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**ACT TRENDS IN ECSTASY AND RELATED
DRUG MARKETS 2009**
Findings from the Ecstasy and Related Drugs
Reporting System

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



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

Joanne Cassar and Lucy Burns

National Drug and Alcohol Research Centre
University of New South Wales

Australian Drug Trends Series No. 48

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGDH&A	Australian Government Department of Health and Ageing
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
A&TSI	Aboriginal and/or Torres Strait Islander
AQFV	Alcohol Quantity Frequency and Variability Assessment
EDRS	Ecstasy and Related Drugs Reporting System
ESB	English-speaking background
GHB	gamma-hydroxy-butyrate
IDRS	Illicit Drug Reporting System
KE	key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program
PDI	Party Drugs Initiative
PGSI	Problem Gambling Severity Index
PMA	paramethoxyamphetamine
PWI	Personal Wellbeing Index
REU	regular ecstasy user(s)
UC	University of Canberra

GLOSSARY

Cocaine	A central nervous system stimulant, obtained from the cocoa plant. Cocaine hydrochloride, the salt, is the more common form used in Australia. The freebase form is called 'crack'; little or no crack is available or used in Australia
Crystal	Street term for crystal methamphetamine, a potent form of methamphetamine. Also known as 'ice'
Daily use	Use occurring on each day in the past six months, based on a maximum of 180 days
Ecstasy	Street term for MDMA (3,4-methylenedioxyamphetamine), which may contain a range of other substances. It is an hallucinogenic amphetamine
GHB	Acronym for gamma-hydroxy butyrate. It is a central nervous system depressant. Other known terms include 'GBH' and 'liquid ecstasy'; however, the latter is misleading as GHB is a depressant, not a stimulant
Ketamine	It is a dissociative psychedelic used as a veterinary and human anaesthetic
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: inject, smoke, snort, swallow and/or shaft/shelve
LSD	Acronym for <i>d</i> -lysergic acid diethylamide. It is a psychedelic
MDA	Acronym for 3,4-methylenedioxyamphetamine. It is classed as a stimulant hallucinogen. It is closely related to MDMA (and is sometimes found in ecstasy tablets); however, its effects are said to be slightly more psychedelic
Melanotan® (I & II)	Afamelanotide, a drug that stimulates the skin's melanocytic cells to produce melanin the dark skin pigment needed for a tan.
Methamphetamine	An analogue of amphetamine, it is a central nervous system stimulant. The three main forms of methamphetamine in Australia are methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal', 'ice')
PMA	Acronym for para-methoxyamphetamine. It is an amphetamine-type drug with both stimulant and hallucinogenic properties
Point	0.1 gram
Recent injection	Injection (typically intravenous) in the last six months
Recent use	Use in the last six months via one or more of the following routes of administration: inject, smoke, snort, swallow and/or shaft/shelve
Shaft/shelve	route of administration is vaginal or anal
2CB/2CI	a synthetic psychedelic of moderate duration

EXECUTIVE SUMMARY

Common terms throughout the report

Regular ecstasy user (REU): Used ecstasy on six or more separate occasions in the previous six months

Recent use: used at least once in the previous six months

Sentinel group: A surveillance group that point towards trends and harms

Median: the middle value of an ordered set of values

Mean: the average

Frequency: the number of occurrences within a given time period

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) arose out of the Illicit Drug Reporting System (IDRS). The EDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected examine the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis as well as niche market drugs such as GHB and LSD – and are used to supplement existing data, such as key expert (KE) reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ecstasy and related drug market. Regular ecstasy users (REU) have been identified as a sentinel group of ecstasy and related drugs users and are able to provide the required information on patterns of use, market characteristics, related harms and other issues associated with ecstasy and related drugs use. KE include nightclub owners, treatment providers and law enforcement personnel.

Demographic characteristics of regular ecstasy users

Similar to previous years, in 2009 there were more male REU interviewed for the ACT EDRS (60%) and most participants were aged between their late teens to late twenties/early thirties. Consistent with previous years, the majority of REU interviewed were from an English-speaking background, and predominantly heterosexual. The majority of the sample had completed at least year eleven of high-school education, and at the time of interview the majority of REU were either studying at a tertiary level or employed fulltime. A minority of the sample reported ever having contact with the criminal justice system, and four REU indicated that they were currently accessing a drug treatment facility. KE reports are generally consistent with REU demographics.

Patterns of drug use among REU

Over one-tenth (13%) of the sample reported ever having injected drugs. In 2009, there was an increase relative to 2008 in the proportion of REU reporting ecstasy as their drug of choice. More REU reported cannabis as their drug of choice than alcohol. KE reported that many REU used a variety of other substances, consistent with REU interviews.

One-third (32%) of the sample reported having ‘binged’ (used continuously for 48 hours or more) on ecstasy and other drugs in the six months prior to interview. Other drugs commonly used in these binge episodes were alcohol, cannabis, methamphetamine powder and cocaine. Of those who had binged, alcohol, tobacco and cannabis were the drugs most commonly used by REU in the context of the last ecstasy use and during the comedown period. Table 1 summarises the use, price, purity and availability of ecstasy, methamphetamine, cocaine, cannabis and LSD.

Table 1: Summary of major drug trends in the ACT, 2009

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Use	<ul style="list-style-type: none"> - Due to entry criteria 100% of REU reported recently using ecstasy - Median days of use in the past six months decreased to 14 in 2009 (18 days in 2008) - 79% of REU typically used more than one tablet, and 29% had recently binged on ecstasy 	<ul style="list-style-type: none"> - 44% of REU had recently used speed (42% in 2008) - 13% of REU had recently used base (23% in 2008) - 8% of REU had recently used crystal (24% in 2008) 	<ul style="list-style-type: none"> - The proportion of REU who had recently used cocaine remained stable at 44% (45% in 2008) - Median days of use in the preceding six months decreased, from 4 in 2008 to 2 in 2009 	<ul style="list-style-type: none"> - 89% of REU had recently used cannabis (86% in 2008) - Median number of days decreased to 35 (down from 60 days in 2008) - 12% reported they were daily users (down from 31% in 2008) 	<ul style="list-style-type: none"> - Recent use remained stable in 2009 at 35% (37% in 2008) - Median days of use decreased to two days in 2009 from four days in 2008 - Most REU who had recently used LSD had swallowed except for one participant who had recently snorted LSD
Price	<ul style="list-style-type: none"> - Median price per tablet decreased to \$25 (\$30 in previous years), the lowest since 2003 - The majority of REU (53%) reported that the price had remained stable 	<ul style="list-style-type: none"> - Price per point of speed remained stable at \$30 - Price per gram of speed decreased to \$200 (\$225 in 2008) - A gram of crystal was reported to be \$275 (a decrease from \$400 in 2008) 	<ul style="list-style-type: none"> - Median price per gram remained stable at \$300 	<ul style="list-style-type: none"> - Price per gram of hydroponic was \$20 and \$17.50 for bush - Price per ounce of hydroponic was \$300, and \$250 for bush - REU reported that the price of both forms remained stable in the preceding six months 	<ul style="list-style-type: none"> - Median price per 'tab' increased for the first time since data collection began in 2003 to \$25 - Despite this, the majority of REU who were able to comment reported that the price had remained 'stable'

Source: EDRS REU interviews, 2009

Table 1: Summary of major drug trends in the ACT, 2009 (continued)

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Purity/Potency	<ul style="list-style-type: none"> - Purity was 'low' to 'medium' (57%) - Reports on purity change varied, with similar proportions of REU reporting that purity was 'stable', 'decreasing' or 'fluctuating' 	<ul style="list-style-type: none"> - Speed, base and crystal were reported to currently have 'low' to 'medium' purity 	<ul style="list-style-type: none"> - More REU reported purity to be 'high' in 2009 (38%, 18% in 2008) - The majority reported purity to be stable with more REU reporting an increase in purity in 2009. 	<ul style="list-style-type: none"> - REU reported hydroponic had a 'high' potency - Bush was reported to be 'medium' - Potency remained stable for both forms from 2008 	<ul style="list-style-type: none"> - Current purity was reported by the majority to be 'high' - There were mixed reports about purity change
Availability	<ul style="list-style-type: none"> - REU reported ecstasy as 'easy' to 'very easy' to obtain (94%) - Availability remained stable 	<ul style="list-style-type: none"> - The availability of speed was reported to be stable and 'easy' to obtain - Base was reported to be stable and 'difficult' to obtain - Crystal was reported to be 'difficult' to obtain and to have recently become 'more difficult' to obtain 	<ul style="list-style-type: none"> - Equal proportions (44%) of REU reported cocaine to be 'easy' or 'difficult' to obtain 	<ul style="list-style-type: none"> - Hydroponic and bush were 'very easy' to 'easy' to obtain - Availability remained 'stable' for hydro and for bush over the past six months 	<ul style="list-style-type: none"> - Mixed reports, though most (70%) reported it to be 'easy' to 'very easy' to obtain - Availability remained stable

Source: EDRS REU interviews, 2009

Ecstasy

Ecstasy pills were the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported having used ecstasy powder in the past six months (14%) and a small proportion (6%) reported recent use of ecstasy capsules. In the six months prior to interview, the median number of days of any form of ecstasy use was 14, a decrease from 18 days in 2008. Almost half (45%) of the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, 32% of the sample reported using ecstasy on a fortnightly to weekly basis, with a further 37% reporting greater than weekly use (an increase from 30% in 2008). The median number of ecstasy tablets consumed in a 'typical' session of use was two, whereas a median of four tablets were taken by REU in the 'heaviest' session of use. Fifty-eight percent of the REU who commented (n=79) reported that had consumed energy drinks with ecstasy in the past six months.

Price, purity and availability of ecstasy

The median reported **price** for a tablet of ecstasy decreased from \$30 in previous years to \$25 in 2009. The current **purity** of ecstasy was reported by REU to be 'low' (27%) to 'medium' (30%) or to 'fluctuate' (26%). More REU reported purity to be 'low' than in previous years. With respect to **availability**, almost the entire sample in 2008 reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT; this was consistent with previous years and KE reports. The majority of the sample reported that the ease with which ecstasy could be obtained had remained stable. The majority of REU reported that they used ecstasy to 'feel great' (77%) or for the 'high/buzz' (76%).

Ecstasy markets and patterns of purchasing

In the six months prior to interview, REU had purchased ecstasy from a median of four people. Participants indicated that when purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of four pills on each purchase occasion. Just over two-thirds (38%) of REU reported typically buying ecstasy on a fortnightly to greater than monthly basis. Similar proportions of REU reported typically buying ecstasy on a monthly basis in the past six months.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (speed), methamphetamine base (base) and methamphetamine crystal (crystal). Over two-thirds (69%) of REU reported ever having used speed, and 44% reported using speed in the past six months.

Recent **speed** users reported a median of two days of use in the six months prior to interview. Three-quarters (75%) of those REU who had recently used speed had used five times or less in the preceding six months (an increase from 49% in 2008). Eleven percent of recent speed users had used on a monthly to fortnightly basis (a decrease from 31% in 2008), and 14% had used speed more regularly than fortnightly during the past six months (a decrease from 20% in 2008). Approximately four in five recent speed users reported swallowing speed in the preceding six months and three-fifths reported that they had snorted speed in the preceding six months. Fourteen percent reported that they had recently injected speed; a decrease from 26% the previous year. In 2009, the amounts of speed used by REU in both 'typical' and 'heaviest' episodes of recent speed use was 0.5 grams. Speed was used during binges by over two-fifths (44%) of the REU who reported recently having binged on ecstasy and related drugs.

Base methamphetamine had ever been used by 30% of REU, with 13% of the 2009 sample reporting having used base in the previous six months. Over two-thirds (69%) of recent base users had used base less than monthly in the past six months (a substantial increase from 26% in 2008). Twenty-three percent of participants reported that they had used base on a monthly to fortnightly basis (a decrease from 37% in 2008), and 7% had used base more regularly than fortnightly during the past six months (a decrease from 32% in 2008). A median of three days of use in the six months prior to

interview was reported. Swallowing was the most common route of administration reported by base users. The majority of base users quantified their use of the substance in terms of 'points'. A median of two points of base was used in a 'typical' episode of use and also in the 'heaviest' session of recent use, a decrease compared to 2008. Approximately one-sixth (16%) of REU who had used ecstasy and related drugs in extended binge episodes reported using base methamphetamine during these binge sessions.

Crystal methamphetamine had been used by over one-quarter (28%) of the sample and by approximately one-tenth (8%) of the sample in the past six months. The frequency of crystal use decreased in 2009. Recent crystal users reported a median of 4 days (range 1-10) of crystal use in the past six months, a marked decrease from a median of eleven days in 2008. Just under two-thirds (63%) of those REU who had recently used crystal had used five times or less in the preceding six months; an increase from 35% in the previous year. The remainder (38%) had used on a monthly to fortnightly basis. The most common mode of recent crystal administration was smoking (75%), followed by injecting (38%). REU reported the use of a median of two points of crystal in a 'typical' session and four points in the 'heaviest' sessions of use by REU. Approximately one-tenth (9%) reported using crystal during binge episodes or in combination with ecstasy.

Methamphetamine price, purity and availability

In 2009, the median price for speed remained stable at \$30 per point and decreased slightly from \$225 in 2008 to \$200 for a gram. The reported price for a point of base was \$40 and \$150 for a gram. However, only small numbers of REU were able to comment (n<10). The median price for a point of crystal remained stable at \$50 (n<10) and the price of a gram decreased to \$275 (\$400 in 2008). Speed was reported to have medium purity whilst base and crystal forms of methamphetamine were reported to have low purity. The availability of speed was reported to be 'easy', base and crystal were reported to be 'difficult' to obtain. Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends.

Cocaine

Two-thirds (66%) of the 2009 EDRS sample had ever tried cocaine (a decrease from 74% in 2008), and 44% of the sample reported using cocaine in the previous six months. Those REU who had recently used cocaine had used the substance on a median of two days in the preceding six months, with most (88%) having used on a less than monthly basis during this time. Eleven percent of REU reported using cocaine on a greater than monthly basis. Snorting remained the most common route of administration, followed by swallowing. The median amount of cocaine used in a 'typical' episode of use was half a gram, which increased to three-quarters of a gram when referring to the 'heaviest' episode of use. One-quarter of REU who had binged on ecstasy and related drugs in the previous six months reported using cocaine during these binge sessions.

The median price for a gram of cocaine remained stable in 2009 at \$300 per gram. There were mixed reports regarding the current purity of cocaine and there was a slight increase in the proportion reporting cocaine purity as high. Again, the response of REU in regards to the current availability of cocaine in the ACT was mixed, which is also consistent with reports of participants in previous years. Cocaine was typically purchased by REU from friends and known dealers in the six months prior to interview.

Cannabis

Lifetime cannabis use was universal among REU and 89% had used cannabis in the six months preceding interview (86% in 2008). Median days of use decreased to approximately one or two (three days per week in 2008). There was a decrease in the proportion of REU reporting daily use of cannabis (12%; 31% in 2008). Smoking was almost universal, and two-fifths (41%) reported that they had swallowed cannabis in the preceding six months. Two-thirds of those who reported that they had

binged in the preceding six months reported that they had used cannabis, 26% reported cannabis use the last time that they had used ecstasy, and 31% of those who commented had used cannabis to facilitate the comedown from ecstasy.

The median price for a gram and an ounce of hydroponic cannabis was \$20 and \$300 respectively, and the median price for a gram and an ounce of bush cannabis was \$20 and \$250 respectively. The majority reported that the prices for both forms had remained stable in the six months preceding interview. The current potency of hydroponic cannabis was reported to be 'high', while current potency was reported to be 'medium' for bush cannabis. Both hydroponic and bush cannabis were reported to be 'very easy' to 'easy' to obtain, similar to 2008.

LSD

Over one-third (35%) of the 2009 EDRS sample reported the recent use of LSD, and over three-fifths of the sample reported ever having used LSD (stable from 2008). All recent LSD users had used this substance on a monthly to fortnightly basis in the previous six months, and reported a median of two days of use during this period of time. Swallowing was the mode of administration for all but one recent LSD user who reported snorting. REU had used a median of one 'tab' of LSD in a 'typical' session and one and a half tabs during the 'heaviest' sessions of recent use. Just over one-fifth (22%) of participants who reported having recently binged on ecstasy and related drugs had used LSD during these binge episodes (stable from 2008), and one participant reported using LSD in combination with their last ecstasy use.

The median price for a tab of LSD increased for the first time in the ACT since 2003 at \$25 per tab. REU estimated the current purity of LSD to be at 'high' levels. Reports of purity change varied amongst those who had used LSD in the previous six months. There were mixed reports regarding the current availability of LSD in the ACT in 2009, though most reported it to be 'easy' to 'very easy' to obtain. LSD was most commonly purchased by REU from friends and known dealers in the six months prior to interview.

Patterns of other drug use

Almost the entire sample had used alcohol in the six months prior to interview. Alcohol was consumed on a median of two days per week. One-quarter (25%) of those REU who reported bingeing on ecstasy and related drugs in the past six months had used alcohol during these binges. The use of tobacco was common in the EDRS population. As in previous years, the use of other drugs such as GHB, benzodiazepines, antidepressants, ketamine and 'other opiates' was minimal.

Drug information-seeking behaviour

Three-fifths (60%) of the sample reported that they actively sought information on the contents of the ecstasy they had purchased. Of those REU who did find out about the content of their ecstasy, the most common methods of obtaining information were asking friends and asking their dealer. Over one-quarter (28%) of those REU who obtained information on the content of their ecstasy tablets reported using websites as a source of information. Four-fifths (81%) reported that in the six months preceding interview they had suspected taking ecstasy containing a substance other than MDMA. The most common reported substance was methamphetamine or amphetamine.

Risk behaviour

Injecting

Approximately one-seventh (14%) of REU reported ever having injected a drug, and 10% reported injecting drugs in the six months prior to interview. The location for injection varied from a private setting, such as a home, to a public venue like the street or a park bench. Four recent injectors reported using needles after someone else in the past six months and nine participants reported using

equipment such as spoons/mixing containers, water and tourniquets after someone in the preceding six months. The majority (70%) of REU who had recently injected did so with close friends. Ten percent of recent injectors had injected while under the influence of ecstasy or related drugs and 60% had injected while coming down from other drugs.

Sexual behaviour

Two-thirds (66%) of REU reported having had casual penetrative sex in the six months prior to interview. The majority (70%) of casually sexually active REU reported having sex with two or more partners in the past six months. Four-fifths of casual sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Gambling

In 2009, REU were asked questions about their gambling behaviour. Seventeen percent of ACT REU had gambled in the previous month. Poker machines were the most common form of gambling. Four days was the median number of days gambled in the previous month. Seven-tenths of those who had gambled in the previous month were under the influence of alcohol when gambling and 18% were under the influence of illicit drugs.

Driving

Sixty percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug. Over half (54%) of those REU who indicated they had driven a car in the past six months reported that they had done so while under the influence of alcohol and, of those, 80% (n=35) reported that they had driven whilst over the legal blood alcohol limit. Cannabis was the most common illicit drug that REU reported driving under the influence of, followed by ecstasy and methamphetamine powder.

Health-related issues

Overdose

One-fifth of the sample reported ever having a stimulant overdose and 62% of those reported experiencing a stimulant overdose in the preceding 12 months. The main drug the stimulant overdose was attributed to was ecstasy (85%); a high proportion (69%) reported they were also under the influence of alcohol at the time. The vast majority reported that they did not receive treatment last time they overdosed. One-quarter (26%) reported overdosing on a depressant drug, with 81% of those participants reporting that the overdose had occurred within the past 12 months. The most common drug attributed to the overdose was alcohol, though approximately one-fifth (19%) reported that they were also under the influence of cannabis at the time. Again, the majority reported that they did not receive treatment last time they overdosed.

Mental health

Thirty-five percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group, depression and anxiety were most commonly reported. Over one-third (35%) of participants scored in the high or very high range on the Kessler Psychological Distress Scale (K10), a scale measuring level of distress and severity of psychological symptoms. In 2009, the Personal Wellbeing Index (PWI) was entered into the EDRS survey. ACT REU scored lower than the general population on each factor of personal wellbeing.

Physical health

REU were asked whether they had been diagnosed with any chronic physical conditions. Asthma was the most commonly reported condition (29%) followed by heart/circulatory conditions (7%), gout, rheumatism or arthritis (3%) and cancer or diabetes/high blood sugar levels (1% each). More REU reported having being diagnosed with asthma than the general population (aged 14-34). Less REU reported having been diagnosed with heart/circulatory conditions than the general population and similar proportions reported being diagnosed with the other chronic conditions.

Drug-related problems

Almost half of the sample had experienced responsibility problems in the preceding six months. Over two-fifths reported involvement in risky situations, such as driving while under the influence of drugs, as a result of their drug use, whilst one-third of the sample reported that their drug use had caused them to have relationship/social problems. A minority (5%) reported having experienced legal problems related to their drug use. The main drugs that were nominated as the most common drugs that problems were attributable to were ecstasy, cannabis and alcohol.

Criminal activity, policing and market changes

Almost half (47%) of the 2009 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview. One-quarter (24%) of those who reported they had committed a crime reported that they had been involved in drug dealing in the six months preceding interview, 27% reported that they had committed a property crime, 9% reported that they had committed a violent crime and 8% had committed fraud. Fifteen percent reported that they had been arrested in the 12 months prior to interview, an increase from previous years. Approximately two-fifths (43%) of participants reported that the level of police activity had remained stable over the preceding six months, and 18% reported that it had increased. Almost two-fifths (38%) of REU indicated that they were unable to comment on changes to the level of recent police activity. There was an increase in 2009 in the proportion of REU reporting that police activity had made it more difficult to score (from 13% in 2008 to 19% in 2009).

REU were asked about their experiences with drug detection (sniffer) dogs, in 2009. Over half (52%) of REU reported that they had seen sniffer dogs in the six months preceding interview. Two-thirds (67%) of REU who had recently seen sniffer dogs reported that they had had drugs on them when they had seen them at least once, a decrease compared to 2008.

Conclusions

- There was a decrease in the price of ecstasy and an increase in those reporting purity of ecstasy to be 'low'.
- There was a decrease in recent crystal and base methamphetamine use.
- There was a decrease in the price of LSD.
- Alcohol remained a drug reported to be problematic for REU.
- The proportion of REU reporting that they had committed a crime in the previous month increased.
- Sexual risk-taking remains high.
- Continuing concerns are the issues of drug driving and overdose associated with stimulant and depressant drugs.

These and others are discussed in greater detail in the *Implications* section.

1 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) arose out of the Illicit Drug Reporting System (IDRS). The EDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected examine the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis – as well as niche market drugs such as ketamine, LSD (*d*-lysergic acid), MDA (3, 4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate), and are used to supplement existing data such as key expert reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ecstasy and related drug market. The EDRS is funded by the Australian Government Department of Health and Ageing (AGDH&A).

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the Australian Capital Territory (ACT) in 2009. In addition to ecstasy, the drugs that receive attention in this report are those drugs that are typically taken in combination with ecstasy, such as methamphetamine, cocaine, ketamine, LSD, MDA and GHB. As in the IDRS, the EDRS involves the collection and joint comparison of three data sources: interviews with current regular ecstasy users (REU) recruited in the ACT; interviews with key experts (KE) who have contact with and knowledge of the ecstasy and related drugs scene in the ACT; and data routinely collected (‘indicator data’) on ecstasy and other drug users by agencies in the ACT.

Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

1.1 Aims

The aim of the EDRS is to act as a strategic warning system for trends and issues emerging from the illicit ecstasy and related drug markets, and thereby identify issues that may be of future concern. The data collected provide information on the current price, purity and availability of ecstasy and related drugs in the ACT and on the patterns of ecstasy and related drug use amongst the participants in the REU survey.

2 METHODS

The 2009 the ACT EDRS involved the collection and analysis of data from three sources:

1. interviews with current REU recruited in the ACT;
2. interviews with KE who have contact with and knowledge of the ecstasy and related drugs scene in the ACT; and
3. 'indicator' or routinely collected data.

2.1 Survey of REU

For more than a decade, the ecstasy market in Australia has continued to grow, and it appears that ecstasy may be one of the first illicit drugs with which young Australians will experiment (White, Breen et al. 2003; Topp, Breen et al. 2004). Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian ecstasy and related drug markets for the EDRS. Ecstasy is a drug that is used widely across the Australian population. In the 2007 National Drug Strategy Household Survey (NDSHS), ecstasy was identified as the second most widely used illicit drug after cannabis in Australia, with one in nine (11%) of 20-29 year olds and 5% of 14-19 year olds reporting past year ecstasy use (Australian Institute of Health and Welfare 2005). Ethics approval was granted by the University of New South Wales Human Research Ethics Committee.

2.1.1 Recruitment

Between May and June of 2009, 101 REU were interviewed in the ACT for the EDRS. Participants in the ACT EDRS were recruited as volunteers via a number of avenues. Initial contact was established through advertisements in popular 'street press' publications, and other methods of recruitment included advertisements in the Australian National University (ANU) and University of Canberra (UC) student magazines, advertisements posted at various tertiary education campuses around Canberra, and websites. Furthermore, 'snowball' procedures were also adopted. That is, on completion of the interviews, participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given business cards that listed the contact details for the study. Participants were also recruited through interviewer contacts.

2.1.2 Procedure

REU contacted the research coordinator by telephone and were screened for eligibility. To meet the eligibility criteria, participants were required to be at least 17 years of age (due to ethical constraints); to have lived in the ACT for the preceding 12 months; and to have used ecstasy a minimum of six times (i.e. on a monthly basis) in the past six months. The interview time and location was then negotiated between the researcher and participant.

Participants were then informed that the study would involve a face-to-face interview that would take approximately 40-60 minutes to complete. Before conducting the interview, the nature and purpose of the study were explained to participants prior to obtaining informed consent. The researchers also informed participants that the information they provided was anonymous and strictly confidential. On completion of the interview, participants were provided with \$40 as reimbursement for their time.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy use conducted by NDARC in 1997 (Topp, Hando et al. 1998) and also on subsequent studies that were conducted in New South Wales, Queensland and South Australia. The interview schedule focused primarily on the preceding six months, and collected information on the following variables: demographics; patterns of ecstasy and other drug use; the price, purity and availability of ecstasy and a number of other related drugs; information on ecstasy and other drug testing; risk behaviours; help-seeking behaviour; the experience of ecstasy and other drug-related problems; the Kessler Psychological Distress Scale (K10); the Personal Wellbeing Index (PWI); chronic physical conditions; alcohol use patterns; injecting risk behaviour; sexual risk behaviour; self-reported criminal activity; the Buss-Perry Aggression Questionnaire-Short Form; gambling; police activity; sniffer dogs; and general trends.

2.1.4 Data analysis

Analyses were conducted using SPSS for Windows, Version 17.0 (SPSS inc 2008). The data collected in 2009 was compared with data collected from comparable samples of ecstasy users from 2003 onward recruited as part of the PDI (2003-2005) and then the EDRS (2006-2008). As each of these samples was recruited using the same methods, meaningful comparisons can be made. Further analysis was conducted on the main drugs of focus in the EDRS to test for significant differences between 2008 and 2009 for recent use, purity and availability. Confidence Intervals (CI) were calculated using an excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg). This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe 1998). Significance testing using the Mann-Whitney U calculation was used to compare 2008 and 2009 median days of use for the major drug types discussed.

2.2 Survey of key experts (KE)

Between July and September 2009, 13 professionals were interviewed as KE for the EDRS. Four interviews each were conducted with nightclub managers and bar tenders, two interviews each were held with education and research officers and Australian Federal Police (AFP) Intelligence. Three interviews were conducted with rehabilitation assessment officers. The majority of KE worked with youth but also had contact with a range of ecstasy users. To enter the study KE had to have had contact with a minimum of 10 different ecstasy users in the six months prior to interview.

Interviews were conducted over the phone or face to face and took approximately 20-40 minutes to administer. The KE interview followed the same semi-structured format as that used in the IDRS. The interview included sections on the demographic characteristics of ecstasy and related drug users; patterns of ecstasy and related drug use; the price, purity and availability of ecstasy and related drugs in the ACT; health and treatment issues; and criminal activity.

2.3 Other indicators

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

- The data should be available at least annually.
- The data should include 50 or more cases.
- The data should provide details of illicit drug use.

- The data should be collected in the main study site (i.e. the ACT).

The indicator data sources meeting the above criteria included in the 2009 EDRS study are described below:

- ***Purity of drug seizures.*** In 2008, the Australian Crime Commission (ACC) provided data on the median purity of illicit drug seizures made by local police in the ACT. This report presents the purity of drug seizures from the 1999/2000 financial year to 2007/2008.
- ***Number and weight of drug seizures.*** Data on the number and weight of drug seizures made by ACT local police were provided by the ACC. Data include number of seizures and amount seized in grams from 1999/2000 to 2007/2008, by each drug type.
- ***Drug-specific arrests.*** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the AFP and ACT local police. This report provides the number of arrests for each drug type from 1997/1998 to 2007/2008.
- ***Simple Cannabis Offence Notices (SCON).*** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2007/2008 were provided by the ACC.
- ***Hospital admissions.*** The 2009 EDRS study includes data on the number of hospital admissions due to methamphetamine and cannabis among those aged 15 to 54 years from 1999/2000 to 2007/2008. These data are provided by the Australian Institute of Health and Welfare (AIHW) and ACT Health.

3 OVERVIEW OF REU

3.1 Demographic characteristics of the REU sample

Table 2 presents the demographic characteristics of the 2009 ACT EDRS sample. There were more males than females, similar to previous years (60% male). The mean age of the sample was 22 years (S.D. 4.4, range 17-39). The majority of the sample nominated their sexual identity as heterosexual (89%), with 7% identifying as bisexual, 3% as lesbian and 1% as gay males.

