

J. Fischer & S. Kinner
QLD PARTY DRUG TRENDS 2003
Findings from the Party Drugs Initiative (PDI)

NDARC Technical Report No. 185

**QUEENSLAND
PARTY DRUG TRENDS
2003**



**Findings from the
Party Drugs Initiative
(PDI)**

Jane Fischer and Stuart Kinner

Queensland Drug and Alcohol

NDARC Technical Report No. 185

ISBN 1 877027 74 X

©NDARC 2004

TABLE OF CONTENTS

TABLE OF CONTENTS	2
LIST OF TABLES.....	6
LIST OF FIGURES	8
ACKNOWLEDGEMENTS	9
ABBREVIATIONS.....	10
EXECUTIVE SUMMARY	11
1.0 INTRODUCTION	15
1.1 Study Aims	15
2.0 METHOD	15
2.1 Survey of party drug users (PDU).....	15
2.2 Survey of Key Informants (KI)	17
2.3 Other indicators	17
3.0 OVERVIEW OF PARTY DRUG USERS (PDU).....	18
3.1 PDU Sample Demographic Characteristics	18
3.2 Drug use history and current drug use	20
3.3 PDU reports of drug use effects.....	25
3.4 Key Informants.....	27
3.5 Indicator Data	28
3.6 Summary of polydrug use trends in PDU.....	28
4.0 ECSTASY.....	30
4.1 Ecstasy use among PDU	30
4.2 Price.....	32
4.3 Purity	32
4.4 Availability.....	34
4.5 Ecstasy related harms	36
4.6 Perceived risks and benefits of ecstasy use	38
4.7 KI.....	38
4.8 Indicator Data	39
4.9 Summary of Ecstasy Trends	40
5.0 METHAMPHETAMINE.....	42
5.1 Methamphetamine use among PDU	42
5.2 Price.....	47
5.3 Purity	47
5.4 Availability.....	49
5.5 Methamphetamine related harms.....	50
5.6 Perceived risks and benefits of methamphetamine.....	51
5.7 KI.....	52
5.8 Indicator Data	52
5.9 Summary of Methamphetamine Trends.....	55
6.0 COCAINE	58

6.1	Cocaine Use Among PDU	58
6.2	Price, Purity & Availability	59
6.3	Perceived Cocaine Harms & Benefits	60
6.4	Summary of Cocaine Trends.....	60
7.0	KETAMINE	61
7.1	Ketamine Use Among PDU.....	61
7.2	Price, Purity & Availability	62
7.3	Perceived Ketamine Harms & Benefits.....	62
7.4	Summary of Ketamine Trends	62
8.0	GHB	63
8.1	GHB use among PDU	63
8.2	Price, Purity & Availability	64
8.3	Perceived GHB Harms & Benefits.....	64
8.4	Summary of GHB Trends	64
9.0	LSD	65
9.1	LSD use among PDU.....	65
9.2	Price, Purity & Availability	65
9.3	Perceived LSD Harms & Benefits	66
9.4	Summary of LSD Trends	66
10.0	MDA	68
10.1	MDA use among PDU	68
10.2	Price, Purity & Availability	69
10.3	Summary of MDA Trends.....	69
11.0	OTHER DRUGS	70
11.1	Alcohol.....	70
11.2	Cannabis.....	70
11.3	Tobacco.....	71
11.4	Benzodiazepines	71
11.5	Antidepressants	72
11.6	Amyl Nitrate.....	72
11.7	Nitrous Oxide	73
11.8	Heroin	73
11.9	Other Opiates.....	74
11.10	Summary of Other Drug Trends.....	74
12.0	CRIMINAL AND POLICE ACTIVITY	75
12.1	Reports of criminal activity among PDU	75
12.2	Perceptions of police activity towards PDU	76
12.3	Criminal and Police Activity Summary.....	76
13	DISCUSSION	77
13.1	PDU.....	77
13.2	Ecstasy	78
13.3	Amphetamine	79
13.4	Cocaine.....	81
13.5	Ketamine	81

13.6 GHB	81
13.7 LSD.....	81
13.8 MDA.....	82
13.9 Other Drugs	82
14.0 IMPLICATIONS	83
REFERENCES	84

LIST OF TABLES

Table 1 Demographic characteristics of the 2003 PDU sample, by gender.....	18
Table 2 Demographic characteristics of PDU, 2000, 2001 & 2003	19
Table 3 Drug use history of the 2003 PDU sample, by gender	20
Table 4 Drug use history of PDU 2000, 2001 & 2003	22
Table 5 Mean number of drug classes used by the 2003 PDU sample, by gender	24
Table 6 Mean number of drug classes used by the 2000, 2001 & 2003 PDU samples	24
Table 7 Physical effects of drug use reported by the 2003 PDU sample, by gender.....	25
Table 8 Psychological effects of drug use reported by the 2003 PDU sample, by gender	26
Table 9 Drug-related side effects and problems reported by the 2003 PDU sample, by gender.....	26
Table 10 Selected characteristics of KI, 2003.....	27
Table 11 Patterns of ecstasy use by the 2003 PDU sample, by gender.....	30
Table 12 Patterns of ecstasy use by the 2000, 2001 and 2003 PDU samples	31
Table 13 Price of ecstasy tablets & price change in last six months, 2000, 2001 & 2003	32
Table 14 Current ecstasy purity/strength reported by the 2000, 2001 & 2003 PDU samples	32
Table 15 Changes in ecstasy purity/strength reported by the 2000, 2001 & 2003 PDU samples.....	33
Table 16 Ecstasy availability, persons and locations ecstasy ‘scored’ from in the last 6 months, 2000, 2001 & 2003.....	35
Table 17 Physical effects associated with ecstasy use reported by the 2003 PDU sample, by gender.....	36
Table 18 Psychological effects associated with ecstasy use reported by the 2003 PDU sample, by gender	37
Table 19 Mean number of ecstasy-related problems reported by PDU 2003, by gender	37
Table 20 Perceived risks associated with ecstasy use, 2003 PDU sample, by gender.....	38
Table 21 Median number of phenethylamines* seizures in Queensland July 2002 – June 2003	39
Table 22 Methamphetamine powder use & routes of methamphetamine use reported by PDU, 2001 & 2003.....	42
Table 23 Characteristics of recent users of methamphetamine powder, 2001 & 2003	43
Table 24 Methamphetamine base use & routes of administration reported by PDU, 2001 & 2003	43
Table 25 Characteristics of methamphetamine base recent use reported by PDU, 2001 & 2003	44
Table 26 Crystal methamphetamine use and routes of administration reported by PDU, 2001 & 2003.....	45
Table 27 PDU who reported methamphetamine smoking who report having ever injected any drug, 2003.....	45
Table 28 Forms of methamphetamine injected by PDU who reported recent methamphetamine smoking, 2003	46
Table 29 Characteristics of recent crystal methamphetamine users, 2001 & 2003	46
Table 30 Price of methamphetamine purchased reported by PDU, 2003	47
Table 31 Price variation of methamphetamine reported by PDU, 2003.....	47

Table 32 Current methamphetamine purity reported by PDU, 2003	47
Table 33 changes in methamphetamine purity/strength reported by PDU, 2003.....	48
Table 34 Current methamphetamine availability reported by PDU, 2003	49
Table 35 Changes in methamphetamine availability reported by PDU, 2003	50
Table 36 Physical effects associated with methamphetamine use reported by PDU, 2003....	50
Table 37 Psychological effects associated with methamphetamine reported by PDU, 2003.	51
Table 38 General problems associated with methamphetamine use reported by PDU, 2003	51
Table 39 PDU identified risks associated with methamphetamine, 2003	52
Table 40 Cocaine use and routes of administration reported by PDU, 2001 & 2003	58
Table 41 Characteristics of recent cocaine use reported by PDU, 2001 & 2003	58
Table 42 Ketamine use and routes of administration reported by PDU, 2001 & 2003	61
Table 43 Characteristics of recent ketamine use by PDU, 2001 & 2003.....	61
Table 44 GHB use and routes of administration reported by PDU 2001 & 2003.....	63
Table 45 Characteristics of recent GHB use reported by PDU, 2001 & 2003.....	63
Table 46 LSD use and routes of administration reported by PDU, 2001 & 2003	65
Table 47 Characteristics of recent LSD use reported by PDU, 2001 & 2003	65
Table 48 MDA use and routes of administration reported PDU, 2001 & 2003	68
Table 49 Characteristics of recent MDA use reported by PDU, 2001 & 2003	68
Table 50 Characteristics of recent alcohol use reported by PDU, 2001 & 2003.....	70
Table 51 Patterns of recent cannabis use reported by PDU, 2001 & 2003.....	70
Table 52 Patterns of recent tobacco use reported by PDU, 2001 & 2003.....	71
Table 53 Patterns of recent benzodiazepine use reported by PDU, 2001 & 2003.....	71
Table 54 Patterns of recent antidepressant use reported by PDU, 2001 & 2003.....	72
Table 55 Patterns of recent amyl nitrate use reported by PDU, 2001 & 2003	72
Table 56 Patterns of use of nitrous oxide by PDU in last 6 months, 2001 & 2003.....	73
Table 57 Patterns of recent heroin use reported by PDU, 2001 & 2003	73
Table 58 Patterns of recent other opioid use reported by PDU, 2001 & 2003	74
Table 59 PDU self-reports of criminal activity in the past month, 2003.....	75
Table 60 Percentage of PDU arrested in last 12 months by offence, 2003.....	75
Table 61 Consumer and provider arrests by drug type in Queensland, 2002/03.....	76

LIST OF FIGURES

Figure 1 Current purity/strength of ecstasy perceived by the 2000, 2001 & 2003 PDU samples.....	33
Figure 2 Changes in ecstasy purity/strength reported by the 2000, 2001 & 2003 PDU samples.....	34
Figure 3 Current methamphetamine purity reported PDU, 2003	48
Figure 4 Changes in methamphetamine purity/strength reported by PDU, 2003.....	49
Figure 5 Median purity of methamphetamine seizures analysed in Queensland, 1999/00 – 2002/03.....	53
Figure 6 Median purity of amphetamine seizures analysed in Queensland, 1999/00 – 2002/03.....	54
Figure 7 Number of clandestine laboratory seizures by Queensland Police Service, 1998 – 2003	55
Figure 8 Number and purity of analysed seizures of cocaine in Queensland, July 1999 - March 2003.....	59

ACKNOWLEDGEMENTS

The PDI could not happen without the assistance and co-operation of a large number of individuals in Queensland and interstate. We would like to extend particular thanks to the following:

- the PDU who shared their personal experiences and views for the purposes of the survey
- our skilled and dedicated PDI Research Assistant Ms Elly Tomkins
- our amazing team of interviewers: Benjamin Burns, Jack Carney, Kevin Folkes, Melanie Hatchman, Annette Koy, Linda Lordi and Karen Weeden
- the many agencies who have kindly provided indicator data
- Ms Courtney Breen and Ms Bethany White from the National Drug and Alcohol Research and Education Centre (NDARC) for their patience, professionalism and good humour
- our funding agency, the National Drug Law Enforcement Research Fund.

ABBREVIATIONS

ACC	Australian Crime Commission (formerly ABCI)
ACS	Australian Customs Service
ADIS	Alcohol and Drug Information Service
AFDL	Australian Forensic Drug Laboratory
AIHW	Australian Institute of Health and Welfare
GHB	gamma hydroxybutyrate ('fantasy')
IDRS	Illicit Drug Reporting System
KI	Key Informant
MDMA	3,4-methylenedioxymethylamphetamine ('ecstasy')
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
PDU	Party Drug Users
PDI	Party Drug Initiative
QADREC	Queensland Alcohol and Drug Research and Education Centre
QPS	Queensland Police Service

EXECUTIVE SUMMARY

Demographic characteristics of party drug users (PDU)

The 2003 PDU sample consists of regular and current 'party drug users' who are typically aged in their mid twenties (mean = 25.34 years), well educated (50% have completed courses post school) and are employed either full/part-time or are students (80%). Few have a prison history (4%) and relatively few (11%) report having been arrested in the past twelve months.

Overall, financial problems (41%) were the most common problem experienced by PDU in 2003, however females most commonly reported experiencing social problems (44%). Fewer than one in ten PDU (9%) reported legal problems, although legal problems were reported more often by males (14%) than females (4%).

Patterns of drug use among PDU

The prevalence of lifetime and recent use of almost all drug classes examined in the 2003 PDU was lower in 2003 than in 2001, and for some drugs lower than amongst the 2000 PDU sample.

Ecstasy

In comparison with the 2000 and 2001 PDU samples, the 2003 PDU sample first used ecstasy at an older age (median = 20.68 years), but started using regularly in a shorter period of time (median = 21.80 years).

PDU in the 2003 sample typically used ecstasy about once a week (median = 24 days in six months) in both public (nightclub) and private (home) settings. In a typical session PDU consumed 1.5 tabs of ecstasy, however females typically used smaller quantities than males (1 tab vs 2 tabs). The main route of administration of ecstasy in 2003 continued to be swallowing (91%). While females reported consuming fewer tabs than males, there was little difference between males and females in the proportion reporting going for 48 hours or more without sleep (41% vs 44%). Twenty-nine per cent of PDU reported that they last used ecstasy in a nightclub, however a further 19% reported last using ecstasy at a friend's home and a further 18% reported last using 'at home'.

In 2003 PDU reported that the people they most commonly 'scored' ecstasy from were friends (73%) and dealers (71%). Friends' homes (57%) and dealers' homes (55%) were the two most common locations at which ecstasy was obtained. The proportion of PDU scoring from friends decreased from 94% in 2000, to 93% in 2001 to 75% in 2003, whilst the proportion scoring from dealers increased from 56% in 2000, to 57% in 2001 to 71% in 2003. The proportion of PDU scoring at friends' homes decreased from 94% in 2000, to 93% in 2001 to 73% in 2003. Scoring from dealers' homes decreased from 46% in 2000 to 41% in 2001 but increased to 55% in 2003.

In 2003 the PDU sample reported that an ecstasy tab typically cost \$35 (range: \$16.50 - \$50) and that this price had remained relatively stable over the previous six months. Almost half of the 2003 PDU sample believed that ecstasy purity was currently medium, however a further 29% believed that it was fluctuating. Thirty-nine percent of PDU reported that ecstasy purity/strength had remained stable in the last six months however again, a further

31% reported that it had been fluctuating. Despite some disagreement with regard to the purity of ecstasy, the vast majority of PDU in 2003 reported that ecstasy was easy or very easy to obtain (84%).

The main side effects experienced by PDU in relation to ecstasy use were loss of appetite (74%), trouble sleeping (68%) and blurred vision (65%). Females were more likely to report loss of appetite and trouble sleeping whilst males were more likely to report double vision and profuse sweating.

Methamphetamine

Fewer PDU in 2003 than 2001 reported having ever or recently used methamphetamines. The proportion of PDU reporting lifetime use of: methamphetamine powder declined from 86% in 2001 to 67% in 2003; methamphetamine base declined from 84% in 2001 to 43% in 2003; crystal methamphetamine declined from 68% in 2001 to 49% in 2003. Similarly, the proportion of PDU reporting recent use of: methamphetamine powder declined from 67% in 2001 to 57% in 2003; methamphetamine base declined from 76% in 2001 to 34% in 2003; and crystal methamphetamine declined from 56% in 2001 to 38% in 2003.

There was also a slight decline in the median number of days on which methamphetamine was reported to be used in the last six months. The median days used in the last six months decreased from nine days in 2001 to six days in 2003 for methamphetamine powder; from seven days to six days for methamphetamine base; and from five days to four days of use in the last six months, for crystal methamphetamine. Over the same period of time, however, the average quantity of methamphetamine being used remained the same, except for crystal methamphetamine, where an increase from a median of 0.5 points (2001) to 1 point (2003) was recorded.

The 2003 PDI also recorded a trend towards the smoking of methamphetamine. Whilst the most common routes of recent methamphetamine powder administration in 2003 were swallowing (38%) and snorting (27%), the proportion of PDU reporting having smoked methamphetamine powder recently increased. In 2000, 20% of PDU reported having ever smoked methamphetamine powder and 4% had recently used this route of administration, whereas in 2003 22% of PDU reported having ever smoked methamphetamine powder and 11% had done so recently. Similarly, the most common routes for the recent administration of crystal methamphetamine in 2003 were smoking (24%) and swallowing (20%). In 2001, 8% of the 2001 PDU sample reported having ever smoked crystal methamphetamine and 5% reported smoking crystal methamphetamine recently, whereas in 2003, 29% of PDU reported having ever smoked crystal methamphetamine and 24% reported recent smoking of crystal methamphetamine.

According to the 2003 PDU sample the median price for a gram of methamphetamine was \$200 and the median price for a point was \$35 (\$40 for ice). PDU in 2003 perceived that the price has remained stable in the last six months. Methamphetamine users were generally in agreement that the current purity of methamphetamine was high (powder: 36%, base: 48%, ice: 57%) and that the purity/strength of methamphetamine in the last six months had been stable. Almost two thirds (64%) of those who had recently used powder, over two thirds (68%) of those who recently used base and over half (57%) of those who had recently used ice reported their current availability as being either easy or very easy; however PDU

reported that while ease of access to methamphetamine powder (54%) and methamphetamine base (63%) have remained stable in the last six months, ease of access to crystal methamphetamine has increased: 36% of ice users reported that their access had remained stable, and a further 30% reported that it had recently become easier.

Methamphetamine powder was the most common methamphetamine with which users associated adverse physical effects. The most common adverse physical effects from using methamphetamine powder were loss of appetite (40%) and trouble sleeping (39%). In comparison, relatively few methamphetamine base or ice users reported adverse physical effects associated with their use. Methamphetamine powder was the most common methamphetamine with which users associated adverse psychological effects, particularly confusion (25%) and agitation/restlessness (24%). In comparison, relatively few methamphetamine base or ice users report adverse physical effects.

Financial problems were the most common problem associated with methamphetamine use by PDU. Seventeen percent of PDU associated their financial problems with their use of methamphetamine powder, 12% with their use of methamphetamine base and seven per cent with their use of crystal methamphetamine.

Cocaine

Cocaine use was not common amongst the 2003 PDU sample. Whilst over a third of the 2003 PDU sample reported having ever used cocaine, only 18% reported that they had used cocaine in the last six months. There was little agreement amongst participants with regard to the price, purity or availability of cocaine. Nevertheless, 44% of PDU indicated that they believed there were risks associated with cocaine use.

