

Australian Capital Territory

Kerryn Butler and Lucinda Burns

ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2014

Findings from the Ecstasy and Related Drugs

Reporting System

Australian Drug Trends Series No. 138

Suggested citation: Butler, K., and Burns, L. (2015) *Australian Capital Territory Drug Trends 2014. Findings from the Ecstasy and Related Drug Reporting System (EDRS)*. Australian Drug Trend Series No.138. Sydney, National Drug and Alcohol Research Centre, University of New South Wales

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

AUSTRALIAN CAPITAL TERRITORY
TRENDS IN ECSTASY AND RELATED DRUG MARKETS
2014



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

Kerryn Butler and Lucinda Burns

National Drug and Alcohol Research Centre
University of New South Wales

Australian Drug Trends Series No. 138

ISBN 978-0-7334-3542-3

©NDARC 2015

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia

TABLE OF CONTENTS

1	INTRODUCTION	1
1.1.	Study aims	1
2	METHOD.....	2
2.1.	Survey of regular psychostimulant users (RPU)	2
2.2.	Recruitment	2
2.3.	Procedure	3
2.4.	Measures	3
2.5.	Data analysis	4
2.6.	Survey of key experts (KE).....	4
2.7.	Other indicators	4
3	DEMOGRAPHICS	6
3.1.	Overview of the RPU participant sample	6
4	CONSUMPTION PATTERNS	8
4.1.	Drug use history and current drug use	8
4.2.	Ecstasy use.....	11
4.3.	Methamphetamine use	16
4.4.	Cocaine use.....	21
4.5.	LSD use	23
4.6.	Cannabis use	25
4.7.	New psychoactive substances (NPS).....	27
4.8.	Other drug use	30
5	PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS.....	33
5.1.	Ecstasy	33
5.2.	Methamphetamine	38
5.3.	Cocaine.....	47
5.4.	LSD	51
5.5.	Cannabis.....	56
6	HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE.....	61
6.1.	Overdose and drug-related fatalities	62
6.2.	Help-seeking behaviour	63
6.3.	Drug treatment	63
6.4.	Other self-reported problems associated with ERD use	63
6.5.	Hospital admissions	64
6.6.	Mental and physical health problems and psychological distress.....	65
7	RISK BEHAVIOUR.....	67
7.1.	Injecting risk behaviour	67
7.2.	Sexual risk behaviour	67
7.3.	The Alcohol Use Disorders Identification Test (AUDIT).....	70
8	LAW ENFORCEMENT TRENDS ASSOCIATED WITH DRUG USE.....	71
8.1.	Reports of criminal activity among RPU	71
8.2.	Arrests.....	71
9	SPECIAL TOPICS OF INTEREST.....	75

9.1.	Use of dark web marketplaces.....	75
9.2.	NPS health harms	76
9.3.	NPS health policy.....	76
10	REFERENCES.....	79

LIST OF TABLES

Table 1: Demographic characteristics of ACT RPU sample, 2010-2014.....	6
Table 2: Lifetime and recent polydrug use of ACT RPU, 2010-2014.....	9
Table 3: Lifetime and recent use of ecstasy among ACT RPU, 2010-2014.....	11
Table 4: Median days of use.....	12
Table 5: Median recent use of ecstasy, ACT RPU, 2014.....	12
Table 6: Patterns of ecstasy use among ACT RPU, 2010-2014.....	13
Table 7: Patterns of methamphetamine powder use among ACT RPU, 2010-2014.....	17
Table 8: Patterns of methamphetamine powder use among ACT RPU, 2010-2014 (cont'd).....	18
Table 9: Patterns of methamphetamine base use among ACT RPU, 2010-2014.....	19
Table 10: Patterns of crystal methamphetamine use among ACT RPU, 2010-2014.....	20
Table 11: Patterns of cocaine use among RPU, 2010-2014.....	21
Table 12: Patterns of cocaine use among RPU, 2010-2014 (cont'd).....	22
Table 13: Patterns of LSD use, ACT, 2014.....	23
Table 14: Patterns of cannabis use among ACT RPU, 2010-2014.....	25
Table 15: Use of new psychoactive substances (NPS) among ACT RPU, 2013-2014.....	28
Table 16: Use of new psychoactive substances (NPS) among ACT RPU, 2013-2014 (con't).....	29
Table 17: Price of ecstasy purchased by ACT RPU and price variations, 2010-2014.....	33
Table 18: ACT RPU reports of 'current' ecstasy purity and purity change, 2010-2014.....	34
Table 19: ACT RPU reports of availability of ecstasy in the past six months, 2010-2014.....	36
Table 20: Patterns of purchasing ecstasy, ACT RPU, 2010-2014.....	37
Table 21: Price and changes in price for methamphetamine powder, ACT, 2010-2014.....	38
Table 22: Price and changes in price for methamphetamine base, ACT, 2010-2014.....	39
Table 23: Price and changes in price for methamphetamine crystal, ACT, 2010-2014.....	40
Table 24: Current purity of methamphetamine, ACT, 2010-2014.....	41
Table 25: Change in methamphetamine purity, ACT, 2010-2014.....	42

Table 26: Current availability of methamphetamine forms, ACT, 2010-2014.....	43
Table 27: Changes to availability of methamphetamine forms, ACT, 2010-2014	44
Table 28: Last location methamphetamine purchased, 2014	45
Table 29: Prices and changes in price for cocaine, ACT, 2010-2014.....	47
Table 30: Reports of cocaine purity, ACT, 2010-2014.....	48
Table 31: Availability of cocaine, ACT, 2010-2014.....	48
Table 32: Prices of LSD purchased by ACT RPU, 2010-2014.....	51
Table 33: Current purity of LSD and purity change, ACT, 2010-2014	52
Table 34: Current LSD availability and availability change, ACT, 2010-2014.....	53
Table 35: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2014.....	57
Table 36: Potency and changes in potency for hydro and bush cannabis, ACT, 2014.....	59
Table 37: Availability and changes in availability for cannabis, ACT, 2014.....	59
Table 38: Self-reported drug-related problems, ACT RPU, 2010-2014.....	64
Table 39: Sexual activity and number of casual sexual partners, ACT RPU, 2014	68
Table 40: Drug use during casual sex in the preceding six months, ACT RPU, 2014.....	69
Table 41: Sexual health check-up, ACT RPU, 2014.....	69
Table 42: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, by gender, 2014	70
Table 43: Criminal activity reported by ACT RPU, 2010-2014	71
Table 44: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 2003-2013	72
Table 45: Number of cocaine consumer and provider arrests, ACT, 2002-2013	72
Table 46: Number of cannabis consumer and provider arrests, ACT, 2003-2013.....	73
Table 47: Participant knowledge of the legality of NPS in ACT, 2014.....	77
Table 48: Last occasion NPS use and motivating factors for using NPS in ACT, 2014	77

LIST OF FIGURES

Figure 1: Drug of choice, ACT, 2010-2014	8
Figure 2: Location of last use, ACT RPU, 2014.....	14
Figure 3: Prevalence of ecstasy use among the general population, 1993-2013	15
Figure 4: Trends in recent methamphetamine use, ACT, 2014	16
Figure 5: ACT RPU reports of last location of use for speed, 2014.....	18
Figure 6: Last location of cocaine use, ACT, 2014	22
Figure 7: Last location of LSD use, ACT, 2014.....	24
Figure 8: Median purity of phenethylamine seizures, ACT, July 2000 to March 2013	35
Figure 9: Methamphetamine source in the past 6 months, ACT, 2014.....	45
Figure 10: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to Jun 2013.....	46
Figure 11: Last location purchased cocaine, 2014	49
Figure 12: Number and weight of cocaine seizures, ACT, July 2000 to June 2013.....	50
Figure 13: Last locations LSD purchase, ACT, 2014.....	53
Figure 14: Source of last purchase of cannabis, ACT, 2014	57
Figure 15: Last location of cannabis purchase, ACT, 2014.....	58
Figure 16: Number and weight of cannabis seizures by ACT police, July 2000 to June 2013.....	60
Figure 17: Stimulant overdose in the past 12 months, by drug, ACT, 2014.....	62
Figure 18: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 2000/01-2012/13.....	64
Figure 19: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 2000/2001-2012/2013.....	65
Figure 20: Proportion of population (NDSHS, 2013) and sample K10 categories, 2014.....	66
Figure 21: Number of SCOns, ACT, 2002-2013	73
Figure 22: Number of SCOns for males and females, ACT, 2000-2013	74
Figure 23: National median ratings of motivating factors for using NPS, 2014.....	78

ACKNOWLEDGEMENTS

In 2014, the Ecstasy and Related Drugs Reporting System (EDRS) project was run for the twelfth consecutive year in the Australian Capital Territory (ACT). In 2014, the EDRS was funded by the Australian Government Department of Health, 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 Department of Health for their continued assistance with and support of the EDRS.

In acknowledgement of their valuable assistance with the ACT EDRS in 2014, there are a number of organisations and individuals the authors would like to thank.

We would like to thank the 100 regular ecstasy users interviewed in the ACT for the 2014 EDRS for their openness and willingness to discuss the sensitive issues addressed in the EDRS survey.

We would also like to extend our gratitude to the following organisations that committed time and expertise to collecting and providing the indicator data: the Australian Crime Commission, the Australian Federal Police, and the Australian Institute of Health and Welfare.

Just as important to the EDRS as the regular ecstasy user survey and the routinely collected indicator data is the information derived from key expert interviews. These interviews are conducted with people who have specific expertise in the domain of ecstasy and related drugs. These people are all busy professionals who gave up their time without compensation, and so we also want to express our gratitude to each of the key experts.

Thanks are also extended to our interviewers – Benjamin Schiliro, Georgia Kirton, Emma Buckland, Kestin Brown, Hilary Miller and Georgia Driels who were involved with the regular ecstasy user survey.

We would like to thank all those who have been involved in the EDRS in previous years, including the national co-ordinators Ms Emma Black, Dr Courtney Breen and Ms Susannah O'Brien, and the many other research personnel around the country who contributed greatly to the EDRS in previous years.

And last but certainly not least, the authors gratefully acknowledge the support, assistance and advice from colleagues of the National Drug and Alcohol Research Centre (NDARC), specifically Natasha Sindicich and Jennifer Stafford – the current National EDRS Co-ordinators. Many thanks also to Amanda Roxburgh for her help with access to and analysis of indicator data.

ABBREVIATIONS

5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2, 5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ATS	Amphetamine type stimulants
ATSI	Aboriginal and/ or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
BBVI	Blood-borne viral infection(s)
BZP	1-Benzylpiperazine(s)
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DPMP	Drug Policy Modelling Program
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide

D&A	Drug and Alcohol
EDRS	Ecstasy and Related Drugs Reporting System
ERD	Ecstasy and related drug(s) GBL Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IDU	Person(s) who inject(s) drugs; injecting drug user(s)
IPS	Illicit psychostimulants
KE	Key Expert
K10	Kessler Psychological Distress Scale
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-Methylenedioxy-2-aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypropylone (Ivory wave)
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MXE	Methoxetamine
N	(or n) Number of participants
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NPS	New Psychoactive Substance(s)

NSP	Needle and Syringe Program(s)
OD	Overdose
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PCP	Phencyclidine
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
RBT	Random Breath Test
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SCON	Simple Cannabis Offence Notice
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
THC	Tetrahydrocannabinol
TMA	3,4,5, trimethoxyamphetamine
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	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 <i>Method</i> 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 <i>Method</i> 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 <i>d</i> -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

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

EXECUTIVE SUMMARY

Common terms throughout the report:

- Regular psychostimulant user (RPU): Used ecstasy or related drugs 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 psychostimulant users (RPU) 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 RPU

In 2014 two-thirds of the RPU interviewed for the ACT EDRS were male (69%) and, similar to last year, most participants were aged between their late teens to early twenties. The mean age in 2014 ($M=22.36$, $SD=4.237$, $t(174) = -4.015$, $p<0.001$) was significantly older than the mean age in 2013. This may be due to the recruitment of senior high school students via the snowball strategy in 2013 which was not repeated in 2014. The mean age in the 2014 data is consistent with years prior to 2013. Consistent with previous years, the majority of RPU 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 RPU was either studying (part of full time) or employed. A minority of the sample reported currently accessing a drug treatment facility. KE reports are generally consistent with RPU demographics.

PATTERNS OF DRUG USE AMONG RPU

The proportion of participants reporting that they had ever injected a drug remains stable in 2014 at 4%. In 2013, the proportion of RPU reporting ecstasy as their drug of choice increased for the third year in a row

and is now nominated by half of the sample (50%). Polydrug use was commonly reported by RPU, consistent with KE interviews.

Forty-eight percent of the sample reported having 'binged' (used continuously for 48 hours or more) on any stimulants or related drugs in the six months prior to interview. Drugs commonly used in these binge episodes were ecstasy, alcohol, cannabis, and methamphetamine powder.

Ecstasy

Ecstasy pills were the most commonly used form of ecstasy by RPU followed by MDMA crystals and ecstasy capsules. There has been a sharp fall in the proportion of RPU reporting the recent use of MDMA crystals in 2014. This may be due to crystals increasingly being sold packaged in capsules form and the resulting uncertainty of whether to nominate this as crystal or capsule. Further decreases have been observed in the proportion of RPU reporting buying ecstasy powder (13% in 2014 compared to 20% in 2013). In the six months prior to interview, the median number of days of any form of ecstasy use was 13.5. A third (34%) of the sample reported using ecstasy on a weekly or more basis in the past six months. The median number of ecstasy tablets consumed in a typical session of use was two, whereas a median of three tablets were taken by RPU in the heaviest session of use.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (*speed*), methamphetamine base (*base*) and methamphetamine crystal (*ice*). Half (51%) of RPU reported having used at least one form of methamphetamine in the past six months compared to two-thirds (65%) in 2013.

The majority (70%) of participants reported ever having used *speed* and 48% reported having recently used *speed*. Recent *speed* users reported a median of five days of use in the six months prior to interview. Swallowing and snorting (nasal route) were the main routes of administration (ROA) reported by recent *speed* users. The amount of *speed* used by RPU in a typical session was 0.5 grams. *Speed* was used during binges by almost a third (29%) of the RPU who reported recently having binged on ERD.

Base methamphetamine had been used by 9% of RPU at least once in their lifetime. Similar to 2013, 5% of RPU reported using *base* in the past six months. A median of one day of use in the six months prior to interview was reported (range=1-12), but caution should be used when interpreting this data as numbers were low (<10). Swallowing was the most common ROA reported by *base* users.

Crystal methamphetamine use decreased again among RPU with 16% reporting lifetimes use and only 8% reporting recent use (in the past six months). Recent *crystal* users reported a median of eight days (range=1-72) of *crystal* use in the past six months.

Cocaine

Eighty percent of the 2014 EDRS sample had ever tried cocaine. This is a significantly higher proportion than 2013 and may be due to the sample returning to an older mean age with more drug experience. This data is consistent with data collected in years prior to 2013. Just over half (51%) reported recent use. Those RPU who had recently used cocaine had used the substance on a median of six days (monthly use) 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 two grams, the same as the amount reported when referring to the heaviest episode of use (2 grams).

LSD

A significant decline in lifetime and recent use was observed in 2014. Thirty-eight percent reported lifetime use, compared to 75% in 2013. Less than one in five (19%) reported recent use compared with more than half (53%) of the sample in 2013. RPU had used a median of one tab of LSD in a typical session and one tab also during the heaviest sessions of recent use. Few (6%) participants who reported having recently binged on ERD had used LSD during these binge episodes.

Cannabis

Most participants (86%) had used cannabis in their lifetime and 74% had used cannabis in the six months preceding interview. Median days of use decreased for the second consecutive year to approximately twice weekly (from approximately every second day in 2013). This continues the downward trend observed from 2012 onwards. A third (32%) of respondents reported daily use of cannabis. The vast majority reported smoking cannabis, and 14% reported that they had swallowed cannabis in the preceding six months. The use of cannabis within a bingeing context also reduced with 38% reporting the use of cannabis compared with 60% in 2013.

New psychoactive substances (NPS)

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

Drugs in the 2C-x family remained most commonly reported although statistically significant declines were observed. For more information regarding these drugs see Bruno et al (in press); Emerging psychoactive substance use among regular ecstasy users in Australia, *Drug and Alcohol Dependence*.

PRICE, PURITY AND AVAILABILITY AND PURCHASING PATTERNS

Ecstasy

The median reported price for a tablet of ecstasy remained stable at \$25. The proportion of RPU who reported the current purity to be low dropped sharply with most respondents reporting purity to be medium (46%) or high (32%). With respect to availability, the majority of the sample reported that ecstasy was very easy (41%) or easy (47%) to obtain in the ACT.

In the six months prior to interview, RPU 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 four pills on each purchase occasion.

Methamphetamine

In 2014, the median price for speed remained stable at \$200 per gram, but increases in the price of points were recorded: \$35 compared to \$25 in 2013. Small numbers of RPU were able to comment (n<10) on the price of

base and crystal. Due to small numbers reporting on the prices of these forms, caution is advised when interpreting the results.

Reports of the purity of speed varied with most reporting purity to be low (33%) or medium (43%). Only small numbers were able to comment on the purity of crystal and base. The availability of speed was reported to be very easy to easy to obtain.

Cocaine

The median price for a gram of cocaine remained stable in 2014 at \$300. Reports of purity were varied as were reports of cocaine availability.

LSD

The median price for a tab of LSD remained stable at \$20. Reports of purity of LSD were varied but a significantly higher proportion reported purity as high. Most reports of the current availability of LSD indicated availability was easy (44%) or very easy (25%) to obtain.

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 \$17.50 and \$280 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 2013.

PATTERNS OF OTHER DRUG USE

Lifetime use of alcohol was universal and almost all (95%) of the sample reported use in the six months prior to interview. Alcohol was consumed on a median of one day per week. The use of tobacco was also common in the EDRS population, with 76% reporting recent use of tobacco. Recent use of the following substances dropped sharply: mushrooms (17%, 47% in 2013), ketamine (6%, 33% in 2013), and nitrous oxide (15%, 26% in 2013).

HEALTH-RELATED ISSUES

Overdose

More than a quarter (26%) of all RPU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 85% 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. One in four (24%) of the sample reported that they had ever suffered a depressant overdose, of which all had done so in the past 12 months. Recent overdoses were most commonly attributed to alcohol. The majority reported that they received no treatment for their overdose.

Drug-related problems

One in three of the sample reported that they had experienced risk-related problems as a result of their drug use. Fifteen percent reported that they had experienced responsibility-related problems and 8% of the sample reported they had experienced reoccurring relationship/social problems due to drug use. One participant 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

One in five participants reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.

RISK BEHAVIOUR

Injecting

Four percent of RPU reported ever having injected a drug and the median age of first injection was 16. This is a significant decrease in proportion from 2012.

Sexual risk behaviour

Over half of RPU 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, 60% 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 52% reported using protection on their last occasion of casual sex.

Risky alcohol use

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

CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

Twenty-four percent of the sample reported engaging in some form of criminal activity in the month prior to interview, significantly lower than 2013 (46%, $p < 0.05$). Drug dealing was the most common crime reported; followed by property crime which was significantly less than 2013. Small proportions reported engaging in fraud or violent crime.

KEY FINDINGS AND IMPLICATIONS

In 2014, for the twelfth 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 other psychostimulant drugs ('regular psychostimulant users' RPU), 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 2013 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 2014 were polydrug users. However, in 2014 we observed a sharp decrease in the proportion of RPU who reported that the last time they used ecstasy or other psychostimulants, they had used other drugs at the same time (70% in 2014 compared to 94% in 2013, $p < 0.05$). The drugs most commonly used in combination with psychostimulants by RPU were ecstasy, tobacco, alcohol, and cannabis. 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

Last year (2013) we began gathering data on MDMA crystals in response to reports indicating the arrival of this form in the market. The introduction of MDMA crystals did not see an increase in overall use of ecstasy, suggesting that RPU are using diverse forms and current data indicates some may be changing their preferred form.

ALCOHOL

The use of alcohol remains problematic amongst RPU, with use occurring once to twice a week. Furthermore, high proportions of RPU report using alcohol during binge sessions. In the 2014 EDRS, RPU were administered the Alcohol Use Disorders Identification Test (AUDIT). Using this measure, 9% 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 RPU and that binge drinking was frequent and problematic.

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 problematic. The median frequency of use has decreased in 2014 for the second consecutive year to approximately two to three times a week but this decrease is not considered statistically significant. However, when considered within the context of a downward trend may prove to be noteworthy. 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 2014 smaller proportions of RPU reported using antidepressants, heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants. While only small numbers of this group report using the abovementioned drugs, an increased risk exists as these drugs are being used in conjunction with other drugs. This simultaneous polydrug use is associated with increased risks through the additive and synergetic effects of combining these drugs together. Efforts to target users with information concerning the harms and risks associated with polydrug use remain vital.

1 INTRODUCTION

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the Australian Capital Territory (ACT) in 2014.

The term 'ecstasy and related drugs' or 'psychostimulants' 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), EPS (e.g. 2C-B, DMT, synthetic cannabis) 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.

In 2014, the Ecstasy and Related Drugs Reporting System (EDRS) project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ERD use and, therefore, there was a need to access a different population in order to obtain information on ERD markets. Consistency between the methodology of the main IDRS and this study was maintained where possible, as the IDRS has demonstrated success as a monitoring system.

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

In 2014, the specific aims of the EDRS were to:

1. describe the characteristics of a sample of current RPU interviewed in each capital city of Australia;
2. examine the patterns of ERD use of these samples;
3. document the current price, purity and availability of ERD across Australia;
4. examine participants' reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. identify emerging trends in the ERD market that may require further investigation.

2 METHOD

The 2014 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;
- 'indicator' or routinely collected data.

2.1. Survey of regular psychostimulant users (RPU)

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), fluctuated 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 – RPU (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, RPU 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; Owendon 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 on local radio, 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 16 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;
- areas of special interest including: online purchasing, NPS health impacts and policy.

2.5. Data analysis

Analyses were conducted using PASW Statistics, Version 22.0 (SPSS inc, 2009). The data collected in 2014 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 (2006-2014). 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 2013 and 2014 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 2013 and 2014 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, and 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 2014. KE were remunerated with a small incentive (e.g. box of chocolates, coffee) for their time.

KE professionals were interviewed across the ACT. Interviews were held with a variety of professionals including law enforcement, health services, drug treatment workers, outreach workers, youth workers and an entertainment promoter.

