

Queensland

S. Hickey, F. McIlwraith and R. Alati

**QUEENSLAND TRENDS IN ECSTASY AND
RELATED DRUG MARKETS 2010**

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

Australian Drug Trend Series No. 72

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TRENDS IN ECSTASY AND RELATED
DRUG MARKETS
2010**



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Ecstasy and Related Drugs Reporting
System (EDRS)**

Sophie Hickey, Fairlie McIlwraith and Rosa Alati

Queensland Alcohol and Drug Research and Education Centre

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ABBREVIATIONS

| | |
|--------|---|
| ACC | Australian Crime Commission |
| ACS | Australian Customs Service |
| ACT | Australian Capital Territory |
| ADIS | Alcohol and Drug Information Service |
| AFP | Australian Federal Police |
| AGDHA | Australian Government Department of Health and Ageing |
| AIHW | Australian Institute of Health and Welfare |
| ATS | amphetamine-type stimulant |
| ATSI | Aboriginal and Torres Strait Islander |
| CPR | cardiopulmonary resuscitation |
| DMT | dimethyltryptamine |
| DUMA | Drug Use Monitoring Australia |
| ED | emergency department |
| EDRS | Ecstasy and Related Drugs Reporting System |
| EPS | emerging psychoactive substances |
| GHB | gamma hydroxybutyrate acid ('fantasy') |
| GP | general practitioner |
| HPV | human papilloma virus |
| IDRS | Illicit Drug Reporting System |
| KE | key expert |
| K10 | Kessler Psychological Distress Scale |
| LSD | lysergic acid diethylamide |
| MDA | 3,4-methylenedioxyamphetamine |
| MDMA | 3, 4-methylenedioxymethylamphetamine ('ecstasy') |
| NDARC | National Drug and Alcohol Research Centre |
| NDSHS | National Drug Strategy Household Survey |
| NSP | Needle and Syringe Program |
| NSW | New South Wales |
| NT | Northern Territory |
| PDI | Party Drugs Initiative |
| PMA | paramethoxyamphetamine |
| QADREC | Queensland Alcohol and Drug Research and Education Centre |
| QLD | Queensland |
| QPS | Queensland Police Service |
| RBT | random breath testing |
| REU | regular ecstasy users |
| ROA | route of administration |
| SD | standard deviation |
| WA | Western Australia |
| WHO | World Health Organization |
| 2CB | 4-bromo-2,5-dimethoxyphenethylamine |

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The EDRS is coordinated by the National Drug and Alcohol Research Centre (NDARC) in Sydney, and sincere thanks to our colleagues at NDARC:

Chief investigator: Dr Lucy Burns

National coordinators: Natasha Sindicich and Jennifer Stafford

Senior Research Officer: Amanda Roxburgh

Previous coordinator: Emma Black

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- Hannah Williams as an additional EDRS interviewer
- the individuals from the health and law enforcement sectors who freely provided their time and knowledge to participate as key experts (KE) this year
- the health and law enforcement agencies that kindly provided indicator data.

EXECUTIVE SUMMARY

The Ecstasy and Related Drugs Reporting System (EDRS) is an on-going study of regular ecstasy users (REU) and is conducted every year in the capital city of every state and territory in Australia. It is designed to identify emerging trends among a sentinel group of drug users, and to inform the health and law enforcement sectors on current drug use consumption patterns, relevant health issues and other special areas of interest.

The demographic characteristics of the 2010 sample of REU in Queensland were similar to previous years. Respondents tended to be male (58%), from English speaking backgrounds (100%), and heterosexual (83%), with a mean age of 25 years. Unemployment was at 11%, and 85% had completed Year 12 or an equivalent.

Poly-drug use continued among REU, with the majority of respondents reporting high levels of alcohol, tobacco and cannabis use in the six months preceding the interview (also referred to as recent use). Swallowing was the most common route of administration for ecstasy, with most REU using fortnightly, consuming two tablets per session. Three-quarters of REU reported having mixed alcohol and energy drinks in the six months preceding the interview, and 60% reported consuming energy drinks while under the influence of ecstasy. Among REU, 17% reported injecting any drug at least once in their lifetime. In the six months preceding the interview, 11% of REU reported having injected at least once, with 60% of these reporting injecting methamphetamine powder the most recent occasion they injected.

Main changes in drug consumption trends

- Mephedrone use was reported for the first time in the EDRS, with 14% reporting having tried it at least once in their lifetime and 93% of those reporting they had used it in the six months preceding the interview.
- There was a decrease in the number of REU reporting using ecstasy at least weekly (31% in 2009 vs. 10% in 2010).
- There was a decrease in using other drugs to come down from ecstasy, which fell from 75% of REU in 2009 to 44% in 2010.
- 92% of REU engaged in hazardous alcohol use according to the AUDIT-C (Babor et al., 2001), with one-third scoring within the highest level of hazardous use.
- 82% of REU reported usually consuming five or more standard drinks when they use ecstasy.
- 57% of REU smoked daily or every second day
- The proportion of REU who selected LSD as their drug of choice increased from 1% in 2009 to 9% in 2010.
- There was a decline in 2010 from 2009 in lifetime use of methamphetamine ice/crystal (43% to 28%), MDA (34% to 17%) and nitrous oxide (64% to 49%); however this may be due to sampling differences.

Price, Purity and Availability

Ecstasy

The median price of an ecstasy pill was reported to be \$25 (\$15-\$50). The current purity of ecstasy was reported to be low by 60% of REU, with 60% of REU commenting that they perceived a decrease in purity and strength in the six months preceding the interview. Almost three-quarters (73%) of REU perceived ecstasy to be easy or very easy to obtain.

Methamphetamine

Amphetamine powder ('speed') was reported to have a median price of \$200 per gram (\$60-\$800). Reports of its current strength and purity were largely inconclusive, with over one-third reporting fluctuation. Two-thirds of REU who commented reported that amphetamine powder was currently easy or very easy to obtain.

Cocaine

The median price per gram of cocaine was reported at \$300 (\$160-\$600). Half of REU who commented reported the purity and strength of cocaine remained stable, at median strength. In 2010, 60% reported the ease of access of cocaine remained stable, with 42% perceiving it to be easy to obtain and 42% perceiving it to be difficult to obtain.

LSD

Three-quarters of REU who commented reported the price of LSD remained stable over the six months preceding the interview. The median price per tab of LSD was reported at \$20 (\$5-\$30). In 2010, 90% of REU who commented reported strength of LSD to be medium to high, with two-thirds reporting that strength remained stable. Just over 60% of those who commented perceived LSD to be easy or very easy to obtain.

Cannabis

The median price of hydro cannabis was reported at \$325 per ounce, and \$260 per ounce of bush cannabis, with 83% of those who commented perceiving the price of cannabis to have remained stable over the six months preceding the interview. The strength remained stable. Hydro was reported to be of higher purity and strength than bush cannabis. Of those who commented, 90% perceived hydro to be easy or very easy to obtain, while access to bush appeared slightly more difficult, with 58% reporting easy or very easy access.

Health-related trends and risk behaviour associated with drug use

- 10% of REU reported an accidental stimulant overdose in the 12 months preceding the interview, with 13% of REU reporting an accidental overdose on a depressant drug.
- 34% of REU reported accessing a health/medical service in relation to their drug use in the six months preceding the interview, half of which reported attending a GP consultation and one-quarter visiting the emergency department.
- Using symptoms criteria from the Kessler Psychological Distress Scale (K10), two-thirds of REU were found to have moderate to very high levels of distress. One-third of REU self-reported having a mental health problem in the six months preceding the interview, with anxiety and depression being the most common.
- The prevalence of blood-borne viruses was low among REU, with only 3% reporting being hepatitis C positive, and no reported cases of HIV/AIDS.
- 13% of REU reported having a sexually transmitted infection, with chlamydia being the most common.
- One-third of REU reported not using a contraceptive barrier (e.g. condoms, gloves) when engaging in casual sex while under the influence of any drug.

About one-third of REU reported having driven while being over the limit of alcohol use in the preceding six months, with 46% of REU reporting having driven shortly after taking any illicit drug. The most common drug reported to have been taken the most recent time the participant drove while under the influence of an illicit drug was cannabis (65%), followed by ecstasy (38%).

In 2010, 29% of REU reported involvement in a criminal activity in the month preceding the interview, with 23% of REU admitting to drug dealing.

Overall, REU did not report significant changes in drug use consumption patterns nor in the illicit drug market in 2010. The main points to consider for further research are the high levels of hazardous alcohol use among REU, as well as the decrease in perceived purity and strength of ecstasy, and consequently, the potential emerging trend towards emerging psychoactive substances (EPS) and other drugs, such as LSD.

1 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. 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 trial of the EDRS (then called the Party Drugs Initiative or PDI). The purpose of the trial was to determine the feasibility of monitoring emerging trends in ecstasy and related drug markets using the extant methodology of the Illicit Drug Reporting System (IDRS). The PDI commenced as a national study in 2003 and was re-named the Ecstasy and Related Drugs Reporting System in 2006. The current report presents the findings of the ninth year of data collection for the EDRS in Queensland (no data was collected in 2002).

1.1 Study aims

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

The annual EDRS national, state and territory reports:

- describe the demographic characteristics of current, regular ecstasy users in Australian capital cities;
- examine patterns of ecstasy and other drug use among these samples;
- identify current trends in the price, purity and availability of a range of illicit drug classes;
- indicate the nature and incidence of drug-related harms; and
- identify emerging trends in ecstasy and related drug markets that may represent areas of research need.

2 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 ‘key experts’ (KE), individuals who have regular and current contact with REU; and
- existing data on population trends in illicit drug use, and health and law enforcement data.

2.1 Survey of regular ecstasy users (REU)

The market for ecstasy (tablets that are alleged to contain 3, 4-methylenedioxymethamphetamine; MDMA) in Australia has existed for more than two decades and its use among the general population appears to be increasing. According to the 2007 National Drug Strategy Household Survey (NDSHS), ecstasy is the second most commonly used illicit drug following cannabis. In 2007, recent use of ecstasy (last 12 months) was reported by 3.5% of the population aged 14 years and over; this compares to 3.4% in 2004 and 2.9% in 2001 (Australia Institute of Health and Welfare (AIHW, 2008).

For the purposes of the present study, the sentinel population consisted of regular users of tablets sold as ‘ecstasy’. From April to June 2010, 101 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 including 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 REU 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 duration. Further, if selection criteria were met and the interview was completed, they would be reimbursed \$40 for their time.

Selection criteria for participation in the EDRS were:

- aged 17 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 (six times or more).

The ‘snowballing’ method was also used to recruit REU, as it provides access to a usually ‘hidden’ population by means of peer referral (Biernacki and Waldorf 1981). On completion of the interview, participants were requested to mention the study to friends who might be willing and able to participate. This is a method often used to access the illicit drug user population in Australia and internationally (Ovendon and Loxley 1996; Dalgarno and Shewan 1996).

2.1.2 Procedure

Participants contacted the research team by telephone or email and were screened for eligibility. Interviews were then scheduled with REU who met the selection criteria, and interviews were

conducted in coffee shops in central locations including two universities. Participants were informed that all information provided was strictly confidential and anonymous. The nature and purpose of the study was explained to participants before informed consent was obtained.

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.

2.1.4 Data analysis

Data were entered into an Access database and then transferred into Statistical Package for the Social Sciences (SPSS) Version 17.0 for Windows. 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. Some significance testing was undertaken to compare differences between 2009 and 2010, and when found to be significant, this was stated within the report. Otherwise, proportional differences seen between 2009 and 2010 may represent sampling variability only.

2.2 Survey of key experts (KE)

During August and September, 22 KE who had knowledge of ecstasy users and/or the ecstasy market were recruited throughout South East Queensland. KE were drawn from the health sector, law enforcement/forensic sector and peers.

2.2.1 Recruitment

KE were recruited either through the professional networks of project staff or recommendations, and in some cases through ‘cold calling’ appropriate organisations.

2.2.2 Procedure

Interviews with KE occurred over the telephone or face-to-face in their work environments or at a convenient location. 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 related to patterns of illicit drug use among the REU they 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, issues related to health, and perceptions of crime and police activity.

2.3 Other indicators

Secondary data sources from external health, research and law enforcement sources were collected and examined to complement the data collected from REU and KE. In 2009, the following data were obtained for the EDRS:

- Australian Crime Commission (ACC) – number and purity of drug seizures from Queensland Police Service and the Australian Federal Police;

- Australian Customs Service (ACS) – number and weight of drug seizures;
- Australian Institute of Health and Welfare (AIHW) – National Drug Strategy Household Surveys (NDSHS);
- Queensland Health – Alcohol Drug Information Service (ADIS);
- Queensland Police Service (QPS) – clandestine laboratory seizures, drug-related arrests.

3 DEMOGRAPHICS

3.1 Demographic characteristics of the REU sample

Interviews from April to June 2010 were conducted in Brisbane and Gold Coast metropolitan areas with 101 regular ecstasy users (REU). Table 1 shows that key demographic characteristics of the recruited REU have remained similar since 2003. Respondents tended to be male, from English speaking backgrounds, and heterosexual, with a mean age of 25 years. Only one respondent self identified as Aboriginal and/or Torres Strait Islander, and prevalence of previous convictions and current drug treatment remained low among this sample.

Table 1: Participants' demographic characteristics, 2003–2010

| | 2003 N=136 | 2004 N=161 | 2005 N=101 | 2006 N=100 | 2007 N=101 | 2008 N=108 | 2009 N=88 | 2010 N=101 |
|---------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|-----------------------|
| Mean age (years) | 25 | 26 | 23 | 22 | 23 | 24 | 24 | 25 |
| Male (%) | 49 | 55 | 51 | 61 | 61 | 57 | 60 | 58 |
| English speaking background (%) | 98 | 98 | 100 | 100 | 98 | 99 | 98 | 100 |
| ATSI* (%) | 5 | 10 | 6 | 1 | 1 | 2 | 0 | 1 |
| Heterosexual (%) | 79 | 75 | 87 | 92 | 87 | 84 | 89 | 83 |
| Previous conviction (%) | 4 | 7 | 6 | 3 | 4 | 7 | 1 | 5 |
| Current drug treatment (%) | 2 | 3 | 4 | 1 | 1 | 5 | 5 | 6 |

Source: EDRS QLD REU interviews 2003–2010.

* ATSI - Aboriginal and/or Torres Strait Islander

The majority of REU lived in a rented house or flat (64%) at the time of the interview, with some living with their parents or in a family home (26%), in their own house or flat (6%), or a boarding house/hostel (4%).

Table 2: Education, employment and income, 2010

| | QLD 2010 N=101 |
|--|---------------------------|
| Mean number school years | 12 |
| Completed Year 12 or equivalent (%) | 85 |
| Completed trade/technical course after school (%) | 21 |
| Completed university/college degree after school (%) | 17 |
| Tertiary qualifications (%) | 38 |
| Employed full-time (%) | 20 |
| Full-time students (%) | 18 |
| Unemployed (%) | 11 |
| Median weekly income | \$400 |

Source: EDRS QLD REU interviews 2010.

Table 2 shows the mean number of school years was 12, similar to previous years, with 85% of the sample completing Year 12 or an equivalent. Fewer respondents reported completing tertiary education in 2010 than 2009 (38% versus 63%). There was a higher percentage of REU engaging in full-time study (18% versus 6% in 2009), whereas a lower percentage reported being employed full-time (20% versus 29%). The median weekly income for respondents was \$400, ranging from \$120-\$1,400.

4 CONSUMPTION PATTERN RESULTS

Drug consumption trends

- The most common drug of choice reported among REU was ecstasy, followed by alcohol.
- REU typically used ecstasy fortnightly, and usually consumed two tablets per session.
- 27% of REU had recently binged on ecstasy.
- 93% of REU had used other drugs in combination with ecstasy.
- The use of crystalline methamphetamine continued its decline from its peak in 2005.
- The prevalence of cocaine use remained the same at 2009.
- Only a small portion of REU reported using ketamine, GHB or MDA.
- 38% of REU reported using LSD in the six months preceding the interview.
- Cannabis and mushroom use remained stable.
- 92% of REU engaged in hazardous alcohol use according to the AUDIT (Babor et al., 2001), with one-third scoring within the highest level of hazardous use.
- 82% of REU reported usually consuming five or more standard drinks when they use ecstasy.
- 57% of REU smoked daily or every second day
- 13% of REU reported using mephedrone.

4.1 Drug use history and current drug use

Poly-drug use is common among REU in Queensland. Table 3 shows that prevalence figures for 2010 were similar to those reported in 2009, with alcohol, cannabis and tobacco being the most prevalent substances used by REU both in their lifetime and in the six months preceding the interview.

