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VICTORIAN PARTY DRUG TRENDS 2003
Findings from the Party Drugs Initiative (PDI)

NDARC Technical Report No. 183

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Turning Point Alcohol and Drug Centre

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LIST OF ABBREVIATIONS

ADIS	Alcohol and Drug Information Service
AIHW	Australian Institute of Health and Welfare
AFP	Australian Federal Police
GHB	Gamma-hydroxy-butyrate
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KI	Key Informant(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDID	Major Drug Investigation Division
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre, University of New South Wales
NDLERF	National Drug Law Enforcement Research Fund
PDPC	Premier's Drug Prevention Council
VAED	Victorian Admitted Episode Dataset

EXECUTIVE SUMMARY

This report presents the results from the first year of a 2-year study to commence monitoring party drug trends in Victoria. A feasibility trial of this research was conducted in 2000 and 2001 in NSW, QLD and SA, and in 2002 the study was conducted in those jurisdictions. 2003 marks the first time that the study was conducted on a national level, with the addition of Western Australia, the Northern Territory, the Australian Capital Territory, Tasmania and Victoria.

The demographic characteristics and patterns of drug use among the sample of party drug users, their perceptions of the benefits and harms associated with party drug use, and their criminal behaviour are presented, as are the price, purity and availability of the various party drugs. These findings are triangulated with information from key informants and secondary indicator data sources to minimise the biases and weaknesses inherent to each one and provide an understanding of the current party drug markets in Melbourne, Victoria. The implications of the results and the nature and characteristics of party drug markets are discussed.

Demographic characteristics of party drug users (PDU)

The results indicate that regular ecstasy users tend to be in their mid-twenties, with a high-school education (and a significant proportion also having completed courses after school) and either employed or full-time students.

Patterns of drug use among PDU

Polydrug use was the norm among the participants, a trend that was confirmed by the key informants. The PDU sample reported lifetime use of a median of eleven drug types and recent use of seven. The majority of the sample reported either ecstasy or cannabis as the main drug of choice. Bingeing was reported by nearly two-thirds of the sample and unsurprisingly for this sample, ecstasy was the most commonly used drug during a binge, followed by crystal meth, cannabis and alcohol.

Nearly half of the sample reported having ever injected a drug and over a quarter reported recent injection of a drug (most commonly, speed, heroin, crystal meth and ecstasy). This finding is inconsistent with the key informant reports, the vast majority of who believed that IDU was very rare, if occurring at all. This finding may provide evidence of an intersection between the party drug and more traditional IDU markets (consisting of primary heroin and speed users) which has not previously been apparent. This requires further investigation.

Ecstasy

The regular ecstasy users and key informants reported a wide range of patterns of ecstasy use. Ecstasy was typically used for the first time during the late teenage years, and current frequency of use ranged from once a month to more than every second day. There was also a range in the quantities reported by the participants as typically being used, from half a tablet to fifteen in a single episode. Over half of the sample reported typically taking one or more ecstasy pills per session of use. There was also considerable variation in the quantities of ecstasy pills reported as being used during a 'heavy' session, from one

to thirty, with over half of the sample reporting using three or more pills. Unsurprisingly, ecstasy was the drug most commonly used by this sample during a binge, with half of the sample reporting having recently done so. Further, most of the participants reported typically using other drugs in combination with ecstasy (most commonly alcohol, speed and cannabis) and during the come down period (most commonly cannabis, tobacco and alcohol).

Ecstasy was reported by both PDU and KI to cost approximately $30, a price that was also reported as stable over the previous six months. The purity of ecstasy was reported to be variable, although it is readily available. According to a number of key informants, the normalisation and commercialisation of a number of scenes where party drug use has traditionally occurred has resulted in increasing numbers of people and younger users entering the scenes and being exposed to party drug use.

All of the PDU perceived there to be benefits associated with ecstasy use: the most common benefits concerned enhanced mood, communication and sociability. The majority of the PDU also perceived there to be risks associated with ecstasy use, the most commonly mentioned being general psychological harms, cognitive impairment and depression.

Methamphetamine

The majority of the sample reported lifetime and recent use of methamphetamine powder (speed) and the majority reported lifetime use of crystal meth, with approximately two-thirds reporting recent use. Base had been less widely used with about half of the sample reporting lifetime use and just over a quarter reporting recent use. Consistent with these findings, only a small proportion of the PDU sample reported speed as their main drug of choice, fewer reported crystal meth and only one reported base as their main drug of choice.

As with ecstasy, there was considerable variability in the reported frequency of methamphetamine use. However, the majority of those that had used speed recently had done so fortnightly or less, with crystal meth and base typically being used less frequently (once a month or less often). There was also considerable variability in reports of quantities used during typical and heavy episodes.

Cocaine

Although the majority of the sample reported lifetime use of cocaine, only a small proportion reported recent use. Further, those that did report recent use tended to have used cocaine infrequently in the six months preceding the interview, with the majority using once a month or less. These findings are consistent with the key informant reports.

GHB

GHB had only ever been used by a third of the sample and recently used by under a fifth. Due to the small numbers, it is difficult to draw any strong conclusions from the PDU reports. However, GHB is a relatively cheap drug (modal price of $3 per millilitre), its purity was reported by half of those able to comment as being high and it is considered to be readily available.

LSD

The majority of the sample reported lifetime use of LSD and just under half reported recent use. The majority of the sample reported using LSD once a month or less. Seventeen percent of participants that reported bingeing recently had used LSD when doing so.

Ketamine

The majority of the sample reported lifetime use of ketamine although only half of the sample reported recent use. The majority of recent ketamine users reported infrequent use (once a month or less). Ketamine is most often snorted and was used by nearly a quarter of those that recently binged.

Criminal and police activity

The participants had little contact with police and few engaged in crime apart from dealing. A small minority of the sample had previous contact with the criminal justice system and again, only a small minority had experience with drug treatment. Police activity was reported by the PDU sample to have been stable over the preceding six months, and not to have made it more difficult for them to score drugs.

Implications

The findings in this report provide a summary of trends in ecstasy and other 'party drug' use detected in Melbourne, Victoria in 2003 through conduct of the first year of the two-year PDI study. The findings demonstrate that there exists in Melbourne a population of regular ecstasy and other party drug users and provide valuable information about the patterns of party drug use, the harms associated with such use, the criminal behaviour of party drug users, as well as information about the drug markets in terms of the price, purity and availability of the various party drugs. However, as has been demonstrated by the core IDRS study, greater precision in trend monitoring in this area will be achieved through the routine collection and analysis of such information.

The findings from this first year are interesting, and suggest other areas for further research, such as an investigation of the injecting practices of PDU, the potential intersection between traditional IDU and PDU populations and markets, and ways of expanding existing harm minimisation education, particularly to novice PDU. Research with this apparently heterogenous population may also benefit from the expansion of recruitment and data collection methods, such as web-based surveys.

Given the significant demonstrated potential for health and other harms associated with party drug misuse, there is an imperative for broadening existing drug trend monitoring systems to facilitate a more sensitive mechanism for detecting trends in this area. The greatest opportunity for achieving this is by extending current monitoring methods to new sentinel groups and settings. With increasing community interest in the patterns and characteristics of party drug use, the Victorian PDI represents a timely move to gather information about these local markets.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an annual study funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). It has been conducted on an annual basis in NSW since 1996, Victoria since 1997 and in all states and territories of Australia since 1999.

The IDRS aims to provide a reliable method of monitoring emerging jurisdictional trends in the price, purity, availability and use of opiates, cannabis, cocaine, amphetamines and other drugs. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The IDRS is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail. The drug trends information obtained from this study is intended to inform health and law enforcement sector policy and program responses to illicit drugs, as well as to identify areas and issues requiring further investigation (Darke, Hall & Topp, 2000; Topp, Degenhardt, Kaye & Darke, 2002a).

The IDRS data collection consists of three components: interviews with illicit drug users, key informant interviews with individuals who work with illicit drug users, and the collection of secondary indicator data sources (such as surveys of drug use in the general population, data on drug seizures, arrest data, hospital accident and emergency data and so on). These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent to each one.

The IDRS, however, has historically not provided clear data on party drug use trends. This is because the sentinel group chosen for study purposes has been injecting drug users (IDU) recruited mostly through Needle and Syringe Programs. The majority of these IDU have been primary heroin users whose poly-drug use extended to other opiates and CNS depressants, but not to party drugs to the same extent (Breen et al., 2003; Breen, Topp & Longo, 2002).

Given the significant demonstrated potential for health and other harms associated with party drug misuse (Vincent, Shoobridge, Ask, Allsop & Ali, 1998; Williamson et al., 1997; Deehan & Saville, 2003; Degenhardt & Topp, 2003; Topp, Hando, Dillon, Roche & Solowij, 1999), there is an imperative for broadening existing drug trend monitoring systems to facilitate a more sensitive mechanism for detecting trends in this area. The greatest opportunity for achieving this is by extending current monitoring methods to new sentinel groups and settings. With increasing community interest in the patterns and characteristics of party drug use, the Victorian PDI represents a timely move to gather information about these local markets[1].

In 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two-year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other 'party drugs' using the existing IDRS methodology. For the purposes of the study, the term 'party drug' is considered to include drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy (MDMA), methamphetamine, cocaine, LSD, ketamine, MDA (3,4-

[1] See the Drugs & Crime Prevention Committee's discussion paper "Inquiry into amphetamine and 'party drug' use in Victoria" as a good source for further reading.

methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate)[2]. The findings of the two-year trial (Breen et al., 2002) are reported elsewhere.

The findings in this report provide a summary of trends in ecstasy and other 'party drug' use detected in Melbourne, Victoria in 2003 through conduct of the first year of the two-year PDI study. These trends have been extrapolated from the three data sources; interviews with current regular ecstasy users, interviews with individuals who have contact with ecstasy users through their work and the colation of indicator data. As with the core IDRS, the data sources are triangulated in order to minimise the biases and weaknesses inherent to each. Consistency between the main IDRS and the party drugs study was maintained where possible, as the IDRS has demonstrated success as a monitoring system (Shand, Topp, Darke, Makkai & Griffiths, 2003; Topp, Degenhardt, Day & Collins, 2003b; Topp et al., 2002b; Topp, Day, & Degenhardt 2003a). Consequently, the focus is on the capital city, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

1.1 Study aims

The overall aim of the 2003 Victorian PDI was to implement the first year of routine monitoring of key party drug market indicators in Melbourne. The specific aims were to:

1. Describe the characteristics of a sample of current ecstasy users interviewed in Melbourne;
2. Examine the patterns of ecstasy and other drug use of this sample;
3. Document the current price, purity and availability of ecstasy and other party drugs in Melbourne;
4. Examine participant's perceptions of the benefits of ecstasy and other party drug use;
5. Examine participant's perceptions of the incidence and nature of ecstasy- and other party drug-related harm, including physical, psychological, financial, occupational, social and legal harms;
6. Identify emerging trends in the party drug market that may require further investigation.

1.2 Report structure

The first section of this report provides a brief overview of the IDRS and introduction to the PDI. The second section gives an overview of the methods utilised in the study, the surveys with PDU, the interviews with key informants and the secondary indicator sources. A brief description of the triangulation of these three data sources is also provided.

Section three is an overview of the party drug users that were involved in the study, describing their demographic characteristics and drug use history and current drug use. Sections four through ten each focus on a specific party drug and present the relevant findings from the PDU surveys, key informant interviews and secondary data indicator. Patterns of use, price, purity and availability, PDU benefit and risk perception, law enforcement and seizure purity data (where available) are presented.

Section eleven gives a brief summary of the findings related to a range of the other drugs used by PDU sample not covered in the previous sections.

[2] For further information about these and other party drugs see: www.adf.org.au; www.bluelight.nu; www.erowid.org

Section twelve presents the findings about party drug harm, including the acute health related problems and other harms (relationship and social, financial, legal and study or work problems) reported by the PDU and key informants.

Section thirteen presents the findings from the PDU survey concerning their reported criminal behaviour and perceptions of police activity.

Finally, section fourteen provides a discussion of the findings of the 2003 Victorian PDI and section fifteen covers the implications of these findings.

2.0 METHOD

The 2003 Party Drugs Initiative used the methodology trialled in the feasibility study (Breen et al., 2002) to monitor trends in the markets for ecstasy and other party drugs. The three main sources of information used to document trends were:

1. Face-to-face interviews with current regular ecstasy users;
2. Telephone and face-to-face interviews with key informants who, through the nature of their work, have regular contact with ecstasy users in Melbourne; and
3. Indicator data sources such as the purity of seizures of ecstasy analysed in Victoria, and prevalence of use data drawn from the National Drug Strategy Household Surveys.

These three data sources were triangulated to provide an indication of emerging trends in drug use and party drug markets.

2.1 Survey of party drug users (PDU)

The sentinel population chosen to monitor trends in party drug markets consisted of people who reported regular use of tablets sold as 'ecstasy'. Although a range of drugs fall into the category 'party drugs', ecstasy is a party drug that can be considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis and amphetamines with one in ten (10.4%) of 20-29 year olds and 5.0% of 14-19 year olds reporting recent ecstasy use in the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare [AIHW], 2002).

Further, a sample of this population were successfully recruited and interviewed for both the two-year feasibility trial (2000-01) in NSW, QLD and SA as well as the subsequent implementation of the PDI in 2002 in these jurisdictions. The findings from these studies provide further evidence of the central role of ecstasy to the various party drug markets of Australia (White, Breen & Degenhardt, 2003). Therefore, regular ecstasy users have again been used in 2003 to provide information on party drug markets.

For the purpose of this study "regular use" was defined as use of ecstasy at least once a month for the previous six months. Participants were also required to have resided in the Melbourne metropolitan area for the 12 months prior to the interview.

2.1.1 Recruitment

A total of 100 regular ecstasy users were interviewed for the Victorian 2003 Party Drug Initiative. All of the participants resided in the Melbourne metropolitan region and were recruited through a purposive sampling strategy (Kerlinger, 1986). This strategy included advertisements in entertainment street press, gay and lesbian newspapers, interviewer contacts, community radio stations, flyers at appropriate retail outlets (for example, music stores and clothing shops) and at bars and cafes, and 'snowball' procedures (Biernacki & Waldorf, 1981). '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 (Boys, Lenton & Norcross, 1997; Ovendon & Loxley, 1996; Solowij, Hall & Lee, 1992) and international studies (Dalgarno & Shewan, 1996; Forsyth, 1996; Peters, Davies & Richardson, 1997). Snowballing is also routinely employed as a recruitment method in the IDRS (Jenkinson, Fry & Miller, 2003). Thus, on completion of their interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

All participants contacted the researchers by telephone and were screened for eligibility. To meet entry criteria, they had to be at least 16 years of age, have used ecstasy at least once a month for the last six months, and have been a resident of the Melbourne metropolitan region for the past 12 months. As in the main IDRS, the focus was on the capital city, as new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

Participants were informed that all information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 60 minutes. All respondents were volunteers who were reimbursed $30 for their participation. The vast majority of the interviews were undertaken at Turning Point Alcohol and Drug Centre, although in instances that this was not convenient for the participant, another location was negotiated (for example, a coffee shop or park). Interviewers trained in the administration of the interview schedule conducted all of the interviews. The nature and purpose of the study was explained to participants before informed consent was obtained. Ethics approval for this study was obtained from the Victorian Department of Human Services, Human Research Ethics Committee.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998; Topp et al., 1999), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke, Cohen, Ross, Hando & Hall, 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997). The interview schedule focused primarily on the preceding six months, and assessed demographic characteristics; patterns of ecstasy and other drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of different party drugs; self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; and general trends in party drug markets, such as new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

Data analysis was conducted using SPSS for Windows Version 11.5.1

2.2 Survey of key informants (KI)

The criterion for key informant (KI) eligibility was regular contact, in the course of employment, with a range of ecstasy users throughout the preceding six months. Twenty-six key informants from various metropolitan regions of Melbourne (predominantly based within public transport system Zone 1) provided information on the ecstasy users with whom they had contact in the six to twelve months preceding the interview. The majority of interviews were conducted face-to-face with the remainder by phone. Fifteen key informants were male and 11 were female. Five of these key informants interviews were conducted in one focus group.

The twenty-six key informants interviewed in 2003 represented a range of occupations, organisations and scenes. Four key informants were from medical services (private and public first aid and emergency management organisations, ambulance services and hospital Accident and Emergency Departments) and seven from Victoria Police, including members of the Major Drug Investigation Unit, Drug and Alcohol Strategy

Unit and Forensic Services Centre. Three key informants were alcohol and drug researchers and two were alcohol and drug outreach and youth service workers. A peer educator and a local government project officer were also interviewed. Eight key informants were experienced members from different party scenes, with party promoters, an ex-dealer and a photographer in this group.

The majority of key informants (19) stated that they did not work and/or associate with any "special populations" but commonly later went on to say that the demographics of their clientele and/or connections was similar to the general community. A small number of key informants explicitly stated that their work included contact with people who were gay or lesbian (4), categorised as "youth" (3), women (2), IDUs (2), students (1), drug offenders (1) and Aborigines and people from culturally and linguistically diverse (CALD) backgrounds (1). Two organisations specified that they worked with multiple 'special population' groups.

Fifteen of the key informants had regular daily to weekly contact with ecstasy users over the preceding six months. However, a number of key informants, for example senior police and first aid personnel had only indirect contact with users but because of their managerial role and responsibilities were well positioned to comment on party drug use. In other instances limited visibility of party drugs by key informants was important to document. Fifteen key informants obtained their knowledge solely through their work. Five key informants stated that their information came from social or personal connections alone and six key informants stated that they knew about the psychostimulant users through both their work and personal lives.

In the six months preceding their interviews 17 key informants gained their information from users and eight from dealers and traffickers. Other key informants also gained information from colleagues (both peers and more junior staff with hands-on roles), friends and acquaintances, data sets, surveys, research reports and web sites. Of the 17 key informants who gained their information from direct contact with users one estimated they had contact with between 10 and 20 users, three had contact with between 21 and 50 users, four had contact with between 51 and 100 users, and five had contact with more than 100 users.

Although not necessarily definitive, the key informants described a number of distinct scenes in which party drugs may regularly be used. Different scenes in Melbourne were associated with distinct kinds of music, dress, sexuality, purpose, age groups and drug use. One promoter described stereotypical groups and some of their characteristics in detail.

> "There are the clubbers who are more into progressive house music – the designer coke takers who you might see congregate more around Chapel St or the Metro in the City. Then there are your 'hard trance' set who are more 'into the vibe [the music and feeling]', into 'empathogens' [like ecstasy, speed, ketamine, inhalants], not so concerned with clothes or image, more your 'classic raver' [than a clubber] and then the 'psytrance scene' where they are more into acid, more hippy."

Another key informant discussed 'psytrance' and its being: "associated with the outdoor party scene, with heavier, harder music, being about big baselines - 'bush doof,'" with

users slightly older, with a bit of a hippy, feral element. The gay scene was also distinct, with a larger age range, more open and educated drug use, and possibly heavier drug use. Other key informants discussed young clubbers – the 'Hard Kandy type clubber' in the CBD, their fluoro and faux fur edged clothes and general inexperience and lack of education about drugs. Other key informants discussed use of drugs at small home-based parties. Movement between and co-existence in scenes was also possible. For example whilst particular events were aimed at certain groups of PDU others (particularly big events) catered for all groups with a range of different rooms, bands and/or DJs for different sectors. This brief description is designed to give general impression of the current situation in Melbourne based on the reports of a number of key informants and does not claim to be comprehensive.

2.3 Other indicators

Primary information collected from the PDU survey and key informant interviews was supplemented by data obtained from a number of secondary indicator sources of illicit drug use and related morbidity and mortality. Where possible, data relating to trends for the 2002/03 financial year are reported, unless otherwise indicated. For secondary indicators where current data is not available, the most recently available data has been included. There are a number of limitations specific to the indicator data for ecstasy and other party drugs.

Indicator data sources accessed for this study are described in the following sections.