Ketamine

Ketamine use was not common amongst the 2003 PDU sample. Twenty-seven percent of the PDU sample reported lifetime use of ketamine, and 14% reported that they had used ketamine recently. The proportion of PDU reporting recent use of ketamine increased from 9% in 2001. Although in both 2001 and 2003 PDU reported using ketamine on a median of only 2 days in the last six months, the average quantity being consumed increased from 0 bumps in 2001 to 1 bump in 2003. There was little agreement among PDU with regard to the price, purity or availability of ketamine, and over half (56%) of the PDU sample did not know whether there were any risks associated with ketamine use.

GHB

Lifetime and recent use of GHB was uncommon amongst the 2003 PDU sample. In 2003 13% of PDU reported having ever used GHB and 6% reported having used GHB recently. Few PDU were able to comment on the price, purity and availability of GHB. Over half (57%) of the 2003 PDU sample did not know whether there were any risks associated with using GHB.

LSD

Amongst the 2003 PDU, 41% reported ever using LSD, and 18% reported doing so recently. This represents a decrease from 2001 when 38% of the PDU sample reported

recent use of LSD. The median reported price for an LSD tab in 2003 was \$30, however there was little agreement with regard to LSD purity/strength. Half (50%) of the 2003 PDU sample believed that there were risks associated with using LSD, however over a third did not know of any risks associated with using LSD.

MDA

In 2003, almost a quarter of the PDU sample reported ever using MDA, and 18% reported using MDA recently, however few participants were able to comment on its price, purity or availability.

Criminal and Police Activity

Almost a third (31%) of the 2003 PDU sample reported 'dealing' at least once in the past month, however for almost half of these, dealing occurred less than once a week.

A quarter of the 2003 PDU sample reported that there was more police activity than six months ago. The main type of changes reported by PDU was an increase in undercover police presence at venues (i.e., nightclubs and raves). However 86% of PDU did not believe that the increase in police activity had made it more difficult to score.

Implications

PDU represent a sentinel group for a hidden population of users. Innovative research strategies and interventions are required to minimise the harms associated with opportunistic and recreational use of illicit drugs among this group. The data suggest that specific public health measures are required to increase knowledge about the risks of using less common illicit drugs, such as ketamine.

The apparent decrease in the use of a range of party drugs in 2003 will need to be closely monitored in future years. At present, the processes underlying this trend remain unclear.

Given the large proportion of PDU who report engaging in drug 'dealing', it may also be beneficial to clarify precisely how users define the term 'dealer'. It may also be advantageous to determine how users negotiate the procurement of ecstasy for themselves and for others, and whether there is a movement towards a more structured or 'formalized' ecstasy market in Queensland.

Data from the 2003 PDI suggest that ecstasy use is a weekly activity amongst regular and current users, who use ecstasy in public and private venues. The high proportion of PDU reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use, particularly amongst younger users.

Finally, the 2003 PDI identified evidence of a change in route of administration of amphetamines among PDU, from injecting to smoking. Given the significant health risks associated with injection of illicit drugs (e.g., blood-borne viruses, vein damage), it will also be important to monitor this trend in future years.

1.0 INTRODUCTION

The National Drug Law Enforcement Research Fund (NDLERF) funds the Party Drugs Initiative (PDI). The PDI is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales and is undertaken in Queensland by the Queensland Alcohol and Drug Research and Education Centre (QADREC), University of Queensland.

QADREC was part of the national PDI project trial in 2000 and 2001. 2003 is the first year in which a truly national approach to monitoring party drugs has been undertaken and this report provides the 2003 Queensland PDI findings.

1.1 Study Aims

The PDI monitors the price, purity and availability of ecstasy, amphetamines and other illicit drugs commonly referred to as 'party drugs'. It is designed to provide a snapshot of emerging trends between Australian regions and across time within each region.

The annual PDI national and state reports:

- identify current trends in price, purity and availability of a range of illicit drug classes, particularly ecstasy
- indicate where trends in drug-related harms are emerging
- identify areas of research need.

2.0 METHOD

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

- quantitative interviews with regular and current ecstasy users, who are considered to represent a population likely to be aware of any new trends
- qualitative interviews with individuals who have regular and current contact with party drug users
- existing data on drug use population trends, health and law enforcement.

These three sources of data are compared, in order to overcome the weaknesses inherent in each.

2.1 Survey of party drug users (PDU)

During May 2003, 136 regular and current ecstasy users were recruited in south-east Queensland (Greater Brisbane and the Gold Coast). They were interviewed on topics relating to their illicit drug use; prices paid for illicit drugs and their perceptions of the purity and availability of the illicit drugs they used; perceived effects; and perceptions of police activity.

2.1.1 Recruitment

Recruitment of party drug users (PDU) occurred through several avenues including advertisements placed in a selection of Brisbane's street press and university student newspapers, snowballing and interviewer contacts.

The information given to prospective participants was that regular and current ecstasy users were needed to undertake a face-to face survey of approximately 45 minutes and that if they met the selection criteria and consequently participated, they would be reimbursed \$20 for their time.

To participate, PDU had to meet the following criteria:

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

2.1.2 Procedure

The interview procedure depended upon method of recruitment.

On-site Interviewing

If participants saw the advertisement in the street press, they were asked to telephone a 1800 number and leave a name and contact telephone number.

A member of the project team then contacted the potential participant to ascertain whether they met the selection criteria and if so, to arrange a time and place for interview.

The majority of the participants were interviewed at QADREC's offices on weekends throughout May. On these days, four interviewers were rostered to conduct the interviews. These occurred concurrently (in separate rooms). A Project Manager was also present to assist with co-ordination and to solve any unforeseen problems.

Off-site Interviewing

For various reasons, some PDU participants who were recruited through advertisements or through personal contact with interviewers were interviewed at other locations. Off-site interviews typically occurred in coffee shops, pubs or, if the participant was well known to the interviewer, in the participant's own home.

2.2 Survey of Key Informants (KI)

During May 2003, 24 key informants (KI) who had regular and current contact with ecstasy users were recruited from throughout south-east Queensland (Greater Brisbane area and the Gold Coast). They were interviewed on topics relating to pattern of illicit drug use amongst ecstasy users they had contact with; perceptions of price, purity and availability of various illicit drugs, emerging health related issues and perceptions of police activity.

2.2.1 Recruitment

KI were recruited through professional networks of project staff, based on the recommendation of others, and in some cases through 'cold calls' to entertainment venues.

2.2.2 Procedure

Interviews occurred either over the telephone or face-to-face at a location convenient to the participant. Interviews took on average 45 minutes to complete.

2.2.3 Measures

KI were administered a qualitative interview schedule. The focus of the interview was different for each participant, depending on their areas of expertise.

2.3 Other indicators

Indicator data for the PDI are obtained from a range of external health, research and law enforcement sources. These indicator data cover a wide range of issues relevant to illicit drug use. For inclusion in the PDI, indicator data should meet the following criteria:

- available at least annually
- include 50 or more cases
- provide details relating to illicit drug use
- be collected in the main study site.

Not all indicator data meet all of these criteria, however they do serve as a guide to ensure that indicator data are both relevant and contemporary. In 2003 the following data were obtained for the PDI:

- AIHW– National Drug Strategy Household Survey
- ADIS, Queensland Health - telephone counseling statistics
- ACC –purity of analysed drug seizures and drug consumer/provider arrests
- Drug ARM – telephone counseling statistics
- QPS – clandestine methamphetamine laboratory seizures.

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 PDU Sample Demographic Characteristics

The demographic characteristics of the 136 PDU recruited and interviewed in May 2003 are presented in Table 1. In 2003 the mean age of the PDU sample was 25.34 years. They had completed a mean of 11.24 school years. Fifty percent of the 2003 PDU sample had completed courses post school and 80% were currently employed (full/part time or as students).

In 2003 approximately half of the PDU sample was female (51%). Females were on average younger than males (mean = 24.87 years vs 25.80 years) and were more likely than males to be in full or part-time employment (67% vs 59%). By contrast, males were more likely than females to report a prison history (8% vs 1%).

Table 1 Demographic characteristics of the 2003 PDU sample, by gender

Variable	Females (n=69)	Males (n=66)	Total Sample (N=136)
Gender (%)			
Male	--	--	49
Female	--	--	51
Mean age (years)	24.87	25.80	25.34
English speaking background (%)	97	99	98
ATSI (%)	6	5	5
Heterosexual (%)	73	85	79
Mean number school years	11.51	10.91	11.24
Courses completed post school (%)			
No	46	55	50
Yes, trade/technical	20	26	23
Yes, university/college	33	18	27
Employment (%)			
Not employed	13	27	20
Full time	38	36	38
Part time	29	23	26
Student	20	12	16
Home duties	--	2	1
Prison history (%)	1	8	4

Source: Party Drug User Survey 2003

Note: One person's gender was not recorded

A comparison of the 2000, 2001 and 2003 PDU samples is presented in Table 2. There were fewer female participants in 2000 and 2001, than in 2003 (38% and 43% vs 51% respectively). The average age of PDU in 2000 and 2001 was also younger than in 2003, and a smaller proportion of PDU in 2003 (50%) reported some form of post-school education.

Table 2 Demographic characteristics of PDU, 2000, 2001 & 2003

Variable	2000 (N=50)	2001 (N=115)	2003 (N=136)
Gender (%)			
Male	62	57	49
Female	38	43	51
Mean age (years)	24.60	24.91	25.34
English speaking background (%)	96	100	98
ATSI (%)	0	8	5
Heterosexual (%)	74	74	79
Mean number school years	11.82	11.65	11.24
Courses completed post school (%)			
No	20	45	50
Yes, trade/technical	32	23	23
Yes, university/college	48	31	27
Other	--	1	--
Employment (%)			
Not employed	14	24	20
Full time	36	32	38
Part time	28	22	26
Student	22	--	16
Home duties	--	2	1
Other	--	21	--
Prison history (%)	2	8	4

Source: Party Drugs User Surveys

3.2 Drug use history and current drug use

The reported drug use history of the 2003 PDU sample is presented, by gender, in Table 3.

The majority of PDU in 2003 reported having used ecstasy (100%) alcohol (96%), cannabis (83%), tobacco (79%) and methamphetamine powder (67%) at some point in their life. These were also the drugs most commonly used ‘recently’ (i.e., in the last 6 months).

Females were more likely than males to report having ever and recently used the more common drugs in the 2003 PDU sample (e.g. cannabis, tobacco, alcohol and amphetamines) whereas males were more likely to report lifetime and recent use of less commonly used drugs (e.g. ketamine, GHB, MDA).

Table 3 Drug use history of the 2003 PDU sample, by gender

Variable	Females (n=69) %	Males (n=66) %	Total Sample (N= 136) %
Ecstasy			
Ever	100	100	100
Recent	100	100	100
Methamphetamine powder (speed)			
Ever	74	59	67
Recent	61	53	57
Methamphetamine base			
Ever	45	41	43
Recent	38	29	34
Crystal methamphetamine (Ice)			
Ever	55	41	49
Recent	39	36	38
Cocaine			
Ever	42	30	37
Recent	20	17	18
Ketamine			
Ever	23	30	27
Recent	10	18	14
GHB			
Ever	12	14	13
Recent	7	5	6
LSD			
Ever	46	36	41
Recent	23	14	18
MDA			
Ever	23	26	24
Recent	16	21	18
Alcohol			
Ever	97	96	96
Recent	94	92	93
Cannabis			
Ever	87	79	83
Recent	74	73	73

Variable	Females (n=69) %	Males (n=66) %	Total Sample (N= 136) %
Tobacco			
Ever	84	76	79
Recent	77	64	70
Amyl nitrate			
Ever	26	27	27
Recent	8	9	9
Nitrous oxide			
Ever	36	38	38
Recent	20	15	18
Heroin			
Ever	19	15	17
Recent	7	6	7
Benzodiazepines			
Ever used	36	41	38
Recent	20	33	27
Methadone			
Ever	12	9	10
Recent	6	2	4
Other opiates			
Ever	28	20	24
Recent	15	9	12
Buprenorphine			
Ever	3	5	4
Recent	0	5	2
Anti-depressants			
Ever	22	24	23
Recent	13	11	12

Source: Party Drugs User Survey 2003

Notes: One person's gender was not recorded

A comparison of the lifetime and recent drug use of the 2000, 2001 and 2003 PDU samples is presented in Table 4.

Compared with 2001, the only drugs ‘ever’ used by a higher proportion of PDU in 2003 were ketamine (26% vs 27%) and other opiates (20% vs 24%). Similarly, more of the sample in 2003 than in 2001 reported recent use of ketamine (9% vs 14%) and other opiates (6% vs 12%).

More PDU in 2001 than in 2003 reported lifetime use of methamphetamine (powder: 86% vs 67%; base: 84% vs 43%; crystal: 68% vs 49%) and compared to 2001, fewer PDU in 2003 reported recent use of powder (67% vs 57%), base (76% vs 34%) and crystal (56% vs 38%).

A similar pattern was evident with respect to other drugs such as cannabis (87% vs 73%), tobacco (80% vs 70%) and alcohol (80% vs 70%).

Table 4 Drug use history of PDU 2000, 2001 & 2003

Variable	2000 (N=50) %	2001 (N=115) %	2003 (N= 136) %
Ecstasy			
Ever	100	100	100
Recent	100	100	100
Methamphetamine powder (speed)			
Ever	94	86	67
Recent	62	67	57
Methamphetamine base			
Ever	80	84	43
Recent	74	76	34
Crystal methamphetamine (Ice)			
Ever	16	68	49
Recent	8	56	38
Cocaine			
Ever	70	67	37
Recent	38	37	18
Ketamine			
Ever	30	26	27
Recent	14	9	14
GHB			
Ever	18	25	13
Recent	12	10	6
LSD			
Ever	86	78	41
Recent	48	38	18
MDA			
Ever	40	39	24
Recent	28	25	18
Alcohol			
Ever	98	99	96
Recent	96	94	93

Variable	2000 (N=50) %	2001 (N=115) %	2003 (N= 136) %
Cannabis			
Ever	100	97	83
Recent	94	87	73
Tobacco			
Ever	92	86	79
Recent	80	80	70
Amyl nitrate			
Ever	52	50	27
Recent	26	24	9
Nitrous oxide			
Ever	82	68	38
Recent	38	37	18
Heroin			
Ever	32	34	17
Recent	4	15	7
Benzodiazepines			
Ever used	64	50	38
Recent	50	35	27
Methadone			
Ever	4	11	10
Recent	0	4	4
Other opiates			
Ever	14	20	24
Recent	4	6	12
Buprenorphine			
Ever	na	na	4
Recent	na	na	2
Anti-depressants			
Ever	36	34	23
Recent	20	18	12

Source: Party Drugs User Surveys 2000, 2001 & 2003

Notes: Buprenorphine unavailable prior to 2002.

The mean number of drug classes used by the 2003 PDU sample is presented in Table 5. Out of a total of 17 drug classes included in the 2003 PDU survey, the mean number of drugs classes ever used by PDU in 2003 was 7.55 (range: 1-17) and in the last six months 5.68 (range: 1-14). Although nearly all of the drug classes listed in the survey can be injected, the mean number ever injected was 1.54 (range: 0-10) and in the last six months 0.49 (range: 0-10).

In 2003 females reported lifetime use of more drug classes than males (7.86 vs 7.42) and also recent use of more drug classes than males (5.92 vs 5.56). Females also reported having injected more drugs than males ever (1.02 vs 0.92) and recently (0.55 vs 0.42). A third (33%) of females had ever injected any drug, compared to about a quarter of males (26%).

Table 5 Mean number of drug classes used by the 2003 PDU sample, by gender

Variable	Female (n=69)	Male (n = 66)	Total Sample (N= 136)
Mean drug classes used			
Ever (Range)	7.86 (2-16)	7.42 (1-16)	7.55 (1-17)
Recent (Range)	5.92 (2-14)	5.56 (1-12)	5.68 (1-14)
Mean drug classes injected			
Ever (Range)	1.02 (0-8)	.92 (0-8)	1.54 (0-10)
Recent (Range)	.55 (0-7)	.42 (0-5)	0.49 (0-7)
History of injecting (%)	33	26	29

Source: Party Drugs User Survey 2003

Note: One person's gender was not recorded; methamphetamine (powder, base & ice) collapsed into one class

Table 6 shows the mean number of drug classes ever used, recently used and ever injected by the 2000, 2001 and 2003 PDU samples.

Compared to 2000 and 2001, the 2003 PDU sample reported lifetime and recent use of fewer drug classes. In 2001 the mean number of drug classes recently used was 5.74 (range: 1-14) compared to 5.68 classes (range: 1-14) in 2003. Conversely, the mean number of drug classes ever injected was lower in 2001 (mean = 0.97) than in 2003 (mean = 1.54). However, more PDU in 2001 reported having ever injected any drug than in 2003 (44% vs 29%).

Table 6 Mean number of drug classes used by the 2000, 2001 & 2003 PDU samples

Variable	2000 (N = 50)	2001 (N=115)	2003 (N= 136)
Mean drug classes			
Ever (Range)	10.6 (5-16)	7.65 (1-16)	7.55 (1-17)
Recent (Range)	7.56 (3-15)	5.74 (1-14)	5.68 (1-14)
Mean drugs injected			
Ever (Range)	1.08 (0-9)	.97 (0-8)	1.54 (0-10)
Recent (Range)	0.94 (0-8)	0.49 (0-7)	0.49 (0-7)
Injecting			
Ever inject any drug (%)	28	44	29

Source: Party Drug Users Surveys 2000, 2001 & 2003

Note: methamphetamine (powder, base and ice) collapsed into one class

3.3 PDU reports of drug use effects

3.3.1 Perceived Health Related Effects

The physical drug-related effects of any drug reported by PDU in 2003 are presented in Table 7. The most common physical effects were trouble sleeping (68%) and loss of appetite (74%).

Females most commonly reported trouble sleeping (75%) and weight loss (64%), whilst males most commonly reported experiencing blurred vision (68%) and loss of appetite (65%).

Table 7 Physical effects of drug use reported by the 2003 PDU sample, by gender

	Females (n=69)	Males (n=66)	Drug Use Related (N = 136)
Teeth Problems	48	41	44
Profuse sweating	55	62	59
Hot/cold flushes	52	47	50
Heart palpitations	52	41	46
Headaches	41	32	36
Dizziness	54	44	49
Tremors/shakes	49	41	46
Memory lapses	52	42	47
Numbness/tingling	54	47	51
Muscular aches	62	41	52
Joint pains/stiffness	42	32	38
Blurred vision	61	68	65
Trouble sleeping	75	59	68
Weight loss	64	41	53
Loss of appetite	53	65	74

Source: Party Drug Users Survey 2003

Note: One person's gender was not recorded; only effects in which over one third of the total sample reported are presented.

