first use was 21 years.

The proportion reporting use of cocaine in last six months was 55% in 2009; however, cocaine use during this period remained relatively infrequent with median days of use two. The median amount used in a typical and heavy session continues to be reported as 0.5 and 1.0 gram respectively.

Among those who used cocaine in the last six months (n=38), 96% reported snorting as the route of administration (ROA). Swallowing was reported by 31% and smoking by 4%.

Cocaine was nominated as the drug of choice by 6% of the current REU sample. Of those who reported using other drugs with ecstasy, 26% reported using cocaine.

Table 21: Patterns of cocaine use among REU, QLD 2003-2009

Cocaine	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used %	37	45	55	56	61	69	78
Used last 6 mths%	18	21	41	36	42	30	55
Median days used last 6 mths (range)*	4.5 (1-90)	2.0 (1-36)	3.0 (1-40)	2.0 (1-90)	2.0 (1-24)	2.5 (1-180)	2 (1-20)
Median quantities used last 6 mths* (grams)							
Typical (range)	0.5 (0.3-2)	0.5 (0.1-3.5)	0.5 (0.1-4)	0.5 (0.1-4)	0.5 (0.1-3.0)	0.5 (0.08-3)	0.5 (0.1-2)
Heavy (range)	1.0 (0.3-7.0)	1.0 (0.2-10.0)	1.0 (0.1-4.0)	0.7 (0.1-7.0)	0.5 (0.1-5.0)	1.0 (0.08-9)	1.0 (0.1-4)

Source: EDRS REU interviews 2003-2009

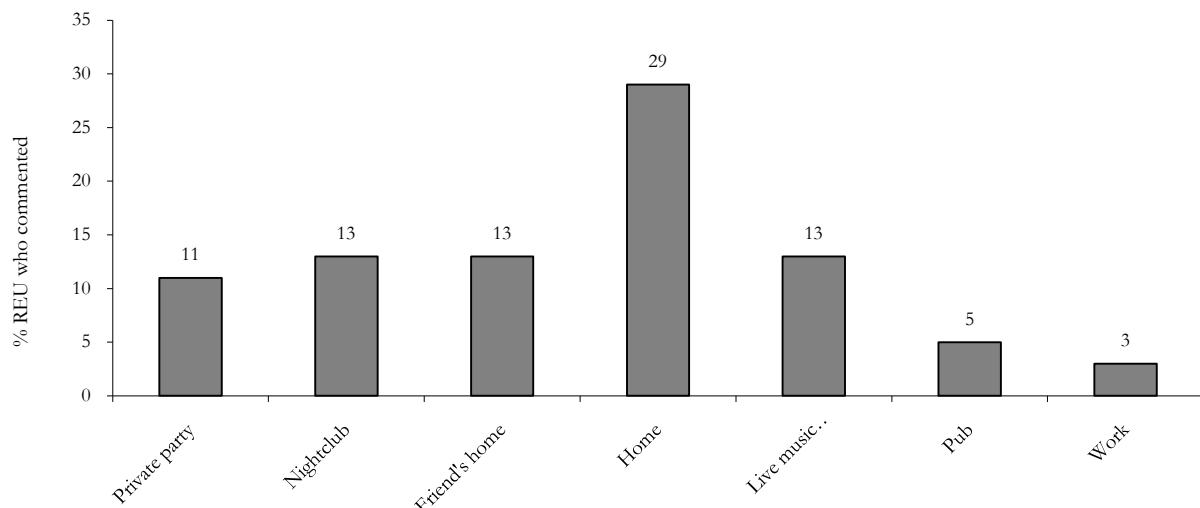
* of those who had used cocaine last 6 months

One KE perceived a general increase in cocaine use in Queensland although objective data is difficult to obtain. One reason given for the difficulty obtaining such data is that cocaine is a drug often consumed in private settings such as parties and offices. The same KE stated that cocaine does not have such frequent and dire health implications for the user so presentations to health services are not as numerous as they are for users of other illicit drugs.

6.1.1 Locations of use

In 2009, the most common location where the most time was spent when intoxicated was 'home', reported by 29% (Figure 13). 'Friend's home', 'nightclub' and 'live music event' were each nominated by 13% of the sample (n=38).

Figure 13: Location where most time spent when last used cocaine, QLD 2009



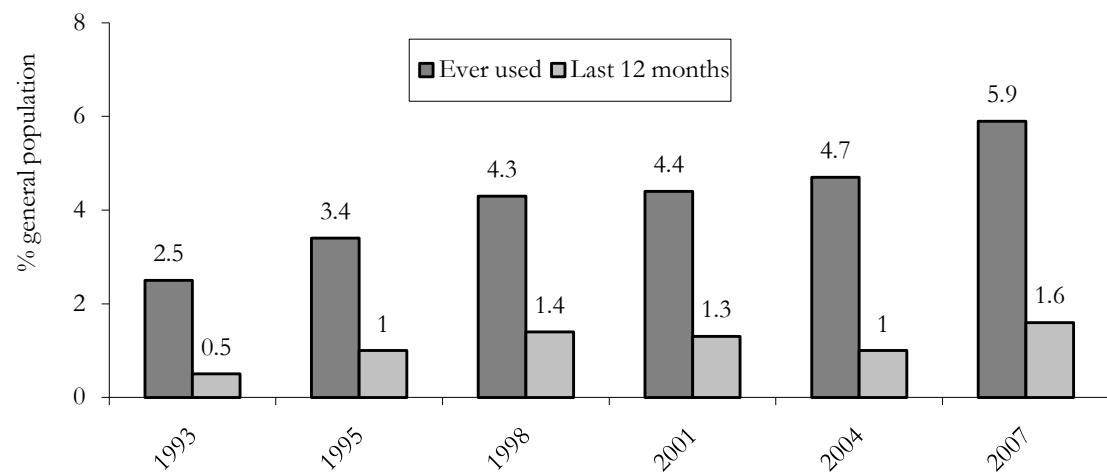
Source: EDRS REU interviews 2009

Note: In 2008, question changed from 'Where were you the last time you used ecstasy' to 'The last time you used cocaine, where did you spend the most time while intoxicated'

6.2 Cocaine use in the general population

The 2007 National Drug Strategy Household Survey (NDSHS) found that 5.9% of the general population aged 14 years and older had ever used cocaine (AIHW, 2008a) (Figure 14). There was a significant increase in the proportion reporting use of cocaine in the previous twelve months from 1.0% in 2004 to 1.6% in 2007. As with ecstasy and meth/amphetamine, males were more likely than females to have ever used cocaine (7.3% vs. 4.6%) and used cocaine in the last twelve months (2.2% vs. 1.0%).

Figure 14: Prevalence of cocaine use among the population aged 14 years and over in Australia, 1993-2007



Source: NDSHS 1988-2007 (AIHW)

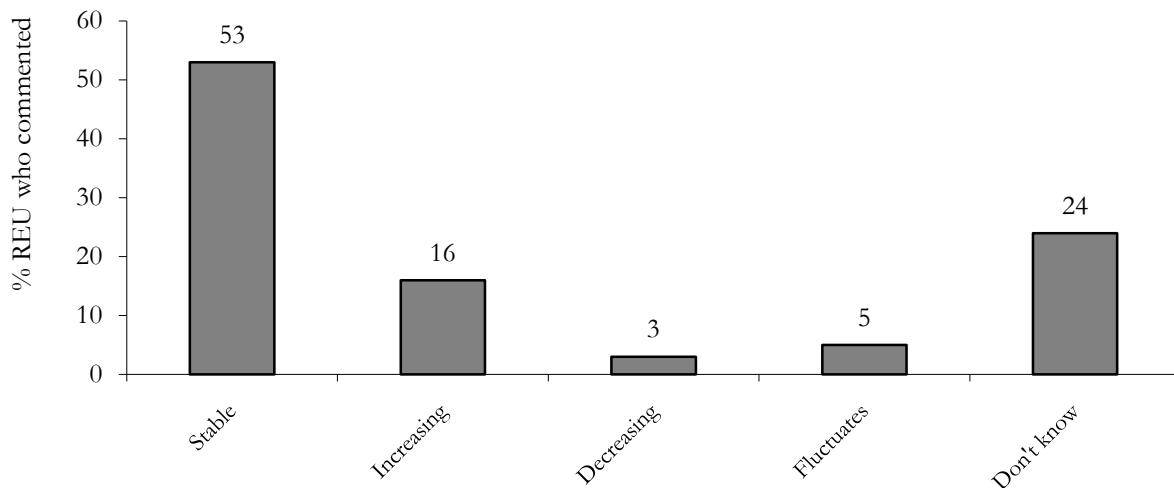
Recent use of cocaine among the Queensland population aged 14 years and older in 2007 was reported by 1.4% (AIHW, 2008b). This was the fourth highest prevalence after NSW (2.0%), WA (1.8%) and Victoria (1.6%).

6.3 Price

Among REU who reported on the price of cocaine (n=38), the median price reported in 2009 was \$300 per gram (range \$90-450), the same as in 2008.

In 2009, 29 REU reported on price changes of cocaine in the last six months (Figure 15). Over half (53%) reported the recent price of cocaine as 'stable'. Following this, 24% were unable to comment ('don't know') and 16% rated the recent price of cocaine as 'increasing', while 3% rated it as 'decreasing'.

Figure 15: Recent changes in price of cocaine purchased by REU, QLD 2009

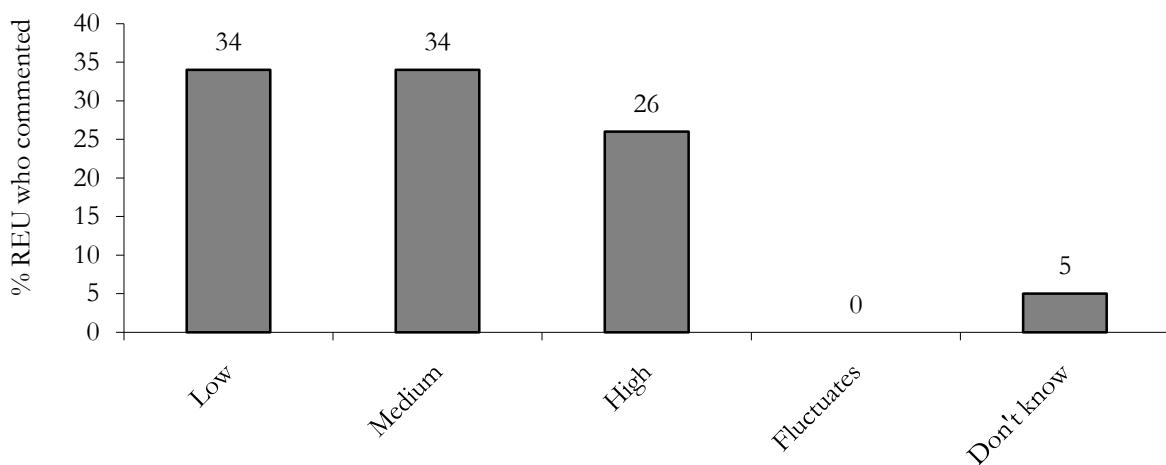


Source: EDRS REU interviews 2009

6.4 Purity

Thirty-eight REU commented on current cocaine purity in 2009 (Figure 16). Just over a third of those reported that current cocaine purity was 'low', while the same proportion reported it as 'medium'. Just over a quarter of REU rated it as 'high' (10% rated cocaine purity as 'high' in 2008).

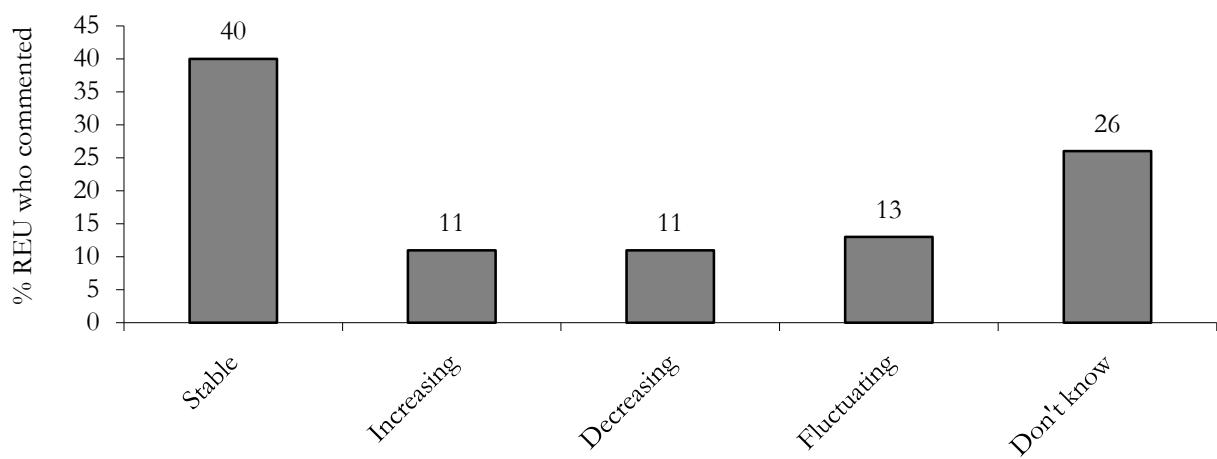
Figure 16: User reports of current purity of cocaine, REU, QLD 2009



Source: EDRS REU interviews 2009

In 2009, 38 REU reported on perceived changes to cocaine purity in the previous six months (Figure 17). Purity was rated as 'stable' (40%), 'increasing' (11%) and 'decreasing' (11%). Recent purity of cocaine was rated as 'fluctuating' (13%) and 'don't know' (26%).

Figure 17: User reports of changes in cocaine purity in the past six months, QLD 2009

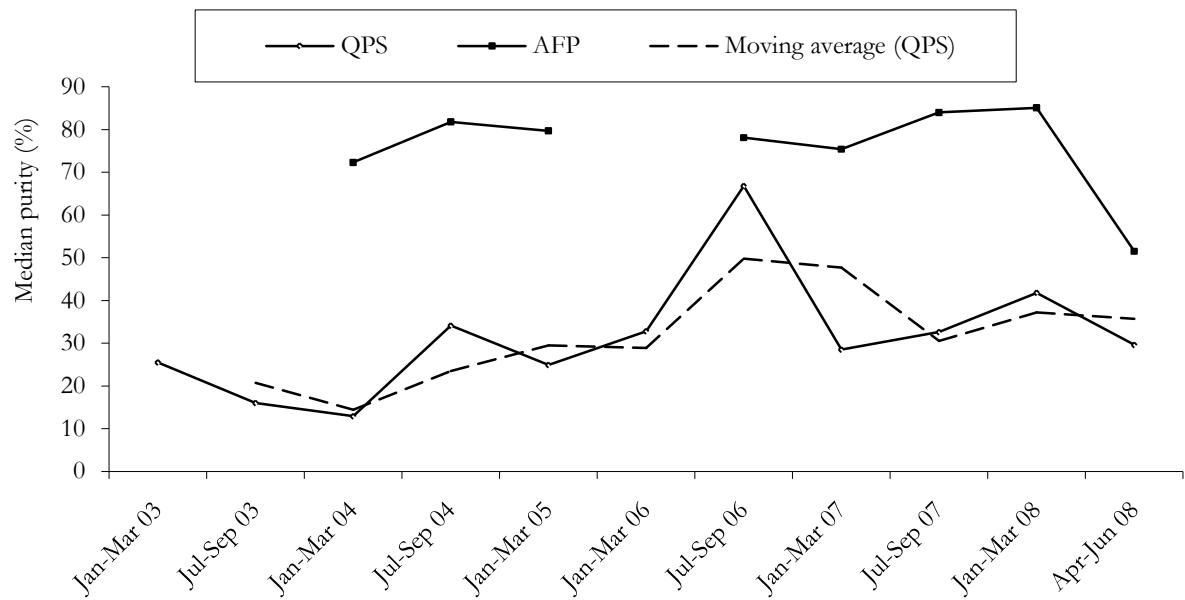


Source: EDRS REU interviews 2009

The median purity of cocaine seizures in Queensland by QPS and AFP, from January 2003 to March 2008 is shown in Figure 18. The median purity of QPS cocaine seizures has fluctuated as indicated by the moving average. AFP seizures are generally of higher median purity than those

made by QPS. Between July 2007 and June 2008, the median purity of cocaine seizures made by QPS was 35.2% and 84.6% for AFP.

Figure 18: Purity of cocaine seizures analysed in QLD, January 2003 to June 2008

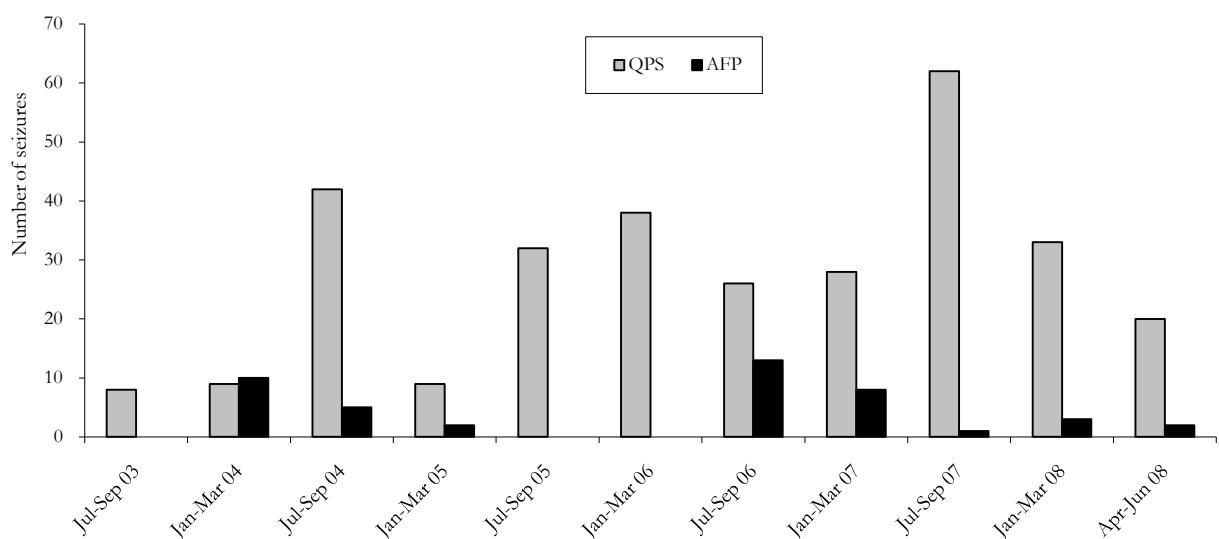


Source: Australian Crime Commission

Note: There was no data available for 2009 at time of printing.

Figure 19 shows the total number of cocaine seizures in Queensland made by QPS and AFP from July 2003 to March 2008. There is variation in the number of seizures across time. The QPS made a total of 133 cocaine seizures in Queensland from July 2007 to June 2008, while the AFP made 6 seizures in Queensland during this time.

Figure 19: Number of cocaine seizures analysed in QLD, July 2003 to June 2008



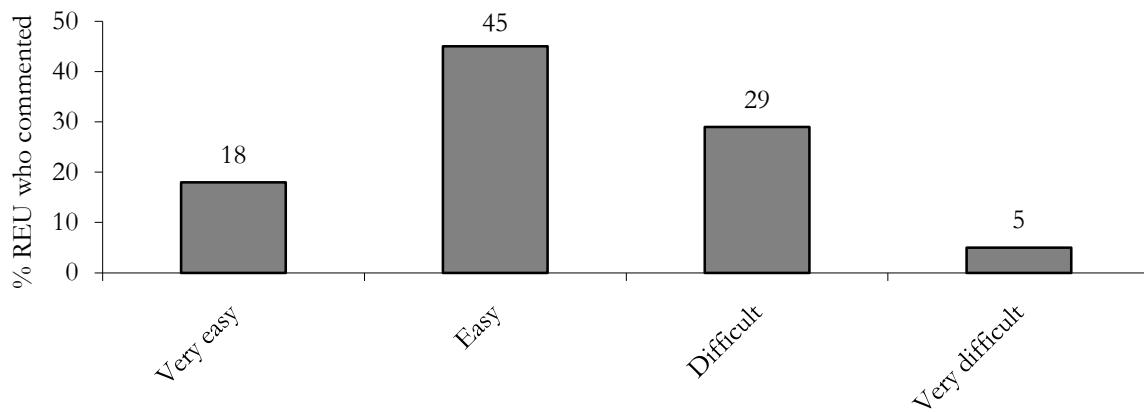
Source: Australian Crime Commission

Note: There was no data available for 2009 at time of printing.

6.5 Availability

In 2009, 38 REU commented on current cocaine availability (Figure 20). Almost one half rated it as 'easy' whereas about one-third rated it as 'difficult'.

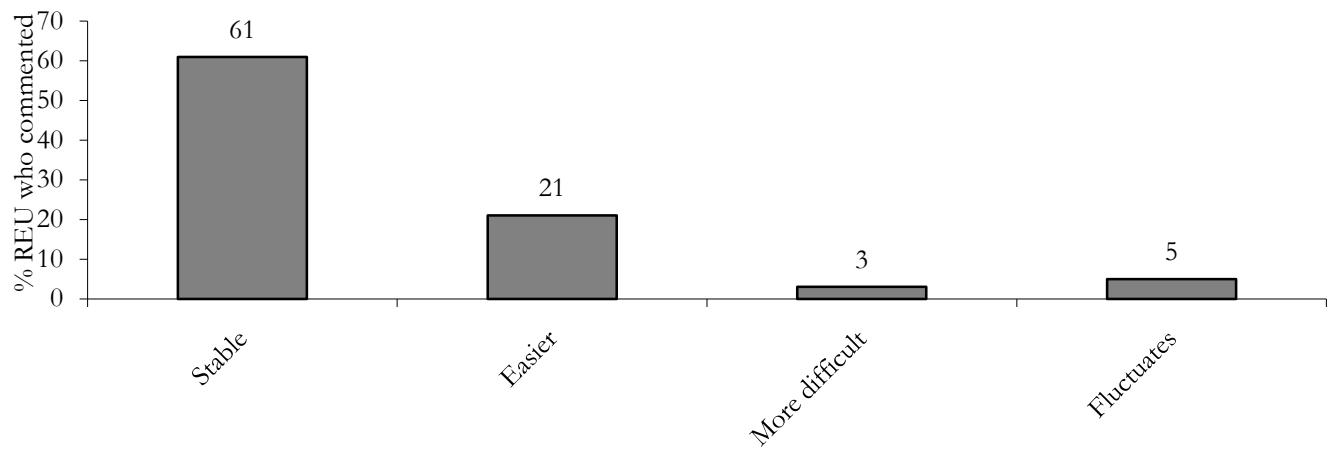
Figure 20: Current availability of cocaine, QLD 2009



Source: EDRS REU interviews 2009

Of the 38 REU who commented on cocaine availability in the last six months, over half (61%) rated it as 'stable', 21% as 'easier' (Figure 21). These were also the most common responses in 2008.

Figure 21: Changes in cocaine availability in the preceding six months, QLD 2009



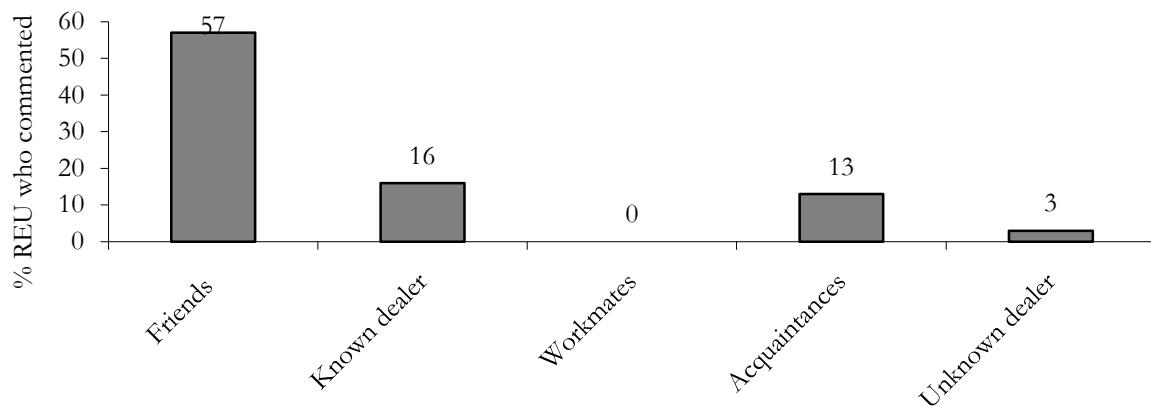
Source: EDRS REU interviews, 2009

One KE reported that cocaine in Queensland is supply driven, which means that availability here depends on supplies coming from the southern states. Demand for cocaine is currently thought to exceed available supplies.

6.5.1 Source person and source location

In 2009, the most common persons from whom REU (n=38) typically obtained cocaine were 'friend's' (57%) and 'known dealers' (16%), as shown in Figure 22. These were also the most common persons nominated in 2008.

