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K. Butler and L. Burns

ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2012

Findings from the Ecstasy and Related Drugs Reporting System

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ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2012

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

Kerryn Butler and Lucy Burns

National Drug and Alcohol Research Centre
University of New South Wales

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In 2012, the Ecstasy and Related Drugs Reporting System (EDRS) project was run for the tenth consecutive year in the Australian Capital Territory (ACT). In 2012, the EDRS was funded by the Australian Government Department of Health and Ageing (AGDH&A), and was coordinated by the National Drug and Alcohol Research Centre (NDARC). The EDRS team would like to thank Mr Chris Milton, Dr Robyn Davies and Mr Joe Upston of the AGDH&A for their continued assistance with and support of the EDRS.

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ABBREVIATIONS

2CB	4-bromo-2,5-dimethoxyphenethylamine
2CI	2,5-dimethoxy-4-iodophenethlyamine
2CE	5-dimethoxy-4-ethylphenethylamine
5MEO-DMT	5-methoxy-dimethyltryptamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
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
AOD	alcohol and other drug
A&TSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BZP	benzylpiperizine(s)
CI	confidence interval
CRUFAD	Clinical Research Unit for Anxiety Disorders
DXM	dextromethorphan hydrobromide
DMT	dimethyltriptamine
EDRS	Ecstasy and Related Drugs Reporting System
ERD	ecstasy and related drug(s)
ESB	English-speaking background
GHB	gamma-hydroxy-butyrate
GP	general practitioner
HBV	hepatitis B virus
HCV	hepatitis C virus
HIV	human immunodeficiency virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	key expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey

NNDS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program
PDI	Party Drugs Initiative
PMA	paramethoxyamphetamine
PWID	person(s) who inject(s) drugs; injecting drug user(s)
RBT	random breath test
REU	regular ecstasy user(s)
ROA	route of administration
SCON	Simple Cannabis Offence Notice
STI	sexually transmitted infection
WHO	World Health Organization

GLOSSARY

2CB/2CI/2CE	Synthetic psychedelics of moderate duration
5MEO-DMT	A psychedelic tryptamine
Binge	Use over 48 hours without sleep
BZP	A stimulant research chemical
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
DMT	A hallucinogenic drug in the tryptamine family
DXM	A semi synthetic opiate derivative which is legally available over-the-counter in the United States
Ecstasy	Street term for MDMA (3,4-methylenedioxymethamphetamine), which may contain a range of other substances. It is a hallucinogenic amphetamine
GHB / GBH	Acronym for gamma-hydroxy butyrate. It is a central nervous system depressant. Other known terms include 'GBH' and 'liquid ecstasy'
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the EDRS (see *Method* section for more details)
Ivory wave	A stimulant research chemical
Ketamine	A dissociative psychedelic used as a veterinary and human anaesthetic
Key expert	Also referred to as KE; person participating in the Key Expert Survey component of the EDRS (see M*ethod* section for more details)
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 *d*-lysergic acid diethylamide – a psychedelic
Mephedrone	A synthetic cathinone with psychoactive and stimulant properties
MDA	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
Mescaline	A psychoactive phenethylamine chemical which comes from the peyote cactus

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')
Opiates	Opiates are derived directly from the opium poppy by extracting and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way; e.g. heroin is an opioid but not an opiate; morphine is both an opiate and opioid
PMA	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

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

* As appropriate

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 points 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 examines 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 other 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 (ERD) market. Regular ecstasy users (REU) have been identified as a sentinel group of ERD users and are able to provide the required information on patterns of use, market characteristics, related harms and other issues associated with ERD use. KE include nightclub owners, treatment providers and law enforcement personnel.

Demographic characteristics of REU

In 2012 two-thirds of the REU interviewed for the ACT EDRS were male (71%) and, similar to last year, most participants were aged between their late teens to early twenties. Consistent with previous years, the majority of REU interviewed were from an English-speaking background (ESB), and predominantly heterosexual. The majority of the sample had completed 11 years of schooling, and at the time of interview the majority of REU were either studying at a tertiary level or employed full-time. A minority of the sample reported currently accessing a drug treatment facility. KE reports are generally consistent with REU demographics.

Patterns of drug use among REU

In 2012 there was a significant increase in the number of REU who reported ever injecting any drug, 28% in 2012 and 9% in 2011. In 2012, the proportion of REU reporting ecstasy as their drug of choice increased in relation to 2011. There was a decrease in the proportion of participants reporting cocaine as their drug of choice, compared to 2011. Polydrug use was commonly reported by REU, consistent with KE interviews.

Forty-five percent 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, similar to 2011. Other drugs commonly used in these binge episodes were alcohol, cannabis, methamphetamine powder, LSD, cocaine and mushrooms. 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, 2012

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Use	- Due to entry criteria 100% of REU reported recently using ecstasy - Median days of use in any form in the past six months was 14.5 days, similar to 2011 (14 days) - 37% had recently binged on ecstasy - - Almost all participants had recently used ecstasy in the form of pills, 61% in the form of capsules and 35% in the form of powder	- 63% of REU had recently used speed (50% in 2011) on a median of ten days in past six months (an increase from 5 days in 2011) - 28% of REU had recently used base (increased from 10% in 2011) on a median of 3.5 days in the past six months - 26% of REU had recently used crystal (increased from 9%), on a median of 5 days in the past six months	- The proportion of REU who had recently used cocaine decreased to 37% in 2012 from 43% in 2011 - The median days of use in the preceding six months was reported to be 4 days.	- 92% of REU had recently used - cannabis, (89% - reported for 2009 – 2011). - Median number of days increased significantly to 120 days (almost daily use) - 33% reported they were daily users (an increase from 20% in 2011)	- Recent use in 2012 remained similar to 2011 (38% in 2012; 39% in 2011) - Median days of use increased to five days in 2012 from four days in 2011
Price	- Median price per tablet remained stable at $30 - The majority of REU (39%) reported that the price was stable	- Price per gram of speed remained stable at $200 - Price per gram of base was reported to be $250 Price per point of crystal remained stable at $100	- Median price per gram remained stable at $300	- Price per gram was reported as $20 for hydroponic and bush - Price per ounce of hydroponic was $280 and $240 for bush	- Median price per tab was reported to be $22.50 - The majority of REU who were able to comment reported that the price had remained stable

Source: EDRS REU interviews, 2012

Table 1: Summary of major drug trends in the ACT, 2012 (continued)

	Ecstasy	Methamphetamine	Cocaine	Cannabis	LSD
Purity/ Potency	- Twenty-six percent of respondents reported purity to be high (a decrease from 53% in 2011) - Twenty-eight percent reported purity to be decreasing	- Forty-six percent of respondents reported purity of speed to be high (37% in 2011) - The majority of participants reported base to currently be of high purity - Fifty-eight percent reported purity of crystal to be high.	- The majority of respondents reported that purity of cocaine was low to medium (67%) - Purity was reported to be stable.	- The majority of respondents reported hydroponic had medium to high potency - Bush was reported to be of medium potency - Potency remained stable for both forms	- Current purity was reported by the majority to be high - The majority also reported that purity had remained stable
Availability	- REU reported ecstasy as easy to very easy to obtain (88%) - The majority (69%) reported availability to have remained stable -	- The availability of speed was reported to be easy to very easy and availability had remained stable - Availability of base was reported to be very easy and had remained stable - Availability of crystal was reported to be easy and had remained stable	- The majority of respondents reported the availability of cocaine to be easy and had remained stable	- Both hydroponic and bush were very easy or easy to obtain. - Availability remained stable for hydro and for bush over the past six months	- Mixed reports, though most (56%) reported it to be easy to very easy to obtain while 44% reported it to be difficult or very difficult to obtain - Majority reported that availability had remained stable

Source: EDRS REU interviews, 2012

Ecstasy

Ecstasy pills were the most commonly used form of ecstasy by REU. Increasing proportions of the sample reported having used ecstasy capsules in the past six months (61%) and ecstasy powder (35%). In the six months prior to interview, the median number of days of any form of ecstasy use was 19. Two-thirds (67%) of the sample reported using ecstasy on a fortnightly to weekly basis in the past six months, 12% of the sample reported using ecstasy on a monthly basis, with a further 14% reporting greater than weekly use. The median number of ecstasy tablets consumed in a typical session of use was two, whereas a median of five tablets were taken by REU in the heaviest session of use.

Price, purity and availability of ecstasy

The median reported price for a tablet of ecstasy remained stable at $25. The reported current purity of ecstasy was varied with equal proportions reporting medium and high (both 26%). Thirty-one percent of the sample reported purity of ecstasy to be low. There was a significant decrease in the proportion of REU reporting purity to be high compared to 2011 ($p<0.001$). There was also a corresponding increase (28% in 2012, compared to 10% in 2011) in the proportion of respondents reporting purity had decreased in the past six months. With respect to availability, the majority of the sample reported that ecstasy was very easy to easy to obtain in the ACT.

Ecstasy markets and patterns of purchasing

In the six months prior to interview, REU had purchased ecstasy from a median of three people. Participants indicated that when purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of five pills on each purchase occasion.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (speed), methamphetamine base (base) and methamphetamine crystal (crystal). Almost three-quarters (73%) of REU reported having used at least one form of methamphetamine in the past six months which is a significant increase from 51% in 2011 ($p<0.05$).

The majority (82%) of participants reported ever having used *speed* and 63% reported having recently used speed. Recent speed users reported a median of ten days of use in the six months prior to interview. Swallowing and snorting were the main routes of administration (ROA) reported by recent speed users. The amount of speed used by REU in a typical session was 0.5 grams and one gram in the heaviest episode of recent speed use. Speed was used during binges by more than half (53%) of the REU who reported recently having binged on ERD.

Base methamphetamine had been used by 37% of REU at least once, with 28% of the 2012 sample reporting having used base in the previous six months, this was a significant increase from 10% in 2011 ($p<0.05$). A median of three and a half days of use in the six months prior to interview was reported (range=1-20). Swallowing was the most common (86%) ROA reported by base users.

Crystal methamphetamine had been used by almost two-thirds (66%) of the sample and by 50% of the sample in the past six months. This is a significant increase across both groups lifetime use increased from 23% in 2011 ($p<0.001$) and recent use increased from 9% in 2011 ($p<0.001$). Recent crystal users reported a median of five days (range=1-48) of crystal use in the past six months.

Methamphetamine price, purity and availability

In 2012, the median price for speed remained stable at $200 per gram and $40 per point. Small numbers of REU were able to comment (n<10) on the price of base the median price for a point of base was $50 and $250 for a gram. The median price for a point of crystal increased from $80 in 2011 to $100 in 2012. Reports of the purity of speed varied whilst crystal was reported to be of high purity. Only small numbers were able to comment on the purity of base, with most comments reporting purity to be high. The availability of speed and crystal was reported to be very easy to easy and reports of the availability of base varied. Small numbers were able to comment on the purity of base.

Cocaine

Seventy-eight percent of the 2012 EDRS sample had ever tried cocaine, and 37% of the sample reported using cocaine in the previous six months (a decrease from 43% in 2011). Those REU who had recently used cocaine had used the substance on a median of four days in the preceding six months. Snorting remained the most common ROA, followed by swallowing. The median amount of cocaine used in a typical episode of use was one gram - the same amount reported when referring to the heaviest episode of use.

The median price for a gram of cocaine remained stable in 2012 at $300. Reports of purity were varied as were reports of cocaine availability.

LSD

More than four-fifths (86%) of the 2012 EDRS sample reported lifetime use of LSD, with 38% reporting recent use. LSD was used on a median of five days in the preceding six months. REU had used a median of one tab of LSD in a typical session and two tabs during the heaviest sessions of recent use. One-fifth (22%) of participants who reported having recently binged on ERD had used LSD during these binge episodes.

The median price for a tab of LSD remained stable at $20. Reports of purity of LSD were varied as were reports of the current availability of LSD.

Cannabis

Lifetime cannabis use was universal among REU and 92% had used cannabis in the six months preceding interview. Median days of use increased to approximately five times per week (from twice per week in 2011). Thirty-six percent of respondents reported daily use of cannabis. Smoking was almost universal, and a third reported that they had swallowed cannabis in the preceding six months. Three-quarters (70%) of those who reported that they had binged in the preceding six months reported that they had used cannabis.

The median price for a gram and an ounce of hydroponic cannabis was $20 and $280 respectively, and the median price for a gram and an ounce of bush cannabis was $20 and $240 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 medium to high, while current potency for bush was varied. Both hydroponic and bush cannabis were reported to be very easy to easy to obtain, similar to 2011.

Emerging psychoactive substances (EPS)

Participant numbers reporting use of emerging psychoactive substances were low and caution is advised in interpreting this data.

Drugs in the 2C-family had significant increases reported in lifetime use and recent use however numbers reporting use remained low. There were also increases in the lifetime and recent use of methylone although very small numbers were reported also. For more

information regarding these drugs Bruno et al (in press) Emerging psychoactive substance use among regular ecstasy users in Australia. *Drug and Alcohol Dependence* (http://www.sciencedirect.com/science/article/pii/S0376871611005205)

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 one day per week. Fourteen percent of respondents reported that alcohol was their drug of choice. The use of tobacco was also common in the EDRS population, with 92% reporting recent use of tobacco. Recent use of the following substances was also commonly reported: mushrooms (45%), benzodiazepines (24%), nitrous oxide (24%), amyl nitrate (20%), and ketamine (14%).

Health-related issues

Overdose

Over one-third (36%) of all REU indicated that they had overdosed on a stimulant drug in their lifetime, of those, 90% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy. The majority reported that they received no treatment for their overdose. Slightly more (39%) reported that they had ever suffered a depressant overdose, of which 87% had done so in the past 12 months. Recent overdoses were most commonly attributed to alcohol (84%). The majority reported that they received no treatment for their overdose.

Drug-related problems

Almost half (48%) of the sample reported that they had experienced risk-related problems as a result of their drug use. Thirty-two percent reported that they had experienced responsibility-related problems and 18% of the sample reported they had experienced reccurring relationship/social problems due to drug use. Six percent reported experiencing legal problems as a result of their drug use. The main drugs that were nominated as the most common drugs that problems were attributable to were cannabis, alcohol and ecstasy.

Mental health

Forty-two percent of participants reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported. Thirty-two percent of respondents were classified as currently experiencing high or very high distress on the Kessler Psychological Distress Scale.

Risk behaviour

Injecting

Twenty-eight percent of REU reported ever having injected a drug and the median age of first injection was 19. No recent injectors reported using needles after someone else in the past six months; however, four participants reported using equipment such as spoons/mixing containers, water and tourniquets after someone in the preceding six months.

Blood-borne viral infections

In 2011, EDRS participants were asked about vaccination, testing and diagnosis of blood-borne viral infections. Of those that responded, more than half indicated that they had been vaccinated for Hepatits B (most commonly vaccinated as a child) and 1 in 20 vaccinated due to travelling overseas. Half of REU reported being tested for Hepatitis C in the past 12 months and similar proportion reported being tested for HIV. A third had never had a sexual health checkup and 16% of REU indicated that they had received a positive diagnosis for any sexually transmitted infection.

Sexual behaviour

The majority (67%) of REU reported having had casual penetrative sex in the six months prior to interview. When having sex with a casual sex partner whilst not under the influence of alcohol or drugs, 47% reported not using protection on their last occasion of casual sex.
Of those who reported having casual penetrative sex in the past six months whilst under the influence of ERD 40% reported using protection on their last occasion of casual sex.

Driving

Of those REU who indicated they had driven a car in the past six months, half reported that they had done so while under the influence of alcohol and over half of those reported that they had driven whilst over the legal blood alcohol limit. Of those participants who had driven a car in the previous six months, 79% reported driving after taking an illicit drug with a median of 2 hours since taking an illicit drug and driving.

Alcohol use

Using the AUDIT, 71% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. Less than one in ten respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence.

Criminal activity, policing and market changes

Forty-seven percent of the sample reported engaging in some form of criminal activity in the month prior to interview. Drug dealing was the most common crime reported; followed by engagement in property crime. Small proportions reported engaging in violent crime.

KEY FINDINGS AND IMPLICATIONS

In 2012, for the tenth consecutive year, the Australian Capital Territory (ACT) Ecstasy and Related Drugs Reporting System (EDRS) provides an opportunity to examine trends within the ACT through interviews with a sentinel group of people who regularly use ecstasy or 'regular ecstasy users' (REU), interviews with key experts (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 2012 ACT EDRS indicate that further attention is required in the following areas:

Polydrug use

As in previous years, the majority of ACT EDRS participants in 2012 were polydrug users. Ninety-four percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy. The drugs most commonly used in combination with ecstasy by REU were tobacco, alcohol, cannabis and speed. Polydrug use can increase or alter adverse effects in ways that are often unpredictable and problems relating to intoxication may be enhanced due to the drug interactions arising from polydrug use. 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.

Ecstasy

There has been a significant increase in the proportion of participants reporting recent use of ecstasy capsules, increasing from a third in 2011 to two-thirds in 2012. This increase in capsule use has not seen a corresponding decrease in any other forms, suggesting that REU are using diverse forms rather than changing their preferred form. KE also commented on the appearance of ecstasy crystals and although only small numbers reported ecstasy crystals being used, this is a form that has previously not been seen in the ACT. Despite the diversification of forms used, there was no reported change in frequency or level of ecstasy use compared to 2011.

Alcohol

The use of alcohol remains high and problematic amongst REU, with use occurring once to twice a week. Furthermore, high proportions of REU report using alcohol during binge sessions. In the 2012 EDRS, REU were administered the Alcohol Use Disorders Identification Test (AUDIT). Using this measure, 8% of respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence. KE also reported that alcohol use was common amongst REU and that binge drinking was frequent.

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 carries a high level of risk.

Cannabis

The use of cannabis also remains high and problematic. The median frequency of use increased in 2012 to approximately five days a week. In 2012 there was also an increase in the proportion of participants reporting cannabis to be their drug of choice, so that cannabis was the most commonly reported drug of choice equal with ecstasy. As in previous years, 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, remain important.

Other drugs

In 2012 there was an increase in the proportion of participants reporting lifetime use and recent use of methamphetamines, notably a significant increase in the proportion reporting lifetime and recent use of crystal methamphetamine. The popularity of these drugs has experienced a downward trend over recent years and future monitoring of the use of these drugs is necessary to identify and confirm changes in market dynamics.

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 term 'ecstasy and related drugs' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

The data collected examine the price, purity and availability of these drugs, 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 (ERD) 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 2012. 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 KE who have contact with and knowledge of the ERD 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. Study aims

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

2. METHOD

The 2012 ACT EDRS involved the collection and analysis of data from three sources:

- interviews with current regular ecstasy users recruited in the ACT;
- interviews with key experts who have contact with and knowledge of the ERD scene in the ACT; and
- 'indicator' or routinely collected data.

2.1. Survey of REU

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy is considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 3% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's *National Drug Strategy Household Survey* (AIHW, 2011).

A growing market for ecstasy, i.e. tablets sold purporting to contain MDMA, has existed in Australia for more than two decades. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. LSD), fluctuate widely in availability (e.g. MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and GHB). It was suggested (Topp and Darke 2001) that it would be difficult to identify a regular user of GHB or ketamine who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first drug categorised under ERD with which many young Australians who choose to use illicit drugs will experiment, and a minority of these users will go on to experiment with the less common related drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – REU (Topp and Darke 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that was sought. Therefore, REU have been used again in 2012 to provide information on ERD markets however, as will become evident in the report, it is apparent that the ecstasy market and the regularity of its consumption and type of consumers may be changing. Ethics approval to conduct the study from the appropriate Ethics Committees has been obtained.

2.2. Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger 1986), which included advertisements in entertainment street press and via internet websites (including drug information sites and forums as well as social mediums). Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Solowij, Hall et al. 1992; Ovendon and Loxley 1996; Boys, Lenton et al. 1997) and international (Solowij, Hall et al. 1992; Dalgarno and Shewan 1996; Forsyth 1996; Peters, Davies et al. 1997) studies.

Initial contact was established through advertisements in popular 'street press' publications, and other methods of recruitment included advertisements in student magazines, advertisements posted at various tertiary education campuses around Canberra, and websites. 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.

2.3. Procedure

Participants contacted the research coordinator by telephone or email 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 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.

2.4. Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp, Hando et al. 1998; Topp, Hando et al. 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall et al. 1992) and powder amphetamine/methamphetamine (Darke, Cohen et al. 1994, Hando and Hall 1993; Hando, Topp et al. 1997). The interview focused primarily on the preceding six months, and assessed:

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;
- drug market characteristics: the price, purity and availability of different ERD;
- risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- ecstasy-related problems, including relationship, legal and occupational problems;
- general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity; and
- areas of special interest including: Fägerstrom nicotine test, neurological history, body image perceptions, drug policy attitudes

2.5. Data analysis

Analyses were conducted using PASW Statistics, Version 20.0 (SPSS inc, 2009). The data collected in 2012 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 (2006-2011). 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 2011 and 2012 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 2011 and 2012 median days of use for the major drug types discussed.

2.6. Survey of key experts (KE)

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for KE participation in the EDRS would be regular contact, in the course of employment, with a range of ERD users throughout the preceding six months.

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between July and October 2012. KE were remunerated with a small incentive (e.g. box of chocolates, coffee) for their time.

Five KE professionals were interviewed across the ACT. One interview was held with law enforcement personnel. Four interviews were conducted with those engaged in health services, including those employed as a rehabilitation assessment officer, a drug treatment worker, an outreach worker and a youth worker.

2.7. Other indicators

A number of secondary data sources ('indicator' or routinely collected data) concerning ERD 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 2012 EDRS study are described below:

- ***Purity of drug seizures.*** In 2011, 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 2010/2011.
- ***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 2010/2011, 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 Australian Federal Police (AFP) and ACT local police. This report provides the number of arrests for each drug type from 1997/1998 to 2010/2011.
- ***Simple Cannabis Offence Notices (SCON)***. Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2010/2011 were provided by the ACC.

- ***Hospital admissions.*** The 2012 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 2009/2010. At the time of print more recent data were not available. These data are provided by the AIHW and ACT Health.
- ***Notifications for the hepatitis B virus and hepatitis C virus.*** The National Notifiable Diseases Surveillance System (NNDSS) provides data on the number of incidents or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) presented in the ACT.

3. DEMOGRAPHICS

Key points

- A total of 51 participants were interviewed for the EDRS survey in the ACT.
- Mean age was 25 years (range=17-54 years).
- Two-thirds of the participants were male (71%).
- Most of the participants were well educated, completing a mean of 11 school years.
- Majority of the participants were either employed (full-time or part-time/casual) or were currently students.
- Few participants were currently in any form of drug treatment.

3.1. Overview of the REU participant sample

Table 2 presents the demographic characteristics of the 2012 ACT EDRS sample. Two-thirds of the participants were male (71%). The mean age of the sample was 25 years (S.D=7.0, range=17-54). The majority of the sample nominated their sexual identity as heterosexual (84%), with 6% identifying as bisexual, 4% as lesbian and 2% as gay male.

Table 2: Demographic characteristics of ACT REU sample, 2008-2012

	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Mean age (years)	27	22	23	22	**25**
Male (%)	53	60	49	66	**71**
ESB (%)	99	100	99	99	**98**
A&TSI (%)	1	1	3	1	**0**
Heterosexual (%)	81	89	88	89	**84**
Mean number school years	12	11	12	12	**11**
Tertiary qualifications (%)	41	22	32	24	**49**
Employed full-time (%)	33	33	23	23	**37**
Full-time students (%)	10	12	6	10	**6**
Unemployed (%)	17	14	18	19	**16**
Current drug treatment (%)	8	4	7	3	**10**
Mean weekly income ($)	-	541	456	432	**656**

Source: EDRS REU interviews, 2008-2012

Forty-nine percent reported that they were single, 45% reported that they had a partner and 4% reported that they were married or in a de facto relationship.

Only one participant did not speak English as the main language at home. Sixty-one percent of the sample lived in their own (rented or purchased) premises and 28% indicated that they lived in their parents' or family home.

The mean number of years of education completed by the sample was 11. Almost half (49%) of the sample had completed a course since finishing their school education, 28% had completed a trade or technical qualification and 22% had completed a university degree or college course.

When examining employment status, 69% indicated that they were in either full-time or part-time employment. One-third (31%) of the sample indicated that they were employed on a part-time or casual basis. Thirty-seven percent indicated that they were employed on a full-time basis, 6% were both studying and employed, 6% indicated they were full-time students and 16% indicated that they were unemployed.