The psychological drug-related effects of any drugs reported by PDU in 2003 are presented in Table 8. The most common psychological side effect reported by females (75%) and males (67%) was confusion. Difficulty concentrating (65%) was the second most common psychological side effect reported by females, whilst males reported experiencing visual hallucinations (64%).

Table 8 Psychological effects of drug use reported by the 2003 PDU sample, by gender

	Females (n=69)	Males (n=66)	Drug Use Related (N=136)
Agitation/restlessness	51	39	46
Visual hallucinations	57	61	58
Auditory hallucinations	41	39	40
Anxiety	42	33	38
Paranoia	44	47	46
Depression	45	42	44
Confusion	75	67	71
Difficulty concentrating	65	52	59
Irritability	54	39	47

Source: Party Drug Users Survey 2003

Notes: One person's gender was not recorded; only effects in which over one third of the total sample reported are presented.

3.3.2 General Problems

The main drug related problems experienced by the 2003 PDU sample are presented in Table 9. Overall, PDU experienced 7.8 physical side effects and 7.5 psychological side effects. Females reported experiencing more side effects than males.

Overall, financial problems (41%) were the most common problem experienced. However, females most commonly experienced social problems (44%). Fewer than one in ten PDU (9%) reported legal problems, although legal problems were reported more often by males (14%) than females (4%).

Table 9 Drug-related side effects and problems reported by the 2003 PDU sample, by gender

Problem	Females (n=69)	Males (n=66)	Total Sample (N=136)
Mean No. side-effects			
Physical	8.4	7.1	7.8
Psychological	7.9	7.1	7.5
Problems			
Social (%)	44	39	35
Work (%)	30	27	29
Financial (%)	39	44	41
Legal (%)	4	14	9

Source: Party Drug Users Survey 2003

Note: One person's gender was not recorded

3.4 Key Informants

KI characteristics are presented in Table 10. Over half of the key informants reported that the reasons for their contact with PDU were related to both work and social. Half of the KI interviewed in 2003 had contact with party drug users for over 100 days in the last six months and many had contact with at least 100 individual users. Many had specific contact with young people.

Table 10 Selected characteristics of KI, 2003

Selected Characteristic	N= 23
Contact with ecstasy users	
Work	9
Work & Social	14
Number of days of contact (last six months)	
180	8
130	2
100-129	2
6-99	8
Not Applicable	1
Number of users who they have had contact with	
100+	14
51-99	3
21-50	4
Don't Know	1
Not Applicable	1
Work area	
Law enforcement/Intelligence	5
Entertainment Industry	6
Health	11
Other	1
Gender	
Male	13
Female	10
Special populations*	
Youth	10
Gay/Lesbian	6
Clubbers/Ravers	7
Other	4
None	4

Source: Key Informant Interviews 2003

Notes: * more than one special population could be recorded

KI were asked about their perceptions of the demographics of 2003 party drug users (box 1). Overall, KI perceptions of regular and current PDU are consistent with the sample recruited.

Box 1: KI reports of PDU demographics	
Age	18 - early 30's
Gender % (male)	50%
Education	University students/graduates 'Incredibly education – ALL year 10 or more, 70% university students or graduates'
Employment	'The majority work' 'Have remarkably diverse jobs'
Prison	Unlikely/minimal/very few

Source: Key Informant Interviews 2003

3.5 Indicator Data

The AIHW (2003) *Statistics on Drug Use in Australia* reported that over a third of those surveyed (37.7%) reported having used an illicit drug at some time in their life and 16.9% reported use in the last twelve months. For any illicit drug, the mean age of initiation was 18.6 years. Fewer than two per cent (1.8%) had ever injected any drug and fewer than one per cent (0.6%) had done so in the last twelve months.

Another useful set of indicator data is the number of telephone calls received by telephone counseling services. Both the Alcohol and Drug Information Service (ADIS) and the Drug ARM (Queensland) telephone counseling service keep a record of the number of telephone calls received over time, in relation to each of a number of drug types. Whereas ADIS services the entire State, Drug ARM receives the vast majority of its calls from within the Brisbane metropolitan area. Differences between calls to these two services may therefore, to some extent, reflect differences in patterns of drug use in regional areas and in southeast Queensland. However, for both services the most common drugs that they received calls about were alcohol, cannabis and amphetamines.

3.6 Summary of polydrug use trends in PDU

Demographic Characteristics

The 2003 PDU sample was well educated and employed. PDU had completed a mean of 11.24 school years and fifty per cent had completed courses post-school. Additionally, 80% were currently employed. KI reports of PDU demographics are consistent with the 2003 PDU sample.

Lifetime and Recent Drug Use

The most common drugs used recently by the 2003 PDU sample were alcohol (96%) cannabis (73%), tobacco (70%) and methamphetamine powder (57%). In their lifetime PDU had used a mean of 7.55 (range: 1-17) drug classes and had recently used a mean of 5.68 (range: 1-14) drug classes. Over a quarter (29%) had ever injected any drug, with a mean of 1.54 (range: 0-10) drugs ever being injected and a mean of 0.49 (range: 0-7) being recently injected. Indicator data show that alcohol, tobacco and cannabis are the most common drugs used in the Australian population generally. This is consistent with the most common drugs used by the 2003 PDU sample.

Gender Comparison

In 2003 approximately half (51%) of the PDU sample was female. Females had a lower mean age than males (24.87 years vs 25.8 years) and were more likely to be in full or part-time employment (67% vs 59%). Whilst more females reported recent use of the more commonly available drugs (e.g. cannabis, tobacco, alcohol and amphetamines), more males reported recent use of less common drugs such as ketamine, GHB and MDA. Females reported having ever used a higher number of drugs (mean = 7.86, range= 2-16) than males (mean = 7.42, range: 1-16) and also reported recently using a higher mean number of drugs (mean = 5.92, range: 2-14) than males (5.56, range: 1-12). More females than males had also injected (33% vs 26%).

Drug Use Harms

Trouble sleeping (68%) and loss of appetite (74%) were the most common physical side-effects whilst confusion (71%) was the most common psychological side effect the 2003 PDU sample associated with their drug use. Overall, financial problems (41%) were the most common problem experienced. However, females most commonly experienced social problems (44%). Cannabis, alcohol and amphetamines, three of the most common drugs used by PDU, were also the drugs most often reported by ADIS and Drug ARM telephone counseling services as the drugs that clients had nominated as the drug of their concern.

Time Comparison

Compared to 2000 and 2001, the 2003 PDU sample had similar demographic characteristics.

In all three samples alcohol, cannabis and tobacco remained the most common drugs recently used (other than ecstasy). However, compared to previous years, in 2003 the proportion of the sample reporting lifetime or recent use of nearly all drug classes decreased. The exceptions to this trend were:

- lifetime and recent use of crystal methamphetamine increased from 2000 to 2001, but decreased in 2003
- recent use of heroin increased from 2000 to 2001, but decreased in 2003
- recent use of ketamine decreased from 2000 to 2001, but increased in 2003
- lifetime and recent use of methadone remained stable in 2001 and 2003
- lifetime and recent use of other opiates increased consistently in 2000 to 2003.

Compared to 2001, in 2003 the mean number of drug classes having been ever used declined slightly from (7.65 vs 7.55), as did the number of drugs having recently been used (5.74 vs 5.68). The mean number of drugs ever and recently injected also declined, and the percentage of the sample who had ever injected any drug decreased from 44% of the 2001 sample to 29% of the 2003 sample.

4.0 ECSTASY

4.1 Ecstasy use among PDU

Patterns of ecstasy use by the 2003 PDU sample are presented in Table 11.

On average the 2003 PDU sample first used ecstasy at 20.68 years of age and started using regularly at 21.8 years of age.

Typically, ecstasy was used once a week (median = 24 days) in the last six months and involved swallowing 1.5 tabs. Almost half (46%) of the sample typically used more than one tablet. Forty-three per cent of the sample had gone for 48 hours or more without sleep in the last six months whilst 'on' ecstasy. Almost a third of the sample last used ecstasy in a nightclub (29%) and a further 19% last used at a friend's home.

Females reported first using ecstasy at a younger age than males (20.20 years vs 21.23 years) and also reported starting to use ecstasy regularly at an earlier age than males (21.48 years vs 22.17 years).

Females used fewer tabs on average than males (1 tab vs 2 tabs). However, there was little difference in the proportion of females and males going for 48 hours or more without sleep (41% vs 44%) or with respect to place of last use (see Table 11).

Table 11 Patterns of ecstasy use by the 2003 PDU sample, by gender

Variable	Female (n=69)	Male (n = 66)	Total Sample (N= 136)
Mean age (years)			
First used	20.20	21.23	20.68
Started regularly using	21.48	22.17	21.80
Median days used ecstasy last six months	24	24	24
Ecstasy drug of choice (%)	52	53	53
Use ecstasy more than weekly (%)	17	30	24
Median ecstasy tablets in 'typical' session	1	2	1.5
Typically use >1 tablet (%)	46	67	46
48 hours without sleep (%)	41	44	43
Injected ecstasy (%)			
Ever	12	15	13
Recent	9	9	9
Main administration last 6 months (%)			
Swallowed	94	88	91
Snorted	3	8	5
Injected	3	3	3
Shelved/Shafted	--	2	1
Place of last use (%)			
Home	20	15	18
Friend's home	19	20	19
Rave	8	12	10
Dance party	7	11	9
Nightclub	30	27	29
Other	16	15	15

Source: Party Drug Users Surveys 2003

Note: One person's gender was not recorded

A comparison of ecstasy use patterns by the 2000, 2001 and 2003 PDU samples is presented in Table 12.

On average, the PDU sample in 2000 first tried ecstasy at 19.78 years and started using regularly at a mean age of 21.42 years. The 2001 PDU sample first used at a slightly younger age (mean = 19.26) but more rapidly progressed to regular use (mean = 20.74 years). In 2003 PDU reported first using ecstasy at an older age (mean = 20.68 years) but moved to regular ecstasy use in a shorter time period (mean =21.80 years) than those in either 2000 or 2001.

The PDU sample in 2000 used ecstasy for a median of 18 days in six months, the 2001 PDU sample used ecstasy on a median of 13 days in six months whilst in 2003, PDU used ecstasy for a median of 24 days in six months.

Whilst a typical session in 2000 and 2001 involved a median of 1 tab, in 2003 it involved 1.5 tabs. However, whereas over half of the 2000 and 2001 samples had binged on ecstasy (60% vs 57%), fewer than half of the 2003 sample reported having done so (43%).

Table 12 Patterns of ecstasy use by the 2000, 2001 and 2003 PDU samples

Variable	2000 (N= 50) %	2001 (N=115) %	2003 (N=136) %
Mean age (years)			
First used	19.78	19.26	20.68
*1 Started using regularly	21.42	20.74	21.80
Median days used ecstasy last six months	18	13	24
Ecstasy drug of choice drug (%)	52	44	53
Use ecstasy more than weekly (%)	32	15	24
Median ecstasy tablets in 'typical' session	1	1	1.50
Typically use >1 tablet (%)	48	37	46
# 48 hours without sleep (%)	60	57	43
Injected ecstasy (%)			
Ever	16	17	13
Recent	8	7	9
Main administration last 6 months (%)			
Swallowed	98	87	91
Snorted	--	2	5
Injected	--	4	3
Shelved/Shafted	2	4	1
Other		3	

Source: Party Drugs User Surveys, 2000, 2001 & 2003

Notes: * In 2000 the question was when did the participant start using ecstasy monthly; #In 2001 the question was have you binged on Ecstasy?

4.2 Price

The purchase price of an ecstasy tab and perceptions of recent price changes are presented in Table 13.

In 2000 and 2001 the median price for an ecstasy tab was reported as \$40, with 58% and 47% of the 2000 and 2001 PDU samples reporting the price as stable, respectively. In 2003, the median price of an ecstasy Tablet had decreased to \$35. Almost two thirds of the 2003 PDU sample (63%) reported that the price had remained stable in the last six months.

Table 13 Price of ecstasy tablets & price change in last six months, 2000, 2001 & 2003

	2000 (N=50)	2001 (N=115)	2003 (N=136)
Ecstasy tablet (\$)			
Median (range)	40 (30 – 60)	40 (35 – 50)	35 (16.50 – 50)
Price change (%)			
Increasing	4	4	9
Stable	58	47	63
Decreasing	28	31	12
Fluctuating	10	10	13
Don't Know	--	8	4

Source: Party Drugs User Surveys 2000, 2001 & 2003

4.3 Purity

Perceptions of the current purity/strength of ecstasy are presented in Table 14. In 2003, 49% of the sample reported ecstasy purity as medium, whilst 29% reported that it was fluctuating.

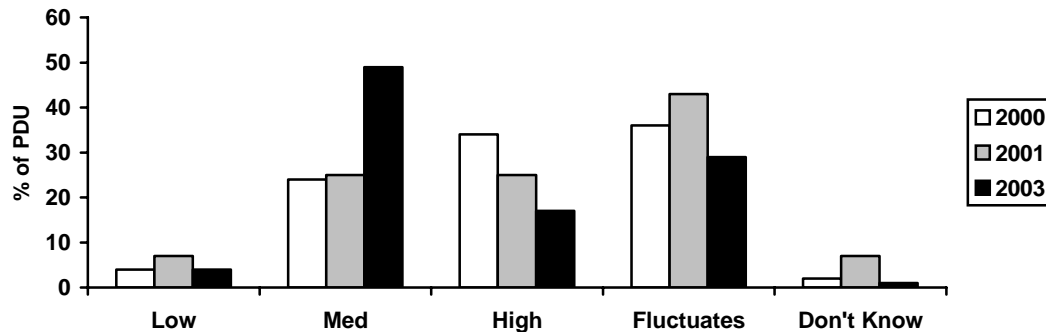
Table 14 Current ecstasy purity/strength reported by the 2000, 2001 & 2003 PDU samples

	2000 (N=50) %	2001 (N=115) %	2003 (N=136) %
Low	4	7	4
Medium	24	25	49
High	34	25	17
Fluctuates	36	43	29
Don't Know	2	0	1

Source: Party Drugs User Surveys 2000, 2001 & 2003

A comparison of the current purity/strength of ecstasy reported by PDU in 2000, 2001 and 2003 is presented in Figure 1. ‘Fluctuating’ ecstasy purity is a common feature reported across the three time periods. Indeed, most PDU reported that ecstasy purity was high/fluctuating in 2000 (70%) and 2001 (68%), whilst in 2003 PDU reported ecstasy purity was medium/fluctuating (78%).

Figure 1 Current purity/strength of ecstasy perceived by the 2000, 2001 & 2003 PDU samples



Source: Party Drugs User Surveys 2000, 2001 & 2003

Perceived changes in the purity/strength of ecstasy are presented in Table 15. In 2003, there was little agreement on changes in purity/strength of ecstasy with 39% of PDU reporting that it was stable, 31% reporting that it was fluctuating, 18% reporting that it was increasing and a further 10% reporting that it was decreasing.

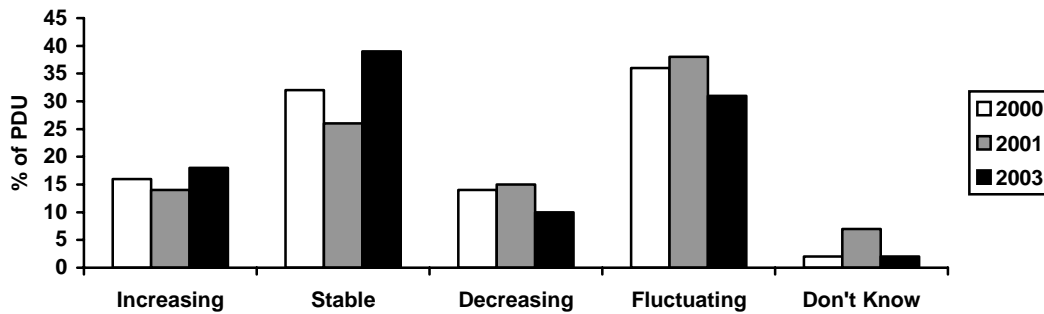
Table 15 Changes in ecstasy purity/strength reported by the 2000, 2001 & 2003 PDU samples

	2000 (N=50) %	2001 (N=115) %	2003 (N=136) %
Increasing	16	14	18
Stable	32	26	39
Decreasing	14	15	10
Fluctuating	36	38	31
Don't Know	2	7	2

Source: Party Drugs User Surveys 2000, 2001 & 2003

Figure 2 presents a comparison of changes in purity/strength of ecstasy reported by PDU in 2000, 2001 and 2003. A common feature in ecstasy strength/purity reported across all PDI time periods is that PDU have been divided on whether ecstasy strength/purity has been stable or fluctuating.

Figure 2 Changes in ecstasy purity/strength reported by the 2000, 2001 & 2003 PDU samples



Source: Party Drugs User Surveys 2000, 2001 & 2003

4.4 Availability

A comparison of perceived ecstasy availability in 2000, 2001 and 2003 is presented in Table 16.

In 2000 and 2001 almost three quarters of the PDU samples (72% and 74%) reported that ecstasy was easy or very easy to obtain. In comparison, in 2003 a higher proportion reported that ecstasy was easy or very easy to obtain (84%).

Across all three samples, the proportions reporting that their ease of access to ecstasy was stable or easier remained virtually unchanged (2000: 86%; 2001: 84%; 2003: 86%).

For all three samples the most common sources for 'scoring' ecstasy were friends and dealers, however the proportion scoring from friends decreased from 94% in 2000 to 75% in 2003, whilst the proportion scoring from dealers increased from 56% in 2000 to 71% in 2003.

Similarly, while the most common locations for scoring ecstasy remained friends' and dealers' homes, the proportion of PDU scoring at friends' homes decreased from 94% in 2000 to 73% in 2003. The proportion scoring from dealers' homes increased from 46% in 2000 to 55% in 2003.

Table 16 Ecstasy availability, persons and locations ecstasy ‘scored’ from in the last 6 months, 2000, 2001 & 2003

	2000 (N = 50) %	2001 (N=115) %	2003 (N=136) %
Current ease (%)			
Very easy	52	60	57
Easy	20	14	27
Availability in last 6 months (%)			
Stable	56	56	63
Easier	30	28	23
Persons ‘score’ from (%)			
Friends	94	93	73
Dealers	56	57	71
Acquaintances	20	34	29
Workmates	6	10	13
Unknown people	4	8	6
Other	2	2.6	3
Locations ‘score’ from			
Friends’ home	80	82	57
Dealer’s home	46	41	55
Nightclub	14	34	30
Raves	16	22	14
Dance parties	18	16	15
At own home	40	37	31
Pubs	0	8	10
² Street	--	--	9
Gym	0	1	2

Source: Party Drugs User Surveys 2000, 2001 & 2003

Notes: The ‘street’ was not asked in previous years.