Drug seizure purity levels

- The Victoria Police Forensic Science Centre conducts purity analyses for all drug seizures made by the Victoria Police. This report presents drug purity data for the 2002/03 financial year.

Surveys reporting on illicit drug use prevalence in Victoria

- Data on the prevalence of drug use in the community is typically derived from large-scale population surveys. The most recent household surveys from which estimates of illicit drug use within the community are available include: the 2001 National Drug Strategy Household Survey (AIHW, 2002) and the 2003 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council [PDPC], 2003).

Specialist drug treatment presentations

- The Victorian Department of Human Services funds community-based agencies to provide alcohol and drug treatment services across the state. The collection of client information is a mandatory requirement and occurs via a formalised client data collection system called the Alcohol and Drug Information System (ADIS). ADIS data for the period 2001/02 is presented in this report. Data for 2002/03 were not yet available at the time of writing.

- DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol & Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from drug users, and calls about drug users. This report presents data for the 2001/02 and 2002/03 financial years.

Victorian Admitted Episode Dataset (VAED)

- The Victorian Department of Human Services has maintained a database of Victorian hospitalisations since 1987/88. The database records admissions (excluding elective admissions) from all public and private hospitals. Turning Point Alcohol and Drug Centre conducts analyses of this data and a summary of findings for the 2001/02 financial year is presented here.

Ambulance attendances at non-fatal drug overdoses and other episodes

- Turning Point Alcohol and Drug Centre manage an electronic drug-related ambulance attendance database, comprised of information obtained from Metropolitan Ambulance Service Patient Care Records (Dietze, Cvetkovski, Rumbold, & Miller, 2000). Reliable data is available from June 1998 (with missing data for periods May – July 2001 and October 2002 – February 2003). The database includes overdose-related calls for all types of drugs. Data for the period May 2001 to June 2003 are presented in this report.

Drug-related fatalities

- The Australian Bureau of Statistics (ABS) collects data every year on persons who have died across Australia. Data on accidental deaths are collected from the Medical Certificates of Cause of Death submitted to each State or Territory's Registrar of Births, Deaths and Marriages and from the National Coroners Information System. 2002 data on accidental drug-induced deaths in which methamphetamine or cocaine were mentioned in Victoria is presented in this report (Degenhardt & Barker, 2003).

2.4 Triangulation of data sources

Triangulation is a research strategy utilised with the aim of minimising the inherent biases and weaknesses in data sources, thereby increasing the ability to interpret findings (Sarantakos, 1998; Thurmond, 2001). It involves the combination of at least two methodological approaches, data sources or data analysis methods (Thurmond, 2001). In the context of the PDI, the information from the PDU survey, the interviews with key informants and the secondary indicator data are combined and interpreted in conjunction with one another. The focus of this exercise is to identify emergent trends in party drug markets.

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 Demographic characteristics of the Victorian PDU sample

Just over half (53%) of the sample of 100 party drug users interviewed was male (Table 1). The mean age of the sample was 25.1 years (*SD* = 5.5; range = 17 – 45). The majority (81%) of participants nominated their sexual identity as heterosexual, although bisexuals (10%) and gay males (6%) were also represented. English was the main language for the vast majority of the sample (99%). Six percent of the sample identified as Aboriginal and/or Torres Strait Islander. Participants resided in a wide range of metropolitan regions of Melbourne. The majority of the sample lived in either their own (purchased or rented) premises (68%), or in their parents' or family's house (21%).

The mean number of years of school education completed by the sample was 12.5 (*SD* = 0.9; range = 10 – 13), and more than two-thirds (68%) of participants had completed high school education. Forty-one percent of the sample had completed courses after school, with 18% possessing a trade or technical qualification, and 23% having completed a university degree or college course. Eighteen percent of the sample were full-time students. Over half (56%) were currently employed, 31% on a full-time basis and 25% on a part-time or casual basis, and 24% were unemployed. Six participants were currently in treatment, most commonly methadone maintenance (3%) and drug counselling (2%). One participant was receiving buprenorphine. Seven participants had a previous criminal conviction for which they had served a custodial sentence (Table 1).

Table 1 – Demographic characteristics of Victorian PDU sample

Variable	2003 sample (*N* = 100)
Mean age (years)	25
Male (%)	53
English speaking background (%)	99
ATSI (%)	6
Heterosexual (%)	81
Mean number school years	12.5
Tertiary qualifications (%)	41
Employed full-time (%)	31
Full-time students (%)	18
Unemployed (%)	24
Previous conviction (%)	7

Key informants able to comment on club, rave and dance based scenes indicated that the gender mix in the events they attended was either predominantly (60–70%) male or equal proportions male and female. Key informants also commented that at more "hardcore" events and certain scenes (for example, psytrance and gay) up to 70 or 80 per cent of

patrons were male. Alcohol and Drug agency, first aid and ambulance workers reported treating similar (small) numbers of males and females, although more males (60%) were managed in an inner city Accident and Emergency (A&E) department. Almost all key informants reported that the majority of PDU they knew were heterosexual, although key informants commenting on the 'hard trance' and club-based scenes estimated that up to 30 per cent of the PDU they knew were gay. Obviously key informants reported that the vast majority of men in the gay club scene were gay.

Key informants reported that the majority of PDU were in their early 20s (range 15 and 60 years), with slightly older crowds more likely at designer clubs, gay clubs and around the psytrance scene. The majority of key informants reported that the PDU they spoke of were 'predominantly Australian born' from a range of ethnic backgrounds. However, diverse, harder to access cultural groups who may or may not use a range of party drugs were not mentioned by this set of key informants.

Key informants reported that, in general, the majority of PDU they knew were well educated, having finished year 12, and commonly with or studying for higher education degrees. Key informants reported that PDU who had finished schooling were likely to be employed in a range of professions and trades as, for example, in information technology, doctors, lawyers, hairdressers or office workers. PDU were reportedly relatively affluent as both ticket and drug prices, as well as the cost of the 'right clothes, right hair and right look' (particularly in the club based scenes) limited access by people with less disposable income. The majority of key informants estimated that less than five per cent of PDU they knew would be unemployed.

Consistent with PDU sample findings, key informants reported that users came from all over the Melbourne metropolitan area with some party drug cultures or scenes centred in different suburbs. For example: South Yarra was associated with clubbing more than raving; the warehouse scene was reported to be located in Fitzroy/Collingwood; and the CBD and the western suburbs associated more with a younger, high energy, "Hard Kandy" crowd.

The information from key informant interviews indicates that diverse groups of people (differing age, gender, sexuality, geographic location) are part of a variety of 'party drug' using scenes. The information gained from the PDU surveyed is generally not inconsistent with descriptions of the scenes described by key informants. However, some inconsistencies are evident, namely in terms of the sex ratio, with a larger proportion of PDU surveyed being female than indicated by key informants. The participants were also more likely to be from an English-speaking background or unemployed than the users discussed by key informants. The placing of users within a cultural context by many of the key informants proved useful in highlighting particular groups or aspects of different scenes that were either potentially safer or more problematic.

3.2 Drug use history and current drug use

Polydrug use was the norm among the sample, with a mean of 11 drugs (*SD* = 3; range = 6 – 17) ever used, and a mean of 7 drugs (*SD* = 2; range = 2 – 15) having been used in the preceding six months. The percentage of the sample reporting lifetime and recent use of the twenty drug types asked about is presented in Table 2.

Table 2 – Lifetime and recent polydrug use of Victorian PDU

Drug	Ever used (%)	Used last six months (%)
Ecstasy	100	100
Alcohol	99	87
Cannabis	98	82
Tobacco	86	73
Methamphetamine powder (speed)	98	89
Methamphetamine base	50	27
Crystal methamphetamine	75	62
Cocaine	80	35
LSD	86	48
MDA	40	19
Ketamine	70	51
GHB	33	18
Amyl nitrate	70	25
Nitrous oxide	59	22
Benzodiazepines	61	38
Anti-depressants	35	11
Heroin	39	23
Methadone	15	6
Other opiates	33	9

A small proportion of the sample reported the use of drugs other than those listed in Table 2. Those most commonly nominated drugs included hallucinogenic mushrooms (12%), dexamphetamine (4%) and DMT (3%).

Ecstasy was the drug of choice for less than half (44%) of respondents. The next most commonly preferred drug was cannabis (15%), followed by heroin (9%) and speed (9%).

Both alcohol and crystal methamphetamine were nominated as drug of choice by five percent of the sample, with LSD nominated by four percent.

Sixty percent of the sample had binged on one or more party drugs in the preceding six months. Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The median length of the longest binge was three days (range = 2 – 7 days). Ecstasy (92%) was the most commonly reported drug used during a binge. Methamphetamine powder was reported by just over half the sample (55%), and slightly fewer than half of the sample reported using crystal methamphetamine (48%), cannabis (48%) and alcohol (48%) during binges. Nearly one quarter of those reporting bingeing reported using ketamine when bingeing (23.3%), with fewer participants reporting use of LSD (17%), cocaine (10%), GHB (10%), amyl nitrate (10%), nitrous oxide (7%), methamphetamine base (5%) and MDA (3%).

Less than half (43%) of the sample reported they had injected a drug in their lifetime (Table 2). The mean number of drugs ever injected by this group was 3 (*SD* = 3; range = 1 – 11). Most of the injectors commenced injecting with methamphetamine powder (65%) or heroin (26%). Twenty-eight participants reported they had recently (i.e. in the last six months) injected. The most commonly reported drugs injected in the preceding six months by these participants were methamphetamine powder (79%), heroin (64%), crystal methamphetamine (50%) and ecstasy (43%).

Fourteen key informants were able to comment on different patterns of party drug use in the different scenes they were associated with and all mentioned a range of drug taking patterns. All except two spoke of what they considered 'functional polydrug use'. Such patterns of use were reported to commonly consist of starting with a few drinks, which are typically followed by ecstasy (*n* = 14) 'bumped' with a bit of speed (*n* = 12), with more speed and ecstasy, GHB or K depending on the duration of the event. To assist with the 'comedown' the use alcohol (*n* = 5), cannabis (*n* = 5), and less commonly ketamine (*n* = 2), or benzodiazepines (*n* = 1) were reported by key informants.

Half of the key informants reported some use of ketamine among PDU. GHB use by a smaller proportion of PDU was reported by a third of the key informants. Heroin use was seen as 'crossing the line' by all key informants and most viewed benzodiazepine use in a similar way. Although a small number of key informants mentioned that a minority of PDU they are aware of inject either methamphetamine powder or crystal meth, the majority of the key informants were adamant that IDU was not occurring among PDU. In contrast to the patterns of relatively extensive polydrug use mentioned by the majority of the key informants, two (with knowledge of older, club-based scenes) spoke of the use of a limited range of drugs, namely alcohol, tobacco and ecstasy.

Consistent with the data provided by the party drug sample, patterns of extensive polydrug use among ecstasy users were described by all the key informants. Comments by key informants regarding each drug class are documented throughout the relevant sections of this report. Overall patterns of polydrug use described by key informants varied widely and were strongly influenced by the occupation of the key informants and the particular group of party drug users with whom they had recent contact. Five key informants described the pre-planned use of particular drugs for certain stages of the party drug use session. However, even within this subgroup of key informants the drugs they reported as being used and the order of their consumption were not consistent. Two key informants mentioned increasing polydrug use among young people.

3.3 Summary of demographic characteristics and polydrug use

Reports from the Victorian PDU sample and key informants suggest that regular ecstasy users:

- **are equally likely to be male or female;**
- **are likely to be in their mid-twenties;**
- **are likely to have completed their high school education, with a significant proportion also having completed courses after school;**
- **are likely to employed or full-time students;**
- **are unlikely to have criminal convictions;**
- **are polydrug users;**
- **report ecstasy or cannabis as their main drug of choice; and**
- **are likely, in addition to ecstasy, to have recently used alcohol, cannabis, tobacco, speed, crystal meth and/or ketamine.**

4.0 ECSTASY

4.1 Use of ecstasy in the general population

The most recent survey of ecstasy and designer drug use in the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. According to the findings of this survey, 3% of the Victorian population aged 14 years and above had used ecstasy and designer drugs within the past twelve months (AIHW, 2002).

Data from the Victorian Youth Alcohol and Drug Survey (PDPC, 2003), found that of the 16 – 24 year olds surveyed (n = 3032), 21% of males and 18% of females reported having used ecstasy in their lifetime, and 15% of males and 12% of females reported use in the 12 months prior to survey. The majority of these people reported that they swallowed their ecstasy.

4.2 Ecstasy use among PDU

The median age at which participants first used ecstasy was 19 years (range = 11 – 42) (Table 3). Median age at first regular use of ecstasy was 20 years (range = 12 – 44). All participants had been using ecstasy at least monthly for the six months prior to the interview. Participants had used ecstasy on a median of 15 days in the preceding six months (range = 6 – 100). Just less than half (45%) of the participants reported using ecstasy fortnightly or less, 19% reported using it more than fortnightly but less than weekly and the remaining third (36%) reported using ecstasy at least once a week during the previous six months.

The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was one and a half (range = 0.5 – 15). Just less than half (43%) of the sample reported that they typically used two or more tablets, and 5% typically used six or more tablets in a single use episode. During their 'heaviest' use episode in the preceding six months, participants reported a median of three tablets (range = 1 – 30); 40% of the sample had taken four or more tablets in a single use episode in the preceding six months.

In the six months preceding the interview, 97% of the participants had swallowed ecstasy; 78% had snorted it, 12% had injected it and 8% had smoked it. The vast majority of the sample (85%) reported swallowing as their main route of administration in the previous six months, with a further 10% reporting snorting, 3% reporting injecting and 2% reporting shelving or shafting as their main route (Table 3). Twenty-seven percent of the sample reported having injected ecstasy at some time and the median age of first injection of ecstasy was 21 years (range = 12 – 33).

Of the 60% of the sample who reported bingeing in the preceding six months (defined as having used party drugs for more than 48 hours continuously without sleep), 92% had used ecstasy to do so.

Table 3 – Patterns of ecstasy use among Victorian PDU

Variable	**2003 sample (*N* = 100)**
Median age first used ecstasy (years)	19
Median days used ecstasy last 6 months	15
Ecstasy 'favourite' drug (%)	44
Use ecstasy weekly or more (%)	36
Median ecstasy tablets in 'typical' session	1.5
Typically use >1 tablet (%)	54
Recently binged on ecstasy (%)	55
Ever injected ecstasy (%)	27
Mainly swallowed ecstasy last 6 mths (%)	85
Mainly snorted ecstasy last 6 mths (%)	10
Mainly injected ecstasy last 6 mths (%)	3

Most participants 'typically' (defined as on two-thirds or more occasions of ecstasy use in the preceding six months) used other drugs in combination with ecstasy (97%) and in the 'come down' (i.e., acute recovery period) following ecstasy use (84%). Other drugs typically used in conjunction with ecstasy included alcohol (57%), methamphetamine powder (56%), cannabis (45%), tobacco (42%), crystal methamphetamine (22%) and ketamine (10%). Of those who typically drank alcohol while using ecstasy, 79% usually consumed more than five standard drinks. Smaller proportions reported typically using LSD (8%), amyl nitrate (7%), methamphetamine base (7%), GHB (6%), cocaine (5%), nitrous oxide (4%), heroin (4%), antidepressants (3%), 'magic mushrooms' (2%), MDA (1%), and benzodiazepines (1%) in conjunction with ecstasy.

A range of drugs were also typically reported as being used during the acute recovery period (or "come down") following ecstasy use, most frequently cannabis (49%), tobacco (28%), alcohol (27%), and benzodiazepines (14%). Of those who typically drank alcohol during the come down from ecstasy, 66% reported consuming more than 5 standard drinks. Smaller proportions reported the typical use of ketamine (8%), GHB (5%), methamphetamine powder (4%), nitrous oxide (4%), crystal methamphetamine (3%), amyl nitrate (2%), cocaine (1%), methamphetamine base (1%), LSD (1%) and MDA (1%) to come down from ecstasy.

The wide range of patterns of ecstasy use is reflected by the key informant reports which indicated that patterns of ecstasy use vary widely depending on the person, event and season as well as the age, gender and attitude of the user towards drug taking. Eight key informants reported use of ecstasy most weekends by 10 – 50 per cent of users they knew. Six mentioned that ecstasy was more likely to be used once or twice a month.

Others reported that some people may have only used once a year on special occasions. Key informants also reported wide variation in the quantities of ecstasy used with some very moderate use (1/4 – 1/2 pill a year) to quite intensive use (8 – 10 pills over 48 hours every couple of weeks), with the majority typically describing use of 1 – 3 tablets per event. One report of daily use for self-medication was also received.

In general, key informants reported little change in ecstasy use patterns, although three reported a recent decrease in frequency of ecstasy use which one attributed to poorer quality ecstasy and increasingly discriminating buyers. Two key informants reported a recent increase in the frequency and quantity with users taking more in an effort to achieve the desired effects. As one reported: "Most people use intelligently in conjunction with major community functions. Some drug pigs exist though who believe more is always better who may have four-day binges. Drug use dominates their life - doesn't supplement it and there are consequent social problems." Key informant reports were consistent with the data from the user interviews in suggesting that the majority of ecstasy users administered the drug orally. Key informants reported that a very small proportion of PDU snorted MDMA powder or crushed and snorted their tablets. Four key informants reported that a small number of users administered the drug anally or vaginally (practices referred to by users as 'shafting' or 'shelving'). In comparison to the PDU surveys (in which 27% of users had injected ecstasy in the previous six months), key informants did not typically report injection of ecstasy by PDU – only one key informant (working with street-based users) reported that users occasionally "whacked their 'e'".

No changes in numbers or types of ecstasy users were reported by the majority of key informants, although four reported a decrease in the age of PDU taking ecstasy in the last 6 months. Three key informants commented on the commercialisation and normalisation of the rave scene which has meant it is much more accessible and mainstream than previously. These key informants perceived that as a consequence of these changes there has been increasing numbers of people and younger users entering the scene. It should be noted that this phenomena was reported to have commenced earlier than in the previous 6 to 12 month period. Two key informants reported use of ecstasy in smaller pubs, homes and more diverse locations, one reporting increasing use at home "for increasing enjoyment of sex amongst 30 – 50 year olds".

4.3 Price

The majority (73%) of the users were able to comment on the price of ecstasy in Melbourne. All participants spoke of ecstasy in terms of pills or tablets. In line with these reports, the majority of the key informants reported that the majority of ecstasy available in Melbourne continued to come in the form of tablets. However, nearly half of the key informants mentioned that ecstasy is also sold in powder form. Three indicated that this powder came in capsule form, which was perceived to be more desirable.

The median price of ecstasy was reported by users to be $30 per tablet (range = $8 – $50), with lower prices being paid for bulk purchases. Most participants reported that the price had either remained stable (59%) or decreased (22%), with only a small proportion (7%) reporting that the price had increased in the preceding six months (Table 4). Key informant reports of the price of ecstasy were consistent with the prices reported by users, with most agreeing that the standard price for a single tablet was between $30 and $50. Two key informants also commented that the price varied ($20 – $60) depending on the number of tablets purchased (with a reduction in cost for bulk purchases), the purchase location and the time of year and closeness to party (tablets purchased in a dance venue, close to party date are likely to be more expensive). The

eight key informants who commented on recent changes in the price of ecstasy agreed that the price had remained stable. In addition to this, Major Drug Investigation Division (MDID) key informants reported that the wholesale price of ecstasy had remained stable over past six to 12 months.

Table 4 – Price of ecstasy purchased by Victorian PDU and price variations

Variable	**2003 sample (*N* = 100)**
Median price ecstasy tablet (range)	$30 ($8 – $50)
Price change:	
Increased (%)	7
Stable (%)	59
Decreased (%)	22
Fluctuated (%)	9
Don't know (%)	3

A variety of methods of paying for ecstasy in the preceding six months were reported by the PDU including; paid employment (82%), being given ecstasy by friends or partner (being "shouted") (68%), borrowing money from friends (20%), dealing drugs (19%) and receiving credit from dealers (18%). Twenty-eight percent reported paying for their ecstasy with Government benefits, including study allowance (6%) and unemployment benefits (13%). Other less common methods of paying for ecstasy included bartering other drugs or goods for ecstasy (16%), money from parents (7%), pawning goods (3%), sex work (3%), fraud (2%) and property crime (2%).