4. CONSUMPTION PATTERNS

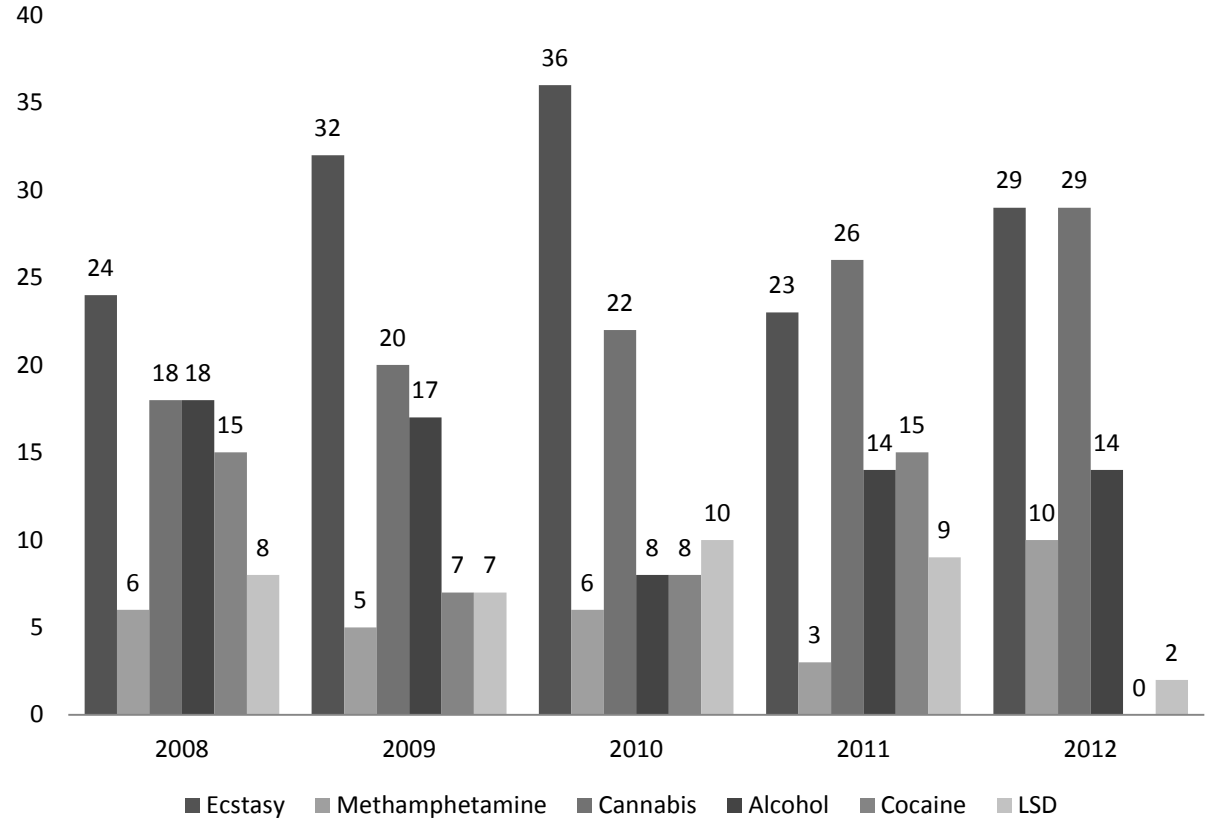
Key points

- The proportion of respondents reporting ecstasy to be their drug of choice increased from 23% in 2011 to 29% in 2012.
- Cocaine was not reported by any of the respondents in 2012 as their drug of choice compared to 15% in 2011.
- Forty-five percent of the 2012 sample reported having binged on any stimulant in the six months prior to interview.
- The proportion of participants reporting having ever injected a drug increased to 28% returning to 2010 levels (9% in 2011).
- Polydrug use over the last six months was common among the national sample.

4.1. 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 23% in 2011 to 29% in 2012. The proportion reporting methamphetamine as their drug of choice increased from 3% in 2011 to 10% in 2012. Cocaine was not nominated by any of the participants as their drug of choice. This is a significant change from 2011 (*p=<0.05)*

Figure 1: Drug of choice, ACT, 2008-2012



Source**:** EDRS REU interviews, 2008-2012

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. Forty-five percent of the 2012 sample reported having binged on any stimulant in the six months prior to interview (40% in 2011). The median length of the longest binge session reported by REU was three days (72 hours, range=48-168 hours), a return to the median in 2010 (72 hours) from 60 hours in 2011. The most common substance used during binge episodes was ecstasy, with 82% of REU who reported bingeing in the previous six months reporting ecstasy as involved in the episode. Other commonly used substances used during binge episodes included cannabis (75%), methamphetamine powder (52%), LSD (22%), and mushrooms (13%). Fifty-seven percent of REU who reported bingeing in the previous six months reported consuming more than five standard alcoholic drinks during the episode.

There was a significant increase in the proportion of participants reporting that they had ever injected a drug, increasing from 9% in 2011 to 28% in 2012 ($p= .009$). When asked to indicate the first drug that they had ever injected, eight participants nominated heroin, two participants nominated methamphetamine powder and four nominated crystal methamphetamine.

In 2012, REU were asked how often they had used ERD in the last month. Two-thirds had used ecstasy or a related drug weekly to fortnightly (67%, 31% fortnightly and 35% weekly). Fourteen percent of the ACT REU had used ERD more than once a week and 12% had used monthly.

Key Expert Comments

- Polydrug use was common and often problematic.
- KE mainly reported on the use of methamphetamines, cocaine, ecstasy, cannabis and alcohol.

Table 3: Lifetime and recent polydrug use of ACT REU, 2008-2012

	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever inject any drug (%)	24	13	23	9	**28**
Alcohol					
Ever used (%)	100	100	99	100	**98**
Used last 6 months (%)	98	99	95	99	**94**
Cannabis					
Ever used (%)	100	100	100	98	**100**
Used last 6 months (%)	86	89	89	89	**92**
Tobacco					
Ever used (%)	94	93	99	94	**100**
Used last 6 months (%)	80	87	89	86	**92**
Methamphetamine powder (speed)					
Ever used (%)	74	68	81	78	**82**
Used last 6 months (%)	43	44	66	50	**63**
Methamphetamine base (base)					
Ever used (%)	52	30	25	24	**37**
Used last 6 months (%)	23	13	14	10	**28**
Crystal meth (crystal)					
Ever used (%)	61	28	30	23	**39**
Used last 6 months (%)	24	8	16	9	**26**
Cocaine					
Ever used (%)	74	65	81	76	**78**
Used last 6 months (%)	37	44	58	43	**37**
LSD					
Ever used (%)	64	63	62	60	**86**
Used last 6 months (%)	37	35	41	39	**38**

Source: EDRS REU interviews, 2008-2012

Table 3: Lifetime and recent polydrug use of ACT REU, 2008-2012 (continued)

	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
MDA					
Ever used (%)	28	16	10	21	**28**
Used last 6 months (%)	5	8	3	9	**14**
Ketamine					
Ever used (%)	29	16	22	29	**45**
Used last 6 months (%)	6	2	6	14	**14**
GHB					
Ever used (%)	18	17	14	17	**35**
Used last 6 months (%)	2	1	3	9	**6**
Amyl nitrate					
Ever used (%)	60	49	49	50	**51**
Used last 6 months (%)	22	19	33	28	**20**
Nitrous oxide					
Ever used (%)	52	46	38	44	**45**
Used last 6 months (%)	21	19	14	24	**24**
Mushrooms					
Ever used (%)	64	55	60	73	**84**
Used last 6 months (%)	28	25	30	46	**45**
Benzodiazepines					
Ever used (%)	47	47	53	51	**51**
Used last 6 months (%)	29	29	38	33	**16**
Antidepressants					
Ever used (%)	39	32	25	29	4
Used last 6 months (%)	15	11	12	15	**0**
Heroin					
Ever used (%)	21	11	21	8	**26**
Used last 6 months (%)	10	8	14	5	**12**
Methadone					
Ever used (%)	15	8	12	5	**12**
Used last 6 months (%)	7	2	8	4	**4**
Other opiates					
Ever used (%)	30	29	40	36	**31**
Used last 6 months (%)	13	13	10	16	**6**

Source: EDRS REU interviews, 2008-2012

4.2. Ecstasy use

Key points

- The mean age at which ecstasy was first used was 18, and was first used regularly at a mean age of 20 years.
- Ecstasy (any form) was used on a median of 12 days in the six months prior to interview (approximately fortnightly).
- There was a significant increase in the proportion of participants reporting recent use of ecstasy capsules, increasing from 39% in 2011 to 61% in 2012.
- Participants reported using a median of two tablets in a typical session of use and five tablets in heavy session of use.
- The majority of participants reported using other drugs in combination with ecstasy. The drugs most commonly used were cannabis, alcohol and tobacco.
- Forty-five percent of respondents reported having binged on ecstasy in the previous six months.

The patterns of ecstasy use reported by REU in the ACT from 2008 to 2012 are presented in Table 5. In 2012, the mean age at which REU first used ecstasy was 18 years (SD=4.6, range=13-45). 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 20 years (SD=5.9, range=15-52). There were no significant differences between males and females and the age they first tried ecstasy or the age they first began using ecstasy regularly.

Ecstasy use among REU

Table 4 shows the lifetime and recent use of ecstasy pills, powder and capsules. In 2012, there was a significant increase (*p=.02)* in the proportion of REU reporting recent use (61%; 39% in 2011) of ecstasy capsules. There was also an increase in recent use (35%; 23% in 2011) of ecstasy powder.

Table 4: Lifetime and recent use of ecstasy among ACT REU, 2008-2012

	2008	2009	2010	2011	**2012**
Lifetime use					
Pills	100	100	100	100	**100**
Powder	23	23	22	44	**53**
Capsules	53	35	60	71	**75**
Recent use					
Pills	100	100	99	100	**94**
Powder	7	14	14	23	**35**
Capsules	23	6	37	39	**61**
Median days of use					
Pills	18	14	12	12	**12**
Powder	5	2	2	1	**0**
Capsules	2	1	2	1	**2**

Source**:** REU interviews, 2008-2012

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 19 (range=6-120), which is a significant increase (*p= .009)* on 2011 (median days 14 (range=6-58)). There was no significant difference between the median days of use in 2010 and 2011. In the preceding six months, almost a third used ecstasy on a monthly to fortnightly basis which is a significant decrease from 2011 (*p = .040)* and a corresponding increase 47% (33% in 2010) was observed in those that had used ecstasy on a fortnightly to weekly basis (*p = <.001)*. A further 24% reported the use of ecstasy more than weekly.

Median use

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was two (range=1-6) (Table 5). Thirty-nine percent of the sample reported that they typically used more than two tablets in a standard episode of use. During the 'heaviest' episodes of recent ecstasy use, REU reported the median use of five tablets (range=1-16). Fifty-four percent of the sample had taken four or more tablets in a single episode of use in the preceding six months, compared to 44% in 2011.

Recent ecstasy powder users reported using a median of a third of a gram (n=15, range=0.1-1.0) of ecstasy powder in an episode of 'typical' use. The median amount of ecstasy powder used during the 'heaviest' episode of use was half a gram (n=15, range=0.1-2.0).

In the six months preceding interview, the median number of ecstasy capsules taken in the 'typical' episode of use was one (range=1-6). The median number of ecstasy capsules taken in the 'heaviest' episode of use was also two (range=1-14).

Route of administration

Almost all (90%) of participants nominated oral ingestion as their 'main' route of ecstasy (all forms) administration in the previous six months (95% in 2011), with 10% of REU reporting they mainly snorted the drug. No participants reported smoking, injecting or shelving/shafting as their main route of administration (ROA) of ecstasy in the previous six months.

When examining the ways in which REU had taken the ecstasy tablets they had used in the six months prior to interview, 94% of participants in the 2012 REU sample reported swallowing ecstasy tablets. The proportion of the sample reporting having recently snorted ecstasy tablets was 53%, a decrease from 69% in 2011. An increase in the proportion of REU who reported shelving/shafting was observed when compared with 2011 (12%, 1% in 2011). Small proportions reported recently smoking (6%, 5% in 2011). Four percent of REU reported recently injecting ecstasy tablets. Of the 35% of participants that had recently used ecstasy powder, 29% reported that they had snorted ecstasy powder in the past six months, 35% reported that they had swallowed ecstasy powder in the past six months and two participants reported smoking ecstasy powder in the preceding six months. Of the 61% of participants that had recently used ecstasy capsules, 61% reported that they had swallowed ecstasy capsules in the past six months, 20% reported snorting ecstasy capsules in the past six months and one participant reported shelving/shafting ecstasy capsules in the preceding six months.

Polydrug use

Ninety-four percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy (similar to 2011, 95%). The drugs most commonly used in combination with ecstasy by REU were cannabis (60%), alcohol (more than five standard drinks) (58%) and tobacco (54%). Other drugs less commonly used in combination with ecstasy were speed (26%), mushrooms (14%) and LSD (12%).

Thirty percent reported using any form of methamphetamine in combination with ecstasy and this is a significant increase from 14% in 2011. (*p<0.05).* Two-thirds (71%) of the 2012 sample reported that the last time they used ecstasy they had used other drugs during the comedown period (53% in 2011).
The main drugs used in 2012 to facilitate come down from ecstasy were reported as cannabis (57%), tobacco (24%) and alcohol (less than 5 standard drinks) (8%).

Forty-five percent of respondents reported bingeing in the six months prior to interview. More than a third who reported bingeing (37%) reported ecstasy as being involved.

Table 5: Patterns of ecstasy use among ACT REU, 2008-2012

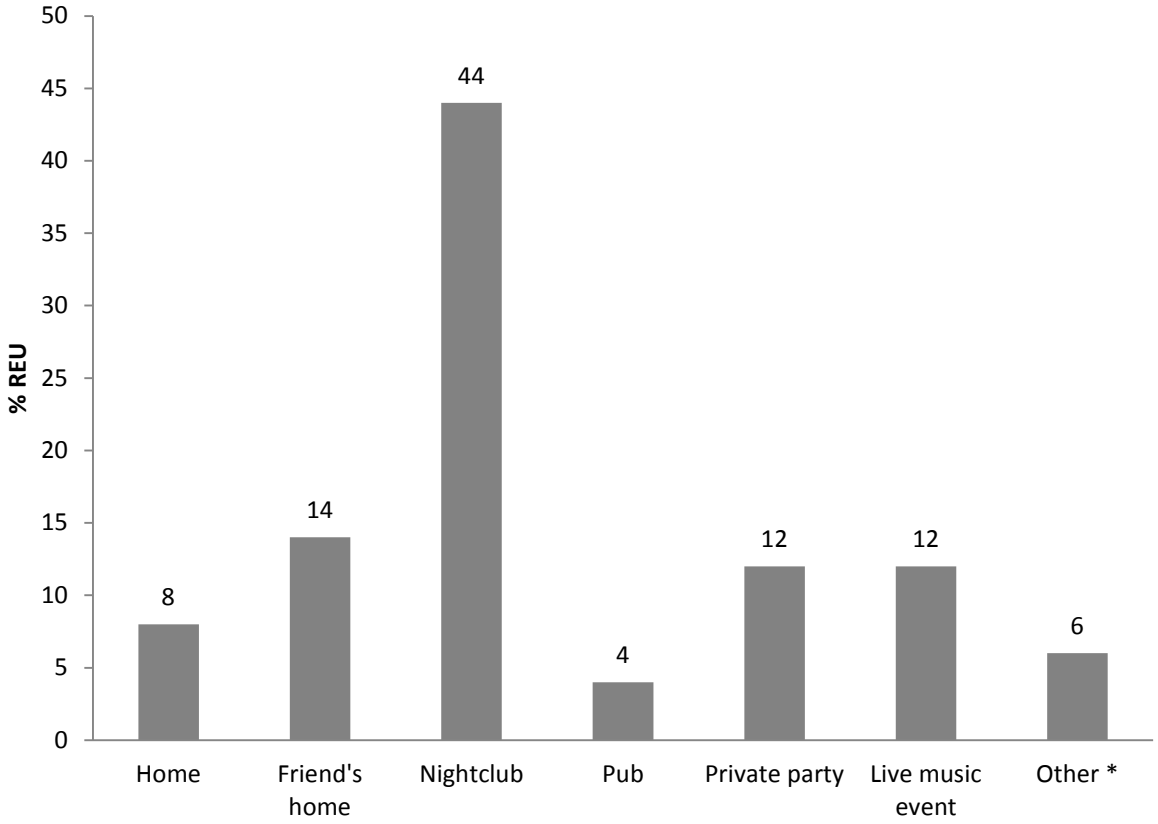
	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Mean age first used ecstasy (years)	19	18	18	17	**18**
Median days used ecstasy in past six months	18	14	14	14	**19**
Ecstasy 'favourite drug'	23	32	36	23	**29**
Use ecstasy ≥ weekly basis	29	37	32	33	**24**
Median ecstasy tablets in 'typical' session	2	2	2	2	**2**
Typically use > 1 tablet (%)	81	79	77	68	**80**
Recently binged* on ecstasy (%)	42	32	37	39	**37**
Ever injected ecstasy (%)	18	5	10	3	**8**
Main route of administration of ecstasy in past six months (%)					
Swallowing	93	97	92	95	**90**
Snorting	5	3	4	5	**10**
Injecting	2	0	4	0	**0**
Forms used past six months (%)					
Pills	100	100	99	100	**94**
Powder	7	14	14	23	**35**
Capsules	23	6	37	39	**61**
Use of other drugs in conjunction with ecstasy (%)	98	47*	88	95	**94**
Use of other drugs to come down from ecstasy (%)	82	41*	52	53	**71**

Source: EDRS REU interviews, 2008-2012
* Bingeing defined as the use of stimlulants 48 hours or more continuously without sleep
* Question only asked of REU who had recently binged on psychostimulants.

Locations 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 (44%), friend's home (14%) and live music events (12%) and these findings are similar to the results reported in 2011.

Figure 2: Last location of ecstasy use, ACT REU, 2012

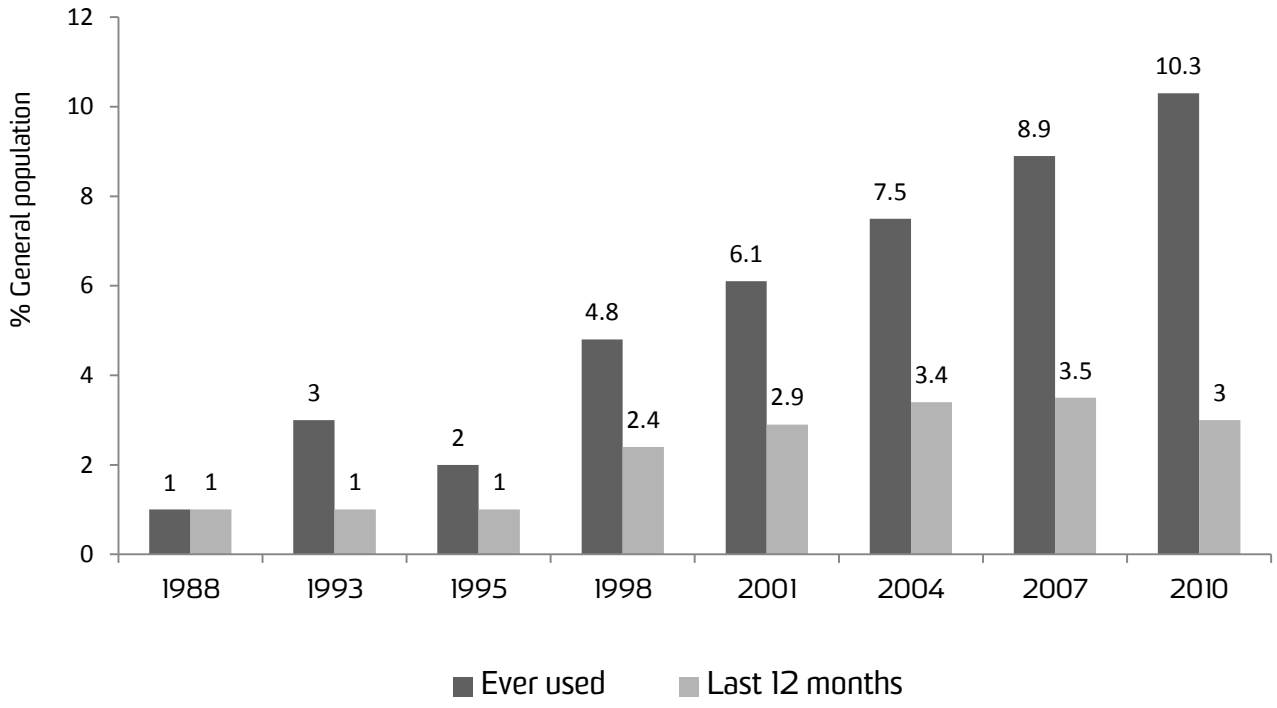


Source: EDRS REU interviews, 2012
*Includes outdoor raves (doofs) and dance parties, outdoors and public places (street/park).

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 use continuing to increase. Between 2007 and 2010 recent use of ecstasy declined for the first time since 1995, decreasing from 3.5% to 3%, The 2010 NDSHS showed ecstasy was the second most widely used illicit drug after cannabis in Australia, with one in four (24.2%) 20-29 year olds and 9.8% of 18-19 year olds reporting having ever used ecstasy (Australian Institute of Health and Welfare 2005, 2011) . Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1988 and 2010.

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2012



Source: NDSHS 1988-2011, AIHW

Key Expert Comments

- KE commented that REU most commonly take ecstasy in the form of pills and that ecstasy use is more common in younger populations.
- Two KE commented that use of ecstasy 'crystals' had begun to emerge in some areas.

4.3. Methamphetamine use

Key points

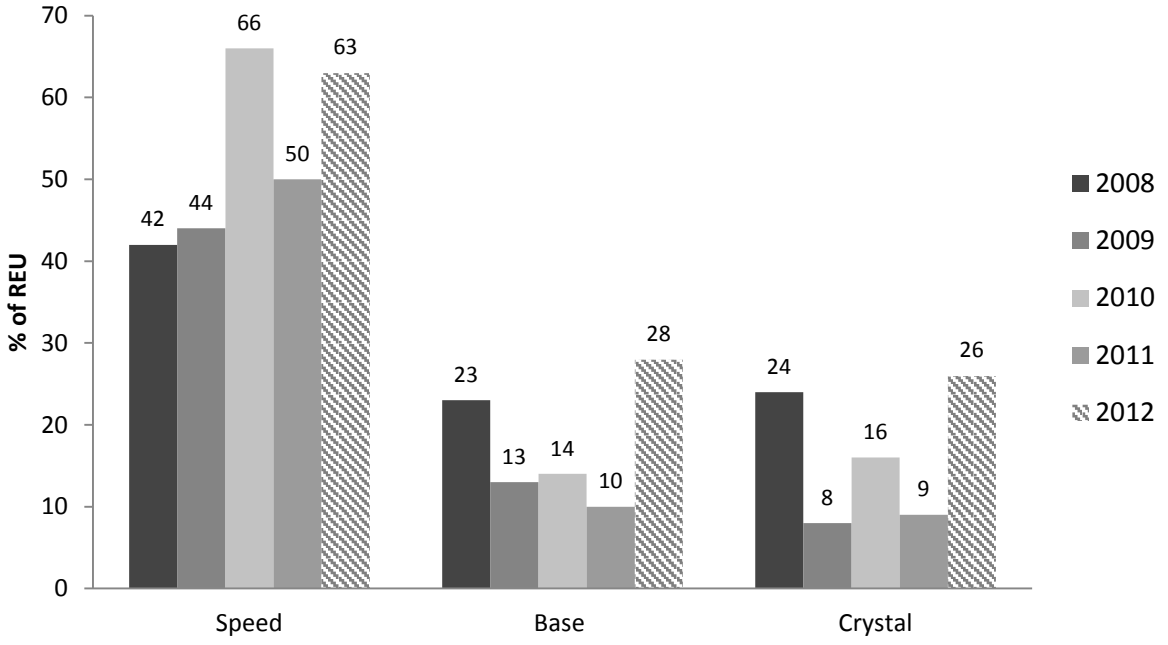
- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal.
- Methamphetamine powder (speed) was the most commonly used form of methamphetamine by REU, followed by crystal and then base.
- Almost three-quarters of the sample had used at least one form of methamphetamine in the previous six months, a significant increase from 2011 where only half the sample had recently used.
- Median days of any methamphetamine use increased significantly up to 10 days (almost fortnightly use).

The majority (88%) of participants in the 2012 EDRS reported lifetime use of at least one form of methamphetamine (78% in 2011). The form of methamphetamine used most commonly among the 2012 EDRS sample in the past 6 months was speed 63%. Both recent use of base and recent use of crystal had increased from 2011. Twenty-eight percent of REU reported recent base use and 26% reported recent crystal use as shown in Figure 4.

There was a significant increase in both the proportion of REU who reported recent use of any methamphetamine ($p<0.05$) and the median days of use of any methamphetamine ($p<0.01$). Seventy-three percent of REU reported recent use (51% in 2011) and median days of use was 10 days (range 1-180), up from six days in 2011.

Sixteen percent of REU who participated in the 2012 ACT EDRS had used methamphetamine on a greater than weekly basis in the past six months, an increase from 8% in 2011.

Figure 4: Trends in recent methamphetamine (speed, base and crystal) use, ACT, 2008-2012



Source: EDRS REU interviews, 2008-2012

Methamphetamine powder (speed)

Table 6 presents a summary of the patterns of speed use among REU in the ACT from 2008 to 2012. Three participants (6%) nominated speed as their current drug of choice (1% in 2011). The majority (82%) of participants reported ever having used speed (78% in 2011), and 63% reported having recently used speed (50% in 2011).

Recent speed users reported a median of 10 days (range=1-180) of speed use in the past six months, an increase from 5 days in 2011, although this is not statistically significant. Forty-one percent of those REU who had recently used speed had used five times or less in the preceding six months (53% in 2011). Twenty-eight percent of recent speed users had used on a monthly to fortnightly basis (30% in 2011), and 31% had used speed more regularly than fortnightly during the past six months (7% in 2011). One participant reported daily speed use.

The majority of recent speed users quantified their use in terms of 'grams' (n=24). The median amount of speed used in a 'typical' episode of use in the past six months was 0.5 grams (range=0.05-3). The median amount of speed used in the 'heaviest' session was one gram (range=0.05-6), remaining stable from 2011. Among those REU who reported in points (n=6), the median amount of speed used in a 'typical' episode of use in the past six months was one point (range=1-5). In 2012, the median amount of speed used in the 'heaviest' session was three points (n=5, range=2-5).