4.5 Ecstasy related harms

4.5.1 Health-related side-effects

Physical side effects of ecstasy use, reported by the 2003 PDU sample, are presented in Table 17.

The physical effects most frequently attributed to ecstasy use were loss of appetite (74%), blurred vision (65%) and trouble sleeping. Females most commonly reported experiencing loss of appetite (71%) and trouble sleeping (64%) whereas males most commonly reported experiencing blurred vision (62%) and profuse sweating (58%).



Table 17 Physical effects associated with ecstasy use reported by the 2003 PDU sample, by gender

	Females (n=69) %	Males (n=66) %	Ecstasy Related (N=136) %
Teeth Problems	45	27	36
Profuse Sweating	46	58	52
Hot/Cold Flushes	45	46	46
Heart Palpitations	41	33	37
Headaches	36	18	27
Dizziness	48	35	42
Tremors/shakes	44	32	38
Memory lapses	49	32	40
Numbness/Tingling	44	41	43
Muscular aches	52	33	43
Joint pains/stiffness	35	23	29
Blurred Vision	57	62	60
Trouble sleeping	64	41	53
Weight loss	45	32	39
Loss of appetite	71	56	64

Source: Party Drugs User Survey 2003

Note: One person's gender was not recorded; only effects in which over one third of the total sample reported are reported here.

Ecstasy related psychological effects reported by the 2003 PDU sample are presented in Table 18. The main psychological effect reported by both females and males was confusion (67% and 56% respectively). The second most common psychological effect reported by females was difficulty concentrating (61%) whilst by males it was visual hallucinations (52%).

Table 18 Psychological effects associated with ecstasy use reported by the 2003 PDU sample, by gender

	Females (n=69) %	Males (n=66) %	Ecstasy Related (N=136) %
Agitation/Restlessness	44	32	38
Visual hallucinations	45	52	48
Auditory hallucinations	28	30	29
Anxiety	33	30	32
Paranoia	29	29	29
Depression	38	26	32
Confusion	67	56	62
Difficulty concentrating	61	46	54
Irritability	46	30	39

Source: Party Drugs User Survey 2003

Note: One person's gender was not recorded; only effects in which over one third of the total sample reported are reported here.

4.5.2 General Problems

Other problems associated to ecstasy use reported by the 2003 PDU sample are presented in Table 19. Financial problems (35%) and social problems (21%) were the most common problems experienced.

Table 19 Mean number of ecstasy-related problems reported by PDU 2003, by gender

Ecstasy-related problem	Female n=69 %	Male n=66 %	Ecstasy Related (N= 136) %
Ecstasy-Related Problems			
Social (%)	17	24	21
Work (%)	17	14	15
Financial (%)	38	32	35
Legal (%)	3	8	5

Source: Party Drugs User Surveys 2003

Note: One person's gender was not recorded



4.6 Perceived risks and benefits of ecstasy use

PDU in 2003 were asked their perceptions of the risks and benefits associated with using ecstasy. The proportion of PDU indicating that they believed there were risks associated with ecstasy use is shown in Table 20. Almost two thirds of the sample (65%) perceived that there were risks associated with using ecstasy. More females than males (71% vs 59%) reported that there were risks associated with using ecstasy.

When PDU were asked whether they wanted to cut down the amount of ecstasy that they currently used, 18% responded in the affirmative (not tabulated).

Table 20 Perceived risks associated with ecstasy use, 2003 PDU sample, by gender

	Female (n=69)	Male (n = 66)	Total Sample (N= 136)
Risks associated (%)			
Yes	71	59	65
No	20	24	23
Don't Know	7	17	12

Source: Party Drugs User Surveys 2003

Note: One person's gender was not recorded

PDU were also asked to provide qualitative comments regarding the perceived risks and benefits of using ecstasy. With respect to the perceived risks, many PDU made comments in relation to memory loss/ loss of serotonin; mental illness and depression, purity and physical effects such as dehydration. With respect to the perceived benefits, many PDU reported that ecstasy enabled them to 'feel good' and 'have a good time'.

4.7 KI

KI reports of ecstasy use patterns are presented in Box 2. KI perceptions are consistent with the 2003 PDU sample with respect to mode of administration, regularity of use and amounts used.

Box 2: KI reports of ecstasy use

- The main mode of administration is swallowing, but a small minority shaft or "plug"
- Typically use weekly/every weekend, with some typically 'bingeing' every Friday and Saturday night
- Typically using 1-2 tabs, however 'sometimes depends on production quality'

Key Informant perceptions of the South-East Queensland ecstasy market are outlined in Box 3. Again, many KI reports confirm those of PDU in 2003.

Box 3: KI reports on ecstasy markets

- Price range \$40 - \$45
- In the last six months the price has decreased or remained stable
- Different reports of ecstasy purity being high, medium or fluctuating
- Purity/strength in the last six months has increased. However some believe it has decreased/fluctuating
- Unanimous that ecstasy was very easy to obtain
- Generally, availability is currently stable and has been stable for last six months

4.8 Indicator Data

The AIHW (2003) *Statistics on Drug Use in Australia* survey reported that the National Drug Strategy Household Survey 2001 (NDSHS) found that relatively few people in the general population had used ecstasy. Among NDSHS participants fewer than six per cent had used ecstasy in their lifetime, and fewer than three per cent (2.9%) had used ecstasy in the last twelve months. The mean age of initiation to ecstasy use was 21.9 years. *Statistics on Drug Use in Australia* also reported a finding by the NDSHS that for the past ten years of survey periods, recent use of ecstasy remained under three per cent.

The average purity of analysed seizures of phenethylamines in Queensland is presented in Table 21. In the first quarter 166 seizures were made with a median purity of 31% (range: 3.1% – 76.7%). In the second quarter ten seizures were made with a median purity of 32.6% (range: 15.5% – 38.5%). The seizures seem to confirm that purity is medium and has been fluctuating.

Table 21 Median number of phenethylamines* seizures in Queensland, July 2002 – June 2003

	Cases N	Median %	Min %	Max %
July – September 2002	146	28.3	8.1	70.3
October – December 2002	70	31.7	0.1	68.9
January – March 2003	166	31.0	3.1	76.7
April – June 2003	10	32.6	15.5	38.5
Total July 2002 – June 2003	392	30.6	0.1	76.7

Source: ACC 2004, Queensland Health Scientific Services

Note: Phenethylamines include DOB, DOM, MDA, MDEA, MDMA, Mescaline, PMA, TMA and Phenethylamines n.e.c. Figures do not represent the purity levels of all phenethylamine seizures—only those that have been analysed at a forensic laboratory.

Despite the high proportion of PDU attributing multiple physical and psychological side effects to ecstasy use, the ADIS and Drug ARM telephone counseling services reported few ecstasy related contacts. During 2002/2003 only 2% (n=382) of all calls made to ADIS were in relation to ecstasy. Additionally only 4% (n=53) of telephone calls made to Drug ARM during July – December 2002 and 5% of those made during January – June 2003 were related to ecstasy. Presumably either ecstasy users are not accessing telephone counseling services for assistance, or ecstasy users do not perceive that the health-related effects of their use are a current concern to them.

4.9 Summary of Ecstasy Trends

Demographic Characteristics

Amongst the 2003 PDU sample, participants reported first using ecstasy at a median of 20.7 years of age and started using regularly at 21.8 years of age. Ecstasy was typically used once a week (median = 24 days) in the last six months and in a typical session 1.5 tabs were consumed. Forty-three per cent of the sample had gone for 48 hours or more without sleep in the last six months while 'on' ecstasy. The most common route of administration for ecstasy was swallowing (91%).

With respect to indicator data, the mean age of initiation of AIHW participants was almost a year older than the 2003 PDU sample.

Gender Comparison

Females reported first use of ecstasy at a younger age than males (mean = 20.20 years vs mean = 21.23 years). Females also started using ecstasy regularly at an earlier age than males (mean = 21.48 years vs mean = 22.17 years). Females typically used fewer tabs than males (1 tab vs 2 tabs). However, there was little difference between females and males in the proportion reporting having gone for 48 hours or more without sleep (41% vs 44%).

Drug Use Harms

The most common physical effects relating to ecstasy use reported by PDU in 2003 were loss of appetite (74%), trouble sleeping (68%) and blurred vision (65%). The main psychological effect reported by both females and males to be associated with ecstasy use was confusion (67%; 56%). Financial problems (35%) and social problems (21%) were the most common problems associated with ecstasy use.

Almost two thirds of the sample (65%) perceived that there were risks associated with using ecstasy, however more females than males (71% vs 59%) perceived that there were risks associated with using ecstasy.

Whilst a number of PDU reported adverse psychological and physical effects relating to ecstasy, the number of contacts to telephone counseling services about ecstasy was quite small. This may indicate that whilst there are adverse effects, PDU do not view these effects with concern.

Price, Purity & Availability

In 2003, the median reported price of an ecstasy tablet was \$35. Almost two thirds (63%) reported that this price was stable. Over three-quarters (78%) reported current ecstasy purity as medium or fluctuating and a similar percentage (70%) reported that ecstasy purity had been stable or fluctuating in the last six months. Key Informant reports of PDU demographics and reports on the ecstasy market are consistent with reports of the 2003 PDU sample.

Time Comparison

Compared to 2000 and 2001, the 2003 PDU sample first used ecstasy at a later age, but had a shorter space of time between initiation and regular use. On average, in 2000 ecstasy was first tried at 19.78 years and participants started using regularly at a mean age of 21.42 years. In 2001, the PDU had a slightly younger average age of initiation (mean = 19.26), but were using ecstasy regularly in a shorter period of time (mean = 20.74 years). The 2003 PDU sample reported on average first using ecstasy at an older age than those in previous years (mean = 20.68 years), but they started using ecstasy regularly in a shorter period of time than in than the 2000 and 2001 PDU samples.

Whereas a typical session in 2000 and 2001 involved using a median of 1 tab of ecstasy, in 2003 users typically consumed 1.5 tabs. PDU in 2000 used for a median of 18 days in 6 months, which was more than in 2001 (median = 13), but less than in 2003 (median = 24 days). However, the proportion of the sample that had 'binged' on ecstasy decreased from 60% in 2000, to 57% in 2001 to 43% in 2003.

'Fluctuating' ecstasy purity is a common feature reported in each year the PDI has been undertaken in Queensland. Indeed most PDU reported that ecstasy purity was high or fluctuating in 2000 (70%) and 2001 (68%), whilst in 2003 PDU reported that ecstasy purity was medium or fluctuating (78%). A 'stable' or 'fluctuating' purity/strength of ecstasy has been a common feature across years with most PDU reporting ecstasy purity as stable/fluctuating in 2000 (68%), 2001 (64%) and 2003 (70%).

Analysis of law enforcement seizures of phenethylamines show that in January – March 2003 166 seizures were made with a median purity of 31% (3.1 – 76.7). In the period April to June 2003, ten seizures were made with a median purity of 32.6% (15.5 – 38.5). The seizures seem to confirm that purity is medium and has been fluctuating.

In 2000 and 2001 almost three quarters of the respective PDU samples reported that ecstasy was easy or very easy to obtain. In comparison a higher proportion of PDU in 2003 (84%) reported that ecstasy was easy or very easy to obtain.

For all three samples the most common sources for 'scoring' ecstasy were friends and dealers. However, the percentage scoring from friends decreased from 94% in 2000, to 93% in 2001 to 75% in 2003, whilst the percentage scoring from dealers increased from 56% in 2000, to 57% in 2001 to 71% in 2003.

The most common locations at which ecstasy was 'scored' were friends' and dealers' homes. The proportion of PDU scoring at friends' homes decreased from 94% in 2000, to 93% in 2001 to 73% in 2003. Scoring from dealers' homes decreased from 46% in 2000 to 41% in 2001 but increased to 55% in 2003.

5.0 METHAMPHETAMINE

The methamphetamine section of this report considers patterns of use of methamphetamine powder, base and crystal and then considers the price, purity and availability of each form.

5.1 Methamphetamine use among PDU

5.1.1 Methamphetamine Powder

A comparison of lifetime and recent use of methamphetamine powder by the 2001 and 2003 PDU samples is presented in Table 22.

In 2001, 86% of PDU report having ever used methamphetamine powder compared to 67% in 2003. Similarly, in 2001 67% reported recent use of methamphetamine powder compared to 57% in 2003.

The most common routes of recent methamphetamine powder administration by the 2001 and 2003 PDU samples were swallowing (53% and 38%) and snorting (43% and 27%). However, more PDU reported having recently swallowed or snorted methamphetamine powder in 2001 compared to 2003 (swallowing: 53% vs 38%; snorting: 43% vs 27%).

The data suggest that the decrease in the proportion of PDU swallowing or snorting methamphetamine powder in 2003 may be due to the increase in PDU smoking methamphetamine powder. For instance in 2001, 20% of PDU reported having ever smoked methamphetamine powder and 4% had recently used this route of administration, whereas in 2003 22% of PDU reported having ever smoked methamphetamine powder and 11% had done so recently.

Table 22 Methamphetamine powder use & routes of methamphetamine use reported by PDU, 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	86	67	67	57
Injected	30	19	26	18
Smoked	20	4	22	11
Snorted	67	43	49	27
Swallowed	71	53	54	38

Source: Party Drugs User Surveys 2001 & 2003

A comparison of the characteristics of methamphetamine powder users in the 2001 and 2003 PDU samples is presented in Table 23.

In 2001, 54% of methamphetamine powder users in the PDU sample were male. The median age of the users was 25 years and they had used about every six weeks (median = 9 days) in six months using a median of 0.5 grams in a session.

In comparison, in 2003 more users were female than male (54% vs 45%). The median age of the users was 22 years and use was typically about once a month (median = 6 days) using about half a gram.

Table 23 Characteristics of recent users of methamphetamine powder, 2001 & 2003

	2001 (n=77)	2003 (n=78)
Gender (%)		
Male	54	45
Female	46	54
Median age (years)	25	22
Median days used last 6 months	9	6
Median quantities used (grams)		
Average (range)	.5 (0 – 3)	.5 (0.1 – 1.5)
Most (range)	.5 (0 – 7)	1.00 (0.1 – 4)

Source: Party Drugs User Surveys 2001 & 2003

5.1.2 Methamphetamine Base

A comparison of lifetime and recent use of methamphetamine base by the 2001 and 2003 PDU samples is presented in Table 24.

In 2001, 84% of PDU reported having ever used methamphetamine base compared to only 43% in 2003. Similarly in 2001, 76% reported recent use of methamphetamine base compared to only 34% in 2003.

The most common routes of recent administration of methamphetamine base in 2001 were swallowing (59%), snorting (24%) and injecting (24%). In 2003 the most common route of administration of methamphetamine base was swallowing (24%).

Table 24 Methamphetamine base use & routes of administration reported by PDU, 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	84	76	43	34
Injected	34	24	18	12
Smoked	8	4	10	7
Snorted	33	24	22	13
Swallowed	66	59	36	24

Source: Party Drugs User Surveys 2001 & 2003

A comparison of the characteristics of methamphetamine base users in the 2001 and 2003 PDU samples is presented in Table 25.

In 2001, 54% of recent methamphetamine base users in the PDU sample were male. The median age of the users was 25 years and they had used about every six weeks (median = 7 days) in six months and used a median of one gram (range: 0-10).

In comparison, in 2003 more recent methamphetamine base users were female than male (58% vs 42%). The median age of the users was 25 years and use was typically about once a month (median = 6 days) using also once gram (range: .1-5).

Table 25 Characteristics of methamphetamine base recent use reported by PDU, 2001 & 2003

	2001 Sample (n=87) %	2003 Sample (n=46) %
Gender (%)		
Male	54	42
Female	46	58
Median age (years)	25	25
Median days used last six months	7	6
Median quantities used (points)		
Average (range)	1 (0-10)	1 (0.1-5)
Most (range)	2 (0- 40)	2 (0.1 – 25)

Source: Party Drugs User Surveys 2001& 2003

5.1.3 Crystal Methamphetamine ('ice')

A comparison of lifetime and recent use of crystal methamphetamine reported by the 2001 and 2003 PDU samples is presented in Table 26.

In 2001 68% of PDU reported having ever used crystal methamphetamine, compared to only 49% in 2003. Similarly, 56% of the 2001 PDU sample reported recent use of crystal methamphetamine compared to 38% in 2003.

The most common routes for the recent administration of crystal methamphetamine in 2001 were swallowing (40%) and injecting (17%). However in 2003, the most common routes for the recent administration of crystal methamphetamine were smoking (24%) and swallowing (20%).

These data suggest a movement towards smoking of crystal methamphetamine. For instance in 2001, 8% of the 2001 PDU sample reported having ever smoked crystal methamphetamine and 5% reported smoking crystal methamphetamine recently, whereas in 2003, 29% of PDU reported having ever smoked crystal methamphetamine and 24% reported recent smoking of crystal methamphetamine.

Table 26 Crystal methamphetamine use and routes of administration reported by PDU, 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	68	56	49	38
Injected	22	17	12	10
Smoked	8	5	29	24
Snorted	23	15	10	6
Swallowed	53	40	30	20

Source: Party Drugs User Surveys 2001 & 2003

The data also suggest a movement away from injecting among PDU. We examined whether those who reported recent smoking of any methamphetamine recently had ever injected (Table 27). Among those who had smoked any methamphetamine recently (n = 39) less than a third reported ever injecting any drug. This implies that those who are smoking methamphetamine typically have never injected.

Table 27 PDU who reported methamphetamine smoking who report having ever injected any drug, 2003

	Recent methamphetamine smokers (n=39) %
Ever injected	
No	69
Yes	31

Source: Party Drugs User Survey 2003

Among those methamphetamine smokers who had ever injected (n=12) the most common form of methamphetamine to inject was powder (31%). Only half of this group (15%) reported having injecting crystal methamphetamine in the past (Table 28).

Smoking of methamphetamine, particularly crystal methamphetamine, was more common among younger users in the 2003 sample. Among those who reported having smoked any methamphetamine in the last six months, the mean age was 23.85 years. Among those who reported having injected in the last six months, the mean age was 30.00 years. Those who reported having smoked ice recently were significantly younger (mean = 22.0 years), than those who have reported not smoking ice recently (mean age = 26.37 years), $t(101) = 4.01$, $p < .001$.