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 RPU 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 2013 EDRS study are described below:

- **Purity of drug seizures.** In 2014, 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 2012/2013.

- **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 2012/2013, 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 2012/2013.
- **Simple Cannabis Offence Notices (SCON).** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2012/2013 were provided by the ACC.
- **Hospital admissions.** The 2014 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 2012/2013. At the time of print more recent data were not available. These data are provided by the AIHW and ACT Health.

3 DEMOGRAPHICS

KEY POINTS

- A total of 100 participants were interviewed for the EDRS survey in the ACT.
- Mean age was 22 years (range=17-37 years).
- Two-thirds of the participants were male (69%).
- Most of the participants were well educated, completing a mean of 11 school years.
- Majority of the participants were employed (full-time or part-time) or were students.

3.1. Overview of the RPU participant sample

Table 1 presents the demographic characteristics of the 2014 ACT EDRS sample. Two-thirds of the participants were male (69%). The mean age of the sample was 22 years (S.D=4.2, range=17-37). The majority of the sample nominated their sexual identity as heterosexual (94%).

Table 1: Demographic characteristics of ACT RPU sample, 2010-2014

	2010	2011	2012	2013	2014
Mean age (years)	23	22	25	20	22
Male (%)	49	66	71	71	69
English speaking background (%)	99	99	98	96	99
Aboriginal and/or Torres Strait Islander (%)	3	1	0	1	5
Heterosexual (%)	88	89	84	96	94
Mean number of school years	12	12	11	11	11
Tertiary qualifications (%)	32	24	49	48	78
Employed full-time (%)	23	23	37	14	45
Full-time students (%)	6	10	6	7	1
Unemployed (%)	18	19	16	29	9
Current drug treatment (%)	7	3	10	3	2
Mean weekly income (\$)	456	432	656	406	650

Source: EDRS RPU interviews, 2010-2014

Fifty-nine percent reported that they were single, 31% reported that they had a regular partner and 10% reported that they were married or in a de facto relationship.

Only one participant did not speak English as the main language at home. Half (50%) of the sample lived in their own (rented or purchased) premises and 45% indicated that they lived in their parents' or family home.

The mean number of years of education completed by the sample was 11. More than three-quarters (78%) of the sample had completed a course since finishing their school education, 45% had completed a trade or technical qualification and 22% had completed a university degree or college course.

When examining employment status, 82% indicated that they were in either full-time or part-time employment. More than one-third (37%) of the sample indicated that they were employed on a part-time or casual basis. Forty-five percent indicated that they were employed on a full-time basis, 8% were both studying and employed, 1% indicated they were full-time students and 9% indicated that they were unemployed.

4 CONSUMPTION PATTERNS

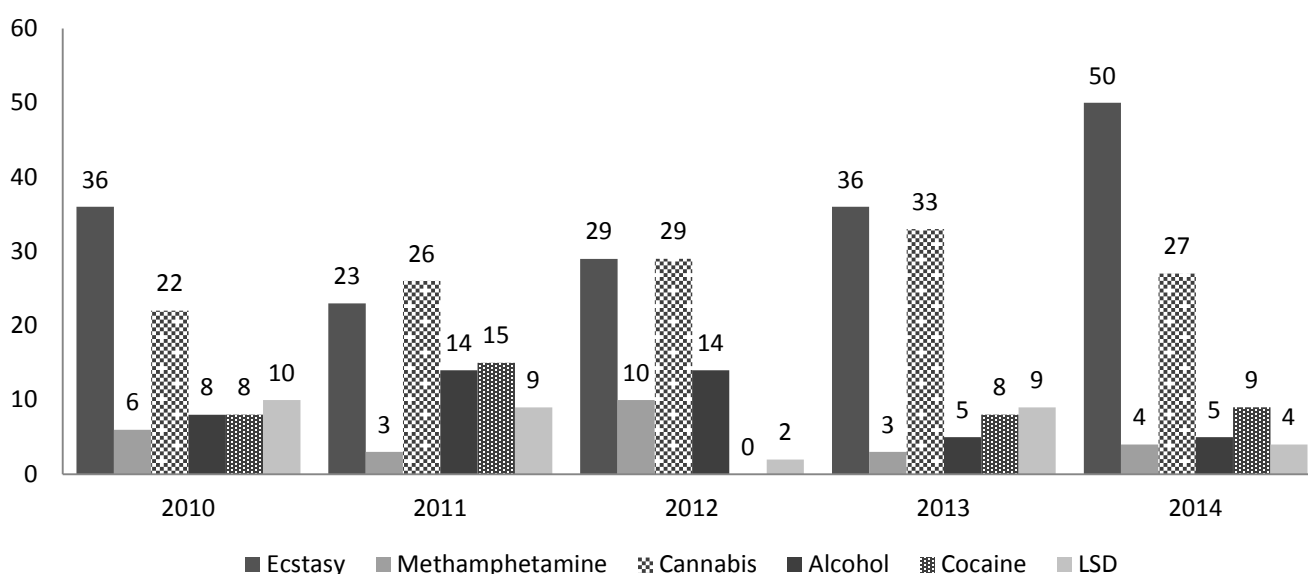
KEY POINTS

- The proportion of respondents reporting ecstasy to be their drug of choice increased from 36% in 2013 to 50% in 2014.
- The proportion of respondents reporting the recent use of cannabis decreased to 74%, the lowest in 5 years.
- The lifetime and recent use of LSD and Ketamine have both significantly decreased.

4.1. Drug use history and current drug use

As shown in Figure 1, the proportion of the RPU sample reporting ecstasy as their drug of choice increased from 36% in 2013 to 50% in 2014. The proportion reporting methamphetamine as their drug of choice remains stable from last year (3% in 2013 to 4% in 2014). Nine percent of the sample reported cocaine as their drug of choice. Alcohol was nominated by 5% of the sample to be the drug of choice.

Figure 1: Drug of choice, ACT, 2010-2014



Source: EDRS RPU interviews, 2010-2014

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-eight percent of the 2014 sample reported having binged on any stimulant in the six months prior to interview (53% in 2013). The median length of the longest binge session reported by RPU was just over two days (53 hours, range=48-240 hours). The most common substance used during binge episodes was ecstasy, with 81% of RPU 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 (38%), methamphetamine powder (29%), and cocaine (19%). More than half (54%) of RPU who reported

bingeing in the previous six months reported consuming more than five standard alcoholic drinks during the episode.

The proportion of participants reporting that they had ever injected a drug remains stable at 4%. Drugs that were nominated as the first drug injected were crystal methamphetamine and heroin.

In 2014, RPU were asked how often they had used ERD in the last month. Forty-one percent of RPU reported using ecstasy once every two to four weeks, a quarter (24%) reported using ecstasy once every one to two weeks and 27% of the ACT RPU reported using ecstasy more than weekly.

Table 2: Lifetime and recent polydrug use of ACT RPU, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever inject any drug (%)	23	9	28	4↓	4
Alcohol					
Ever used (%)	99	100	98	100	97
Used last 6 months (%)	95	99	94	96	95
Cannabis					
Ever used (%)	100	98	100	94	86
Used last 6 months (%)	89	89	92	93	74↓
Tobacco					
Ever used (%)	99	94	100	85	89
Used last 6 months (%)	89	86	92	74	76
Methamphetamine powder (speed)					
Ever used (%)	81	78	82	70	70
Used last 6 months (%)	66	50	63	57	48
Methamphetamine base (base)					
Ever used (%)	25	24	367	9	9
Used last 6 months (%)	14	10	28	5	5
Crystal methamphetamine (crystal)					
Ever used (%)	30	23	39	23	16
Used last 6 months (%)	16	9	26	14	8
Cocaine					
Ever used (%)	81	76	78	62	80↑
Used last 6 months (%)	58	43	37	38	51
LSD					
Ever used (%)	62	60	86	75	38↓
Used last 6 months (%)	41	39	38	53	19↓

Source: EDRS RPU interviews, 2010-2014

↓↑ Significant increase/decrease at 95% CI $p < 0.05$

Table 2: Lifetime and recent polydrug use of ACT RPU, 2010-2014 (continued)

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
MDA					
Ever used (%)	10	21	28	17	22
Used last 6 months (%)	3	9	14	10	10
Ketamine					
Ever used (%)	22	29	45	43	18↓
Used last 6 months (%)	6	14	14	33	6↓
GHB					
Ever used (%)	14	17	35	5	10
Used last 6 months (%)	3	9	6	0	3
Amyl nitrate					
Ever used (%)	49	50	51	30	24
Used last 6 months (%)	33	28	20	9	17
Nitrous oxide					
Ever used (%)	38	44	45	43	32
Used last 6 months (%)	14	24	24	26	15
Mushrooms					
Ever used (%)	60	73	84	65	55
Used last 6 months (%)	30	46	45	47	17↓
Benzodiazepines					
Ever used (%)	53	51	51	32	26
Used last 6 months (%)	38	33	16	20	13
Antidepressants					
Ever used (%)	25	29	4	14	16
Used last 6 months (%)	12	15	0	9	9
Heroin					
Ever used (%)	21	8	26	5	9
Used last 6 months (%)	14	5	12	1	3
Methadone					
Ever used (%)	12	5	12	3	0
Used last 6 months (%)	8	4	4	1	0
Other opiates					
Ever used (%)	40	36	31	21	19
Used last 6 months (%)	10	16	6	17	9

Source: EDRS RPU interviews, 2010-2014

↓↑ Significant increase/decrease at 95% CI $p < 0.05$

4.2. Ecstasy use

KEY POINTS

- The mean age at which ecstasy was first used was 18.
- Ecstasy (any form) was used on average once a fortnight.
- Participants reported using a median of two tablets in a typical session of use and three 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.

In 2014, the mean age at which RPU first used ecstasy was 18 years (SD=1.9, range=13-25). Almost the whole sample had used ecstasy at least on a monthly basis in the past six months, and reported first having used at this frequency at a mean age of 19 years (SD=2.2, range=14-25). There were no significant differences between males and females and the age they first tried ecstasy; however, females initiated regular use at an earlier age (18.26 yrs) compared to males (19.22 years) $t(97)=2.02$ $p=0.04$.

ECSTASY USE AMONG RPU

Table 3 shows the lifetime and recent use of ecstasy pills, powder, capsules and crystals. The downward trend in the lifetime and recent use of powder has continued in 2014 to five-year lows (18% lifetime use and 13% recent use). Recent use of crystals has been reported by 54% of the total sample which is a significant ($p<0.05$) decrease from 2013. This may reflect a diversification in the packaging and selling of crystal (commonly as capsules) and not a true reduction of the recent use of the crystal form of MDMA.

Table 3: Lifetime and recent use of ecstasy among ACT RPU, 2010-2014

	2010	2011	2012	2013	2014
Lifetime use %					
Pills	100	100	100	99	99
Powder	22	44	53	29	18
Capsules	60	71	75	52	73
Crystals	-	-	-	81	74
Recent use %					
Pills	99	100	94	97	91
Powder	14	23	35	20	13
Capsules	37	39	61	43	56
Crystals	-	-	-	70	54↓

Source: RPU interviews, 2010-2014

MEDIAN USE

When examining the total number of days that RPU had used any form of ecstasy in the past six months (use of pill, powder, capsule and crystal forms combined), the median number of days of ecstasy use was 13.5 (range=1-180). In the preceding six months, a third of the sample reported having used ecstasy on a weekly or more basis (34%).

Table 4: Median days of use

	2010	2011	2012	2013	2014
Pills	12	12	12	10	12
Powder	2	1	0	5	2
Capsules	2	1	2	6	6
Crystal	-	-	-	8.5	8.5

Source: RPU interviews, 2010-2014

One in four (24%) 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, RPU reported the median use of three tablets (range=1-15).

Table 5: Median recent use of ecstasy, ACT RPU, 2014

Ecstasy Use	Typical use	Heavy use
Pills/tablets	2 (1-5)	3 (1-15)
Powder (points)	4 (1-20)	4.5 (1-40)
Capsules	2 (1-6)	3 (1-15)
Crystal (points)	3 (2-30)	5 (1-40)

Source: RPU interviews, 2014

ROUTE OF ADMINISTRATION

All forms - The vast majority (91%) of participants nominated oral ingestion as their 'main' route of ecstasy (all forms) administration in the previous six months, with 9% of RPU reporting they mainly snorted the drug.

Tablets - Eighty-five percent of participants in the 2014 RPU sample reported swallowing ecstasy tablets, with 29% reporting recently snorting ecstasy tablets. One participant reported recently shelving/shafting ecstasy tablets while no participants reported either smoking or injecting in the preceding six months.

Powder - Of the 13% of participants that had recently used ecstasy powder, 77% reported that they had snorted ecstasy powder and 31% reported that they had swallowed ecstasy powder in the past six months. No participants reported smoking, injecting or shelving/shafting ecstasy powder in the preceding six months.

Capsules - Of the 73% of participants that had recently used ecstasy capsules, 93% reported that they had swallowed ecstasy capsules, 38% reported snorting ecstasy capsules and one participant reported shelving/shafting ecstasy capsules in the preceding six months.

Crystals - Of the 54% of participants that had recently used MDMA crystals, 76% reported that they had swallowed MDMA crystals and 50% reported that they had snorted MDMA crystals. No participants reported smoking MDMA crystals or shelving/shafting MDMA crystals.

POLYDRUG USE

Seventy percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy (a significant decrease in the proportion who reported the same in 2013, 88% $p<0.005$). The drugs most commonly used in combination with ecstasy by RPU were alcohol (more than five standard drinks) (56%), tobacco (49%), and cannabis (41%). Other drugs less commonly used in combination with ecstasy were speed (19%), and cocaine (16%).

A significantly smaller proportion of participants reported using other drugs to facilitate comedown from ecstasy (43% compared to 69% $p<0.005$). The main drugs used in 2013 to facilitate comedown were reported as cannabis (90%) and tobacco (7%). Forty-eight percent of respondents reported bingeing in the six months prior to interview. More than a third (39%) of RPU reported ecstasy as being involved.

The patterns of ecstasy use reported by RPU in the ACT from 2010 to 2014 are presented in Table 6.

Table 6: Patterns of ecstasy use among ACT RPU, 2010-2014

	2010	2011	2012	2013	2014
Mean age first used ecstasy (years)	18	17	18	16	18
Median days used ecstasy (any form) #	14	14	19	15	14
Ecstasy 'favourite drug'	36	23	29	36	50
Use ecstasy \geq weekly basis	32	33	24	33	24
Median ecstasy tablets in 'typical' session	2	2	2	2	2
Typically use > 1 tablet (%)	77	68	80	79	75
Recently binged* on ecstasy (%)	37	39	37	43	39
Ever injected ecstasy (%)	10	3	8	0	0

	2010	2011	2012	2013	2014
Main route of administration of ecstasy (%) #					
Swallowing	92	95	90	77	91↑
Snorting	4	5	10	20	9↓
Injecting	4	0	0	0	0
Forms used past six months (%)					
Pills	99	100	94	96	91
Powder	14	23	35	20	13
Capsules	37	39	61	43	56
Use of other drugs (%)					
In conjunction with ecstasy	88	95	94	88	70↓
To come down from ecstasy	52	53	71	69	43↓

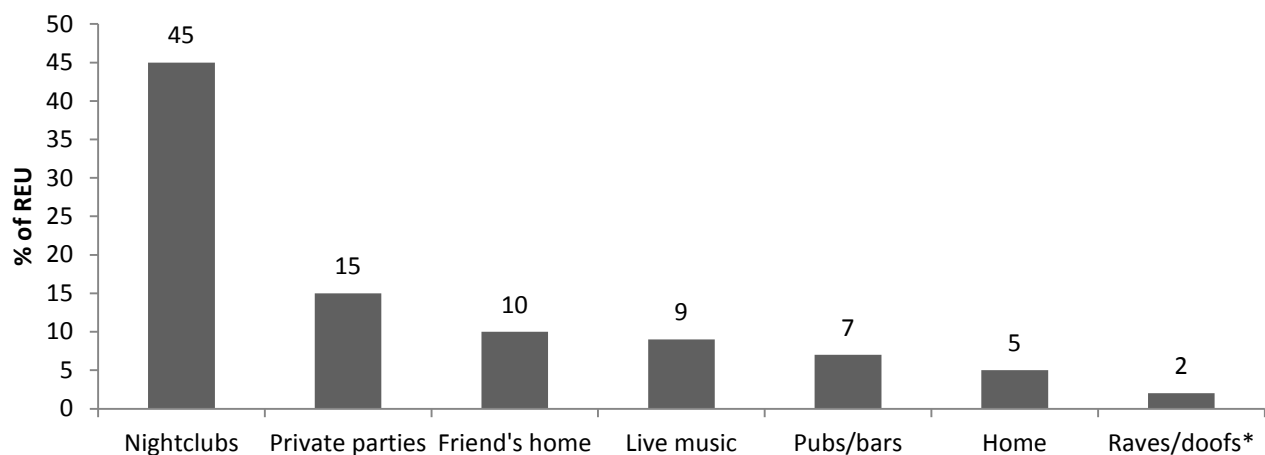
Source: EDRS RPU interviews, 2010-2014

* Bingeing defined as the use of stimulants 48 hours or more continuously without sleep. * Question only asked of RPU who had recently binged on psychostimulants. # In the previous six months

LOCATIONS OF ECSTASY USE

RPU reported using ecstasy at a wide variety of locations the last time that they had used ecstasy (see Figure 2 below). The venues that RPU most frequently reported were: nightclubs (45%), private parties (15%), friend's home (10%), live music events (9%), pubs/bars (7%), home (5%) and raves, doofs and dance parties (2%).

Figure 2: Location of last use, ACT RPU, 2014



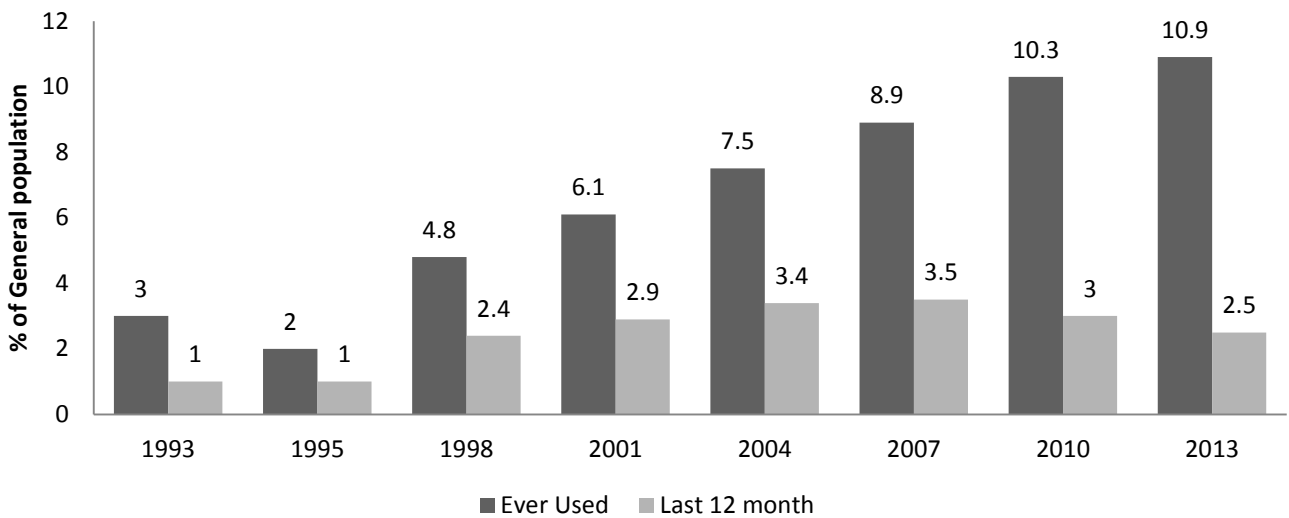
Source: EDRS RPU interviews, 2014

*includes outdoor raves (doofs) and dance parties.

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 2010 and 2013 recent use of ecstasy declined for the second consecutive time since 1995, decreasing from 3% to 2.5%. The 2013 NDSHS showed ecstasy remains the second most widely used illicit drug after cannabis in Australia (Australian Institute of Health and Welfare 2005, 2011, 2014). Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1993 and 2013.

Figure 3: Prevalence of ecstasy use among the general population, 1993-2013



Source: NDSHS 1993-2014, AIHW

4.3. Methamphetamine use

KEY POINTS

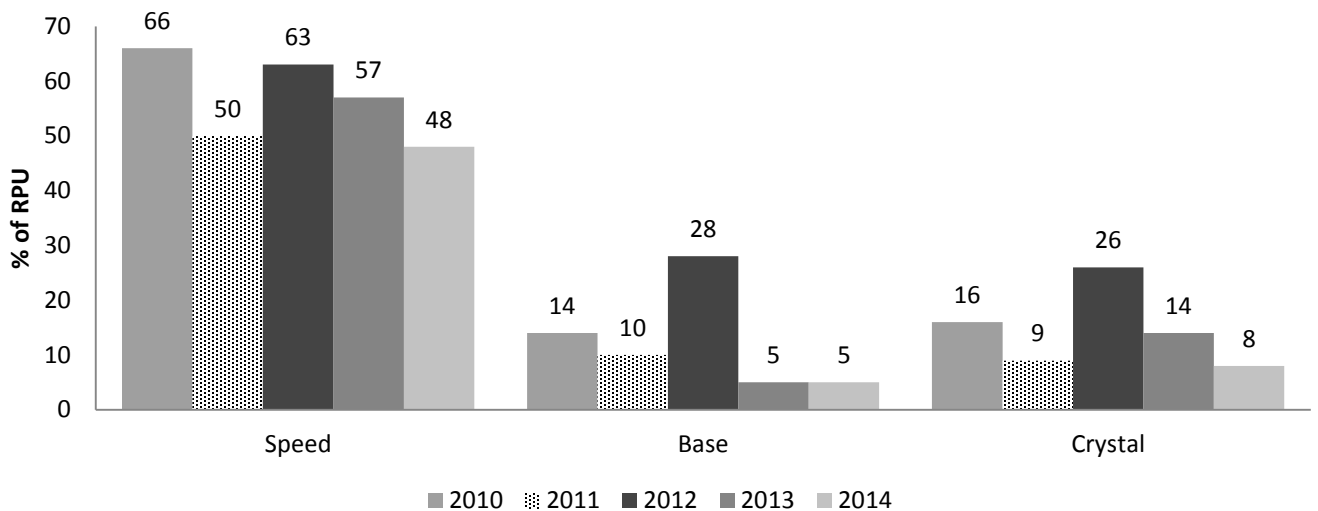
- The majority of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or ice/crystal).
- Methamphetamine powder (speed) was the most commonly used methamphetamine by RPU, followed by crystal and then base. Crystal use in this group continues a downward trend.
- More than half of the sample had used at least one form of methamphetamine in the previous six months.
- Median days of any methamphetamine use remains stable at monthly use (6 days).