Figure 22: People from whom cocaine had been purchased the preceding six months, QLD 2009

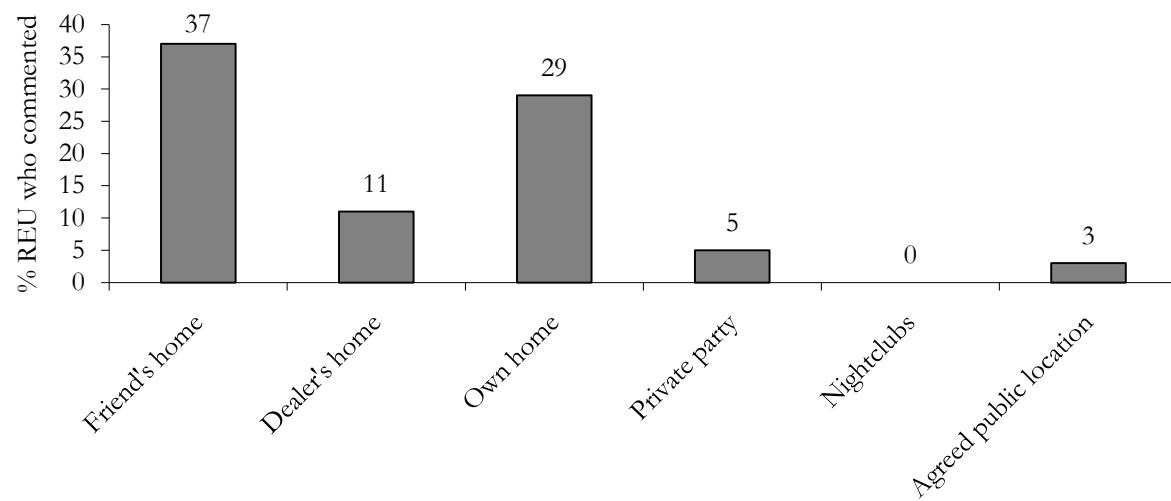


Source: EDRS REU interviews 2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

The most commonly reported locations for purchasing cocaine in 2009 (and 2008) were 'friend's home', 'own home' and 'dealer's home' (Figure 23).

Figure 23: Locations where cocaine had been purchased in the preceding six months, QLD 2009



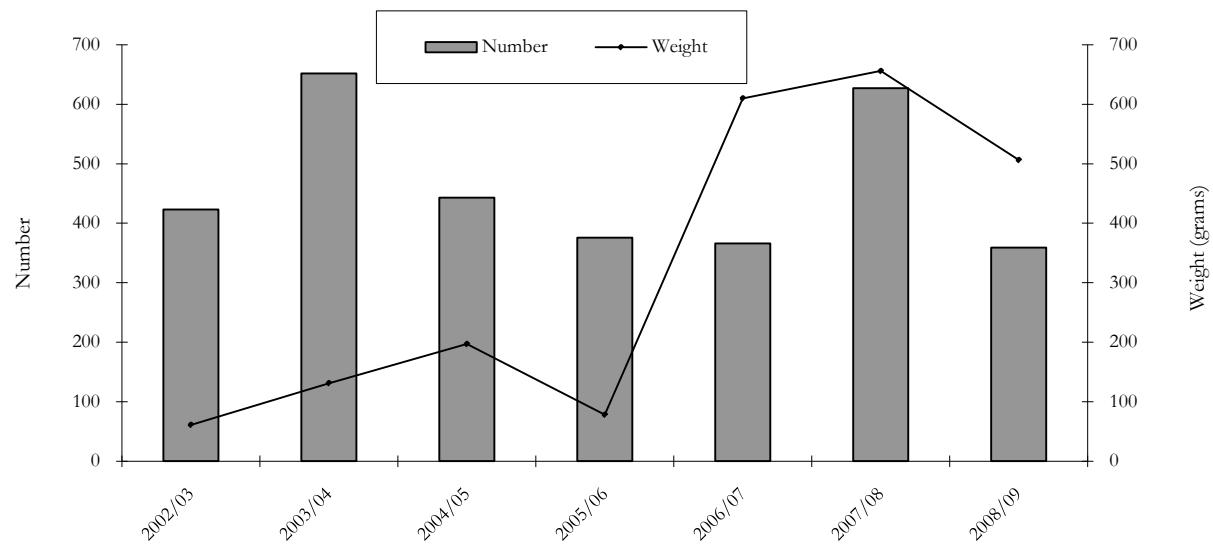
Source: EDRS REU interviews, 2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

6.5.2 Cocaine detected at the Australian border

The number and weight of cocaine seizures by Australian Customs Service (ACS) from 2002/03 to 2008/09 is shown in Figure 24. There has been fluctuation in the number and weight of cocaine seizures across time. The total number of cocaine seizures for 2008/09 was 359 and the total weight of seizures for this period was 506 209 grams.

Figure 24: Number and weight of cocaine seizures by ACS, 2002/03-2008/09



Source: Australian Customs Service

6.6 Summary of cocaine trends

- Seventy-eight percent of REU reported lifetime cocaine use in 2009 and 69% reported lifetime use in 2008. The proportion reporting recent cocaine use was 55% in 2009.
- Frequency of cocaine use reported by those using in the previous six months has remained relatively stable at a median of 2 days in 2009.
- The most common locations for cocaine use were 'own home', 'friend's home' and 'dealer's home' (as it was in 2008).
- The median price of cocaine was \$300 per gram and the greatest proportion of those who commented reported the price as 'stable' over the last 6 months.
- Of those REU that commented, current purity was most commonly rated as 'low' or 'medium' while recent purity was most commonly rated as 'stable'.
- Thirty-eight REU commented on current availability and most commonly it was rated as 'easy' while recent availability was most commonly rated as 'stable'.
- The majority of REU who commented reported purchasing cocaine from 'friend's', while the most common place of purchase was at a 'friend's home'.

7 LSD

7.1 LSD use among REU

Unless specifically stated that there was a statistically significant difference found, the differences seen in proportions between years are likely to only reflect sampling variability rather than a meaningful difference.

Patterns of lysergic acid diethylamide (LSD) use among REU from 2003 to 2009 are presented in Table 22. In 2009, 67% of participants reported lifetime use of LSD and 30% reported use in the last six months. The median age of first use was 18 years.

Frequency of use increased among recent users compared to last year. LSD was used on a median of two days in the last six months among the current sample of recent LSD users, compared to a median of one day among last year's sample. Amounts of LSD used remained the same as last year: a median of one tab used on both typical and heavy use occasions. All recent users of LSD reported swallowing as the route of administration.

Of those that reported using other drugs with ecstasy (n=31), 23% reported using LSD.

Table 22: Patterns of LSD use of REU, QLD 2003-2009

LSD	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	41	52	58	60	62	64	67
Used last 6 mths (%)	18	18	24	38	28	32	30
Median days used last 6 mths* (range)	2.0 (0-15)	2.0 (1-20)	1.5 (1-30)	1.5 (1-6)	3.0 (1-12)	1.0 (1-10)	2.0 (1-12)
Median quantities used* (tabs)							
Typical (range)	1.0 (0.5-3.0)	1.0 (0.5-4.0)	1.0 (0.3-3.0)	1.3 (1.0-1.5)	1.0 (0.5-5.0)	1.0 (0.5-3.5)	1.0 (0.5-4)
Heavy (range)	2.0 (1.0-5.0)	1.5 (0.5-4.0)	1.0 (0.5-4.0)	1.3 (1.0-1.5)	1 (0.5-6.0)	1 (0.5-4.0)	1.0 (1.0-4.0)

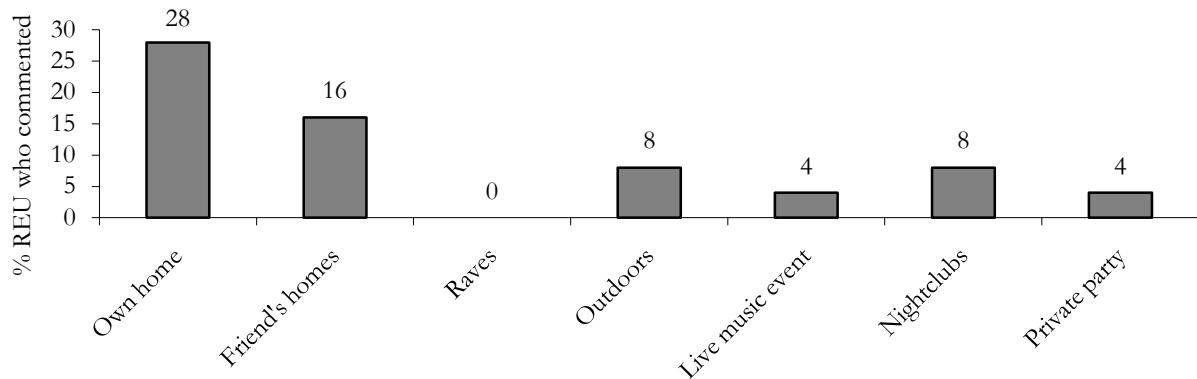
Source: EDRS REU interviews 2003-2009

*of those who had used LSD last 6 months

7.1.1 Locations of use

In 2009, the most common locations where most time was spent when LSD was last used were 'own home' (28%) and 'friend's home' (16%) (Figure 25).

Figure 25: Location where most time was spent while intoxicated using LSD, QLD 2009



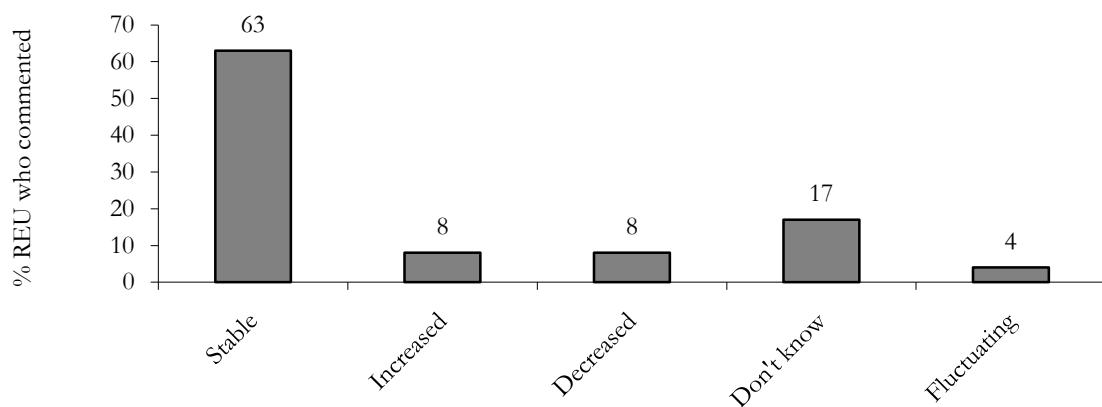
Source: EDRS REU interviews 2009

Note: In 2009, question was 'The last time you used LSD, where did you spend the most time while intoxicated'

7.2 Price

In 2009, 25 participants commented on the price of LSD and the median price per tab was \$20 (range \$10-\$30); this was unchanged from 2008 and has been the median price reported in all EDRS surveys in QLD since 2003. Twenty-four participants also commented on changes to the price of LSD in the last six months (Figure 26). The majority of respondents reported that the price of LSD had remained 'stable' (63%) while 17% were unable to comment on price change. Equal proportions of 8% (n=3) reported the price as either 'increased' or 'decreased'.

Figure 26: User reports of changes in LSD price in the past six months, QLD 2009

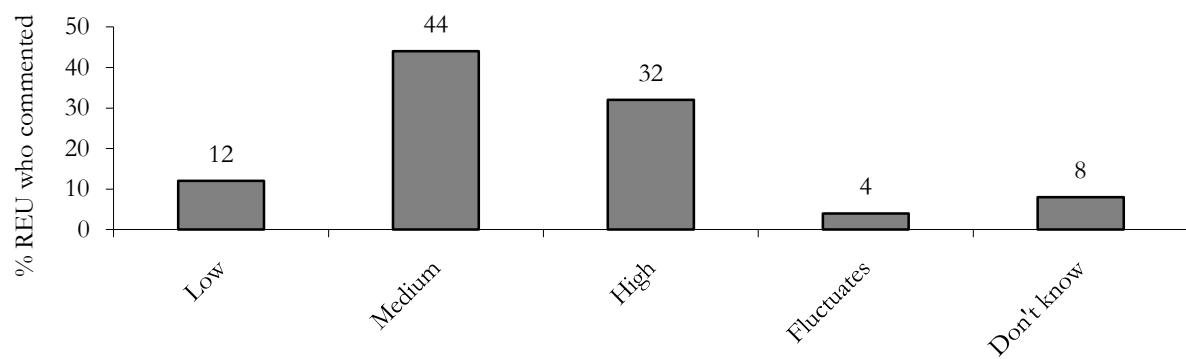


Source: EDRS REU interviews 2009

7.3 Purity

In 2009, 25 participants commented on current LSD purity with 44% reporting it as 'medium' (Figure 27). Following this, 32% reported current purity as 'high', 12% reported it as 'low' and 4% as 'fluctuates'.

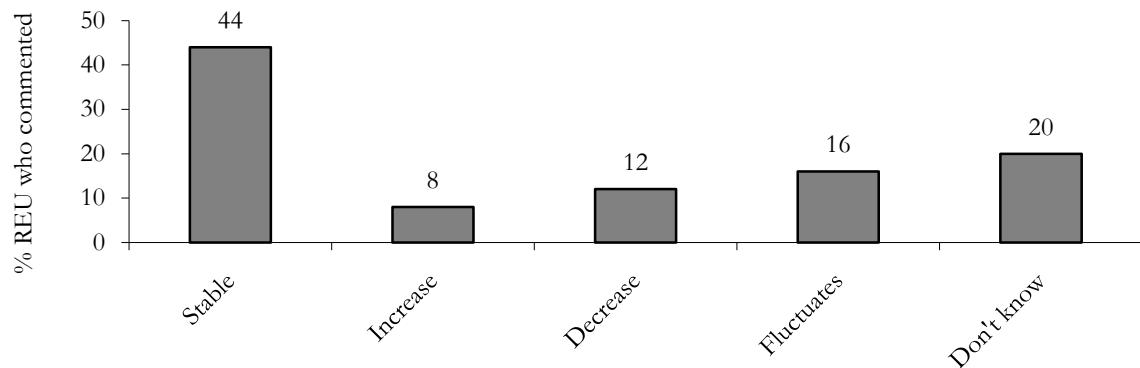
Figure 27: User reports of current LSD purity, QLD 2009



Source: EDRS REU interviews 2009

In 2009, purity over the last six months was rated as 'stable' (44%) and 'fluctuating' (16%) and decreasing (12%) (Figure 28). Twenty percent reported 'don't know' and eight percent reported that purity was 'increasing'.

Figure 28: User reports of changes in LSD purity in the past six months, QLD 2009

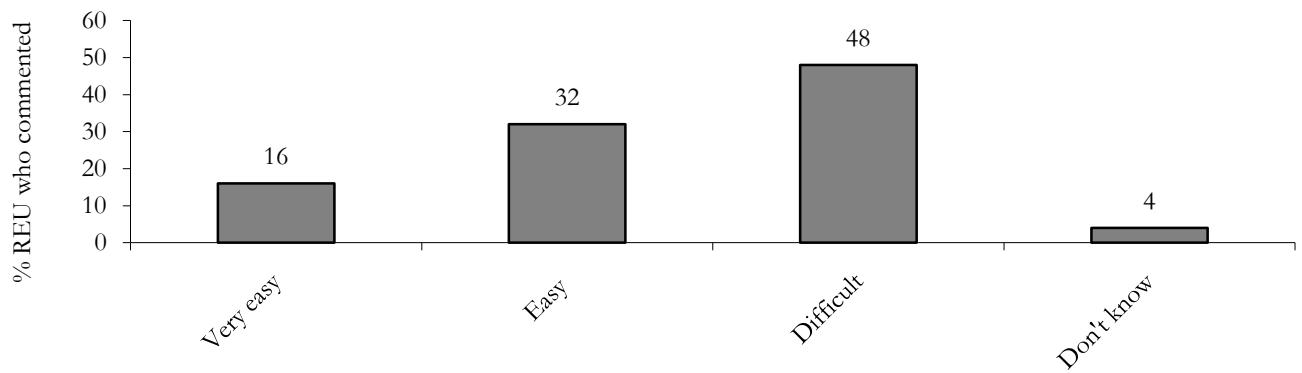


Source: EDRS REU interviews 2009

7.4 Availability

In 2009, 25 REU commented on the availability of LSD (Figure 29). Approximately one-third (32%) rated current availability as 'easy', while 48% rated it as 'difficult'. Smaller proportions rated it as 'very easy' (16%) and 'don't know' (4%).

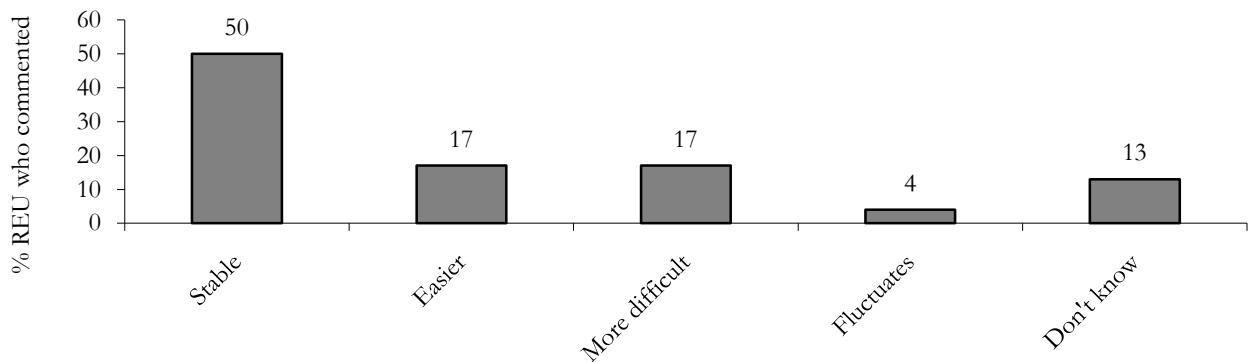
Figure 29: Current LSD availability, QLD 2009



Source: EDRS REU interviews 2009

In 2009, half (50%) rated availability of LSD in the last six months as 'stable' (Figure 30). Approximately 17% rated it as either 'more difficult' or 'easier'. Smaller proportions rated availability as 'fluctuates' (4%), and 'don't know' (13%).

Figure 30: Changes in availability of LSD over the past six months, QLD 2009

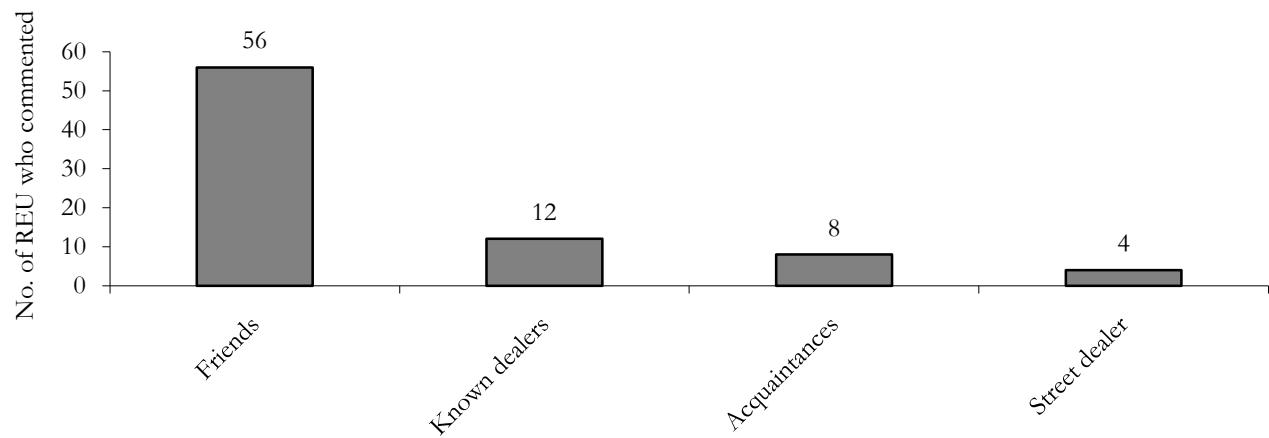


Source: EDRS REU interviews 2009

7.4.1 Score person and location

In 2009, 25 REU commented on persons and locations for purchasing LSD (Figures 31 and 32 respectively). Similar to previous years, the persons from whom REU obtained LSD were typically 'friend's' (56%). Twelve reported purchasing LSD from 'known dealers' (12%) and 'acquaintances' (8%). In 2009, the most common location for purchasing LSD was 'friend's home' (48%). Around eight percent respectively reported purchasing LSD from a 'dealer's home' or 'own home'.

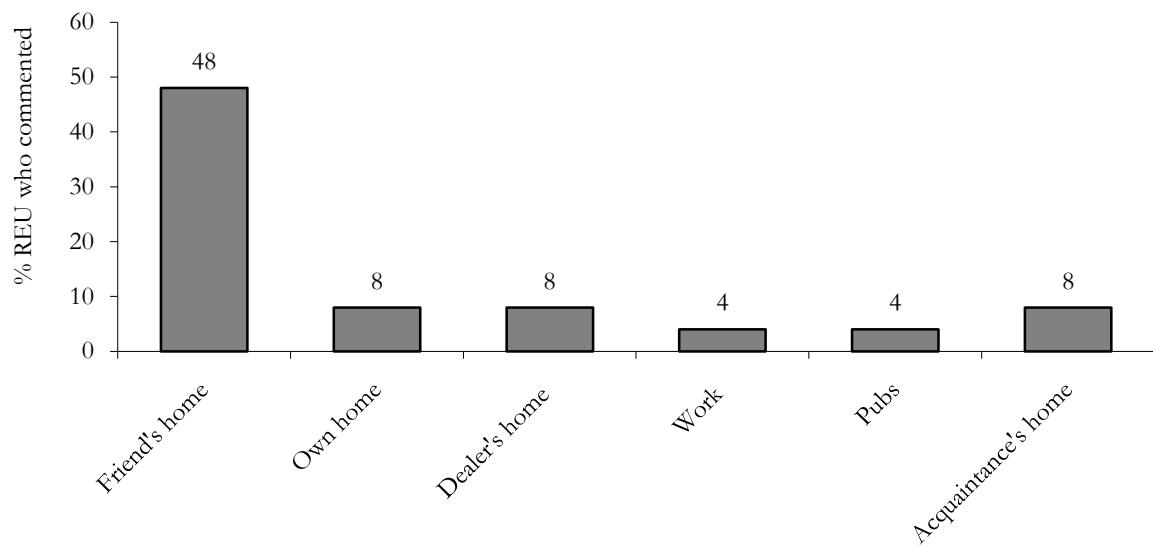
Figure 31: Persons from whom LSD had been purchased in preceding six months, QLD 2009



Source: EDRS REU interviews, 2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

Figure 32: Locations at which LSD had been purchased in the preceding six months, QLD 2009



Source: EDRS REU interviews 2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

7.5 Summary of LSD trends

- Lifetime LSD use was reported by 67% of REU and use in the last six months by 30%. These proportions were comparable to last year.
- Frequency of use among those using in the last six months was a median of one day in 2008 and two days among the current sample.
- The median quantity used in both a typical and a heavy session was one tab.
- The most common locations for use were private settings - 'friend's home' and 'own home'.
- The median price for one tab of LSD has consistently been \$20. The majority of respondents reported that the price had been 'stable' over the last six months.
- Current purity was most commonly rated as 'medium' and purity in the last six months as 'stable'.
- Current availability was rated predominantly as 'difficult' and 'stable' over the last six months.
- LSD was most commonly purchased from 'friend's' at a 'friend's home'.

8 CANNABIS

8.1 Cannabis use among REU

Unless specifically stated that there was a statistically significant difference found, the differences seen in proportions between years are likely to only reflect sampling variability rather than a meaningful difference.

Patterns of lifetime and recent cannabis use reported by REU from 2003 to 2009 are presented in Table 23. In 2009, 99% of REU reported lifetime use of cannabis and 84% reported use of cannabis in the last six months. Among those who reported lifetime cannabis use, the median age of first use was 15 years (range 10-27 years).

Cannabis has consistently been the most commonly used illicit drug among REU (other than ecstasy) since EDRS surveys commenced in 2000. Among current REU, 23% nominated cannabis as their drug of choice, making it the second most favoured drug after ecstasy.

KE reported that cannabis was used by most ecstasy users. One KE stated that cannabis is frequently used during 'comedown' from ecstasy and other substances. Consumption has become so commonplace that users of cannabis often don't recognise that they are taking an illicit drug.

One KE working in a health-related field commented that cannabis users often develop a dependence on this drug and find it difficult to function without it. Many clients that this KE is in contact with, report they use cannabis to relax and frequently have an 'every day' cannabis habit. This KE also commented that some clients use cannabis to increase their appetite or to 'normalise' themselves following methamphetamine and/or other drug use. Other issues that have arisen from regular cannabis use in this client group are respiratory infections and increased paranoia.