Table 2: Demographic characteristics of ACT REU sample, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Mean age (years)	22	25	22	25	23	27	22
Male (%)	73	70	68	68	65	53	60
ESB (%)	96	98	94	100	97	99	100
A&TSI (%)	2	2	2	2	1	1	1
Heterosexual (%)	96	90	81	85	81	81	89
Mean number school years [#]	13	13	13	11	12	12	11
Tertiary qualifications (%)	27	43	32	34	43	41	22
Employed fulltime (%)	30	41	29	37	24	33	33
Full-time students (%)	33	30	45	27	5	10	12
Unemployed (%)	10	12	8	17	15	17	14
Previous conviction (%)	0	9	3	8	5	7	9
Current drug treatment (%)	0	0	1	4	5	8	4
Mean weekly income (\$)	-	-	-	-	-	-	541

Source: EDRS REU interviews, 2003-2009

[#] Question wording changed in 2007 from 'How many years of school did you complete?' to 'What grade of school did you complete?'

Mean weekly income not asked prior to 2009

Fifty-four percent reported that they were single, 39% reported that they had a partner and 8% reported that they were married or in a de facto relationship.

All REU spoke English as the main language at home. Fifty-two percent of the sample lived in their own (rented or purchased) premises, with two-fifths (40%) indicating that they lived in their parents' or family home, and smaller proportions reported living in boarding houses/hostels (7%).

The mean number of years of education completed by the sample was 11. Despite this, 68% of respondents had completed their high-school education. One-fifth (22%) of the sample had completed a course since finishing their school education – 16% had completed a trade or technical qualification and 6% had completed a university degree or college course.

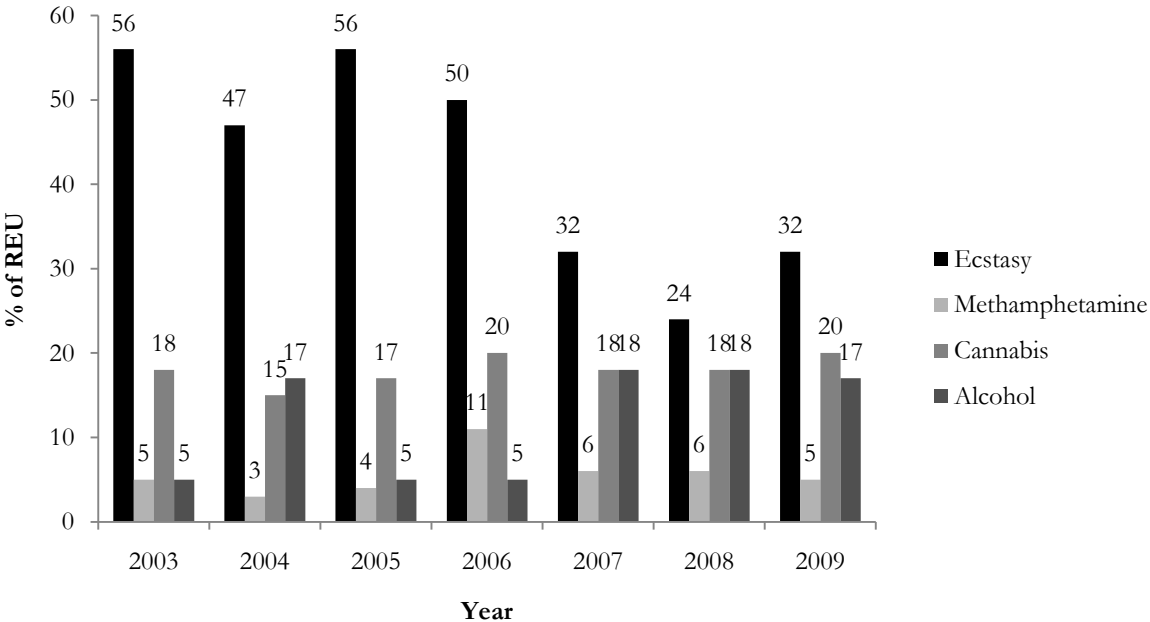
When examining employment status, one-third (33%) of the sample indicated that they were employed on a full-time basis. A further third (32%) indicated that they were employed on a part-time or casual basis. Over one-tenth (10%) of the sample indicated that they were currently studying and employed, and 12% indicated that they were unemployed.

Four percent were currently in drug treatment and a small proportion (8%) reported having a previous criminal conviction.

3.2 Drug use history and current drug use

As shown in Figure 1, the proportion of the REU sample reporting ecstasy as their drug of choice increased from 24% in 2008 to 32% in 2009, ending the downward trend seen since 2005. The proportion reporting methamphetamine (5%, 6% in 2008), cannabis (20%, 18% in 2008) and alcohol (17%, 18% in 2008) as their drug of choice remained stable over the last two years.

Figure 1: Drug of choice – ecstasy, methamphetamine, cannabis and alcohol, ACT, 2003-2009



Source: EDRS REU interviews, 2003-2009

Table 3 presents the lifetime and recent drug use history of the EDRS sample. Twenty-four percent of the REU sample reported lifetime use of drugs other than those listed in Table 3 with 12% indicating that they had used ‘other drugs’ in the six months prior to interview.

For the purpose of this study, ‘bingeing’ was defined as the use of a drug on a continuous basis for more than 48 hours without sleep. One-third (32%) of the 2009 sample reported having binged on ecstasy and/or related drugs in the six months prior to interview, a decrease from 49% in the previous year. The median length of the longest binge session reported by REU was two and three quarter days (66 hours, range 48-120 hours), an increase from the median in 2008 (55 hours). Ecstasy was used by the large majority (91%) of REU during binge episodes and other commonly used substances during these episodes were alcohol (78%), cannabis (66%), methamphetamine powder (44%) and cocaine (25%).

Thirteen percent of the entire sample (n=13) reported that they had ever injected a drug, compared to 24% in 2008. Of those participants who reported ever having injected a drug, the median age when

first injected was 18 (range 15-26). When asked to indicate the first drug that they had ever injected, seven participants nominated methamphetamine powder, four participants reported heroin and one participant each reported melatonin and crystal methamphetamine.

In 2009, REU were asked how often they had used ecstasy or related drugs in the last month. Almost two-thirds had used weekly to fortnightly (64%, 33% fortnightly and 31% weekly). One-fifth of the ACT REU had used ecstasy or related drugs monthly and twelve percent had used more than once a week. One participant had used ecstasy or related drugs daily.

Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever inject any drug (%)	5	12	6	17	18	24	13
Alcohol							
Ever used (%)	100	100	98	98	100	100	100
Used last 6 months (%)	97	97	94	94	96	98	99
Cannabis							
Ever used (%)	97	98	94	94	100	100	100
Used last 6 months (%)	82	83	81	83	85	86	89
Tobacco							
Ever used (%)	92	93	88	79	99	94	93
Used last 6 months (%)	75	80	71	69	82	80	87
Methamphetamine powder (speed)							
Ever used (%)	88	87	90	81	84	74	68
Used last 6 months (%)	64	64	70	66	53	43	44
Methamphetamine base (base)							
Ever used (%)	30	43	45	48	42	52	30
Used last 6 months (%)	24	31	27	34	18	23	13
Crystal meth (crystal)							
Ever used (%)	71	62	49	55	54	61	28
Used last 6 months (%)	56	39	26	37	20	24	8
Cocaine							
Ever used (%)	47	69	68	68	80	74	65
Used last 6 months (%)	26	34	44	44	46	37	44
LSD							
Ever used (%)	59	62	48	46	54	64	63
Used last 6 months (%)	44	23	30	18	24	37	35
MDA							
Ever used (%)	56	41	25	25	26	28	16
Used last 6 months (%)	33	15	12	8	4	5	8

Source: EDRS REU interviews, 2003-2009

Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2009 (continued)

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ketamine							
Ever used (%)	49	36	38	32	38	29	16
Used last 6 months (%)	21	15	17	15	10	6	2
GHB							
Ever used (%)	17	23	14	17	15	18	17
Used last 6 months (%)	12	6	6	7	5	2	1
Amyl nitrate							
Ever used (%)	50	44	29*	43	53	60	49
Used last 6 months (%)	29	18	14	23	22	22	19
Nitrous oxide							
Ever used (%)	56	52	38	34	42	52	46
Used last 6 months (%)	39	17	16	14	12	21	19
Mushrooms							
Ever used (%)	-	-	41	33	55	64	55
Used last 6 months (%)	-	-	10	3	18	28	25
Benzodiazepines							
Ever used (%)	20	36	23	37	46	47	47
Used last 6 months (%)	11	14	12	20	26	29	29
Antidepressants							
Ever used (%)	11	24	28	29	30	39	32
Used last 6 months (%)	6	6	10	12	11	15	11
Heroin							
Ever used (%)	5	15	7	18	24	21	11
Used last 6 months (%)	0	4	3	8	5	10	8
Methadone							
Ever used (%)	0	5	4	11	14	15	8
Used last 6 months (%)	0	2	1	6	5	7	2
Other opiates							
Ever used (%)	20	20	20	22	27	30	29
Used last 6 months (%)	11	6	10	12	5	13	13

Source: EDRS REU interviews; 2003-2009

3.3 Key expert comments

- KE reports were consistent with the demographics of the REU in terms of age, education, employment, ethnicity and previous prison history.
- KE reported that polydrug use was common with many KE reporting the use of methamphetamines, cocaine, ecstasy and alcohol.

3.4 Summary of demographics and polydrug use trends in REU

- More males than females made up the REU sample, similar to years prior to 2009.
- The majority of ecstasy users are relatively young, aged between their late teens to late twenties/early thirties.
- In general, REU have relatively high levels of education. In 2009, fewer REU had completed a tertiary qualification than previous years (22%, 41% in 2008).
- Levels of unemployment and contact with drug treatment and criminal justice facilities are low in this population.
- There was an increase from 24% in 2008 to 32% in 2009 in the proportion of participants nominating ecstasy as their drug of choice. The proportion of REU nominating alcohol as their drug of choice remained stable, at 17% in 2009 but increased from 5% in 2003.
- One-third (32%) of the sample reported bingeing on ecstasy and/or related drugs in the preceding six months.
- KE reports were consistent with REU reports of demographics and polydrug use.

4 ECSTASY

The patterns of ecstasy use reported by REU in the ACT from 2003 to 2009 are presented in Table 5. In 2009, the mean age at which REU first used ecstasy was 18 years (S.D. 2.8, range 13-30). The entire sample had used ecstasy at least on a monthly basis in the past six months, and reported first having used at this frequency at a mean age of 19 years (S.D. 3.4, range 14-34). There were no differences between males and females and the age they first tried ecstasy or the age they first began using ecstasy regularly.

4.1 Ecstasy use among REU

Table 4 shows the lifetime and recent use of ecstasy pills, powder and capsules. In 2009, there was a significant (95% CI: 0.32, 0.04) decrease in the proportion of REU reporting lifetime use (35%; 53% in 2008) and a significant (95% CI: 0.28, 0.08) decrease in recent use (6%; 23% in 2008) of ecstasy capsules.

Table 4: Lifetime and recent use of ecstasy among ACT REU, 2008-2009

	2008	2009
Lifetime use		
pills	100	100
powder	23	23
capsules	53	35
Recent use		
pills	100	100
powder	7	14
capsules	23	6
Median days of use		
Pills	18	14
Powder	5	2
Capsules	2	1

Source: REU interviews 2008-2009

When examining the total number of days that REU had used any form of ecstasy in the past six months (use of pill, powder and capsule forms combined), the median number of days of ecstasy use was 14 (range 6-90, comparable to median days of use in previous years). There was no significant difference between the median days of use in 2008 and 2009. In the preceding six months, almost half (45%, 40% in 2008) used ecstasy on a monthly to fortnightly basis and 32% had used ecstasy on a fortnightly to weekly basis (30% in 2008). A further 37% reported the use of ecstasy on a greater than weekly basis in the six months preceding interview.

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was two (range 1-8, Table 5). Seventy-nine percent of the sample reported that they typically used more than one tablet in a standard episode of use (a slight decrease from 81% in 2008). During the 'heaviest' episodes of recent ecstasy use, REU reported the median use of four tablets (range 1-22). Just over half (56%) the sample had taken four or more tablets in a single episode of use in the preceding six months, compared to 55% in 2008.

The majority of recent ecstasy powder users reported using half a gram or less of ecstasy powder in an episode of 'typical' use. The median amount of ecstasy powder used in a 'typical' episode was 0.5 grams (n=12, range 0.1-2.0). The majority of recent ecstasy powder users quantified their use of the drug in terms of 'grams' when reporting amount of ecstasy powder for the 'heaviest' episode. The median amount of ecstasy powder most used was 0.5 grams (n=10, range 0.1-2).

In the six months preceding interview, the median number of ecstasy capsules taken in the ‘typical’ and the ‘heaviest’ episode of use was two (range 1-4).

Table 5: Patterns of ecstasy use among ACT REU, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Mean age first used ecstasy (years)	19	20	19	20	18	19	18
Median days used ecstasy in past six months [#]	12	14	13	16	12	18	14
Ecstasy ‘favourite drug’	56	47	56	50	32	23	32
Use ecstasy >= weekly basis	8	22	19	21	28	29	37
Median ecstasy tablets in ‘typical’ session	2	2	2	2	2	2	2
Typically use > 1 tablet (%)	69	67	71	73	88	81	79
Recently binged* on ecstasy (%)	45	32	39	45	47	42	32
Ever injected ecstasy [#] (%)	0	0	6	14	10	16	5
Main route of administration of ecstasy in past six months (%)							
Swallowing	97	96	96	93	87	93	97
Snorting	3	4	3	4	12	5	3
Injecting	0	0	1	2	1	2	0
Forms used past six months ^a (%)							
Pills	-	-	-	-	-	100	100
Powder	-	-	-	-	-	7	14
Capsules	-	-	-	-	-	23	6
Typically use other drugs in conjunction with ecstasy (%)	88	96	91	90	97	98	47*
Typically use other drugs to come down from ecstasy (%)	83	80	73	75	81	82	41*

Source: EDRS REU interviews; 2003-2009

^a Question not asked from 2003-2007 EDRS

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

[#] Includes capsules from 2008-2009

*Question only asked of REU who had recently binged on psychostimulants

When examining the ways in which REU had taken the ecstasy **tablets** they had used in the six months prior to interview, almost all (99%) participants in the 2009 REU sample reported swallowing ecstasy tablets. There was an increase this year in the proportion of the sample that reported having recently snorted ecstasy (67%, compared to 55% in 2008). No participants reported injecting (7% in 2008) and small proportions reported smoking (4%, 2% in 2008) or shelving/shafting (7%, 1% in 2008). Almost all (96%) participants nominated oral ingestion as their ‘main’ route of ecstasy administration in the previous six months (93% in 2008), with 3% of REU reporting they mainly snorted the drug. Fourteen participants who reported recent use of ecstasy **powder** commented on route of administration. Eighty-six percent reported that they had snorted ecstasy powder in the past six months, over half (57%) reported that they had snorted ecstasy powder in the past six months, and one participant reported that they had injected ecstasy powder in the preceding six months.

There were no reports of smoking or shelving/shafting ecstasy powder. When examining the ways in which those REU who reported recent use of ecstasy **capsules** had taken them in the six months preceding interview, all (n=6) respondents reported that they had swallowed ecstasy capsules. Of those who commented on using other drugs in combination with ecstasy almost half (47%) of the sample indicated that the last time they used ecstasy they had used other drugs in combination with ecstasy. Similarly, 41% of the 2009 sample reported that last time they used ecstasy they had used other drugs during the comedown period associated. The drugs most commonly used in combination with ecstasy by REU were alcohol (42%), tobacco (28%) and cannabis (26%). One-tenth (9%) of REU used speed when taking ecstasy. Forty-one percent of those who commented reported using other drugs during comedown from ecstasy. As in 2003-2008, cannabis (31%), tobacco (22%) and alcohol (16%) remained the primary drugs that REU used in the context of the ecstasy comedown. Ten percent of those REU who reported using alcohol to facilitate their comedown had used alcohol to excess in this context. Thirty-two percent of respondents reported bingeing in the six months prior to interview. Almost all recent bingers (91%) had used ecstasy to do so. Other drugs that REU commonly used with ecstasy during these extended binge sessions were; more than five standard drinks of alcohol (66%), cannabis (66%), methamphetamine powder (44%), cocaine (25%), LSD (22%) and crystal methamphetamine (20%).

4.2 Energy drinks

For the first time in 2009, participants in the EDRS were asked about their use of energy drinks. Seventy-nine participants commented and of these 76% had consumed energy drinks with alcohol in the last six months. Of those who had consumed energy drinks with alcohol, REU reported a median of three drinks were consumed on the last occasion. Fifty-eight percent of participants also reported consuming energy drinks in the same episode as ecstasy in the past six months. Of those participants who had consumed energy drinks with ecstasy, 23% had consumed energy drinks before taking ecstasy, 54% had consumed energy drinks with ecstasy and 37% had consumed energy drinks after ecstasy. Of those REU who reported using ecstasy the last time they consumed energy drinks, 84% reported that these energy drinks were also mixed with alcohol.

4.3 Locations of ecstasy use

Some recent studies have suggested that REU be viewed as a heterogeneous group with different patterns of and motivations for drug use (Bogt and Engels 2005; McCaughan, Carlson et al. 2005) and that groups could be identified according to what sort of party they attended. The following definitions were taken from both key expert interviews and information collected by UniMed in Sydney (Reed 2009).

- ‘Clubbers’ are people who primarily socialise in venues (e.g. nightclubs) in party precincts, which are open on a regular basis.
- ‘Ravers’ are people who regularly attend raves (i.e. predominantly indoor events of up to 6,000 attendees, which typically occur overnight).
- ‘Festival goers’ are people who predominantly attend festivals (i.e. large, outdoor events with greater than 5,000 attendees, occurring over the course of one or multiple days).

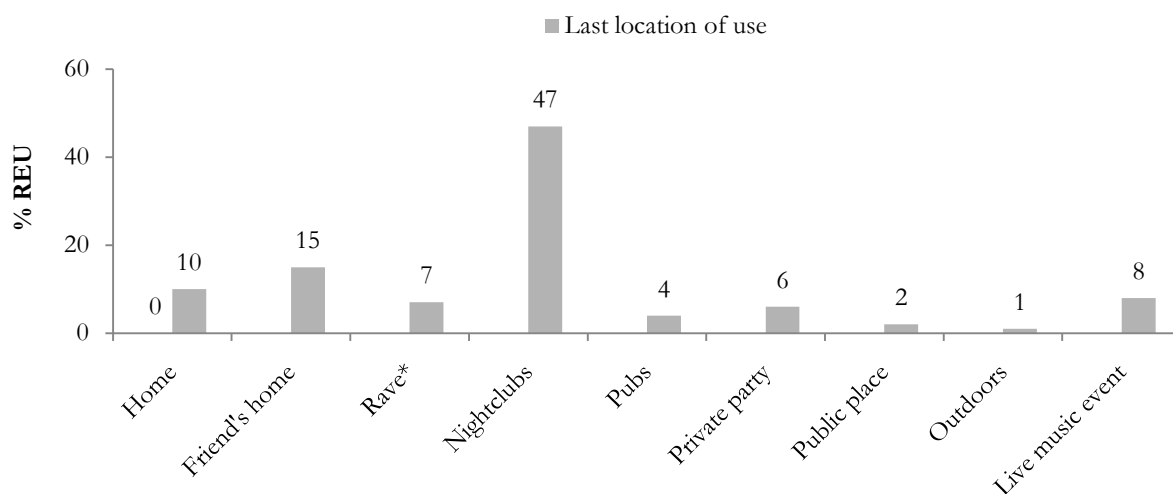
Thus, in 2009, participants were asked which type of location or event they had most frequently spent their time at while using ecstasy, over the preceding six months, and what sort of party goer they identified as generally.

Most common location of ecstasy use

REU reported using ecstasy at a wide variety of locations the last time that they had used ecstasy (see Figure 2 below). The venues that REU most frequently reported were: nightclubs (47%), friend’s home (15%), own home (10%). In 2009, REU were asked which type of location or event that they had most frequently spent their time at while using ecstasy in the previous six months. Half of all REU reported spending most time at nightclubs (51%), one-quarter reported spending their time at

home or private parties (23%), a further one-eighth (13%) spent their time at raves and one-tenth (11%) were at outdoor music events.

Figure 2: Location of ecstasy use, ACT REU, 2009



Source: EDRS REU interviews, 2009

* Includes outdoor raves (doofs) and dance parties

Type of party goer

In 2009, REU were asked to report what recreation category they fell into. Results are displayed in Table 6. The majority identified themselves as a 'clubber' (43%) or a 'festival goer' (17%).

In 2009, participants were asked their main reasons for deciding to use ecstasy at an event; these are presented in Table 6. The responses gained were very similar to the perceived benefits to ecstasy use reported in the PDI (subsequently the EDRS) between 2003 and 2006 and the interested reader is directed to the EDRS website where these reports are freely available for comparison (<http://ndarc.med.unsw.edu.au/NDARCWeb.nsf/page/EDRS>). The highest proportion of REU reported that they used ecstasy to 'feel great' or for the 'high/buzz' (Table 6).

Table 6: Reason for using ecstasy, 2009

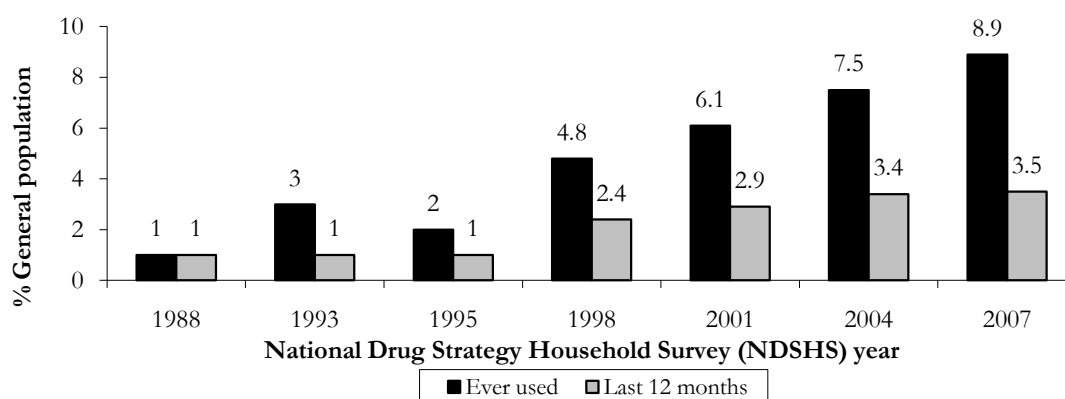
	2009 (N=101)
Most identify as	
Clubber (%)	43
Raver (%)	13
Festival goer (%)	17
Person who frequents pub (%)	14
Main reason used ecstasy	
Dance all night (%)	52
Feel great (%)	77
Increase self-insight (%)	14
Easier to talk/flirt (%)	27
Enhance sexual experiences (%)	19
Forget hassles/problems (%)	26
Not fun being sober when friends are high (%)	30
Enhanced closeness with others (%)	37
Enhanced appreciation of music (%)	58
High/buzz (%)	76
Drug effects (hallucination/insight/creativity) (%)	38
Other (%)	7

Source: EDRS REU interviews, 2009

4.4 Use of ecstasy in the general population

Ecstasy use in Australia occurs most frequently among those aged 20-29 years, with the number of people reporting lifetime and recent use continuing to increase. The 2007 NDSHS showed ecstasy was the second most widely used illicit drug after cannabis in Australia, with one in ten (11.2%) 20-29 year olds and 5.0% of 14-19 year olds reporting past year ecstasy use (Australian Institute of Health and Welfare 2005). Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1988 and 2007. Since 1995, there has been a steady increase in the number of people who report both ever having tried ecstasy, and having used ecstasy in the past year.

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2007



Source: NDSHS 1988-2007, AIHW

4.5 Summary of patterns of ecstasy use

- The use of ecstasy typically began in the late teens for the majority of users.
- The use of ecstasy pills was more common than the use of ecstasy powder among regular ecstasy users in the ACT.
- As in previous years, swallowing was the predominant form of ecstasy administration, followed by snorting.
- Ecstasy users vary in terms of their patterns of use but more frequent use was apparent. For the 2009 sample, the most common pattern of use reported was monthly to fortnightly, and the shift in 2008 towards a larger proportion of REU nominating themselves as greater than weekly users continued in 2009 (29% in 2008 to 37% in 2009).
- The majority of the sample (79%) typically consumed more than one tablet each time they took ecstasy, and just over half (56%) the sample had used four or more tablets of ecstasy in a single use episode (in the past six months).
- Of those who commented, almost half reported using other substances in combination with ecstasy last time they used ecstasy and two-fifths used other substances to facilitate their comedown. The drugs most commonly used in this way were alcohol, tobacco and cannabis.
- One-third (32%) of REU reported recently bingeing. The most commonly used drugs to binge with were ecstasy, more than five standard alcoholic drinks, cannabis and methamphetamine powder.

4.6 Price

In the 2009 ACT EDRS, all REU commented on the price, purity and availability of ecstasy. REU reported the current median price for an ecstasy tablet to be \$25 (range \$10-40, n=99), a decrease from prices seen in previous years (see Table 7). Only one REU reported the current median price for an ecstasy capsule (\$30, n=1). The majority (53%) of participants in 2009 reported that the price of ecstasy had remained stable or had decreased (23%) in the past six months.

Table 7: Price of ecstasy purchased by ACT REU and price variations, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median price per tablet (range)	\$35 (18-50)	\$35 (20-40)	\$35 (15-40)	\$35 (5-50)	\$30 (15-60)	\$30 (20-50)	\$25 (10-40)
<i>% Increasing (% of entire sample)</i>	5 (5)	9 (9)	11 (11)	9 (9)	10 (10)	8 (8)	13 (12)
<i>% Stable (% of entire sample)</i>	61 (61)	61 (61)	63 (63)	64 (64)	60 (60)	55 (55)	53 (50)
<i>% Decreasing (% of entire sample)</i>	27 (27)	18 (18)	13 (13)	15 (15)	14 (14)	17 (17)	23 (22)
<i>% Fluctuating (% of entire sample)</i>	8 (8)	11 (11)	12 (12)	8 (8)	12 (12)	11 (11)	11 (10)
<i>% Don't know (% of entire sample)*</i>	0 (0)	1 (1)	1 (1)	4 (4)	5 (5)	8 (8)	-

Source: EDRS REU interviews, 2003-2009

* In 2009 'Don't know' responses were excluded

REU were also asked about the price of ecstasy for a range of quantities. The median price of purchasing 10 pills was \$20 (range \$8-25, n=39) per pill and \$200 (range \$120-270, n=25) per 10 pills. The median price of purchasing 20 pills was \$18 (range \$10-25, n=26) per pill and \$315 (range \$300-500, n=10) per 20 pills. The median price of purchasing 50 pills was \$16 (range \$9-25, n=16) per pill and \$650 (range \$450-700, n=5) per 50 pills. Finally, the median price of purchasing 100 pills was \$15 (range \$10-20, n=19) per pill and \$1,200 (range \$350-1500, n=5) per 100 pills.

4.7 Purity

Table 8 presents the reports of ACT REU from 2003 to 2009, regarding both the current purity and the change in the purity of ecstasy available to them. From 2003 to 2007, the current ecstasy purity estimates made by REU remained relatively unchanged. In 2009, a significantly (95% CI: -0.02- -0.24) higher proportion of REU were reporting purity of ecstasy to be low (27%). Almost half of the 2009 sample believed the current purity of ecstasy to be ‘medium’ (30%) or ‘high’ (16%); a decline compared to previous years (50% in 2008, 58% in 2007 and 70% in 2006).

When asked whether they believed the purity of ecstasy had changed in the six months prior to interview, over one-quarter (28%) of REU reported that purity had remained stable and over one-third reported that purity had fluctuated (36%). A smaller proportion of REU reported that purity of ecstasy was increasing than in previous years (8%; 13% in 2008) and a significantly (95% CI: -0.03- -0.25) higher proportion reported a decrease in purity (27%; 12% in 2008).