4.4 Purity

There was little consistency in users' estimates of the current purity of ecstasy (Figure 1). Key informant reports reflect this inconsistency: Three perceived the current purity to be high, three perceived it to be medium and two reported that it fluctuated. One key informant said that the purity was high when purchased from known dealers but fluctuated when bought off the street. MDID informants reported that typically, MDMA tablets cost around $2 at import and are often crushed and reconstituted in a less pure form often incorporating methamphetamine powder and other substances such as Ketamine. A police key informant reported that the percentage of ecstasy identified as the 'main drug' in tablets had risen over the previous year and that a 'real' ecstasy tablet was about 40% MDMA with the remainder typically made up of non-drug fillers and binders (required to keep the tablet together). Other common ingredients included speed, ketamine and some pharmaceuticals, although the presence of pharmaceuticals in tablets had decreased. MDID key informants reported that the purity of ecstasy was consistent over the previous 12 months.

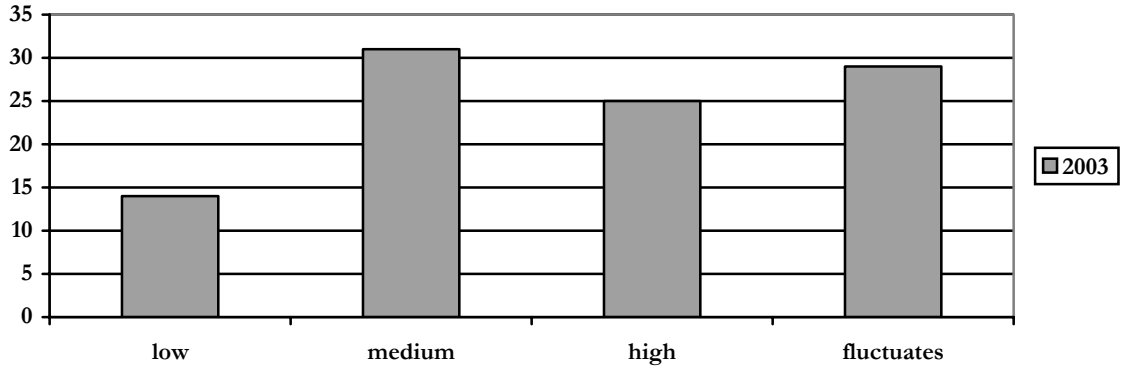

Figure 1 – Victorian PDU reports of current purity of ecstasy

PDU reports of changes in ecstasy purity in the preceding six months were also inconsistent (Figure 2). This inconsistency was also seen in key informant reports. One key informant stated that ecstasy purity had increased, five reported ecstasy purity had been stable, four reported that it had fluctuated, with one key informant reporting that the purity of ecstasy had recently decreased.

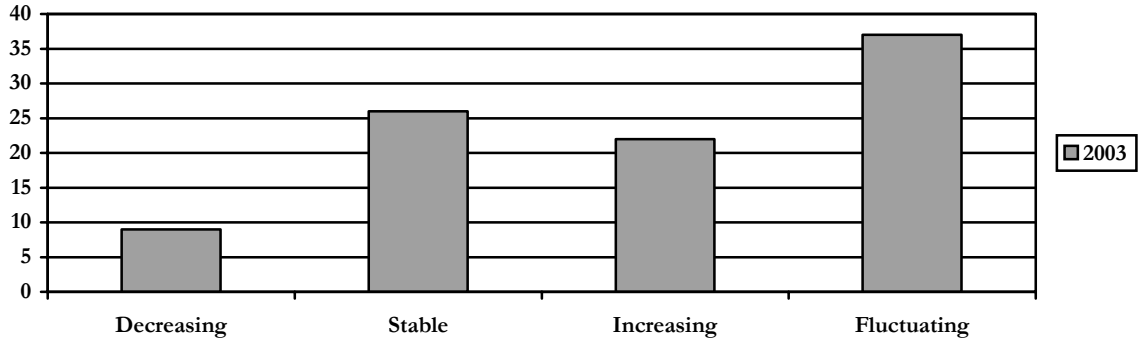

Figure 2 – Victorian PDU reports of change in purity of ecstasy in the preceding six months

The average purity level of ecstasy seizures analysed by law enforcement agencies in Victoria during the 2002/03 financial year was 30% (range = 16% – 45%), which was similar to the previous four financial years: 2001/02 = 31%; 2000/01 = 31%; 1999/00 = 34%; 1998/99 = 28%. Figure 3 shows the mean purity of <1gm and >1gm ecstasy seizures during the 2002/03 financial year. All Victorian seizures are tested for purity.

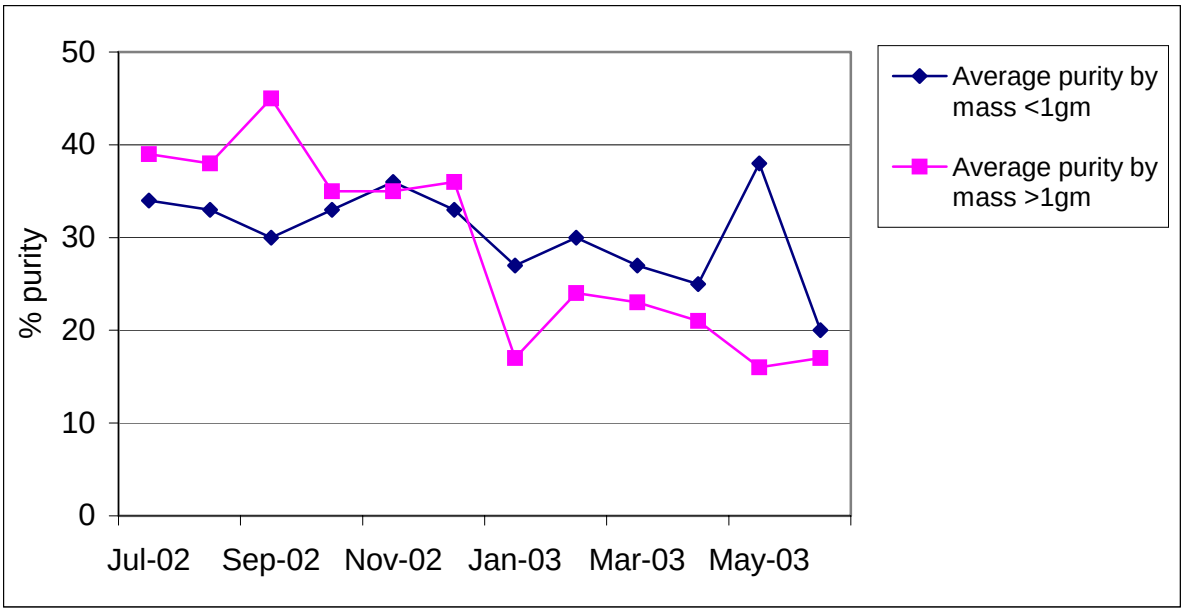

Figure 3 – Purity of ecstasy seizures by Victorian law enforcement, July 2002 – June 2003

(Source: Victoria Police Forensic Science Centre).

4.5 Availability

All participants were able to comment on the availability of ecstasy. The majority of users considered that ecstasy was currently either very easy (59%) or easy (32%) to obtain. The majority of users also reported that the availability of ecstasy had either remained stable (75%) or increased (14%) in the preceding six months (Table 5). There was a high degree of consistency between users' and key informant reports of the availability of ecstasy. The majority of the key informants reported that ecstasy was either currently 'very easy' or 'easy' to obtain. Nearly half of the key informants that were able to comment reported that availability of ecstasy had remained stable over the preceding six months although one key informant qualified this by reporting that good quality ecstasy was harder to find. Police key informants reported that the availability of ecstasy had remained consistent over the previous 6 – 12 months, although seizures had continued to gradually increase**.**

The majority of participants reported that in the six months preceding the interview they had obtained ecstasy from friends (92%) or dealers (53%). Other people from whom ecstasy had recently been obtained included acquaintances (24%), people unknown to participants (12%); and work colleagues (11%). Ecstasy was most often obtained at friends' homes (70%) and own home (41%). Other purchase locations included dealers' homes (36%), nightclubs (30%), raves (21%), dance parties (20%), pubs (8%) and the street (6%). Ten percent of the sample reported that they had obtained ecstasy in another location, with four percent identifying a 'mobile dealer' (when a dealer is called on their mobile telephone and a meeting place to exchange money and drugs is arranged).

Table 5 – Victorian PDU reports of availability of ecstasy in the preceding six months

Ecstasy	2003 sample (*N* = 100)
Ease of obtaining ecstasy:	
Very easy (%)	59
Easy (%)	32
Availability:	
Stable (%)	75
Increased (%)	14
Persons Score from:	
Friends (%)	92
Dealers (%)	53
Acquaintances (%)	24
Work colleagues (%)	11
Unknown people (%)	12
Locations scored from:	
Friends' home (%)	70
Dealer's home (%)	36
Nightclub (%)	30
At own home (%)	41
Other (%)	11

4.6 Benefit and risk perception

Participants were asked to describe the benefits and risks they perceived to be associated with taking ecstasy.

4.6.1 Perceived benefits

Unsurprisingly, all of the participants perceived that there were benefits associated with ecstasy use. The most commonly mentioned benefit was enhanced mood (such as euphoria, a sense of well-being and happiness). Enhanced communication and sociability were also frequently mentioned, as were enhanced appreciation of music and/or dancing, increased confidence and decreased inhibition, enhanced closeness, bonding and empathy with others and increased energy and the ability to stay awake.

Many scene-based key informants reported being really 'enchanted' with their lives, happy with themselves and considered party drug use a normal part of their life as well as the lives of their friends and acquaintances. One spoke of drug use as 'such a wonderful part of my life'.

4.6.2 Perceived risks

The majority of the PDU also perceived there to be risks associated with ecstasy use. In broad terms, the harms most commonly mentioned by the PDU were psychological harms. Cognitive impairment (such as neurological damage and memory loss) were most frequently mentioned, followed by depression and general mood impairment. Eight participants also mentioned the possibility of developing dependence or becoming addicted to ecstasy as a harm of its use. Physical harms were the second most common harms mentioned by the PDU, with acute physical problems such as dehydration and overheating the most frequently mentioned. Concerns about the contents of the ecstasy tablets were a potential source of harm mentioned by nearly a quarter (22%) of the PDU. The key informants also mentioned risks associated with party drug users' inability to know what ecstasy pills actually contain.

4.7 Law enforcement

Police key informants discussed their increased promotion of drug diversion programs, with the number of diversions reported to have significantly increased since 2001. Consistent with police key informant reports, a key informant from the health sector reported that there had been an increase in PDU diversion clients they were seeing that had been picked up for possession and noted that this group was quite distinct from their usual heavier drug using clients who had a much greater range of concomitant social problems, compared to the PDU with no other problems.

Very few other key informants reported evidence of any crime or changes in crime when questioned generally. However, in response to specific questions about dealing six key informants perceived that there were more small-time, "user-dealers". One key informant reported some low level shoplifting to "enable clubbers to purchase the designer clothes, drugs, tickets etc required to fit in to the scene". The majority of key informants reported little change in police activity.

A small number of health professional key informants commented positively on changes in police practice, reporting that they were communicating more with event staff and first aid personnel, focussing on assaults, checking to make sure staff were OK, and more interested in public safety than arresting people. Police key informants also discussed their work with nightclub owners and various community groups in assisting development of policies and providing advice.

Police key informants were concerned about people using drugs and users' lack of concern about their illegality and long and short-term health effects. However, they also commented on the relative problems of alcohol and 'party drug' related incidents, "If you look at it in the cold hard light of day people cause more trouble stumbling out of pubs drunk."

MDID informants reported that they had observed a small increase overall in the number of ecstasy seizures. They also reported that there had been an increase in the local production of ecstasy in clandestine laboratories in Victoria. However, it was reported that there were still a limited number of 'cooks' who were proficient enough to produce MDMA. MDID informants reported that these individuals were in high demand and it was likely that more would be recruited. However, they reported that most MDMA in Victoria was still imported from offshore, of which the major sources were Great Britain and Western Europe. MDID informants reported that ecstasy at a wholesale level was much cheaper and there were huge profits for dealers.

4.8 Summary of ecstasy findings

Reports from the Victorian PDU and key informants suggest that:

- **ecstasy tends to be used for the first time during late-teenage years;**
- **ranges of other drugs are typically used in conjunction with ecstasy, as well as to ease the come down or recovery period;**
- **there are a wide range of patterns of ecstasy use in terms of frequency of use and amounts used;**
- **ecstasy is most commonly used orally;**
- **ecstasy typically costs $30;**
- **the price of ecstasy has remained stable over the last six-month period;**
- **there is inconsistency in reports of the purity of ecstasy, perhaps indicating that it fluctuates and can vary at any given time;**
- **ecstasy is readily available and is typically sourced from friends and dealers;**
- **perceived benefits of ecstasy use include enhanced mood, communication and sociability; and**
- **perceived risks of ecstasy use include cognitive impairment and depression.**

5.0 METHAMPHETAMINE

5.1 Prevalence of methamphetamine use

The most recent survey of amphetamine use in the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. According to the findings of this survey, 2.4% of the Victorian population aged 14 years and above had used amphetamines (non-medical) within the past twelve months (AIHW, 2002).

Data from the Victorian Youth Alcohol and Drug Survey (PDPC, 2003), found that of the 16 – 24 year olds surveyed (n = 3032), 17% of the males and 14% of the females reported having used amphetamines in their lifetime and 11% of males and 9% of females reported use in the 12 months prior to the survey. The majority of these people reported snorting or swallowing these drug types.

5.2 Methamphetamine use among PDU

5.2.1 Methamphetamine powder (speed)

Nearly all the participants (98%) reported lifetime methamphetamine powder (speed) use and the majority (89%) had used speed in the preceding six months.

Those participants that reported speed use in the preceding six months had done so on a median of eight days (range = 1 – 170). The majority of those that reported recent use of speed had used it fortnightly or less. Just over a quarter (26%) had used speed more than fortnightly but less than three times per week, with four participants reporting use of speed more that three times per week. A small proportion of the sample (9%) nominated speed as their favourite drug.

The median amount of speed used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range = 0.1 – 5). During their 'heaviest' use episode, recent speed users reported the use of a median of one gram (range = 0.1 – 14). Of those who reported recent bingeing, 55% had used speed when doing so.

The majority (81%) of recent speed users reported snorting it. Swallowing (57%), injecting (25%) and smoking (22%) were other routes of speed administration reported.

Table 6 – Patterns of methamphetamine powder (speed) use of Victorian PDU

Speed variable	**2003 sample (N = 100)**
Ever used (%)	98
Used preceding six months (%)	89
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	8 (1 – 170)
Median quantities used (grams)	
Typical (range)	0.5 (0.1 – 5)
Heavy (range)	1 (0.1 – 14)

Twelve key informants reported that speed was used by PDU they knew. The prevalence of speed use by PDU as reported by the key informants varied widely, from less than five to one hundred per cent. The majority of the key informants reported that speed powder was mainly snorted or swallowed, with some shafting/shelving and a small percentage injecting. Reports on the frequency and quantity of speed use also varied greatly. A substantial number of key informants reported that speed would typically be used at most events, in conjunction with a number of other drugs. They reported that speed use was for purpose-based reasons, "as an upper, like coffee". Key informants reported that PDU took methamphetamine in a variety of forms, with methamphetamine powder being most commonly used. However, a number of key informants reported that PDU used speed and crystal meth interchangeably.

5.2.2 Methamphetamine base

Half of the participants (50%) reported lifetime methamphetamine base use, although only just over a quarter (27%) reported having used 'base' in the preceding six months.

Those participants that reported use of base in the preceding six months had done so on a median of 4 days (range = 1 – 52). Base use was reported to be a relatively infrequent occurrence for the participants. The majority (78%) of participants had used base once a month or less, with only six participants reporting using it more than monthly. One respondent nominated base as their drug of choice.

Of those who reported using base during the preceding six months, 16 quantified their use in terms of 'points' (one 'point' is equal to approximately 0.1 of one gram). Small numbers of participants also referred to grams, lines, pipes and/or dabs. Those referring to points used a median of one point during an episode of both typical (range = 0.13 – 3) and heavy (range = 0.5 – 11) use. Of those who reported bingeing in the preceding six months, 8% had used base when doing so.

Over half (56%) of those participants that reported using base in the preceding six months had snorted it. Just over one third reported swallowing (33%) and injecting (33%) base, with a smaller proportion reporting smoking (22%) it.

Table 7 – Patterns of methamphetamine base use of Victorian PDU

Base variable	2003 sample (N = 100)
Ever used (%)	50
Used last six months (%)	27
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	4 (1 – 52)
Median quantities used (points)	
Typical (range)	1 (0.1 – 3)
Heavy (range)	1 (0.5 – 11)

Consistent with PDU reports, the small number of key informants able to comment reported uncommon and infrequent use of base by a very small percentage of PDU they knew.

5.2.3 Crystal methamphetamine

Seventy-five percent of the sample reported having ever used crystal methamphetamine, with a median age of first use 20 years (range = 10 – 43). Nearly two-thirds of the sample (62%) reported using crystal meth in the preceding six months. Among those that reported use in the preceding six months, the median number of days was six (range = 1 – 60). Most participants (53%) reported using crystal meth once a month or less, 31% reported it more than monthly but less than weekly, and ten participants (16%) reported using crystal meth weekly or more. Five respondents reported crystal methamphetamine as their main drug or drug of choice.

Of those who reported recent crystal use, the majority described their use in terms of 'points', with grams described by approximately a quarter. Other measures mentioned were lines, pipes, milligrams and caps. Those who quantified their crystal meth use in terms of points reported using a median of 1 point (range = 0.25 – 3) on a typical occasion of use and 2 points (range = 0.5 – 6) during a heavy occasion of use. Of those who reported bingeing in the preceding six months, 48 per cent had used crystal to do so.

The most common routes of crystal administration in the six months preceding the interview were smoking (65%) and snorting (58%). Smaller proportions of the sample reported swallowing (47%) and injecting (23%) crystal in the six months preceding the interview.

Table 8 – Patterns of crystal methamphetamine (ice) use of Victorian PDU

Ice variable	**2003 sample (*N* = 100)**
Ever used (%)	75
Used last six months (%)	62
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	6 (1 – 60)
Median quantities used (points)	
Typical (range)	1 (0.25 – 3)
Heavy (range)	2 (0.5 – 6)

Ten key informants reported a variety of patterns of use of crystal meth amongst PDU they knew, with some describing minimal use by a very small number of people while others reported use by the vast majority. A number of key informants reported a move away from speed powder to crystal meth, or use of the two forms interchangeably. Most reported that PDU smoked or crushed and snorted their crystal meth. Two key informants reported that PDU they knew were injecting crystal meth and one of these reported that injecting practices were increasing because of the intensity of the hit and the potency of the drug. A number were particularly concerned about the effect of crystal meth on personality and mood compared with other drugs. More key informants expressed concern regarding crystal meth than the other party drugs.

5.3 Price

The majority (84%) of the sample was able to comment on the current price of speed (Table 9). Thirty-three participants felt confident to comment on the price of speed per

gram, with a mode of $200 being reported. The other commonly mentioned amount of speed was a point, reported to cost a mode of $30. Of the 84 participants who commented, just over half reported the price of speed had either remained stable (54%), 10% reported a decease and 8% reported an increase in the price of speed in the preceding six months. Consistent with PDU reports, key informants reported that speed powder could be purchased for $200 – 250 per gram. Seven key informants reported stable prices over the last six months, although one commented on the decreasing cost of speed.

Twenty-two participants commented on the current price of base, with 'points' being the amount most commonly referred to (Table 12). The modal price paid for a point of base was $30. Of the twenty-two participants who were able comment, eight (37%) reported the price of base had remained stable, four (18%) reported that it had decreased, and three (14%) reported that the price had fluctuated in the preceding six months. Only one participant reported the price of base had increased.