Table 28 Forms of methamphetamine injected by PDU who reported recent methamphetamine smoking, 2003

Methamphetamine Smokers (n= 39)			
	Powder	Base	Crystal
Injected (%)	31	21	15

Source: Party Drugs User Survey 2003

A comparison of the characteristics of crystal methamphetamine users from the 2001 and 2003 PDU samples is presented in Table 29.

In 2001, 61% of PDU who reported recent use of crystal methamphetamine were male. The median age of crystal methamphetamine users was 25 years, and they had typically used about once a month (median = 5 days in 6 months), using half a gram.

In comparison, in 2003, more crystal methamphetamine users in the PDU sample were female than male (53% vs 47%). The median age of the users was 21 years. Although they still used about once a month (median = 4 days in six months), the average quantity being used was greater than in 2001 (median = 1 gram).

Table 29 Characteristics of recent crystal methamphetamine users, 2001 & 2003

	2001 Sample (n = 64)	2003 Sample (n=51)
Gender (%)		
Male	61	47
Female	39	53
Median age (years)	25	21
Median days used last six months	5	4
Median quantities used (points)		
Average (range)	0.5 (0-5)	1 (0.25 – 4)
Most (range)	1 (0 – 40)	1 (0.25 – 5)

Source: Party Drugs User Surveys 2001 & 2003

5.2 Price

The median reported prices for a gram and point of methamphetamine powder, base and crystal are presented in Table 30. In 2003, the median price for a gram of any form of methamphetamine was \$200. The median price for a point of speed or base was \$25 and \$40 for a point of crystal.

Table 30 Price of methamphetamine purchased reported by PDU, 2003

	Powder			Base			Ice		
	Median	Range	n	Median	Range	n	Median	Range	n
Gram	200	20-300	38	200	150-2000	7	200	180-350	5
Point	25	10-50	25	25	15-200	27	40	20-300	37

Source: Party Drugs User Survey 2003

Methamphetamine user reports of recent price changes in 2003 are presented in Table 32. PDU reported that the price for methamphetamine powder had remained stable (39%). However there was little agreement amongst PDU on price changes for methamphetamine base and crystal methamphetamine.

Table 31 Price variation of methamphetamine reported by PDU, 2003

Price Change	Powder (n= 72) %	Base (n=40) %	Ice (n=44) %
Increasing	2	1	3
Stable	39	15	15
Decreasing	4	5	4
Fluctuating	2	3	2
Don't Know	7	3	10

Source: Party Drugs User Survey 2003

5.3 Purity

Reports of the current purity/strength of methamphetamine are presented in Table 33. Methamphetamine users were generally in agreement that the purity of methamphetamine was high (powder: 36%, base: 48%, ice: 57%).

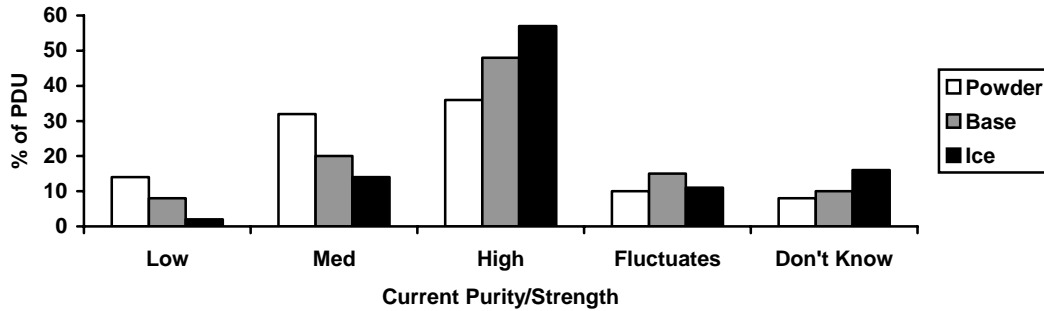
Table 32 Current methamphetamine purity reported by PDU, 2003

Purity	Powder (n=72) %	Base (n = 40) %	Ice (n=44) %
Low	14	8	2
Medium	32	20	14
High	36	48	57
Fluctuates	10	15	11
Don't Know	8	10	16

Source: Party Drugs User Survey 2003

Figure 3 shows methamphetamine user perceptions of the current purity/strength of methamphetamine. The figure shows that overall, the purity of methamphetamine is perceived to be high.

Figure 3 Current methamphetamine purity reported PDU, 2003



Source: Party Drugs User Survey 2003

Perceptions of changes in the purity/strength of methamphetamine by PDU who had used methamphetamine recently are presented in Table 34. Over one third (36%) of methamphetamine powder users perceived that the purity or strength was stable and a further quarter (25%) perceived that it was increasing. Half of methamphetamine base users perceived that the purity/strength of base had remained stable, whilst a further 23% perceived that it was increasing. Over a third (39%) of crystal methamphetamine users perceived that the purity/strength of crystal methamphetamine was stable, however only 18% perceived that it was increasing in purity/strength.

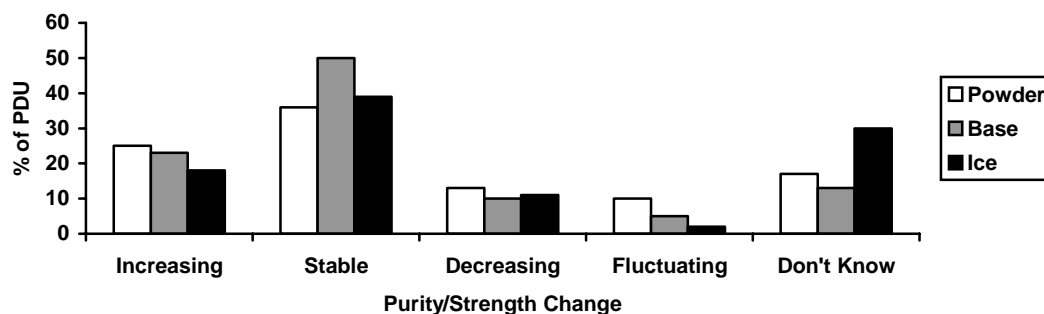
Table 33 changes in methamphetamine purity/strength reported by PDU, 2003

	Powder (n=72) %	Base (n = 40) %	Ice (n=44) %
Increasing	25	23	18
Stable	36	50	39
Decreasing	13	10	11
Fluctuating	10	5	2
Don't Know	17	13	30

Source: Party Drugs User Survey 2003

Figure 4 shows recent changes in the perceived purity/strength of methamphetamine. The figure shows that, overall, the perceived purity/strength of methamphetamine in the last six months has been stable.

Figure 4 Changes in methamphetamine purity/strength reported by PDU, 2003



Source: Party Drugs User Survey 2003

5.4 Availability

PDU perceptions of the current availability of methamphetamine are presented in Table 35. The most common response reported by methamphetamine users was that methamphetamine was easy or very easy to obtain. Almost two thirds (64%) of those who had recently used powder, over two thirds (68%) of those who recently used base and over half (57%) of those who had recently used ice reported their current availability as being either easy or very easy.

Table 34 Current methamphetamine availability reported by PDU, 2003

Ease of Access	Powder (n= 72) %	Base (n=40) %	Ice (n=44) %
Very Easy	51	35	27
Easy	13	33	30
Moderately Easy	22	13	18
Difficult	10	10	9
Very Difficult	na	na	2
Don't Know	4	10	14

Source: Party Drugs User Survey 2003

Changes in the perceived availability of methamphetamine are presented in Table 36. Whilst ease of access to methamphetamine powder (54%) and methamphetamine base (63%) have remained stable, ease of access to crystal methamphetamine has increased: While 36% of ice users reported that their access had remained stable, a further 30% reported that it had recently become easier.

Table 35 Changes in methamphetamine availability reported by PDU, 2003

	Powder (n=72) %	Base (n=40) %	Ice (n=44) %
More Difficult	15	13	11
Stable	54	63	36
Easier	18	8	30
Fluctuates	3	5	5
Don't Know	10	13	18

Source: Party Drugs User Survey 2003

5.5 Methamphetamine related harms

5.5.1 Health-related side-effects

Methamphetamine related physical drug effects reported by PDU in 2003 are presented in Table 37. Methamphetamine powder was the most common methamphetamine with which users associated adverse physical effects. The most common adverse physical effects from using methamphetamine powder were loss of appetite (40%) and trouble sleeping (39%). In comparison, few methamphetamine base or ice users reported adverse physical effects associated with their use of base or ice.

Table 36 Physical effects associated with methamphetamine use reported by PDU, 2003

Physical Effect	Any Drug (N=136) %	Methamphetamine (N =136) %		
		Powder	Base	Ice
Teeth problems	44	17	2	2
Profuse sweating	59	24	3	2
Hot/Cold flushes	50	18	4	2
Heart palpitations	46	23	2	4
Headaches	36	13	2	3
Dizziness	49	12	1	2
Tremors/shakes	46	18	2	1
Memory lapses	47	10	2	2
Numbness/tingling	51	7	2	2
Muscular aches	52	20	2	3
Joint pains/stiffness	38	13	2	2
Blurred vision	65	9	3	1
Trouble sleeping	68	39	4	4
Weight loss	53	35	4	4
Loss of appetite	74	40	4	4

Source: Party Drugs User Survey 2003

Note: Only effects which over one third of the total sample reported are reported here.

Methamphetamine related psychological effects reported by PDU in 2003 are presented in Table 38. Methamphetamine powder was the most common methamphetamine with which users associated adverse psychological effects, particularly confusion (25%) and

agitation/restlessness (24%). In comparison, relatively few methamphetamine base or ice users report adverse physical effects.

Table 37 Psychological effects associated with methamphetamine reported by PDU, 2003

Psychological Effect	Any drug (N=136) %	Methamphetamine Related (N = 136) %		
		Powder	Base	Ice
Agitation/Restlessness	46	24	2	2
Visual hallucinations	58	7	2	0
Auditory hallucinations	40	7	2	2
Anxiety	38	12	4	3
Paranoia	46	14	4	4
Depression	44	15	2	3
Confusion	71	25	4	4
Difficulty concentrating	59	20	4	3
Irritability	47	21	2	2

Source: Party Drugs User Survey 2003

Note: Only effects in which over one third of the total sample reported are reported here

Other problems associated with methamphetamine use reported by PDU are presented in Table 39. Financial problems were the most common problem associated with methamphetamine use. Seventeen per cent of PDU associated their financial problems with their use of methamphetamine powder, 12% with their use of methamphetamine base and seven per cent to their use of crystal methamphetamine.

Table 38 General problems associated with methamphetamine use reported by PDU, 2003

Problem	Powder	Base	Ice
	% N=136	% N=136	% N = 136
Social	13	10	4
Financial	17	12	7
Legal	4	1	0
Work	11	5	6

Source: Party Drugs User Survey 2003

5.6 Perceived risks and benefits of methamphetamine

PDU in 2003 were asked their perceptions of the risks and benefits associated with using methamphetamine. Firstly, PDU were asked whether they knew of any risks associated with methamphetamine use, and secondly were asked to comment on the perceived risks or benefits of using methamphetamine.

The proportion of PDU identifying risks associated with methamphetamine use is shown in Table 40. Almost two thirds (63%) of PDU reported that there were risks associated with

using powder and over half (53%) reported risks associated with base or ice. Interestingly, a substantial proportion of the PDU 2003 sample did not know of any risks associated with using powder (29%), base (35%) or ice (38%).

Table 39 PDU identified risks associated with methamphetamine, 2003

	Powder (N = 136) %	Base (N = 136) %	Ice (N = 136) %
No	7	7	6
Yes	63	53	53
Don't Know	29	35	38
Missing	1	4	3

Source: Party Drugs User Survey 2003

PDU were asked to provide qualitative comments on what the perceived risks of using amphetamines were. The majority commented that the risks were physical and mental health problems along with ‘addiction’.

PDU were also asked to provide qualitative comments on what the perceived benefits of using methamphetamine were. One common observation was that methamphetamine provided energy and the ability to stay awake. Other benefits included that it helped users with weight loss, provided more confidence and increased clarity of thinking.

5.7 KI

KI agreed that methamphetamine powder was mainly swallowed, but also reported that there was some injecting occurring. KI also agreed that methamphetamine ice was mainly used by smoking or swallowing (box 4).

Box 4: KI reports of methamphetamine use

- Mostly swallowing methamphetamine powder, but some may inject
- Mostly smoking or swallowing of crystal methamphetamine
- Perhaps 50% smoke crystal methamphetamine and swallow ecstasy also
- Increasing number smoking ice crystals, although ice more expensive. New trend?

5.8 Indicator Data

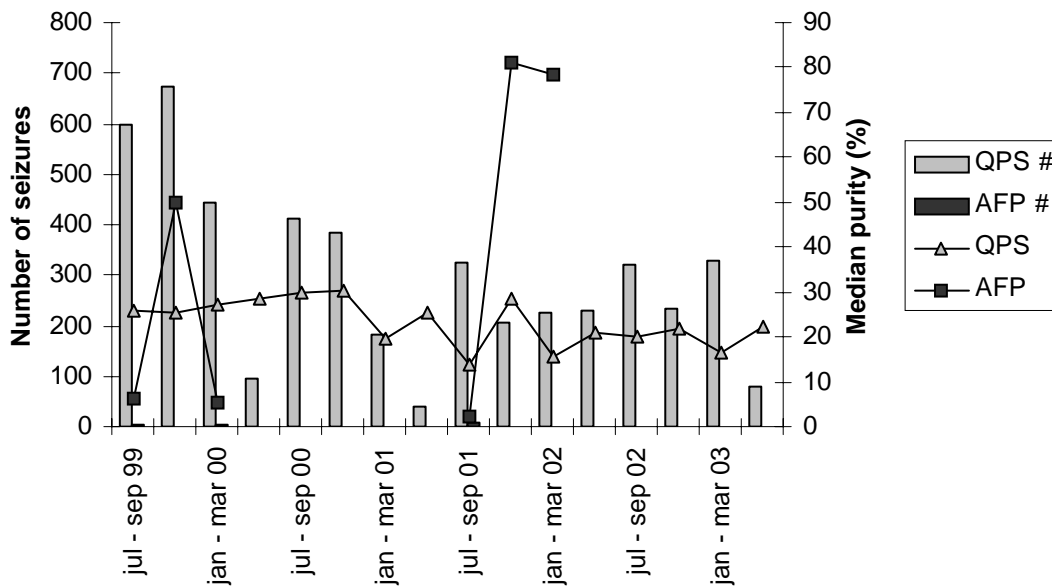
The AIHW (2003) *Statistics on Drug Use in Australia* survey reported that relatively few people in the general population had used ecstasy. The included data from the National Drug Strategy Household Survey in which less than nine per cent (8.9%) had used amphetamines in their lifetime, whilst less than four per cent (3.4%) had used amphetamine in the last twelve months. The mean age of initiation among amphetamine users surveyed in the NDSHS was 20.4 years. *Statistics on Drug Use in Australia* also reported a finding by the National Drug Strategy Household Survey that for the past ten years of survey periods, recent use of amphetamine for the Australian population remained under four per cent.

During 2002 – 2003 less than five percent of all telephone calls to ADIS and Drug ARM telephone counseling services were related to amphetamines. During 2002/2003 ADIS received 3,093 telephone calls relating to amphetamines, representing 16% of all calls received. Drug ARM received 245 telephone between July and December 2003, and 210 calls between January and June 2003, representing 24% and 19% respectively of Drug ARM telephone calls received.

Figure 5 show the number and median purity of analysed methamphetamine seizures in Queensland, from July 1999 to June 2003. There were no methamphetamine seizures by AFP during the 2002/03 financial year. In fact, between July 1999 and June 2003 the AFP made only 15 methamphetamine seizures in Queensland, compared to 4,775 seizures by QPS.

Although the median purity of methamphetamine seizures seems to have varied considerably over the last few years (from 13.9% in the third quarter of 2001, to 30.2% in the last quarter of 2000), overall there appears to have been a gradual decline in the purity of methamphetamine seizures in Queensland since around 2000: During the 1999/00 financial year the median purity of QPS seizures was 26.8%, compared with a median purity of only 19.4% in 2002/03.

Figure 5 Median purity of methamphetamine seizures analysed in Queensland, 1999/00 – 2002/03

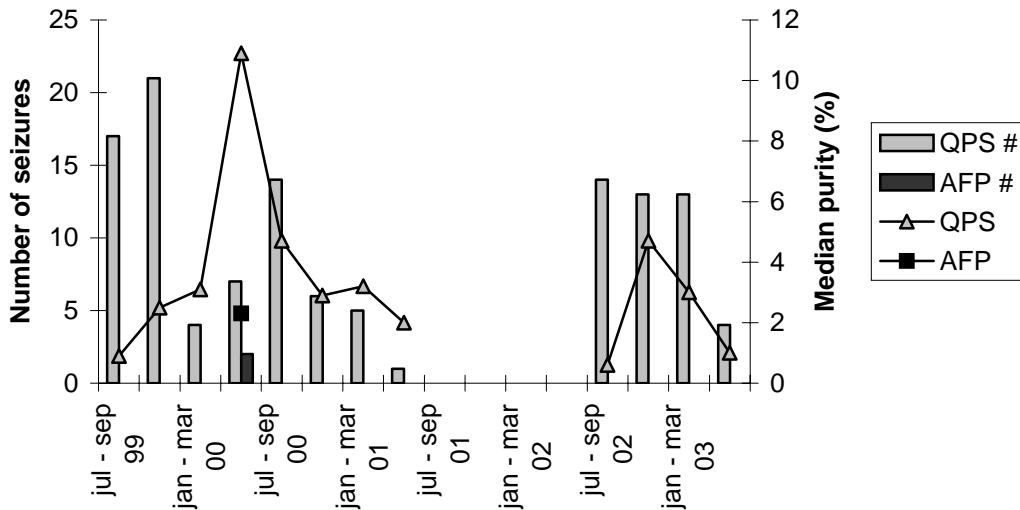


Source: ABCI, 2001, 2002; ACC 2003, 2004, Queensland Health Forensic Laboratory

Notes: There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC) combines the purity of all seizures of methamphetamine. Thus, it is not possible to distinguish the average purity of methamphetamine powder from the more potent forms, base and ice. Therefore, median methamphetamine purity figures reflect purity of seizures of all methamphetamine forms (i.e. speed, base and ice) combined.