Table 23: Lifetime and recent use of cannabis by REU, QLD 2003-2009

Cannabis (%)	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever	83	87	96	100	100	99	99
Last 6 mths	73	70	83	92	87	81	84

Source: EDRS REU interviews 2003-2009

Table 24 shows the frequency of cannabis use among those who had used the drug in the last six months. In 2009, the greatest proportion (39%) reported using cannabis less than weekly (1-23 days in the last six months). Following this, 24% reported daily use and more than weekly by 28%. The median number of days ecstasy was used among recent users was 38 days (range 1-180). Frequency of cannabis use, both in terms of proportions using with different regularity and the median days used, was comparable to last year.

Table 24: Frequency of cannabis use by REU, QLD 2003-2009

Frequency cannabis use %	2003 n=99	2004 n=112	2005 n=84	2006 n=92	2007 n=88	2008 n=87	2009 n=74
Daily (180 days)	32	38	13	23	21	22	24
More than weekly (25 to 179 days)	28	33	39	35	26	23	28
Weekly (24 days)	6	4	0	1	7	12	8
Less than weekly (1-25 days)	34	25	48	42	46	44	39
Median days used last 6 months	—	—	—	—	—	—	—
	48	90	26	52	24	24	38

Source: EDRS REU interviews 2003-2009

Among current REU who reported recent use of cannabis, 99% reported smoking and 42% reported swallowing as the route of administration.

Table 25 shows the association between cannabis and ecstasy use among REU from 2003 to 2009. Due to an error on the user survey this year, a smaller number of participants commented than they did last year. In 2009, 61% of REU who reported using other drugs with ecstasy (n=31) reporting using cannabis with ecstasy and 92% of REU who reported using other drugs during 'comedown' (n=24) reported using cannabis. These proportions are similar to 2008 and reflect that taken with and following ecstasy, cannabis use remains very common among REU.

Table 25: Association of cannabis and ecstasy use by REU, QLD 2003-2009

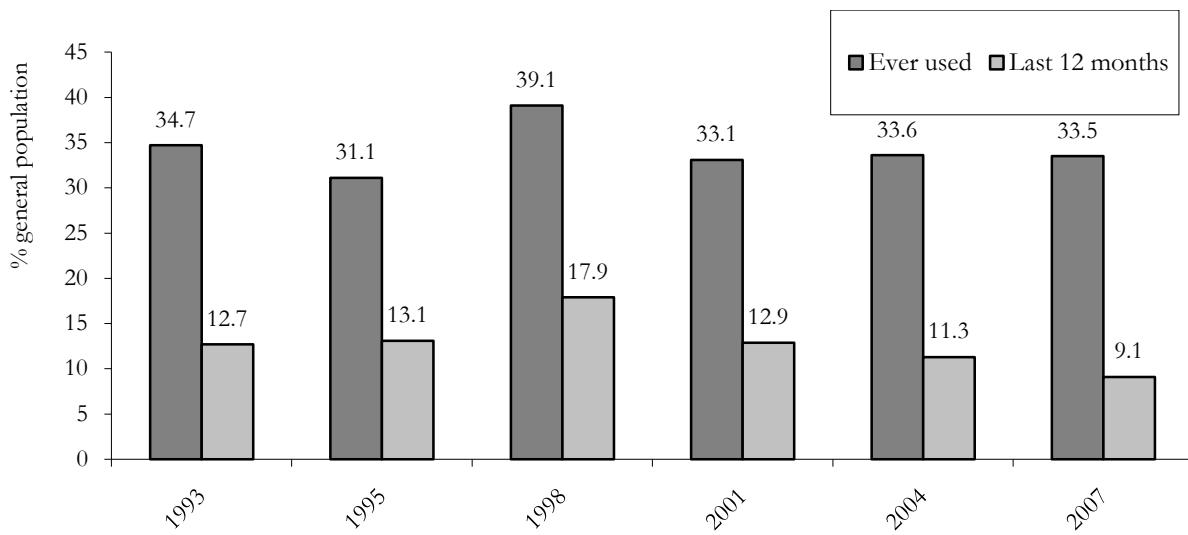
%	2003	2004	2005	2006	2007	2008	2009
Used with ecstasy	(n=116) 49	(n=144) 62	(n=93) 54	(n=95) 57	(n=97) 53	(n=101) 54	(n=31) 61
Used while 'coming down' from ecstasy	(n=108) 58	(n=121) 71	(n=82) 71	(n=85) 84	(n=87) 76	(n=84) 71	(n=24) 92

Source: EDRS REU interviews 2003-2009

8.2 Cannabis use in the general population

According to the 2007 National Drug Strategy Household Survey (NDSHS), 33.5% of the general population aged 14 years and older had ever used cannabis (AIHW, 2008a) (Figure 33). Males were more likely than females to have ever used cannabis (37.1% versus 30.0%) and to have used cannabis in the last 12 months (11.6% versus 6.6%).

Figure 33: Prevalence of cannabis use among the population aged 14 years and over in Australia, 1993-2007



Source: NDSHS 1993-2007

Recent use of cannabis among the Queensland population aged 14 years and older in 2007 was reported by 9.5% (AIHW, 2008b). This placed QLD in the middle of state rankings, with four states having higher prevalence (NT 13.8%, 10.8% Tasmania, 10.8% WA, 10.2% SA) and three states with lower prevalence (ACT 9.1%, 8.8% Victoria, 8.0% NSW).

8.3 Price

Commencing in 2006, data were collected from REU regarding aspects of the cannabis market such as price, purity and availability. A distinction was made between indoor cultivated 'hydroponic' cannabis and outdoor cultivated 'bush' cannabis. Of the total sample in 2009, 72% reported that they were able to distinguish between hydroponic and bush cannabis.

Table 26 presents the price of cannabis by 'gram', 'bag' and 'ounce' among REU who commented. A gram and an ounce were bought according to weight, while a bag was typically purchased as a price amount.

One gram of hydroponic and bush cannabis both had a median price of \$25; this was \$25 and \$20 last year respectively. One ounce of hydroponic cannabis had a median price of \$300 compared to \$250 in 2008. One 'bag' of cannabis, hydroponic or bush, cost a median price of \$50 in both years.

In 2009, two participants reported on the price of hashish. The median price for one gram of hashish oil was \$22.50 (range \$20-25) and the median price for one cap of hash oil was \$120 (range \$50 - 130); in 2008 the median price for hashish oil per cap was reported as \$37.50 (the number of participants reporting these prices were too small to test the differences for statistical significance).

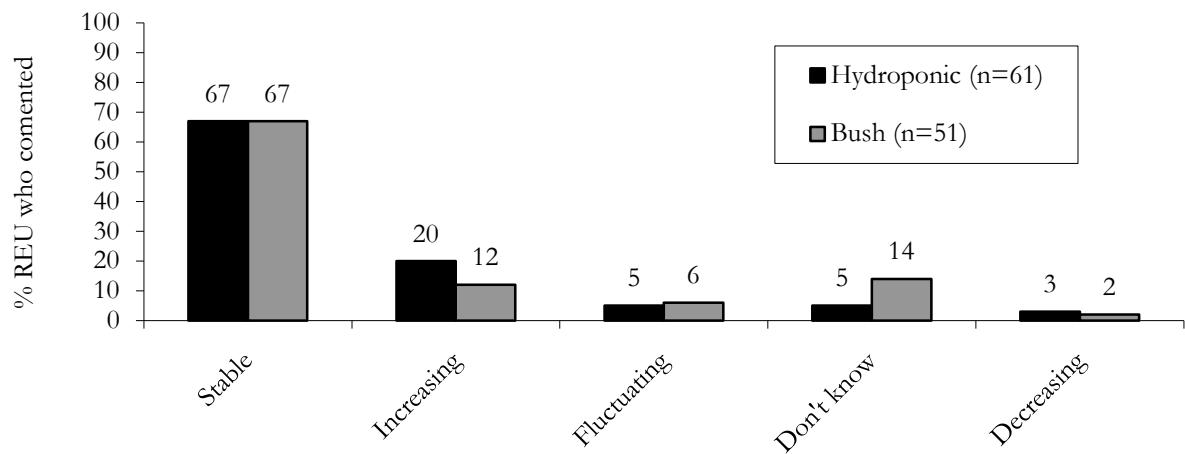
Table 26: Median reported price of cannabis by REU, QLD 2009

Cannabis amount	Bush	Hydro
Gram	(n=8) \$25	(n=14) \$25
Bag	(n=10) \$50	(n=14) \$50
Ounce	(n=13) \$250	(n=17) \$300

Source: EDRS REU interviews 2009

Figure 34 presents REU reports of perceived changes in the price of cannabis in the previous six months. Of those who commented for both hydroponic (n=61) and bush (n=51) cannabis, the majority reported the price as 'stable', 67% and 66% respectively. Smaller proportions reported the changes in price as 'increasing' (hydroponic (19%) and bush (12%)) or 'decreasing' hydroponic (3%) and bush (2%).

Figure 34: User reports of change in cannabis price in last six months, QLD 2009

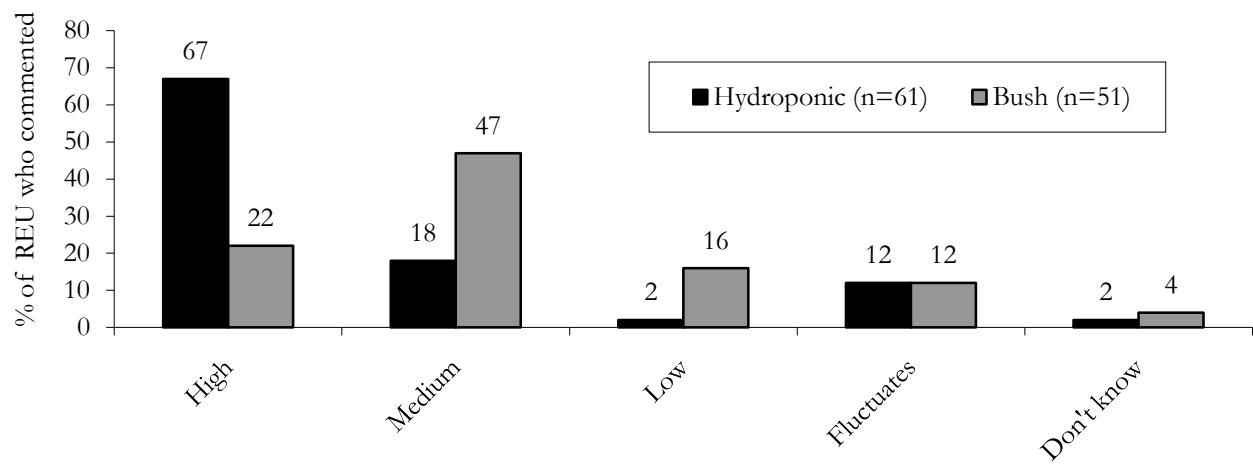


Source: EDRS REU interviews 2009

8.4 Potency

In 2009, reports of cannabis potency were commented on for both hydroponic (n=61) and bush cannabis (n=51): see Figure 35. For hydroponic cannabis current potency was rated as 'high' (67%), 'medium' (18%), 'fluctuates' (12%) and 'low' (2%). Current potency of bush cannabis was rated as 'medium' (47%), 'high' (22%), 'low' (16%) and 'fluctuates' (12%).

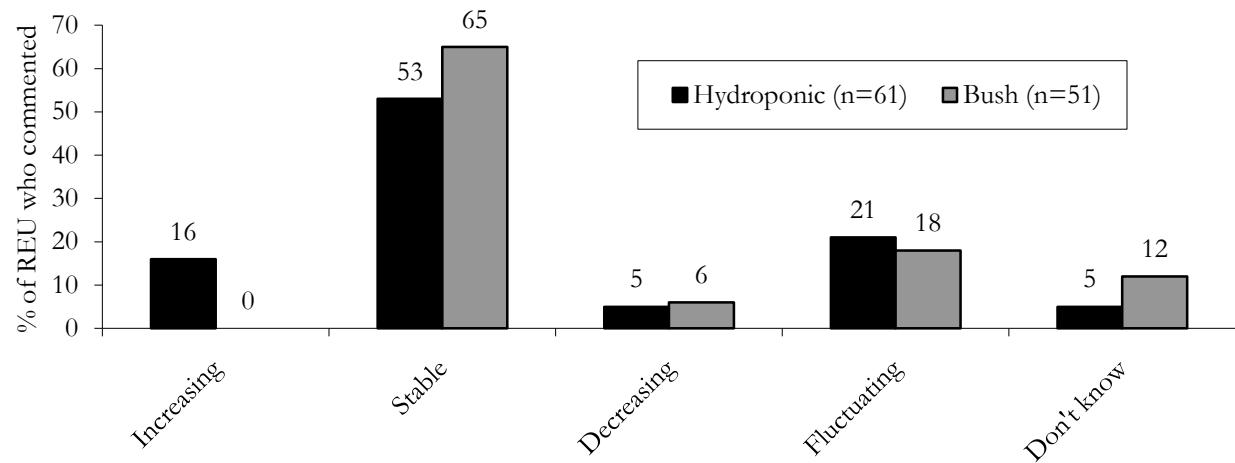
Figure 35: Participant reports of current potency of cannabis, QLD 2009



Source: EDRS REU interviews 2009

In 2009 over the last six months, the changes in potency of both types of cannabis were rated by the majority as 'stable' (53% hydroponic, 65% bush) - this was similar in 2008 (Figure 36). Following this, changes in the potency of hydroponic cannabis were rated as 'increasing' (16%), 'decreasing' (5%) and 'fluctuating' (21%). The changes of purity in bush cannabis were rated as 'fluctuating' (18%), 'decreasing' (6%) and 'don't know' (12%).

Figure 36: Participant reports of change in cannabis potency, QLD 2009

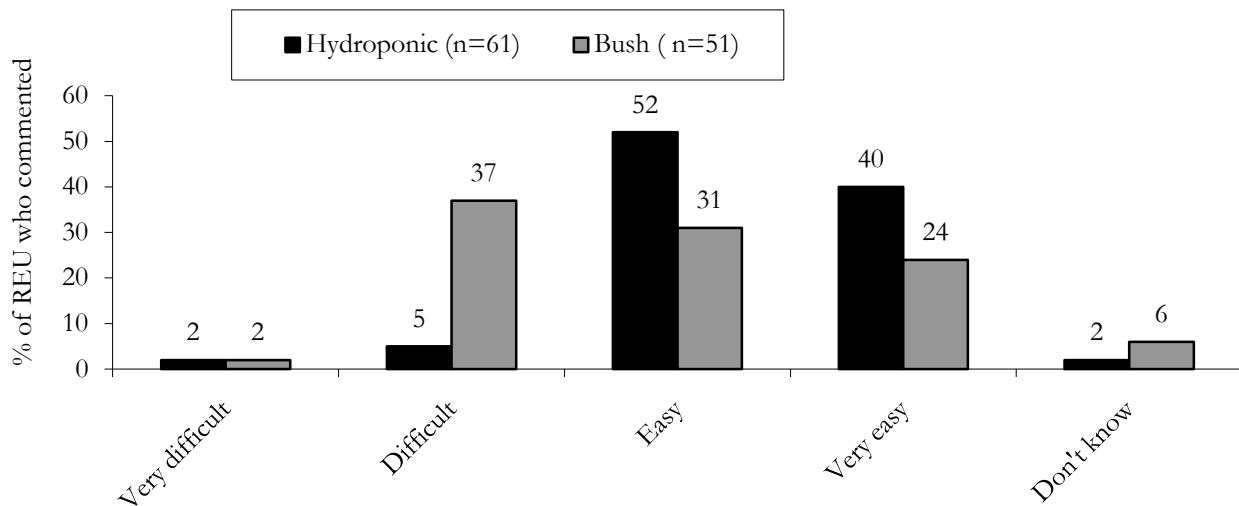


Source: EDRS REU interviews 2009

8.5 Availability

As shown in Figure 37, hydroponic cannabis was perceived by REU as easier to access than bush cannabis which was also the case in 2008. The greatest proportion of participants rated availability of hydroponic cannabis as 'very easy' (40%), 'easy' (52%), 'difficult' (5%) and 'very difficult' (2%). Bush cannabis availability was rated as 'very easy' (24%), 'easy' (31%), 'difficult' (37%) and 'very difficult' (2%).

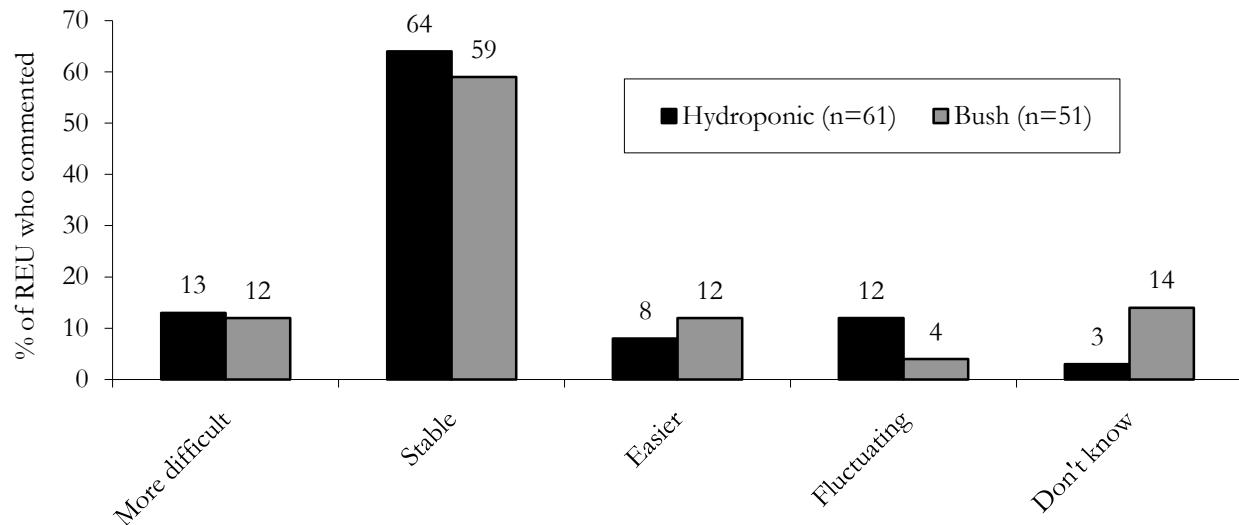
Figure 37: REU reports of current cannabis availability, QLD 2009



Source: EDRS REU interviews 2009

Over the last six months, the greatest proportion of REU that reported about changes in the availability of both hydroponic (64%) and bush (59%) cannabis, reported that its availability was 'stable' (Figure 38). For hydroponic cannabis, changes in recent availability were reported as 'more difficult' (12%), 'fluctuates' (12%), and 'easier' (8%). Changes in the availability of bush cannabis were reported as 'more difficult' and 'easier' (both 12%) and 'fluctuates' (4%).

Figure 38: REU reports of changes in cannabis availability, QLD 2009

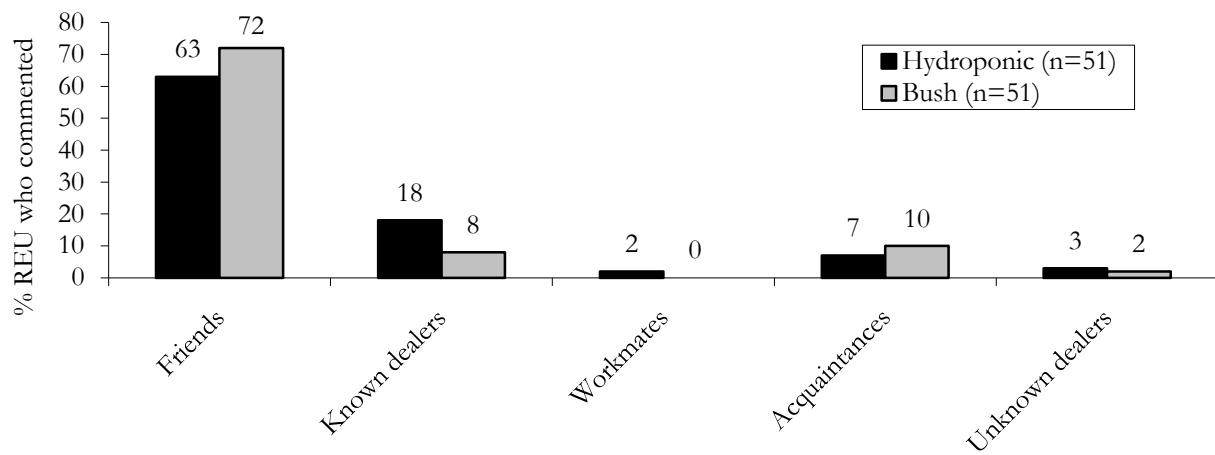


Source: EDRS REU interviews 2009

8.5.1 Source person and location

Figure 39 shows the people from whom REU obtained cannabis in the last six months in 2009. As in previous years, 'friend's' were the most common source of both hydroponic (63%) and bush (72%) cannabis. About one-fifth of the sample (18%) reported obtaining hydroponic cannabis from 'known dealers' while only 8% obtained bush cannabis from 'known dealers'. 'Acquaintances' were nominated as a source by 7% (hydroponic) and 10% (bush) cannabis.

Figure 39: People from whom cannabis was obtained in the preceding six months, QLD 2009

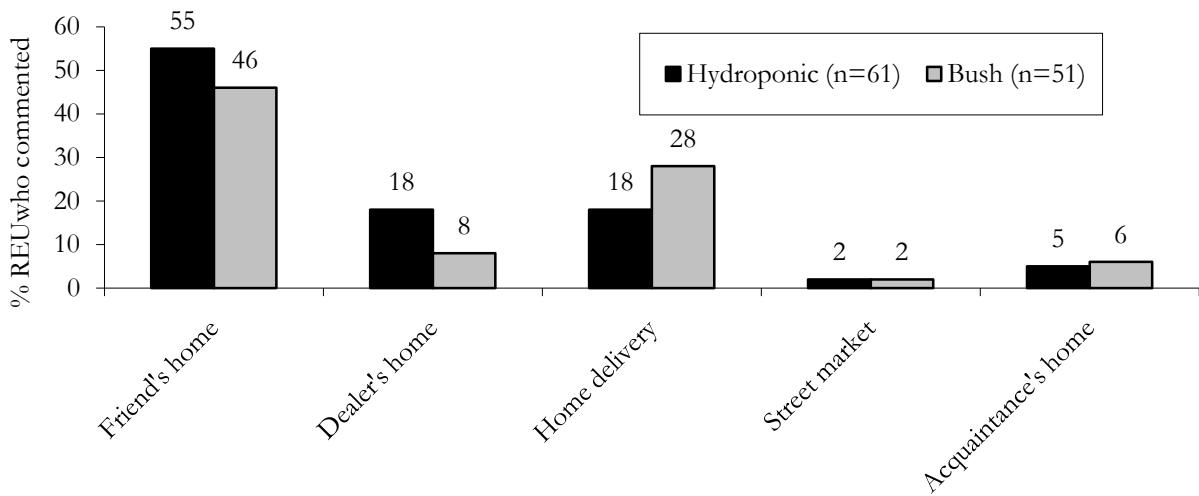


Source: EDRS REU interviews 2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

The most commonly reported locations for obtaining hydroponic and bush cannabis were 'friend's home' (55% and 46%), 'dealer's home' (18% and 8%), 'own home' (18% and 28%) and 'acquaintance's house' (5% and 6%) (see Figure 40). These locations were similar to those nominated in 2008.

Figure 40: Locations where cannabis was obtained in the preceding six months, QLD 2009



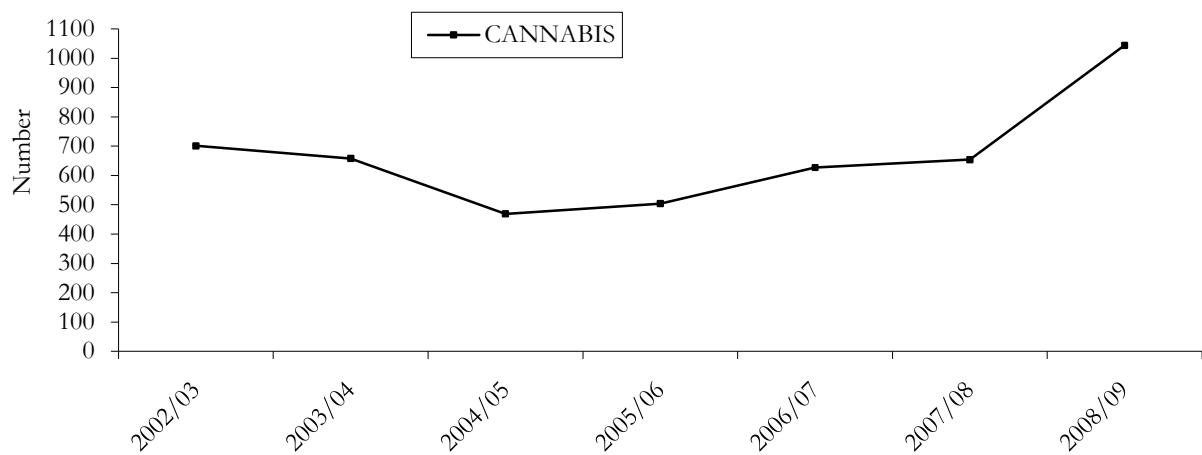
Source: EDRS REU interviews 2009

Note: excludes participants who responded 'used not scored' and 'haven't used'

8.5.2 Cannabis detected at the Australian border

Figure 41 shows the number of cannabis seizures by ACS from 2002/03 to 2008/09. The total number of cannabis importations intercepted at the Australian border has fluctuated during this period, but there is an increase in seizures overall. The total number of cannabis seizures for 2008/09 was 1044.