The majority (73%) of participants in the 2014 EDRS reported lifetime use of at least one form of methamphetamine (74% in 2013) with speed being the most commonly used form. Half (51%) reported using at least one form of methamphetamine in the previous six months on a median of 6 days (1-96).

Recent use of all forms (combined) of methamphetamine has continued its downward trend for the second consecutive year in this sample. Forty-eight percent of RPU reported recent powder use, 5% reported recent base use and 8% reported recent crystal use as shown in Figure 4. Fifty-one percent of RPU reported recent use (65% in 2013, 73% in 2012) and median days of use were six days (range 1-96).

Four percent of RPU who participated in the 2014 ACT EDRS had used methamphetamine on a greater than weekly basis in the past six months, a decrease from 8% in 2013 and 16% in 2012.

Figure 4: Trends in recent methamphetamine use, ACT, 2014



Source: EDRS RPU interviews, 2010-2014

METHAMPHETAMINE POWDER (SPEED)

Table 7 presents a summary of the patterns of speed use among RPU in the ACT from 2010 to 2014. Three participants (3%) nominated speed as their current drug of choice (3% in 2013). The majority (70%) of participants reported ever having used speed, and 48% reported having recently used speed (57% in 2013).

Recent speed users reported a median of 5 days (range=1-60) of speed use in the past six months. Fifty-two percent of those RPU who had recently used speed had used five times or less in the preceding six months (51% in 2012). Twenty-seven percent of recent speed users had used on a monthly to fortnightly basis (13% in 2013), and 20% had used speed more regularly than fortnightly during the past six months (31% in 2012).

Recent speed users quantified their use in terms of ‘grams’ and ‘points’. The median amount of speed used in a ‘typical’ episode of use in the past six months among those RPU who reported in grams was half a gram (range=0.1-2.0). The median amount of speed used in the ‘heaviest’ session was also half a gram (range=0.1-14).

Among those RPU who reported in points (n=11), the median amount of speed used in a ‘typical’ episode of use in the past six months was 2 points (range=1-5). In 2014, the median amount of speed used in the ‘heaviest’ session was four points (n=11, range=1.5-5).

Among RPU who reported having binged on psychostimulants recently (n=48), 29% reported they had used speed during these binge sessions (45% in 2013). Seventy percent of RPU indicated that they last used other drugs in combination with ecstasy. Nineteen percent of RPU who indicated that they last used other drugs in combination with ecstasy reported using speed in this context.

Of those participants who had used speed in the previous six months, 60% reported swallowing, 50% snorted and, 4% smoked (8% in 2013 and 47% in 2012) and none had recently injected speed.

Table 7: Patterns of methamphetamine powder use among ACT RPU, 2010-2014

Methamphetamine powder (speed)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever used (%)	81	78	82	70	70
Used preceding six months (%)	66	50	63	57	48
Median days used last 6 mths (range)	3 (1-48)	5 (1-90)	10 (1-180)	5 (1-180)	5 (1-60)

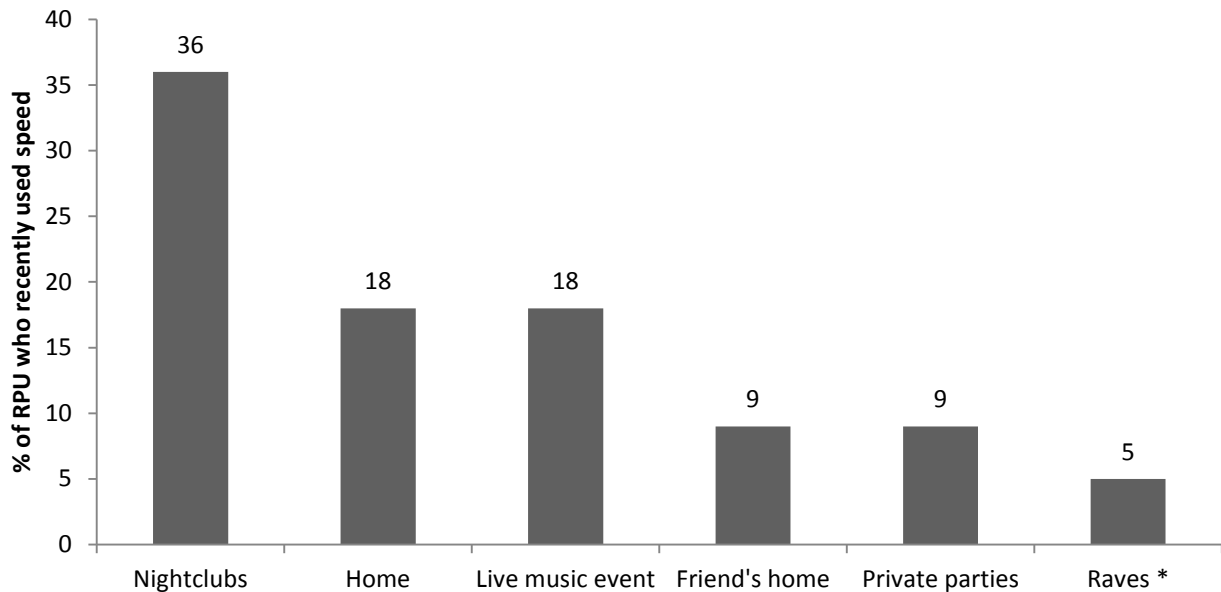
Table 8: Patterns of methamphetamine powder use among ACT RPU, 2010-2014 (cont'd)

Methamphetamine powder (speed)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=101)
Median quantities used (grams)					
Typical (range)	0.3 (0.1-1.5)	0.6 (0.1-3.5)	0.5 (0.05-3)	0.5 (0.5-2.2)	0.5 (0.1-2)
Heavy (range)	0.5 (0.1-4)	1 (0.25-10)	1 (0.05-6)	1 (0.5-5)	0.5 (0.1-14)

Source: EDRS RPU interviews, 2010-2014

Figure 5 presents the last locations of speed use in the six months prior to interview. Speed had been used by RPU at a variety of locations. The most common location reported for speed use was nightclubs (36%).

Figure 5: ACT RPU reports of last location of use for speed, 2014



Source: EDRS RPU interviews, 2014

* Includes outdoor raves (doofs) and dance parties

METHAMPHETAMINE BASE

Table 9 presents a summary of the patterns of base use from 2010 to 2014. No participants nominated base as their drug of choice. Nine percent of RPU interviewed in 2014 reported ever having used base. Five percent of RPU reported having recently used base (during the past six months) and these figures have remained stable since 2013.

Recent base users (n=5) reported a median of 1 day (range=1-12) of base use in the past six months. Sixty percent of recent base users had used base less than monthly in the past six months, and the

remaining 40% (n=2) reported that they had used base between monthly and fortnightly. No RPU reported using base on a weekly or daily basis.

Three recent base users quantified their use in terms of points. The median amount used in a typical session was 1.5 points, the same as was reported for a heavy session.

Of those RPU who reported having binged on psychostimulants in the past six months (n=48), none reported that they had used base during these binge sessions. Similarly, none of those RPU who indicated that they last used other drugs in combination with ecstasy reported using base in this context.

Of those participants who had used base in the previous six months, all participants reported swallowing base. There were no reports of smoking, snorting or injecting base.

Table 9: Patterns of methamphetamine base use among ACT RPU, 2010-2014

Methamphetamine base	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever used (%)	25	24	37	9↓	9
Used preceding six months (%)	14	10	28↑	5↓	5
Median days used last 6 mths (range)	5 (1-24)	5 (1-36)	3.5↓ (1-20)	2.5 (1-12)	1 (1-12)
Median quantities used (points)					
Typical (range)	2 (0.2-8)	0.65 (0.1-5)	2 (0.2-10)	2 (no range)	1.5 (1-2)
Heavy (range)	3 (0.2-8)	2.3 (0.2-7)	2.5 (0.2-14)	5 (no range)	1.5 (1-2)

Source: EDRS RPU interviews, 2010-2014

↑ ↓ Significant increase/decrease at 95% CI $p < 0.05$

CRYSTAL METHAMPHETAMINE

Table 10 presents a summary of the patterns of crystal use among RPU in the ACT from 2010 to 2014. One participant nominated crystal as their drug of choice. A downward trend in the proportion of participants reporting use of crystal methamphetamine continues with 16% reporting lifetime use (23% in 2012) and just 8% reporting recent use (14% in 2012).

Recent crystal users (n=8) reported a median of eight days (range=1-72) of crystal use in the past six months. One quarter of recent users reported using crystal less than monthly, 38% (n=3) reported using the drug between monthly and fortnightly and 38% (n=3) reported using it more than weekly.

Most recent crystal users quantified their use in terms of points. Two points was the median amount of crystal reported to be used in a 'typical' episode (range=0.5-3.0) and two points for the 'heaviest' (range=0.5-10) episode of use in the past six months.

Of those RPU who reported having binged on psychostimulants recently (n=48), 8% reported they had used crystal during these binge sessions. Among those RPU 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 10: Patterns of crystal methamphetamine use among ACT RPU, 2010-2014

Crystal methamphetamine (ice)	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever used (%)	30	23	39	23	16
Used preceding six months (%)	16	9	25	14	8
Median days used last 6 mths (range)	5 (1-24)	2 (1-5)	5 (1-48)	3 (1-180)	8 (1-72)
Median quantities used (points)					
Typical (range)	1 (0.2-8)	0.2 (0.2-5)	1 (0.2-5)	1 (0.1-3)	2 (0.5-3)
Heavy (range)	0.75 (0.2-3)	2 (0.2-7)	3 (0.2-25)	1 (0.2-9)	2 (0.5-10)

Source: EDRS RPU interviews, 2010-2014

Of those participants who had used speed in the previous six months, all reported that they had smoked it. No participants reported recently snorting, swallowing or injecting crystal.

KEY EXPERT COMMENTS: METHAMPHETAMINE

- Treatment and outreach services note that the lack of effective treatment options (including pharmacotherapies) exposes a service gap for people with problematic use.
- KE commented that the harms associated with ice were significant: mental health problems, psychosis and aggression.

4.4. Cocaine use

KEY POINTS

- 8 in 10 participants reported lifetime use of cocaine, significantly more than 2013.
- Frequency of cocaine use increased to a median of six days in the previous six months.

Table 11 presents a summary of the patterns of cocaine use from 2010-2014. In 2014, 80% of participants reported having ever used cocaine, a significant increase from 62% in 2013 ($p<0.05$). An increase in the proportion of participants reporting recent use was also observed but was not statistically significant with over half (51%) reporting recent use compared to 38% in 2013. Nine percent of participants reported cocaine to be their main drug of choice.

In 2014, recent cocaine users ($n=51$) reported a median of six days of use (range=1-170). Almost half (45%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months, 41% of RPU had used cocaine between monthly and fortnightly and 10% had used cocaine on a fortnightly or greater basis. Two respondents reported using cocaine more than weekly. No participants reported daily cocaine use.

Most recent cocaine users quantified their use of cocaine in terms of grams. A median of half a gram ($n=26$, range=0.2-3.5) was used during a 'typical' session of cocaine use, and a median of one gram (range=0.5-7) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 11).

Nearly one in five (19%) of RPU who had recently binged on psychostimulants reported using cocaine during these binge episodes. Among those RPU who reported that they had consumed other drugs when taking ecstasy, 16% reported using cocaine in this context. No participants reported using cocaine to facilitate ecstasy comedown.

The majority (90%) of participants who had recent use of cocaine reported snorting it, 10% reported swallowing it and 4% of participants reported smoking it. No reports of recent injecting cocaine were observed.

Table 11: Patterns of cocaine use among RPU, 2010-2014

Cocaine	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever used %	81	76	78	62	80↑
Used last six months %	58	43	37	38	51
Median days used last 6 mths (range)	3 (1-72)	4 (1-24)	4 (1-60)	2 (1-100)	6 (1-170)

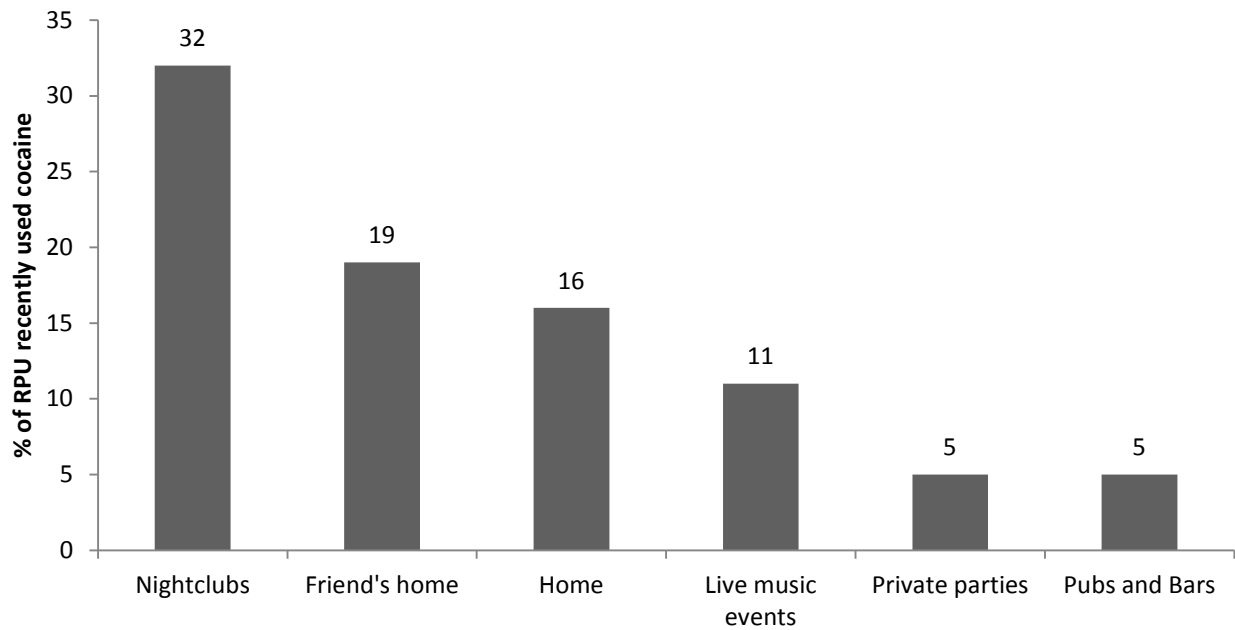
Table 12: Patterns of cocaine use among RPU, 2010-2014 (cont'd)

Cocaine	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Median quantities used (grams)					
Typical	0.5	0.5	1	1	0.5
(range)	(0.1-2)	(0.3-3)	(0.3-1.2)	(0.5-3.5)	(0.2-3.5)
Heavy	1.0	1.0	1	1.1	1
(range)	(0.2-3)	0.5-4)	(0.3-8)	(0.5-5)	(0.3-7)

Source: EDRS RPU interviews, 2010-2014

Figure 6 summarises the reports of RPU 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 nightclubs (32%) followed by friend’s home (19%) and home (16%). The next most common locations of use were live music events, private parties (5%) and pubs and bars (5%).

Figure 6: Last location of cocaine use, ACT, 2014



Source: EDRS RPU interviews, 2014

Note: Results based on response numbers n=37

KEY EXPERT COMMENTS: COCAINE

- All KE commented that cocaine was used sporadically among this demographic and is not commonly seen by youth or outreach services.

4.5. LSD use

KEY POINTS

- A significant decline in lifetime and recent use was observed in 2014.
- Frequency of LSD use was low at median of four days in the previous six months.
- The median amount of LSD used in a typical session of use was one tab.

Table 13 summarises the patterns of LSD use amongst ACT RPU from 2010-2014. Only 4% of participants nominated LSD as their drug of choice (10% in 2013). A significant decrease in the proportion of people reporting lifetime use was observed: 38% compared to 75% in 2013. Likewise significantly less people reported recent use: 19% compared to 54% in 2013.

Recent LSD users (n=19) reported a median of four days of use in the past six months (range=1-20). Most (50%) of RPU who had used LSD in the preceding six months reported using on a monthly or less basis. A third (32%) of respondents used monthly to fortnightly and five percent of respondents used fortnightly or more often. One participant reported using more than weekly.

Most 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=14, range=1-3) episode and two tabs for the 'heaviest' (n=14, range=1-3) episodes of LSD use (Table 11). All recent LSD users reported that they had swallowed LSD in the past six months (n=19).

Of those RPU who reported bingeing on psychostimulants in the preceding six months, 6% had used LSD during extended drug use sessions (15% in 2013). Of those RPU who indicated that they last used other drugs in combination with ecstasy (n=70), only one reported that they used LSD in combination with their last ecstasy use.

Table 13: Patterns of LSD use, ACT, 2014

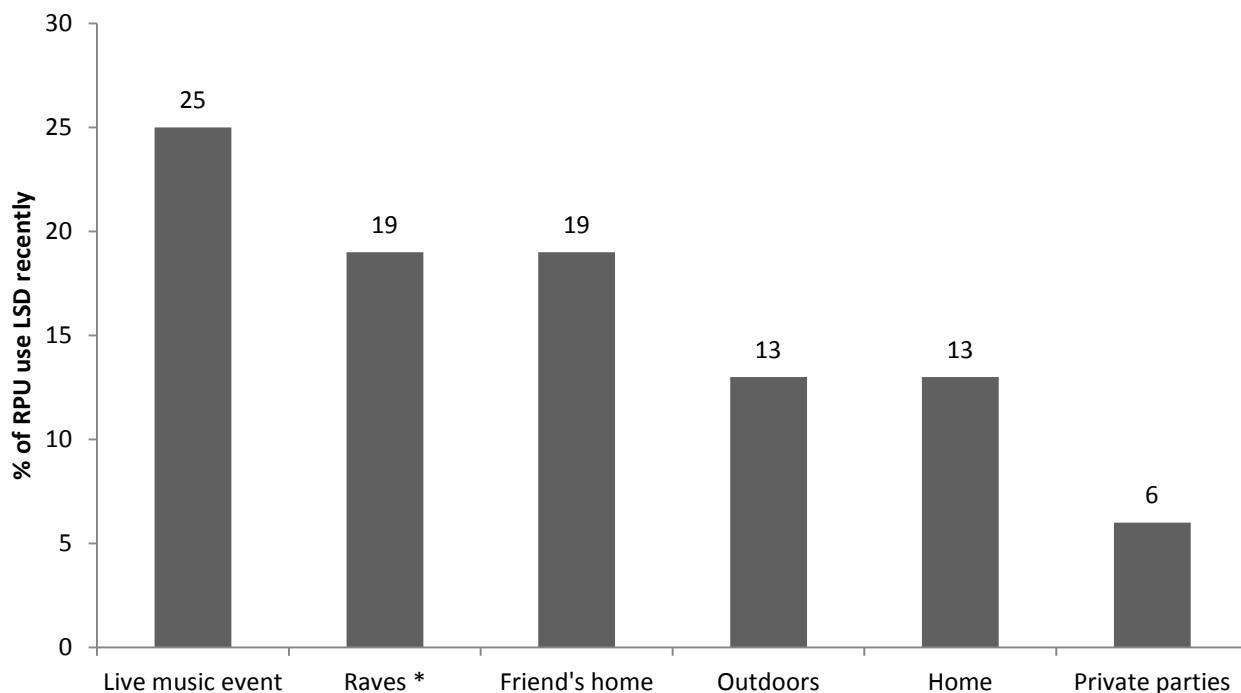
LSD	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever used %	62	60	86↑	75	38↓
Used last six months %	41	39	38	53	19↓
Median days used last 6 mths (range)	3 (1-24)	4 (1-24)	5 (1-30)	4 (1-72)	4 (1-20)
Median quantities used (tabs)					
Typical (range)	1 (0.5-3.5)	1 (0.5-20)	1 (0.75-4)	1 (1-5)	1 (1-3)
Heavy (range)	1.5 (1-10)	2 (1-40)	2 (1-20)	2 (1-11)	1 (1-3)

Source: EDRS RPU interviews, 2010-2014

↑ significant increase at 95% CI $p < 0.05$

The locations at which respondents indicated they had last used LSD were at a live music event (25%), at raves (19%), at a friend's home (19%), outdoors (13%), home (13%) and private parties (6%) (Figure 7).

Figure 7: Last location of LSD use, ACT, 2014



Source: EDRS RPU interviews, 2014

* Includes outdoor raves (doofs) and dance parties

Note: Results based on response numbers n=16

KEY EXPERT COMMENTS: LSD

- KE commented that a decline in usage of many traditional psychedelics has been noticed. Along with LSD, mushrooms have also seen a decline in recent use.

4.6. Cannabis use

KEY POINTS

- 3 in 4 participants had used cannabis in the last six months.
- One in five of RPU nominated cannabis as their drug of choice.
- Those that had used cannabis recently, used on a median of 60 days (2 to 3 times a week).
- A third (32%) of recent cannabis users reported using cannabis on a daily basis.

Table 14 presents a summary of cannabis use of ACT RPU from 2010 to 2014. In 2014, 86% of RPU reported lifetime use of cannabis, and 74% of RPU reported using cannabis in the six months preceding interview. These figures continue a downward trend and recent use in particular is approaching statistical significance. Cannabis was nominated by one in five (27%) as their drug of choice.

In 2014, RPU who had used cannabis in the preceding six months used it on a median of 60 days (range=1-180). This decrease continues the downward trend seen in 2013. Almost two-thirds (61%) reported using cannabis on a greater than weekly basis, with 32% of RPU reporting that they were daily users of cannabis. Nineteen percent reported using cannabis on a less than monthly basis and 10% reported using cannabis on a monthly to fortnightly basis.