As noted in the 2003 Queensland IDRS report (Kinner & Fischer, 2003) methamphetamine seems to have all but replaced the less potent amphetamine as the stimulant of choice for users in Queensland. Figure 6 shows the number and median purity of analysed amphetamine seizures in Queensland from 1999/00 to 2002/03. During 2002/03 the AFP made no seizures of amphetamine in Queensland and QPS made only 44 seizures, with a median purity of only 0.9%.

Figure 6 Median purity of amphetamine seizures analysed in Queensland, 1999/00 – 2002/03

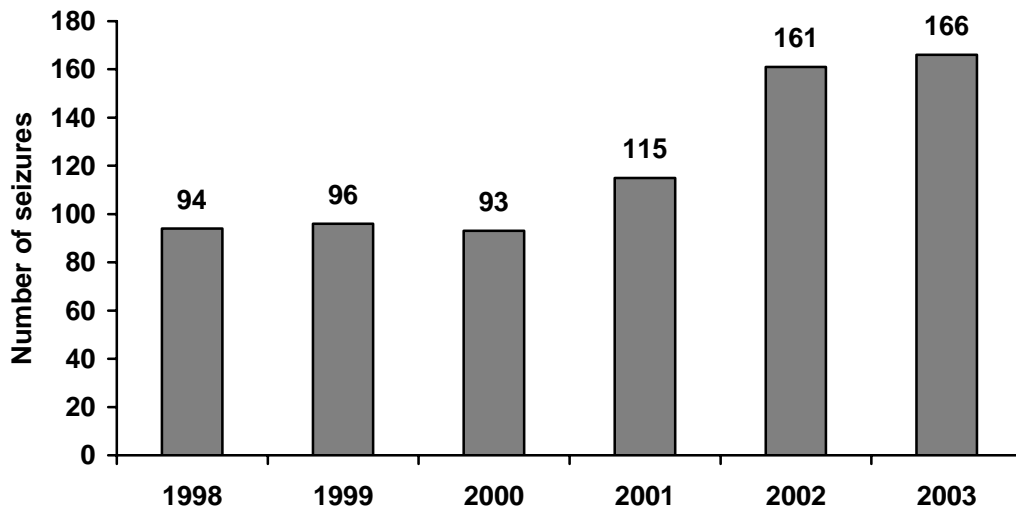


Source: ABCI, 2001, 2002; ACC 2003 in Press, Queensland Health Forensic Laboratory

Notes: There are important caveats to consider when interpreting the methamphetamine purity data. The Australian Crime Commission (ACC) combines the purity of all seizures of methamphetamine. Thus, it is not possible to distinguish the average purity of methamphetamine powder from the more potent forms, base and ice. Therefore, median methamphetamine purity figures reflect purity of seizures of all methamphetamine forms (i.e. speed, base and ice) combined.

Figure 7 shows the number of clandestine laboratories seized in Queensland by Queensland Police Service (QPS) from 1998 to 2003. The number of seizures increased substantially in 2001, during the heroin shortage, and again in 2002. In 2003 QPS made 166 clandestine laboratory seizures. Methamphetamine production in Queensland seems to be characterised by a relatively large number of producers, each making relatively small quantities of the drug: During the 2001/02 financial year, for example, 57.5% of the clandestine laboratory seizures in Australia were made in Queensland (ACC, 2003).

Figure 7 Number of clandestine laboratory seizures by Queensland Police Service, 1998 – 2003



Source: Queensland Police Service

5.9 Summary of Methamphetamine Trends

Demographic Characteristics

Methamphetamine Powder

Sixty-seven percent of the 2003 PDU sample reported having ever used methamphetamine powder, and 57% reported recent use. Over half (54%) of methamphetamine powder users were female. Recent methamphetamine powder users had a median age of 22 years, and had used about once a month (median = 6 days) in the last six months, typically using 0.5 grams (range: 0.1 - 1.5 grams). The main routes of recent administration were swallowing (38%) and snorting (27%).

Methamphetamine Base

Forty-three percent of the 2003 PDU sample reported having ever used methamphetamine base, and 34% reported recent use. Over half (57%) of methamphetamine base users were female. Recent methamphetamine base users had a median age of 25 years, and had used about once a month (median = 6 days) in the last six months, using one gram (range: 0.1 – 5 grams). The main routes of recent administration were swallowing (24%) and snorting (13%).

Crystal Methamphetamine

Forty-nine percent of the 2003 PDU sample report having ever used crystal methamphetamine, and 38% reported recent use. Over half (53%) of the crystal methamphetamine users were female. Recent crystal methamphetamine users had a median age of 21 years, and had used about every six weeks (median = 4 days) in the last six months,

using one gram (range= 0.25 – 4 grams). The main routes of recent administration were smoking (24%) and swallowing (20%).

KI reports on the use of amphetamine and its route of administration were consistent with those of PDU. Specifically, key informants noted that smoking crystal methamphetamine was occurring.

Methamphetamine Harms

Methamphetamine powder was the most common form of methamphetamine about which users reported adverse side effects, and relatively few associated adverse side effects with methamphetamine base or crystal methamphetamine. The most common physical side effects associated with methamphetamine powder use were loss of appetite (40%) and trouble sleeping (39%). The most common psychological effects reported to be associated with methamphetamine powder use were confusion (25%) and agitation/restlessness (24%).

The most common types of problem PDU associated with methamphetamine use were financial and social problems. Seventeen per cent of PDU reported that they had financial problems associated with their use of methamphetamine powder and 13% reported that they had social problems associated with their use of methamphetamine powder.

Almost two thirds (63%) of PDU reported that there were risks associated with using methamphetamine powder and over half (53%) reported risks associated with base or ice. However, a substantial proportion of the 2003 PDU sample did not know of any risks with using powder (29%), base (35%) or ice (38%).

Price, Purity, Availability

In 2003, the median price for any form of methamphetamine was \$200. The median price for a point of speed or base was \$25 and \$40 for a point of crystal. Over a third of methamphetamine powder users (39%) and 15% of methamphetamine base and crystal methamphetamine users reported that the price had remained stable in the last six months.

Methamphetamine users were generally in agreement that the current purity of methamphetamine was high. Specifically, over two thirds (68%) reported current methamphetamine powder purity to be medium/high; over two thirds (68%) reported current methamphetamine base purity to be high and almost three quarters (71%) reported current crystal methamphetamine purity as high.

The 2003 PDU sample reported that methamphetamine availability had been good in the last six months. While ease of access to methamphetamine powder (54%) and methamphetamine base (63%) have remained stable, ease of access to crystal methamphetamine has increased. While 36% of ice users reported that their access had remained stable, a further 30% reported that it had recently become easier to obtain ice.

Consistent with the view that methamphetamine is readily available in Queensland, QPS made 4,775 methamphetamine seizures between July 1999 and June 2003. These seizures had a median purity of 19.4% in 2002/03.

Time Comparison

In the 2001 PDU sample there were fewer female methamphetamine users than male, whereas in 2003 there were more females than males. Whilst the median age for methamphetamine users in 2001 was 25 years, amongst the 2003 PDU sample this had decreased to a median age of 22 years for methamphetamine powder users, remained the same (25 years) for methamphetamine base users and declined to 21 years for crystal methamphetamine users.

In 2001, more PDU reported having ever having used any form of methamphetamine than in 2003. Specifically, lifetime use of methamphetamine powder declined from 86% of the 2001 PDU sample to 67% in the 2003 PDU sample; lifetime use of methamphetamine base declined from 84% in the 2001 PDU sample to 43% in the 2003 PDU sample; and lifetime use of crystal methamphetamine declined from 68% in the 2001 PDU sample to 49% in 2003. Similar declines were evident in PDU reports of their recent methamphetamine use.

Between 2001 and 2003 changes occurred in the preferred routes of administration for methamphetamine powder, base and crystal, towards increased smoking of methamphetamine. For instance, more PDU in 2001 than in 2003 reported recently swallowing or snorting methamphetamine powder (swallowing: 53% vs 38%; snorting: 43% vs 27%). Similarly, in 2001 20% of PDU reported having ever smoked methamphetamine powder and 4% had recently used this route of administration, compared to 2003 when 22% of PDU reported having ever smoked methamphetamine powder and 11% reported having done so recently. This trend is more apparent with route of administration of crystal methamphetamines. In 2001 the most common routes for the recent administration of crystal methamphetamine were swallowing (40%) and injecting (17%). However in 2003 the most common routes for the recent administration of crystal methamphetamine were smoking (24%) and swallowing (20%).

Among those who had recently smoked amphetamines (n=39), under a third reported injecting any drug. This implies that those who are smoking methamphetamine typically have never injected. Additionally, methamphetamine, particularly crystal methamphetamine, is more common among younger users. Those who reported having smoked crystal amphetamine ice recently were significantly younger (mean = 22 years), than those who have reported not smoking ice recently (mean age = 26.37 years), $t(101) = 4.01, p < .001$.

In 2001 and 2003 PDU reported using equivalent amounts of methamphetamine powder and base. However, the average quantity of crystal methamphetamine reportedly used by PDU increased from half a gram in 2001 to one gram in 2003.

6.0 COCAINE

6.1 Cocaine Use Among PDU

Lifetime and recent use of cocaine by the 2001 and 2003 PDU samples are presented in Table 41. In 2001 over a third (37%) of the PDU sample reported recent cocaine use, compared with 18% of the 2003 PDU sample. In both years the main route of administration was snorting.

Table 40 Cocaine use and routes of administration reported by PDU, 2001 & 2003

	2001 (N = 115)		2003 (N= 136)	
	Ever %	Recent	Ever %	Recent
Used	67	37	37	18
Injected	8	3	10	2
Smoked	7	2	7	2
Snorted	60	30	33	13
Swallowed	34	20	10	4

Source: Party Drugs User Surveys 2001 & 2003

Recent patterns of cocaine use by the 2001 and 2003 PDU samples are reported in Table 42. In 2001 and 2003 more females than males reported recent cocaine use. The median age of both samples was about the same in both years (26 years in 2001, 25 years in 2003). There was little difference between samples in the median days of cocaine use in the last 6 months (3 days in 2001, 4.5 days in 2003) or in the typical quantity used over this period (median = 0.5 grams).

Table 41 Characteristics of recent cocaine use reported by PDU, 2001 & 2003

	2001 (n=43)	2003 (n=25)
Gender (%)		
Male	44	44
Female	56	56
Median age (years)	26	25
Median days used last six months	3	4.5
Median quantities used (grams)		
Average (range)	0.5 (0 - 3)	0.5 (0.25 - 2)
Most (range)	1 (0 - 6)	1 (0.25 - 7)

Source: Party Drugs User Surveys 2001 & 2003

6.2 Price, Purity & Availability

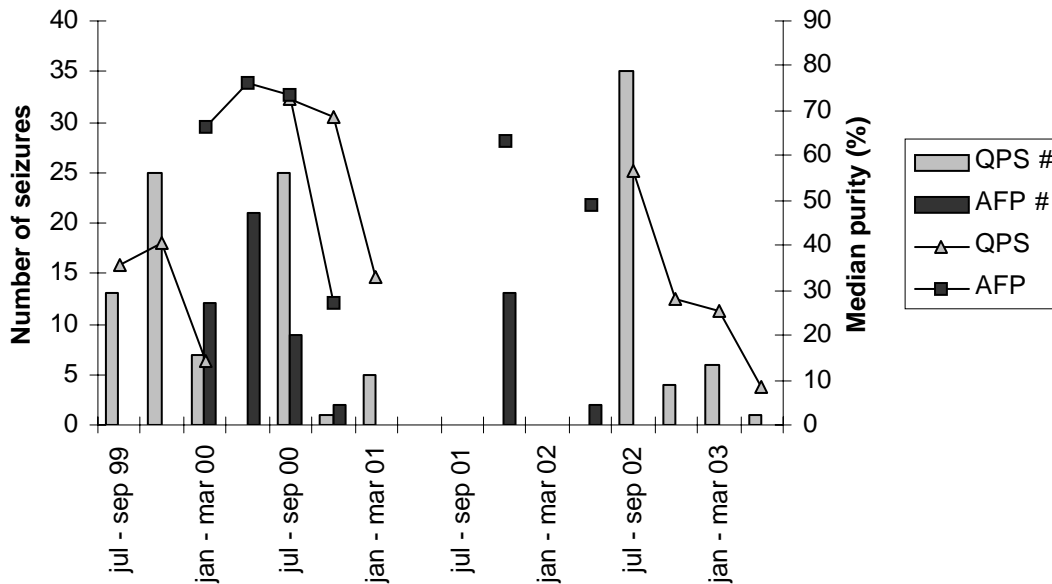
Ten PDU reported on the price of cocaine, with a median price of \$250 per gram.

With respect to perceived purity and availability, there was little agreement among PDU. Twenty-one PDU reported on the current purity/strength of cocaine, five of whom reported that they did not know, three reported that it was low, nine reported that it was medium, three reported that it was high and one reported that the current purity/strength of cocaine fluctuated.

Twenty-one PDU reported on the current availability of cocaine, five of whom did not know, three reported that it was very easy to obtain, four reported that it was easy to obtain, four reported that it was moderately easy to obtain, three reported that it was difficult to obtain and two reported that cocaine was currently very difficult to access.

Figure 8 displays the number and purity of analysed cocaine seizures in Queensland from July 1999 to March 2003. Over this four-year period QPS and AFP made a total of 181 cocaine seizures including 46 seizures during 2002/03. In 2002/03 the median purity of these seizures was 41.1%, with all seizures in this time made by QPS. While the figure shows the purity of cocaine decreasing during the last financial year, it is also evident that both the number and purity of analysed cocaine seizures in Queensland varies dramatically over time.

Figure 8 Number and purity of analysed seizures of cocaine in Queensland, July 1999 - March 2003



Source: (ABCI, 2001, 2002; ACC, 2004)

6.3 Perceived Cocaine Harms & Benefits

The 2003 PDU sample were asked whether there were any risks associated with cocaine use. While 44% of PDU believed that there were risks associated with taking cocaine, a further 41% did not nominate any risks.

When asked to provide qualitative comments on what the perceived risks and benefits of using cocaine were, the majority of PDU commented that the main risk associated with using cocaine was 'addiction'. Other perceived risks included money problems, nasal problems, and poor physical and mental health. The main perceived benefits associated with using cocaine were confidence and generally 'feeling good'. In the words of one participant: "[using cocaine] feels really good, on top of everything, cocaine confidence".

6.4 Summary of Cocaine Trends

Demographic Characteristics

Over a third of the 2003 PDU sample (37%) report having ever used cocaine, and 18% reported that they had done so recently. Of the PDU who had recently used, the median age was 25 years and 56% were female. On average, a median of 0.5 grams was used at a time and this was typically consumed by snorting (13%).

Drug Use Harms

When asked if there were any risks associated with using cocaine, 44% of the 2003 PDU sample believed there were risks, with the main risk being 'addiction'.

Price, Purity & Availability

Ten participants reported a median price of \$250 per gram for cocaine. Twenty-one participants were able to report on cocaine purity and availability, however there was little agreement among PDU.

From 2003 PDU reports, cocaine use seems to be uncommon amongst party-drug users in south-east Queensland. However, there has been a considerable increase in the total number of cocaine seizures in Queensland in the last year, from 15 in 2001/02 to 46 in 2002/03.

Time Comparison

More PDU in 2001 than in 2003 had recently used cocaine (37% vs 18%). In both 2001 and 2003 more females than males reported recent cocaine use. However, both samples had similar ages (median = 26 years vs 25 years). There was little difference between samples in median days of cocaine use (3 days vs 4.5 days in last 6 months) or in the average quantity used (median =0.5 grams).

7.0 KETAMINE

7.1 Ketamine Use Among PDU

Lifetime and recent use of ketamine reported by PDU in 2001 and 2003 are presented in Table 43. In 2001, 9% of PDU reported recent ketamine use compared to 14% in 2003. In both years the main route of administration was swallowing.

Table 42 Ketamine use and routes of administration reported by PDU, 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	26	9	27	14
Injected	4	1	2	1
Smoked	1	0	1	--
Snorted	6	2	13	8
Swallowed	17	5	18	8

Source: Party Drugs User Surveys 2001 & 2003

Recent patterns of ketamine use by the 2001 and 2003 PDU samples are reported in Table 44. In 2001 40% of recent ketamine users were male compared to 63% in 2003. The median age of ketamine users declined slightly from a median of 22.5 years in 2001 to 21 years in 2003, whilst the average amount recently used increased over this period (2001: median = 0 bumps vs 2003: median = 1 bump).

Table 43 Characteristics of recent ketamine use by PDU, 2001 & 2003

	2001 (n=10)	2003 (n=19)
Gender (%)		
Male	40	63
Female	60	37
Median age (years)	22.5	21
Median days used last six months	2	2
Median quantities used (bump)		
Average (range)	0 (0-3)	1 (0.5 – 3)
Most (range)	0 (0-3)	1(1 – 15)

Source: Party Drugs User Surveys 2001 & 2003

7.2 Price, Purity & Availability

Four participants reported a price for ketamine ranging from \$17.50 to \$30 for a bump. Nine participants reported on the current purity/strength of ketamine and its availability, however there was little agreement amongst these PDU.

7.3 Perceived Ketamine Harms & Benefits

The 2003 PDU sample were asked whether there were any risks associated with ketamine use. Whilst 30% of PDU believed that there were risks associated with using ketamine, over half (56%) did not know that there were risks associated with ketamine use.

PDU were also asked to comment on the risks and benefits of using ketamine. The majority commented that it was “easy to overdose” and that it “can kill you”. Perhaps more than any other drug, this was the drug about which PDU held adverse views. PDU believed that the main benefits of taking ketamine were its perception altering capabilities and that it was “good for coming down”.

7.4 Summary of Ketamine Trends

Demographic Characteristics

Over a quarter (27%) of the PDU sample reported having ever used ketamine and 14% had used it recently. The median age of recent ketamine users was 21 years and almost two thirds (63%) were male. Recent ketamine use was on a median of two days in the last six months, using a median of 1 bump (range: 0.5 – 3 bumps).

Drug Use Harms

Over half (56%) of the 2003 PDU sample did not know whether there were any risks associated with using ketamine. However, those who did identify risks associated with ketamine use made comments such as “it’s easy to overdose” and “it can kill you”.

Price, Purity & Availability

Ketamine use was uncommon amongst the 2003 PDU sample and there was little agreement among the few PDU who did comment, with respect to price, purity and availability.