Among REU who reported having binged on ERD recently (n=23), 53% reported they had used speed during these binge sessions (same as in 2011). Ninety-four percent of REU indicated that they last used other drugs in combination with ecstasy (n=47). Twenty-eight percent of REU who indicated that they last used other drugs in combination with ecstasy reported using speed in this context. 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, 94% reported swallowing, 59% snorted and, 47 % smoked (a significant increase from 20% in 2011, $p<0.01$) and 16% had recently injected speed.

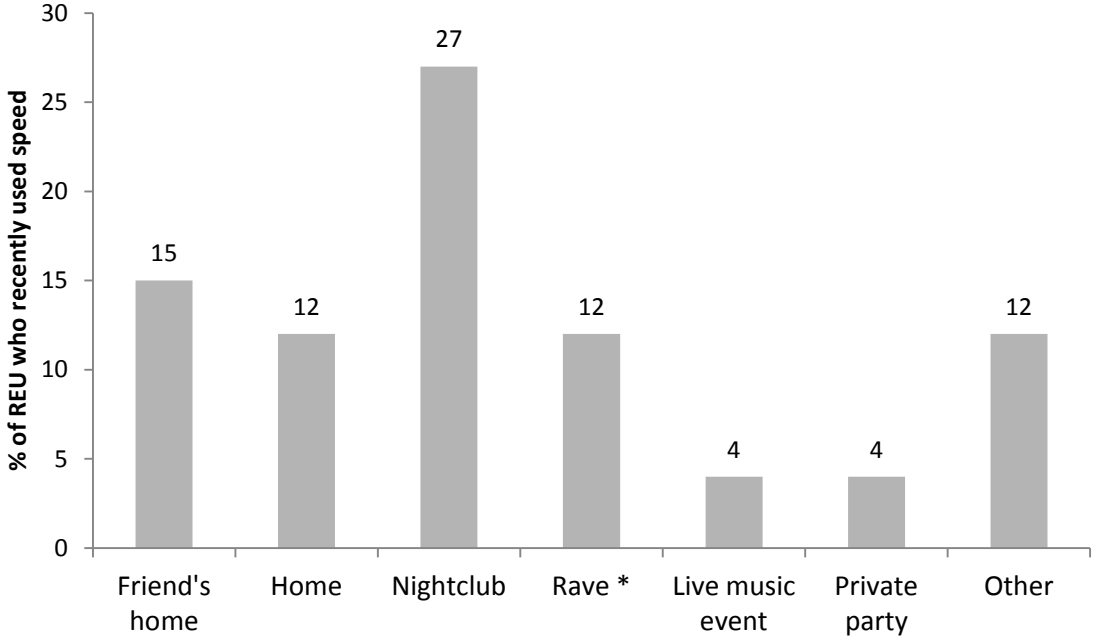
Table 6: Patterns of methamphetamine powder use among ACT REU, 2005-2012

Methamphetamine powder (Speed)	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever used (%)	74	68	81	78	**82**
Used preceding six months (%)	43	44	66	50	**63**
Of those who had used					
Median days used last 6 mths (range)	6 (1-72)	2 (1-96)	3 (1-48)	5 (1-90)	**10 (1-180)**
Median quantities used (grams)					
Typical (range)	0.75 (0.25-3.5)	0.5 (0.1-2)	0.3 (0.1-1.5)	0.6 (0.1-3.5)	**0.5 (0.05-3)**
Heavy (range)	1.5 (1.0-8)	0.5 (0.1-4)	0.5 (0.1-4)	1 (0.25-10)	**1 (0.05-6)**

Source: EDRS REU interviews, 2008-2012

Figure 5 presents the last locations of speed use in the six months prior to interview. Speed had been used by REU at a variety of locations. The most common location reported for speed use was nightclubs (27%).

Figure 5: ACT REU reports of last location of use for speed, 2012



Source: EDRS REU interviews, 2012
* Includes outdoor raves (doofs) and dance parties

Methamphetamine base

Table 7 presents a summary of the patterns of base use from 2008 to 2012. No participants nominated base as their drug of choice. Thirty-seven percent of REU interviewed in 2012 reported ever having used base (24% in 2011). Twenty-eight percent of REU reported having recently used base (during the past six months) this is a significant increase from 10% in 2011 (*p<0.01)*. Recent base users (n=14) reported a median of 3.5 days (range=1-20) of base use in the past six months, a significant decrease from five days in 2011 (*p<0.05*). Two-thirds (64%) of recent base users had used base less than monthly in the past six months, 21% reported that they had used base monthly to fortnightly, and 14% had used base more regularly than fortnightly. No REU reported using base on a daily basis.

The majority (n=14) 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 2 points (range=0.2-10). In 2012, the median amount of base used in the 'heaviest' session was 2.5 points (range=0.2-14).

Of those REU who reported having binged on ERD in the past six months (n=23), 17% reported that they had used base during these binge sessions (6% in 2011). Seven percent of those REU who indicated that they last used other drugs in combination with ecstasy reported using base in this context (3% in 2011). There were no reports of base being used to facilitate ecstasy comedown.

Of those participants who had used base in the previous six months, 86% reported swallowing base, 36% had recently snorted the drug and 36% reported smoking base.

Twenty-one percent reported recent injection of base in 2012 (whereas 2011 had NO reports).

Table 7: Patterns of methamphetamine base use among ACT REU, 2008-2012

Methamphetamine base	2008 (N=83)	2009 (N-101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever used (%)	52	30	25	24	**37**
Used preceding six months (%)	23	13	14	10	**28↑**
Of those who had used					
Median days used last 6 mths (range)	9 (1-72)	3 (1-14)	5 (1-24)	5 (1-36)	**3.5↓ (1-20)**
Median quantities used (points)					
Typical (range)	2 (0.1-3)	2 (0.5-10)	2 (0.2-8)	0.65 (0.1-5)	**2 (0.2-10)**
Heavy (range)	3.5 (0.5-7)	2 (0.5-10)	3 (0.2-8)	2.3 (0.2-7)	**2.5 (0.2-14)**

Source: EDRS REU interviews, 2008-2012
↑ ↓ Significant increase/decrease at 95% CI *p<0.05*

Crystal methamphetamine

Table 8 presents a summary of the patterns of crystal use among REU in the ACT from 2008 to 2012. Two participants nominated crystal as their drug of choice. More than two-thirds (64%) reported ever having used crystal (23% in 2011) and 29% reported recent use.

Recent crystal use increased significantly from approximately one in ten in 2011 to almost a third (29%) of REU in 2012, *p<0.05*. Recent crystal users (n=13) reported a median of five days (range=1-48) of crystal use in the past six months; not significantly different from two days in 2011. Sixty-two percent of those REU who had recently used crystal had used five times or less in the preceding six months. Twenty-three percent of recent crystal users had used on a monthly to fortnightly basis, and 15% had used crystal more regularly than fortnightly during the past six months. No participants reported daily crystal use.

Almost all recent crustal users quantified their use in terms of points. One point was the median amount of crystal reported to be used in a 'typical' episode (range=0.17-5.0) and three points for the 'heaviest' (range=0.17-25) episode of use in the past six months.

Of those REU who reported having binged on ERD recently (n=23), 39% reported they had used crystal during these binge sessions (an increase from 9% in 2011). Among those REU reporting that they last consumed other drugs when taking ecstasy, 6% reported using crystal in the context of their last ecstasy use. No respondents reported using crystal to facilitate ecstasy comedown.

Table 8: Patterns of crystal methamphetamine use among ACT REU, 2008-2012

Crystal Methamphetamine (Ice)	2008 (N=83)	2009 (N-101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever used (%)	61	28	30	23	**64**
Used preceding six months (%)	24	8	16	9	**50↑**
Of those who had used					
Median days used last 6 mths (range)	11 (1-180)	4 (1-10)	5 (1-24)	2 (1-5)	**5 (1-48)**
Median quantities used (points)					
Typical (range)	1 (0.25-6)	2 (1-5)	1 (0.2-8)	2 (0.2-5)	**1 (0.17-5)**
Heavy (range)	3 (0.5-10)	4 (2-5)	0.75 (0.2-3)	2 (0.2-7)	**3 (0.17-25)**

Source: EDRS REU interviews, 2008-2012

Of those participants who had used speed in the previous six months, 85% reported that they had smoked it, 15% reported snorting it and 23% reported swallowing crystal. Over half (54%) reported recently injecting crystal (whereas in 2011 NO reports of injecting crystal were observed).

Key Expert Comments

- Speed was generally reported as commonly used with a perceived increase in use amongst regular ecstasy users.
- Base use was reported as infrequent.
- Ice/crystal was reported to be used more frequently than previously.
- Two KE commented that ice use had increased in the previous six months and that it was most commonly smoked by this group.
- Three KE commented that crystal was one of the most problematic drugs seen in their service.
- KE commented that the harms associated with ice were significant: mental health problems, psychosis and aggression.

4.4. Cocaine use

Key points

- Three-quarters of participants reported lifetime use of cocaine. A downward trend in the proportion of participants reporting recent use of cocaine continues.
- Frequency of cocaine use remained low at a median of four days in the previous six months.
- The median amount of cocaine used in a typical session of use was one gram. A median of one gram was used in the heaviest recent session.

Table 9 presents a summary of the patterns of cocaine use from 2008 to 2012. In 2012 just over three-quarters (78%) of participants reported having ever used cocaine and 37% reported recent use (in the past six months).

In 2012, recent cocaine users (n=19) reported a median of four days of use (range=1-60). The majority (63%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months, 5% of REU had used cocaine between monthly and fortnightly and 10% had used cocaine on a fortnightly or greater basis. Three respondents reported using cocaine more than weekly. No participants reported daily cocaine use.

Almost all recent cocaine users quantified their use of cocaine in terms of grams. A median of one gram (n=15, range=0.3-1.2) was used during a 'typical' session of cocaine use, and this remained the same (range=0.5-8.0) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 9).

Twenty-two percent of REU who had recently binged on ERD reported using cocaine during these binge episodes. Among those REU who reported that they had consumed other drugs when taking ecstasy, 9% reported using cocaine in this context. No participants reported using cocaine to facilitate ecstasy comedown.

Almost all (95%) participants who had recent use of cocaine reported snorting it. 26% reported swallowing it and 26% of participants reported smoking it. One participant reported injecting cocaine in the previous six months.

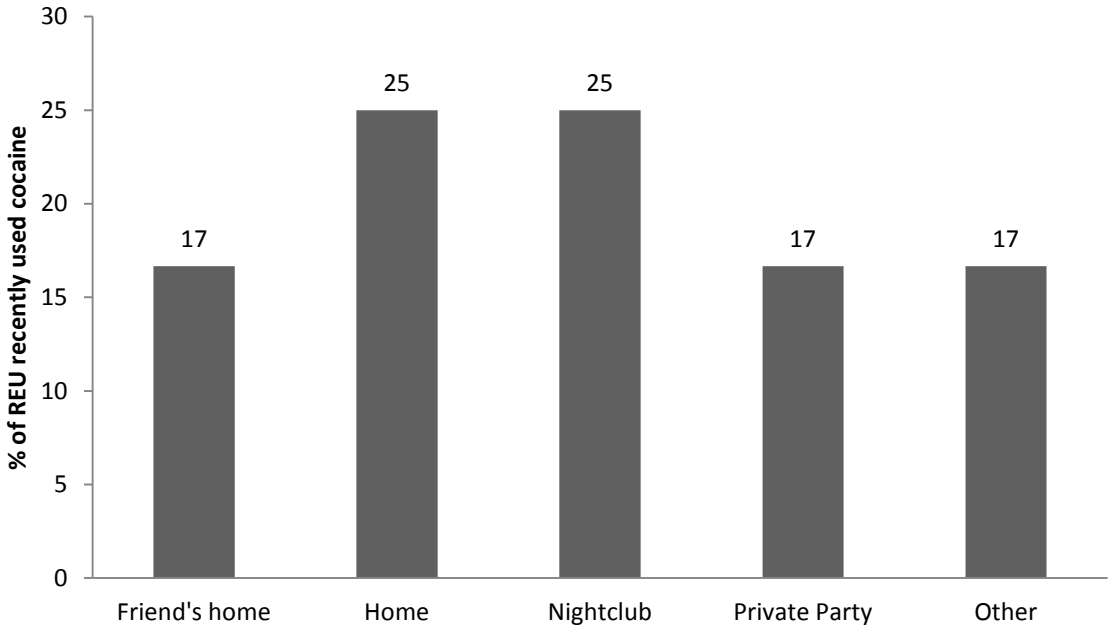
Table 9: Patterns of cocaine use among REU, 2008-2012

Cocaine	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever used %	74	65	81	76	**78**
Used last six months %	37	44	58	43	**37**
Of those who had used					
Median days used last 6 mths (range)	4 (1-72)	2 (1-100)	3 (1-72)	4 (1-24)	**4 (1-60)**
Median quantities used (grams)					
Typical (range)	0.5 (0.25-4)	0.5 (0.1-3.5)	0.5 (0.1-2)	0.5 (0.3-3)	**1 (0.3-1.2)**
Heavy (range)	1.0 (0.25-6)	0.75 (0.1-3.5)	1.0 (0.2-3)	1.0 (0.5-4)	**1 (0.3-8)**

Source: EDRS REU interviews, 2008-2012

Figure 6 summarises the reports of REU regarding the locations where they had last used cocaine in the past six months. The most common location of recent use of cocaine was at home (25%) and at a nightclub (25%). The next most common locations of use were a friend's home (17%), followed by a private party (17%).

Figure 6: Location of cocaine use, ACT, 2012



Source: EDRS REU interviews, 2012
Note: Results based on response numbers n=12

Key Expert Comments

- All KE commented that cocaine was uncommon amongst this demographic. The main reasons cited for this were the high price of cocaine and the low availability of cocaine locally (within the ACT).

4.5. LSD use

Key points

- Four-fifths (86%) of participants reported lifetime use of LSD and 38% reported LSD use in the six months prior to interview.
- Frequency of LSD use was low at median of five days in the previous six months.
- The median amount of LSD used in a typical session of use was one tab. A median of two tabs was used in the heaviest recent session.

Table 10 summarises the patterns of LSD use amongst ACT REU from 2008 to 2012. One participant nominated LSD as their drug of choice. More than four-fifths (86%) reported ever having used LSD, which represents a significant increase from 60% in 2011 (*p<0.01*). Thirty-eight percent reported recent use of LSD (in the past six months).

Recent LSD users (n=19) reported a median of five days of use in the past six months (range=1-30), stable from four days in 2011. The majority (84%) of REU who had used LSD in the preceding six months reported using on a less than monthly basis. A third (32%) of respondents used monthly to fortnightly and 11% of respondents used more than weekly.

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=19, range=0.75-4) episode and two tabs for the 'heaviest' (n=19, range=1-20) episodes of LSD use (see Table 10). All recent LSD users reported that they had swallowed LSD in the past six months (n=19).

Of those REU who reported bingeing on ERD in the preceding six months, 22% had used LSD during extended drug use sessions (20% in 2011). Of those REU who indicated that they last used other drugs in combination with ecstasy (n=47), 13% (n=6) reported that they used LSD in combination with their last ecstasy use.

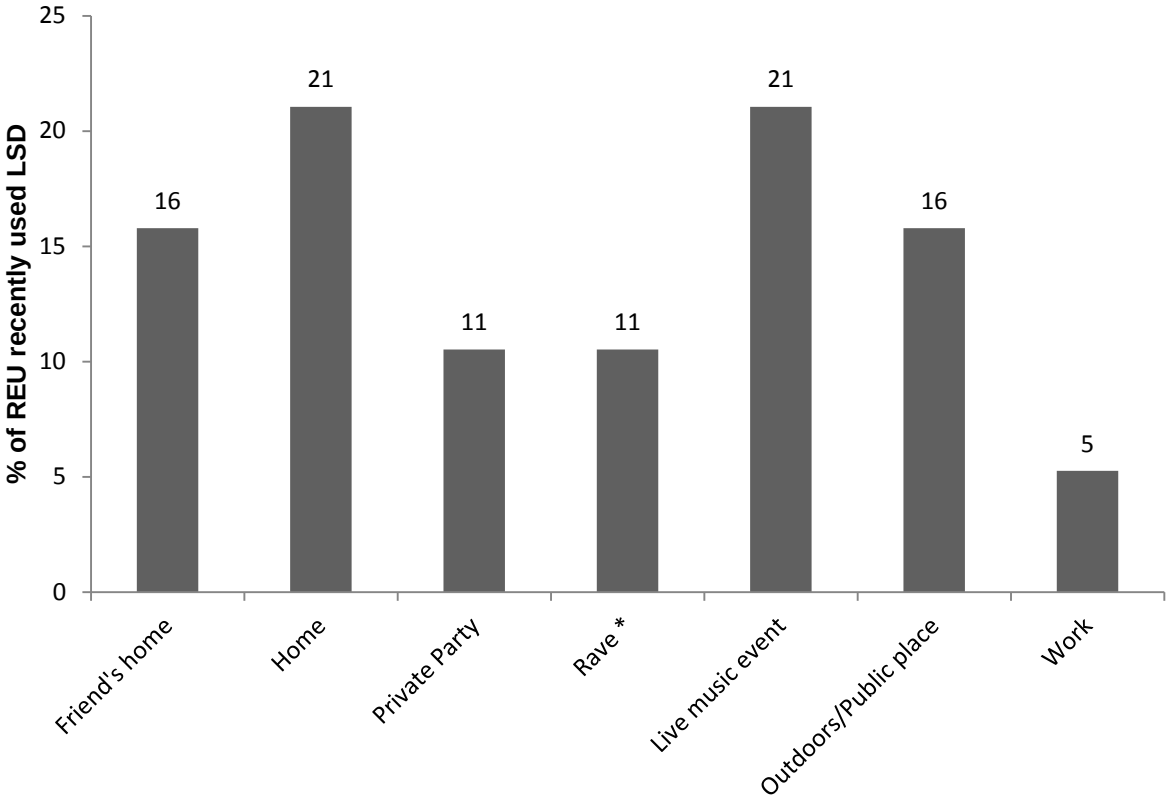
Table 10: Patterns of LSD use among ACT REU, 2008-2012

LSD	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever used (%)	64	63	62	60	**86↑**
Used last six months (%)	37	35	41	39	**38**
Of those who had used					
Median days used last 6 mths (range)	4 (1-35)	2 (1-24)	3 (1-24)	4 (1-24)	**5 (1-30)**
Median quantities used (tabs)					
Typical (range)	1 (0.5-3)	1 (0.5-2)	1 (0.5-3.5)	1 (0.5-20)	**1 (0.75-4)**
Heavy (range)	2 (0.5-6)	1 (0.5-6)	1.5 (1-10)	2 (1-40)	**2 (1-20)**

Source: EDRS REU interviews, 2008-2012
↑ significant increase at 95% CI *p<0.05*

The locations at which respondents indicated they had last used LSD were at home (21%), a live music event (21%), and outdoors or a public place (16%) (Figure 7).

Figure 7:Last location of LSD use, ACT REU, 2012



Source: EDRS REU interviews, 2012
* Includes outdoor raves (doofs) and dance parties
Note: Results based on response numbers n=19

4.6. Cannabis use

Key points

- ALL participants had used cannabis in their lifetime. Ninety-two percent of REU had used cannabis in the last six months.
- Twenty-nine percent of REU nominated cannabis as their drug of choice.
- Those who had used cannabis recently, used on a median of 120 days (almost daily).
- One-third (36%) of recent cannabis users reported using cannabis on a daily basis.
- Cannabis was frequently used during binge sessions (70% of those that had binged in the past six months used cannabis) and while coming down from ecstasy (81% of those who used drugs while coming down from ecstasy).

Table 11 presents a summary of cannabis use of ACT REU from 2008 to 2012. In 2012, all REU reported lifetime use of cannabis (100%), and 92% of REU reported using cannabis in the six months preceding interview. One-quarter (29%) of REU nominated cannabis as their drug of choice.

In 2012, REU who had used cannabis in the preceding six months used it on a median of 120 days (range=1-180), an increase from 2011 (48 days). Three-quarters (75%) reported using cannabis on a greater than weekly basis, with one-third (36%) of REU reporting that they were daily users of cannabis. Seventeen percent reported using cannabis on a less than monthly basis and 4% reported using cannabis on a monthly to fortnightly basis.

Table 11: Patterns of cannabis use among ACT REU, 2008-2012

Cannabis	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever used (%)	100	100	100	98	**100**
Used preceding six months (%)	86	89	89	89	**92**
Of those who had used					
Median days used last 6 mths (range)	60 (1-180)	35 (1-180)	24 (1-180)	48 (1-180)	**120 (1-180)**
Daily use (%)	31	12	25	18	**36**
Route of administration (%)					
Smoked	99	99	99	99	**98**
Swallowed	31	41	37	35	**34**

Source: EDRS REU interviews, 2008-2012

More than two-thirds (70%) of those that had recently used cannabis quantified their use in terms of cones. The median number of cones used on the last occasion of use was five (n=15, range=2-30). Twenty-two percent of those that had recently used cannabis quantified their use in terms of joints. The median number of joints used on the last occasion of use was 1.5 (n=10, range=1-4).

Almost all (98%) REU who had used cannabis in the preceding six months reported that they had recently smoked it and 34% of REU who had recently used cannabis reported that they had recently swallowed it.

Three-quarters (70%) of REU who reported that they had binged on ERD in the preceding six months reported that they had used cannabis during these binges. Sixty percent of REU who reported that they used other drugs the last time they were under the influence of ecstasy reported that they had used cannabis (54% in 2011). Eighty-one percent of REU who reported that they used drugs while coming down from ecstasy used cannabis, compared to 90% in 2011.

Key Expert Comments

- One KE reported that cannabis was the most problematic drug seen in their service.
- KE commonly reported that cannabis was easy to obtain and use was common.

4.7. Emerging psychoactive substances (EPS) use

Key points
- 2C-x class of drugs remain the most commonly reported EPS
- EPS in the tryptamine class were also reported to have been used recently specifically DMT was the most commonly reported
- Use of synthetic cannabinoids remains stable from 2011

Phenethylamines – 2C-x class

2CI, 2CB and 2CE are part of a group of chemicals known as 'psychedelic phenethylamines', or '2C-x class'. They are usually used orally and produce psychedelic, stimulant effects.

- **2CB** There was a significant increase in the proportion of participants reporting lifetime use of 2CB, increasing from 14% in 2011 to 39% in 2012 (*p<0.01).* The proportion of participants reporting using 2CB in the six months prior to interview (recent use) also increased significantly from 3% in 2011 to 24% in 2012 (*p<0.001)*.

- **2CI** There was an increase in lifetime use of 2CI, increasing from 11% in 2011 to 18% in 2012 although this was not statistically significant. Recent use of 2CI remained stable in 2012 at 12%.

- **2CE** The proportion of participants reporting lifetime use of 2CE in 2012 (10%) remained stable from 2011 (8%). Recent use of 2CE decreased from 6% in 2010 to 3% in 2011.

Phenethylamines – Beta-ketones

- The proportion of ACT REU reporting lifetime use and recent use of the synthetic stimulant drugs **Ivory Wave** and **mephedrone** remained low in 2012. However use of **methylone**, also known as black MDMA, increased significantly. Only one participant reported lifetime and recent use of methylone in 2011 and this increased in 2012 to 20% of participants reporting lifetime use (*p<0.001)* and 6% of participants reporting recent use (*p<0.0001)*

- **Mescaline** is also a psychoactive phenethylamine chemical and comes from the peyote cactus. The proportion of participants reporting lifetime use remains stable at 14% (13% in 2011) while recent use of mescaline decreased slightly from 11% in 2011 to 6% in 2012.

Tryptamines

- **DMT** In 2012 there was a slight increase in lifetime use and a small decrease in recent use of the psychedelic tryptamine dimethyltriptamine (DMT) compared to 2011. DMT reportedly has effects similar to LSD and can be injected, smoked or sniffed. In 2012, 29% of participants reported having ever used DMT, an increase from 21% in 2011. The proportion of participants reporting use of DMT in the six months prior to interview decreased slightly from 18% in 2011 to 12% in 2012. Of those that had used DMT recently, all reported smoking the substance in the six months prior to interview.

- **5MEO-DMT**, another psychedelic tryptamine, was not observed in 2012.

- Small proportions of participants reported lifetime or recent use of other naturally occurring substances including d**atura, salvia** and **LSA**.

- **Dextromethorphan** (DXM) is a semisynthetic opiate derivative which is legally available over the counter in the United States. It is most commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. Eighteen percent of respondents reported lifetime use of DXM and 2% of participants reported using DXM in the previous six months.

Piperazine

- The proportion of ACT REU reporting lifetime use and recent use of the synthetic stimulant drugs paramethoxyamphetamine (PMA), BZP and Ivory Wave remained low in 2012. However, use of methylone, also known as black MDMA, increased significantly. Only one participant reported lifetime and recent use of methylone in 2011 and this increased in 2012 to 20% of participants reporting lifetime use (*p<0.001)* and 6% of participants reporting recent use (*p<0.0001).*

In 2012, participants were asked about their use of K2/Spice or any other synthetic cannabinoids. Thirteen participants reported lifetime and/or recent use of any other synthetic cannabinoids; this is a significant increase from six participants reporting the same in 2011 ($p<0.01$).