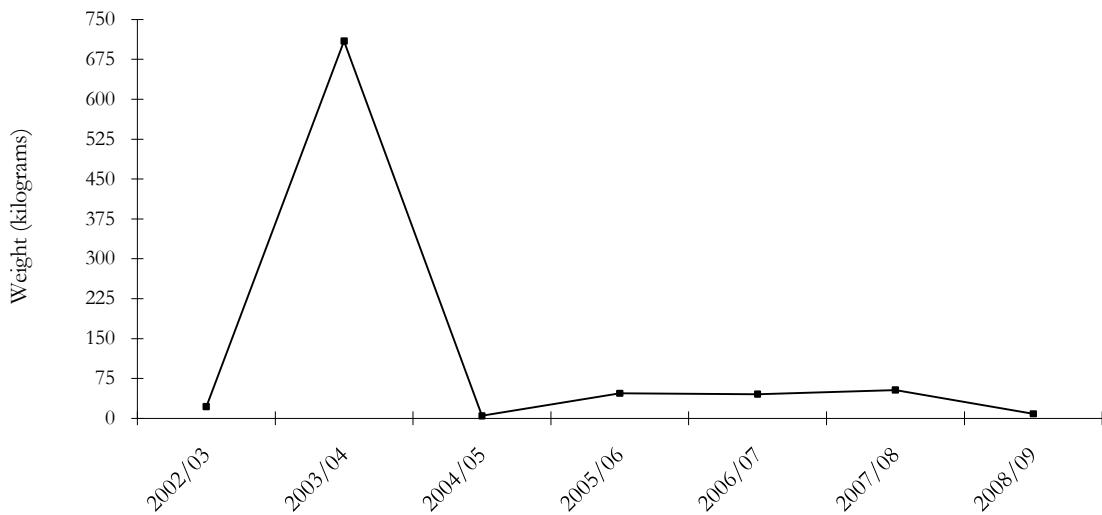
Figure 41: Number of cannabis seizures by ACS, 2002/03-2008/09



Source: Australian Customs Service

The total weight of cannabis seizures at the Australian border from July 2002/03 to 2008/09 is shown in Figure 42. During this time, the median weight of cannabis seizures has been relatively consistent, with the exception of one large seizure in 2003/04 of 709 410 grams. In 2008/09, ACS seized a total of 8 600 grams of cannabis.

Figure 42: Weight of cannabis seizures by ACS, 2003/04-2008/09



Source: Australian Customs Service

8.6 Summary of cannabis trends

- Similar to previous years, the vast majority of REU reported lifetime (99%) and recent use of cannabis (81%).
- Frequency of use among recent cannabis users was statistically similar to 2008, with a median of 38 days use in the last six months (24 days in 2008).
- Use of cannabis while under the influence of ecstasy was reported by two-thirds of the REU sample and most (92%) reported using cannabis while ‘coming down’ from ecstasy.
- Hydroponic cannabis is more expensive than bush cannabis when bought by the ounce (\$300 and \$250). However, a gram of hydroponic and bush cannabis had a median price of \$25, and a bag of either type of cannabis was reported to be \$50.
- Potency of cannabis was rated by the majority of respondents as ‘medium’ for bush, and ‘high’ for hydroponic.
- There was some variation in reports of availability, with reports indicating that hydroponic cannabis is more available than bush cannabis.
- The majority of REU reported obtaining both types of cannabis from ‘friend’s’ at ‘friend’s home’, followed by ‘known dealers’ at ‘dealer’s home’. These locations were unchanged from 2008.

9 OTHER DRUGS

9.1 Alcohol

Lifetime and recent use of alcohol by REU from 2003 to 2009 is presented in Table 27. Since 2005 all REU have reported lifetime use of alcohol. This year, 99% reported use in the last six months. After ecstasy, alcohol has consistently been reported as the most common drug recently used by REU (since 2000). Median days alcohol was consumed in the last 6 months were 50 days (48 days in 2008).

Table 27: Lifetime and recent use of alcohol by REU, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever (%)	96	98	100	100	100	100	100
Used last 6 months (%)	93	89	97	97	98	97	99
Median days used last 6 mths	48	48	49	52	48	48	50

Source: EDRS REU interviews 2003-2009

KE from the health, law and entertainment sectors reported that alcohol was consumed by the vast majority of ecstasy users and that use of alcohol with ecstasy remains the norm. Some KE believe this is because alcohol is readily available and easy to access. In one particular geographical area in south east Queensland, excessive alcohol use in conjunction with ecstasy and other illicit drugs is often a standard pattern of consumption. Many users present to one health service experiencing the adverse effects of poly-drug taking, such as anxiety-type reactions, nausea, and a reduced level of consciousness.

9.1.2 The Alcohol Quantity Frequency and Variability Assessment (AQFV)

In 2009, a measure of alcohol consumption was included in the EDRS as a way of more accurately measuring the quantity and frequency of alcohol use while taking into account variability of this over the course of the past year. The Alcohol Quantity Frequency and Variability Assessment¹ (AQFV) is a self-report measure which examines alcohol use over the preceding six months. It has three categories; a) typical drinking; b) regular changes: e.g. weekends; and c) occasional changes: e.g. festivals, parties. Respondents indicated a range for the number of drinks they consume for each section and on how many days per week, month or year they drank this amount. For example, a participant may report for the 'Typical drinking' section that they consume '2-3 standard drinks, 3 days per week' or '5-6 standard drinks, 2 days per month' etc.

Using the information gathered from the AQFV assessment, the number of days that each participant consumed alcohol over the course of a year and the amount of alcohol consumed on each drinking day was computed. Each drinking day was then defined as either a) low risk (up to

¹ Many thanks to Dr James Lemon, previously of the National Drug and Alcohol Research Centre, for his kind permission to use the AQFV assessment in the 2009 EDRS.

6 drinks for males or 4 for females); b) risky (from 7 to 10 drinks for males or 5 to 6 for females); or c) high risk (11 drinks and above for males or 7 and above for females) (National Health and Medical Research Council 2001).

Table 28 presents the frequency and quantity of alcohol consumption for male and female REU in Queensland in 2009. There was no statistically significant difference found between men and women in the number of days per year of high risk, risky or low risk drinking. Men and women reportedly consumed a similar number of drinks per drinking session.

Table 28: Frequency and quantity of alcohol consumption among REU, QLD, 2009

	Men	Women
Median number of drinking days/year (range):		
Low Risk	52 (0-349)	16 (0-318)
Risky	9 (0-241)	1 (0-135)
High Risk	20 (0-365)	52 (0-312)
Average no. drinks per session	7	6.54

Source: EDRS interviews 2009

In Queensland, REU reported typical drinking to consist of a median of three drinks (range 2-50), consumed on a median of two days 'a week' by 85% of REU and two days 'a month' by 18%. Regular changes to drinking patterns were reported by 48 REU, with a median number of nine drinks (range 2-60), again occurring on a median of two days 'a week' (72%), or 'a month' (26%) or 'a year' (2%). Occasional changes to drinking were reported by 66 REU; with a median number of drinks being two (range 6-50) consumed on a median of two days 'a week' (6%), 'a month' (54%) or 'a year' (40%).

Patterns of alcohol use from 2003 to 2009 are presented in Table 27. The average first age of alcohol consumption reported by participants in 2009 was 14 years; comparable to that reported in previous years.

Similar to previous years, of those REU who reported using other drugs with ecstasy, the majority nominated alcohol (Table 29). It is important to note that the numbers overall this year are much smaller than in previous years due to an error on the user survey.

In 2009, alcohol was nominated by 35% of these participants and, of those who reported using it while under the influence of ecstasy, over three-quarters (77%) reported consuming more than five standard drinks, similar to 2008 (75%). The proportion of REU reporting use of alcohol during 'comedown' from ecstasy was 39% in 2008 and 27% in 2009.

The proportion of those using alcohol during 'comedown' and consuming more than five standard drinks decreased from 55% in 2008 to 38% in 2009 which is the lowest proportion reported since 2003. This difference was also found to be a statistically significant reduction (17%, 95% CI of difference 3-30). The majority of REU continue to consume alcohol with ecstasy and often at 'risky levels'.

Table 29: Patterns of alcohol use by REU, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Mean age first used (years)	14.1	13.5	14.1	13.6	13.9	13.6	14.0
Usually drink alcohol with ecstasy (%) [*]	(n=116) 73	(n=144) 69	(n=93) 70	(n=95) 84	(n=97) 87	(n=101) 88	(n=88) 35
More than 5 standard drinks (%) [~]	(n=85) 99	(n=99) 71	(n=65) 77	(n=80) 79	(n=84) 88	(n=89) 75	(n=31) 77
Usually drink alcohol 'coming down' (%) [#]	(n=108) 54	(n=121) 41	(n=82) 44	(n=85) 47	(n=87) 54	(n=84) 39	(n=88) 27
More than 5 standard drinks (%) ⁺	(n=58) 97	(n=49) 80	(n=36) 61	(n=40) 70	(n=47) 85	(n=33) 55	(n=24) 38

Source: EDRS REU interviews 2003-2009

* of those who reported using other drugs with ecstasy

~ of those who usually drank alcohol with ecstasy

of those who reported using other drugs during 'comedown' from ecstasy

+ of those who usually drank alcohol during 'comedown'

9.1.3 Alcohol use among the general population

According to the 2007 NDSHS (AIHW, 2008a), 89.9% of Australians aged 14 years or older had tried alcohol in their lifetime and 82.9% had consumed alcohol in the twelve months preceding the survey (Table 30).

Table 30: Alcohol drinking status - proportion of the Australian population 14 years and older, Australia, 1991-2007

%	1991	1993	1995	1998	2001	2004	2007
Daily	10.2	8.5	8.8	8.5	8.3	8.9	8.1
Weekly	41.0	39.9	35.2	40.1	39.5	41.2	41.3
Less than weekly	30.4	29.5	34.3	31.9	34.6	33.5	33.5
Ex-drinker	12.0	9.0	9.5	10.0	8.0	7.1	7.0
Never a full serve	6.5	13.0	12.2	9.4	9.6	9.3	10.1

Source: NDSHS (AIHW, 2008a)

Proportions of the QLD population aged 14 years or older in each drinking category were similar to those reported nationally: 8.3% daily, 42.2% weekly, 34.3% less than weekly, 7.0% ex-drinker and 8.2% never a full serve of alcohol (AIHW, 2008b).

9.2 Tobacco

Patterns of lifetime and recent use of tobacco by REU from 2003 to 2009 are presented in Table 31. As in previous years, the majority of REU in 2009 (93%) reported lifetime use of tobacco and 83% reported recent use in the last six months. Across all years, the median frequency of tobacco use was daily (180 days) among those who smoked.

Table 31: Lifetime and recent use of tobacco by REU, QLD 2003-2009

%	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever	79	78	90	86	88	94	93
Used last 6 months	70	68	75	77	75	76	83
Median days used last 6 months*	180	180	180	180	180	180	180

Source: EDRS REU interviews 2003-2009

* of those who used tobacco last six months

Patterns of tobacco use from 2003 to 2009 are shown in Table 32. Mean age of first tobacco use was 15 years (2009), similar to previous years. REU (2009) who reported using other drugs with ecstasy commonly reported smoking tobacco (71%) and those who reported using other drugs during 'comedown' commonly reported smoking tobacco (58%).

Table 32: Patterns of tobacco use by REU, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Mean age first used (years)	14.3	14.5	15.0	14.2	14.2	14.9	15
Usually use tobacco with ecstasy (%) [*]	(n=116) 68	(n=144) 63	(n=93) 72	(n=95) 56	(n=97) 60	(n=101) 70	(n=31) 71
Usually use tobacco 'coming down' (%) [#]	(n=108) 64	(n=121) 60	(n=82) 62	(n=85) 55	(n=87) 44	(n=84) 55	(n=24) 58

Source: EDRS REU interviews 2003-2009

^{*} of those who reported using other drugs with ecstasy[#] of those who reported using other drugs during 'comedown' from ecstasy

9.2.1 Tobacco use among the general population

According to the 2007 NDSHS, just under half (44.6%) of Australians aged 14 years or older had smoked 100 or more cigarettes in their lives and one-fifth (19.4%) had smoked in the twelve months preceding the survey (AIHW, 2008a). Table 33 shows the proportion of the national population aged 14 years or over who reported they were current smokers, ex-smokers or never having smoked tobacco from 1991 to 2007.

Table 33: Smoking status, proportion of the Australian population 14 years and older, 1991-2007

	1991	1993	1995	1998	2001	2004	2007
Daily	24.3	25.0	23.8	21.8	19.5	17.4	16.6
Weekly	2.8	2.3	1.6	1.8	1.6	1.6	1.3
Less than weekly	2.4	1.8	1.8	1.3	2.0	1.6	1.5
Ex-smoker*	21.4	21.7	20.2	25.9	26.2	26.4	25.1
Never smoked**	49.0	49.1	52.6	49.2	50.6	52.9	55.4

Source: 2007 NDSHS (AIHW, 2008a)

^{*} smoked at least 100 cigarettes in lifetime and no longer smoke^{**} never smoked more than 100 cigarettes in lifetime

Proportions of the QLD population aged 14 years or older were similar to those reported nationally (AIHW, 2008b).

9.3 Benzodiazepines

In 2009, over half (53%) of REU reported lifetime use of benzodiazepines and approximately one-quarter (27%) reported use in the last six months (Table 34). These reports are similar to previous years.

In 2009, lifetime use of licit benzodiazepines was reported by 28% of REU and the median age of first use was 23. Use of licit benzodiazepines in the last six months was reported by 14% and, among these, the median days of use was 11 (range 1-180 days).

In 2009, lifetime use of illicit benzodiazepines was reported by 41% of REU and the median age of first use was 19. Use of illicit benzodiazepines in the last six months was reported by 18% and, among these, the median days of use was six.

Among REU who reported use of 'other drugs with ecstasy' (n=31), 6% reported using benzodiazepines.

Table 34: Lifetime and recent use of benzodiazepines by REU, QLD 2003-2009

%	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used	38	46	45	44	47	51	53
Used last 6 mths	27	30	24	37	27	23	27

Source: EDRS REU interviews 2003-2009

9.4 Anti-depressants

In 2009, over one-third (38%) of participants reported lifetime use of anti-depressants and 15% reported use in the last six months (Table 35).

In 2009, lifetime use of licit anti-depressants was reported by 34% of REU and the median age of first use was 18. Use in the last six months was reported by 14% of REU and, among these, the median days use was 180 (range 2-180). More information on mental health and anti-depressant prescription is provided in Section 11.2.1.

In 2009, lifetime use of illicit anti-depressants was reported by 8% of REU and the median age of first use was 17. Use in the last six months was reported by one participant who reported using illicit anti-depressants for six days.

Table 35: Lifetime and recent use of anti-depressants by REU, QLD 2003-2009

%	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever	23	34	24	23	22	31	38
Used last 6 mths	12	14	8	6	6	14	15

Source: EDRS REU interviews 2003-2009

9.5 Inhalants

In 2009, approximately one half of REU reported lifetime use of amyl nitrate (46%) and/or nitrous oxide (66%) (Table 36). In the last 6 months 15% of REU reported use of amyl nitrate and 24% had used nitrous oxide. The proportion of REU reporting amyl nitrate use had decreased from 27% in 2008 which was a statistically significant reduction (12%, 95% CI of difference 0-22). The median age of first use of amyl nitrate was 20 and nitrous oxide was 18.

In the last 6 months, those who reported use of amyl nitrate (n=13) used on a median of two days. Of those who reported use of nitrous oxide (n=21), the median days of use was six. Amount of nitrous oxide used in an average session was reported as a median of ten bulbs (range 1-40) and 12 bulbs in a heavy session (range 1-120).

Use of nitrous oxide with ecstasy was reported by 3% of this year's REU (n=31).

One KE reported that use of amyl nitrate seemed to be more common among younger ecstasy users and can often be found in nightclubs. The same KE stated there seems to be an increase in the use of nitrous bulbs to 'come down' from ecstasy, possibly because underage people can access them easily.

Table 36: Lifetime and recent use of amyl nitrate and nitrous oxide by REU, QLD 2003-2009

%	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Amyl nitrate							
Ever	27	44	47	26	33	44	46
Last 6 mths	9	21	18	6	20	27	15
Nitrous oxide							
Ever	38	45	54	55	54	45	66
Last 6 mths	18	22	30	32	22	23	24

Source: EDRS REU interviews 2003-2009

9.6 Mushrooms

The proportion of REU reporting lifetime and recent use of mushrooms was similar to 2008 at 55% in 2009 (Table 37). In 2009, 18% of REU reported use of mushrooms in the last six months compared to 19% in 2008. The median age of first use was 19. Of those who had used mushrooms in the last six months (n=16), the median days of use was 1.5 (range 1-10 days).

Table 37: Lifetime and recent use of mushrooms by REU, QLD 2005-2009

%	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever	41	40	52	52	55
Used last 6 mths	19	13	15	19	18

Source: EDRS REU interviews 2005-2008

9.7 GBH

Table 38 presents patterns of GHB use among REU from 2003 to 2009. In 2009, 16% of REU reported lifetime use of GHB (11% in 2008) and 3% reported use in the last six months. Of those who reported lifetime use, the median age of first use was 22 years.

Among those who reported use of GHB in the last six months (n=2), the median days of use was two (range 1-10). Two participants commented on amounts used and reported using 5 ml of GHB on typical occasions and 13.0ml in heavy sessions. All recent users reported swallowing as the route of administration.

One KE commented that GHB use is dangerous because of the ease of accidental overdose; a 'safe' dose of GHB is nearly impossible to estimate for the average user.

Table 38: Patterns of GHB use among REU, QLD 2003-2009

GHB	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	13	20	26	17	11	11	16
Used last 6 months (%)	6	6	13	9	3	5	3
Median days used last 6 mths (range)*	1 (1-90)	3 (1-78)	2 (1-48)	4 (3-5)	4 (3-5)	1 (1-6)	2 (1-10)
Median quantities used (ml)*							
Typical [†] (range)	4.0 (2-10)	4.0 (0.5-100)	7.5 (1-25)	3.5 (2.6-5)	3.3 (1.5-5)	3.0 [#] (3-3)	5.0[#] (4-6)
Heavy [†] (range)	6.0 (5-40)	8.8 (0.5-100)	7.5 (2-40)	5.0 (5-15)	5.0 (5-7)	3.0 [#] (3-3)	13.0[#] (5-20)

Source: EDRS REU interviews 2003-2009

* of those that had used GHB last 6 months

† not asked in 2000

based on responses of one participant

9.7.1 Locations of use

In 2009, three participants reported on locations of GHB use. They reported the most time spent whilst intoxicated was 'friend's home' or 'nightclub'.

9.7.2 Price, purity and availability – comments of three participants

The price of GHB in 2009 was reported as \$4.50 per ml and over the last six months was reported as 'stable'.

GHB was reported by one participant to have current purity of 'medium', while another two reported that its purity 'fluctuates'. Purity over the last six months was reported as either 'stable', 'increasing' or 'fluctuating'.

Availability of GHB was reported by one participant as 'very easy' and by the other two as 'difficult'. Availability over the last six months was rated as either 'more difficult', 'stable' or 'easier'.

Sources and locations for purchasing GHB were reported by two persons. The persons GHB was purchased from were 'friend's'. Scoring locations were either 'friend's home' or 'nightclub'.

9.8 Ketamine

Patterns of ketamine use among REU from 2003 to 2009 are shown in Table 39. In 2009, 31% of REU reported lifetime use of ketamine and 6% reported use of ketamine in the last six months. Of those reporting lifetime ketamine use, the median age of first use was 20 years.

Among those who reported use of ketamine in the last six months, the median days of use was one (range 1-2 days). One participant reported using five 'bumps' in a typical session and 12.5 bumps in a heavy session. Route of administration was reported by seven respondents, with two reporting snorting, four reporting swallowing and one reporting smoking.

One KE reported that their health service has noticed that users of ketamine are more likely to be involved with sexually risky behaviours (for example, engaging in sexual behaviour in a public place or engaging in sexual behaviours with multiple, unknown partners), possibly related to the drug's ability to impair conscious state.

Table 39: Patterns of ketamine use among REU, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	27	32	37	31	28	26	31
Used last 6 mths (%)	14	16	20	12	1	4	6
Median days used last 6 mths* (range)	2.0 (1-48)	2.0 (1-13)	2.5 (1-70)	1.0 (1-10)	4.0 (4-4)	1.5 (1-2)	1.0 (1-10)
Median quantities used (bumps)*							
Typical† (range)	1.0 (0.5-3)	3.0 (1-5)	0.8 (0.5-1)	1.3 (1-1.5)	1.0 (1-1)	2.0# (2-2)	1.0#
Heavy† (range)	1 (1-15)	5.5 (1-11)	0.8 (0.5-1)	1.3 (1-1.5)	1.0 (1-1)	3.0# (3-3)	1.0

Source: EDRS REU interviews 2003-2009

*of those who had used ketamine in the last 6 months

† not asked in 2000

based on response of one participant

9.8.1 Locations of use

Only one respondent reported on locations of ketamine use. The most time spent when ketamine was last used was at a 'nightclub'.

9.8.2 Price, purity and availability – comments made by one participant

In 2009, the price of ketamine was reported as \$200 per gram and that price over the last six months was 'stable'.

Purity of ketamine was rated as 'high' and over the last six months was rated as 'stable'.

Availability of ketamine was rated as 'easy' and over the last six months was rated as 'stable'.

Location for purchasing ketamine was reported to be a 'dealer's home' from a 'known dealer'.

9.9 MDA

Patterns of MDA use from 2003 to 2009 are shown in Table 40. In 2009, 34% of REU reported lifetime use of MDA and 8% reported use in the last six months (4% in 2008). Among those reporting lifetime use in 2009, the median age of first use was 19 years.

Median days of use of MDA was three days in 2009 (3.5 days in 2008); however, this is based on the reports of a very small number of REU (n=7). The median amount used in a typical and heavy session was two caps (range 1-2 caps). All recent users of MDA in 2009 reported swallowing, smoking and snorting as the route of administration.

Table 40: Patterns of MDA use among REU, QLD 2003-2009

	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever used (%)	24	29	19	27	20	17	34
Used last 6 mths (%)	18	16	5	12	4	4	8
Median days used last 6 mths (range)*	2.0 (1-15)	3.0 (1-20)	6.0 (1-78)	1.5 (1-6)	2.0 (1-5)	3.5 (1-6)	3.0 (1-72)
Median quantities used (caps)*							
Typical (range)	1.0 (0.5-2.0)	2.0 (1.0-5.0)	1.5 (1.0-4.0)	2.0 (1.0-2.0)	1.5 (1.0-3.0)	1.5 (1.0-2.0)	2.0 (1.0-2.0)
Heavy (range)	2.0 (1-3.5)	2.0 (1.0-5.0)	1.0 (1.0-1.0)	2.0 (1.0-5.0)	2.0 (1.0-4.0)	2.5 (1.0-4.0)	2.0 (1.0-2.0)

Source: EDRS REU interviews 2003-2009

* of those who had used MDA last 6 months

9.10 Heroin and other opiates

9.10.1 Heroin

In 2009 (as in 2008), only a small proportion of participants reported lifetime use of heroin (16%) and use in the last six months (6%) (Table 41). The median age of first use was 19.5. Among REU who reported having used heroin in the last six months (n=5), the median days of use was 15 (range 5-48 days); this was five in 2008.

9.10.2 Methadone and buprenorphine

In 2009, smaller proportions of REU reported use of methadone and buprenorphine. Lifetime use of both methadone and buprenorphine was reported by only 3% of REU (Table 41). The median age of first use of methadone was 23 and the median age of first use of buprenorphine was 27. In the last six months, one participant reported use of methadone on one day (median use) and buprenorphine (180 days median use).

9.10.3 ‘Other opiates’

Consistent with previous years, a larger proportion of the current REU sample reported use of ‘other opiates’ (Table 41). This category of medications typically refers to use of pain medications including Kapanol, MS Contin (both morphine-based), Panadeine Forte (contains codeine), and Mersyndol. In 2009, 40% of REU reported lifetime use of ‘other opiates’ (28% in 2008) and 10% reported use in the last six months.