Time Comparison

Fewer PDU in 2003 than in 2001 had recently used ketamine (9% vs 14%). In 2001, 40% of recent ketamine users were male compared to 63% in 2003. There was a slight decline in the median age of users from 22.5 years in 2001 to 21 years in 2003 and an increase in the median amount of ketamine recently used from 0 bump in 2001 to 1 bump in 2003.

8.0 GHB

8.1 GHB use among PDU

Lifetime and recent use of GHB reported by the 2001 and 2003 PDU samples are presented in Table 45. In 2001 10% of the PDU sample reported recent GHB use compared to 6% in 2003.

Table 44 GHB use and routes of administration reported by PDU 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	25	10	13	6
Injected	2	2	--	--
Swallowed	24	10	13	6

Source: Party Drugs User Surveys 2001 & 2003

Recent patterns of GHB use by the 2001 and 2003 PDU samples are reported in Table 46. In 2001 58% of recent GHB users were female compared to 63% in 2003. However, both samples had similar ages (median = 23 years vs 22 years). However, the median quantity recently consumed increased over this period from 3 mls (2001) to 4 mls (2003).

Table 45 Characteristics of recent GHB use reported by PDU, 2001 & 2003

Variable	2001 (n=12)	2003 (n=8)
Gender (%)		
Male	42	38
Female	58	63
Median age (years)	23	22
Median days used last six months	1	1
Median quantities used (mls)		
Average (range)	3 (0-30)	4 (2 – 10)
Most (range)	5.5 (0-60)	6 (5 – 40)

Source: Party Drugs User Surveys 2001 & 2003

8.2 Price, Purity & Availability

Four people reported on the current price of GHB (median = \$4.00/ml). There was little agreement amongst the PDU (n=6) who reported on the current purity/strength of GHB. There was also little agreement amongst the PDU (n=6) who reported on the availability of GHB.

8.3 Perceived GHB Harms & Benefits

The 2003 PDU sample were asked whether there were any risks associated with GHB use. Over a quarter (27%) of the 2003 PDU sample reported that they did believe there were risks associated with using GHB, however over half (57%) did not know whether there were any risks associated with using GHB.

PDU were also asked to provide qualitative comments on the risks associated with using GHB. A number of PDU commented that there were grave risks associated with its use, with one participant observing that “people die from that shit”.

8.4 Summary of GHB Trends

Demographic Characteristics

Few PDU in 2003 (13%) reported ever using GHB and very few (6%) had used GHB recently. The median age of recent GHB users was 22 years and almost two thirds (63%) were female. Typically, GHB users consumed 4 mls (range: 2-10), and used once in six months.

Drug Use Harms

Over half (57%) of the 2003 PDU sample did not know whether there were any risks associated with using GHB.

Price, purity & availability

GHB use was uncommon amongst the 2003 PDU sample and few PDU were able to report on the price, purity or availability of GHB. There was little agreement among those who did report.

Time Comparison

More PDU in 2001 than in 2003 had recently used GHB (10% vs 6%). In 2001, 42% of recent GHB users were male compared to 38% in 2003. However, both samples had similar ages (median = 23 years vs 22 years). However, the median quantity recently used increased from 3 mls in 2001 to 4 mls in 2003.

9.0 LSD

9.1 LSD use among PDU

Lifetime and recent use of LSD reported by the 2001 and 2003 PDU samples are presented in Table 47. In 2001 over a third (38%) of PDU had recently used LSD compared to 18% in 2003. In both years the main route of administration was swallowing (37% vs 17%).

Table 46 LSD use and routes of administration reported by PDU, 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	78	38	41	18
Injected	6	2	4	1
Swallowed	69	37	40	17

Source: Party Drugs User Surveys 2001 & 2003

Patterns of LSD use by the 2001 and 2003 PDU samples are presented in Table 48. In 2001 over a third (36%) of LSD users were female compared to almost two-thirds (64%) in 2003, but the median age of those using LSD was similar (median = 23 years vs 22 years). The median amount being used remained one tab in both years.

Table 47 Characteristics of recent LSD use reported by PDU, 2001 & 2003

Variable	2001 (n= 44)	2003 (n=25)
Gender (%)		
Male	64	36
Female	36	64
Median age (years)	23	22
Median days used last six months	3	2
Median quantities used (tab)		
Average (range)	1 (0-2)	1 (0.5 – 3)
Most (range)	1 (0.5 – 5)	2 (1 – 5)

Source: Party Drugs User Surveys 2001 & 2003

9.2 Price, Purity & Availability

In 2003 the median price of an LSD tab reported by PDU was \$20 (range: \$8-\$50).

Twenty-six participants reported on price changes for LSD in the last six months: Seven participants did not know, five reported that the price for an LSD tab was increasing; twelve reported that the price was stable, and one participant each reported that it was decreasing or fluctuating.

Twenty-six participants reported on the current purity/strength of LSD. There was little agreement on the current purity/strength of LSD, as ten participants reported that they did not know, six reported that it was low, five reported that it was medium, three reported it was high and two reported that it had fluctuated.

Twenty-six participants also reported on changes in the purity/strength of LSD in the last six months. Again, there was little agreement on changes in LSD purity/strength. Ten participants did not know, six reported that it was low; five reported that it was medium; three reported that it was high and two reported that the strength/purity of LSD had been fluctuating.

The majority that commented on the availability of LSD reported it was difficult to very difficult to obtain. Similar proportions reported that the availability of LSD had remained stable or had become more difficult to obtain in the six months preceding interview.

9.3 Perceived LSD Harms & Benefits

The 2003 PDU sample were asked whether there were any risks associated with taking LSD. Half of the sample (50%) commented that there were risks, however over a third (38%) did not know of any risks.

PDU were also asked to provide qualitative comments on the perceived benefits and risks of taking LSD. When asked what the perceived benefits were, the majority of those who responded believed that LSD provided “good trips” and as stated by one participant “ “puts you in your own world, seeing colours, things don't seem real, an all-around good feeling”. When asked what the perceived risks were, the majority commented “bad trips”, hallucinations, or as one participant put it, “turning into an orange, getting lost and never coming back”.

9.4 Summary of LSD Trends

Demographic Characteristics

Amongst the 2003 PDU, 41% reported ever using LSD, and 18% reported doing so recently. Almost two thirds (64%) of recent LSD users were female. Typically, one tab (range: 0.5 – 3 tabs) was used on a median of two days in the last six months.

Drug Use Harms

Half (50%) of the 2003 PDU sample believed that there were risks associated with using LSD, however over a third (38%) did not know of any risks associated with its use.

Price, Purity & Availability

The median price reported for an LSD tab was \$20 (range: \$8 - \$50). Almost half (46%) of recent LSD users reported that this price was stable. However, there was disagreement on LSD purity/strength.

Time Comparison

In 2001 more PDU reported recent LSD used than in 2003 (38% vs 18%). Recent users of LSD were on average 23 years old in 2001 and 22 years old in 2003. Whilst the median number of days used in 2001 was three days in the last six months compared to two days in the last six months in 2003, in both years one tab was typically used.

10.0 MDA

10.1 MDA use among PDU

The prevalence of lifetime and recent use of MDA, reported by the 2001 and 2003 PDU samples, is presented in Table 49. In 2001 25% of PDU reported recent MDA use, compared to 18% in 2003. In both years the main route of MDA administration was swallowing.

Table 48 MDA use and routes of administration reported PDU, 2001 & 2003

	2001 (N = 115) %		2003 (N= 136) %	
	Ever	Recent	Ever	Recent
Used	39	25	24	18
Injected	4	4	5	2
Smoked	1	1	2	2
Snorted	12	6	13	8
Swallowed	35	21	17	14

Source: Party Drugs User Surveys 2001 & 2003

Recent patterns of MDA use reported by the 2001 and 2003 PDU samples are presented in Table 50. In 2001, 45% of recent MDA users were male compared to 56% in 2003. In both years the median quantity used was one cap. However, compared to 2001, MDA was used on fewer days than in 2003 (median = 0 days vs 2 days) in last 6 months.

Table 49 Characteristics of recent MDA use reported by PDU, 2001 & 2003

Variable	2001 (n=29)	2003 (n=25)
Gender (%)		
Male	45	56
Female	55	44
Median age (years)	24	22
Median days used last six months	0	2
Median quantities used (caps)		
Average (range)	1 (0-10)	1 (0.5 – 2)
Most (range)	1 (0-18)	2 (1– 3.5)

Source: Party Drugs User Surveys 2001 & 2003

10.2 Price, Purity & Availability

The median price reported price for MDA by PDU in 2003 was \$37.50.

Twelve participants reported on MDA price changes however there was little agreement, with five PDU reporting that they did not know, one reporting an increase, five reporting that the price had remained stable and one reporting a decrease in price.

Twelve participants commented on the current purity/strength of MDA, however there was again little agreement, with three reporting that they did not know, one reporting that it was low, four reporting that it was medium, three reporting that it was high and one reporting that it was fluctuating.

Twelve participants commented on current ease of access to MDA and there was little agreement with four reporting that they did not know, two reporting that it was increasing, two reporting that it was stable, three reporting that it was decreasing and one reporting that it was fluctuating

10.3 Summary of MDA Trends

Demographic Characteristics

In 2003, 24% of the PDU sample reported ever using MDA, and 18% reported using MDA recently. Recent MDA users were on average 22 years old. Typically, users consumed one cap of MDA (range: 0.5 - 2) on a median of two days in the last six months.

Price, Purity & Availability

Eight participants were able to comment on the price of MDA, with a median reported price of \$37.50 per cap. There was little agreement amongst PDU with regard to MDA purity and availability.

Time Comparison

Compared to 2003, more PDU reported recent MDA in 2001 (25% vs 18%). In 2001 55% of recent user were female compared to 44% in 2003. The median age of MDA users in the sample decreased from 2001 (median = 24 years) to 2003 (median = 22 years). The median number of days used was less in 2001 than in 2003 (0 days vs 2 days), however, the median quantity used remained the same in both years – 1 cap.

11.0 OTHER DRUGS

11.1 Alcohol

In 2001 and 2003 over 90% (94% and 93%) of PDU reported recent alcohol use.

Whilst there was a slight decline in median age of alcohol users from 24 years in 2001 to 22 years in 2003, PDU reported using on a similar number of days (median = 46.5 days vs 48 days) in the last six months (Table 51).

Table 50 Characteristics of recent alcohol use reported by PDU, 2001 & 2003

	2001 (n=108)	2003 (n=127)
Gender (%)		
Male	57	48
Female	43	51
Median age (years)	24	22
Median days used last six months	46.5	48

Source: Party Drugs User Surveys 2001 & 2003

11.2 Cannabis

In 2001, 87% of the PDU sample reported having recently used cannabis compared to 73% in 2003.

Cannabis users in 2001 were slightly older (median = 25 years) than cannabis users in 2003 (median = 22 years), however, there was a decline in median days of cannabis use in the last six months from 60 days in 2001 to 48 days in 2003 (Table 52).

Table 51 Patterns of recent cannabis use reported by PDU, 2001 & 2003

	2001 (n=100)	2003 (n=99)
Gender (%)		
Male	63	49
Female	37	52
Median age (years)	25	22
Median days used last six months	60	48

Source: Party Drugs User Surveys 2001 & 2003

11.3 Tobacco

In 2003, compared to 2001, fewer PDU reported having recently smoked tobacco (80% vs 70%).

In 2001 over half (54%) of recent tobacco smokers were male, whereas in 2003 44% of the tobacco smokers were male. In both periods the median age of tobacco smokers was the same (Table 53).

Table 52 Patterns of recent tobacco use reported by PDU, 2001 & 2003

	2001 (n=92)	2003 (n=95)
Gender (%)		
Male	54	44
Female	46	56
Median age (years)	24	24
Median days used last six months	180	180

Source: Party Drugs User Surveys 2001 & 2003

11.4 Benzodiazepines

In 2001, 35% of PDU had recently used benzodiazepines compared to 27% in 2003.

The median age of users was similar between 2001 and 2003, however median days of use in the last six months declined slightly from 5.5 days in 2001 to 3 days in 2003 (Table 54).

Table 53 Patterns of recent benzodiazepine use reported by PDU, 2001 & 2003

	2001 (n=40)	2003 (n=36)
Gender (%)		
Male	55	61
Female	45	39
Median age (years)	24.5	25
Median days used last six months	5.5	3

Source: Party Drugs User Surveys 2001 & 2003

11.5 Antidepressants

In 2001 18% of the PDU sample had recently used antidepressants, compared to 12% in 2003.

However in 2001 antidepressants were used on a median of 30 days in the last six months compared to 180 days in the last six months in 2003. It is likely that the increase in antidepressant use may be due to an increase in the use of antidepressants amongst younger people generally, or more likely due to an increase in the proportion of PDU using prescribed antidepressants in 2003, compared to 2001 (Table 55).

Table 54 Patterns of recent antidepressant use reported by PDU, 2001 & 2003

	2001 (n=21)	2003 (n=16)
Gender (%)		
Male	38	44
Female	62	56
Median age (years)	24.5	25.5
Median days used last six months	30	180

Source: Party Drugs User Surveys 2001 & 2003

11.6 Amyl Nitrate

Almost a quarter of the 2001 PDU sample had recently used amyl nitrate, compared to 9% of the 2003 PDU sample. However, the proportion of female users rose from 32% in 2001 to 50% in 2003 (Table 56).

Table 55 Patterns of recent amyl nitrate use reported by PDU, 2001 & 2003

	2001 (n= 28)	2003 (n=12)
Gender (%)		
Male	68	50
Female	32	50
Median age (years)	25	25
Median days used last six months	2	3

Source: Party Drugs User Surveys 2001 & 2003

11.7 Nitrous Oxide

Over a third (37%) of the 2001 PDU sample had recently used nitrous oxide compared to 18% in 2003. However, in 2001 40% of users were female compared to 56% in 2003 (Table 57).

Table 56 Patterns of use of nitrous oxide by PDU in last 6 months, 2001 & 2003

	2001 (n= 42)	2003 (n=25)
Gender (%)		
Male	60	40
Female	40	56
Median age (years)	24	21
Median days used last six months	6	5

Source: Party Drugs User Surveys 2001 & 2003

11.8 Heroin

In 2001, 15% of the PDU sample had recently used heroin compared to 7% of the PDU sample in 2003, however the median age of those who had used heroin recently increased from a median of 25 years in 2001 to a median of 36 years in 2003. The frequency of use also increased from a median of 15 days in the last six months in 2001, to 21 days in the last six months in 2003 (Table 58).

Table 57 Patterns of recent heroin use reported by PDU, 2001 & 2003

	2001 n=17)	2003 (n=9)
Gender (%)		
Male	53	44
Female	47	56
Median age (years)	25	36
Median days used last six months	15	21

Source: Party Drugs User Surveys 2001 & 2003

11.9 Other Opiates

Almost a quarter of the PDU sample (24%) reported having ever used other opiates, and 12% reported having recently used other opiates. However, between 2001 and 2003 there are few differences in terms of gender, median age of other opiate users or median days used in the last six months.

Table 58 Patterns of recent other opioid use reported by PDU, 2001 & 2003

	2001 n=7	2003 n=16
Gender (%)		
Male	43	37
Female	57	63
Median age (years)	26	25.5
Median days used last six months	10	12

Source: Party Drugs User Surveys 2001 & 2003

11.10 Summary of Other Drug Trends

Alcohol, Tobacco & Cannabis

Alcohol, tobacco and cannabis were drugs commonly used by the 2003 PDU sample. However compared to 2001, fewer PDU in 2003 had used alcohol, tobacco and cannabis. Additionally, both alcohol and tobacco were used less frequently in 2003 than in 2001.

Antidepressants

Compared to 2001, there were fewer recent users of antidepressants in 2003 (18% vs 12%). However the frequency of use in 2001 was much less than in 2003 (median = 30 days vs 180 days in last 6 months). This increase in the median days used suggests an increase in the use of antidepressants as prescribed, within the PDU 2003 sample.

Amyl Nitrate

In 2001, there were more recent amyl nitrate users than in 2003 (24% vs 9%), however the proportion of female users rose from 32% in 2001 to 50% in 2003.

Nitrous Oxide

In 2001, there were more recent nitrous oxide users than in 2003 (37% vs 18%), however, the proportion of female users rose from 40% in 2001 to 56% in 2003.

Opioids

In 2001, there were more recent heroin users than in 2003 (15% vs 7%). In 2001 the median age of the heroin users in the sample was 25 years compared to 35 years in 2003. In 2001 heroin was used on a median of 15 days in the last six months compared to 21 days in the last six months in 2003.

12.0 CRIMINAL AND POLICE ACTIVITY

12.1 Reports of criminal activity among PDU

PDU self-reports of criminal activity in the past month are presented in Table 59. In the past month 10% of PDU reported that they had committed a property crime, 31% had engaged in dealing, 4% had committed fraud and 3% had committed a violent crime. Of those PDU who reported dealing in the last month, 15% reported dealing less than once a week, 7% reported dealing once a week and 9% reported dealing more than once a week.

Table 59 PDU self-reports of criminal activity in the past month, 2003

	Property Crime N=136 %	Dealing N=136 %	Fraud N=136 %	Violent Crime N=136 %
None	90	69	96	97
Less than once a week	4	15	2	3
Once a week	3	7	1	0
More than once a week	2	9	1	0

Source: Party Drugs User Survey 2003

PDU reports of being arrested in the last twelve months are presented in Table 60. About one in ten PDU (11%) had been arrested in the last twelve months. The main reasons for arrest were use/possession (4%) and property crime (4%).

Table 60 Percentage of PDU arrested in last 12 months by offence, 2003

	Arrested in last 12 months N= 136 %
Any Arrest	11
Use/Possession	4
Dealing/Trafficking	2
Property crime	4
Fraud	2
Violent crime	3
Other	7

Source: Party Drugs User Survey 2003

Table 61 presents the number of drug consumer and provider arrests made in Queensland by either the Queensland Police Service or the AFP during the 2002/03 financial year. A total of 26,808 arrests were made in this time, representing an 18% increase from the 22,726 arrests made in the previous financial year. Consistent with the previous year, however, the majority of arrests were of males (79%) and were of drug consumers (84%) rather than providers (16%). Given the prevalence of cannabis use in the community it is perhaps not surprising that the majority of arrests were made in relation to cannabis (74%). As in 2001/02, 9% of arrests made during the 2002/03 financial year were in relation to amphetamine-type stimulants (including ecstasy), while only 1% of arrests were in relation to

heroin and other opioids. Only a small number of arrests made during 2002/03 were in relation to cocaine, hallucinogens or steroids.