Table 3: Lifetime and recent poly-drug use, 2009 and 2010

| <i>Percentages</i> | 2009 N = 88 | 2010 N = 101 |
|--------------------------------------|-----------------------|------------------------|
| Injected drugs | | |
| Ever injected | 22 | 17 |
| Injected in the last six months | 13 | 14 |
| Alcohol | | |
| Ever used | 100 | 100 |
| Used in the last six months | 99 | 99 |
| Cannabis | | |
| Ever used | 99 | 96 |
| Used in the last six months | 84 | 72 |
| Tobacco | | |
| Ever used | 93 | 91 |
| Used in the last six months | 83 | 79 |
| Methamphetamine (powder) | | |
| Ever used | 77 | 73 |
| Used in the last six months | 41 | 47 |
| Methamphetamine (base) | | |
| Ever used | 35 | 37 |
| Used in the last six months | 17 | 14 |
| Methamphetamine (ice/crystal) | | |
| Ever used | 43 | 28* |
| Used in the last six months | 17 | 8 |
| Cocaine | | |
| Ever used | 78 | 73 |
| Used in the last six months | 55 | 51 |
| LSD | | |
| Ever used | 67 | 66 |
| Used in the last six months | 30 | 38 |
| MDA | | |
| Ever used | 34 | 17* |
| Used in the last six months | 8 | 7 |
| Ketamine | | |
| Ever used | 31 | 26 |
| Used in the last six months | 6 | 8 |
| GHB | | |
| Ever used | 16 | 10 |
| Used in the last six months | 3 | 2 |
| Amyl Nitrate | | |
| Ever used | 46 | 40 |
| Used in the last six months | 15 | 23 |
| Nitrous Oxide | | |
| Ever used | 64 | 49* |
| Used in the last six months | 24 | 23 |
| Mushrooms | | |
| Ever used | 55 | 55 |
| Used in the last six months | 18 | 26 |

| | | |
|-----------------------------------|----|-----------|
| Heroin | | |
| Ever used | 16 | 18 |
| Used in the last six months | 6 | 7 |
| Methadone | | |
| Ever used | 3 | 7 |
| Used in the last six months | 1 | 3 |
| Buprenorphine | | |
| Ever used | 3 | 5 |
| Used in the last six months | 1 | 2 |
| Other opiates† | | |
| Ever used | 40 | 35 |
| Used in the last six months | 10 | 14 |
| Pharmaceutical stimulants† | | |
| Ever used | 50 | 36 |
| Used in the last six months | 11 | 12 |
| Benzodiazepines† | | |
| Ever used | 53 | 48 |
| Used in the last six months | 27 | 33 |
| Anti-depressants† | | |
| Ever used | 38 | 32 |
| Used in the last six months | 15 | 15 |
| Over the counter codeine | | |
| Ever used | 57 | 59 |
| Used in the last six months | 41 | 46 |

Source: EDRS QLD REU interviews, 2009-2010.

*p<.05 based on chi-square test of significance between 2009 and 2010.

† Includes licit and illicit use

When asked about use in the last month, most REU reported using ecstasy and/or related drugs fortnightly (43%), monthly (22%) or weekly (22%). Nine per cent reported not having used in the last month, four percent reported using more than once a week and one participant reported using ecstasy or related drugs every day in the last month.

In 2010, 29% of REU reported bingeing on any stimulant for more than 48 hours continuously without sleep, compared to 35% in 2009. The mean for the longest period using without sleep in the last six months was 75 hours (range 49-336 hours).

Table 4 shows that ecstasy was the most common drug of choice selected by REU, followed by alcohol and cannabis.

Table 4: Drug of choice, 2009 and 2010

| | 2009 N = 88 | 2010 N = 101 |
|-----------------------|----------------|-----------------|
| Drug of choice | % | % |
| Ecstasy | 39 | 43 |
| Alcohol | 16 | 21 |
| Cannabis | 23 | 14 |
| LSD | 1 | 9* |
| Cocaine | 6 | 5 |
| Speed | 5 | 2 |
| Tobacco | 3 | 2 |
| Ice/crystal | 3 | 1 |
| Other | 1 | 1 |

Source: EDRS QLD REU interviews 2009 and 2010.

*p<.05 based on chi-square test of significance between 2009 and 2010.

4.1.2 Change in trends of ecstasy and related drug use

There was a significant decrease in lifetime use of crystal methamphetamine, MDA and nitrous oxide within this sample ($p<.05$), though this may be attributed to demographic differences rather than a change in trend. Significantly more REU nominated LSD as their drug of choice in 2010 than in 2009.

4.1.3 Drug use in the general Australian population

The findings from the 2007 NDSHS reported 3.5% of Australians and 3.7% of Queenslanders aged 14 years and over had used ecstasy in their lifetime, with 13.4% of all Australians, and 13.7% of Queenslanders, having ever engaged in any illicit drug use.

Alcohol and cannabis use is more prevalent within the Queensland sample of REU when compared with the use patterns of the general Queensland and national population from the NDSHS 2007. Table 5 shows the prevalence differences between the 2004 and 2007 NDSHS, with increases in ecstasy and cocaine use, yet slight declines in cannabis and amphetamine use.

Table 5: Lifetime prevalence among population aged 14 years and over, 2004 and 2007

| | NDSHS 2004 | | NDSHS 2007 | |
|-------------|------------|------|------------|------|
| | QLD | AUS | QLD | AUS |
| Alcohol | 84.0 | 83.6 | 84.8 | 82.9 |
| Cannabis | 12.1 | 11.3 | 9.5 | 9.1 |
| Ecstasy | 3.4 | 3.4 | 3.7 | 3.5 |
| Amphetamine | 3.0 | 3.2 | 2.0 | 2.3 |
| Cocaine | 0.7 | 1.0 | 1.4 | 1.6 |
| Ketamine | 0.3 | 0.3 | 0.1 | 0.2 |
| GHB | 0.2 | 0.1 | <0.1 | 0.1 |
| Any illicit | 15.9 | 15.3 | 13.7 | 13.4 |

Source: National Drug Strategy Household Survey 2004 and 2007 (Australian Institute of Health and Welfare)

4.2 Ecstasy use

Key points

- Swallowing was the most common route of administration for ecstasy, with most REU using fortnightly, and consuming two tablets per session.
- There was a significant decrease in the number of REU reporting using ecstasy at least weekly (31% in 2009 vs. 10% in 2010).
- There was a significant decrease in using other drugs to come down from ecstasy, which fell from 75% of REU in 2009 to 44% in 2010.

4.2.1 Ecstasy use among REU

Table 6 shows the patterns of ecstasy use among REU in Queensland from 2003 to 2010.

The age of first use of ecstasy was 18.5 years, similar to the 18 years reported in 2009. The median number of days REU used ecstasy in the last six months was 12 days, representing fortnightly use. Ecstasy remained the most common drug of choice, with 43% selecting it, in contrast to 39% in 2009.

In 2010, 10% of REU reported using ecstasy weekly or more which was significantly different to 31% in 2009 ($p < .05$). The median number of two ecstasy tablets used in a typical session has remained constant ever since 2004. About one-fifth of REU (81%) reported typically using more than one tablet per session. Twenty-seven percent of REU had reported recently bingeing on ecstasy in the preceding six months. Nine percent had injected ecstasy at least once in their lifetime.

Swallowing remained the most common route of administration for ecstasy, with 91% reporting mainly swallowing, and 9% mainly snorting. Fourteen percent of REU reported shelving or shafting (vaginal/anal administration) ecstasy pills at least one in their lifetime, with 36% of these reporting having done so in the last six months.

In 2010, 93% of REU reported using ecstasy in conjunction with other substances. In 2010, there was a decrease in the percentage of participants who reported using other drugs to come down from ecstasy compared with 2009 (41% versus 75%, $p < .05$).

Table 6: Patterns of ecstasy use, 2003–2010

| | 2003 N=136 | 2004 N=161 | 2005 N=101 | 2006 N=100 | 2007 N=101 | 2008 N=108 | 2009 N=88 | 2010 N=101 |
|---|---------------|---------------|---------------|---------------|---------------|---------------|--------------|---------------|
| Mean age first used ecstasy (years) | 20.7 | 21.3 | 19.2 | 18.0 | 18.6 | 19.0 | 18.0 | 18.5 |
| Median days used ecstasy last 6 mths | 24 | 24 | 17 | 14 | 12 | 12 | 13 | 12 |
| Ecstasy 'favourite' drug (%) | 53 | 46 | 55 | 40 | 45 | 31 | 39 | 43 |
| Use ecstasy weekly or more (%) | 24 | 41 | 31 | 29 | 24 | 23 | 31 | 10* |
| Median ecstasy tablets in 'typical' session | 1.5 | 2 | 2 | 2 | 2 | 2 | 2 | 2 |
| Typically use >1 tablet (%) | 57 | 75 | 77 | 63 | 69 | 73 | 78 | 82 |
| Recently binged on ecstasy† (%) | 43 | 37 | 42 | 38 | 26 | 21 | 34 | 27 |
| Ever injected ecstasy (%) | 13 | 21 | 5 | 11 | 6 | 4 | 14 | 9 |
| Mainly swallowed ecstasy last 6 mths (%) | 91 | 83 | 92 | 97 | 87 | 96 | 87 | 91 |
| Mainly snorted ecstasy last 6 mths (%) | 5 | 7 | 5 | 3 | 10 | 3 | 9 | 9 |
| Mainly injected ecstasy last 6 mths (%) | 3 | 6 | 2 | 0 | 1 | 1 | 4 | 0 |
| Use other drugs in conjunction with ecstasy (%) | 85 | 89 | 92 | 95 | 96 | 94 | 97 | 93 |
| Use other drugs to 'come down' from ecstasy (%) | 79 | 75 | 81 | 85 | 86 | 78 | 75 | 44* |

Source: EDRS QLD REU interviews 2003–2010.

*p<.05 based on chi-square test of significance between 2009 and 2010. † >48 hours without sleep

N.B. Percentages may not add up due to rounding off.

4.2.2 Other drug use with ecstasy and when coming down from ecstasy

In 2010, 93% of REU reported using other drugs in conjunction with ecstasy. Table 7 shows the most commonly used other substance was alcohol, with 83% of the sample consuming more than five standard drinks of alcohol during the most recent time they consumed another

substance with ecstasy. Tobacco was also common, as well as cannabis. Almost one-third of the sample reported using cannabis when coming down from ecstasy.

Table 7: Most recent combination of ecstasy and another drug, 2010

| | Use with ecstasy % | Use when coming down from ecstasy % |
|----------------------------|-----------------------|---|
| Alcohol >5 standard drinks | 83 | 5 |
| Tobacco | 58 | 3 |
| Cannabis | 35 | 30 |
| Speed | 14 | - |
| Cocaine | 10 | - |
| LSD | 4 | - |
| Base | 4 | - |
| Ice/crystal | 2 | - |
| Other | 3* | 8** |

Source: EDRS QLD REU interviews 2010.

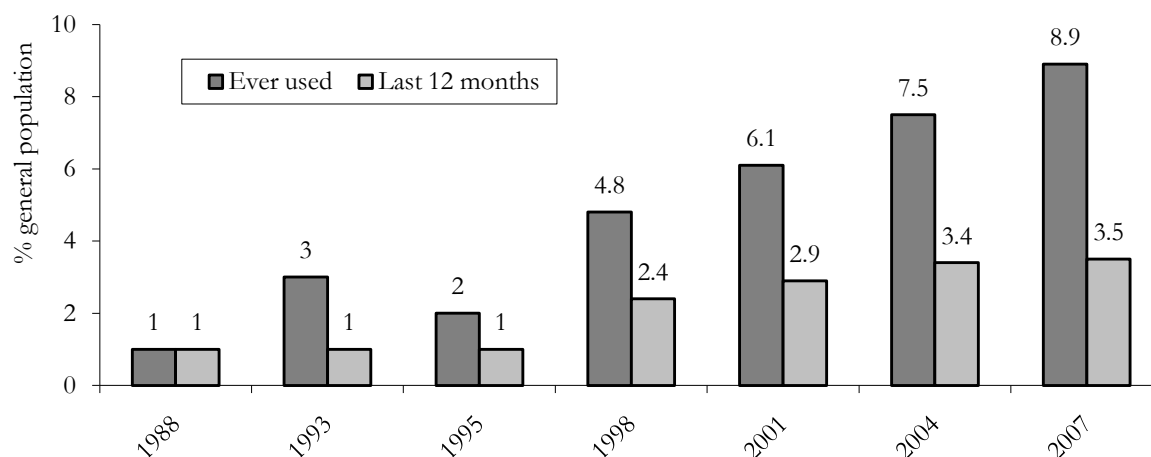
* Heroin, nitrous oxide, prescribed anti-depressants (1% each)

** Panadol, Nurofen, Panadeine, over the counter sleeping pills, heroin, caffeine (1% each)

4.2.3 Use of ecstasy in the general population

The 2007 National Drug Strategy Household Survey (NDSHS) reported that ecstasy was the second most common illicit drug used in Australia following cannabis (Australian Institute of Health and Welfare (AIHW), 2008a): Figure 1. Males were more likely than females to have ever used ecstasy (10.2% versus 7.6%) and to have used ecstasy in the 12 months prior to participating in the study (4.4% versus 2.7%).

Figure 1: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988–2007



Source: NDSHS 1988–2007. N.B. Data for 2008–2010 was not available at the time of printing.

Recent use of ecstasy among the Queensland population aged 14 years and older in 2007 was reported by 3.7% (AIHW, 2008b). This was the fourth highest prevalence after ACT (4.7%), NT (4.2%) and WA (4.1%), slightly up from the 3.4% reported in 2004 (AIHW, 2005).

4.2.4 Comments from key experts

Key experts reported that ecstasy use was very common. Ecstasy users came from a diverse range of backgrounds and thus included many with high education levels. Price was considered to be an important factor in ecstasy's widespread use as buying ecstasy pills prior to going out to bars and other venues was cheaper than obtaining alcoholic drinks at these places. Additionally, pills could be consumed in a neat and tidy manner and did not have the stigma associated with intravenous drug use. As in the previous year, there was a general perception by key experts that ecstasy users were consuming greater amount of ecstasy pills; and one key expert reported that males were taking larger quantities than females.

Despite the wide use of ecstasy, key experts did not report it as being overly problematic: '*Majority of ecstasy users don't need help*' and '*Young people are able to work through problems with ecstasy or get interested in other things*'. One key expert did comment, however, that they had observed that regular heavy users were emotionally less stable. Another key expert who was in the treatment sector commented that some young people had difficulty in quitting ecstasy use; but that this was not because of dependency on ecstasy but rather the pressure from their social milieu.

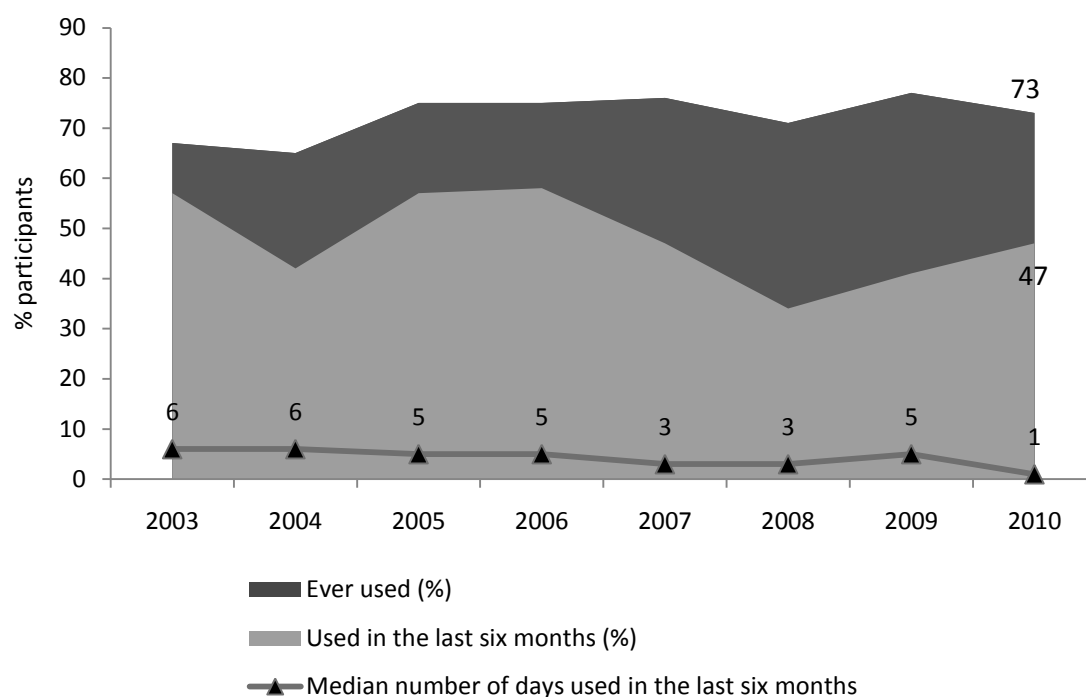
4.3 Methamphetamine use

4.3.1 Methamphetamine use among REU

Methamphetamine powder (speed)

In 2010, almost three-quarters (73%) of REU had used methamphetamine powder in their lifetime, with almost half (47%) using in the six months preceding the interview (Figure 2). There appears to be a decrease in the median number of days used methamphetamine powder in the preceding six months.

Figure 2: Patterns of methamphetamine powder (speed) use, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

The median quantity of methamphetamine powder reported by REU in a typical session was half a point, with sessions of heavy use ranging from 0.13 to 4 points (Table 8). This is similar to reports from previous years.