Table 14: Patterns of cannabis use among ACT RPU, 2010-2014

Cannabis	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Ever used %	100	98	100	94	86
Used last six months %	89	89	92	87	74
Median days used last 6 mths (range)	24 (1-180)	48 (1-180)	120 (1-180)	90 (1-180)	60 (1-180)
Route of administration (%)					
Smoked	99	99	98	100	96
Swallowed	37	35	34	21	14

Source: EDRS RPU interviews, 2010-2014

More than a third (36%) 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=36, range=0.5-20). Twenty-one 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 (n=21, range=0.5-5).

The vast majority of RPU (96%) who had used cannabis in the preceding six months reported that they had recently smoked it and 14% of RPU who had recently used cannabis reported that they had recently swallowed it.

Over one-third (38%) of RPU who reported that they had binged on psychostimulants in the preceding six months reported that they had used cannabis during these binges. Forty-one percent of RPU who reported that they used other drugs the last time they were under the influence of ecstasy reported that they had used cannabis. Ninety-one percent of RPU who reported that they used drugs while coming down from ecstasy used cannabis.

KEY EXPERT COMMENTS: CANNABIS

- KE commonly reported that cannabis was cheap to buy and easy to obtain. Many harms seen by services are compounded by the illegality of the drug and the social stigma that is attached to its use.

4.7. New psychoactive substances (NPS)

KEY POINTS

- Use of NPS remains very low in the ACT and in most cases reported use is decreasing.
- 2CB and 2CI remain the most commonly reported NPS used.
- Use of synthetic cannabinoids remains stable.

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: The proportion of participants reporting lifetime use of 2CB in 2014 (20%) remained stable from figures reported in 2013 (20%). Recent use, in the six months prior to interview, significantly decreased from 20% in 2013 to 6% in 2014.

2CI: Lifetime use and recent use of 2CI both decreased from 2013 to 2014. Nine percent of participants reported lifetime use in 2014 (18% in 2013) and 3% reported recent use of 2CI in 2014 (3% in 2013).

2CE: The proportion of participants reporting lifetime use of 2CE in 2014 (2%) decreased from 4% in 2013. Similarly, further decreases in the reported recent use of 2CE were also observed from 4% in 2013 to no reports of recent use in 2014.

Phenethylamines – Beta-ketones

The proportion of ACT RPU reporting lifetime use and recent use of the synthetic stimulant drugs **Ivory Wave** and **mephedrone** remained low in 2014. The use of **methylone**, also known as black MDMA, decreased although caution is advised as numbers reported are low (<10). Two participants reported lifetime use of methylone.

Mescaline is also a psychoactive phenethylamine chemical and comes from the peyote cactus. The proportion of participants reporting lifetime use decreased from 12% in 2013 to 2% in 2014. No participants reported recent use of mescaline.

Tryptamines

DMT: Lifetime and recent use of the psychedelic tryptamine dimethyltryptamine (DMT) remained stable in 2014, (13% in 2013 vs 16% in 2014). DMT reportedly has effects similar to LSD and can be injected, smoked or sniffed. The proportion of participants reporting use of DMT in the six months prior to interview also remained stable at 7% in 2014 compared to 8% in 2013.

5MEO-DMT, another psychedelic tryptamine, saw no reported use in 2014.

Small proportions of participants reported lifetime or recent use of other naturally occurring substances including **datura**, **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. Significant decreases in the reported lifetime and recent use were reported in 2014.

Piperazine

The proportion of ACT RPU reporting lifetime use and recent use of the synthetic stimulant drugs paramethoxyamphetamine (PMA) and BZP remained very low in 2014 with only one participant reporting lifetime use.

In 2014, participants were asked about their use of K2/Spice or any other synthetic cannabinoids. Six percent of RPU reported lifetime and/or recent use of any other synthetic cannabinoids.

Table 15: Use of new psychoactive substances (NPS) among ACT RPU, 2013-2014

New psychoactive substances	2013 Ever used (%)	2014 Ever used (%)	2013 Recent use (%)	2014 Recent use (%)
Phenethylamines (2C-x class)				
2CB	22	20	20	6↓
2CI	18	9	13	3↓
2CE	4	2	4	-
Phenethylamines (beta-ketones)				
Mephedrone	3	1	-	-
methylone / black MDMA	4	4	4	2
Cathinone – other	-	1	-	-
Ivory Wave / MDPV	-	-	-	-
Phenethylamines (amphetamine-based)				
Mescaline	12	2	8	-
MDAI	-	-	-	-
Ergolines				
LSA (Hawaiian Baby Woodrose)	1	2	-	1

↓ significant decrease at 95% CI $p < 0.05$

Table 16: Use of new psychoactive substances (NPS) among ACT RPU, 2013-2014 (con't)

New psychoactive substances	2013 Ever used (%)	2014 Ever used (%)	2013 Recent use (%)	2014 Recent use (%)
Tryptamines				
5MEO-DMT	3	-	1	-
DMT	13	16	8	7
(Dissociative)				
DXM (cough syrup)	16	5	10	1
Methoxetamine (MXE)	-	4	-	-
Salvia divinorum	5	3	3	-
Piperazines				
BZP	1	1	-	-
Synthetic cannabinoids	17	6↓	13	1↓

Source: EDRS RPU interviews, 2013-2014

↓ significant decrease at 95% CI $p < 0.05$

4.8. Other drug use

KEY POINTS

- Half of recent alcohol users reported more than weekly drinking.
- Less than half (47%) of RPU who had used tobacco recently reported using tobacco daily.
- Smaller proportions of RPU reported using heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

Alcohol

Almost all of the 2014 ACT EDRS sample reported lifetime use of alcohol (97%) and 95% reported recent use of alcohol. Five percent of participants nominated alcohol as their drug of choice.

Alcohol was consumed on a median of 30 days (approximately weekly, range=6-180) in the six months prior to interview. This remains stable from 2013. Half (50%) of recent alcohol users reported using alcohol more than weekly in the past six months.

Tobacco

The majority (89%) of the 2014 sample reported lifetime use of tobacco, and 76% of the 2014 ACT EDRS sample reported use of tobacco in the six months preceding interview. Of those who reported using tobacco in the previous six months, 47% (n=36) reported daily tobacco use.

Benzodiazepines

In 2014, 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 2014, 7% of RPU reported lifetime use of licit benzodiazepines (12% in 2013) and 4% (9% in 2013) reported recent use of licit benzodiazepines. Median days of use was 5.5 days (range=1-24).

Antidepressants

In 2014, 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. Eleven percent of the 2014 EDRS sample reported ever having used licit antidepressants (13% in 2013), whilst 8% reported recent use of licit antidepressants. In 2014, five participants reported lifetime use of illicit antidepressants and one participant reported recent use of illicit antidepressants.

Inhalants

Amyl nitrite: In 2014, 17% of RPU reported using amyl nitrate in the six months preceding interview. The use of amyl nitrite occurred on a median of six days (range=1-30).

Nitrous oxide: Lifetime use of nitrous oxide remained stable at 32% (43% in 2013). The proportion of RPU reporting use of nitrous oxide in the six months preceding interview decreased to 15% (26% in 2013). The median days of use was 3 (range=1-24). Two-thirds (67%) of recent nitrous oxide users reported less than monthly use. The median amount of 'bulbs' used in a typical session was reported to be 2 (range=1-50) and a median of 2 bulbs (range=1-50) was reported to be used in a heavy session.

Mushrooms

In 2014, just over half (55%) reported lifetime use of mushrooms. The proportion of RPU reporting use of mushrooms in the preceding six months significantly decreased to 17% (47% in 2013). The median days of use was 4 (range=1-10).

Heroin and other opiates

Heroin: Nine percent of the sample reported lifetime use of heroin (5% in 2013). Three participants reported recent use of heroin. No participants reported heroin as their drug of choice.

Methadone: None of the 2014 sample reported ever having used methadone.

Buprenorphine: None of the 2014 sample reported they had ever used buprenorphine.

Other opioids: Nine percent of RPU reported ever having used other licit opioids and one participant reported the recent use of other licit opioids. Twelve percent of RPU had ever used illicit other opioids and 42% of those had used illicit other opioids recently. The median days of use was 3.5 days (1-90).

Gamma-hydroxy butyrate (GHB)

In 2014, one in ten of the sample reported ever having tried GHB, and three participants reported that they had used GHB in the six months preceding interview.

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 2014, 22% of RPU reported that they had ever used MDA and 10% of participants reported having recently used MDA. Median days of use was five and a half days (range=1-10).

Ketamine

A significant decrease in the proportion of the 2014 ESRS sample reporting lifetime use of ketamine (43% in 2013) was observed. Similarly, just 6% reported recent use in 2014 compared to 33% in 2013. Median days of use was one and half days (range=1-10).

Pharmaceutical stimulants

In 2014, 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. Six percent of the sample reported lifetime use of licit

pharmaceutical stimulants with all reporting recent use. The median days of using licit pharmaceutical stimulants were 60 days (range 2-180).

Fifteen percent of the 2014 sample reported ever having used illicit pharmaceutical stimulants (a further decrease from 33% in 2013 and 71% in 2012). There was also a further decrease in the proportion of participants reporting recent use of illicit pharmaceutical stimulants, decreasing from 16% in 2013 to 6% in 2014. The median number of days of use in the past six months among those RPU who had used illicit pharmaceutical stimulants was 16 days (range=1-180).

5 PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

5.1. Ecstasy

KEY POINTS

- Price remained stable across all forms.
- 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 four.

PRICE

In the 2014 ACT EDRS, all of RPU commented on the price, purity and availability of ecstasy. RPU reported the current median price for an ecstasy tablet to be \$25 (see Table 17). Sixty percent of the RPU sample commented on the price of an ecstasy capsule. The median price reported in 2013 was \$30. Only small numbers were able to comment on the price of a gram of ecstasy powder. The median price for a gram of ecstasy powder was \$300.

Two-thirds (67%) of respondents in 2014 reported that the price of ecstasy was stable in the past six months.

Table 17: Price of ecstasy purchased by ACT RPU and price variations, 2010-2014

Ecstasy	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=62)	2014 (n=100)
Median price per tablet	\$25	\$30	\$25	\$25	\$25
Median price per capsule	\$30	\$30	\$30	\$30	\$30
Median price per gram of powder	\$200	\$200	\$300	\$300	\$300 [^]
Median price per point of crystal	-	-	-	\$25	\$30
% Increasing	16	51	22	13	18
% Stable	60	29	39	73 [↑]	67
% Decreasing	4	0	10	2	6
% Fluctuating	17	21	20	13	9
% Don't know*	-	-	10	-	-

Source: EDRS RPU interviews, 2010-2014

* 2010-2011 'Don't know' responses were excluded

[↑] significant increase at 95% CI p>0.05

[^] small numbers, interpret with caution

PURITY

Table 18 presents the reports of ACT RPU from 2010 to 2014, regarding both the current purity and the change in the purity of ecstasy available to them. Almost half of those who commented (46%) reported the current purity of ecstasy to be medium with 32% reporting purity to be high, with significantly less reporting purity to be low.

Table 18: ACT RPU reports of ‘current’ ecstasy purity and purity change, 2010-2014

Purity - ecstasy	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=70)	2014 (n=98)
Current purity					
% Low	51	11	31	27	13↓
% Medium	26	8	26	34	46
% High	6	53	26	19	32
% Fluctuates	17	28	16	20	9
% Don't know *	-	-	2	-	-
Purity change					
% Increasing	6	51	12	14	16
% Stable	19	9	29	33	39
% Decreasing	53	10	26	31	25
% Fluctuating	22	30	24	22	20
% Don't know*	-	-	8	-	-

Source: EDRS RPU interviews, 2010-2014

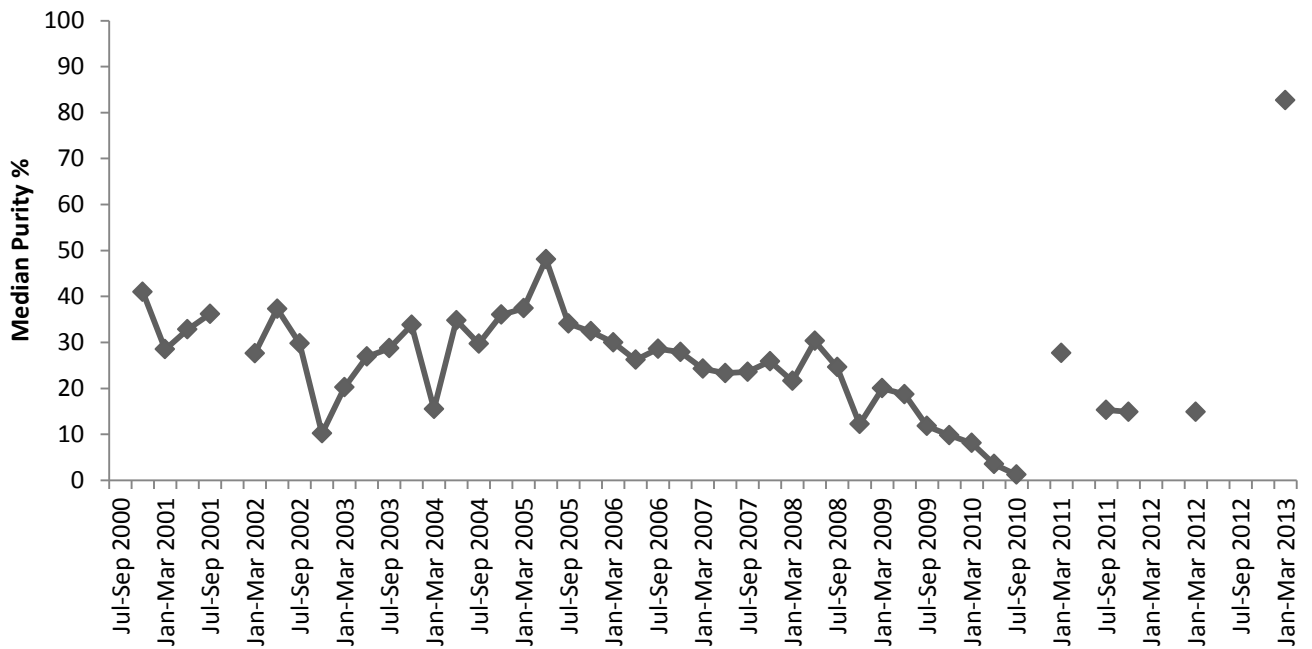
* 2010-2010 'Don't know' responses were excluded

↑↓ significant increase/decrease at 95% CI $p > 0.05$

Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and should, therefore, be considered in addition to the subjective reports of users. However, it is also important to note the limitation of the average purity figures – namely, that not all illicit drugs seized by Australia's law enforcement agencies are routinely analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures, therefore, related to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, the purity figures remain the most objective measure of changes in purity levels available in Australia.

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 2013 are presented in Figure 8. In the ACT, only one seizure has been analysed with a median purity of 82.7, much higher than previous seizures.

Figure 8: Median purity of phenethylamine seizures, ACT, July 2000 to March 2013



Source: Australian Bureau of Criminal Intelligence, 2000-2013. Note: Data not available for the 2013/2014 financial year

AVAILABILITY

Table 19 summarises the reports of RPU on the availability of ecstasy in the ACT for the years 2010 to 2014. The whole 2014 sample commented on the availability of ecstasy. Respondents reported that ecstasy was either very easy (41%) or easy (47%) to obtain. Eleven percent of the sample reported that ecstasy was difficult to obtain. Fifty-four percent of RPU also indicated that the ease with which ecstasy could be obtained had remained stable, while 23% reported that ecstasy was easier to obtain.

In 2013, participants were asked to nominate from whom they had last purchased ecstasy. The most common people through whom RPU had obtained ecstasy remained friends (65%) and known dealers (23%). Last year a response category for 'online' was added. In 2014, no RPU reported purchasing ecstasy this way. The most common locations at which ecstasy had last been purchased were at a friend's home (43%), a dealer's home (9%), at a nightclub (12%) and at their own home (11%).

Table 19: ACT RPU reports of availability of ecstasy in the past six months, 2010-2014

Ecstasy availability	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Current availability					
<i>% Very easy</i>	37	33	37	45	41
<i>% Easy</i>	44	47	51	39	47
<i>% Difficult</i>	15	20	10	16	11
<i>% Very difficult</i>	4	-	2	-	1
Availability change					
<i>% More difficult</i>	24	15	12	17	16
<i>% Stable</i>	50	49	69	43	54
<i>% Easier</i>	15	24	10	30	23
<i>% Fluctuates</i>	11	13	6	12	6
<i>% Don't know</i>	-	-	4	-	1
Persons scored from: #					
Friends (%)	63	69	64	61	65
Known dealers (%)	22	23	28	25	23
Acquaintances (%)	6	3	6	5	6
Unknown dealers (%)	4	4	0	1	3
Online (%)	-	-	-	3	-
Locations scored from: #					
Friend's home (%)	41	39	32	25	43
Dealer's home (%)	10	5	18	16	9
Nightclub (%)	19	16	20	10	12
Agreed public location (%)	8	10	4	4	9
At own home (%)	4	15	18	13	11
Other (%)	4	14	8	8	16
Online (%)	-	-	-	3	-

Source: EDRS RPU interviews, 2010-2014

of those who purchased ecstasy in the past six months.

^ Online category added in 2013

ECSTASY MARKETS AND PATTERNS OF PURCHASING ECSTASY

Table 20 summarises ecstasy purchasing practices of RPU in the ACT in 2010 to 2014. In 2014, the median number of people that RPU reported they had purchased ecstasy from in the previous six months was three (range=1-20). The majority (71%) of RPU indicated that, when purchasing ecstasy, they had typically bought for themselves and others, with a smaller proportion (27%) reporting that they had only purchased ecstasy for their own personal use in the prior six months.

RPU were also asked to indicate how often they had purchased ecstasy in the past six months. RPU reported that they most commonly purchased ecstasy on a monthly or less basis (49%) or on a fortnightly or less basis (37%). Eleven percent purchased it on a weekly or less basis and two participants had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that RPU reported usually buying when purchasing ecstasy in the past six months was four (range=1-50).

Table 20: Patterns of purchasing ecstasy, ACT RPU, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Median number of people purchased from	3	3	3	3	3
Purchased for (%)					
Self only	16	35	24	34	27
Self and others	84	63	72	61	71
Others only	0	1	2	-	2
Didn't purchase	0	1	2	5	0
No. of times purchased in the last six months (%)					
0	0	0	2	-	1
1-6	45	57	31	40	49
7-12	33	28	43	36	37
13-24	21	14	16	12	11
25+	1	1	8	3	2
Median no. of ecstasy tablets purchased[#]	5	5	5	4	4

Source: EDRS RPU interviews, 2010-2014

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

5.2. Methamphetamine

KEY POINTS

- The majority reported that the price of speed had remained stable in the previous six months and was easy or very easy to obtain at \$35 for a point and \$200 for a gram.
- Small numbers of participants reported on the price of base and crystal so caution is advised when interpreting results.

PRICE

In the 2014 ACT EDRS, just under a quarter (22%, n=22) of respondents commented on the price, purity and availability of speed. Smaller proportions commented on the price, purity and availability of base (2%, n=2) and crystal (5%, n=5).

Methamphetamine powder (speed)

The median reported current price for a gram of speed was \$200 (\$100-800); this price has remained stable across the last five years. In terms of purchasing points of speed, the median price paid for a point was \$35, an increase from \$25 in 2013. The majority (87%) of the RPU who were able to comment on the price of speed (n=15) reported that the price of speed had remained stable in the preceding six months. One in ten reported that the price had increased in the past six months, as can be seen in Table 21.

Table 21: Price and changes in price for methamphetamine powder, ACT, 2010-2014

Median price - speed	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Point	\$30	\$23 [^]	\$40	\$25	\$35
(range)	(25-50)	(20-30)	(20-60)	(10-40)	(20-80)
Gram	\$200	\$200	\$200	\$200	\$200
(range)	(40-300)	(90-350)	(100-250)	(100-270)	(100-800)
Of those that responded	n=24	n=24	n=26	n=38	n=22
% Increasing	15	21	0	5	13
% Stable	60	71	54	55	87
% Decreasing	10	4	0	11	-
% Fluctuating	15	4	19	5	-
% Don't know	-	-	27	24	-

Source: EDRS RPU interviews, 2010-2014

[^] small numbers (<10), interpret with caution

Methamphetamine base

Very small numbers reported on the last price paid for a point or a gram of base. The median price reported for a point of base was \$30. The median price reported for a gram of base was \$120.

Caution is advised when interpreting results as numbers who were able to report on base were extremely low.

Table 22: Price and changes in price for methamphetamine base, ACT, 2010-2014

Median price - base	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Point	\$25	\$23 [^]	\$50 [^]	-	\$30 [^]
(range)	(no range)	(20-25)	(20-80)	-	(no range)
Gram	\$200 [^]	\$225 [^]	\$250 [^]	\$225 [^]	\$120 [^]
(range)	(150-600)	(100-350)	(150-300)	(150-300)	(no range)
Of those that responded	n=7	n=6	n=9	n=2	n=2
<i>% Increasing</i>	-	-	33	-	-
<i>% Stable</i>	100	67	56	50	100
<i>% Decreasing</i>	-	-	-	-	-
<i>% Fluctuating</i>	-	33	-	-	-
<i>% Don't know</i>	-	-	11	50	-

Source: EDRS RPU interviews, 2010-2014

[^] small numbers (<10), interpret with caution

Crystal methamphetamine

Only five RPU (5%) commented on the price, purity and availability of crystal, (Table 23). The median price paid for the last point (n=4) of crystal purchased was \$100 (range=\$60-120). Two participants reported that the median price for a gram of crystal was \$375 (range=\$250-\$500). Reports on the change in price are varied. Caution is advised when interpreting results as numbers who were able to report on crystal were extremely low.

Table 23: Price and changes in price for methamphetamine crystal, ACT, 2010-2014

Median price - crystal	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Point	\$70^	\$80^	\$100	\$80^	\$100^
(range)	(50-80)	(50-100)	(40-100)	(60-100)	(60-120)
Gram	\$300^	-	\$350^	\$725^	\$375^
(range)	(200-400)	-	(250-400)	(650-800)	(250-500)
Of those that responded	n=5	n=3	n=12	n=6	n=4
% Increasing	60	-	25	33	25
% Stable	40	67	42	67	25
% Decreasing	-	33	8	-	-
% Fluctuating	-	-	8	-	50
% Don't know	-	-	17	-	-

Source: EDRS RPU interviews, 2010-2014

^ Small numbers (<10), interpret with caution

PURITY

In the 2014 ACT EDRS, small numbers commented on the purity of methamphetamine and results were mixed (see Table 21).

