

**M. Richardson, S.A. Kinner
and B. Lloyd**

**QUEENSLAND TRENDS IN ECSTASY
AND RELATED DRUG MARKETS 2006
Findings from the Ecstasy and related Drugs
Reporting System (EDRS)**

NDARC Technical Report No. 279

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M. Richardson, S.A. Kinner, and B. Lloyd

Queensland Alcohol and Drug Research and Education Centre

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADIS	Alcohol and Drug Information Service
AFDL	Australian Forensic Drug Laboratory
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ATS	amphetamine-type stimulant
A&TSI	Aboriginal and Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BBVI	Blood-borne viral infections
DMA	Dimethylamphetamine
EDRS	Ecstasy and Related Drugs Reporting System
GHB	gamma hydroxybutyrate ('fantasy')
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
IGCD	Intergovernmental Committee on Drugs
KE	Key expert
LSD	Lysergic acid diethylamide
MDA	Methylenedioxymethylamphetamine
MDMA	3, 4-methylenedioxymethylamphetamine ('ecstasy')
NCIS	National Coroners Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NSP	Needle Syringe Programs
PDI	Party Drugs Initiative
QADREC	Queensland Alcohol and Drug Research and Education Centre
QPS	Queensland Police Service
REU	Regular Ecstasy Users
SDS	Severity of Dependence Scale

EXECUTIVE SUMMARY

Demographic characteristics of regular ecstasy users

One hundred regular ecstasy users (REU) participated in the Queensland EDRS in 2006. The mean age of participants was 22 years, which is younger than in recent years. Almost two thirds of the sample was male, the majority identified as heterosexual and only one identified as Indigenous. As in previous years, most participants had completed high school and around a third had completed a university degree. Most were either studying or employed full-time and very few had a history of imprisonment. Only one REU was currently receiving any form of drug treatment. Overall, as in previous years, there was little evidence of significant disadvantage in the sample.

Patterns of drug use among REU

Polydrug use continues to be the norm among REU and as in previous years, the other drugs most commonly used by regular ecstasy users were alcohol, tobacco and cannabis. The proportion of REU reporting lifetime drug injection has been declining in recent years and in 2006 only 14% of REU reported a lifetime history of injection. There was some evidence of an increase in use of LSD and MDA (albeit from a very low base), and a decline in use of ketamine.

Ecstasy

REU in 2006 first tried ecstasy on average at 18 years of age, younger than in previous years. Consistent with previous years, regular use typically started about one and a half years after first use. The median frequency of ecstasy use was just over once a fortnight, although 29% of REU used weekly or more often. Nearly all REU (97%) report mainly swallowing ecstasy, although 11% reported having injected ecstasy at some time in their life.

The average quantity of ecstasy used in a session has increased from 1 tablet in 2000 and 2001 to 2 tablets since 2004; in 2006 sixty-three percent of REU reported typically using more than 1 tablet. Polydrug use is normative with 95% of REU reporting use of other drugs with ecstasy and 85% reporting use of other drugs coming down from ecstasy.

In 2006, thirty-eight percent of REU reported bingeing on ecstasy recently – this figure has declined since 2000. The most common location for ecstasy use in 2006 was nightclubs, although a considerable number also reported using ecstasy in private locations such as their own home, a friend's home or a private party.

Price, purity and availability of ecstasy

The price of ecstasy appears to be falling, from an average of \$40 in 2000 and 2001, and \$32 in 2005, to \$30 in 2006; most REU reported that the price had been stable in the preceding six months. There was little agreement among REU with respect to ecstasy purity, with roughly equal proportions reporting that it is of medium purity, high purity or fluctuating. As in previous years, almost all REU reported that ecstasy was either 'easy' or 'very easy' to obtain, and the majority reported that availability was 'stable' or 'easier'.

The most common source of ecstasy continues to be 'friends', with only a minority reporting obtaining ecstasy in public places such as nightclubs or pubs. It is normative for REU to obtain ecstasy for themselves and others, with REU in 2006 reporting typically purchasing ecstasy for three people on any given occasion, and they typically purchased 4 tablets at once. Roughly equal proportions reported purchasing 1-6 times, 7-12 times and 13-24 times in the last six months. Most were able to obtain other drugs from their main ecstasy dealer, typically cannabis and ice/crystal.

Arrests for ecstasy use/possession in Queensland are subsumed under the broad amphetamine type stimulants (ATS) category, and are therefore of little use in monitoring the ecstasy market. The number of ecstasy border detections by Australian Customs Service (ACS) has fallen in recent years, although the overall weight of seizures continues to fluctuate.

Methamphetamine

More than half of REU reported recent methamphetamine powder use, typically using less than once a month and using half a gram in a session. Just over a third reported recent base use, typically using once every two months and using 2 points at a time. One in two reported recent use of ice/crystal, on an average of 4 times in the last 6 months, and typically used 2 points in a session.

Although many REU use methamphetamine in nightclubs and at raves, the most common locations for use in 2006 were private homes, either the user's own home or a friend's home. This was particularly true with respect to use of ice/crystal.

The price of methamphetamine forms varied only slightly between 2005 and 2006, with ice/crystal continuing to cost about twice as much for a point (\$50) and a gram (\$325) as powder (point \$25, gram \$150) and base (point \$25, gram \$190). The majority of REU reported that the price of powder and base had been stable; one-third reported the price of ice/crystal as stable and one in four reported that it had increased.

There was poor agreement among REU with respect to purity, however, as in previous years, REU were more likely to report that ice/crystal was of high purity, compared to other forms of the drug. The majority of REU reported that powder and ice/crystal were either 'easy' or 'very easy' to obtain, however, 44% reported that base was 'difficult' to obtain. The availability of all forms was typically reported to be 'stable' and the most common source for all forms was 'friends' at a 'friend's home', although an equal proportion reported obtaining ice/crystal from a dealer at a dealer's home.

The number of arrests for ATS use/possession in Queensland has continued to increase, however, this trend may reflect an increasing law enforcement focus on ATS, as well as, or rather than increased market activity. The number of clandestine methamphetamine laboratories has declined in recent years, presumably in response to legislative and policing changes which have created a greater deterrent for less determined, less organised manufacturers.

Cocaine

As in previous years, in 2006 about half of REU reported lifetime cocaine use and around a third reported recent cocaine use, although on average only twice in the last six months. The most common locations for cocaine use were nightclubs and private homes, and cocaine was usually obtained from friends in private homes.

The average reported price of cocaine was \$300 per gram, and the majority reported that this price was stable. Relatively few REU were able to comment on purity but the majority of these considered it medium. REU typically reported that cocaine was difficult to obtain.

The number of arrests for cocaine use/possession in Queensland has increased in recent years, however, the overall number of arrests is still very low, compared to arrests for other drugs. Both the number and weight of cocaine seizures at the Australian border continue to fluctuate. The number of inpatient hospital admissions with cocaine as the primary diagnosis has increased in recent years, however, the number of calls to telephone help-lines in relation to cocaine remains small.

Ketamine

The proportion of REU reporting recent ketamine use fell from 2005 (20%) to 2006 (12%), with those reporting recent use in 2006 typically reporting use only once in six months, and using on average 1.25 ‘bumps’. Few REU reported on locations of recent ketamine use, however, the most common locations for use was a friend’s home and the most common source was a friend, with the transaction occurring at a friend’s home.

Only one REU reported a price for ketamine, at \$180 a gram, and the most common response was that price had been stable recently. There was little agreement with respect to purity however, most of those responding indicated that ketamine was difficult to obtain.

GHB

As in previous years, only a minority of REU (9%) reported recent GHB use, typically using once in the last six months and using on average 3.5mLs. The most common source for GHB was a ‘friend’ and the most common location for both purchase and use was a friend’s home. The average price of GHB was \$5 per ml, and few REU were able to comment on purity or availability.

LSD

Consistent with the reports of some KE, and anecdotal reports from some REU, there was evidence of an increase in LSD use among REU in 2006, with more than a third reporting recent use. As in previous years, however, use was typically infrequent (on average 1.5 days in 6 months) and the median quantity used was 1.25 tabs. The most common location for use was a private home, although some REU also reported use at live music events and raves. The most common sources for LSD were friends and known dealers, and most purchases occurred in a private home.

As in previous years, the median price of LSD was \$20 per tab, and most REU considered the price stable. Most REU reported that the purity of LSD was high and stable, however, there was little agreement with respect to availability, with roughly equal proportions reporting current availability as ‘easy’ and ‘difficult’.

MDA

Only a minority of REU in 2006 (12%) reported recent MDA use, and among those who had used recently, the median frequency of use (1.5 days in 6 months) was lower than in previous years. The typical quantity used in a session was 2 caps. Among the few who were able to comment, the most common location for MDA use was a private party, and the most common sources of MDA were friends and known dealers.

Few REU were able to comment on the price of MDA, and prices ranged from \$30 to \$40 for a cap. Similarly, few REU were able to comment on purity or availability, and there was little agreement in these reports.

Patterns of other drug use

As in previous years, almost all REU reported recent alcohol consumption, with the frequency of consumption in this group considerably higher than that in the general population. The majority of REU also reported typically consuming alcohol with ecstasy and coming down from ecstasy, with many consuming at least 5 standard drinks on these occasions. Based on responses to the Alcohol Use Disorders Identification Test

(AUDIT), a well-validated measure of usual alcohol use, the vast majority of REU reported typically drinking at hazardous or harmful levels, with no difference between males and females.

The proportion of REU reporting recent cannabis use has increased in recent years and in 2006, ninety-two percent (92%) reported use in the last 6 months. One in five reported daily use and just over half reported use at least weekly. About half reported using cannabis with ecstasy and around three quarters reported using cannabis coming down from ecstasy. Data from telephone help-lines and hospital admissions suggest an increase in cannabis related problems, however, this increase may also reflect increasing awareness of the harms associated with cannabis use.

Throughout Queensland around 23% of the population were current smokers in 2004; by comparison, 77% of REU in 2006 reported being current (typically daily) smokers. Around half of the sample reported using tobacco both with ecstasy, and when coming down.

Just over a third of REU reported recent benzodiazepine use. Nearly one in four (23%) reported lifetime use of antidepressants, however, only 6% reported recent use of antidepressants.

One in four REU (26%) reported lifetime use of amyl nitrate and about half (55%) reported lifetime use of nitrous oxide ('bulbs'). A third (32%) reported recent use of nitrous oxide, however, only 6% reported recent use of amyl nitrate. Thirteen percent of REU reported recent use of mushrooms.

Few REU reported lifetime use of heroin (12%) or methadone (5%), with only one respondent reporting recent use of both opiates. One in ten REU reported recent use of 'other opiates', typically over-the-counter painkillers.

Drug information-seeking behaviour

Almost a third of REU (30%) reported never attempting to find out the content or purity of the ecstasy tablets they purchased, before consuming the drug; this figure rose to 56% for other drugs. The main sources of information about the content and purity of ecstasy were friends, websites and dealers, although 23% of those who responded reported using pill testing kits at least sometimes.

Risk behaviour

Most REU in 2006 (86%) had never injected drugs. Among those who had injected recently (9%), the mean numbers of drugs injected recently was two, and 5% reported first injecting under the influence of another drug. The most commonly injected substances were methamphetamine (primarily powder) and ecstasy tablets. Only one REU reported sharing a needle with others: a 'regular sex partner', and a 'close friend'. The most common location for injection was a private home and REU reported obtaining needles primarily from needle syringe programmes (NSP) and pharmacies.

The vast majority of REU reported being sexually active in the preceding six months, with most of these reporting having between 2 and 5 sexual partners in this time. A minority reported always using a protective barrier when having penetrative sex with a regular partner, however, the vast majority reported using protection every time with a casual partner. Four out of five REU reported having sex under the influence of drugs (usually ecstasy) recently and of these, almost half reported not using a protective barrier every time they had penetrative sex under the influence with a casual partner.

Four out of five REU reported driving soon after taking a drug in the last six months. The drugs most commonly involved were cannabis, ecstasy and alcohol.

Health-related issues

Five percent of REU reported overdosing on a party drug in the last six months: three using ecstasy, one using methamphetamine base and one using gamma hydroxybutyrate (GHB).

The majority of REU reported no symptoms of methamphetamine dependence, however, 9% received a score of 4 or more on the Severity of Dependence Scale (SDS), indicating possible methamphetamine dependence. The most commonly reported sign of dependence was worrying about methamphetamine use. Eighteen percent of REU reported seeking help for their drug use in the last six months; typically health and/or medical assistance.

A significant proportion of REU reported other problems associated with their drug use including relationship/social problems (42%), financial problems (33%) and work/study problems (29%). Fifteen percent reported legal or police problems. The drug most commonly associated with these problems was ecstasy.

Criminal activity, policing and market changes

Almost a third of REU (29%) reported engaging in criminal activity in the last six months, mainly drug dealing (24%). The proportion reporting that police activity had increased recently rose to 82% in 2006, however, 73% of REU indicated that police activity had not impacted on their ability to obtain ecstasy.

Over half of REU reported having seen sniffer dogs in public places recently, and around one in five reported seeing sniffer dogs while in possession of drugs. The most common response to the presence of sniffer dogs was to consume drugs before attending an event, rather than at the event, and some suggested that if they were at risk of being detected carrying drugs, they would consume all the drugs in their possession. There is a clear need for further research into the impacts of sniffer dog presence on both drug using behaviour and risk behaviour among REU.

Conclusions and Implications

Recruitment and Interviewing

Recruiting REU into the EDRS has been more challenging in recent years, and in response greater efforts and resources are required in order to recruit REU to participate. Some REU informally indicated concerns that the EDRS was affiliated with law enforcement organisations, however, it is worth noting that these comments were made by respondents who volunteered to participate in the study. Interviewers also observed an increase in the participation of less experienced ecstasy users. This observation was in the context of anecdotal reports of a growing cohort of more mature ecstasy users who may be less likely to be recruited into the EDRS through existing recruitment methods. This underscores the importance of snow-balling recruitment methods to access this group of users.

Locations of Drug Use

Each year a proportion of REU interviewed for the EDRS report usually using ecstasy and other drugs in private homes (i.e., their own home, a friend's home, a dealer's home) as well as, or instead of, public venues such as nightclubs, pubs and raves. There is some evidence that this proportion is increasing, perhaps in response to a perception among REU of increasing law enforcement activity. Although the risk of apprehension by law enforcement may be lower in private venues, drug use in these locations may also increase the risk of drug-related harm. Most of the REU interviewed for the EDRS also report obtaining their drugs in private homes, for the obvious reason that the risk of apprehension is significantly greater in public locations. Policing of

‘open markets’ for ecstasy (e.g. at nightclubs) is therefore likely to have a limited impact on many of these consumers.

Cocaine

Cocaine may be becoming increasingly available in south-east Queensland, with more REU reporting recent cocaine use in 2005 and 2006 and KE reporting increased availability and higher purity cocaine on the market. Nevertheless, most REU reported using cocaine only very infrequently, presumably reflecting unstable supply and high price. There may well be a ‘niche market’ for cocaine, with higher levels of use among market participants, however, at present it appears that this market overlaps only slightly with the markets monitored by the EDRS.

Alcohol and Tobacco Use

REU consistently report alcohol and tobacco use at much higher levels than the general population. Consistent with previous EDRS samples, almost all respondents reported recent use of alcohol, usually at risky levels, and three-quarters reported recent use of tobacco. While it is important to focus on the risks associated with illegal drug use, the high levels of legal drug use in this group indicate an on-going need for harm reduction and health-related messages to be targeted at these drugs as well.

Health Related Behaviours and Risks

Relatively few REU report seeking assistance for their drug use in 2006 and fewer than one in ten reported symptoms consistent with methamphetamine dependence. However, this does not mean that REU are not experiencing acute or chronic problems associated with their use. Over forty percent of the sample reported negative social and personal consequences due to their drug use. Four out of five reported driving within one hour of taking a drug, with two thirds reporting driving after use of ecstasy. Two-thirds also reported having penetrative sex while under the influence of ecstasy, with a proportion of these failing to use a protective barrier, even with a casual partner. Further, with increasing reports of REU consumption of alcohol in combination with ecstasy, there is clearly an ongoing need to provide harm reduction interventions focused specifically upon these potentially risky behaviours.

1.0 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS) is an annual, national study funded by the Australian Government Department of Health and Ageing. It is coordinated nationally by the National Drug and Alcohol Research Centre (NDARC), University of New South Wales and the Queensland component is undertaken by the Queensland Alcohol and Drug Research and Education Centre (QADREC) in the School of Population Health, University of Queensland.

QADREC participated in the 2000 and 2001 national trial of the EDRS (then called the Party Drugs Initiative or PDI). 2006 is the fourth year of a truly national approach to monitoring ecstasy and related drug markets in Australia. This report provides the 2006 Queensland EDRS findings.

1.1 Aims

The EDRS monitors the price, purity and availability of ecstasy, amphetamines and other illicit drugs. It is designed to provide a snapshot of emerging trends across all Australian regions, and over time.

The annual EDRS national, state and territory reports:

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

2.0 METHODS

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

- quantitative interviews with regular and current ecstasy users (REU), who are considered a population likely to be aware of new drug trends;
- qualitative interviews with 'KE', individuals who have regular and current contact with regular ecstasy users; and
- existing data on population trends in illicit drug use, and health and law enforcement data.

2.1 Survey of regular ecstasy users (REU)

During May 2006, one hundred regular and current ecstasy users were recruited from the greater Brisbane and Gold Coast regions (south-east Queensland). They were interviewed on topics relating to their illicit drug use; prices paid for illicit drugs; perceptions of drug purity and availability; perceived drug effects; and perceptions of police activity.

2.1.1 Recruitment

Recruitment of regular ecstasy users occurred through advertisements placed in south-east Queensland street press, flyers in various locations, word of mouth and interviewer contacts.

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

To participate, respondents were to meet the following criteria:

- aged 18 years or over;
- resided in south-east Queensland continuously for the past 12 months; and
- used ecstasy at least once a month for the past six months.

2.1.2 Procedure

The interview procedure depended upon the method of recruitment.

On-site Interviewing

If REU saw the advertisement in the street press, they were asked to telephone a mobile telephone 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 REU were interviewed at QADREC offices during weekends throughout May 2006. On these days, four interviewers were rostered to conduct the interviews, which occurred concurrently in separate rooms. A co-investigator was present onsite to assist with coordination.

Off-site Interviewing

For various reasons, some REU were interviewed at other locations. Off-site interviews typically occurred in locations convenient to the participant and the interviewer. These sites

included coffee shops, pubs, or, if the participant was well known to the interviewer, in the participant's own home.

2.1.3 Measures

REU were asked a range of questions about their demographics, drug use history and characteristics of recent use – particularly ecstasy; price, purity and availability of various illicit drugs; risk behaviours and perceptions of police activity.

Data analysis

Data were entered into an Access database and then transferred into Statistical Package for the Social Sciences (SPSS). Data analyses were mostly descriptive and concerned with lifetime and recent patterns of use (in the previous six months) and participant reports of the price, purity and availability of a range of illicit drugs.

2.2 Survey of key experts (KE)

During the latter half of 2006, twenty-three KE who had knowledge of ecstasy users and/or the ecstasy market were recruited from throughout south-east Queensland. Seven of these were from the health sector, eleven from the law enforcement sector, three were involved in the nightclub or party promotion industry, one was a researcher and one reported involvement in drug production and distribution. For the most part KE did not work with any special populations.

2.2.1 Recruitment

KE were recruited either through the professional networks of project staff or recommendation, and in some cases through 'cold calls'.

2.2.2 Procedure

Interviews with KE occurred over the telephone and face-to-face in their work environment or at a location convenient to the participant. Interviews took on average 30 minutes to complete.

2.2.3 Measures

KE were administered a qualitative interview schedule. The focus of the interview depended on the area of expertise of the KE. However, in general KE were interviewed on topics relating to patterns of illicit drug use among the regular ecstasy users they had had contact with in the past six months. These topics included perceptions of price, purity and availability of ecstasy and other related drugs, emerging features of drug use and issues related to health, and perceptions of crime and police activity.

2.3 Other indicators

Other data were obtained from external health, research and law enforcement sources.

These data cover a wide range of issues relevant to illicit drug use. For inclusion, indicator data must 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.

In 2006 the following data were obtained for the EDRS:

- AIHW – National Drug Strategy Household Surveys (NDSHS), hospital admissions
- Queensland Health – Alcohol Drug Information Service (ADIS)
- Queensland Police Service (QPS) – clandestine laboratory seizures, drug-related arrests
- Communicable Diseases Network Australia – National Notifiable Diseases Surveillance.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics of the REU sample

In 2006, one hundred regular and current ecstasy users (REU) participated in the EDRS. REU were on average 22 years old (range 17-52 years) with an average of 12 years of schooling. Sixty-one percent (61%) of REU were male, and 41% were participating in full time employment. Very few respondents reported a criminal history (3%), and only one REU reported current involvement in drug treatment (see Table 1).

Table 1 also shows the demographic characteristics of REU recruited for the Queensland EDRS from 2000 to 2006, with the exclusion of 2002. On average, the 2006 sample was younger (23 years) than respondents recruited in previous years (2005: 23 years, 2004: 26 years, 2003: 25 years, 2001: 24 years, and 2000:24 years). Nonetheless, the 2006 REU sample generally had similar socio-economic characteristics to preceding years' respondents.

Table 1: Demographic characteristics of REU sample, 2000-2006 (excluding 2002)

Variable	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N=100
Mean age (years)	24	24	25	26	23	22
Male (%)	62	57	49	55	51	61
English speaking background (%)	96	100	98	98	100	100
A&TSI* (%)	0	8	5	10	6	1
Heterosexual (%)	74	74	79	75	87	92
Mean number school years	12	12	11	12	12	12
Tertiary qualifications (%)	48	31	50	47	43	31
Employed full-time (%)	36	32	38	44	40	41
Full-time students (%)	22	0	16	10	18	16
Unemployed (%)	14	24	20	16	10	12
Previous conviction (%)	2	8	4	7	6	3
Current drug treatment (%)	0	13	2	3	4	1

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

* A&TSI- Aboriginal and/or Torres Strait Islander

3.2 Drug use history and current drug use

An overview of lifetime and recent drug use by REU from 2000 to 2006 (with the exclusion of 2002) is presented in Table 2.

Table 2: Lifetime and recent polydrug use of REU, 2000-2006 (excluding 2002)

Variable	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N=100
Mean drug type ever used	10.6 (5-16)	7.65 (1-16)	7.55 (1-17)	8.8 (1-18)	9.71 (3-18)	9.42 (4-19)
Mean drug type used last 6 mths	7.56 (3-15)	5.74 (1-14)	5.68 (1-14)	6.0 (1-15)	6.78 (3-13)	6.75 (2-12)
Ever inject any drug (%)	28	44	29	32	20	14
Alcohol						
Ever used (%)	98	99	96	98	100	100
Used last 6 mths (%)	96	94	93	89	97	91
Cannabis						
Ever used (%)	100	97	83	87	96	100
Used last 6 mths (%)	94	87	73	70	83	92
Tobacco						
Ever used (%)	92	86	79	78	90	86
Used last 6 mths (%)	80	80	70	68	75	77
Methamphetamine powder (speed)						
Ever used (%)	94	86	67	65	75	75
Used last 6 mths (%)	62	67	57	42	57	58
Methamphetamine base (base)						
Ever used (%)	80	84	43	55	57	52
Used last 6 mths (%)	74	76	34	39	45	38
Crystal meth (crystal)						
Ever used (%)	16	68	49	60	69	63
Used last 6 mths (%)	8	56	38	42	50	50
Cocaine						
Ever used (%)	70	67	37	45	55	56
Used last 6 mths (%)	38	37	18	21	41	36
LSD						
Ever used (%)	86	78	41	52	58	60
Used last 6 mths (%)	48	38	18	18	24	38
MDA						
Ever used (%)	40	39	24	29	19	27
Used last 6 mths (%)	28	25	18	16	5	12

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

Table 2: Lifetime and recent polydrug use of REU, 2000-2006 (excluding 2002) (continued)

Variable	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N=100
Ketamine						
Ever used (%)	30	26	27	32	37	31
Used last 6 mths (%)	14	9	14	16	20	12
GHB						
Ever used (%)	18	25	13	20	26	17
Used last 6 mths (%)	12	10	6	6	13	9
Amyl nitrate						
Ever used (%)	52	50	27	44	47	26
Used last 6 mths (%)	26	24	9	21	18	6
Nitrous oxide						
Ever used (%)	82	68	38	45	54	55
Used last 6 mths (%)	38	37	18	22	30	32
Benzodiazepines						
Ever used (%)	64	50	38	46	45	44
Used last 6 mths (%)	50	35	27	30	24	37
Anti-depressants						
Ever used (%)	36	34	23	34	24	23
Used last 6 mths (%)	20	18	12	14	8	6
Heroin						
Ever used (%)	32	34	17	22	18	12
Used last 6 mths (%)	4	15	7	12	7	2
Mushrooms						
Ever used (%)	--	--	--	--	41	40
Used last 6 mths (%)	--	--	--	--	19	13
Methadone						
Ever used (%)	4	11	10	8	6	5
Used last 6 mths (%)	0	4	4	3	3	1
Other opiates						
Ever used (%)	14	20	24	29	24	23
Used last 6 mths (%)	4	6	12	16	11	10

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

The number of REU reporting lifetime injection continued to decline in 2006, with only 14% of respondents indicating having ever injected any drug. Indeed, this proportion is noticeably smaller than in previously recorded time points (2005: 20%; 2004: 32%; 2003: 29%; 2001: 44%; 2000: 28%). Consistent with previous years, alcohol (91%), cannabis (92%) and tobacco (77%) were the drugs (other than ecstasy) most commonly reported as being used recently by REU in 2006. Recent use of methamphetamine was common in the 2006 sample (speed: 55%; crystal 50%; base 35%), which also adheres with reports of previous years. Recent use of cocaine, LSD, ketamine, GHB, and MDA was reported by 36%, 35%, 12%, 9%, and 12% of 2006 REU respectively (see Table 2).

The prevalence of most drug types used recently by REU has remained quite consistent since 2000; alcohol, cannabis and tobacco constitute the drugs most frequently reported as being used recently by 2006 respondents. Recent use of methamphetamine has also been common in all years, with reports of lifetime and recent use by 2006 REU similar to reports from previous years. There was evidence of a slight increase in recent MDA use and recent LSD use in 2006, however, the recent use of ketamine declined in 2006 (see Table 2).

3.2.1 Key expert comments

In 2006, KE made the following observations about the characteristics of REU:

- Increasingly, REU are aged in their teens and early twenties.
- Fifty percent of REU male.
- REU reside in both inner city and suburban areas, with use in outer suburbs becoming more frequent.
- As in previous years, the majority of REU are Anglo-Australian.
- The majority of REU completed high school, with many possessing (or working towards) post school qualifications.
- The majority of REU are in full-time employment, in a diverse range of occupations.

3.2.2 Indicator data

Table 3 presents the 2001 and 2004 NDSHS findings for selected drug use by population aged 14 years and over, state wide and nationally. The 2004 NDSHS reported that 15.9% of Queenslanders had used any illicit drug in the preceding 12 months, with most of those reporting use of cannabis (12.1%). In comparison, ecstasy was reported to have been used in the preceding 12 months by 3.4% of Queenslanders (Table 3).

Table 3: In past 12 months selected drug use: proportion of the population aged 14 years and over, Queensland and Australia, 2001 & 2004

Drug	NDSHS 2001		NDSHS 2004	
	QLD %	Aust %	QLD %	Aust %
Alcohol	83.1	82.4	87.7	87.1
Cannabis	12.7	12.9	12.1	11.3
Ecstasy**	1.7	2.9	3.4	3.4
Amphetamines#	2.9	3.4	3.0	3.2
Cocaine	0.7	1.3	0.7	1.0
Ketamine	--	--	0.3	0.3
GHB	--	--	0.2	0.1
Any illicit	16.5	16.9	15.9	15.3

Sources: Australian Institute of Health and Welfare (AIHW), 2001 National Drug Strategy Household Survey, State and Territory Supplement; AIHW, 2004 National Drug Strategy Household Survey, State and Territory Supplement

for non-medical purposes

** designer drugs included in 2001

-- not included

3.3 Summary of polydrug use trends in REU

- 100 REU participated in the Queensland EDRS in 2006.
- The mean age of REU was 22 years, which is younger than in recent years.
- Almost two thirds of the sample were male, the majority identified as heterosexual and only one identified as Indigenous.
- As in previous years, most participants had completed high school and around a third had completed a university degree. Most were either studying or employed full-time and very few had a history of imprisonment. Only one REU was currently receiving any form of drug treatment.
- The proportion of REU reporting lifetime drug injection has been declining in recent years and in 2006 only 14% of REU reported a lifetime history of injection.
- Polydrug use continues to be the norm among REU and as in previous years, the other drugs most commonly used by REU were alcohol, tobacco and cannabis.
- There was some evidence of an increase in use of LSD and MDA (albeit from a very low base), and a decline in use of ketamine.

4.0 ECSTASY

4.1 Ecstasy use among REU

Table 4 compares patterns of ecstasy use among REU from 2000 to 2006, excluding 2002. In 2006, REU indicated first using ecstasy at an average age of 18 years, with regular use beginning at an average age of 19.6 years. In the six months preceding interview, respondents reported using ecstasy on a median of 14 days (more than twice a month), although 29% of REU reported using ecstasy weekly or more. In a typical session, REU reported using a median of two tablets. Ecstasy tablets were used by all REU, with swallowing being the most common form of administration (97%). Ninety-five per cent of REU reported using other drugs whilst under the influence of ecstasy, and the vast majority (85%) reported using other drugs whilst ‘coming down’.

The median number of tablets (2) used per session by 2006 sample was consistent with that reported by REU in 2005 and 2004. This was more than the reported median used by REU in 2003 (1.5 tablets), 2001 (1 tablet) and 2000 (1 tablet) (Table 4).

There have been a number of changes in patterns of ecstasy use over time. For instance, from 2000 to 2006 (excluding 2002), the median days of ecstasy use has varied from about fortnightly (13 days in 6 months) to about weekly (24 days in 6 months), whilst the median number of tablets taken in a typical session has increased (see Table 4). Nonetheless, certain features of ecstasy use among REU have remained constant: in each year between 40% and 55% of REU have reported ecstasy as their ‘favourite drug’, swallowing has been the most popular means of administration, bingeing for 48 hours without sleep has been common, and poly-drug use both while using ecstasy and coming down remains the norm (see Table 4).

In 2006, the majority of REU reported usually using ecstasy in ‘nightclubs’ (82%), although substantial proportions also reported recent use in ‘own home’ (55%), at a ‘live music event’ (52%), ‘friend’s home’ (50%), or ‘private party’ (49%), as presented in Table 5.

Since 2000, REU have reported using ecstasy in a wide variety of public and private venues, however, ‘nightclubs’ have continued to be the most common location for last use (2006: 37%; 2005; 51%; 2004: 34%; 2003; 29%), as can be seen in Table 5. Nevertheless, in 2006 a substantial proportion of REU reported last using ecstasy in a private location; namely ‘own home’ (17%), ‘friend’s home’ (18%) or ‘private party’ (4%), (see Table 5).

Table 4: Patterns of ecstasy use among REU, 2000-2006 (excluding 2002)

Variable	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N=100
Mean age first used ecstasy (years)	19.78	19.26	20.68	21.33	19.19	18.00
Median days used ecstasy last 6 m	18	13	24	24	17	14
Ecstasy 'favourite' drug (%)	52	44	53	46	55	40
Use ecstasy weekly or more (%)	32	15	24	41	31	29
Median ecstasy tablets in 'typical' session	1	1	1.5	2	2	2
Typically use >1 tablet (%)	48	37	57	75	77	63
Recently binged on ecstasy (48 hours without sleep) (%)	60	57	43	37	42	38
Ever injected ecstasy (%)	16	17	13	21	5	11
Mainly swallowed ecstasy last 6 mths (%)	98	87	91	83	92	97
Mainly snorted ecstasy last 6 mths (%)	0	2	5	7	5	3
Mainly injected ecstasy last 6 mths (%)	0	4	3	6	2	0
Typically use other drugs in conjunction with ecstasy (%)	88	97	85	89	92	95
Typically use other drugs to 'come down' from ecstasy (%)	92	93	79	75	81	85

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

Table 5: Usual and last location of ecstasy use, 2003-2006

	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Usual use venue (%)				
Nightclub	68	77	94	82
Raves*	45	48	55	42
Private party	48	60	49	49
Friend's home	49	58	50	50
At own home	49	50	52	55
Pubs	27	38	20	29
Dealer's home	24	25	10	3
Restaurant/café	--	5	4	3
Public place	17	17	16	18
Vehicle – passenger	--	23	15	10
Vehicle – driver	--	15	8	4
Outdoors	--	28	20	20
Live music event	--	32	46	52
Work	--	8	3	5
Last use venue (%)				
Nightclub	29	34	51	37
Friend's home	19	12	7	18
At own home	18	24	13	17
Raves	10	6	15	5
Private party	4	9	5	4
Pubs	3	4	3	5
Dealer's home	2	4	0	0

Source: EDRS Regular ecstasy user interviews 2003-2006

-- Not asked

4.1.1 Key expert comments

KE made the following observations about patterns of ecstasy use among REU in 2006:

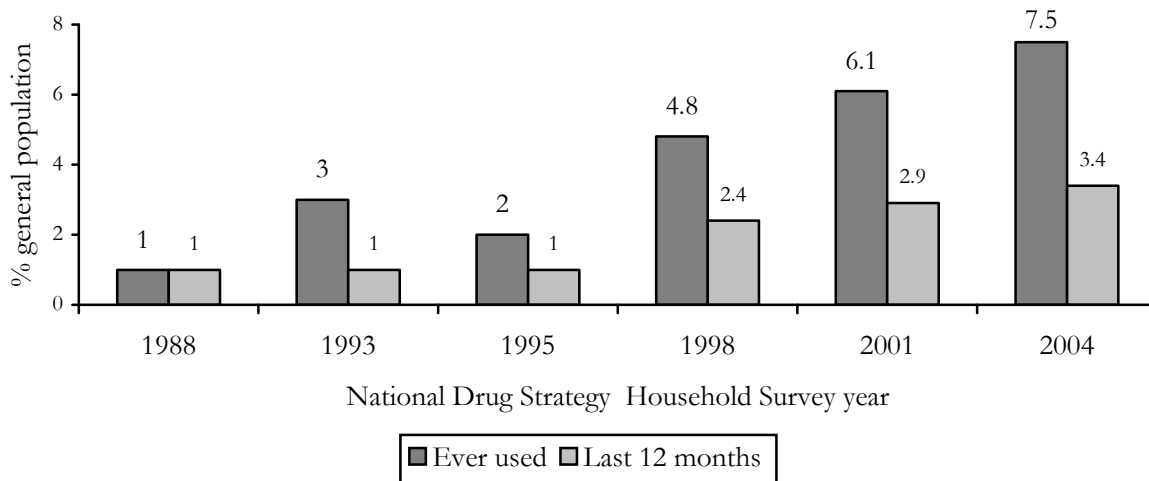
- the typical pattern of use was to use two tablets, about once a fortnight;
- tablets continue to be the most commonly used form of ecstasy;
- swallowing continues to be the predominant route of administration; and
- REU are increasingly likely to use ecstasy at home or at a friend's home before going out, partially in response to increasing law enforcement activity (e.g. sniffer dogs) at venues.

One KE observed a growing cohort of older ecstasy users, some of whom are trying ecstasy for the first time in their thirties.

4.2 Use of ecstasy in the general population

In 2004, seven point five percent of Australians reported lifetime use of ecstasy and 3.4% reported recent use. Although an upward trend in ecstasy consumption is apparent, previous to 2004, ecstasy use was measured in combination with other 'party' drug use (see Figure 1).