Table 12: Use of emerging psychoactive substances (EPS) among ACT REU, 2011-2012

Emerging psychoactive substances	2011 Ever used (%) (n=80)	2012 Ever used (%) (n=51)	2011 Recent use (%) (n=80)	2012 Recent use (%) (n=51)
Phenethylamines				
(2C-x class)				
2CB	14	39	3	24
2CI	11	18	6	12
2CE	8	10	3	6
Phenethylamines				
(Beta-ketones)				
Mephedrone	8	8	1	0
Methylone/bk MDMA	1	20	1	6
Cathinone - other	n/a	2	n/a	0
Ivory Wave/MDPV	0	0	0	0
Phenethylamines				
(Amphetamine-based)				
Mescaline	13	14	11	6
MDAI	n/a	2	n/a	0
(Ergolines)				
LSA (Hawaiian Baby Woodrose)	6	10	1	2
Tryptamines				
5MEO-DMT	4	0	4	0
DMT	21	29	18	12
(Dissociative)				
DXM (cough syrup)	16	18	5	2
Methoxetamine (MXE)	n/a	4	n/a	2
Salvia divinorum	9	14	3	4
Piperazines				
BZP	1	4	1	0
Synthetic cannabinoids	9	25↑	9	25↑

Source: EDRS REU interviews, 2011-2012

4.8. Other drug use

Key points
- Almost half (46%) of recent alcohol users reported more than weekly drinking.
- Over half (55%) of REU who had used tobacco recently reported using tobacco daily.
- Over half (51%) of REU reported lifetime use of illicit benzodiazepines.
- Smaller proportions of REU reported using antidepressants, heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

Alcohol

Almost all (98%) of the 2012 ACT EDRS sample reported lifetime use of alcohol and 94% reported recent use of alcohol. No participants nominated alcohol as their drug of choice.

Alcohol was consumed on a median of 24 days (approximately weekly, range=1-180) in the six months prior to interview. This is a decrease from 2011, where alcohol was consumed on a median of 37 days in the six months prior to interview. Almost half (46%) of recent alcohol users reported using alcohol more than weekly in the past six months.

In 2012, 13% of REU who commented reported drinking less than five standard drinks the last time they had used ecstasy and 62% of respondents reported that they consumed more than five standard drinks during the last episode of ecstasy use.

Tobacco

All (100%) of the 2012 sample reported lifetime use of tobacco, and 92% of the 2012 ACT EDRS sample reported use of tobacco in the six months preceding interview. Of those who reported using tobacco in the previous six months, 55% (n=28) reported daily tobacco use. The 2010 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 16% (Australian Institute of Health and Welfare, 2011).

Benzodiazepines

In 2012, 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 2012, 26% of REU reported lifetime use of licit benzodiazepines (14% in 2011) and 12% (n=6) reported recent use of licit benzodiazepines. Median days of use was 30 days (range=6-180), with one recent licit benzodiazepine user reporting less than monthly use, two users reporting monthly to fortnightly use, one user reporting more than weekly use and two users reporting daily use. All recent users (n=7) reported swallowing as their main ROA.

Over half (51%) of the sample reported lifetime use of illicit benzodiazepines (44% in 2011), and 16% reported recent use (24% in 2011). Median days of use were 5.5 (range=2-15). No respondents reported daily use of illicit benzodiazepines. All recent users (n=8) reported swallowing as their main ROA in the last six months.

Antidepressants

In 2012, 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. Twenty-five percent of the 2012 EDRS sample reported ever having used licit antidepressants, whilst 10% (n=5) reported recent use of licit antidepressants. Median days

of use were 180 days (no range) for all 5 participants. Swallowing was the ROA used by all respondents

In 2012, 4% of the sample reported lifetime use of illicit antidepressants, similar to 2011 (5%). No participants reported recent use of illicit antidepressants.

Inhalants

Amyl nitrite

In 2012 half (51%) of REU reported lifetime use of amyl nitrate. One in five (20%) of the sample reported using amyl nitrate in the six months preceding interview. The use of amyl nitrite occurred on a median of six days (range=1-72). Half (50%) of recent amyl nitrite users reported less than monthly use, 30% (n=3) reported monthly to fortnightly use and 20% (n=2) reported greater than fortnightly use. Amyl nitrite was reported to be used during a 'binge' session by three participants. One participant reported that they used amyl nitrite in combination with their last ecstasy use and no participants reported using amyl nitrite to facilitate their last ecstasy comedown.

Nitrous oxide

Lifetime use of nitrous oxide remained stable at 45% (44% in 2011). The proportion of REU reporting use of nitrous oxide in the six months preceding interview also remained the same at 24% (24% in 2011). The median days of use was 4.5 (range=1-90). More than half (58%) of recent nitrous oxide users reported less than monthly use, a third reported between monthly and weekly use and one participant reported more than weekly use. The median amount of 'bulbs' used in a typical session was reported to be five (range=1-160) and a median of 5 bulbs (range=1-230) was reported to be used in a heavy session. Two participants reported using nitrous oxide during a 'binge' session and no participant reported using nitrous oxide in combination with their last ecstasy use or to facilitate comedown from their last ecstasy use.

Mushrooms

In 2012, the majority of the sample (83%) reported lifetime use of mushrooms, an increase from 73% in 2010. The proportion of REU reporting use of mushrooms in the preceding six months remained stable at 45% (46% in 2011). The median days of use was five (range=1-30). All (100%) recent users reported swallowing mushrooms. Four participants (8% of sample) reported mushrooms as their drug of choice.

Heroin and other opiates

Heroin

Twenty-six percent of the sample reported lifetime use of heroin, a return to 2010 figures from a reduced proportion reporting so in 2011 (8% in 2011). The proportion of participants reporting recent use of heroin also returned to similar rates as 2010 with 12% of REU reporting recent use in 2012. Use occurred on a median of 16 days (range=1-124). Half of participants reported less than monthly heroin use and half reported greater than weekly heroin use. Most participants (83%) who reported recent use of heroin reported injecting the substance in the previous six months and one participant reported smoking heroin in the previous six months. Two participants reported heroin as their drug of choice.

Methadone

Twelve percent of the 2012 sample had ever used methadone. Four percent (n=2) of participants had used methadone recently. One recent user reported using only once in the previous six months and one participant reported using methadone daily. One recent user reported having swallowed methadone in the previous six months and one recent user reported injecting methadone in the previous six months. No participants reported methadone as their drug of choice.

Buprenorphine

In 2012, 6% of participants had ever used buprenorphine, and three participants reported that they had used buprenorphine in the six months preceding interview. All recent users had swallowed buprenorphine in the previous six months. One recent user reported using every second day and the other two recent users reporting using daily. No participants reported buprenorphine as their drug of choice.

Other opioids

One participant reported ever having been prescribed other opioids and no participants reported the recent use of licit other opioids. Twenty-nine percent of REU had ever used illicit other opioids and 6% (n=3) used illicit other opioids recently. The median days of use was one (1-6). Two participants who reporting the recent use of illicit opioids reported swallowing as the ROA used in the previous six months. One participant reported injecting illicit other opioids in the six months prior to interview.

Gamma-hydroxy butyrate (GHB)

In 2012, 35% of the sample reported ever having tried GHB, a significant increase from 17% in 2011 ($p<0.05$). Six percent (n=3) of participants reported that they had used GHB in the six months preceding interview, similar rates as 2010. All participants that reported recent use of GHB reported swallowing GHB in the six months prior to interview. One participant was able to comment on the price, purity and availability of GHB, reporting that the price of GHB had remained stable in the previous six months. The participant reported that potency of GHB was currently high and had remained stable in the previous six months. The participant reported that GHB was currently difficult to access and that availability had remained stable in the previous six months.

In the six months prior to interview, recent GHB users reported that they had used GHB on a median of two days (range=1-10). As documented in previous years, GHB is a drug that appears to be used infrequently among REU in the ACT. No participants had 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 2012 EDRS.

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 2011, 28% of REU reported that they had ever used MDA (21% 2011). Fourteen percent (n=7) of participants reported having recently used MDA. All participants reporting recent use reported snorting MDA as the route of administration. Median days of use was four days (range=2-5). All participants reported using MDA less than monthly.

Ketamine

Almost half (45%) of the 2012 EDRS sample reported ever having used ketamine in their lifetime while 14% (n=7) of participants reported having used ketamine in the past six months. Median days of use was one day (range=1-5). Three participants who had recently used ketamine reported swallowing it and four participants reported snorting it. Two participants reported injecting ketamine in the previous six months. No participants reported ketamine as their drug of choice.

Pharmaceutical stimulants

In 2012, 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. Ten percent (n=5) of the sample reported lifetime use of licit pharmaceutical stimulants with 2% (n=1) reporting recent use. The median days of using licit pharmaceutical stimulants was 180 (no range). The participant reported only swallowing pharmaceutical stimulants.

Seventy-one percent of the 2012 sample reported ever having used illicit pharmaceutical stimulants (an increase from 59% in 2011). There was a decrease in the proportion of participants reporting recent use of illicit pharmaceutical stimulants, decreasing from 43% in 2011 to 33% in 2012. The median number of days of use in the past six months among those REU who had used illicit pharmaceutical stimulants was three (range=1-15). The majority (82%, n=14) of participants reported swallowing illicit pharmaceutical stimulants, 29% (n=5) reported snorting illicit pharmaceutical stimulants and 12% (n=2) reporting injecting pharmaceutical stimulants in the six months preceding interview.

5. PRICE, PURITY, AVAILABILITY and PURCHASING PATTERNS

5.1. Ecstasy

Key points

- The median price of a tablet of ecstasy in 2012 was $25
- 39% of the sample reported the price was stable.
- There was a significant decrease in the proportion of respondents reporting ecstasy purity to be high (26%) compared to 2011 (53%).
- The majority of respondents reported ecstasy to be easy or very easy to obtain.
- The majority of respondents bought ecstasy from a friend for themselves and others. The median number of tablets bought at one time was five.

Price

In the 2012 ACT EDRS, 80% of 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=41) (see Table 13). Fourteen percent of the REU sample commented on the price of an ecstasy capsule. The median price reported in 2012 was $30 (range=$15-35, n=7). Almost half (44%) of participants in 2012 reported that the price of ecstasy was stable in the past six months, with 22% reporting an increase in price.

Table 13: Price of ecstasy purchased by ACT REU and price variations, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Median price per tablet	$30	$25	$25	$30	**$25**
(range)	(20-50)	(10-40)	(10-40)	(15-45)	**(10-40)**
% Increasing *(% of entire sample)*	8 (8)	13 (12)	16 (15)	51 (46)	**22 (22)**
% Stable *(% of entire sample)*	55 (55)	53 (50)	63 (60)	29 (13)	**39 (39)**
% Decreasing *(% of entire sample)*	17 (17)	23 (22)	4 (4)	0 (0)	**10 (10)**
% Fluctuating *(% of entire sample)*	11 (11)	11 (10)	17 (16)	21 (19)	**20 (20)**
% Don't know *(% of entire sample)**	8 (8)	-	-	-	**10 (10)**

Source: EDRS REU interviews, 2008-2012
* 2009-2011 '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=$10-35, n=22) per pill. The median price of purchasing 20 pills was $16.5 (range=$10-25, n=10) per pill.. The median price of purchasing 50 pills was $15 (range=$5-20, n=6). Finally, the median price of purchasing 100 pills was $10 (range=$2-15, n=7) per pill.

Purity

Table 14 presents the reports of ACT REU from 2008 to 2012, regarding both the current purity and the change in the purity of ecstasy available to them. From 2008 to 2010 there has been a decreasing proportion of REU reporting ecstasy purity to be high. In 2011 this trend reversed with the proportion of participants reporting ecstasy purity to be low significantly (95%CI: 0.25-0.51) decreasing from 51% in 2010 to 11% in 2011. Conversely, a significantly (95%CI: -0.58 to -0.33)) higher proportion of REU were reporting purity of ecstasy to be high (53%), compared to 6% in 2010. In 2012, this upward trend seems to have stabilised with mixed results seen across all categories.

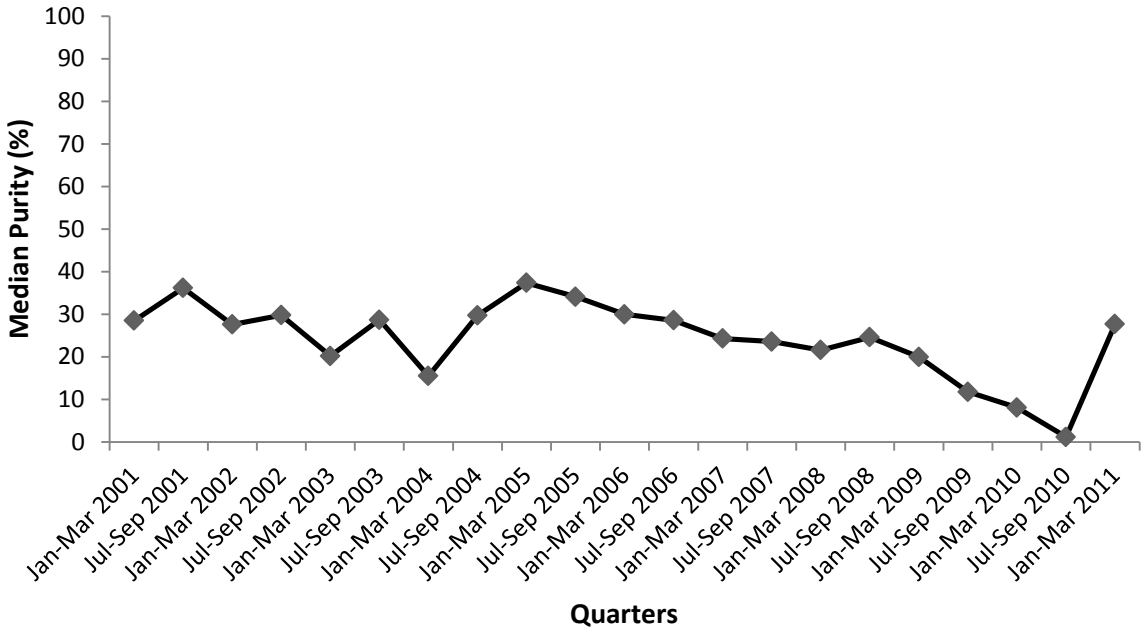
Table 14: ACT REU reports of 'current' ecstasy purity and purity change, 2008-2012

Ecstasy	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Current purity					
% Low *(% of entire sample)*	13 (13)	27 (27)	51 (51)	11 (11)	**31 (31)**
% Medium *(% of entire sample)*	29 (29)	30 (30)	26 (26)	8 (8)	**26 (26)**
% High *(% of entire sample)*	21 (21)	16 (16)	6 (5)	53 (53)	**26 (26)**
% Fluctuates *(% of entire sample)*	34 (34)	26 (26)	17 (16)	28 (28)	**16 (16)**
% Don't know *(% of entire sample)**	4 (4)	-	-	-	**2 (2)**
Purity change					
% Increasing *(% of entire sample)*	13 (13)	8 (8)	6 (6)	51 (50)	**12 (12)**
% Stable *(% of entire sample)*	25 (25)	28 (27)	19 (18)	9 (9)	**29 (29)**
% Decreasing *(% of entire sample)*	12 (12)	27 (26)	53 (49)	10 (10)	**26 (26)**
% Fluctuating *(% of entire sample)*	40 (40)	36 (34)	22 (21)	30 (30)	**24 (24)**
% Don't know *(% of entire sample)**	10 (10)	-	-	-	**8 (8)**

Source: EDRS REU interviews, 2008-2012
* 2009-2010 '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 3,4-methylenedioxymethamphetamine (MDMA), MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the Jan-Mar quarter of 2001 and the Jan-Mar quarter of 2011 are presented in Figure 8. In the ACT, there was a sharp increase in the median purity of phenethylamines seizures over the 2010/2011 year.

Figure 8: Median purity of phenethylamine seizures in the ACT, Jan 2001 to Mar 2011



Source: (Australian Bureau of Criminal Intelligence, 2000-2011)
Note: Data not available for the 2011/2012 financial year

Availability

Table 15 summarises the reports of REU on the availability of ecstasy in the ACT for the years 2008 to 2012. As in previous years, the majority of the 2012 sample (88%) reported that ecstasy was either very easy (37%) or easy (51%) to obtain. One-tenth (10%) of the sample reported that ecstasy was difficult to obtain. More than two-thirds (69%) of REU also indicated that the ease with which ecstasy could be obtained had remained stable.

In 2012, participants were asked to nominate from whom they had last purchased ecstasy. In 2008, participants were able to mark more than one response. In 2012, the most common people through whom REU had obtained ecstasy remained friends (64%) and known dealers (28%). The most common locations at which ecstasy had last been purchased were at a friend's home (32%), at a nightclub (20%) at their own home (18%) and at a dealer's home (18%).

Table 15: ACT REU reports of availability of ecstasy in the past six months, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Current availability					
% Very easy *(% of entire sample)*	51 (51)	44 (44)	37 (37)	33 (33)	**37 (37)**
% Easy *(% of entire sample)*	45 (45)	50 (50)	44 (44)	47 (46)	**51 (51)**
% Difficult *(% of entire sample)*	2 (2)	6 (6)	15 (15)	20 (20)	**10 (10)**
% Very difficult *(% of entire sample)*	0 (0)	0 (0)	4 (4)	0 (0)	**2 (2)**
% Don't know *(% of entire sample)* *	2 (2)	-	-	-	**-**
Availability change					
% More difficult *(% of entire sample)*	7 (7)	9(9)	24 (23)	15 (14)	**12 (12)**
% Stable *(% of entire sample)*	66 (66)	69 (67)	50 (49)	49 (46)	**69 (69)**
% Easier *(% of entire sample)*	15 (15)	18 (18)	15 (15)	24 (23)	**10 (10)**
% Fluctuates *(% of entire sample)*	6 (6)	4 (4)	11 (11)	13 (13)	**6 (6)**
% Don't know *(% of entire sample)* *	6 (6)	-	-	-	**4 (4)**
Persons scored from:[#]					
Friends (%)	83	59	63	69	**64**
Known dealers (%)	70	29	22	23	**28**
Acquaintances (%)	34	7	6	3	**6**
Workmates (%)	9	2	4	0	**0**
Unknown dealers (%)	32	4	4	4	**0**
Locations scored from:[#]					
Friend's home (%)	62	31	41	39	**32**
Dealer's home (%)	51	9	10	5	**18**
Nightclub (%)	39	27	19	16	**20**
Agreed public location (%)	39	13	8	10	**4**
At own home (%)	38	4	4	15	**18**
Other (%)	1	2	4	14	**8**

Source: EDRS REU interviews, 2008-2012
* In 2009 'Don't know' responses were excluded and REU were asked to report on their last location and source of purchase

Key Expert Comments

- KE commented that they suspected ecstasy pills were adulterated with other substances.
- KE also commented on the recent appearance of ecstasy crystals on the market.

Ecstasy markets and patterns of purchasing ecstasy

Table 16 summarises ecstasy purchasing practices of REU in the ACT in 2008 to 2012. In 2012, the median number of people that REU reported they had purchased ecstasy from in the previous six months was three (range=1-35). The majority (72%) of REU indicated that, when purchasing ecstasy, they had typically bought for themselves and others, with a smaller proportion (24%) 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 monthly to fortnightly basis (43%) or on a monthly or less basis (31%). Sixteen percent purchased it on a greater than fortnightly to weekly basis and four participants 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 five (range=1-340).

Table 16: Patterns of purchasing ecstasy, ACT REU, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Median number of people purchased from	3	4	3	3	**3**
Purchased for (%)					
Self only	23	27	16	35	**24**
Self and others	75	71	84	63	**72**
Others only	0	2	0	1	**2**
Didn't purchase	2	0	0	1	**2**
No. of times purchased in the last 6 months (%)					
0	2	0	0	0	**2**
1-6	41	36	45	57	**31**
7-12	28	38	33	28	**43**
13-24	25	26	21	14	**16**
25+	4	1	1	1	**8**
Median no. of ecstasy tablets purchased[#]	5	4	5	5	**5**

Source: EDRS REU interviews, 2008-2012
# of those who purchased ecstasy in the last six months

5.2. Methamphetamine

Key points

- The median price of speed reported by REU was $200 for a gram, or $40 for a point. The majority reported that the price of speed had remained stable in the previous six months. The majority reported that speed was easy or very easy to obtain.
- The median price paid for a gram of base was $250. All participants reported that the price had remained stable in the previous six months. The majority of respondents reported that purity of base was currently high.
- The median price paid for a point of crystal was $100 and $350 for a gram. The proportion of lifetime and recent users of crystal has significantly increased compared to 2011.

Price

In the 2012 ACT EDRS, half (51%, n=26) of respondents commented on the price, purity and availability of speed. Smaller proportions commented on the price, purity and availability of base (18%, n=9) and crystal (24%, n=12).

Methamphetamine powder (speed)

The median reported current price for a gram of speed was $200 ($100-250), the same as 2011 ($200). In terms of purchasing points of speed, the median price paid for a point was $40, an increase from $23 in 2011. More than half (54%) of the REU who were able to comment on the price of speed (n=26) reported that the price of speed had remained stable in the preceding six months. One-fifth reported that the price had fluctuated in the past six months, as can be seen in Table 17.

Table 17: Price and changes in price for methamphetamine powder, ACT, 2008-2012

Median Price - Speed	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Point (range)	$30 (10-130)	$30 (20-60)	$30 (25-50)	$23^ (20-30)	**$40 (20-60)**
Gram (range)	$225 (40-450)	$200 (30-500)	$200 (40-300)	$200 (90-350)	**$200 (100-250)**
Of those that responded	n=26	n=36	n=24	n=24	**n=26**
***% Increasing** (% of entire sample)*	4 (1)	24 (5)	15 (4)	21 (6)	**0 (0)**
***% Stable** (% of entire sample)*	54 (17)	62 (13)	60 (16)	71 (21)	**54 (28)**
***% Decreasing** (% of entire sample)*	12 (4)	10 (2)	10 (3)	4 (1)	**0 (0)**
***% Fluctuating** (% of entire sample)*	8 (2)	5 (1)	15 (4)	4 (1)	**19 (10)**
*% Don't know (% of entire sample)**	23 (7)	-	-	-	**27 (14)**

Source: EDRS REU interviews, 2008-2012
^ small numbers

Methamphetamine base

Small numbers reported on the last price paid for a point or a gram of base. The median price reported for the last point of base was $50 (range=$20-80) and the median price reported for a gram of base was $250 (range=$150-300). More than half of participants (56%) who were able to report on the recent price of base reported that the price had remained stable in the six months preceding interview and one-third (33%) reported that the price had increased in the six months prior to interview.

Table 18: Price and changes in price for methamphetamine base, ACT, 2008-2012

Median Price - Base	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Point (range)	$30 (20-300)	$40^ (25-300)	$25^ (no range)	$23^ (20-25)	**50^ (20-80)**
Gram (range)	$250^ (150-600)	$150^ (100-200)	$200^ (150-600)	$225^ (110-350)	**250^ (150-300)**
Of those that responded (%)	n=14	n=7	n=7	n=6	**n=9**
***% Increasing** (% of entire sample)*	7 (1)	29 (2)	0 (0)	0 (0)	**33 (6)**
***% Stable** (% of entire sample)*	79 (13)	71 (5)	100 (7)	67 (5)	**56 (10)**
***% Decreasing** (% of entire sample)*	0 (0)	0 (0)	0 (0)	0 (0)	**0 (0)**
***% Fluctuating** (% of entire sample)*	0 (0)	0(0)	0 (0)	33 (3)	**0 (0)**
*% Don't know (% of entire sample)**	14 (2)	-	-	-	**11 (2)**

Source: EDRS REU interviews, 2008-2012
^ Small numbers (<10)
* 'Don't know' was not included 2009-2011

Crystal methamphetamine

One in four (24%) REU commented on the price, purity and availability of crystal. (Table 19). The median price paid for the last point (n=12) of crystal purchased was $100 (range=$40-100). Four participants reported that the median price for a gram of crystal was $250 (range=$150-$300). Almost half (42%) of participants reported that the price of crystal had remained stable in the six months preceding interview and one in four reported it had increased in the preceding six months.

Table 19: Price and changes in price for methamphetamine crystal, ACT, 2008-2012

Median Price - Crystal	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Point (range)	$50 (40-50)	$50^ (30-50)	$70^ (50-80)	$80^ (50-110)	**100 (40-100)**
Gram (range)	$400^ (250-400)	$275 (250-300)	$300^ (200-400)	-	**$350^ (250-400)**
Of those that responded (%)	n=14	n=5	n=5	n=3	**n=12**
***% Increasing** (% of entire sample)*	14 (2)	20 (1)	60 (4)	0 (0)	**25 (6)**
***% Stable** (% of entire sample)*	64 (11)	60 (3)	40 (3)	67 (3)	**42 (10)**
***% Decreasing** (% of entire sample)*	0 (0)	0 (0)	0 (0)	33 (1)	**8 (2)**
***% Fluctuating** (% of entire sample)*	7 (1)	20 (1)	0 (0)	0 (0)	**8 (2)**
% Don't know (% of entire sample)*	14 (2)	-	-	-	**17 (4)**

Source: EDRS REU interviews, 2008-2012
^ Small numbers (<10)
* 'Don't know' not included 2009-2011

Purity

In the 2012 ACT EDRS there was an increase in the proportion of participants who believed current purity of speed to be high, compared to previous years (see Table 20). Of the respondents that commented on the purity of base, the majority reported purity as high. The majority of respondents who commented on the current purity of ice also reported purity as high. More than half of participants reported the purity of crystal to be high. It must be noted that small numbers commented on the purity of base in 2012 and therefore the results should be interpreted with caution.