Methamphetamine powder (speed)

Reports on the purity of methamphetamine powder were mixed. The majority of those who commented (n=21) reported speed to be of medium purity. A further third (33%) reported purity to be low. Only 14% reported speed to be of high purity. Almost half (48%) of the respondents who commented on the change in purity of speed (n=15) believed purity had remained stable in the last six months. A further 40% reported purity to have decreased and 13% reported that purity had fluctuated (Table 25). There were no significant differences in either current purity or change in purity of speed from 2012 to 2013.

Methamphetamine base

Only two RPU commented on the current purity of base, therefore responses should be interpreted with caution.

Crystal methamphetamine

In 2014, only small numbers commented on the current purity of crystal (n=4). Responses should therefore be interpreted with caution. Reports were varied.

Table 24: Current purity of methamphetamine, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2012 (N=77)	2014 (N=100)
Speed					
Did respond (%)	27	31	48	48	22
Of those that responded	n=20	n=25	n=37	n=37	n=22
% Low	35	20	12	38	33
% Medium	50	32	27	32	43
% High	15	36	46	16	14
% Fluctuates	-	12	15	47	10
Base					
Did respond (%)	10	10	18	1	2
Of those that responded (%)	n=7	n=8	n=9	n=1	n=2
% Low	43	-	-	-	50
% Medium	14	-	22	-	-
% High	43	88	68	100 [^]	-
% Fluctuates	-	13	11	-	50
Crystal					
Did respond (%)	7	4	24	5	4
Of those that responded (%)	n=5	n=3	n=12	n=4	n=4
% Low	20	33	17	25 [^]	25
% Medium	40	-	25	75 [^]	50
% High	40	67	59	-	25
% Fluctuates	-	-	-	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' not included 2010-2011

[^] Small numbers (<10), interpret with caution

Table 25: Change in methamphetamine purity, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2012 (N=77)	2014 (N=100)
Speed					
Did respond (%)	22	26	51	39	15
Of those that responded	n=16	n=21	n=26	n=30	n=15
% Increasing	-	14	12	23	-
% Stable	44	52	50	40	48
% Decreasing	38	19	12	17	40
% Fluctuating	19	14	23	20	13
% Don't know*	-	-	4	0	-
Base					
Did respond (%)	8	8	18	1	1
Of those that responded (%)	n=6	n=6	n=9	n=1	n=1
% Increasing	-	-	11	-	-
% Stable	67	67	56	100	-
% Decreasing	33	-	-	-	-
% Fluctuating	-	33	22	-	100
% Don't know*	-	-	-	-	-
Crystal					
Did respond (%)	7	4	24	4	3
Of those that responded (%)	n=5	n=3	n=12	n=3	n=3
% Increasing	40	-	17	-	-
% Stable	20	67	50	67	-
% Decreasing	40	-	8	33	67
% Fluctuates	-	33	17	-	33
% Don't know*	-	-	-	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' not included 2010-2011

^ Small numbers (<10), interpret with caution

AVAILABILITY

Methamphetamine powder (speed)

Of the 22 RPU who commented on the availability of speed in the preceding six months, the majority (87%) reported that speed was currently easy (73%) or very easy (14%) to obtain. Fourteen percent reported that speed was difficult to obtain (see Table 26). The majority (75%) of respondents believed that the availability of

speed had remained stable. One in five indicated that it had been more difficult to obtain in the previous six months.

Methamphetamine base

In 2013 only one RPU commented on the availability of methamphetamine base and therefore responses should be interpreted with caution. That respondent indicated that base was easy to obtain.

When asked about changes in the availability of base methamphetamine, the RPU who commented indicated that availability of base had remained stable over the preceding six months.

Crystal methamphetamine

In 2014 only five RPU commented on the availability of methamphetamine crystal and therefore responses should be interpreted with caution. Two RPU indicated that crystal was easy to obtain and the other two indicated crystal to be difficult to obtain.

Results for the reported availability of crystal over the preceding six months were mixed (see Table 27). Due to the small numbers reporting on crystal methamphetamine, caution is advised when interpreting numbers.

Table 26: Current availability of methamphetamine forms, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Speed					
Did respond (%)	32	33	51	49	22
Of those that responded (%)	n=23	n=26	n=26	n=38	n=22
% <i>Very easy</i>	39	39	58	34	14
% <i>Easy</i>	39	54	39	50	73
% <i>Difficult</i>	22	4	4	16	14
% <i>Very difficult</i>	-	4	-	-	-
% <i>Don't know*</i>	-	-	-	-	-
Base					
Did respond (%)	10	10	18	1	1
Of those that responded (%)	n=7	n=8	n=9	n=1	n=1
% <i>Very easy</i>	-	13	56	100	-
% <i>Easy</i>	57	50	11	-	100
% <i>Difficult</i>	43	38	33	-	-
% <i>Very difficult</i>	-	-	-	-	-
% <i>Don't know*</i>	-	-	-	-	-

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Crystal					
Did respond (%)	7	4	24	5	5
Of those that responded (%)	n=5	n=3	n=12	n=4	n=5
% Very easy	6	-	50	50	-
% Easy	20	67	42	-	40
% Difficult	20	33	8	50	60
% Very difficult	-	-	-	-	-
% Don't know*	-	-	-	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' not included 2010-2011

Table 27: Changes to availability of methamphetamine forms, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Speed					
Did respond (%)	30	33	51	45	22
Of those that responded (%)	n=22	n=26	n=26	n=35	n=22
% More difficult	9	8	8	6	18
% Stable	73	69	77	60	68
% Easier	18	23	12	29	5
% Fluctuates	-	-	-	6	-
% Don't know*	-	-	-	-	9
Base					
Did respond (%)	8	8	18	1	2
Of those that responded (%)	n=6	n=6	n=9	n=1	n=2
% More difficult	17	17	11	-	-
% Stable	67	83	67	100	100
% Easier	17	-	11	-	-
% Fluctuates	-	-	11	-	-
% Don't know*	-	-	-	-	-
Crystal					
Did respond (%)	7	4	24	6	5
Of those that responded	n=5	n=3	n=12	n=5	n=5

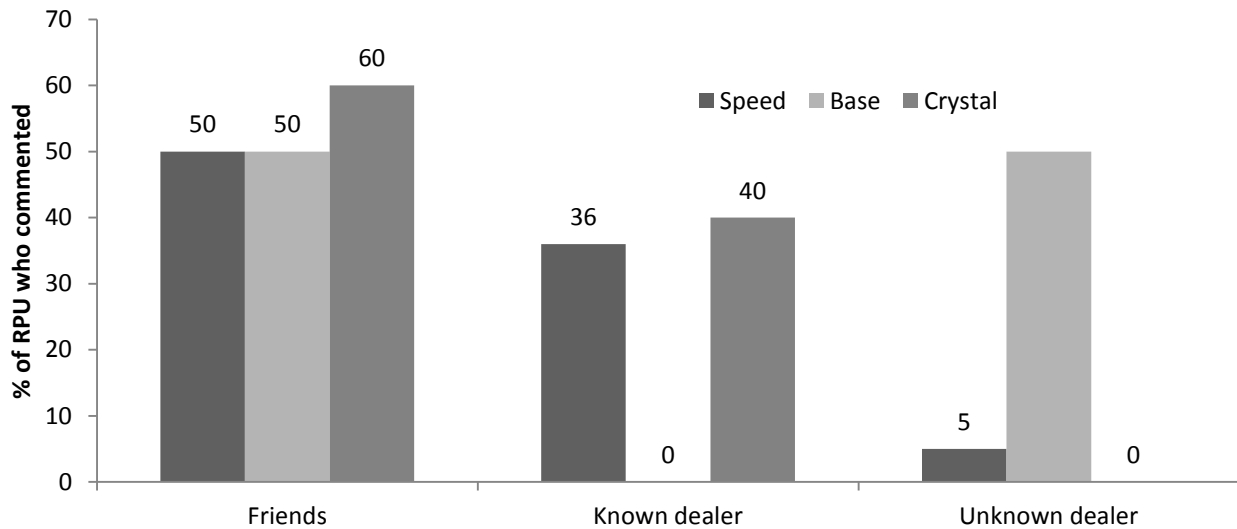
	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
% More difficult	-	33	-	40	40
% Stable	80	67	92	40	20
% Easier	20	-	-	20	-
% Fluctuates	-	-	8	-	20
% Don't know*	-	-	-	-	20

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' not included 2010- 2011.

Figure 9 presents the people from whom RPU had last purchased methamphetamine in the six months prior to interview. Friends (50%) were the most common source from which RPU obtained speed followed by known dealers (36%). Crystal was obtained from friends (60%), and known dealers (40%).

Figure 9: Methamphetamine source in the past 6 months, ACT, 2014



Source: EDRS RPU interviews, 2014

Note: Results based on following response numbers: speed (n=22), base (n=2) and crystal (n=5)

The locations (Table 28) at which RPU last purchased all three forms of methamphetamine in the six months prior to interview were primarily private settings such as a friend's home or a dealer's home.

Table 28: Last location methamphetamine purchased, 2014

	Speed	Base	Crystal
Friend's home (%)	32	50	60
Own home (%)	-	-	-
Dealer's home (%)	23	-	40
Nightclub (%)	14	-	-
Private parties (%)	5	50	-

	Speed	Base	Crystal
Agreed public location (%) *	9	-	-
Live music event (%)	9	-	-
Raves/doofs/dance parties	9	-	-

Source: EDRS RPU interviews, 2014

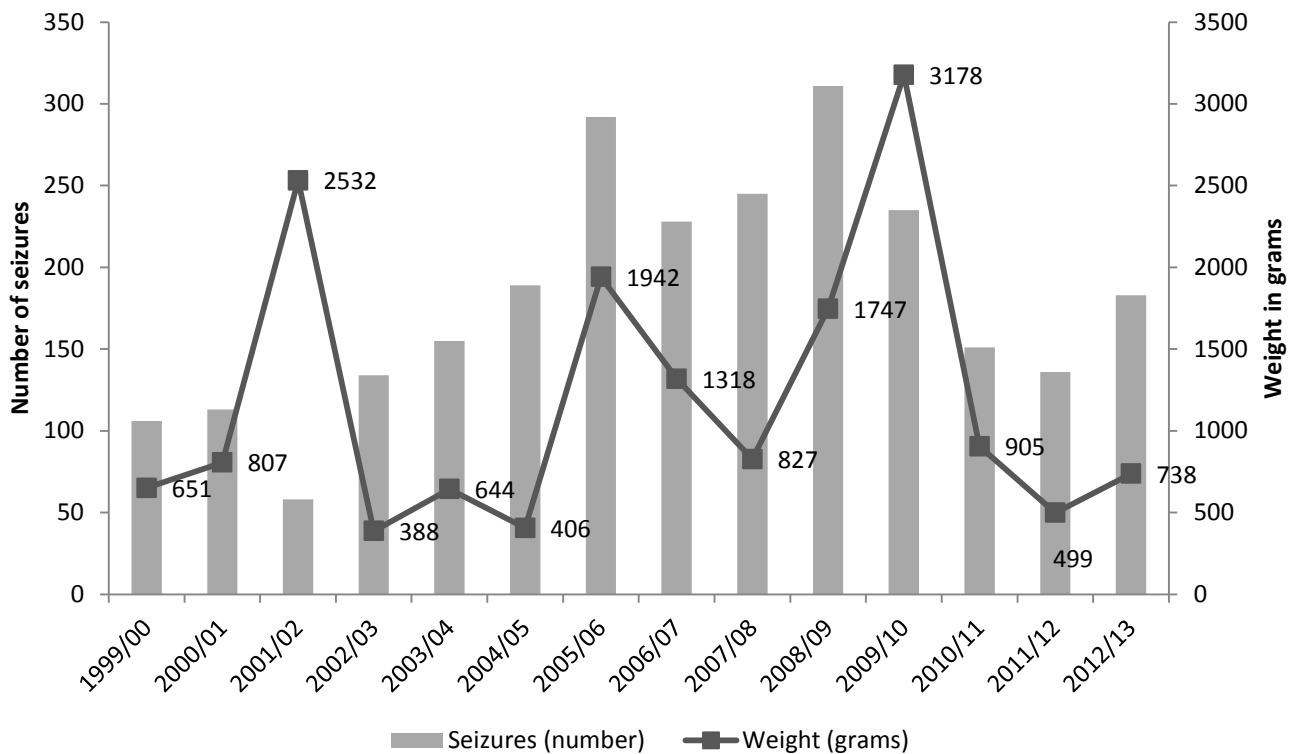
* includes workplace

Note: Results based on following response numbers: speed (n=22), base (n=2) and crystal (n=5)

LAW ENFORCEMENT

The number and weight of amphetamine-type seizures in the ACT from 1999 to 2013 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 has increased again in the 2012/2013 period, increasing from 499 grams in 2011/2012 to 738 grams in 2012/2013. A corresponding increase was also noted in the number of seizures.

Figure 10: Number and weight of amphetamine-type stimulant seizures by ACT local police, July 1999 to Jun 2013



Source: Australian Bureau of Criminal Intelligence, 2000-2013. Note: Data not available for the 2013/2014 financial year

5.3. Cocaine

KEY POINTS

- The median price of a gram of cocaine in 2014 was \$300, stable across the last five years.
- The majority of respondents reported the price of cocaine had remained stable in the previous six months.
- The reports of availability of cocaine are mixed with the same proportion of respondents indicating cocaine is easy, very easy, and difficult to obtain.

PRICE

Thirty-seven percent of participants (n=37) commented on the current price, purity and availability of cocaine. The median reported price paid for the last gram of cocaine purchased by RPU remained stable at \$300 per gram (range=\$100-550). The majority (72%) 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 29: Prices and changes in price for cocaine, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Gram (range)	\$300 (150-400)	\$300 (150-350)	\$300 (300-500)	\$300 (300-900)	\$300 (100-550)
Did respond (%)	26	29	29	23	32
Of those that responded	n=19	n=23	n=15	n=18	n=32
% Increasing	16	22	7	8	13
% Stable	58	78	87	85	72
% Decreasing	21	-	-	8	16
% Fluctuating	5	-	-	-	-
% Don't know*	-	-	7	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' was not included 2010-2011

PURITY

In the 2014 EDRS, reports on the current purity of cocaine were mixed (see Table 30). Forty-three percent of respondents reported the current purity of cocaine to be medium, while the remainder of RPU were evenly split between low, high and fluctuates (19%). Reports of change in purity in the six months prior to interview varied, with a two-thirds (66%) reporting purity had remained stable, 22% reporting purity was stable, 9% reporting purity had decreased and 3% reporting that purity had increased in the six months prior to interview.

Table 30: Reports of cocaine purity, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Did respond (%)	30	33	29	21	37
Of those that responded (%)	n=22	n=26	n=15	n=16	n=37
Current purity					
<i>% Low</i>	23	39	40	38	19
<i>% Medium</i>	36	31	27	38	43
<i>% High</i>	27	12	27	25	19
<i>% Fluctuates</i>	14	19	7	-	19
<i>% Don't know*</i>	-	-	-	-	-
Purity change					
<i>% Increasing</i>	28	14	7	33	3
<i>% Stable</i>	28	32	40	42	66
<i>% Decreasing</i>	28	18	20	17	9
<i>% Fluctuating</i>	17	36	13	8	22
<i>% Don't know*</i>	-	-	20	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' was not included 2010-2011

AVAILABILITY

In 2014, reports on the availability of cocaine were varied. Respondents indicated that cocaine was easy (32%), or very easy (32%), difficult (32%) and very difficult (8%) to obtain. The majority (88%) of respondents believed that the availability of cocaine had remained stable over the previous six months.

Table 31: Availability of cocaine, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Did respond (%)	36	36	29	23	33
Of those that responded (%)	n=26	n=29	n=15	n=18	n=33
Current availability					
<i>% Very easy</i>	23	7	27	17	32
<i>% Easy</i>	42	38	40	39	32
<i>% Difficult</i>	35	48	27	39	32
<i>% Very difficult</i>	-	7	7	6	8
<i>% Don't know *</i>	-	-	-	-	-
Change in availability					

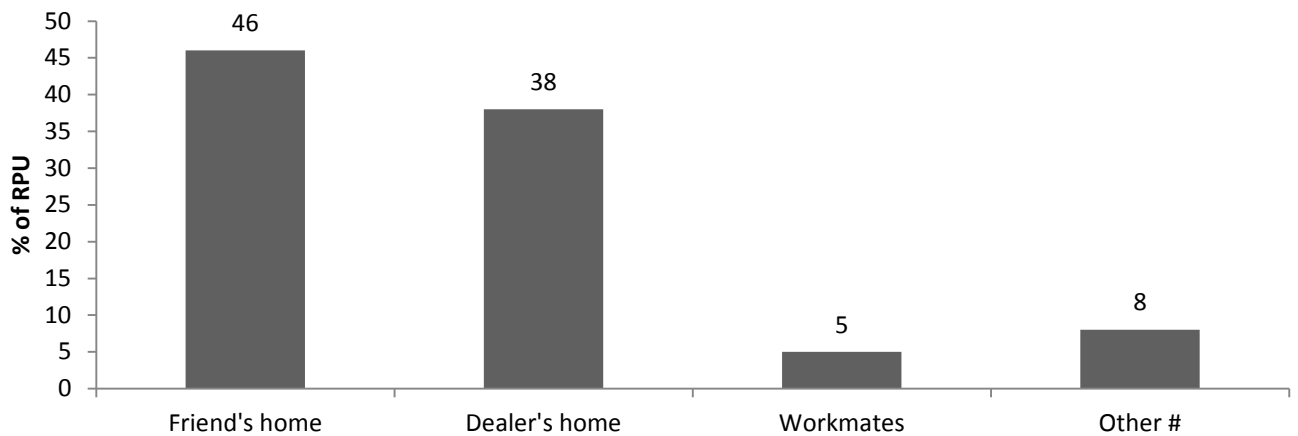
	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
% More difficult	13	23	-	-	3
% Stable	57	58	93	64	88
% Easier	30	15	7	29	6
% Fluctuates	-	4	-	7	-
% Don't know *	-	-	-	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' was not included 2010-2011

The people RPU most commonly reported last obtaining cocaine from in the preceding six months were friends (46%) and known dealers (38%). The most common locations at which RPU (n=37) reported last obtaining cocaine in the six months prior to interview were a friend's home (27%), a dealer's home (19%) and nightclubs (19%).

Figure 11: Last location purchased cocaine, 2014



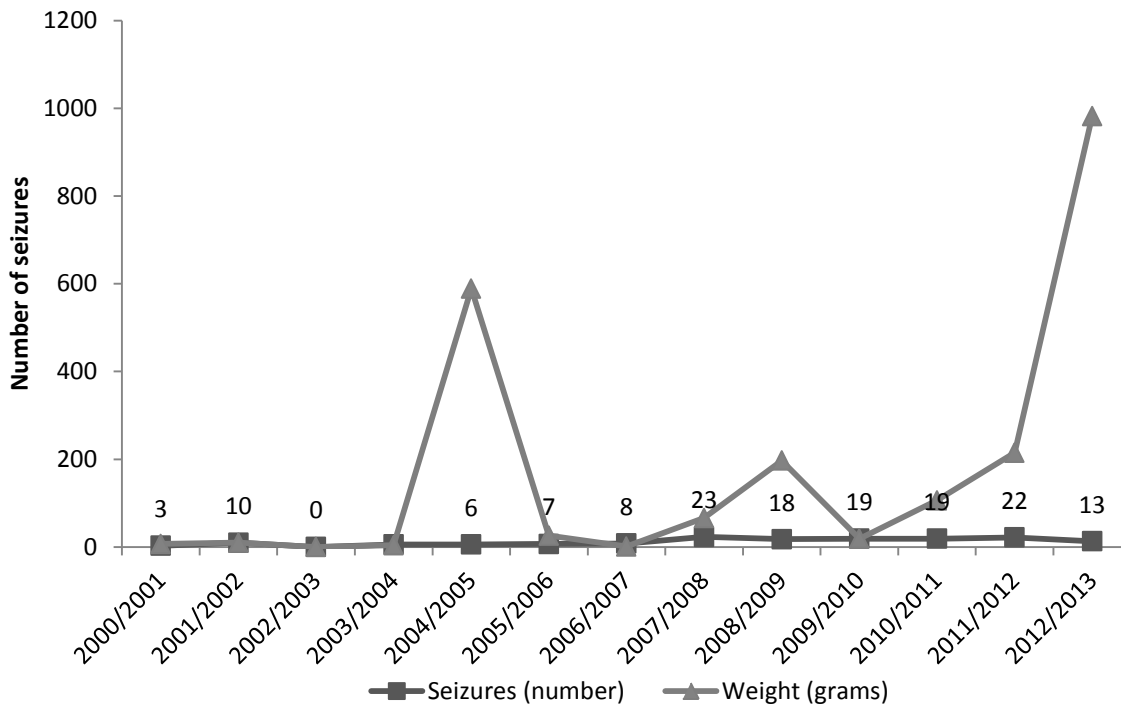
Source: EDRS RPU interviews, 2013

Note: Results based on response numbers n=37, # includes acquaintances, unknown dealers, relatives

LAW ENFORCEMENT

Figure 12 shows the number and weight of cocaine seizures in the ACT from July 2000 to June 2013. Recent data reports fewer seizures than the 2011/2012 period but a very large increase in the weight seized.

Figure 12: Number and weight of cocaine seizures, ACT, July 2000 to June 2013



Source: Australian Bureau of Criminal Intelligence, 2000-2013. Note: Data not available for the 2013/2014 financial year

5.4. LSD

KEY POINTS

- The median price reported for a tab of LSD remains stable at \$20. Of those that responded, 80% reported that the price had remained stable in the previous six months.
- A significantly higher proportion of respondents reported that purity was high.
- The majority (79%) of respondents reported that LSD was easy or very easy to obtain.

PRICE

In 2014, 16% (n=16) of the EDRS sample commented on the current price, purity and availability of LSD in the ACT. In 2014, the median reported last price for a tab of LSD was \$20 (range=\$12-25), stable across the previous five years (Table 32). Of the 16 respondents commenting, most (80%) reported that the price remained stable in the past six months, 13% reported the price had decreased in the past six months and 7% reported the price was fluctuating.