Table 61 Consumer and provider arrests by drug type in Queensland, 2002/03

	Consumer	Provider	Total	% of arrests
Cannabis	17,295	2,584	19,879	74
Amphetamine-type stimulants	1,975	558	2,533	9
Heroin and other opioids	212	86	298	1
Cocaine	19	17	36	<1
Hallucinogens	15	7	22	<1
Steroids	49	5	54	<1
Other/unknown	2,821	1,165	3,986	11
All drugs	22,386	4,422	26,808	100
% of arrests	84	16	100	

Source: ACC

12.2 Perceptions of police activity towards PDU

PDU were asked to comment on their perceptions of police activity in the last six months. Forty-one percent of PDU perceived that police activity has been stable in the last six months, while a further 25% perceived that there had been an increase in police activity in this time. Only 2% reported that there had been less police activity, and 32% of the sample reported that they did not know.

The 2003 PDU sample were also asked whether police activity had made it more difficult for them to 'score'. The vast majority (86%) of PDU surveyed reported that police activity had not made it more difficult to 'score', however more than one in ten (12%) reported that it had.

12.3 Criminal and Police Activity Summary

Almost a third (31%) of the 2003 PDU sample reported 'dealing' at least once in the past month, however for almost half of these, dealing occurred less than once a week.

Forty-one percent of the 2003 PDU sample reported that police activity was stable.

A quarter of the 2003 PDU sample reported that there was more police activity than six months ago. The main type of changes reported by PDU was an increase in undercover police presence at venues (i.e., nightclubs and raves). However 86% of PDU did not believe that the increase in police activity had made it more difficult to score.

During the 2002/03 financial year a total of 26,808 arrests were made. The majority of the arrests were of drug consumers (84%) rather than providers (16%). The majority of arrests were made in relation to cannabis (74%), however 9% of arrests made during the 2002/03 financial year were in relation to amphetamine-type stimulants (including ecstasy).

13 DISCUSSION

13.1 PDU

The findings from the 2003 PDI study show that as a ‘sentinel’ group of illicit drug users, regular and current ‘party drug users’ are typically aged in their mid twenties (mean = 25.34 years), well educated (50% have completed courses post school) and employed either full or part-time, or students (80%). Few have a prison history (4%) and relatively few (11%) report having been arrested in the past twelve months. The demographic characteristics of PDU are dissimilar to those of users recruited for other drug monitoring projects (e.g., IDRS, DUMA). It is also unlikely that this group of illicit drug users is engaged with, or even has contact with, public and community health agencies. As a ‘hidden population’ of illicit drug users, there is relatively little information regarding this group of users, their patterns of use or associated harms. Additionally, as many harm reduction and demand reduction strategies are aimed at ‘young people’ it is unclear whether current strategies are effective with this slightly older audience. Hence, further quantitative and qualitative research may be required to explore patterns of drug use amongst those who, despite using on a regular basis, do not access traditional avenues of intervention.

Whereas in previous years the PDI sample included more males than females, the 2003 PDI recruited and interviewed roughly equal numbers of male and female PDU. This trend does not seem to be attributable to changes in methodology; in each year of the project the recruitment method has been the same, and the majority of interviewers has been female. The roughly equal split of female and male PDU in the current sample has facilitated an enlightening exploration of gender differences in patterns of party drug use in Queensland. Future replications of the PDI will clarify whether the increase in female participants is indeed indicative of an increase in the use of party drugs amongst females.

The prevalence of lifetime and recent use of almost all drug classes examined in the 2003 PDI was lower in 2003 than in 2001, and for some drugs lower than amongst the 2000 PDU sample. It is again unlikely that this change is due to changes in recruitment and interviewing procedures; similar methods have been used in each year of the project. The higher levels of polydrug use recorded in the 2001 PDI may be associated with the instability which seemed to characterise the drug market in that year (McAllister 2002). Alternatively, it may be that in 2003 the PDI recruited more ‘dedicated’ ecstasy users, or indeed that there has been a reduction in the extent of polydrug use among ecstasy users in 2003. Future findings from the PDI will help to clarify this issue.

Overall, financial problems (41%) were the most common problem experienced by PDU in 2003, however females most commonly reported experiencing social problems (44%). Fewer than one in ten PDU (9%) reported legal problems, although legal problems were reported more often by males (14%) than females (4%).

13.2 Ecstasy

In comparison with the 2000 and 2001 PDU samples, the 2003 PDU sample first used ecstasy at an older age (median = 20.68 years), but started using regularly in a shorter period of time (median = 21.80 years). Although the reasons for the older sample are unclear, the increasingly short period of time between first and regular use suggests that once PDU try ecstasy for the first time, there are few barriers (personal, financial or legal) to regular use. This increasingly rapid transition from first use to regular use may have important implications for the development of appropriate harm reduction and demand reduction strategies.

PDU in the 2003 sample typically used ecstasy about once a week (median = 24 days in six months) in both public (nightclub) and private (home) settings. In a typical session PDU consumed 1.5 tabs of ecstasy, however females typically used smaller quantities than males (1 tab vs 2 tabs). The main route of administration of ecstasy in 2003 continued to be swallowing (91%). While females reported consuming fewer tabs than males, there was little difference between males and females in the proportion reporting going for 48 hours or more without sleep (41% vs 44%). Twenty-nine per cent of PDU reported that they last used ecstasy in a nightclub, however a further 19% reported last using ecstasy at a friend's home and a further 18% reported last using 'at home'. From a public health perspective the effects of a substance are influenced by drug (pharmacology), set (beliefs and expectations) and setting (context). Accordingly, the use of ecstasy in two qualitatively different settings (nightclub and home) may be associated with two different sets of risks and effects. The high rate of ecstasy use 'at home' suggests that ecstasy use is becoming 'normalised' among at least some party drug users.

In 2003 PDU reported that the people they most commonly 'scored' ecstasy from were friends (73%) and dealers (71%). Friends' homes (57%) and dealers' homes (55%) were the two most common locations at which ecstasy was obtained. The proportion of PDU scoring from friends decreased from 94% in 2000, to 93% in 2001 to 75% in 2003, whilst the proportion scoring from dealers increased from 56% in 2000, to 57% in 2001 to 71% in 2003. The proportion of PDU scoring at friends' homes decreased from 94% in 2000, to 93% in 2001 to 73% in 2003. Scoring from dealers' homes decreased from 46% in 2000 to 41% in 2001 but increased to 55% in 2003. These changes may reflect changing perceptions among PDU about how a 'dealer' is defined, however they may also reflect an increasing association by PDU with formalized networks of drug suppliers. Further research is required to clarify PDU beliefs and perceptions surrounding the nature of 'dealing', the definition of 'dealers', and the processes of ecstasy supply.

In 2003 the PDU sample reported that an ecstasy tab typically cost \$35 (range: \$16.50 - \$50) and that this price had remained relatively stable over the previous six months. Almost half of the 2003 PDU sample believed that ecstasy purity was currently medium, however a further 29% believed that it was fluctuating. Thirty-nine percent of PDU reported that ecstasy purity/strength had remained stable in the last six months however again, a further 31% reported that it had been fluctuating. Despite some disagreement with regard to the purity of ecstasy, the vast majority of PDU in 2003 reported that ecstasy was easy/very easy to obtain (84%).

The main side effects experienced by PDU in relation to ecstasy use were loss of appetite (74%), trouble sleeping (68%) and blurred vision (65%). Females were more likely to report loss of appetite and trouble sleeping whilst males were more likely to report double vision and profuse sweating. These differences may be due to different biological reactions to ecstasy, but they may also be culturally based, with women more acutely aware of weight-related issues.

13.3 Amphetamine

Compared to 2001, there were fewer PDU in 2003 using methamphetamine, and those who were using were doing so on fewer days than in 2001. Among PDU methamphetamine is typically used only occasionally. While the typical quantity of powder and base used by PDU has stayed roughly the same from 2001 to 2003, the typical quantity of ice being used has increased.

Fewer PDU in 2003 than 2001 reported having ever or recently used methamphetamines. The proportion of PDU reporting lifetime use of: methamphetamine powder declined from 86% in 2001 to 67% in 2003; methamphetamine base declined from 84% in 2001 to 43% in 2003; crystal methamphetamine declined from 68% in 2001 to 49% in 2003. Similarly, the proportion of PDU reporting recent use of: methamphetamine powder declined from 67% in 2001 to 57% in 2003; methamphetamine base declined from 76% in 2001 to 34% in 2003; and crystal methamphetamine declined from 56% in 2001 to 38% in 2003.

There was also a slight decline in the median number of days on which methamphetamine was reported to be used in the last six months. The median days used in the last six months decreased from nine days in 2001 to six days in 2003, for methamphetamine powder; from seven days to six days for methamphetamine base; and from five days to four days of use in the last six months, for crystal methamphetamine. Over the same period of time, however, the average quantity of methamphetamine being used remained the same, except for crystal methamphetamine, where an increase from a median of 0.5 points (2001) to 1 point (2003) was recorded.

In 2003 more females than males reported using methamphetamine. Among PDU, the majority of those reporting recent use of methamphetamine powder (54%), base (57%) and ice (53%) were female. These proportions are roughly consistent with the proportion of the overall PDU sample that was female.

The median age of methamphetamine powder users declined from 25 years in 2001 to 22 years in 2003; the median age of base users in both 2001 and 2003 was 25 years; and the median age of crystal methamphetamine users declined from 25 years in 2001 to 21 years in 2003. These changes may be partially attributable to the fact that the 2003 PDU sample included more females, who were on average younger than their male counterparts (median = 24.87 years vs 25.80 years), however it is also possible that some forms of methamphetamine are becoming increasingly popular among younger users.

The 2003 PDI also recorded a trend towards the smoking of methamphetamine. Whilst the most common routes of recent methamphetamine powder administration in 2003 were swallowing (38%) and snorting (27%), the proportion of PDU reporting having smoked

methamphetamine powder recently increased. In 2000, 20% of PDU reported having ever smoked methamphetamine powder and 4% had recently used this route of administration, whereas in 2003 22% of PDU reported having ever smoked methamphetamine powder and 11% had done so recently. Similarly, the most common routes for the recent administration of crystal methamphetamine in 2003 were smoking (24%) and swallowing (20%). In 2001, 8% of the 2001 PDU sample reported having ever smoked crystal methamphetamine and 5% reported smoking crystal methamphetamine recently, whereas in 2003, 29% of PDU reported having ever smoked crystal methamphetamine and 24% reported recent smoking of crystal methamphetamine. These data suggest a movement towards smoking of crystal methamphetamine.

The data also suggest a movement away from injecting among PDU. We examined whether those who reported recent smoking of any methamphetamine recently had ever injected. Among those who had smoked any methamphetamine recently, fewer than a third reported ever injecting any drug. This implies that those who are smoking methamphetamine typically have never injected.

Smoking of methamphetamine, particularly crystal methamphetamine, was more common among younger users in the 2003 sample. Among those who reported having smoked any methamphetamine in the last six months, the mean age was 23.85 years. Among those who reported having injected in the last six months, the mean age was 30.00 years. Those who reported having smoked ice recently were significantly younger (mean = 22.00 years), than those who have reported not smoking ice recently (mean age = 26.37 years).

The apparent trend towards smoking of methamphetamine and away from injecting may be indicative of the impact of interventions to encourage non-injecting routes of administration (NIROA). It may also be indicative of changes in the consistency and composition of methamphetamine, towards a substance that is more suitable for smoking.

According to the 2003 PDU sample the median price for a gram of methamphetamine was \$200.00 and the median price for a point was \$35 (\$40 for ice). PDU in 2003 perceived that the price has remained stable in the last six months. Methamphetamine users were generally in agreement that the current purity of methamphetamine was high (powder: 36%, base: 48%, ice: 57%) and that the purity/strength of methamphetamine in the last six months had been stable. Almost two thirds (64%) of those who had recently used powder, over two thirds (68%) of those who recently used base and over half (57%) of those who had recently used ice reported their current availability as being either easy or very easy; however PDU reported that while ease of access to methamphetamine powder (54%) and methamphetamine base (63%) have remained stable in the last six months, ease of access to crystal methamphetamine has increased: 36% of ice users reported that their access had remained stable, and a further 30% reported that it had recently become easier.

Methamphetamine powder was the most common methamphetamine with which users associated adverse physical effects. The most common adverse physical effects from using methamphetamine powder were loss of appetite (40%) and trouble sleeping (39%). In comparison, relatively few methamphetamine base or ice users reported adverse physical effects associated with their use. Methamphetamine powder was the most common methamphetamine with which users associated adverse psychological effects, particularly

confusion (25%) and agitation/restlessness (24%). In comparison, relatively few methamphetamine base or ice users report adverse physical effects.

Financial problems were the most common problem associated with methamphetamine use by PDU. Seventeen percent of PDU associated their financial problems with their use of methamphetamine powder, 12% with their use of methamphetamine base and seven per cent with their use of crystal methamphetamine.

13.4 Cocaine

Cocaine use was not common amongst the 2003 PDU sample. Whilst over a third of the 2003 PDU sample reported having ever used cocaine, only 18% reported that they had used cocaine in the last six months. There was little agreement amongst participants with regard to the price, purity or availability of cocaine. Nevertheless, 44% of PDU indicated that they believed there were risks associated with cocaine use.

13.5 Ketamine

Ketamine use was not common amongst the 2003 PDU sample. Twenty-seven percent of the PDU sample reported lifetime use of ketamine, and 14% reported that they had used ketamine recently. The proportion of PDU reporting recent use of ketamine increased from 9% in 2001. Although in both 2001 and 2003 PDU reported using ketamine on a median of only 2 days in the last six months, the average quantity being consumed increased from 0 bumps in 2001 to 1 bump in 2003. These findings suggest that ketamine use may be increasing among PDU, although it remains a 'niche' drug for certain groups of users. There was little agreement among PDU with regard to the price, purity or availability of ketamine, and over half (56%) of the PDU sample did not know whether there were any risks associated with ketamine use.

13.6 GHB

Lifetime and recent use of GHB was uncommon amongst the 2003 PDU sample. In 2003 13% of PDU reported having ever used GHB and 6% reported having used GHB recently. Few PDU were able to comment on the price, purity and availability of GHB. Over half (57%) of the 2003 PDU sample did not know whether there were any risks associated with using GHB.

13.7 LSD

Amongst the 2003 PDU, 41% reported ever using LSD, and 18% reported doing so recently. This represents a decrease from 2001 when 38% of the PDU sample reported recent use of LSD. The median reported price for an LSD tab in 2003 was \$30, however there was little agreement with regard to LSD purity/strength. Half (50%) of the 2003 PDU sample believed that there were risks associated with using LSD, however over a third did not know of any risks associated with using LSD.

13.8 MDA

In 2003, almost a quarter of the PDU sample reported ever using MDA, and 18% reported using MDA recently, however few participants were able to comment on its price, purity or availability.

13.9 Other Drugs

As in the general population, amongst the PDU sampled in 2003 there were high levels of alcohol and cannabis use. Over 90% of the 2003 PDU sample reported recent use of alcohol and almost three quarters reported recent cannabis use, however, the frequency of use of cannabis declined from a median of 60 days in the last six months, in the 2001 PDU sample, to 48 days in six months, in the 2003 PDU sample.

Compared to 2001, there were fewer recent users of antidepressants in 2003 (18% vs 12%), however the typical frequency of use was much higher in 2003 than in 2001 (median = 30 days vs 180 days, in six months). This increase may indicate an increase in the use of prescription antidepressants within the PDU 2003 sample.

14.0 IMPLICATIONS

The national trial of the PDI is in its first year. The PDI methodology and particularly the methods and channels of recruitment are still being established. It is therefore difficult to disentangle genuine fluctuations in patterns of drug use and associated issues, from fluctuations due to sampling differences. Based on the development of the IDRS since it was first conducted nationally in 1999 suggests that, as the PDI becomes more established as a drug monitoring system for party drug markets in Australia, sampling and recruitment practices will become increasingly well established and consistent both across jurisdictions and across years. Within this context the following implications of the 2003 PDI are given.

PDU represent a sentinel group for a hidden population of users. Innovative research strategies and interventions are required to minimise the harms associated with opportunistic and recreational use of illicit drugs among this group. The data suggest that specific public health measures are required to increase knowledge about the risks of using less common illicit drugs, such as ketamine.

The apparent decrease in the use of a range of party drugs in 2003 will need to be closely monitored in future years. At present, the processes underlying this trend remain unclear.

Given the large proportion of PDU who report engaging in drug 'dealing', it may also be beneficial to clarify precisely how users define the term 'dealer'. It may also be advantageous to determine how users negotiate the procurement of ecstasy for themselves and for others, and whether there is a movement towards a more structured or 'formalized' ecstasy market in Queensland.

Data from the 2003 PDI suggest that ecstasy use is a weekly activity amongst regular and current users, who use ecstasy both in public and private venues. The high proportion of PDU reporting use in a home environment may be indicative of a 'normalisation' of ecstasy use, particularly amongst younger users.

The 2003 PDI identified evidence of a change in route of administration of amphetamines among PDU, from injecting to smoking. Given the significant health risks associated with injection of illicit drugs (e.g., blood-borne viruses, vein damage), it will also be important to monitor this trend in future years.

REFERENCES

- ABCI. (2001). *Australian Illicit Drug Report 1999-2000*. Canberra: Commonwealth of Australia.
- ABCI. (2002). *Australian Illicit Drug Report 2000-2001*. Canberra: Commonwealth of Australia.
- ACC. (2003). *Australian Illicit Drug Report 2001-2002*. Canberra: Australian Crime Commission.
- ACC. (2004). *Illicit Drug Data Report 2002-2003*. Canberra: Australian Crime Commission.
- AIHW. (2003). *Statistics on drug use in Australia 2002*. Drug Statistics Series Number we Canberra: Australian Institute of Health and Welfare.
- Breen, C., Degenhardt, L., Roxburgh, A., Bruno, R., Duquemin, A., Fetherston, J., et al. (2003). *Australian Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS)*
- Kinner, S., & Fischer, J. (2003). *Queensland Drug Trends 2002. Findings from the Illicit Drug Reporting System* (Technical Report No. 147). Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- McAllister, R. (2001). *Queensland Drug Trends 2000: Findings from the Illicit Drug Reporting System (IDRS)* (NDARC Technical Report No. 106). Sydney: University of New South Wales.
- Rose, G. M., & Najman, J. M. (2002). *Queensland Party Drug Trends 2001: Findings from the Illicit Drug Reporting System (IDRS) Party Drugs Module* (NDARC Technical Report No. 133). Sydney: University of New South Wales.