Methamphetamine powder (speed)

Forty-six percent of those commenting on speed (n=26) reported the current purity to be high, an increase from 36% in 2011. A further 27% indicated the current purity of speed to be medium (32% in 2011) and 12% indicated that it was low (20% in 2011).

Half (50%) of the respondents who commented on the change in purity of speed (n=26) believed purity had remained stable in the last six months. A further 12% reported purity to have decreased and 12% reported that purity had increased (Table 20). There were no significant differences in either current purity or change in purity of speed from 2011 to 2012.

Methamphetamine base

Only nine respondents commented on the current purity of base, therefore responses should be interpreted with caution. The majority (68%) of the respondents that commented reported the current purity to be high (88% in 2011). Of those REU who commented on the change in purity of base 50% indicated that the purity of base was stable. There were no significant changes in either current purity or change in purity of base from 2011 to 2012.

Crystal methamphetamine

In 2012, almost a quarter (24%) of REU commented on the current purity of crystal. Fifty-nine percent reported the current purity to be high and one-quarter of respondents reported the current purity of crystal to be medium. Half of the participants who responded reported that purity of crystal was stable and two respondents indicated that purity of crystal had either fluctuated in the past six months or was increasing.

Table 20: Current purity of methamphetamine, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Speed					
Did respond (%)	31	36	27	31	**51**
Of those that responded	n=26	n=36	n=20	n=25	**n=26**
***% Low** (% of entire sample)*	19 (6)	28 (29)	35 (10)	20 (63)	**12 (6)**
***% Medium** (% of entire sample)*	42 (13)	45 (13)	50 (14)	32 (10)	**27 (14)**
***% High** (% of entire sample)*	19 (6)	21 (6)	15 (4)	36 (11)	**46 (24)**
***% Fluctuates** (% of entire sample)*	15 (5)	7 (2)	0 (0)	12 (4)	**15 (8)**
% Don't know (% of entire sample)	4 (1)	-	-	-	**0 (0)**
Base					
Did respond (%)	17	8	10	10	**18**
Of those that responded (%)	n=14	n=8	n=7	n=8	**n=9**
***% Low** (% of entire sample)*	14 (2)	50 (3)	43 (4)	0 (0)	**0 (0)**
***% Medium** (% of entire sample)*	50 (8)	33 (2)	14 (1)	0 (0)	**22 (4)**
***% High** (% of entire sample)*	14 (2)	17 (1)	43 (4)	88 (9)	**68 (12)**
***% Fluctuates** (% of entire sample)*	14 (2)	0 (0)	0(0)	13 (1)	**11 (2)**
% Don't know (% of entire sample)	7 (1)	-	-	-	**0 (0)**
Crystal					
Did respond (%)	17	6	7	4	**24**
Of those that responded (%)	n=14	n=6	n=5	n=3	**n=12**
***% Low** (% of entire sample)*	7 (1)	50 (3)	20 (1)	33 (1)	**17 (4)**
***% Medium** (% of entire sample)*	21 (4)	17 (1)	40 (3)	0 (0)	**25 (6)**
***% High** (% of entire sample)*	43 (7)	33 (2)	40 (3)	67 (3)	**59 (14)**
***% Fluctuates** (% of entire sample)*	21 (4)	0 (0)	0 (0)	0 (0)	**0 (0)**
% Don't know (% of entire sample)*	7 (1)	-	-	-	**0 (0)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' not included 2009-2011

Table 21: Change in methamphetamine purity, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Speed					
Did respond (%)	31	4	22	26	**51**
Of those that responded (%)	n=26	n=4	n=16	n=21	**n=26**
***% Increasing** (% of entire sample)*	12 (4)	25 (1)	0 (0)	14 (4)	**12 (6)**
***% Stable** (% of entire sample)*	19 (6)	25 (1)	44 (10)	52 (14)	**50 (26)**
***% Decreasing** (% of entire sample)*	23 (7)	25 (1)	38 (8)	19 (5)	**12 (6)**
***% Fluctuating** (% of entire sample)*	31 (10)	25 (1)	19 (4)	14 (4)	**23 (12)**
*% Don't know (% of entire sample)**	15 (5)	-	-	-	**4 (2)**
Base					
Did respond (%)	17	6	8	8	**18**
Of those that responded (%)	n=14	n=6	n=6	n=6	**n=9**
***% Increasing** (% of entire sample)*	7 (1)	17 (1)	0 (0)	0 (0)	**11 (2)**
***% Stable** (% of entire sample)*	43 (7)	50 (3)	67 (5)	67 (5)	**56 (10)**
***% Decreasing** (% of entire sample)*	14 (2)	33 (2)	33 (3)	0 (0)	**0 (0)**
***% Fluctuating** (% of entire sample)*	29 (5)	0 (0)	0 (0)	33 (3)	**22 (4)**
*%Don't know (% of entire sample)**	7 (1)	-	-	-	**0 (0)**
Crystal					
Did respond (%)	17	6	7	4	**24**
Of those that responded (%)	n=14	n=6	n=5	n=3	**n=12**
***% Increasing** (% of entire sample)*	29 (5)	0 (0)	40 (3)	0 (0)	**17 (4)**
***% Stable** (% of entire sample)*	7 (1)	50 (3)	20(1)	67 (3)	**50 (12)**
***% Decreasing** (% of entire sample)*	7 (1)	50 (3)	40 (3)	0 (0)	**8 (2)**
***% Fluctuating** (% of entire sample)*	43 (7)	0 (0)	0 (0)	33 (1)	**17 (4)**
*% Don't know (% of entire sample)**	14 (2)	-	-	-	**0 (0)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' not included 2009-2011

Availability

Methamphetamine powder (speed)

Of the 26 REU who commented on the availability of speed in the preceding six months, the majority (97%) reported that speed was currently very easy (58%) to easy (39%) to obtain (Table 22). Two participants reported that speed was difficult to obtain. The majority (77%) of respondents believed that the availability of speed had remained stable. There were no significant differences in either current availability or change in availability between 2011 and 2012.

Methamphetamine base

In 2012 the majority (67%) of respondents (n=9) indicated that base was easy (56%) to very easy (11%) to obtain. Thirty-three percent of respondents reported base as difficult to obtain. When asked about changes in the availability of base methamphetamine (see Table 23), the majority (67%) reported that availability of base had remained stable over the preceding six months. One participant commented that base had become more difficult to obtain in the preceding six months. As small numbers of participants commented on the availability of base results should be interpreted with caution.

Crystal methamphetamine

Twenty-four percent of participants commented on the availability of crystal. The majority (29%) reported that crystal was very easy to obtain (50%) or easy (42%) to obtain. One participant believed it was difficult to obtain crystal. Almost all (92%) participants reported that the availability of crystal over the preceding six months had remained stable. One participant commented that it had fluctuated in the preceding six months.

Table 22: Current availability of methamphetamine forms, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Speed					
Did respond (%)	31	32	32	33	**51**
Of those that responded (%)	n=26	n=32	n=23	n=26	**n=26**
***% Very easy** (% of entire sample)*	19 (6)	16 (5)	39 (12)	39 (13)	**58 (29)**
***% Easy** (% of entire sample)*	46 (15)	53 (17)	39 (12)	54 (18)	**39 (20)**
***% Difficult** (% of entire sample)*	31 (10)	28 (9)	22 (7)	4 (1)	**4 (2)**
***% Very difficult** (% of entire sample)*	0 (0)	3 (1)	0	4 (1)	**0 (0)**
***% Don't know** (% of entire sample)**	4 (1)	-	-	-	**0 (0)**
Base					
Did respond (%)	17	7	10	10	**18**
Of those that responded (%)	n=14	n=7	n=7	n=8	**n=9**
***% Very easy** (% of entire sample)*	29 (5)	29 (2)	0 (0)	13 (1)	**56 (10)**
***% Easy** (% of entire sample)*	29 (5)	14 (1)	57 (5)	50 (5)	**11 (2)**
***% Difficult** (% of entire sample)*	36 (6)	57 (4)	43 (4)	38 (4)	**33 (6)**
***% Very difficult** (% of entire sample)*	7 (1)	0 (0)	0 (0)	0 (0)	**0 (0)**
***% Don't know** (% of entire sample)**	0 (0)	-	-	-	**0 (0)**
Crystal					
Did respond (%)	17	6	7	4	**24**
Of those that responded (%)	n=14	n=6	n=5	n=3	**n=12**
***% Very easy** (% of entire sample)*	43 (7)	0 (0)	60 (4)	0 (0)	**50 (12)**
***% Easy** (% of entire sample)*	43 (7)	33 (2)	20 (1)	67 (3)	**42 (10)**
***% Difficult** (% of entire sample)*	0 (0)	67 (4)	20 (1)	33 (1)	**8 (2)**

*% **Very difficult** (% of entire sample)*	7 (1)	0 (0)	0 (0)	0 (0)	**0 (0)**
*% **Don't know** (% of entire sample)**	7 (1)	-	-	-	**0 (0)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' not included 2009-2011

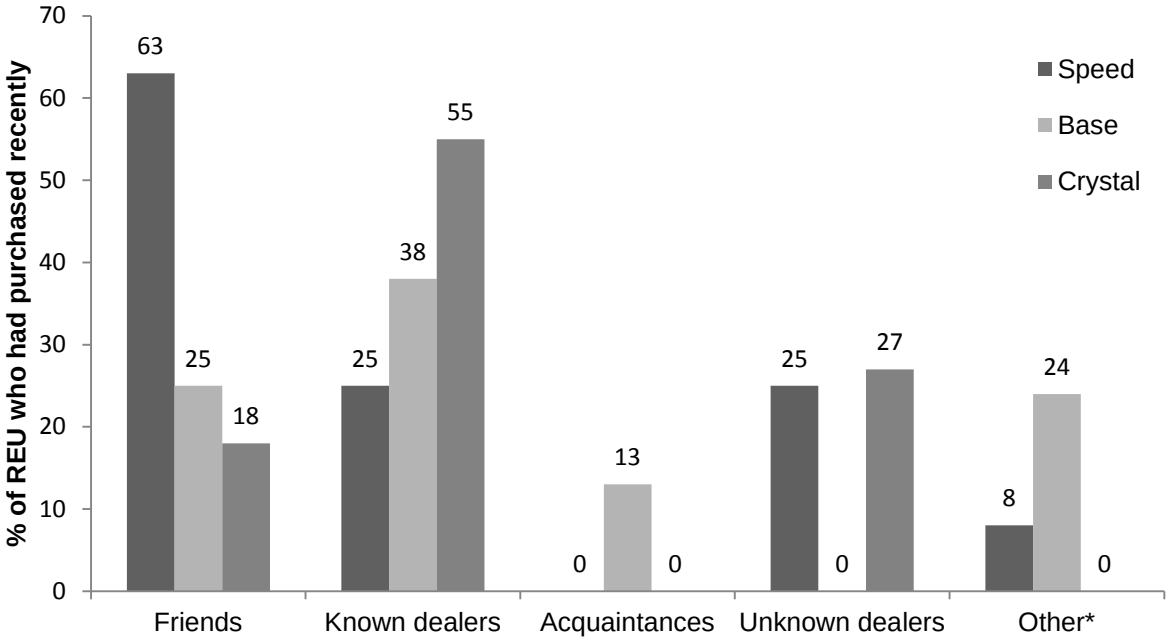
Table 23: Changes to availability of methamphetamine forms, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Speed					
Did respond (%)	31	28	30	33	**51**
Of those that responded (%)	n=26	n=28	n=22	n=26	**n=26**
*% **More difficult** (% of entire sample)*	23 (7)	36 (10)	9 (3)	8 (3)	**8 (4)**
*% **Stable** (% of entire sample)*	50 (16)	54 (15)	73 (22)	69 (23)	**77 (39)**
*% **Easier** (% of entire sample)*	8 (2)	7 (2)	18 (5)	23 (8)	**12 (6)**
*% **Fluctuates** (% of the entire sample)*	8 (2)	4 (1)	0 (0)	0 (0)	**0 (0)**
*% Don't know (% of entire sample)**	12 (4)	-	-	-	**4 (2)**
Base					
Did respond (%)	17	6	8	8	**18**
Of those that responded (%)	n=14	n=6	n=6	n=6	**n=9**
*% **More difficult** (% of entire sample)*	36 (6)	17 (1)	17 (1)	17 (1)	**11 (2)**
*% **Stable** (% of entire sample)*	57 (10)	67 (4)	67 (5)	83 (6)	**67 (12)**
*% **Easier** (% of entire sample)*	0 (0)	17 (1)	17 (1)	0 (0)	**11 (2)**
*% **Fluctuates** (% of entire sample)*	7 (1)	0 (0)	0 (0)	0 (0)	**11 (2)**
*% Don't know (% of entire sample)**	0 (0)	-	-	-	**0 (0)**
Crystal					
Did respond (%)	17	6	7	4	**24**
Of those that responded (%)	n=14	n=6	n=5	n=3	**n=12**
*% **More difficult** (% of entire sample)*	0 (0)	67 (4)	0 (0)	33 (1)	**0 (0)**
*% **Stable** (% of entire sample)*	64 (11)	33 (2)	80 (5)	67 (3)	**92 (22)**
*% **Easier** (% of entire sample)*	14 (2)	0 (0)	20 (1)	0 (0)	**0 (0)**
*% **Fluctuates** (% of entire sample)*	7 (1)	0 (0)	0 (0)	0 (0)	**8 (2)**
*% Don't know (% of entire sample)**	14 (2)	-	-	-	**0 (0)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' not included 2009-2011

Figure 9 presents the people from whom REU had last purchased methamphetamine in the six months prior to interview. For speed, friends and known dealers were the most common sources. Friends (63%) were the most common source from which REU obtained speed and known dealers were the most common source from which REU obtained crystal (55%) and base (38%).

Figure 9: People from whom methamphetamine was last purchased in the preceding six months, ACT, 2012



Source: EDRS REU interviews, 2012
* Includes workmates and street dealers
Note: Results based on following response numbers: speed (n=25), base (n=8) and crystal (n=11)

The locations (Table 24) at which REU last purchased all three forms of methamphetamine in the six months prior to interview were primarily private settings such as a friend's home (speed 31%, base 33%, and crystal 33%).

Table 24: Locations where methamphetamine was last purchased in the preceding six months, 2012

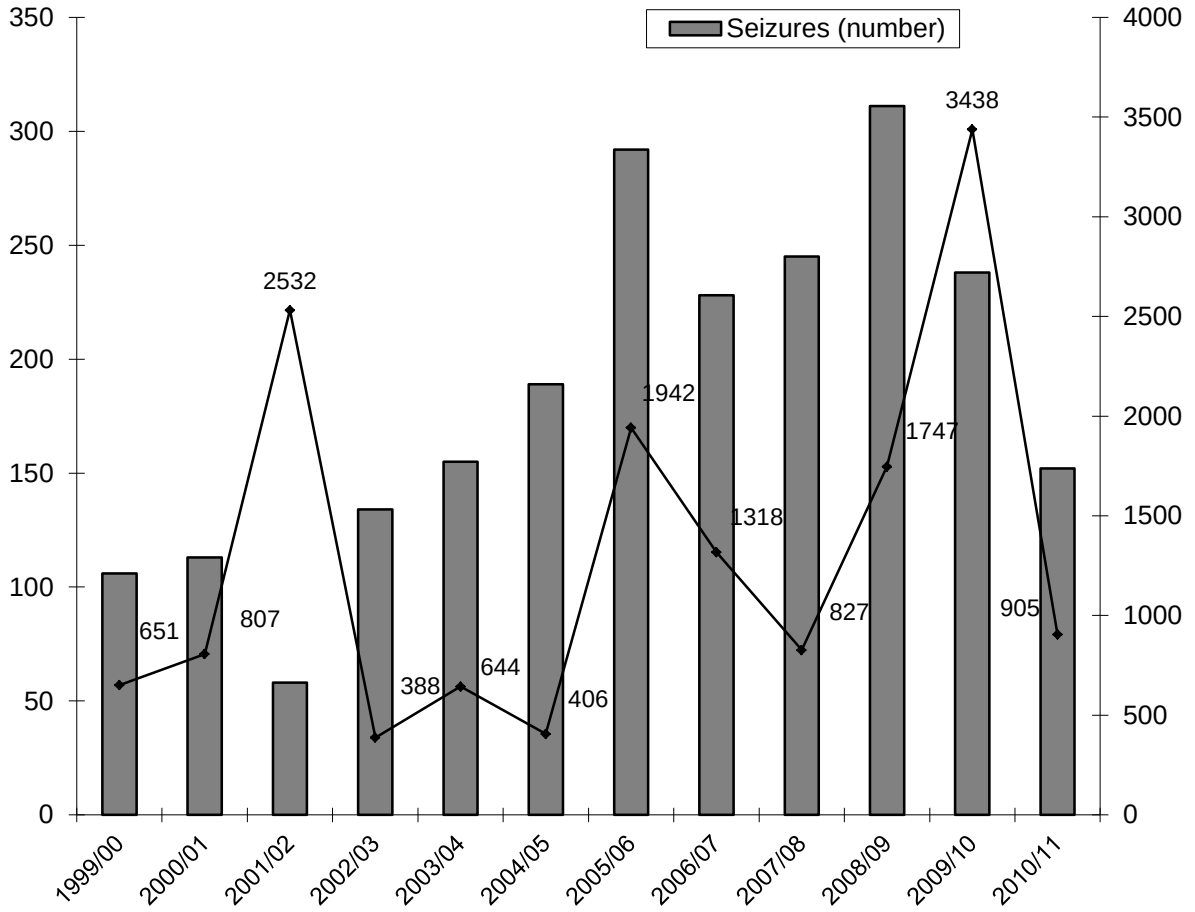
	Speed (n=25)	Base (n=8)	Ice (n=11)
Friend's home (%)	31	33	33
Own home (%)	19	22	0
Dealer's home (%)	12	22	33
Nightclub (%)	15	0	0
Street (%)	4	0	0
Agreed public location (%)*	0	0	0
Live music event (%)	4	0	0
Haven't obtained (%)	8	11	33

Source: EDRS REU interviews, 2012
* includes workplace
Note: Results based on following response numbers: speed (n=25), base (n=8) and crystal (n=11)

Law enforcement

The number and weight of amphetamine-type seizures in the ACT from 1999 to 2010 are presented in Figure 10. It must be noted that amphetamine-type stimulants include amphetamine, methamphetamine and phenethylamines. The weight of seizures made in the ACT decreased sharply in the 2010/2011 period, decreasing from 3,438 grams in 2009/2010 to 905 grams in 2010/2011..

Figure 10: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2010



Source: (Australian Bureau of Criminal Intelligence, 2000-2011)
Note: Data not available for the 2011/2012 financial year

5.3. Cocaine

Key points

- The median price of a gram of cocaine in 2012 was $300, stable across the last 5 years. The majority of respondents reported the price of cocaine had remained stable in the previous six months.
- The reports of cocaine being difficult or very difficult to access is less in 2012 than last year. More than half (67%) reported cocaine to be easy or very easy to access. Almost all (93%) reported that cocaine availability had remained stable in the previous six months.

Price

Twenty-nine percent of participants (n=15) commented on the current price, purity and availability of cocaine. Nine participants reported on the price paid for a gram of cocaine in the ACT (see Table 25). The median reported price paid for the last gram of cocaine purchased by REU remained stable at $300 (range=$300-500) per gram. The majority (87%) 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.

Table 25: Prices and changes in price for cocaine, ACT, 2008-2012

Median Price	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Gram (range)	$300 (180-2000)	$300 (110-350)	$300 (150-400)	$300 (150-350)	**$300 (300-500)**
Did respond (%)	34	17	26	29	**29**
Of those that responded	n=28	n=17	n=19	n=23	**n=15**
***% Increasing** (% of entire sample)*	7 (2)	6 (1)	16 (4)	22 (6)	**7 (2)**
***% Stable** (% of entire sample)*	36 (12)	77 (13)	58 (15)	78 (23)	**87 (26)**
***% Decreasing** (% of entire sample)*	11 (4)	12 (2)	21 (5)	0 (0)	**0 (0)**
***% Fluctuating** (% of entire sample)*	7 (2)	6 (1)	5 (1)	0 (0)	**0 (0)**
*% Don't know (% of entire sample)**	39 (13)	-	-	-	**7 (2)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' was not included 2009-2011

Purity

In the 2012 EDRS, reports on the current purity of cocaine were mixed. Forty percent of respondents reported the current purity of cocaine to be low, while 27% reported purity to be medium and 27% reported purity to be high. Reports of change in purity in the six months prior to interview varied, with 7% reporting purity had increased, 40% reporting purity was stable, 20% reporting purity had decreased and 13% reporting that purity had fluctuated in the six months prior to interview.

Table 26: Reports of cocaine purity, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Did respond (%)	34	25	30	33	**29**
Of those that responded (%)	n=28	n=25	n=22	n=26	**n=15**
Current purity					
***% Low** (% of entire sample)*	29 (10)	24 (5)	23 (7)	39 (13)	**40 (12)**
***% Medium** (% of entire sample)*	32 (11)	29 (6)	36 (11)	31 (10)	**27 (8)**
***% High** (% of entire sample)*	18 (6)	38 (8)	27 (8)	12 (4)	**27 (8)**
***% Fluctuates** (% of entire sample)*	4 (1)	10 (2)	14 (4)	19 (6)	**7 (2)**
% Don't know (% of entire sample)	18 (6)	-	-	-	**0 (0)**
Purity change					
***% Increasing** (% of entire sample)*	11 (4)	25 (4)	28 (7)	14 (4)	**7 (2)**
***% Stable** (% of entire sample)*	32 (11)	69 (11)	28 (7)	32 (9)	**40 (12)**
***% Decreasing** (% of entire sample)*	4 (1)	6 (1)	28 (7)	18 (5)	**20 (6)**
***% Fluctuating** (% of entire sample)*	14 (5)	0 (0)	17 (4)	36 (10)	**13 (4)**
*% Don't know (% of entire sample)**	39 (13)	-	-	-	**20 (6)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' was not included 2009-2011

Availability

In 2012, 67% of respondents indicated that cocaine was easy (27%) or very easy (40%) to obtain, compared to 45% in 2011. The proportion of respondents reporting cocaine to be difficult or very difficult obtain decreased from 55% in 2011 to 34% in 2012. The majority (93%) of respondents believed that the availability of cocaine had remained stable over the previous six months. Seven percent reported that cocaine had become more difficult to obtain (15% in 2011).

Table 27: Availability of cocaine, ACT, 2008-2012

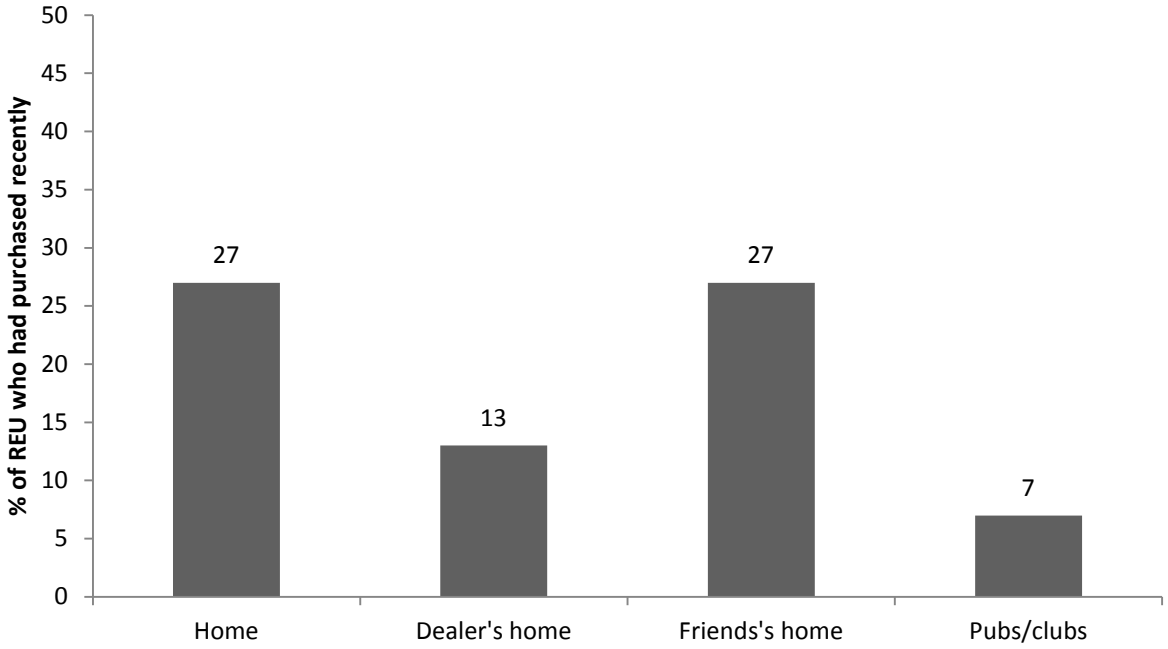
	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Did respond (%)	34	25	36	36	**29**
Of those that responded (%)	n=28	n=25	n=26	n=29	**n=15**
Current availability					
***% Very easy** (% of entire sample)*	4 (1)	8 (2)	23 (8)	7 (3)	**27 (8)**
***% Easy** (% of entire sample)*	36 (12)	44 (11)	42 (15)	38 (14)	**40 (12)**
***% Difficult** (% of entire sample)*	39 (13)	44 (11)	35 (12)	48 (18)	**27 (8)**

% Very difficult *(% of entire sample)*	14 (5)	4 (1)	0 (0)	7 (3)	**7 (2)**
% Don't know (% of entire sample)	7 (2)	-	-	-	**0 (0)**
Change in availability					
% More difficult *(% of entire sample)*	11 (4)	17 (3)	13 (4)	23 (8)	**0 (0)**
% Stable *(% of entire sample)*	50 (17)	67 (12)	57 (18)	58 (19)	**93 (28)**
% Easier *(% of entire sample)*	7 (2)	6 (1)	30 (10)	15 (5)	**7 (2)**
% Fluctuates *(% of entire sample)*	4 (1)	11 (2)	0 (0)	4 (1)	**0 (0)**
% Don't know *(% of entire sample)**	29 (10)	-	-	-	**0 (0)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' was not included 2009-2011

The people REU most commonly reported last obtaining cocaine from in the preceding six months were friends (53%) and known dealers (13%). The most common locations at which REU reported last obtaining cocaine in the six months prior to interview were home (27%), a friend's home (27%), pubs/clubs (7%) and dealer's home (13%) see Figure 11.