Figure 1: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988–2004



Source: National Drug Strategy Household Survey 1988–2004

According to the 2004 NDSHS, recent ecstasy users mainly reported using in places or at activities of social interaction in predominantly public settings. These settings included ‘raves/dance parties’ (70.1%), ‘private parties’ (53.8%) and other ‘public establishments’ (50.2%), (see Table 6).

Table 6: Usual place of ecstasy use, reported by recent users aged 14 years and over, by sex, Australia 2004

Places of Ecstasy Use	Males %	Females %	Persons %
In a home	44.2	48.9	46.1
At private parties	57.4	48.3	53.8
At raves/dance parties	74.6	63.1	70.1
At public establishments	49.4	51.4	50.2
At work or school/TAFE/uni	2.2	2.8	2.4
In public places e.g. parks	10.2	9.2	9.8
In a car or other vehicle	8.2	3.8	6.5
Somewhere else	3.5	6.2	4.6

Source: Australian Institute of Health and Welfare (2005); National Drug Strategy Household Survey (2004)

4.3 Summary of patterns of ecstasy use

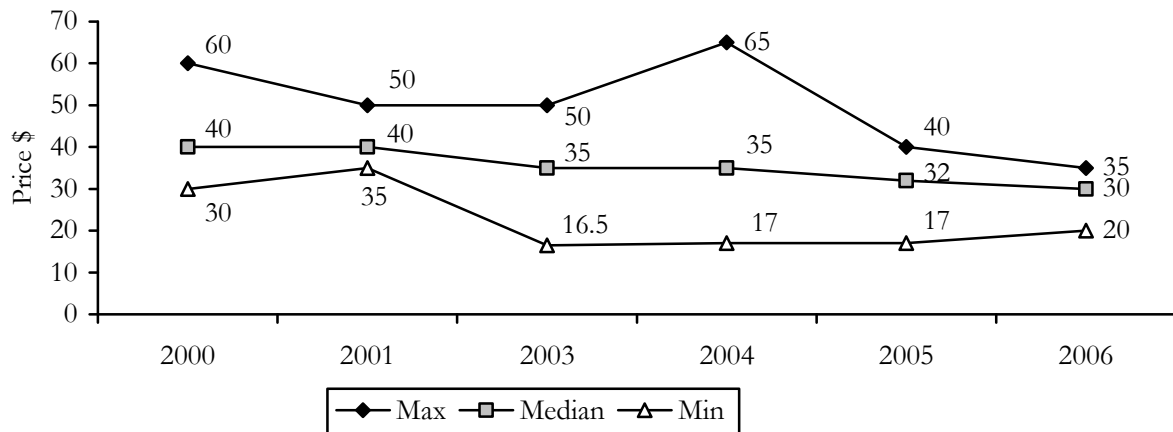
- REU first tried ecstasy on average at 18 years of age, younger than in previous years. Consistent with previous years, regular use typically started about one and a half years later.
- The median frequency of ecstasy use was just over once a fortnight, although 29% of REU used weekly or more often. Nearly all REU (97%) reported mainly swallowing ecstasy, although 11% reported having injected ecstasy at some time in their life.
- The average quantity of ecstasy used in a session has increased from 1 tablet in 2000 and 2001 to 2 tablets since 2004; in 2006 sixty-three percent of REU reported typically using more than 1 tablet.
- Polydrug use is normative with 95% of REU reporting use of other drugs with ecstasy and 85% reporting use of other drugs coming down from ecstasy.
- In 2006, thirty-eight percent of REU reported bingeing on ecstasy recently – this figure has declined since 2000.
- The most common location for ecstasy use in 2006 was nightclubs, although a considerable number also reported using ecstasy in private locations such as their own home, a friend's home or a private party.

4.4 Price

In 2006, REU reported that ecstasy typically cost \$30 (range \$20-\$35) for one tablet.

Since 2000 the reported price of ecstasy has fallen considerably, from \$40 in 2000 to \$30 in 2006. The maximum, median and minimum price paid by respondents for ecstasy tablets purchased between 2000 and 2006 is presented in Figure 2.

Figure 2: Price of ecstasy tab reported by REU, 2000-2006 (excluding 2002)



Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

In 2006, the majority of REU (57%) reported the price of ecstasy as being ‘stable’ in the six months prior to interview. This figure is consistent with REU reports in 2005 (68%), 2004 (53%), 2003 (63%), 2001 (47%) and 2000 (58%), (see Table 7).

Table 7: Ecstasy price variations, 2000-2006 (excluding 2002)

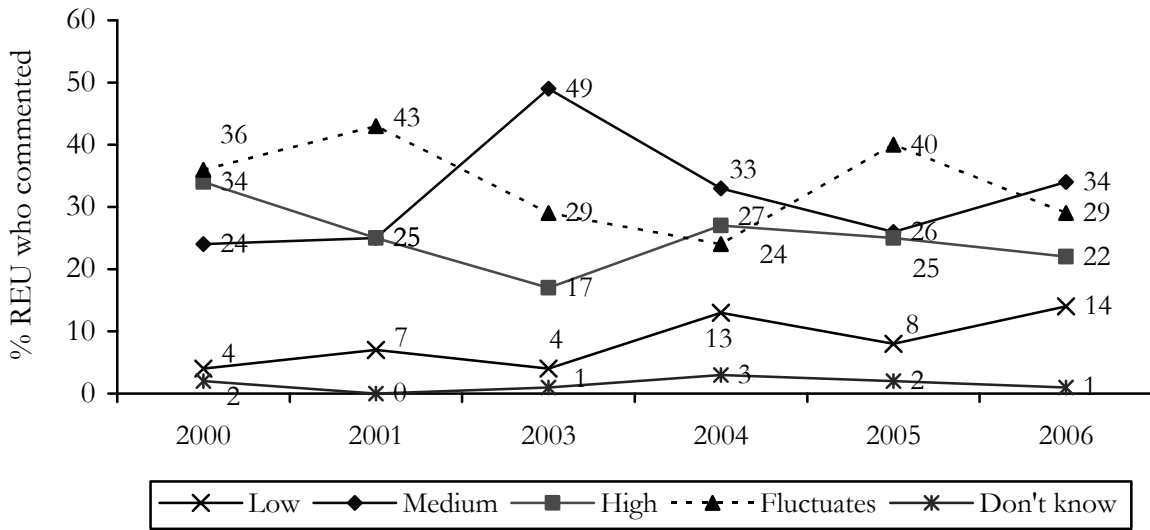
	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Price change (%)						
Increased	4	4	9	6	6	9
Stable	58	47	63	53	68	57
Decreased	28	31	12	22	10	19
Fluctuated	10	10	13	13	13	11
Don't know	--	8	4	4	3	4

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

4.5 Purity

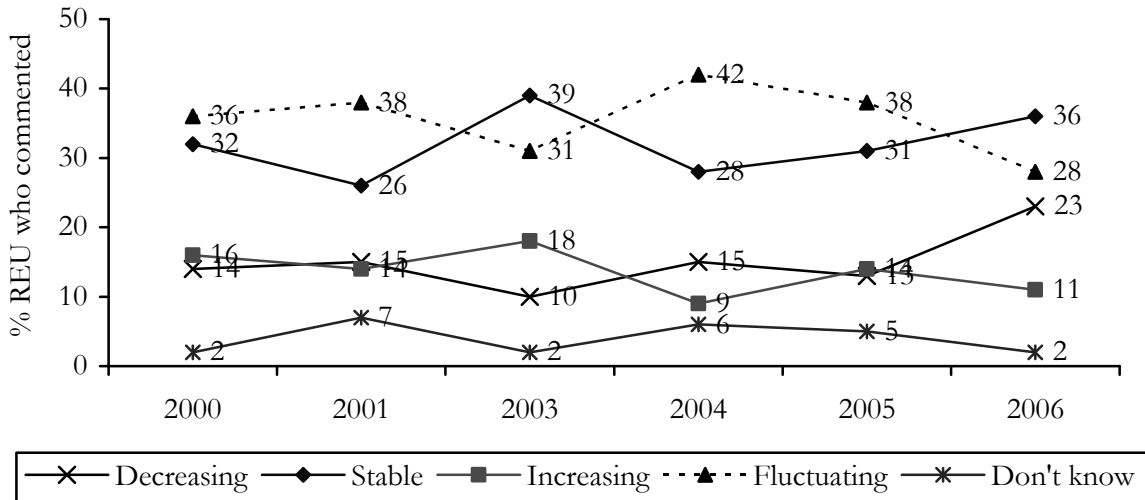
In 2006, twenty-nine percent of REU perceived the current purity of ecstasy as ‘fluctuating’, with a further 34% reporting current purity as ‘medium’ and 22% reporting that it was ‘high’, (see Figure 3). Similar proportions also reported that ecstasy purity had been ‘fluctuating’ in the six months prior to interview (28%), although 36% perceived that purity had remained ‘stable’ during this time (see Figure 4).

Figure 3: User reports of current ecstasy purity, 2000-2006 (excluding 2002)



Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

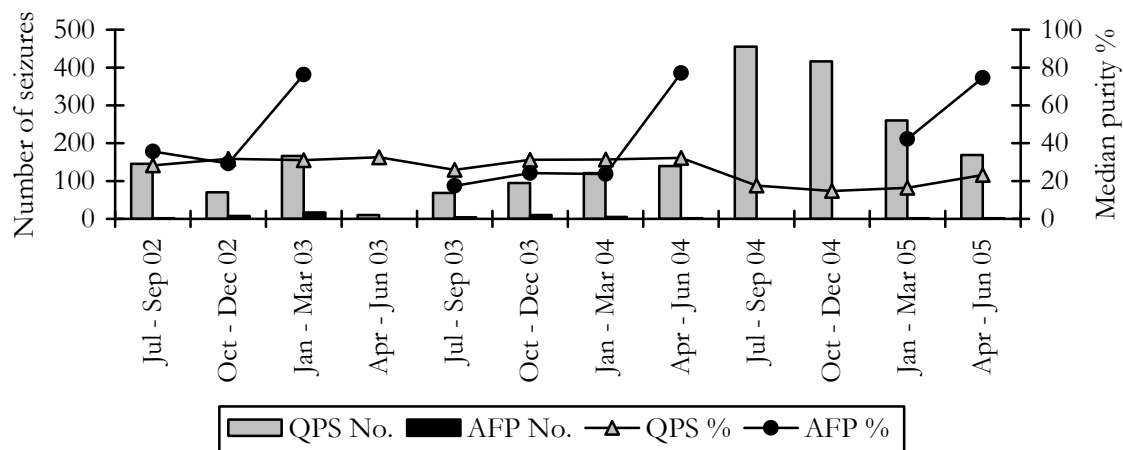
Figure 4: REU reports of change in ecstasy purity in the preceding six months, 2000-2006 (excluding 2002)



Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

Between July 2002 and June 2004 the median purity of analysed phenethylamine seizures by QPS remained fairly consistent, however, purity dropped sharply in 2004/05 to a median of 17.3%. In contrast, the number of QPS seizures has increased significantly, with a total of 1,300 seizures in 2004/05. The number of Australian Federal Police (AFP) phenethylamine seizures in Queensland has been consistently low, and the purity of these seizures has been highly variable. This variation in purity may reflect that AFP seizure data do not distinguish between seizures of MDMA pills and MDMA powder (see Figure 5).

Figure 5: Number and median purity of phenethylamine seizures analysed in QLD, by quarter 2002/03-2004/05



Source: Australian Bureau of Criminal Intelligence (ABCI); Australian Crime Commission (ACC)

4.6 Availability

Table 8 presents REU perceptions of ecstasy availability from 2000 to 2006, with the exclusion of 2002. In 2006, almost all REU reported their access to ecstasy as either ‘easy’ (42%) or ‘very easy’ (49%) at the time of interview. About half of respondents (51%) indicated that their access to ecstasy in the six months prior to the study had been ‘stable’.

2006 respondents most commonly reported obtaining ecstasy from ‘friends’ (82%) at a ‘friend’s home’ (64%), (see Table 8). Nonetheless, ecstasy was also obtained at numerous private and public locations including their ‘own home’ (36%), a ‘dealer’s home’ (35%), and at ‘nightclubs’ (33%). Despite a slight decrease in perceived ecstasy availability during 2006 (91% reporting ‘easy’ or ‘very easy’), REU have consistently and perhaps increasingly perceived ecstasy to be ‘easy’ or ‘very easy’ to obtain across time (2005: 97%; 2004: 95%; 2003: 84%; 2001: 74%; 2000: 72%), (see Table 8).

The locations at which REU have reported purchasing or obtaining ecstasy are presented in Table 8. From 2000 to 2006 (excluding 2002), REU have indicated that they most commonly obtained ecstasy from ‘friends’ or ‘dealers’. Moreover, ‘friend’s home’ and ‘dealer’s home’ have also remained the most prevalent locations at which ecstasy is scored. It is becoming increasingly apparent, however, that more REU are reporting purchasing ecstasy from sources other than these, such as ‘acquaintances’, ‘work colleagues’, and dealers ‘unknown’ to the respondent (see Table 8).

Table 8: REU reports of availability of ecstasy in the preceding six months, 2000-2006 (excluding 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N=100
Current ease (%)						
Very easy	52	60	57	69	61	49
Easy	20	14	27	26	36	42
Availability in last six month (%)						
Stable	56	56	63	64	70	51
Easier	30	28	23	13	12	20
Persons scored from (%)						
Friends	94	93	73	67	87	82
Dealers	56	57	71	68	57	47
Acquaintances	20	34	29	23	29	37
Work colleagues	6	10	13	15	16	15
Unknown dealers	4	8	6	11	19	21
Locations scored from (%)						
At own home	40	37	31	30	36	36
Friend's home	80	82	57	53	65	64
Dealer's home	46	41	55	57	47	35
Nightclub	14	34	30	22	37	33
Pubs	0	8	10	13	15	15
Raves	16	22	14	14	16	13
Dance parties	18	16	15	--	--	--
Street	--	--	9	8	13	10
Agreed public location	--	--	--	30	24	17
Work	--	--	--	7	8	8

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

Note: Multiple responses allowed for persons and locations scored from; -- Not asked in that year

4.7 Ecstasy markets and patterns of purchasing ecstasy

REU in 2006 were asked a range of questions pertaining to ecstasy markets and their purchasing behaviour (Table 9). Questions asked included the number of people from whom ecstasy was purchased in the six months prior to interview, and whether REU purchased tablets for self, self and others or others only.

In 2006, respondents reported obtaining ecstasy from a median of three persons (range: 0-15 persons) in the last six months. The majority of REU (76%) reported purchasing ecstasy for themselves and others in the six months prior to interview. Ecstasy was mostly purchased around the time of use, with 35% of respondents reporting purchasing ecstasy 1-12 times in the past six months and 26% reporting purchasing ecstasy 13-24 times (see Table 9).

The majority of respondents (82%) reported that they could purchase other drugs from their main ecstasy 'dealer' in 2006: predominantly cannabis (72%) and crystal methamphetamine (59%). Powder methamphetamine, base methamphetamine and cocaine were also available for 43%, 37%, and 35% of 2006 REU respectively.

In comparison, 78% of respondents in 2005 indicated that they could also purchase other drugs from their main ecstasy dealer at the time of ecstasy purchase. Similar to 2006, cannabis

(63%) and crystal methamphetamine (57%) were the most common drugs available at the time (Fischer, Cogger, & Kinner, 2006).

Table 9: Patterns of purchasing ecstasy, 2006

	2006 N=100
Median No. of people purchased from (range)	3 (0-15)
Purchased for (%)	
Self only	21
Self and others	76
Others only	0
No. of times purchased in the last 6 months (%)	
1-6	36
7-12	35
13-24	26
25 +	0
Median no. of ecstasy tablets purchased (range)	4(0-10)
Able to purchase other drugs from main dealer (%)	82
Drugs able to purchase* (n=82) (%)	
Speed	43
Base	37
Crystal	59
Cocaine	35
MDA	13
LSD	29
GHB	11
Cannabis	72
Heroin	9
Pharmaceutical stimulants	6
Mushrooms	10
Ketamine	9
Other	4

Source: Regular ecstasy user interviews 2006

* Among those who reported being able to purchase other drugs from main dealer

4.7.1 Key expert comments

KE reported the following observations regarding purchasing trends for ecstasy in 2006:

- most REU purchase for themselves and others on a regular basis;
- dealers are generally able to supply a range of other drugs at the time of purchase; and
- younger REU were perceived to be unaware of the legal risks associated with buying in larger quantities to supply friends.

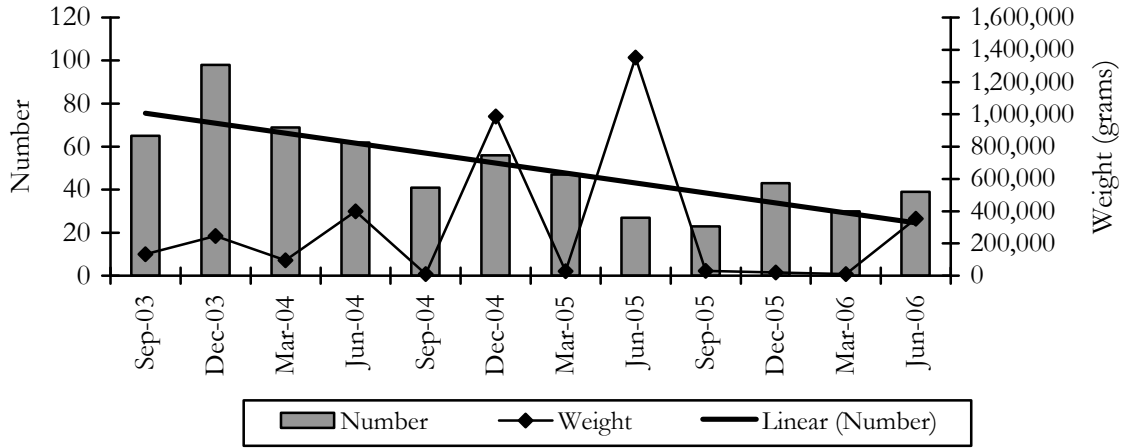
4.8 Ecstasy-related harms

4.8.1 Law enforcement

Arrests for ecstasy use/possession in Queensland are recorded under the more generic category of amphetamine-type stimulant (ATS) arrests, and these arrest data are therefore of little use in monitoring the ecstasy market (S. A. Kinner & Degenhardt, 2006). At the federal border level, however, ecstasy seizures are distinguished from other ATS seizures. Figure 6 shows the number and weight of ecstasy seizures by Australian Customs Service (ACS) at the Australian border from 2003/04 to 2005/06, by quarter. Over this time the number of seizures in each quarter has fluctuated between 23 and 98 seizures per quarter, but overall the rate of

seizures has declined (see linear trend-line). The total weight of seizures per quarter has also fluctuated markedly, although there is no clear pattern (Figure 6).

Figure 6: Number and weight of ecstasy seizures by Australian Customs Service, 2003/04 – 2005/06

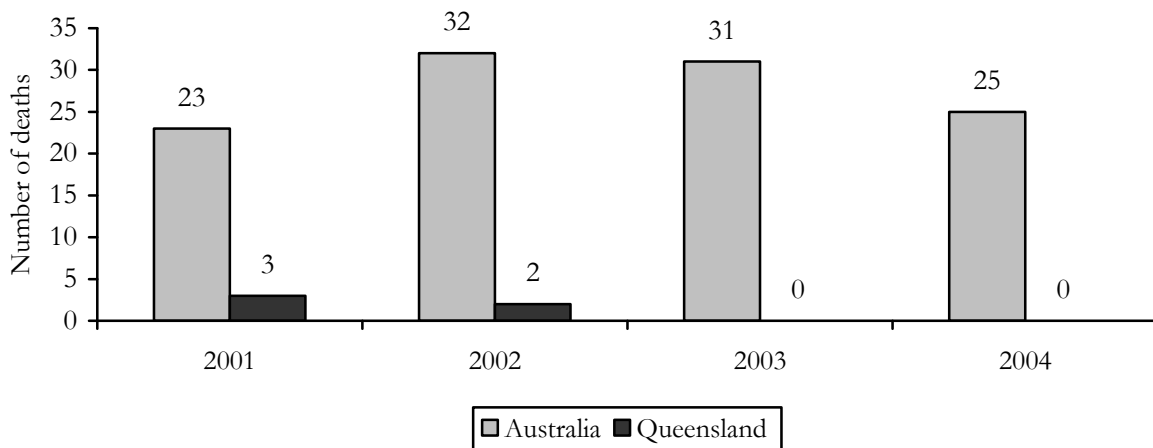


Source: Australian Customs Service (ACS)

4.8.2 Health

Figure 7 presents the number of ecstasy-related deaths in Queensland and Australia from 2001 to 2004. During this time there have been five ecstasy-related deaths identified in Queensland by the National Coroners Information System (NCIS). It is noteworthy that ecstasy was considered a primary contributor to death in only two of these cases. Across Australia, there were 111 ecstasy-related deaths identified in this time, with ecstasy deemed to be a primary contributor to death in less than half (51) of these cases.

Figure 7: Ecstasy-related deaths in Queensland and Australia 2001-2004



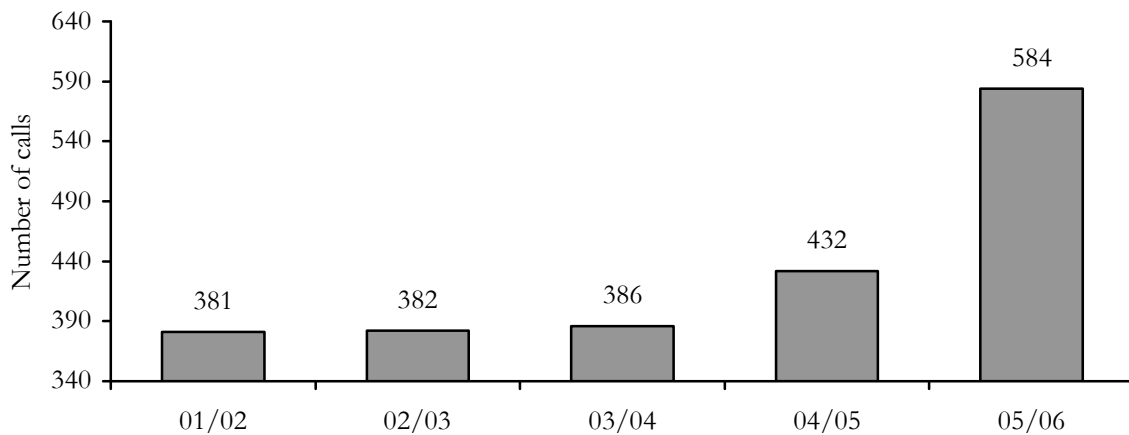
Source: National Coroners Information System (NCIS)

Note: 2004 data not a complete year

Figure 8 shows the number of ecstasy-related enquiries made to the Alcohol and Drug Information Service (ADIS) in Queensland. From 2001/02 to 2003/04 there was no

substantive change in the number of ecstasy-related phone calls to ADIS, however, the number has increased markedly in the last two years, with 584 calls in 2005/06. This represents an increase of over 50% in two years, however, ADIS data are likely to be heavily influenced by community concern about ecstasy use, irrespective of the incidence of ecstasy-related problems. In 2005/06 ecstasy-related calls made up 3.8% of all calls to ADIS.

Figure 8: Number of enquiries to ADIS regarding ecstasy 2001/02-2005/06



Source: ADIS

4.8.3 Key expert comments

KE from the law enforcement sector noted increased domestic manufacture of MDMA, and a move away from importation of ecstasy tablets (which are more easily detected by Customs officers) to importation of liquid or powder, which can be converted into MDMA and/or pressed into tablets once inside the border. Two KE also noted an increase in the number of MDMA labs being detected in Queensland. One law enforcement KE observed a decrease in the number of pills containing methamphetamine and ketamine, with the majority of pills now containing MDMA of quite consistent purity being “back to the way it was years ago”.

4.9 Benefit and risk perception

4.9.1 Perceived benefits

Perceived benefits of ecstasy use among 2006 REU are presented in Table 10. The three most commonly reported benefits of ecstasy use were ‘Enhanced communication’ (n = 37), ‘enhanced closeness/bonding/empathy’ (n = 32), and ‘fun’ (n = 30). Other commonly reported benefits included ‘enhanced mood’ (n = 26), ‘increased energy’ (n = 19), ‘enhanced appreciation of music/dance’ (n = 16), and ‘the high/rush/buzz’ (n = 15). These perceptions are consistent with REU reports in 2005 (Fischer et al., 2006) and 2004 (Fischer & Kinner, 2005).

Table 10: Perceived benefits of ecstasy use among those who commented, 2006

Benefit variable	2006 N=100
Enhance closeness/bonding/empathy	32
Enhanced mood	26
Fun	30
Enhanced communication/talkativeness/more social	37
Increased confidence/decreased inhibitions	12
Increased energy	19
Enhanced sexual experience	5
Enhanced appreciation of music/dance	16
The high/rush/buzz	15
Relax/escape/release	7
Drug effects	5
Cheap	5
Feeling in control/focused	2
Other benefit	9

Source: EDRS Regular ecstasy user interviews 2006

Note: Among those who perceived 'any benefit' in taking ecstasy

4.9.2 Perceived risks

Nonetheless, REU also perceived a number of risks associated with using ecstasy in 2006 (see Table 11). 'Depression' (n = 24), 'unknown drug contaminants/cutting agents' (n = 17), 'damage to brain function' (n = 17), and 'fatal overdose' (n = 16) were the four most commonly risks reported. Other commonly reported risks included 'memory impairment' (n = 15), 'addiction/dependence' (n = 11), and 'anxiety/panic' (n = 8), (Table 11). Similarly, REU perceptions in 2006 were consistent with those reported in 2005 and 2004 (Fischer et al., 2006; Fischer & Kinner, 2005).

Table 11: Perceived risks of ecstasy use among those who commented, 2006

Risk variable	2006 N= 100
Depression	24
Unknown drug contaminants/cutting agents	17
Memory impairment	15
Unknown long-term harm	2
Legal/police problems	24
Damage to brain function (brain cells/neurological damage)	17
Fatal overdose	16
Financial problems	6
General acute physical problems	7
Addiction/dependence	11
Anxiety/panic	8
Cognitive impairment	2
Other harm	7

Source: EDRS Regular ecstasy user interviews 2006

Note: Among those who perceived 'any benefit' in taking ecstasy

4.10 Summary of ecstasy trends

- The price of ecstasy appears to be falling, from an average of \$40 in 2000 and 2001, and \$32 in 2005, to \$30 in 2006; most REU report that the price had been stable in the preceding six months
- There is little agreement among REU with respect to ecstasy purity, with roughly equal proportions reporting that it is of medium purity, high purity or fluctuating.
- As in previous years, almost all REU reported that ecstasy was either 'easy' or 'very easy' to obtain, and the majority reported that availability was 'stable' or 'easier'.
- The most common source of ecstasy continues to be 'friends', with only a minority reporting obtaining ecstasy in public places such as nightclubs or pubs.
- It is normative for REU to obtain ecstasy for themselves and others, with REU in 2006 reporting typically purchasing ecstasy for three people on any given occasion, and typically purchasing 4 tablets at once. Roughly equal proportions reported purchasing 1-6 times, 7-12 times and 13-24 times in the last six months. Most were able to obtain other drugs from their main ecstasy dealer, typically cannabis and ice/crystal.
- Arrests for ecstasy use/possession in Queensland are subsumed under the broad 'ATS' category, and are therefore of little use in monitoring the market. The number of ecstasy border detections by ACS has fallen in recent years, although the overall weight of seizures continues to fluctuate.
- Deaths related to ecstasy use are very rare, however, the number of calls to telephone help-lines in relation to ecstasy has increased in recent years.
- REU report a wide range of benefits and risks associated with ecstasy use. Among those most common of the perceived benefits are enhanced communication and empathy; commonly identified risks include depression and the risk of legal/police problems.

5.0 METHAMPHETAMINE

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine powder (speed)

Patterns of use of methamphetamine powder (speed) are presented in Table 12. Consistent with 2005, three-quarters (75%) of respondents in 2006 reported lifetime use of methamphetamine powder, with 58% reporting recent use. Recent speed users indicated typically using 0.5 grams (range: 0-5.0 grams) on a median of 5 days (range: 1-26 days) in the six months preceding interview.

Since 2000, recent users of methamphetamine powder have consistently reported using speed about once a month and typically consuming 0.5 grams in a session (see Table 12).

Table 12: Patterns of methamphetamine powder (speed) use among REU 2000-2006 (excluding 2002)

Speed	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	94	86	67	65	75	75
Used last 6 mths (%)	62	67	57	42	57	58
Median days used last 6mths (range)*	6 (1-38)	9 (1-180)	6 (1-180)	6 (1-180)	5 (1-180)	5 (1-26)
Median quantities used (grams)*						
Typical (range)	0.5 (0.1-2)	0.5 (0-3)	0.5 (0.1-1.5)	0.5 (0.2-4)	0.5 (0.6-6)	0.5 (0-5)
Heavy (range)	1 (0.2-3)	0.5 (0-7)	1.00 (0.1-4)	1 (0.25-6)	1 (0.5-8)	0.5 (0.10-10)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

* Among those who had used

5.1.2 Methamphetamine base

Patterns of methamphetamine base use are presented in Table 13. Over half (52%) of respondents indicated lifetime use of methamphetamine base in 2006, with 38% reporting recent use. Those REU who reported recent base use during 2006 indicated typically using 2 points (0.5-10) on a median of 3 days (range: 1-180 days) in the six months prior to interview. Compared to 2005 (45%), 2004 (39%), 2001 (76%) and 2000 (74%), fewer REU indicated recent base use in 2006 (38%). The average amount of base consumed in a typical session has fluctuated from 1 to 2 points since 2000 (see Table 13).

Table 13: Patterns of base methamphetamine use of REU 2000-2006 (excluding 2002)

Base	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	80	84	43	55	57	52
Used last 6mths (%)	74	76	34	39	45	38
Median days used last 6mths (range)*	10 (1-72)	7 (1-160)	6 (6-180)	12 (1-180)	4 (1-180)	3 (1-180)
Median quantities used (points)*						
Typical (range)	1 (5-5)	1 (0.1-10)	1 (0.1-5)	2 (0.2-20)	1 (0.5-5)	2 (0.5-10)
Heavy (range)	2 (0.5-10)	2 (0.10-40)	2 (0.1-25)	3 (0.5-40)	2 (.5-8)	2 (0.5-10)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

*Among those who had used

5.1.3 Crystal methamphetamine

REU patterns of crystal methamphetamine use from 2000 to 2006 (excluding 2002) are presented in Table 14. In 2006, sixty percent of respondents indicated lifetime use of crystal methamphetamine, with half (50%) of REU reporting recent use. REU who reported recent crystal use indicated typically using 2 points (range: 0.1-5.0 points) on a median of 4 days (range: 1-90 days) in the six months preceding interview.

With the exception of 2001 (56%), more REU reported recent crystal use in 2005 (50%) and 2006 (50%) than in any previous year (see Table 14). Consistent with 2003, the median number of days in which REU indicated recent crystal use in 2006 (4 days; range: 1-90) was higher than figures reported in 2005 (3 days; range: 1-180) and 2000 (3.5 days; range: 1-15) and lower than 2001 (5; range: 1-120) and 2004 (6; range: 1-180) data. The typical amount used in 2006 (2 points; range 0.10-5.0) was higher than in any previous year (see Table 14).

Table 14: Patterns of crystal methamphetamine use among REU 2000-2006 (excluding 2002)

Crystal	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	16	68	49	60	69	63
Used last 6m (%)	8	56	38	42	50	50
Median days used last 6m* (range)	3.5(1-15)	5 (1-120)	4 (1-180)	6 (1-180)	3 (1-180)	4 (1-90)
Median quantities used (points)*						
Typical (range)	1 (1-2)	1 (0.1-5)	1 (0.25-4)	1.5 (0.2-10)	1 (0.25-8)	2 (0.10-5)
Heavy (range)	1 (1-2)	1 (0.5-40)	1 (0.25-5)	3 (0.25-30)	2 (0.25-10)	2 (0.20-8)

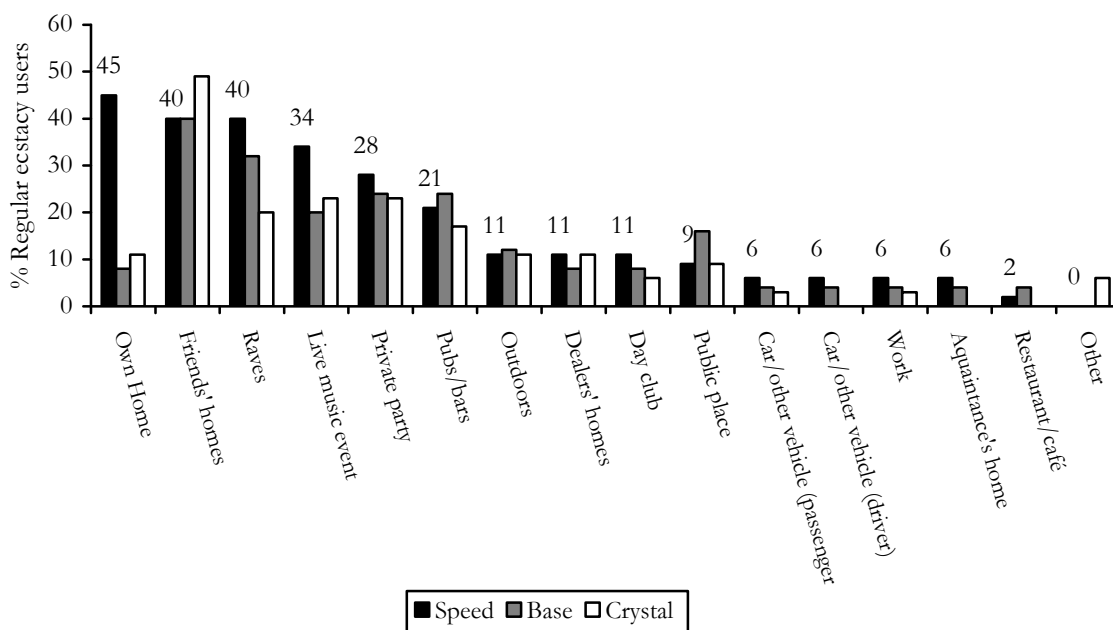
Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

* Of those who had used

The locations in which REU in 2006 reported usually and most recently using methamphetamine are presented below in Figures 9 and 10 respectively. The majority of respondents reported typically using powder methamphetamine (speed) at 'nightclubs' (64%),

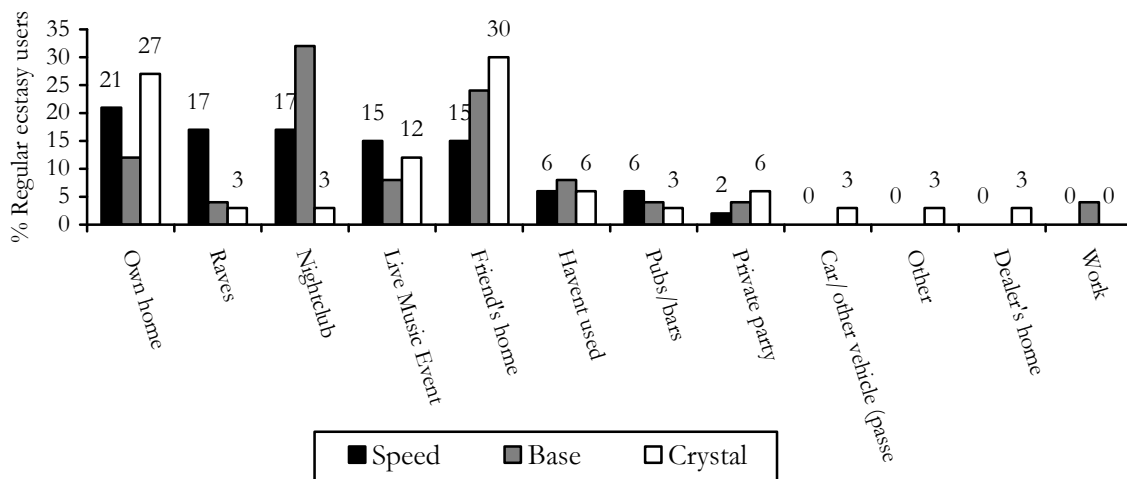
their ‘own home’ (45%), a ‘friend’s home’ (40%), and ‘raves’ (40%), (see Figure 9). Consistent with these figures, most recent use of speed occurred at users’ ‘own home’ (21%), ‘nightclubs’ (17%), ‘raves’ (17%), or at a ‘friend’s home’ (15%), (Figure 10). Another common location for recent use was a ‘live music event’ (15%), (Figure 10). Typical use locations for methamphetamine base in 2006 are similar to those reported for speed. As can be seen in Figure 9, REU reported typically using base at ‘nightclubs’ (64%), a ‘friend’s home’ (40%), and ‘raves’ (32%). Consistent with these reports, the most common locations for most recent use of base were a ‘nightclub’ (32%) and a ‘friend’s home’ (24%) for 2006 respondents (see Figure 10). Similarly, REU in 2006 reported typically using crystal methamphetamine at a ‘friend’s home’ (49%), ‘nightclubs’ (31%), ‘private party’ (23%), and a ‘live music event’ (23%), shown in Figure 9. Consistent with this, ‘friend’s home’ (30%), ‘own home’ (27%) and ‘live music event’ (12%) were commonly reported locations of most recent crystal use (see Figure 10).