In 2009, lifetime use of licit other opiates was reported by 21% of REU and the median age of first use was 19.5. Use in the last six months was reported by 2% and, among these, the reported median days of use was one.

Lifetime use of illicit benzodiazepines was reported by 25% of REU and the median age of first use was 20. Use in the last six months was reported by 9% and, among these, the median days of use was one.

Table 41: Lifetime and recent use of opiates by REU, QLD 2003-2009

%	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Heroin							
Ever	17	22	18	12	12	14	16
Last 6 mths	7	12	7	2	1	3	6
Methadone							
Ever	10	8	6	5	5	6	3
Last 6 mths	4	3	3	1	1	0	1
Buprenorphine							
Ever	4	6	4	4	2	6	3
Last 6 mths	2	4	3	2	1	4	1
Other opiates							
Ever	24	29	24	23	23	28	40
Last 6 mths	12	16	11	10	15	13	10

Source: EDRS REU interviews 2003-2009

9.11 Pharmaceutical stimulants

Pharmaceutical stimulants refer to drugs such as dexamphetamine and methylphenidate that are typically prescribed to treat conditions such as attention deficit hyperactivity disorder. In 2009, half (50%) of participants reported lifetime use of pharmaceutical stimulants and 11% reported use in the last six months (Table 42).

In 2009, lifetime use of licit pharmaceutical stimulants was reported by 6% of REU and the median age of first use was 11. Two participants reported use in the last six months.

In 2009, lifetime use of illicit pharmaceutical stimulants was reported by 48% of REU and the median age of first illicit use was 18. Use in the last six months was reported by 9% and, among these participants, the median days of use was 3.5.

Among REU who reported use of other drugs with ecstasy (n=31), one participant reported using pharmaceutical stimulants.

Table 42: Lifetime and recent use of pharmaceutical stimulants by REU, QLD 2003-2009

%	2003 N=136	2004 N=161	2005 N=101	2006 N=100	2007 N=101	2008 N=108	2009 N=88
Ever	--	45	37	40	35	42	50
Used last 6 mths	--	14	15	15	12	8	11

Source: EDRS REU interviews 2003-2009

9.12 Summary of other drug use

- Similar to previous years, almost all REU in 2009 reported recent alcohol consumption. The median days alcohol was used in the last six months was 50 (i.e., twice a week); comparable to previous years. Typical alcohol consumption was reported as a median of three standard drinks, two days per week by 83% of the sample.
- Many participants reported typically consuming alcohol in combination with ecstasy, with the majority consuming at least five standard drinks on these occasions.
- Consistent with previous years, the majority of REU reported smoking in the last six months. The median frequency of tobacco use during this period was daily (180 days).
- A large proportion reported smoking both with ecstasy (71%) and during 'comedown' from ecstasy (58%).
- Incidence of benzodiazepine use was comparable to last year, with 53% reporting lifetime use and 27% reporting recent use. Use of illicit benzodiazepines was more common than licit benzodiazepine use.
- There were increases in the proportion reporting both lifetime use (38%) and recent use (15%) of anti-depressants. Licit use of anti-depressants was more common than illicit use.
- There were increases in the proportion reporting both lifetime use (46%) and recent use (15%) of amyl nitrate, while proportions reporting lifetime use (66%) and recent use

(24%) of nitrous oxide had increased compared to last year.

- Use of mushrooms was similar to last year - 55% reported lifetime use and 18% reported recent use.
- A minority of participants reported lifetime use of heroin (16%), methadone (3%) and buprenorphine (3%). More common and increased reported usage was lifetime use of 'other opiates' (40%), and 10% use in the last six months.
- Prevalence of GHB use among REU in QLD was higher this year. Lifetime use was reported by 31% (11% in 2008) and use in the last six months by 6%.
- Lifetime ketamine use was reported by 31% of REU and use during the last six months by 6% of REU.
- In 2009, 34% of REU reported lifetime MDA use and 8% reported use in the last six months.
- Use of pharmaceutical stimulants has been consistent across surveys. In 2009, 50% reported lifetime use and 11% reported recent use. Use of illicit pharmaceutical stimulants was more common than licit.

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

10.1 Reports of criminal activity among REU

The proportion of REU reporting different types of criminal activity in the six months prior to interview, from 2003 to 2009, is presented in Table 43. In 2009, forty-five percent (n=38) of REU reported being involved in some sort of criminal activity in the last month. Fifteen percent of those (n=13) reported having been arrested in the last twelve months. Participants reported having been arrested for the following types of crime: 'use/possession' (31%), 'property crime' (15%), 'fraud' (8%), 'violent crime' (8%) and 'other offences', which included drunk/disorderly and public nuisance offences (31%).

Table 43: Criminal activity as reported by REU, QLD 2003-2009

%	2003 (n=136)	2004 (n=161)	2005 (n=101)	2006 (n=100)	2007 (n=101)	2008 (n=108)	2009 (n=88)
Criminal activity in the last month							
Any crime	34	36	27	29	32	31	45
Drug dealing	31	20	24	24	24	21	0
Property crime	10	6	2	5	9	14	15
Fraud	4	1	4	3	0	3	8
Violent crime	3	2	2	1	2	2	8
Arrested last 12 months	11	12	11	15	13	14	15

Source: EDRS REU interviews 2003-2009

EDRS reports of criminal activity may be compared to reported drug use among alleged offenders. Drug Use Monitoring in Australia (DUMA) is an annual nationwide survey of police detainees in several sites across the nation including two sites in QLD: Brisbane and Southport (Gold Coast). In 2007, 14% of male detainees and 11% of female detainees reported use of ecstasy in the last 30 days at the Brisbane site (Adams et al., 2008). Similarly, 18% of male detainees at the Southport site reported use of ecstasy in the last 30 days, while only 5% of female detainees reported use of this drug. These figures are consistent with the low arrest rate among REU interviewed for the EDRS.

The most commonly reported drugs that had been used in the 30 days prior to screening at both Brisbane and Southport sites were cannabis and methamphetamine. Cannabis use was reported by 55% of males and 44% of females at the Brisbane site, and 54% of males and 53% of females at the Southport site. Methamphetamine use was reported by 33% of males and 44% of females at the Brisbane site, and 27% of males and 38% of females at the Southport site.

10.2 Perceptions of police activity towards REU

Perceptions of police activity among REU are presented in Table 44. The proportion that perceived police activity to have 'increased' in the last six months was 37% in 2009 (45% in 2008). Proportions nominating police activity as 'decreased' were comparable across years, while there was an increase in the proportion that reported that it was 'stable' (32%) compared to 2008 (26%). The majority of REU across the years and in 2009 (72%) have reported that police activity does not make scoring drugs more difficult (81% in 2008).

Table 44: Perceptions of police activity by REU, QLD 2003-2009

	2003 (n=136) %	2004 (n=161) %	2005 (n=101) %	2006 (n=100) %	2007 (n=101) %	2008 (n=108) %	2009 (n=88) %
Recent police activity							
Decreased	2	3	1	0	6	3	4
Stable	41	24	19	11	27	26	32
Increased	25	29	53	82	53	45	37
Don't know	32	45	27	7	15	26	28
Did not make scoring more difficult	86	89	86	73	77	81	72

Source: EDRS REU interviews 2003-2009

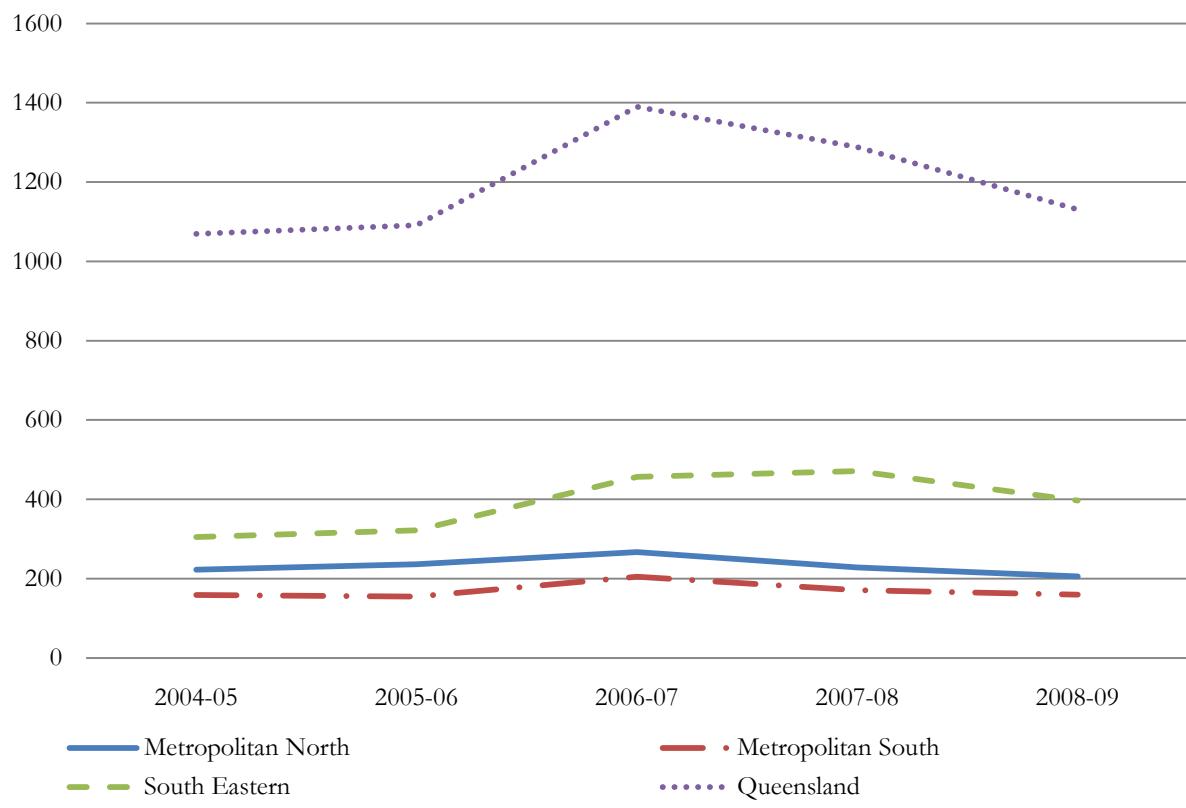
10.3 Arrests

In the last year the QPS has begun recording and analysing arrest data differently in an attempt to reduce over-counting the number of offences that may be associated with the one drug type. QPS statistical services kindly re-analysed the previous five years of data for use in this year's EDRS report. 'Consumer offences' relate to the end-person taking the nominated drug type, while provider offences relate to importation or supply offences associated with a certain drug type.

10.3.1 Amphetamine-type stimulant

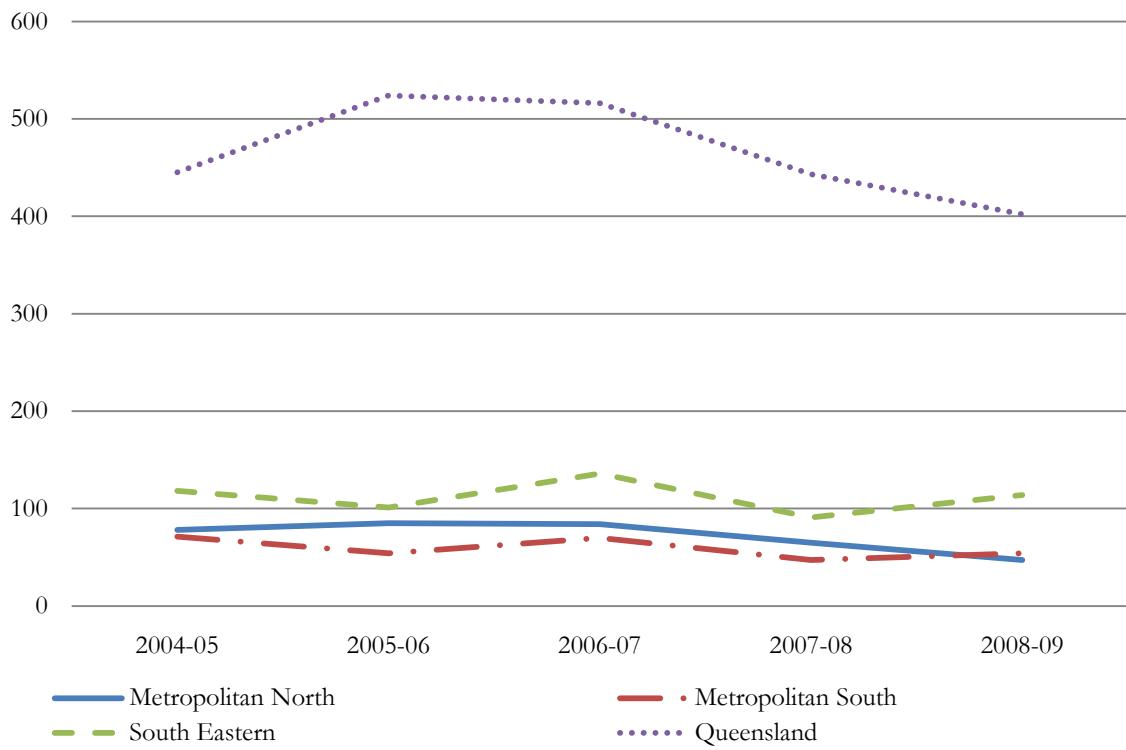
QPS includes amphetamine, methamphetamine and phenethylamines as ATS. The number of arrests of consumers of amphetamine-type stimulant (ATS) by geographic area, made in Queensland by the QPS from 2004/05 to 2008/09, is shown in Figure 43. The total number of arrests in Queensland in the last two collection periods was 1288 in 2007/08 and 1311 in 2008/09.

Figure 43: Number of arrests - consumers of amphetamine-type stimulants by geographic area, QLD 2004-2009



The number of arrests of providers of amphetamine-type stimulants (ATS) by geographic area, made in Queensland by the QPS from 2004/05 to 2008/09 is shown in Figure 44. The total number of arrests in Queensland across the two last collection periods was 443 in 2007/08 and 402 in 2008/09.

Figure 44: Number of arrest - providers of amphetamine-type stimulants by geographic area, QLD 2004-2009

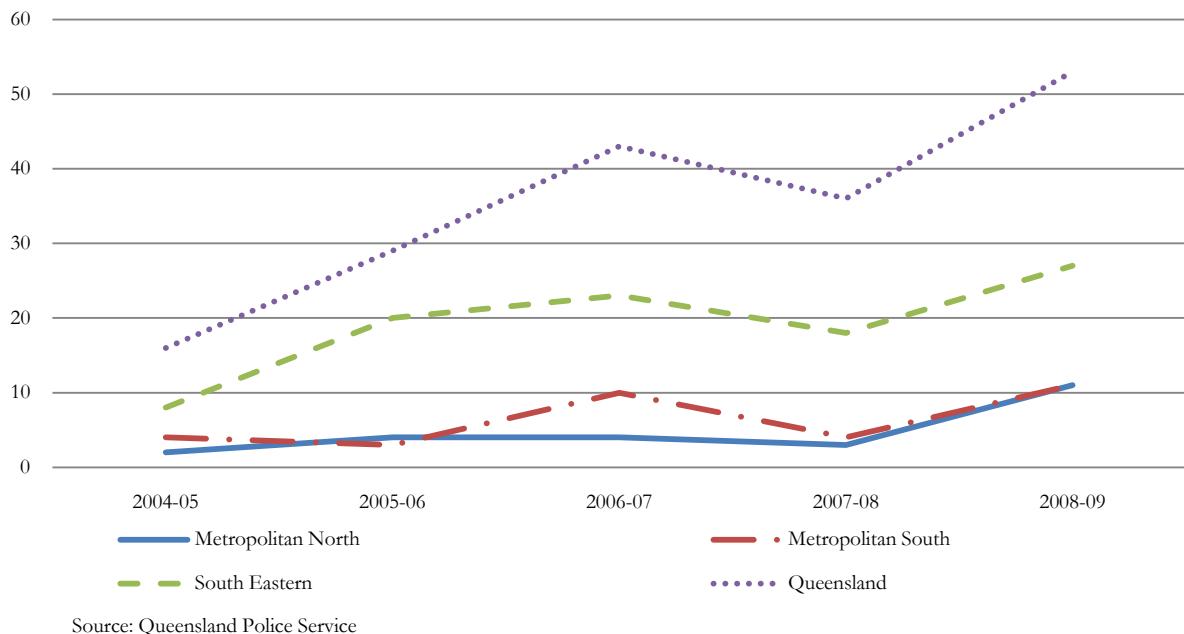


Source: Queensland Police Service

10.3.2 Cocaine

The number of QPS arrests for consumers of cocaine, by geographic area, in Queensland from 2004/05 to 2008/09 is shown in Figure 45. There was an increase in arrests in Queensland from 36 in 2007/08 to 53 in 2008/09.

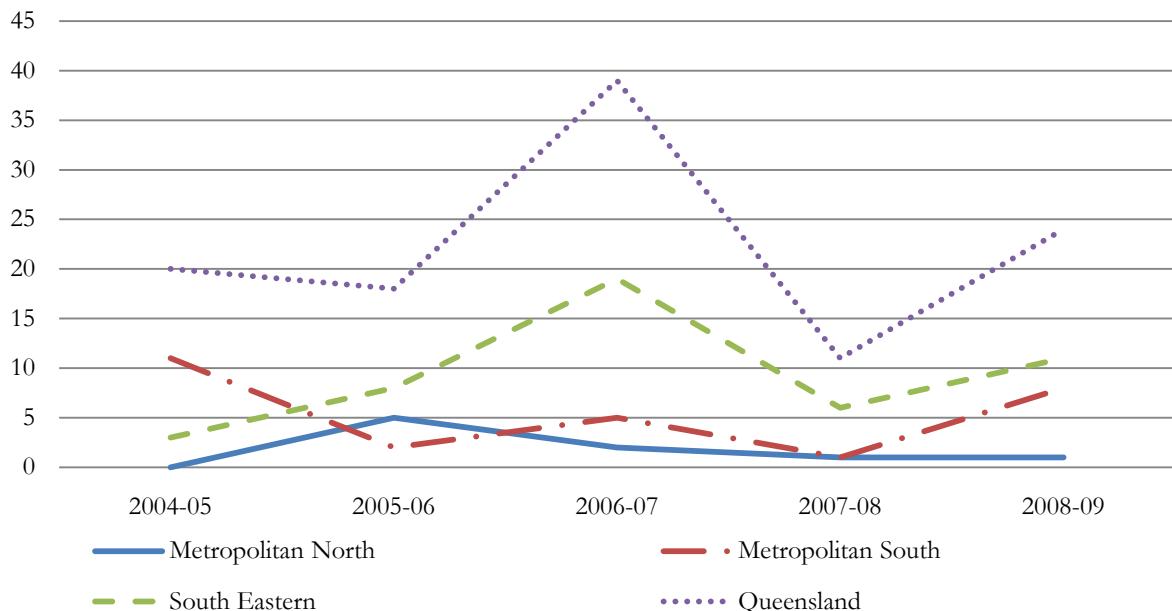
Figure 45: Number of arrests - consumers of cocaine by geographic area, QLD 2004-2009



Source: Queensland Police Service

The number of QPS arrests for providers of cocaine by geographic area, in Queensland from 2004/05 to 2008/09, is shown in Figure 46. There was an increase in arrests in Queensland from 11 in 2007/08 to 24 in 2008/09.

Figure 46: Number of arrest - providers of cocaine by geographic area, QLD 2004-2009



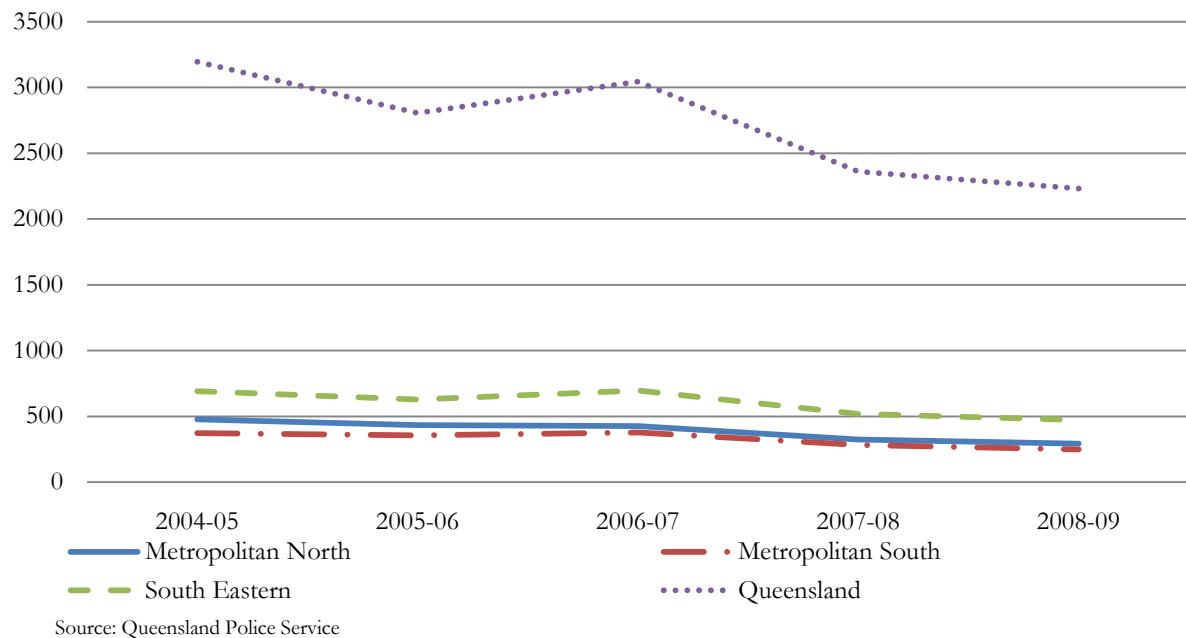
Source: Queensland Police Service

10.3.3 Cannabis

The number of arrests for consumers of cannabis in Queensland by geographic area, from 2004/05 to 2007/08, is shown in Figure 47. The number of cannabis consumer arrests has been

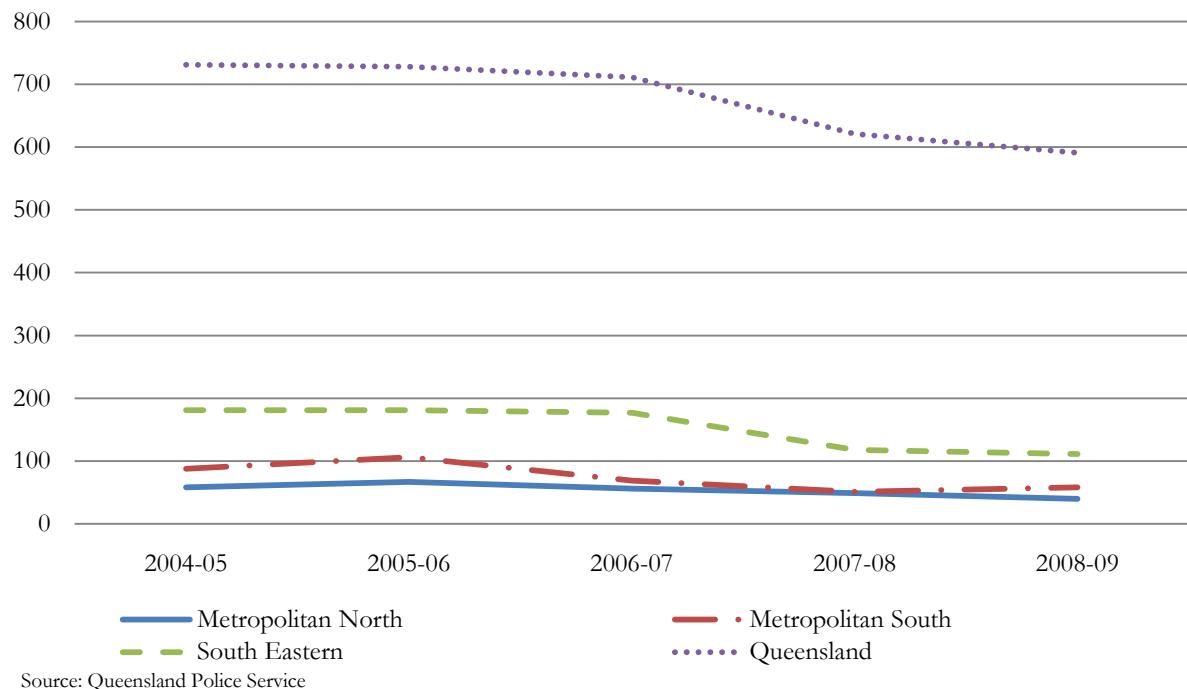
decreasing across time. In 2007/08 there were 2360 arrests and in 2008/09 there were 2232 arrests across Queensland.

Figure 47: Number of arrests - consumers of cannabis by geographic area, QLD 2004-2009



The number of arrests for providers of cannabis in Queensland by geographic area, from 2004/05 to 2007/08, is shown in Figure 48. The number of cannabis provider arrests has been decreasing across time. In 2007/08 there were 621 arrests and in 2008/09 there were 591 arrests across Queensland.