Figure 11: Locations where cocaine was last purchased in the preceding six months, ACT, 2012



Source: EDRS REU interviews, 2012
Note: Results based on response numbers n=15

Law enforcement

Table 28 shows the number and weight of cocaine seizures in the ACT from July 2000 to June of 2011. 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 2010/2011, the weight of seizures increased from the previous year to 106 grams.

Table 28: Number and weight of cocaine seizures, ACT, July 2000 to June 2011

	Seizures (no.)	Weight (grams)
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
2008/2009	18	197
2009/2010	19	20
2010/2011	19	106

Source: (Australian Bureau of Criminal Intelligence, 2000-2011)
Note: Data not available for the 2011/2012 financial year

5.4. LSD

Key points

- The median price reported for a tab of LSD remained stable from 2011 at $20. Of those that responded, 76% reported that the price had remained stable in the previous six months.
- Almost half the respondents (40%) reported that current purity was high.
- The majority (56%) of respondents reported that LSD was easy or very easy to obtain. The majority also reported that LSD availability had remained stable in the previous six months.

Price

In 2012, 51% (n=26) of the EDRS sample commented on the current price, purity and availability of LSD in the ACT. In 2012, the median reported last price for a tab of LSD was $20 (range=$10-40), stable from 2011 (Table 29). Of the 26 respondents commenting, the majority (76%) reported that the price remained stable in the past six months.

Table 29: Prices of LSD purchased by ACT REU, 2008-2012

Median Price	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Tab (range)	$20 (10-40)	$25 (10-40)	$20 (10-30)	$20 (10-30)	**$20 (10-40)**
Did respond (%)	30	33	32	33	**51**
Of those that responded	n=25	n=33	n=23	n=26	**n=26**
% Increasing *(% of entire sample)*	0 (0)	23 (6)	17 (5)	8 (3)	**4 (2)**
% Stable *(% of entire sample)*	64 (19)	58 (15)	61 (19)	69 (23)	**76 (37)**
% Decreasing *(% of entire sample)*	8 (2)	8 (2)	4 (1)	12 (4)	**4 (2)**
% Fluctuating *(% of entire sample)*	12 (4)	12 (3)	17 (5)	12 (4)	**8 (4)**
*% Don't know (% of entire sample)**	16 (5)	-	-	-	**8 (4)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' was not included 2009-2011

Purity

In 2015, 40% of those that were able to comment on LSD purity reported that the current purity was high and 28% reported purity to be medium (see Table 30). Sixty percent of REU who were able to comment on the change in purity of LSD reported that it had remained stable, one respondent reported that purity had increased and one respondent reported that purity had decreased in the six months prior to interview.

Table 30: Current purity of LSD and purity change, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Did respond (%)	30	30	29	33	**49**
Of those that responded (%)	n=25	n=30	n=21	n=26	**n=25**
Current purity					
***% Low** (% of entire sample)*	8 (2)	0 (0)	0 (0)	12 (4)	**8 (4)**
***% Medium** (% of entire sample)*	28 (8)	17 (5)	43 (12)	50 (16)	**28 (14)**
***% High** (% of entire sample)*	28 (8)	70 (21)	57 (16)	19 (6)	**40 (20)**
***% Fluctuates** (% of entire sample)*	16 (5)	13 (4)	0 (0)	19 (6)	**8 (4)**
***% Don't know** (% of entire sample)**	20 (6)	-	-	-	**16 (8)**
Purity change					
***% Increasing** (% of entire sample)*	4 (1)	29 (7)	5 (1)	8 (3)	**4 (2)**
***% Stable** (% of entire sample)*	36 (11)	42 (10)	53 (14)	44 (14)	**60 (30)**
***% Decreasing** (% of entire sample)*	12 (4)	4 (1)	16 (4)	20 (6)	**4 (2)**
***% Fluctuating** (% of entire sample)*	20 (6)	25 (6)	26 (7)	28 (9)	**16 (8)**
***% Don't know** (% of entire sample)**	28 (8)	-	-	-	**16 (8)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' was not included 2009-2011

Availability

Half (52%) of the REU sample who were able to comment on LSD reported that the substance was easy (32%) or very easy (24%) to obtain, while 40% reported it was difficult to obtain. One participant reported that LSD was very difficult to obtain (see Table 31). The majority (72%) of REU who commented on LSD reported that availability had remained stable.

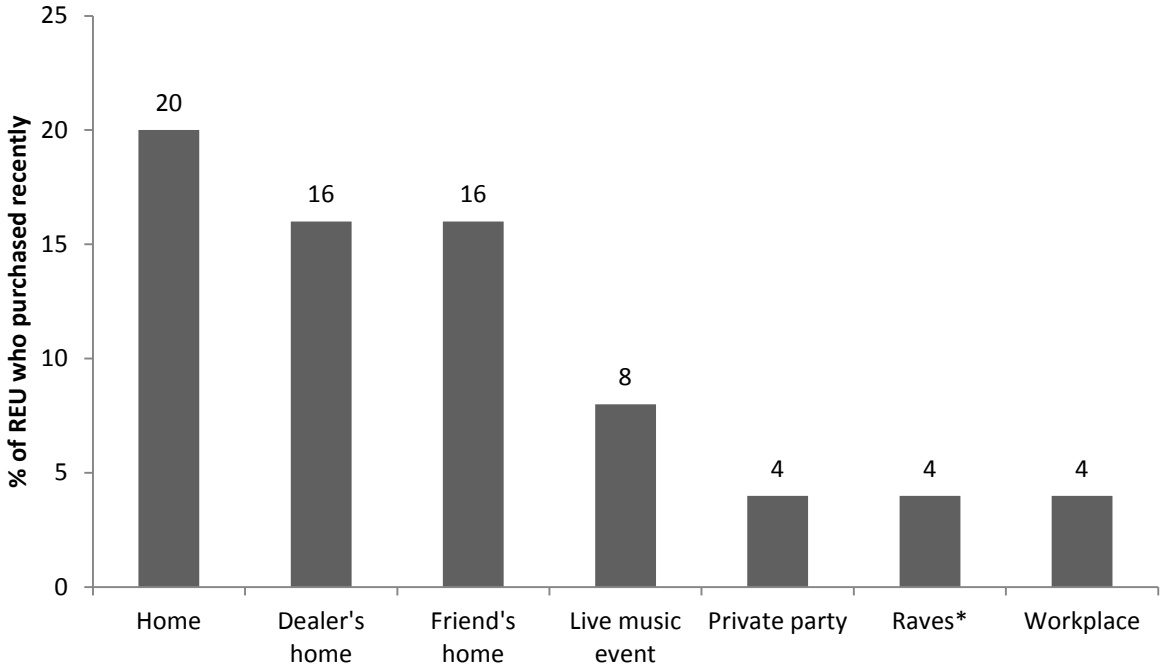
Table 31: Current LSD availability and availability change, ACT, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Did respond (%)	30	33	32	35	**49**
Of those that responded (%)	n=25	n=33	n=23	n=28	**n=25**
Current availability					
***% Very easy** (% of entire sample)*	24 (7)	18 (6)	30 (10)	25 (9)	**24 (12)**
***% Easy** (% of entire sample)*	40 (12)	52 (17)	39 (12)	50 (18)	**32 (16)**
***% Difficult** (% of entire sample)*	24 (7)	30 (10)	30 (10)	25 (9)	**40 (20)**
***% Very difficult** (% of entire sample)*	8 (2)	0 (0)	0 (0)	0 (0)	**4 (2)**
***% Don't know** (% of entire sample)**	4 (1)	-	-	-	**0 (0)**
Availability change					
***% More difficult** (% of entire sample)*	16 (5)	17 (4)	22 (7)	7 (3)	**12 (6)**
***% Stable** (% of entire sample)*	56 (17)	58 (14)	44 (14)	76 (28)	**72 (35)**
***% Easier** (% of entire sample)*	4 (1)	21 (5)	30 (10)	10 (4)	**4 (2)**
***% Fluctuates** (% of entire sample)*	12 (4)	4 (1)	4 (1)	7 (3)	**4 (2)**
***% Don't know** (% of entire sample)**	12 (4)	-	-	-	**8 (4)**

Source: EDRS REU interviews, 2008-2012
* 'Don't know' was not included 2009-2011

The people from whom REU reported primarily obtaining LSD from in the preceding six months were friends (44%) and known dealers (20%). One participant reported buying LSD from acquaintances and one participant reported buying LSD from an unknown dealer. The locations at which REU reported most frequently obtaining LSD from in the six months prior to interview (see 12) were most frequently reported as home (20%), a friend's home (16%) or a dealer's home (16%).

Figure 12: Locations where LSD had been purchased in the preceding six months, ACT, 2012



Source: EDRS REU interviews, 2012
* Includes outdoor raves (doofs) and dance parties

5.5. Cannabis

Key points

- The median price paid in 2012 for a gram of hydroponic cannabis was $20 and for an ounce was $280. The median price paid for a gram of bush cannabis was $20 and for an ounce was $240. The majority of participants reported that the price of both hydro and bush had remained stable in the previous six months.
- Almost all (86%) that commented reported that the purity of hydro was medium to high. The majority (72%) reported that the purity of bush was medium to low. The majority of participants reported that the purity of both hydro and bush had remained stable in the previous six months.
- Almost all REU who were able to comment reported that hydro and bush were currently very easy to easy to obtain. The majority also reported that the availability of bush and hydro had remained stable in the previous six months.

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).

Price

In 2012, 8% of participants (n=4) were able to report on the price, purity and availability of hashish (hash) and hash oil, two-thirds (71%, n=36) were able to comment on hydro, and 57% of participants (n=29) were able to comment on bush. Four REU reported that they had purchased a gram of hash in the previous six months. The median price of hash per gram was $50 (range=$20-$50). Three participants reported that they had purchased a cap of hash oil in the previous six months. The median price for a cap of hash oil was $50 (range=$30-$70).

Hydroponic

Almost half (47%) of those who commented on hydro reported on the last price they had paid for a gram in the ACT, with the median price being $20 (range=$10-25, see Table 32). A third of those who commented on hydro were able to report on the last price paid for an ounce in the ACT, with the median price being $280 (range=$230-320, see Table 32). The majority (76%) 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 (7%) or decreased (3%) in the six months preceding interview.

Bush

Forty-five percent of those who commented on bush were able to report on the last price paid for a gram in the last six months in the ACT, with the median price being $20 (range=$5-25, see Table 32). Five REU were able to report on the last price paid for an ounce of bush, with the median price being $240 (range=$180-300, see Table 32). Most (82%) respondents reported that the price of bush had remained stable in the six months preceding interview. Smaller proportions reported that the price was increasing (8%), decreasing (4%), or fluctuating (8%).

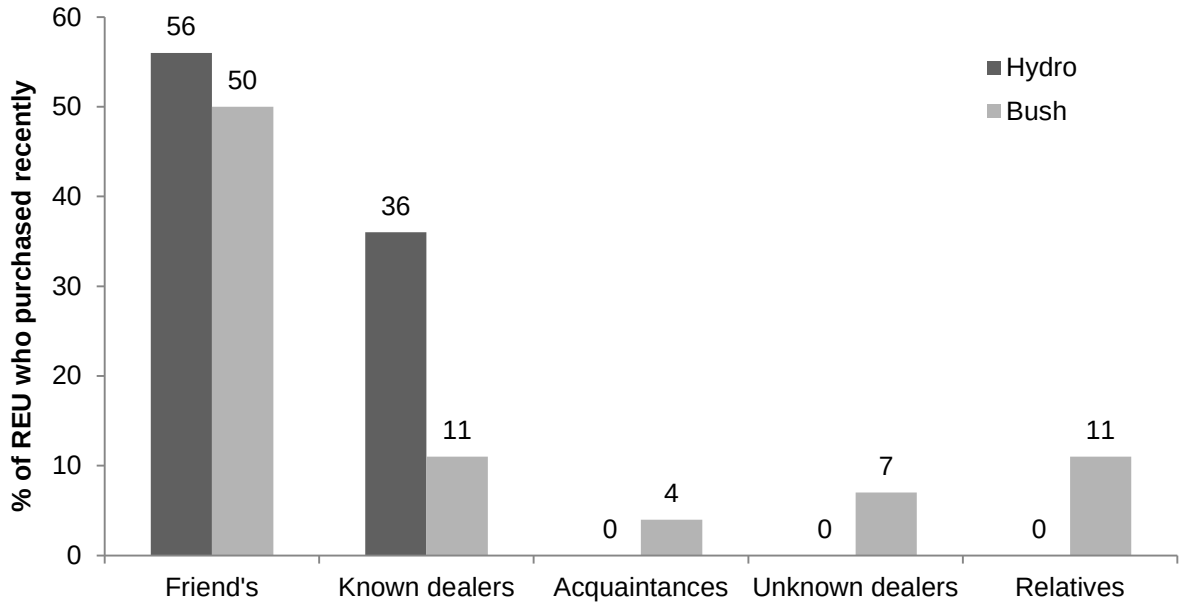
Table 32: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2012

	2012 (N=51)	
Median price (range)	**Hydro**	**Bush**
Gram	$20 (10-25)	$20 (5-25)
Ounce	$280 (230-320)	$240 (180-300)
Did respond (%)	71	57
Of those that responded	n=36	n=29
Price change		
% Increasing *(% of entire sample)*	6 (4)	7 (4)
% Stable *(% of entire sample)*	83 (57)	82 (43)
% Decreasing *(% of entire sample)*	3 (2)	4 (2)
% Fluctuating *(% of entire sample)*	9 (6)	7 (4)
% Don't know (% of entire sample)	3 (2)	**7 (4)**

Source: EDRS REU interviews, 2012

The most common sources of hydro were friends (56%) and known dealers (36%). The most common sources of bush were also friends (50%) and known dealers (11%), as can be seen in Figure 13.

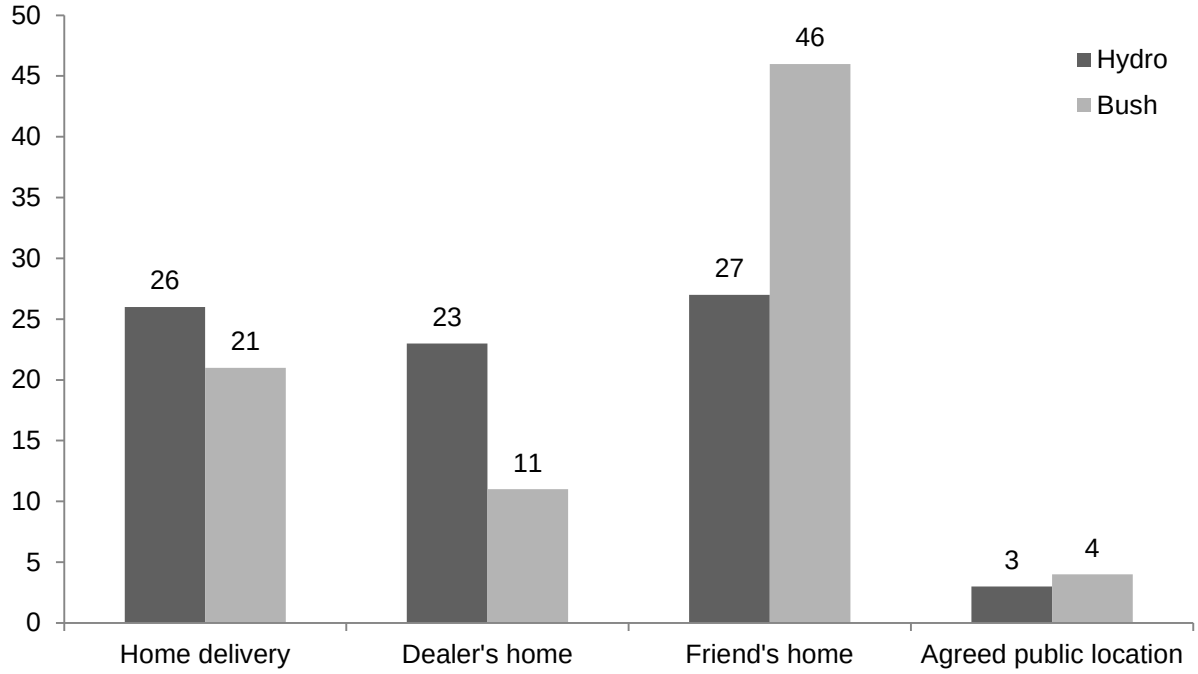
Figure 13: Source of last purchase of hydro and bush cannabis, ACT, 2012



Source: EDRS REU interviews, 2012
Note: Results based on following response numbers: hydro (n=36) and bush (n=29)

Figure 14 shows that the most common places of purchase for hydroponic cannabis was home delivery (26%), a friend's home (27%) and at a dealer's home (23%). The next most common places of purchase of bush were at a friend's home (46%), home delivery (21%) and at a dealer's home (11%).

Figure 14: Last locations where hydro and bush cannabis have been purchased in the preceding six months, ACT, 2012



Source: EDRS REU interviews, 2012
Note: Results based on following response numbers: hydro (n=36) and bush (n=29)

Potency

Potency and potency change in hydroponic and bush cannabis is presented in Table 33. Of those that were able to report on the potency of hydro (n=36) the majority reported purity to be high (47%) or medium (39%). The majority of REU reported that the potency of hydro in the six months preceding interview was stable (68%).

Twenty-nine 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 (48%). Smaller numbers reported potency to be low (24%), high (14%) or fluctuating (14%). The majority also reported that potency of bush had remained stable (61%). Eleven percent reported that potency had increased in the six months prior to interview and 7% reported that potency had decreased in the six months prior to interview. One- fifth reported the purity of bush had been fluctuating in the previous six months.

Table 33: Potency and changes in potency for hydro and bush cannabis, ACT, 2012

	2012 (n=51)	
Current potency	**Hydro**	**Bush**
Did respond (%)	71	57
% High *(% of entire sample)*	47 (33)	14 (8)
% Medium *(% of entire sample)*	39 (28)	48 (28)
% Low *(% of entire sample)*	6 (4)	24 (14)
% Fluctuating *(% of entire sample)*	8 (6)	14 (8)
Potency change		
Did respond (%)	71	57
% Increasing *(% of entire sample)*	8 (6)	11 (6)
% Stable *(% of entire sample)*	68 (45)	61 (33)
% Decreasing *(% of entire sample)*	6 (4)	7 (4)
% Fluctuating *(% of entire sample)*	17 (12)	21 (12)

Source: EDRS REU interviews, 2012

Availability

The availability and availability change for hydro and bush in the ACT are presented in Table 34. All (100%) of those who were able to comment reported that hydro was currently very easy (64%) to easy (36%) to obtain in the ACT. There were no significant differences in current availability of hydro between 2011 and 2012. The majority (77%) also reported that availability had remained stable in the ACT in the preceding six months.

The majority (93%) of REU who were able to comment reported that bush was currently very easy (38%) to easy (55%) to obtain in the ACT. Seven percent reported that bush was currently difficult to obtain. Almost three-quarters (69%) reported that the availability of bush had remained stable. Smaller proportions reported that availability had become easier (14%), more difficult (14%) or was fluctuating (3%). There were no significant differences in current availability or availability change of bush between 2011 and 2012.

Table 34: Availability and changes in availability for cannabis, ACT, 2012

	2012 (N=51)	
Current availability	**Hydro**	**Bush**
Did respond (%)	71	57
% Very easy *(% of entire sample)*	64 (45)	38 (22)
% Easy *(% of entire sample)*	36 (26)	55 (31)
% Difficult *(% of entire sample)*	0 (0)	7 (4)
% Very difficult *(% of entire sample)*	0 (0)	0 (0)
Availability change		
Did respond (%)	71	57
% Easier *(% of entire sample)*	6 (4)	14 (8)
% Stable *(% of entire sample)*	77 (53)	69 (39)
% More difficult *(% of entire sample)*	11 (8)	14 (8)
% Fluctuates *(% of entire sample)*	6 (4)	4 (2)

Source: EDRS REU interviews, 2012

Cannabis law enforcement seizure data

Table 35 shows the number and weight of cannabis seizures in the ACT from 2000 to 2011. In the 2009/2010 period there was a sharp rise in the weight of cannabis seizures as compared to the previous period. In the 2010/1011 period, there were 643 seizures weighing a total of 421,180 grams, a decrease from the year before.

Table 35: Number and weight of cannabis seizures by ACT police, July 2000 to June 2011

Year	Seizures (no.)	Weight (grams)
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
2008/2009	598	194 928
2009/2010	764	740 957
2010/2011	643	421 180

Source: Australian Bureau of Criminal Intelligence, 2000-2011
Note: Data not available for the 2011/2012 financial year

6. HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

Overdose

- Almost one-third (30%) of all REU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 91% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy and speed. The majority reported that they received no treatment for their overdose.
- Thirty-two percent of the sample reported that they had ever suffered a depressant overdose, of which 63% had done so in the past 12 months. Recent overdoses were most commonly attributed to alcohol (89%). The majority reported that they received no treatment for their overdose.

Help-seeking behaviour

- Sixteen percent of the sample had accessed a health service in relation to their drug use in the six months prior to interview.

Self-reported problems

- Almost half (48%) of the sample reported that they had experienced risk-related problems as a result of their drug use. Thirty-two percent reported that they had experienced responsibility-related problems and 18% of the sample reported they had experienced reoccurring relationship/social problems due to drug use. Six percent reported experiencing legal problems as a result of their drug use. The main drugs that were nominated as the most common drugs that problems were attributable to were cannabis, alcohol and ecstasy.

Mental health

- Forty-two percent of participants reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.
- Thirty-two percent of respondents were classified as currently experiencing high or very high distress on the Kessler Psychological Distress Scale.

6.1. Overdose and drug-related fatalities

Stimulant overdose

In 2012, 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 30% of the sample (see Table 36) similar to overdose rates reported in 2011 (36%). The median number of stimulant overdoses was two (range=1-50). Of those who had ever overdosed on a stimulant drug, 91% (n=10) reported overdosing in the 12 months preceding interview. Of the 10 participants that reported overdosing in the 12 months preceding interview three attributed their last overdose to ecstasy, three to speed, one to base, two to crystal and one to cocaine. Polydrug use was common, with 70% reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose, typically ecstasy (30%). Alcohol, cannabis, crystal and cocaine (all 10%) were also mentioned.

Of those who had overdosed in the past 12 months, their own home, nightclubs, friend's home and live music events were the locations that most participants reported the stimulant OD taking place at (Table 36).

The main symptoms which participants reported on their last stimulant overdose (if it occurred within the last 12 months) included vomiting (20%), increased body temperature (10%), increased heart rate (10%), and headache, panic, extreme agitation, paranoia, hallucination (tactile) and muscle twitches were all reported at similar rates. The most common accompanying symptoms (not nominated as the main symptom by the participant) were panic (46%) and agitation (46%). Increased body temperature, increased heart rate, irregular breathing, delirium/confusion and dizziness were frequently reported. Hallucinations (auditory, visual and tactile), loss of consciousness, seizure, chest pain and tremors were all reported by fewer participants.

Of those that had a stimulant overdose in the past 12 months, most did not receive treatment. Two reported receiving treatment, with one receiving treatment at a hospital emergency department and one taken to a hospital psychiatric emergency centre by police. One participant reported being monitored by friends.

Table 36: Participants' experience with stimulant overdoses, ACT, 2008-2012

Stimulant overdose	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever overdosed (%)	49	21	18	36	**30**
Recent overdose, past 12 months (%)[#]	63 (n=26)	62 (n=13)	77 (n=10)	90 (n=26)	**91 (n=10)**
Main drug (%)[*]					
Ecstasy	65	85	60	96	**30**
Speed	4	0	10	4	**30**
Base	0	0	0	0	**10**
Crystal	15	0	0	0	**20**
Cocaine	12	0	10	0	**10**
MDA	4	8	0	0	**0**
PMA	0	0	10	0	**0**
LSD	0	0	10	0	**0**
Pharmaceutical stimulants	0	8	0	0	**0**
Other drugs (%)[*]					
Ecstasy	8	8	10	4	**30**
Speed	19	15	20	8	**0**
Base	0	0	0	4	**0**
Crystal	4	0	0	4	**0**
Cocaine	19	8	20	4	**10**
LSD	12	8	0	12	**10**
MDA	0	0	0	0	**0**
Ketamine	0	0	0	0	**0**
Alcohol	62	69	40	56	**10**
Cannabis	35	23	30	16	**10**
Other	0	0	30	28	**10**
Last overdose location (%)*					
Nightclub	19	15	20	27	**20**
Rave	8	8	10	0	**0**

Live music event	4	23	10	31	**10**
Home	23	8	20	12	**30**
Friend's home	15	23	30	16	**10**
Dealer's home	0	0	10	0	**10**
Work	0	0	0	0	**0**
Other	0	15	0	15	**20**

Source: EDRS REU interviews, 2008-2012
[#] Of those who had ever overdosed
[*] Of those who reported recent overdose (past 12 months); 2008 n=26, 2009 n=13, 2010 n=10, 2011 n=26, 2012 n=10

Depressant overdose

In 2012, 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. Thirty-two percent of the sample reported that they had ever suffered a depressant overdose in their lifetime, of which 63% (n=10) had suffered a depressant overdose in the 12 months preceding interview (see Table 37). Participants reported a median of 8.5 (range=1-50) depressant overdoses in their lifetime. A depressant overdose occurred on a median of six months before interview (range=1-120).