Figure 9: Location of usual methamphetamine use by form, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Figure 10: Location of most recent methamphetamine use by form, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'outdoors', 'public place (street/park)', 'restaurant/café', 'car/other vehicle (driver)', 'educational institute', and 'acquaintance's home' were not endorsed by any participant and thus omitted from the above Figure.

5.1.4 Key expert comments

Key experts made the following observations regarding methamphetamine use in 2006:

- use of methamphetamine powder has remained static over time;
- use of methamphetamine base has declined;
- use of crystal methamphetamine has remained stable; and
- among younger REU, methamphetamine may be starting to lose its appeal, with a number of key experts reporting increasing perceptions that methamphetamine is a 'dirty' or 'gutter' drug.

5.2 Price

Table 15 indicates the prices of various methamphetamine forms purchased by REU from 2003 to 2006. In 2006, the median price reported for a gram of speed was \$150 (range \$50-\$350), which was noticeably lower than that reported in 2005 (\$180: range \$30-\$220), 2004 (\$180: range \$20-\$240) and 2003 (\$200: range \$20-\$300).

As presented in Table 15, the mean price for a gram of base in 2006 was \$190 (range \$50-\$300), which was slightly lower than prices recorded in 2005 (\$200: range \$100-\$300), 2004 (\$200: range \$140-\$200), and 2003 (\$200: range \$150-\$2,000).

The median price reported for a gram of crystal in 2006 was \$325 (\$100-\$500), which is more than that reported in 2005 (\$310: range \$175-\$600), 2004 (\$300: range \$180-\$450), and 2003 (\$200: range \$180-\$350) (see Table 15).

The median price reported for a point of speed (\$25: range \$15-\$150), base (\$25: range \$20-\$50), and crystal (\$50: range \$35-\$50) in 2006 are similar to those reported during 2005 (\$25: range \$15-\$40; \$25: range \$20-\$50; \$47.40: range \$18.50-\$80 respectively). Nonetheless, crystal methamphetamine appears increasingly expensive; the median price of a point of crystal in 2006 (\$50: range \$35-\$50) was higher than the price reported in 2005, 2003 (both \$40), and double the price of both speed and base reported in 2006 (see Table 15).

Table 15: Price of various methamphetamine forms purchased by REU, 2003-2006

Median price (\$)	2003	2004	2005	2006
Speed				
Gram Point	200 (20-300), n=38 25 (10-50), n=25	180 (20-240), n=25 27.50 (15-50), n=15	180 (30-220), n=21 25 (15-40), n=19	150 (50-350), n=26 25 (15-150), n=23
Base				
Gram Point	200 (150-2000),n=7 25 (15-200), n=27	200 (140-200), n=11 27.50 (15-50), n=32	200 (100-300), n=11 25 (20-50), n=19	190 (50-300), n=12 25 (20-50), n=13
Crystal				
Gram Point	200 (180-350),n=5 40 (20-300), n=37	300 (180-450), n=7 40 (20-60), n=38	310 (175-600), n=11 47.50 (18.50-80), n=32	325 (100-500), n=12 50 (35-50), n=22

Source: EDRS Regular ecstasy user interviews 2003-2006

Table 16 shows recent changes in the price of methamphetamine forms purchased by REU from 2003 to 2006. In 2006, forty seven REU reported on recent changes to the price of speed. Of these, 55% maintained that the price of speed had remained ‘stable’ in the six months prior to interview. The proportion of respondents who perceived the price of speed as ‘stable’ in 2006 was consistent with reports from previous years, with 32% in 2005 (n = 53), over half (52%) in 2005 (n = 50), and almost three-quarters (74%) in 2003 (n = 72).

In 2006, twenty-five REU commented on recent changes to the price of base. Sixty per-cent (60%) of respondents perceived the price of base to be ‘stable’ in the six months preceding interview, compared to 49% in 2005 (n = 33), 72% in 2004 (n = 53), and 50% in 2003 (n = 44) (see Table 16).

In 2006, thirty five REU commented on changes to the price of crystal in the six months prior to interview. Of these respondents, 34% indicated that the price of crystal had remained ‘stable’ in recent times, compared to 16% in 2005 (n = 44), 40% in 2004 (n = 50), and 46% in 2003 (n = 46%). The proportion of respondents who indicated a recent increase in the price of crystal in 2006 (26%) was similar to REU reports of a price ‘increase’ in 2005 (30%, n =44) (see Table 16).

Table 16: Recent changes in price of various methamphetamine forms purchased by REU 2003-2006

	2003	2004	2005	2006
Speed (%)	n=72	n=50	n=53	n=47
Increasing	3	12	9	11
Stable	74	52	32	55
Decreasing	8	6	11	9
Fluctuating	3	10	11	9
Don't know	13	20	36	17
Base (%)	n=40	n=53	n=33	n=25
Increasing	3	4	9	12
Stable	50	72	49	60
Decreasing	18	15	6	28
Fluctuating	10	2	6	8
Don't know	20	8	30	12
Crystal (%)	n=44	n=50	n=44	n=35
Increasing	9	10	30	26
Stable	46	40	16	34
Decreasing	11	18	9	17
Fluctuating	5	10	11	9
Don't know	30	20	34	15

Source: EDRS Regular ecstasy user interviews 2003-2006

Note: REU who were able to report on price, purity and availability

5.3 Purity

Table 17 shows REU reports of current methamphetamine purity from 2003 to 2006. In 2006, 47 respondents commented on the current purity of methamphetamine powder. There was little consensus among those who commented, with 38% reporting speed purity as 'medium', 21% reporting it as 'low', 21% reporting it as 'high', and 6% indicating that speed purity 'fluctuates.' Similar disagreement was apparent in 2005, 2004, and 2003 (Table 17).

Twenty-five REU reported on the current purity of methamphetamine base in 2006. Again, there was much disagreement among those who commented, with 44% reporting base purity as 'medium', 20 % as 'high', 16% as 'low' and 8% as 'fluctuating' (see Table 17).

In 2006, 35 respondents commented on the current purity of crystal methamphetamine, with the majority reporting that current crystal purity was either 'high' (43%), or 'medium' (40%). Similar proportions were observed in 2005 ('high' 55%; 'medium' 21%), 2004 ('high' 46%; 'medium' 30%), and 2003 ('high' 57%; 'medium' 14%), although the number of REU reporting current crystal purity as 'medium' was noticeably higher in 2006.

Table 17: User reports of current methamphetamine purity 2003-2006

	2003	2004	2005	2006
Speed (%)	n=72	n=50	n=53	n=47
Low	14	10	9	16
Medium	32	34	28	38
High	36	20	21	21
Fluctuates	10	22	26	6
Don't know	8	14	0	13
Base (%)	n=40	n=53	n=33	n=25
Low	8	6	6	16
Medium	20	28	21	44
High	48	51	36	20
Fluctuates	15	15	21	8
Don't know	10	0	15	3
Crystal (%)	n=44	n=50	n=44	n=35
Low	2	6	5	9
Medium	14	30	21	40
High	57	46	55	43
Fluctuates	11	10	7	6
Don't know	16	8	14	3

Source: EDRS Regular ecstasy user interviews 2003-2006

Note: REU who were able to report on price, purity and availability

Table 18 illustrates REU reports of changes in methamphetamine purity from 2003 to 2006. In 2006, 47 REU commented on changes in methamphetamine purity in the six months preceding interview. There was little agreement amongst those REU who commented, with 47% reporting that speed purity was 'stable', 15% of respondents indicating that it was 'decreasing', and 21% reporting that they 'did not know.' Similar inconsistencies regarding changes in speed purity were observed in 2005, with 25% reporting it as 'fluctuating', 23% reporting it as 'stable', and 21% commenting that they 'did not know'.

In 2006, 25 REU commented on changes in methamphetamine base purity in the six months prior to interview, as illustrated in Table 18. Again, there was substantial disagreement among those who responded, with 44% commenting that it was 'stable', 20% indicating that it was 'decreasing', 16% reporting that it was fluctuating, and 16% reporting that they 'did not know.' Similar reports were obtained during 2005, with 33% reporting base purity as 'stable', 18% as 'fluctuating', 12% as 'decreasing', and 27% of REU commenting that they 'did not know.'

In 2006, 35 REU commented on changes in methamphetamine crystal purity in the six months preceding interview (see Table 18). Similar to previous years, in 2006 there was some disagreement among REU with regard to changes in base purity. However, noticeably more respondents (29%) reported that the purity of base was 'decreasing' in 2006, compared with 2005 (9%), 2004 (16%), and 2003 (11%).

Table 18: User reports of changes in methamphetamine purity in the past six months, 2003-2006

	2003	2004	2005	2006
Speed (%)	n=72	n=50	n=53	n=47
Increasing	25	10	11	9
Stable	36	26	23	47
Decreasing	13	14	6	15
Fluctuating	10	32	25	9
Don't know	17	18	36	21
Base (%)	n=40	n=53	n=33	n=25
Increasing	23	11	9	4
Stable	50	51	33	44
Decreasing	10	11	12	20
Fluctuating	5	26	18	16
Don't know	13	2	27	16
Crystal (%)	n=44	n=50	n=44	n=35
Increasing	18	8	7	9
Stable	39	44	30	40
Decreasing	11	16	9	29
Fluctuating	2	16	27	14
Don't know	30	16	27	9

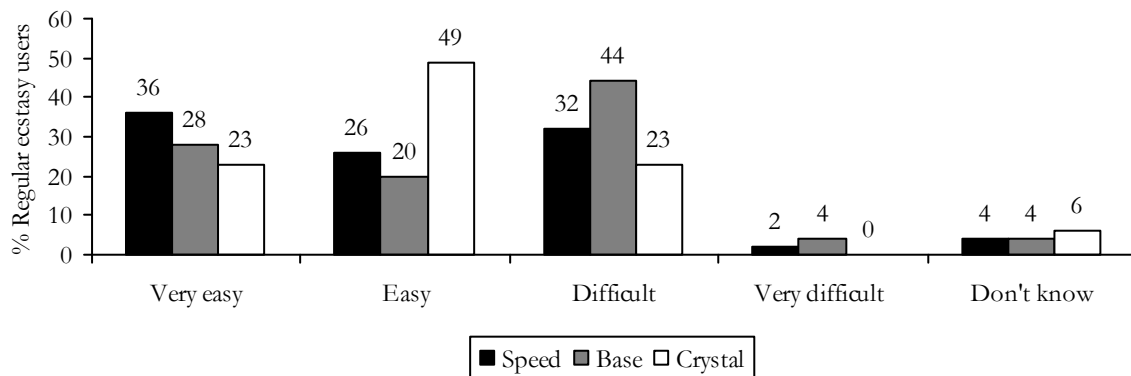
Source: EDRS Regular ecstasy user interviews 2003-2006

Note: REU who were able to report on price, purity and availability

5.4 Availability

REU reports of current availability of methamphetamine forms from 2003 to 2006 are illustrated in Figure 11. In 2006, forty-seven REU commented on the current availability of speed, 25 REU commented on the current availability of base, and 35 REU commented on the current availability of crystal. The majority of respondents indicated that all forms of methamphetamine were 'easy' (speed 26%; base 20%; crystal 49%) or 'very easy' (speed 36%; base 28%; crystal 23%) to obtain (see Figure 11).

Figure 11: Current availability of methamphetamine forms, QLD 2006



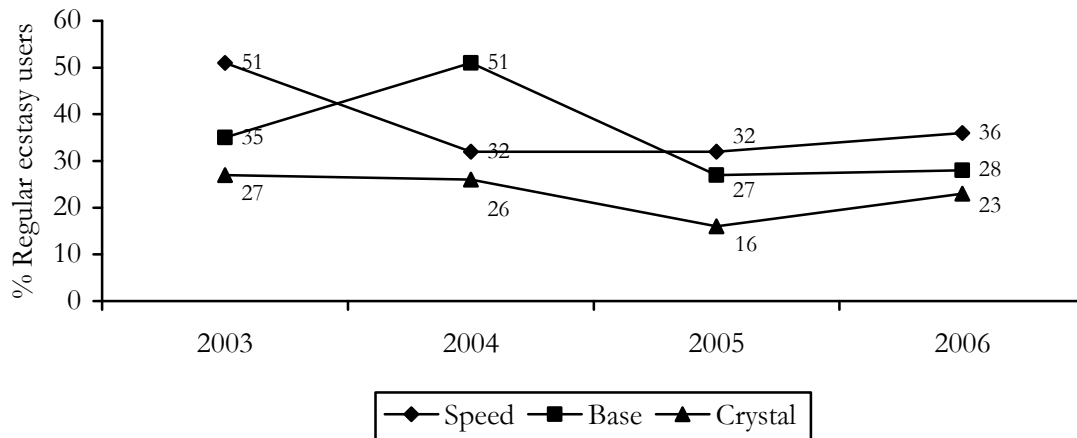
Source: EDRS Regular ecstasy user interviews 2006

The proportion of REU who reported each form of methamphetamine as 'very easy' to obtain from 2003-2006 is presented in Figure 12. The proportion of REU who reported that

methamphetamine was currently ‘very easy’ to obtain was slightly greater in 2006 than in 2005 (speed 32%; base 27%; crystal 16%), (Figure 12).

Changes in methamphetamine availability in the six months prior to interview from 2003 to 2006 are presented in Table 19. In 2006, forty seven REU commented on changes in speed availability, with 57% of respondents indicating that speed availability had been ‘stable.’ Similarly, almost half (48%) of the 25 REU who commented on changes to base availability in the six months preceding interview reported that the base market was also ‘stable.’ The crystal market was also perceived as ‘stable’ by 43% of REU (n = 35) who commented on changes to crystal availability in 2006 (see Table 19). Thus, in 2006 more REU commented that the methamphetamine market was stable in the six months prior to interview compared to 2005 (speed 47%; base 46%, crystal 16%) (see Table 19).

Figure 12: Proportion of REU who report various forms of methamphetamine as ‘very easy’ to obtain in the six months preceding interview, 2003-2006



Source: EDRS Regular ecstasy user interviews 2003-2006

Table 20 presents REU reports of people from whom methamphetamine was purchased in the preceding six months (2003-2006). The most common source from whom REU purchased any form of methamphetamine in 2006 was ‘friends’ (speed 60%; base 72%, crystal 17%), although REU equally reported ‘known dealers’ (17%) as popular sources for crystal. ‘Known dealers’ were also nominated as popular sources of speed (47%) and base (28%) for 2006 REU. Similarly, in 2005, 2004, and 2003 ‘friends’ and ‘known dealers’ were the most common persons from whom any form of methamphetamine was purchased (Table 20).

Table 19: User reports of changes in methamphetamine availability reported by regular ecstasy users, 2003-2006

	2003	2004	2005	2006
Speed (%)	n=72	n=50	n=53	n=47
More difficult	15	12	23	28
Stable	54	76	47	57
Easier	18	4	11	4
Fluctuates	3	2	6	2
Don't know	10	6	13	9
Base (%)	n=40	n=53	n=33	n=25
More difficult	13	16	27	28
Stable	63	66	46	48
Easier	8	13	9	8
Fluctuates	5	6	3	8
Don't know	13	2	15	8
Crystal (%)	n=44	n=50	n=44	n=35
More difficult	11	22	36	14
Stable	36	36	16	43
Easier	30	20	34	29
Fluctuates	5	14	9	3
Don't know	18	8	6	11

Source: EDRS Regular ecstasy user interviews 2003-2006

Note: REU who were able to report on price, purity and availability

Table 20: People from whom methamphetamine powder, base, and crystal were purchased in the preceding six months, 2003-2006

	2003	2004	2005	2006
Speed (%)	n=72	n=50	n=53	n=47
Friends	62	72	66	60
Known dealers	73	46	40	47
Workmates	14	12	8	6
Acquaintance	22	26	13	11
Unknown dealer	--	10	4	4
Base (%)	n=40	n=53	n=33	n=25
Friends	60	59	73	72
Known dealers	60	72	39	28
Workmates	12	6	6	0
Acquaintance	14	8	0	8
Unknown dealer	2	17	0	4
Crystal (%)	n=44	n=50	n=44	n=35
Friends	59	52	39	17
Known dealers	48	58	30	17
Workmates	2	4	0	12
Acquaintance	14	10	5	12
Unknown dealer	--	14	0	8

Source: EDRS Regular ecstasy user interviews 2003-2006

Note: REU who were able to report on price, purity and availability

Locations from which methamphetamine forms were purchased in the preceding six months (2003-2006) are presented in Table 21. In 2006, REU commented that the most common location from which methamphetamine speed and base were purchased was a ‘friend’s home’ (speed 45%; base 52%), whilst the most frequently reported location for purchasing crystal was a ‘dealer’s home’ (43%) for 2006 respondents. ‘Dealer’s home’ was also nominated as a common location for purchasing speed (40%) and base (16%), whilst ‘own home’ (speed 26%; base 8%; crystal 20%) was another common venue from which methamphetamine was purchased (see Table 21).

From 2003 to 2006, ‘friend’s home’, ‘dealer’s home’, and ‘own home’ have remained the most common locations from which methamphetamine has been purchased (see Table 21). Considering REU reports since 2000, it appears that these settings may be becoming increasingly common locations for purchase, whilst other locations such as ‘nightclubs’ and ‘pubs’ are becoming less common (Table 21).

Table 21: Locations at which methamphetamine powder, base, and crystal were purchased in the preceding six months, 2003-2006

	2003	2004	2005	2006
Speed (%)	n=72	n=50	n=53	n=47
Own home	26	28	30	26
Dealer’s home	55	28	40	40
Friend’s home	46	46	49	45
Raves	7	14	11	6
Nightclubs	14	20	15	11
Pub	3	12	2	6
Street	10	10	4	6
Public location	--	20	4	11
Work	--	10	6	2
Base (%)	n=40	n=53	n=33	n=25
Own home	31	36	18	8
Dealer’s home	55	59	30	16
Friend’s home	38	51	46	52
Raves	7	4	0	4
Nightclubs	7	11	9	8
Pub	2	6	0	4
Street	14	8	6	4
Public location	--	38	6	20
Work	--	6	3	0
Crystal (%)	n=44	n=50	n=44	n=35
Own home	27	36	27	20
Dealer’s home	25	46	32	43
Friend’s home	50	34	36	31
Raves	5	2	2	0
Nightclubs	7	4	9	3
Pub	0	0	5	6
Street	9	8	5	6
Public location	--	40	5	11
Work	--	10	5	3

Source: EDRS Regular ecstasy user interviews 2003-2006

Note: REU who were able to report on price, purity and availability

5.4.1 KE observations

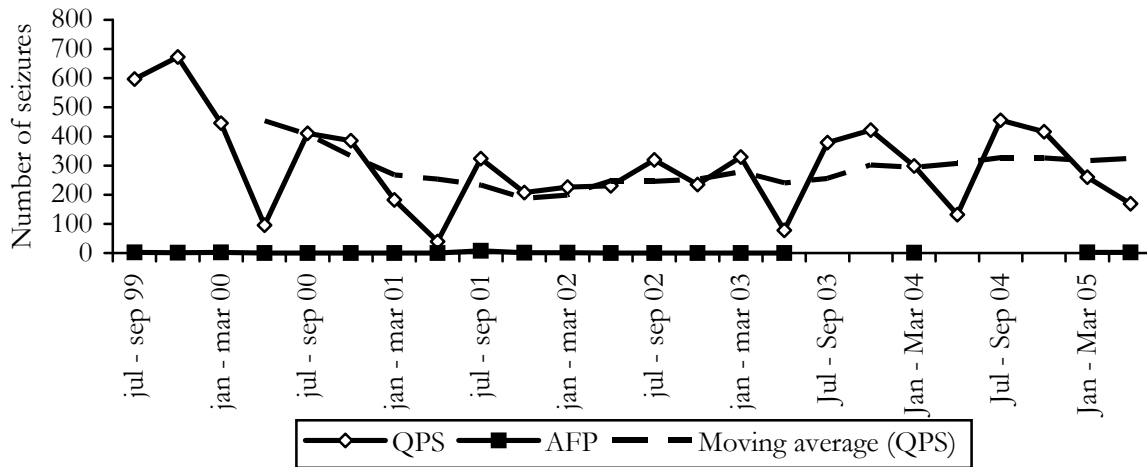
KE reported that all forms of methamphetamine remain very readily available, with REU engaging in ongoing use of all forms of methamphetamine.

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

Figure 13 shows the number of methamphetamine seizures made in Queensland by QPS and AFP, from 1999/00 to 2004/05. The vast majority of methamphetamine seizures in Queensland have been made by QPS, with AFP typically only making one or two seizures in each quarter. The number of QPS seizures has varied considerably over this time, and is typically lower in the last quarter of each financial year. However, after this number was averaged across each financial quarter, the number of seizures increased slightly over the past few years (see Figure 12).

Figure 13: Number of methamphetamine seizures analysed in QLD, by quarter 1999/00-2004/05



Source: Queensland Police Service

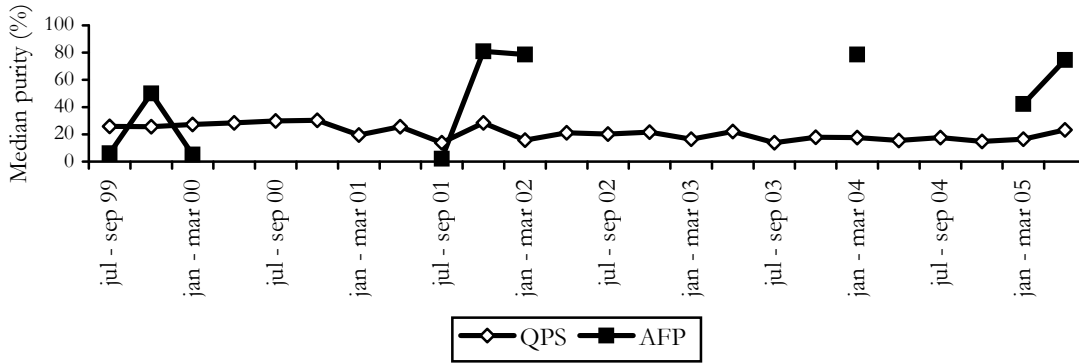
Note: ATS includes amphetamine, methamphetamine and phenethylamines (e.g. MDMA)

Figure 14 shows the purity of methamphetamine seizures analysed in Queensland by quarter from 1999/00 to 2004/05. Whereas the number of QPS seizures has fluctuated over time, the median purity of methamphetamine seizures has been more consistent, despite a decline in purity in 2003/04. In 2004/05 the median purity of QPS seizures was 17.3%, compared with 20% in both 2002/03 and 2001/02 (see Figure 13). During the last quarter of 2004/05 the median purity of QPS seizures was 23.3%. Unfortunately, seizure data do not distinguish between crystal methamphetamine and other forms of (domestically produced) methamphetamine, so these fluctuations in purity are difficult to interpret.

Figure 15 shows the number of amphetamine-type stimulant (ATS) arrests made by QPS from 1997/98 to 2005/06 in Queensland, and in the three south-east Queensland regions from which REU are sampled for the EDRS. Overall, the number of arrests increased sharply from 2001/02 (657) to 2005/06 (1,192), although this trend is only partially reflected in the figures for south-east Queensland regions. The apparent rise in ATS arrests in Queensland is difficult to interpret for two reasons: (a) the ATS category includes amphetamine, methamphetamine and MDMA (ecstasy), and (b) an increase in arrests may indicate increased production, distribution and use of the drug class, and/or it may indicate increased operational activity

around that drug class. Indeed, as in 2005, in 2006 KE from the law enforcement sector reported an increased focus by QPS on the ATS market.

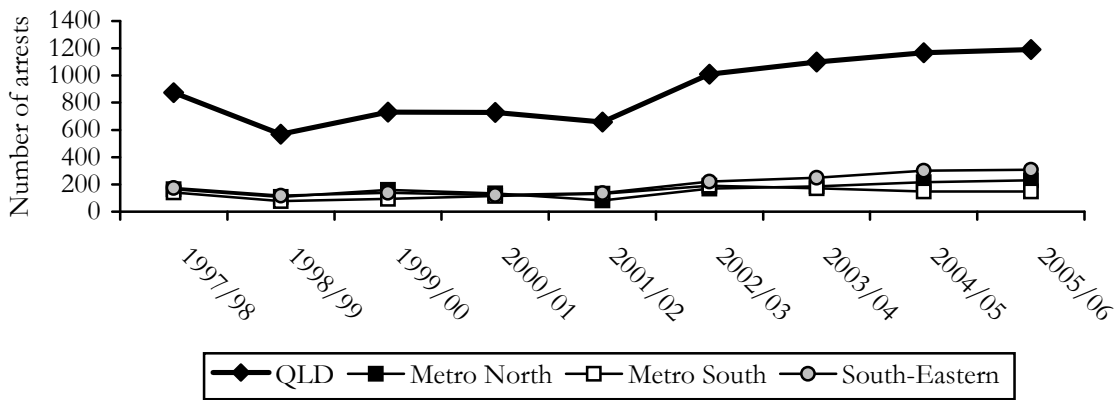
Figure 14: Purity of methamphetamine seizures analysed in QLD, by quarter 1999/00-2004/05



Source Queensland Police Service

Note: ATS includes amphetamine, methamphetamine and phenethylamines (e.g. MDMA)

Figure 15: Number of amphetamine-type stimulant (ATS) possession/use arrests by geographic area 1997/98-2005/06



Source: Queensland Police Service

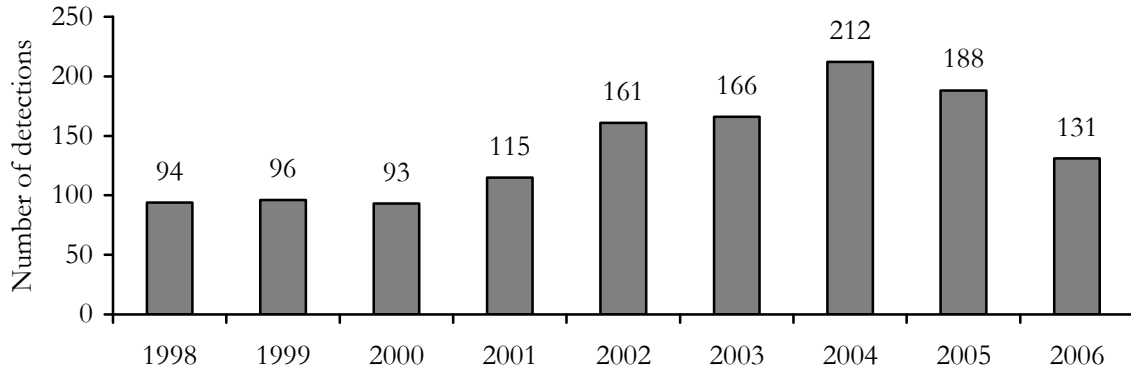
Note: ATS includes amphetamine, methamphetamine and phenethylamines (e.g. MDMA)

The number of clandestine drug laboratories detected in QLD each year is considerably larger than that reported in other states, however, this difference must be interpreted with caution. According to law enforcement KE, methamphetamine production in QLD has traditionally been characterised by a large number of (typically) small, low-yield labs, whereas most other Australian jurisdictions report fewer lab detections, but with each lab producing a larger quantity of methamphetamine.

Figure 16 shows the number of clandestine laboratories detected by QPS from 1998 to 2006. Between 1998 and 2004 the number of labs detected more than doubled, reaching a peak of 212 labs in 2004. Since then the number of labs detected each year has decreased rapidly, to 131 labs in 2006. Of all labs detected in Queensland in 2005 and 2006, 63% were producing

amphetamines, 1% were dedicated ‘pseudo extraction’ labs and 29% were yet to be identified (QPS, unpublished data).

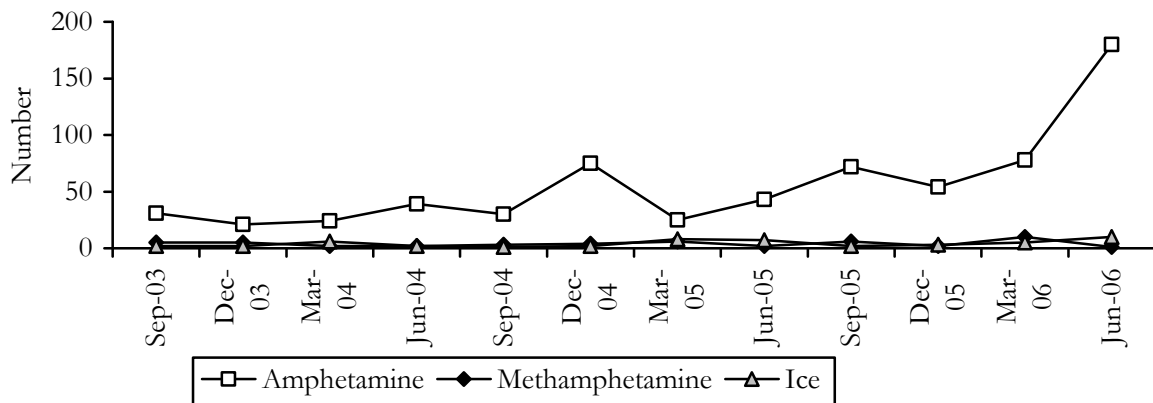
Figure 16: Number of clandestine laboratory detections in QLD 1998-2006



Source: Queensland Police Service

Figures 17 and 18 show the number and total weight of amphetamine, methamphetamine and crystal methamphetamine (‘ice’) seizures in Australia from 2003/04 to 2005/06. In each year the vast majority of seizures have been of amphetamine rather than methamphetamine or crystal methamphetamine, and the number of amphetamine seizures has increased substantially from 54 in the December 2005 quarter to 180 in the June 2006 quarter; over the same time-frame the number of ice seizures increased from 3 to 10 (Figure 17).

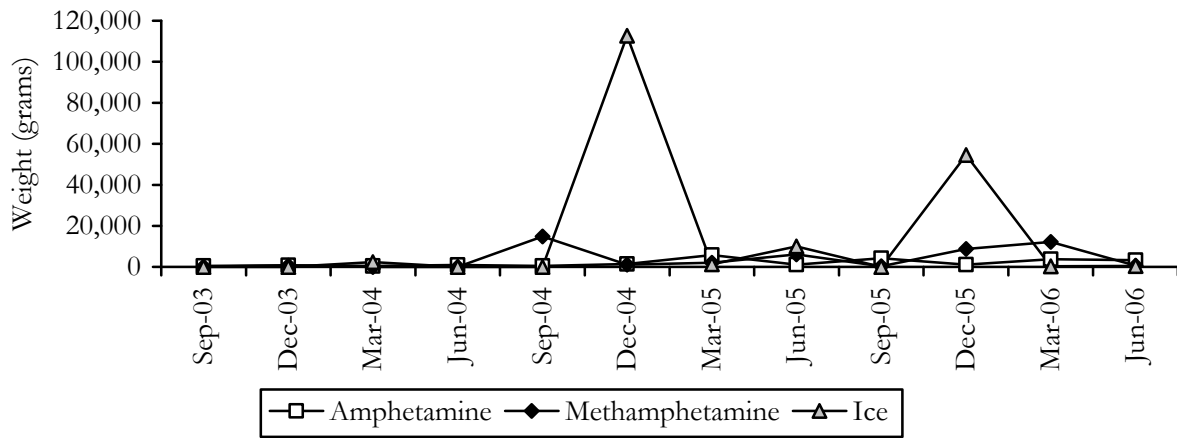
Figure 17: Number of amphetamine, methamphetamine and ‘ice’ seizures by Australian Customs Service, 2003/04–2005/06



Source: Australian Customs Service

Whereas amphetamine accounts for the largest *number* of seizures, the largest seizures by weight are of ice, or crystal methamphetamine (Figure 18). During the three year period from July 2003 to June 2006 ACS seized 23.8kg of amphetamine, 47.0kg of methamphetamine, and 181.8kg of crystal methamphetamine. During the December 2004 quarter alone, ACS seized over 112 kg of ice at the Australian border. These data are consistent with KE reports of significant ice importation, however, some KE also reported increasing domestic ice production.

Figure 18: Weight of amphetamine, methamphetamine and 'ice' seizures by Australian Customs Service, 2003/04–2005/06

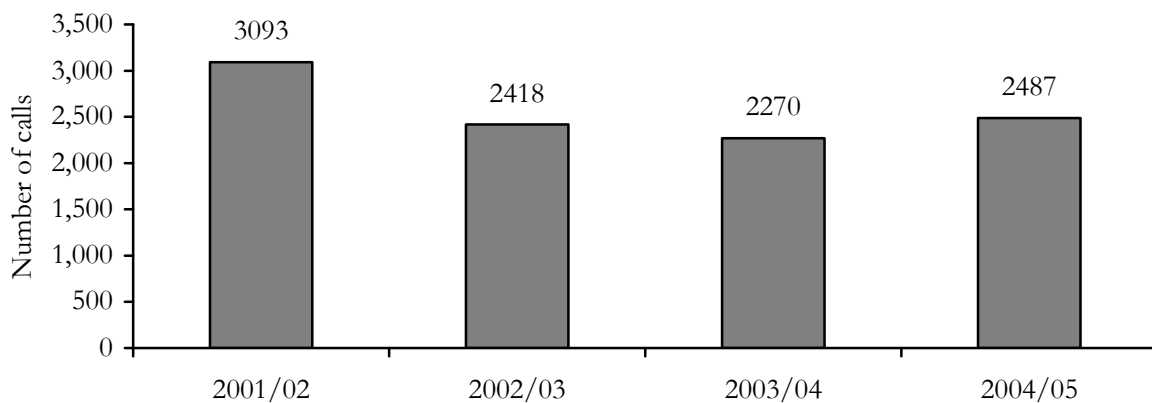


Source: Australian Customs Service

5.5.2 Health

Figure 19 illustrates the number of telephone calls made to the Queensland Alcohol and Drug Information Service (ADIS) regarding amphetamines from 2001/02 to 2005/06. Consistent with KE reports of increasing concern regarding methamphetamine-related harms, ADIS data show a continued increase in amphetamine-related inquiries from 2,270 in 2003/04, to 2,487 in 2004/05 and 2,559 in 2005/06.