Table 8: Median quantity (points) of speed used in preceding six months, 2003–2010

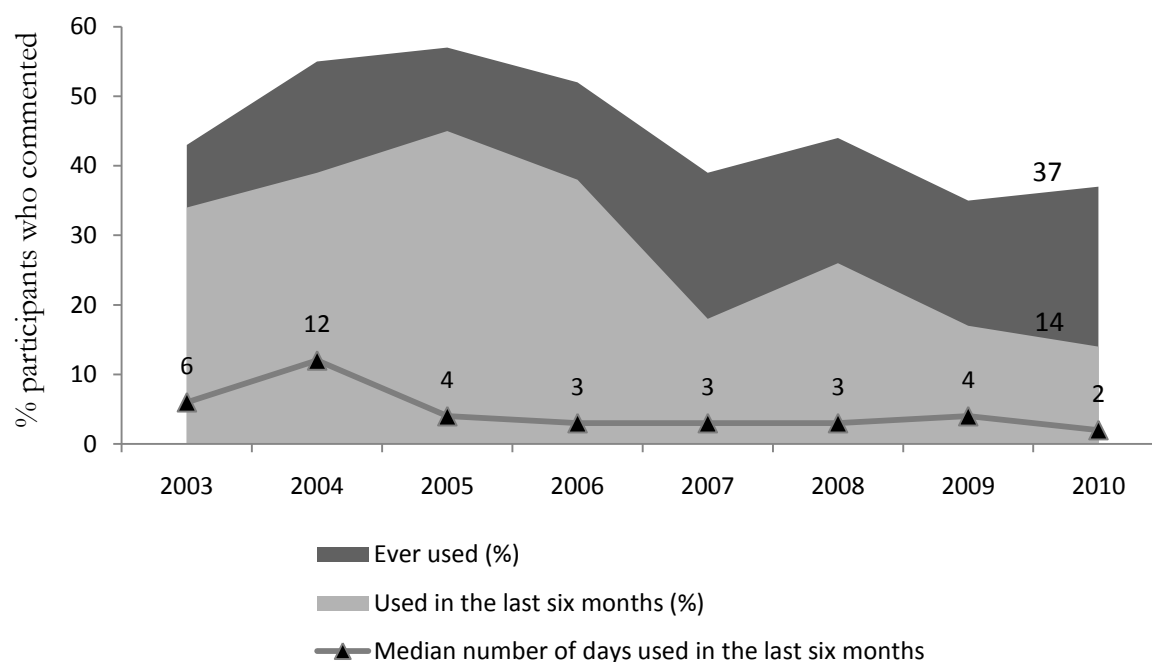
| Speed | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|------------------|----------------|----------------|-----------------|-----------------|-------------------|----------------|---------------------------------|
| Typical (range) | 0.5 (0.1-1.5) | 0.5 (0.2-4) | 0.5 (0.6-6) | 0.5 (0-5) | 0.5 (0.1-2) | 0.5 (0.25-1.5) | 0.5 (0.5-2) | 0.5 (0.13-3.5) |
| Heavy (range) | 1.0 (0.1-4) | 1.0 (0.3-6) | 1.0 (0.5-8) | 0.5 (0.1-10) | 0.5 (0.1-10) | 1 (0.25-2) | 1 (0.5-3.5) | 0.63 (0.13-4) |

Source: EDRS QLD REU interviews 2003–2010.

Methamphetamine base

In 2010, 37% of REU reported having used methamphetamine in their lifetime, with 14% having used in the six months preceding the interview (Figure 3). Among those who commented on using methamphetamine base in the last six months, the median number of days used was two days.

Figure 3: Patterns of base methamphetamine use, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

Among those who commented, the median number of points used in a typical and heavy use session was three points (Table 9).

Table 9: Median quantity (points) of base methamphetamine used in preceding six months, 2003–2010

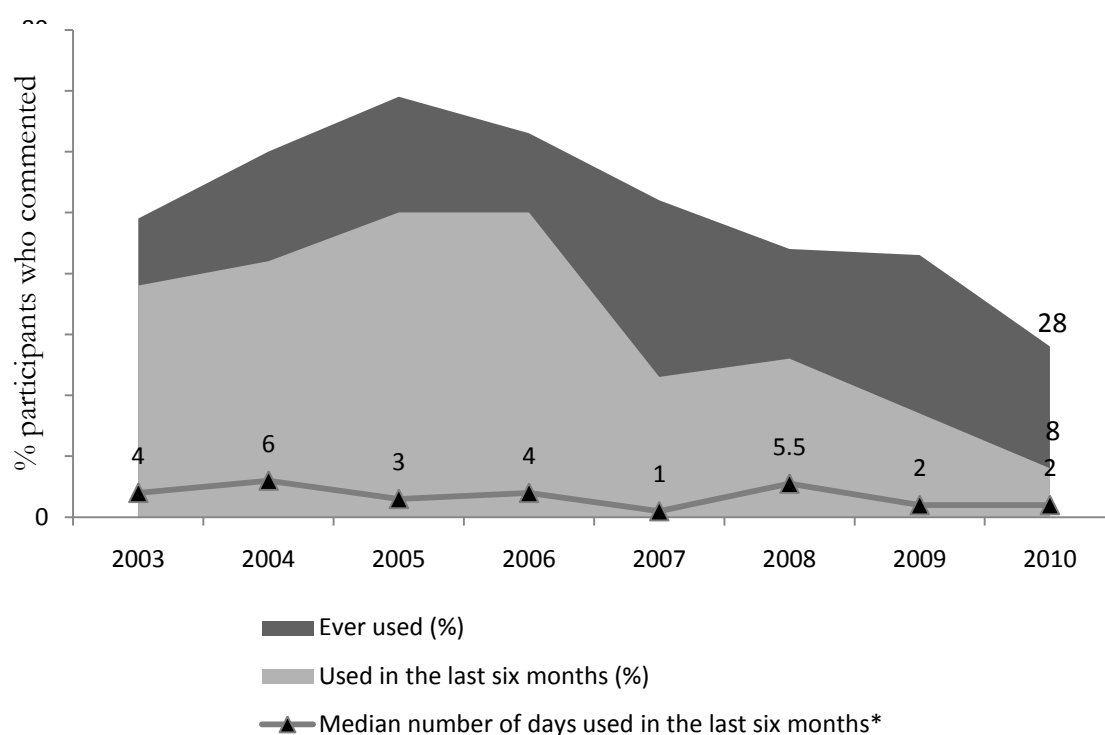
| Base | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|-----------------|-----------------|----------------|-----------------|-----------------|-----------------|-----------------|---------------------------------|
| Typical (range) | 1.0 (0.1-5) | 2.0 (0.2-20) | 1.0 (0.5-5) | 2.0 (0.5-10) | 1.0 (0.5-10) | 2.0 (0.5-6) | 2.0 (0.5-10) | 3.0 (0.3-8.00) |
| Heavy (range) | 2.0 (0.1-25) | 3.0 (0.5-40) | 2.0 (0.5-8) | 2.0 (0.5-10) | 2.0 (0.5-10) | 2.0 (0.5-10) | 5.0 (0.5-12) | 3.0 (0.3-140) |

Source: EDRS QLD REU interviews 2003–2010.

Crystalline methamphetamine (ice/crystal)

In 2010, 28% of REU reported having used crystalline methamphetamine in their lifetime, with 8% using in the six months preceding the interview (Figure 4). The median number of days of ice/crystal use in this six month period was two days.

Figure 4: Patterns of crystalline methamphetamine (ice/crystal) use, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

* of those who had recently used

Those who commented, used a median of two points of ice/crystal in both typical and heavy use sessions (Table 10).

Table 10: Median quantity (points) of crystalline methamphetamine (ice/crystal) used in preceding six months, 2003–2010

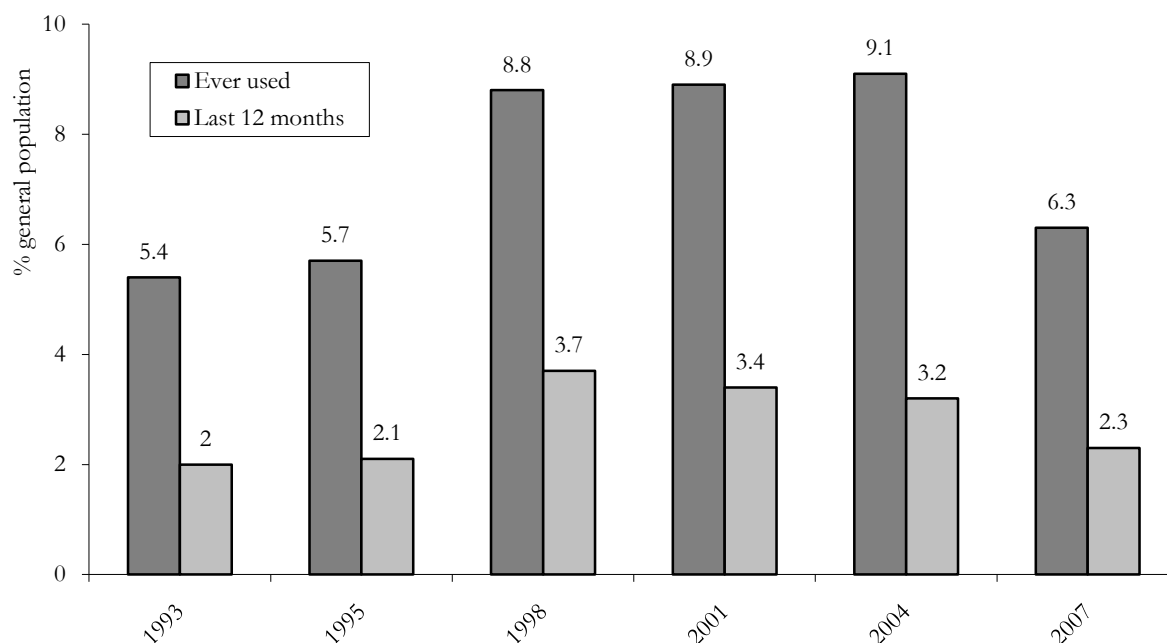
| Ice/Crystal | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|----------------|-----------------|-----------------|----------------|-----------------|-----------------|----------------|--------------|
| Typical (range) | 1.0 (0.3-4) | 1.5 (0.2-10) | 1.0 (0.3-8) | 2.0 (0.1-5) | 1.3 (0.5-5) | 1.5 (0.25-7) | 2.0 (0.5-5) | 2.0 (1-5) |
| Heavy (range) | 1.0 (0.3-5) | 3.0 (0.3-30) | 2.0 (0.3-10) | 2.0 (0.2-8) | 1.5 (0.5-10) | 2.0 (0.25-7) | 5.0 (1-20) | 2.0 (1-4) |

Source: EDRS QLD REU interviews 2003–2010.

4.3.2 Methamphetamine use in the general population

The recent use of methamphetamine among the Queensland population aged 14 years and older in 2007 was reported at 2.0% and 2.3% nationally (AIHW, 2008) (Figure 5).

Figure 5: Prevalence of meth/amphetamine use among the population aged 14 years and over in Australia, 1993–2007



Source: NDSHS 1988–2007 (AIHW).

4.3.3 Comments from key experts

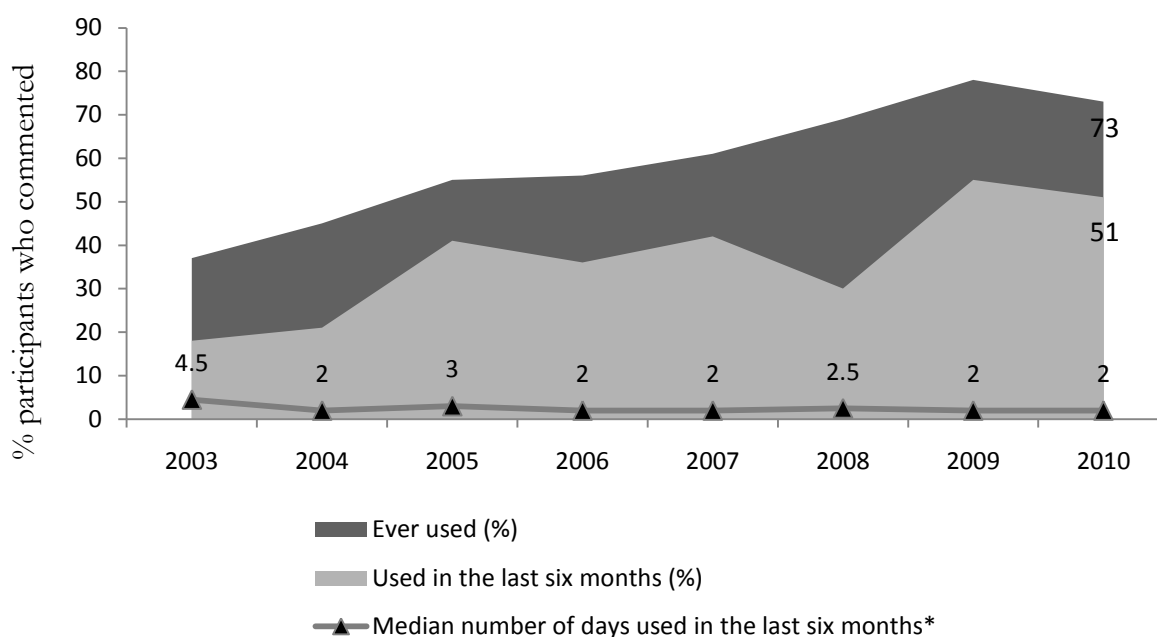
In general, key expert comments reflect a decrease in the use of amphetamines, particularly speed. One key expert pointed out, however, that their clients *‘don’t always differentiate or know the difference’* between the various forms of amphetamines. It was also apparent that methamphetamine use was traditionally more apparent in some geographical areas than others. One key expert in the treatment sector identified that use of amphetamines was highest in the 20 to 30 age group and that young females were most likely to be speed users.

4.4 Cocaine use

4.4.1 Cocaine use among REU

Almost three-quarters (73%) of REU reported using cocaine at least once in their lifetime. Half (51%) reported having used in the six months preceding the interview (Figure 6). The median days of cocaine use among those who used within the six month period was two days.

Figure 6: Patterns of cocaine use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

* of those who had recently used

The median quantity of cocaine used in a typical and heavy session was half a gram (Table 11).

Table 11: Median quantity (grams) used among REU who reported using cocaine in the last six months, QLD 2003–2010

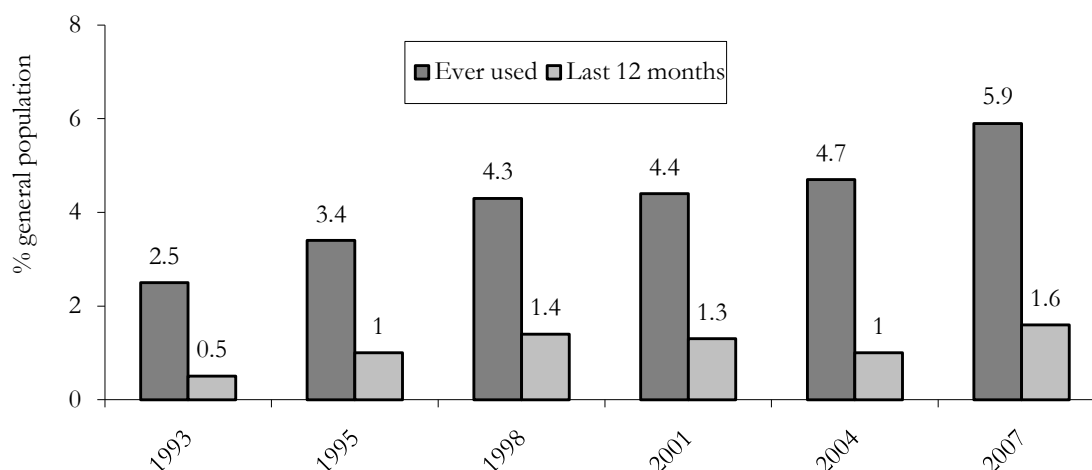
| Cocaine | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|------------------|-------------------|------------------|------------------|------------------|-----------------|----------------|-------------------------------|
| Typical (range) | 0.5 (0.3-2) | 0.5 (0.1-3.5) | 0.5 (0.1-4) | 0.5 (0.1-4) | 0.5 (0.1-3.0) | 0.5 (0.08-3) | 0.5 (0.1-2) | 0.5 (0.17-2) |
| Heavy (range) | 1.0 (0.3-7.0) | 1.0 (0.2-10.0) | 1.0 (0.1-4.0) | 0.7 (0.1-7.0) | 0.5 (0.1-5.0) | 1.0 (0.08-9) | 1.0 (0.1-4) | 0.5 (0.17-4) |

Source: EDRS QLD REU interviews 2003–2010.

4.4.2 Cocaine use in the general population

Recent use of cocaine among the Queensland population aged 14 years and older in 2007 was reported by 1.4% (AIHW, 2008), compared to 5.9% reported nationally. Figure 7 shows trends in lifetime cocaine use in the Australian population since 1993.

Figure 7: Prevalence of cocaine use among the population aged 14 years and over in Australia, 1993–2007



Source: NDSHS 1988–2007 (AIHW).