Table 8: ACT REU reports of ‘current’ ecstasy purity and purity change, 2003-2009

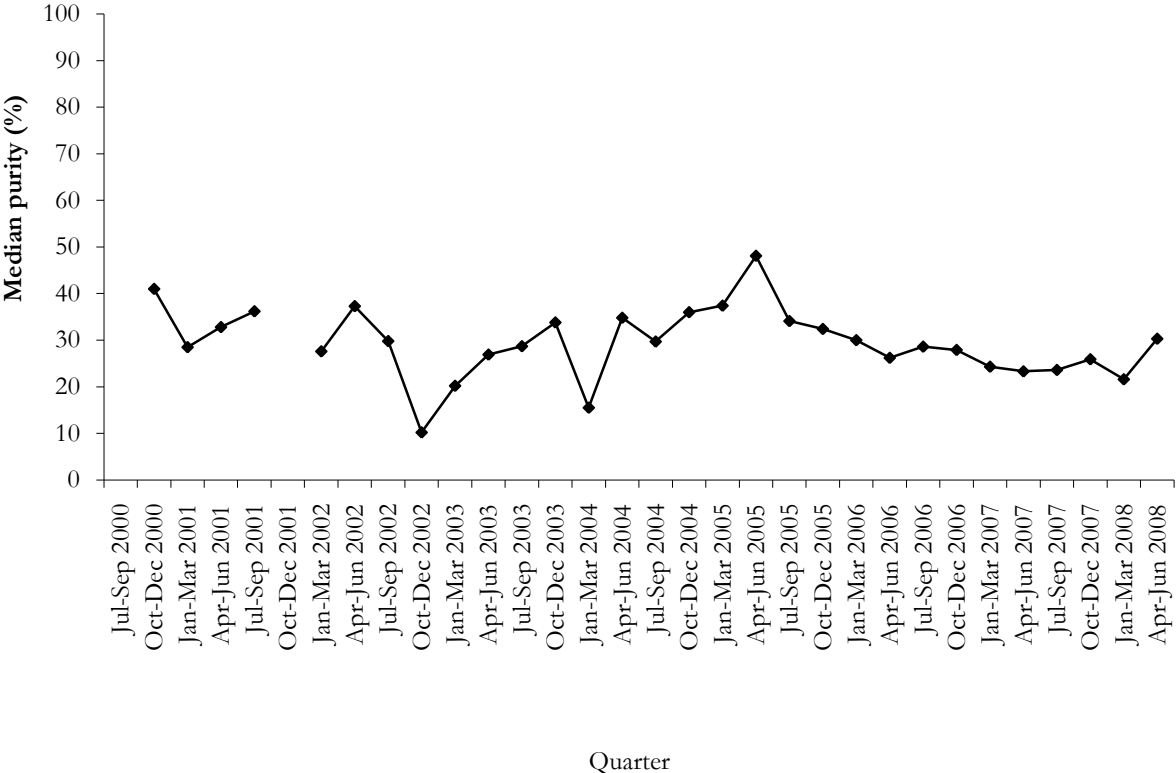
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=99)
Current purity							
<i>% Low (% of entire sample)</i>	6 (6)	6 (6)	6 (6)	7 (7)	16 (16)	13 (13)	27
<i>% Medium (% of entire sample)</i>	39 (39)	31 (31)	36 (36)	47 (47)	39 (39)	29 (29)	30
<i>% High (% of entire sample)</i>	23 (23)	38 (38)	32 (32)	23 (23)	19 (19)	21 (21)	16
<i>% Fluctuates (% of entire sample)</i>	27 (27)	24 (24)	24 (24)	21 (21)	23 (23)	34 (34)	26
<i>% Don't know (% of entire sample)*</i>	5 (5)	1 (1)	2 (2)	2 (2)	3 (3)	4 (4)	-
Purity change							
<i>% Increasing (% of entire sample)</i>	20 (20)	19 (19)	18 (18)	16 (16)	11 (11)	13 (13)	8 (8)
<i>% Stable (% of entire sample)</i>	33 (33)	34 (34)	25 (25)	39 (39)	30 (30)	25 (25)	28 (27)
<i>% Decreasing (% of entire sample)</i>	20 (20)	12 (12)	13 (13)	20 (20)	18 (18)	12 (12)	27 (26)
<i>% Fluctuating (% of entire sample)</i>	27 (27)	35 (35)	37 (37)	21 (21)	28 (28)	40 (40)	36 (34)
<i>% Don't know (% of entire sample)*</i>	0 (0)	0 (0)	7 (7)	4 (4)	14 (14)	10 (10)	-

Source: EDRS REU interviews, 2003-2009

* In 2009 ‘Don’t know’ responses were excluded

The ACC routinely collects data on the purity of phenethylamines seized by the ACT Police. The analysis of the purity of phenethylamine seizures includes purity analysis of drugs such as MDMA, MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the July-September quarter of 2000 and the April-June quarter of 2008 are presented in Figure 4. In the ACT, the median purity of phenethylamines seizures remained relatively stable over the 2007/2008 financial year with a slight spike in the April-June quarter of 2008 (30%).

Figure 4: Median purity of phenethylamine seizures in the ACT, July 2000 to June 2008



Source: Australian Bureau of Criminal Intelligence (ABCI) (2000-2002); ACC (2003-2008)
 Note: Data not available for the July-September quarter of 2000, October-December quarter of 2001, and the 2008/2009 financial year

4.8 Availability

In 2009, the entire sample was able to comment on the current availability of ecstasy in the ACT. Table 9 summarises the reports of REU on the availability of ecstasy in the ACT for the years 2003 to 2009. As in previous years, almost the entire 2009 sample (94%) reported that ecstasy was either ‘very easy’ (44%) or ‘easy’ (50%) to obtain. The majority (87%) of REU also indicated that the ease with which ecstasy could be obtained had remained ‘stable’ (69%) or become ‘easier’ (18%) in the past six months (similar to 81% in 2008). There were no significant differences in current availability or change in availability between 2008 and 2009.

In 2009, participants were asked to nominate the source from whom they had last purchased ecstasy. In 2003-2008, participants were able to mark more than one response. In 2009, however, friends (59%), known dealers (29%) and acquaintances (7%) were still the most common people through whom REU had bought ecstasy. Four percent of REU reported last purchasing ecstasy from an unknown dealer. The most common locations at which ecstasy had last been purchased were at a friend’s home (31%) and at a nightclub (27%). Other places of purchase were at an agreed public location (13%), and at a dealer’s home (9%).

Table 9: ACT REU reports of availability of ecstasy in the past six months, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Current availability							
<i>% Very easy (% of entire sample)</i>	67 (67)	55 (55)	60 (60)	47 (47)	53 (53)	51 (51)	44 (44)
<i>% Easy^a (% of entire sample)</i>	30 (30)	43 (43)	38 (38)	43 (43)	42 (42)	45 (45)	50 (50)
<i>% Difficult (% of entire sample)</i>	3 (3)	2 (2)	2 (2)	7 (7)	5 (5)	2 (2)	6 (6)
<i>% Very difficult (% of entire sample)</i>	0 (0)	0 (0)	0 (0)	3 (3)	0 (0)	0 (0)	0 (0)
<i>% Don't know (% of entire sample) *</i>	0 (0)	0 (0)	0 (0)	0 (0)	0 (0)	2 (2)	-
Availability change							
<i>% More difficult (% of entire sample)</i>	9 (9)	4 (4)	3 (3)	10 (10)	8 (8)	7 (7)	9(9)
<i>% Stable (% of entire sample)</i>	64 (64)	68 (68)	67 (67)	61 (61)	61 (61)	66 (66)	69 (67)
<i>% Easier (% of entire sample)</i>	21 (21)	24 (24)	26 (26)	21 (21)	16 (16)	15 (15)	18 (18)
<i>% Fluctuates (% of entire sample)</i>	3 (3)	4 (4)	2 (2)	5 (5)	10 (10)	6 (6)	4 (4)
<i>% Don't know (% of entire sample) *</i>	3 (3)	0 (0)	2 (2)	3 (3)	5 (5)	6 (6)	-
Persons scored from:#							
Friends (%)	92	88	85	80	84	83	59
Known dealers (%) ⁺	82	58	64	51	58	70	29
Acquaintances (%)	42	51	43	33	34	34	7
Workmates (%)	18	15	19	8	15	9	2
Unknown dealers (%)	23	22	22	17	23	32	4
Locations scored from:#							
Friend's home (%)	69	68	62	55	46	62	31
Dealer's home (%)	53	43	46	34	32	51	9
Nightclub (%)	59	52	56	48	60	39	27
Agreed public location (%)	- ^b	53	42	37	35	39	13
At own home (%)	38	37	32	24	37	38	4
Other (%)	18	1	1	1	0	1	2

Source: EDRS REU interviews, 2003-2008

^a Collapsed response of REU who answered 'Moderately easy' and 'Easy'

Participants able to give more than one answer;

+ Changed from 'Dealers' to 'Known dealers' in 2004

* In 2009 'Don't know' responses were excluded and REU were asked to report on their last location and source of purchase

4.9 Ecstasy markets and patterns of purchasing ecstasy

Table 10 summarises ecstasy purchasing practices of REU in the ACT in 2005 to 2009. In 2009, the median number of people that REU reported they had purchased ecstasy from in the previous six months was four (range 1-15). The majority (71%) of REU indicated that, when purchasing ecstasy, they had typically bought for themselves and ‘others’, with a smaller proportion (27%) reporting that they had only purchased ecstasy for their own personal use in the prior six months.

REU were also asked to indicate how often they had purchased ecstasy in the past six months. REU reported that they most commonly purchased ecstasy on a greater than monthly to fortnightly basis (38%) or on a monthly or less basis (36%). One-quarter (26%) purchased it on a greater than fortnightly to weekly basis and one participant had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that REU reported ‘usually’ buying when purchasing ecstasy in the past six months was four (range 1-500).

Table 10: Patterns of purchasing ecstasy, ACT REU, 2005-2009

	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median number of people purchased from	4	3	4	3	4
Purchased for (%)					
Self only	16	27	19	23	27
Self and others	83	73	78	75	71
Others only	0	0	1	0	2
Didn't purchase	1	0	1	2	0
No. of times purchased in the last 6 months (%)					
0	1	0	1	2	0
1-6	32	29	38	41	36
7-12	29	37	35	28	38
13-24	33	28	24	25	26
25+	5	5	1	4	1
Median no. of ecstasy tablets purchased[#]	5	5	5	5	4

Source: EDRS REU interviews, 2005-2009

[#]of those who purchased ecstasy in the last six months

4.10 Key expert comments

- Five KE commented on ecstasy as the most problematic drug that they came across in their service.
- REU are using more ecstasy pills per session and more often.
- Ecstasy users were younger than in previous years and engaging in dangerous behaviour where polydrug use was common.
- The use of energy drinks with alcohol and ecstasy was common.

4.11 Summary of ecstasy trends

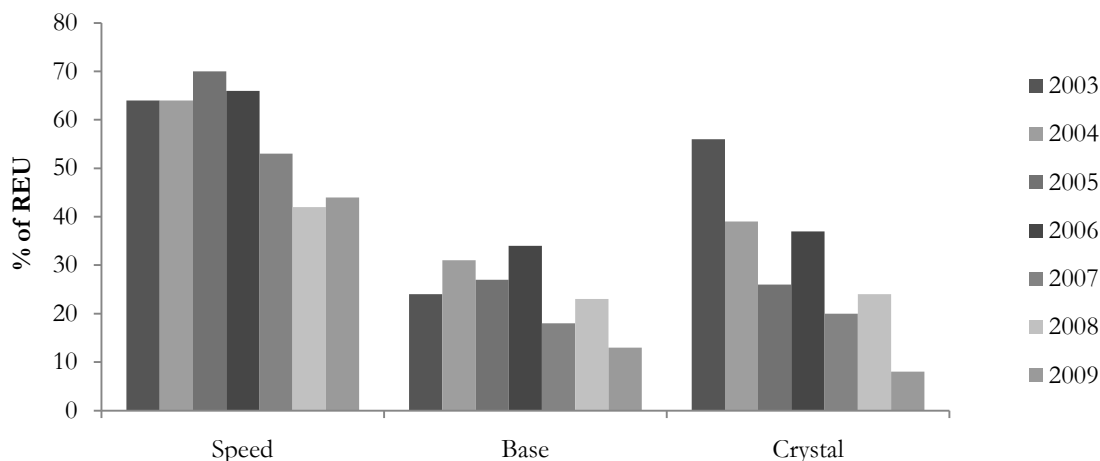
- The median days of use decreased from 18 days in 2008 to 14 days in 2009.
- The median price per ecstasy tablet decreased from \$30 in 2008 to \$25 in 2009.
- In 2009, there was a significant increase in the proportion of REU reporting that the purity of ecstasy was low (from 13% in 2008 to 27% in 2009). Almost half of the 2009 sample believed current purity to be 'medium' to 'high', a decline similar to previous years (50% in 2008).
- Almost the entire sample reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT.
- The availability of ecstasy had remained stable in the past six months.
- Ecstasy was most commonly last purchased by REU from friends and known dealers.
- In the past six months, REU had purchased ecstasy from a median of four people, had typically purchased ecstasy for themselves and others, and typically purchased four pills at a time.
- Over three-quarters of participants reported using ecstasy to 'feel great' or for the 'high/buzz'.

5 METHAMPHETAMINE

5.1 Methamphetamine use among REU

Just over half (54%) of the 2009 ACT EDRS sample had used at least one form of methamphetamine in the six months prior to interview, similar to 55% in 2008. Among recent methamphetamine users, the median number of days of any form of methamphetamine use (powder, base and crystal methamphetamine forms) was 2 (range 1-85). Four percent of REU who participated in the 2009 ACT EDRS had used methamphetamine on a greater than weekly basis in the past six months, compared to 15% in 2008. The form of methamphetamine used most commonly among the 2009 EDRS sample was speed (44%; 42% in 2008). There was a decrease in recent base use in 2009 with thirteen percent reporting recent use (23% in 2008). A similar trend was seen with a decline in recent crystal use (8%; 24% in 2008) as shown in Figure 5. Thirty-six percent of the sample also reported the recent use of pharmaceutical stimulants. This is reported in Section 9 ‘Other Drugs’.

Figure 5: Trends in methamphetamine (speed, base and crystal) use, ACT, 2003-2009



Source: EDRS REU interviews, 2003-2009

In the 2009 ACT EDRS, one-third (36%) of the sample commented on the current price, purity and availability of speed, 8% of the sample commented on the current price, purity and availability of base and 6% commented on crystal.

5.1.1 Methamphetamine powder (speed)

Table 11 presents a summary of the patterns of speed use among REU in the ACT from 2003 to 2009. Only 5% nominated speed as their current drug of choice (2% in 2008). However, over two-thirds (69%) reported ever having used speed (74% in 2008), and 44% reported having recently used speed (similar to 43% in 2008).

Recent speed users reported a median of two days (range 1-96) of speed use in the past six months. This was a significant decrease from a median of six days of use in the previous year ($U=329, p<.05$). Three-quarters (75%) of those REU who had recently used speed had used five times or less in the preceding six months (an increase from 49% in 2008). Eleven percent of recent speed users had used on a monthly to fortnightly basis (a decrease from 31% in 2008), and 14% had used speed more regularly than fortnightly during the past six months (a decrease from 20% in 2008). There were no reports of daily speed use.

The majority of recent speed users quantified their use of the drug in terms of ‘grams’ ($n=23$). The median amount of speed used in a ‘typical’ episode of use in the past six months was half a gram

(range 0.1-2). Among those REU who reported in points (n=11), the median amount of speed used in a 'typical' episode of use in the past six months was one point (range 0.5-2.5). In 2009, the median amount of speed used in the 'heaviest' session was one point (range 1-3, n=10). Of those REU who reported in grams in 2009 (n=24), the median amount of speed used in the 'heaviest' session was 0.5 grams (range 0.1-4), a decrease from 2008 (1.5 grams). Among REU who reported having binged on ecstasy and related drugs recently (n=32), 44% reported they had used speed during these binge sessions (an increase from 34% in 2008). Of those REU who indicated that they last used other drugs in combination with ecstasy, one-tenth (9%) reported using speed regularly in the context of their ecstasy use, similar to 12% in 2008. There were no reports from participants of using speed to come down from ecstasy.

Of those participants who had used speed in the previous six months, 82% reported swallowing as the main route of administration and 61% reported having snorted speed in the preceding six months. Fourteen percent had recently injected speed (a decrease from 26% in 2008). A further 7% had recently smoked speed (similar to 9% in 2008).

Table 11: Patterns of methamphetamine powder use among ACT REU, 2003-2009

Speed	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=82)	2009 (N=101)
Ever used (%)	88	87	90	81	84	74	68
Used preceding six months (%)	64	64	70	66	53	43	44
Of those who had used							
Median days used last 6 mths (range)	4 (1-14)	4 (1-50)	5 (1-180)	4 (1-72)	4 (1-96)	6 (1-72)	2 (1-96)
Median quantities used (grams)							
Typical (range)	0.25 (0.1-0.5)	0.5 (0.1-2)	1 (0.1-3)	0.5 (0.2-4.5)	0.5 (0.1-2)	0.75 (0.25-3.5)	0.5 (0.1-2)
Heavy (range)	0.8 (0.2-3.5)	0.5 (0.1-4)	1.6 (0.1-5)	1 (0.2-4.5)	0.8 (0.1-5)	1.5 (1.0-8)	0.5 (.1-4)

Source: EDRS REU interviews, 2003-2009

5.1.2 Methamphetamine base

Table 12 presents a summary of the patterns of base use from 2003 to 2009. No participants nominated base as their drug of choice. Thirty percent of REU interviewed in 2009 reported ever having used base (a decrease from 52% in 2008) and thirteen percent reported having recently used base (23% in 2008). Recent base users reported a median of three days (range 1-14) of base use in the past six months, a decrease from a median of nine days in 2008. Over two-thirds (69%) of recent base users had used base less than monthly in the past six months (a substantial increase from 26% in 2008). Twenty-three percent of participants reported that they had used base on a monthly to fortnightly basis (a decrease from 37% in 2008), and 7% had used base more regularly than fortnightly during the past six months (a decrease from 32% in 2008). No REU reported using base on a daily basis.

The majority (n=10) of recent base users quantified their use in terms of points. The median amount of base used in a 'typical' episode of use in the past six months was two points (range 0.5-10). In 2009, the median amount of base used in the 'heaviest' session was also two points (range 0.5-10). Of

those REU who reported having binged in the past six months, 16% reported that they had used base during these binge sessions (12% in 2008). One participant (2%) who reported that they last used other drugs in combination with ecstasy had used base methamphetamine in this way. There were no reports of base being used to facilitate ecstasy comedown.

Of those participants who had used base in the previous six months, 69% reported swallowing (a decrease from 79% in 2008) and 15% had recently snorted (a decrease from 37% in 2008). There was a decrease in the proportion of REU who reported recently injecting base when compared to the previous year (15%, compared to 26% in 2008). There was an increase in the proportion of recent base users who reported smoking base (8%, compared to 5% in 2008).

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

Base	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever used (%)	30	43	45	48	42	52	30
Used preceding six months (%)	24	31	27	34	18	23	13
Of those who had used							
Median days used last 6 mths (range)	3 (1-72)	2.5(1-72)	3 (1-70)	4 (1-48)	4 (1-24)	9 (1-72)	3 (1-14)
Median quantities used (points)							
Typical (range)	1 (0.1-2)	1 (0.3-3)	1 (0.25-3)	1 (0.5-3)	1 (0.5-2)	2 (0.1-3)	2 (0.5-10)
Heavy (range)	1.5 (0.3-8)	1 (0.3-10)	2 (0.25-7)	2 (0.5-7)	2 (0.5-2.25)	3.5 (0.5-7)	2 (0.5-10)

Source: EDRS REU interviews, 2003-2009

5.1.3 Crystal methamphetamine

Table 13 presents a summary of the patterns of crystal use among REU in the ACT from 2003 to 2009. No participants nominated crystal as their drug of choice. Just over one-quarter (28%) reported ever having used crystal, a large decrease compared to previous years (61% in 2008), and eight percent reported recent use, a significant (95% CI: 0.24-0.08) decrease from 24% in 2008. Recent crystal users reported a median of 4 days (range 1-10) of crystal use in the past six months, a decrease from a median of eleven days in 2008. Almost two-thirds (63%) of those REU who had recently used crystal had used five times or less in the preceding six months; an increase from 35% in the previous year. The remainder (38%) of recent crystal users had used on a monthly to fortnightly basis.

As was the case for methamphetamine base, the majority (n=5) of recent crystal users quantified their use in terms of points. Two points was the median amount of crystal reported to be used in a 'typical' (range 1-5) and four points for the 'heaviest' (range 2-5) episode of use in the past six months. Of those REU who reported having binged on ecstasy and related drugs recently, 9% reported they had used crystal during these binge sessions (a decrease from 20% in 2008). Among those REU reporting that they last consumed other drugs when taking ecstasy, no REU reported using crystal in the context of their last ecstasy use. No respondents reported using crystal to facilitate ecstasy comedown.

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

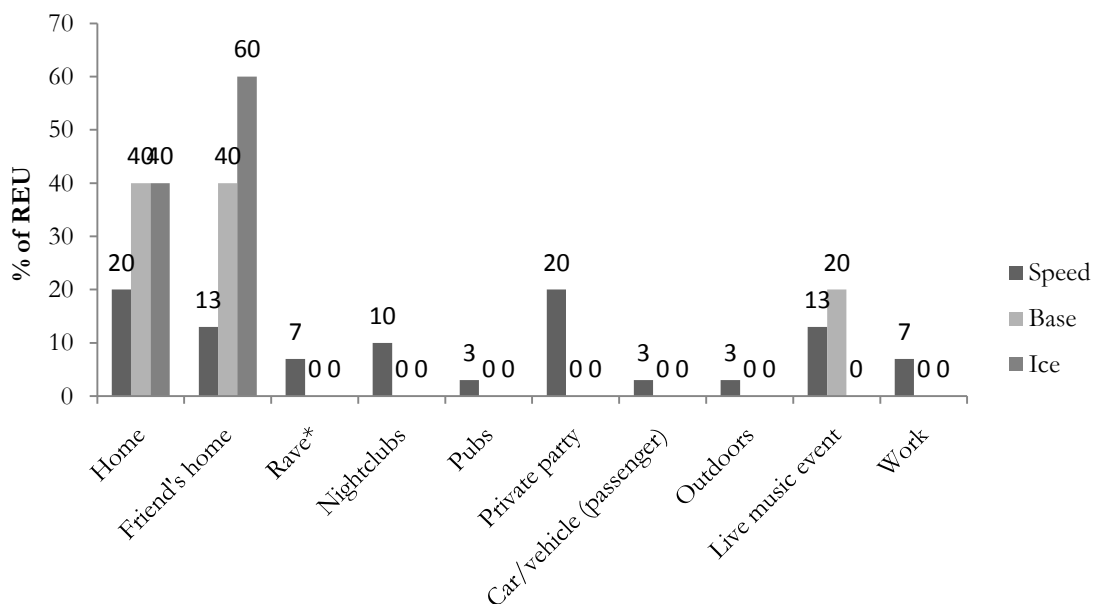
Crystal	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever used (%)	71	62	49	55	54	61	28
Used preceding six months (%)	56	39	26	37	20	24	8
Of those who had used							
Median days used last 6 mths (range)	2 (1-30)	2 (1-13)	3 (1-96)	5 (1-50)	2 (1-90)	11 (1-180)	4 (1-10)
Median quantities used (points)							
Typical (range)	1 (0.2-4)	1 (0.13-3)	1 (0.25-3)	1 (0.25-4)	2 (0.5-5)	1 (0.25-6)	2 (1-5)
Heavy (range)	1.3 (0.25-6)	1 (0.13-10)	1 (0.25-5)	1.5 (0.25-5)	2.5 (0.5-5)	3 (0.5-10)	4 (2-5)

Source: EDRS REU interviews, 2003-2009

Seventy-five percent of those who had used crystal in the previous six months reported that they had smoked it, an increase from 45% in 2008. There was a decrease in the proportion of REU who reported having injected crystal, from 60% in 2008 to 38% in 2009, and no participants reported swallowing or snorting crystal in the preceding six months (30% swallowed 2008 and 15% snorted in 2008).

Figure 6 presents the last locations of methamphetamine use in the six months prior to interview. Speed had been used by REU at various locations but predominantly at a private party (20%). Base and crystal have mainly been used at home (40% for both) or a friend's home (40% of base users and 60% of ice users).

Figure 6: ACT REU reports of last location of use for methamphetamine, 2009



Source: EDRS REU interviews, 2009

Note: Results based on following response numbers: speed (n=30), base (n=5) and crystal (n=5)

* Includes outdoor raves (doofs) and dance parties

5.2 Price

In the 2009 ACT EDRS, over one-third (36%, n=36) of respondents commented on the price, purity and availability of speed. Smaller proportions commented on the price, purity and availability of base (8%, n=8) and crystal (6%, n=6).

5.2.1 Methamphetamine powder (speed)

The median reported current price for a gram of speed was \$200 (\$30-\$500), similar to \$225 in 2008. In terms of purchasing points of speed, the median price paid for a point was \$30, the same as the price paid in 2008. Sixty-two percent of the REU who were able to comment on speed reported that the price of speed had remained stable in the preceding six months, up from 54% in 2008. Ten percent reported that the price had decreased in the past six months, 5% reported that the price had fluctuated and 24% reported that it had increased over this period, as can be seen in Table 14.

Table 14: Price and changes in price for methamphetamine powder, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median price							
<i>Speed (range)</i>							
Point	\$40 (30-40)	\$30 (25-50)	\$35 (20-50)	\$40 (20-100)	\$30 (25-50)	\$30 (10-130)	\$30 (20-60)
Gram	\$175 (70-250)	\$80 (40-300)	\$80 (20-300)	\$175 (50-250)	\$200 (20-300)	\$225 (40-450)	\$200 (30-500)
Of those that responded	n=33	n=55	n=63	n=39	n=24	n=26	n=36
<i>% Increasing (% of entire sample)</i>	9 (5)	5 (3)	5 (2)	8 (5)	17 (5)	4 (1)	24 (5)
<i>% Stable (% of entire sample)</i>	47 (24)	44 (21)	44 (22)	53 (32)	42 (14)	54 (17)	62 (13)
<i>% Decreasing (% of entire sample)</i>	9 (5)	20 (10)	18 (9)	7 (4)	17 (5)	12 (4)	10 (2)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	2 (1)	8 (4)	3 (2)	8 (3)	8 (2)	5 (1)
<i>% Don't know (% of entire sample)*</i>	32 (17)	29 (14)	25 (13)	30 (18)	17 (5)	23 (7)	-

Source: EDRS REU interviews, 2003-2009

*'Don't know' was not included in 2009

5.2.2 Methamphetamine base

The median price reported for the last point of base (n=4) purchased prior to interview was \$40 (range \$25-300). The median price reported for the last gram of base (n=3) purchased prior to interview was \$150 (range \$100-200). The majority of participants (71%) who were able to report on base reported that the price had remained stable in the six months preceding interview. Twenty-nine percent reported that the price had increased in the preceding six months (7% in 2008, see Table 15).

Table 15: Price and changes in price for methamphetamine base, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median price							
Base (range)							
Point	\$40 (30-50)	\$40 (30-80)	\$40 (20-50)	\$42.5^ (20-50)	\$50^ (28-80)	\$30 (20-300)	\$40^ (25-300)
Gram	\$240 (180-300)	-	\$200 (70-300)	\$200^ (70-280)	\$250^ (no range)	\$250^ (150-600)	\$150^ (100-200)
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=7
<i>% Increasing (% of entire sample)</i>	0 (0)	16 (3)	5 (1)	13 (3)	11 (1)	7 (1)	29 (2)
<i>% Stable (% of entire sample)</i>	54 (12)	52 (11)	53 (9)	54 (13)	44 (5)	79 (13)	71 (5)
<i>% Decreasing (% of entire sample)</i>	13 (3)	4 (1)	14 (2)	0 (0)	0 (0)	0 (0)	0 (0)
<i>% Fluctuating (% of entire sample)</i>	0 (0)	4 (1)	14 (2)	4 (1)	11 (1)	0 (0)	0(0)
<i>% Don't know (% of entire sample)*</i>	33 (8)	24 (5)	14 (2)	29 (7)	33 (4)	14 (2)	-

Source: EDRS REU interviews, 2003-2009

^ Small numbers (<10)

* 'Don't know' was not included in 2009

5.2.3 Crystal methamphetamine

Three REU commented on the price to purchase a point of crystal (Table 16). The median price paid for the last point (n=3) of crystal purchased was \$50 (range \$30-50). The median price paid for the last gram (n=2) of crystal purchased was \$275 (range \$250-300). The majority (60%) of those who were able to comment on crystal reported that the price had remained stable in the six months preceding interview.

Table 16: Price and changes in price for methamphetamine crystal, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median price							
Crystal (range)							
Point	\$45 (30-300)	\$47.50 (10-100)	\$35 (25-60)	\$50 (30-100)	\$50 (25-100)	\$50 (40-50)	\$50^ (30-50)
Gram	\$375 (300-450)	-	\$265 (220-400)^	\$200^ (15-350)	-	\$400^ (250-400)	\$275 (250-300)
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=5
<i>% Increasing (% of entire sample)</i>	15 (8)	7 (2)	29 (5)	18 (7)	8 (1)	14 (2)	20 (1)
<i>% Stable (% of entire sample)</i>	43 (21)	31 (8)	43 (7)	40 (15)	25 (4)	64 (11)	60 (3)
<i>% Decreasing (% of entire sample)</i>	12 (6)	17 (4)	9 (2)	8 (3)	8 (1)	0 (0)	0 (0)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	7 (2)	14 (2)	5 (2)	17 (3)	7 (1)	20 (1)
<i>% Don't know (% of entire sample)*</i>	27 (14)	38 (10)	5 (1)	29 (11)	42 (7)	14 (2)	-

Source: EDRS REU interviews, 2003-2009

^ Small numbers (<10)

* 'Don't know' was not included in 2009

5.3 Purity

Contrary to previous years, the largest proportion of respondents in 2009 who commented on each methamphetamine form believed current purity to be 'low' to 'medium' as opposed to 'medium' to 'high' (see Table 17). It must be noted that small numbers commented in 2009 and therefore the results should be interpreted with caution.

5.3.1 Methamphetamine powder (speed)

Forty-five percent of respondents commenting on speed reported the current purity to be 'medium' (42% in 2008) with a further 28% indicating the current purity of speed to be 'low' and 21% indicating that it was 'high'. There were no significant differences from 2008 to 2009.

Only four REU commented on the change in purity of speed. Each respondent reported a different answer for the change in current purity of speed (Table 18).