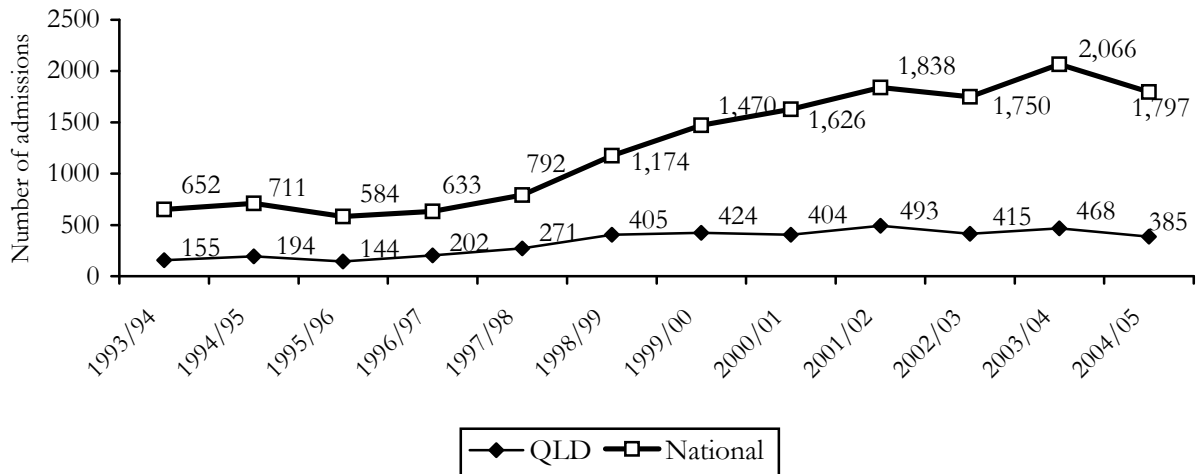
Figure 19: Number of enquiries to ADIS regarding amphetamines, including 'ice' 1996-2005



Source: ADIS

Figure 20 shows the number of amphetamine-related hospital admissions in Queensland from 1993/94 to 2004/05. Nationally, the number has risen more than three-fold, from 652 in 1993/94 to 2,066 in 2003/04, before falling to 1,797 admissions in 2004/05. In Queensland the number rose from 155 in 1993/94 to 468 in 2003/04, before falling to 385 admissions in 2004/05.

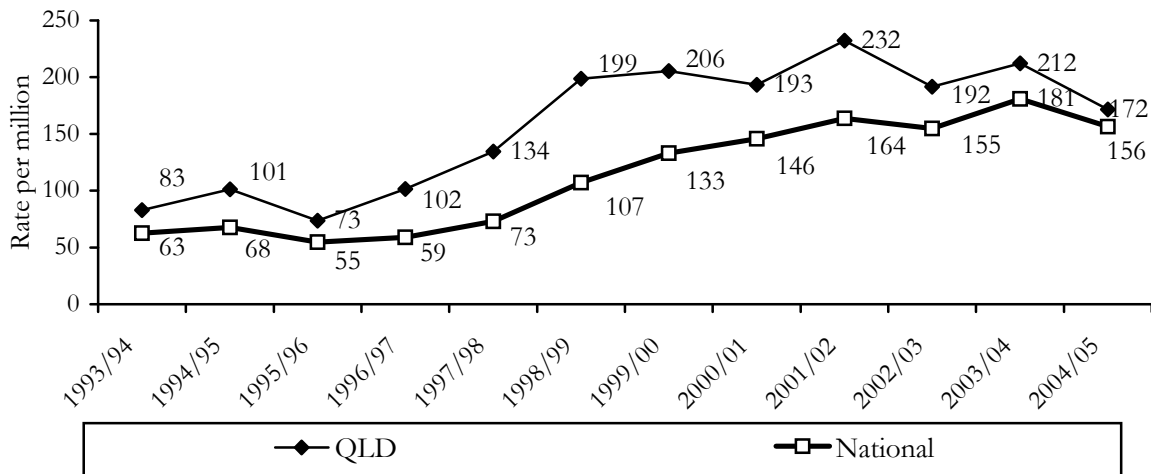
Figure 20: Total number of inpatient hospital admissions for persons aged 15-54 where amphetamines were the principal diagnosis, QLD and nationally, 1993/94-2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (2006)

The same pattern is reflected in the rate of hospital admission where amphetamines were the principal diagnosis (Figure 21). Nationally, the rate of admission peaked at 232 per million persons aged 15-54 in 2001/02, before falling to 172 in 2004/05. In Queensland the rate peaked at 181 per million in 2003/04, before falling to 156 per million in 2004/05.

Figure 21: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million people aged 15-54 years, QLD and nationally, 1993/94-2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (2006)

5.5.3 KE observations

KE from the law enforcement sector noted that with increasing controls on the availability of pseudoephedrine, domestic methamphetamine production was becoming more difficult for ‘backyard’ producers, with a smaller number of more organised groups typically importing pseudoephedrine and increasingly dominating domestic manufacture. KE also noted a move to different methods of methamphetamine production, which would deter unskilled ‘backyard’ producers.

Consistent with this, two KE noted a substantial decrease in the number of clandestine labs being detected in Queensland. However, some KE also reported increasing domestic production of ice/crystal, in response to growing demand, and an increase in smoking of ice/crystal in glass pipes. One KE noted an increase in detections of dimethylamphetamine (DMA, which is not yet scheduled under the *Drugs Misuse Act*), including some detections in crystalline ('ice') form.

5.6 Summary of methamphetamine trends

- More than half of REU reported recent speed powder use, typically using less than once a month and using half a gram in a session. Just over a third reported recent base use, typically using once every two months and using 2 points at a time. One in two reported recent use of ice/crystal, on average 4 times in the last 6 months, and typically using 2 points in a session.
- Although many REU use methamphetamine in nightclubs and at raves, the most common locations for use in 2006 were private homes, either the user's own home or a friend's home. This was particularly true with respect to use of ice/crystal.
- The price of methamphetamine forms varied only slightly between 2005 and 2006, with ice/crystal continuing to cost about twice as much for a point (\$50) and a gram (\$325) as powder (point \$25, gram \$150) and base (point \$25, gram \$190). The majority of REU reported that the price of powder and base had been stable; one-third reported the price of ice/crystal as stable and one in four reported that it had increased.
- There was poor agreement among REU with respect to purity, however, as in previous years, REU were more likely to report that ice/crystal was of high purity, compared to other forms of the drug.
- The majority of REU reported that powder and ice/crystal were either 'easy' or 'very easy' to obtain, however, 44% reported that base was 'difficult' to obtain. The availability of all forms was typically reported to be 'stable' and the most common source for all forms was 'friends' at a 'friend's home', although an equal proportion reported obtaining ice/crystal from a dealer at a dealer's home.
- The number of arrests for ATS use/possession in Queensland has continued to increase, however, this trend may reflect an increasing law enforcement focus on ATS, as well as, or rather than increased market activity. The number of clandestine methamphetamine laboratories has declined in recent years, presumably in response to legislative and policing changes which have created a greater deterrent for less determined manufacturers.

6.0 COCAINE

6.1 Cocaine use among REU

Table 22 illustrates patterns of cocaine use among REU from 2000 to 2006, with the exclusion of 2002. In 2006, over half (56%) of respondents indicated lifetime use of cocaine, with 36% reporting recent use. Recent cocaine users typically reported using 0.5 grams (range: 0.1 - 4.0 grams) on a median of 2 days (range: 1-90 days) in the six months preceding interview (see Table 22).

More REU reported recent cocaine use in 2006 compared to 2004 (21%), and 2003 (18%), although did not exceed reports of recent cocaine use in 2005 (41%), 2001 (37%) and 2000 (38%). Although the median days (2 days; range: 1-90 days) of recent cocaine use in 2006 was lower than the median days of use reported in 2005 (3 days; range: 1-40days), 2003 (4.5 days; range: 1-90 days) and 2001 (3 days; range: 2-90 days), the typical amount used by REU in 2006 (0.5 grams; range: 0.10-7 grams) was similar to previous years (as can be seen in Table 22).

Table 22: Patterns of cocaine use of REU 2000-2006 (excluding 2002)

Cocaine	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N=100
Ever used %	70	67	37	45	55	56
Used last 6mths%	38	37	18	21	41	36
Median days used last 6mths (range)*	2 (1-24)	3 (2-90)	4.5 (1-90)	2 (1-36)	3 (1-40)	2 (1-90)
Median quantities used last 6mths* (grams)						
Typical (range)	0.25 (0.1-1)	1 (0.1-3)	0.5 (0.25-2)	0.5 (0.1-3.5)	0.5 (0.12-4)	0.5 (0.10-4)
Heavy (range)	0.5 (0.25-3)	1 (0.1-6)	1 (0.25-7)	1 (0.2-10)	1 (0.12-4)	0.7 (0.10-7)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

* Of those who had used

6.1.1 Locations of usual use

In 2006, 'nightclubs' (n = 12), 'own home' (n = 9), 'friend's home' (n = 8), and 'private party' (n = 8) were the four most common venues at which 24 REU reported using cocaine (see Figure 22).

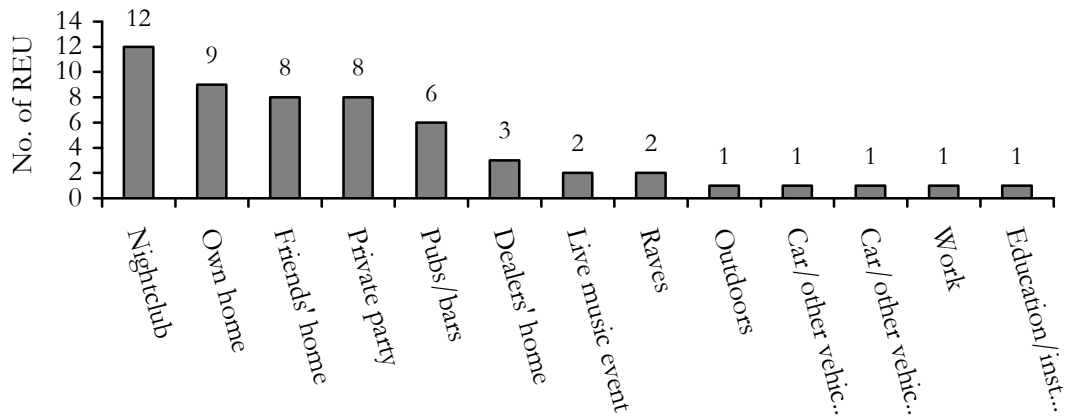
6.1.2 Location of most recent use

Consistent with venues of usual cocaine use reported in 2006, the three most common locations where REU indicated last using cocaine were 'nightclubs' (n = 6), 'own home' (n = 5), and 'friend's home' (n= 3) (see Figure 23).

6.1.3 Networks

In 2006, the most common persons from which REU typically obtained cocaine were 'friends' (n = 11), 'known dealers' (n = 8), and 'acquaintances' (n = 4) (Figure 24). The three most common venues at which 2006 REU indicated scoring cocaine were 'friend's home' (n = 8), 'dealer's home' (n=4), 'own home' (n = 3), and 'nightclubs' (n = 3) (see Figure 25).

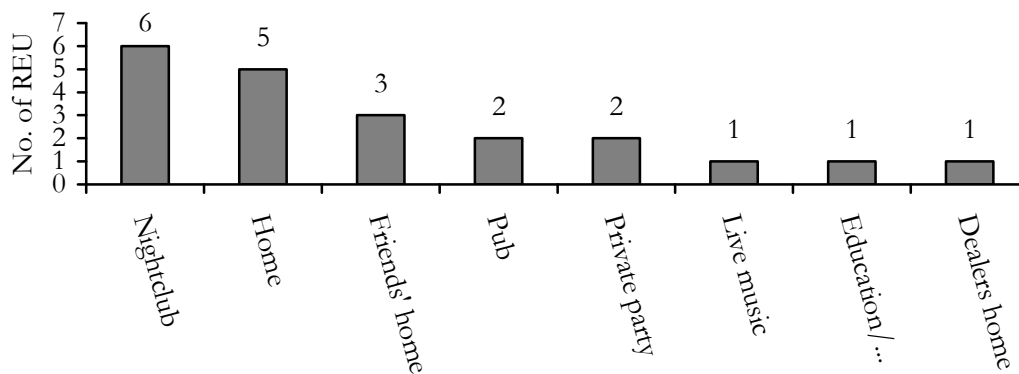
Figure 22: Usual location of cocaine use, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'restaurant/café,' 'day club,' 'public place/street,' 'acquaintance's home' were not endorsed by any participant and thus are omitted from the above figure.

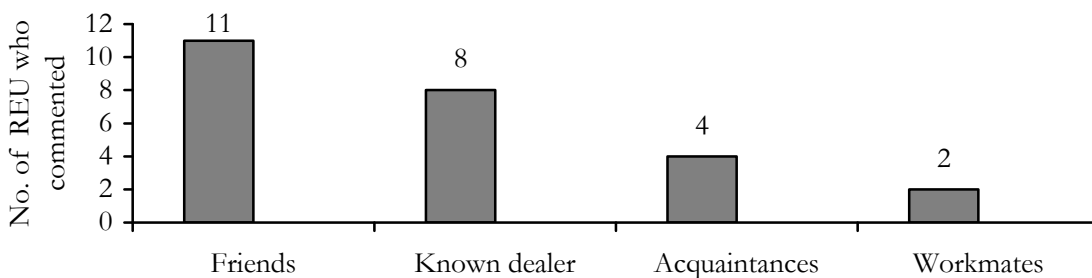
Figure 23: Location of most recent cocaine use, 2006



Source: EDRS Regular ecstasy user interviews 2006

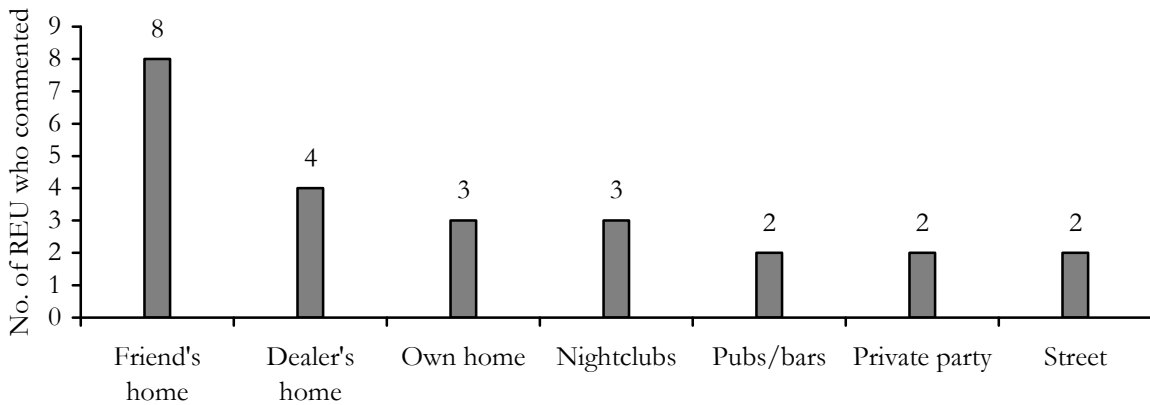
Note: Response options 'restaurant/café,' 'day club,' 'outdoors,' 'public place/street,' 'acquaintance's home,' 'work,' 'car/other vehicle (passenger),' and 'car/other vehicle (driver)' were not endorsed by any participant and thus omitted from the above figure.

Figure 24: People from whom cocaine had been purchased the preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Figure 25: Locations where cocaine had been purchased in the preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

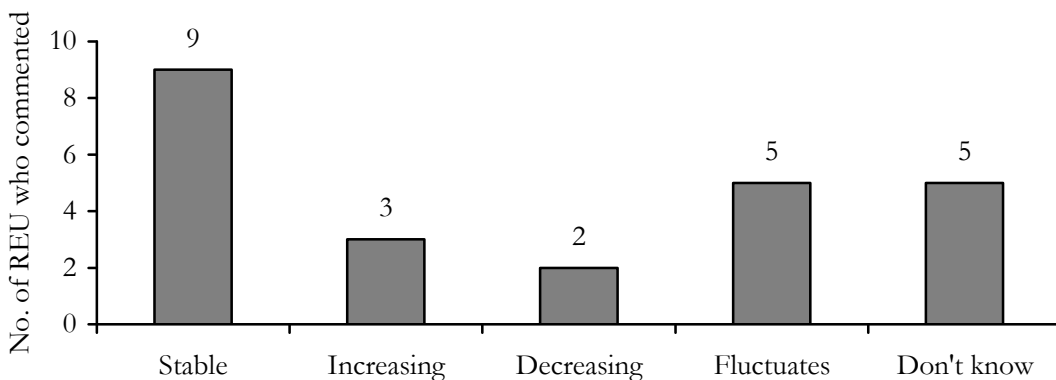
Note: Response options 'agreed public location', 'work', 'day club', and 'raves' were not endorsed by any participant and thus omitted from the above figure.

6.2 Price

Among REU able to report on the price of cocaine (n=20) the median price in 2006 was \$300 (\$150-\$400) per gram (data not shown). This figure was consistent with the price indicated by REU in 2005 (\$300, range: \$200-\$400) (Fischer et al., 2006) and higher than prices reported by REU during 2004 (\$237.50, range: \$50-\$450) (Fischer & Kinner, 2005) and 2003 (\$250 per gram) (Fischer & Kinner, 2004).

In 2006, twenty four REU commented on price changes to cocaine in the six months preceding interview (see Figure 26). Nine respondents indicated that the price of cocaine had remained 'stable', five reported it was 'fluctuating', three reported it was 'increasing', two indicated it was 'decreasing', and five REU indicated they 'did not know'. Similarly, in 2005 (n = 36) there was little consensus on changes to the price of cocaine in the previous six months (Fischer et al., 2006).

Figure 26: Recent changes in price of cocaine purchased by REU, 2006

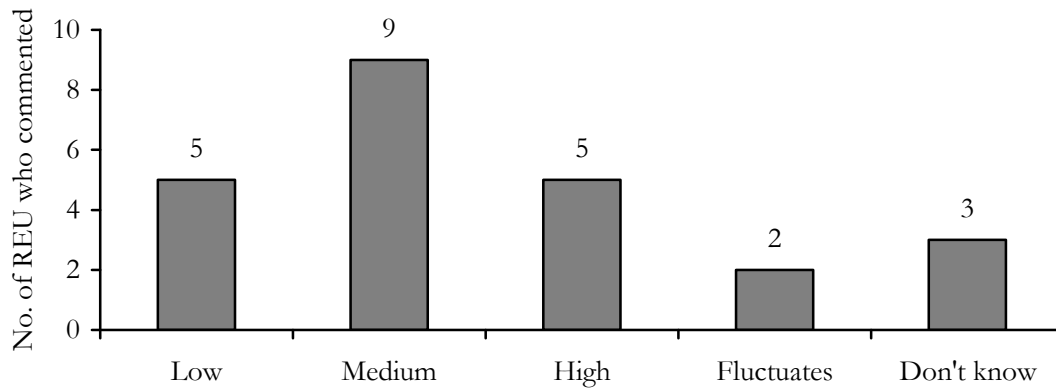


Source: EDRS Regular ecstasy user interviews 2006

6.3 Purity

In 2006, twenty-four REU commented on current cocaine purity. Of these respondents, nine maintained that current cocaine purity was 'medium', five reported it was 'low', five reported it was 'high', two believed it was 'fluctuating', and three REU reported they 'did not know' (see Figure 27).

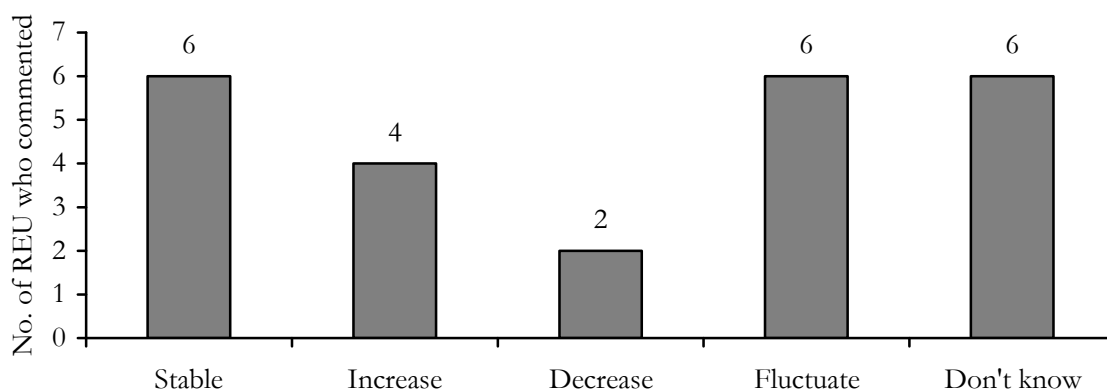
Figure 27: User reports of current purity of cocaine, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Similarly, perceived changes to cocaine purity in the six months preceding interview varied considerably among REU in 2006 ($n = 24$), (see Figure 28). Six respondents maintained that it was 'stable', another six REU maintained that it was 'fluctuating', four maintained that it had 'increased', two reported a 'decrease' in purity, while six indicated that they 'did not know' (see Figure 25). Disagreement over cocaine purity was also observed in 2005, 2004, and 2003 (Fischer et al., 2006; Fischer & Kinner, 2004, 2005).

Figure 28: User reports of changes in cocaine purity in the past six months, QLD 2006



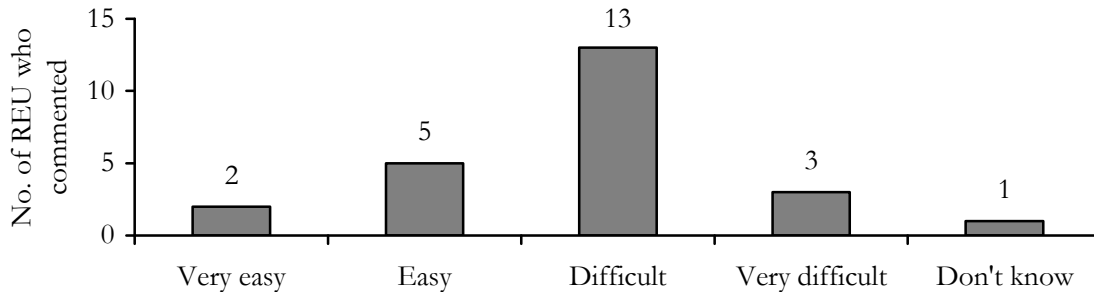
Source: EDRS Regular ecstasy user interviews 2006

6.4 Availability

The 24 REU who reported on current cocaine availability in 2006 were divided, with respondents commenting that access to cocaine was either 'difficult' to 'very difficult' ($n = 16$),

or 'easy' to 'very easy' (n= 7), with 1 reporting they 'did not know' (Figure 29). Similarly, a lack of consensus on current cocaine availability was also noted for 2005 (n = 36), with 18 reporting it was either 'difficult' or 'very difficult', or 'easy' to 'very easy' (n = 16), and two indicating that they 'did not know.'

Figure 29: Current availability of cocaine, QLD 2006



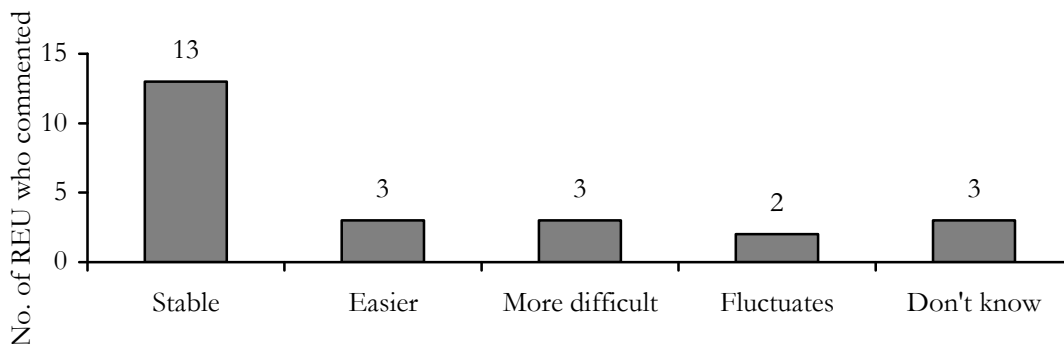
Source: EDRS Regular ecstasy user interviews 2006

In 2006, the most common response from the 24 REU who commented on cocaine availability in the six months preceding interview was that access had remained 'stable' (n= 13). The remainder of REU who commented were divided in their perceptions; three respondents indicated that cocaine was 'easier' to access in the six months preceding interview, three believed that it was 'more difficult', two REU maintained that it had 'fluctuated', and three indicated that they 'did not know' (see Figure 30).

Similar reports on cocaine availability were noted in 2005. Of the 36 REU who had commented, 14 maintained that cocaine availability had remained 'stable' in the six months prior to interview, eight respondents indicated that obtaining cocaine was becoming 'easier', two reported that availability was 'fluctuating', two reported that it was 'more difficult', and ten 'did not know.'

Similar REU reports of cocaine availability were obtained in both 2004 (Fischer & Kinner, 2005) and 2003 (Fischer & Kinner, 2004).

Figure 30: Changes in cocaine availability in the preceding six months, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

6.4.1 Key expert comments

KE made the following observations in relation to cocaine:

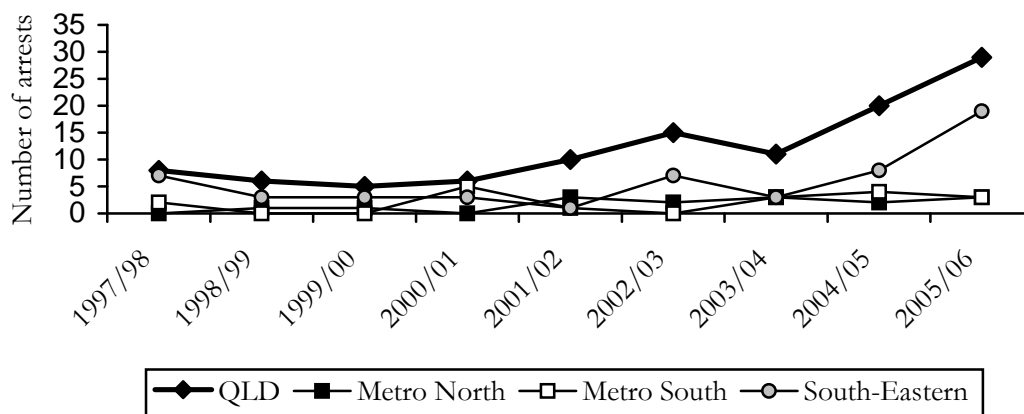
- cocaine is becoming increasingly available in south-east Queensland;
- there has been a strengthening in demand for cocaine among REU; and
- many REU perceive cocaine to be a more desirable, ‘cleaner’ drug than methamphetamine

6.5 Cocaine-related harms

6.5.1 Law enforcement

Despite relatively limited cocaine use among REU in Queensland, the number of arrests for cocaine use/possession in QLD has increased substantially in the last six years, from 5 arrests during the 1999-00 financial year to 29 during the 2005/06 financial year (see Figure 31). Although this number is still comparatively small (e.g. in 2005/06 there were 1,192 arrests for ATS use/possession in QLD) it represents an almost six-fold increase during this time. According to KE, cocaine is still relatively difficult to access but use is becoming increasingly common among some groups, including ‘party drug’ users and some higher-income earners in large centres such as Brisbane, the Gold Coast, and Cairns. The increase in cocaine-related arrests may reflect increased activity in a cocaine market that overlaps to a small but increasing extent with the regular ecstasy user market in Queensland; it may also reflect an increase in law enforcement activity unrelated to actual market activity.

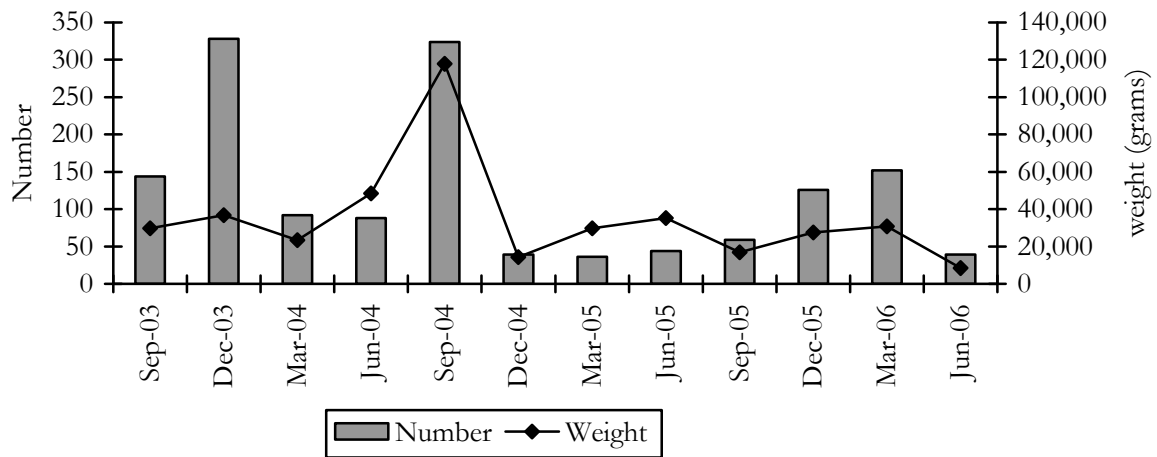
Figure 31: Number of cocaine possession/use arrests by geographic area 1997/98-2005/06



Source: Queensland Police Service (QPS)

Figure 32 shows the number and weight of cocaine seizures by Australian Customs Service from 2003/04 to 2005/06. The number of seizures in each quarter has varied considerably, from as high as 328 seizures in the December 2003 quarter, to as low as 36 in the March 2005 quarter. The total weight of seizures has also varied considerably over this period, from a high of 118kg in the September 2004 quarter to a low of just over 8kg in the June 2006 quarter.

Figure 32: Number and weight of cocaine seizures by Australian Customs Service, 2003/04–2005/06



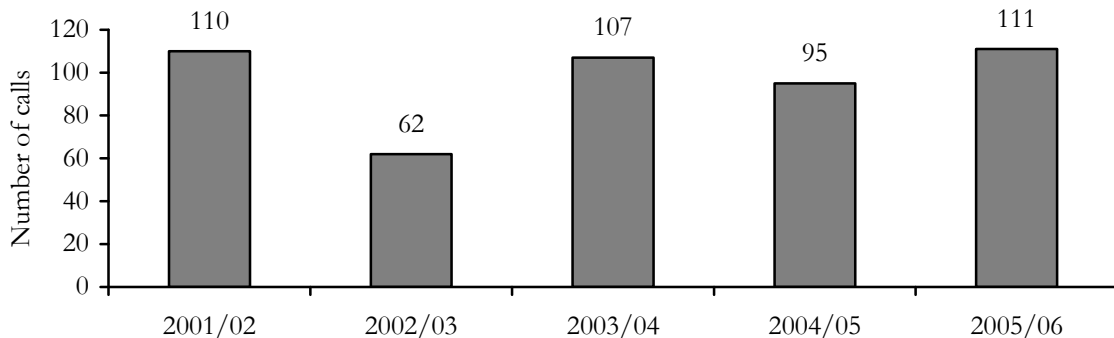
Source: Australian Customs Service (ACS)

KE from the law enforcement sector reported increased availability of high-purity cocaine in Queensland, although it is still considered a ‘niche drug’. One KE noted an increase in cocaine seizures in south-east Asia, and suggested that given the established trafficking routes from this region to Australia, it would not be unreasonable to expect an increase in cocaine importations in coming years.

6.5.2 Health

Figure 33 shows the number of telephone calls made to the Alcohol and Drug Information Service (ADIS) helpline in Queensland from 2001/02 to 2005/06. The number of calls has fluctuated from year to year, with 111 calls made in the 2005/06 financial year. However, in each year calls regarding cocaine have constituted approximately one percent or less of all calls to ADIS.

Figure 33: Number of enquiries to ADIS regarding cocaine, 2001/02–2005/06

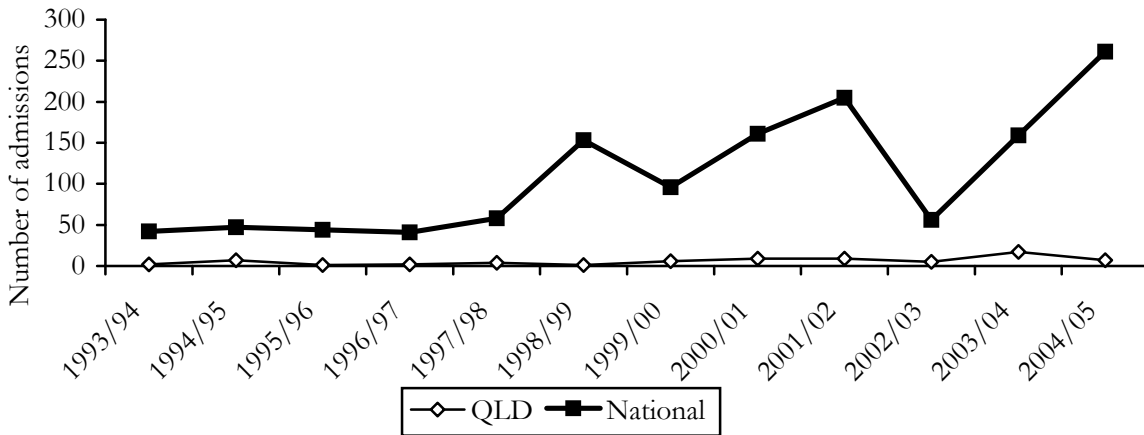


Source: ADIS

Figures 34 and 35 illustrate the total number and rate of hospital admission per million persons aged 15-54 years in Queensland and nationally, where cocaine was the primary diagnosis, from 1993/94 to 2004/05. Nationally, the rate of admission was stable until 1996/97 but has fluctuated considerably since, rising to a rate of 22.7 per million in 2004/05. In Queensland,

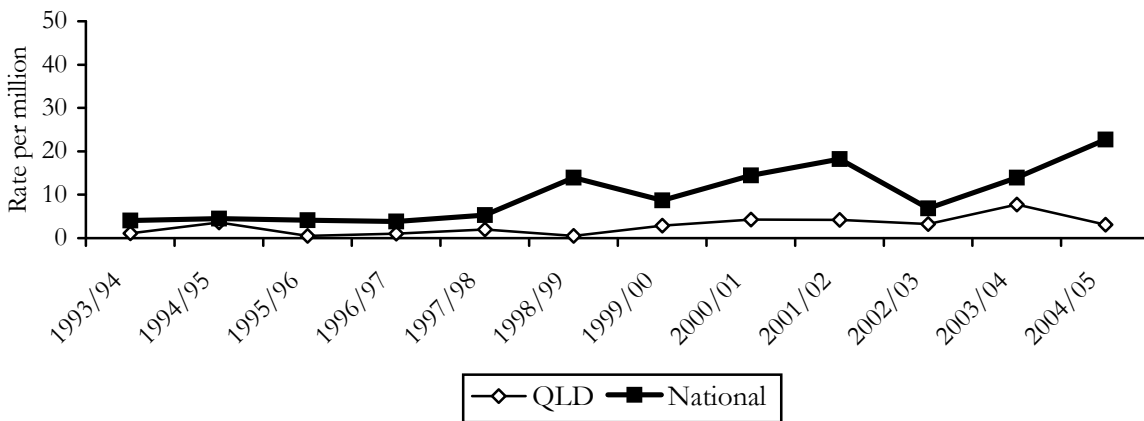
the rate of admission has been low per year, however, in 2003/04 the rate rose to a high of 7.7 per million, before falling to 3.1 per million persons in 2004/05. One KE from a hospital emergency department reported an increase in the number of presentations with acute problems related to cocaine. Monitoring of emergency department presentations may be a useful way of monitoring acute drug-related problems among non-treatment samples of users (Stuart A. Kinner et al., 2005).