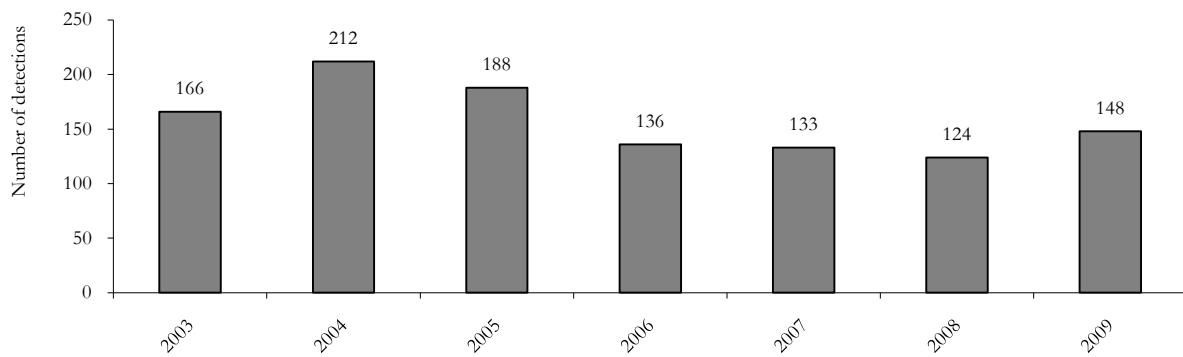
Figure 48: Number of arrests - providers of cannabis by geographic area, QLD 2004-2009



10.3.4 Clandestine laboratories

The number of clandestine laboratories detected by QPS from 2003 to 2009 is shown in Figure 49. The number of labs detected was 133 labs in 2007, 124 labs in 2008 and 148 labs in 2009.

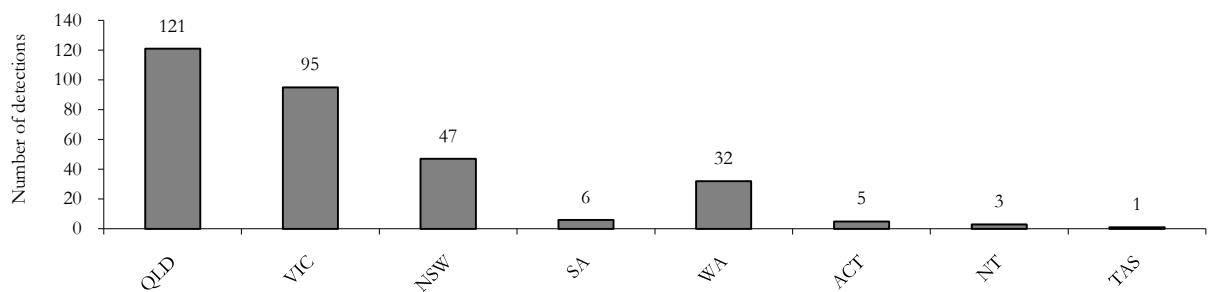
Figure 49: Number of clandestine laboratories detected by QPS, 2003-2009



Source: Queensland Police Service

Figure 50 presents the number of clandestine laboratories detected in all Australian jurisdictions for 2007/08. It is evident that QLD had the highest number of labs, followed by Victoria.

Figure 50: Number of clandestine laboratories detected in QLD and other states, 2007/08



Source: Queensland Police Service

Note: Current 2009 data was unavailable at the time of printing.

10.4 Experiences with drug detection ‘sniffer’ dogs

Table 45 shows REU perceptions of recent sniffer dog activity from 2007 to 2009. There was an increase in the proportion reporting seeing sniffer dogs in the last six months from 32% in 2008 to 58% in 2009.

Among those who had seen sniffer dogs, the median number of times sniffer dogs were seen was one in 2008 and 2009. Fifty-five percent reported being in possession of drugs at the time and one participant had been searched following a positive notification of drugs from a sniffer dog; no drugs were found and the person was free to go.

Table 45: REU perceptions of sniffer dog activity, QLD 2007-2009

	2007 (n=101)	2008 (n=108)	2009 (n=88)
Seen sniffer dogs last 6 months (%)	55	32	58
Of those seen sniffer dogs last 6 months	(n=56)	(n=34)	(n=51)
Median times seen sniffer dogs recently	2	1	1
In possession of drugs (%)	50	50	56

Source: EDRS REU interviews 2007-2009

* among those who reported seeing sniffer dogs in last 6 months

** among those who had encountered a sniffer dog while carrying drugs recently

10.5 Summary of law enforcement-related issues

- Forty-five percent of REU in 2009 reported being involved in criminal activity of some sort in the month prior to the interview.
- Fifteen percent of REU reported being arrested in the last 12 months.
- 'Use/possession' and 'other offences' were the most commonly reported crimes in 2009.
- Police activity was reported as either 'stable' or 'increased' in the last six months; however, the majority of REU did not believe police activity made scoring drugs more difficult (72%).
- Over half of REU reported seeing sniffer dogs in the last six months and more than half of these were in possession of drugs at the time. One participant reported being searched by police due to a positive notification by a sniffer dog but no drugs were found to be in their possession.

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

11.1 Overdose and drug-related fatalities

For the purposes of the EDRS, overdose is defined as 'passed out or fallen into a coma'. In 2008 and 2009, respondents were asked separately about whether they had overdosed on a stimulant drug and/or on a depressant drug.

11.1.1 Overdose on stimulant drug

In 2009, 16% reported overdosing on a stimulant drug (30% in 2008) and eight REU reported overdosing on a stimulant drug in the last twelve months. Half of those nominated ecstasy as the main drug they overdosed on while 13% nominated methamphetamine powder, 13% crystal methamphetamine and 25% nominated 'other' (DMT and GHB).

Participants were also asked if they had consumed any other drug on the overdose occasions (participants could nominate more than one drug). Other drugs reportedly consumed were: alcohol (n=6); speed (n=6); crystal (n=6), cannabis (n=6), cocaine (n=6), LSD (n=6), heroin (n=6), other opiates (n=6) and benzodiazepines (n=6).

The commonly reported symptoms of stimulant overdose were: increased body temperature (n=5), tremors (n=2), increased heart rate (n=2), dizziness (n=4), vomiting (n=2), panic (n=1), and delirium/confusion (n=3). Three participants reported being 'at home', three at a 'friend's home' and two reported being 'outdoors' when they overdosed. The treatment received for the stimulant overdose was 'no treatment' (63%), 'ambulance attendance' (25%) and 'hospital emergency department' (13%). One participant for each category reported having been partying between 'zero' and 'thirty six hours' prior to overdose while two reported partying for 'six hours' prior to overdose.

11.1.2 Overdose on depressant drug

In 2009, 14% (n=12) of REU reported ever overdosing on a depressant drug and nine REU reported overdosing on a depressant drug in the last twelve months; this was decreased from 2008 when the figures were 32% and 20% respectively. Most REU who reported a depressant overdose in the last twelve months nominated alcohol as the main drug they overdosed on (78%) while 11% equally nominated heroin and benzodiazepines. Participants were also asked if they had consumed any other drug on these occasions (participants could nominate more than one drug) and one reported ecstasy, two nominated alcohol, and one nominated benzodiazepines.

The commonly reported symptoms of depressant overdose were: vomiting (n=7), 'losing consciousness' (n=6), 'turning blue' (n=2), and 'collapsing' (n=4). Two participants reported being at 'home', three participants at a 'nightclub', one participant each at a 'friend's home', 'car', or 'live music event'. One participant reported that they 'received cardiopulmonary resuscitation' (CPR) from friend's, one reported being given 'Narcan' (a drug that reverses the action of narcotics) and one participant for each category reported that they 'received ambulance attendance', were seen at a 'hospital emergency department' or received care from a 'GP'.

11.1.3 Overdose characteristics

Table 46 compares characteristics of stimulant and depressant overdose as reported by REU in 2009. Similar proportions reported ever overdosing on the two drug types (16% and 14%) but these proportions were decreased from 2008 (30% and 32%). The frequency of overdose was

the same for depressant and stimulant drugs, with a median of three times. The last episode of overdose for either drug type was a median of 6 months previously. A similar proportion had overdosed on each drug type - stimulants (9%) and depressants (10%). The median hours of 'partying' prior to stimulant overdose were eight and one quarter of those required ambulance attendance. In comparison, 11% of those that had overdosed on a depressant drug reported requiring ambulance attendance.

Table 46: Reported overdose on stimulant and depressant drugs, QLD 2009

Overdose	Stimulant	Depressant
Ever overdosed (%)	16	14
Of those who had ever overdosed:	(n=8)	(n=9)
Median number of times (range)	3 (1-20)	3 (1-50)
Median months most recent overdose (range)	6 (0.5-72)	6 (0.75-72)
Overdosed in last twelve months (%)	9	10
Of those who had overdosed in last twelve months:	(n=8)	(n=9)
Median hours been partying (range)	8 (0-36)	#
Ambulance attendance (%)	25	11

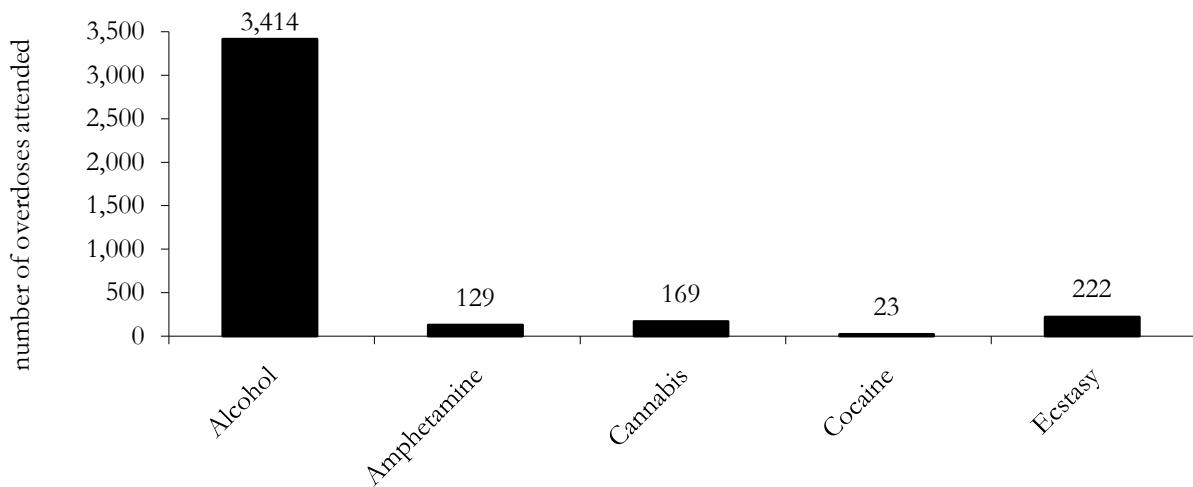
Source: EDRS REU interviews 2009

#not asked in 2009

During the 2008/09 financial year the Queensland Ambulance Service (QAS) recorded attendance at 7908 drug overdoses. Figure 51 presents the number of overdoses attended by the QAS where a drug was specified as the primary problem. Alcohol was the drug to which the greatest proportion of overdoses was attributed (43%) and ecstasy accounted for only 3% of total overdoses.

It is important to note that this QAS data is an underestimation of the true number of alcohol and illicit drug related cases attended by the service. This is because patient records contain details of the primary problems/symptoms as they present to the QAS officers on-scene, rather than the causes which may be underlying the presenting problem. For example, the QAS may be called to treat an unconscious male with facial lacerations which may have resulted from an alcohol-related incident. This would, however, be recorded as lacerations and an altered level of consciousness, not an alcohol case. In addition, it is often difficult to determine the presence and/or type of drug involved in a case, given the nature of the emergency response work in the field and the circumstances in which patients present. Identification of polydrug use is particularly difficult.

Figure 51: Number of drug overdoses attended by QAS, of those where a drug was specified, 2008/09



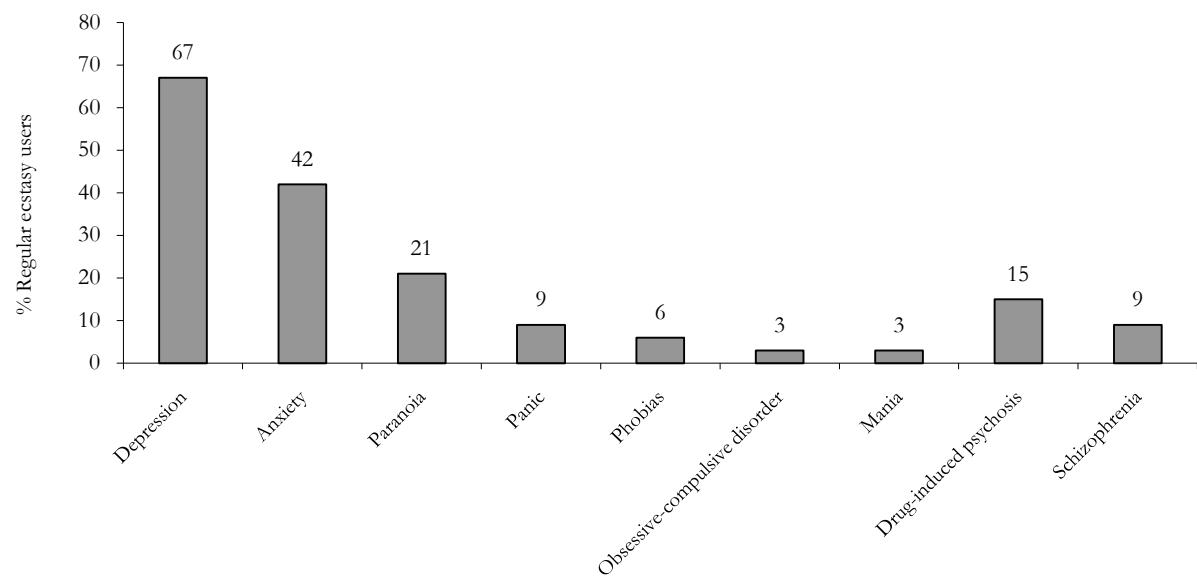
Source: Queensland Ambulance Service

11.2 Mental and physical health problems

11.2.1 Self-reported mental health problems

In 2008 and 2009, REU were asked if they had experienced a mental health problem in the last six months. In the current sample 38% reported having a mental health problem and the most commonly reported mental health problems were depression (67%), anxiety (42%), paranoia (21%), panic (9%), phobias (6%), obsessive-compulsive disorder (3%), mania (3%), drug-induced psychosis (15%) and finally schizophrenia (9%): see Figure 52.

Figure 52: Self-reported mental health problems among REU, QLD 2009



Source: EDRS REU interviews 2009

Of those reporting a mental health problem, over half (55%) reported attending a mental health professional in relation to the problem. These participants ($n=18$) were asked about prescription medications for their mental health problem and three reported taking no medication. Of the remaining participants ($n=15$), eleven reported taking an anti-depressant of which the most common were Lexapro (escitalopram) and Lovan (fluoxetine). Five participants reported taking benzodiazepines, the most common being Valium (diazepam). Two participants reported taking an antipsychotic and one reported taking Seroquel (quetiapine) and the other Solian (amisulpride).

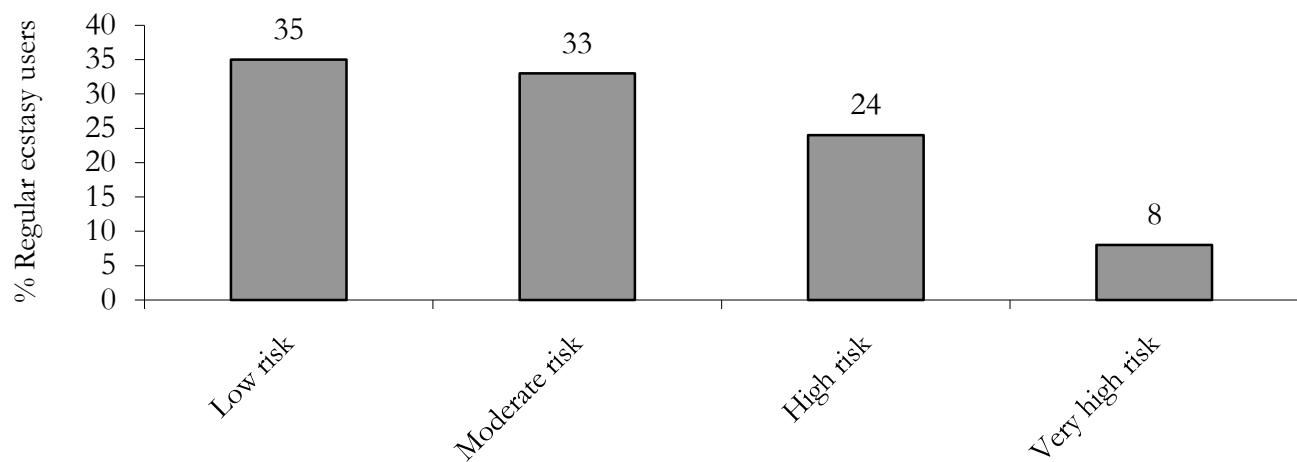
11.2.2 Psychological distress

The Kessler Psychological Distress Scale (K10; Kessler & Mroczek, 1994) was designed as a screening tool for measuring psychological distress. It is comprised of ten questions about any anxiety and/or depressive symptoms the person may have experienced during the previous four weeks. A 5-point Likert scale was used for responses, which range from 'all of the time' to 'none of the time' with a maximum possible score of 50.

Scores reflecting 'risk' yielded from the K10 are often categorised as follows: 'low' – the person is likely to be well (scores 10-15); 'moderate' – the person may have a mild mental disorder (scores 16-20); 'high' – the person is likely to have a moderate mental disorder (scores 22-29); and 'very high' – the person is likely to have a severe mental disorder (scores 30-50). The K10 has been shown to have sound psychometric properties and its validity in identifying anxiety and affective disorders is well established (Andrews & Slade, 2001).

The K10 was included in the EDRS for the first time in 2006. In 2009, 88 participants completed the K10 and scores are presented by risk category in Figure 53. The median total score in 2009 was 18 (range 10-39). In 2009, 35% scored at 'low risk', 33% scored at 'moderate risk', 24% scored at 'high risk' and 8% scored at 'very high risk'; these were similar to the proportions reported in 2008.

Figure 53: Total K10 scores by risk category among REU, QLD 2009

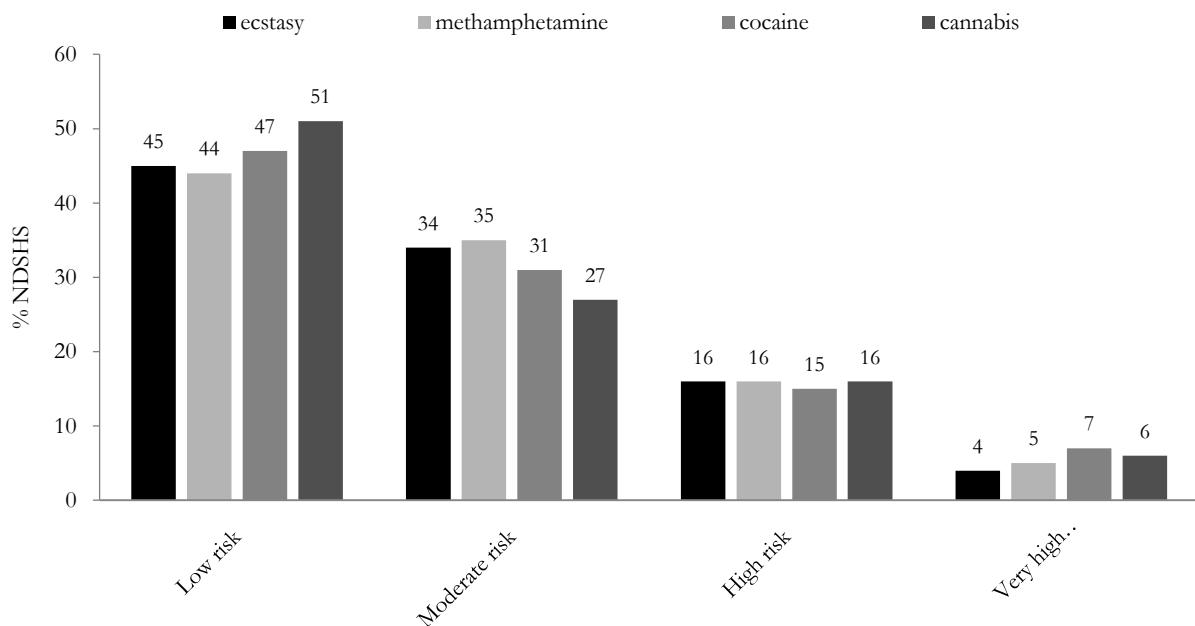


Source: EDRS REU interviews 2009

K10 scores for the 2009 REU are able to be compared to the general population using data from the 2007 National Drug Strategy Household Survey (NDSHS; AIHW, 2008a). Persons aged 18 years or older completed the K10 as part of the 2007 NDSHS. Of the general population, 69% scored at 'low' risk, 21.1% at 'moderate risk', 7.7% at 'high risk' and 2.2% at 'very high risk'. Compared to the general population, REU are more likely to be at risk of psychological distress when considering the 2008 and 2009 data.

K10 results from the 2007 NDSHS can also be presented by participants' use of various drugs in the last month. Figure 54 presents the proportion of the NDSHS sample that reported use of various drugs according to K10 risk category. The proportions for EDRS REU (2009) and NDSHS ecstasy users are as follows: 35% REU versus 45% NDSHS ecstasy users scored in the 'low' category, 33% REU versus 34% NDSHS ecstasy users scored in the 'moderate' category, 24% REU versus 16% of NDSHS ecstasy users scored in the 'high' category and 8% REU versus 4% NDSHS ecstasy users scored in the 'very high' category.

Figure 54: Total K10 scores by risk category among general population aged 18 years and older according to past month drug use, 2007 NDSHS



Source: 2007 National Drug Strategy Household Survey

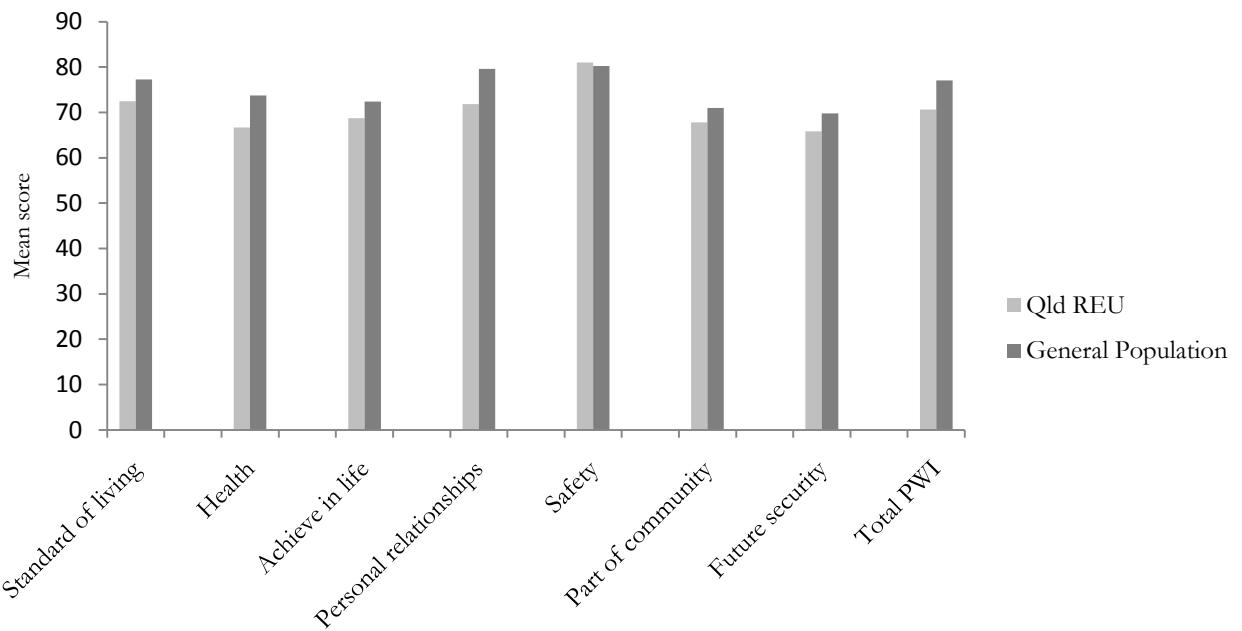
KE reported that the psychological problems most commonly observed in 'ecstasy pill' users are anxiety and panic. Often this is related to the adverse effects of the drug/s consumed, which are frequently a combination of many licit and illicit substances including alcohol. One KE noted that young female ecstasy users often experience a feeling of 'loss of control' associated with illicit drug use and this may precipitate an episode of anxiety.