5.3.2 Methamphetamine base

Half of the respondents (50%) commenting on base reported the current purity to be 'low' (14% in 2008) with a smaller proportion indicating the current purity of base to be 'medium' (33%) and 'high' (17%) (50% and 13% respectively in 2008). Only eight REU commented on the change in purity of base. Of these the majority (50%) reported that the current purity was stable.

5.3.3 Crystal methamphetamine

In 2009, six REU commented on the current purity of crystal. Half reported the purity to be 'low' (7% in 2008), with one-third reporting that the current purity of crystal to be 'high' (33%, see Table 17). Half of the REU commenting reported that purity of crystal had remained stable, whilst the other half reported that purity of crystal had decreased.

Table 17: Current purity of methamphetamine, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Speed							
Did respond (%)	52	47	50	61	32	31	36
Of those that responded	n=34	n=55	n=63	n=61	n=24	n=26	n=36
<i>% Low (% of entire sample)</i>	11 (6)	18 (9)	13 (6)	15 (9)	25 (8)	19 (6)	28 (29)
<i>% Medium (% of entire sample)</i>	27 (14)	40 (19)	38 (19)	34 (21)	33 (11)	42 (13)	45 (13)
<i>% High (% of entire sample)</i>	27 (14)	22 (10)	30 (15)	31 (19)	33 (11)	19 (6)	21 (6)
<i>% Fluctuates (% of entire sample)</i>	6 (3)	6 (3)	11 (6)	8 (5)	0 (0)	15 (5)	7 (2)
<i>% Don't know (% of entire sample)</i>	29 (15)	14 (7)	8 (4)	12 (7)	8 (3)	4 (1)	-
Base							
Did respond (%)	23	22	17	24	12	17	8
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=8
<i>% Low (% of entire sample)</i>	0 (0)	12 (3)	5 (1)	13 (3)	11 (1)	14 (2)	50 (3)
<i>% Medium (% of entire sample)</i>	20 (5)	32 (7)	19 (3)	21 (5)	33 (4)	50 (8)	33 (2)
<i>% High (% of entire sample)</i>	33 (8)	48 (10)	76 (13)	54 (13)	44 (5)	14 (2)	17 (1)
<i>% Fluctuates (% of entire sample)</i>	7 (2)	4 (1)	0 (0)	8 (2)	0 (0)	14 (2)	0 (0)
<i>% Don't know (% of entire sample)</i>	40 (9)	4 (1)	0 (0)	4 (1)	11 (1)	7 (1)	-
Crystal							
Did respond (%)	50	25	17	38	16	17	6
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6
<i>% Low (% of entire sample)</i>	0 (0)	7 (2)	0 (0)	8 (3)	0 (0)	7 (1)	50 (3)
<i>% Medium (% of entire sample)</i>	15 (8)	24 (6)	43 (7)	21 (8)	33 (5)	21 (4)	17 (1)
<i>% High (% of entire sample)</i>	67 (33)	45 (11)	43 (7)	45 (17)	33 (5)	43 (7)	33 (2)
<i>% Fluctuates (% of entire sample)</i>	3 (2)	7 (2)	9 (2)	8 (3)	8 (1)	21 (4)	0 (0)
<i>% Don't know (% of entire sample*)</i>	15 (8)	17 (4)	5 (1)	18 (7)	25 (4)	7 (1)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

Table 18: Change in methamphetamine purity, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
<i>Speed</i>							
Did respond (%)	52	47	50	61	32	31	4
Of those that responded (%)	n=34	n=55	n=66	n=61	n=24	n=26	n=4
<i>% Increasing (% of entire sample)</i>	15 (8)	11 (5)	8 (4)	13 (8)	13 (4)	12 (4)	25 (1)
<i>% Stable (% of entire sample)</i>	32 (17)	46 (22)	32 (16)	26 (16)	29 (10)	19 (6)	25 (1)
<i>% Decreasing (% of entire sample)</i>	12 (6)	7 (3)	22 (11)	23 (14)	25 (8)	23 (7)	25 (1)
<i>% Fluctuating (% of entire sample)</i>	12 (6)	11 (5)	19 (10)	16 (10)	8 (3)	31 (10)	25 (1)
<i>% Don't know (% of entire sample)*</i>	29 (15)	25 (12)	19 (10)	21 (13)	25 (8)	15 (5)	-
<i>Base</i>							
Did respond (%)	23	22	17	24	12	17	6
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=6
<i>% Increasing (% of entire sample)</i>	20 (5)	16 (3)	24 (4)	21 (5)	0 (0)	7 (1)	17 (1)
<i>% Stable (% of entire sample)</i>	26 (6)	48 (10)	57 (10)	42 (10)	44 (5)	43 (7)	50 (3)
<i>% Decreasing (% of entire sample)</i>	7 (2)	4 (1)	5 (1)	8 (2)	0 (0)	14 (2)	33 (2)
<i>% Fluctuating (% of entire sample)</i>	7 (2)	12 (3)	5 (1)	8 (2)	22 (3)	29 (5)	0 (0)
<i>% Don't know (% of entire sample)*</i>	40 (9)	20 (4)	9 (2)	21 (5)	33 (4)	7 (1)	-
<i>Crystal</i>							
Did respond (%)	50	25	17	38	16	17	6
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6
<i>% Increasing (% of entire sample)</i>	6 (3)	10 (3)	5 (1)	11 (4)	17 (3)	29 (5)	0 (0)
<i>% Stable (% of entire sample)</i>	52 (26)	42 (10)	48 (8)	32 (12)	25 (4)	7 (1)	50 (3)
<i>% Decreasing (% of entire sample)</i>	9 (5)	3 (1)	5 (1)	18 (7)	8 (1)	7 (1)	50 (3)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	14 (3)	28 (5)	5 (2)	17 (3)	43 (7)	0 (0)
<i>% Don't know (% of entire sample)*</i>	30 (15)	31 (8)	14 (2)	34 (13)	33 (5)	14 (2)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

5.4 Availability

5.4.1 Methamphetamine powder (speed)

Of the 32 REU who commented on the availability of speed in the preceding six months, the majority (69%) reported that speed was currently 'easy' (53%) to 'very easy' (16%) to obtain (Table 19). One-third (32%) reported that speed was 'difficult' (28%) to 'very difficult' (3%) to obtain. Over half (54%) believed that the availability of speed had remained stable, over one-third (36%) reported that speed had become 'more difficult' and 7% of respondents indicated that speed had become 'easier' to obtain in the six months preceding interview (similar to 8% in 2008). There were no significant differences between 2008 and 2009.

5.4.2 Methamphetamine base

In 2009 the trend towards respondents reporting that base was 'difficult' to obtain continued (57%, 36% in 2008). The proportion of REU reporting that base was 'very easy' to obtain remained stable at 29% in 2009. When asked about changes in the availability of base methamphetamine (see Table 20), over two-thirds (67%) reported that availability of base had remained stable over the preceding six months, an increase from 57% in 2008.

5.4.3 Crystal methamphetamine

The reports of the 6 REU commenting on crystal indicated that the majority (67%, n=4) believed it 'difficult' to obtain. A further third (33%) reported that crystal was 'easy' to obtain. Over two-thirds (67%) of participants who were able to comment on crystal reported that availability had become 'more difficult' in 2009 (an increase from 0% in 2008) over the preceding six months. A further 33% of respondents reported that the availability of crystal had remained stable.

Table 19: Current availability of methamphetamine forms, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Speed							
Did respond (%)	52	47	50	61	32	31	32
Of those that responded (%)	n=34	n=55	n=63	n=61	n=24	n=26	n=32
<i>% Very easy (% of entire sample)</i>	20 (11)	36 (17)	30 (15)	28 (17)	38 (12)	19 (6)	16 (5)
<i>% Easy^a (% of entire sample)</i>	62 (32)	49 (23)	50 (25)	53 (32)	29 (10)	46 (15)	53 (17)
<i>% Difficult (% of entire sample)</i>	9 (5)	11 (5)	16 (8)	16 (10)	25 (8)	31 (10)	28 (9)
<i>% Very difficult (% of entire sample)</i>	6 (3)	0 (0)	2 (1)	3 (2)	0 (0)	0 (0)	3 (1)
<i>% Don't know (% of entire sample)*</i>	3 (2)	4 (2)	2 (1)	0 (0)	8 (3)	4 (1)	-
Base							
Did respond (%)	23	22	17	24	12	17	7
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=7
<i>% Very easy (% of entire sample)</i>	13 (3)	32 (7)	33 (6)	25 (6)	44 (5)	29 (5)	29 (2)
<i>% Easy^a (% of entire sample)</i>	33 (8)	44 (10)	38 (6)	54 (13)	33 (4)	29 (5)	14 (1)
<i>% Difficult (% of entire sample)</i>	27 (6)	16 (3)	29 (5)	13 (3)	22 (3)	36 (6)	57 (4)
<i>% Very difficult (% of entire sample)</i>	7 (2)	0 (0)	0 (0)	0 (0)	0 (0)	7 (1)	0 (0)
<i>% Don't know (% of entire sample)*</i>	20 (5)	8 (2)	0 (0)	8 (2)	0 (0)	0 (0)	-
Crystal							
Did respond (%)	50	25	17	38	16	17	6
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6
<i>% Very easy (% of entire sample)</i>	12 (6)	24 (6)	38 (6)	29 (11)	25 (4)	43 (7)	0 (0)
<i>% Easy^a (% of entire sample)</i>	52 (26)	34 (9)	38 (9)	45 (17)	50 (8)	43 (7)	33 (2)
<i>% Difficult (% of entire sample)</i>	27 (14)	28 (7)	24 (4)	16 (6)	17 (3)	0 (0)	67 (4)
<i>% Very difficult (% of entire sample)</i>	3 (2)	7 (2)	0 (0)	5 (2)	0 (0)	7 (1)	0 (0)
<i>% Don't know (% of entire sample)*</i>	6 (3)	7 (2)	0 (0)	5 (2)	8 (1)	7 (1)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

^a Combined 'Moderately easy' and 'Easy' for 2003 data

Table 20: Changes to availability of methamphetamine forms, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Speed							
Did respond (%)	52	47	50	61	32	31	28
Of those that responded (%)	n=34	n=55	n=63	n=61	n=24	n=26	n=28
<i>% More difficult (% of entire sample)</i>	26 (14)	9 (4)	9 (5)	13 (8)	21 (7)	23 (7)	36 (10)
<i>% Stable (% of entire sample)</i>	47 (24)	69 (33)	56 (28)	57 (35)	38 (12)	50 (16)	54 (15)
<i>% Easier (% of entire sample)</i>	12 (6)	13 (6)	25 (13)	13 (8)	21 (7)	8 (2)	7 (2)
<i>% Fluctuates (% of the entire sample)</i>	6 (3)	2 (1)	5 (2)	5 (3)	0 (0)	8 (2)	4 (1)
<i>% Don't know (% of entire sample)*</i>	9 (5)	7 (3)	5 (2)	12 (7)	21 (7)	12 (4)	-
Base							
Did respond (%)	23	22	17	24	12	17	6
Of those that responded (%)	n=15	n=25	n=21	n=24	n=9	n=14	n=6
<i>% More difficult (% of entire sample)</i>	7 (2)	16 (3)	9 (2)	8 (2)	11 (1)	36 (6)	17 (1)
<i>% Stable (% of entire sample)</i>	53 (12)	64 (14)	57 (10)	54 (13)	22 (3)	57 (10)	67 (4)
<i>% Easier (% of entire sample)</i>	13 (3)	4 (1)	29 (5)	17 (4)	44 (5)	0 (0)	17 (1)
<i>% Fluctuates (% of entire sample)</i>	0 (0)	0 (0)	0 (0)	4 (1)	0 (0)	7 (1)	0 (0)
<i>% Don't know (% of entire sample)*</i>	27 (6)	16 (3)	5 (1)	17 (4)	22 (3)	0 (0)	-
Crystal							
Did respond (%)	50	25	17	38	16	17	6
Of those that responded (%)	n=33	n=29	n=21	n=38	n=12	n=14	n=6
<i>% More difficult (% of entire sample)</i>	15 (8)	11 (3)	19 (3)	13 (5)	17 (3)	0 (0)	67 (4)
<i>% Stable (% of entire sample)</i>	43 (21)	55 (14)	62 (10)	57 (18)	33 (5)	64 (11)	33 (2)
<i>% Easier (% of entire sample)</i>	24 (12)	17 (4)	19 (3)	24 (9)	17 (3)	14 (2)	0 (0)
<i>% Fluctuates (% of entire sample)</i>	0 (0)	3 (1)	0 (0)	3 (1)	8 (1)	7 (1)	0 (0)
<i>% Don't know (% of entire sample)*</i>	18 (9)	14 (3)	0 (0)	13 (5)	25 (4)	14 (2)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

Figure 7 presents the proportion of REU who reported each form of methamphetamine to be ‘very easy’ to obtain in the ACT from 2003 to 2009. In 2008 there was a decrease in the proportion of REU reporting speed to be ‘very easy’ to obtain (19%, 38% in 2007). This trend continued in 2009 with 16% of REU who commented on availability reporting that speed was ‘very easy’ to obtain. The proportion reporting base to be ‘very easy’ remained stable in 2009 at 29%. In 2009, there were no reports of crystal being ‘very easy’ to obtain. This is a decrease from almost half of the sample in 2008 reporting that crystal was ‘very easy’ to obtain. The proportion of REU reporting was low so results must be interpreted with caution.

Figure 7: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as ‘very easy’ to obtain in the six months preceding interview in ACT, 2003-2009

Source: EDRS REU interviews, 2003-2009

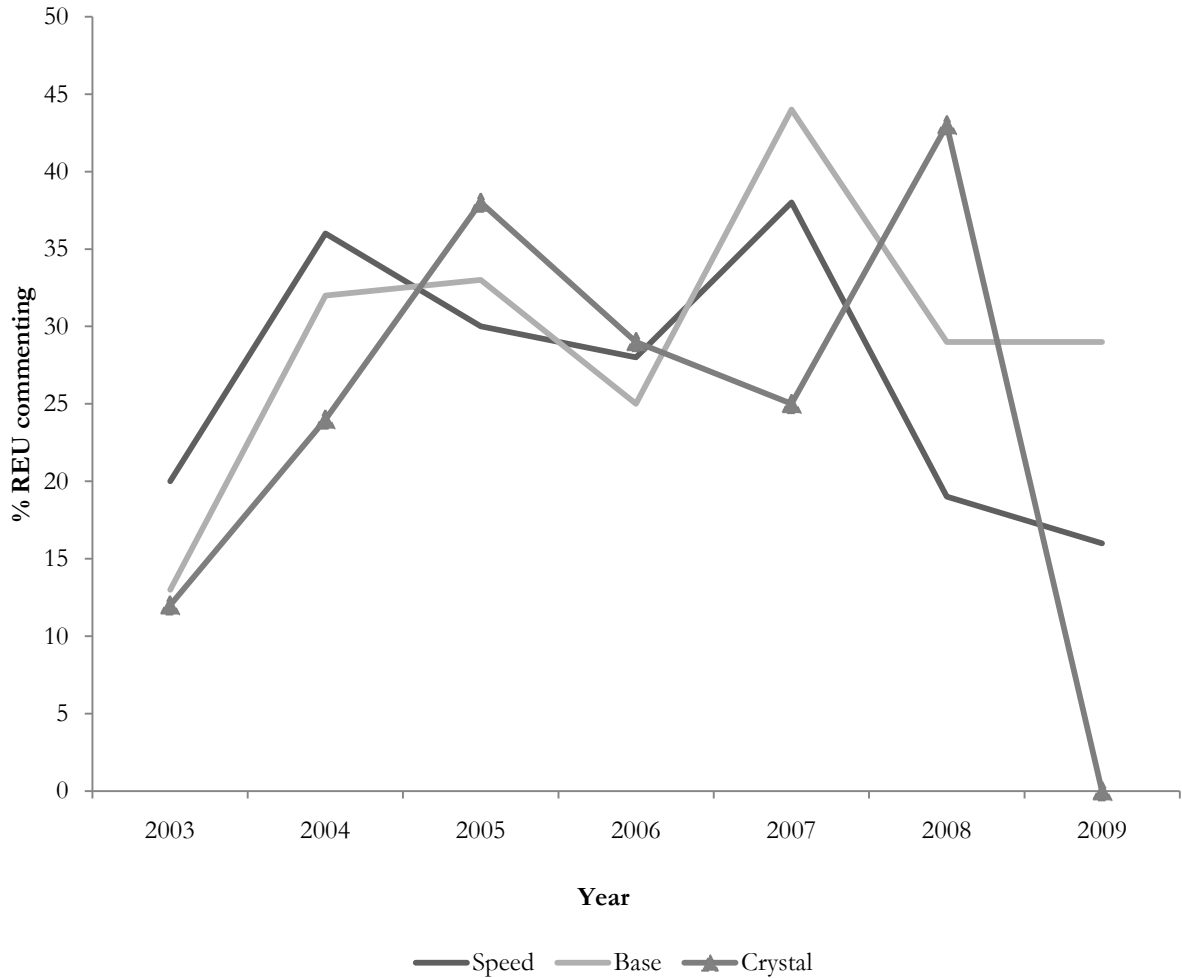
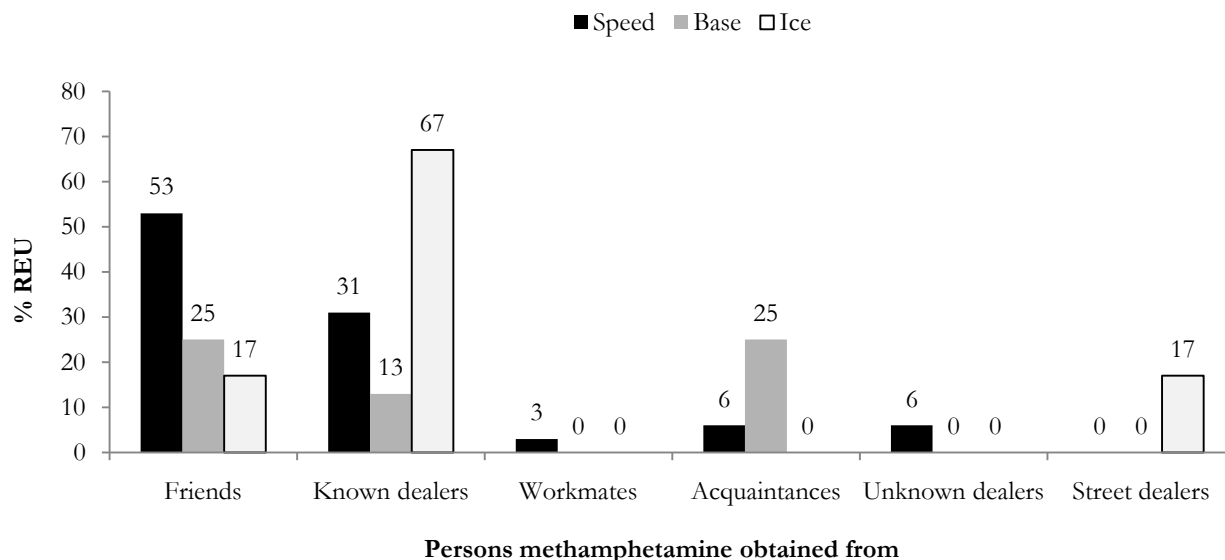


Figure 8 presents the people from whom REU had last purchased methamphetamine from in the six months prior to interview. For speed, friends were the most common source (53%), known dealers the second most common source (31%). Friends (25%) and acquaintances (25%) were the most common source from which REU obtained base. Known dealers (67%) were the most common source for the last purchase of ice/crystal.

Figure 8: People from whom methamphetamine was last purchased in the preceding six months, ACT, 2009

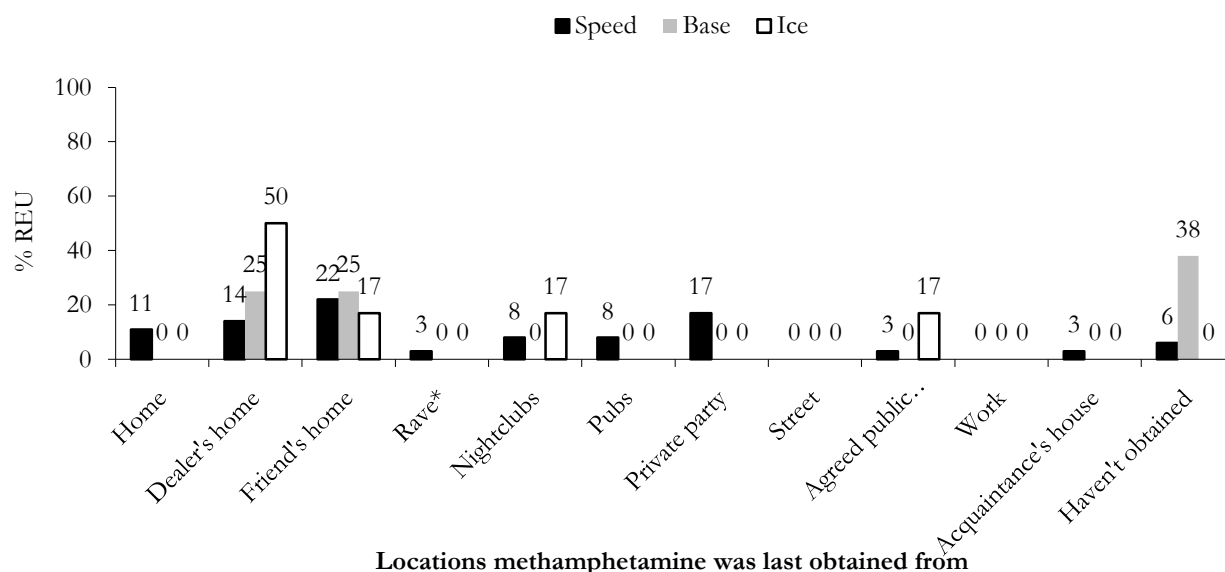


Source: EDRS REU interviews, 2009

Note: Results based on following response numbers: speed (n=36), base (n=8) and crystal (n=6)

The locations at which REU last purchased all three forms of methamphetamine, in the six months prior, were primarily private settings such as a friend's home (speed 22%, base 25%, and crystal 17%) or a dealer's home (speed 14%, base 25%, and crystal 50%) (Figure 9).

Figure 9: Locations where methamphetamine was last purchased in the preceding six months, 2009



Source: EDRS REU interviews, 2009

Note: Results based on following response numbers: speed (n=36), base (n=8) and crystal (n=6)

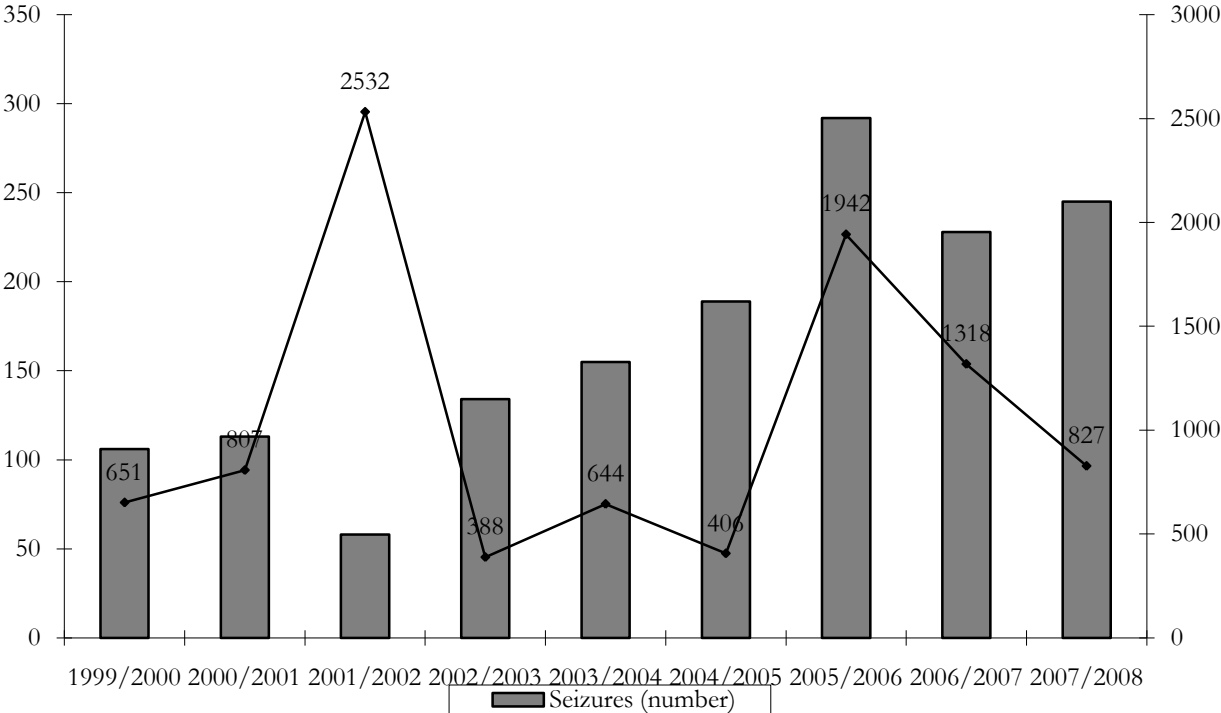
* Includes outdoor raves (doofs) and dance parties

5.4.4 Law enforcement

The number and weight of amphetamine-type seizures in the ACT from 1999 to 2008 are presented in Figure 10. It must be noted that amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The number of amphetamine-type seizures made in the ACT increased over the 2006/2007 and 2007/2008 financial year periods. The weight of seizures still remains higher than seizures made prior to those captured in the 2005/2006 data. There was also an

increase in the number of amphetamine-type stimulant seizures from 228 in 2006/2007 to 245 in 2007/2008. In 2007/2008, 245 seizures were made and the weight of amphetamine-type stimulant seizures was 827 grams, a decline from 2006/2007.

Figure 10: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2008



Source: ABCI (1999-2002); ACC (2003-2008)
 Note: Data not available for the 2008/2009 financial year

5.5 Key expert comments

- Speed or ice/crystal were the most problematic drugs for regular drug users that they regularly had contact with.
- Methamphetamine was most problematic due to the unpredictable behaviour and legal problems associated with the drugs.
- One KE commented on the price of ice/crystal, reporting that it was \$350 a gram and approximately \$1,000 for an ‘eight ball’.
- They also reported that the price of ice/crystal had remained stable.

5.6 Summary of methamphetamine trends

- Methamphetamine powder (speed) was the form of methamphetamine most commonly used by REU, followed by base then crystal.
- The recent use of speed remained stable in 2009 whilst the use of base and crystal decreased.
- The median days of use of methamphetamine in 2009 decreased for all forms; two days for speed, three days for base and four days for crystal in the six months preceding interview.
- In 2009 there were more reports of the current purity of all forms of methamphetamine to be ‘low’ than in previous years.
- The availability of each form of methamphetamine was reported to be stable and ‘easy’ to ‘very easy’ to obtain.
- Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends.

6 COCAINE

In 2009 there was a decline in the proportion of REU reporting lifetime use of cocaine, from 74% in 2008 to 66% in 2009. Forty-four percent of REU reported recently using cocaine in 2009 (37% in 2008).

6.1 Cocaine use among REU

Table 21 presents a summary of the patterns of cocaine use from 2003 to 2009. In 2009, a median of two days of use (range 1-100) was reported by those REU who had used cocaine in the past six months. This was significantly lower than four days in 2008 ($U=558, p<0.05$). Almost all (88%) recent cocaine users had used infrequently (i.e. less than monthly) in the past six months, and one-tenth (11%) of REU had used cocaine on a monthly or greater than monthly basis (19% in 2008). In 2009, 7% of REU nominated cocaine as their drug of choice, a decline from 15% in 2008.

Recent cocaine users most commonly quantified their use of cocaine in terms of grams. A median of half a gram ($n=35$, range 0.1-3.5) was used during a 'typical' session of cocaine use, and this increased to three-quarters of a gram ($n=35$, range 0.1-3.5) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 21). Twenty-five percent of REU who had recently binged on ecstasy and related drugs reported using cocaine during these binge episodes (24% in 2008).

As in the previous year, the most common forms of cocaine administration among recent users were intranasal, or snorting (93%), and oral administration (23%). In 2009, 2% of recent cocaine users reported that they had smoked cocaine in the past six months (11% in 2008). The proportion of REU who reported that they had injected cocaine recently was 2% (14% in 2008).