Figure 34: Total number of inpatient hospital admissions for persons aged 15-54 where cocaine was the principal diagnosis, QLD and nationally, 1993/94-2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (2006)

Figure 35: Rate of inpatient hospital admissions where cocaine was the principal diagnosis per million people aged 15-54 years, QLD and nationally, 1993/94-2004/05



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (2006)

6.5.3 Key expert comments

KE from the law enforcement sector noted increased availability of cocaine, including relatively high-purity cocaine at retail level. Two KE predicted an increased in cocaine importation (and thus availability) in the next few years, with current demand sufficient to absorb a considerable increase in supply. A number of KE noted an increase in demand for cocaine, and although few were able to comment on use among *‘the higher echelon’*, a number noted that cocaine use is increasingly not restricted to a wealthy, niche market. One KE from the health sector noted an increase in cocaine-related presentations to hospital emergency departments.

One KE suggested that a significant number of cocaine suppliers were established methamphetamine suppliers, who were now diversifying into another commodity, in response to demand.

6.6 Summary of cocaine trends

- As in previous years, in 2006 about half of REU reported lifetime cocaine use and around a third reported recent use, although on average only twice in the last six months.
- The most common locations for cocaine use were nightclubs and private homes, and cocaine was usually obtained from friends in private homes.
- The average reported price of cocaine was \$300 per gram, and the majority reported that this price was stable. Relatively few REU were able to comment on purity but the majority of these considered it medium. REU typically reported that cocaine was difficult to obtain.
- The number of arrests for cocaine use/possession in Queensland has increased in recent years, however, the overall number of arrests is still very low, compared to arrests for other drugs. Both the number and weight of cocaine seizures at the Australian border continue to fluctuate.
- The number of inpatient hospital admissions with cocaine as the primary diagnosis has increased in recent years, however, the number of calls to telephone help-lines in relation to cocaine remains small.

7.0 KETAMINE

7.1 Ketamine use among REU

Patterns of REU ketamine use from 2000 to 2006 (excluding 2002) are presented in Table 23. In 2006, approximately one-third (31%) of REU reported lifetime use of ketamine, with 12% indicating recent use. Respondents typically reported using 1.25 bumps (range: 1-1.5 bumps) on a median of 1 day (range: 1-10 days) in the six months preceding interview.

With the exception of 2001 (9%), the proportion of REU reporting recent ketamine use (12%) was lower in 2006 compared to any previously recorded time point (2005: 20%; 2004: 16%; 2003:14%; 2000: 14%) (see Table 23). Consistent with this finding, the median number of days of ketamine use in 2006 (1: range 1-10 days) was lower than any previously recorded time point (see Table 23). Among those reporting recent use, however, respondents typically reported using greater quantities of ketamine in 2006 compared to previous years (see Table 23).

Table 23: Patterns of ketamine use among REU 2000-2006 (excluding 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	30	26	27	32	37	31
Used last 6mths (%)	14	9	14	16	20	12
Median days used last 6mths* (range)	2 (1-5)	2 (1-90)	2 (1-48)	2 (1-13)	2.5 (1-70)	1 (1-10)
Median quantities used (bumps)*						
Typical (range)	--	1 (1-3)	1 (0.5-3)	3 (1-5)	0.75 (0.5-1)	1.25 (1-1.5)
Heavy (range)	--	1 (1-3)	1 (1-15)	5.5 (1-11)	0.75 (0.5-1)	1.25 (1-1.5)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

*Of those who had used

-- Not asked

7.1.1 Locations of usual use

Five REU commented on the location of typical ketamine use in 2006. 'Friend's home' (n= 3), 'night clubs' (n = 1), and 'own home' (n = 1) were the venues at which respondents indicated typically using ketamine, as presented in Figure 36.

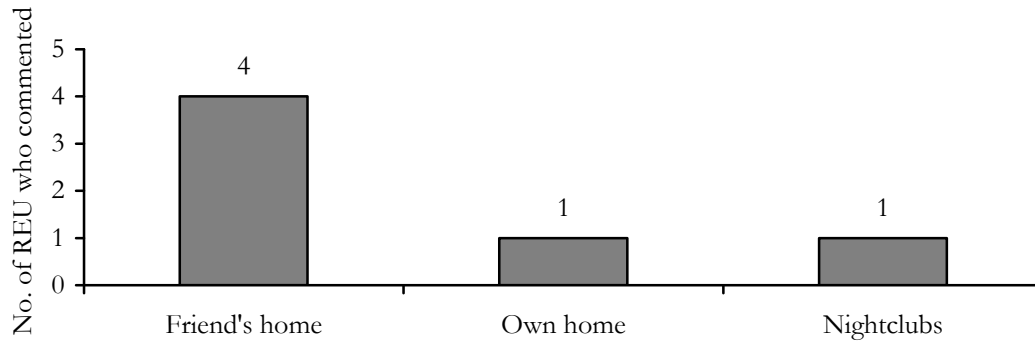
7.1.2 Locations of recent use

Consistent with locations of usual ketamine use reported in 2006, the venues at which REU reported last using ketamine were 'friend's home' (n =3) and 'own home' (n =1), as illustrated in Figure 37.

7.1.3 Networks

In 2006, the persons from which REU typically obtained ketamine were 'friends' (n =2) and acquaintances (n =1) (see Figure 38). The venues at which REU indicating usually scoring ketamine were 'friend's home' (n= 2), 'dealer's home' (n = 1), 'own home' (n = 1), and 'nightclubs' (n = 1) (see Figure 39).

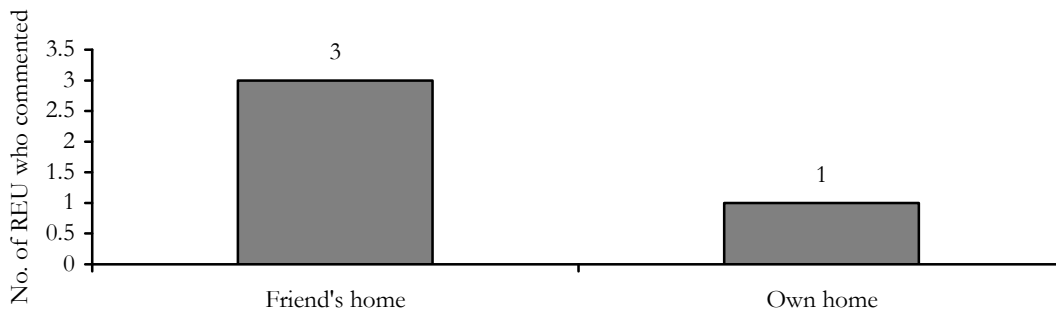
Figure 36: Location of usual ketamine use, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'raves', 'private party', 'pubs/bar', 'live music event', 'public place (street/park)', 'work', 'dealer's home', 'friend's home', 'restaurant/café', 'car/other vehicle (driver)', 'car/other vehicle (passenger)' were not endorsed by any participant and thus omitted from the above figure

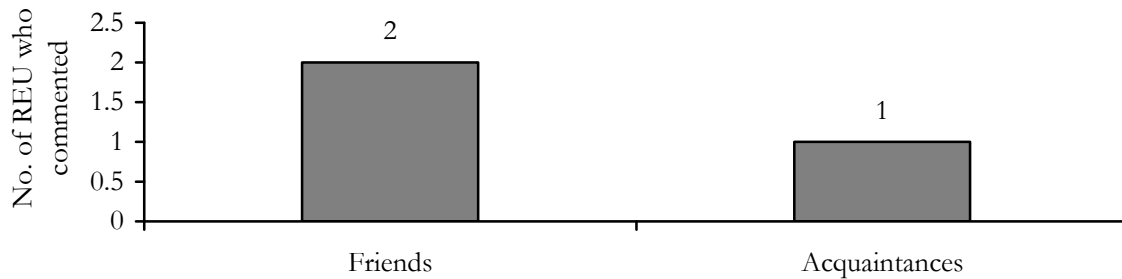
Figure 37: Location of most recent ketamine use, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'outdoors', 'nightclubs', 'public place (street/park)', 'restaurant/café', 'car/other vehicle (driver)', 'educational institute', and 'acquaintance's home' were not endorsed by any participant and thus omitted from the above Figure

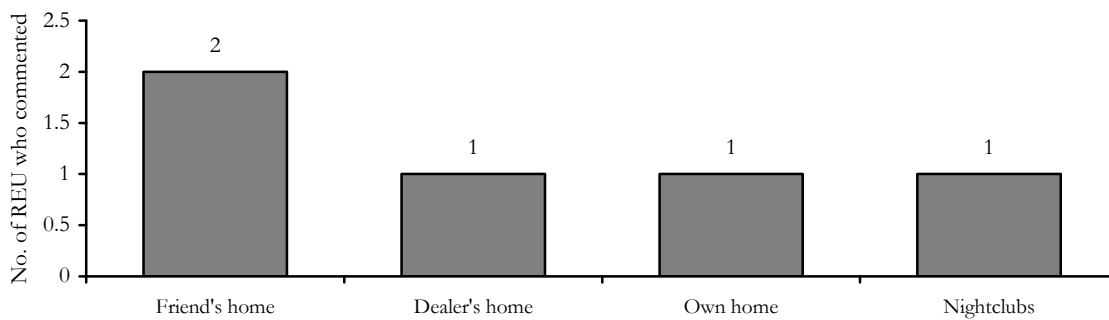
Figure 38: People from whom ketamine had been purchased in the preceding six months, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'workmates', 'known dealers', and 'unknown dealer' were not endorsed by any participant and thus omitted from the above figure

Figure 39: Locations ketamine had been purchased in the preceding six months, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'pubs/bars', 'raves', 'street', 'agreed public location', 'gym', and 'work' were not endorsed by any participant and thus omitted from the above figure

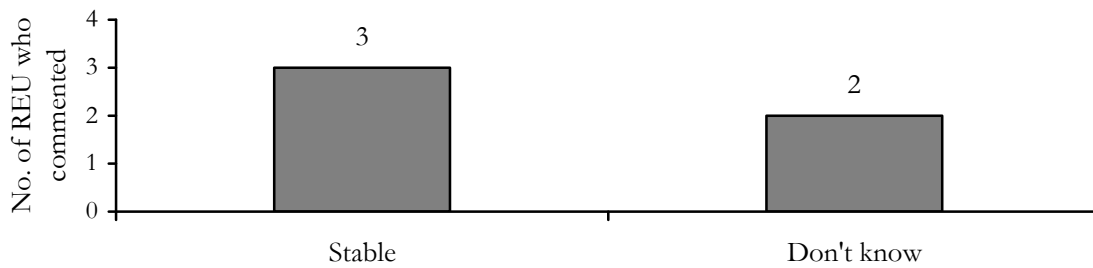
7.2 Price

Only five REU commented on the price, purity, and availability of ketamine in 2006, compared with 23 respondents in 2005, seven in 2004, and nine in 2003.

In 2006, one REU reported purchasing a gram of ketamine for \$180 in the six months prior to interview (data not shown). This figure is higher than the median price reported by 9 REU during 2005 (\$150; range \$70-\$250) (Fischer et al., 2006). No median prices for ketamine were reported in 2004.

In 2006, three REU commented that the price of ketamine had remained 'stable' in the six months preceding interview and two reported that they 'did not know' (see Figure 40). Similar reports were obtained in 2005; ten REU commented that the price of ketamine had remained 'stable', and nine respondents indicated that they 'did not know.' Unlike 2006 respondents however, a small number also reported ketamine prices as either 'increasing' (n =2), 'decreasing' (n = 1), or 'fluctuating' (n =1) in 2005.

Figure 40: Recent changes in price of ketamine purchased by REU, QLD 2006



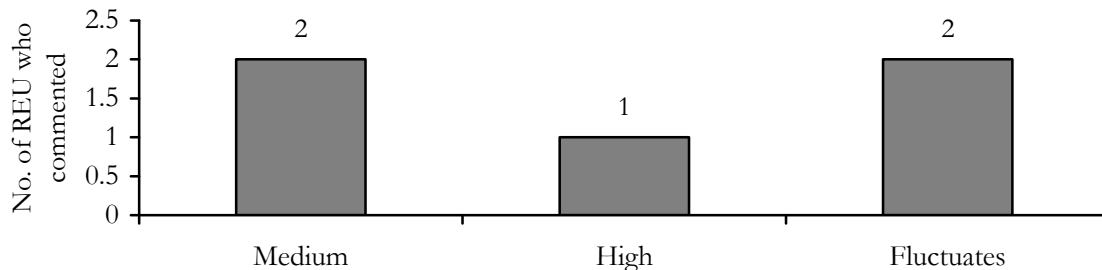
Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'increasing', 'decreasing', and 'fluctuates' were not endorsed by any participant and thus omitted from the above figure.

7.3 Purity

The five REU who reported on current ketamine purity in 2006 showed little consensus; two respondents reported that it was 'medium', one indicated that it was 'high' and two REU maintained that current ketamine purity was 'fluctuating', as presented in Figure 41.

Figure 41: User reports of current ketamine purity, 2006

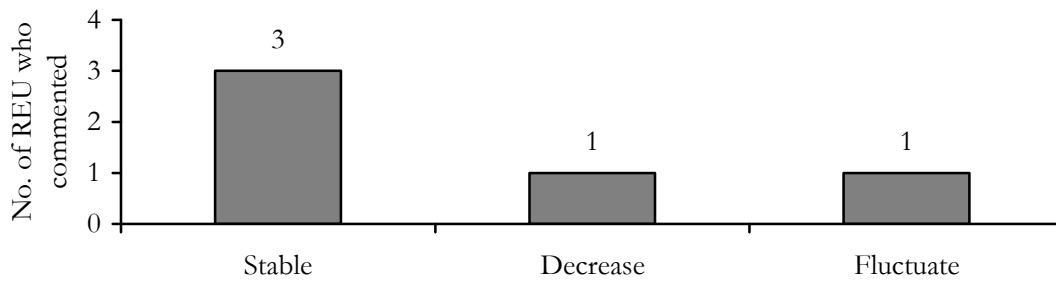


Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'low' and 'don't know' was not endorsed by any participant and thus omitted from the above figure

In 2006, five REU commented on changes in ketamine purity in the six months preceding interview. The majority of respondents maintained that ketamine purity remained 'stable' (n =3), one believed it was fluctuating, and one REU perceived ketamine purity to be 'decreasing' (see Figure 42).

Figure 42: User reports of changes in ketamine purity in the past six months, 2006



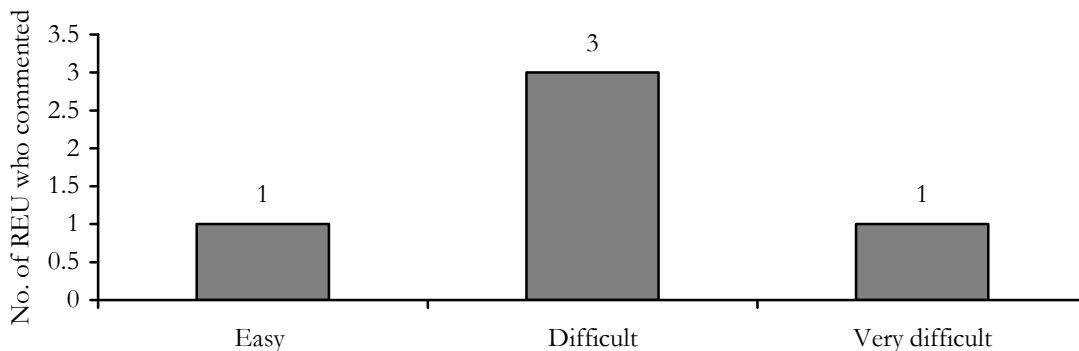
Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'don't know' and 'increasing' were not endorsed by any participant and thus omitted from the above figure.

7.4 Availability

Of the five REU who commented on ketamine availability in 2006, three respondents indicated 'difficulty' in accessing ketamine, one reported ketamine was 'easy' to access, and one reported that it was 'very difficult' (see Figure 43). All of the REU who commented on ketamine availability (n = 5) maintained that access to ketamine was 'stable' in the six months prior to interview (data not shown). Conversely, in 2005 there was little consensus among REU regarding availability of ketamine over time; 11 indicated it was 'stable', and the remaining 12 respondents reported their access was 'more difficult' (n =4), 'easier' (n =4) or that they 'did not know' (n =4).

Figure 43: Current ketamine availability, QLD 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'very easy' was not endorsed by any participant and thus omitted from the above figure

7.4.1 Key expert comments

In 2006, KE reported that ketamine use among REU in south-east Queensland remained uncommon, with fairly low demand for the drug.

7.5 Summary of ketamine trends

- The proportion of REU reporting recent ketamine use fell from 2005 (20%) to 2006 (12%), with those reporting recent use in 2006 typically reporting use only once in six months, and using on average 1.25 ‘bumps’.
- Few REU reported on locations of recent ketamine use, however, the most common location for use was a friend’s home and the most common source was a friend, with the transaction occurring at a friend’s home.
- One REU reported a price for ketamine of \$180 a gram, and the most common response was that price had been stable recently. There was little agreement with respect to purity, however, most of those responding indicated that ketamine was difficult to obtain.

8.0 GHB

8.1 GHB use among REU

Patterns of GHB use among REU from 2000 to 2006 (excluding 2002) are presented in Table 24. Seventeen per cent (17%) of REU reported lifetime use of GHB, with 9% indicating recent use. Recent GHB users reported typically using 3.5ml (range: 2.6-15.0mL) on a median of 1 day (range: 1-30 days) in the six months preceding interview.

With the exception of 2003 and 2004, fewer respondents indicated recent GHB use in 2006 compared to previous years (2005: 13%; 2001: 10%; 2000: 12%), (Table 24). Similarly, REU reported typically using smaller quantities in 2006 (3.5ml; range: 2.6-15.0) compared to 2005 (2 days, range: 1-48 days), 2004 (3 days, range: 1-78 days) 2001 (2 days, range: 1-70days), and 2000 (3 days, range: 2-10 days), (see Table 24).

Table 24: Patterns of GHB use among REU 2000-2006 (excluding 2002)

GHB	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	18	25	13	20	26	17
Used last 6mths (%)	12	10	6	6	13	9
Median days used last 6mths (range)*	3 (2-10)	2 (1-70)	1 (1-90)	3 (1-78)	2 (1-48)	1 (1-30)
Median quantities used (mL)*						
Typical (range)	--	7 (0.3-30)	4 (2-10)	4 (0.5-100)	7.5 (1-25)	3.5 (2.6-15.0)
Heavy (range)	--	7 (0.3-60)	6 (5-40)	8.75 (0.5-100)	7.5 (2-40)	5 (5-15)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

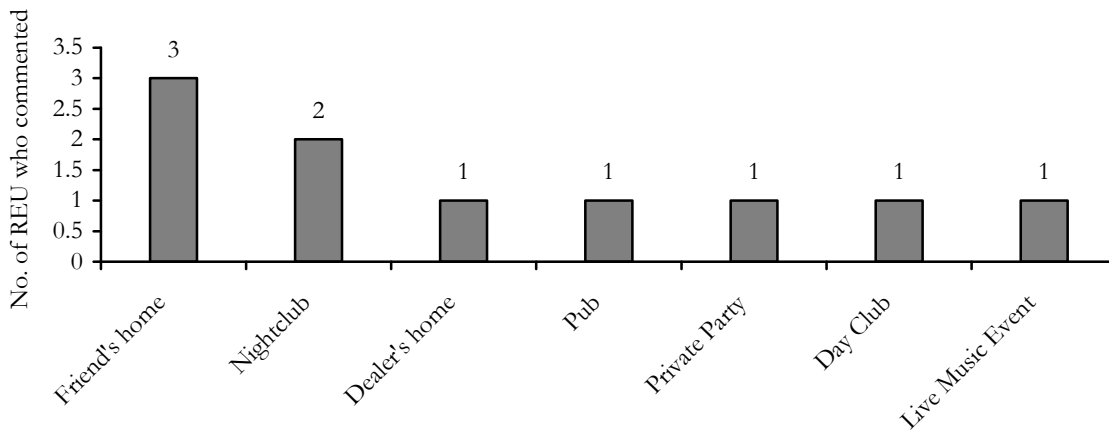
* Of those that had used

-- Not asked

8.1.1 Locations of usual use

In 2006, 'friend's home' (n = 3), and 'nightclub' (n =2) were the two most common venues at which five REU reported typically using GHB (see Figure 44).

Figure 44: Usual location of GHB use, QLD 2006



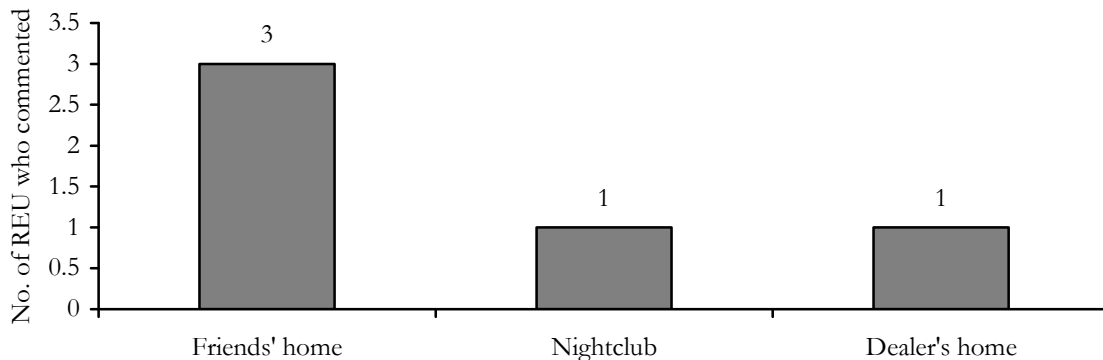
Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'raves', 'public place' (street/park), 'educational institution', 'outdoors', 'acquaintance's home', 'car/other vehicle (driver)', 'car/other vehicle (passenger)', 'restaurant/café' were not endorsed by any participant and thus omitted from the above Figure.

8.1.2 Locations of recent use

Consistent with venues of usual GHB use reported in 2006, the locations where REU indicated last using GHB were 'friend's home' (n = 3), 'nightclub' (n = 1), and 'dealer's home' (n = 1), as illustrated in Figure 45.

Figure 45: Location of most recent GHB use, QLD 2006



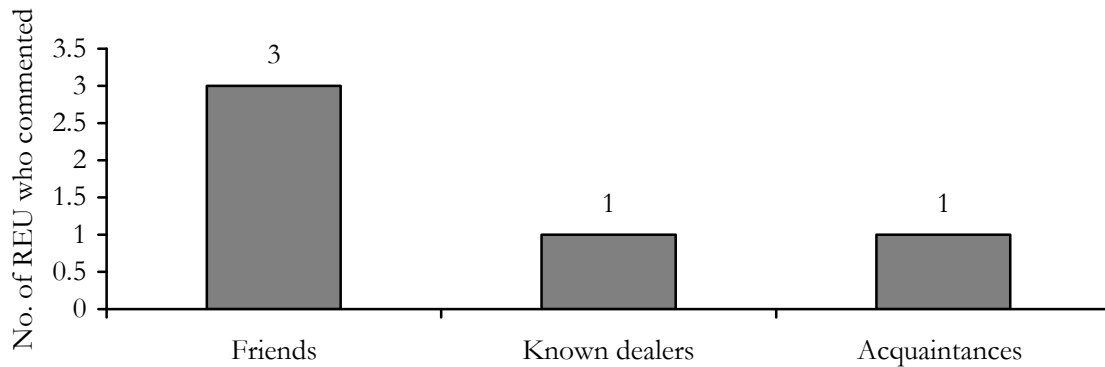
Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'home', 'dealer's home', 'raves', 'pub', 'private party', 'day club', 'restaurant/café', 'public place (street/park)', 'educational institute', 'outdoors', 'acquaintance's home', 'car/other vehicle (driver)', 'car/other vehicle (passenger)', 'live music event' were not endorsed by any participant and thus omitted from the above figure.

8.1.3 Networks

In 2006, the persons from whom REU typically obtained GHB were 'friends' (n = 2), 'known dealers' (n = 1), and 'acquaintances' (n = 1), as illustrated in Figure 46. The locations at which 2006 REU indicated scoring GHB were 'friend's home' (n = 3), 'dealer's home' (n = 1), and 'raves/doofs/dance parties' (n = 1) (see Figure 47).

Figure 46: People from whom GHB had been purchased in the preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'workmates', and unknown dealer' were not endorsed by any participant and thus omitted from the above figure

Figure 47: Location at which GHB had been purchased in the preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'home', 'dealer's home', 'raves', 'pub', 'private party', 'day club', 'restaurant/café', 'public place (street/park)', 'educational institution', 'outdoors', 'acquaintance's home', 'car/other vehicle (driver)', 'car/other vehicle (passenger)', 'live music event' were not endorsed by any participant and thus omitted from the above figure.

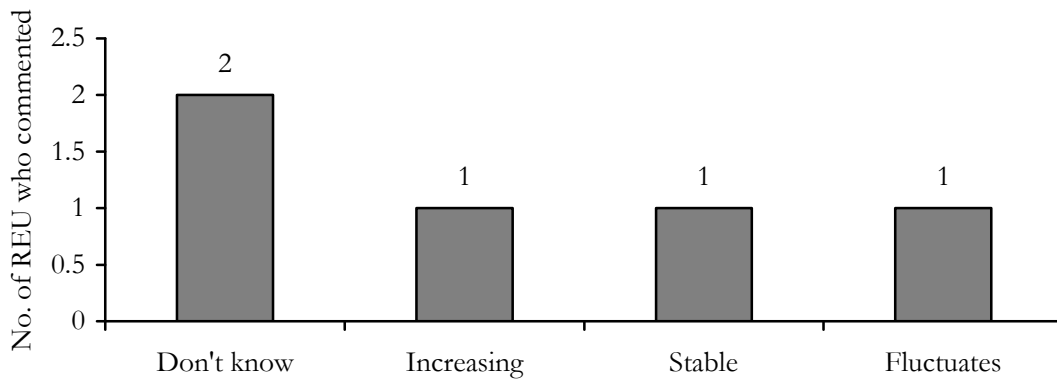
8.2 Price

In 2006, only five REU reported on the price, purity, and availability of GHB, compared with 17 respondents in 2005 and five REU in 2004.

The median price of GHB purchased by REU (n=4) in 2006 was \$5 per 1mL (range \$4-\$15), (Table now shown). This price is consistent with data reported by 17 REU in 2005 (\$5 per ml: range \$2-\$10) (Fischer et al., 2006).

There was little agreement over the stability of GHB prices in 2006; one of the five REU reported that GHB had remained 'stable' in price, one indicated it was 'increasing', one commented it was 'fluctuating', and the remaining two indicated they 'did not know', (see Figure 48).

Figure 48: Recent changes in price of GHB purchased by REU, QLD 2006



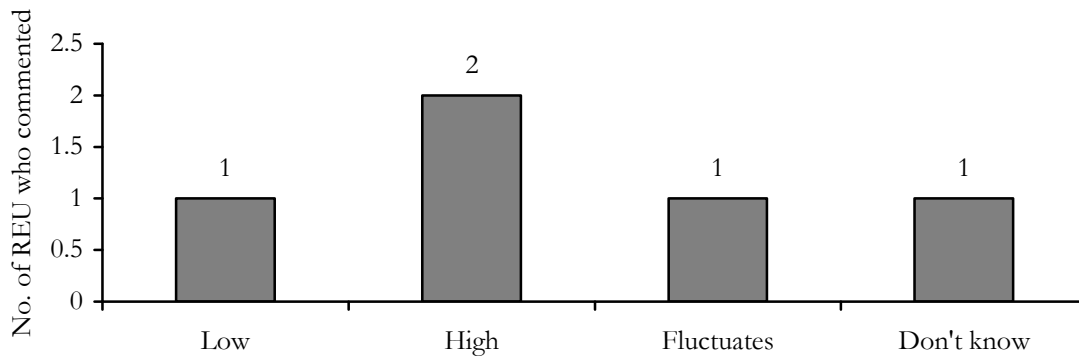
Source: EDRS Regular ecstasy user interviews 2006

8.3 Purity

There was poor consensus among the 5 REU in 2006 who reported on current GHB purity. Indeed, two commented that current GHB purity was 'high', one respondent reported it was 'low', one REU perceived current purity as 'fluctuating', and the remaining one REU 'did not know' (see Figure 49).

In 2006, GHB purity in the six months preceding interview was also inconsistent. As can be seen in Figure 50, two REU perceived GHB purity as 'stable', one reported that it 'fluctuates', and the remaining two REU 'did not know'.

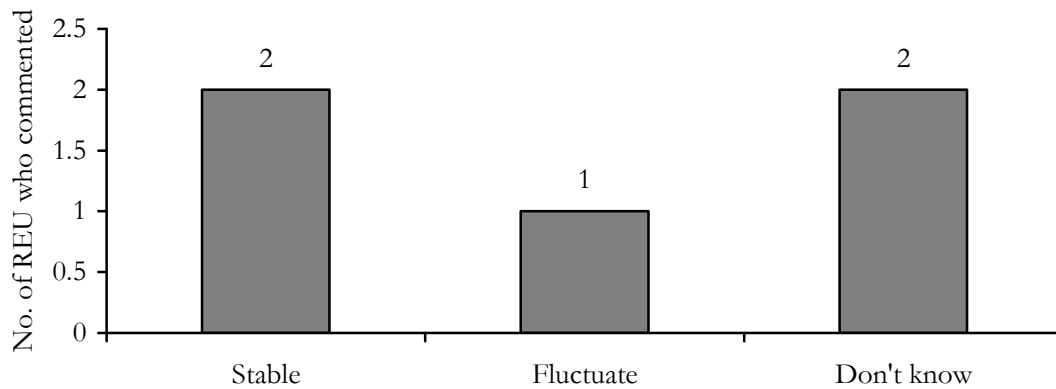
Figure 49: User reports of current GHB purity, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'medium' was not endorsed by any participant and thus omitted from above figure.

Figure 50: User reports of changes in GHB purity in the past six months, 2006



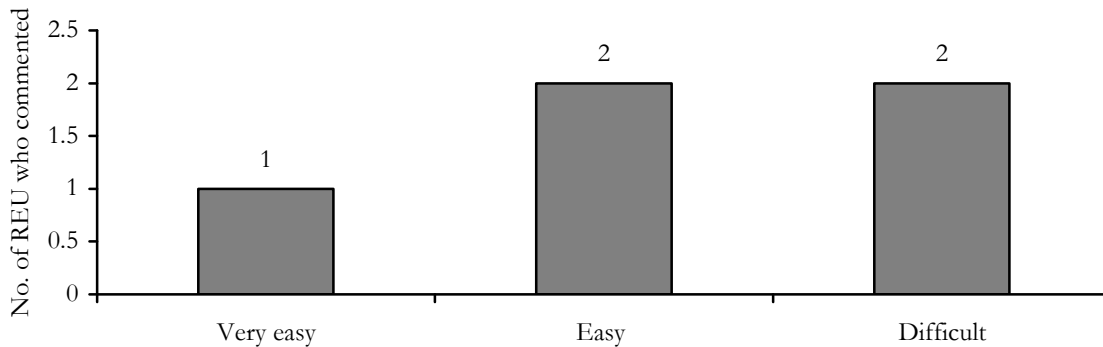
Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'increase' and 'decrease' were not endorsed by any participant and thus omitted from the above figure.

8.4 Availability

Of the five REU who reported on the availability of GHB in 2006, three reported that it was 'easy' (n = 2) or 'very easy' (n = 1) to access, and the remaining two indicated that it was 'difficult' (see Figure 51). Two REU reported that their ease of GHB access had remained 'stable' in the six months preceding interview, with the remaining three reporting that it was 'more difficult' (n = 1), 'easier' (n = 1) or 'fluctuating' (n = 1) (see Figure 52).

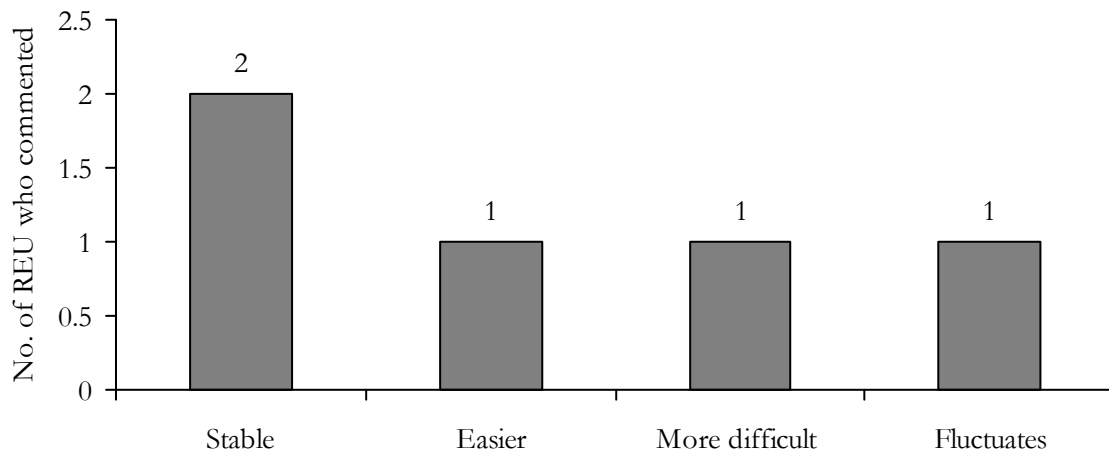
Figure 51: Current GHB availability, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'very difficult' was not endorsed by any participant and thus omitted from the above figure.

Figure 52: Changes in availability of GHB over the past 6 months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'don't know' was not endorsed by any participant and thus omitted from the above figure.

8.4.1 Key expert comments

KE reported observing little GHB use among REU, although one KE noted considerable GHB use among some groups on the Gold Coast, and another reported an increase in GHB-related presentations to hospital emergency departments. Another KE reported less GHB use at dance events, due to a focussed campaign by the dance industry.

8.5 Summary of GHB trends

- As in previous years, only a minority of REU (9%) reported recent GHB use, typically using once in the last six months and using on average 3.5mLs. The most common source for GHB was a 'friend' and the most common location for both purchase and use was a friend's home.
- The average price of GHB was \$5 per mL, and few REU were able to comment on purity or availability.

9.0 LSD

9.1 LSD use among REU

Table 25 presents the patterns of LSD use among REU from 2000 to 2006, with the exclusion of 2002. In 2006, 60% of REU reported lifetime use of LSD, with 38% reporting recent use. Recent LSD users reported typically using 1.25 tabs (range 1-1.5 tabs) on a median of 1.5 days (range 1-26 days) in the six months preceding interview (see Table 25).

After falling markedly from 2000 to 2003 and 2004, the proportion of REU reporting recent LSD use increased in 2005 (24%) and 2006 (38%). In 2006, REU indicated using greater quantities in a typical session (1.25 tabs: 1-1.5 tabs) compared with previous years. As can be seen in Table 25, the median number of days of LSD use has varied over time (2006: 1.5; 2004: 1.5; 2003: 2; 2001:4; 2000: 2.5), (Table 25).