4.4.3 Comments from key experts

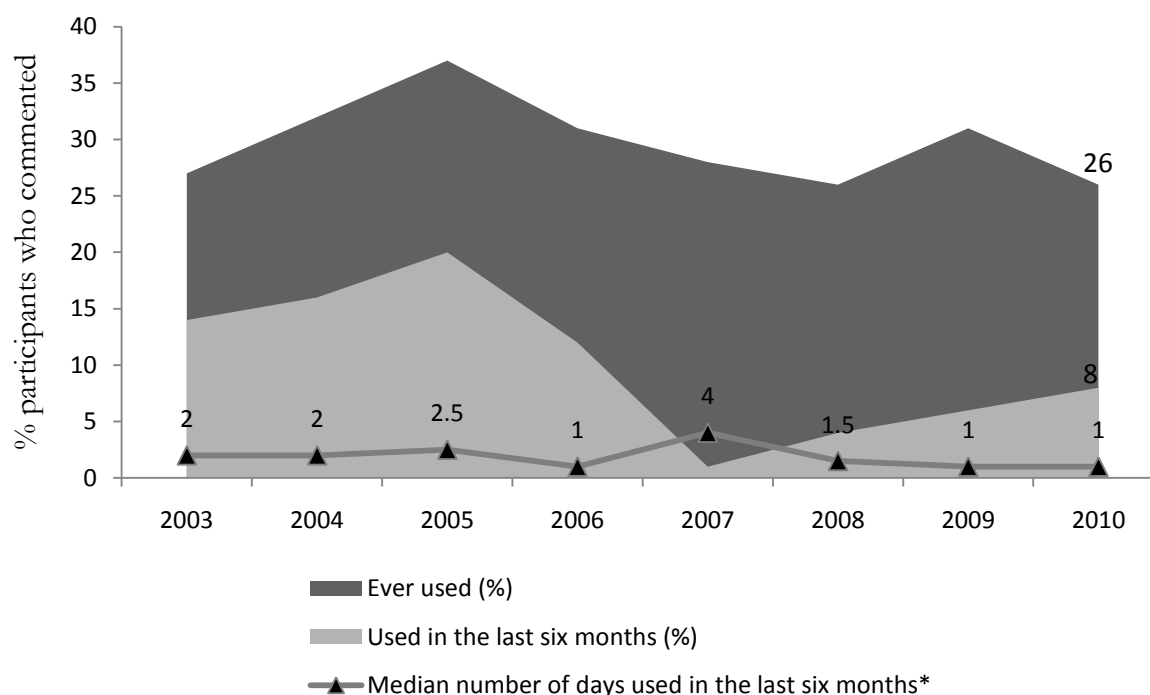
In general, key experts reported low use of cocaine. As in previous years, key experts reported that the use of cocaine is typically considered to be a luxury – something to use on *‘special occasions, when you can afford it’*, and generally associated with people in a high socio-economic strata. However, key experts reported that young people were beginning to choose cocaine instead of ecstasy because they considered cocaine to be of superior quality to ecstasy. One key expert spoke about the glamorisation of cocaine and how its reputation is bolstered by the media – *‘almost a subliminal message that you have made it if using cocaine’*. The key expert said that there was a social aspect of cocaine use; that gifting was common; and that the dealer was part of the social group.

4.5 Ketamine use

4.5.1 Ketamine use among REU

In 2010, ketamine was reported to have been used by about one-quarter of REU (26%), with only 8% having used in the six months preceding the interview (Figure 8). The median number of days used ketamine in the six month period (among those who had used ketamine) remained low at one day.

Figure 8: Patterns of ketamine use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

* of those who had recently used

Similar to previous years, the median quantity for typical and heavy use of ketamine was one bump per session (Table 12).

Table 12: Median quantity (bumps) used among REU who reported using ketamine in the last six months, 2003–2010

| Ketamine | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|----------------|---------------|----------------|----------------|--------------|---------------|------|--------------------------|
| Typical (range) | 1.0 (0.5-3) | 3.0 (1-5) | 0.8 (0.5-1) | 1.3 (1-1.5) | 1.0 (1-1) | 2.0# (2-2) | 1.0# | 1 (1-4) |
| Heavy (range) | 1 (1-15) | 5.5 (1-11) | 0.8 (0.5-1) | 1.3 (1-1.5) | 1.0 (1-1) | 3.0# (3-3) | 1.0# | 1 (1-8) |

Source: EDRS QLD REU interviews 2003–2010.

*of those who had used ketamine in the last 6 months

based on response of one participant

4.5.2 Ketamine use in the general population

The data from the 2007 NDSHS found that less than one percent (0.89%) of the Australian population aged 14 years and older had used ketamine in their lifetime, with 19% of those having used in the previous 12 months.

4.5.3 Comments from key experts

Key experts did not report problematic use of ketamine; rather it was seen as an infrequently used drug with similar patterns of use to LSD and GHB. One key expert reported, however, that use of ketamine was increasing in line with an overall rise in prescription drugs.

4.6 GHB use

4.6.1 GHB use among REU

In 2010, 10% of REU reported having used GHB/liquid E/fantasy in their lifetime, with 2% of REU using in the previous six months. This is similar to reports since 2003, though with a slight peak in 2005 where 26% of respondents had ever used GHB and 13% had used in the last six months. In 2010, the median number of days of GHB use was reported at 49.5 days, differing from the relatively low reports of 1-4 days in previous years; however, this is based on data from only two participants, one of whom reported 96 days of use in the preceding six months.

The median quantity of GHB used by REU who reported using GHB in the six months preceding the interview (n=2) was 5.25 ml in a typical session and 21.5 ml in a heavy session (Table 13).

Table 13: Median quantity (mls) used among REU who reported using GHB in the last six months, 2003–2010

| GHB | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|----------------------------|---------------|------------------|---------------|----------------|----------------|---------------|-----------------|-------------------------|
| Typical (range) | 4.0 (2-10) | 4.0 (0.5-100) | 7.5 (1-25) | 3.5 (2.6-5) | 3.3 (1.5-5) | 3.0# (3-3) | 5.0# (4-6) | 5.25 (2.5-8) |
| Heavy (range) | 6.0 (5-40) | 8.8 (0.5-100) | 7.5 (2-40) | 5.0 (5-15) | 5.0 (5-7) | 3.0# (3-3) | 13.0# (5-20) | 21.5 (8-35) |

Source: EDRS QLD REU interviews 2003–2010.

based on responses of one participant * of those who had recently used

4.6.2 GHB use in the general population

Findings from the 2007 NDSHS report that 0.41% of the Australian population aged 14 years and older had used GHB in their lifetime, with 20% of those using in the previous 12 months.

4.6.3 Comments from key experts

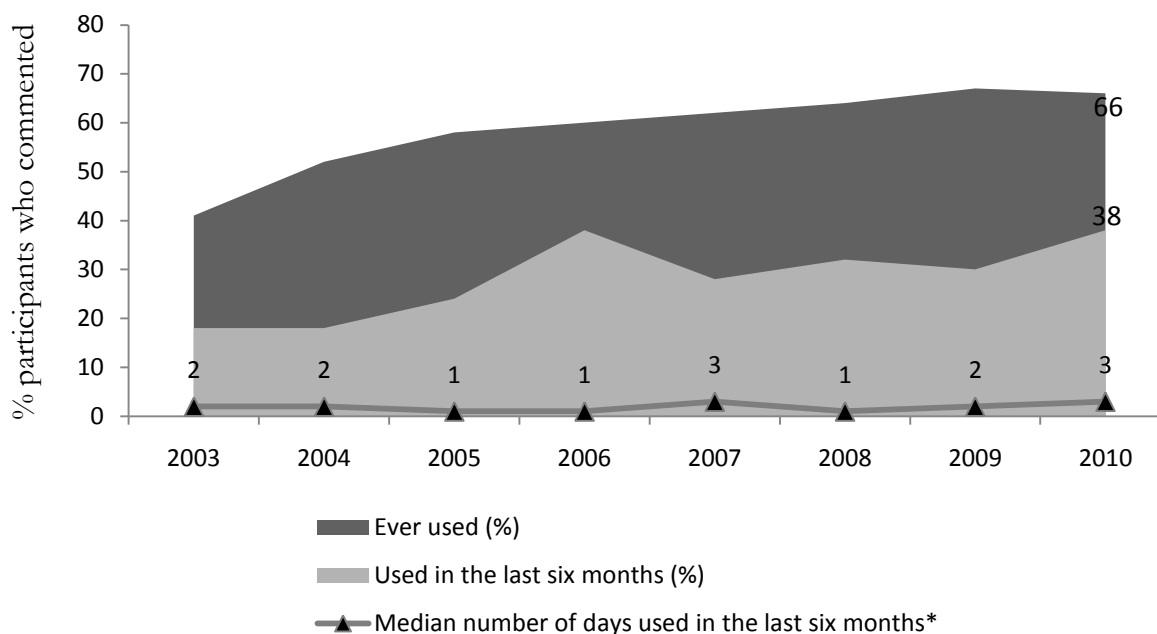
Key experts reported that GHB use tended to be occasional and opportunistic, with indications that use may be higher on the Gold Coast than in other areas of South East Queensland. One key expert who works at the Gold coast reported that GHB had made a comeback after four years, and that people were mixing it with alcohol and sharing it around. The same key expert also reported recent instances of drink spiking. This identified increase of use was in keeping with reports from key experts in the law who included GHB as one of the main problematic drugs. A major problem identified with GHB was that people using it might not know what they were taking or be uninformed about its potential effects.

4.7 Hallucinogen use

4.7.1 LSD use among REU

In 2010, two-thirds of REU reported having ever used LSD, with 38% of REU having used in the six months preceding the interview (Figure 9). The median number of days used LSD in the last six months was three days.

Figure 9: Patterns of LSD use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

* of those who had recently used

The median number of tabs of LSD used by REU in the previous six months was one tab for a typical session and two tabs for a heavy session (Table 14).

Table 14: Median quantity (tabs) used among REU who reported using LSD in the last six months, 2003–2010

| LSD | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------------------|
| Typical (range) | 1.0 (0.5-3.0) | 1.0 (0.5-4.0) | 1.0 (0.3-3.0) | 1.3 (1.0-1.5) | 1.0 (0.5-5.0) | 1.0 (0.5-3.5) | 1.0 (0.5-4.0) | 1.0 (1.0-5.0) |
| Heavy (range) | 2.0 (1.0-5.0) | 1.5 (0.5-4.0) | 1.0 (0.5-4.0) | 1.3 (1.0-1.5) | 1.0 (0.5-6.0) | 1.0 (0.5-4.0) | 1.0 (1.0-4.0) | 2.0 (1-11) |

Source: EDRS QLD REU interviews 2003–2010.

4.7.2 Mushroom use among REU

In 2010, slightly over half of REU reported having used mushrooms in their lifetime, 26% of which used in the six months preceding the interview (Table 15).

Table 15: Lifetime and recent use of mushrooms by REU, 2005–2010

| | 2005 N=101 | 2006 N=100 | 2007 N=101 | 2008 N=108 | 2009 N=88 | 2010 N=101 |
|----------------------|---------------|---------------|---------------|---------------|--------------|-----------------------|
| Ever (%) | 41 | 40 | 52 | 52 | 55 | 55 |
| Used last 6 mths (%) | 19 | 13 | 15 | 19 | 18 | 26 |

Source: EDRS QLD REU interviews 2005–2010.

4.7.3 Hallucinogen use in the general population

Findings from the 2007 NDSHS found that approximately 6.7% of the Australian population aged 14 years and older had used hallucinogens at least once in their lifetime, with 7.4% of those having used in the 12 months preceding the survey (AIHW, 2008). When asked what forms of hallucinogens they had consumed in the preceding 12 months, 62% of those who commented (n=103) reported using tabs, 16% reported using liquid hallucinogens, and 63% reported consuming ‘magic’ mushrooms (AIHW, 2008).

4.7.4 Comments from key experts

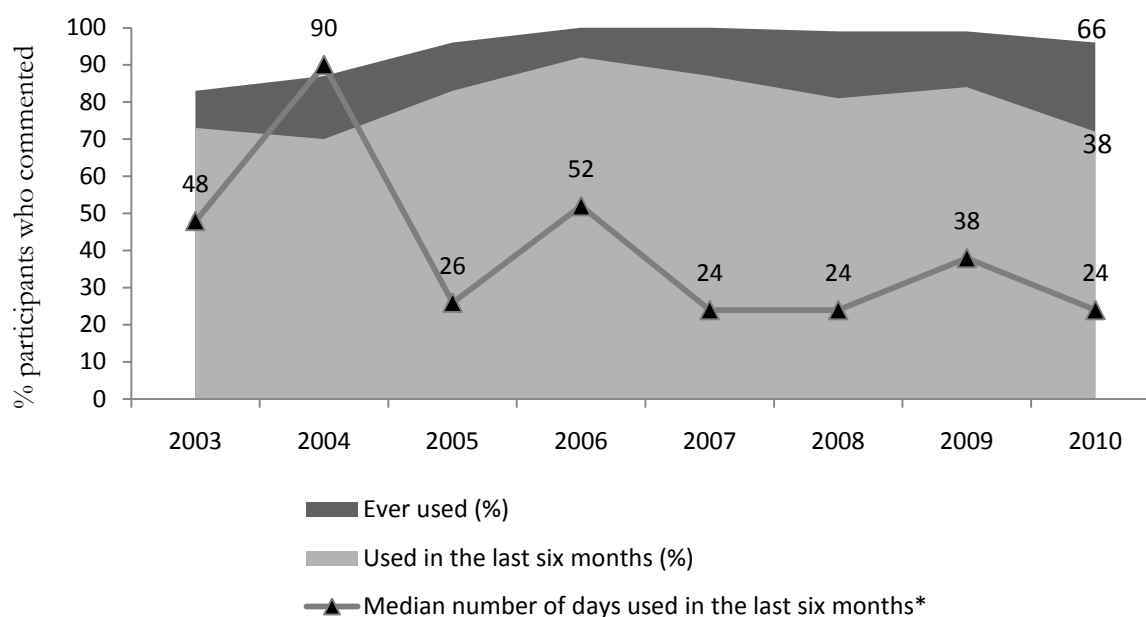
Most key experts considered that LSD was not used regularly and that it was ‘*more a secondary drug*’, with one key expert reporting an increasing number of people using LSD in this way. Another key expert reported that people who used LSD were a ‘*different crowd of users*’ to those regularly using ecstasy.

4.8 Cannabis use

4.8.1 Cannabis use among REU

In 2010, two-thirds of REU reported having used cannabis in their lifetime, with 38% of REU reporting use in the six months preceding the interview (Figure 10). The median number of days used in the last six months was 24 days.

Figure 10: Patterns of cannabis use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

* of those who had recently used

Table 16 shows the frequency of cannabis use reported by REU since 2003, with just under half (44%) of respondents reporting less than weekly use in 2010. When asked how many cones participants used the most recent time they used cannabis in the previous six months, the recorded median was four cones, ranging from one to 30. In 2010, 35% of REU reported using cannabis the last time they used ecstasy and 30% of REU reported using cannabis while coming down from ecstasy the last time they used.

Table 16: Frequency of cannabis use among REU who used in the last six months, QLD 2003–2010

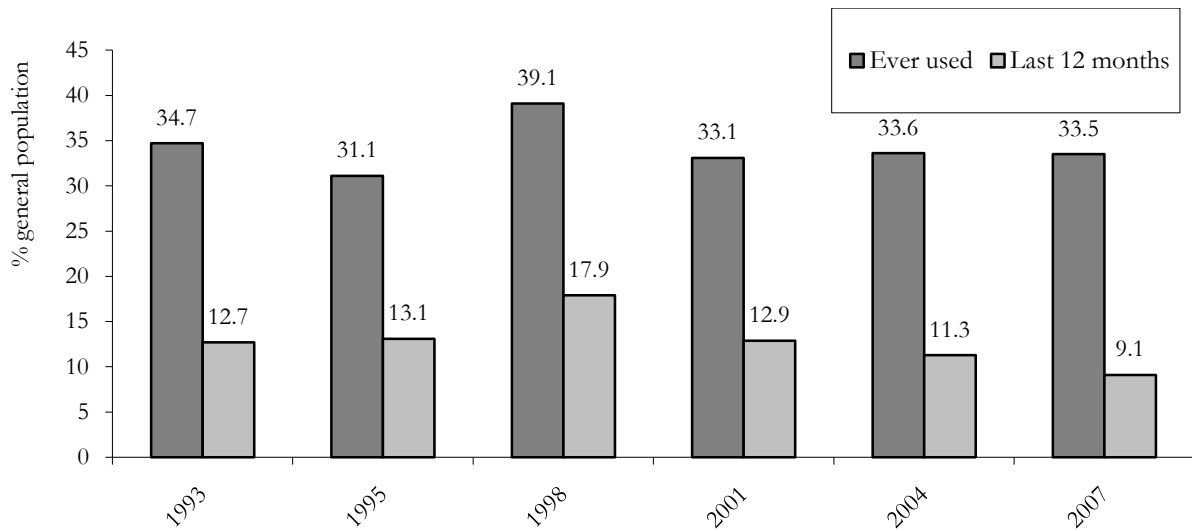
| | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|---|------|-------|------|------|------|------|------|------|
| <i>Percentage</i> | n=99 | n=112 | n=84 | n=92 | n=88 | n=87 | n=74 | n=73 |
| Daily (180 days) | 32 | 38 | 13 | 23 | 21 | 22 | 24 | 14 |
| More than weekly (25 to 179 days) | 28 | 33 | 39 | 35 | 26 | 23 | 28 | 29 |
| Weekly (24 days) | 6 | 4 | 0 | 1 | 7 | 12 | 8 | 14 |
| Less than weekly (1-25 days) | 34 | 25 | 48 | 42 | 46 | 44 | 39 | 44 |

Source: EDRS QLD REU interviews 2003–2010.