Of those who had experienced a depressant overdose in the preceding 12 months (n=10), the most common drug the overdose was attributed to was alcohol (89%), followed by one participant reported overdosing on MXE. Cannabis was commonly reported (22%) as being involved in a depressant overdose. Of those who had overdosed in the preceding 12 months, the last location of overdose was reported to have occurred mainly in private locations such as their own home (33%), a friend's home (22%) or a private party (22%). Public locations of overdose were nightclubs (22%). The most common overdose symptom was vomiting (88%), followed by losing consciousness (13%). Other symptoms included suppressed breathing (11%) and collapsing (22%). The majority (89%) of participants reported that they received no treatment during their last depressant overdose. The most commonly reported treatment was being monitored or watched by friends (11%).

Table 37: Participants' experience with depressant overdoses, ACT, 2008-2012

Depressant overdose	2008 (N=83)	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Ever overdosed (%)	63	26	36	39	**32**
Recent overdose, past 12 months (%)[#]	64 (n=33)	81 (n=21)	58 (n=15)	87 (n=27)	**63 (n=10)**
Main drug (%)[*]					
Alcohol	88	81	67	84	**89**
GHB	0	0	0	0	**0**
Benzodiazepines	3	0	7	4	**0**
Heroin	3	10	27	8	**0**
Other opiates	0	5	0	4	**0**
Other	6	5	0	0	**10**
Other drugs (%)[*]					
Ecstasy	12	10	7	4	**11**
Speed	3	0	0	0	**11**
Base	0	0	0	4	**0**

Crystal	0	0	0	0	**0**
Cocaine	0	0	7	4	**11**
LSD	3	0	7	0	**11**
MDA	0	0	0	0	**0**
Ketamine	0	0	0	0	**0**
Alcohol	3	5	13	4	**0**
Cannabis	49	19	47	44	**22**
Pharmaceutical stimulants	0	5	0	0	**0**
Benzodiazepines	-	10	13	4	**0**
Other	0	0	13	4	**11**

Source: EDRS REU interviews, 2008-2012
[#] Of those who had ever overdosed
[*] Of those who reported recent overdose (past 12 months); for 2008 n=33, 2009 n=26, 2010 n=15, 2011 n=27, 2012 n=10.

6.2. Help-seeking behaviour

In the preceding six months, 16% (n=8) of the sample had accessed some form of medical or health service as a consequence of their drug use, an increase from 6% in 2011. Two participants had recently been admitted to hospital, one had accessed a counsellor, one a drug and alcohol worker, one participant reported accessing a psychiatrist and one participant reported accessing medicated detoxification. The main issues that participants sought help for was dependence/addiction (25%), long term depression/anxiety (25%), psychosis (13%) and medication prescription (13%).

6.3. Drug treatment

In 2012, five participants reported currently receiving drug treatment. Two participants reported currently receiving opioid maintenance treatment, two participants reported receiving drug counselling and the other participant did not nominate what drug treatment they were currently receiving. This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment options.

6.4. Other self-reported problems associated with ERD 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 (48%) of the sample reported that they had experienced risk-related problems as a result of their drug use. The most common drugs that this was attributed to were alcohol (48%, n=11) and cannabis (22%, n=5). Thirty-two percent of the sample reported that they had experienced responsibility-related problems as a result of their drug use. This was primarily attributed to cannabis (47%, n=7), alcohol (20%, n=3) and ecstasy (13%, n=2). Approximately one in five (18%) 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 alcohol (25%, n=2), heroin (25%, n=2). Three participants reported having experienced legal problems relating to their drug use. All three participants attributed their reoccurring legal problems to cannabis use.

Table 38: Self-reported drug-related problems, ACT REU, 2009-2012

	2009 (N=101)	2010 (N=73)	2011 (N=80)	**2012 (N=51)**
Responsibility problems (%)	49	37	41	**32**
Risk problems (%)	44	51	54	**48**
Relationship/Social problems (%)	32	25	26	**18**
Legal/Police problems (%)	5	0	7	**6**

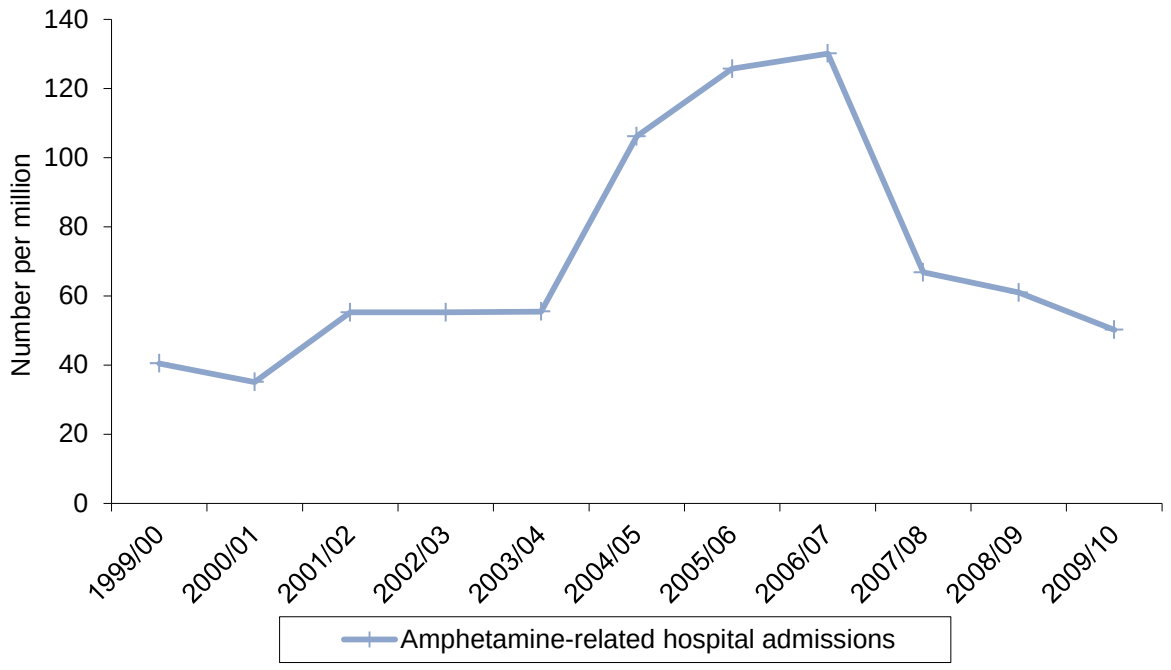
Source: EDRS REU interviews, 2009-2012

6.5. Hospital admissions

Methamphetamine

The number of amphetamine-related hospital admissions in the ACT has remained lower than 150 per million persons in the last 10 years (Figure16). No amphetamine-related hospital admissions were recorded in 1996/1997, but admissions where amphetamine was implicated steadily increased since this time. Since 2006/2007, admissions have steadily decreased, falling to 50.16 per million persons in 2009/10.

Figure 15: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1999/2000-2009/2010



Source: AIHW; ACT Department of Health; (Roxburghand Burns, 2012; Roxburghand Burns, in press)

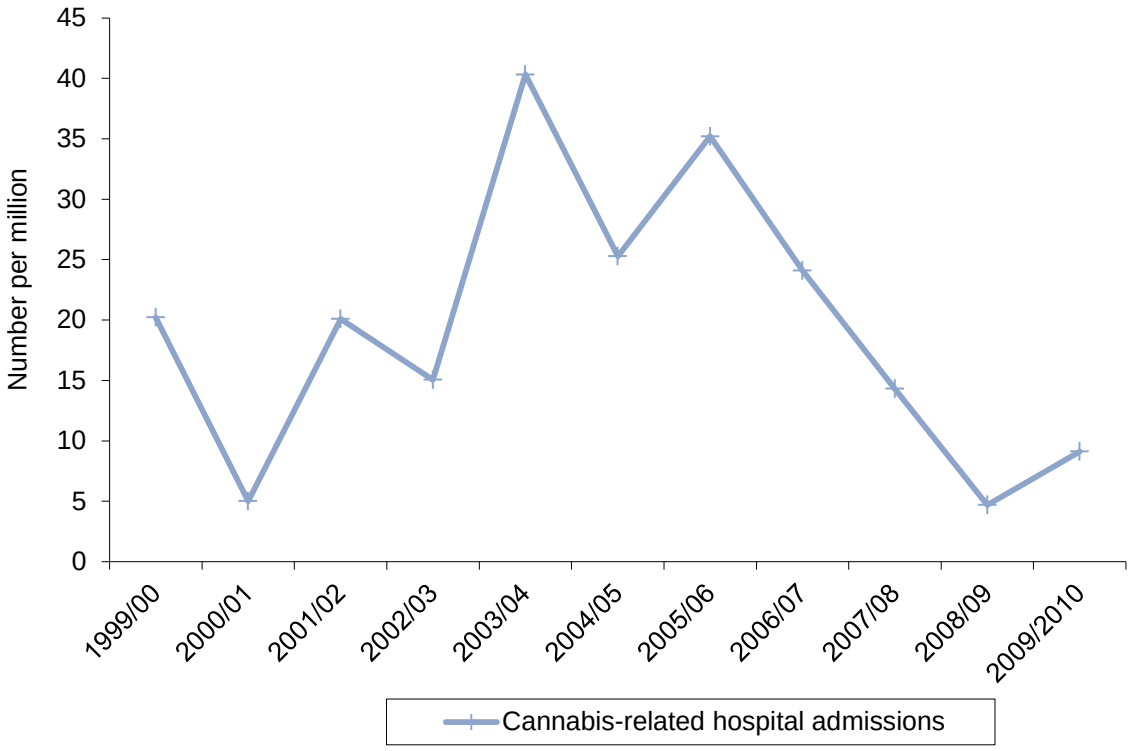
Cocaine

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 (Roxburghand Burns, in press) . In 2008/2009, there were 4.69 cocaine-related hospital admissions per million persons recorded in the ACT which fell to 4.56 per million persons in 2009/2010.

Cannabis

As can be seen from Figure 17, the number of cannabis-related hospital admissions per million persons fluctuated up until 2005/06. Since this time there has been a steady decrease in cannabis-related hospital admission, decreasing to 4.69 in 2008/09. Data for 2009/2010 for hospital admissions reports an increase to 9.12 admission per million persons.

Figure 16: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1999/2000-2009/2010



Source: AIHW; ACT Department of Health; (Roxburghand Burns, 2012; Roxburghand Burns, in press)

6.6. Mental and physical health problems and psychological distress

Forty-two percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=21), depression and anxiety were most commonly reported (71% and 57% respectively). Other problems reported included schizophrenia (5%), drug induced psychosis (5%), paranoia (5%) and panic (5%).

Among those who had experienced a problem, 76% (n=16) reported attending a mental health professional during this period. Of those who sought help, almost two-thirds (n=11) were prescribed medication. Antidepressants were prescribed to seven of these participants, benzodiazepines were prescribed to four participants and antipsychotics were prescribed to one participant.

The 2012 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, Colpe 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 2010 NDSHS (Australian Institute of Health and Welfare, 2008; Australian Bureau of Statistics, 2009; Australian Institute of Health and Welfare, 2011) 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.

The mean score reported by REU in 2012 was 19.54 (median 19, SD 6.3, range=10-34). 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 2010 NSDHS & ACT REU sample, 2012

K10 Category	Australian Population >18 years	REU N=51
% reporting no or **low distress** (score 10-15)	70	30
% reporting **moderate distress** (score 16-21)	21	38
% reporting **high distress** (score 22-29)	7	24
% reporting **very high distress** (score (30-50)	2	8

Source: (Australian Institute of Health and Welfare, 2011); EDRS REU interviews, 2012

Key Expert Comments

- Two KE commented on overdose amongst REU. Overdose was usually attributed to excessive alcohol consumption and was more common amongst younger demographics.
- KE reported that mental health problems amongst this group were common, most often depression and anxiety.

7. RISK BEHAVIOUR

Key points

Injecting risk behaviour

- Twenty-eight percent of REU reported ever having injected a drug and the median age of first injection was 19.

Sexual risk behaviour

- The majority (67%) of REU reported having had casual penetrative sex in the six months prior to interview. When having sex with a casual sex partner whilst not under the influence of alcohol or drugs, 47% reported not using protection on their last occasion of casual sex.
- Of those who reported having casual penetrative sex in the past six months whilst under the influence of ERD only 40% reported using protection on their last occasion of casual sex.

Driving risk behaviour

- Of those REU who indicated they had driven a car in the past six months, half reported that they had done so while under the influence of alcohol and over half of those, reported that they had driven whilst over the legal blood alcohol limit.
- Of those participants who had driven a car in the previous six months, 79% reported driving after taking an illicit drug with a median of 2 hours since taking an illicit drug and driving.

Risky alcohol use

- Using the AUDIT, 71% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. Less than one in ten respondents scored in Zone 4 of the AUDIT, indicating the need for evaluation for possible alcohol dependence.

7.

7.1. Injecting risk behaviour

Lifetime injectors

In 2012, 28% of the EDRS sample reported ever having injected a drug. The median age at which participants reported first having injected a drug was 19 (range=17-26). Those REU who indicated that they had injected drugs during their lifetime were asked to nominate the first drug they had injected. Heroin and crystal methamphetamine were reported as the first drugs injected by those that had ever injected a drug.

Recent injectors

Of the fourteen participants who reported lifetime injection, ten (83%) indicated that they had injected drugs in the preceding six months. Forty percent (n=4) of those that had recently injected drugs indicated that the last drug they injected was heroin. The remaining six participants reported injecting methamphetamines as the last drug injected (three reported speed, and three reported crystal). The median number of times they reported injecting in the last six months was 37 times (range=1-150).

Injecting risk behaviour

In the 2012 EDRS, no participants reported that they had used a needle after someone else in the six months preceding interview. Four respondents reported that they had used injecting equipment after someone else, specifically spoons/mixing containers (n=2), water (n=2), tourniquets (n=1) and filters (n=1).

Context of injecting

The locations reported for last injection in the past six months were at at one's own home (n=6), a friend's home (n=2), a dealer's home (n=1) or in a public place (n=1). Those REU who had recently injected drugs primarily did so in the company of close friends (n=7) or with acquaintances (n=1).

Obtaining needles

Those REU who reported having injected in the past six months were asked to indicate where they had sourced their needles. The majority (n=7) obtained needles from a Needle and Syringe Program (NSP) and two participants had obtained needles from a vending machine. Other sources of needles were reported to be from a chemist (n=1), through friends (n=1), from an outreach program (n=1) or from a hospital (n=1).

7.2. Blood-borne viral infections

In 2012, EDRS participants were asked about vaccination, testing and diagnosis of blood-borne viral infections (Table 40). Of those that responded (n=50), 54% had completed the vaccination course for hepatitis B (HBV). Of these, the majority (54%) said the main reason they received the vaccination was because they received it as a child. One in five (20%) received the vaccination because they were going overseas.

In 2012, there was a significant increase in the proportion of REU participants reporting testing for blood-borne viral infections. Of those that responded, 50% reported that they had been tested for hepatitis C (HCV) in the past 12 months (an increase from 17% in 2011) *p<0.0001*. Thirty percent reported never being tested for hepatitis C (HCV) a decrease from 59% in 2011.

Forty-eight percent of REU had also been tested for human immune-deficiency virus (HIV) in the past 12 months (an increase from 19% in 2011) *p<0.0001*. Correspondingly, 34% reported never being tested for the human immune-deficiency virus (HIV) a significant decrease from 66% in 2011 *p<0.0001*. There were no reports of a positive HIV test result.

Almost a third of REU had never had a sexual health checkup, 16% reported having one more than a year ago and 54% reported having one in the last year. Of those who commented, 20% (n=8) had ever been diagnosed with a sexually transmitted infection (STI). Of those reporting diagnosis of an STI, two participants reported diagnosis in the year prior to interview, while six reported being diagnosed more than a year ago.

Table 40: Vaccination, testing and diagnoses of blood-borne viral infections, ACT REU, 2012

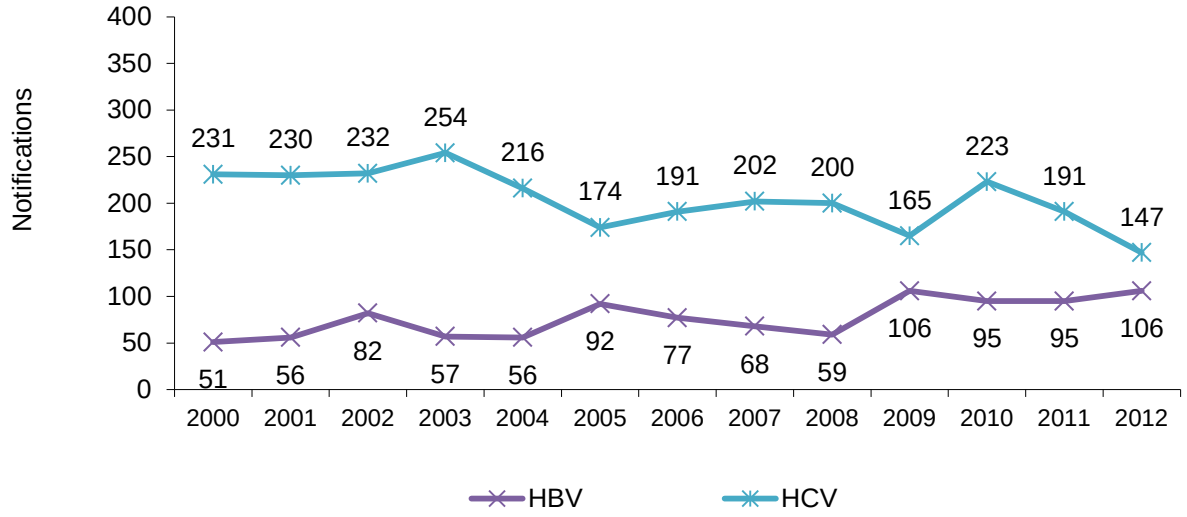
	2012 N=51
Vaccinated for HBV (%)	n=50
No	16
Yes, didn't complete	16
Yes, completed	54
Main reason for HBV vaccination (%)*	n=50
At risk (PWID)	3
At risk (sexual)	-
Going overseas	20
Vaccinated as a child	54
Work	9
Don't know/can't remember	6
Other	9
Tested for HCV (%)	n=50
No	32
Yes, in last year	50
Yes, > 1 year ago	12
HCV positive (%)**	**10**
Tested for HIV (%)	n=50
No	34
Yes, in last year	48
Yes, > 1 year ago	16
HIV positive (%)#**	0
Other sexual health checkups (%)	n=50
No	30
Yes, in last year	54
Yes, > 1 year ago	16
STI positive (%)	n=48
No	83
Yes, in last year	4
Yes, > 1 year ago	12
STI diagnosis (%)##**	n=7
Gonorrhoea	-
Chlamydia	71
Syphilis	-
HPV (genital warts)	-
Other	14

Source: EDRS REU interviews, 2012
* Among those who had been vaccinated for HBV
** Among those tested for HCV
# Among those tested for HIV
Among those who tested positive for STI in the last year

The National Notifiable Diseases Surveillance System

Figure 18 presents the total number of notifications for HBV and HCV in Australia from the Communicable Diseases Network – NNDSS. Incident or newly acquired infections, and unspecified infections (i.e. where the timing of the disease acquisition is unknown) are presented. HCV continued to be more commonly notified than HBV. In 2012 there was a continuation of the downward trend in notifications seen since 2000, with a decrease in notifications from 223 in 2010 to 147 in 2012. HBV notifications have remained relatively stable over the past 15 years.

Figure 17: Total notifications for HBV and HCV (unspecified and incident) infections, Australia, 2000-2011



Source: (National Notifiable Diseases Surveillance System, 2011) [1]
Note: Figures are updated on an ongoing basis.

[1] *Notes on interpretation*
There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, between jurisdictions, and over time.

7.3. Sexual risk behaviour

Recent sexual activity

Two-thirds (67%) of REU reported having had casual penetrative sex in the six months prior to interview (see Table 41). 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. More than one-quarter (27%) of those who reported having casual sex reported that they had sex with one person in the preceding six months. A further 35% reported having had casual sex with two persons, and 24% reported three to five casual partners. Twelve percent of casually sexually active REU reported having sex with six to 10 partners in the past six months and one respondent reported having sex with more than 10 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, just over half (53%) of REU who reported having casual sex indicated that the last time they had casual sex they used a protective barrier.

Table 41: Sexual activity and number of casual sexual partners, ACT REU, 2012

	2012 (n=50)
Casual penetrative sex (%)	67
No. of casual sexual partners (%)*	
One person	27 (n=9)
Two people	35 (n=12)
3-5 people	24 (n=8)
6-10 people	12 (n=4)
10+ people	3 (n=1)
Sex with a casual partner (%)*#	
Use protection	53 (n=18)

Source: EDRS REU interviews, 2012
* Of those who had casual penetrative sex in the last six months
# Whilst not under the influence of alcohol or drugs

Drug use during sex

The majority (88%, n=30) of casually sexually active REU reported having sex while under the influence of ERD in the past six months (see Table 42). One-quarter (24%) of REU who reported having casual sex under the influence of ERD had done so once or twice (17% once, 7% twice), 23% reported doing so three to five times, 27% reported doing so on six to 10 occasions and 27% reported having casual sex more than 10 times while under the influence in the past six months. REU were asked to nominate which drugs they were under the influence of last time they had casual sex. Of those who reported having sex while under the influence of ERD in the past six months, the majority nominated using ecstasy (63%), cannabis (47%) and alcohol (37%). Other drugs commonly used included speed (23%) and cocaine (10%).

Among those who had sex with a casual sex partner while using ERD (n=30) in the past six months, only half (53%) reported using protection the last time they had sex under the influence of alcohol or drugs.

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, are no more likely to occur when ERD are involved.

Table 42: Drug use during casual sex in the preceding six months, ACT REU, 2012

	2012 (n=30)
Casual penetrative sex while on drugs[#] (%)	88
Of those who had casual penetrative sex under the influence of drugs	
Number of times*	
Once	17(n=5)
Twice	7 (n=2)
3-5 times	23 (n=7)
6-10 times	27 (n=8)
10+	27 (n=8)
Drugs used (%)*	
Ecstasy	63 (n=19)
Cannabis	47 (n=14)
Alcohol	37 (n=11)
Speed	23 (n=7)
Base	-
Crystal	10 (n=3)
Cocaine	10 (n=3)
LSD	3 (n=1)
Mushrooms	2 (n=1)
Nitrous oxide	-
Amyl nitrate	7 (n=2)
Sex with a casual partner using party drugs (%)[*]	
Use protection	53 (n=16)

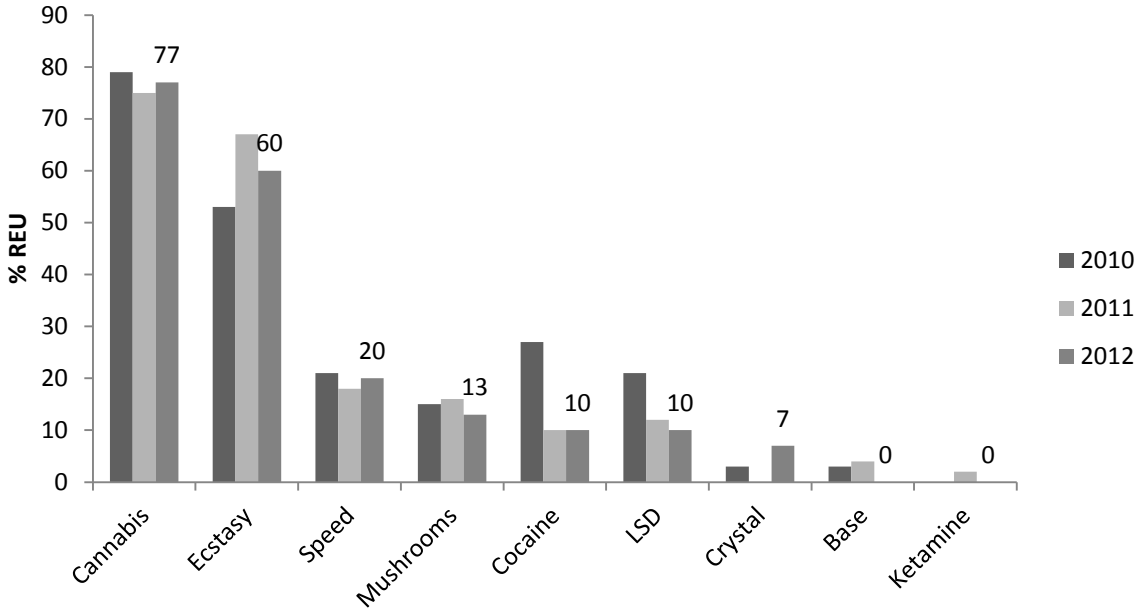
Source: EDRS REU interviews, 2012
[#] Of those who had casual penetrative sex in the last six months
[*] Of those who had casual penetrative sex while on drugs in the last six months

7.4. Driving risk behaviour

The majority (76%) of the 2012 REU sample reported that they had driven a car in the six months prior to interview. Half (50% n=19, 64% in 2011) 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, 63% (n=12) 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 two times in this period (range=1-25). Forty-two percent of participants 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, (50% in 2011). One participant 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 after taking an illicit drug, 79% (n=30) of this group reported having done so on a median of 8 occasions (range=1-180). As demonstrated in Figure 18, cannabis was the drug most commonly nominated (77%, 75% in 2011). This was followed by ecstasy (60%, 67% in 2011). Smaller proportions reporting driving under the influence of speed (20%, 18 in 2011), mushrooms (13%, 16% in 2011), LSD (10%, 12% in 2011) and cocaine (10%, 10% in 2011).