Nearly two-thirds (64%) of the sample were able to comment on the price of crystal methamphetamine; twenty-nine participants referred to its purchase in terms of points and 13 in terms of grams (Table 12). The modal price paid for a point of crystal was $40 while a gram was purchased for a modal price of $300. Reports of changes to the price of crystal in the preceding six months were relatively consistent; 25 participants (39%) believed the price of crystal had been stable in the preceding six month, although 8 (13%) believed it had increased, 6 (9%) believed it had decreased and a further two participants (3%) believed it had fluctuated over the previous six month period. Consistent with the PDU reports, key informants reported that crystal meth could be purchased for $200 – 350 per gram or $40 – $50 per point. One key informant commented on the decreasing cost of crystal meth although seven other key informants reported stable prices over the last six months.

Table 9 – Price of various methamphetamine purchased by Victorian PDU

Modal price ($) methamphetamine	**2003 sample**
Speed	*n* = 84
Point	30 (15 – 50) (*n* = 30)
Gram	200 (30 – 300) (*n* = 33)
Base	*n* = 22
Point	30 (20 – 230) (*n* = 10)
Crystal	*n* = 64
Point	40 (20 – 50) (*n* = 29)
Gram	300 (200 – 400) (*n* = 13)

5.4 Purity

The consistency of party drug users' estimates of the purity of all forms of methamphetamine is noteworthy. The majority of those who commented reported the purity of speed (69%), base (73%) and crystal (80%) to be 'medium' or 'high' (Figure 4).

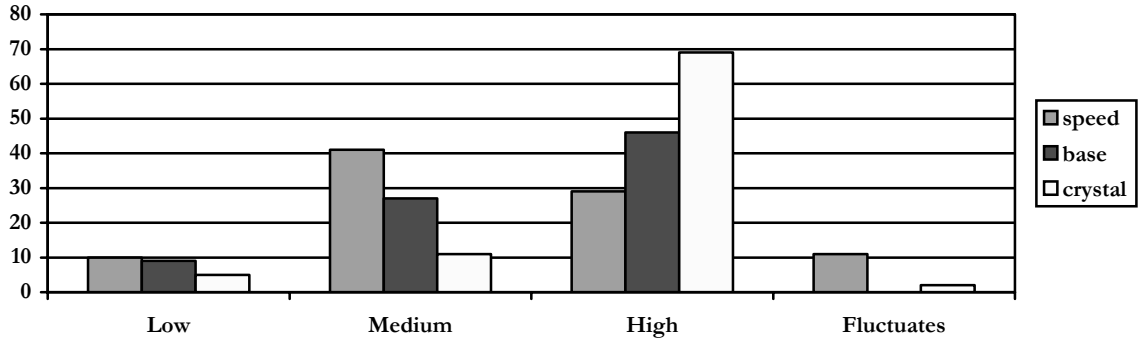

Figure 4 – Current purity of methamphetamine 2003

Consistent with reports of current purity, the forms of methamphetamine were generally considered by the majority of those who commented to have either remained stable or increased in purity in the preceding six months (Figure 5).

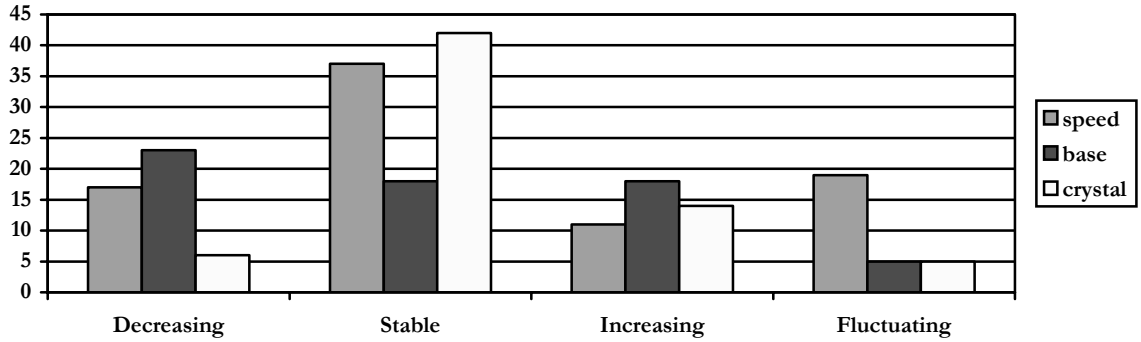

Figure 5 – Recent change in purity of methamphetamine 2003

MDID key informants also reported that the purity of powder, pill and crystal forms of methamphetamine was consistent over the past six to 12 month period.

The mean purity of <1gm and >1gm methamphetamine seizures by law enforcement agencies in Victoria during the 2002/03 financial year is shown in Figure 6. All Victorian seizures are tested for purity. As shown in Figure 6, the average purity of <1gm methamphetamine seizures appears to have doubled over the period of focus, while purity levels of >1gm seizures have also increased, although more variability is evident.

The mean purity of all seizures of methamphetamine analysed in Victoria during the 2002/03 financial year was 33% (range = 9% – 79%), compared to 20% reported for 2001/02, 21% for 2000/01 and 15% for 1999/00 (Jenkinson et al., 2003).

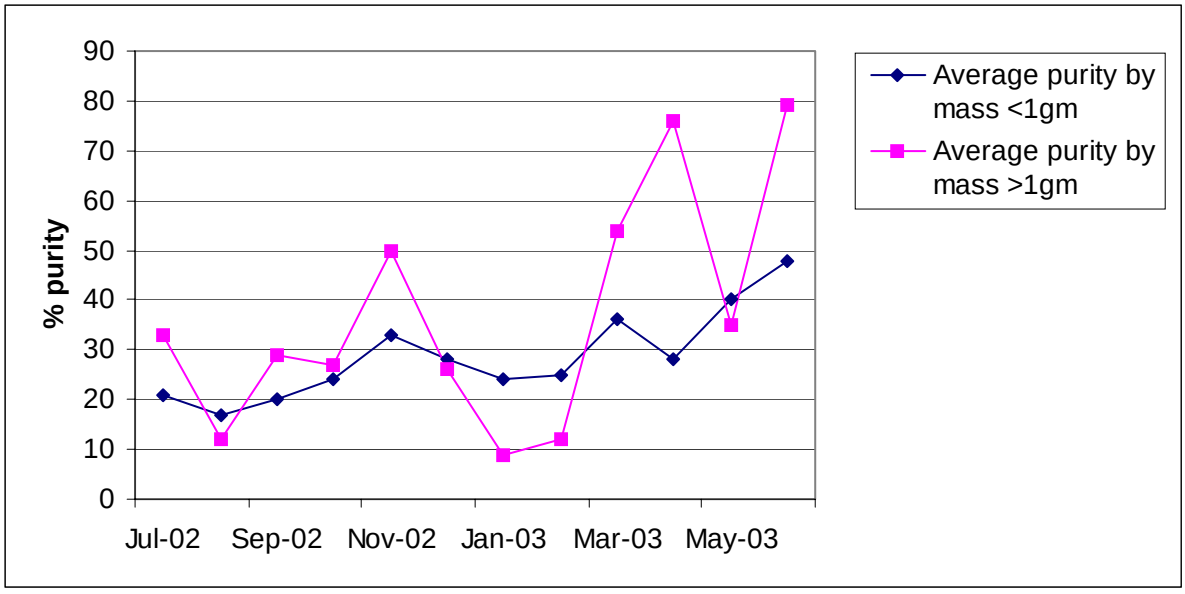

Figure 6 – Average purity of methamphetamine seizures by Victorian law enforcement, July 2002 – June 2003

(Source: Victoria Police Forensic Science Centre).

5.5 Availability

The majority of those who commented on the availability of speed reported it 'easy' (35%) or 'very easy' (36%) to obtain; more than half (60%) agreed speed availability had remained stable over the preceding six months.

Similarly, those commenting on the availability of base thought it to be moderately easy (36%), easy (23%) or very easy (14%) to obtain. Fifty percent of those able to comment thought the availability of base in the preceding six months had remained stable (n = 11), with 9% (n = 2) reporting that it had become more difficult and a further 9% (n = 2) reporting that it had become easier to access.

Crystal meth was generally reported to be readily available, with 36% reporting that it was very easy, 16% reporting that it was easy and 27% reporting that it was moderately easy to obtain. Only five participants (8%) reported that crystal meth was difficult to obtain. The majority of the participants reported that crystal meth had become easier to obtain (31%) or had remained stable (42%). Only five participants (8%) reported that crystal meth was more difficult to obtain.

Three key informants reported that crystal meth was currently very easy to obtain and six mentioned that its availability had increased over the previous six to 12 months. MDID key informants reported that the availability of methamphetamines had been consistent over the past six to 12 months.

5.6 Benefit and risk perception

5.6.1 Perceived benefits

Participants were asked what they perceived to be the benefits in using the various forms of methamphetamine. All but three of the PDU reported benefits associated with speed

use. By far the most frequently mentioned benefit was that speed keeps the user awake, gives energy and allows the user to 'keep going all night'. Increased sociability and communication was mentioned second most frequently by the PDU as a benefit of using speed, followed by increased alertness and awareness, the rush or buzz experienced immediately following its use and the increased ability to dance for long periods of time.

When asked about their perceived benefits of using methamphetamine base 37 participants were unable to report any benefits (either because they didn't know of any or didn't think there were any). As with the benefits associated with speed use, the most frequently mentioned benefit of base use reported by the PDU was that it allows the user to stay awake and increases energy, with approximately a third of those mentioning a benefit mentioning this one. A small number ($n = 6$) of the PDU reported that the benefits of base were similar to that of speed and five reported that the benefits were superior to those associated with speed.

When asked about the benefits of using crystal meth, nearly half (42%) of the PDU were either unable to think of any benefits, didn't know or reported that there are none. Nearly half of those that did perceive there to be benefits reported, as for speed and base, crystal meth's ability to keep the users awake and increase their energy. Approximately one third of those reporting benefits reflected that the effects were similar to those of speed, although the effect of crystal meth is 'cleaner' and/or more prolonged. Similar to the other forms of methamphetamine, the other frequently mentioned benefits included improved and increased communication and sociability and the rush and buzz associated with its use.

5.6.2 Perceived risks

The PDU participants were also asked about what risks, if any, they perceived to be associated with methamphetamine use. In relation to speed use, all but nine participants reported risks. The most commonly reported risks were general health risks ($n = 24$), both short term, such as dehydration and over heating, and longer term, such as 'burning body out' and increased risk of illness due to being run down. General psychological health concerns ($n = 18$) were the second most commonly mentioned categories of risk and included things such as 'affected state of mind', confusion and mental breakdown. Other self-reported risks were paranoia ($n = 11$); psychosis ($n = 10$); brain damage ($n = 8$); heart problems ($n = 12$); addiction and dependency ($n = 12$); nasal damage ($n = 9$); impurities ($n = 11$); aggression, hostility and anger ($n = 15$) and lifestyle changes ($n = 12$) (including disturbed sleep and eating patterns).

In relation to methamphetamine base, 43 participants reported that they did not know about what risks were associated with base use and 3 reported that there were none. The forty-six participants that reported risks most commonly mentioned general health concerns (such as body burn out and teeth and skin problems), general psychological problems ($n = 9$) as well as more specifically mental health concerns such as paranoia ($n = 7$) and psychosis ($n = 7$).

Seventy-two participants perceived there to be risks associated with the use of crystal meth, twenty-two didn't know and only three perceived there to be no risks involved. The risks most commonly mentioned by the PDU in relation to crystal meth were ones to general health ($n = 22$), addiction ($n = 18$) and general psychological issues ($n = 16$). As with the other forms of methamphetamine specific mental health concerns were also raised including paranoia ($n = 14$), anger and aggression ($n = 8$) and psychosis ($n = 7$). Some participants compared the risks of forms of methamphetamine and five perceived

the risks for crystal meth to be the same as for the other forms but six participants perceived the risks associated with crystal meth use to be greater.

5.7 Law enforcement

Two key informants reported an increase over the last year in the incidence of calls for ATS induced psychosis where amphetamine was involved, including sieges and calls to A&D agencies. Police responses to crystal meth (or 'ice') were being examined because of the significant behavioural issues claimed to be associated with it: "If someone is involved with ice there is more often violence - it's a different situation, members are less likely to try softy-softly diversion approaches - there are issues around member safety, community safety. You're damned if you do react - damned if you don't - we need to be proactive to the issue. We are in dialogue regarding our handling of these situations."

MDID key informants reported that there had been no specific crystal meth laboratories discovered in the past twelve months, although there has been an increase in the number of smaller speed labs found. A police key informant also reported an increasing number of labs that were experimenting with ecstasy, synthetic THC and other drugs (and most likely ice as the production of ice from speed is reportedly relatively simple). Diversification in production techniques was also reported, allowing laboratories to produce drugs with a number of different 'recipes' enabling production even without some of the usual precursor chemicals. An increase in the number of seizures of ice over the past 6 – 12 months was also reported.

5.8 Summary of methamphetamine trends

Reports from the Victorian PDU and key informants suggest that:

- **of the three forms of methamphetamine, speed is most widely (in terms of both lifetime and recent use) used by PDU, followed by crystal meth and then base**
- **the purity of all forms of methamphetamine is reported as high and stable;**
- **crystal meth is more expensive than speed and base (which are of comparable cost);**
- **the price of all forms of methamphetamine have remained stable or decreased in the last six months and all forms are reported as being readily available;**
- **perceived benefits of using methamphetamine include the ability it provides to stay awake for long periods of time, as well as increased sociability and communication; and**
- **perceived risks of using methamphetamine include risks to physical and psychological health.**

6.0 COCAINE

The most recent survey of cocaine use within the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. The findings of this survey suggest a low level of cocaine use within the Victorian community, with 1.3 % of the Victorian population aged 14 years and over reporting the use of the drug within the past twelve months (AIHW, 2002).

Preliminary data from the recent Victorian Youth Alcohol and Drug Survey (PDPC, 2003) indicates that of the 16 – 24 year olds sampled, reported use of cocaine was infrequent with only 8% of males and 6% of females reporting ever having used cocaine, and 4% of males and 3% of females reporting use in the 12 months prior to survey.

6.1 Cocaine use among PDU

Although the majority of the sample of party drug users reported lifetime (80%) cocaine use, only one-third (35%) reported recent use.

The thirty-five participants that reported recent cocaine use had done so on a median of three days in the preceding six months (range = 1 – 30). The majority (77%) used cocaine less than once a month; 14% had used between monthly and fortnightly, two people reported using cocaine used between fortnightly and weekly and one person reported using more than once a week.

Fourteen participants quantified amounts used in the preceding six months in terms of grams; a median of half a gram was used during a typical occasion (range = 0.25 – 3) and a median of one gram was used during a heavy occasion (range = 0.5 – 3.5) of use. Of those participants who reported bingeing in the preceding six months, 17% reported using cocaine when doing so.

Most (94%) participants that reported recent cocaine use had used cocaine intranasally (n = 33). Small proportions had swallowed (20%) (n = 7), smoked (11%) (n = 4) and injected (9%) (n = 3) cocaine.

Table 10 – Patterns of cocaine use of Victorian PDU

Cocaine variable	**2003 sample (*N* = 100)**
Ever used %	80
Used last six months%	35
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	3 (1 – 30)
Median quantities used (grams)	
Typical (range)	0.5 (0.25 – 3)
Heavy (range)	1 (0.5 – 3.5)

Whilst nine key informants reported that approximately 10 – 40 per cent of PDU they knew had used cocaine its use was typically reported only once or twice a year on 'special

occasions'. However, two key informants reported that 15 per cent of PDU they knew in club and dance scenes would snort it regularly, either fortnightly or even twice weekly. Key informants did not report that cocaine was injected by PDU they knew. The quantity of cocaine used ranged from a quarter of a gram to three to five grams of cocaine per occasion of use.

6.2 Price

Less than a third (29%) of the sample was able to comment on the current price of cocaine (Table 11). Fourteen of these participants reported on the price of cocaine per gram, with a mode of $250 (range = $100 – $400) being reported. One participant mentioned purchasing a line of cocaine for $25. Of those participants able to comment about the price of cocaine in the preceding six months, eight (28%) reported it as stable, four (14%) as decreasing and two (7%) as fluctuating. Two key informants reported that the price of cocaine had been stable over the last six to 12 months but did not report on its actual cost.

Table 11 – Price of cocaine purchased by Victorian PDU

Median price ($) **cocaine**	**2003 sample**
Cocaine	*n* = 29
Gram	250 (100 – 400)
Line	(*n* = 14)
	25 (*n* = 1)

6.3 Purity

There was little consistency between participants' reports of the current strength and purity of cocaine. The purity of cocaine was reported to be low by 17%, medium by 24%, high by 24% and fluctuating by 7% (Figure 7).

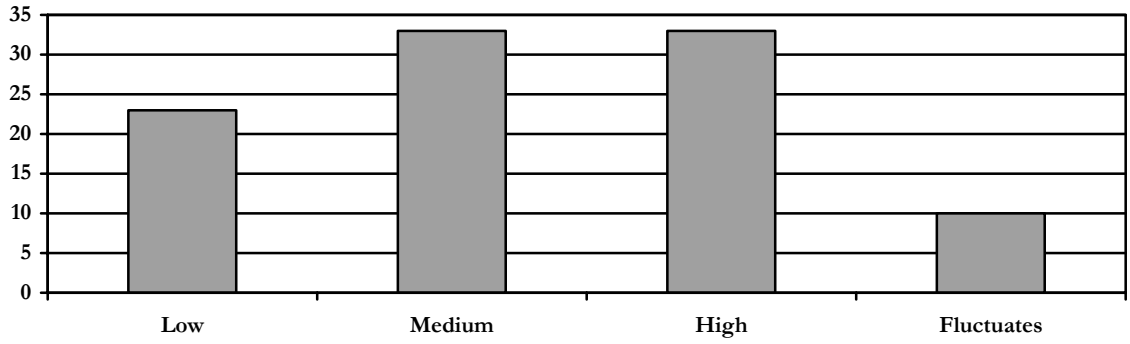

Figure 7 – Current purity of cocaine 2003

There was more consistency between the participants' reports regarding current purity and strength of cocaine. Nearly one third (31%) of those able to comment reported that

the purity had been stable over the preceding six months. Fourteen percent of the participants reported that the purity and strength of cocaine had fluctuated the preceding six-month period, with 7% reporting it as increasing and a further 7% reporting it as decreasing (Figure 8). The two key informants who commented on the purity of cocaine reported that it had not changed in the previous six to 12 months.

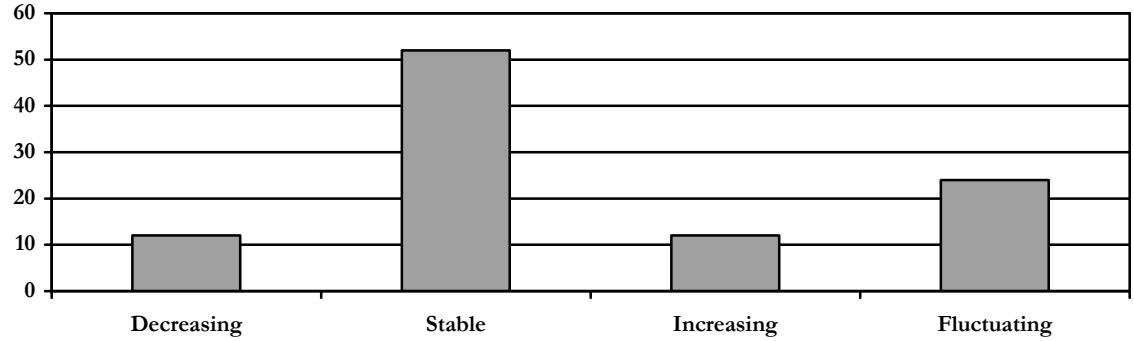

Figure 8 – Recent change in purity of cocaine 2003

Key informants in this study were unable to report on the purity of cocaine. Cocaine use was considered by all to be generally expensive and uncommon.
The mean purity levels of cocaine seizures analysed by law enforcement agencies in Victoria during the 2002/03 financial year are shown in Figure 9. Purity levels of cocaine seizures have fluctuated substantially throughout this period.