4.8.2 Cannabis use in the general population

Figure 11 shows lifetime and 12 months prevalence of cannabis use in Australia between 2003 and 2007. The lifetime prevalence in 2007 was 32% for the Queensland population (AIHW, 2008).

Figure 11: Prevalence of cannabis use among the population aged 14 years and over in Australia, 1993–2007



Source: NDSHS 1993–2007 (AIHW).

4.8.3 Comments from key experts

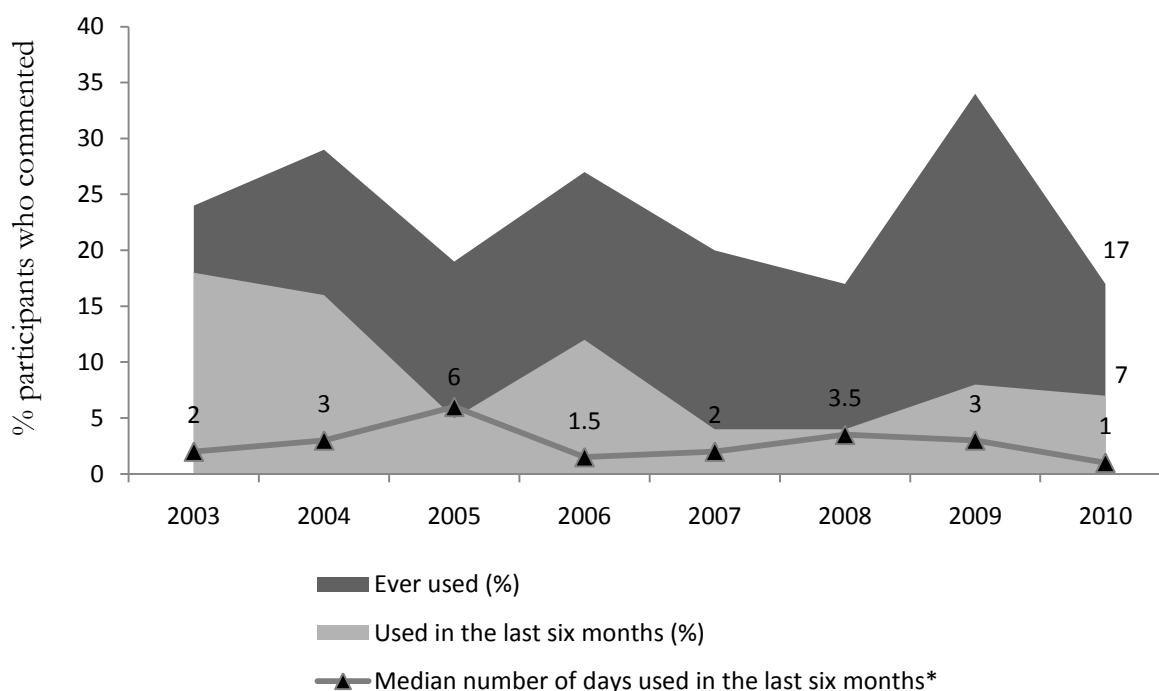
Key experts confirmed that cannabis was widely used, with many people not considering it to be an illicit drug. There were reported differences in use of hydro or bush according to geographical area with hydro being more common in the inner city area.

4.9 Other drug use

4.9.1 MDA use

In 2010, 17% of REU reported having used MDA in their lifetime, with 7% of REU having used MDA in the six months prior to the interview (Figure 12). The median number of days used MDA among those who had used in the preceding six months was one day.

Figure 12: Patterns of MDA use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

* of those who had recently used

Table 17 shows that the median number of MDA caps used in a typical and heavy use session was two caps.

Table 17: Median quantity (caps) used among REU who reported using MDA in the last six months, 2003–2010

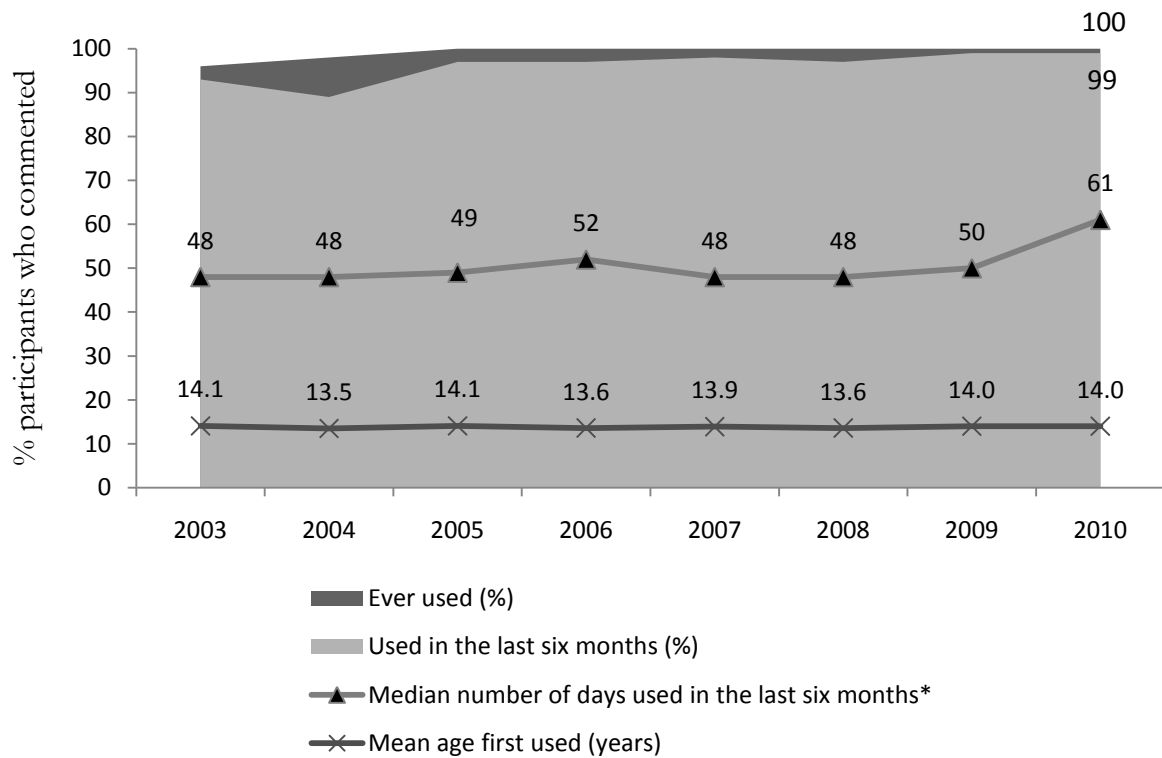
| MDA | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|------------------------|------------------|------------------|------------------|------------------|------------------|------------------|------------------|--------------------------------|
| Typical (range) | 1.0 (0.5-2.0) | 2.0 (1.0-5.0) | 1.5 (1.0-4.0) | 2.0 (1.0-2.0) | 1.5 (1.0-3.0) | 1.5 (1.0-2.0) | 2.0 (1.0-2.0) | 2.0 (1.0-5.0) |
| Heavy (range) | 2.0 (1-3.5) | 2.0 (1.0-5.0) | 1.0 (1.0-1.0) | 2.0 (1.0-5.0) | 2.0 (1.0-4.0) | 2.5 (1.0-4.0) | 2.0 (1.0-2.0) | 2.0 (1.0-5.0) |

Source: EDRS QLD REU interviews 2003–2010.

4.9.2 Alcohol

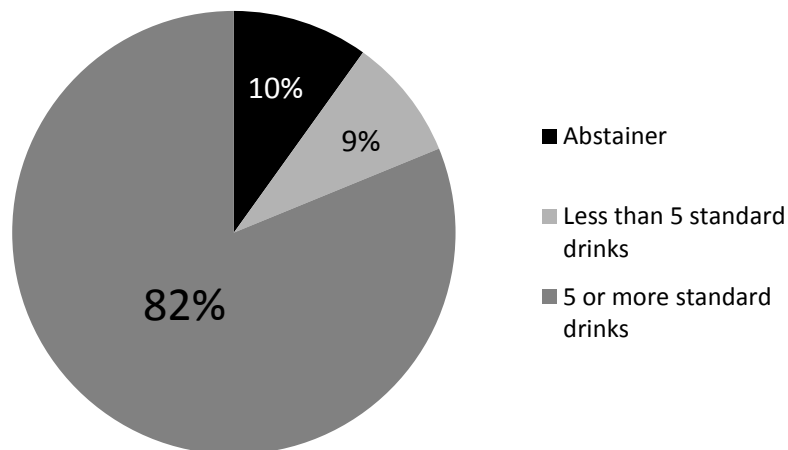
In 2010, all participants reported having used alcohol in their lifetime, with only one participant reporting not having had a serve of alcohol in the preceding six months (Figure 13). The median number of days used alcohol was 61 days in the preceding six months, corresponding to consuming alcohol approximately every three days. The mean age of initiation of alcohol use was 14 years old.

Figure 13: Patterns of alcohol use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.
 * of those who had recently used

Figure 14: Usual alcohol consumption during ecstasy use by REU, QLD 2010



Source: EDRS QLD REU interviews 2010.

Figure 14 shows that 90% of REU drink alcohol while using ecstasy. The majority of REU reported not drinking alcohol when coming down from ecstasy.

The Alcohol Use Disorder Identification Test (AUDIT)

Questions were asked to diagnose alcohol dependency among REU, using the alcohol AUDIT (Babor et al., 2001). A person is deemed at risk of hazardous alcohol use if they score 8 or more for their total responses. Using this as the cut off, 92% of REU were found to be at risk. Only 6% of REU reported engaging in non-hazardous patterns of alcohol use, scoring within Zone I (0-7), where alcohol education is the recommended intervention plan. Thirty-seven percent of REU scored between 8-15, corresponding to Zone II, where simple advice is recommended as an intervention strategy. Twenty-three percent of REU scored within Zone III (16-19), where simple advice plus brief counselling and continued monitoring is recommended. One-third (33%) of REU interviewed scored in Zone IV (20-40), where referral to specialist for diagnosis evaluation and treatment is needed (Babor et al., 2001).

Alcohol use in the general Australian population

According to the 2007 NDSHS (AIHW, 2008), 89.9% of Australians aged 14 years or older had tried alcohol in their lifetime and 82.9% had consumed alcohol in the twelve months preceding the survey (Table 18).

Table 18: Alcohol drinking status of the Australian population 14 years and older, 1991–2007

| % | 1991 | 1993 | 1995 | 1998 | 2001 | 2004 | 2007 |
|--------------------|------|------|------|------|------|------|------|
| Daily | 10.2 | 8.5 | 8.8 | 8.5 | 8.3 | 8.9 | 8.1 |
| Weekly | 41.0 | 39.9 | 35.2 | 40.1 | 39.5 | 41.2 | 41.3 |
| Less than weekly | 30.4 | 29.5 | 34.3 | 31.9 | 34.6 | 33.5 | 33.5 |
| Ex-drinker | 12.0 | 9.0 | 9.5 | 10.0 | 8.0 | 7.1 | 7.0 |
| Never a full serve | 6.5 | 13.0 | 12.2 | 9.4 | 9.6 | 9.3 | 10.1 |

Source: NDSHS (AIHW, 2008).

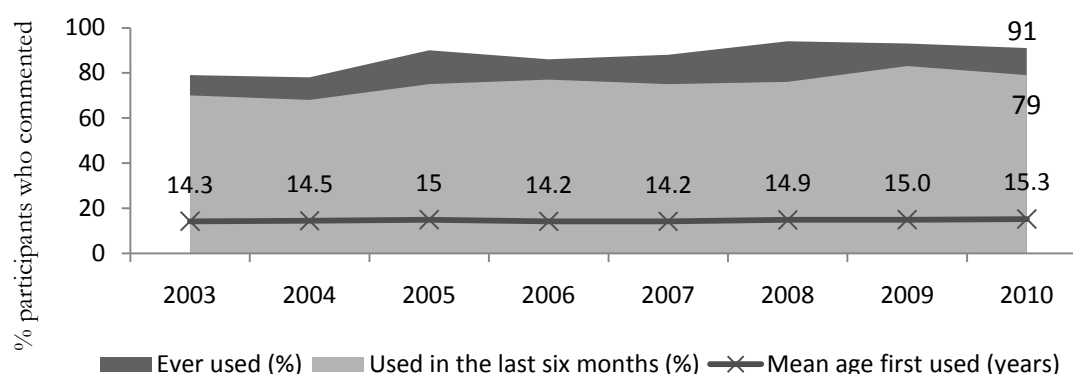
Comments from key experts

Many of the key experts reported problematic use of alcohol, and some considered alcohol to be the most problematic drug. Easy accessibility, particularly the popularity of home brew in one lower socio-economic area, was thought to encourage problematic use. The combination of alcohol and other drugs was also seen as causing problems, most noticeably in regard to law breaking.

4.9.3 Tobacco

In 2010, 91% of REU reported having ever used tobacco, and 79% reported having used in the preceding six months (Figure 15). The mean age of initiation for tobacco use was 15 years old. Since 2003, the median number of days used was 180, representing daily use. Of female REU (n=35), 60% reported smoking daily or every second day, compared to 45% of males (n=53), with 57% of the total Queensland sample using tobacco daily or every second day. In addition, 58% of participants reported using tobacco the last time they used ecstasy.

Figure 15: Patterns of tobacco use among REU, 2003–2010



Source: EDRS QLD REU interviews 2003–2010. * of those who had recently used

Tobacco use in the general Australian population

According to the 2007 NDSHS, just under half (44.6%) of Australians aged 14 years or older had smoked 100 or more cigarettes in their lives and one-fifth (19.4%) had smoked in the twelve months preceding the survey (AIHW, 2008).

Table 19: Smoking status, proportion of the Australian population 14 years and older, 1991–2007

| | 1991 | 1993 | 1995 | 1998 | 2001 | 2004 | 2007 |
|------------------|------|------|------|------|------|------|------|
| Daily | 24.3 | 25.0 | 23.8 | 21.8 | 19.5 | 17.4 | 16.6 |
| Weekly | 2.8 | 2.3 | 1.6 | 1.8 | 1.6 | 1.6 | 1.3 |
| Less than weekly | 2.4 | 1.8 | 1.8 | 1.3 | 2.0 | 1.6 | 1.5 |
| Ex-smoker* | 21.4 | 21.7 | 20.2 | 25.9 | 26.2 | 26.4 | 25.1 |
| Never smoked** | 49.0 | 49.1 | 52.6 | 49.2 | 50.6 | 52.9 | 55.4 |

Source: NDSHS (AIHW, 2008)

* smoked at least 100 cigarettes in lifetime and no longer smoke

** never smoked more than 100 cigarettes in lifetime

4.9.4 Benzodiazepines

In 2010, almost half (48%) of participants reported lifetime use of benzodiazepines and one-third had used in the last six months (Table 3). This was similar to previous years. Lifetime use of licit benzodiazepine was reported among 22% of participants, while 14% had used in the last six months. The median age of first use of licit benzodiazepines was 20.5 years (range 14-51 years, n=22). The median number of days used any licit benzodiazepines among those who had used in the last six months was 69 days (range 3-180, n=14). Lifetime and recent illicit benzodiazepine use among REU was slightly higher, prevalent among 37% and 26% of the sample, respectively. The median age of first use of illicit benzodiazepines was 20 years (range 14-40 years, n=37). The median number of days used illicit benzodiazepines among those who had used in the last six months was 2 days (range 1-180 days, n=13). Only one participant reported having ever injected benzodiazepines, and there were no reports of injecting benzodiazepines in the last six months. In 2010, 5% reported using benzodiazepines the last time they used ecstasy, and 11% reported using benzodiazepines while coming down from their most recent use of ecstasy.

4.9.5 Anti-depressants

In 2010, 32% of REU had ever used any form of anti-depressants, and 15% had used in the last six months. The median number of days used any form of anti-depressant among those who used in the last six months was 180 days, representing daily use (range 1-180, n=15). One-quarter had used licit anti-depressants at least once in their lifetime, with 13% of all respondents having used them in the last six months. The median age of first use of licit anti-depressants was 20 years (range 12-35 years, n=25). Lifetime use of illicit antidepressants was reported by 9% of REU, with only two respondents reporting use in the last six months. The median age of first use for illicit anti-depressants was 20 years (range 15-35 years, n=9). There were no reports of injecting anti-depressants among this sample.

4.9.6 Inhalants use

In 2010, 40% of respondents reported lifetime use of amyl nitrate, and 23% had used in the last six months. The median age of first use of amyl nitrate among REU was 18 years (range 14-40 years, n=40). The median number of days using amyl nitrate in the last six months was 3 days (range 1-180 days, n=23). Two respondents reported using amyl nitrate the last time they used ecstasy.