Table 25: Patterns of LSD use of REU, 2000-2006 (excluding 2002)

LSD	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	86	78	41	52	58	60
Used last 6mths (%)	48	38	18	18	24	38
Median days used last 6mths* (range)	2.5 (1-30)	4 (2-22)	2 (0-15)	2 (1-20)	1.5 (1-30)	1.5 (1-26)
Median quantities used* (tabs)						
Typical (range)	1 (0.25-2)	1 (0.25-4)	1 (0.5-3)	1 (0.5-4)	1 (0.25-3)	1.25 (1-1.5)
Heavy (range)	1 (0.5-5)	1 (0.5-5)	2 (1-5)	1.5 (0.5-4)	1 (0.5-4)	1.25 (1-1.5)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

*Of those that had used

9.1.1 Locations of usual use

In 2006, 'home' (n = 14), 'friend's home' (n = 7), 'raves' (n = 7), and 'live music event' (n = 7) were the most popular venues at which REU reported typically using LSD (see Figure 53). Other common locations for LSD use reported by 2006 REU included 'nightclubs' (n = 6), 'outdoors' (n = 6) and 'pubs/bars' (n = 4).

9.1.2 Locations of recent use

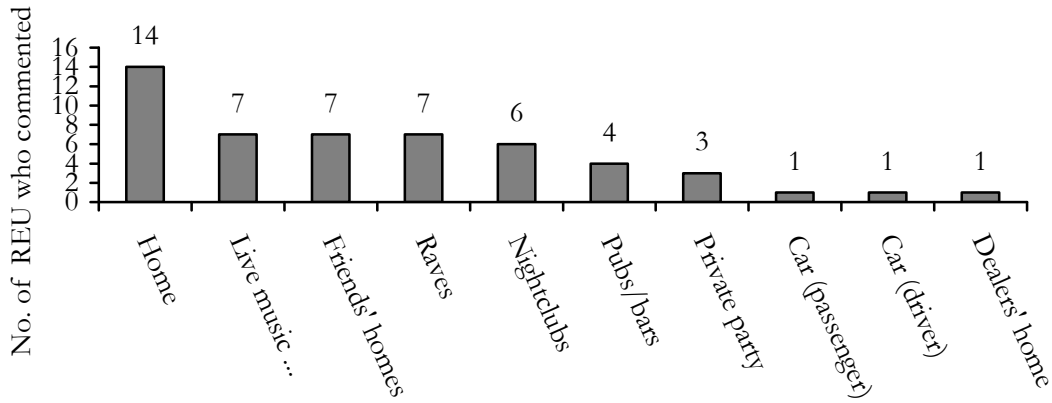
Consistent with reports of locations for usual use, the most common locations where REU indicated last using LSD in 2006 were their 'own home' (n = 6), a 'friend's home' (n = 4), and 'raves' (n = 4), as illustrated in Figure 54.

9.1.3 Networks

In 2006, the persons from whom REU typically obtained LSD were 'friends' (n = 18), and 'known dealers' (n = 10), whilst 'acquaintances' (n = 3) and 'unknown dealers' (n = 1) were

also mentioned, as shown in Figure 55. The locations at which 2006 REU reported scoring LSD were varied; ‘friend’s home’ (n = 14), ‘dealer’s home’ (n = 7), and ‘own home’ (n = 5) were the three most common venues at which to score (see Figure 56).

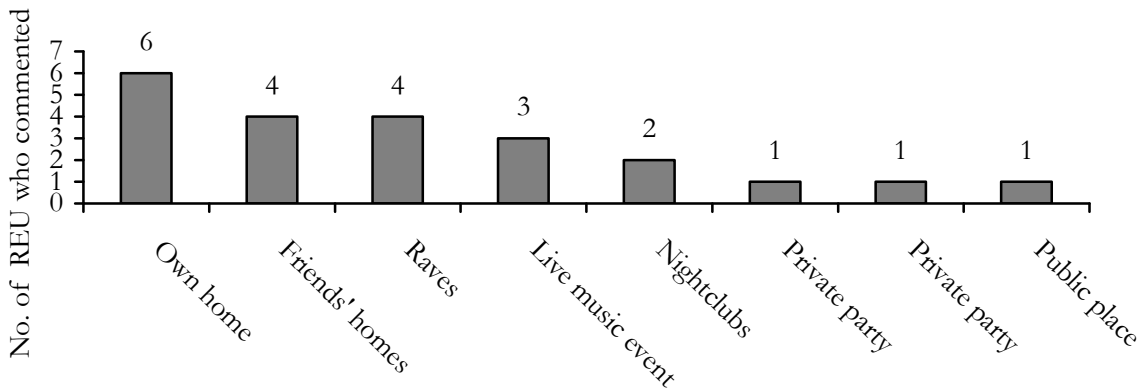
Figure 53: Usual location of LSD use, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options ‘acquaintance’s home’, ‘restaurant/café’, ‘day club’, ‘educational institution’, ‘work’, ‘public place (street/park)’ were not endorsed by any participant and thus omitted from the above figure.

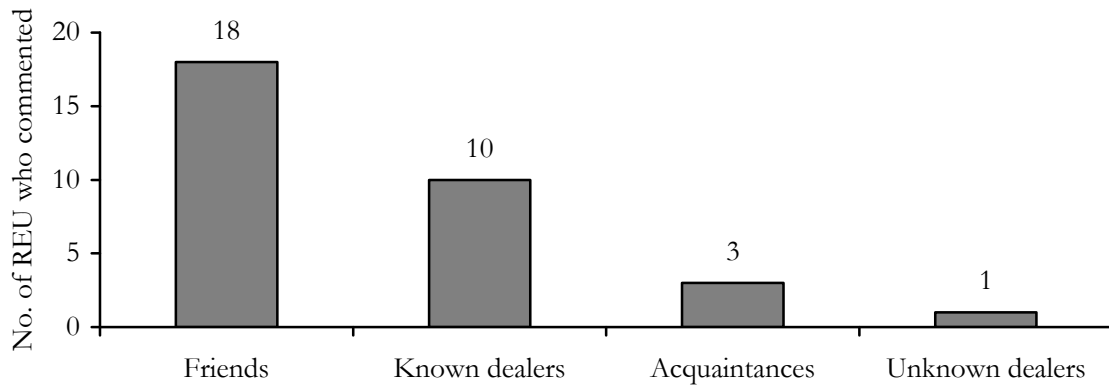
Figure 54: Location of most recent LSD use, 2006



Source: EDRS Regular ecstasy user interviews 2006

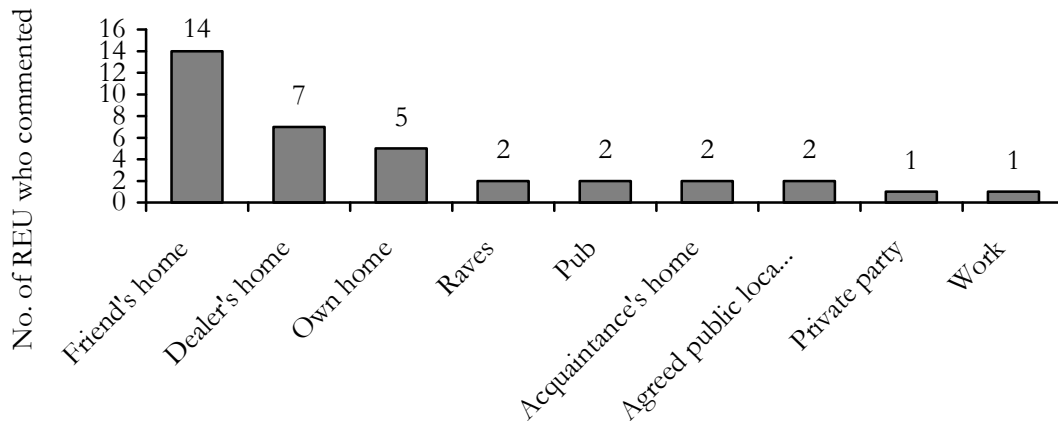
Note: Response options ‘acquaintance’s home’, ‘restaurant/café’, ‘day club’, ‘educational institution’, ‘work’, ‘dealer’s home’, ‘car/other vehicle (driver)’, ‘car/other vehicle (passenger)’ were not endorsed by any participant and thus omitted from the above figure.

Figure 55: Persons from whom LSD has been purchased in preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Figure 56: Locations at which LSD had been purchased in the preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

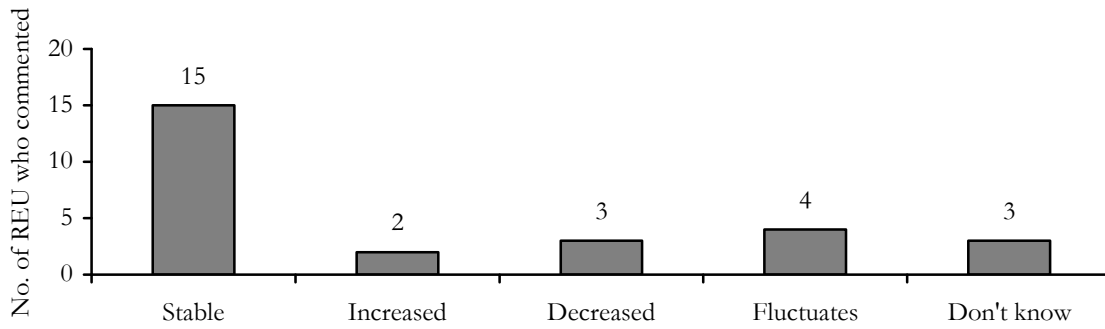
9.2 Price

In 2006, REU reported purchasing a tab of LSD for an average of \$20 (range: \$8-\$40) (data not shown). This is consistent with the price reported by REU in 2005 (\$20: range \$5-\$40) (Fischer et al., 2006), 2004 (\$20; range \$12-\$30) (Fischer & Kinner, 2005), and 2003 (\$20: range \$8-\$50) (Fischer & Kinner, 2004).

Twenty-seven REU commented on changes to the price of LSD in the six months prior to interview, with the majority of respondents reporting that the price had remained 'stable' (n =15) (Figure 57). Four REU commented that the price of LSD had 'fluctuated,' three reported it was 'decreasing,' two REU believed it was 'increasing' and three respondents 'did not know' (Figure 57).

Similarly, in 2005 REU (n =30) showed little agreement over changes in the price of LSD in the six months preceding interview. Thirteen respondents indicated that the price had remained 'stable,' three REU reported that the price of LSD had 'increased,' one reported it had been 'fluctuating,' two reported that it had 'decreased' and 11 reported that they 'did not know' (Fischer et al., 2006).

Figure 57: User reports of changes in LSD price in the past six months, 2006

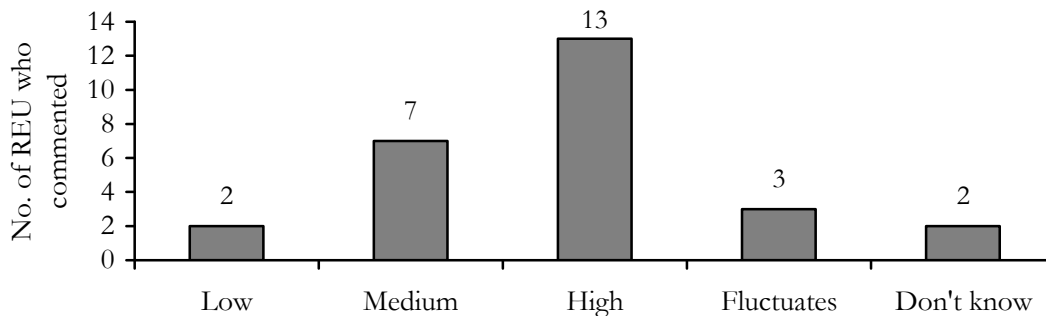


Source: EDRS Regular ecstasy user interviews 2006

9.3 Purity

Almost half (n = 13) of REU who commented on current LSD purity in 2006 (n = 27) reported that the current purity was 'high' (see Figure 58). Seven respondents commented that current purity was 'medium', three reported that it was 'fluctuating', two indicated that it was 'low', and two respondents reported that they 'did not know.' Similar reports were obtained in 2005, although a larger proportion of respondents were not certain of current LSD purity (n = 14 'high'; n = 3 'medium'; n = 2 'fluctuates'; n = 1 'low'; n = 10 'don't know') (Fischer et al., 2006).

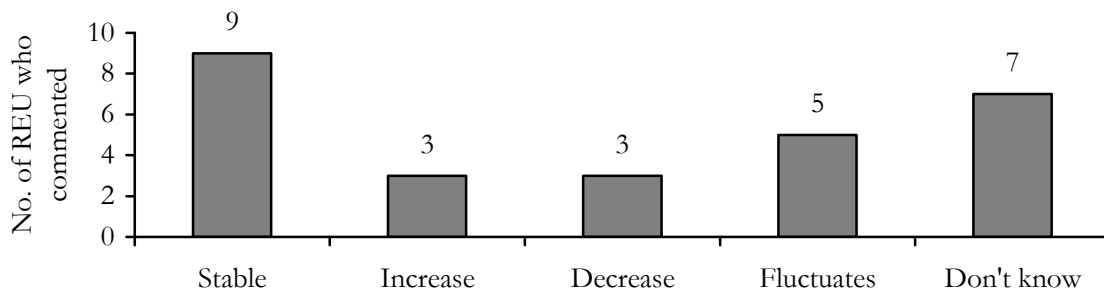
Figure 58: User reports of current LSD purity, 2006



Source: EDRS Regular ecstasy user interviews 2006

As can be seen in Figure 59, there was little consensus among REU in 2006 over LSD purity in the six months prior to interview. Indeed, a third (n = 9) of those who commented (n = 27) indicated that LSD purity had remained 'stable', five respondents indicated that purity had been 'fluctuating', three reported that it had been 'increasing', and three reported a 'decrease' in purity. The remainder of REU who commented indicated that they 'did not know' (n = 7). Similar reports were observed in 2005; over one fifth (n = 7) of 2005 respondents (n = 30) indicated that LSD purity had remained 'stable', four reported that purity was 'increasing', one indicated a 'decrease' in purity, one commented that purity was 'fluctuating', and the remaining majority reported that they 'did not know' (n = 17) (Fischer et al., 2006). Compared to 2006 reports, a greater proportion of respondents were uncertain of recent changes to LSD purity in 2005 (Fischer et al., 2006).

Figure 59: User reports of changes in LSD purity in the past six months, 2006



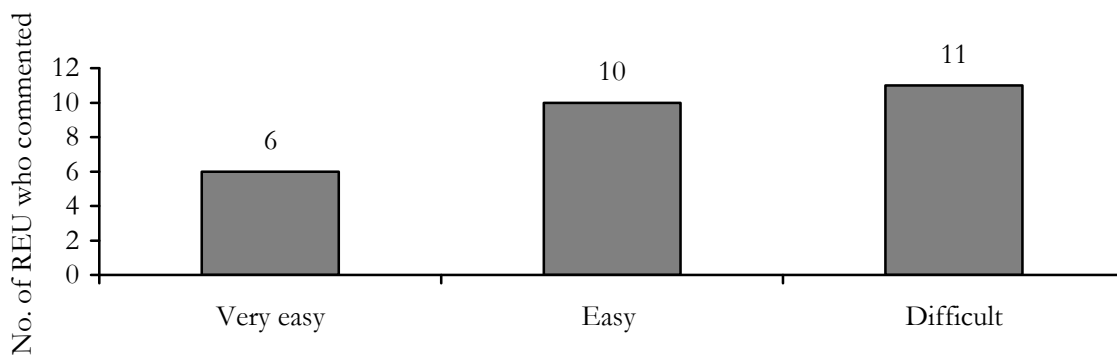
Source: EDRS Regular ecstasy user interviews 2006

9.4 Availability

In 2006, REU (n = 27) indicated that LSD was either currently ‘difficult’ (n = 11) or ‘easy’ to ‘very easy’ to obtain (n = 16) (see Figure 60). Likewise, REU (n = 30) who commented on LSD purity in 2005 also reported their access was either ‘difficult’ to ‘very difficult’ (n = 15) or ‘easy’ to ‘very easy’ (n = 15) (Fischer et al., 2006).

In 2006, there was little agreement among respondents over LSD availability in the six months prior to interview, as shown in Figure 61. Indeed, 11 REU commented that LSD availability had remained ‘stable’, a third (n = 9) indicated that it was ‘easier’ to access, six reported that it was ‘more difficult’, and one REU indicated that they ‘did not know’ (see Figure 58). Similarly, in 2005 most REU (n = 19) commented that their access to LSD had been ‘stable’ in the six months preceding interview, five reported that their access had become ‘easier’, one indicated that it had become ‘more difficult’, and four commented that they ‘did not know’ (Fischer et al., 2006).

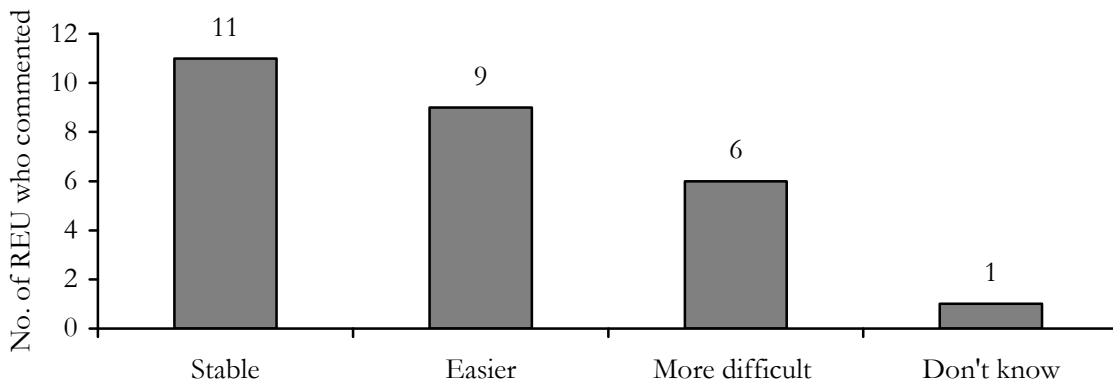
Figure 60: Current LSD availability, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response option ‘very difficult’ was not endorsed by any participant and thus omitted from the above figure.

Figure 61: Changes in availability of LSD over the past 6 months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'fluctuates' was not endorsed by any participant and thus omitted from the above figure.

9.4.1 Key expert comments

In 2006, key experts reported an increasing interest in, and use of, LSD among REU. KE also reported increased availability of LSD in the preceding six to twelve months. KE from the law enforcement sector also noted an increase in LSD imports in the last 12 months, although the overall quantity being imported remains relatively low.

9.5 Summary of LSD trends

- Consistent with the reports of some KE and anecdotal reports from some REU, there was evidence of an increase in LSD use among REU in 2006, with more than a third reporting recent use. As in previous years, however, use was typically infrequent (on average 1.5 days in 6 months) and the median quantity used was 1.25 tabs.
- The most common location for use was a private home, although some REU also reported use at live music events and raves. The most common sources for LSD were friends and known dealers, and most purchases occurred in a private home.
- As in previous years, the median price of LSD was \$20 per tab, and most REU considered the price stable.
- Most REU reported that the purity of LSD was high and stable, however, there was little agreement with respect to availability, with roughly equal proportions reporting current availability as 'easy' and 'difficult'.

10.0 MDA

10.1 MDA use among REU

REU patterns of MDA use from 2000 to 2006 (excluding 2002) are shown in Table 26. In 2006, over a quarter (27%) of respondents indicated lifetime use of MDA. Of these REU, 12% reported recent use. Recent users indicated consuming a median of 2 caps (range: 1-2 caps) in a typical session, and using MDA on a median of 1.5 days (range: 1-6 days) in the six months preceding interview (Table 26).

With the exception of 2005, fewer REU (12%) reported recent MDA use in 2006 compared with previous years (2004: 16%; 2003: 18%; 2001: 25%; 2000: 28%) (Table 26). Recent MDA users also indicated using it less frequently in 2006 (1.5 days: range 1-6 days) compared with previous years (2005: 6 days, range: 1-78 days; 2004: 3 days, range: 1-20 days; 2003: 2 days, range: 1-15 days; 2001: 3 days, range: 6-100 days; 2000: 2 days, range: 1-30 days) (see Table 26). However, in 2006 recent MDA users reported using greater quantities in a typical session (2 caps: range 1-2 caps) compared to the majority of previously recorded time points.

Table 26: Patterns of MDA use among REU 2000-2006 (excluding 2002)

	2000 N=50	2001 N=115	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Ever used (%)	40	39	24	29	19	27
Used last 6mths (%)	28	25	18	16	5	12
Median days used last 6mths (range)*	2 (1-30)	3 (6-100)	2 (1-15)	3 (1-20)	6 (1-78)	1.5 (1-6)
Median quantities used (caps)*						
Typical (range)	1 (0.25-3)	1 (0.1-10)	1 (0.5-2)	2 (1-15)	1.5 (1-4)	2 (1-2)
Heavy (range)	0.63 (0.25-1)	1 (0.1-18)	2 (1-3.5)	2 (1-15)	1 (1-1)	2 (1-5)

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

* Of those who had used

10.1.1 Locations of usual use

Four REU reported using MDA recently, three usually at a 'private party' and one usually at a nightclub (see Figure 62).

10.1.2 Location of recent use

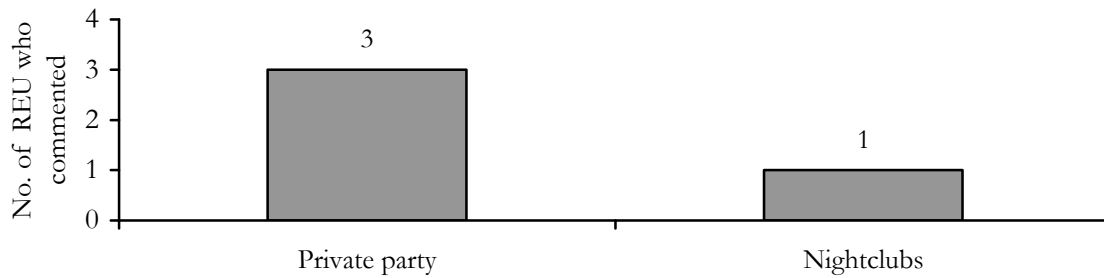
Consistent with venues of usual MDA use reported in 2006, the most common location where four respondents indicated last using MDA were 'private party' (n = 4) and 'nightclubs' (n = 1), as illustrated in Figure 63.

10.1.3 Networks

In 2006, the persons from whom REU typically obtained MDA were 'friends' (n = 2) and 'known dealers' (n = 2) (see Figure 64). The venues at which 2006 respondents indicated

usually scoring MDA were ‘friend’s home’ (n = 2), ‘own home’ (n = 1), and ‘dealer’s home’ (n = 1) (see Figure 65).

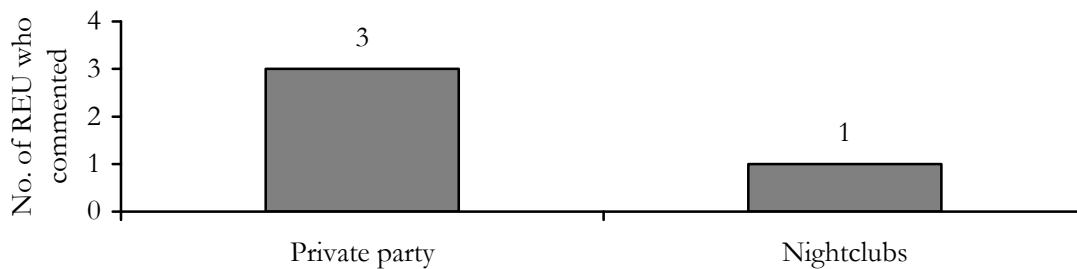
Figure 62: Usual locations of MDA use, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options ‘own home’, ‘friend’s home’, ‘acquaintance’s home’, ‘restaurant/café’, ‘day club’, ‘educational institution’, ‘work’, ‘dealer’s home’, ‘car/other vehicle (driver)’, ‘car/other vehicle (passenger)’, ‘raves’, ‘live music event’ were not endorsed by any participant and thus omitted from the above figure.

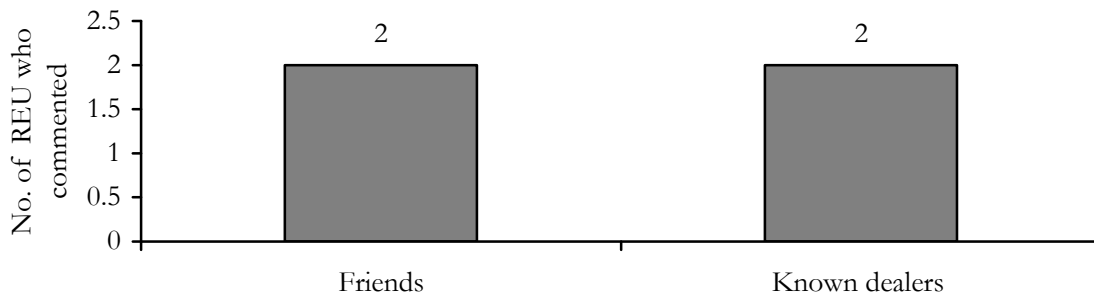
Figure 63: Location of most recent MDA use, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options ‘own home’, ‘friend’s home’, ‘acquaintance’s home’, ‘restaurant/café’, ‘day club’, ‘educational institution’, ‘work’, ‘dealer’s home’, ‘car/other vehicle (driver)’, ‘car/other vehicle (passenger)’, ‘raves’, ‘live music event’ were not endorsed by any participant and thus omitted from the above figure.

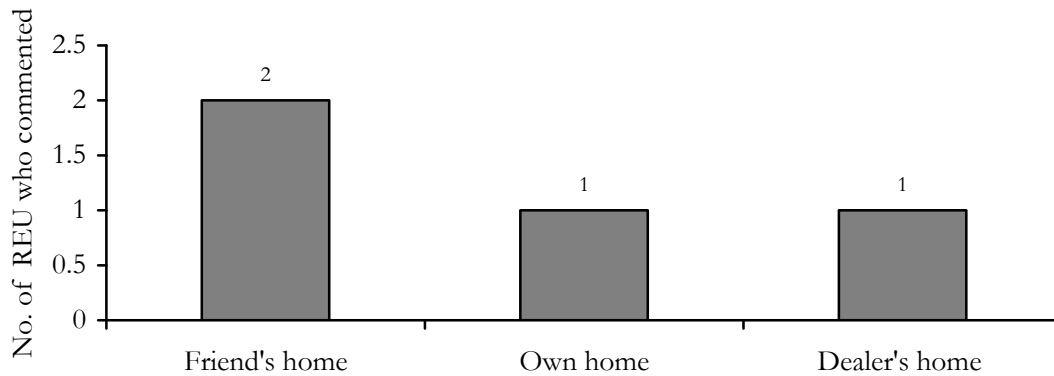
Figure 64: Persons from whom MDA has been purchased in preceding six months, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options ‘workmates’, ‘acquaintances’, and ‘unknown dealer’ were not endorsed by any participant and thus omitted from the above figure.

Figure 65: Locations at which MDA has been purchased in the preceding six months, 2006



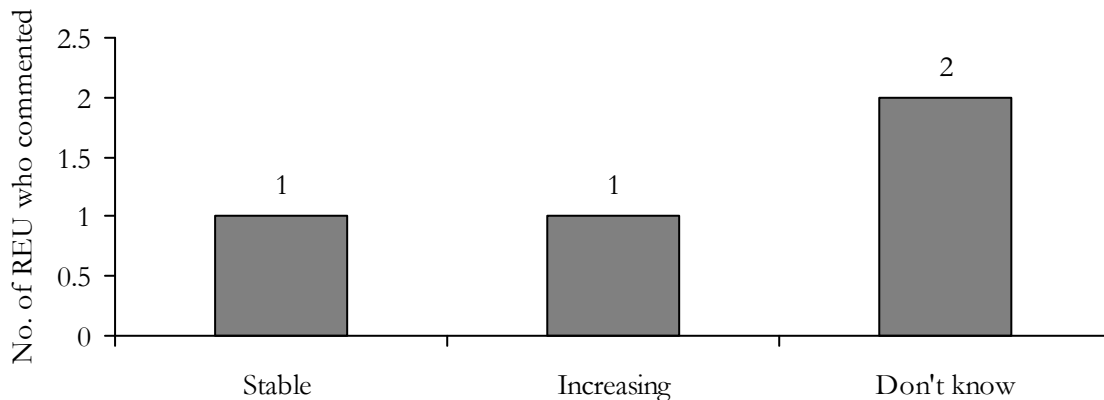
Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'acquaintance's home', 'restaurant/café', 'day club', 'educational institute', 'work', 'car/other vehicle (driver)', 'car/other vehicle (passenger)', 'raves', 'live music event' were not endorsed by any participant and thus omitted from the above figure

10.2 Price

In 2006, four REU reported a median price of \$37.50 for a cap of MDA, with reported prices ranging from \$30 to \$40 (Table not shown). This figure is slightly higher than the price reported in 2005 (\$30: range \$28-\$50) (Fischer et al., 2006). In 2006, one respondent commented that the price of MDA had remained 'stable' in the six months preceding interview, one reported that it had 'increased', and the remaining two reported that they 'did not know' (Figure 66).

Figure 66: User reports of changes MDA price in the past six months, 2006



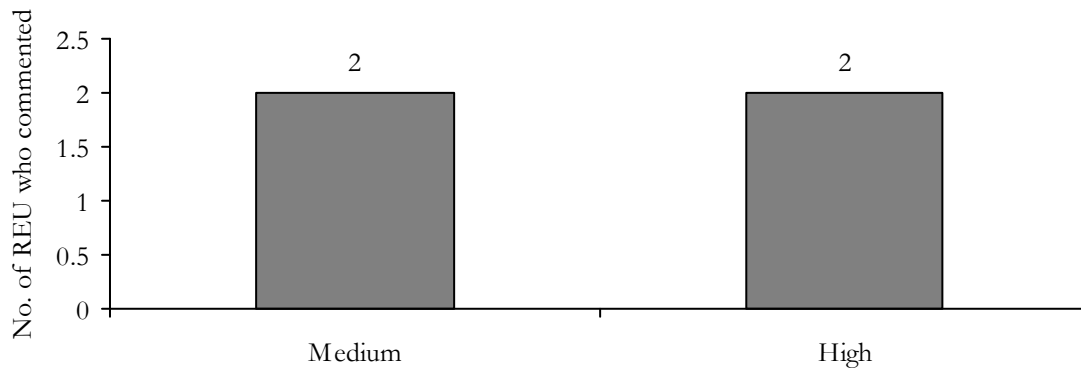
Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'fluctuates' was not endorsed by any participant and thus omitted from the above figure.

10.3 Purity

In 2006, two respondents commented that current MDA purity was 'high' and two perceived current purity as 'medium' (see Figure 67). There was little agreement among the four REU who responded in 2006 as to whether levels of MDA purity had changed in the six months prior to interview (n = 1 'fluctuates'; n = 1 'decreased'; n = 2 'don't know') (Figure 68). Similar disagreement with respect to both current and perceived changes in MDA purity were observed in 2005 (Fischer et al., 2006).

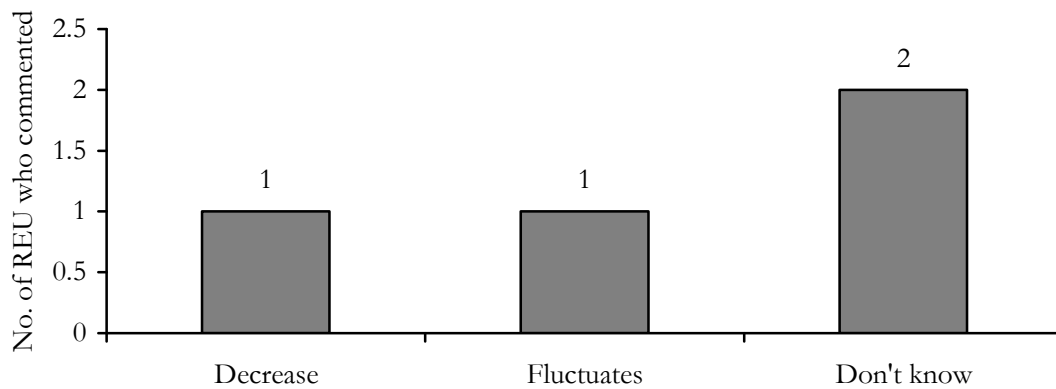
Figure 67: User reports of current MDA purity, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'low', 'fluctuates', and 'don't know' were not endorsed by any participant and thus omitted from the above figure.

Figure 68: User reports of changes in MDA purity in the past six months, 2006



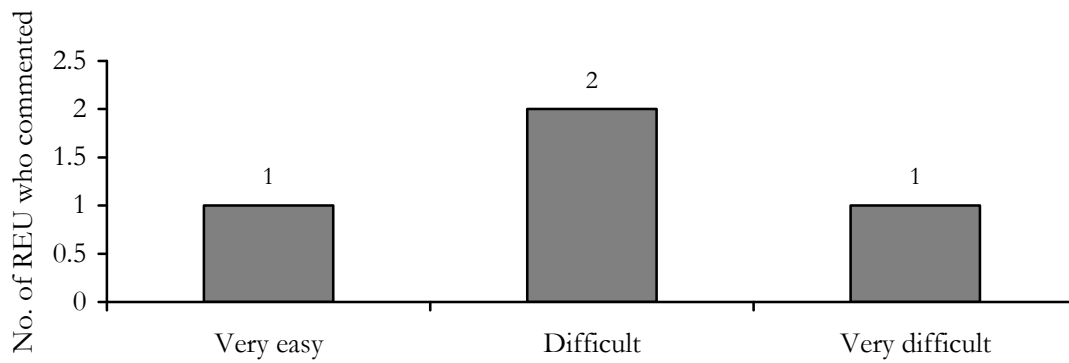
Source: EDRS Regular ecstasy user interviews 2006

Note: Response option 'increase' was not endorsed by any participant and thus omitted from the current figure.

10.4 Availability

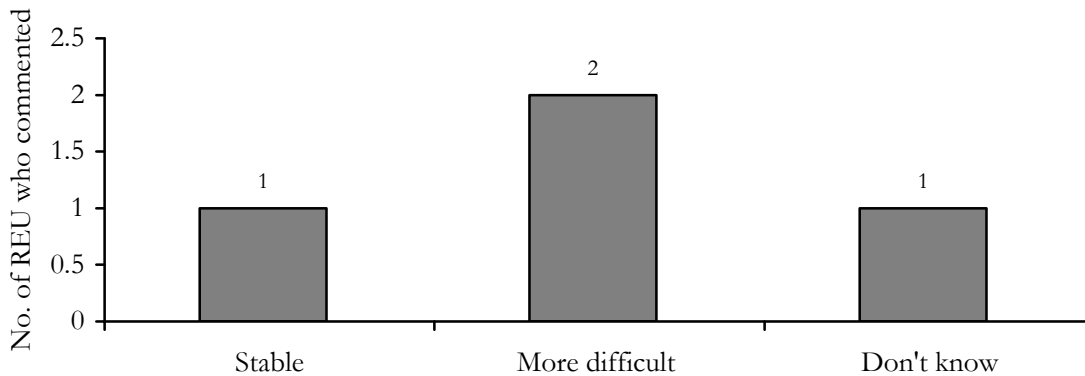
In 2006, REU ($n = 4$) reported their current access to MDA as 'very easy' ($n = 1$), 'difficult' ($n = 2$), or 'very difficult' ($n = 1$), (Figure 69). Two REU reported that their access to MDA had become 'more difficult' in the six months preceding interview, while one maintained that access had remained 'stable' and one reported that they 'did not know', as shown in Figure 70. The reported availability of MDA in 2006 was comparable to reports in 2005 and 2004 (Fischer et al., 2006; Fischer & Kinner, 2005)

Figure 69: Current MDA availability, 2006



Source: EDRS Regular ecstasy user interviews 2006

Figure 70: Changes in availability of MDA over the past 6 months, 2006



Source: EDRS Regular ecstasy user interviews 2006

10.4.1 Key expert comments

In 2006, KE reported little use of MDA among REU.