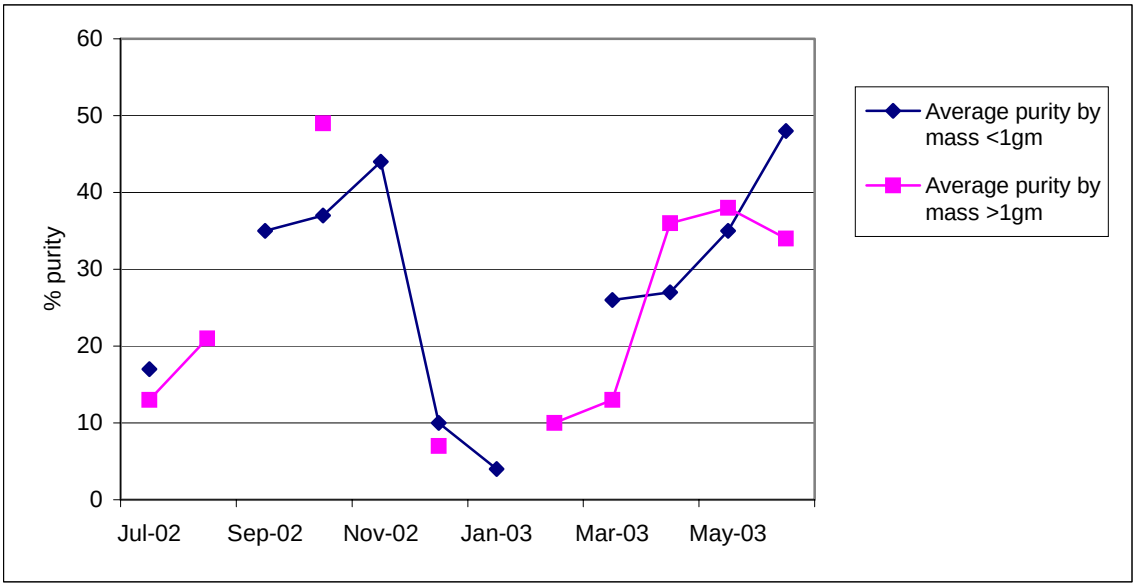

Figure 9 – Average purity of cocaine seizures by Victorian law enforcement, July 2002 – June 2003

(Source: Victoria Police Forensic Science Centre).

The mean purity of all seizures analysed during this period was 27% (range = 4% – 49%), compared to 38% in 2001/02, 40% in 2000/01 and 53% in 1999/00. Purity levels of cocaine have fluctuated since 1995/1996, but generally appear to be dropping (Jenkinson et al., 2003).

6.4 Availability

There were mixed findings in relation to current and recent changes to availability of cocaine. Of the participants that were able to comment on the availability of cocaine 41% reported that it was readily available, 10% reported it as being very easy, 17% reported it as being easy and 14% reported it as being moderately easy to obtain. In comparison, 35% reported that it was not readily obtainable: 21% reported that it was difficult and 14% reported that it was very difficult to obtain.

Further, just over half of those able to comment reported that during the preceding six months the availability of cocaine had remained stable (41%) or become easier (14%). The remaining four participants (14%) reported that it had become more difficult.

One key informant reported an increase, and another a decrease in the availability of cocaine.

6.5 Benefit and risk perception

6.5.1 Perceived benefits

When asked about the perceived benefits of cocaine use 21 participants responded that they didn't know, and 15 responded that there were none. Of those that did perceive benefits from its use, the most commonly mentioned were increased confidence (n = 25), improved communication and social skills (n = 11), having fun, celebrating and being carefree (n = 8) and having energy to keep awake (n = 6).

6.5.2 Perceived risks

In terms of the risks associated with cocaine use, all but one participant were able to provide comment. The most frequently self-reported risks were that of addiction and dependence (n = 23), nasal damage (n = 17), being arrogant and having 'ego problems' (n = 11) and financial difficulties.

6.6 Summary of cocaine trends

Reports from the Victorian PDU and key informants able to comment suggest that:

- **although there is a high prevalence of lifetime use, cocaine has been used recently by a smaller number of PDU;**
- **recent users of cocaine only use it occasionally (often on "special occasions");**
- **cocaine is typically snorted;**
- **cocaine is an expensive drug, the price of which has remained relatively stable over the last six months;**
- **there is little consistency in reports of the purity of cocaine, although the purity tends to be regarded as stable;**
- **there is little consistency in the reports of the availability of cocaine;**
- **perceived benefits of using cocaine include increased confidence and improved communication and social skills; and**
- **perceived risks of cocaine use include addiction and dependence and being arrogant.**

7.0 KETAMINE

Over two-thirds (70%) of the sample reported lifetime use of ketamine, with just over half the sample (51%) reporting recent use.

7.1 Ketamine use among PDU

Seventy participants reported lifetime use of ketamine. Fifty participants reported using ketamine in the preceding six months on a median of 3.5 days (range = 1 – 104). Most (74%) used ketamine once a month or less and 12% used between monthly and fortnightly. The remaining 14% reported using ketamine more than once a fortnight. Ketamine was nominated drug of choice by one respondent.

Recent ketamine users quantified their use in terms of bumps (n = 11), grams (n = 8), points (n = 11), lines (n = 7), pills/tabs (n = 5), and less commonly millilitres (n = 2), units (n = 1) and milligrams (n = 1). Small numbers mentioned lines (n = 3) and caps (n = 1). A bump refers to a small amount of powder, typically measured on either the end of a key or a small spoon provided with a container used to store and administer measured doses of powdered substances. Those who reported ketamine use in terms of bumps used a median of two bumps in a 'typical' episode of use (range = 0.5 – 4) and two bumps (range = 0.5 – 16) during a 'heavy' use period. Of those who reported bingeing in the preceding six months, 23% had used ketamine to do so.

Recent users reported snorting (78%), less often swallowing (31%) or injecting (10%) ketamine. Three people reported smoking ketamine.

Table 12 – Patterns of ketamine use of Victorian PDU

Ketamine variable	**2003 sample (N = 100)**
Ever used (%)	70
Used last six months (%)	51
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	3.5 (1 – 104)
Median quantities used (bumps)	
Typical (range)	2 (0.5 – 4)
Heavy (range)	2 (0.5 – 16)

Twelve key informants described ketamine use by party drug users although reports of prevalence, quantity and frequency of use varied from occasional or unintentional use by a small proportion to weekly or monthly use by a substantial proportion of users.

Key informants reported that ketamine tended to be used by more experienced PDU, and that it was more common at recoveries than events. Key informant reports indicated that PDU tended to either love or hate Ketamine, with those who loved it using it weekly or monthly, with others disliking the sensation, particularly when 'k-bombed' after consuming it unintentionally in pill.

Key informants estimated that PDU were using between 0.1 and 0.5 grams per session of use.

7.2 Price

Ketamine was commonly reported as purchased in grams (n = 10) and points (n = 8), although respondents also reported purchasing pills (n = 2) and bumps (n = 1). The current modal price for a gram of ketamine was $200 (range = $100 – 200) (Table 13). Over one-third of those who commented reported the price of ketamine had remained stable (39%) in the preceding six months, 7% reported that it had increased and 5% reported that it had decreased. Key informants reported that ketamine cost between $180 – 350 per gram and that its price had decreased or remained stable over the previous six month period.

Table 13 – Price of ketamine purchased by Victorian PDU

Modal price ($) ketamine	**2003 sample (N = 51)**
Gram (range)	200 (100 – 200) (n = 10)
Lowest gram price (range)	150 (10 – 180) (n = 10)
Highest gram price (range)	120 (20 – 250) (n = 10)

7.3 Purity

The majority of those who commented reported the current purity of ketamine as medium (21%) or high (55%) and most thought the strength of ketamine had remained stable (36%) or increased (10%) in the preceding six months. Key informants reported that there had been no recent change in the purity of ketamine.

7.4 Availability

The majority of participants who commented reported that ketamine was 'very easy' (29%), 'easy' (12%) or 'moderately easy' (21%) to obtain. Similar proportions reported that the availability had remained stable (45%) or become easier (10%) in the preceding six months. Three key informants reported that ketamine availability had increased. One key informant reported no change in the availability of ketamine, explaining that they believed that the demand had increased but that supply had kept up with this demand.

7.5 Benefit and risk perception

Participants were asked about the benefits and risks that they perceived to be associated with the use of ketamine.

7.5.1 Perceived benefits

Fourteen of the participants perceived there to be no benefits in ketamine use and 21 reported that they didn't know. Those participants that did perceive there to be benefits mentioned the effects of ketamine (such as the disconnection between mind and body and an altered state and altered perception) (n = 27) most commonly. Nine participants mentioned that its use was fun and that it was taken 'for a laugh' and eight mentioned

that it is good for coming down. Other benefits less frequently mentioned by the PDU include that it is relaxing (n = 6) and that is good to use in combination with other drugs, that it 'brings them on' (n = 4).

7.5.2 Perceived risks

Only three of the participants were unable to report any perceived risks associated with ketamine use. The most commonly mentioned risks were broadly concerned with using too much of the drug and going into a 'k-hole' (n = 11) with sensations such as being unable to move or speak being mentioned and the vulnerable position users may find themselves in. Related to this risk was the concern of using too much and being 'out of control' and 'being too out of it' (n = 6). Concerns were also mentioned about overdosing or going into a coma (n = 10). The potential for accidents, whether driving-related or more general, as a result of impaired judgement was also mentioned (n = 13).

7.6 Law enforcement

In 1999, ketamine was listed in Schedule II as a drug of dependence requiring a stricter enforcement regime and specific offences were introduced for using, possessing and trafficking in ketamine.

MDID key informants reported that whilst ketamine appeared to be growing in popularity there was very little information on where it was coming from. All seizures within Victoria over the past 6 months had been traced back to sources in Sydney. They reported that one shipment over 12 months ago had originated in China.

7.7 Summary of ketamine trends

Reports from the Victorian PDU and key informants suggest that:

- **among PDU there are relatively high levels of lifetime use of ketamine but lower levels of recent use;**
- **those that have used ketamine recently tend to do so infrequently (typically less than once a month);**
- **the purity of ketamine is medium to high and has recently been stable or increased;**
- **ketamine is readily available and availability has recently been stable or increased;**
- **perceived benefits of ketamine use include the sensation of disconnection between mind and body and altered perception; and**
- **perceived risks of ketamine use include going into a k-hole (and being unable to move or speak).**

8.0 GHB

One third (33%) of the sample reported lifetime GHB use and under a fifth (18%) reported using GHB in the preceding six months. Due to the small numbers of participants able to report on the price, purity and availability of GHB, the results should be interpreted with caution.

Four participants reported lifetime and recent use of 1-4B. Given that only two were able to comment on price, purity and availability of 1-4B these results have not been reported here. It is, however, interesting to note that there was some confusion among the sample as to the distinction between GHB and 1-4B, with a small number of participants reporting that in fact it is 1-4B that is the more commonly available and therefore used of the two in Melbourne, with many people mistakenly believing that they are using GHB.

8.1 GHB use among PDU

Eighteen recent GHB users reported using GHB on a median of four days in the preceding six months (range = 1 – 72). Most (61%) had used monthly or less, 28% reported having used GHB between once a week and once a month, and 11% (2 participants) reported using more than once a week. One respondent reported GHB as their drug of choice.

Recent GHB users tended to quantify their use in terms of millilitres (*n* = 14), although one spoke in terms of 'vials'. A 'vial' refers to small glass or plastic container in which GHB is sold. Those reporting millilitres used a median of 14mls in a 'typical' (range = 1 – 70) and 22.5mls in a 'heavy' (range = 2 – 130) episode of use in the preceding six months. Of those who reported bingeing in the preceding six months, 17% had used GHB when doing so. Of the eighteen participants that reported use of GHB in the preceding six months, 17 reported swallowing it and one reported injecting it.

Table 14 – Patterns of GHB use of Victorian PDU

GHB variable	**2003 sample (*N* = 100)**
Ever used (%)	33
Used last six months (%)	18
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	4 (1 – 72)
Median quantities used (mls)	
Typical (range)	14 (1 – 70)
Heavy (range)	22.5 (2 – 130)

Estimates by the twelve key informants who were able to comment on current GHB use varied widely, ranging from 5% to 60% of PDU using between 5 and 15ml from once a week to every couple of months. Key informants reported its euphoric effects and its use

to come down. Eight key informants reported increases in GHB use among PDU they observed or knew.

8.2 Price

Five participants reported that they had purchased GHB in millilitre amounts for a modal price of $3 per ml (range = $2.50 – $3). Two participants reported purchasing GHB by the 'vial', at a modal price of $25. Of the sixteen people who commented on the price change of GHB, 31% reported that the price had been stable in the preceding six months, 13% that it increased and one participant reported that it had decreased. Consistent with users' reports, one key informant reported that GHB was very cheap ($3 per ml) and that the price had not recently changed.

Again, the small proportion of respondents who commented on the price of GHB makes it difficult to draw any strong conclusions from these data.

8.3 Purity

Of the sixteen respondents who commented on current GHB purity, half (50%) reported the strength as high, 13% reported it as medium and one participant (6%) reported it as low. One-quarter of those participants that commented reported that the strength of GHB had fluctuated over the preceding six months, 19% reported that it had been stable, 6% reported that it had increased and a further 6% reported that it had decreased in strength. A small number of key informants reported that the purity of GHB had not changed.

8.4 Availability

Sixteen participants also felt confident to comment on the availability of GHB. The majority of these participants reported that GHB is readily available, with 38% reporting it as 'very easy', 19% as 'easy' and 6% as 'moderately easy'. However, 19% (n = 3) reported GHB as being 'difficult' to obtain.

Just over half the sample reported that the availability of GHB in the preceding six months had remained stable (38%) or had become easier (13%) to obtain, although three participants (19%) thought it had become more difficult. One key informant reported that GHB was very easy to obtain. The limited key informant reports were also variable: two key informants reported that the availability of GHB had not changed and one that it had increased.

8.5 Benefit and risk perception

8.5.1 Perceived benefits

The participants were asked about any benefits they perceived in the use of GHB. Five reported that there are no benefits and 35 reported that they didn't know. Of those that were able to report benefits the effects of the drug (for example, numbness, melting, floating, playful and relaxing) were the most commonly mentioned (n = 15). Its use as an aphrodisiac was mentioned by seven participants and that it eases the comedown from other drugs was mentioned by five participants.

8.5.2 Perceived risks

All of the participants were able to report risks they perceived to be associated with the use of GHB. The most commonly mentioned risks related to overdose and related symptoms (either throwing up, passing out or going into a coma) (n = 32). Many of the

other risks mentioned were also related to the risk of overdosing: Fourteen participants mentioned the dangers associated with mixing GHB with other drugs, particularly alcohol; eleven mentioned the dangers associated with not being able to be sure of the purity and therefore the dose that is being consumed; and 6 participants mentioned the false sense of trust that users may have and the vulnerable position that using GHB may place them in. Six participants reported that one risk of using GHB was death.

8.6 Law enforcement

MDID operatives reported that in the past six months there had been a few seizures of gamma-Butyrlactone (or GBL).

8.7 Summary of GHB trends

Reports from the small numbers of Victorian PDU and key informants able to comment suggest that:

- **among PDU there are low levels of both lifetime and recent use of GHB;**
- **recent users infrequently use GHB (typically monthly or less);**
- **GHB is very cheap and the price has remained stable over the previous six-month period;**
- **GHB is regarded as currently having high levels of purity, although the purity has recently fluctuated;**
- **GHB is readily available and the availability has recently remained stable or increased;**
- **perceived benefits of GHB use include the sensations its use induces, such as numbness and 'melting'; and**
- **perceived risks of GHB use include taking too much and the symptoms associated with that, such as throwing up, passing out or going into a coma.**

9.0 LSD

The majority of the sample (86%) reported lifetime use of LSD, with just under half (48%) reporting use of LSD in the preceding six months.

9.1 LSD use among PDU

Forty-eight recent LSD users reported a median of two days of use in the preceding six months (range = 1 – 70). The majority (88%) reported using monthly or less. Six percent (n = 3) had used LSD more than monthly and less than weekly, one person reported using LSD weekly, and two more than weekly. One respondent reported LSD their drug of choice.

The median number of LSD tabs taken in a 'typical' or 'average' use episode was one (range = 0.5 – 3). During their 'heaviest' use episode in the preceding six months, a median of one tab (range = 0.5 – 15) was used. Seventeen percent of those who had recently binged used LSD to do so. All recent LSD users reported swallowing the drug.

Table 15 – Patterns of LSD use of Victorian PDU

LSD variable	**2003 sample (*N* = 100)**
Ever used (%)	86
Used last six months (%)	48
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	2 (1 – 70)
Median quantities used (tabs)	
Typical (range)	1 (0.5 – 3)
Heavy (range)	1 (0.5 – 15)

A substantial number of key informants (n = 9) reported use of LSD amongst users they knew. The majority reported that this use was occasional (one to five times a year) by 5 to 40 per cent of users they knew. Two key informants reported that the majority (70 – 80%) of users they knew used LSD and one that this use was commonly fortnightly.

9.2 Price

The modal price paid for a tab of LSD was $15. Of the forty-three respondents who commented, one-third (33%) reported that the price of LSD had remained stable in the preceding six months, 16% reported that it had increased, and 14% reported that it had decreased.

Two key informants reported that LSD was $10 – $20 a trip or tab and that its price had increased.

9.3 Purity

Forty-three respondents were also able to comment on the current purity of LSD. The majority reported purity as medium (30%) or low (23%), while six (14%) respondents thought it to be high. There was considerable variation in the reported the purity of LSD over the preceding six months, with eight participants (19%) reporting it as stable, seven

(16%) reporting it as decreasing, six (14%) reporting it as fluctuating and a further twenty participants (47%) not being able to comment. One key informant reported a decrease in purity and another reported no change.

9.4 Availability

The majority of the participants that were able to comment reported that LSD was currently either 'very easy' (19%), 'easy' (2%) or 'moderately easy' (26%) to obtain, although 19% reported that LSD was 'difficult' to obtain and 9% reported that it was 'very difficult' to obtain. Eleven people were unable to comment on the current availability of LSD.

Reports of changes in availability of LSD in the preceding six months were inconsistent; while one-third (33%) considered the availability of LSD to have remained stable during the preceding six months, seven (16%) thought it easier to obtain, five (12%) thought it had become more difficult to obtain, and four (9%) reported that the availability of LSD had fluctuated. Thirteen people were unable to comment on changes in LSD availability in the preceding six months. A number of key informants commented that LSD had become more difficult to obtain, although one reported that it is more popular and relatively easy to obtain. One key informant reported that LSD supply was maintained in certain scenes by self-importation of small quantities of LSD by scene members.

9.5 Benefit and risk perception

9.5.1 Perceived benefits

Four of the participants reported that there were no benefits in taking LSD and 14 reported that they didn't know. Of those that did perceived benefits, the effects of LSD such as an altered perception, altered reality and 'mind expansion' were the most commonly reported (n = 45). Having fun and laughing was mentioned by nearly a quarter of the sample (n = 23). The benefits of visual hallucinations and bonding with friends were both mentioned by 6 participants.

9.5.2 Perceived risks

Nearly three quarters of the sample (n = 73) were able to reported risks that they perceived with taking LSD. Eight reported that there are no risks and 12 reported that they didn't know. The most frequently mentioned risks concerned long-term mental health issues (n = 40). Other risks perceived by the sample included the risk of having a bad trip (n = 14), of not 'coming back to reality' (n = 13) and of experiencing flashback (n = 13).

9.6 Law enforcement

MDID key informants reported occasional contact with LSD, most commonly in connection with clandestine labs and pill presses. They reported that LSD was most frequently seen as one ingredient in reconstituted ecstasy pills.