In 2010, half (49%) of REU reported having ever used nitrous oxide, 23% reported using in the last six months. The median frequency of days used in the last six months was 2.5 days (range 1-39 days, n=24). The median age of first use of nitrous oxide was reported as 17 years (range 13-28 years, n=49). A median of 10 bulbs were used in a usual session (range 1-180 bulbs, n=23). Ten bulbs was also the median for the most bulbs used in one session in the last six months (range 1-200 bulbs, n=22). One respondent reported using nitrous oxide the most recent occasion they used ecstasy.

4.9.7 Heroin and other opiates

In 2010, 18% of REU reported having used heroin at least once in their lifetime, with 7% reporting heroin use in the six months prior to the interview. The median age of first use was 20 years (range 15-30 years, n=18). The median number of days used among those who used heroin in the last six months was 1 day (range 1-180 days, n=4). One participant reported using heroin the last time they used ecstasy.

Lifetime use of methadone was reported by 7% of REU in 2010, with three respondents having used in the last six months. The median age of first use for methadone was 24 years (range 16-40 years, n=7). The median number of days used was 5 days (range 4-180 days, n=3). Three percent of REU reported ever injecting methadone. Only one participant had injected recently.

In 2010, 5% of REU reported having ever used buprenorphine, and two participants reported using in the last six months. Three respondents reported having ever injected buprenorphine, and only one respondent did so in the last six months.

In 2010, 19% of REU reported having ever used other licit opiates (e.g. prescribed morphine or codeine), with 7% using in the last 6 months. Lifetime injecting of other prescribed opiates was reported among 12% of the sample, with 4% having injected recently. Use of other illicit opiates was prevalent among 20% of the sample, with 7% using in the last six months. Two participants reported ever injecting other illicit opiates, with one participant injecting once in the last six months.

4.9.8 Pharmaceutical stimulants

In 2010, 4% had used licit pharmaceutical stimulants (e.g. Ritalin®) in their lifetime, with the age of first use ranging from 8 to 15 years. There were no reports of recent use of licit pharmaceutical stimulants. In contrast, one-third (34%) of REU had reported lifetime use of illicit pharmaceutical stimulants, with 12% of the sample reporting recent use in the last six months. The median ages of first use of illicit pharmaceutical stimulants was 18 years (range 13-22 years, n=34). Median days of use in the last six months was 5.5 (range 1-48 days, n=12). The median number of tabs of illicit pharmaceutical stimulants used in one session in the last six months was two (range 1-3 tabs, n=12). The median for the most tabs consumed in one session in the last six months was 2.5 (range 1-12 tabs, n=12).

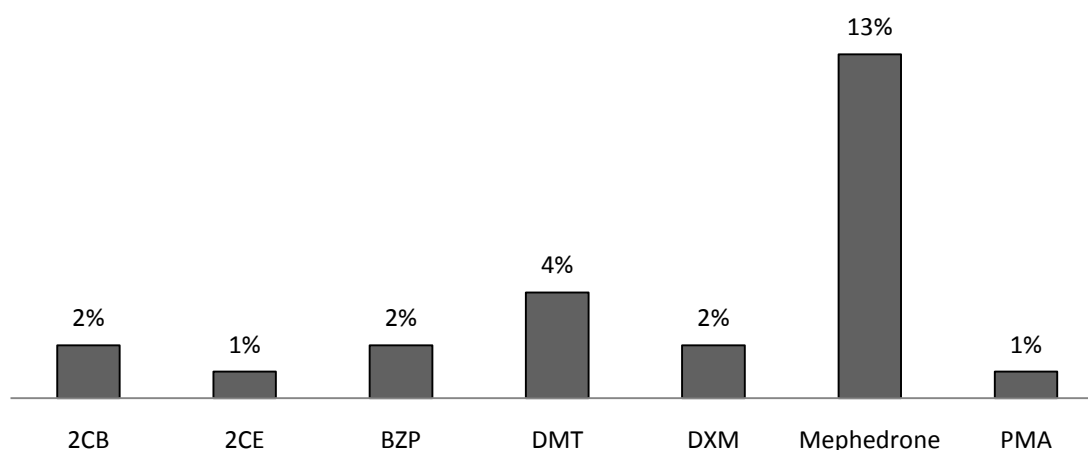
4.9.9 Over the counter (OTC) codeine

In 2010, 60% of REU reported using OTC codeine in their lifetime. The median age for first time use was 18 years (range 12-59 years, n=60). In 2010, 46% of the sample had used in the last six months. The median number of days used OTC codeine for pain in the last six months was 5 days (range 1-71, n=43). Use of OTC codeine for non-medicinal purposes was reported among 12% of the sample, with a median number of 4.5 days used in the last six months (range 1-175, n=12). Only one person reported harm related to the use of OTC codeine for non-medicinal purposes. Two respondents reported using OTC codeine when coming down from ecstasy on the most recent occasion they used ecstasy.

4.9.10 Emerging psychoactive substance (EPS)

Figure 16 shows the prevalence of new and emerging drugs, analogues and research chemicals among the REU interviewed in 2010.

Figure 16: Prevalence of EPS in the preceding six months, 2010



Source: EDRS QLD REU interviews 2010.

In 2010, 14% of REU had used mephedrone at some point in their lifetime, and 13% within the last six months. The median number of days mephedrone was used was two days in the last six months (range 1-15 days, n=13). The most common route of administration for mephedrone was swallowing (79%). Snorting (36%) and smoking (7%) was also reported. The median price per gram of mephedrone was \$260. Two respondents reported receiving mephedrone as a free gift.

Key experts reported very little use of EPS; as one key expert commented: *'Every 12 months some new drug comes onto the scene, with strong media hype; but don't see much use of it on the frontline. Not as problematic as the media portrays it to be.'* This seemed to be particularly the case with mephedrone with many key experts reporting no known use. Key experts did point out, however, that new analogues have the potential to be just as popular as ecstasy, and that the extent of use may be largely unidentified. One key expert warned that treatment of problematic use of these emerging psychoactive substances may be different to that of ecstasy and thus use of these drugs warranted close monitoring.

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

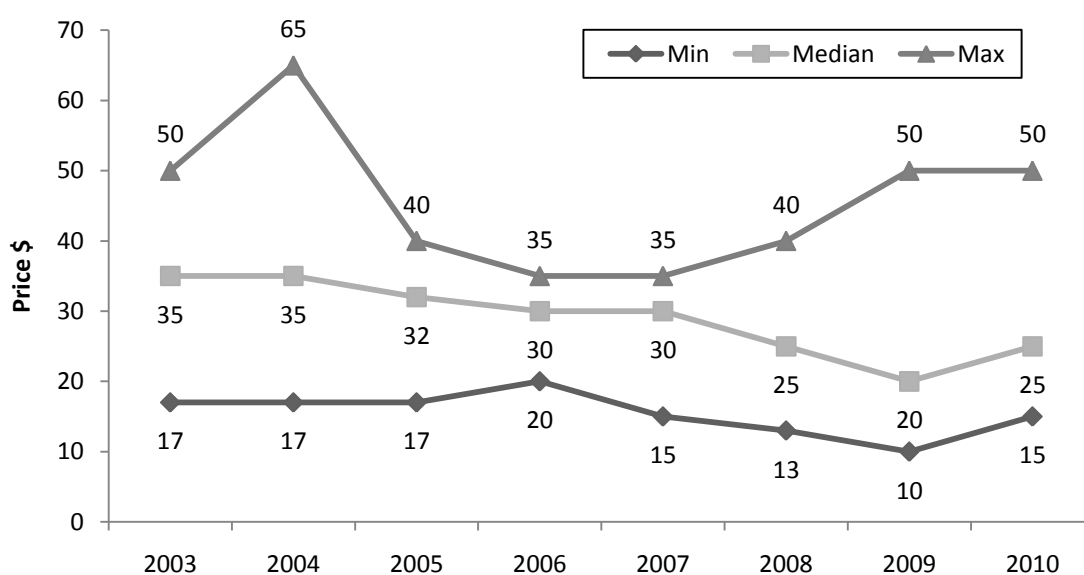
Key points

- The median price of an ecstasy pill was reported to be \$25 (\$15-\$50).
- The current purity of ecstasy was reported to be low by 60% of REU, with 60% of REU commenting that they perceived a decrease in purity and strength in the six months preceding the interview.
- Almost three-quarters (73%) of REU perceived ecstasy to be easy or very easy to obtain.

5.1.1 Price

In 2010, REU were asked about the price of ecstasy capsules. Figure 17 shows the median price was reported to be \$25 per capsule (range \$15-\$50).

Figure 17: Price of ecstasy tab reported by REU, 2003–2010



Source: QLD EDRS REU interviews 2003–2010.

Table 20 shows the reported differences in unit price if ecstasy is purchased in bulk, with the median price per pill ranging from \$5 to \$50, depending on how many pills are purchased at once.

Table 20: Prices for larger quantities of ecstasy, 2010

| Quantity | Median price per pill (range) |
|-----------|-------------------------------|
| 1 pill | \$25 (\$15-\$50) |
| 10 pills | \$20 (\$5-\$25) |
| 20 pills | \$18 (\$5-\$25) |
| 50 pills | \$15 (\$7-\$20) |
| 100 pills | \$14 (\$8-\$22.50) |

Source: EDRS QLD REU interviews 2010.

Table 21 shows participants reporting both a price increase and a fluctuation for ecstasy in the six months preceding the interview, though with the majority of participants (58%) reporting the price of ecstasy had remained stable.

Table 21: Ecstasy price variations, 2003–2010

| Price change (%) | 2003 N=136 | 2004 N=161 | 2005 N=101 | 2006 N=100 | 2007 N=100 | 2008 N=108 | 2009 N=88 | 2010 N=97 |
|------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|----------------------|
| Increased | 9 | 6 | 6 | 9 | 9 | 6 | 7 | 18 |
| Stable | 63 | 53 | 68 | 57 | 54 | 48 | 63 | 58 |
| Decreased | 12 | 22 | 10 | 19 | 31 | 30 | 24 | 5 |
| Fluctuated | 13 | 13 | 13 | 11 | 5 | 9 | 6 | 20 |

Source: EDRS QLD REU interviews 2003–2010.

Table 22 shows the price per pill of ecstasy reported by the Australian Crime Commission (ACC) where the price per single pill is higher, yet bulk prices are similar to those reported by REU.

Table 22: Price per unit of ecstasy, 2010

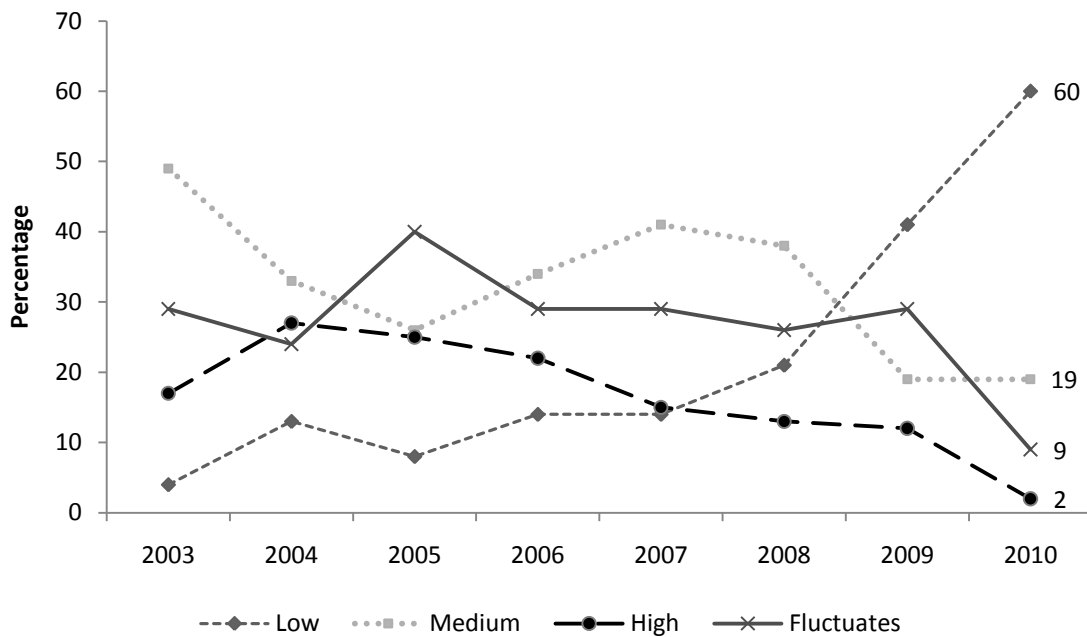
| Weight | Price per unit (AUD) |
|--------------------------|----------------------|
| 1 tablet/capsule | \$40 |
| 2-24 tablets/capsules | \$22-35 |
| 25-99 tablets/capsules | \$16-20 |
| 100-999 tablets/capsules | \$14.5-20.5 |
| 1000+ tablets/capsules | \$7-10.5 |

Source: Australian Crime Commission.

5.1.2 Purity

Figure 18 shows that in 2010, 60% of REU reported that the current purity of ecstasy was low, with a further 19% reporting it was of medium purity. Only two participants reported ecstasy being of high purity in the preceding six months, with the remaining 9% commenting that the purity had fluctuated.

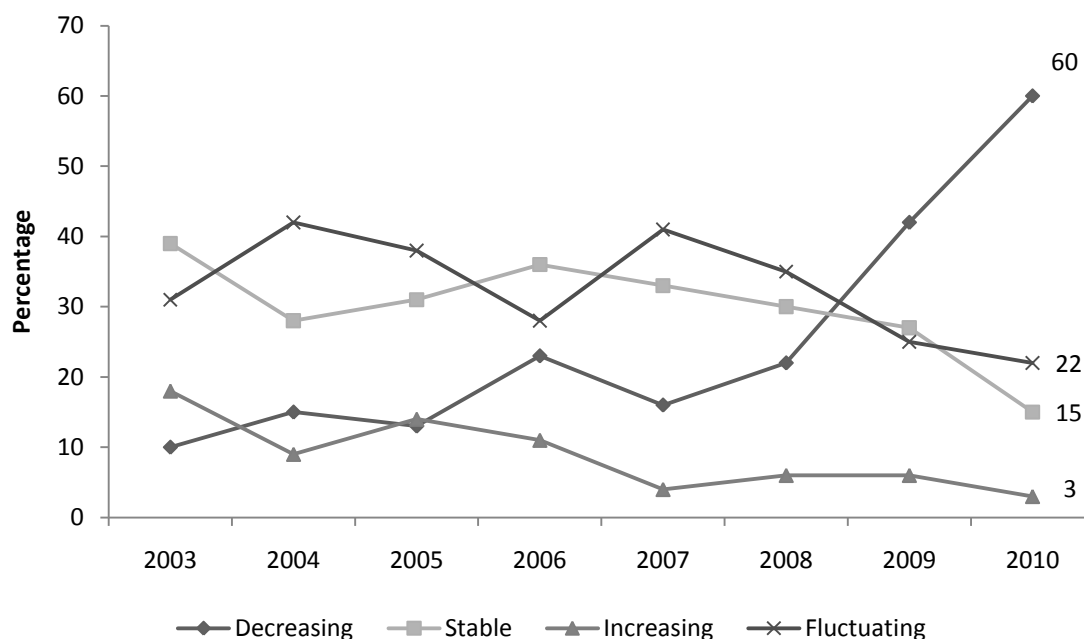
Figure 18: User reports of current ecstasy purity, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

Similarly, 60% of REU reported that the purity of ecstasy had decreased in the preceding six months (Figure 19).

Figure 19: REU reports of change in ecstasy purity in the preceding six months, 2003–2010



Source: EDRS QLD REU interviews 2003–2010.

Table 23 shows the median purity of phenethylamine seizures sent for analysis by the Queensland Police Service (QPS) and the Australian Federal Police (AFP) from July 2006 to June 2009. In 2008–09, the median purity reported by QPS was 18.4%, and at 25.1% for AFP seizures.

Table 23: Median purity of phenethylamine seizures analysed in QLD, July 2006 – June 2009

| | 2006–07 | | 2007–08 | | 2008–09 | |
|-----|----------|------|----------|------|----------|------|
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % |
| QPS | 844 | 25.2 | 1721 | 19.5 | 1149 | 18.4 |
| AFP | 25 | 28.4 | 3 | 23.2 | 5 | 25.1 |

Source: Australian Crime Commission.

Note: Data not available for 2010. Figures do not represent purity of all phenethylamine seizures, but rather only those submitted for analysis.

5.1.3 Availability of ecstasy

In 2010, almost half of REU reported that ecstasy had been easy to obtain in the six months preceding the interview, with a further 25% reporting access was very easy. More than half of REU reported a perceived increase in availability for ecstasy in the last six months, with a further 32% reporting availability remained stable.