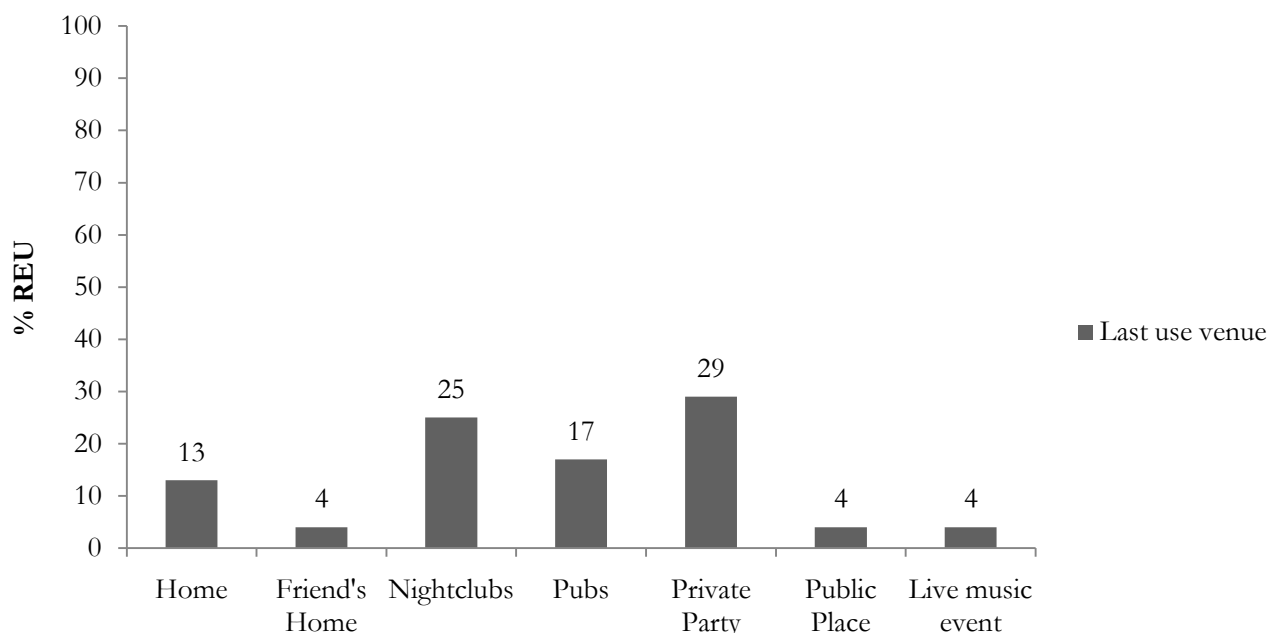
Table 21: Patterns of cocaine use among REU, 2003-2009

Cocaine	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever used %	47	69	68	68	80	74	65
Used last six months %	26	34	44	44	46	37	44
Of those who had used							
Median days used last 6 mths (range)	1 (1-4)	2 (1-24)	3 (1-72)	2 (1-48)	3 (1-72)	4 (1-72)	2 (1-100)
Median quantities used (grams)							
Typical (range)	0.5 (0.25-1.0)	0.5 (.13-.20)	0.5 (0.25-3)	0.5 (0.1-3)	0.5 (0.1-2)	0.5 (0.25-4)	0.5 (0.1-3.5)
Heavy (range)	0.5 (0.5-2.0)	0.75 (.13-3.5)	1.0 (0.5-5)	1.0 (0.1-3)	1.0(0.3-10)	1.0 (0.25-6)	0.75 (0.1-3.5)

Source: EDRS REU interviews, 2003-2009

Figure 11 summarises the reports of REU regarding the locations where they had last used cocaine in the past six months, and also the location where they had spent the most time when they last used cocaine. One-third (29%) reported that the last time they had used cocaine they spent most time while intoxicated at a private party. The next most common locations of use were a nightclub (25%), followed by pubs (17%) and their own house (13%).

Figure 11: Location of cocaine use, ACT, 2009



Source: EDRS REU interviews, 2009

Note: Results based on response numbers n=24

6.2 Price

Twenty-five participants commented on the current price, purity and availability of cocaine. Fourteen participants reported this year on the price paid for a gram of cocaine in the ACT (see Table 22). The median reported price paid for the last gram of cocaine purchased by REU remained stable at \$300 (range \$110-350) per gram. Seventy-seven percent of those who were able to comment on the price change of cocaine reported that the price had remained stable in the six months preceding interview, an increase from 36% in 2008.

Table 22: Prices and changes in price for cocaine, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median price for gram (range)	\$250 (180-300)	\$250 (180-600)	\$250 (180-450)	\$300 (50-400)	\$300 (120-750)	\$300 (180-2,000)	\$300 (110-350)
<i>Changes in price</i>							
Did respond (%)	18	31	30	34	36	34	17
Of those that responded	n=12	n=36	n=38	n=34	n=27	n=28	n=17
<i>% Increasing (% of entire sample)</i>	17 (3)	17 (5)	14 (4)	6 (2)	4 (1)	7 (2)	6 (1)
<i>% Stable (% of entire sample)</i>	50 (9)	34 (10)	21 (6)	38 (13)	44 (16)	36 (12)	77 (13)
<i>% Decreasing (% of entire sample)</i>	0 (0)	8 (3)	18 (6)	3 (1)	4 (1)	11 (4)	12 (2)
<i>% Fluctuating (% of entire sample)</i>	17 (3)	8 (3)	18 (6)	3 (1)	15 (5)	7 (2)	6 (1)
<i>% Don't know (% of entire sample)*</i>	16 (3)	33 (10)	29 (9)	50 (17)	33 (12)	39 (13)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

6.3 Purity

In the 2009 EDRS, the majority (67%) of respondents reported that the current purity of cocaine was ‘medium’ (29%) to ‘high’ (38%, see Table 23). This is contrasted to 2008 where the majority of respondents reported that the current purity of cocaine was ‘low’ to ‘medium’. Over two-thirds (69%) reported that the current purity of cocaine was stable, whilst 25% reported that cocaine purity had increased in the six months preceding interview. There were significantly (95% CI: 0.47, 0.04) less reports that the purity of cocaine was ‘fluctuating’. There were no other significant differences in purity from 2008 to 2009.

Table 23: Reports of cocaine purity, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Did respond (%)	18	31	30	34	36	34	25
Of those that responded (%)	n=12	n=36	n=38	n=34	n=27	n=28	n=25
Current purity							
<i>% Low (% of entire sample)</i>	17 (3)	14 (4)	3 (1)	18 (6)	19 (7)	29 (10)	24 (5)
<i>% Medium (% of entire sample)</i>	50 (9)	22 (7)	42 (13)	29 (10)	33 (12)	32 (11)	29 (6)
<i>% High (% of entire sample)</i>	17 (3)	22 (7)	42 (13)	27 (9)	22 (8)	18 (6)	38 (8)
<i>% Fluctuates (% of entire sample)</i>	16 (3)	11 (3)	5 (2)	9 (3)	15 (5)	4 (1)	10 (2)
<i>% Don't know (% of entire sample)</i>	0 (0)	31 (10)	8 (2)	18 (6)	11 (4)	18 (6)	-
Purity change							
<i>% Increasing (% of entire sample)</i>	17 (3)	17 (5)	13 (4)	9 (3)	4 (1)	11 (4)	25 (4)
<i>% Stable (% of entire sample)</i>	42 (8)	22 (7)	29 (9)	21 (7)	26 (10)	32 (11)	69 (11)
<i>% Decreasing (% of entire sample)</i>	8 (2)	11 (3)	13 (4)	6 (2)	11 (4)	4 (1)	6 (1)
<i>% Fluctuating (% of entire sample)</i>	8 (2)	11 (3)	19 (6)	21 (7)	22 (8)	14 (5)	0 (0)
<i>% Don't know (% of entire sample)*</i>	25 (5)	39 (12)	26 (8)	44 (15)	37 (14)	39 (13)	-

Source: EDRS REU interviews, 2003-2009

* ‘Don’t know’ was not included in 2009

6.4 Availability

In 2009, equal proportions of respondents indicated that cocaine was ‘easy’ (44%, 36% in 2008) or ‘difficult’ (44%, 39% in 2008) to obtain (see Table 24). Two-thirds (67%) of REU believed that the availability of cocaine had remained stable over the previous six months (an increase from 50% in 2008). Seventeen percent reported that cocaine had become ‘more difficult’ to obtain (11% in 2008), and 6% reported that cocaine had become ‘easier’ to obtain (7% in 2008). There were no significant differences in availability from 2008 to 2009.

Table 24: Availability of cocaine, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Did respond (%)	18	31	30	34	36	34	25
Of those that responded (%)	n=12	n=36	n=38	n=34	n=27	n=28	n=25
Current availability							
<i>% Very easy (% of entire sample)</i>	0 (0)	6 (2)	8 (2)	12 (4)	19 (7)	4 (1)	8 (2)
<i>% Easy** (% of entire sample)</i>	42 (8)	47 (15)	34 (10)	32 (11)	30 (11)	36 (12)	44 (11)
<i>% Difficult (% of entire sample)</i>	42 (8)	31 (10)	55 (17)	44 (15)	41 (15)	39 (13)	44 (11)
<i>% Very difficult (% of entire sample)</i>	16 (3)	8 (3)	3 (1)	3 (1)	4 (1)	14 (5)	4 (1)
<i>% Don't know (% of entire sample)</i>	0 (0)	8 (3)	0 (0)	9 (3)	7 (3)	7 (2)	-
Change in availability							
<i>% More difficult (% of entire sample)</i>	17 (3)	8 (3)	13 (4)	6 (2)	7 (3)	11 (4)	17 (3)
<i>% Stable (% of entire sample)</i>	42 (8)	42 (13)	58 (18)	47 (16)	52 (19)	50 (17)	67 (12)
<i>% Easier (% of entire sample)</i>	25 (5)	25 (8)	16 (5)	15 (5)	11 (4)	7 (2)	6 (1)
<i>% Fluctuates (% of entire sample)</i>	8 (2)	8 (3)	8 (2)	0 (0)	7 (3)	4 (1)	11 (2)
<i>% Don't know (% of entire sample)*</i>	8 (2)	17 (5)	5 (2)	32 (11)	22 (8)	29 (10)	-

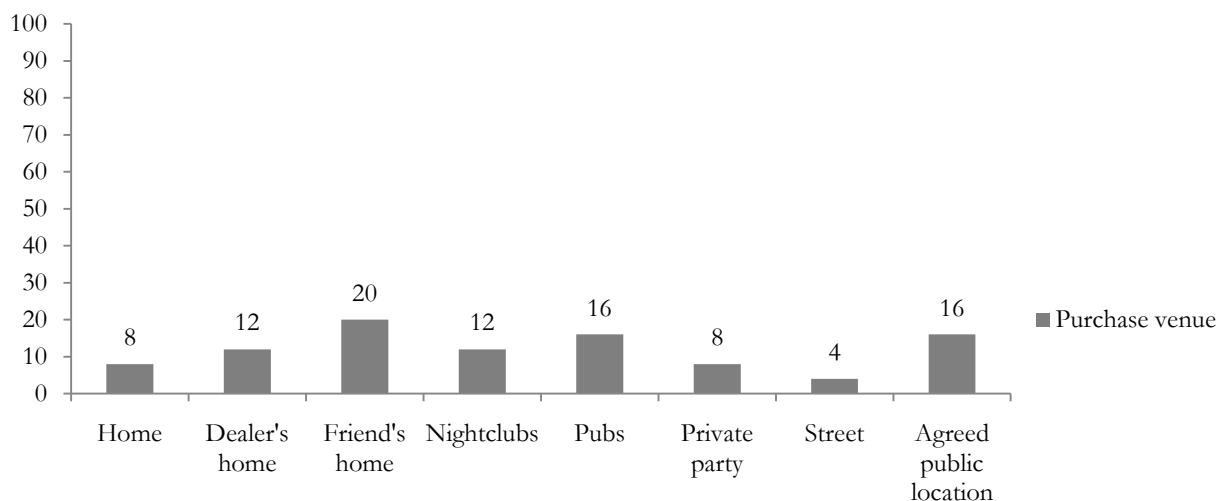
Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

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

The most commonly reported last people REU reported obtaining cocaine from in the preceding six months were friends (52%) and known dealers (28%). The most common locations at which REU reported last obtaining cocaine in the six months prior to interview were a friend's home (20%), pubs (16%) and agreed public locations (16%, see Figure 12).

Figure 12: Locations where cocaine was last purchased in the preceding six months, ACT, 2009



Source: EDRS REU interviews, 2009

Note: results based on response numbers n=25

6.4.1 Law enforcement

Table 25 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2008. During this period, the number and weight of seizures has remained low; however, in 2004/2005 the weight of seizures increased to 589 grams. In 2007/2008 the number and weight of seizures increased to 23 and 66 grams respectively. This was the highest number of seizures recorded from 2000 onwards.

Table 25: Number and weight of cocaine seizures, ACT, July 1999 to June 2008

Year	Seizures (no.)	Weight (grams)
1999/2000	6	3
2000/2001	3	7
2001/2002	10	10
2002/2003	0	0
2003/2004	6	4
2004/2005	6	589
2005/2006	7	26
2006/2007	9	1
2007/2008	23	66

Source: ABCI (1999-2002); ACC (2003-2008)
 Note: Data not available for the 2008/2009 financial year

6.5 Key expert comments

- Due to small numbers, KE comments on cocaine will not be reported.

6.6 Summary of cocaine trends

- In 2009, there was an increase in the proportion of REU reporting lifetime use of cocaine.
- Almost half the 2009 ACT EDRS sample reported having used cocaine in the previous six months, the majority of whom had used on a less than monthly basis.
- The median price for a gram of cocaine remained stable at \$300 per gram.
- The reports of REU indicated that the current purity of cocaine was stable at ‘medium’ to ‘high’ levels.
- There were mixed reports on the availability of cocaine in 2009 with equal proportions reporting that cocaine was ‘difficult’ or ‘easy’ to obtain.
- In the previous six months, cocaine was typically purchased by REU from friends and known dealers.

7 LSD

In 2009, over three-fifths (64%) of the sample reported ever having tried LSD, the same proportion as 2008. The proportion of REU who reported having recently used LSD in this year's sample remained stable (35%, 37% in 2008).

7.1 LSD use among REU

Table 26 summarises the patterns of LSD use among ACT REU from 2003 to 2009. Recent LSD users (n=35) reported a median of two days of use in the past six months (range 1-24). This was not significantly different to four median days reported in 2008. All REU who had used LSD in the preceding six months had used on a monthly to fortnightly basis. Three participants had used LSD on a greater than fortnightly basis in the past six months. Of those REU who reported bingeing on ecstasy and related drugs in the preceding six months, approximately one in five (22%) had used LSD during extended drug use sessions (22% in 2008). One respondent reported that they used LSD in combination with their last ecstasy use. Seven participants reported LSD as their drug of choice.

All recent LSD users who commented quantified their use of the substance in terms of 'tabs'. A median of one tab was taken during a 'typical' (n=24, range 0.5-2.0) episode and one tab for the 'heaviest' (n=23, range 0.5-6.0) episodes of LSD use (see Table 26). All but one recent LSD user reported that they had swallowed LSD in the past six months (n=34). One recent user reported recently snorting LSD.

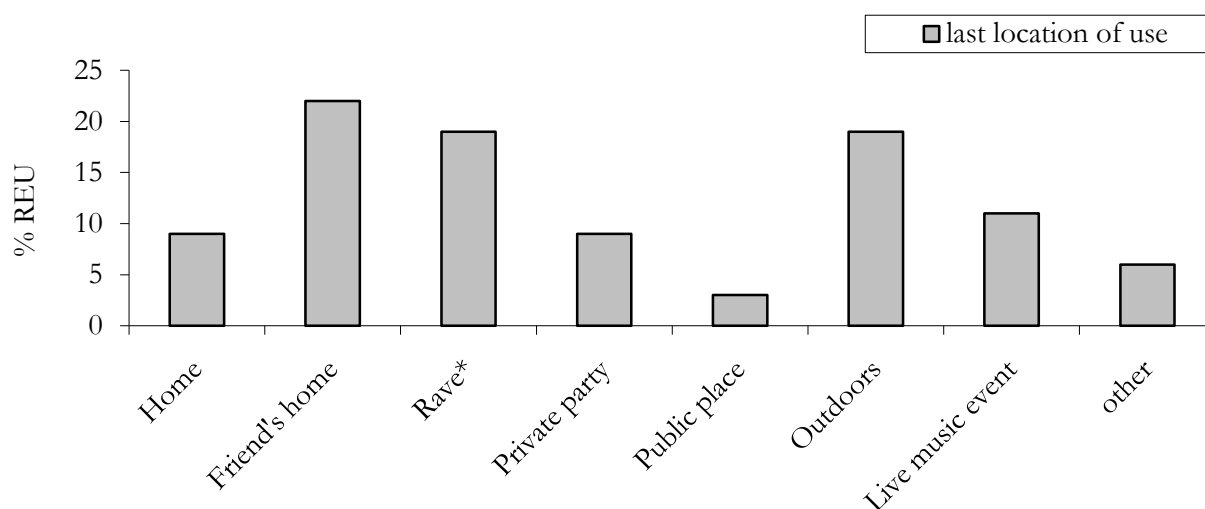
Table 26: Patterns of LSD use among ACT REU, 2003-2009

LSD	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever used (%)	59	62	48	46	54	64	63
Used last six months (%)	44	23	30	18	24	37	35
Of those who had used							
Median days used last 6 mths (range)	2 (1-20)	1 (1-10)	2 (1-48)	1.5 (1-20)	2 (1-20)	4 (1-35)	2 (1-24)
Median quantities used (tabs)							
Typical (range)	1 (1-2)	1 (0.5-3)	1 (0.5-3)	1.0 (0.25-5)	1 (0.5-3)	1 (0.5-3)	1 (0.5-2)
Heavy (range)	2 (2-3)	1 (0.5-5)	1 (0.5-7)	1.25 (0.25-6)	2 (0.5-5)	2 (0.5-6)	1 (0.5-6)

Source: EDRS REU interviews, 2003-2009

The locations at which respondents indicated they had last used LSD were a friend's home (22%), a rave (19%), and outdoors (19%) (Figure 13).

Figure 13: Last location of LSD use, ACT REU, 2009



Source: EDRS regular ecstasy user interviews, 2009

* Includes outdoor raves (doofs) and dance parties

7.2 Price

In 2008, one-third (33%) of the entire EDRS sample commented on the current price, purity and availability of LSD in the ACT. The majority (n=31) of respondents who commented on the price reported on prices for LSD tabs (Table 27). In 2009, the median reported last price for a tab of LSD increased to \$25 (range \$10-40). Of the thirty-one respondents commenting on LSD, almost three-fifths (58%) reported that the price remained stable in the past six months (a decrease from 64% in 2008). The proportion of REU reporting that the price of LSD had decreased remained stable at 8%. There was an increase in the proportion of REU reporting that the price of LSD had increased in the six months prior to interview (23%, 0% in 2008). The same proportion of REU commenting on LSD reported that the price of LSD had fluctuated in the previous six months (12%).

Table 27: Prices of LSD purchased by ACT REU, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Median price for tab (range)	\$20 (10-30)	\$20 (15-30)	\$20 (10-40)	\$20 (2-30)	\$20 (10-50)	\$20 (10-40)	\$25 (10-40)
Did respond (%)	48	22	30	24	24	30	33
Of those that responded	n=32	n=25	n=38	n=24	n=18	n=25	n=33
<i>% Increasing (% of entire sample)</i>	19 (9)	16 (3)	8 (2)	8 (2)	6 (10)	0 (0)	23 (6)
<i>% Stable (% of entire sample)</i>	50 (24)	52 (11)	42 (13)	67 (16)	44 (11)	64 (19)	58 (15)
<i>% Decreasing (% of entire sample)</i>	3 (2)	12 (3)	13 (4)	4 (1)	22 (5)	8 (2)	8 (2)
<i>% Fluctuating (% of entire sample)</i>	6 (3)	8 (2)	11 (3)	0 (0)	11 (3)	12 (4)	12 (3)
<i>% Don't know (% of entire sample)*</i>	22 (11)	12 (3)	26 (8)	21 (5)	17 (4)	16 (5)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

7.3 Purity

The majority of the REU sample who were able to comment on LSD reported that the current purity was 'high' (70%) (see Table 28). This was a significant (95% CI: -0.07- -0.57) increase from 2008. Forty-two percent of REU who were able to comment on the change in purity of LSD reported that it had remained stable, 29% reported that purity had increased and 25% reported that purity had fluctuated in the six months preceding interview. There were no significant differences between purity change in 2008 and 2009.

Table 28: Current purity of LSD and purity change, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Did respond (%)	48	22	30	24	24	30	30
Of those that responded (%)	n=32	n=25	n=38	n=24	n=18	n=25	n=30
<i>Current purity</i>							
<i>% Low (% of entire sample)</i>	13 (6)	20 (4)	5 (2)	4 (1)	11 (3)	8 (2)	0 (0)
<i>% Medium (% of entire sample)</i>	41 (20)	28 (6)	45 (14)	21 (5)	28 (7)	28 (8)	17 (5)
<i>% High (% of entire sample)</i>	31 (15)	36 (8)	29 (9)	50 (12)	28 (7)	28 (8)	70 (21)
<i>% Fluctuates (% of entire sample)</i>	9 (5)	4 (1)	13 (4)	8 (2)	17 (4)	16 (5)	13 (4)
<i>% Don't know (% of entire sample)*</i>	6 (3)	12 (3)	8 (2)	17 (4)	17 (4)	20 (6)	-
<i>Purity change</i>							
<i>% Increasing (% of entire sample)</i>	22 (11)	20 (4)	8 (2)	13 (3)	11 (3)	4 (1)	29 (7)
<i>% Stable (% of entire sample)</i>	28 (14)	24 (5)	29 (9)	33 (8)	22 (5)	36 (11)	42 (10)
<i>% Decreasing (% of entire sample)</i>	19 (9)	20 (4)	24 (7)	4 (1)	6 (1)	12 (4)	4 (1)
<i>% Fluctuating (% of entire sample)</i>	6 (3)	0 (0)	16 (5)	13 (3)	28 (7)	20 (6)	25 (6)
<i>% Don't know (% of entire sample)*</i>	25 (12)	36 (8)	23 (7)	38 (9)	33 (8)	28 (8)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

7.4 Availability

The majority (70%) of the REU sample who were able to comment on LSD reported that the substance was 'easy' to 'very easy' to obtain and approximately one-third (30%) reported that LSD was 'difficult' to 'very difficult' to obtain (see Table 29). The majority (58%) of REU who commented on LSD reported that availability had remained stable. There were no significant differences between availability or availability change of LSD from 2008 to 2009.

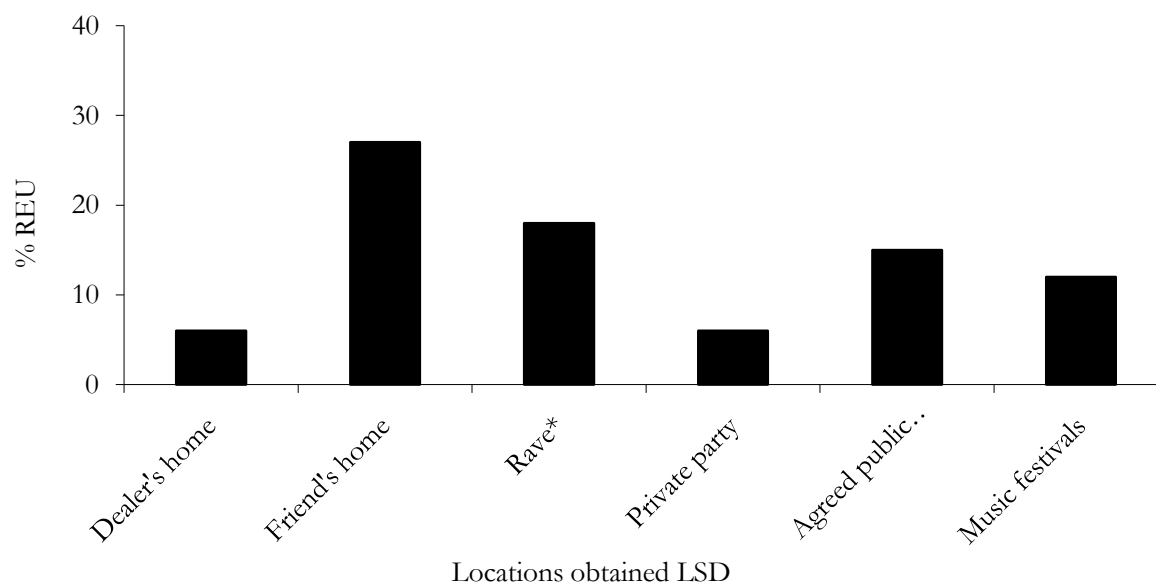
Table 29: Current LSD availability and availability change, ACT, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Did respond (%)	48	22	30	24	24	30	33
Of those that responded (%)	n=32	n=25	n=38	n=24	n=18	n=25	n=33
Current Availability							
<i>% Very easy (% of entire sample)</i>	9 (5)	8 (2)	16 (5)	13(3)	28 (7)	24 (7)	18 (6)
<i>% Easy^a (% of entire sample)</i>	44 (21)	28 (6)	21 (6)	38 (9)	28 (7)	40 (12)	52 (17)
<i>% Difficult (% of entire sample)</i>	25 (12)	48 (10)	63 (19)	38 (9)	33 (8)	24 (7)	30 (10)
<i>% Very difficult (% of entire sample)</i>	22 (11)	16 (3)	0 (0)	4 (1)	11 (3)	8 (2)	0 (0)
<i>% Don't know (% of entire sample)*</i>	0 (0)	0 (0)	0 (0)	8 (2)	0 (0)	4 (1)	-
Availability change							
<i>% More difficult (% of entire sample)</i>	12 (6)	28 (6)	18 (6)	13 (3)	6 (1)	16 (5)	17 (4)
<i>% Stable (% of entire sample)</i>	41 (20)	56 (12)	45 (14)	46 (11)	39 (10)	56 (17)	58 (14)
<i>% Easier (% of entire sample)</i>	38 (18)	8 (2)	26 (8)	17 (4)	33 (8)	4 (1)	21 (5)
<i>% Fluctuates (% of entire sample)</i>	3 (2)	8 (2)	3 (1)	0 (0)	6 (1)	12 (4)	4 (1)
<i>% Don't know (% of entire sample)*</i>	6 (3)	0 (0)	8 (2)	25 (6)	17 (4)	12 (4)	-

Source: EDRS REU interviews, 2003-2009

* 'Don't know' was not included in 2009

Figure 14: Locations where LSD had been purchased in the preceding six months, ACT, 2009



Source: EDRS REU interviews, 2009

* Includes outdoor raves (doofs) and dance parties

The locations at which REU reported most frequently obtaining LSD from in the six months prior to interview (see Figure 14) were private locations such as a friend's home (27%) or a dealer's home (6%). A rave, doof or dance party followed (18%), an agreed public location (15%) and music festivals (12%). The people from whom REU reported primarily obtaining LSD from in the preceding six months were friends (61%) and known dealers (24%). Smaller percentages also reported buying LSD from acquaintances (6%) and unknown dealers (6%).

7.5 Summary of LSD trends

- In 2009, lifetime use and recent use of LSD by REU remained stable.
- All recent LSD users had used this substance on a monthly to fortnightly basis in the previous six months.
- The median price of a tab of LSD in the ACT increased to \$25 per tab.
- REU estimated the current purity of LSD to be a 'high' level.
- Mixed reports existed regarding current availability of LSD in the ACT, though most reported it to be 'easy' to 'very easy' to obtain.
- Friends and known dealers were the people through whom REU most commonly purchased LSD in the previous six months.

8 CANNABIS

Questions regarding the price, purity and availability of cannabis related to the two main forms of cannabis, i.e. hydroponic (indoor-grown) cannabis (hydro) and bush (outdoor-cultivated) cannabis (bush).

8.1 Cannabis use among REU

Table 30 presents a summary of cannabis use of ACT REU from 2003 to 2009. In 2009, all REU reported lifetime use of cannabis, and 89% of REU reported using cannabis in the six months preceding interview. In 2009, REU who had used cannabis in the preceding six months used it on a median of 35 days (range 1-180), not significantly different to a median of 60 days in 2008. The majority (75%) reported using cannabis on a greater than fortnightly basis, with approximately one-tenth (12%) of REU reporting that they were daily users of cannabis. Eighteen percent reported using cannabis on a less than monthly basis and 6% reported using cannabis on a monthly to fortnightly basis. One-fifth (20%) of REU nominated cannabis as their drug of choice.

Almost all (99%) REU who had used cannabis in the preceding six months reported that they had recently smoked it and 41% of REU who had recently used cannabis reported that they had recently swallowed it. Two-thirds (66%) of REU who reported that they had binged on ecstasy and related drugs in the preceding six months reported that they had used cannabis during these binges. Twenty-six percent of REU reported that they used other drugs the last time they were under the influence of ecstasy reported that they had used cannabis, and 31% of REU who reported that they used drugs while coming down from ecstasy used cannabis.

Table 30: Patterns of cannabis use among ACT REU, 2003-2009

Cannabis	2003 (N=66)	2004 (N=116)	2005 (N=125)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever used (%)	97	98	94	94	100	100	100
Used preceding six months (%)	82	83	81	83	85	86	89
Of those who had used							
Median days used last 6 mths (range)	27.5 (1-180)	27 (1-180)	39 (1-180)	50 (1-180)	48 (1-180)	60 (1-180)	35 (1-180)
Daily use (%)	23	19	19	22	16	31	12
Route of administration (%)							
Smoked	-	100	98	99	100	99	99
Swallowed	-	33	37	28	26	31	41

Source: EDRS REU interviews, 2003-2009

Note: Questions on route of administration were not asked in the 2003 PDI

8.2 Price

In 2009, 6% of participants (n=6) were able to report on the price, purity and availability of hash and hash oil, over half (55%, n=55) were able to comment on hydro, and 46% of participants (n=46) were able to comment on bush. Four REU reported that they had purchased a gram of hash in the preceding six months; the median reported price per gram was \$200 (range \$7.50-340). One REU

reported that they had purchased a cap of hash oil in the previous six months; the reported price per cap was \$50.

8.2.1 Hydroponic

Twenty-two REU reported on the last price they had paid for a gram of hydro in the last six months in the ACT in 2009, with the median price being \$20 (range \$10-50, see Table 31). Twenty REU were able to report on the last price paid in the last six months for an ounce of hydro in the ACT in 2009, with the median price being \$300 (range \$250-1500, see Table 31). The majority (78%) of the REU who were able to comment reported that the price of hydro had remained stable in the preceding six months. Small proportions reported that the price had increased (16%) or decreased (4%), in the six months preceding interview.