10.5 Summary of MDA trends

- Only a minority of REU in 2006 (12%) reported recent MDA use, and among those who had used recently, the median frequency of use (1.5 days in 6 months) was lower than in previous years. The typical quantity used in a session was 2 caps.
- Among the few who were able to comment, the most common location for MDA use was a private party, and the most common sources of MDA were friends and known dealers.
- Few REU were able to comment on the price of MDA, and prices ranged from \$30 to \$40 for a cap. Similarly, few REU were able to comment on purity or availability, and there was little agreement in these reports.

11.0 OTHER DRUGS

11.1 Alcohol

11.1.1 Patterns of use

Table 27 presents lifetime and recent use of alcohol by REU from 2000 to 2006 (excluding 2002). In 2006, almost all (97%) respondents reported recently consuming alcohol. Since 2000, alcohol has consistently been reported as the most common drug recently used (2006: 97%; 2005: 97%; 2004: 89%; 2003: 93%; 2001: 94%; 2000: 96%), (see Table 27).

Table 27: Lifetime and recent use of alcohol by REU, 2000-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Alcohol						
Ever	98	99	96	98	100	100
Recent	96	94	93	89	97	97

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

Table 28 presents the frequency of alcohol consumption by REU from 2003 to 2006. A noticeable increase in the frequency of alcohol consumption by REU was observed in 2006; almost three quarters of respondents (72%) reported consuming alcohol more than once a week. As shown in Table 28, this prevalence rate is noticeably higher than in previous years (2005: 57%; 2004: 57%; 2003: 50%).

Table 28: Frequency of alcohol consumption by REU 2003-2006

	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Every day (180 days)	18	12	8	12
More than weekly (27 to 179 days)	32	45	49	60
Weekly (26 days)	1	6	15	7
Less than weekly (less than 26 days)	49	27	26	21

Source: EDRS Regular ecstasy user interviews 2003-2006

REU patterns of alcohol use from 2003 to 2006 are presented in Table 29. In 2006, respondents reported first consuming alcohol at an average of 14 years. This figure is comparable to reports of 2005, 2004, and 2003, when REU indicated first consuming alcohol at the mean ages of 14 years, 13.5 years, and 14.07 years respectively.

As in previous years, REU in 2006 commonly reported consuming alcohol whilst under the influence of ecstasy (2006: 80%; 2005: 64%; 2004: 63%; 2003: 62%) (see Table 29). Almost two-thirds (63%) of REU reported consuming more than five standard drinks, which is considerably higher than in previous years (2005: 50%; 2004: 44%; 2003: 46%). The proportion of REU who reported consuming alcohol while 'coming down' from ecstasy was slightly higher in 2006 (40%) compared to 2005 (36%) and 2004 (30%), and was slightly lower than in 2003 (43%), as shown in Table 29.

Table 29: Patterns of alcohol use by REU 2003-2006

	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Mean age first used (years)	14.07	13.5	14	14
Median days used last six months	26	48	48	52
Usually drink alcohol whilst 'on' E (%)	62	63	64	80
More than 5 standard drinks (%)	46	44	50	63
Usually drink alcohol 'coming' down (%)	43	30	36	40
More than 5 standard drinks (%)	33	24	22	28

Source: EDRS Regular ecstasy user interviews 2003-2006

REU in 2006 were asked to respond to the ten-item Alcohol Use Disorders Identification Test (AUDIT) (Babor TF, de la Fuente JR, Saunders J, & Grant M, 1992), a self-report tool developed by the World Health Organisation to screen for risky and harmful alcohol consumption in the general population. The proportion of REU falling into each AUDIT score category, by gender, is shown in Table 30. Only three participants reported that they had not consumed alcohol recently, and only 14% reported non-hazardous alcohol consumption. More than a third of the sample (36%) reported usually consuming alcohol in a hazardous manner (i.e. putting them at risk of acute alcohol-related harm) and almost half (47%) reported usually consuming alcohol in a harmful manner, putting them at risk of long-term or chronic health harm. There was little difference between males and females in patterns of usual alcohol consumption (Table 30).

Table 30: Usual alcohol consumption (AUDIT) by gender, 2006

	Males (n=61)	Females (n=39)	REU Total (N=100)
Non-drinker (%)	5	0	3
Non-hazardous (%)	12	18	14
Hazardous (%)	36	36	36
Harmful (%)	48	46	47

Source: EDRS Regular ecstasy user interviews 2006

11.1.2 Key Expert observations

KE reported regular alcohol use among the majority of REU. Use of alcohol while under the influence of ecstasy or other drugs was reported by KE as becoming the norm for REU. Two KE from the health sector noted an increase in 'binge' alcohol use among young women in particular.

11.1.3 Indicator Data

Table 31 shows the patterns of alcohol consumption of persons aged 14 years or over in Australia and Queensland, in 2001 and 2004. In 2004, in Queensland, 16% of the population were non-drinkers, 41% drank at least weekly and 10% were daily drinkers. By contrast, among REU interviewed for the EDRS in 2006, only 3% were non-drinkers, 67% drank weekly or more often, and 12% were daily drinkers.

Table 31: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia, 2001 and 2004

	NDSHS 2001		NDSHS 2004	
	QLD	AUST	QLD	AUST
Daily	8.4	8.3	9.6	8.9
Weekly	37.8	39.5	40.7	41.2
Less than weekly	36.9	34.6	33.7	33.5
Ex drinker	8.5	8	7.6	7.1
Never a full serve	8.4	9.6	8.4	9.3

Source: Alcohol drinking status: proportion of the Australian population 14 years and older Queensland and Australia, Australian Institute of Health and Welfare (AIHW), 2001 National Drug Strategy Household Survey, State and Territory Supplement

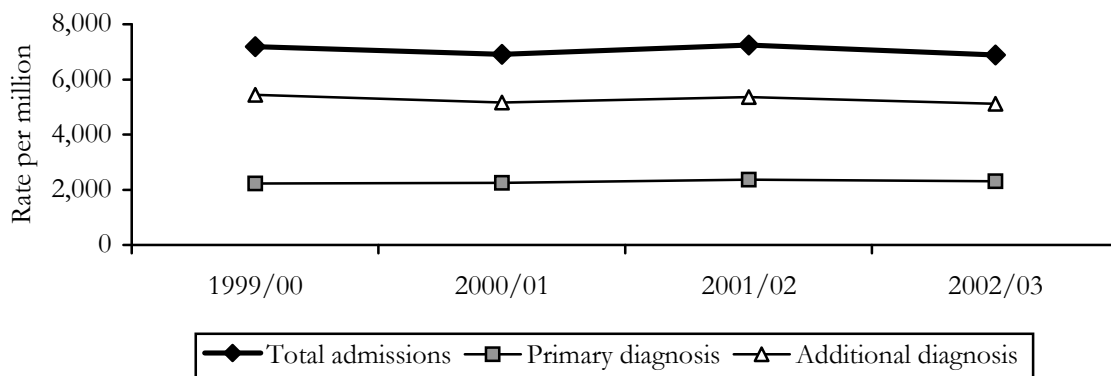
Calls to ADIS

In Queensland, 6,965 of calls to the Alcohol and Drug Information Service (ADIS) were concerned with use of alcohol in 2005/06. Calls concerning alcohol constituted close to half (45.6%) of all calls received by the ADIS in that financial year (data not shown).

Hospital Admissions

Figure 71 shows the rate per million persons aged 15 to 54 of alcohol-related hospital admissions by diagnosis type from 1999/00 to 2002/03. In 2002/03, there were 6890 total alcohol-related admissions per million persons aged 15 to 54 in Queensland.

Figure 71: Alcohol-related hospital admissions by diagnosis type, rate per million persons aged 15-54, QLD 1999/00-2002/03



Source: Roxburgh & Degenhardt (in press)

11.2 Cannabis

11.2.1 Patterns of Use

Patterns of lifetime and recent cannabis use by REU from 2000 to 2006 (excluding 2002) are presented in Table 32. In 2006, all respondents indicated lifetime use of cannabis (100%), with 92% reporting recent cannabis use. In every year that the EDRS has been conducted in Queensland, cannabis has been the most commonly used illicit drug (other than ecstasy) among REU (2006: 92%; 2005: 83%; 2004: 70%; 2003: 73%; 2001: 87%; 2000: 94%) (see Table 32).

Table 32: Ever and recent use of cannabis by REU 2000-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Cannabis						
Ever	100	97	83	87	96	100
Recent	94	87	73	70	83	92

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

Table 33 shows the frequency of cannabis use by REU from 2003 to 2006. In 2006, almost half (49%) of respondents reported using cannabis at least once a week. This was slightly higher in 2005, where 41% of the sample reported cannabis use more than once a week. Frequency of cannabis use in 2006 was comparable to that reported in 2004 and 2003 (see Table 33).

Table 33: Frequency of cannabis use by REU 2003-2006

	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Every day (180 days)	24	27	11	21
More than weekly (27 to 179 days)	20	22	30	28
Weekly (26 days)	0	1	2	3
Less than weekly (less than 26 days)	56	20	41	48

Source: EDRS Regular ecstasy user interviews 2003-2006

Table 34 shows the patterns of cannabis use by REU from 2003 to 2006. In 2006, respondents indicated first using cannabis at a mean age of 15.14 years. This was comparable to reports in 2005, 2004, and 2003, when respondents reported first using cannabis at 15.30 years, 15.38 years, and 15.31 years respectively (see Table 34).

More than half of the sample (54%) reported using cannabis whilst under the influence of ecstasy in 2006, which was slightly higher than in 2005 (50%) and 2003 (42%), and roughly equal to that reported in 2004 (55%). As can be seen in Table 34, the proportion of REU who reported using cannabis whilst 'coming down' from ecstasy was considerably larger in 2006 (74%) compared to previous years (2005: 57%; 2004: 53%; 2003: 46%). This finding is consistent with the noticeably larger proportion of 2006 REU who reported consuming alcohol whilst 'coming down' from ecstasy, as can be seen in Table 34.

Table 34: Patterns of cannabis use by REU 2003-2006

	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Mean age first used (years)	15.31	15.38	15.30	15.14
Median days used last six months	15	25	20	26
Used whilst 'on' ecstasy %	42	55	50	54
Used whilst 'coming down' from ecstasy %	46	53	57	74

Source: EDRS Regular ecstasy user interviews 2003-2006

11.2.2 Key Expert comments

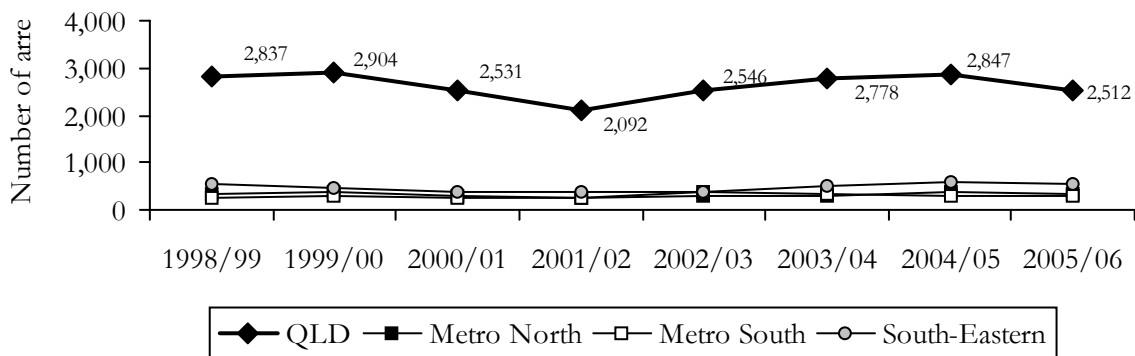
KE from the health sector described cannabis use among REU as ‘normalised’, with one KE observing that patterns of use for problematic cannabis are increasingly similar to those for problematic alcohol use. KE noted no significant change in patterns of use or market characteristics from previous years. KE from the law enforcement sector suggested that the perceived difference in the potency of ‘hydro’ and ‘bush’ cannabis may not be as great as many users think, with potency determined more by the seed than the growing method. According to many KE, hydro is still considerably less common than bush cannabis, but is becoming more available, not because it is more potent, but because (a) the production time is shorter, and (b) the risk of apprehension is less than that for production of ‘bush’ crops. So-called ‘hydro’ cannabis is often not actually grown hydroponically, with the term ‘hydro’ effectively synonymous with ‘high potency’.

11.2.3 Indicator data

Law enforcement

Figure 72 shows the number of arrests for cannabis use/possession in Queensland, from 1998/99 to 2005/06. The total number of arrests for the State dropped to a low of 2,092 in 2001/02, before rising to 2,847 arrests in 2004/05. In 2005/06, there were 2,512 arrests for cannabis use/possession in Queensland. Given that this figure includes instances where the individual was processed through the cannabis diversion program, trends in recent years are not necessarily indicative of changes in the incidence of cannabis use or dealing.

Figure 72: Number and proportion of cannabis possession/use arrests by geographic area 1998/99-2005/06



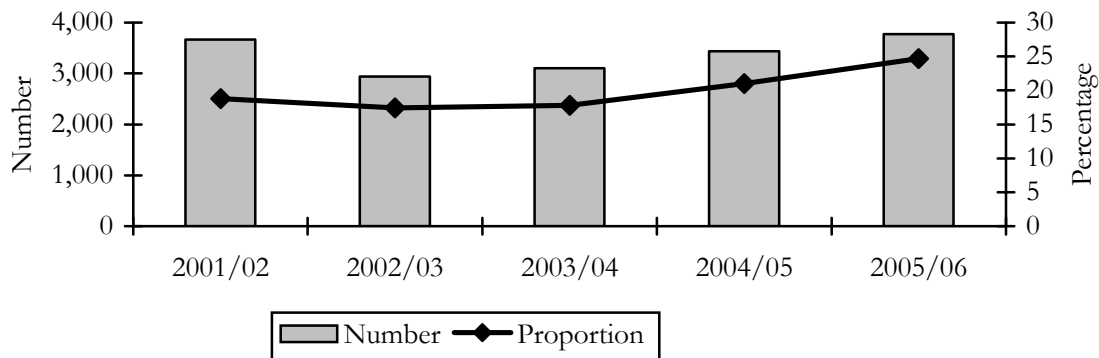
Source: Queensland Police Service

Note: Changes in the number of arrests may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

Calls to telephone help lines

Figure 73 shows the number of calls made to ADIS regarding cannabis from 2001/02 to 2005/06. In 2005/06 a total of 3,775 calls were made regarding cannabis, compared with 3,432 in 2004/05. The proportion of calls to ADIS in relation to cannabis has increased steadily over this time, from 18.8% in 2001/02 to 24.7% in 2005/06.

Figure 73: Number and proportion of enquiries to ADIS regarding cannabis, 2001/02–2005/06

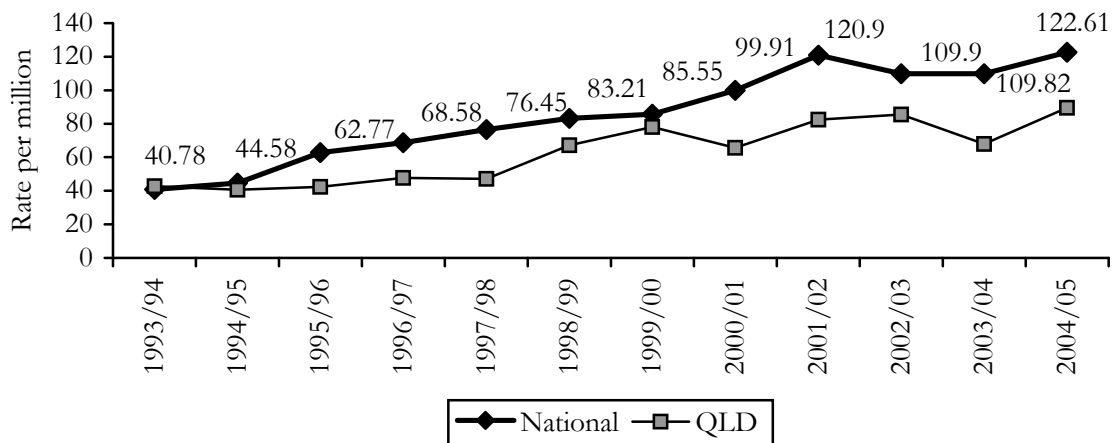


Source: ADIS

Hospital admissions

Figure 74 shows the rate of inpatient hospital admission where cannabis was the principal diagnosis, from 1993/94 to 2004/05, for Queensland and nationally. The trend towards increasing admission is consistent with that shown in Figure 73, however, Figure 74 also shows that compared to Australia as a whole, the rate of inpatient hospital admission for cannabis in Queensland has been lower. Although the rate of admission for Queensland and Australia was similar in 1993/94 (43 in QLD versus 41 nationally), since 1994/95 the national rate has been higher than that for Queensland. Indeed, in 2004/05 the national admission rate of 123 per million persons was 37% higher than the Queensland rate of 90 admissions per million persons.

Figure 74: Rate of inpatient hospital admissions where cannabis was the primary diagnosis per million people aged 15-54 years 1993/1994 to 2004/2005



Source: National Hospital Morbidity Database; Roxburgh & Degenhardt (2006)

11.3 Tobacco

11.3.1 Patterns of use

Table 35 presents the lifetime and recent use of tobacco by REU from 2000 to 2006, with the exclusion of 2002. In 2006, eighty-six percent of respondents indicated lifetime use of tobacco,

with 77% reporting recent use. REU reports of tobacco use in 2006 were similar to previous years, as can be seen in Table 35.

Table 35: Ever and recent use of tobacco by REU 2003-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Tobacco						
Ever	92	86	79	78	90	86
Recent	80	80	70	68	75	77

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

REU patterns of tobacco use are presented in Table 36. In 2006, respondents reported smoking tobacco on a median of 180 days in the six months preceding interview (i.e., daily), which is consistent with 2004 and 2003 (180 days respectively). The median days of tobacco use by 2005 respondents was 90.

As in 2005, 2004, and 2003, REU in 2006 commonly reported smoking tobacco while under the influence of ecstasy (2006: 53%; 2005: 66%; 2004: 56%; 2003: 58%) and while they were ‘coming down’ (2006: 47; 2005: 51; 2004: 45%; 2003: 51%) (see Table 36).

Table 36: Patterns of tobacco use by REU 2003-2006

	2003 N=136	2004 N=161	2005 N=101	2006 N = 100
Mean age first used	14.26	14.48	15	14.24
Median days used last six months	180	180	90	180
Used whilst ‘on’ ecstasy (%)	58	56	66	53
Used whilst ‘coming down’ from ecstasy (%)	51	45	51	47

Source: EDRS Regular ecstasy user interviews 2003-2006

11.3.2 Indicator data

The prevalence of tobacco smoking is considerably higher among REU than among the general population in Australia. Table 37 shows the proportion of the population aged 14 years or over who reported being current smokers, ex-smokers or never having smoked tobacco, for Queensland and Australia, in 2001 and 2004. In 2004 23% of the population reported being current smokers – slightly lower than in 2001 (24%), but markedly lower than among REU in 2006 (77%).

Table 37: Smoking status: proportion of the Australian population 14 years and older Queensland and Australia 2001 & 2004

Status	NDSHS 2001		NDSHS 2004	
	QLD %	Aust %	QLD %	Aust %
Smokers	24.2	23.10	22.7	20.6
Ex smokers*	26.5	26.2	27.9	26.4
Never Smoked**	49.2	50.6	49.4	52.9

Source: Australian Institute of Health and Welfare (2001; 2004)

* Smoked at least 100 cigarettes in lifetime

** Never smoked more than 100 cigarettes in their lifetime

11.4 Benzodiazepines

11.4.1 Patterns of use

In 2006, forty-four percent of REU reported lifetime use of benzodiazepines, and 37% indicated recent use, as shown in Table 38. Respondent reports were similar in 2005 (ever: 45%; recent: 24%), 2004 (ever 46%; recent 30%), and 2003 (ever: 38%; recent: 27%), but were lower than reports of benzodiazepine use in 2001 and 2000 (see Table 38).

Table 38: Ever and recent use of benzodiazepines by REU 2003-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N = 101 %	2006 N=100 %
Benzodiazepines						
Ever	64	50	38	46	45	44
Recent	50	35	27	30	24	37

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

11.5 Anti-depressants

11.5.1 Patterns of use

Almost a quarter (23%) of 2006 respondents reported lifetime use of antidepressants, with 6% indicating use in the six months preceding interview (see Table 39). Similar to 2005 (8%), there were fewer (6%) 2006 REU who reported recent use compared to previous years (2004: 14%; 2003: 12%; 2001: 18%; 2000: 20%) (see Table 39).

Table 39: Ever and recent use of antidepressants by REU 2003-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Anti-depressants						
Ever	36	34	23	34	24	23
Recent	20	18	12	14	8	6

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

11.6 Inhalants

11.6.1 Patterns of use

Over a quarter (26%) of respondents indicated lifetime use of amyl nitrate in 2006, with 6% reporting recent use, as presented in Table 40. Over half (55%) of REU indicated lifetime use of nitrous oxide, with almost a third (32%) reporting use in the six months preceding interview (see Table 40). Reported use of amyl nitrate was lower in 2006 (ever: 26%; recent: 6%) compared to 2005 (ever 47%; recent 18%), 2004 (ever 44; recent 21%), 2003 (ever 27%; recent 9%), 2001 (ever 50%; recent 24%) and 2000 (ever 52%; recent 26%), (Table 40). Use of nitrous oxide has increased in the 2006 sample compared to 2005 (ever 54%; recent 30%), 2004 (ever 45%; recent 22%), and 2003 (ever 38%; recent 18%), but decreased in comparison to 2001 (ever 68%; recent 37%) and 2000 (ever 52%; recent 26%) reports (Table 40).

Table 40: Ever and recent use of amyl nitrate and nitrous oxide by REU 2003-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Amyl nitrate						
Ever	52	50	27	44	47	26
Recent	26	24	9	21	18	6
Nitrous oxide						
Ever	82	68	38	45	54	55
Recent	38	37	18	22	30	32

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

11.7 Other opiates

11.7.1 Patterns of use

Lifetime use of opiates was only reported by a small number of REU. In 2006, only one respondent (1%) indicated recent use of heroin, one (1%) reported recent use of methadone, and 10% reported recent use of 'other opiates', as can be seen in Table 41.

Table 41: Ever and recent use of opiates by REU 2003-2006 (excluding 2002)

	2000 N=50 %	2001 N=115 %	2003 N=136 %	2004 N=161 %	2005 N=101 %	2006 N = 100 %
Heroin						
Ever	32	34	17	22	18	12
Recent	4	15	7	12	7	1
Methadone						
Ever	4	11	10	8	6	5
Recent	0	4	4	3	3	1
Other Opiates						
Ever	14	20	24	29	24	23
Recent	4	6	12	16	11	10

Source: EDRS Regular ecstasy user interviews 2000-2006 (excluding 2002)

11.8 Mushrooms

11.8.1 Patterns of use

Lifetime use of mushrooms was reported by 40% of REU in 2006, as presented in Table 42. Of these respondents, 13% indicated recent use. Similar reports were observed in 2005 (ever 41%; recent 18%).

Table 42: Ever and recent use of mushrooms by REU, 2005-2006

	2005 N=101 %	2006 N=100 %
Mushrooms (%)		
Ever	41	40
Recent	18	13

Source: EDRS Regular ecstasy user interviews 2005-2006

11.9 Summary of other drug use

- As in previous years, almost all REU reported recent alcohol consumption, with the frequency of consumption in this group considerably higher than that in the general population. The majority of REU also reported typically consuming alcohol with ecstasy and coming down from ecstasy, with many consuming at least 5 standard drinks on these occasions. Based on responses to the AUDIT, a well-validated measure of usual alcohol use, the vast majority of REU reported typically drinking at hazardous or harmful levels, with no difference between males and females.
- The proportion of REU reporting recent cannabis use has increased in recent years and in 2006 ninety-two percent reported use in the last 6 months. One in five reported daily use and just over half reported use at least weekly. About half reported using cannabis with ecstasy and around three quarters reported using cannabis coming down from ecstasy. Data from telephone help-lines and hospital admissions suggest an increase in cannabis related problems, however, this increase may also reflect increasing awareness of the harms associated with cannabis use.
- Throughout Queensland around 23% of the population were current smokers in 2004; by comparison, 77% of REU in 2006 reported being current (typically daily) smokers. Around half of the sample reported using tobacco both with ecstasy, and when coming down.
- Just over a third of REU reported recent benzodiazepine use. Nearly one in four (23%) reported lifetime use of antidepressants, however, only 6% reported recent use of antidepressants.
- One in four REU (26%) reported lifetime use of amyl nitrate and about half (55%) reported lifetime use of nitrous oxide ('bulbs'). A third (32%) reported recent use of nitrous oxide, however, only 6% reported recent use of amyl nitrate. Thirteen percent of REU reported recent use of mushrooms.
- Few REU reported lifetime use of heroin (12%) or methadone (5%), with only one respondent reporting recent use of both opiates. One in ten REU reported recent use of 'other opiates', typically over-the-counter painkillers.

12.0 RISK BEHAVIOUR

12.1 Injecting risk behaviour

12.1.1 Lifetime injectors

Patterns of injecting drug use

Fourteen per cent (14%) of respondents indicated lifetime injecting drug use in 2006 (see Table 43). In 2006, the most common drugs that lifetime injectors reported using were speed (n = 12), crystal (n = 9), and heroin (n = 9), (Table 44). Initiation to injection was reported to occur at a median of 18 years of age (range: 12-22 years), with five REU reporting to be under the influence of alcohol and/or other drugs at the time (Table 43).

Table 43: Injecting risk behaviour among REU, 2006

Variable	2006 (N=100)
Ever injected (%)	14
Age first injected* (range)	18 (12-22)
Injected whilst under influence of any drug*	5
Mean number of drugs ever injected* (range)	4.92 (1-10)
Mean number of drugs injected last 6 months* (range)	2.00 (1-4)
Injected last 6 months* (%)	9

Source: EDRS Regular ecstasy user interviews 2006

*Among those that had injected

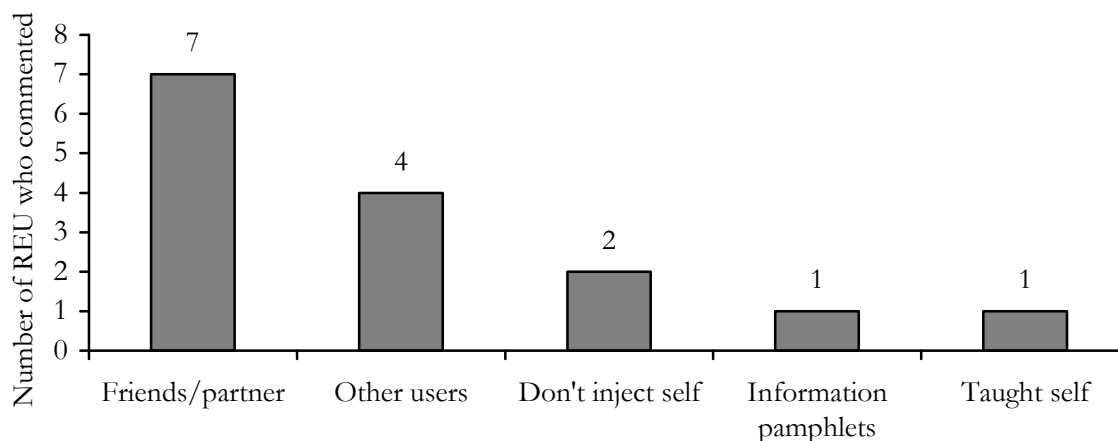
Table 44: Injecting drug use history among REU, 2006

Variable	Ever injected (%)
Speed	12
Ice	9
Heroin	9
Base	8
Ecstasy tablets	11
Ecstasy powder	5
Ketamine	1
Other opiates	6
MDA	2
Pharmaceutical stimulants	2
GHB	1

Source: EDRS Regular ecstasy user interviews 2006

REU who reported having injected drugs in the past were asked where they learned how to inject. The most common sources of information on injecting in 2006 were 'friends/partner' (n = 7) and 'other users' (n = 1) (see Figure 75).

Figure 75: Sources of information for first time REU injectors, 2006



Source: EDRS Regular ecstasy user interviews 2006

Note: Response options 'needle exchange', 'website', and 'indirectly from health professional' were not endorsed by any participant and thus omitted from the above Figure.

12.1.2 Recent injectors

Patterns of injecting drug use

In 2006, nine REU reported injecting in the six months preceding interview (see Table 45). The median number of times that REU reported injecting any drug in the six months preceding interview was 60 (range:1-420). The most common drugs that recent injectors reported injecting in the six months preceding interview were methamphetamine speed (n = 9) and crystal methamphetamine (n = 6) (see Table 45). Other drugs recently injected by REU in 2006 were methamphetamine base (n = 4) and heroin (n = 2). Crystal (n = 3) was the most common drug that recent injectors reported last injecting, followed by speed (n = 2), base (n = 2), and heroin (n = 2) (see Table 45).

Table 45: Recent injecting drug use patterns (recent injectors) among REU, 2006

Variable	Injected past 6 months n = 9	Median days injected last 6 months*	Last drug injected n= 9
Crystal	6	9 (5-78)	3
Speed	9	12(4-78)	2
Base	4	7 (2-26)	2
Cocaine	0	0	0
Ecstasy pills	1	2 (2-2)	0
Ecstasy powder	2	4.5 (4-5)	0
Ketamine	0	0	0
Heroin	2	39.5 (1-78)	2

Source: EDRS Regular ecstasy user interviews 2006

* Among those who had injected in the preceding six months

Injecting risk behaviour

Of the nine respondents who indicated recently injecting in 2006, eight reported having ‘never’ used a needle after someone else in the month prior to interview (Table not shown). One REU indicated using a needle after their ‘regular sex partner’ and one after a ‘close friend’ in the six months preceding interview (Table not shown). In 2006, four REU indicated that ‘spoons/mixing containers’ were the equipment most frequently used after someone else, though ‘filters’ (n = 2) and ‘water’ (n = 2) were also shared by two REU (Table not shown).

Context of injecting

In 2006, almost all recent injectors report self-injection ‘every time’ (n = 8), (Table 46). The most commonly reported contexts in which injecting occurred were with ‘close friends’ (n = 7), in their ‘own home’ (n = 7), and at a ‘friend’s home’ (n = 7) (Table 46).

In 2006, three REU reported injecting both while ‘under the influence’ and ‘coming down’ from ecstasy, as presented in Table 46. Respondents reported injecting while both ‘under the influence’ and ‘coming down’ from ecstasy on a median of 10 instances in the previous six months (range: 1-78 occurrences), (Table 46).

Table 46: Context and patterns of recent injection among REU, 2006

Variable	Recent injectors (n=9)
Frequency of self injection	
Every time	8
Sometimes	1
Rarely	0
People usually inject with*	
Close friends	7
Regular sex partner	4
No one	0
Locales injected*	
Own home	7
Friend’s home	7
Dealer’s home	3
Sex venue	0
Public toilet	4
Venue toilet	2
Car	4
Street part or bench	2
Commercial injecting room	0
Other	0
Median times injected any drug last 6 months	60 (1-420)
Injected under the influence and coming down	3
Median times injected any drug under the influence/coming down last 6 months	10 (1-78)

Source: EDRS Regular ecstasy user interviews 2006

*could nominate more than one response

Obtaining needles

Recent injectors reported obtaining sterile injecting equipment from ‘needle and syringe programmes’ (NSP) (n = 6), ‘chemists’ (n = 5), ‘friends’ (n = 3), and ‘dealers’ (n = 1), (Table not shown). Of those 2006 REU who recently injected, none reported difficulty in obtaining sterile injecting equipment in the six months prior to interview (data not shown).

12.2 Blood-borne viral infections (BBVI)

In 2006, fifty-four per cent of REU who reported never having injected a drug indicated that they were completely vaccinated for hepatitis B virus (HBV) (see Table 47). Nine per cent (9%) of non-injecting REU reported being tested for hepatitis C virus (HCV) in the past 12 months, with none reporting a positive test result (see Table 47). However, one respondent indicated that they 'did not know/didn't get' their HCV result. Nineteen per cent (19%) of non-injecting REU reported having been tested for HIV in the past year, with none reporting a positive result (see Table 47).

Comparatively, 64 % of 2006 REU who indicated they had recently injected reported they were completely vaccinated for HBV (see Table 47). Half (50%) of those respondents who had indicated recently injecting reported being tested for HCV in the past 12 months, with none reporting a positive test result. Similarly, 50% of recent REU injectors indicated that they had been tested for HIV in the previous year, with no positive results being reported (see Table 47).

Table 47: BBVI vaccination, testing and self-reported status, 2006

Variable	Non- injecting REU (n=86) %	Recent injectors REU (n=14) %
HBV vaccination completed	54	64
HCV test last year	9	50
If Yes		
Positive	0	0
HIV test last year	19	50
If Yes		
Positive	0	0

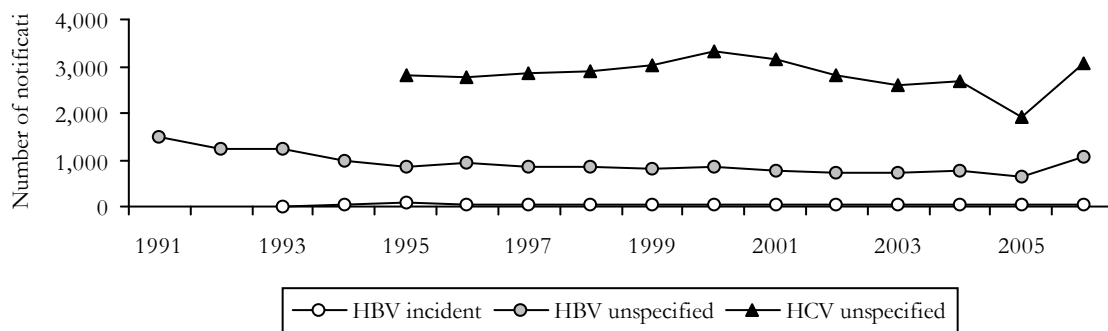
Source: EDRS Regular ecstasy user interviews 2006

12.2.1 Indicator data

Rates of HBV infection notification in Queensland have dropped reasonably consistently since 1991, with the rate of unspecified notifications dropping from 1,502 in 1991 to 638 in 2005, before climbing again to 1,078 in 2006. The number of HBV incident notifications has been low and quite stable over this time, with fewer than 100 notifications in any given year, and 49 notifications in 2006 (see Figure 76).

The rate of HCV infection in Queensland also decreased over this time, although Queensland data aggregate incident and unspecified notifications. After recording 2,794 notifications (incident and unspecified) in 1995, the HCV notification rate in Queensland rose to 3,339 in 2000 before falling back to 1,901 notifications in 2005. In 2006, however, there were 3,053 incident and unspecified HCV notifications in Queensland (see Figure 76).

Figure 76: Total notifications for (unspecified and incident) HBV and HCV infections, QLD 1991-2006



Source: Communicable Diseases Network – Australia – NNDSS¹

Note: The 2006 data are provisional

12.3 Sexual risk behaviour

12.3.1 Recent sexual activity

Table 48 shows REU reports of recent sexual behaviour in 2006. In 2006, the vast majority (94%) of respondents reported penetrative sex in the preceding six months. Of those who had recently engaged in penetrative sex, 25% reported always using a protective barrier with their regular partner, whilst 57% reported always using a protective barrier with casual partners (see Table 48).