11.2.3 Personal Wellbeing Index (PWI)

In 2009, the Personal Wellbeing Index (PWI) was included in the EDRS survey. Questions asked how satisfied participants were with various aspects of their life and included: standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security and life as a whole. REU were asked to respond on a scale of 0-10 where 0 = very unsatisfied and 10 = very satisfied.

Figure 55 shows the comparison of (mean) Queensland REU scores and the scores of the Australian general population. Queensland REU scored lower than the general population on each factor of personal wellbeing, apart from the safety factor where the REU scores were higher. However, for each measure they were within the expected range of wellbeing scores of between 60 and 90 percentage points. Cummins et al. (2007) reported that at normal levels of wellbeing (average scores lie between 70-80 points) people often feel good about themselves, are motivated to conduct their lives and have a strong sense of optimism. In comparison individuals with scores below 50 points are at a higher risk of depression.

Figure 55: Mean REU and Australian general population scores on the Personal Wellbeing Index



Source: EDRS REU surveys 2009, Cummins et al., 2007

11.3 Chronic conditions

In 2009, REU (n=88) were questioned about any chronic health conditions they may have been ever diagnosed with and continued to have (i.e. needed treatment in the last 12 months).

Table 47 displays the chronic conditions REU were asked about, the age at the time of first diagnosis and whether they had received treatment for that condition in the last 12 months.

Overall, the condition category containing the largest proportion of reported sufferers was 'respiratory'. Just under half of REU (41%) reported ever being diagnosed with asthma, and 46% of those had received treatment in the last 12 months. Twenty-three percent of participants reported ever being diagnosed with bronchitis and 12% of those had received treatment in the last 12 months.

In the skeletal category, 33% (n=29) of REU reported a diagnosis of 'back or neck pain/problems' and 72% of those had received treatment in the last 12 months. 'Skin problems' were reported by 31% of the sample and 26% of those had received treatment in the prior year. 'Hay fever' and 'sinus' were both reported by 36% of REU and 48% and 30% of those respectively received treatment in the last 12 months.

Table 47: Chronic conditions by category, age and treatment as reported by REU, 2009

Condition %	Ever diagnosed (n=88)	Age at first diagnosis	Treatment received in last 12 months (of those ever diagnosed)
<u>RESPIRATORY</u>			
Asthma	41	6	46
Respiratory disease	4	6	67
Emphysema	3	23	2
Bronchitis	23	15	12
<u>NEUROLOGICAL</u>			
Stroke	0	-	-
Migraine	16	15	33
Epilepsy	1	5	100
<u>CARDIOVASCULAR</u>			
Heart condition/circulation	8	21	14
High blood pressure	4	21	33
<u>SKELETAL</u>			
Gout/rheumatism/arthritis	6	22	20
Joint/muscular/skeletal	13	15	40
Back or neck pain/problems	33	18	72
<u>ENDOCRINE</u>			
Diabetes or high blood sugar levels	1	18	-
Thyroid trouble/goitre	3	26	-
<u>SKIN PROBLEMS</u>			
Skin problems	31	14	26
Cellulitis	0	-	-
Psoriasis	3	19	100
<u>RENAL</u>			
Fluid problems/fluid retention/oedema	1	20	100
Kidney problems	3	13	-
<u>INFECTIOUS</u>			
Human papilloma virus (HPV)	4	19	33
Septacemia	0	-	-
Tuberculosis	1	21	-
<u>OTHER</u>			
Anaemia	9	18	43
Cancer	2	25	0
Vision problems	24	14	44
Hearing problems	9	8	14
Liver disease	3	29	-
Hay fever	36	13	48
Sinus or sinus allergy	36	14	30
Hernias	4	25	33
Stomach ulcer or other gastrointestinal ulcer	8	23	50

11.4 Other self-reported problems associated with ecstasy and related drug use

Table 48 presents self-reported drug-related problems in the last six months and the main drug REU associated with these problems. The most common drug-related problems reported by respondents (all increased from 2008) were 'risk' (48%). This refers to recurrently finding oneself in situations when being under the influence could result in oneself or others being hurt (e.g. driving or operating equipment while intoxicated). This was followed by problems of 'responsibility' (44%), which refers to the recurrent interference of drug use with responsibilities at home, work or school. 'Relationship/social' problems were reported by 23% and 'legal' problems by 11%. Ecstasy was the main drug nominated for 'social' and 'responsibility' problems (60% and 39%). Alcohol was the most common drug (41%) with problems associated with 'risk' and cannabis (40%) was the main drug nominated for 'legal' problems.

Table 48: Self reported drug-related problems, QLD 2009

%	Responsibility	Risk	Relationship/ social	Legal
Any drug	44	48	23	11
Of those who nominated the problem (%)	(n=39)	(n=42)	(n=23)	(n=10)
Ecstasy	39	12	60	30
Speed	10	7	5	-
Base	-	2	-	-
Crystal	3	-	-	-
Cannabis	18	17	15	40
Alcohol	28	41	20	30
Heroin	3	2	-	-
LSD	-	-	-	-

Source: EDRS REU interviews 2009

11.5 Help-seeking behaviour

In 2009, 27% of REU reported seeking assistance for their drug use in the six months preceding the interview (Table 49). Of these participants (n=24), the most commonly reported service accessed was general practitioners (n=18), followed by drug/alcohol workers (n=5). Self-reported help-seeking behaviour was more common for REU this year. The numbers of REU reporting drug-related problems (as indicated above) exceed those seeking help for a drug-related problem, as they did in 2008.

Table 49: Proportion of REU who accessed health services, QLD 2009

Service	(n=88)
Accessed medical/health service (%)	27
Of those who accessed service	(n=24)
Service (n)	
First aid	3
Ambulance	3
Emergency	4
Hospital	3
GP	18
Psychologist	5
Psychiatrist	3
Drug/alcohol worker	5
Social/welfare worker	1
Counsellor	6
Telephone counselling	3
Internet counselling	0

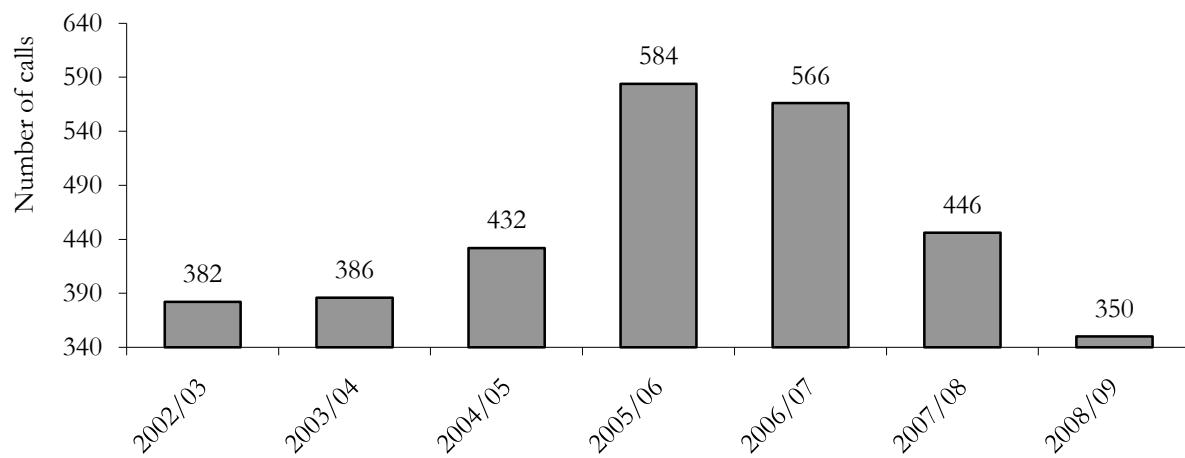
Source: EDRS REU interviews 2009

11.5.1 Calls to telephone help-lines

Ecstasy

Figure 56 shows the number of ecstasy-related enquiries made to the Alcohol and Drug Information Service (ADIS) in Queensland from 2002/03 to 2008/09. In 2007/08, 446 calls were recorded which was a decrease from the previous year. In 2008/09 the number of ecstasy-related calls was 350; however, it is important to note that ecstasy-related calls should be considered in the context of total number of calls. In this respect, there has been little change as ecstasy-related calls have comprised 3% of total calls from 2006/07 to 2008/09.

Figure 56: Number of enquiries to ADIS regarding ecstasy, 2002/03-2008/09

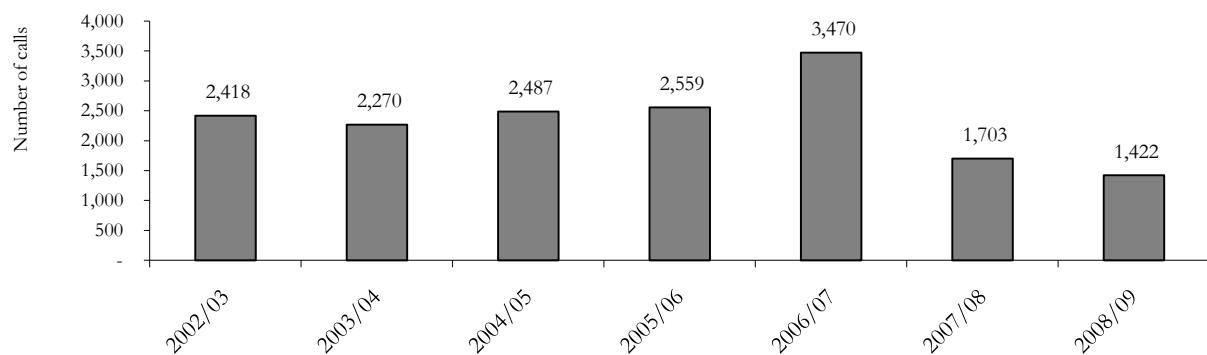


Source: QLD ADIS

Amphetamines

The number of telephone enquiries made to ADIS in relation to amphetamines from 2002/03 to 2008/09 is shown in Figure 57. Following an increase in amphetamine-related calls in 2006/07 to 3470, this figure halved in 2007/08 to 1703 calls; in 2008/09 there were 1422 calls. Amphetamine-related calls represented 22% of total calls in 2006/07 compared to 13% in 2007/08 and the calls about amphetamines represent a similar proportion of the overall sample in 2008/09 (12%).

Figure 57: Number of enquiries to ADIS regarding amphetamines, 2002/03-2008/09

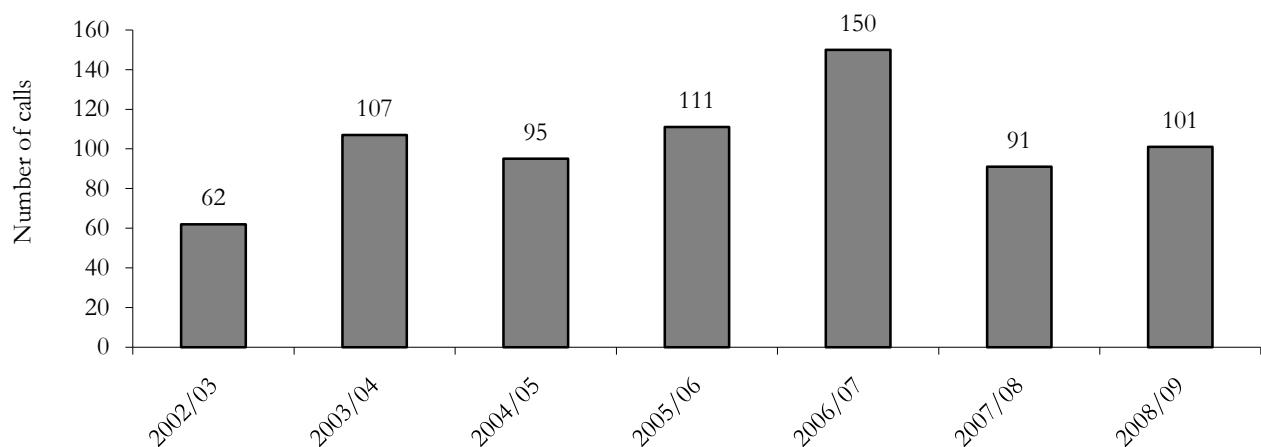


Source: QLD ADIS

Cocaine

Figure 58 shows the number of cocaine-related calls made to ADIS from 2002/03 to 2008/09. Cocaine-related calls have averaged around 100 across years, with the exception of a decrease to 62 in 2002/03 and an increase to 150 in 2006/07. Despite these fluctuations, cocaine-related calls have accounted for 1% or less of total calls received by ADIS and this remains the case in 2008/09.

Figure 58: Number of enquiries to ADIS regarding cocaine, 2002/03-2008/09

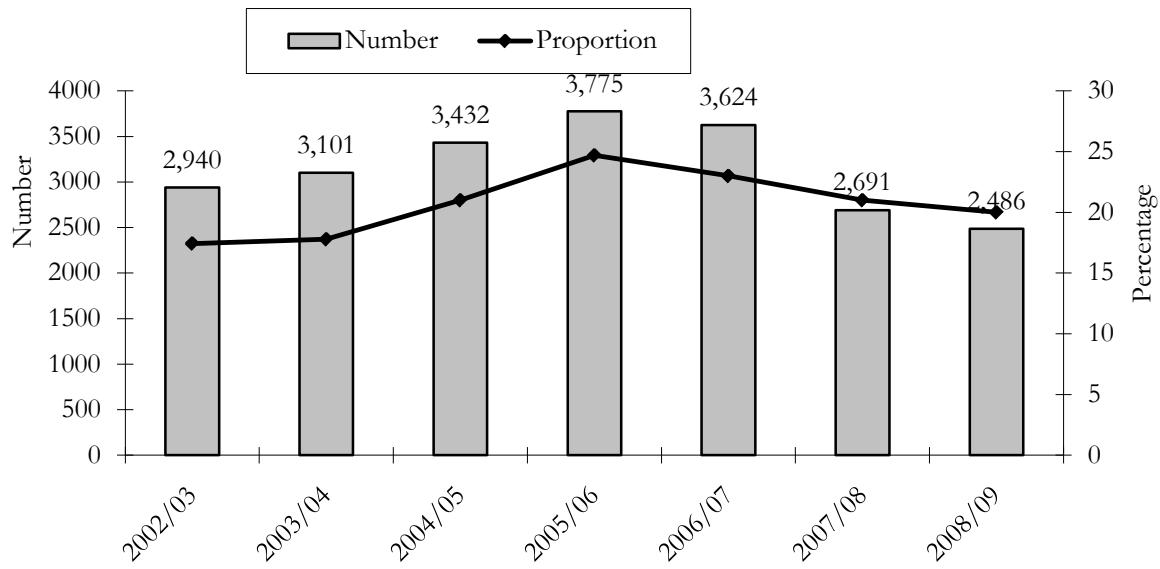


Source: QLD ADIS

Cannabis

Figure 59 shows the number of telephone enquiries made to ADIS in relation to cannabis, from 2002/03 to 2008/09. Cannabis-related calls to ADIS continue to decrease as they have since 2006/07 (23%), 2007/08 (21%) and 2008/09 (20%).

Figure 59: Number and proportion of enquiries to ADIS regarding cannabis, 2002/03-2008/09



Source: QLD ADIS

11.6 Drug treatment

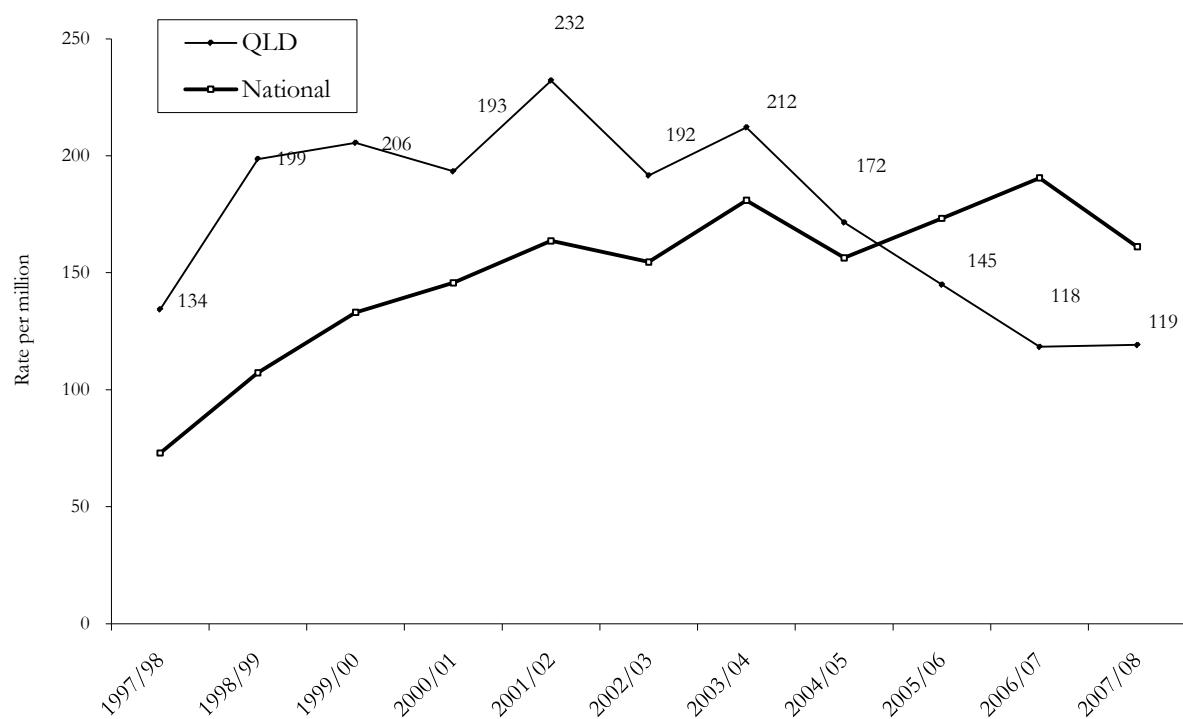
In 2009, four REU reported currently receiving drug treatment; two participants commented about the type of drug treatment. One was taking ‘antidepressants’ and the other was having ‘opiate treatment’. This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment options.

11.7 Hospital admissions

11.7.1 Amphetamines

The rate of hospital admissions for QLD and nationally where amphetamines were the primary diagnosis from 1997/98 to 2007/08 is shown in Figure 60. The rate of admissions per million persons had been consistently higher in QLD than nationally up until the last three data collections. National rates overtook QLD rates in 2005/06 (173.26 vs. 144.93), 2006/07 (190.52 vs. 118.33) and 2007/08 (161.09 vs. 119.13). National rates decreased between 2006/07 and 2007/08, while QLD rates have shown a decreasing trend since 2003/04 but in 2007/08 there was a very slight increase.

Figure 60: Rate of hospital admissions where amphetamines were the principal diagnosis per million persons aged 15-54 years, QLD and nationally, 1997/98-2007/08

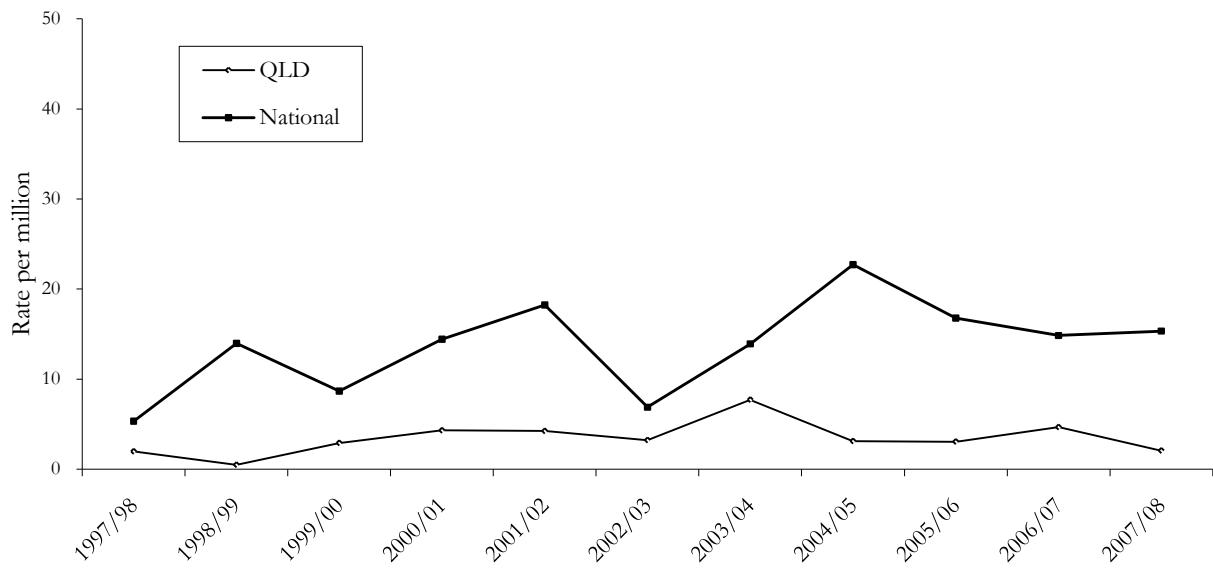


Source: National Hospital Morbidity Database (Roxburgh & Burns, in press)

11.7.2 Cocaine

Figure 61 presents the rates of cocaine-related hospital admissions nationally and in QLD from 1997/98 to 2007/08. The rate in QLD has been low and relatively consistent across time, while the national rate has fluctuated. In 2007/08 the rate in QLD had decreased to 2.07 (from 4.67 in 2006/07) and nationally had increased to 15.34 (from 14.85 in 2006/07).

Figure 61: Rate of hospital admissions where cocaine was the principal diagnosis per million people aged 15-54 years, QLD and nationally, 1997/98-2007/08

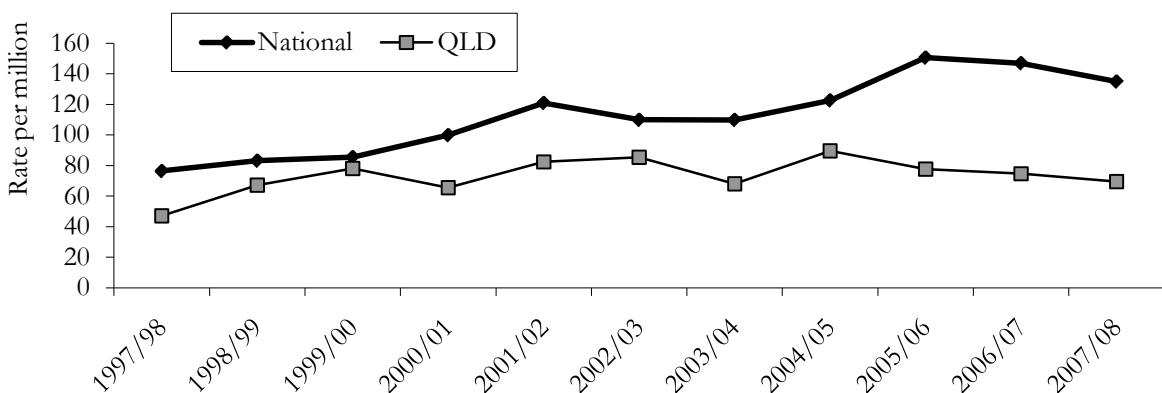


Source: National Hospital Morbidity Database (Roxburgh & Burns, in press)

11.7.3 Cannabis

The rate of admissions where cannabis was the primary diagnosis per million persons aged 15 to 54 years for QLD and nationally from 1997/98 to 2007/08 is shown in Figure 62. The rate in QLD began increasing in 1998/99 (67.18), but has since remained fairly similar across years (69.49 in 2007/08). The national rate has been consistently higher than that in QLD and this continued to be the case in 2007/08 (134.89 vs. 69.49).

Figure 62: Rate of hospital admissions where cannabis was the principal diagnosis per million people aged 15-54 years, QLD and nationally, 1997/98-2007/08



Source: National Hospital Morbidity Database (Roxburgh & Burns, in press)

11.8 Summary of health-related trends associated with ecstasy and related drug use

- In 2009, eight participants reported overdosing on a stimulant drug in the last twelve months, most commonly ecstasy, and 12 reported overdosing on a depressant drug in the last twelve months, most commonly alcohol.
- Thirty-eight percent of the current sample reported having experienced a mental health problem in the last six months. The most commonly reported disorders were depression and anxiety.
- According to the K10, 32% of REU were at 'high' or 'very high' risk of moderate or severe mental disorders.
- Nearly one-half (48%) of REU reported 'risk' problems associated with their drug use and 44% reported 'responsibility' problems. Smaller proportions reported 'relationship/social' problems (23%) and 'legal' problems (11%). All these were in larger proportions than those reported in 2008. Ecstasy was the drug to which 'responsibility' and 'relationship/social' problems were most commonly attributed, whereas 'legal' problems were mostly attributed to cannabis and 'risk' problems were attributed to alcohol.

12 RISK BEHAVIOUR

12.1 Injecting risk behaviour

12.1.1 Lifetime injectors

Patterns of injecting drug use

In 2009, 22% of REU reported lifetime injecting drug use, and 13% of those had injected in the last 6 months (Table 50).