Table 24: REU reports of availability of ecstasy in the preceding six months, 2003–2010

| | 2003 N=136 | 2004 N=161 | 2005 N=101 | 2006 N=100 | 2007 N=100 | 2008 N=108 | 2009 N=88 | 2010 N=101 |
|--|---------------|---------------|---------------|---------------|---------------|---------------|--------------|---------------|
| Current availability (%) | | | | | | | | |
| Very easy | 57 | 69 | 61 | 49 | 53 | 49 | 36 | 25 |
| Easy | 2 | 26 | 36 | 42 | 42 | 45 | 49 | 48 |
| Difficult | 0 | 4 | 3 | 8 | 5 | 4 | 14 | 24 |
| Very difficult | 2 | 0 | 0 | 1 | 0 | 0 | 1 | 3 |
| Availability in last 6 months (%) | | | | | | | | |
| Stable | 63 | 64 | 70 | 51 | 55 | 69 | 57 | 54 |
| Easier | 23 | 13 | 12 | 20 | 26 | 14 | 14 | 6 |
| More difficult | 4 | 7 | 9 | 20 | 12 | 8 | 22 | 32 |
| Fluctuating | 5 | 9 | 8 | 7 | 4 | 7 | 7 | 8 |

Source: EDRS QLD REU interviews 2003–2010.

5.1.4 Purchasing patterns of ecstasy

When REU were asked about their recent purchasing patterns, the median number of people they purchased ecstasy from was three, with a median of five pills purchased at a time (Table 25). Almost two-thirds (64%) of REU reported purchasing ecstasy for themselves and others on the most recent occasion. Almost half (47%) of REU reported purchasing ecstasy between 1-6 times in the preceding six months, corresponding to monthly purchase.

Table 25: Patterns of purchasing ecstasy, 2007–2010

| | 2007 N=101 | 2008 N=108 | 2009 N=88 | 2010 N=101 |
|--|---------------|---------------|--------------|------------------|
| Number of people purchased from | | | | |
| Median (range) | 4 (1-25) | 3 (0-20) | 3 (1-20) | 3 (1-15) |
| Number of ecstasy tablets purchased | | | | |
| Median (range) | 5 (1-100) | 5 (1-100) | 5 (1-100) | 5 (1-400) |
| Purchased for (%) | | | | |
| Self only | 37 | 22 | 35 | 36 |
| Self and others | 63 | 75 | 62 | 64 |
| Others only | 0 | 1 | 2 | 0 |
| No. of times purchased in the last 6 months (%) | | | | |
| 1-6 | 43 | 38 | 47 | 47 |
| 7-12 | 34 | 41 | 35 | 35 |
| 13-24 | 21 | 19 | 17 | 17 |
| 25 + | 3 | 1 | 1 | 1 |

Source: EDRS QLD REU interviews 2007–2010. * among those who reported being able to purchase other drugs from main dealer. NA: these questions not asked in 2009

5.1.5 Source and locations of most recent ecstasy use

Table 26 shows the majority of REU reported the most recent time they obtained ecstasy they obtained it from a friend, with 37% REU obtaining it at a friend's house, 18% in a nightclub and 17% in their own home.

Table 26: Source person and location of most recent ecstasy purchase, 2003-2010

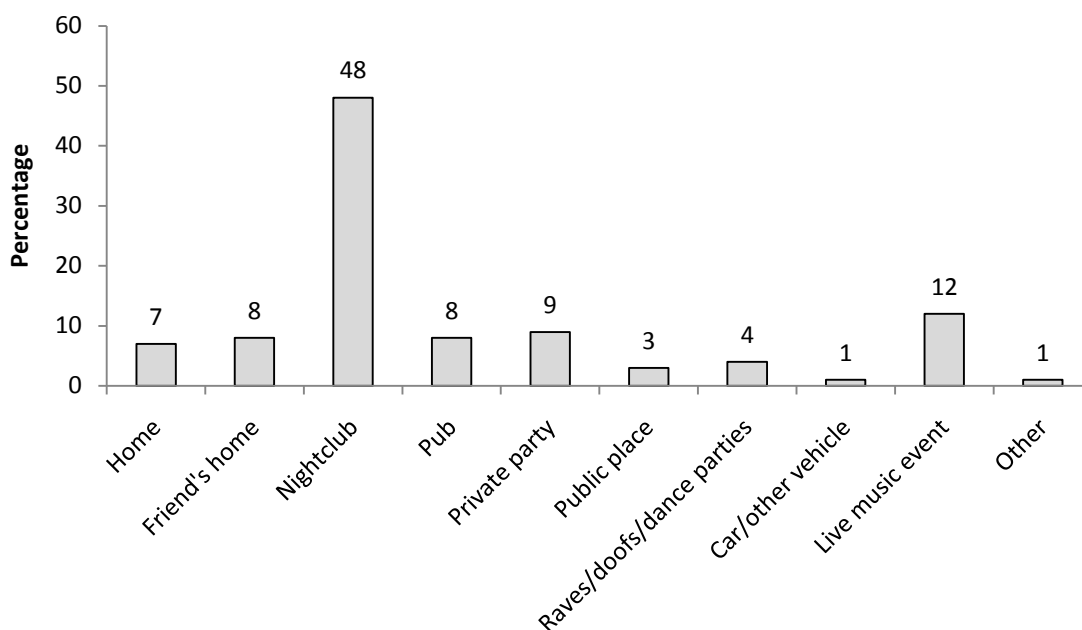
| | 2003 N=136 | 2004 N=161 | 2005 N=101 | 2006 N=100 | 2007 N=100 | 2008 N=108 | 2009 N=88 | 2010 N=101 |
|----------------------------------|---------------|---------------|---------------|---------------|---------------|---------------|--------------|-----------------------|
| Persons scored from (%) | | | | | | | | |
| Friends | 73 | 67 | 87 | 82 | 88 | 84 | 67 | 66 |
| Dealers | 71 | 68 | 57 | 47 | 55 | 58 | 19 | 18 |
| Acquaintances | 29 | 23 | 29 | 37 | 25 | 25 | 12 | 9 |
| Work colleagues | 13 | 15 | 16 | 15 | 12 | 11 | 1 | 4 |
| Unknown dealers | 6 | 11 | 19 | 21 | 16 | 15 | 1 | 3 |
| Locations scored from (%) | | | | | | | | |
| Own home | 31 | 30 | 36 | 36 | 38 | 39 | 22 | 17 |
| Friend's home | 57 | 53 | 65 | 64 | 63 | 64 | 41 | 37 |
| Dealer's home | 55 | 57 | 47 | 35 | 42 | 46 | 9 | 4 |
| Nightclub | 30 | 22 | 37 | 33 | 46 | 29 | 7 | 18 |
| Pubs | 10 | 13 | 15 | 15 | 16 | 13 | 4 | 4 |
| Raves and dance parties | 29 | 14 | 16 | 13 | 16 | 21 | 2 | -- |
| Street | 9 | 8 | 13 | 10 | 8 | 5 | -- | 4 |
| Agreed public location | -- | 30 | 24 | 17 | 21 | 25 | 4 | 4 |
| Work | -- | 7 | 8 | 8 | 6 | 5 | 1 | 1 |

Source: EDRS QLD REU interviews 2003–2010.

NB: Excludes participants responding 'used not scored'.

The most popular venue where REU spent most of their time intoxicated the most recent occasion they used ecstasy was at a nightclub (Figure 20).

Figure 20: Venue for most recent use of ecstasy, 2010.



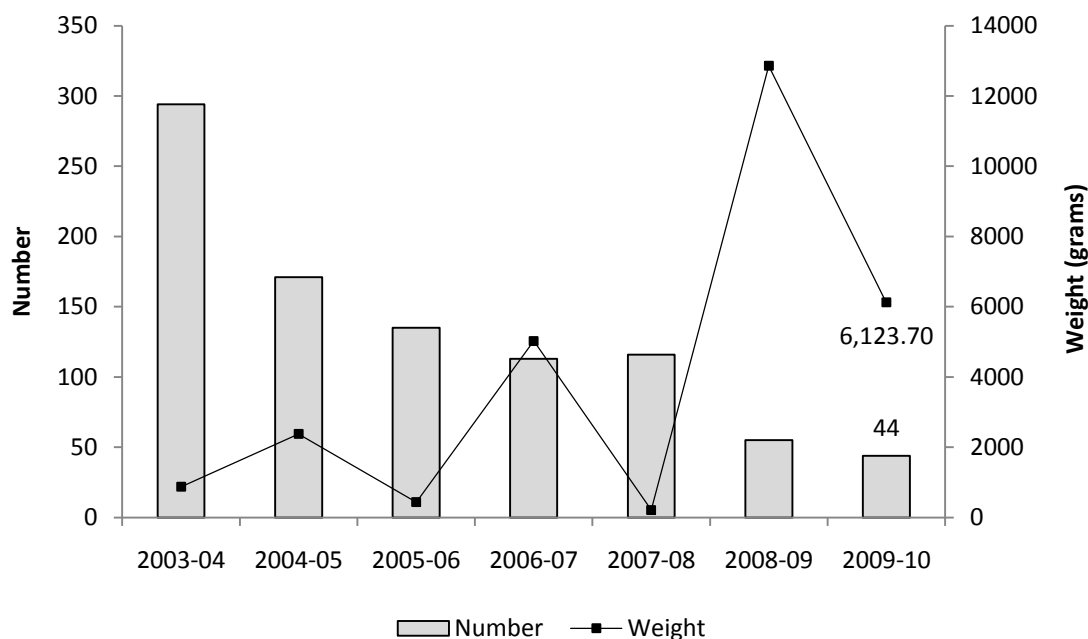
Source: EDRS QLD REU interviews 2010.

5.1.6 Ecstasy detected at the Australian border

Over the last seven years, there has been a decline in the number of ecstasy seizures made at the Australian border by the Australian Customs Service. As can be seen in Figure 21, there were 44 ecstasy seizures in 2009–10, weighing a combined total of 6.13 kilograms – approximately half the amount seized in 2008–09.

In Queensland during the 2008–09 financial year, the Queensland Police Service confiscated 49.14 kilograms of amphetamine type stimulants (including ecstasy) in 2,679 seizures. In addition the Australian Federal Police made 22 ATS seizures, with a total weight of 1.87 kilograms.

Figure 21: Number and weight of ecstasy seizures by ACS, 2003–04 to 2008–09



Source: Australian Customs Service.

5.1.7 Comments from key experts

Key experts reported a continuing decrease in the purity of ecstasy, but they also highlighted that quality was closely related to the circumstances surrounding its purchase. There was inconsistency in quality across dealers; and one key expert related that good quality ecstasy was available if the buyer was prepared to pay a high price: *‘Up to \$50 for MDMA; otherwise what is sold as ecstasy is around \$30.’* Another key expert made the point that: *‘Quality is a perception. Researchers may analyse the amount of MDMA while users want value for money – buzz, good feeling, limited after-effect.’*

The price of ecstasy was considered fairly stable. Ecstasy pills bought at a venue could cost as much as \$50 but were much cheaper if bought in bulk beforehand (i.e. \$10, \$15, or \$20 each depending on the quantity). The price for one or two pills not bought at a venue was generally thought to be in the \$25 to \$35 range. Very little comment was made about availability by key experts, but one noted that the ecstasy market was demand driven.

In a recent study of 355 young amphetamine-type stimulant users in South East Queensland, the recorded price of ecstasy ranged from \$10 to \$35 per pill. One-third reported being unsure or doubtful that the ecstasy pills they consumed on their last occasion of use contained actual MDMA. About one-quarter reported that they had never been unable to obtain ecstasy when they wanted it, with 44% saying this rarely happened, and one-quarter saying this sometimes happened. Less than five percent reported often being unable to obtain ecstasy when they wanted it (A. Smirnov*, personal communication, 27 January 2011).

* **Study name:** *Drug use by a community sample of young amphetamine-type stimulant users in South-East Queensland: A longitudinal study (2007–2011).* **Researchers:** Jake Najman, Robert Kemp, Andrew Smirnov, Margot Legosz, and Helene Wells. **Affiliated institutions:** University of Queensland, Queensland Health and the Crime and Misconduct Commission.

5.2 Methamphetamine

Key points

- Amphetamine powder ('speed') was reported to have a median price of \$200 per gram (\$60-\$800).
- Reports of its current strength and purity were largely inconclusive, with over one-third reporting fluctuation.
- Two-thirds of REU who commented reported that amphetamine powder was currently easy or very easy to obtain.
- Figures on the price, purity and availability of methamphetamine base and ice/crystal must be treated with caution in this section due to an insufficient number of REU who were able to comment.

5.2.1 Price

Table 17 shows that the price of different types of methamphetamine has not varied significantly from reports in 2009.

Table 27: Price of most recent methamphetamine purchase by participants, 2009 and 2010

| Median price \$ (range) | 2009 | 2010 |
|-------------------------|--------------|--------------|
| Speed - Gram (1g) | 180 (30-450) | 200 (60-800) |
| Base - Point (0.1g) | 40 (20-50) | 35* |
| Ice - Point (0.1g) | 50 (40-50) | 50* |

Source: EDRS QLD REU interviews 2009–2010.

* Based on the report of one participant

No form of methamphetamine was reported to have decreased in price among the REU who commented in 2010. The price of methamphetamine powder (speed) was reported to be stable in the six months prior to the interview by almost half of the REU who commented (n=25), with 28% reporting an increase in price, and 20% reporting the price had fluctuated.

Table 28: Recent changes in price of methamphetamine forms purchased by REU, 2010

| <i>Percentages</i> | Speed | | Base | | Crystal | |
|--------------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | 2009 (n=19) | 2010 (n=25) | 2009 (n=14) | 2010 (n=5) | 2009 (n=13) | 2010 (n=3) |
| Increasing | 5 | 28 | 14 | - | 23 | 33 |
| Stable | 79 | 52 | 79 | 20 | 62 | - |
| Decreasing | 11 | - | 7 | - | 77 | - |
| Fluctuating | 5 | 20 | - | 80 | 77 | 67 |

Source: EDRS QLD REU interviews 2009 and 2010.

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

The prices of methamphetamine in crystal and non-crystal form reported by the Australian Crime Commission are similar to those reported by REU in 2010 (Table 29 and 30).

Table 29: Methylamphetamine (crystal form) prices in Queensland, 2010.

| Weight | Price per unit (AUD) |
|--------------------------------------|----------------------|
| 1 point (0.1 gram) | \$50 |
| 1 gram / 'weight' | \$350-600 |
| 1/8 ounce (3.5 grams) / 'eight ball' | \$440-1,750 |
| 1 ounce (28 grams) | \$3,300-8,000 |
| 1 pound (454 grams) | \$90,000 |

Source: Australian Crime Commission

Table 30. Methylamphetamine (non-crystal form) prices in Queensland, 2010.

| Weight | Price per unit (AUD) |
|--------------------------------------|----------------------|
| 1 point | \$50 |
| 1 gram 'weight' | \$250 |
| 1/8 ounce (3.5 grams) / 'eight ball' | \$600 |
| 1 ounce (28 grams) | \$4,000 |
| 1 pound (454 grams) | \$45,000 |

Source: Australian Crime Commission

5.2.2 Purity

The purity of amphetamine powder (speed) was reported to be medium; however, reports of methamphetamine purity among REU were inconsistent, especially with a low number of participants able to comment on base and crystal (Table 31).

Table 31: User reports of current methamphetamine purity and changes in preceding six months, 2009 and 2010

| | Speed | | Base | | Crystal | |
|-----------------------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | 2009 (n=24) | 2010 (n=28) | 2009 (n=13) | 2010 (n=7) | 2009 (n=15) | 2010 (n=5) |
| Current purity (%) | | | | | | |
| Low | 29 | 11 | 8 | 14 | 20 | 20 |
| Medium | 38 | 39 | 31 | 14 | 20 | - |
| High | 29 | 11 | 39 | 43 | 53 | 80 |
| Fluctuates | 4 | 39 | 23 | 29 | 7 | - |
| Change in purity (%) | | | | | | |
| Increasing | 10 | 12 | 25 | 14 | 7 | 20 |
| Stable | 50 | 28 | 42 | 29 | 50 | - |
| Decreasing | 20 | 24 | 8 | 14 | 21 | 80 |
| Fluctuating | 20 | 36 | 25 | 43 | 21 | - |

Source: EDRS QLD REU interviews 2009 and 2010.

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

*Numbers may vary due to missing data

Table 32 shows the purity of amphetamine found in seizures analysed by QPS and AFP was low.

Table 32: Median purity of amphetamine seizures analysed in QLD, July 2006 – June 2009

| | 2006–07 | | 2007–08 | | 2008–09 | |
|-----|----------|------|----------|-----|----------|-----|
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % |
| QPS | 4 | 0.4 | 22 | 5.7 | 38 | 2.0 |
| AFP | 1 | 15.4 | 5 | 8.7 | 6 | 7.8 |

Source: Australian Crime Commission (ACC)

Note: Data not available for 2010. Figures do not represent purity of all amphetamine seizures, but rather only those submitted for analysis.

The purity of methylamphetamine seizures by QPS was low, at 8.2%, with no methylamphetamine seizures made by AFP in 2008–09 (Table 33).

Table 33: Median purity of methylamphetamine seizures analysed in QLD, July 2006 – June 2009

| | 2006–07 | | 2007–08 | | 2008–09 | |
|-----|----------|------|----------|------|----------|-----|
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % |
| QPS | 1434 | 11.4 | 1649 | 11.9 | 2002 | 8.2 |
| AFP | 2 | 23.2 | 0 | 0 | 0 | 0 |

Source: Australian Crime Commission.

Note: Data not available for 2010. Figures do not represent purity of all methylamphetamine seizures, but rather only those submitted for analysis.