Table 32: Prices of LSD purchased by ACT RPU, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Tab	\$20	\$20	\$20	\$20	\$20
Did respond (%)	32	33	51	48	15
Of those that responded	n=23	n=26	n=26	n=37	n=15
% Increasing	17	8	4	15	-
% Stable	61	69	76	56	80
% Decreasing	4	12	4	12	13
% Fluctuating	17	12	8	18	7
% Don't know *	-	-	8	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' was not included 2010-2011

PURITY

In 2014, 50% of those that were able to comment on LSD purity reported that the current purity was high compared with only 14% in 2013, and 31% reported purity to be medium (see Table 33). Of the RPU who were able to comment on the change in purity of LSD 43% reported that it had remained stable; other results are mixed, with a 19% reporting purity had increased, 19% reporting purity has decreased and 19% reporting purity had fluctuated in the six months prior to interview.

Table 33: Current purity of LSD and purity change, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Did respond (%)	29	33	49	48	16
Of those that responded (%)	n=21	n=26	n=25	n=35	n=16
Current purity					
% Low	-	12	8	40↑	0
% Medium	43	50	28	31	31
% High	57	19	40	14	50↑
% Fluctuates	-	19	8	14	19
% Don't know *	-	-	16	-	-
Purity change					
% Increasing	5	8	4	24	19
% Stable	53	44	60	41	43
% Decreasing	16	20	4	21	19
% Fluctuating	26	28	16	14	19
% Don't know *	-	-	16	-	-

Source: EDRS RPU interviews, 2010-2014

* 'Don't know' was not included 2010-2011

AVAILABILITY

More than two-thirds (69%) of the RPU sample who were able to comment on LSD reported that the substance was easy (44%) or very easy (25%) to obtain, while 25% reported it was difficult to obtain (see Table 34). Most (70%) RPU who commented on LSD reported that availability had remained stable while other results were mixed. Almost a quarter (23%) reported LSD was easier to obtain and 8% reported it was more difficult to obtain in the six months prior to interview.

Table 34: Current LSD availability and availability change, ACT, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Did respond (%)	32	35	49	48	16
Of those that responded (%)	n=23	n=28	n=25	n=37	n=16
Current availability					
% Very easy	30	25	24	32	25
% Easy	39	50	32	32	44
% Difficult	30	25	40	27	25
% Very difficult	0	0	4	8	0
% Don't know *	-	-	0	0	-
Availability change					
% More difficult	22	7	12	14	8
% Stable	44	76	72	46	70
% Easier	30	10	4	26	23
% Fluctuates	4	7	4	14	0
% Don't know *	-	-	8	0	-

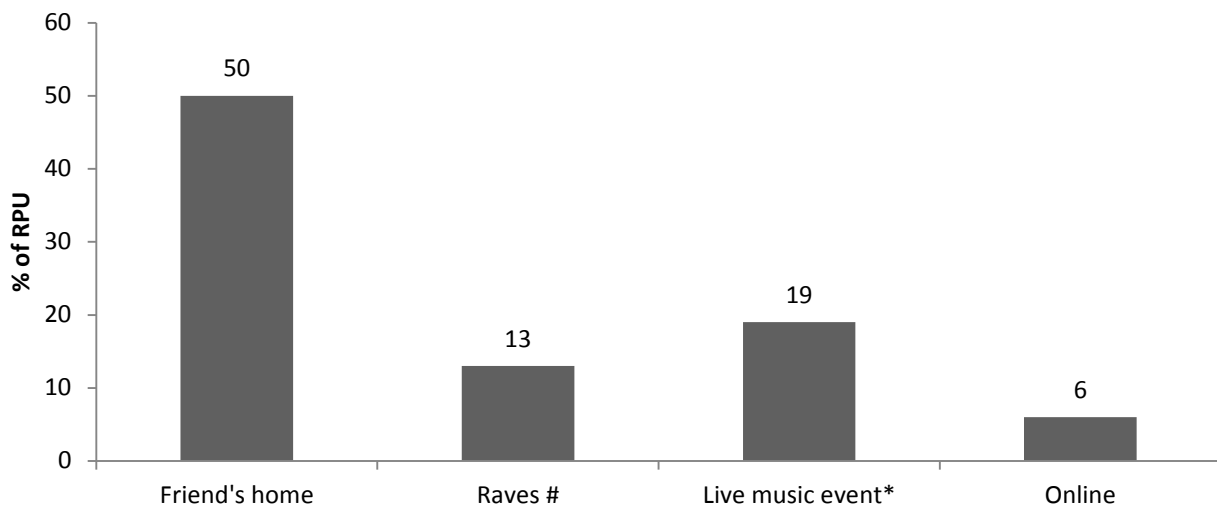
Source: EDRS RPU interviews, 2010-2014

* 'Don't know' was not included 2010-2011

↑↓ Significant increase/decrease at 95% CI p>0.05

The people from whom RPU reported primarily obtaining LSD from in the preceding six months were friends (56%) and known dealers (19%). The locations at which RPU reported most frequently obtaining LSD from in the six months prior to interview (see Figure 13) were at a friend's home (50%), live music event/concert/festival (19%), raves, doofs, and dance parties (13%) and online (6%).

Figure 13: Last locations LSD purchase, ACT, 2014



Source: EDRS RPU interviews, 2013

#includes doofs/dance parties

*includes concerts/festivals

5.5. Cannabis

KEY POINTS

- The median price paid in 2014 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 \$17.50 and for an ounce was \$280. The majority of participants reported that the price of both hydro and bush had remained stable in the previous six months.
- The majority (77%) that commented reported that the purity of hydro was medium or high.
- The majority (66%) reported that the purity of bush was medium or high.
- The majority of participants reported that the purity of both hydro and bush had remained stable in the previous six months.
- Almost all RPU who were able to comment reported that hydro and bush were currently very easy to easy to obtain and this 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 2014, 41 respondents were able to comment on hydro, and 39 were able to comment on bush.

Hydroponic

Twenty-two percent of RPU were able to report on the last price paid for a gram of hydroponic cannabis; with the median price reported to be \$20 (range=\$10-\$30, see Table 35). Thirty-eight percent of RPU were able to comment on the last price paid for an ounce of hydroponic cannabis, with the median price being \$280 (range=\$70-\$350). The majority (85%) of the RPU 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 (5%) or fluctuated (10%) in the six months preceding interview.

Bush

Twelve percent of RPU 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 \$17.50 (range=\$10-30). Almost one in five RPU (18%) were able to report on the last price paid for an ounce of bush, with the median price being \$280 (range=\$70-350, see Table 35). Most (85%) respondents reported that the price of bush had remained stable in the six months preceding interview. Smaller proportions reported that the price was decreasing (5%), or fluctuating (10%).

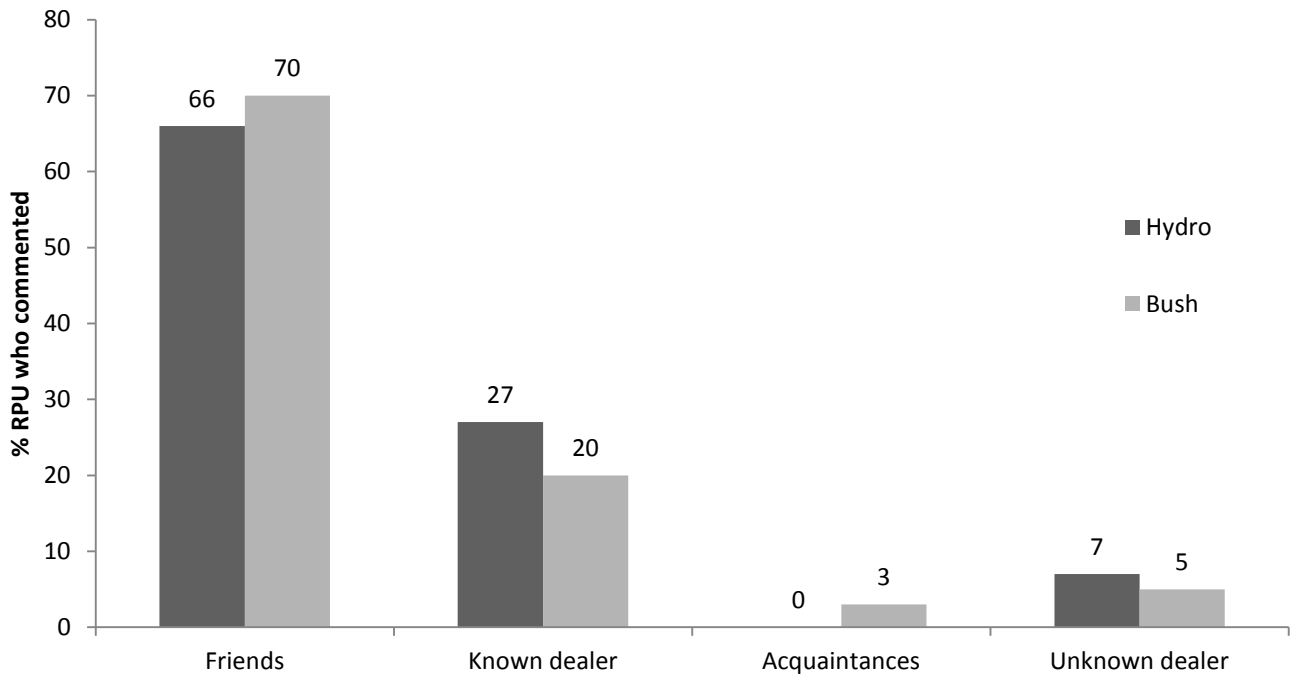
Table 35: Price and changes in price for cannabis – hydro and bush cannabis, ACT, 2014

	2014 (N=100)	
	Hydro	Bush
Median price (range)		
Gram	\$20 (10-45)	\$17.5 (10-30)
Ounce	\$280 (240-320)	\$280 (70-350)
Did respond (%)	40	39
Of those that responded	n=40	n=39
Price change		
% Increasing	5	-
% Stable	85	85
% Decreasing	-	5
% Fluctuating	10	10
% Don't know	-	-

Source: EDRS RPU interviews, 2014

The most common sources of hydro were known friends (66%) and known dealers (27%). The most common sources of bush were also friends (70%) and known dealers (20%), as can be seen in Figure 14.

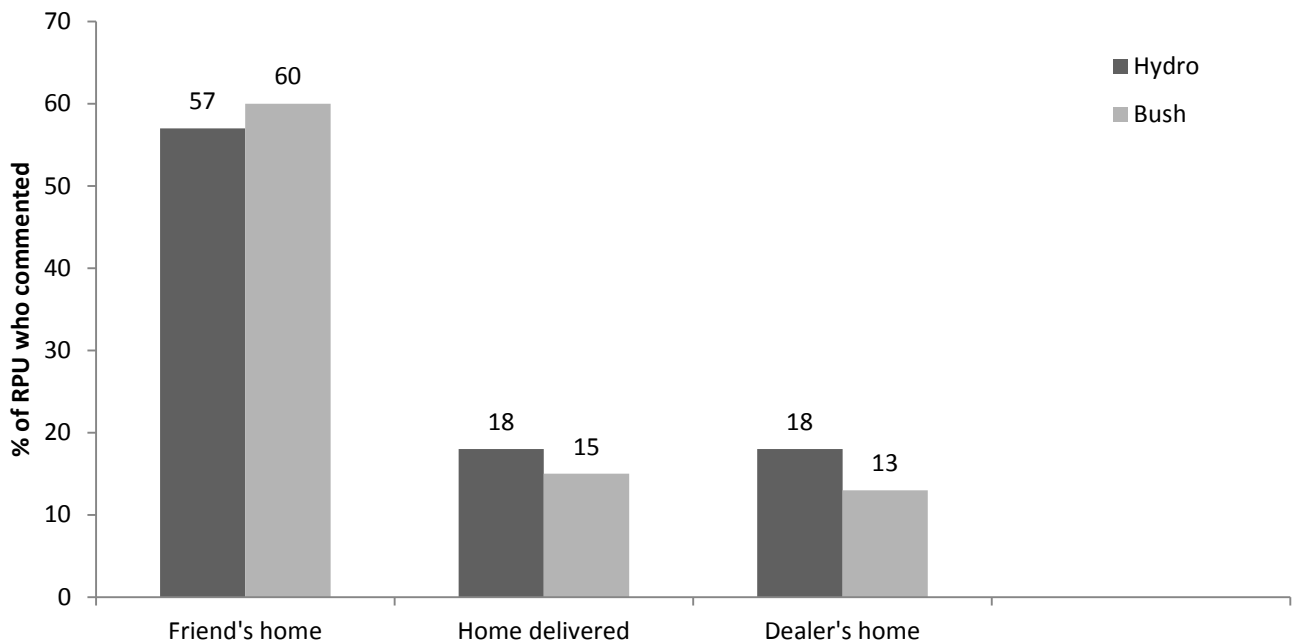
Figure 14: Source of last purchase of cannabis, ACT, 2014



Source: EDRS RPU interviews, 2014

Note: Results based on following response numbers: hydro (n=44) and bush (n=40)

Figure 15: Last location of cannabis purchase, ACT, 2014



Source: EDRS RPU interviews, 2014

Note: Results based on following response numbers: hydro (n=44) and bush (n=40)

Figure 15 shows that the most common places of purchase for hydroponic cannabis were at a friend's home (57%), home delivered (18%) or a dealer's home (18%). The most common places of purchase of bush were at a friend's home (60%), home delivered (15%), or a dealer's home (13%).

POTENCY

Potency and potency change in hydroponic and bush cannabis is presented in Table 36. Of those that were able to report on the potency of hydro (n=44), the majority reported purity to be high (52%) or medium (25%). The majority of RPU reported that the potency of hydro in the six months preceding interview was stable (51%).

Forty RPU were able to comment on the potency of bush in the six months preceding interview. Reports of potency were varied with a third reporting high potency, a third reporting medium potency and a quarter reporting low. The majority also reported that potency of bush had remained stable (58%). Ten percent reported that potency had increased in the six months prior to interview and 13% reported that potency had decreased in the six months prior to interview.

Table 36: Potency and changes in potency for hydro and bush cannabis, ACT, 2014

	2014 (N=100)	
	Hydro	Bush
Current potency		
Did respond (%)	44	40
% High	52	33
% Medium	25	33
% Low	11	25
% Fluctuating	11	10
Potency change		
Did respond (%)	43	40
% Increasing	14	10
% Stable	51	58
% Decreasing	14	13
% Fluctuating	21	20

Source: EDRS RPU interviews, 2014

AVAILABILITY

The availability and availability change for hydro and bush in the ACT are presented in Table 37. Almost all (93%) of those who were able to comment reported that hydro was currently very easy (55%) and easy (38%) to obtain in the ACT. The majority (71%) also reported that availability had remained stable in the ACT in the preceding six months.

The majority (82%) of RPU who were able to comment reported that bush was currently very easy (46%) and easy (36%) to obtain in the ACT. Fifteen percent reported that bush was currently difficult to obtain. More than two-thirds (68%) reported that the availability of bush had remained stable. Smaller proportions reported that availability had become easier (13%), more difficult (13%) or was fluctuating (5%).

Table 37: Availability and changes in availability for cannabis, ACT, 2014

	2014 (N=100)	
	Hydro	Bush
Current availability		
Did respond (%)	42	39
% Very easy	55	46
% Easy	38	36
% Difficult	7	15
% Very difficult	-	3

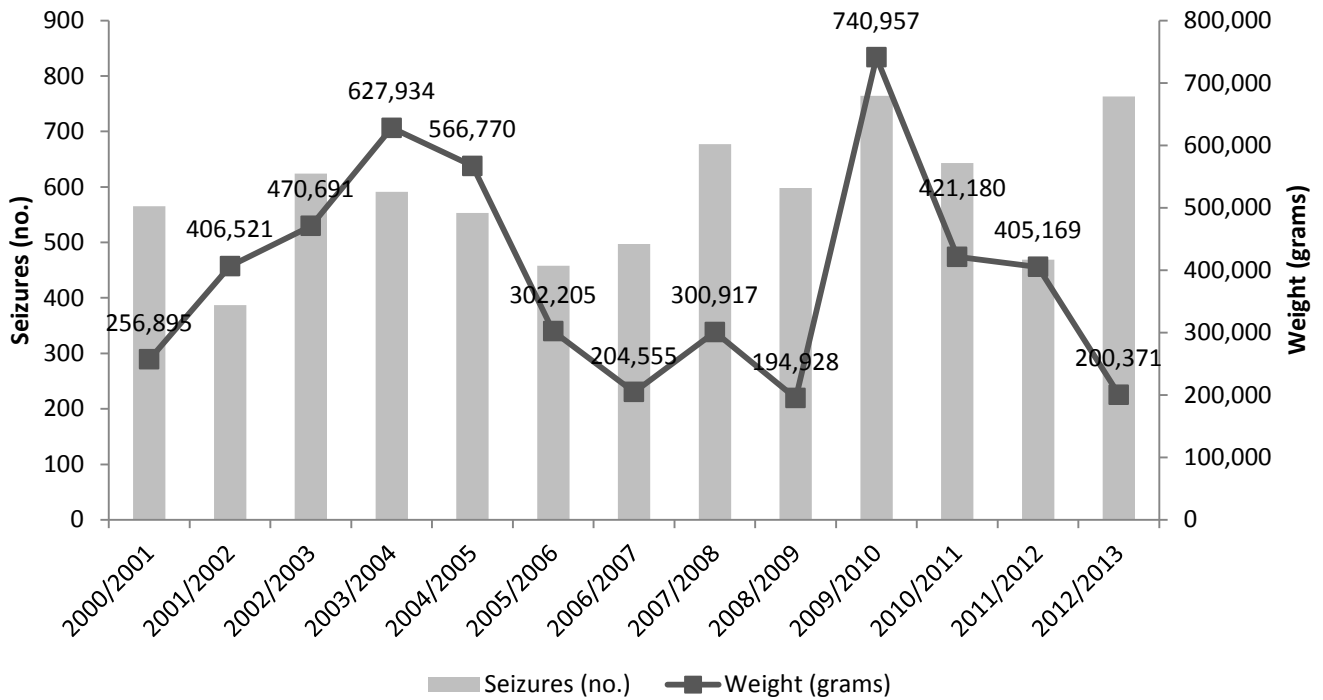
	2014 (N=100)	
Availability change		
Did respond (%)	41	38
% Easier	12	13
% Stable	71	68
% More difficult	12	13
% Fluctuates	5	5

Source: EDRS RPU interviews, 2014

CANNABIS LAW ENFORCEMENT SEIZURE DATA

Figure 16 shows the number and weight of cannabis seizures in the ACT from 2000 to 2013. In the 2012/2013 period there was a decrease in the weight of cannabis seizures as compared to the previous period. In the 2012/2013 period, there were 763 seizures weighing a total of 200,371 grams.

Figure 16: Number and weight of cannabis seizures by ACT police, July 2000 to June 2013



Source: Australian Bureau of Criminal Intelligence, 2000-2014
 Note: Data not available for the 2013/2014 financial year

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

Overdose

- More than a quarter (26%) of all RPU indicated that they had overdosed on a stimulant drug in their lifetime and, of those, 85% had done so in the past 12 months. Recent overdoses (last 12 months) were most commonly attributed to ecstasy and often in the presence of other illicit drugs. The majority reported that they received no treatment for their overdose.
- One in four (24%) of the sample reported that they had ever suffered a depressant overdose, of which all had done so in the past 12 months. Recent overdoses were most commonly attributed to alcohol. The majority reported that they received no treatment for their overdose.

Help-seeking behaviour

- Just eight 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 one in three of the sample reported that they had experienced risk-related problems as a result of their drug use. Fifteen percent reported that they had experienced responsibility-related problems and 8% of the sample reported they had experienced reoccurring relationship/social problems due to drug use. One participant 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

- One in five (18%) participants reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.
- The majority (82%) of the RPU sample were classified as currently experiencing low or no stress (43%), or moderate stress (39%) on the Kessler Psychological Distress Scale.

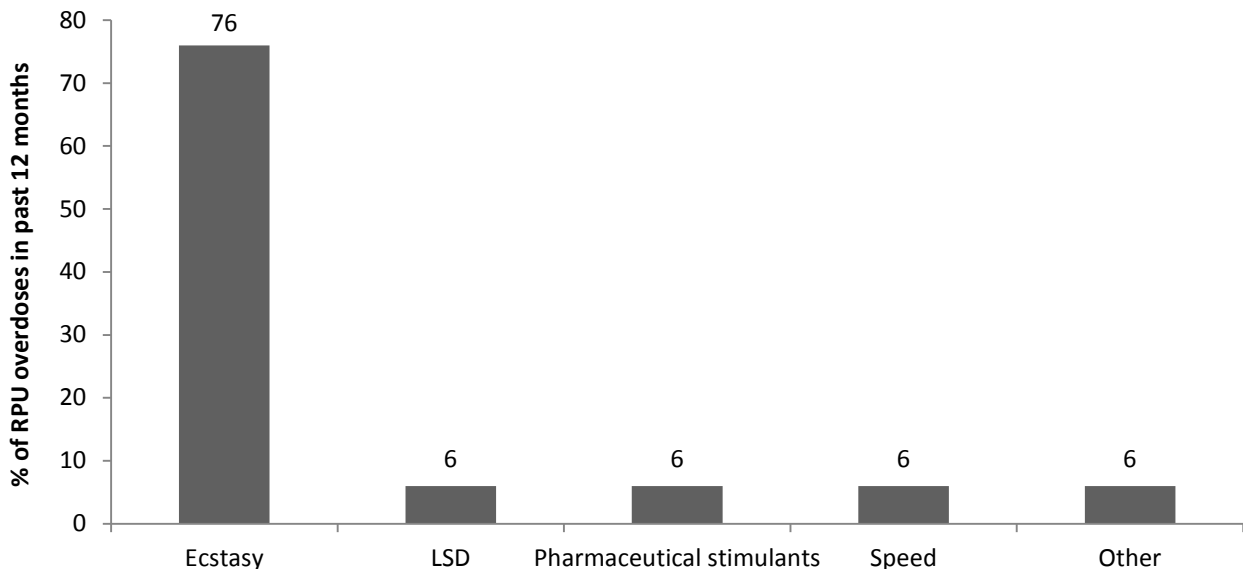
6.1. Overdose and drug-related fatalities

In 2014, participants were asked about their experiences with stimulant and depressant overdoses. 'Overdose' was defined as experiencing symptoms consistent with stimulant toxicity which may indicate an overdose, including nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium, or symptoms consistent with a depressant overdose which may include reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused. It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnosis.