Table 50: Injecting risk behaviour among REU, QLD 2009

	2008 (N=108)	2009 (N=88)
Ever injected (%)	13	22
Median age first injected* (range)	18 (15-43)	19 (14-30)
Injected last 6 mths (%)	7	13

Source: EDRS REU interviews 2009

*among those who had injected

Table 51 illustrates the most common drugs first injected by REU and drugs they had ever injected (of those who reported lifetime injection). The most common drugs first injected were speed, followed by base methamphetamine, other opiates and heroin. The most common drugs ever injected were meth powder, meth base, ecstasy pills and crystal meth.

Table 51: Injecting drug use history among REU injectors, QLD 2009

	First drug injected (n=19)	Ever injected (n=14)
Heroin	2	9
Base	5	13
Speed	10	16
Crystal	1	10
Other opiates	1	15
Ecstasy pills	-	12
Ecstasy powder	-	5
Cocaine	-	5
Benzodiazepines (licit)	-	1
Benzodiazepines (illicit)	-	1
Methadone	-	1
Ketamine	-	3
Pharmaceutical stimulants (illicit)	-	1
GHB	-	1
Buprenophine	-	1

Source: EDRS REU interviews 2009

12.1.2 Recent injectors

Patterns of injecting drug use

In 2009, eleven participants reported injecting in the previous six months (Table 52). The most common drugs injected were base, crystal and speed; base was the most common drug last injected. The most frequently injected drugs among recent injectors were heroin and base. The median number of days they had injected any drug in the last six months was 24 days or about once a week (Table 52).

Table 52: Injecting drug use patterns among REU recent injectors, QLD 2009

	Injected past 6 months (n=11)	Median days injected last 6 months*	Last drug injected (n=11)
Crystal	4	3 (1-10)	1
Speed	7	5 (2-24)	1
Base	7	7(1-24)	6
Heroin	4	10 (6-24)	1
Other opiates	2	4 (1-24)	-
Cocaine	0	-	-
Ecstasy pills	3	6(4-24)	1
Buprenophine	1	24 ⁺	1

Source: EDRS REU interviews 2009

* Among those who had injected in the preceding six months

⁺ based on one participant

Injecting risk behaviour

Of the participants who indicated recently injecting in 2009 (n=11), all reported having 'never' used a needle after someone else either in the last month or in the last six months. Eight participants reported sharing 'other injecting equipment', such as 'spoons/mixing containers', 'filters', 'water' and 'tourniquets'.

Context of injecting

In 2009, the most common injection locations were 'own home', 'friend's home' and 'dealer's home' (Table 53). The most commonly reported persons for injecting with were 'close friend's', followed by 'no one', 'other' and 'dealer'. Six percent of recent injectors reported injecting while 'under the influence' and/or 'coming down' from drugs which occurred on a median of ten times in the last six months.

Table 53: Context and patterns of injection among REU recent injectors, QLD 2009

%	Recent injectors (n=11)
People usually inject with*	
Close friend's	7
Regular sex partner	-
Other	1
No one	2
Dealer	1
Locales injected*	
Own home	7
Friend's home	3
Dealer's home	1
Median times injected any drug last 6 mths (range)	24 (1-72)
Injected under the influence and/or coming down from drugs (%)	6
Median times injected any drug under the influence/coming down last 6 mths (range)	3 (1-48)

Source: EDRS REU interviews 2009

*could nominate more than one response

Obtaining needles

Of the participants who had recently injected, needles were obtained from 'NSP', 'chemist', 'friend', and 'dealer'.

12.2 Sexual risk behaviour

For the purposes of the EDRS, penetrative sex was defined as 'penetration of penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. In 2009, there were questions included about sex with a regular partner which were not included in 2008.

12.2.1 Recent casual sex partners

REU reports of recent sexual behaviour with casual sex partners are presented in Table 54. In 2009, nearly three-quarters (73%) of the REU sample reported penetrative sex with a casual partner in the last six months. Over half of those reported having 1-5 casual partners (66%), and a small percentage (10%) reported having between 6 and 10 casual partners.

Use of protective barriers was defined as use of 'condoms, dams or gloves'. When not under the influence of drugs, 22% of those who had a casual sex partner 'never' used protective barriers. Thirty eight percent reported using a protective barrier 'every time' while smaller proportions reported use of protective barriers 'often' (14%), 'sometimes' (18%) and 'rarely' (8%).

Table 54: Sexual activity with casual partners in the preceding six months, QLD 2009

	2009 N=88
Penetrative sex with casual partner last 6 months (%)	73
No. of casual sexual partners (%)*	(n=85)
One person	22
Two people	21
3-5 people	21
6-10 people	8
10+ people	2
Use a protective barrier every time (%)	38
Use a protective barrier often	14
Use a protective barrier sometimes	18
Use a protective barrier rarely	8
Never use a protective barrier	22

Source: EDRS REU interviews 2009

* of those who had casual sexual partner in the last six months

12.2.2 Protection during sexual activity with regular partners

REU not under the influence of alcohol or drugs reported using protection when having sex with a regular partner ‘every time’ (10%), ‘often’ (10%), ‘sometimes’ (14%), ‘rarely’ (7%) and ‘never’ (41%); nineteen percent did not have a regular partner.

While having sex with a regular partner under the influence of alcohol or drugs, seven percent of REU reported using protection ‘every time’, ‘often’ (12%), ‘sometimes’ (17%), ‘rarely’ (9%) and ‘never’ (55%).

12.2.3 Sexual activity under the influence of drugs

Reports of sexual activity with a casual partner under the influence of drugs in the last six months are presented in Table 55. The majority of REU (84%) who had a casual sex partner reported having sex under the influence of drugs. Thirty-three percent of those reported this occurring 3-5 times and 14% reported 10 or more times in the last six months. The majority (79%) reported having sex under the influence of alcohol and the most commonly reported illicit drugs used were ecstasy (67%) and cannabis (57%). Twenty-nine percent reported they ‘never’ used a protective barrier while under the influence of drugs. Use of a protective barrier with a casual sex partner ‘every time’ was reported by 25%, ‘sometimes’ or ‘often’ by 19% and 17% respectively (Table 55).

Table 55: Sexual activity with casual partners under the influence in the preceding six months, QLD 2008-2009

	2008 n=54	2009 n=63
Penetrative sex with casual partner while on drugs last 6 months* (%)	93	84
Of those who had penetrative sex with a casual partner under the influence of drugs	(n=50)	(n=52)
Number of times (%)		
Once	12	17
Twice	12	19
3-5 times	30	33
6-10 times	18	17
10 +	28	14
Drugs used (%)	(n=50)	(n=53)
Ecstasy	52	67
Cannabis	44	57
Alcohol	82	79
Speed	6	8
Base	4	4
Crystal	10	2
Cocaine	4	11
Pharmaceutical stimulants	2	2
MDA	2	0
Nitrous oxide	4	0
Sex with a casual partner using drugs (%)	n=49	(n=52)
Use a protective barrier every time	27	25
Use a protective barrier often	20	17
Use a protective barrier sometimes	25	19
Use a protective barrier rarely	4	10
Never use a protective barrier	25	29

Source: EDRS REU interviews 2009

* of those who had casual sex partner in the last six months

12.3 Driving risk behaviour

Of the total REU sample in 2009, 88% reported driving a vehicle in the last six months and 58% of these reported driving while under the influence of alcohol. Sixty-nine percent reported driving over the alcohol limit, 29% reported driving within the alcohol limit and 2% did not know. Of those who had driven over the limit, the median number of times was two.

REU who reported driving a vehicle in the last six months were asked if they had been stopped for random breath testing (RBT) during this period. Fifty-two percent reported that they had been tested and of those, 31% reported being over the legal alcohol limit.

Among REU who had driven in the last six months, 53% reported driving soon after taking an illicit drug (Table 56). Over half of these participants reported driving after using cannabis (56%), ecstasy (60%) and speed (24%).

The last time they drove, forty-one REU reported having taken ecstasy (39%), meth powder (15%), cannabis (51%) and cocaine (5%).

Of REU who had driven whilst intoxicated after taking a drug, the median number of times was five and they drove a median of one hour after taking the drug (range 0-24 hours). These participants were asked how impaired they perceived their driving to be when under the influence of an illicit drug. One-third (30%) reported that their driving was 'slightly impaired', while 50% reported 'no impact'. Smaller proportions reported a perception that their driving was 'slightly improved' (5%), 'quite improved' (5%) or 'quite impaired' (10%).

Table 56: Drug driving in the last six months among REU, QLD 2008-2009

	2008 n=86	2009 n=77
Driven soon after* taking a drug (%)	59	53
Of those who'd driven soon after drug consumption	n=51	(n=41)
Drug (%)		
Ecstasy	63	60
Cannabis	65	56
Speed	12	24
Crystal	22	5
Base	12	10
Cocaine	10	15
LSD	8	2
Benzodiazepines	6	5
Mushrooms	4	0
GHB	4	0
Amyl nitrate	2	0
Nitrous oxide	4	2
Heroin	2	7

Source: EDRS REU interviews 2009

*within one hour of taking a drug

REU who reported driving in the last six months (n=74) were asked about being tested for drug driving by police roadside drug testing 4% had been tested 'once' and 3% had been tested 'more than once'. Median months since last testing was 12 (n=3) and the results of the last drug driving test were 'negative' (n=2) and 'inconclusive' (n=1).

12.4 Aggression

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

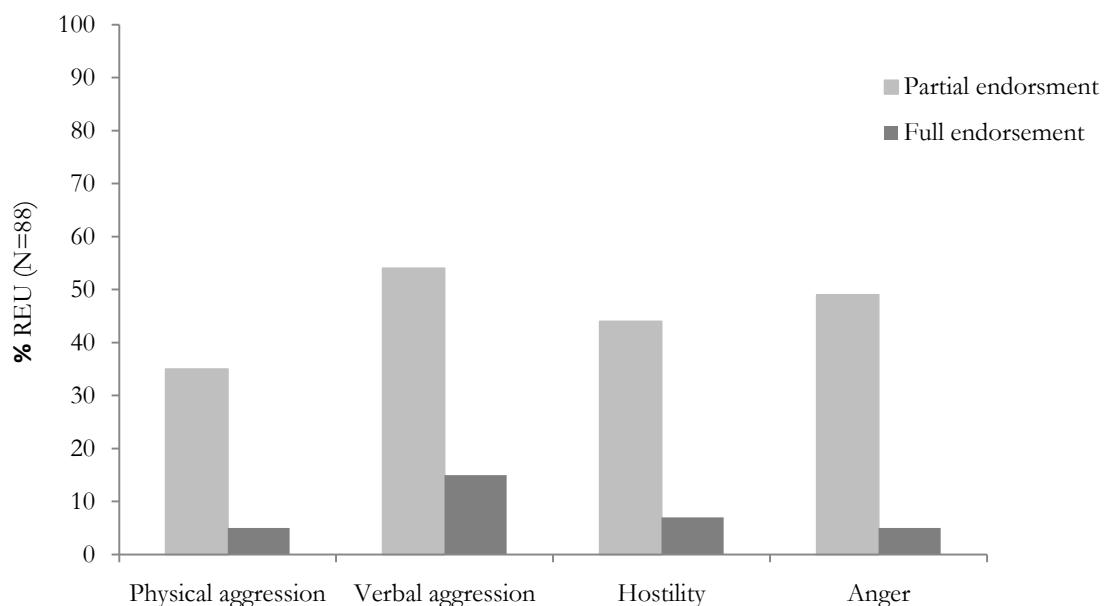
Thus, the 2009 EDRS included the Buss-Perry Aggression Questionnaire (Short Form) (BPAQ-SF). This self-report measure addresses three major components of aggression: the motor components (physical and verbal aggression), the emotional component (anger) and the cognitive component (hostility). This questionnaire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

There were four sub-scales of aggression yielded from responses to the BPAQ-SF (n=86). The sub-scale of 'physical aggression' had a median score of 5 (range 3-15), 'verbal aggression' had a median score 8 (range 3-18), 'hostility' median score 7 (range 3-16) and 'anger' median score 7 (range 3-18).

Participants who endorsed each sub-scale (i.e. those that answered 'characteristic' to one or more of the three statements which made up the scale) were as follows: 'physical aggression' (35%), 'verbal aggression' (54%), 'hostility' (44%) and 'anger' (49%). Of those, relatively small percentages fully endorsed each sub-scale (i.e. answered 'characteristic' to all three statements that made up the scale): 5% for 'physical aggression', 15% for 'verbal aggression', 7% for 'hostility' and 5% for anger (see Figure 63).

Participants (n= 88) were asked if had they been under the influence of any drug would they have answered differently to the aggression questionnaire and 37% stated 'yes' they would have. Those that reported they would have (n=31) reported the drug they were thinking about was ecstasy (42%), alcohol (32%), speed (13%) and cocaine (3%). When under the influence of any drug, REU (n=85) reported that their levels of aggression would have been 'the same' (35%), 'lower' (42%), or 'higher' (24%).

Figure 63: Percentage of REU who partially and fully endorsed the aggression sub-scales, QLD, 2009



12.5 Gambling

In 2009, the REU sample were asked about their gambling habits (N=88). Of those that had gambled in the last 30 days (39%), the ‘usual forms’ of gambling reported (multiple responses were allowed) were ‘poker machines’ (52%), ‘horse/dog racing’ (15%), ‘casino’ (21%) and ‘other’ which included Keno, cards and Sports Bet (47%). The median number of days gambled out of the previous 30 was two (range 1-24) and this number was reported to be the ‘usual’ amount (53%), ‘more than usual’ (32%) and ‘less than usual’ (15%).

The last time REU gambled (n=34), over half (56%) were under the influence of alcohol and most of those (84%) continued drinking. Nine participants reported gambling under the influence of illicit drugs last time they gambled and the illicit drugs taken were ecstasy (33%), meth powder (11%), and cannabis (56%). In total, the money spent on the last occasion of gambling (the entire last session/episode of gambling) was reported as a median of \$19.50 (range \$1-\$500).

Participants who reported having gambled four days or more in the month prior to the interview, were administered the Problem Gambling Severity Index (PGSI) (Holtgraves, 2009). The PGSI is made up of nine items and participants answer on a five-point Likert scale (1= never to 5= always). Categories were then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling.

Eight REU in Queensland reported gambling four days or more in the last month and all of those completed the PGSI. One participant scored in the ‘recreational gambling’ category, four scored for ‘moderate risk’ and three scored in the ‘problem gambling’ category. The median score overall was 5.5 (range 0-12).

12.6 Summary of risk behaviour

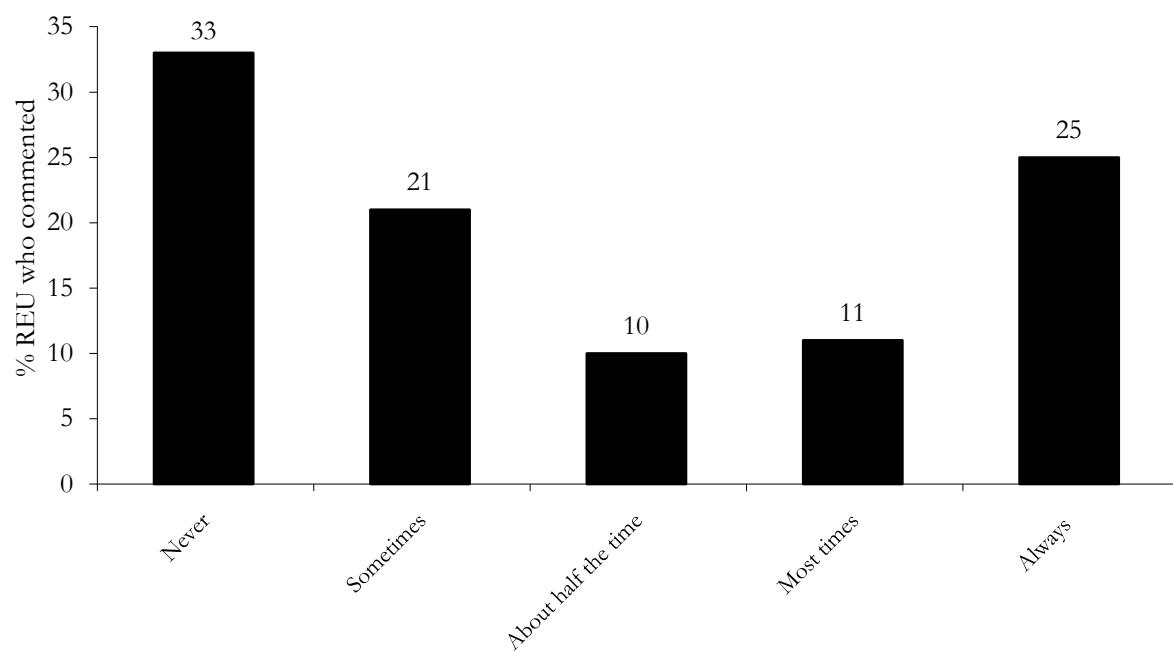
- The majority of REU in 2009 (78%) had never injected a drug. Among the small minority who had injected in their lifetime (22%), the most common drugs first injected and ever injected were methamphetamine powder, base and crystal.
- Eleven participants reported injecting in the last six months and none reported sharing a syringe in the month prior to interview. The most common drug recently injected was base methamphetamine and the most common drug last injected was speed and base methamphetamine.
- Seventy-three percent of REU in 2009 reported having a casual sexual partner in the last six months and the vast majority (84%) of these reported having sex under the influence of drugs. Twenty-four percent of these REU reported they always used protective barriers while under the influence of drugs.
- REU reporting having sex with a regular partner used protection 'never' when not under the influence of alcohol or drugs (41%) and even more when under the influence (55%).
- Among REU who had driven in the last six months, approximately half reported driving under the influence of alcohol (58%) and soon after taking an illicit drug (53%). Cannabis and ecstasy continued to be the most commonly reported illicit drugs REU had driven after consuming.
- Small percentages of the REU sample fully endorsed each of the four aggression subscales: 'physical aggression' (5%), 'verbal aggression' (15%), 'hostility' (7%) and anger (5%).
- Thirty-four REU had gambled in the month prior to the interview and 'poker machines' were one of the most commonly reported usual forms of gambling.

13 DRUG INFORMATION-SEEKING BEHAVIOUR

13.1 Content and testing of ecstasy

Starting in 2005, REU were asked questions concerning the methods used to determine the content and purity of pills obtained as 'ecstasy' and other 'party' drugs. In 2008 and 2009, participants were asked the questions pertaining to ecstasy only. Thirty-three percent of current REU reported 'never' finding out the content of pills bought as ecstasy prior to use (27% in 2008) (Figure 64). In 2009, 21% 'sometimes' found out this information, 10% did 'about half the time', 11% did 'most times' and 25% 'always' did.

Figure 64: Frequency of seeking content and purity of ecstasy, QLD 2009

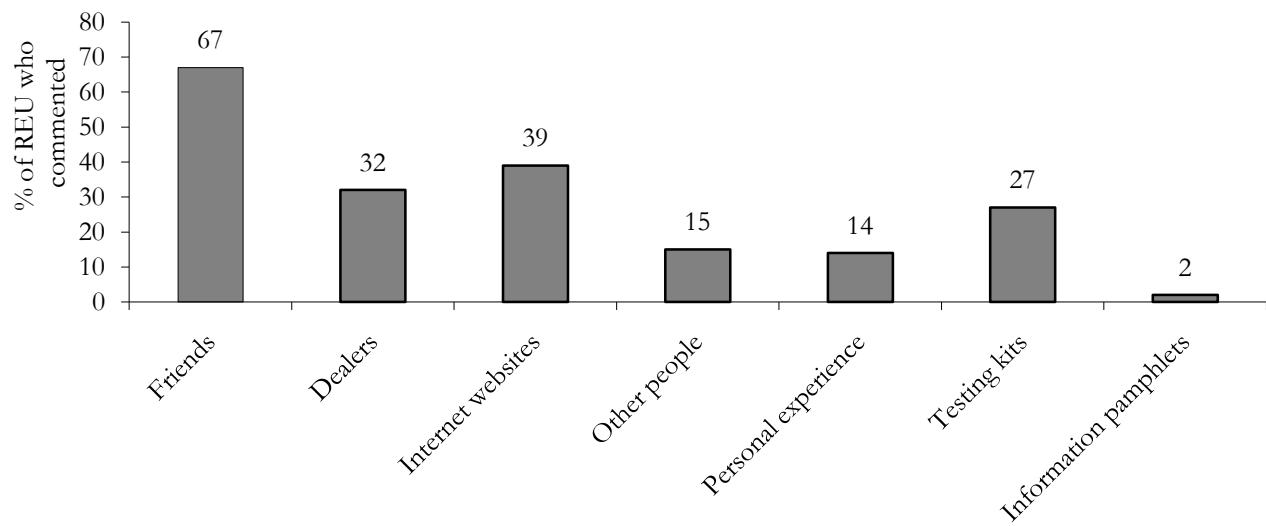


Source: EDRS REU interviews 2009

13.2 Information sources used by REU

Participants who reported seeking information concerning the content and purity of pills bought as ecstasy were asked to indicate the source/s of information. In 2009, 59 participants responded and the most common sources of information were 'friend's' (68%) and 'dealers' (32%) which were the most common in 2008 also (Figure 65). Other sources of information were reported to be 'personal experience' (14%), 'other people' (15%) and 'websites' (39%). Of those who accessed websites (n=23), 79% nominated 'pillreports.com' and 13% nominated 'BlueLight'. Only 12% of participants reported using pill testing kits in 2008, and in 2009 27% reported their use (n=16). Of these, 92% nominated an unnamed 'testing kit' and 2% nominated the 'mandolin' test. Thus, the majority of REU continue to rely on subjective reports of pill content and purity.

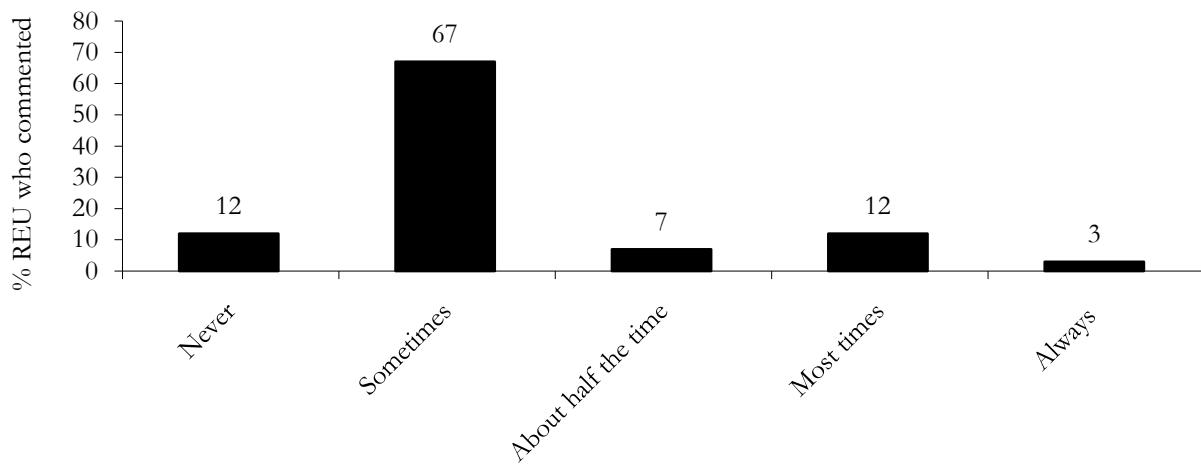
Figure 65: Information sources accessed by REU for ecstasy content and purity, QLD 2009



Source: EDRS REU interviews 2009

REU were also asked if they had bought ecstasy in the last six months with a different content and/or purity than expected (Figure 66). Over half (67%) reported this had 'sometimes' happened while smaller proportions reported 'never' (12%), 'about half the time' (7%), 'most times' (12%) and 'always' (3%).

Figure 66: Bought ecstasy with different content/purity than expected, QLD 2009



Source: EDRS REU interviews 2009

In 2009, participants were also asked if they suspected the ecstasy they bought contained a substance other than MDMA. Of those who responded (n=72), 82% reported that they did suspect that the ecstasy they bought contained substances other than MDMA. The following proportion of REU suspected that the following substances were contained in the pills they had taken: 60% meth/amphetamine, 36% ketamine, 11% opiates, 11% LSD, 22% caffeine, 21% MDA, 6% 2CI/2CB and 7% para-methoxyamphetamine (PMA). All these drugs were also nominated last year.

13.3 Summary of drug information-seeking behaviour

- In 2009, 33% of REU reported 'never' finding out the content and/or purity of ecstasy before consumption, while 25% reported that they 'always' did or did so 'most of the time' (11%).
- Of those who did seek information regarding the content and purity of ecstasy, the main sources of information were 'friend's' (67%) and 'dealers' (32%).
- In 2009, 12% of REU reported that they had 'never' bought a drug with a different content and/or purity than expected.
- In 2009, 82% reported they had bought ecstasy that contained a substance other than MDMA (86% in 2008). The most commonly suspected other substances were meth/amphetamine (60%) and ketamine (36%).

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