12.3.2 Drug use during sex

Table 49 presents REU reports of drug use during sex in the preceding six months, for 2006. More than three-quarters (84%) of REU who had penetrative sex in the six months preceding interview reported having sex under the influence of drugs. Among those reporting penetrative sex with a regular partner under the influence of drugs, around one in five (19%) reported using a protective barrier every time, compared with 55% of those reporting recent sex with a casual partner under the influence of drugs. More than one in four (28%) reported using a protective barrier ‘often’ with a casual partner while under the influence of drugs, and 18% reported doing so only ‘sometimes’ or less often (see Table 49).

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

Table 48: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2006

Variable	2006 N= 100
Penetrative sex (%)	94
No. of sexual partners (%)*	
One person	40
Two people	18
3-5 people	34
6-10 people	2
10+ people	5
With a regular partner (%):	n = 68
Use a protective barrier every time	25
Use a protective barrier sometimes	13
Never use a protective barrier use	25
With a casual partner (%):	n = 61
Use a protective barrier every time	57
Use a protective barrier sometimes	12
Never use a protective barrier use	3
Anal sex (%)*	18
No. of times has anal sex (%)	
Monthly or less	16
Fortnightly or less	3
Weekly or less	0

Source: EDRS Regular ecstasy user interviews 2006

* Of those who had penetrative sex in the last 6 months

Table 49: Drug use during sex in the preceding six months, 2006

Variable	2006 n=94
Penetrative sex while on drugs* (%)	(84%)
<i>Of those who had penetrative sex under the influence of drugs</i>	n = 79
Number of times (%)	
Once	13
Twice	14
3-5 times	39
6-10 times	7
Ten +	11
Drug used (%)	
Ecstasy	67
Cannabis	30
Alcohol	30
Speed	11
Base	2
Ice	18
Cocaine	5
Ketamine	0
GHB	2
Sex with a regular partner using drugs (%)	(n=57)
Use a protective barrier every time	19
Use a protective barrier often	26
Use a protective barrier sometimes	12
Use a protective barrier rarely	14
Never use a protective barrier use	28
Sex with a casual partner using drugs (%)	(n=51)
Use a protective barrier every time	55
Use a protective barrier often	28
Use a protective barrier sometimes	10
Use a protective barrier rarely	4
Never use a protective barrier use	4

Source: EDRS Regular ecstasy user interviews 2006

* Of those who had penetrative sex in the last 6 months

12.4 Driving risk behaviour

Drug driving among REU in the preceding six months for 2006 is summarised in Table 50. Eighty per cent (80%) of REU reported driving within one hour of taking a drug in 2006. The most common drugs that had been taken within one hour if driving were cannabis (75%) and ecstasy (64%), as presented in Table 50.

Table 50: Drug driving in the last six months among REU, 2006

Variable	2006 n=84
Driven soon after* taking a drug (%)	80
<i>Of those who'd driven soon after</i>	<i>(n =67)</i>
Drug (%)	
Ecstasy	64
Cannabis	75
Speed	18
Crystal	24
Cocaine	9
Ketamine	0
Base	13
Pharmaceutical stimulants	2
LSD	5
GHB	2
Amyl nitrate	0
Benzodiazepines	0
Methadone	0
Heroin	0
Other opiates	0
Alcohol	30
Nitrous oxide	3
MDA	2

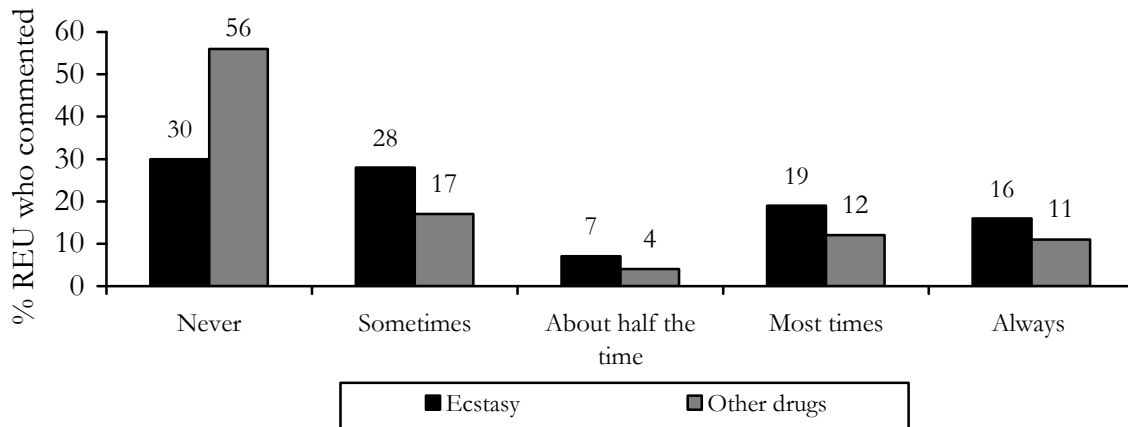
Source: EDRS Regular ecstasy user interviews 2006

*Within one hour of taking.

12.5 Drug information-seeking behaviour

Beginning in 2005, REU were asked questions concerning the methods used to determine the content and purity of pills obtained as 'ecstasy'. Particular attention was directed toward the use of pill testing kits and the impact results of such tests may have on subsequent drug use. In 2006, over half (56%) of REU commented that they 'never' find out the contents of party drugs (excluding ecstasy) prior to consumption (Figure 77). Thirty per cent (30%) of respondents reported 'never' finding out the content of ecstasy prior to use (see Figure 77).

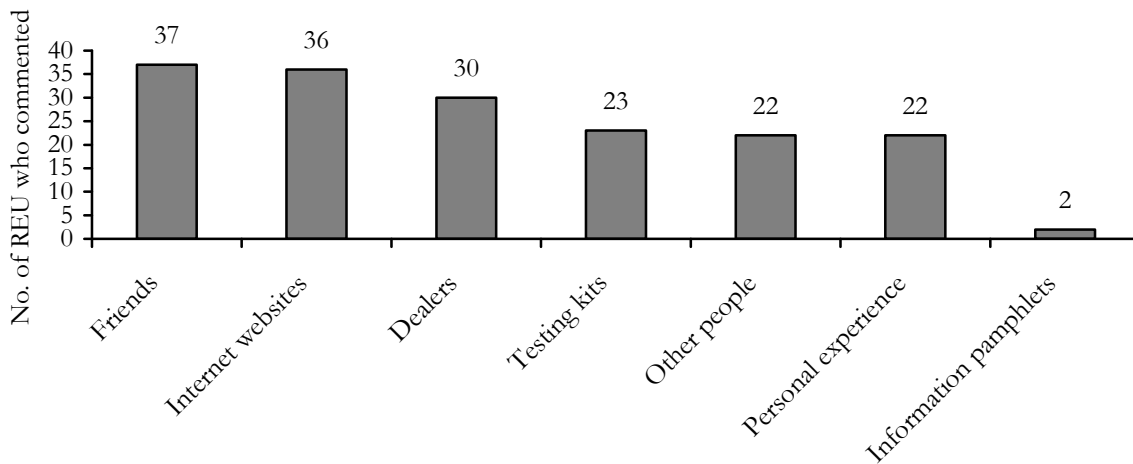
Figure 77: Frequency of seeking content and purity of ecstasy, 2006



Source: EDRS Regular ecstasy user interviews 2006

Of those who did attempt to find out about ecstasy content prior to use (n = 70), they reported mainly seeking information from ‘friends’ (n = 37), ‘internet websites’ (n = 36), ‘dealers’ (n = 30), and ‘testing kits’ (n = 23) (Figure 75). A significant proportion also nominated ‘personal experience’ (n=22) and ‘other people’ (n=22) (see Figure 78).

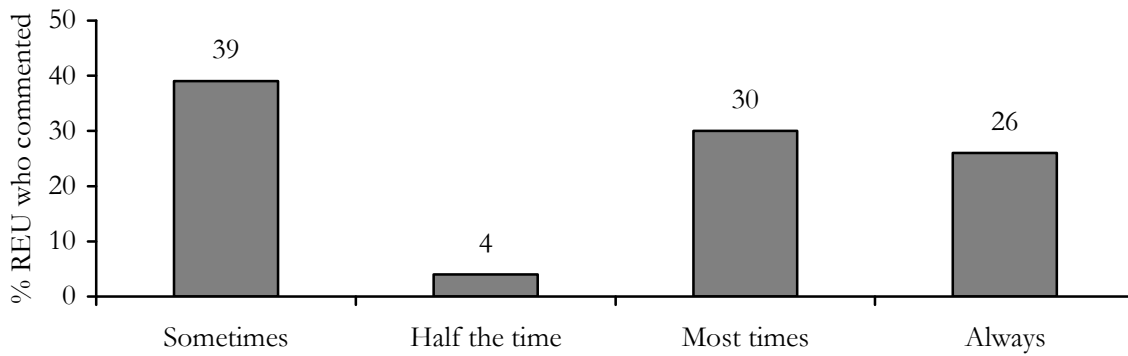
Figure 78: Sources of ecstasy content and purity, 2006



Source: EDRS Regular ecstasy user interviews 2006

Among those who reported using pill testing kits in 2006 (n=23), 39 % reported doing so ‘sometimes’, whilst 4% indicated using testing kits only ‘half the time’ (see Figure 79). Thirty percent (30%) of those REU who indicated using pill testing kits reported doing so ‘most times’, whilst 26% indicated ‘always’ using testing kits (see Figure 79).

Figure 79: Frequency of testing kit use*, 2006

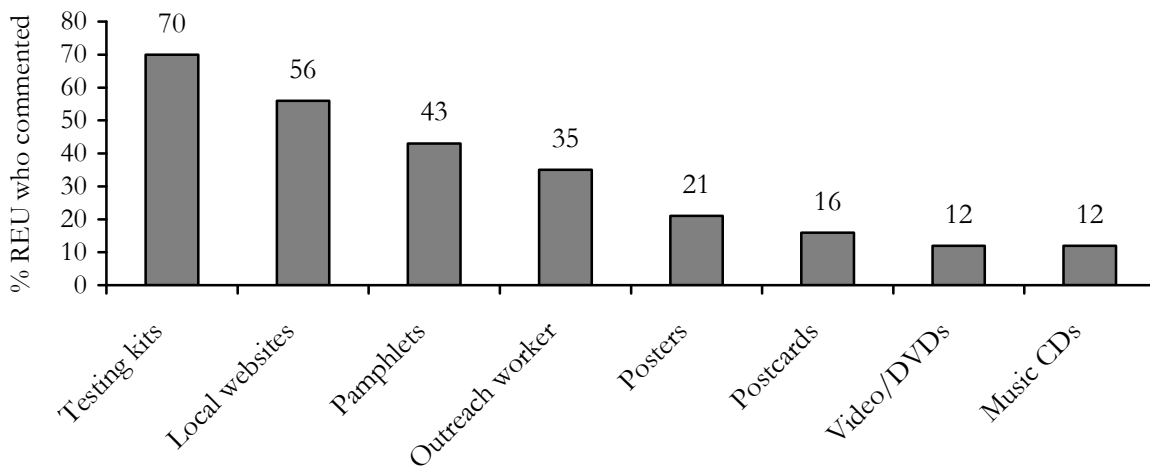


Source: EDRS Regular ecstasy user interviews 2006

*Amongst those who used testing kits

In 2006, respondents commented that ‘testing kits’ (70%), ‘local websites’ (56%), pamphlets (43%), and ‘outreach workers’ (35%) would be the most useful sources of information regarding ecstasy content and purity (see Figure 80).

Figure 80: Information resources that would be useful to REU, 2006



Source: EDRS Regular ecstasy user interviews 2006

12.6 Summary of risk behaviour

- Most REU in 2006 (86%) had never injected drugs. Among those who had injected recently (9%), the mean number of drugs injected recently was 2 and 5% reported first injecting under the influence of another drug. The most commonly injected substances were methamphetamine (primarily powder) and ecstasy tablets. Only one REU reported sharing a needle with others: a 'regular sex partner', and a 'close friend'. The most common location for injection was a private home and REU reported obtaining needles primarily from NSP and from pharmacies.
- The vast majority of REU reported being sexually active in the preceding six months, with most of these reporting having between 2 and 5 sexual partners in this time. A minority reported always using a protective barrier when having penetrative sex with a regular partner, however, the vast majority reported using protection every time with a casual partner. Four out of five REU reported having sex under the influence of drugs (usually ecstasy) recently and of these, almost half reported *not* using a protective barrier every time they had penetrative sex with a casual partner.
- Four out of five REU reported driving soon after taking a drug in the last six months. The drugs most commonly involved were cannabis, ecstasy and alcohol.
- Almost a third of REU (30%) reported never attempting to find out the content or purity of the ecstasy tablets they purchased, before consuming them; this figure rose to 56% for other drugs. The main sources of information about the content and purity of ecstasy were friends, websites and dealers, although 23% of those who responded reported using pill testing kits at least sometimes.

13.0 HEALTH-RELATED ISSUES

13.1 Overdose

Five respondents indicated overdosing on ecstasy or a related drug in the six months preceding interview in 2006. The drugs on which REU reported overdosing were ecstasy (n = 4), GHB (n = 1), and methamphetamine base (n = 1), (see Table 51).

Table 51: Overdose in the last six months among REU, 2006

Variable	2006 N= 100
Overdosed on ecstasy or related drugs in last six months (%)	5
Main drug used*	
GHB	1
Alcohol	0
Ketamine	0
Cannabis	0
Ecstasy	3
Speed	0
Ice	0
Base	1

Source: EDRS Regular ecstasy user interviews 2006

* Of those reporting overdose in the six months preceding interview

13.1.1 Key expert comments

In 2006, key experts reported that overdose was primarily related to factors such as polydrug use (as opposed to drug potency per se), or fear of being searched and found in possession of drugs (leading to the user consuming all drugs in their possession).

13.2 Self-reported symptoms of methamphetamine dependence

Respondents in 2006 were asked to complete the Severity of Dependence Scale (SDS) for methamphetamine. The median score obtained on the SDS for methamphetamine was zero, again reflecting the small proportion of REU who report symptoms of dependence for this drug. Nevertheless, 9% of REU in 2006 reported an SDS score of 4 or greater, indicative of possible methamphetamine dependence.

Table 52 shows the responses of REU who had used methamphetamine recently (n=53) on each item of the SDS. Of note, about one in three indicated that they worried about their use of methamphetamine at least ‘sometimes’, and almost one in four indicated that they wished they could stop at least ‘sometimes’ (see Table 52).

Table 52: Item responses on Severity of Dependence Scale – Methamphetamine, 2006

	REU 2006 (n=53)
Methamphetamine use out of control (%)	
Never or almost never	85
Sometimes	8
Often	4
Always or nearly always	4
Prospect of missed dose makes anxious (%)	
Never or almost never	81
Sometimes	15
Often	2
Always or nearly always	2
Worry about use of methamphetamine (%)	
Never or almost never	68
Sometimes	28
Often	2
Always or nearly always	2
Wish could stop (%)	
Never or almost never	79
Sometimes	17
Often	4
Always or nearly always	0
Difficulty in stopping (%)	
Not difficult	85
Quite difficult	9
Very difficult	6
Impossible	0

Source: EDRS Regular ecstasy user interviews 2006

13.3 Help-seeking behaviour

In 2006, eighteen REU reported seeking assistance for their drug use in the six months preceding interview, with respondents most commonly reporting seeking health and/or medical assistance for ecstasy use (Table not shown).

13.3.1 Key expert comments

KE reported that help seeking was relatively uncommon among REU.

13.4 Other problems

Table 53 presents drug-related problems reported by REU in 2006. In 2006, the most frequent drug-related problem indicated by respondents was ‘relationship/social problems’ (42%). Nonetheless, ‘financial’ (33%) and ‘occupational/study’ (29%) were also reported by a large number of REU (see Table 53).

Table 53: Self reported drug-related problems, 2006

	Occupational/study (%)	Financial (%)	Relationship/social (%)	Legal/police (%)
Any drug	29	33	42	15
Ecstasy	11	16	17	5
Speed	1	1	1	0
Base	0	2	1	1
Crystal	2	3	7	0
Cannabis	8	3	8	5
Alcohol	4	6	4	1
Cocaine	0	1	1	0
LSD	0	0	2	0
Polydrug use	3	1	1	1
Benzodiazepines	0	0	0	1

Source: EDRS Regular ecstasy user interviews 2006

13.5 Summary of health-related issues

- Five percent of REU reported overdosing on a party drug in the last six months: three using ecstasy, one using methamphetamine base and one using GHB.
- The majority of REU reported no symptoms of methamphetamine dependence, however, 9% received a score of 4 or more on the Severity of Dependence Scale (SDS), indicating possible methamphetamine dependence. The most commonly reported sign of dependence was worrying about methamphetamine use. Eighteen percent of REU reported seeking help for their drug use in the last six months; typically health and/or medical assistance.
- A significant proportion of REU reported other problems associated with their drug use including relationship/social problems (42%), financial problems (33%) and work/study problems (29%). Fifteen percent reported legal or police problems. The drug most commonly associated with these problems was ecstasy.

14.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

14.1 Reports of criminal activity among REU

Table 54 shows the proportion of REU reporting criminal activity in the last six months, from 2003 to 2006. In 2006 almost one in four REU (29%) reported engaging in some form of criminal activity in the last six months. As in previous years, this was typically drug dealing (23%), although 5% reported engaging in property crime. Fifteen percent of the sample in 2006 reported having been arrested in the last 12 months.

Table 54: Criminal activity reported by REU, 2003-2006

	2003 (N=136) %	2004 (N=161) %	2005 (N=101) %	2006 (N= 100) %
Criminal activity in the last month				
Any crime	34	36	27	29
Drug dealing	31	20	24	24
Property crime	10	6	2	5
Fraud	4	1	4	3
Violent crime	3	2	2	1
Arrested last 12 months	11	12	11	15

Source: EDRS Regular ecstasy user interviews 2003-2006

14.2 Perceptions of police activity towards REU 2003-2006

In 2006, the majority of REU perceived police activity to have 'increased' (82%) in the six months preceding interview (see Table 55). The proportion of REU who reported increased police activity is noticeably larger in 2006 (82%) compared to previous years (2005: 53%; 2004: 29%; 2003: 25%), (Table 55). Despite such reports, 73% of respondents indicated that increased police activity did not make scoring 'more difficult'. This figure is slightly lower than reports of previous years (2005: 86%; 2004: 89%; 2003: 86%), (see Table 55).

Table 55: Perceptions of police activity by REU, 2003-2006

	2003 (N=136) %	2004 (N=161) %	2005 (N=101) %	2006 (N=100) %
Recent police activity				
Decreased	2	3	1	0
Stable	41	24	19	11
Increased	25	29	53	82
Don't know	32	45	27	7
Did not make scoring more difficult	86	89	86	73

Source: EDRS Regular ecstasy user interviews 2003-2006

Table 56 shows REU perceptions of recent sniffer dog activity in 2006. In 2006 more than half of REU (59%) reported having seen sniffer dogs in a public place recently, typically twice in the last six months. One in five (19%) reported seeing sniffer dogs while in possession of illegal drugs.

REU who had seen sniffer dogs recently were also asked what precautions they had taken to reduce the risk of being detected carrying drugs. The most common response was to avoid

taking drugs to events (44%), however, the same proportion (44%) reported taking drugs prior to arriving at the event instead, which may increase the risk of driving while drug affected. One in five respondents (20%) indicated that they had made greater efforts to hide their drugs, to avoid detection by sniffer dogs. Among those who had encountered a sniffer dog while in possession of drugs recently, the most common response was to consume all of the drugs in their possession (37%), which may increase the risk of overdose or other adverse drug reactions.

Table 56: REU perceptions of sniffer dog activity, 2006

REU	2006 (N=100)
Seen sniffer dogs recently (%)	59
In possession of drugs (%)	19
Median times seen sniffer dogs recently	2
Sniffer dog precautions (%) *	
Hide drugs better	20
Purchase from known source	7
Purchase from unknown source	2
Not take drugs to event	44
Other (usually take beforehand)	44
Reaction to sniffer dog (%) **	
Disposed of drugs	5
Took drugs to avoid detection	37
Caught by police	5

Source: EDRS Regular ecstasy user interviews 2006

* Among those who reported seeing sniffer dogs recently

** Among those who had encountered a sniffer dog while carrying drugs recently

14.2.1 Key expert comments

KE reported that police activity and the use of sniffer dogs did not seem to be reducing ecstasy use, but instead changing patterns of use – including consumption of larger quantities of drugs at one time to reduce detection.

14.3 Summary of criminal and police activity

- Almost a third of REU (29%) reported engaging in criminal activity in the last six months, mainly drug dealing (24%).
- The proportion reporting that police activity had increased recently rose to 82% in 2006, however, 73% of REU indicated that police activity had not impacted on their ability to obtain ecstasy.
- Over half of REU reported having seen sniffer dogs in public places recently, and around one in five reported seeing sniffer dogs while in possession of drugs. The most common response to the presence of sniffer dogs was to consume drugs before attending an event, rather than at the event, and some suggested that if they were at risk of being detected carrying drugs, they would consume all the drugs in their possession.

15.0 SUMMARY

15.1 Demographic characteristics of REU

One hundred REU participated in the Queensland EDRS in 2006. The mean age of participants was 22 years, which is younger than in recent years. Almost two thirds of the sample was male, the majority identified as heterosexual and only one identified as Indigenous. As in previous years, most participants had completed high school and around a third had completed a university degree. Most were either studying or employed full-time and very few had a history of imprisonment. Only one REU was currently receiving any form of drug treatment. Overall, as in previous years, there was little evidence of significant disadvantage in the sample.

15.2 Patterns of polydrug use

Polydrug use continues to be the norm among REU, and as in previous years, the other drugs most commonly used by regular ecstasy users were alcohol, tobacco and cannabis. The proportion of REU reporting lifetime drug injection has been declining in recent years and in 2006 only 14% of REU reported a lifetime history of injection. There was some evidence of an increase in use of LSD and MDA (albeit from a very low base), and a decline in use of ketamine.

15.3 Ecstasy

REU in 2006 first tried ecstasy on average at 18 years of age, younger than in previous years. Consistent with previous years, regular use typically started about one and a half years after first use. The median frequency of ecstasy use was just over once a fortnight, although 29% of REU used weekly or more often. Nearly all REU (97%) report mainly swallowing ecstasy, although 11% reported having injected ecstasy at some time in their life.

The average quantity of ecstasy used in a session has increased from 1 tablet in 2000 and 2001 to 2 tablets since 2004; in 2006 63% of REU reported typically using more than 1 tablet. Polydrug use is normative with 95% of REU reporting use of other drugs with ecstasy and 85% reporting use of other drugs coming down from ecstasy.

In 2006, thirty-eight percent of REU reported bingeing on ecstasy recently – this figure has declined since 2000. The most common location for ecstasy use in 2006 was nightclubs, although a considerable number also reported using ecstasy in private locations such as their own home, a friend's home or a private party.

The price of ecstasy appears to be falling, from an average of \$40 in 2000 and 2001, and \$32 in 2005, to \$30 in 2006; most REU reported that the price had been stable in the preceding six months. There was little agreement among REU with respect to ecstasy purity, with roughly equal proportions reporting that it was of medium purity, high purity or fluctuating. As in previous years, almost all REU reported that ecstasy was either 'easy' or 'very easy' to obtain, and the majority reported that availability was 'stable' or 'easier'.

The most common source of ecstasy continues to be 'friends', with only a minority reporting obtaining ecstasy in public places such as nightclubs or pubs. It is normative for REU to obtain ecstasy for themselves and others, with REU in 2006 reporting typically purchasing ecstasy for three people on any given occasion, and typically purchasing 4 tablets at once. Roughly equal proportions reported purchasing 1-6 times, 7-12 times and 13-24 times in the last six months. Most were able to obtain other drugs from their main ecstasy dealer, typically cannabis and ice/crystal.

Arrests for ecstasy use/possession in Queensland are subsumed under the broad 'ATS' category, and are therefore of little use in monitoring the ecstasy market. The number of ecstasy border detections by ACS has fallen in recent years, although the overall weight of seizures continues to fluctuate.

Deaths related to ecstasy use are very rare, however, the number of calls to telephone help-lines in relation to ecstasy has increased in recent years. REU report a wide range of benefits and risks associated with ecstasy use. Among these most commonly perceived benefits are enhanced communication and empathy; commonly identified risks include depression and the risk of legal/police problems.

15.4 Methamphetamine

More than half of REU reported recent methamphetamine powder use, typically using less than once a month and using half a gram in a session. Just over a third reported recent base use, typically using once every two months and using 2 points at a time. One in two reported recent use of ice/crystal, on average 4 times in the last 6 months, and typically using 2 points in a session.

Although many REU use methamphetamine in nightclubs and at raves, the most common locations for use in 2006 were private homes, either the user's own home or a friend's home. This was particularly true with respect to use of ice/crystal.

The price of methamphetamine forms varied only slightly between 2005 and 2006, with ice/crystal continuing to cost about twice as much for a point (\$50) and a gram (\$325) as powder (\$25, \$150) and base (\$25, \$190). The majority of REU reported that the price of powder and base had been stable; one third reported the price of ice/crystal as stable and one in four reported that it had increased.

There was poor agreement among REU with respect to purity, however, as in previous years, REU were more likely to report that ice/crystal was of high purity, compared to other forms of the drug. The majority of REU reported that powder and ice/crystal were either 'easy' or 'very easy' to obtain, however, 44% reported that base was 'difficult' to obtain. The availability of all forms was typically reported to be 'stable' and the most common source for all forms was 'friends' at a 'friend's home', although an equal proportion reported obtaining ice/crystal from a dealer at a dealer's home.

The number of arrests for ATS use/possession in Queensland has continued to increase, however, this trend may reflect an increasing law enforcement focus on ATS, as well as, or rather than, increased market activity. The number of clandestine methamphetamine laboratories has declined in recent years, presumably in response to legislative and policing changes which have created a greater deterrent for less determined, less organised manufacturers.

15.5 Cocaine

As in previous years, in 2006 about half of REU reported lifetime cocaine use and around a third reported recent cocaine use, although on average only twice in the last six months. The most common locations for cocaine use were nightclubs and private homes, and cocaine was usually obtained from friends in private homes.

The average reported price of cocaine was \$300 per gram, and the majority reported that this price was stable. Relatively few REU were able to comment on purity but the majority of these considered it medium. REU typically reported that cocaine was difficult to obtain.

The number of arrests for cocaine use/possession in Queensland has increased in recent years, however, the overall number of arrests is still very low, compared to arrests for other drugs. Both the number and weight of cocaine seizures at the Australian border continue to fluctuate. The number of inpatient hospital admissions with cocaine as the primary diagnosis has increased in recent years, however, the number of calls to telephone help-lines in relation to cocaine remains small.

15.6 Ketamine

The proportion of REU reporting recent ketamine use fell from 2005 (20%) to 2006 (12%), with those reporting recent use in 2006 typically reporting use only once in six months, and using on average 1.25 'bumps'. Few REU reported on locations of recent ketamine use, however, the most common locations for use was a friend's home and the most common source was a friend, with the transaction occurring at a friend's home.

Only one REU reported a price for ketamine, at \$180 a gram, and the most common response was that price had been stable recently. There was little agreement with respect to purity however, most of those responding indicated that ketamine was difficult to obtain.

15.7 GHB

As in previous years, only a minority of REU (9%) reported recent GHB use, typically using once in the last six months and using on average 3.5mLs. The most common source for GHB was a 'friend' and the most common location for both purchase and use was a friend's home. The average price of GHB was \$5 per mL, and few REU were able to comment on purity or availability.

15.8 LSD

Consistent with the reports of some KE and anecdotal reports from some REU, there was evidence of an increase in LSD use among REU in 2006, with more than a third reporting recent use. As in previous years, however, use was typically infrequent (on average 1.5 days in 6 months) and the median quantity used was 1.25 tabs. The most common location for use was a private home, although some REU also reported use at live music events and raves. The most common sources for LSD were friends and known dealers, and most purchases occurred in a private home.

As in previous years, the median price of LSD was \$20 per tab, and most REU considered the price stable. Most REU reported that the purity of LSD was high and stable, however, there was little agreement with respect to availability, with roughly equal proportions reporting current availability as 'easy' and 'difficult'.

15.9 MDA

Only a minority of REU in 2006 (12%) reported recent MDA use, and among those who had used recently, the median frequency of use (1.5 days in 6 months) was lower than in previous years. The typical quantity used in a session was 2 caps. Among the few who were able to comment, the most common location for MDA use was a private party, and the most common sources of MDA were friends and known dealers.

Few REU were able to comment on the price of MDA, and prices ranged from \$30 to \$40 for a cap. Similarly, few REU were able to comment on purity or availability, and there was little agreement in these reports.

15.10 Other drugs

As in previous years, almost all REU reported recent alcohol consumption, with the frequency of consumption in this group considerably higher than that in the general population. The majority of REU also reported typically consuming alcohol with ecstasy and coming down from ecstasy, with many consuming at least 5 standard drinks on these occasions. Based on responses to the AUDIT, a well-validated measure of usual alcohol use, the vast majority of REU reported typically drinking at hazardous or harmful levels, with no difference between males and females.

The proportion of REU reporting recent cannabis use has increased in recent years and in 2006 ninety-two percent reported use in the last 6 months. One in five reported daily use and just over half reported use at least weekly. About half reported using cannabis with ecstasy and around three-quarters reported using cannabis coming down from ecstasy. Data from telephone help-lines and hospital admissions suggest an increase in cannabis related problems, however, this increase may also reflect increasing awareness of the harms associated with cannabis use.

Throughout Queensland around 23% of the population were current smokers in 2004; by comparison, 77% of REU in 2006 reported being current (typically daily) smokers. Around half of the sample reported using tobacco both with ecstasy, and when coming down.

Just over a third of REU reported recent benzodiazepine use. Nearly one in four (23%) reported lifetime use of antidepressants, however, only 6% reported recent use of antidepressants.

One in four REU (26%) reported lifetime use of amyl nitrate and about half (55%) reported lifetime use of nitrous oxide ('bulbs'). A third (32%) reported recent use of nitrous oxide, however, only 6% reported recent use of amyl nitrate. Thirteen percent of REU reported recent use of mushrooms.

Few REU reported lifetime use of heroin (12%) or methadone (5%), with only one respondent reporting recent use of both opiates. One in ten REU reported recent use of 'other opiates', typically over-the-counter painkillers.

15.11 Risk behaviour

Most REU in 2006 (86%) had never injected drugs. Among those who had injected recently (9%), the mean numbers of drugs injected recently was two, and 5% reported first injecting under the influence of another drug. The most commonly injected substances were methamphetamine (primarily powder) and ecstasy tablets. Only one REU reported sharing a needle with others: a 'regular sex partner', and a 'close friend'. The most common location for injection was a private home and REU reported obtaining needles primarily from NSP and pharmacies.

The vast majority of REU reported being sexually active in the preceding six months, with most of these reporting having between 2 and 5 sexual partners in this time. A minority reported always using a protective barrier when having penetrative sex with a regular partner, however, the vast majority reported using protection every time with a casual partner. Four out of five REU reported having sex under the influence of drugs (usually ecstasy) recently and of these, almost half reported not using a protective barrier every time they had penetrative sex under the influence with a casual partner.

Four out of five REU reported driving soon after taking a drug in the last six months. The drugs most commonly involved were cannabis, ecstasy and alcohol.

Almost a third of REU (30%) reported never attempting to find out the content or purity of the ecstasy tablets they purchased, before consuming the drug; this figure rose to 56% for other drugs. The main sources of information about the content and purity of ecstasy were friends, websites and dealers, although 23% of those who responded reported using pill testing kits at least sometimes.

15.12 Health-related issues

Five percent of REU reported overdosing on a party drug in the last six months: three using ecstasy, one using methamphetamine base and one using GHB.

The majority of REU reported no symptoms of methamphetamine dependence, however, 9% received a score of 4 or more on the Severity of Dependence Scale (SDS), indicating possible methamphetamine dependence. The most commonly reported sign of dependence was worrying about methamphetamine use. Eighteen percent of REU reported seeking help for their drug use in the last six months; typically health and/or medical assistance.

A significant proportion of REU reported other problems associated with their drug use including relationship/social problems (42%), financial problems (33%) and work/study problems (29%). Fifteen percent reported legal or police problems. The drug most commonly associated with these problems was ecstasy.

15.13 Criminal and police activity

Almost a third of REU (29%) reported engaging in criminal activity in the last six months, mainly drug dealing (24%). The proportion reporting that police activity had increased recently rose to 82% in 2006, however, 73% of REU indicated that police activity had not impacted on their ability to obtain ecstasy.

Over half of REU reported having seen sniffer dogs in public places recently, and around one in five reported seeing sniffer dogs while in possession of drugs. The most common response to the presence of sniffer dogs was to consume drugs before attending an event, rather than at the event, and some suggested that if they were at risk of being detected carrying drugs, they would consume all the drugs in their possession. There is a clear need for further research into the impacts of sniffer dog presence on both drug using behaviour and risk behaviour among REU.

16.0 IMPLICATIONS

16.1 Recruitment and interviewing

Recruiting REU into the EDRS has been more challenging in recent years, and in response greater efforts and resources are required in order to recruit REU to participate. Some REU informally indicated concerns that the EDRS was affiliated with law enforcement organisations, however, it is worth noting that these comments were made by respondents who volunteered to participate in the study. Interviewers also observed an increase in the participation of less experienced ecstasy users, in the context of anecdotal reports of a growing cohort of more mature ecstasy users who may be less likely to be recruited into the EDRS through existing recruitment methods. This underscores the importance of snow-balling recruitment methods to access this group of users.

16.2 Locations of drug use

Each year a proportion of REU interviewed for the EDRS report usually using ecstasy and other drugs in private homes (i.e., their own home, a friend's home, a dealer's home) as well as or instead of, public venues such as nightclubs, pubs and raves. There is some evidence that this proportion is increasing, perhaps in response to a perception among REU of increasing law enforcement activity. Although the risk of apprehension by law enforcement may be lower in private venues, drug use in these locations may also increase the risk of drug-related harm. Most of the REU interviewed for the EDRS also report obtaining their drugs in private homes, for the obvious reason that the risk of apprehension is significantly greater in public locations. Policing of 'open markets' for ecstasy (e.g. at nightclubs) is, therefore, likely to have a limited impact on many of these consumers.

16.3 Cocaine

Cocaine may be becoming increasingly available in south-east Queensland, with more REU reporting recent cocaine use in 2005 and 2006 and KE reporting increased availability and higher purity cocaine on the market. Nevertheless, most REU reported using cocaine only very infrequently, presumably reflecting unstable supply and high price. There may well be a 'niche market' for cocaine, with higher levels of use among market participants, however, at present it appears that this market overlaps only slightly with the markets monitored by the EDRS.

16.4 Alcohol and tobacco use

REU consistently report alcohol and tobacco use at much higher levels than the general population. Consistent with previous EDRS samples, almost all respondents reported recent use of alcohol, usually at risky levels, and three quarters reported recent use of tobacco. While it is important to focus on the risks associated with illegal drug use, the high levels of legal drug use in this group indicate an on-going need for harm reduction and health-related messages to be targeted at these drugs as well.

16.5 Health related behaviours and risks

Relatively few REU report seeking assistance for their drug use in 2006 and fewer than one in ten reported symptoms consistent with methamphetamine dependence. However, this does not mean that REU are not experiencing acute or chronic problems associated with their use. Over forty percent of the sample reported negative social and personal consequences due to their drug use. Four out of five reported driving within one hour of taking a drug, with two-thirds reporting driving after use of ecstasy. Two-thirds also reported having penetrative sex while under the influence of ecstasy, with a proportion of these failing to use a protective barrier, even with a casual partner. Further, with increasing reports of REU consumption of

alcohol in combination with ecstasy, there is clearly an ongoing need to provide harm reduction interventions focused specifically upon these potentially risky behaviours.

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