9.7 Summary of LSD trends

Reports from the Victorian PDU and key informants suggest that:

- **there is a high level of lifetime use, with approximately half PDU reporting recent use of LSD;**
- **recent users typically use LSD infrequently;**
- **LSD is relatively cheap and the price has recently remained stable or increased;**
- **there is inconsistency in the reports of LSD purity;**
- **LSD is readily available although reports about recent changes in availability are inconsistent;**
- **perceived benefits of LSD use include experiencing altered perceptions and mind expansion; and**
- **perceived risks of LSD use include long-term mental health issues and the potential for having a 'bad trip'.**

10.0 MDA

Less than half (40%) of the sample reported lifetime use of MDA and less than one-fifth (19%) reported using MDA in the preceding six months.

10.1 MDA use among PDU

Nineteen recent MDA users reported using MDA on a median of four days (range = 1 – 72) in the preceding six months. The majority (63%) used MDA less than once a month; one third (32%) used between monthly and fortnightly and one respondent had used MDA three times a week.

The participants quantified their use of MDA were in a number of ways; caps (*n* = 8), points (*n* = 7) and grams (*n* = 3). Those who reported MDA use in terms of caps used a mode of one cap (range = 0.5 – 2) during a 'typical' episode of use and one cap (range = 0.5 – 4) during an occasion of heavy use.

The most common routes of administration reported by recent MDA users were snorting (58%) and swallowing (53%). Three participants reported injecting (16%) and two (11%) reported smoking MDA in the preceding six months. Of those who reported bingeing in the last six months, only 3% (*n* = 2) had used MDA to do so.

Table 16 – Patterns of MDA use of Victorian PDU

MDA variable	**2003 sample (*N* = 100)**
Ever used (%)	40
Used last six months (%)	19
Of those who had used in the preceding 6 mths	
Median days used last 6 mths (range)	4 (1 – 72)
Median quantities used (capsules)	
Typical (range)	1 (0.5 – 2)
Heavy (range)	1 (0.5 – 4)

Key informants generally reported that MDA would only be used unintentionally and that its use would be difficult to determine (given that pills typically contain a range of substances which contribute to variations in quality and effect). Two key informants reported that a very small number of users reported they had snorted MDA.

10.2 Price

The median price for an MDA cap reported by PDU was $35. Only a small number (*n* = 16) of participants felt confident to comment on the price of MDA over the preceding six months; four reported that it had remained stable (25%), two (13%) that it had decreased and one reported that it had increased. Nine participants were unable to comment.

Given the small proportion of participants who were able to comment on the price of MDA, these data must be interpreted with caution.

10.3 Purity

Sixteen participants commented on the purity of MDA. The majority reported the purity to be medium (19%) or high (50%). One respondent reported the strength of MDA fluctuates and 25% (n = 4) were unable to comment. Further, while one quarter (25%) reported the strength of MDA to have remained stable during the preceding six months, two respondents (13%) believed it to have increased and one reported it had decreased (6%). Two respondents reported that it had fluctuated and seven were unable to comment on changes in MDA purity in the preceding six months.

10.4 Availability

Reports of MDA availability varied. Among the sixteen people who commented, equal proportions reported it as very easy (19%) or moderately easy (19%) to obtain compared to six respondents (38%) that reported MDA as difficult to obtain. Four participants (25%) were unable to comment. Similarly, while 38% (n = 6) thought the availability to have remained stable in the preceding six months; three people (19%) thought it had become more difficult to obtain. Seven participants (44%) were unable to comment. Again, the small number of people commenting makes it difficult to interpret these data.

10.5 Summary of MDA trends

Reports from the small numbers of Victorian PDU and key informants able to comment suggest that:

- **there are low levels of both lifetime and recent use of MDA among PDU;**
- **recent users of MDA tend to do so infrequently;**
- **the price of MDA has remained stable recently;**
- **the purity of MDA is medium to high, with reports about recent changes in purity being inconsistent; and**
- **reports about the availability of MDA are inconsistent.**

11.0 OTHER DRUGS

Significant proportions of party drug users reported the use of other both licit and illicit drugs.

11.1 Alcohol

Lifetime (99%) and recent (87%) alcohol use was reported by almost all respondents. Alcohol was consumed on a median of forty days (1 – 180) (a little less than twice a week). Almost one quarter (24%) of recent alcohol users reported drinking at least every second day.

Drinking alcohol while using ecstasy was reported by over half of the sample (57%) and drinking during the comedown period was reported by nearly one third (29%) of the sample. It is important to note that 79% of those reporting drinking while taking ecstasy reported drinking more than 5 standard drinks and that of those reporting drinking during the comedown period 93% reported drinking more than 5 standard drinks. Of those participants that reported bingeing in the six months prior to being interviewed, 48% reported drinking during a binge.

Almost all key informants reported that the majority of ecstasy users drink alcohol regularly (50% – 100%), although alcohol use patterns varied. Estimates of frequency of use ranged from occasional to daily drinking. Further, the amounts consumed ranged from one to more than ten standard drinks per session. Some key informants reported less use of alcohol by PDU than the general population or even dislike for alcohol. However, others mentioned regular binge drinking by PDU. Consistent with the PDU reports, key informants mention the use of alcohol in conjunction with a number of other drugs as being a common occurrence, either as part of a planned sequence to begin the night or during the recovery stage. Key informants generally reported avoidance of alcohol by PDU when GHB was used.

11.2 Cannabis

Nearly all (98%) of the participants reported lifetime cannabis use and the majority (82%) had used cannabis in the preceding six months. Eighty-two respondents used cannabis approximately twice a week (55 days; 1 – 180) in the preceding six months. A substantial proportion (49%) used cannabis three times a week or more, with twenty-five participants (31%) reporting using cannabis on a daily basis in the preceding six months. Further, considerable proportions of the sample reported typically using cannabis both in conjunction with (45%) and to come down from (49%) ecstasy in the six months preceding the interview.

Consistent with user reports, the majority of key informants that were able to comment described the use of cannabis among substantial proportions of ecstasy users. Two key informants reported that cannabis was used heavily in during the comedown or recovery period. The key informants also reported a wide variety in patterns of cannabis as were reported by the users. A large number of key informants reported that substantial proportions of ecstasy users used cannabis daily or weekly, with sporadic and occasional use also commonly reported.

11.3 Tobacco

The majority (86%) of the sample reported lifetime use of tobacco and three-quarters (73%) had used tobacco in the six months preceding the interview. Of those participants who had smoked in the preceding six months, 63% (n = 46) were daily smokers. Key

informants reported that between 40 – 98% of party drug users they knew smoked, with levels of smoking varying widely from social smoking to daily heavy smoking.

11.4 Benzodiazepines

Nearly two-thirds (61%) of the sample reported having ever tried benzodiazepines (BZD) and over one-third (38%) had used benzodiazepines in the six months preceding the interview. Benzodiazepines had been used on a median of six days (1 – 180) in the preceding six months. Most (57%) recent users had use benzodiazepines once a month or less. A small proportion (14%) of the sample reported the use of benzodiazepines during the acute recovery phase or 'come down' period after party drug use. All of the recent BZD users reported swallowing them and three reported injecting them (8%).

Consistent with the PDU reports, the use of benzodiazepines was reported by the majority of key informants as uncommon, with three reporting their use to aid comedown by a minority of party drug users. One key informant reported that PDU were dubious about the use of pharmaceuticals and that benzodiazepine use was considered to be 'crossing the line'. However, one key informant reported that the use of BZD was relatively common in the gay scene.

11.5 Antidepressants

Approximately one third (35%) of participants reported lifetime antidepressant use. A much smaller proportion (11%) reported using antidepressants in the preceding six months. Of the eleven recent users, nine (82%) reported using antidepressants for depression, the remaining two participants used them for reasons other than depression; one used them when coming down from ecstasy and the other when coming down from MDA.

Seven key informants reported small percentages (2 – 10%) of PDU taking antidepressants as prescribed. Only one key informant reported use of antidepressants to enhance the effects of ecstasy.

11.6 Inhalants

The majority (70%) of the sample reported having ever used amyl and a quarter (25%) had used it in the six months preceding the interview. The majority of recent users (68%) had used amyl less than once a month.

Another inhalant commonly associated with party drug use, nitrous oxide, had been used by more than half (59%) of the sample at some time, although a much smaller proportion (22%) reported its use in the preceding six months. Frequency of nitrous oxide was also relatively low; nearly two thirds (64%) of recent users reported using nitrous less than once a month in the preceding six months. Seven key informants reported use of nitrous or amyl or both inhalants, some reporting use by small proportions in some scenes whilst others reported use of nitrous in particular as very common in gay and psytrance scenes.

11.7 Heroin and other opiates

Over one-third (39%) of the sample reported lifetime use of heroin, with nearly one-quarter (23%) reporting its use in the previous six months. Of those that reported recent use of heroin, just over one-third (35%) reported use once a week or less, the same proportion reported using heroin between once and three times a week and the remaining third (n = 7) reporting using heroin three times a week or more. Recent heroin

users most commonly injected (51%) and smoked (23%) heroin, although one participant (3%) reported swallowing it.

A small proportion (15%) of the sample reported lifetime methadone use while less than half of the (6%) had used methadone in the preceding six months. Those that reported use of methadone in the preceding six months did so on a median of 91 days (1 – 180). A small proportion (13%) of the sample reported lifetime buprenorphine use while 9% had used buprenorphine in the preceding six months.

One third (33%) of the sample reported lifetime 'other opiate' use while 9% had used 'other opiates' in the preceding six months.

All key informants reported that there was virtually no use of heroin by PDU they knew.

12.0 PARTY DRUG-RELATED HARM

The following section presents data on harms related to party drug use as reported by the PDU sample.

12.1 Health related harms

Participants were asked whether they had experienced a range of acute health related side effects due to party drug use in the preceding six months. Forty side effects (which previous research has shown to be relevant to ecstasy users, i.e., Topp et al., 1999) were asked about. Participants also responded whether they perceived ecstasy to be related to each side effect and then specified 'other drugs' and/or 'other factors' associated with each side effect. Ecstasy was asked about specifically for comparability with previous years (in other jurisdictions) and overestimation of ecstasy attribution may have occurred as a result.

Table 17 presents commonly identified acute health related side effects experienced by the 2003 sample while under the influence of drugs in the preceding six months. Only the most commonly specified drugs and side effects are presented; side effects experienced are presented as proportions of those who reported recent use of each drug type.

Loss of appetite (70%), blurred vision (61%), trouble sleeping (58%), confusion (56%), visual hallucinations (51%), profuse sweating (50%) and difficulty concentrating (50%) had all been experienced by at least half of the sample while they were under the influence of drugs in the preceding six months. Sixty-two percent of those who used ecstasy experienced loss of appetite and attributed it, at least in part, to their use of ecstasy. Half of those who used speed attributed their loss of appetite to their speed use. Just over half (52%) of the sample experienced confusion while under the influence of ecstasy and attributed it, at least in part, to their ecstasy use. It is important to note that many of the health related side effects that participants reported experiencing may either be considered as relatively minor or indeed to be a desired or accepted effect of drug use.

Table 17 – Acute health related side effects experienced while under the influence of drugs

	Any drug N = 100 (%)	Ecstasy *n* = 100 (%)	Meth powder *n* = 89 (%)	Crystal meth *n* = 62 (%)	Ketamine *n* = 51 (%)	Cannabis *n* = 82 (%)
Loss of appetite	70	62	50	39	6*	2*
Blurred vision	61	49	8	10	16	4*
Trouble sleeping	58	46	47	39	6*	1*
Confusion	56	52	18	19	14	11
Visual hallucinations	51	34	6*	15	16	7
Profuse sweating	50	45	34	15	-	5*
Difficulty concentrating	50	43	21	11	11	15
Hot/cold flushes	49	43	25	18	-	6*
Heart palpitations	46	30	33	16	-	5*
Vomiting	46	29	11	8*	6*	5*
Weight loss	41	35	34	21	4*	2*
Memory lapse	40	28	7	8*	2*	12
Auditory hallucinations	36	21	8	15	14	6*
Tremors/shakes	35	26	22	11	2*	4*
Numbness/tingling	34	26	15	10	12	-
Inability to urinate	33	25	10	10	-	-
Anxiety	32	22	11	16	2*	7
Paranoia	32	17	13	11	-	17
Shortness of breath	31	18	15	8*	-	9
Teeth Problems	31	20	26	11	-	1*
Agitation/ restlessness	28	19	19	11	2*	-
Loss sex urge	26	15	13	8*	2*	7
Dizziness	24	15	4*	8*	10*	5*
Unable to orgasm	23	15	12	8*	-	1*
Stomach pains	23	15	7	5*	-	-
Loss of energy	19	14	8	5*	-	9
Muscular aches	16	10	9	6*	-	-
Chest pains	16	7	8	6*	-	2*
Joint pains/stiffness	15	11	12	10	-	-
Irritability	13	6	4*	5*	2*	1*
Headaches	13	10	4*	5*	-	2*
Depression	12	10	7	6*	-	4*
Suicidal thoughts	10	4*	3*	6*	-	2*
Anger/hostility	9	3*	6*	6*	-	1*
Panic attacks	9	4*	2*	2*	-	4*
Fainting/passing out	9	2	1*	2*	2*	1*
Suicide attempt	4*	1*	-	2*	-	-
Flashbacks	4*	3*	-	2	-	-
Violent behaviour	2*	-	1*	-	-	-
Fits/seizures	2*	1*	-	-	-	-

***n* = 5 or less**

Acute health side effects experienced during the come down phase of drug use differed to those experienced while under the influence of drugs as would be expected (Table 18).

The most frequently reported side effects experienced during the comedown period were confusion (80%), trouble sleeping (66%), loss of appetite (62%), difficulty concentrating (59%), loss of energy (59%), muscular aches (56%), anxiety (53%), and headaches (50%). Nearly three-quarters (74%) of the sample attributed their confusion, at least in part, to their ecstasy use and just over half of the sample attributed their loss of appetite (55%), loss of energy (52%) and difficulties concentrating (51%), at least in part, to their ecstasy use. Just over half of recent speed users experienced trouble sleeping and attributed this to their speed use

Table 18 – Acute health related side effects experienced coming down from drugs

	Any drug *N* = 100 (%)	Ecstasy *N* = 100 (%)	Meth powder *n* = 89 (%)	Crystal meth *n* = 62 (%)	Ketamine *n* = 51 (%)	Cannabis *n* = 82 (%)
Confusion	80	74	37	32	14	13
Trouble sleeping	66	48	54	45	6*	1*
Loss of appetite	62	55	45	34	6*	1*
Difficulty concentrating	59	51	33	21	9	15
Loss of energy	59	52	36	18	4*	11
Muscular aches	56	36	30	18	2*	-
Anxiety	53	40	29	29	4*	11
Headaches	50	33	18	10	6*	5*
Irritability	43	32	24	18	2*	6*
Joint pains/stiffness	42	27	33	18	-	-
Teeth Problems	39	26	30	16	-	2*
Hot/cold flushes	39	32	21	15	2*	6*
Paranoia	39	22	20	18	-	15
Depression	39	34	18	18	2*	9
Tremors/shakes	36	26	26	18	2*	5*
Weight loss	34	30	29	15	4*	1*
Memory lapse	33	27	9	10	2*	7
Agitation/ restlessness	30	23	19	10	2*	-
Heart palpitations	28	19	17	15	-	2*
Numbness/tingling	28	18	15	11	8*	-
Profuse sweating	27	22	19	13	-	2*
Stomach pains	26	13	7	3*	-	-
Dizziness	25	19	10	8*	4*	4*
Anger/hostility	24	14	16	18	-	1*
Visual hallucinations	24	19	6*	15	8*	6*
Blurred vision	24	19	7	6*	4*	2*
Loss sex urge	21	14	7	5*	-	4*
Auditory hallucinations	20	15	6*	13	4*	5*
Shortness of breath	18	12	9	10	-	7
Unable to orgasm	15	10	8	5*	-	1*
Chest pains	14	9	7	-	-	2
Vomiting	13	8	3*	3*	4*	-
Inability to urinate	12	11	6*	5*	-	-
Flashbacks	11	6	1*	3*	-	1*
Suicidal thoughts	11	6	5*	6*	-	2*
Panic attacks	9	6	6*	6*	6*	2*
Violent behaviour	4*	1*	1*	3*	-	1*
Fainting/passing out	4*	-	2*	2*	-	-
Fits/seizures	3*	2*	-	-	-	-
Suicide attempts	2*	-	-	-	-	-

***n* = 5 or less**

Of those who reported experiencing side effects related to party drug use in the preceding six months, substantial minorities reported them related to polydrug use (Table 19). Side effects were considered related to polydrug use when three or more drugs were attributed to the side effect.

Table 19 – Acute health related side effects attributed to polydrug use

	Experienced under the influence (n)	%	*Experienced coming down (n)*	%
Loss of appetite	*70*	30	*62*	32
Blurred vision	*61*	15	*24*	21*
Trouble sleeping	*58*	38	*66*	37
Confusion	*56*	27	*80*	31
Visual hallucinations	*51*	24	*24*	33
Profuse sweating	*50*	30	*27*	37
Difficulty concentrating	*50*	30	*59*	34
Hot/cold flushes	*49*	31	*39*	33
Heart palpitations	*46*	28	*28*	36
Vomiting	*46*	20	*13*	31*
Weight loss	*41*	32	*34*	32
Memory lapse	*40*	18	*33*	21
Auditory hallucinations	*36*	17	*20*	25*
Tremors/shakes	*35*	26	*36*	42
Numbness/tingling	*34*	21	*28*	25
Inability to urinate	*33*	15	*12*	17*
Anxiety	*32*	31	*53*	32
Paranoia	*32*	25	*39*	31
Shortness of breath	*31*	16*	*18*	33
Teeth Problems	*31*	26	*39*	28
Agitation/ restlessness	*28*	32	*30*	27
Loss sex urge	*26*	27	*21*	19*
Dizziness	*24*	13*	*25*	28
Unable to orgasm	*23*	22*	*15*	20*
Stomach pains	*23*	13*	*26*	12*
Loss of energy	*19*	16*	*59*	29
Muscular aches	*16*	19*	*56*	18
Chest pains	*16*	25*	*14*	14*
Joint pains/stiffness	*15*	27*	*42*	24
Irritability	*13*	8*	*43*	28
Headaches	*13*	15*	*50*	20
Depression	*12*	42*	*39*	36
Suicidal thoughts	*10*	30*	*11*	27*
Anger/hostility	*9*	22*	*24*	38
Panic attacks	*9*	11*	*9*	44*
Fainting/passing out	*9*	-	*4**	25*
Suicide attempts	*4**	-	*2**	-
Flashbacks	*4**	25*	*11*	27*
Violent behaviour	*2**	50*	*4**	25*
Fits/seizures	*2**	-	*2**	-

***n* = 5 or less**

Significant minorities also attributed acute side effects they had experienced to other factors unrelated to drug use (Table 20). Physical factors included factors experienced by the participants such as a lack of food and/or sleep, exerting energy and dancing. Pre-existing health conditions included factors such as pre-existing asthma, depression, and not wearing contacts.

Less than half of those experiencing muscular aches (49%) and joint pain and stiffness (43%) attributed this, at least in part, to physical factors.