Non-fatal stimulant overdose

Lifetime stimulant overdose was reported by 26% (n=26) of the sample, similar to overdose rates reported in 2013 (29%). The median number of stimulant overdoses was two (range=1-10). Of those who had ever overdosed on a stimulant drug, 85% (n=22) reported overdosing in the 12 months preceding interview. Of those participants that reported overdosing in the 12 months preceding interview, 76% attributed their last overdose to ecstasy. Smaller proportions indicated LSD, pharmaceutical stimulants, and speed as the main drug attributable to the overdose event (see Figure 17).

Figure 17: Stimulant overdose in the past 12 months, by drug, ACT, 2014



Source: EDRS RPU interviews, 2014

Of those who had overdosed in the past 12 months, nightclubs (24%), their own home (6%), a friend's home (6%) and live music events (24%) were the locations that most participants reported the stimulant OD taking place at.

The most severe symptoms which participants reported on their last stimulant overdose (if it occurred within the last 12 months) included nausea and or vomiting (65%), increased body temperature (41%), increased

heart rate (53%), irregular breathing (rapid) (29%), headache (35%) and paranoia (41%). Dizziness, muscle twitches, tremors, extreme agitation, extreme anxiety and panic were all reported at similar rates.

Of those that had a stimulant overdose in the past 12 months, most (71%, n=12) did *not* receive treatment. Nine participants who reported receiving treatment reported being watched/monitored by friends, three received treatment at a hospital emergency department and one was attended to by ambulance.

Non-fatal depressant overdose

Twenty-four percent of the sample reported that they had ever suffered a depressant overdose in their lifetime, of which all had suffered a depressant overdose in the 12 months preceding interview. Participants reported a median of 4 (range=1-30) depressant overdoses in their lifetime.

Of those who had experienced a depressant overdose in the preceding 12 months (n=24), the main drugs attributed to were alcohol (53%) and cannabis (27%). Of those who had overdosed in the preceding 12 months, the last location of overdose was reported to have occurred mainly in locations such as a friend's home (27%), a nightclub (27%) or outdoors (13%). The most common overdose symptom was vomiting (77%), followed by losing consciousness or collapsing (14%). Only four of the 24 participants reported that they received treatment during their last depressant overdose.

6.2. Help-seeking behaviour

In the preceding six months, 19% (n=19) of the sample had accessed some form of medical or health service as a consequence of their drug use. The main services accessed included seeing a GP, attending an emergency department, a drug and alcohol counsellor and a dentist.

6.3. Drug treatment

In 2014, two participants reported currently receiving drug treatment in the form of drug and alcohol counselling. 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. RPU 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 one in three (29%) 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 ecstasy (38%, n=11), alcohol (28%, n=8) and cannabis (24%, n=7).

Fifteen 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 (40%, n=6), ecstasy (27%, n=4), and alcohol (13%, n=2).

Eight percent of the sample reported they had experienced reoccurring relationship/social problems due to their drug use. The most common drugs these problems were attributed to were ecstasy (63%, n=5), cannabis, crystal methamphetamine, and pharmaceutical stimulants were all nominated once.

One participant reported having experienced legal problems relating to their drug use. This was attributed to ecstasy use.

Table 38: Self-reported drug-related problems, ACT RPU, 2010-2014

	2010 (N=73)	2011 (N=80)	2012 (N=51)	2013 (N=77)	2014 (N=100)
Responsibility problems (%)	37	41	32	41	15
Risk problems (%)	51	54	48	46	29
Relationship/Social problems (%)	25	26	18	30	8
Legal/Police problems (%)	0	7	6	8	1

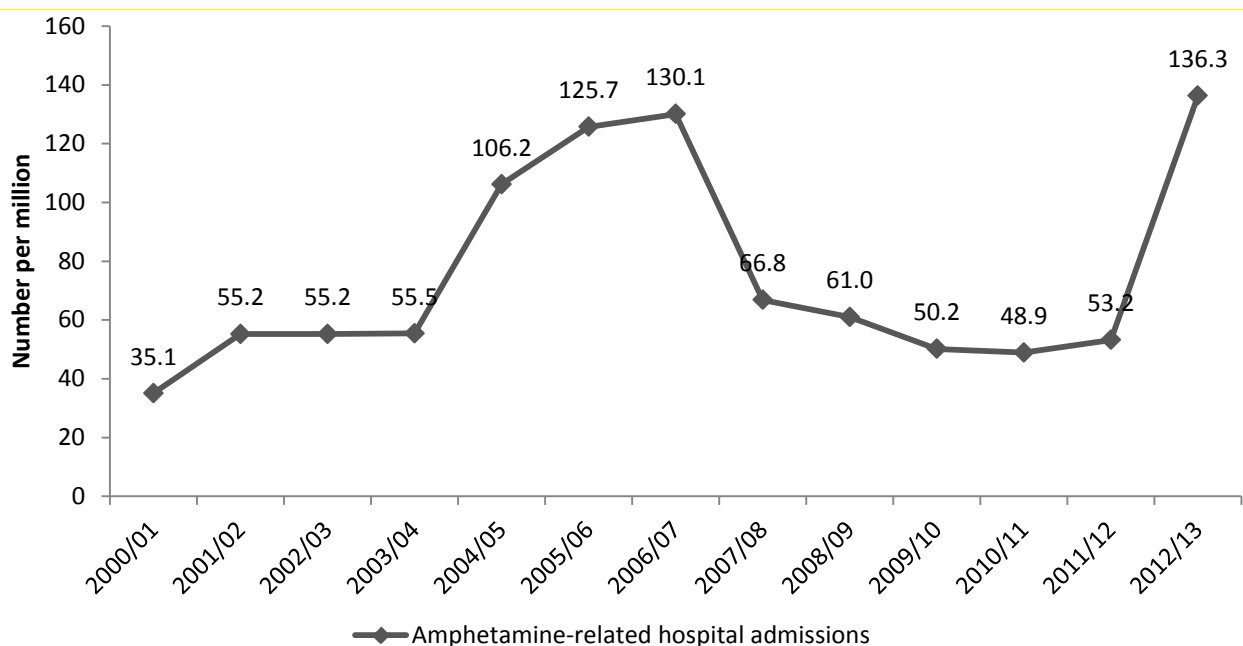
Source: EDRS RPU interviews, 2010-2014

6.5. Hospital admissions

Methamphetamine

Figure 18 shows the number of hospital admissions in the ACT, of persons aged 15–54 years, where amphetamine was implicated in the primary diagnosis. The number of amphetamine-related hospital admissions in the ACT more than doubled from 53.18 per million persons in 2011/12 to 136.27 per million persons in 2012/13, the highest since the IDRS began monitoring. At the time of print the 2013–14 data for hospital admissions were not available.

Figure 18: Number of hospital admissions per million persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 2000/01-2012/13.



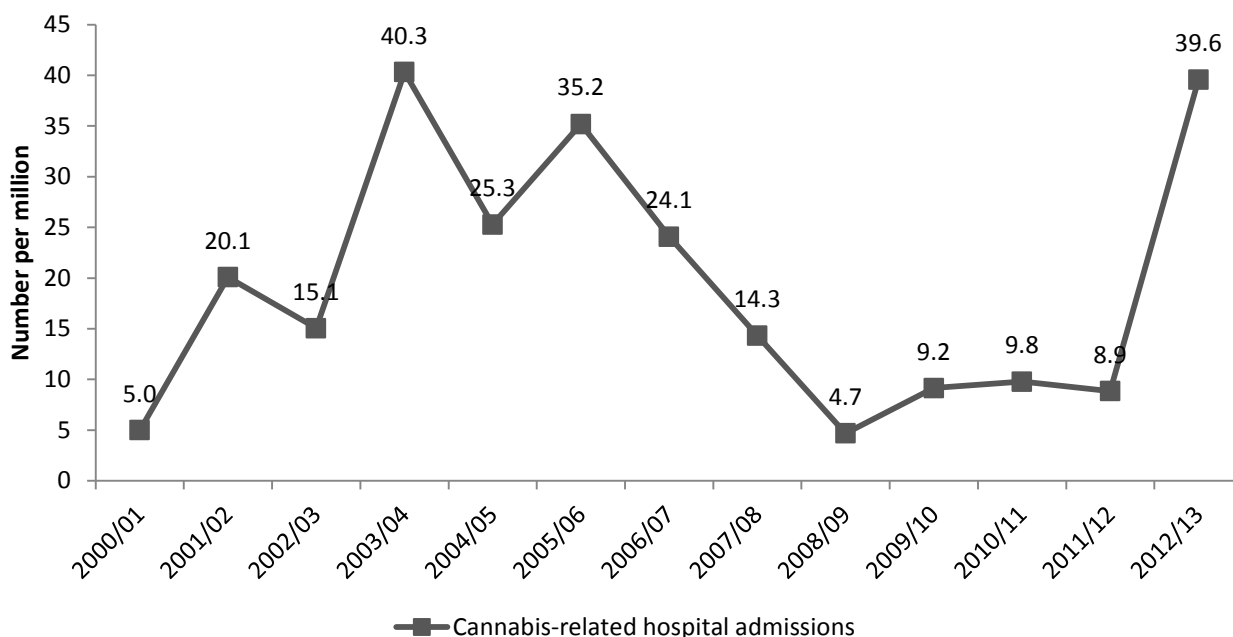
Cocaine

Numbers of hospital admissions in the ACT where cocaine was implicated in the primary diagnosis have remained lower than 10 per million persons aged 15–54 years in the last 20 years. In 2012–13, there were 4.40 cocaine-related hospital admissions per million persons recorded in the ACT. At the time of print the 2013–14 data for hospital admissions were not available.

Cannabis

As can be seen from Figure 19, the number of cannabis-related hospital admissions per million persons has fluctuated over the last 10 years. In 2012–13, there were 39.56 cannabis-related hospital admissions per million persons recorded in the ACT breaking the recent 5 years trend of less than 10 admissions per million. At the time of print the 2013–14 data for hospital admissions were not available.

Figure 19: Number of hospital admissions per million persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 2000/2001-2012/2013



6.6. Mental and physical health problems and psychological distress

Eighteen percent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=18), depression (78%) and anxiety (56%) were most commonly reported. Other problems reported included bi-polar disorder (11%), obsessive compulsive disorder (11%), personality disorder (6%), and post-traumatic stress disorder (6%).

Among those who had experienced a problem, half (n=9) reported attending a mental health professional during this period. Of those who sought help, almost two-thirds (n=7) were prescribed

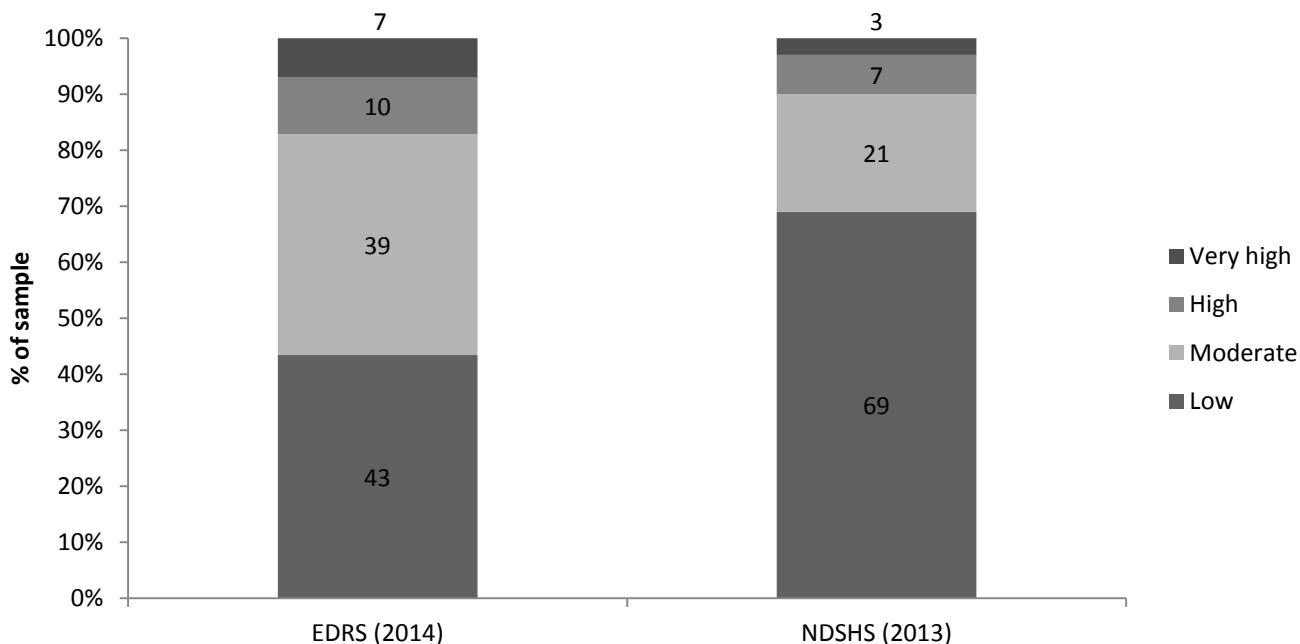
medication. Antidepressants were prescribed to five of these participants and antipsychotics were prescribed to three participants.

The 2014 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 8 (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 and 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 2013 NDSHS (Australian Institute of Health and Welfare, 2014) 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. Using these categories, the proportion of EDRS participants reporting ‘high’ (10%) or ‘very high’ (7%) distress was only slightly higher (17%) compared to those in the National Drug Strategy Household Survey (10%: high = 7%, very high = 3%). See Figure 20.

Figure 20: Proportion of population (NDSHS, 2013) and sample K10 categories, 2014



Source: EDRS interviews, Australian Institute of Health & Welfare, 2014

Note: The extent to which cut-offs derived from the population samples can be applied to the RPU population is yet to be established and, therefore, should be taken as a guide only.

7 RISK BEHAVIOUR

KEY POINTS

Injecting risk behaviour

- Four percent of RPU reported ever having injected a drug and the median age of first injection was 18. No participants reported injecting in the past six months.

Sexual risk behaviour

- Over half of RPU 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, 60% 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 52% reported using protection on their last occasion of casual sex.

Risky alcohol use

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

7.1. Injecting risk behaviour

Lifetime injectors

In 2014, two of the EDRS sample reported ever having injected a drug. The median age at which participants reported first having injected a drug was 18 (range=14-22). Those RPU who indicated that they had injected drugs during their lifetime were asked to nominate the first drug they had injected. Crystal methamphetamine was reported as the first drug injected by those that had ever injected a drug.

Recent injectors

No participants who reported lifetime injection indicated that they had injected drugs in the preceding six months.

7.2. Sexual risk behaviour

Recent sexual activity

Over half (58%) of RPU reported having had casual penetrative sex in the six months prior to interview (see Table 39). 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. Thirty-eight percent of those who reported having casual sex reported that they had sex with one person in the preceding six months. A further 22% reported having had casual sex with two persons, and 26% reported three to five casual partners. Five percent of casually sexually active RPU reported having sex with six to 10 partners in the past six months. And one in ten

casually sexually active RPU reported having sex with more than 10 partners in the past six months. When having sex with a casual sex partner in the preceding six months whilst not under the influence of alcohol or drugs, 60% of RPU who reported having casual sex indicated that the last time they had casual sex they used a protective barrier.

Table 39: Sexual activity and number of casual sexual partners, ACT RPU, 2014

	2014 (n=58)
No. of casual sexual partners (%)*	
One person	38
Two people	22
3–5 people	26
6–10 people	5
More than 10 people	9
Sex with a casual partner (%)**	
Use protection	60

Source: EDRS RPU interviews, 2014

* 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

Of those who reported having casual penetrative sex in the last six months, the majority (79%, n=46) reported having sex while under the influence of psychostimulants in the past six months (see Table 40). A third (33%) of RPU who reported having casual sex under the influence of ERD had done so three to five times, 25% reported doing so once or twice (once 15%, twice 17%), 15% reported doing so on six to 10 occasions and 20% reported having casual sex more than 10 times while under the influence in the past six months. RPU 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 alcohol (94%), ecstasy (65%), and cannabis (44%). Other drugs commonly used included cocaine (15%), speed (11%) and crystal methamphetamine (7%).

Among those who had sex with a casual sex partner while using ERD (n=58) in the past six months, only half (52%) reported using protection the last time they had sex under the influence of alcohol or drugs. Participants who chose *not* to use a barrier when having sex with a casual partner while using drugs were asked why they used no barrier. Most (35%) stated that they were using the contraceptive pill as a reason and 40% indicated either they didn't wish to use one (20%) or it wasn't mentioned (20%).

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 40: Drug use during casual sex in the preceding six months, ACT RPU, 2014

	2014 (N=58)
Casual penetrative sex while on drugs[#] (%)	79
Number of times*	
Once	15
Twice	17
3-5 times	33
6-10 times	15
10+	20
Drugs use (%) *	
Alcohol	94
Ecstasy	65
Cannabis	44
Cocaine	15
Speed	11
Crystal methamphetamine	7
Sex with a casual partner using drugs (%)*	
Use protection last time	52

Source: EDRS RPU interviews, 2014

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

Almost a third of those RPU who commented had never had a sexual health check-up, 13% reported having one more than a year ago and 58% reported having one in the last year. Of those who commented, 8% (n=6) had ever been diagnosed with a sexually transmitted infection (STI).

Table 41: Sexual health check-up, ACT RPU, 2014

	2014 (N=100)
Sexual health check-ups (%)*	n=79
No	29
Yes, in the last year	58
Yes, > 1 year ago	13
STI positive (%)	n=78
No	92
Yes, in the last year	4
Yes, < 1 year ago	4
STI diagnosis (%) ##	n=3
Gonorrhoea	33
Chlamydia	67
Syphilis	0
HPV (genital warts)	0

Source: EDRS RPU interviews, 2014

* Among those who had recent casual sex

Among those who tested positive for STI in the last year

7.3. The Alcohol Use Disorders Identification Test (AUDIT)

Participants in the 2014 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 (Reinert and Allen, 2002). Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor, de la Fuente, 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 (Babor and Higgins-Biddle, 2000).

The sample mean score on the AUDIT was 11 (median=10, range=0-28). Seventy-one percent of the ACT sample scored 8 or more; these are levels at which alcohol intake may be considered hazardous (Table 42).

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), half (50%) scored in zone 2 (alcohol use in excess of low-risk guidelines) and 12% scored in Zone 3 (harmful or hazardous drinking). Six percent of males, compared to 16% of females, scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence).

Table 42: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, by gender, 2014

	Male	Female	Total
Mean AUDIT total score	10.67	11.61	10.96
Score 8 or above (%)	73	68	71
Zone 1	28	32	29
Zone 2	54	42	50
Zone 3	13	10	12
Zone 4	6	16	9

Source: EDRS RPU interviews, 2014

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.

8 LAW ENFORCEMENT TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

- Twenty-four percent of the sample reported engaging in some form of criminal activity in the month prior to interview this is significantly lower than 2013 (46%, $p < 0.05$). Drug dealing was the most common crime reported, followed by property crime which was significantly less in 2013. Small proportions reported engaging in fraud or violent crime.

8.1. Reports of criminal activity among RPU

Less than one quarter (24%) reported having engaged in some form of criminal activity in the month prior to interview (46% in 2013; Table 43). The proportion of RPU who reported that they had engaged in property crime in the preceding six months decreased significantly ($p < 0.05$) from 35% in 2013 to 7% in 2014. The proportion reporting they had committed a property crime remained stable at 15%.

One in ten RPU reported that they had been arrested in the past 12 months.

Table 43: Criminal activity reported by ACT RPU, 2010-2014

	2010 (n=73)	2011 (n=80)	2012 (n=51)	2013 (n=77)	2014 (n=100)
Criminal activity in the last month (%)					
Any crime	48	43	47	46	24↓
Drug dealing	33	25	37	17↓	15
Property crime	25	22	12	35	7↓
Fraud	1	10	0	9	2
Violent crime	6	13	6	4	5
Arrested in the past 12 months	8	14	6	14	10

Source: EDRS RPU interviews, 2010-2014

8.2. Arrests

Amphetamine-type stimulants

Table 44 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 2003 and 2013. 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 slightly from the previous reporting year, with a total of 105 arrests recorded in 2012/2013, compared to 124 arrests in 2011/2012.

Table 44: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 2003-2013

	Consumer/user		Provider/supplier		Total arrests
	Male	Female	Male	Female	
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
2011/2012	88	14	16	6	124
2012/2013	72	9	23	1	105

Source: ACC, 2003-2014

Note: Data not available for the 2013/2014 financial year

Cocaine

In 2012/2013 there were six consumer arrests for cocaine and 11 provider arrests recorded.

Table 45: Number of cocaine consumer and provider arrests, ACT, 2002-2013

	Consumer/user		Provider/provider		Total arrests
	Male	Female	Male	Female	
2002/2003	2	0	1	0	3
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
2011/2012	9	0	1	0	10
2012/2013	6	0	7	4	17

Source: ACC, 2003-2014

Note: Data not available for the 2013/2014 financial year

Cannabis

Table 46 summarises the number of cannabis consumer and provider arrests in the ACT from June 2002 to 2013. In the ACT, the greatest numbers of drug-specific arrests are due to user-type and supply-type cannabis offences.