Figure 18: Proportion of REU reporting driving after taking an illicit drug, by drug type, 2010-2012



Source: EDRS REU interviews, 2010-2012
* Of those who had driven under the influence of drugs in the past six months (2010 n=34, 2011 n=51, 2012 n=30)

Participants reported driving a median of 120 minutes (2 hours) (range=0-24 hours) since consuming a drug last time they drove after taking an illicit drug. Two-thirds (77%, 63% in 2011) reported driving soon after taking cannabis and 60% nominated ecstasy. Smaller proportions reported driving after taking speed (20%), LSD (10%) and mushrooms (13%) the last time they drove after taking an illicit drug.

Participants were also asked how impaired they believed their driving to be last time they drove after taking a drug. Less than half (47%) reported that their driving was slightly impaired, whilst more than one-third (37%) reported that the drugs had no impact on their driving ability, and one in ten (10%) reported that the drugs slightly improved their driving

ability. Only a small proportion (7%) reported that their driving ability had been quite impaired after taking a drug.

Of those participants who had recently driven after taking an illicit drug, 2 participants reported having ever been subjected to a roadside drug test (7%).

7.5. The Alcohol Use Disorders Identification Test (AUDIT)

Participants in the 2012 EDRS were administered the AUDIT (Saunders, Aasland, Babor et al., 1993) . The AUDIT was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinertand Allen, 2002) . Total scores of eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor, de la Fluente, Saunders et al., 1992) . Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Baborand Higgins-Biddle, 2000) .

The sample mean score on the AUDIT was 11 (median=11, range=0-31). Seventy-eight percent of the national sample scored eight or more; these are levels at which alcohol intake may be considered hazardous (Table 43).

The total AUDIT score places respondents into one of four 'zones' or risk levels. Almost one-third (29%) of respondents scored in Zone 1 (low-risk drinking or abstinence), almost half 49% scored in zone 2 (alcohol use in excess of low-risk guidelines) and 14% scored in Zone 3 (harmful or hazardous drinking). One in ten males, compared to 7% of females, scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence).

Table 43: AUDIT total scores and proportion of REU scoring above recommended levels indicative of hazardous alcohol intake, by gender, 2012

	Male	Female	Total
Mean AUDIT total score	11.50	9.87	11
Score 8 or above (%)	77	60	71
Zone 1	24	40	29
Zone 2	53	40	49
Zone 3	15	13	14
Zone 4	9	7	8

Source: EDRS REU interviews, 2012

Note: Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence.

Key Expert Comments

- KE reported that alcohol use was common amongst REU.
- Two KE reported that alcohol was the most problematic drug in their service. Reasons cited for this included alcohol-related overdoses, violence, binge drinking and risk-related behaviours associated with alcohol.

8. LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

Key points

- Forty-seven percent of the sample reported engaging in some form of criminal activity in the month prior to interview. Drug dealing was the most common crime reported; followed by engagement in property crime. Small proportions reported engaging in violent crime.

8.1. Reports of criminal activity among REU

Of those who commented (n=47), less than half (47%) reported having engaged in some form of criminal activity in the month prior to interview (43% in 2011; Table 44). The proportion of REU who reported that they had sold drugs in the preceding six months increased from 25% in 2011 to 37% in 2012. The proportion reporting they had committed a property crime decreased to 12% (22% in 2011).

No respondents reported that they had committed fraud and 6% reported committing a violent crime in the last month

Table 44: Criminal activity reported by ACT REU, 2008-2012

	2008 (n=83)	2009 (n-101)	2010 (n=73)	2011 (n=80)	**2012 (n=51)**
Criminal activity in the last month (%)					
Any crime	34	47	48	43	**47**
Drug dealing	30	26	33	25	**37**
Property crime	11	27	25	22	**12**
Fraud	2	8	1	10	**0**
Violent crime	5	9	6	13	**6**
Arrested in the past 12 months	5	15	8	14	**6**

Source: EDRS REU interviews, 2008-2012

8.2. Arrests

Amphetamine-type stimulants

Table 45 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2010. 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 consumer and provider arrests decreased from the previous reporting year, with a total of 60 arrests recorded in 2010/2011, compared to 100 arrests in 2009/2010.

Table 45: Number of amphetamine-type stimulants consumer and provider arrests, ACT

	Consumer/ user		Provider/ supplier		Total arrests
	Male	Female	Male	Female	
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
2008/2009	68	19	20	3	110
2009/2010	64	12	21	3	100
2010/2011	42	9	7	2	60

Source: ABCI, 2000-2002; ACC, 2003-2012
Note: Data not available for the 2011/2012 financial year

Cocaine

In 2010/2011 there were eighteen consumer arrests for cocaine. Eleven provider arrests were recorded for cocaine in 2010/2011 compared to no provider arrests recorded in 2009/2010.

Table 46: Number of cocaine consumer and provider arrests, ACT, 2000-2011

	Consumer/ user		Provider/ provider		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
2008/2009	10	1	3	0	14
2009/2010	8	0	0	0	8
2010/2011	5	1	7	5	18

Source: ABCI, 2000-2002; ACC, 2003-2012
Note: Data not available for the 2011/2012 financial year

Cannabis

Table 47 summarises the number of cannabis consumer and provider arrests in the ACT from June 2000 to 2011. In the ACT, the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. There was an increase in the number of males charged with user-type offences in 2010/2011, increasing to the highest recorded since 1997. The number of females charged with supply-type offences has remained relatively low and stable since 1997/1998. The number of males charged with supply-type has decreased in 2010/2011.

Table 47: Number of cannabis consumer and provider arrests, ACT, 2000-2011

	Consumer/user		Provider/provider		Total arrests
	Male	Female	Male	Female	
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
2008/2009	165	50	10	3	228
2009/2010	187	36	19	2	244
2010/2011	192	36	8	1	237

Source: ABCI, 2000-2002; ACC, 2003-2011
Note: Data not available for the 2011/2012 financial year

In the ACT, a SCON and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 48 presents the total number of SCONs given out in the ACT from 2000 to 2011. The number of SCONs issued in the ACT increased slightly compared to the previous reporting year.

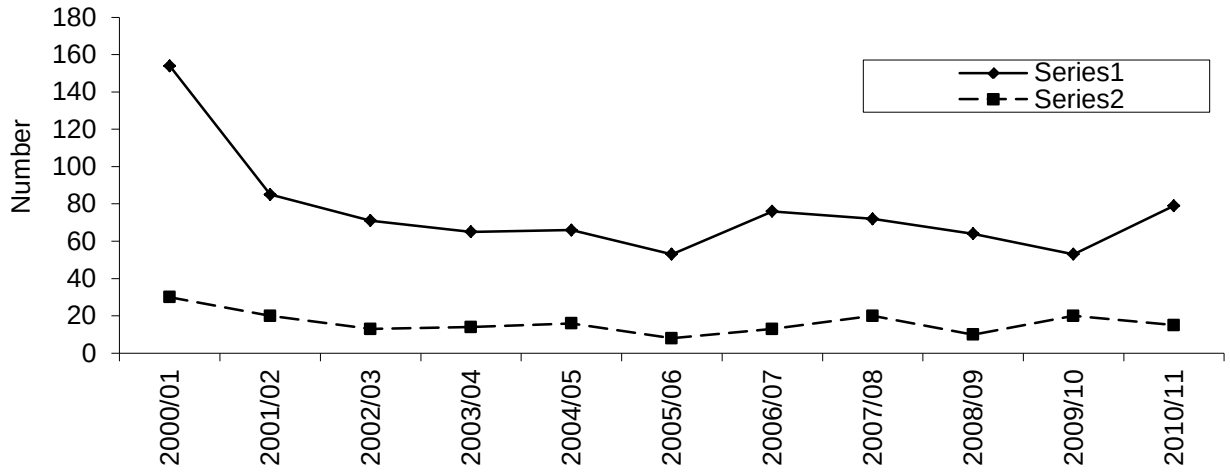
Table 48: Number of SCONs, ACT, 2000-2011

	Number of SCONs
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
2008/2009	74
2009/2010	73
2010/2011	94

Source: ABCI, 2000-2002; ACC, 2003-2012 Note: Data not available for the 2011/2012 financial year

As can be seen in Figure 19 the proportion of SCONs received by females has remained consistently low (15 SCONs given to females in 2010/2011). The number of SCONs given to females in the ACT has remained relatively stable since 1997/1998. In 2010/2011, 79 SCONs were given to males in the ACT. This is consistent with recent years.

Figure 19: Number of SCONs for males and females, ACT, 2000-2011



Source: ABCI, 2000-2002; ACC, 2003-2011
Note: Data not available for the 2011/2012 financial year

Key Expert Comments

- KE reported that dealers of ERD often had no prior contact with the criminal justice system.
- Law enforcement KE reported increased use of DXM (cough syrup)

9. SPECIAL TOPICS OF INTEREST

Key points

Fägerstrom test for nicotine dependence

- Among daily smokers, nearly half reported smoking their first cigarette within 5 mins of waking and 34% 5-30mins after waking.
- Forty-eight percent reported smoking 10 or less cigarettes per day
- Eleven percent scored 5 or more indicating moderate nicotine dependence.

Ecstasy dependence

- Twenty-five percent of REU scored four or above on the Ecstasy Severity of Dependence scale indicating dependence. This is a significant increase from 5% in 2011.
- The majority of ACT REU scored either zero or one on the SDS (63%).
- The majority of participants reported 'never or almost never' thinking that their use of ecstasy was out of control and that they would find it 'not difficult to stop or miss a prospective dose of ecstasy'.

Drug Policy Attitudes

- Seventy-three percent of REU who responded indicated that they either strongly support or support needle and syringe programs.
- Nearly nine out of 10 REU supported or strongly supported the legalisation of cannabis while 54% supported the legalisation of ecstasy.
- More than half (58%) supported or strongly supported increasing penalties for the sale or supply of cannabis and 42% for methamphetamine.

Neurological History

- Forty percent of REU reported a lifetime history of traumatic brain injury, with the majority (70%) classified as mild.

Body Image

- Ten percent of REU reported having ever used an illicit psychostimulant substance (IPS) to help lose or maintain weight.
- Of these, 67% (n=2) were in the overweight or obese class according to their Body Mass Index.
- The most common substance used to control weight was methamphetamine.

9.1. Fägerstrom test for nicotine dependence.

In 2012, participants who smoked daily were asked the Fägerstrom Test for Nicotine Dependence (FTND). These questions included 'How soon after waking do you smoke your first cigarette, Do you find it difficult to refrain from smoking in places where is forbidden, Which cigarette would you hate to give up, 'How many cigarettes a day do you smoke, Do you smoke more frequently in the morning and Do you smoke even when you are sick in bed?'.

The FTND gives a score between zero and 10. The responses were then scored on a four category scheme (0,1,2,3) for both time to the first cigarette of the day (≤5, 6-50, 31-60 and 61+ min) and average daily consumption of cigarettes (1-10, 11-20, 21-30, 31+ cigarettes). The remaining questions were scored either 0 or 1. The sum of these scores was computed and a cut-off score of 5 is used to indicate a moderate nicotine dependence and a score

between 6 and 8 was used to indicate 'high' nicotine dependence. A score of 8 or more was used to indicate 'very high' nicotine dependency (Heatherton, Kozlowski, Frecker et al., 1991)
http://www0.health.nsw.gov.au/factsheets/general/nicotinedependence.html

As seen in Table 49, nearly half of the national sample who commented reported smoking their first cigarette within 5 mins of waking (44%) and one-third between five to 30 mins of waking. Forty-eight percent of daily smokers reported smoking between 11-20 cigarettes a day and another 48% smoked 10 or less cigarettes a day.

Eight percent of daily smokers reported that they find it difficult to refrain from smoking in forbidden places such as a library, 41% reported that they would hate to give up the first cigarette in the morning compared to other times of the day. Around one in five reported smoking more often in the morning and one in four reported smoking when sick in bed. The mean FTND score was 3.07 (SD=1.5). Eleven percent of smokers scored 5 indicating moderate dependence. Only one daily smoker scored between 6 and 8 on the FTND indicating 'high' nicotine dependence.

Table 49: Fägerstrom test for nicotine dependence, 2012

	ACT
Time till first cigarette	**n=27**
Within 5 minutes (%)	44
5-30 mins (%)	34
31-60 mins (%)	11
60+ mins (%)	10
Number of cigarettes smoked a day	**n=37**
10 or less cigarettes (%)	48
11-20 cigarettes (%)	48
21-30 cigarettes (%)	4
31 or more cigarettes (%)	0
Experience difficulty refraining from smoking in forbidden places (%)	8
Would hate to give up first cigarette in the morning (%)	41
Smoke when sick in bed (%)	26
Smoke more often in the morning (%)	19
Dependence* (%)	**n=27**
Moderate dependence	11
High dependence	4
Mean Score	3.07

Source: EDRS participant interviews
* score of 5 or above

9.2. Ecstasy Dependence

It has been traditionally believed that dependence on MDMA (the active ingredient in ecstasy) is unlikely given the relatively infrequent use patterns exhibited by ecstasy users (i.e. fortnightly or weekly). However, there is nonetheless evidence from animal research of a dependence potential for MDMA which is relatively attenuated and displays unique characteristics compared with other drugs. Little work has been done to characterise a dependence syndrome among ecstasy users (Bruno, Matthews, Topp et al., 2009) . In 2012, participants were asked the five questions from the Severity of Dependence Scale to investigate ecstasy dependence. A total score was created by summing responses to each of the five questions. Possible scores range from zero to 15.

Data using two cut-off scores are presented; three or more and four or more. A cut-off score of three or more was used as these scores have been recently found in the literature to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno, Gomez and Matthews, 2011). Twenty-seven percent of ACT REU obtained a score of three and above. This is an increase from 2011 (14%). A cut-off score of four was used to determine those whose scores were suggestive of dependence (Bruno, Gomez and Matthews, 2011). The cut off of four and above is a more conservative estimate which has been used previously in the literature as a validated cut-off for methamphetamine dependence (Toppand Mattick, 1997; Bruno, Matthews, Topp et al., 2009). Twenty-five percent of ACT REU participants scored four or above, a significant increase ($p<0.001$) from 2011 (5%).

The median SDS score was one (range=0-11). Nearly half the number of participants (39%) obtained a score of zero on the ecstasy SDS, and almost one-quarter (24%) obtained a score of one on the scale: thus, the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use. These findings are supported by responses of the majority of participants (69%) reporting 'never or almost never' thinking that their use of ecstasy was out of control and 78% reporting that they would find it 'not difficult to stop or miss a prospective dose of ecstasy'.

9.3. Drug Policy Attitudes

Public opinion can play an important role in determining social policy and informing political processes (Matthew-Simmons, Love and Ritter, 2008) . The vast majority of public opinion data regarding attitudes to drug policy in Australia is collected at the broader population level. In 2012, additional questions in the EDRS were asked to provide data about how people who use drugs perceive Australian drug policy, building on research undertaken as part of the wider Drug Policy Modelling Program (DPMP) project "Public opinion and drug policy: engaging the 'affected community'".

The policy questions were drawn from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2008) to ensure comparability with general population responses. Participants in the 2012 EDRS were asked three policy questions (1) Thinking about the problems associated with heroin use, to what extent would you support or oppose measures such as.....', (2) To what extent would you support or oppose the personal use of the following drugs being made legal?' and (3) To what extent would you support or oppose the increased penalties for sale or supply of the following drugs?'.

Table 51 presents the collated 'strongly support' and 'support' response findings from participants in the EDRS. More than half of the EDRS participants commented (n=26), with 73% supporting needle and syringe programs to reduce problems associated with heroin use. The majority of the participants also supported methadone/buprenorphine maintenance programs (58%), treatment with drugs (other than methadone) (59%) and 42% supported regulated injecting rooms.

Almost all of the REU sample (96%, n=49) commented on the legalisation of illicit drugs and the penalties for sale or supply. The majority of the EDRS sample supported the legalisation of cannabis (88%) for personal use and just over half (55%) supported the legislation of ecstasy for personal use see Table 51. Small numbers supported the increased penalties for sale or supply of cannabis (4%). More than half supported the increased penalties for sale or supply of heroin (57%) and almost half (47%) for methamphetamine and a third (29%) for cocaine.

Table 50: Support for measure to reduce problems associated with heroin, for legalisation of illicit drugs and the increase of penalties for illicit drugs, 2012

Support measures to reduce problems associated with heroin use (%):	**n=26**
Needle and syringe programs	73
Methadone/Buprenorphine maintenance program	50
Treatment with drugs (not methadone)	58
Regulated injecting room	42
Trial of prescribed heroin	38
Rapid detoxification therapy	50
Use of naltrexone	42
Support legalisation (personal use) of:	**n=49**
Cannabis	88
Heroin	20
Methamphetamine	18
Cocaine	27
Ecstasy	55
Support increased penalties for sale or supply of illicit drugs:	**n=49**
Cannabis	4
Heroin	57
Methamphetamine	47
Cocaine	29
Ecstasy	18

Source: EDRS participant interviews 2012

9.4. Neurological History

People with a neurological illness or injury may be at greater risk of experiencing adverse effects associated with drug use. Existing research indicates that there is an association between traumatic brain injury (TBI) and drug use (Corrigan, Bogner, & Holloman, 2012). This may be due to greater exposure to violence, mental illness, poor nutrition and poor sleep among other factors. TBI is a major cause of morbidity and mortality in developed countries (Bruns & Hauser, 2003) and can result in long term physical and cognitive impairments, as well as negatively impact upon psychological wellbeing, social and occupational outcomes (Tait, Anstey, & Butterworth, 2010). The cognitive, emotional and functional impairments associated with drug use could potentially compound those associated with TBI (Kelly, Johnson, Knoller, Drubach, & Winslow, 1997). In 2012, the EDRS examined the prevalence of selected neurological illnesses and also of TBI among REU. Tables 52 and 53 outline the results of this investigation.

Table 51:. Incidence of selected neurological conditions among REU, 2012

	National n=601	**ACT n=50**
Epilepsy	5 (0.8%)	**0**
Stroke	1 (0.2%0	**0**
Hypoxia	2 (0.3%)	**0**
Traumatic Brain Injury	241 (40.1%)	**20 (40%)**

Source**:** EDRS interviews, 2012

The lifetime prevalence of epilepsy was low in this group and comparable with Australian population estimate (0.7%) obtained in the 2007-08 National Health Survey (ABS, 2010). Data from the same survey estimates the Australian prevalence of cerebrovascular disease (including stroke) as approximately 1.2%, substantially higher than the proportion reported in the current sample. This is likely due to the fact that this sample was largely young[2] and that the category used in the national survey includes all other forms of cerebrovascular illness. It is difficult to estimate the prevalence of hypoxic brain injury because it can result from a range of different situations (including drowning, carbon monoxide poisoning, heart attack etc.). Nonetheless, the prevalence in this group is reasonably low.

In contrast, a substantial proportion of the group (40%) reported a lifetime history of TBI[3]. In a recent study, Perkes et al. (2011) estimated the lifetime prevalence of TBI with loss of consciousness (LOC) as 35% among a community sample of males in Australia. Similarly, a cohort study conducted in Christchurch, New Zealand, demonstrated that approximately 32% of the community sample had experienced at least a mild-traumatic brain injury by 25 years of age. Both of these prevalence estimates are lower than that recorded in our sample. However, caution should be used when directly comparing these figures due to differences in sampling techniques and data collection.

Table 52:Traumatic Brain Injury (TBI) among REU, 2012

	National n=241	ACT n=20
Median No. TBI's	2 (1-30)	**3 (1-20)**
Median LOC[a] (mins)	2 (0-33,120)	**2.5 (0-33,120)**
Injury Severity (%)		
Mild TBI[b]	85	**70**
Moderate/Severe TBI[c]	15	**30**
Median age (years)	18 (0-46)	**17 (10-30)**
Under influence of alcohol (%):	32	**20**
Under influence of drugs (%):	17	**0**

[a] LOC = Loss of consciousness. [b] LOC<30 minutes. [c] LOC≥ 30 minutes.
Source**:** EDRS interviews

Multiple TBIs were the norm with the median number of TBIs experienced over the lifetime equalling 3(range=1-20). Participants were asked further details about the most severe

[2] Three-quarters of all new stroke events occur in people aged 65 years and older (Bonita, 1992).

[3] TBI was measured as a knock on the head resulting in loss of consciousness.

occasion. The vast majority of participants who had experienced a TBI reported that the LOC on the most severe occasion lasted only a few minutes (consistent with a mild injury). However, a reasonable proportion (25%) of this group reported a LOC of greater than half an hour (consistent with a moderate to severe TBI). The most severe TBI had usually occurred during the late-teens at a median of 17 years of age (range: 10-30). One-fifth (20%) of the group were under the influence of alcohol at the time of the injury and no participants reported being under the influence of at least one drug.

Some people experience neuropsychological sequelae (symptoms such as cognitive, motor and behavioural changes) following a TBI which can complicate recovery. A large proportion of the group (80%) reported having experienced neurological sequelae immediately following the injury. The most common complaints were memory loss (69%), poor concentration (50%) and poor coordination/balance (50%). Ongoing complaints were less common (45% of those that had a TBI, n=9). Participants who had experienced ongoing issues complained mostly of ongoing personality changes (45%), ongoing memory deficits (56%), ongoing poor concentration (45%) and ongoing word finding problems while speaking (56%).

Table 53: Effects of Traumatic Brain Injury (TBI) among REU, 2012

	National n=235	ACT n=20
Experienced any effects[a] following the injury (%)	64	**75**
Experienced at the time (%):	n=151	**n=15**
Functional weakness	43	**38**
Poor concentration	55	**50**
Memory loss	57	**69**
Problems finding the right words when speaking	35	**50**
Poor coordination/ balance	52	**50**

[a] Neurological, cognitive, behavioural or psychiatric effects.
Source**:** EDRS Regular ecstasy user interviews 2012

9.5. Body Image

Research has highlighted a link between psychostimulant use and body image, suggesting that adolescent girls and young women with negative weight perceptions are more likely to engage in both licit and illicit substance use. Negative weight perceptions are of particular concern for psychostimulant users because in addition to acting as mood enhancers, psychostimulant drugs suppress the appetite. Other studies have found that female stimulant users exhibit higher levels of body image distortions and disordered eating behaviours than non-users and that some young women report using these drugs specifically to lose weight . For example, a recent Australian case report found that crystal meth or “ice‟ use was associated with the onset of disordered eating and used as an efficient weight losing behaviour in an established eating disorder. The aim of this module is to enhance understanding of the relationship between illicit psychostimulant (IPS) drug use and body image. Characteristics of REU who reported ever using IPS for weight management are presented in Table 54.

Table 54: Characteristics of REU who reported ever using IPS for weight management compared to those who did not, 2012

Have you ever used IPS to help lose or maintain weight? n (%)	No n=45	Yes n=5
Gender		
Male	33 (73)	2 (40)
Female	12 (27)	3 (60)
BMI		
<18.5 (Underweight)	5(11)	0 (0)
18.5 – 25 (Normal)	34 (76)	1 (33))
≥26 (Overweight or Obese)	6 (13)	2 (67)
Which IPS have you ever used to help lose or maintain weight?		
Ecstasy	-	1 (20)
Methamphetamine	-	4 (80)
Cocaine	-	-
Dexamphetamine	-	-
Ritalin	-	1(20)
Duromine	-	-
Other/Don't know^	-	3 (60)
Which IPS did you last use to help lose/maintain weight?#		**n=5**
Ecstasy	-	-
Methamphetamine	-	2 (80)
Cocaine	-	-
Dexamphetamine	-	-
Ritalin	-	1 (20)
Duromine	-	-
Other/ Don't know	-	-
Are you concerned you have lost too much weight loss because of your IPS use?		
Yes	10(22)	-
No	34 (76)	5 (100)
Are you concerned that if you stop using IPS you will gain weight?		
Yes	1 (2)	3 (60)
No	43 (96)	2 (40)
Would weight gain be a desirable outcome should you cease or stop your IPS use?		
Yes	14 (31)	0 (0)
No	30 (67)	5 (100)

^Clenbuterol and diet pill
#Of those who used IPS to lose or maintain weight during the past 6 months

One in ten REU reported ever using IPS to lose or maintain weight, of which 60% were female. The most commonly reported drug used for losing or maintaining weight was methamphetamine. Two REU reported recent use of IPS to lose or maintain weight.

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