Table 20 – Acute health related problems attributed at least in part to other factors experienced either under the influence or coming down

	Side effect experienced (n)	Physical factors (%)	Pre- existing health conditions (%)
Confusion	*84*	12	4*
Trouble sleeping	*73*	3*	8
Loss of appetite	*73*	5*	1*
Difficulty concentrating	*68*	9	6*
Blurred vision	*66*	11	-
Loss of energy	*63*	25	6*
Hot/cold flushes	*62*	5	3*
Anxiety	*61*	3*	11
Muscular aches	*59*	49	-
Visual hallucinations	*57*	19	6*
Profuse sweating	*55*	35	-
Heart palpitations	*52*	15	6*
Headaches	*52*	27	2*
Tremors/shakes	*52*	8*	2*
Memory lapse	*51*	-	4*
Paranoia	*50*	6*	2*
Irritability	*50*	16	2*
Teeth Problems	*49*	12	12
Vomiting	*49*	8*	4*
Joint pains/stiffness	*47*	43	2*
Weight loss	*46*	39	7*
Depression	*42*	5*	21
Agitation/ restlessness	*41*	5*	-
Dizziness	*40*	30	5*
Auditory hallucinations	*40*	10*	-
Shortness of breath	*39*	15	3*
Stomach pains	*39*	38	5*
Numbness/tingling	*38*	-	3*
Inability to urinate	*37*	16	3*
Loss sex urge	*33*	9*	3*
Anger/hostility	*28*	7*	-
Unable to orgasm	*25*	8*	4*
Chest pains	*24*	8*	-
Suicidal thoughts	*16*	-	19*
Panic attacks	*16*	6*	-
Flashbacks	*16*	6*	6*
Fainting/passing out	*12*	17*	-
Violent behaviour	*6*	-	-
Suicide attempts	*4*	-	-
Fits/seizures	*3*	-	-

***n* = 5 or less**

12.1.1 Key informant reports of acute health related problems

The majority of the key informants reported no recent changes in physical or psychological side effects experienced by party drug users. The majority of key informants closely connected to the various dance scenes also discussed the general absence of side effects, particularly remarkable given the large numbers of people often attending such events. One key informant estimated that they would see less than 12 serious drug-related incidents at an average event of around 5000 people (and these were generally related to illicit drugs apart from ecstasy). However, they also indicated they would see 200 – 300 people at an average event of 5000 people for a range of more minor reasons (including stubbed toes and gastroenteritis) and they estimated that up to half of these incidents were at least partly drug related. In way of comparison, one key

informant indicated that almost none of the incidents attended at mainstream events (football games, concert venues, The Melbourne Show) were party or other illicit drug related.

Whilst the majority of key informants reflected on the lack of problems generally associated with ecstasy use, they did identify a number of problems they attributed to the comedown period often associated with ecstasy use. These included depression, sleep problems, tiredness, memory problems, irritability, weight loss and personality changes. These reports are generally consistent with those of the PDU and reflect the generally minor nature of the acute health related side effects experienced by the vast majority of PDU.

However, A&E department key informants were greatly concerned by the number of overdoses associated with party drug use. An A&E department key informant estimated that up to one quarter of the 200 overdoses they managed involved drugs purported to be 'ecstasy' although this needs to be interpreted in light of the fact that 75% of ODs involve two or more drugs and that 75% of drugs are also estimated to have involved alcohol. This particular key informant was greatly concerned about growing numbers of ODs involving party drugs as opposed to heroin and alcohol.

Overdoses with GHB were of great concern to a significant number of hospital, ambulance, peer support and treatment service key informants. One key informant from A&E department reported that a quarter of the party drug-related overdoses they managed involved GHB. Ambulance and other first aid organization also reported significant numbers of "GHB related overdoses particularly in the young 'hard kandy' set in the CBD" which one key informant possibly linked to lack of knowledge. Key informants reported that its cheap price, narrow 'therapeutic window', delayed experience of full effects and similar pleasurable feeling to alcohol were all likely to contribute to the dangerous consequences of its use. One key informant also reported occasional ketamine related admissions to A&E departments

Methamphetamine acute health related problems

A significant number of key informants were concerned about the impact of the increased use of purer forms of methamphetamine. In particular the effect of crystal meth on regular heroin users or users of other depressants and the subsequent consequences for these users. Key informants reported that regular heroin using clients were becoming more disturbed and paranoid when using crystal meth. One key informant reported that overall there was a much greater number of people attending with mental health issues that appear to be related to their amphetamine use, with people who used to be stable behaving quite psychotically.

12.1.2 Specialist drug treatment presentations

Alcohol and Drug Information System (ADIS)

The ADIS database collects information from the specialised alcohol and drug agencies, and from community health centres offering specialised alcohol and drug treatment. In 2001/02, it was estimated that a total of 25,100 clients (rounded to nearest 100) received alcohol and drug treatment in Victoria. Of this, 9,100 individuals were receiving treatment for alcohol-related problems, making alcohol the most frequently occurring main presenting drug problem. There were also approximately 1900 individuals receiving

treatment for stimulant-related problems at specialist alcohol and drug agencies[3] (Ritter et al., 2003).

DirectLine Calls

Figure 10 shows calls made to DirectLine where a drug of concern was indicated, during the 2001/02 and 2002/03 financial years. Information is presented for the following drug categories: amphetamines and other stimulants, benzodiazepines and other major tranquillisers, cannabis, heroin, cocaine, ecstasy, inhalants, buprenorphine, methadone, antidepressants and analgesics. Call numbers provide an indication of the level of concern about particular drug types.

Of the drug categories presented, calls during both time periods mostly concerned cannabis ($n = 5149$ in 2001/02; $n = 4633$ in 2002/03). In 2002/03 DirectLine calls concerning amphetamines/ other stimulants totalled 1793, ecstasy 677, and calls where cocaine was identified as a drug of concern totalled 198.

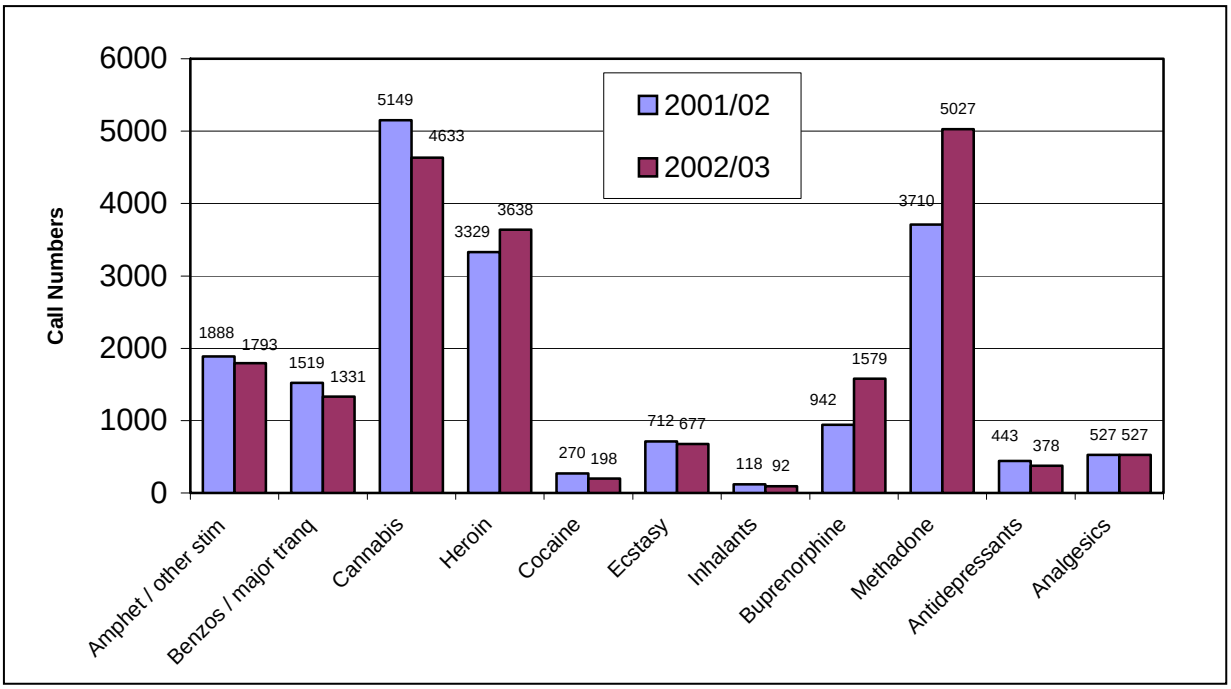

Figure 10 – DirectLine calls where drug of concern identified, 2001/02 and 2002/03

(Source: DirectLine, Turning Point Alcohol and Drug Centre Inc.)

12.1.3 Hospitalisations

The Victorian Department of Human Services maintains a database of admissions (excluding elective admissions) from all public and private hospitals (the Victorian Admitted Episode Dataset). Turning Point Alcohol and Drug Centre conducts analyses of this data, and a summary of stimulant-related findings for 2001/02 is presented here.

[3] Funded by federal and state government

Stimulant-related

Amphetamines and methamphetamines are included in the general stimulant diagnostic category within VAED records. These records show that the number of stimulant related inpatient hospitalisations in Victoria increased to 430 in the 2001/02 financial year (from 174 in 1998/99; 281 in 1999/00; and 347 in 2000/01) (Victorian Department of Human Services, 2002). Most people hospitalised during 2001/02 were male (65%) and aged less than 30 years (60%). Forty five percent of hospitalisations were for intoxication/poisoning[4] and 34% of admissions were due to the psychotic effects of stimulant use.

12.1.4 Drug-related ambulance attendances

A database of Melbourne Metropolitan Ambulance Service (MAS) attendances at drug-related overdose episodes is maintained by Turning Point and contains reliable data from June 1998 onwards. The database records drugs that are mentioned in a patient care record (PCR). The following section includes data on ambulance attendances in Melbourne where 'party drugs' were mentioned during 2001 – 2003. In contrast to heroin overdoses however, where there are definitive clinical symptoms of overdose (such as pinpoint pupils and a positive response to naloxone), the following cases only report when the ambulance officers have recorded drug names on the PCR. Therefore, the figures reported here can only be interpreted as indicators and would significantly under report the actual number of people seen by ambulance officers who had used these drug types.

[4] It should be noted that poisoning may not have been the primary diagnosis for which a person was admitted, but may have been an external factor contributing to some other condition such as an injury or an allergic reaction.

Ecstasy mentions

Figure 11 reports the monthly totals of ambulance attendances where ecstasy use was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003). Ambulance attendances where ecstasy use was recorded peaked in January 2002 and September 2002. This perhaps reflects a relationship between use and the holiday periods, which are the peak times of year for large dance parties and music festivals.

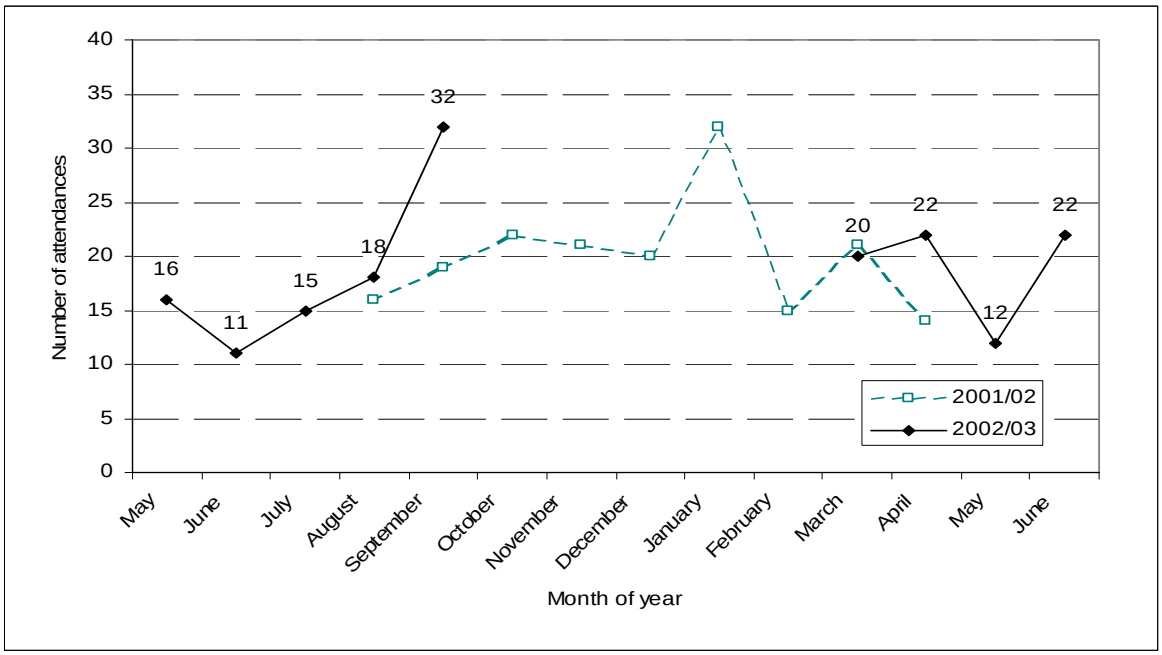

Figure 11 – Monthly totals of ambulance attendances where ecstasy was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003).

(Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Amphetamine/methamphetamine mentions

Figure 12 reports the monthly totals of ambulance attendances where amphetamine use was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003). Ambulance attendances where amphetamine use was recorded fluctuated during this time, however an increasing trend in the number of reports from March 2003 – June 2003 can be seen.

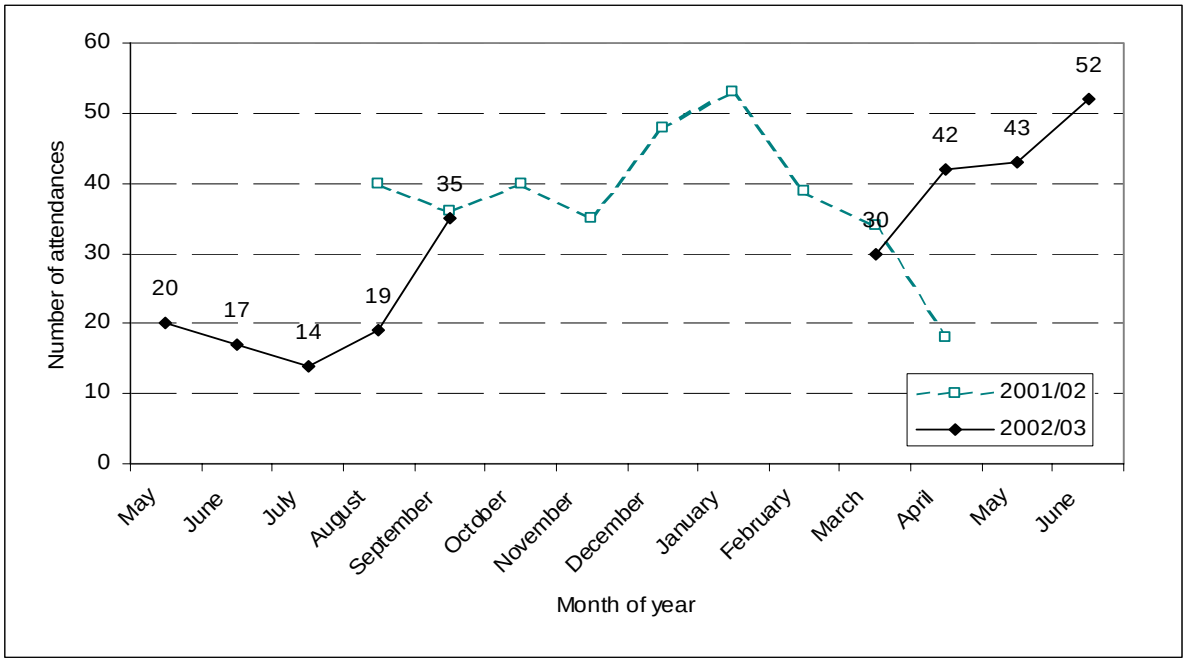

Figure 12 – Monthly totals of ambulance attendance where amphetamines were mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003).

(Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Cocaine mentions

Figure 13 reports the monthly totals of ambulance attendances where cocaine use was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003). These numbers are too small to provide clear trends, but generally indicate that those people who are using cocaine in Melbourne are not coming into contact with the ambulance service.

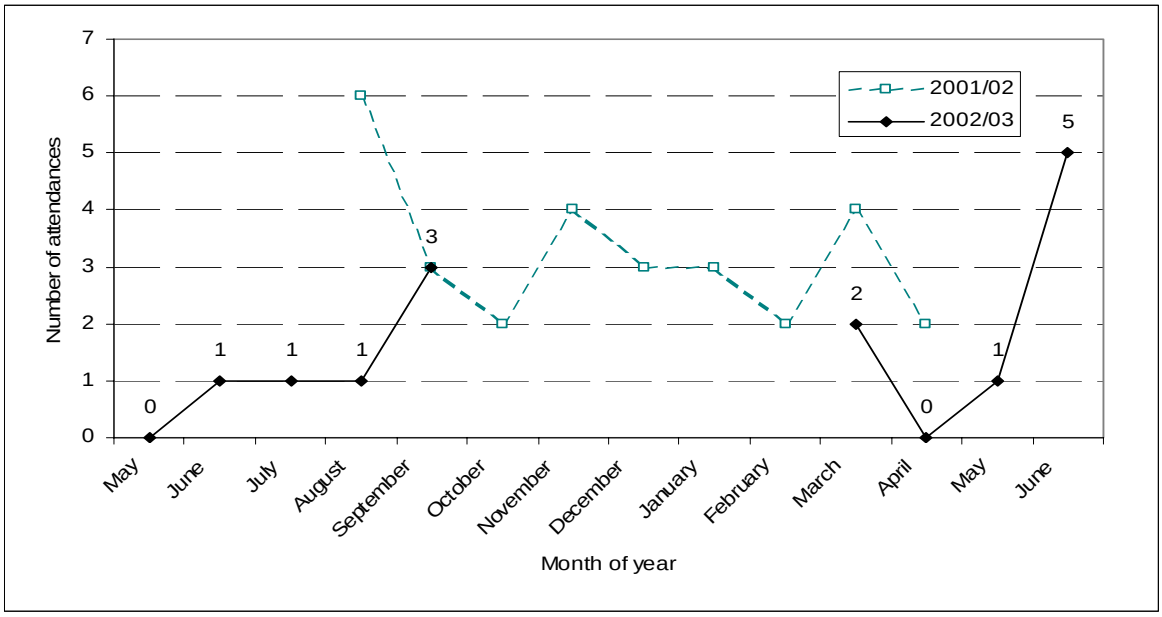

Figure 13 – Monthly totals of ambulance attendances where cocaine was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003).

(Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Ketamine mentions

Figure 14 reports the monthly totals of ambulance attendances where ketamine use was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003). As with cocaine, these numbers are too small to provide clear trends.

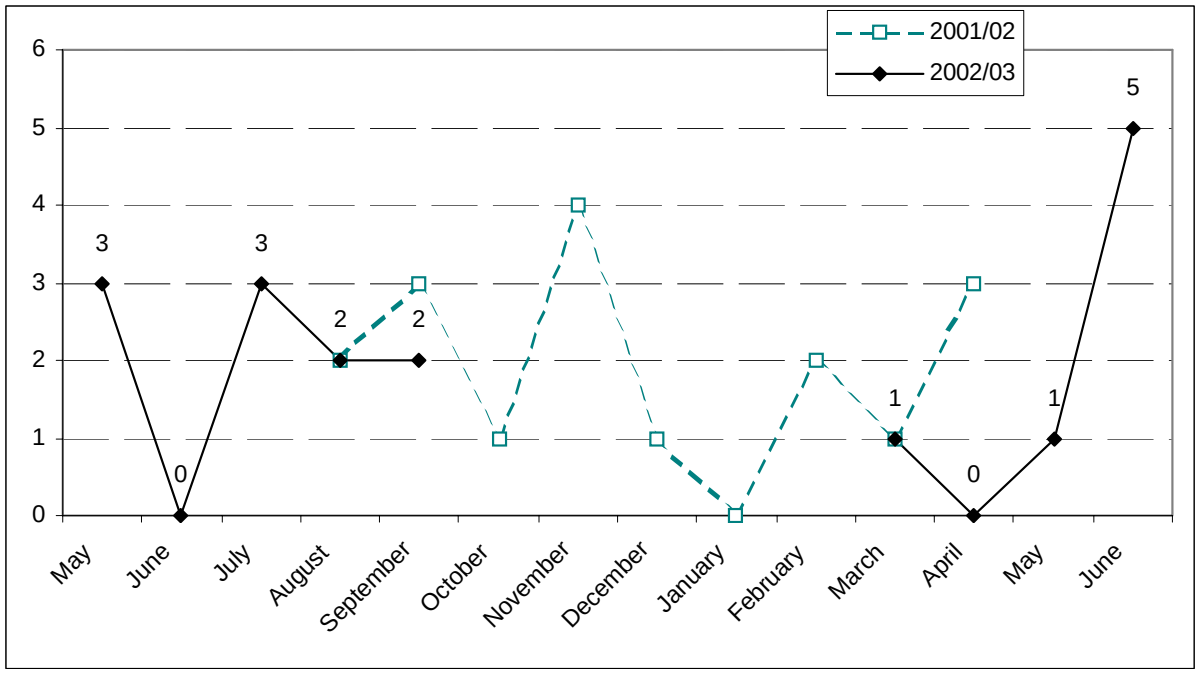

Figure 14 – Monthly totals of ambulance attendances where ketamine was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003).

(Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

GHB mentions

Figure 15 reports the monthly totals of ambulance attendances where GHB use was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003). Numbers are variable, although generally appear to have increased in the past year.

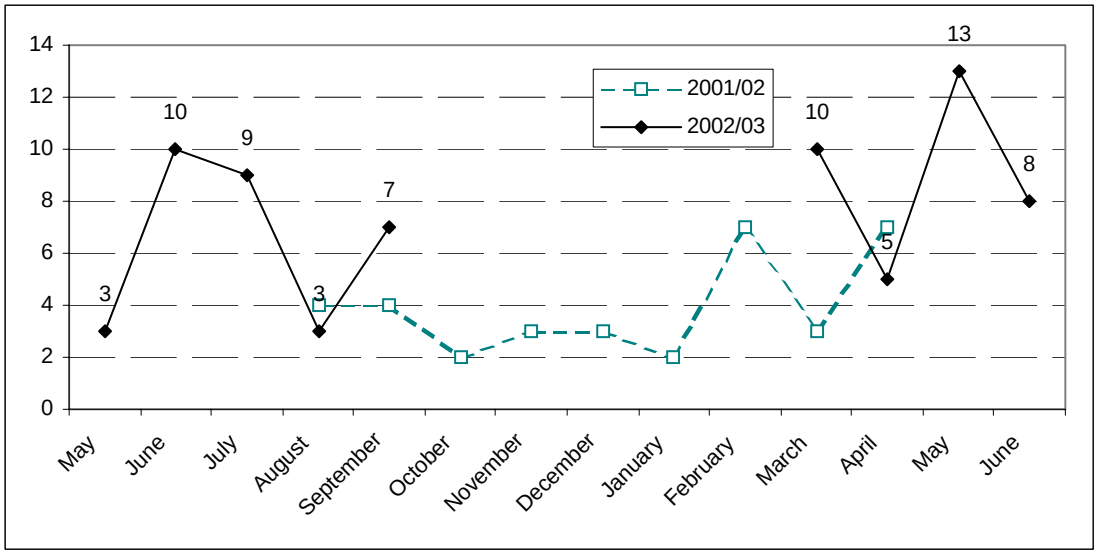

Figure 15 – Monthly totals of ambulance attendances where GHB was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003).

(Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

Prescribed amphetamines

Figure 16 reports the monthly totals of ambulance attendances where prescribed amphetamine use was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003). Prescribed amphetamine mentions were low for this time period.

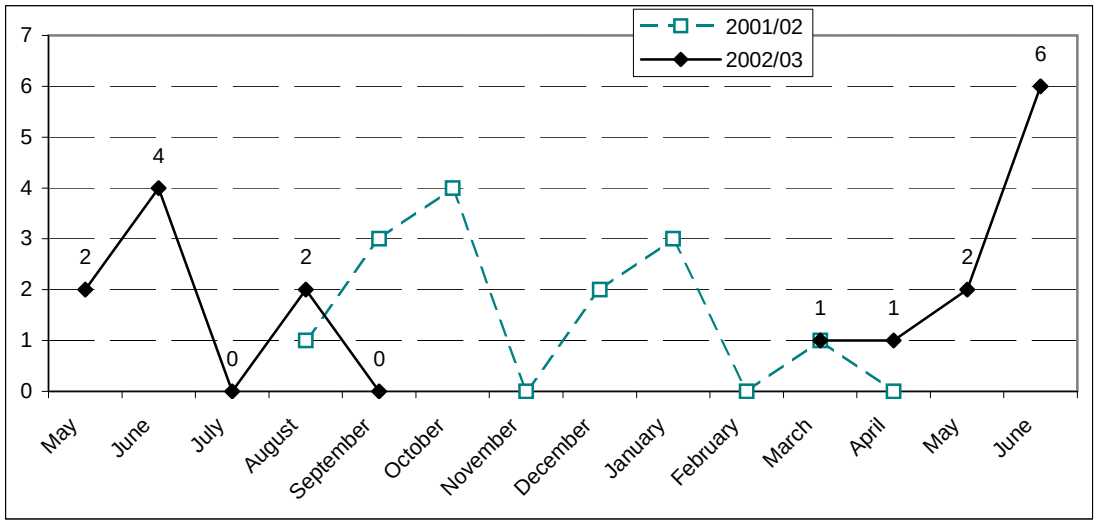

Figure 16 – Monthly totals of ambulance attendances where prescribed amphetamine was mentioned in Melbourne, May 2001 – April 2002 and May 2002 – June 2003 (excluding May – July 2001 and October 2002 – February 2003).

(Source: Metropolitan Ambulance Service and Turning Point Alcohol and Drug Centre).

12.1.5 Drug deaths

Small numbers of accidental drug-induced deaths where methamphetamine and cocaine have been noted occurred over the past six years in Australia (Degenhardt & Barker, 2003).

Amphetamine-related

During 1997 – 2002 there were 362 accidental drug-induced deaths where amphetamines were mentioned, among those aged 15 – 54 years in Australia. One quarter (25.1%) of these deaths occurred in Victoria (39.2% occurred in NSW). The median age at death was 29 years and 72% were male (Degenhardt & Barker, 2003).

Cocaine-related

Deaths where cocaine was mentioned have been reported at lower levels than methamphetamine. There were 160 cocaine-related deaths during 1997 – 2002, among those aged 15 – 54 years in Australia. The median age at death was 32 years and the majority (85%) were male. Only 6.3% of cocaine-related deaths occurred in Victoria (85% occurred in NSW) (Degenhardt & Barker, 2003).

12.2 Other harms

Participants were asked whether they had experienced a range of other harms associated with drug use (Table 21). Thirty-nine participants reported experiencing drug-use-related relationship or social problems in the six months preceding interview. Nearly a quarter (24%) of the sample experienced such problems that they attributed, at least in part, to their ecstasy use and just over a quarter (26%) of recent base users experienced such problems that they attributed, at least in part, to their base use. Of the problems reported, mistrust and anxiety were most commonly mentioned (by 16 participants), followed by arguments (mentioned by 13 participants). Five participants attributed the ending of a relationship to their drug use. One key informant mentioned relationship and social problems as a result of party drug use.

Thirty-nine participants reported that they had experienced financial problems in the previous six months. The problems reported included having no money for recreation/luxuries (44%), being in debt or owing money (31%) and having no money for food/rent (18%). Nearly a quarter (23%) of the sample experienced such problems that they attributed, at least in part, to their ecstasy use, with a similar proportion (24%) of recent crystal meth users also experiencing such problems that they attributed, at least in part, to their crystal meth use. One key informant mentioned financial problems as a result of party drug use.

Only 10% of the sample had experienced legal problems related to their drug use in the prior six months, with three reporting being convicted of a crime and a further three reporting being arrested. One key informant from a treatment service agency noted an increase in the number of users being managed through diversion. However, this key informant did not identify any other legal problems of PDU apart from the illegality of party drugs themselves. Three key informants were concerned about problems associated with drug intoxicated driving.

Thirty-eight percent of the sample reported experiencing occupational or study problems in the preceding six months. Of those that reported experiencing recent work or study problems, over 26% reported reduced work performance and a further 26% reported being unmotivated. Twenty-three percent reported taking sick leave or not attending classes as a result of their drug use, and 5% (n = 2) reported either being sacked, quitting, or being unable to find work as a result of their drug use. Just over one quarter of the sample experienced these problems and attributed them, at least in part, to their ecstasy use.

Table 21 – Other harms associated with drug use

Problem	Any drug % (N = 100)	Ecstasy % (N = 100)	Speed % (n = 89)	Base % (n = 27)	Crystal % (n = 62)	Cannabis % (n = 82)	Alcohol % (n = 87)
R'ship/social	39	24	18	26	18	6*	9
Financial	39	23	18	19*	24	12	7
Legal/police	10	1*	4*	-	-	-	1*
Work/study	38	26	16	15*	18	12	9

***n = 5 or less**

12.3 Summary of party drug-related harms

Reports from the Victorian PDU, key informants and indicator data suggest that:

- **PDU typically only experience relatively minor acute health related harms while under the influence and coming down for ecstasy and other party drugs;**
- **PDU tend to attribute the most common side effects, at least in part, to ecstasy, speed and crystal meth than to other types of party drugs;**
- **key informants generally perceive there to be relatively few physical or psychological side effects associated with the majority of party drug use;**
- **however, overdoses in which ecstasy and/or other party drugs (particularly GHB) are involved are perceived to be a cause for concern;**
- **concerns were also raised by key informants about the mental health impact of the use of purer forms of methamphetamine;**
- **compared to other drug types, ecstasy and party drugs are less frequently associated with alcohol and drug treatment attendance, calls to DirectLine, drug-related ambulance attendances and mortality; and**
- **drug-related harms (social, financial, work and legal) are experienced by a significant minority of PDU, although the majority of the harms experienced may be considered to be relatively minor.**

13.0 CRIMINAL AND POLICE ACTIVITY

13.1 Reports of criminal activity among PDU

Participants were asked whether they had committed a range of crimes during the month preceding the interview. The vast majority (88%) reported that they had not committed any property crimes, with those that they had done so reporting doing so less than once a week (n = 8), once a week (n = 1) and daily (n = 1).

Over half of the sample (57%) also reported that they had not done any dealing in the previous month. Twenty-six reported dealing less than once a week, seven once a week, three more than once a week but less than daily and five participants reported dealing on a daily basis.

Nearly all of the participants (95%) reported that they had not committed fraud in the previous month. Although one participant reported committing fraud less than once a week and two reported committing fraud more than once a month.

Again, nearly all of the participants reported not committed a violent crime in the month prior to the interview. However, one participant reported doing so less than once a week and one participant reported doing so more than once a week but less than daily.

Twelve of participants reported having been arrested in the twelve months prior to the interview: Four had each been arrested for use/possession, property crime, fraud, violent crime and one participants each had been arrested for dealing/trafficking and for a driving offence.

13.2 Perceptions of police activity towards PDU

Participants were asked whether there had been any changes in police activity towards PDU in the previous six months. Twenty-two participants were unable to comment, but over half of the sample (56%) reported that police activity had been stable, with less than a fifth (19%) reporting that there was more activity and only three participants reporting that there was less activity.

Participants were also asked whether police activity had made it more difficult for them to score drugs in the previous six months. The majority (85%) reported that it hadn't, although thirteen participants reported that police activity had made it more difficult for them to score drug in the previous six months.

13.3 Summary

Reports from the Victorian PDU suggest that:

- **the majority of PDU do not commit crime, and that the small minority that do tend to do so infrequently;**
- **police activity in relation to PDU appears to have been stable over the last six months; and**
- **police activity does not seem to have made it more difficult for PDU to score drugs.**

14.0 DISCUSSION

The results of the 2003 Victorian Party Drug Initiative are consistent with those obtained in the two-year feasibility trial (Breen et al., 2002) and the subsequent NSW implementation in 2002 (White et al., 2003), in suggesting that regular ecstasy users tend to be in their mid-twenties, with a high-school education (and a significant proportion also having completed courses after school) and either employed or full-time students. Nearly all of the participants came from English-speaking backgrounds, and were heterosexual. The participants had little contact with police and few engaged in crime apart from dealing. A small minority of the sample had previous contact with the criminal justice system and again, only a small minority had experience with drug treatment.

Polydrug use was the norm among the participants, a trend that was confirmed by the key informants. The PDU sample reported lifetime use of a median of eleven drug types and recent use of seven. The majority of the sample reported either ecstasy or cannabis as the main drug of choice. Bingeing was reported by nearly two-thirds of the sample and unsurprisingly for this sample, ecstasy was the most commonly used drug during a binge, followed by crystal meth, cannabis and alcohol.

Nearly half of the sample reported having ever injected a drug and over a quarter reporting recent injection of a drug (most commonly, speed, heroin, crystal meth and ecstasy). This finding is inconsistent with the key informant reports, the vast majority of who believed that IDU was very rare, if occurring at all. This finding may provide evidence of an intersection between the party drug and more traditional IDU markets (consisting of primary heroin and speed users) which has not previously been apparent.

14.1 Ecstasy

The regular ecstasy users and key informants interviewed reported a wide range of patterns of ecstasy use. Ecstasy was typically used for the first time during the late teenage years, and current frequency of use ranged from once a month to more than every second day. There was also a range in the quantities reported by the participants as typically being used, from half a tablet to fifteen in a single episode. Over half of the sample reported typically taking one or more ecstasy pills per session of use.

Unsurprisingly, ecstasy was the drug most commonly used by this sample during a binge, with half of the sample reporting having recently done so. There was also considerable variation in the quantities of ecstasy pills reported as being used during a 'heavy' session, from one to thirty, with over half of the sample reporting using three or more pills.

The PDU and key informants were consistent in reporting that ecstasy is typically used orally, although a significant proportion of the PDU also reported recently snorting it. Twelve participants reported recently injecting and eight smoking ecstasy.

Most of the participants reported typically using other drugs in combination with ecstasy (most commonly alcohol, speed and cannabis) and during the come down period (most commonly cannabis, tobacco and alcohol). These apparently normative patterns of polydrug use (referred to as 'functional' and 'purposive' by some key informants) warrant further research, particularly given that the majority of those drinking alcohol in conjunction with ecstasy and other party drugs and during the comedown drink more than five standard drinks.

Ecstasy was reported by both PDU and key informants to cost approximately $30, a price that was also reported as stable over the previous six months. The purity of ecstasy was reported to be variable, although it is readily available. According to a number of key informants, the normalisation and commercialisation of a number of scenes where party drug use has traditionally occurred has resulted in increasing numbers of people and younger users entering the scenes and being exposed to party drug use.

All of the PDU perceived there to be benefits associated with ecstasy use, the most common benefits concerned enhanced mood, communication and sociability. The majority of the PDU also perceived there to be risks associated with ecstasy use, the most commonly mentioned being general psychological harms, cognitive impairment and depression.

14.2 Methamphetamine

The majority of the sample reported lifetime and recent use of methamphetamine powder (speed) and the majority reported lifetime use of crystal meth, with approximately two-thirds reporting recent use. Base had been less widely used with about half of the sample reporting lifetime use and just over a quarter reporting recent use. Consistent with these findings, only a small proportion of the PDU sample reported speed as their main drug of choice, fewer reported crystal meth and only one reported base as their main drug of choice.

As with ecstasy, there was considerable variability in the reported frequency of methamphetamine use. However, the majority of those that had used speed recently had done so fortnightly or less, with crystal meth and base typically being used less frequently (once a month or less often). There was also considerable variability in reports of quantities used during typical and heavy episodes.

The different forms of methamphetamine were reported as being most commonly used in differing ways: The majority of recent speed and base users snorted; the majority of recent crystal meth users reported smoking it.

In terms of price, speed and base were reported as comparable (mode of $30 per point) with crystal meth reported as costing a mode of $40 per point. Approximately half of the participants reported that the price of speed had recently been stable, with smaller proportions also reporting that the prices of base and crystal had been stable. Key informant reports were generally consistent with those of the PDU.

The consistency of the PDU estimates of the purity of all forms of methamphetamine is noteworthy. The majority of those who commented reported the purity of all three forms to be medium or high. Consistent with reports of current purity, the forms of methamphetamine were generally considered by the majority of those who commented to have either remained stable or increased in purity in the preceding six months. These findings are consistent with MDID key informant reports and with seizure data.

All three forms of methamphetamine were reported by the PDU to currently be readily available. Availability was reported by the majority of participants to have remained stable or increased over the previous six-month period.

The majority of the participants were able to provide examples of the perceived benefits of methamphetamine use. The perceived benefits of the three forms of methamphetamine were, unsurprisingly, similar. They mostly concerned being able to stay awake, and increasing energy and sociability. A number of participants reported that the effect of crystal meth is 'cleaner' than that of speed, as well as being more prolonged.

The majority of the sample were also able to provide examples of perceived risks of methamphetamine use, which tended to concern issues around general health (both physical and psychological). A small number of participants perceived the risks associated with crystal meth to be greater than those associated with speed or base.

Key informants tended to express a greater range of concerns around the use of methamphetamines, particularly crystal meth, than the other party drugs. It was perceived as being associated with the development of psychosis and generally more unpredictable and potentially dangerous behaviour.

14.3 Cocaine

Although the majority of the sample reported lifetime use of cocaine, only a small proportion reported recent use. Further, those that did report recent use tended to have used cocaine infrequently in the six months preceding the interview, with the majority using once a month or less. Most participants reported snorting cocaine. These findings are consistent with the key informant reports.

Cocaine is generally reported as being an expensive drug (with a modal price of $250 per gram) with inconsistent reports of purity and availability.

14.4 GHB

GHB had only ever been used by a third of the sample and recently used by under a fifth. Due to the small numbers, it is difficult to draw any strong conclusions from the PDU reports. However, GHB is a relatively cheap drug (modal price of $3 per millilitre), its purity was reported by half of those able to comment as being high and it is considered to be readily available.

Only a small number of participants were able to report any benefits of GHB use, the most commonly mentioned being the effects of the drug (for example numbness, floating and relaxing). In comparison, all of the participants were able to report on perceived risks associated with GHB use. The most commonly mentioned risks were those related to taking too much of the drug and the symptoms such as throwing up, passing out or going into a coma, that were associated with it.

14.5 LSD

The majority of the sample reported lifetime use of LSD and just under half reported recent use. The majority of the sample reported using LSD once a month or less. Seventeen percent of participants that reported bingeing recently had used LSD when doing so.

The price of LSD was reported by the majority of the sample to be $15 and to have remained stable. There was variability on both the reports of current purity and recent changes in purity of LSD. However, LSD was considered by the majority of the sample to be widely available, although reports on availability over the previous six months were inconsistent.

The most commonly reported perceived benefits of taking LSD were associated with the effects of the drug, such as an altered perception and 'mind expansion'. The most frequently mentioned risks perceived to be associated with LSD concerned damage to general health and potential for having a 'bad trip'.

14.6 Ketamine

The majority of the sample reported lifetime use of ketamine although only half of the sample reported recent use. The majority of recent ketamine users reported infrequent

use (once a month or less). Ketamine is most often snorted and was used by nearly a quarter of those that recently binged.

The majority of the sample reported the purity of ketamine to be medium or high, and that it had remained stable or increased over the previous six months. Ketamine is considered by the majority of the sample to be readily available, recently being stable or becoming easier to obtain.

One key informant reported that PDU seem to either love or hate ketamine. This is supported by the finding that a significant proportion of the sample were unable to report any benefits of its use (although only three perceived there to be any actual risks). The effects of the drug, such as the disconnection between mind and body, were the most commonly mentioned benefit of ketamine use. The most commonly reported risk concerned taking too much of the drug and going into a so-called k-hole.

15.0 IMPLICATIONS

The findings in this report provide a summary of trends in ecstasy and other 'party drug' use detected in Melbourne, Victoria in 2003 through conduct of the first year of the two-year PDI study. The findings demonstrate that there exists in Melbourne a population of regular ecstasy and other party drug users and provide valuable information about the patterns of party drug use, the harms associated with such use, the criminal behaviour of party drug users, as well as information about the drug markets in terms of the price, purity and availability of the various party drugs. However, as has been demonstrated by the core IDRS study, greater precision in trend monitoring in this area will be achieved through the routine collection and analysis of such information.

The findings from this first year are interesting, and suggest other areas for further research, such as an investigation of the injecting practises of PDU, the potential intersection between traditional IDU and PDU populations and markets, and ways of expanding existing harm minimisation education, particularly to novice PDU. Research with this apparently heterogenous population may also benefit from the expansion of recruitment and data collection methods, such as web-based surveys.

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