8.2.2 Bush

Fourteen REU were able to report on the last price paid for a gram of bush in the last six months in the ACT in 2009, with the median price being \$20 (range \$10-300, see Table 31). Eleven REU were able to report on the last price paid for an ounce of bush, with the median price being \$250 (range \$150-360, see Table 31). Almost three-quarters of the REU reported that the price of bush had remained stable in the six months preceding interview. Equal proportions (10%) reported that the price was increasing or decreasing.

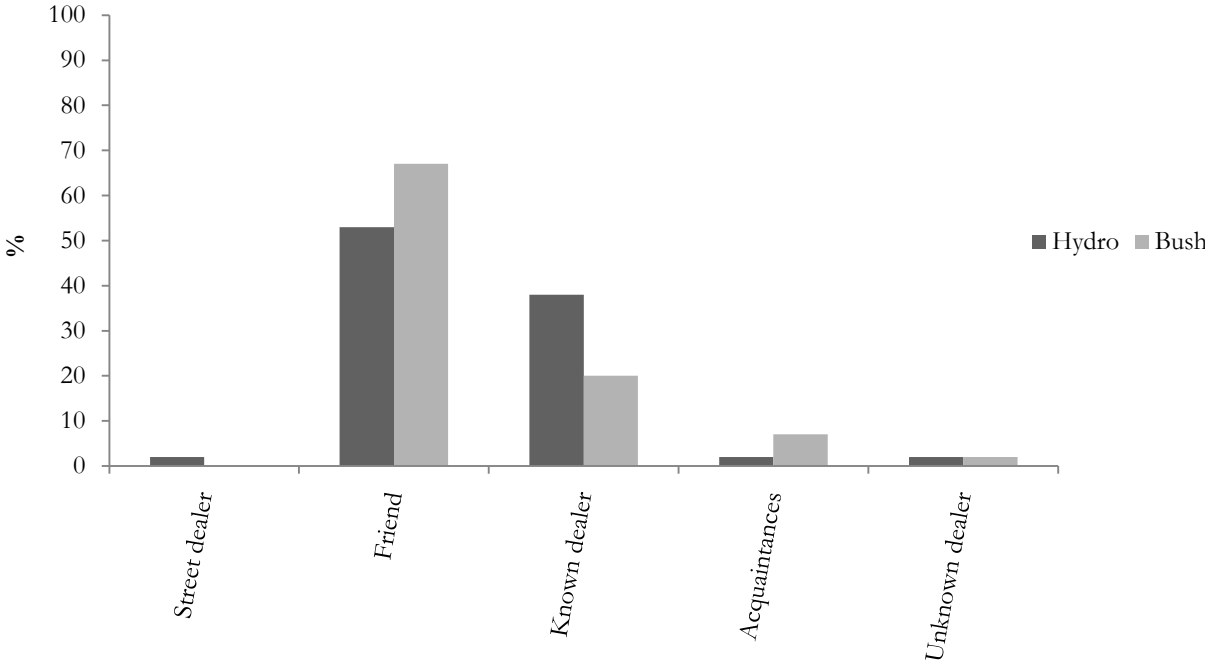
Table 31: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2009

	2009 (N=101)	
	Hydro	Bush
Median price (range)		
Gram	\$20 (10-50)	\$20 (10-300)
Ounce	\$300 (250-1500)	\$250 (150-360)
Did respond (%)	55	46
Of those that responded	n=51	n=41
Price change		
<i>% Increasing (% of entire sample)</i>	16 (8)	10 (4)
<i>% Stable (% of entire sample)</i>	78 (40)	73 (30)
<i>% Decreasing (% of entire sample)</i>	4 (2)	10 (4)
<i>% Fluctuating (% of entire sample)</i>	2 (1)	7 (3)

Source: EDRS REU interviews, 2009

The most common source for both hydro (53%) and bush (67%) was friends, as can be seen in Figure 15. The next most common source for both hydro and bush was a known dealer (38% and 20% respectively).

Figure 15: Source of last purchase of hydro and bush cannabis, ACT, 2009

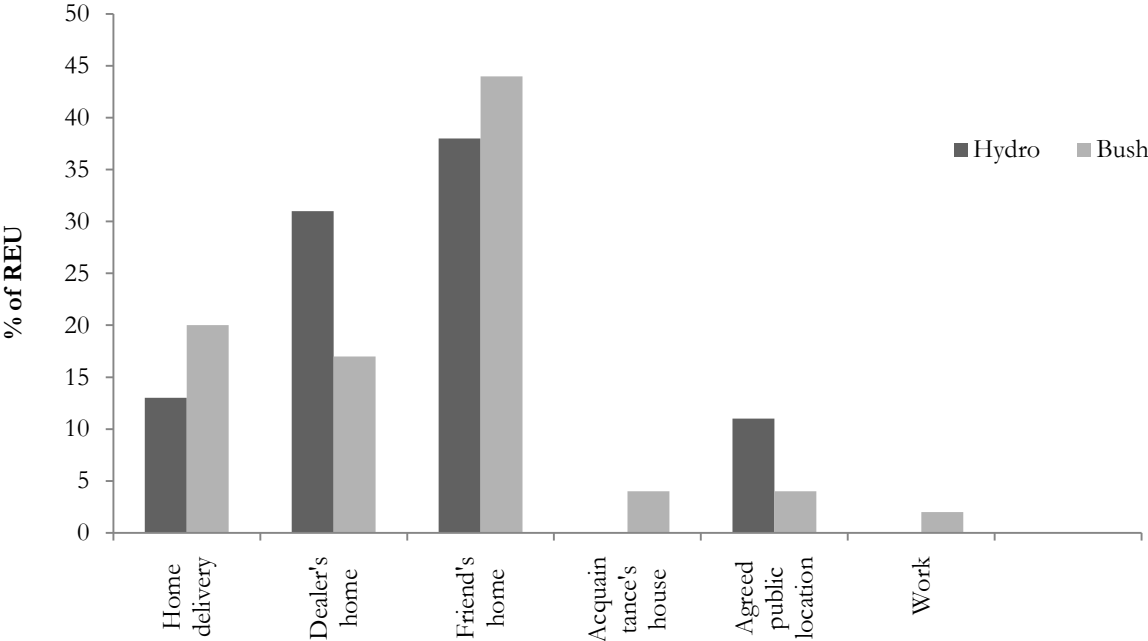


Source: EDRS REU interviews, 2009

Note: Results based on following response numbers: hydro (n=55) and bush (n=46)

Figure 16 shows that the most common place of purchase for both hydro and bush was at a friend’s home (38% and 44% respectively). The next most common place for purchase of hydro was at a dealer’s home (31%), followed by home delivery (13%). Home delivery (20%) was the second most common place of last purchase for bush, followed by at a dealer’s home (17%).

Figure 16: Last locations where hydro and bush cannabis have been purchased in the preceding six months, ACT, 2009



Source: EDRS regular ecstasy user interviews, 2009

Note: results based on following response numbers: hydro (n=55) and bush (n=46)

8.3 Potency

Potency and potency change in hydroponic and bush cannabis is presented in Table 32. The majority of REU who were able to comment (n=53) on the potency of hydro reported that it was ‘high’ (61%). Furthermore, the majority of REU reported that the potency of hydro in the six months preceding interview was stable (53%, a decrease from 64% in 2008). There were no significant differences between 2008 and 2009.

Forty-four REU were able to comment on the potency of bush in the six months preceding interview. The majority reported that the current potency was ‘medium’ (55%) to ‘high’ (25%), and that potency had remained stable (61%), or had increased (22%) in the six months preceding interview. There were no significant differences between 2008 and 2009 in terms of bush potency.

Table 32: Potency and changes in potency for hydro and bush cannabis, ACT, 2009

	2009 (N=101)	
	Hydro	Bush
Current potency		
Did respond (%)	53	44
<i>% High (% of entire sample)</i>	61 (33)	25 (11)
<i>% Medium (% of entire sample)</i>	30 (16)	55 (24)
<i>% Low (% of entire sample)</i>	0 (0)	14 (6)
<i>% Fluctuating (% of entire sample)</i>	9 (5)	7 (3)
Potency change		
Did respond (%)	51	41
<i>% Increasing (% of entire sample)</i>	14 (7)	22 (9)
<i>% Stable (% of entire sample)</i>	53 (27)	61 (25)
<i>% Decreasing (% of entire sample)</i>	16 (8)	2 (1)
<i>% Fluctuating (% of entire sample)</i>	18 (9)	15 (6)

Source: EDRS REU interviews, 2009

8.4 Availability

The availability and availability change for hydro and bush in the ACT are presented in Table 33. The vast majority (87%) of REU who were able to comment reported that hydro was currently ‘very easy’ (46%) to ‘easy’ (41%) to obtain in the ACT. There were no significant differences in current availability of hydro between 2008 and 2009. Two-fifths (40%) reported that availability had remained stable in the ACT in the preceding six months, significantly (95% CI: 0.44, 0.07) less than in 2008 (67%). Smaller proportions reported that it had become ‘easier’ (27%) or more difficult (21%) to obtain, these results were not significant different from 2008 ($p>0.05$).

The majority (86%) of REU who were able to comment reported that bush was currently ‘very easy’ (52%) to ‘easy’ (34%) to obtain in the ACT. A smaller proportion reported that bush was currently ‘difficult’ to obtain (14%). Almost two-thirds (61%) reported that the availability of bush had remained stable, an increase from 54% in 2008. Seven percent reported that availability had become ‘more difficult’, and 26% reported that availability had become ‘easier’. There were no significant differences in current availability or availability change of bush between 2008 and 2009.

Table 33: Availability and changes in availability for hydro and bush cannabis, ACT, 2009

	2009 (N=101)	
	Hydro	Bush
Current availability		
Did respond (%)	54	44
<i>% Very easy (% of entire sample)</i>	46 (25)	52 (23)
<i>% Easy (% of entire sample)</i>	41 (22)	34 (15)
<i>% Difficult (% of entire sample)</i>	13 (7)	14 (6)
<i>% Very difficult (% of entire sample)</i>	0 (0)	0 (0)
Availability change		
Did respond (%)	52	43
<i>% Easier (% of entire sample)</i>	27 (14)	26 (11)
<i>% Stable (% of entire sample)</i>	40 (21)	61 (26)
<i>% More difficult (% of entire sample)</i>	21 (11)	7 (3)
<i>% Fluctuates (% of entire sample)</i>	12 (6)	7 (3)

Source: EDRS REU interviews, 2009

8.5 Cannabis law enforcement seizure data

Table 34 shows the number and weight of cannabis seizures in the ACT from 1999 to 2008. There was an increase in 2007/2008 in the weight of cannabis seizures from 204,555 grams in 2006/2007 to 300,917. The number of cannabis seizures also increased from 497 in 2006/2007 to 677 in 2007/2008.

Table 34: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2008

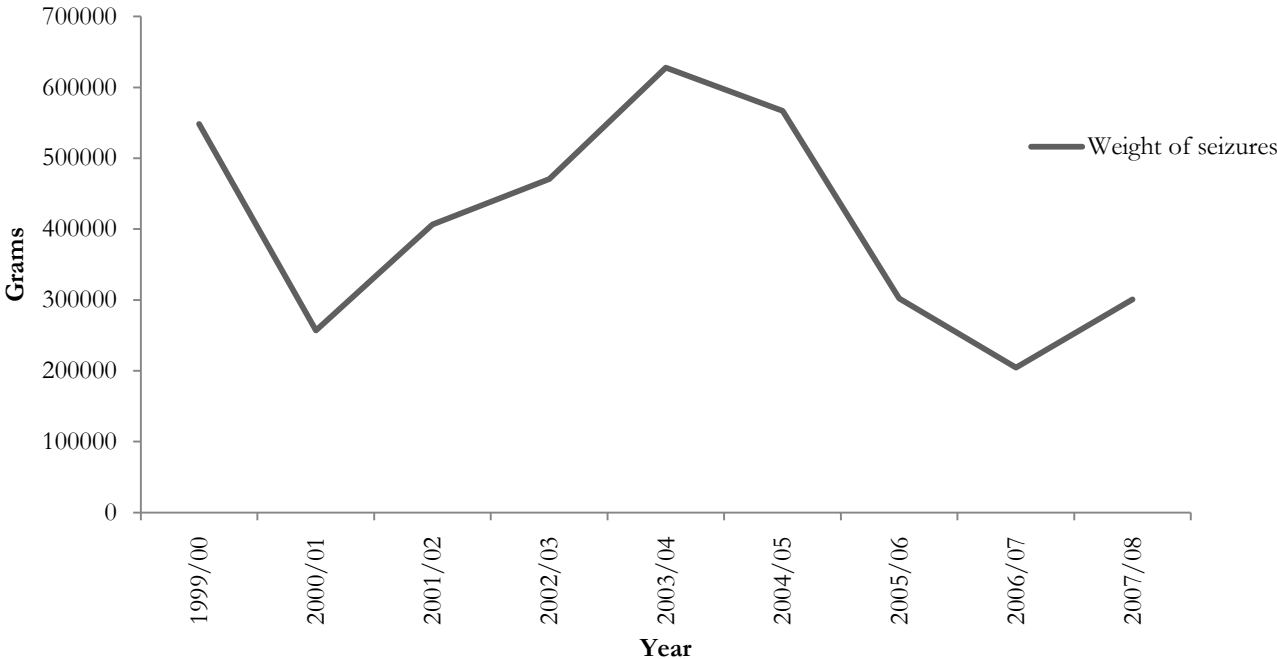
Year	Seizures (no.)	Weight (grams)
1999/2000	870	548 107
2000/2001	565	256 895
2001/2002	387	406 521
2002/2003	624	470 691
2003/2004	591	627 934
2004/2005	553	566 770
2005/2006	458	302 205
2006/2007	497	204 555
2007/2008	677	300 917

Source: ABCI (1999-2002); ACC (2003-2008)

Note: Data not available for the 2008/2009 financial year

Figure 17 shows the average weight of cannabis seized in the ACT from 1999 to 2008. As can be seen from the graph, in 2007/2008 the trend for a decline in the weight of seizures changed with an increase to 300,917 grams seized in the ACT.

Figure 17: Average weight of cannabis seized in the ACT, July 1999 to June 2008



Source: ABCI (1999-2002); ACC (2003-2008)

Note: Data not available for the 2008/2009 financial year

8.6 Key expert comments

- Several KE reported that cannabis was the most problematic drug for the regular drug users they had contact with.
- Hydro and bush were both reported as being used commonly and the most common route of administration was smoking.

8.7 Summary of cannabis trends

- Cannabis use among REU in the ACT was common, with 89% of participants reporting that they had used cannabis in the six months preceding interview.
- Median days of use in the preceding six months decreased to 35 days, down from 60 days in 2008.
- The median reported price for a gram of hydro or bush was \$20, \$300 for an ounce of hydro and \$250 for an ounce of bush.
- The current purity of hydro and bush was reported to be stable at ‘medium’ to ‘high’, with a larger proportion nominating purity as ‘high’ for hydro and ‘medium’ for bush.
- Hydro and bush were reported to be ‘very easy’ to ‘easy’ to obtain, and this availability was stable over the preceding six months.

9 OTHER DRUGS

9.1 Alcohol

The entire 2009 ACT EDRS sample reported lifetime use and 99% reported recent use of alcohol (98% in 2008). Alcohol was consumed on a median of 49 days (approximately twice a week, range 2-180) in the six months prior to interview. This constituted a decrease from the previous year when alcohol was consumed on a median of 72 days (three days per week, range 2-180). Two-fifths (40%) of recent alcohol users reported using alcohol on more than three days per week in the past six months, similar to 42% in 2008. Seventeen percent of the sample nominated alcohol as their drug of choice.

In 2009, there was a decrease in the proportion of REU who had used alcohol during a binge session (25%, compared to 54% in 2008) in the six months preceding interview.

In 2009, forty-two percent of REU who commented reported combined alcohol and ecstasy use the last time they had used ecstasy. Furthermore, 36% of these respondents reported that they consumed more than five standard drinks during the last episode of ecstasy use.

Sixteen percent of REU who used other drugs to facilitate the comedown from their last episode of ecstasy use reported that they used alcohol. When coming down from ecstasy, one-tenth (10%) of participants reported excessive alcohol consumption.

9.2 Tobacco

The vast majority of the 2009 sample (93%) reported the lifetime use of tobacco, and over four-fifths (86%) of the 2009 ACT EDRS sample reported use of tobacco in the six months preceding interview, similar to 80% in 2008. Forty-three percent of the sample in 2009 reported daily tobacco use. The 2007 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 23% (Australian Institute of Health and Welfare 2005).

9.3 Benzodiazepines

In 2009, participants were asked about their use of licit and illicit benzodiazepines, whereby licit refers to the use of one's own prescription and illicit is the use of someone else's prescription or obtaining them through a means other than a script. In 2009, sixteen percent of REU reported lifetime use of licit benzodiazepines and 10% reported recent use of licit benzodiazepines. Median days of use was 13.5 days (range 2-180), with three recent licit benzodiazepine users reporting monthly to fortnightly use and 5% reporting greater than fortnightly use. One respondent reported daily use of licit benzodiazepines. All of recent users (n=10) reported swallowing as their main route of administration.

Two-fifths (42%) of the sample reported lifetime use of illicit benzodiazepines, and 24% reported recent use. Median days of use were three (range 1-30), with two-thirds (67%, n=16) of recent illicit benzodiazepine users reporting less than monthly use. Five respondents reported monthly to fortnightly use. No respondents reported daily use of illicit benzodiazepines. Nearly all recent users (n=23) reported swallowing as their main route of administration in the last six months. One respondent reported injecting illicit benzodiazepines.

No participants reported that they used benzodiazepines (including licit and illicit forms) in combination with ecstasy in their last ecstasy use episode. Three participants reported that they used benzodiazepines to facilitate ecstasy comedown.

9.4 Antidepressants

In 2009, participants were asked about their use of licit and illicit antidepressants whereby licit refers to the use of one's own prescription and illicit is the use of someone else's prescription. One-quarter (26%) of the 2009 EDRS sample reported ever having used licit antidepressants, whilst 10% (n=10) reported recent use of licit antidepressants. Median days of use were 140 days (range 21-180) and all recent licit antidepressant users reported greater than fortnightly use, with three participants reporting daily use. Swallowing was the only route of administration.

In 2009, 8% of the sample reported lifetime use of illicit antidepressants, whilst one participant reported recent use. This participant had used illicit antidepressants five days in the preceding six months, and reported swallowing as the route of administration. No participants reported that they used antidepressants in combination with their last ecstasy use or that they used antidepressants to facilitate their last ecstasy comedown.

9.5 Inhalants

Amyl nitrite

The proportion of REU reporting lifetime use of amyl nitrite decreased to 53% in 2009 (60% in 2008). In 2009, the proportion of REU who reported using amyl nitrate in the six months preceding interview remained relatively stable at 19% (22% in 2008). The use of amyl nitrite occurred on a median of two days (range 1-72). Almost three-quarters (74%, n=14) of recent amyl nitrite users reported less than monthly use, 16% (n=3) reported monthly to fortnightly use and two respondents reported greater than fortnightly use. Amyl nitrite was reported to be used during a 'binge' session by two participants. One participant reported that they used amyl nitrite in combination with their last ecstasy use, one participant also reported using amyl nitrite to facilitate their last ecstasy comedown.

Nitrous oxide

Lifetime use of nitrous oxide decreased from 52% in 2008 to 46% in 2009. The proportion of REU reporting use of nitrous oxide in the six months preceding interview remained stable at 19% in 2009 (21% in 2008). The median days of use were two (range 1-15). The median amount of 'bulbs' used in a typical session was reported to be five (range 1-50) and a median of six bulbs (range 1-90) was reported to be used in a heavy session. Three participants reported using nitrous oxide during a 'binge' session and one participant reported using nitrous oxide in combination with their last ecstasy use. Two REU reported using nitrous oxide to facilitate comedown from their last ecstasy use.

9.6 Mushrooms

In 2009, over half of the sample (55%) reported lifetime use of mushrooms, a decrease from 64% in 2008, and 25% of the sample reported recent use. The median days of use was four (range 1-50). Almost all (96%) recent users reported swallowing mushrooms, with one participant each reporting that they had shelved mushrooms in the six months preceding interview. Five participants reported using mushrooms in a binge session, there was one report of using mushrooms during last ecstasy use but no reports of mushrooms used to facilitate last ecstasy comedown.

9.7 Heroin and other opiates

Heroin

Eleven percent of the 2009 EDRS sample reported lifetime use of heroin (a decrease from 21% in 2008), with 8% (n=8) reporting use of heroin in the six months preceding interview. Use occurred on a median of 49 days (range 1-180); most recent users reported greater than or equal to fortnightly use and one respondent reported daily heroin use. All REU who had recently used heroin reported injecting it and one respondent reported smoking it. No participants reported using heroin during a binge session, in combination with their last ecstasy use or to facilitate the comedown stage of ecstasy.

Methadone

Eight percent of the 2009 sample had ever used methadone. Two participants had used methadone recently. Both of these participants had used methadone once in the last six months. Both participants reported having swallowed methadone recently. No participants reported using methadone in a binge session, using methadone in combination with their last ecstasy use or using methadone to facilitate comedown.

Buprenorphine

Seven percent of participants had ever used buprenorphine. Six percent of participants had recently used buprenorphine. The median days of use were 6 days (2-170) which equates to monthly use. Four percent of REU had injected buprenorphine recently and three percent had swallowed buprenorphine. One participant reported having used buprenorphine when bingeing in the last six months. One participant reported using buprenorphine in combination with ecstasy last time they had used ecstasy and no participants reported using buprenorphine to come down from their last ecstasy use episode.

Other opioids

Seventeen percent of the sample reported ever having been prescribed other opioids and 5% (n=5) reported the recent use of licit other opioids. The median days of licit other opioid use in the preceding six months was two (range 1-28). Two recent other opioid users reported injecting as the main route of administration. Seventeen percent of REU had ever used illicit other opioids. One-tenth (10%) had used illicit other opioids recently. The median days of use were three (1-40). Three recent illicit opioid users reported injecting as the mode of administration, seven had swallowed, two had recently smoked and one participant reported snorting illicit opioids recently. No participants reported that they had binged with other opioids, took other opioids in combination with their last ecstasy use or that they had used other opioids to facilitate the comedown from their last ecstasy use.

9.8 Gamma-hydroxy butyrate (GHB)

In 2009, a minority (17%) of the ACT EDRS sample reported ever having tried GHB. One participant reported that they had used GHB in the six months preceding interview. Due to only one participant being able to comment on the price, purity and availability of GHB, comparisons to previous years are not possible.

In the six months prior to interview, the recent GHB user reported that they had used GHB once. As documented in previous years, GHB is a drug that appears to be used infrequently among REU in the ACT. The participant had not recently binged on GHB. No participants reported using GHB during their last ecstasy use or during their last ecstasy comedown. Further, no participants nominated GHB as their drug of choice in the 2009 EDRS.

Swallowing was the only route of administration of GHB in terms of recent use among the sample.

9.9 MDA

MDA (3,4-methylenedioxyamphetamine) is a stimulant hallucinogen and, like ecstasy, is part of the phenethylamine family. It generally comes in powder or tablet form and occasionally as pills sold as ecstasy.

In 2009, 16% of REU reported that they had ever used MDA. Less than one-tenth (8%) had recently used MDA. The median days of use were one (range 1-7). Five participants reported swallowing MDA and four reported having snorted MDA recently. One participant reported that they had used MDA while recently bingeing. One participant who commented reported having used MDA in combination with their last ecstasy use and no participants reported having used MDA to come down from their last ecstasy use.

9.10 Ketamine

Just over one-sixth (16%) of the 2009 EDRS sample reported ever having used ketamine in their lifetime, whereas 2% (n=2) reported having used ketamine in the past six months. These figures show a decline when compared to the lifetime and recent use of ketamine in the 2008 ACT EDRS (29% lifetime use, 6% recent use). Median days of use were five days (1-8). Both participants who had recently used ketamine reported swallowing it and one also reported snorting it recently. Both REU had binged with ketamine. No participants reported having used ketamine in combination with their last ecstasy use or to come down from their last ecstasy use.

One participant reported that the average amount of bumps used per session was one and that the most they had used was one bump per session. No participants could comment on the price. One participant commented the purity was medium and that the availability of ketamine was very easy and had become easier in 2009. Due to the very small numbers reporting, this data must be interpreted with caution.

9.11 Pharmaceutical stimulants

In 2009, participants were asked about their use of licit and illicit pharmaceutical stimulants, including dexamphetamine, methylphenidate, ritalin and duromine. Licit refers to the use of one's own prescription and illicit is the use of someone else's prescription. Eleven percent of the sample reported lifetime use of licit pharmaceutical stimulants with 7% (n=7) reporting recent use. The median days of using licit pharmaceutical stimulants was 15 (range 5-180). All reported swallowing, though one participant also reported that they had snorted licit pharmaceutical stimulants in the preceding six months and one participant also reported that they had injected licit pharmaceutical stimulants.

More than half the 2009 sample (59%) reported ever having used illicit pharmaceutical stimulants, with 34% reporting recent use. The median number of days of use in the past six months among those REU who had used illicit pharmaceutical stimulants was three and a half days (range 1-48). The median number of tablets taken in a 'typical' session was two (range 1-16) and five tablets on the 'heaviest' (range 1-27) occasions in the past six months. The majority (91%, n=31) of participants reported swallowing, 32% reported snorting, two participants reported injecting and one participant reported smoking illicit pharmaceutical stimulants in the six months preceding interview.

Five participants reported using pharmaceutical stimulants during a binge session, two participants reported using pharmaceutical stimulants in combination with their last ecstasy use, and no participants reported using pharmaceutical stimulants to facilitate comedown from last ecstasy use.

9.12 Summary of other drug use

- Recent alcohol use was almost universal (99%) in the 2009 ACT EDRS sample. The median days of use were two days per week, a decrease from three days in 2008.
- Over four-fifths of the sample had recently used tobacco, and 43% of the 2009 sample identified as daily smokers, decreasing from the previous year.
- The recent use of benzodiazepines, antidepressants, inhalants, mushrooms, other opiates, GHB and pharmaceutical stimulants were reported by a minority of the sample.
- The proportions of those reporting having ever used ketamine or recently using ketamine decreased in 2009.

10 DRUG INFORMATION-SEEKING BEHAVIOUR

In 2009, EDRS participants were asked a number of questions that related to their drug information-seeking behaviours.

Three-fifths (60%) of the sample reported that (through various methods) they had actively sought information on the contents and purity of the ecstasy tablets they had purchased prior to taking them. The frequency with which REU reported gaining content-related information on the ecstasy they took ranged from 'sometimes' (23%) to 'always' (25%, see Table 35). Of those REU who did find out about the content of their ecstasy (n=71), the most common methods of obtaining information were asking friends (78%), asking their dealer (75%) and personal experience (32%). Almost two-thirds (28%) of those REU who obtained information on the content of their ecstasy tablets reported using websites as a source of information.

The majority (81%) of the sample reported that they had bought ecstasy in the last six months which had a different content or purity than expected. Of those REU who did buy ecstasy which had a different content or purity than expected (n=100), the frequency of such occurrences ranged from 'sometimes' (60%) to 'always' (1%, see Table 35). One-fifth reported that they had never consumed ecstasy that had a different content or purity than they were expecting.

In 2009, participants were asked whether they had suspected taking ecstasy which had contained a substance other than MDMA in the preceding six months and were then asked what substances (other than MDMA) they suspected their ecstasy tablets contained (see Table 35). The majority (81%) of the sample reported that in the last six months they had suspected that they had taken ecstasy which contained a substance other than MDMA. Of those REU who suspected taking ecstasy with a different substance than expected (n=82), the most commonly suspected drug was methamphetamine or amphetamine (51%), followed by ketamine (27%), MDA (18%) and caffeine (17%).

Table 35: Content and testing of ecstasy tablets by ACT REU, 2006-2009

	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Find out the content and purity of ecstasy (%)				
Always	27	26	17	25
Most times	18	26	12	18
Half the time	10	5	7	5
Sometimes	16	24	20	23
Never	29	19	43	30
Find out content and purity of ecstasy via (%)*				
Friends	59	77	91	78
Dealers	44	52	61	75
Testing kits	32	28	26	16
Information pamphlets	1	2	4	3
Websites	28	32	26	28
Other people	37	30	46	20
Personal experience	13	17	39	32
Had a different content or purity than expected (%)#				
Always	0	0	4	1
Most times	5	6	3	5
Half the time	10	12	10	15
Sometimes	59	71	51	60
Never	26	12	33	19
Suspected substance other than MDMA in ecstasy (%)##				
Caffeine	-	-	9	17
Methamphetamine/amphetamine	-	-	73	51
MDA	-	-	6	18
Ketamine	-	-	29	27
Opiates	-	-	16	11
PMA	-	-	4	6
Cocaine	-	-	6	1

Source: EDRS REU interviews, 2006-2009

*Among those who reported finding out the content of ecstasy

Wording changed in 2008 referring to only 'ecstasy' and NOT 'any drug' as was the case for 2006 and 2007

Among those who suspected have taken ecstasy which has contained a substance other than MDMA. Question introduced in 2008

10.1 Summary of drug information-seeking behaviour

- Three-fifths (60%) of the sample reported that they had actively tried to gain information on the ecstasy they purchased.
- The most common methods of obtaining information were asking friends, asking their dealer, or websites.
- The majority (81%) of the sample reported that they had bought ecstasy in the last six months which had a different content or purity than expected.
- Over four-fifths (81%) of the sample reported that in the last six months they had suspected taking ecstasy containing a substance other than MDMA; the most commonly reported substance was methamphetamine or amphetamine.