Table 46: Number of cannabis consumer and provider arrests, ACT, 2003-2013

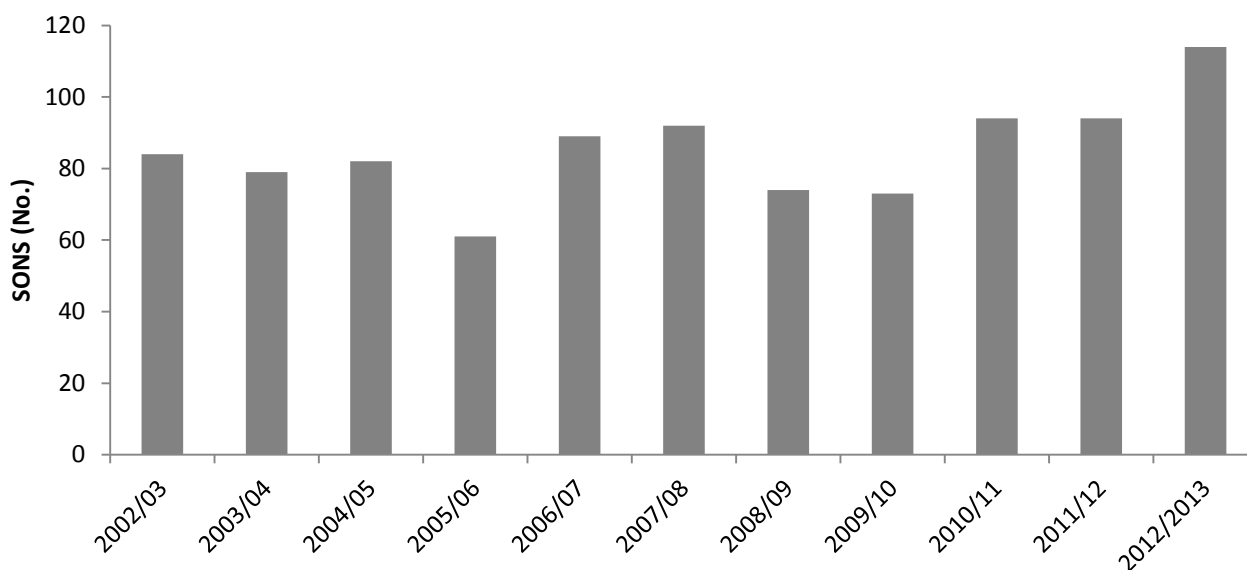
	Consumer/user		Provider/provider		Total arrests
	Male	Female	Male	Female	
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228
2005/2006	177	40	20	3	240
2006/2007	168	35	19	2	224
2007/2008	166	41	18	2	227
2008/2009	165	50	10	3	228
2009/2010	187	36	19	2	244
2010/2011	192	36	8	1	237
2011/2012	196	32	37	3	265
2012/2013	200	47	27	3	277

Source: ACC, 2003-2014

Note: Data not available for the 2013/2014 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. Figure 21 presents the total number of SCONs given out in the ACT from 2003 to 2013.

Figure 21: Number of SCONs, ACT, 2002-2013

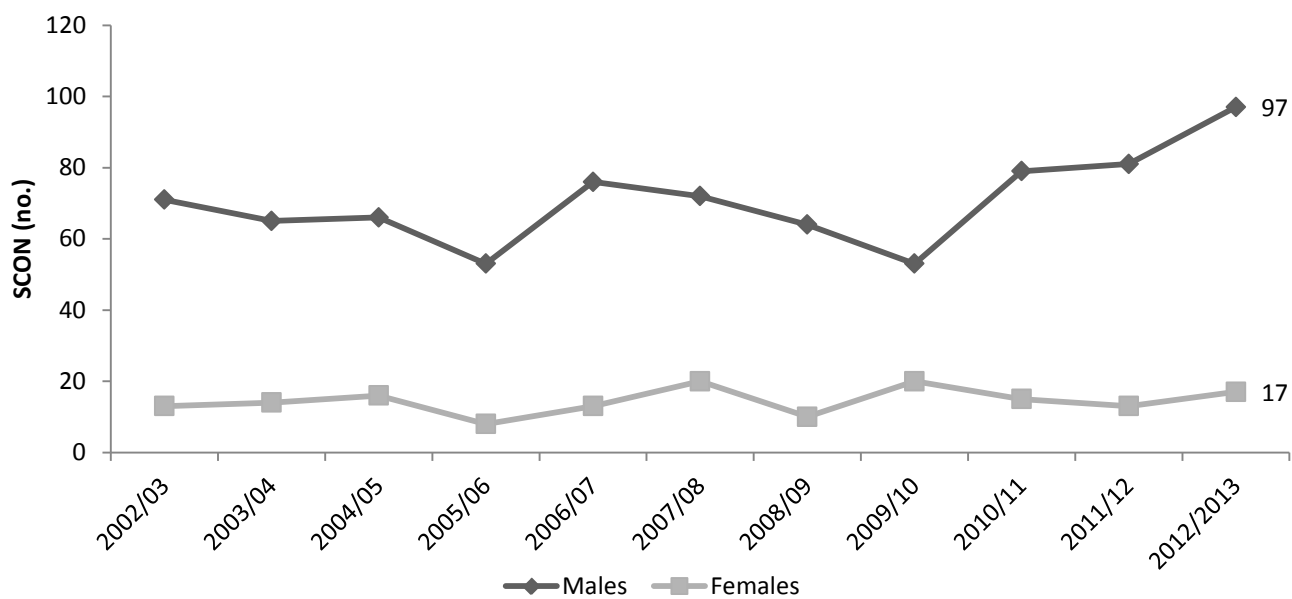


Source: ACC, 2003-2014

Note: Data not available for the 2013/2014 financial year

As can be seen in Figure 22, the proportion of SCONs received by females has remained consistently low (17 SCONs given to females in 2012/2013). The number of SCONs given to females in the ACT has remained relatively stable over the previous ten years. In 2012/2013, 97 SCONs were given to males in the ACT. This is consistent with recent years.

Figure 22: Number of SCONs for males and females, ACT, 2000-2013



Source: ACC, 2003-2014

Note: Data not available for the 2013/2014 financial year

9 SPECIAL TOPICS OF INTEREST

9.1. Use of dark web marketplaces

The rise of the Internet as an integral part of daily life has globalised retail marketing. This extends to web stores offering a range of substances that mimic the effects of traditional illicit substances such as ecstasy, amphetamines and cannabis (termed here new psychoactive substances or NPS). This market is also highly dynamic, with websites closing or altering available stock as legislation changes (Bruno, Poesiat, & Matthews, 2013; Van Buskirk, Roxburgh, Farrell, and Burns, 2014).

In addition to the surface web, readily accessible by search engines such as Google, new marketplaces have emerged located on the 'dark web', that offer a range of illicit and pharmaceutical drugs for sale (Van Buskirk, Roxburgh, Bruno, and Burns, 2013). The 'dark web' refers to a collection of domains accessible only through an anonymised routed connection and specially configured browser. As such, these dark web marketplaces are not overt and are susceptible to closure due to changes in legislation (Barratt, 2012). The marketplaces on the 'dark web' have proliferated in the past three years, retailing not only NPS, but also traditional illicit substances including marijuana and pharmaceuticals such as benzodiazepines and prescription opioids (Van Buskirk et al., 2013). The Silk Road is one such marketplace operating on the 'dark web' that has received a large amount of attention from law enforcement, media and researchers. Until its closure on 2 October 2013, the Silk Road marketplace served to greatly expand the availability of both illicit and NPS online.

On both the dark web and the surface web, there exist both 'webstores' and 'online marketplaces' from which to purchase substances. Webstores refer to websites that sell products or services and typically have an online shopping cart associated with it. Online marketplaces, however, refer to a type of online community where products are traded by users of the website instead of being sold by the owner or moderator of the website. Products on online marketplaces are sold by retailers either based in Australia or internationally. Prices from international retailers are typically lower but carry with them a greater risk of detection by law enforcement during importation (Van Buskirk et al., 2013).

While it is apparent that availability of illicit drugs and NPS has increased since the arrival of dark web marketplaces, it is not clear to what extent consumers utilise these marketplaces for the purchase of drugs. The aim of this model is therefore to ascertain how often EDRS participants utilise online marketplaces and webstores for the purchase of drugs, as well as what substances are commonly bought and the positives and negatives of using these marketplaces and stores over traditional street markets.

Participants were asked what proportion of their friends had ever purchased a drug online. Almost two-thirds (61%) responded that 'a few' of their friends had purchased online before, while 39% said that 'none' had purchased online. Fifteen percent of participants responded that they themselves had ever purchased online, most commonly from the Silk Road (47%), followed by internationally-based webstores (27%), other dark web marketplaces (13%) and surface web marketplaces (e.g. eBay or Gumtree; 7%). Among those purchasing from dark web marketplaces (n=9), 78% bought only from retailers based outside of Australia and 22% bought only from Australian retailers.

Nine participants (9% of the total sample) had purchased a substance online in the past year, with over half (56%) purchasing 'once' in the last year and a third of participants (33%) purchasing 'twice' in the last year, and 11% purchasing 'more than 5 times' in the last year. Over half of these participants (55%, n=5) purchased from

the Silk Road, 33% from an international webstore, 11% from another dark web marketplaces other than the Silk Road, and 11% from a surface web marketplace. Those using dark web marketplaces (n=6), a third (n=2) bought from only Australian retailers and two-thirds (67%) from only international retailers. Due to small numbers (n<10), jurisdictional findings will not be presented; for national findings, please refer to Sindicich and Burns (2015).”

Most respondents (n=7) indicated that their online purchases were for ‘themselves and others’ with two participants indicating purchasing solely for themselves. All respondents indicated that their last ordered package arrived as expected, with the remaining participant indication that ‘nothing arrived’. Participants were asked about motivating factors for purchasing online. Due to small numbers (<10), jurisdictional findings will not be presented; for national findings please refer to Sindicich & Burns (2015).”

9.2. NPS health harms

The past 10 years has seen the emergence of a range of substances that mimic illicit stimulants and hallucinogens such as amphetamines, ecstasy and LSD – often referred to collectively as ‘new psychoactive substances’ (NPS). As they are designed to be structurally similar to their banned counterparts, without containing controlled substances, they do not fall readily under legislative control and some have been marketed as ‘legal highs’. The promotion of these substances as ‘legal highs’, together with the fact that they can be bought over the Internet, over the counter, and in shop fronts in Australia, has made them accessible to people who may not have used illicit drugs previously, and also gives the illusion of safety. However, the safety or otherwise of these substances is unclear, and there is little evidence on which to base public policies relating to these substances. Indeed, the health and social consequences of these drugs remain poorly understood in Australia and internationally. This module has therefore been included to improve our knowledge and understanding of the use and effects of the most commonly used NPS. Participants were asked if they had experienced a particular effect whilst using NPS, and were then asked to rate the severity (‘mild’, ‘moderate’ or ‘severe’) of that experience. However, due to small numbers (n<10), jurisdictional findings will not be presented; for national findings, please refer to Sindicich and Burns (2015).”

9.3. NPS health policy

In October 2013, the NSW Parliament passed the *Drugs and Poisons Legislation Amendment (New Psychoactive and Other Substances) Act 2013*. As a result of this act, it has become illegal in NSW to possess any new psychoactive substance other than those manufactured by licenced or authorised individuals as covered by the *Therapeutic Goods Act 1966*.

As this change is quite recent, we are interested in finding out what people understand the law to be at the moment and whether a change in drug law has an effect on people’s usage of these substances.

The drugs we asked about in the 2014 survey were 2CB, 2CI, DMT and Mephedrone, all of which are illegal in NSW with varying legality in the other states. These substances were selected as they were the most commonly reported in the 2012 EDRS.

Table 47: Participant knowledge of the legality of NPS in ACT, 2014

	ACT (N=100)
2CB	
- Legal	2
- Illegal	52
- Unsure	47
2CI	
- Legal	3
- Illegal	40
- Unsure	57
DMT	
- Legal	4
- Illegal	50
- Unsure	47
Mephedrone	
- Legal	16
- Illegal	25
- Unsure	59

Source: EDRS interviews, 2014

Participants were asked if whether a change to the legality of all NPS in the future, making them all illegal, would impact on their use of those substances. Eighty-six percent reported that making NPS illegal would not make them stop taking them and the remaining 14% reported that it would make them stop or not start using NPS.

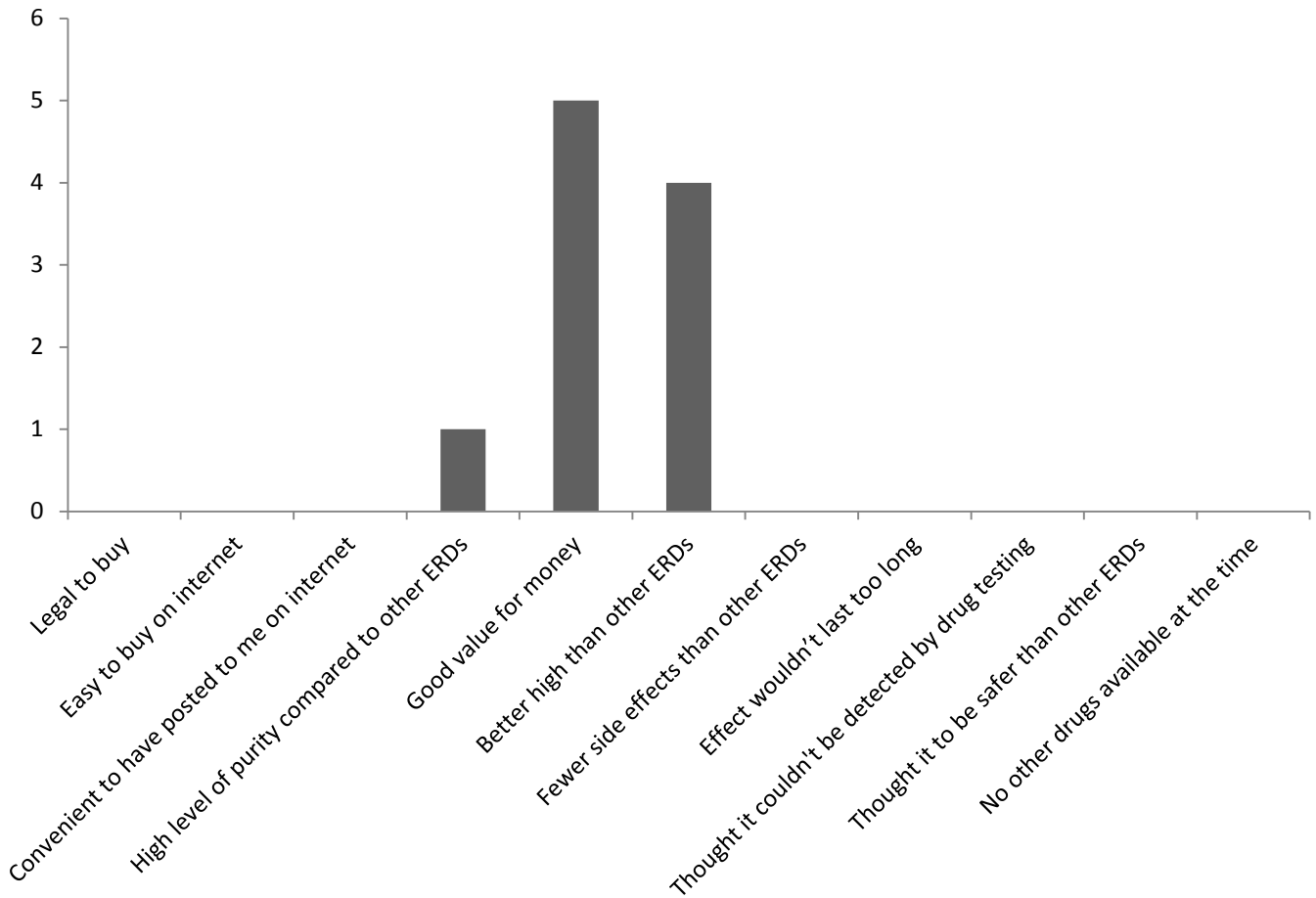
Table 48: Last occasion NPS use and motivating factors for using NPS in ACT, 2014

	ACT (n=31)
Last NPS use	
Mephedrone	-
Methylone	3
PMA	3
2CX	39
DMT	10
LSA	-
Mescaline	-
Salvia	-
NBOMe	10
Synthetic cannabis	26
Other	3
How many days ago	3
How many weeks ago	3
How many months ago	10

Source: EDRS interviews, 2014

For those that ever used an NPS, they were asked to rate (from 0-10, whereby 0 is no influence and 10 is maximum influence) how motivating the following factors were in using their last NPS. Median ratings were reported below (national figures).

Figure 23: National median ratings of motivating factors for using NPS, 2014



Source: EDRS interviews, 2014

10 REFERENCES

- AUSTRALIAN CRIME COMMISSION (2004) Australian Illicit Drug Data Report 2002-03. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2005) Australian Illicit Drug Data Report 2003-04. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2006) Australian Illicit Drug Data Report 2004-05. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2007) Australian Illicit Drug Data Report 2005/06. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2008) Australian Illicit Drug Data Report 2006-07. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2009) Australian Illicit Drug Data Report 2007-08. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2010) Australian Illicit Drug Data Report 2008-09. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2011) Illicit Drug Data Report 2009-2010. Canberra, Australian Crime Commission.
- AUSTRALIAN CRIME COMMISSION (2012) Illicit Drug Data Report 2010-11. Canberra, Australian Crime Commission
- AUSTRALIAN CRIME COMMISSION (2013) Illicit Drug Data Report 2011-12, Canberra, Australian Crime Commission.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2005) 2004 National Drug Strategy Household Survey: State and Territory Supplement. Canberra, Australian Institute of Health and Welfare.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2008) 2007 National Drug Strategy Household Survey: State and Territory Supplement. Canberra, Australian Institute of Health and Welfare.
- AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE (2011) 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25. Cat. no. PHE 145*. Canberra, AIHW.
- BABOR, T., DE LA FLUENTE, J., SAUNDERS, J. & GRANT, M. (1992) The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care.
- BABOR, T. & HIGGINS-BIDDLE, J. (2000) Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction*, 95, 677-86.
- BARRATT, M. J. (2012). Silk Road: eBay for drugs. *Addiction*, 107(3), 683. doi: 10.1111/j.1360-0443.2011.03709.x

- BELENKO, S., DUGOSH, K., LYNCH, K., MERICLE, A. & FORMAN, R. (2009) Online illegal drug use information: an exploratory analysis of drug-related website viewing by adolescents. *J Health Commun*, 14, 612-630.
- BRUNO, R., GOMEZ, R. & MATTHEWS, A. (2011) Choosing a cut-off on the Severity of Dependence Scale for Ecstasy use. *The Open Addiction Journal*, 4, 13-14
- BRUNO, R., MATTHEWS, A., TOPP, L., DEGENHARDT, L., GOMEZ, R. & DUNN, M. (2009) Can the Severity of Dependence Scale be usefully applied to 'ecstasy'? *Neuropsychobiology*, 137-147.
- BRUNO, R., POESIAT, R., & MATTHEWS, A. J. (2013). Internet monitoring for EPS. *Drug and Alcohol Review*, 32(5), 541-544.
- CARHART-HARRIS, R., NUTT, D., MUNAFÒ, M. & WILSON, S. (2009) Current and former ecstasy users report different sleep to matched controls: a web-based questionnaire study. *Journal of psychopharmacology*, 23, 249-257.
- HEATHERTON, T., KOZLOWSKI, L., FRECHER, R., RICKERT, W. & ROBINSON, J. (1989) Measuring the heaviness of smoking: using self-reported time to the first cigarette of the day and number of cigarettes smoked per day. *Br J Addict*, 84, 791-9.
- KELLY, E., DARKE, S. & ROSS, J. (2002) Drug use and driving: Epidemiology, impairment, risk factors and risk perceptions. NDARC Technical Report 153. Sydney, National Drug and Alcohol Research Centre, University of NSW.
- KESSLER, R. C., ANDREWS, G., COLPE, L. J., HIRIPI, E., MROCZEK, D. K., NORMAND, S.L. T., WALTERS, E. E. & ZASLAVSKY, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
- LANCASTER, K., RITTER, A. & STAFFORD, J. (2012) Public opinion and drug policy in Australia: engaging the 'affected community', *Drug and Alcohol Review*, DOI: 10.1111/j. 1465- 3362.2012.00497.x
- MATTHEW-SIMMONS, F., LOVE, S & RITTER, A. (2008) A review of Australian public opinion surveys on illicit drugs. DPMP Monograph Series No 17, Sydney, National Drug and Alcohol Centre, University of New South Wales.
- NATIONAL NOTIFIABLE DISEASES SURVEILLANCE SYSTEM (2011) Number of notifications for all diseases by year, Australia, 1991 to 2010 and year-to-date notifications for 2011. Notifications for all diseases by State & Territory and year. Canberra, Department of Health and Ageing.
- NEWCOMBE, R., G. (1998) Interval estimation for the difference between independent proportions: comparison of eleven methods. *Statistics in Medicine*, 17, 873-890.
- REINERT, D. F. & ALLEN, J. P. (2002) The Alcohol Use Disorders Identification Test (AUDIT): A review of the recent research. *Alcoholism: Clinical & Experimental Research*, 26, 272-279.
- ROXBURGH, A. & BURNS, L. (2012) Drug-related hospital stays in Australia 1993-2009. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

- ROXBURGH, A. & BURNS, L. (in press) Drug-related hospital stays in Australia, 1993-2008. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- SAUNDERS, J. B., AASLAND, O. G., BABOR, T. F., DE LA FUENTE, J. R. & GRANT, M. (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction*, 88, 791-804.
- Sindicich, N. & Burns, L. (2015). Australian Trends in Ecstasy and related Drug Markets 2014. Findings from the Ecstasy and Related Drugs Reporting System (EDRS). *Australian Drug Trends Series No. 136*. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.
- SPSS INC (2009) PASW Statistics 20.0 ed. Chicago, SPSS inc.
- TANDBERG, D. Improved confidence intervals for the difference between two proportions and the number needed to treat (NNT). Version 1.49 ed.
- TOPP, L., BREEN, C., KAYE, S. & DARKE, S. (2004) Adapting the Illicit Drug Reporting System (IDRS) methodology to examine the feasibility of monitoring trends in party drug markets. *Drug and Alcohol Dependence*, 73, 189-197.
- TOPP, L., HANDO, J., DEGENHARDT, L., DILLON, P., ROCHE, A. & SOLOWIJ, N. (1998) Ecstasy use in Australia. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- TOPP, L. & MATTICK, R. (1997) Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction*, 92, 839-845.
- VAN BUSKIRK, J., ROXBURGH, A., BRUNO, R., & BURNS, L. (2013). Drugs and the Internet (Vol. 1). Sydney: National Drug and Alcohol Research Centre.
- VAN BUSKIRK, J., ROXBURGH, A., FARRELL, M., & BURNS, L. (2014). The closure of the Silk Road: what has this meant for online drug trading? *Addiction*, 109(4), 517-518. doi: 10.1111/add.12422
- VENTEGODT, S. & MERRICK, J. (2003) Psychoactive drugs and the quality of life. *Scientific World Journal*, 3, 694-706.
- WHITE, B., BREEN, C. & DEGENHARDT, L. (2003) New South Wales Party Drugs Trends 2002: Findings from the Illicit Drug Reporting System (IDRS) Party Drugs Module. NDARC Technical Report Number 162. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.