11 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

11.1 Overdose and drug-related fatalities

11.1.1 Stimulant overdose

In 2009, participants were asked about their experiences with stimulant and depressant overdoses. Symptoms consistent with stimulant toxicity which may indicate an overdose include nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium.

Lifetime stimulant overdose was reported by one-fifth (21%) of the sample (see Table 36). The median number of stimulant overdoses was two (1-10). The last stimulant overdose occurred a median of 6 months ago (range 0.5-48). Of those who had ever overdosed on a stimulant drug, 62% (n=13) reported overdosing in the 12 months preceding interview. The majority (85%) of those reporting overdosing in the 12 months preceding interview attributed their last overdose to ecstasy, 8% to MDA and 8% to pharmaceutical stimulants. Over two-thirds (69%) indicated that they were also under the influence of alcohol, 23% reported cannabis and 15% reported that they were under the influence of speed at the time of overdose.

The most common location of the last reported overdose varied, 31% reported overdosing in a private location (23% at a friend's home, 8% in their own homes) and 46% reported a public location (23% at a live music event, 15% in a nightclub, 8% at a rave). The most common overdose symptoms were increased body temperature, increased heart rate (69% each), delirium/confusion and dizziness (62% each). In 2009, response variables were changed to enquire about treatment received after a stimulant overdose. Over four-fifths (83%) of those who reported overdosing on a stimulant drug in the last 12 months reported that they had not received any treatment the last time that they overdosed on a stimulant. One participant reported having received oxygen and one REU also reported having attended the hospital emergency department. Participants reported that they had been partying for a median of 9 hours (range 1-48) before they overdosed.

Table 36: Participants' experience with stimulant overdoses, ACT, 2007-2009

Stimulant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever overdosed (%)	39	49	21
Recent overdose, past 12 months(%)#	55 (n=16)	63 (n=26)	62 (n=13)
Main drug (%)*			
Ecstasy	100	65	85
Speed	0	4	0
Base	0	0	0
Crystal	0	15	0
Cocaine	0	12	0
MDA	0	4	8
PMA	0	0	0
Pharmaceutical stimulants	0	0	8
Other drugs (%)*			
Ecstasy	0	8	8
Speed	25	19	15
Base	0	0	0
Crystal	0	4	0
Cocaine	6	19	8
LSD	0	12	8
MDA	0	0	0
Ketamine	0	0	0
Alcohol	56	62	69
Cannabis	13	35	23
Other	0	0	0

Table 36: Participants' experience with stimulant overdoses, ACT, 2007-2009 (continued)

Stimulant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)
Last overdose location (%)*			
Nightclub	31	19	15
Rave	25	8	8
Live music event	13	4	23
Other	13	0	15
Home	6	23	8
Friend's home	6	15	23
Work	6	0	0
Last overdose symptoms (%)*			
Nausea	69	69	54
Vomiting	50	69	31
Chest pain	44	27	39
Tremors	50	35	54
Increase body temperature	75	73	69
Increased heart rate	88	69	69
Rapid irregular breathing	66	58	54
Shallow irregular breathing	44	27	15
Seizure	13	12	8
Headache	63	42	54
Extreme anxiety	50	31	39
Panic	38	35	46
Extreme agitation	38	31	39
Paranoia	38	35	39
Auditory hallucination	6	23	15
Tactile hallucination	6	8	23
Visual hallucination	31	35	46
Agitation	56	12	46
Delirium/confusion	38	27	62
Passed out	19	42	15
Dizziness	69	50	62
Muscle twitches	69	54	54
Last overdose treatment (%)*			
Received oxygen	-	-	8
Attended hospital emergency department	-	-	8
Taken to hospital by friends	6	4	-
Taken by ambulance to hospital	0	4	-
Monitored/watched by friends	88	46	-
Other	0	4	8
No treatment	6	42	83

Source: EDRS REU interviews, 2007-2009

Of those who had ever overdosed

* Of those who reported recent overdose (past 12 months); for 2007 n=16, for 2008 n=26, for 2009 n=13

11.1.2 Depressant overdose

In 2009, participants were asked about their experiences with a depressant overdose (see Table 37). The following symptoms are consistent with a depressant overdose: reduced level of consciousness, respiratory depression, and turning blue or collapsing. Just over one-quarter (26%) of the sample reported that they had ever suffered a depressant overdose, of which 81% (n=21) had suffered a depressant overdose in the 12 months preceding interview (see Table 37). Participants reported a median of five (range 1-60) depressant overdoses in their lifetime. A depressant overdose occurred on a median of six months before interview (range 0.5-48).

Of those who had experienced a depressant overdose in the preceding 12 months (n=21), the most common drug the overdose was attributed to was alcohol (81%), followed by heroin (10%), other

(5%, including cannabis), and other opiates (5%, including buprenorphine). Other drugs commonly involved included cannabis (19%), ecstasy (10%), benzodiazepines (10%), pharmaceutical stimulants (95%) and alcohol (5%). Of those who had overdosed in the preceding 12 months, the last location of overdose was reported to have occurred at a nightclub (38%). Forty-three percent of these respondents reported last overdosing at a private location such as friends' homes (24%) and own home (19%). The most common overdose symptom was vomiting (71%), followed by other symptoms such as losing consciousness (53%) and collapsing (43%). The majority of participants reported that they received no treatment (81%) during their last depressant overdose. A minority reported receiving various treatments such as counseling, visiting a GP, CPR by a health professional, being administered Narcan, receiving oxygen, being attended by an ambulance, attending the hospital emergency department, treatment from a psychologist, and attending a drug health service.

Table 37: Participants' experience with depressant overdoses, ACT, 2007-2009

Depressant overdose	2007 (N=74)	2008 (N=83)	2009 (N=101)
Ever overdosed (%)	62	63	26
Recent overdose, past 12 months (%)#	76 (n=35)	64 (n=33)	81 (n=21)
Main drug (%)*			
Alcohol	89	88	81
GHB	6	0	0
Benzodiazepines	3	3	0
Heroin	0	3	10
Other opiates	3	0	5
Other	0	6	5
Other drugs (%)*			
Ecstasy	9	12	10
Speed	0	3	0
Base	0	0	0
Crystal	0	0	0
Cocaine	0	0	0
LSD	6	3	0
MDA	0	0	0
Ketamine	0	0	0
Alcohol	6	3	5
Cannabis	34	49	19
Pharmaceutical stimulants	0	0	5
Benzodiazepines	-	-	10
Other	16	0	0
Last overdose location (%)*			
Home	29	36	19
Friend's home	21	21	24
Nightclub	15	15	38
Pub	3	3	10
Private party	18	12	0
Public place	3	3	5
Rave	3	0	0
Live music event	3	3	0
Work	3	0	0
Other	3	0	5
Last overdose symptoms (%)*			
Suppressed breathing	14	6	29
Turning blue	0	3	19
Collapsing	37	36	43
Losing consciousness	74	39	53
Vomiting**	-	85	71
Other	54	6	10
Last overdose treatment (%)*			
Counselling	-	-	5
GP	-	-	5
CPR by a health professional	-	-	5
Administered Narcan	-	-	10
Received oxygen	-	-	10
Ambulance attendance	-	-	14
Attended the hospital emergency department	-	-	10
Treatment from a psychologist	-	-	5
Attended a drug health service	-	-	5
No treatment	26	39	81

Source: EDRS REU interviews, 2007-2009

Of those who had ever overdosed

* Of those who reported recent overdose (past 12 months); for 2007 n=35, for 2008 n=33, 2009 n=26

** Vomiting given own category in 2008, included in 'other' in 2007

11.2 Help-seeking behaviour

In the preceding six months, 28% of the sample had accessed some form of medical or health service as a consequence of their drug use (a decrease from 36% in 2008). The services most commonly accessed by REU who had recently accessed a service were general practitioners (GPs) (39%, n=11), emergency department (32%, n=9), counsellor (32%, n=9), ambulance (29%, n=8) and hospital (29%, n=8). Of those REU who had recently seen a GP, the most common reasons for seeking help were for anxiety (n=4), drug dependence/addiction (n=3) and information or advice on drug effects (n=2). The main drugs for which help was sought were cannabis (n=3) and heroin (n=3). The primary reason for accessing a counselling service was, again, for dependence/addiction (n=3), followed by anxiety (n=2). The majority of REU who had accessed counselling services in the previous six months did so in relation to cannabis (n=3), ecstasy or alcohol use (n=2 each). Of those REU who had recently been to an emergency department, overdose (n=4) and acute physical problems (n=3) were the most common reasons for seeking help. Ecstasy and heroin use were the main drugs involved for those seeking help from drug and alcohol workers (n=2 each).

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

Drug-related harms were characterised into four primary groups: reoccurring social/relationship problems, reoccurring legal/police problems, reoccurring problems due to drugs interfering with responsibilities, and recurrently placing oneself or others in dangerous situations as a result of drugs. REU were asked if they had experienced any of these problems due to their drug use in the past six months. The results are summarised in Table 38.

Almost half (49%) of the sample reported that they had experienced responsibility-related problems as a result of their drug use (Table 38). The most common drugs that this was attributed to were ecstasy (35%, n=17), heroin (29%, n=14) and cannabis (20%, n=10). Over two-fifths (44%) of the sample reported that they had recurrently placed themselves or others in dangerous situations as a result of their drug use. The most common drugs that this was attributed to were alcohol (43%, n=19) and ecstasy (36%, n=16). One-third (32%) of the sample reported they had experienced reoccurring relationship/social problems due to their drug use. The most common drugs this problem was attributed to were ecstasy (28%, n=9), cannabis (22%, n=7) and alcohol (22%, n=7).

Table 38: Self-reported drug-related problems, ACT REU, 2009

	REU (%)
Responsibility problems (%)	49
Risk problems (%)	44
Relationship/Social problems (%)	32
Legal/Police problems (%)	5

Source: EDRS REU interviews, 2009

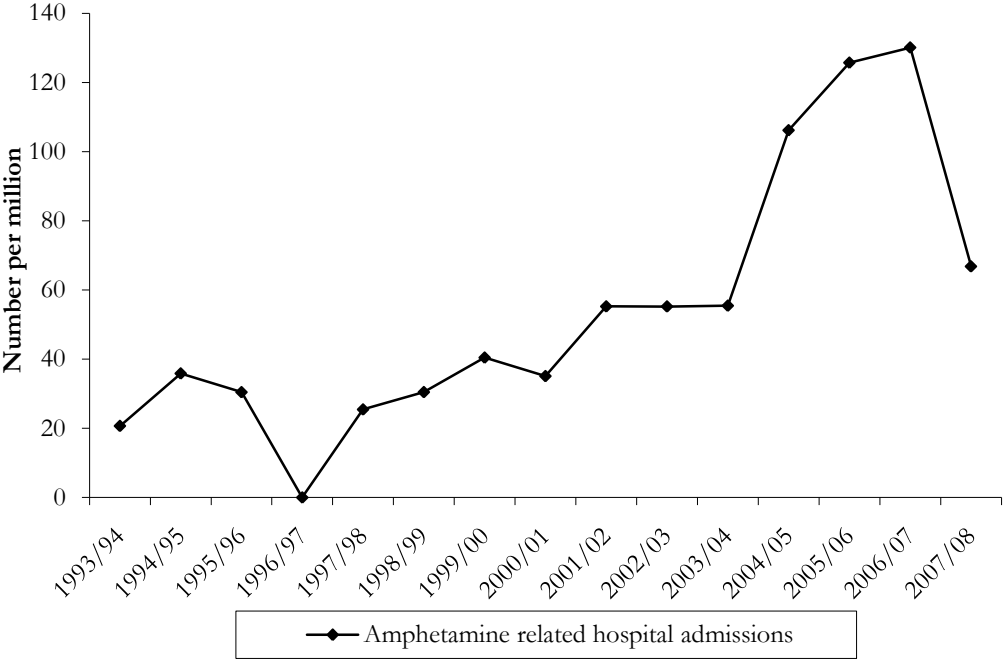
A minority (5%, n=5) reported having experienced legal problems related to their drug use. The main drugs implicated in these problems were alcohol (n=2), followed by cannabis, ecstasy and heroin (each n=1).

11.4 Hospital admissions

11.4.1 Methamphetamine

The number of amphetamine-related hospital admissions in the ACT has remained lower than 150 per million persons in the last 10 years (Figure 18). No amphetamine-related hospital admissions were recorded in 1996/1997, but admissions where amphetamine was implicated steadily increased since this time. In 2006/2007, admissions decreased to 66.81 per million persons.

Figure 18: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/1994-2007/2008



Source: AIHW; ACT Department of Health,(Roxburgh and Burns in press)

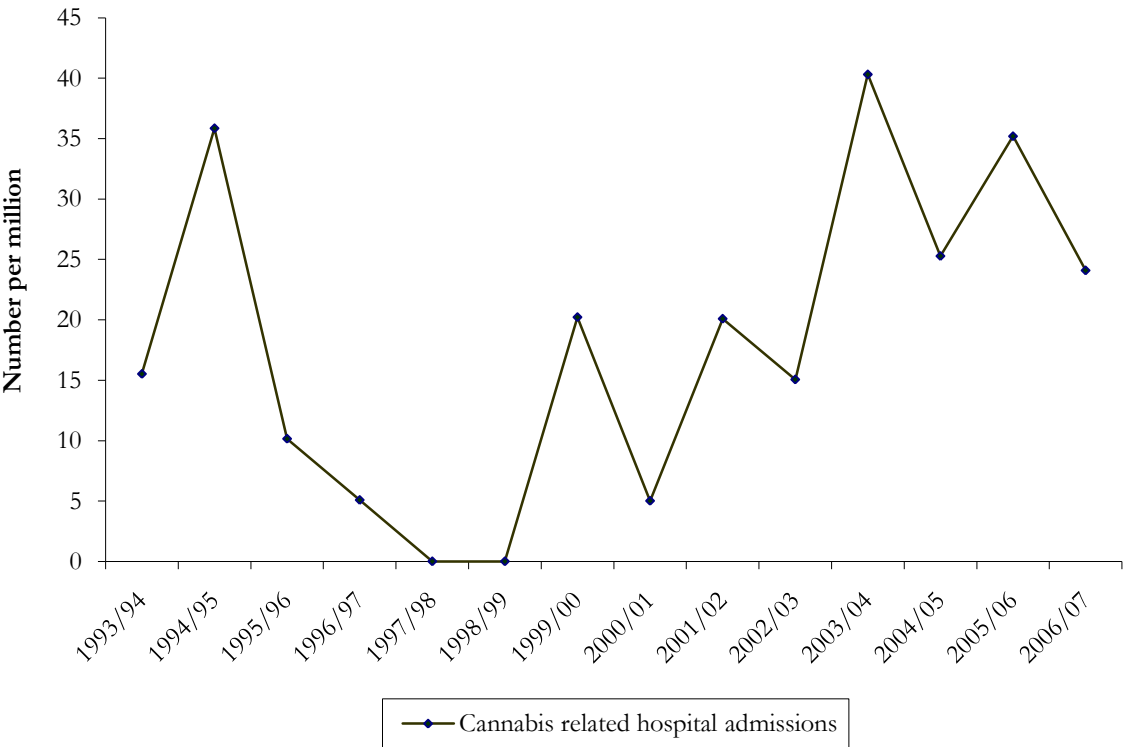
11.4.2 Cocaine

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15 to 54 years in the last 10 years. There were no hospital admissions where cocaine was implicated in the primary diagnosis in the ACT in 2003/2004 and 2004/2005 (Roxburgh and Burns in press). In 2007/2008, there were 14.32 cocaine-related hospital admissions per million persons recorded in the ACT.

11.4.3 Cannabis

As can be seen from Figure 19, the number of cannabis-related hospital admissions per million persons has fluctuated over the last 10 years. In 2007/2008, there were 14.32 cannabis-related hospital admissions per million persons recorded in the ACT.

Figure 19: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994-2007/2008



Source: AIHW; ACT Department of Health,(Roxburgh and Burns in press)

11.5 Mental and physical health problems and psychological distress

Thirty-five percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=35), depression and anxiety were most commonly reported (69% and 63% respectively). Other problems reported included paranoia (14%), with equal proportions reporting schizophrenia, manic-depression/bipolar disorder, drug induced psychosis (9% respectively).

Among the minority who had experienced a problem, 49% reported attending a mental health professional during this period. Of those who sought help, five were prescribed medication. Antidepressants were prescribed to nine participants, benzodiazepines to four participants and antipsychotics to one participant.

The 2009 EDRS included the Kessler Psychological Distress Scale (K10), a questionnaire designed to yield a global measure of ‘psychological distress’ based on questions about the level of anxiety and depressive symptoms experienced in the most recent four-week period (Kessler, Andrews et al. 2002).

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews & Slade, 2001; Furukawa et al., 2003), and work conducted at the Clinical Research Unit for Anxiety Disorders (CRUFAD) found that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder (see www.crufad.unsw.edu.au/k10/k10info.htm).

The 2007 National Drug Household Survey (NDSHS) Detailed Results (Australian Institute of Health and Welfare 2008; Australian Bureau of Statistics 2009) provides the most recent Australian

population norms available for the K10, and uses four categories to describe levels of distress: 10 to 15 were considered 'low' levels of psychological distress; 16 to 21 'moderate'; 22 to 29 as 'high'; and 30 to 50 as 'very high' levels of psychological distress.

Of those that answered the section (n=101), the mean score was 19.96 (median 19, SD 6.5, range 1-40). As is evident from Table 39 below, REU scores differ markedly from those reported among the Australian general population, with a larger proportion reporting 'high' and 'very high' distress.

Table 39: Kessler 10 scores in the 2007 NSDHS Detailed Results and ACT REU sample, 2009

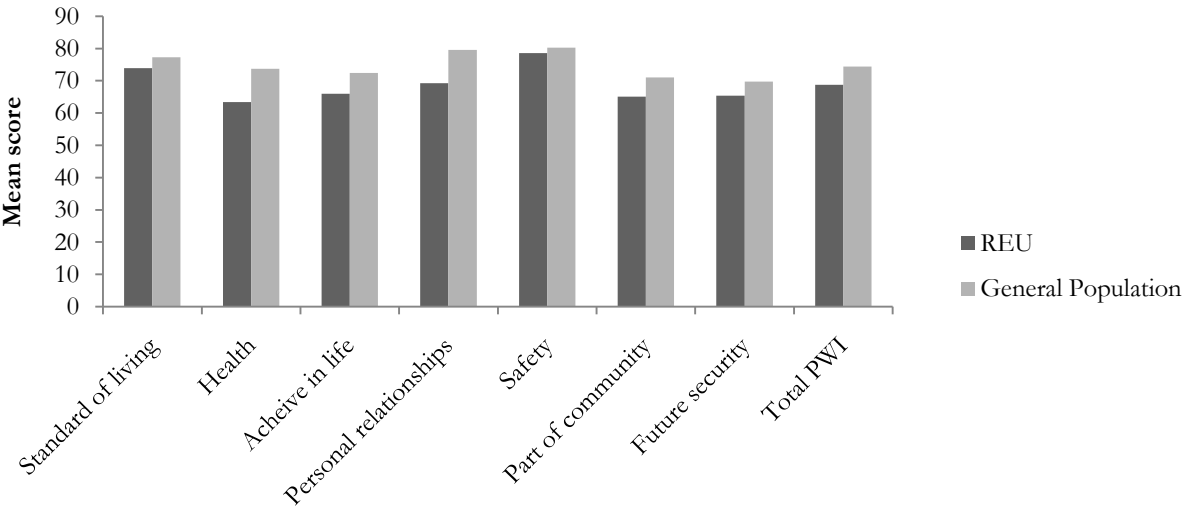
K10 Category	Australian Population >18 years	REU N=101
% reporting no or low distress (score 10-15)	69	31
% reporting moderate distress (score 16-21)	21	35
% reporting high distress (score 22-29)	8	24
% reporting very high distress (score (30-50)	2	11

Source: AIHW 2008b; NDSHS Detailed Results; EDRS REU interviews, 2009

11.6 Personal Wellbeing Index (PWI)

In 2009, the Personal Wellbeing Index (PWI) was entered into the EDRS survey. Questions asked how satisfied participants were with various aspects of their life. These 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 was very unsatisfied and 10 was very satisfied. Figure 20 shows the mean REU scores compared to the Australian general population (Cummins, Woerner et al. 2007). ACT REU scored lower than the general population on each factor of personal wellbeing. However, for each measure they were within the expected range of wellbeing scores. 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 20: Mean REU and Australian general population scores on the Personal Wellbeing Index



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

11.7 Chronic physical conditions

In 2009, participants in the EDRS were asked whether they had ever been diagnosed with a range of physical conditions, how old they were when diagnosed and if they had received treatment in the previous twelve months. Almost one-third (29%) of participants had ever been diagnosed with asthma, 7% had ever been diagnosed with heart or circulatory conditions, 3% had ever been diagnosed with gout, rheumatism or arthritis and equal proportions had ever been diagnosed with cancer or diabetes or high blood sugar levels (1% each). Table 40 shows the age of first diagnosis as well as the proportions of REU who had recently received treatment for these chronic conditions.

Table 40: REU lifetime diagnosis, age and recent treatment of chronic conditions 2009

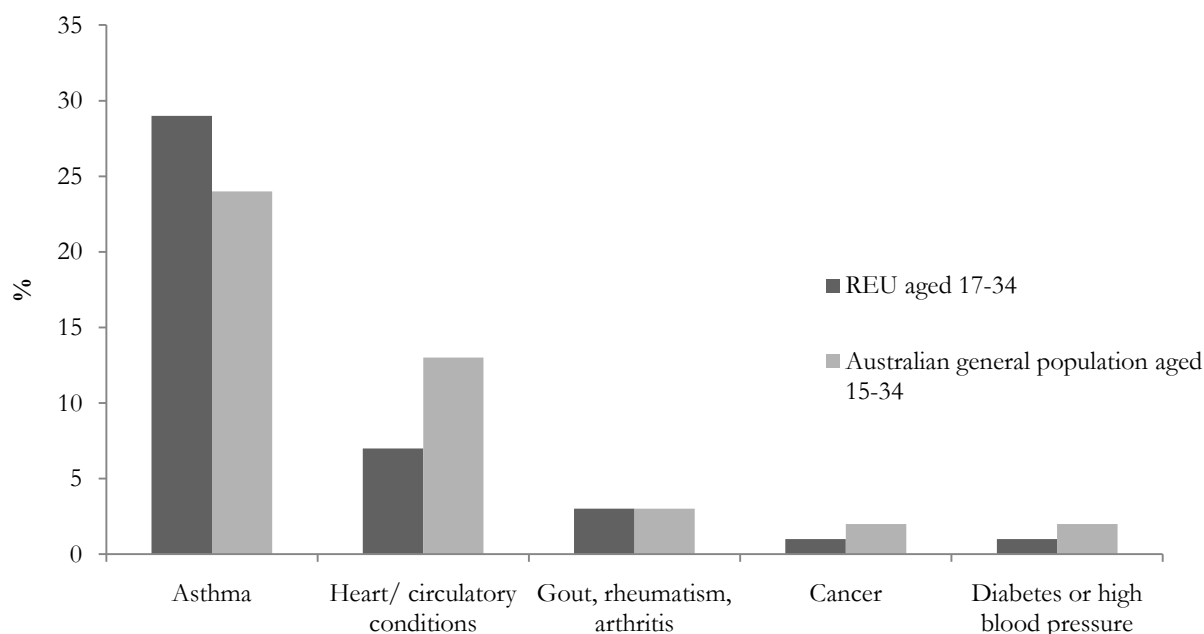
Condition	Ever diagnosed (%)	Mean age first diagnosed (years)	Received treatment last 12 months* (%)
Asthma	29	8	52
Heart/circulatory conditions	7	21	0
Gout, rheumatism or arthritis	3	14	33
Cancer	1	23	0
Diabetes or high blood sugar levels	1	16	0

Source: EDRS REU interviews 2009

*of those who had ever been diagnosed

Figure 21 shows the proportion of REU aged 17-34 reporting lifetime diagnosis of some chronic conditions compared to the Australian general population aged 15-34. Higher proportions of REU report having been diagnosed with asthma compared to the general population (29%, 24% in the general population) (Australian Bureau of Statistics 2009). Less REU reported being diagnosed with heart or circulatory conditions, cancer or diabetes or high blood sugar levels. The same proportion of REU and the general population reported having been diagnosed with gout, rheumatism or arthritis.

Figure 21: Prevalence of chronic conditions amongst REU and Australian general population aged 15-34



Source: EDRS REU interviews 2009; ABS 2009

Eighty-eight percent of REU also reported having been diagnosed with other chronic conditions. The most commonly reported chronic conditions were skin problems (36%), back or neck problems (35%), vision problems (32%), hay fever (31%), sinus or sinus allergy (25%), migraine (22%), bronchitis (19%) and joint, muscular or skeletal conditions (18%).

11.8 Key expert comments

- Nearly all KE reported mental health problems associated with drug use.
- Depression and anxiety were the most commonly reported mental health problems.
- KE also reported problems surrounding sleep and nutrition of regular drug users.

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

- Sixty-two percent of participants reported a stimulant overdose in the past 12 months. The main drug attributed to the last stimulant overdose was ecstasy (85%). Over four-fifths (83%) received no treatment (42% in 2008).
- Twenty-six percent of participants reported suffering from a depressant overdose in the 12 months preceding interview (63% in 2008). The majority reported receiving no treatment (81%).
- Over one-quarter (28%) of participants had attempted to seek help for their drug use through established services. The most common services were GPs and counsellors.
- Half (49%) of the sample reported that their drug use had caused them responsibility problems and 44% had placed themselves or others in risky situations. One-third (32%) of the sample reported experiencing relationship problems, and 5% reported that they had experienced legal problems as a result of their drug use.
- Thirty-five percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group, depression and anxiety were most commonly reported.
- Eleven percent of the sample scored in the 'very high' distress range, as measured by the K10, which may indicate a high likelihood of having a mental health problem and a significant risk of meeting criteria for an anxiety or depressive disorder.

11.10 Risk behaviour

11.10.1 Lifetime injectors

In 2009, one-seventh (14%) of the EDRS sample reported ever having injected a drug (a decrease from 24% in 2008). The median age at which participants reported first having injected a drug was 18 (range 15-26). Those REU who indicated that they had injected drugs at some point during their lifetime were asked to nominate the first drug they had injected. The majority (62%, n=8) of lifetime injectors reported that they had injected some form of methamphetamine the first time they injected (speed n=7, crystal n=1 and base n=0), followed by heroin (31%, n=4), with one participant reporting Melanotan® as the first drug they injected.

11.10.2 Recent injectors

Of the 14 participants who reported lifetime injection, 10 (85%, an increase from 75% in 2008) indicated that they had injected drugs in the preceding six months. The median days of injection for each drug injected are displayed in Table 41.

Table 41: Drug injection patterns, ACT REU, 2009

Drug type	Number of REU recently injected n=10	Median days injected (range)
Ecstasy (powder)	n=1	3 (no range)
Methamphetamine powder	n=6	11 (1-72)
Methamphetamine base	n=2	12 (10-14)
Methamphetamine crystal	n=3	7 (3-10)
Cocaine	n=1	6 (no range)
Illicit pharmaceutical stimulant	n=3	3 (no range)
Heroin	n=8	49 (1-180)
Buprenorphine	n=4	5 (2-72)
Other illicit opiates	n=3	3 (1-7)
Benzodiazepines	n=1	6 (no range)

Source: EDRS REU interviews, 2009

Three-fifths (60%, n=6) reported that they had injected while coming down only. All of the REU who reported injecting while coming down reported that heroin was the last drug they had injected. One participant reported that they had injected while under the influence. One REU reported that they had injected while under the influence and coming down from ecstasy or other psychostimulants in the preceding six months. REU had injected drugs on a median of 4 days (range 2-15) while under the influence of, or coming down from, other drugs in the six months prior (see Table 42). Heroin (n=7) and speed (n=3) were the last drugs injected by the REU who had recently injected.

11.10.3 Injecting risk behaviour

In the 2009 EDRS, four participants reported that they had used a needle after someone else in the six months preceding interview, one participant each reported doing this one time, two times, three to five times and six to ten times. When asked to report on the number of different people who had used a needle before them in the last six months, two participants nominated one person and one participant indicated that between three and five people had used a needle before them. Respondents reported that a close friend (n=2) or their regular sex partner (n=1) had used a needle before them in the six months preceding interview. Nine respondents reported that they had used injecting equipment after someone else, specifically spoons/mixing containers (n=4), water (n=3), filters (n=2), swabs (n=2) and tourniquets (n=1).

11.10.4 Context of injecting

The locations reported for last injection in the past six months were at home (40%, n=4), a street, park or bench (40%, n=4) or at a friend's home (20%, n=2) (Table 42). Those REU who had recently injected drugs primarily did so in the company of close friends (70%, n=7), a regular sex partner (20%, n=2), casual sex partner (10%, n=1) or while alone (20%, n=2).

11.10.5 Obtaining needles

Those REU who reported having injected in the past six months were asked to indicate where they had sourced their needles. Over half (n=6) obtained needles from a Needle and Syringe Program (NSP), with participants also reporting having obtained needles from a chemist (n=7), vending machine (n=4), through friends (n=3), through a dealer (n=2), health centre (n=1), outreach program (n=1) or the hospital (n=1).

Table 42: Context and patterns of recent injection among ACT REU, 2009

	Recent injectors (n=10)
People usually inject with	
Close friends (%)	70 (n=7)
Regular sex partner (%)	20 (n=2)
Casual sex partner (%)	10 (n=1)
Acquaintances (%)	0 (n=0)
No one (%)	20 (n=2)
Locales where injected	
Own home (%)	40 (n=4)
Friend's home (%)	20 (n=2)
Street, park or bench (%)	40 (n=4)
Injected under the influence (%)	10 (n=1)
Injected while coming down (%)	60 (n=6)
Injecting while under the influence and coming down (%)	10 (n=1)
Median times injected any drug under the influence last 6 mths (range)	4 (2-15)

Source: EDRS REU interviews, 2009

11.11 Sexual risk behaviour

11.11.1 Recent sexual activity

Two-thirds (66%) of REU reported having had casual penetrative sex in the six months prior to interview (see Table 43). Casual penetrative sex was defined as sex that involved the penetration of the vagina/anus by penis/hand with anyone who is not a regular partner. Approximately three-tenths (29%) of those who reported having casual sex reported that they had sex with one person in the preceding six months. A further thirty-five percent reported having had casual sex with two persons, and approximately one-quarter (26%) reported three to five casual partners. Six percent of casually sexually active REU reported having sex with more than six partners in the past six months and three percent reported having sex with more than ten casual partners in the previous six months.

When having sex with a casual sex partner in the preceding six months whilst not under the influence of alcohol or drugs, 46% of REU who reported having casual sex indicated that they always used protective barriers. A minority (17%) reported never using protection, similar to 15% the previous year (Table 43).

Table 43: Sexual activity and number of casual sexual partners in the preceding six months, ACT REU, 2009

	2009 (N=99)
Casual penetrative sex (%)	66
No. of casual sexual partners (%)*	
One person	29 (n=19)
Two people	35 (n=23)
3-5 people	26 (n=17)
6-10 people	6 (n=4)
10+ people	3 (n=2)
Sex with a casual partner (%)**	
<i>Use protection:</i>	
Every time (%)	46 (n=30)
Often (%)	15 (n=10)
Sometimes (%)	15 (n=10)
Rarely (%)	6 (n=4)
Never (%)	17 (n=11)

Source: EDRS REU interviews, 2009

* Of those who had casual penetrative sex in the last six months

Whilst not under the influence of alcohol or drugs

11.11.2 Drug use during sex

Four-fifths (80%) of casually sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months (see Table 44). One-third (33%) of REU who reported having casual sex under the influence of ecstasy and related drugs had done so once or twice (21% once, 12% twice), almost half reported doing so three to five times (48%) and 20% reported having casual sex while under the influence on six or more occasions in the past six months. REU were asked to nominate which drugs they were under the influence of last time they had casual sex. Almost all (90%) nominated alcohol, followed by ecstasy (75%) and cannabis (35%).

Among those who had sex with a casual sex partner while using ecstasy and/or related drugs (n=52) in the past six months, almost half (44%) reported using condoms on every occasion (an increase from 27% in 2008), whereas approximately two-fifths (21%) reported never using condoms, similar to 10% in 2008.

The findings this year indicate that, within the context of sex with casual sex partners, sexual encounters that place the individual at increased risk for STIs, i.e. unprotected sex, appear to be more likely to occur when ecstasy and other related drugs are involved.

Table 44: Drug use during casual sex in the preceding six months, ACT REU, 2009

	2009 (N=65)
Casual penetrative sex while on drugs* (%)	80
<i>Of those who had casual penetrative sex under the influence of drugs</i>	
Number of times	
Once	21 (n=11)
Twice	12 (n=6)
3-5 times	48 (n=25)
6-10 times	12 (n=6)
10+	8 (n=4)
Drugs used (%)	
Ecstasy	75 (n=39)
Cannabis	35 (n=18)
Alcohol	90 (n=47)
Speed	10 (n=5)
Base	2 (n=1)
Crystal	0 (n=0)
Cocaine	10 (n=5)
Heroin	2 (n=1)
Amyl nitrate	6 (n=3)
Sex with a casual partner using party drugs (%)*	
<i>Use protection:</i>	
Every time (%)	44 (n=23)
Often (%)	17 (n=9)
Sometimes (%)	8 (n=4)
Rarely (%)	10 (n=5)
Never (%)	21 (n=11)

Source: EDRS REU interviews, 2009

* Of those who had casual penetrative sex in the last six months

11.12 Gambling

In 2009, REU were asked questions about their gambling behaviour. Seventeen percent of REU had gambled in the previous month. Of those who had gambled, 71% usually gamble on poker machines (n=12), casino (35%, n=6), horse/dog racing (29%, n=5) and 29% on other forms of gambling such as Keno or sports betting. The median number of days gambled in the previous month was four (1-12). Almost three-quarters (71%) were under the influence of alcohol last time they gambled and 18% were under the influence of illicit drugs (see Table 45).

Table 45: Gambling behaviour, ACT, 2009

	2009 (N=101)
Gambled last 30 days (%)	17
Usual form of gambling (%)*	
Poker machines	71 (n=12)
Casino	35 (n=6)
Horse/dog racing	29 (n=5)
Other (e.g. Keno, sports)	29 (n=5)
Last form of gambling (%)*	
Poker machines	59 (n=10)
Casino	6 (n=1)
Horse/dog racing	12 (n=2)
Other (e.g. Keno, sports)	24 (n=4)
Median days gambled last month*	4
Under the influence of alcohol last time gambled*	71 (n=12)
Under the influence of illicit drugs last time gambled*	18 (n=3)

Source: EDRS REU interviews 2009

* Of those who had gambled in the last 30 days

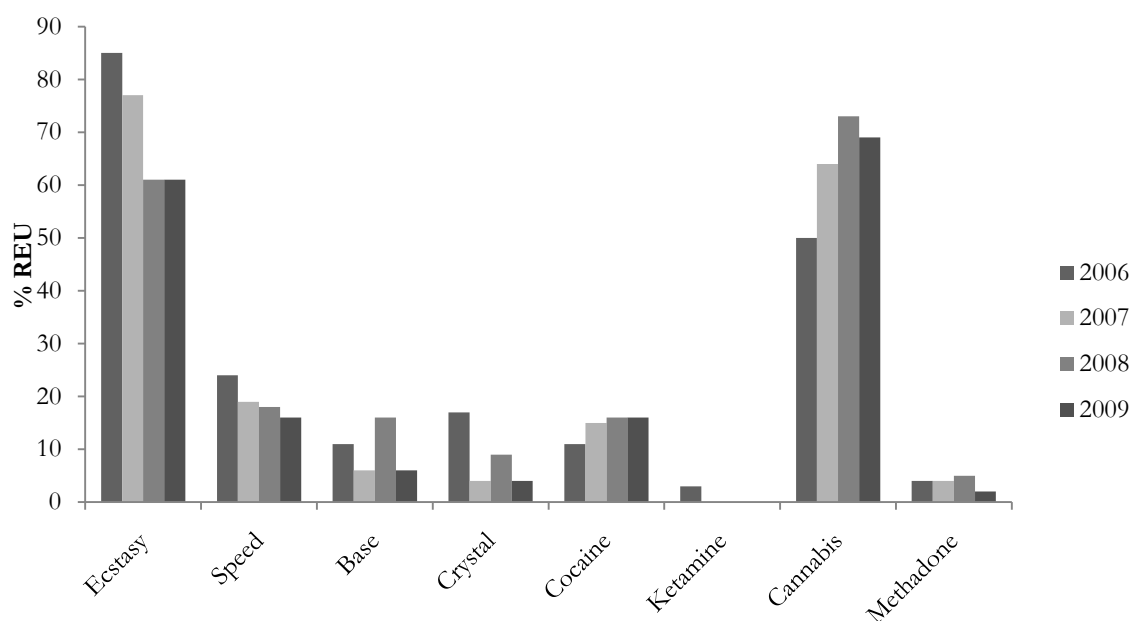
Participants who had gambled four or more days in the previous month were administered the Problem Gambling Severity Index (PGSI). The measure is made up of nine items and participants answer on a five-point Likert scale (1= never and 5= always)(Holtgraves 2009). Categories are then formed from the total PGSI score to make categories of recreational gambling, low risk, moderate risk and problem gambling. Nine REU in the ACT reported gambling four or more days in the previous month. Eight of these participants completed the PGSI. All of these participants scored in the recreational gambling category.

11.13 Driving risk behaviour

The majority (82%) of the 2009 EDRS sample reported that they had driven a car in the six months prior to interview. Over half (54% n=44, 67% in 2008) of those REU who indicated they had driven a car in the past six months reported that they had done so while under the influence of alcohol and, of those, 80% (n=35) reported that they had driven whilst over the legal blood alcohol limit. Those participants who had driven a car while over the legal limit of alcohol in the six months prior had done so on a median of three times in this period (range 1-60). Two-fifths (40%) who reported they had driven over the limit of alcohol had been subjected to a roadside breath test (RBT) in the six months preceding interview, similar to 41% in 2008. None of those REU reported that they returned a positive reading at least once in the six months preceding interview.

When those participants who had driven a car in the previous six months were asked if they had done so under the influence (within one hour) of an illicit drug, 60% of this group reported having done so (less than 70% in 2008), on a median of four occasions (range 1-180). As demonstrated in Figure 22, cannabis was the drug most commonly nominated (69%, 73% in 2008). This was followed by ecstasy (61%, 61% in 2008), methamphetamine powder (16%, 18% in 2008) and cocaine (16%, 16% in 2008).

Figure 22: Proportion of REU reporting driving under the influence of drugs, by drug type, 2006-2009



Source: EDRS REU interviews, 2006-2009

* Of those who had driven under the influence of drugs in the past six months (2006 n=72, 2007 n=47, 2008 n=44, 2009 n=49)

Participants reported driving a median of one hour (range zero hours to 12 hours) since consuming a drug last time they drove while under the influence of an illicit drug. Almost three-fifths (57%) reported being under the influence of cannabis last time they drove under the influence, 31% nominated ecstasy and 6% methamphetamine powder and LSD. Equal proportions (2%) were under the influence of methadone, benzodiazepines and 2CB last time they drove under the influence.

Participants were also asked how impaired they believed their driving to be last time they drove after taking a drug. Just under half (45%) reported that their driving was 'slightly impaired', whilst almost one-third (29%) reported that the drugs had no influence on their driving ability, and approximately one in seven (15%) reported that the drugs 'slightly improved' their driving ability. Only a small proportion (8%) reported that drugs had greatly impaired their driving ability and 4% reported that drugs 'quite improved' their driving ability.

11.14 The Alcohol Quantity Frequency and Variability Assessment (AQFV)

In 2009, a new 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 are able to indicate a range for the number of drinks they consume for each section and then indicate on how many days per week, month or year they drink 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.

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.

Using the information gleaned 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 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 46 presents the frequency and quantity of alcohol consumption for male and female REU in the ACT in 2009. Females and males drank alcohol approximately once a week at a low risk level. Males drank at high risk levels approximately once a fortnight, while females drank at high risk levels between once a fortnight and once a week. A level of risky drinking occurred more frequently in males than females, however, there was no significant difference between males and females in the number of days per year that they drank alcohol at a low risk, high risk or risky level ($p > 0.05$). Males consumed a significantly greater number of drinks per drinking session overall than females did (9 vs. 6, $U = 1586, p < 0.05$).

Table 46: Frequency and quantity of alcohol consumption among ACT REU, 2009

	Males	Females
Median number of drinking days/year (range):		
Low Risk	52 (0-312)	52 (0-284)
Risky	14 (0-223)	6 (0-104)
High Risk	26 (0-312)	32 (0-258)
Average no. drinks per session	9	6

Source: EDRS interviews 2009

11.15 Key expert comments

- Due to small numbers, KE comments on risk behaviour will not be reported.

11.16 Summary of risk behaviours

- Fourteen percent of the sample had ever injected a drug, and 10% had done so in the past six months.
- Two-thirds (66%) of REU reported having had casual penetrative sex in the six months prior to interview and four-fifths (80%) of casual sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.
- Three-quarters of REU who had recently had casual sex while under the influence of drugs had been under the influence of ecstasy.
- There was an increase in the proportion of REU reporting using a condom every time with a casual partner whilst under the influence of ecstasy and/or related drugs.
- Sixty percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug and 40% had done so while over the legal limit of alcohol.
- Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis, cocaine and speed.

12 CRIMINAL ACTIVITY, POLICING AND DRUG MARKET CHANGES

12.1 Reports of criminal activity among REU

Of those who commented (n=91), almost half (47%) of the 2009 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview (34% in 2008, Table 47). The proportion of REU who reported that they had sold drugs in the preceding six months remained stable at 26% (30% in 2008). The proportion reporting they had committed a property crime increased from 11% to 27% in 2009. Less than one-tenth of REU reported that they had committed a violent crime (9%) and fraud (8%). These increases may reflect the global financial crisis.

Table 47: Criminal activity reported by ACT REU, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=100)
Criminal activity in the last month (%)							
Any crime	45	11	29	38	38	34	47
Drug dealing	42	9	25	29	32	30	26
Property crime	3	3	4	11	11	11	27
Fraud	3	1	2	1	0	2	8
Violent crime	0	0	2	8	3	5	9
Arrested in the past 12 months	5	6	6	13	4	5	15

Source: EDRS REU interviews, 2003-2009

12.2 Perceptions of police activity towards REU

Table 48 summarises the responses of REU with regard to their perceptions of recent police activity in the ACT. In the 2009 EDRS, over two-fifths (43%) of REU reported that police activity had remained stable in the six months preceding interview, a decrease from 49% in 2008. Eighteen percent reported that police activity had increased (21% in 2008), and 38% were unable to comment. Only one REU reported that police activity had decreased.

Table 48: Perceptions of police activity by REU, 2003-2009

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Recent police activity (%):							
Decreased	14	4	1	3	1	5	1
Stable	48	59	39	37	38	49	43
Increased	19	16	25	30	28	21	18
Don't know	20	21	35	30	32	25	38
Made obtaining more difficult (%)	15	12	8	9	27	13	19

Source: EDRS REU interviews, 2003-2009

12.3 Arrests

12.3.1 Amphetamine-type stimulants

Table 49 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2008. Amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The ACC classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). The number of total arrests has been increasing from 2000/2001, from a total of 56 arrests to a total of 133 arrests in 2007/2008.

Table 49: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997-2008

Year	Consumer/ user		Provider/ supplier		Total arrests
	Male	Female	Male	Female	
1997/1998	8	3	5	2	18
1998/1999	15	2	6	0	23
1999/2000	- ^a	- ^a	- ^a	- ^a	- ^a
2000/2001	37	10	6	3	56
2001/2002	44	4	9	3	60
2002/2003	41	11	8	4	64
2003/2004	60	16	19	4	99
2004/2005	51	7	27	9	94
2005/2006	50	9	46	1	106
2006/2007	77	22	30	3	132
2007/2008	77	23	28	5	133

Source: ABCI (1997-2002); ACC (2003-2008)

Note: Figures for ACT 1999/2000 were not available

Note: Arrest data from 1997/1998 to 1999/2000 exclude AFP data

Note: Data not available for the 2008/2009 financial year

12.3.2 Cocaine

In 2007/2008 both consumer and provider arrests remained low for cocaine in the ACT.

Table 50: Number of cocaine consumer and provider arrests, ACT, 2000-2008

Year	Consumer/ user		Provider/ supplier		Total arrests
	Male	Female	Male	Female	
2000/2001	1	0	1	1	3
2001/2002	2	0	1	0	3
2002/2003	2	0	0	0	2
2003/2004	1	0	1	0	2
2004/2005	2	1	4	0	7
2005/2006	2	0	3	0	5
2006/2007	7	0	0	0	7
2007/2008	3	0	1	0	4

Source: ABCI (2000-2002); ACC (2003-2008)

Note: Data not available for the 2008/2009 financial year

12.3.3 Cannabis

Table 51 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2008. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. Cannabis arrests remained stable for 2007/2008. The number of females charged with supply-type offences has remained relatively low and stable since 1997/1998 (Table 51). The number of males charged with supply-type offences remained relatively unchanged in 2007/2008.

Table 51: Number of cannabis consumer and provider arrests, ACT, 1997-2008

Year	Consumer/ user		Provider/ provider		Total arrests
	Male	Female	Male	Female	
1997/1998	66	12	54	7	139
1998/1999	63	11	7	4	85
1999/2000 ^a	-	-	-	-	-
2000/2001	101	33	11	5	150
2001/2002	115	29	26	8	178
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228
2005/2006	177	40	20	3	240
2006/2007	168	35	19	2	224
2007/2008	166	41	18	2	227

Source: ABCI (1997-2002); ACC (2003-2008)

^a Figures for ACT 1999/2000 were not available

Note: Arrest data from 1997/1998 to 1999/2000 exclude AFP data

Note: Data not available for the 2008/2009 financial year

In the ACT, a Simple Cannabis Offence Notice (SCON) and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 52 presents the total number of SCONs given out in the ACT since 1997 to 2008. The number of SCONs issued in the ACT increased in 2007/2008, the highest number issued since 2001/2002.

Table 52: Number of SCONs, ACT, 1997-2008

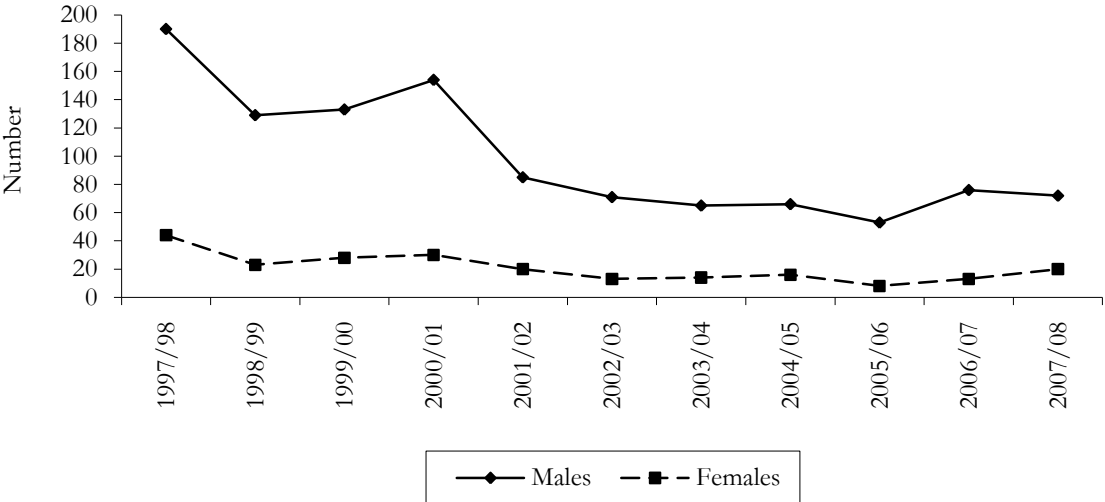
Year	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82
2005/2006	61
2006/2007	89
2007/2008	92

Source: ABCI (1997-2002); ACC (2003-2008)

Note: Data not available for the 2008/2009 financial year

As can be seen in Figure 23, the number of SCONs given to females in the ACT has remained relatively low and stable since 1997/1998. The number of SCONs given to either males or females in 2007/2008 remained stable from the previous financial year.

Figure 23: Number of SCONs for males and females, ACT, 1997-2008



Source: ABCI (1997-2002); ACC (2003-2008)

Note: Data not available for the 2008/2009 financial year

12.4 Experience with drug detection ‘sniffer’ dogs

In 2009, REU were asked about their experiences with drug detection (sniffer) dogs. Table 53 summarises the findings. Over half (52%, an increase from 39% in 2008) of REU reported that they had seen sniffer dogs in the six months preceding interview, on a median of one time (range 1-20). Two-thirds (67%) of REU who had recently seen sniffer dogs reported that they had had drugs on them when they had seen them at least once, a decrease from 75% in 2008. In both cases participants reported that the police searched them and did not find anything so they were let go.

Two participants reported being searched due to a positive notification by a sniffer dog. Both reported being searched by police once in the last six months.

Table 53: REU experiences of drug detection dogs, ACT, 2006-2009

	2006 (N=100)	2007 (N=74)	2008 (N=83)	2009 (N=101)
Proportion of REU who have seen sniffer dogs in past 6 mths (%)	49	41	39	52
Median times REU have seen sniffer dogs in past 6 mths*	2 (1-10)	1 (1-24)	2 (1-5)	1 (1-20)
Had drugs on self when seen sniffer dogs (%)*	67	59	75	67

Source: EDRS REU interviews, 2006-2009

* Of those who have seen sniffer dogs (2006 n=49, 2007 n=17, 2008 n=32, 2009 n=52)

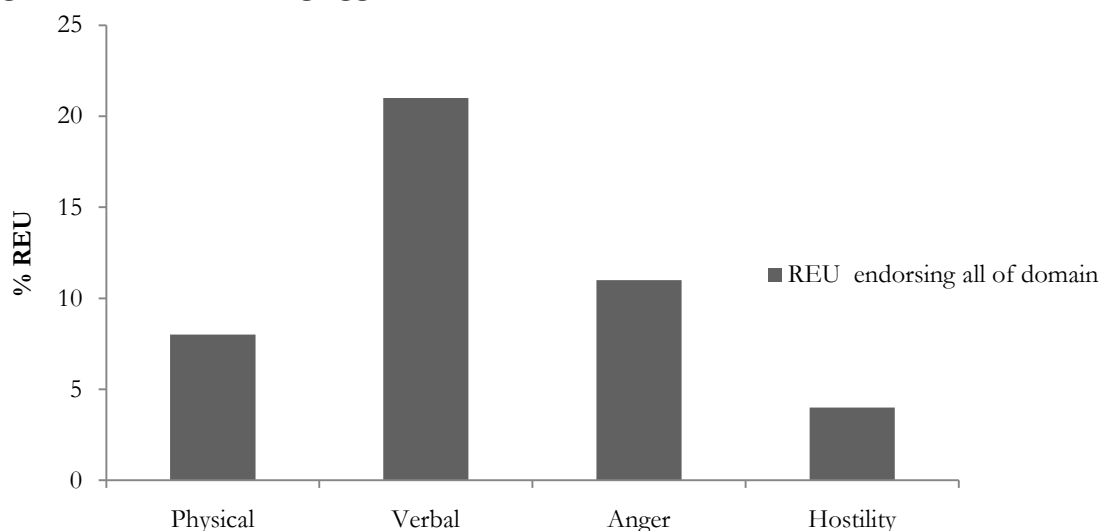
12.5 Aggression

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, Chermack 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).

Figure 24 shows the proportion of participants who answered each of the three questions related to a component of aggression as characteristic of them. Verbal aggression was endorsed by over one-fifth (21%) of REU in the ACT. Anger was the second most endorsed aggression domain (11%) followed by physical aggression (8%) and hostility (4%).

Figure 24: REU endorsing aggression domains, ACT, 2009



Source: EDRS REU 2009

12.6 Key expert comments

- Several KE commented on crime amongst regular drug users.
- KE reported that dealing practices had not changed.

12.7 Summary of criminal activity, policing and drug market changes

- Almost half (47%) of the sample reported having engaged in some form of criminal activity in the past month, an increase from 2008 (34%).
- The most common form of crime was property crime which increased in 2009 followed by drug dealing.
- Fifteen percent of REU reported being arrested in the previous twelve months, an increase from previous years.
- Eighteen percent of REU believed that recent police activity had increased in the ACT, whilst just over two-fifths (43%) indicated that it had remained stable.
- Since 2000/2001, there has been a relatively steady increase in the number of arrests related to amphetamine-type stimulants.
- Arrests related to cocaine remain low.
- Cannabis arrests have remained relatively stable in the ACT.
- REU were asked about their experiences with sniffer dogs. Over half (52%) reported that they had seen sniffer dogs in the preceding six months. Two-thirds of those reported that they had drugs on them when they saw sniffer dogs. Two participants reported being searched due to a positive notification by a sniffer dog.
- Verbal aggression was endorsed by 21% of participants in the ACT in 2009.

13 IMPLICATIONS

In 2009, for the seventh consecutive year, the ACT EDRS provides an opportunity to examine trends within the ACT through interviews with a sentinel group of people who regularly use ecstasy, interviews with KE, and the collation of indicator data. This is done with the aim of informing further research and contributing to the evidence base from which policy decisions can be made. The continued monitoring of ecstasy and related drug markets within the ACT for changes in the price, purity, availability, use patterns and issues associated with drug use will add to our understanding of drug markets and our ability to inform policies to minimise harms. The findings of the 2009 ACT EDRS indicate that further attention is required in the following areas:

1. The proportion reporting ecstasy as their favourite drug increased to 32% up from 23% in 2008. However, median days of use decreased from 18 days in 2008 to 14 in 2009. The price of ecstasy decreased for the first time in 2009 to \$25 per pill in the ACT. More participants reported that ecstasy was of 'low' purity than in previous years. Ecstasy was still reported as being 'easy' to 'very easy' to obtain. Four-fifths of REU reported that they believed that they had taken an ecstasy pill that contained a substance other than MDMA in the previous six months. The price change, lower frequency of use accompanied by the reports of 'low' purity may indicate that ecstasy pills in the ACT have less MDMA than in previous years.
2. The proportion of REU who reported having recently used crystal methamphetamine in the previous six months decreased in 2009 to 8% (24% in 2008). Recent use of base methamphetamine also decreased (13%, 23% in 2008) and median days of use for all forms of methamphetamine decreased in 2009. There were more reports of the purity of methamphetamine being 'low' as well as more reports of methamphetamine being 'more difficult' to obtain than in previous years. This decrease in purity and availability may explain the decrease in the proportion of REU reporting having recently used crystal and base methamphetamine. This decline may also be due to a decrease in popularity of methamphetamine amongst the REU sample. This could be due to education campaigns targeted at the use of methamphetamine amongst this group.
3. LSD use remained stable in 2009. However, there was a price increase for the first time since the EDRS began. The price per tab increased to \$25 (\$20 in previous years). Availability remained stable. More REU reported that LSD was of a 'high' purity and that purity was 'increasing' than in previous years. This may explain the price increase.
4. The use of alcohol remains high and problematic, with use occurring approximately twice a week. Furthermore, high proportions of REU report using alcohol during binge sessions and to facilitate comedown from ecstasy. Alcohol was one of the main drugs associated with recurring social and relationship problems, legal problems and increased exposure to risky situations. While it is important to focus on the risks associated with illicit drug use, the excessive use of alcohol is of great concern amongst this group, as this type of polydrug use is potentially fatal.
5. The use of cannabis also remains high and problematic, though the frequency of use decreased in 2009 to approximately once or twice a week. In 2009, cannabis was commonly reported as a drug associated with recurring social and relationship problems, legal problems, increased exposure to risky situations and recurring problems associated with lack of responsibility at home, work or study. Efforts to target users with information concerning harms associated with its use, including dependence and comorbid mental health problems, would be beneficial, as would expansion of services for REU who want to cease or reduce cannabis use.

6. As in previous years, the majority of ACT EDRS participants in 2008 were polydrug users. Treatment approaches and harm reduction interventions need to take this into account, especially in relation to the effects of drugs, safer use, withdrawal and overdose risk.
7. Sexual risk-taking remains high. Sexual risk-taking associated with ecstasy use has been identified as a problematic issue among young adults (Strote, Lee et al. 2002; Boyd, McCabe et al. 2003). The majority of REU reported having sex under the influence of ecstasy and related drugs in the previous six months with 'casual' sex partners. Additionally, the overwhelming majority of sexually active REU reported having sex with two or more partners in the previous six months. Among those who reported having casual sex, less than half indicated that they always used protective barriers. Despite this, approximately one-sixth reported never using protection. Alcohol was most commonly reported as a drug used during casual sex, followed by ecstasy and cannabis.
8. The level of self-reported alcohol and drug driving in the 2009 EDRS sample is of concern. Over half of the REU who had driven in the last six months reported having driven under the influence of alcohol in the past six months and had done so a median of three times. Three-fifths of the sample had driven while under the influence of illicit drugs in the past six months. Polydrug use and the use of alcohol in combination with other drugs prior to driving has been shown to be associated with increased driving impairment and risk of driving accidents (Kelly, Darke et al. 2002). The EDRS sample is a group that is defined not only by patterns of polydrug use but also high rates of alcohol use (in a significant number of cases to excess) in the context of using ecstasy and other related drug use. REU were also asked how they thought their driving ability had been affected whilst under the influence and almost one-third (29%) reported that they believed there was 'no impact' to their driving ability. It is therefore important among the EDRS population to raise awareness of the possible consequences and risks that are associated with drug driving, in order to minimise the incidence of drug driving-related harms.
9. A continuing concern is the issue of overdose associated with stimulant and depressant drugs. Sixty-three percent of those who had ever overdosed on a stimulant drug reported that they had overdosed in the preceding 12 months. Two-fifths of the sample had overdosed on a depressant drug in the last 12 months. Worryingly, a high proportion of those who had overdosed in the past 12 months reported that they had received no treatment (stimulant overdose 83% and depressant overdose 81%), as opposed to appropriate help and treatment being accessed. There is a need for targeted messages, especially to newer users, about the harms and risks associated with drug use, especially overdose, and also that the most appropriate action in such situations is to access proper help and treatment. This may include the education of users about overdose and alleviation of fears that the police will be called in such situations.
10. There was an increase in the proportion of REU who reported having committed a crime in the past month to almost half of the sample. Property crime increased to over one-quarter of the REU sample in 2009. This may be due to the change in the Australian financial climate over the past year. More REU reported that police activity had made obtaining drugs more difficult (19%, 13% in 2008).
11. Half of the sample had seen sniffer dogs in the past six months, an increase from 2008. Of those REU that had seen sniffer dogs, two-thirds reported that they had drugs on them at the time- this decreased from three-quarters in 2008. The increase in the proportion that had seen sniffer dogs may have contributed to the reduction in those carrying drugs.

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