5.2.3 Availability

Table 34 shows that half of REU who responded to this question found that amphetamine powder (speed) was currently easy to obtain. One-quarter (26%) reported that it had become more difficult to obtain in the six months preceding the interview, while almost half of those who commented reported that the availability of speed had remained stable. No convincing trends emerged on the availability of base or ice/crystal as the number of REU able to comment was too few.

Table 34: User reports of availability of methamphetamine, 2010

| | Speed | | Base | | Crystal | |
|-----------------------------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | 2009 (n=25) | 2010 (n=30) | 2009 (n=15) | 2010 (n=8) | 2009 (n=17) | 2010 (n=5) |
| Current availability (%) | | | | | | |
| Very easy | 20 | 17 | 20 | 25 | 24 | 40 |
| Easy | 48 | 50 | 33 | 75 | 47 | 20 |
| Difficult | 32 | 27 | 47 | - | 18 | 40 |
| Very difficult | - | 7 | - | - | 12 | - |
| Change in availability (%) | | | | | | |
| More difficult | 13 | 26 | 27 | - | 14 | 40 |
| Stable | 61 | 44 | 73 | 25 | 64 | 40 |
| Easier | 17 | 19 | - | 63 | 14 | 20 |
| Fluctuates | 9 | 11 | - | 13 | 7 | - |

Source: EDRS QLD REU interviews 2009 and 2010.

*Numbers may vary due to missing data

Note: REU who were able to report on price, purity and availability. Excludes REU who reported 'haven't used' or 'used not scored'.

5.2.4 Source and locations of use

Table 35 shows that the majority of REU who had used methamphetamine in the six months preceding the interview had obtained it from a friend the most recent occasion they purchased it.

Table 35: Score person most recent time methamphetamine was purchased in the preceding six months, 2009 and 2010

| <i>Percentages</i> | Speed | | Base | | Crystal | |
|--------------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | 2009 (n=24) | 2010 (n=27) | 2009 (n=14) | 2010 (n=8) | 2009 (n=13) | 2010 (n=4) |
| Friend | 58 | 70 | 64 | 75 | 38 | 50 |
| Known dealer | 33 | 22 | 14 | 25 | 38 | 25 |
| Workmate | - | 4 | - | - | - | - |
| Acquaintance | 8 | 4 | 21 | - | 15 | 25 |
| Unknown dealer | - | - | - | - | 8 | - |

Source: EDRS QLD REU interviews 2009 and 2010.

Note: Excludes participants who responded 'used not scored' and 'haven't used'

Table 36 shows the locations where most people purchased methamphetamines in the six months prior to the interview.

Table 36: Locations of most recent purchase of methamphetamine in the preceding six months, 2009 and 2010

| <i>Percentages</i> | Speed | | Base | | Crystal | |
|------------------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | 2009 (n=24) | 2010 (n=27) | 2009 (n=14) | 2010 (n=8) | 2009 (n=13) | 2010 (n=4) |
| Home | 13 | 4 | 21 | 13 | 23 | - |
| Friend's house | 42 | 56 | 43 | 50 | 23 | 75 |
| Dealer's house | 25 | 7 | 14 | 13 | 46 | 25 |
| Nightclub | - | 4 | - | 25 | - | - |
| Other | 20 | 15 | 21 | - | 8 | - |
| Agreed public location | - | 15 | - | - | - | - |

Source: EDRS QLD REU interviews 2009 and 2010.

Note: Excludes participants who responded 'used not scored' and 'haven't used'

Table 37 shows that nightclubs were the most popular venue for methamphetamine intoxication among REU in 2010.

Table 37: Location of methamphetamine use most recent time used in the preceding six months, 2009 and 2010.

| <i>Percentages</i> | Speed | | Base | | Crystal | |
|---------------------|----------------|----------------|----------------|---------------|----------------|---------------|
| | 2009 (n=22) | 2010 (n=27) | 2009 (n=14) | 2010 (n=8) | 2009 (n=12) | 2010 (n=4) |
| Home | 32 | 19 | 36 | 14 | 50 | 75 |
| Friend's house | 14 | 7 | 21 | 14 | 33 | - |
| Dealer's house | 5 | - | - | 4 | - | - |
| Nightclub | 18 | 33 | 7 | 57 | - | - |
| Private party | 9 | 15 | - | - | - | - |
| Live music festival | 5 | 22 | 7 | - | - | - |
| Other | 18 | 4 | 29 | - | 17 | 25 |

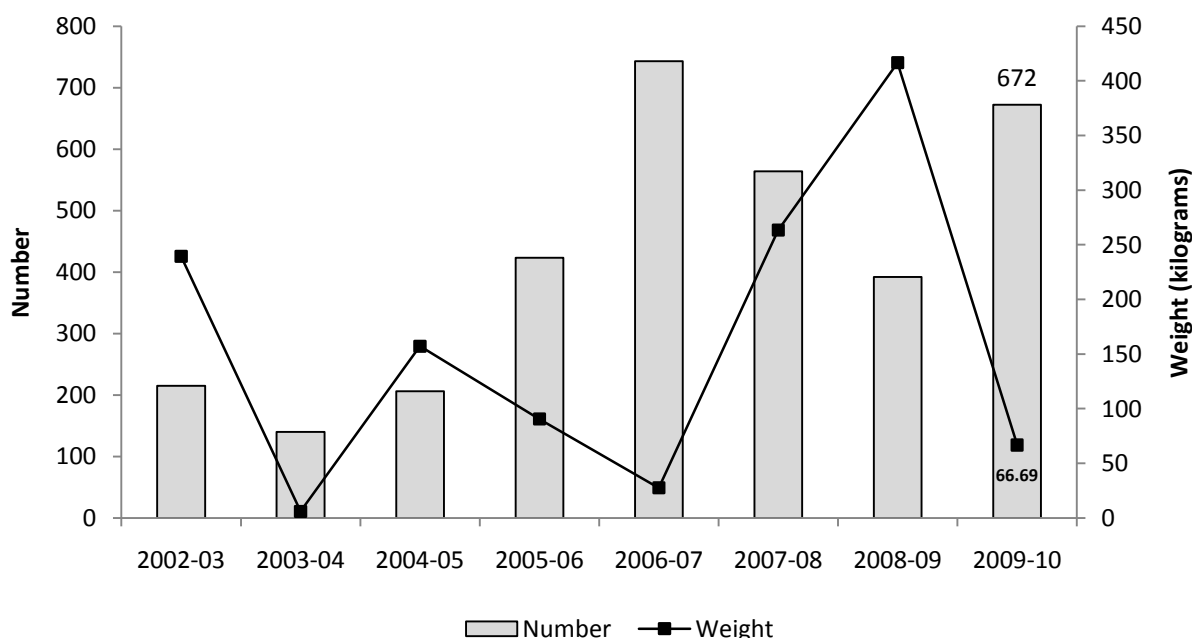
Source: EDRS QLD REU interviews 2009 and 2010.

Note: Excludes participants who responded 'used not scored' and 'haven't used'

5.2.5 Amphetamine-type stimulants (ATS) seizures

In the 2009-10 financial year, there was a total of 672 ATS seizures by the Australian Customs Service at the Australian border, weighing a total of 66.69 kilograms, compared to 392 seizures in 2008-09 weighing 416.55 kilograms (Figure 22).

Figure 22: Number and weight of methamphetamine seizures by ACS, 2002-03 to 2009-10.



Source: Australian Customs Service (ACS).

Note: ACS classifies amphetamine, methamphetamine and crystal methamphetamine as ATS.

5.2.6 Comments from key experts

High purity of crystal was reported by key experts, although one key expert noted that new cutting agents made it difficult to tell if crystal had been cut. Another key expert remarked that, *'quality really depends on skill of chemist/amphetamine cook'*. Key experts from the law enforcement sector reported that Queensland continued to have both the highest rate of amphetamine manufacturers and the highest rate of seizures. It was thought that: *'Media campaigns may have increased stigma towards ice [crystal] but it is still a healthy market'*. Key experts also noted that infrequent users tend to use base rather than crystal.

5.3 Cocaine

Key points

- The median price per gram of cocaine was reported at \$300 (\$160-\$600).
- Half of REU who commented reported the purity and strength of cocaine remained stable, at median strength.
- In 2010, 60% reported the ease of access of cocaine remained stable, with 42% perceiving it to be easy to obtain and 42% perceiving it to be difficult to obtain.

5.3.1 Price

Among participants who commented (n=20), the median reported price per gram of cocaine was \$300 (range \$160-\$600). This was the same as 2008 and 2009. As shown in Table 38, this is similar to data collected by the Australian Crime Commission.

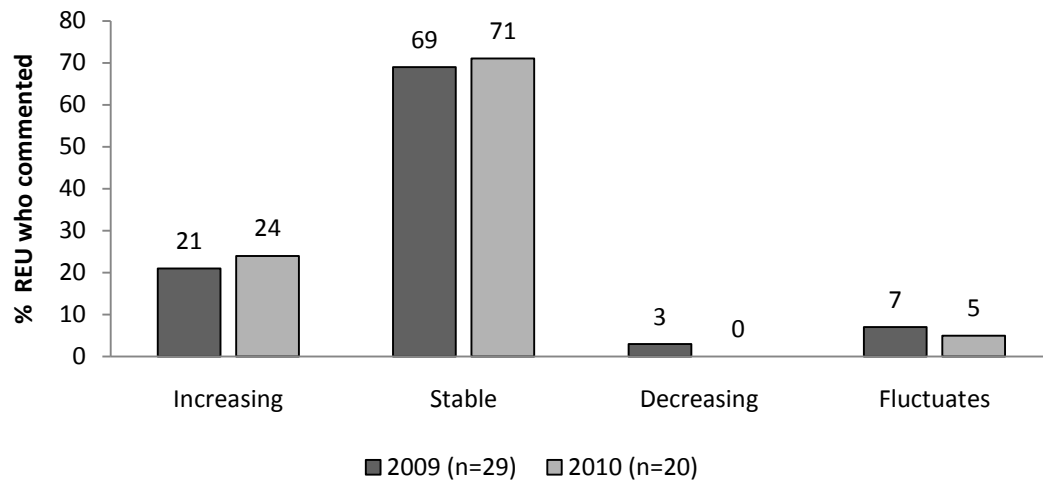
Table 38: Cocaine prices in Queensland, 2008–09.

| Weight | Price per unit (AUD) |
|--------------------|----------------------|
| 1 cap | \$50 |
| 1 gram | \$300-350 |
| 1 ounce (28 grams) | \$7,500 |

Source: Australian Crime Commission

Figure 23 shows that, similarly to 2009, the majority of participants who commented on the recent changes in the price of cocaine perceived the market to be stable.

Figure 23: User reports of recent changes in price of cocaine, 2009–2010

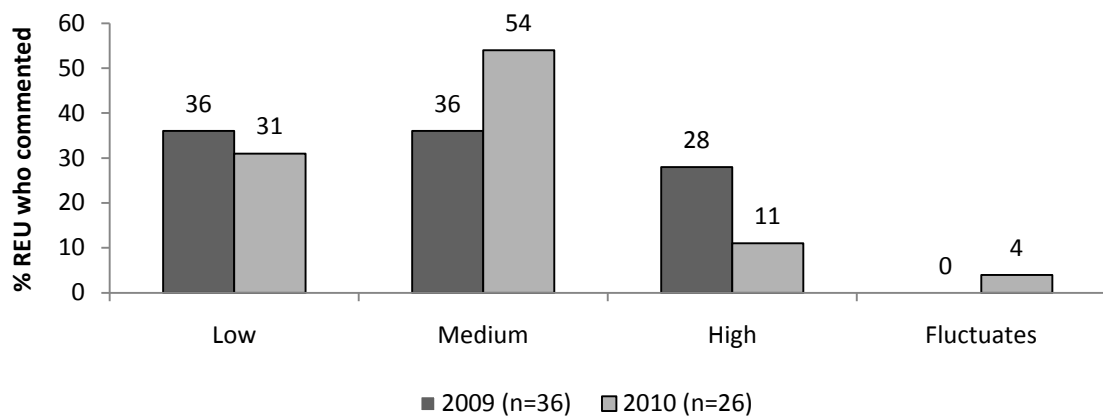


Source: EDRS QLD REU interviews 2009–2010.

5.3.2 Purity

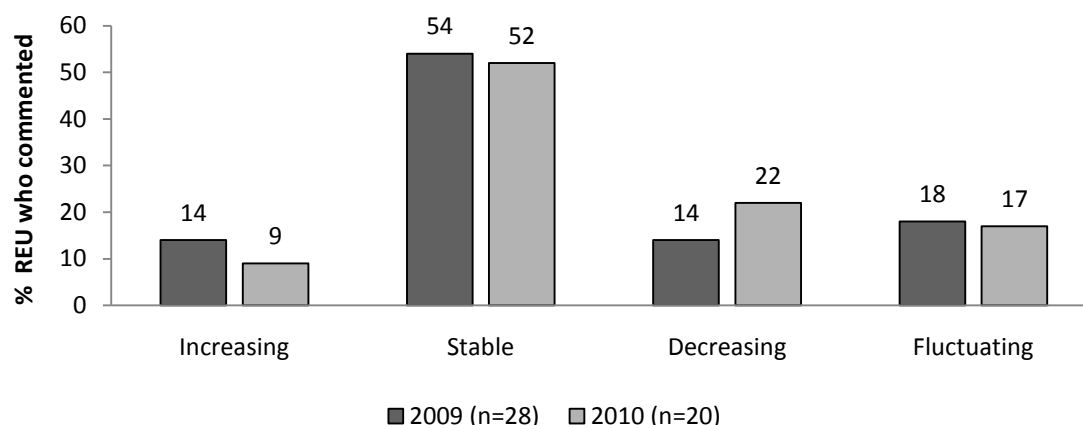
Half of REU who commented reported the purity of cocaine had remained stable, at a medium strength (Table 24 and 25).

Figure 24: User reports of current purity of cocaine, 2009 and 2010



Source: EDRS QLD REU interviews 2009 and 2010.

Figure 25: User reports of changes in cocaine purity in the past six months, 2009 and 2010



Source: EDRS QLD REU interviews 2009 and 2010.

Table 39 shows that the median purity of cocaine seizures by Queensland Police Service was 28% compared to 40% in 2006. There were fewer seizures by Australian Federal Police compared to QPS; however, the median purity was higher, at 41.7%.

Table 39: Median purity of cocaine seizures analysed in QLD, July 2006 – June 2009

| | 2006–07 | | 2007–08 | | 2008–09 | |
|-----|----------|------|----------|------|----------|------|
| | <i>n</i> | % | <i>n</i> | % | <i>n</i> | % |
| QPS | 109 | 40.2 | 133 | 35.2 | 214 | 28.1 |
| AFP | 63 | 76.1 | 6 | 84.6 | 6 | 41.7 |

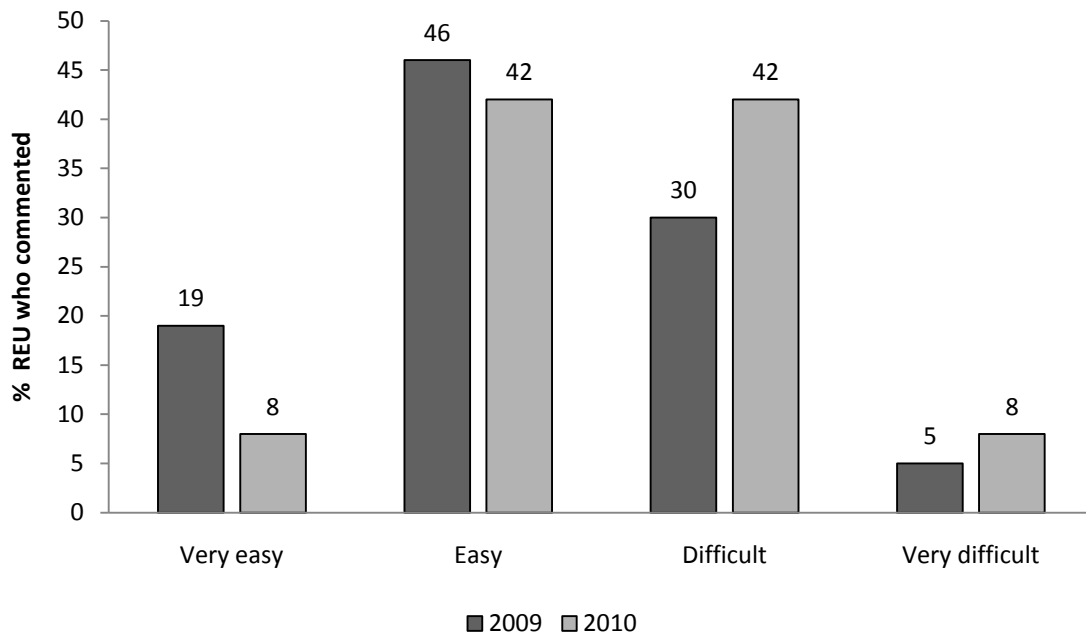
Source: Australian Crime Commission (ACC)

Note: Data not available for 2010. Figures do not represent purity of all cocaine seizures, but rather only those submitted for analysis.

5.3.3 Availability

Figure 26 shows inconsistencies in reports of cocaine availability with 42% of REU reporting it to be easy to obtain, and another 42% reporting it to be difficult.

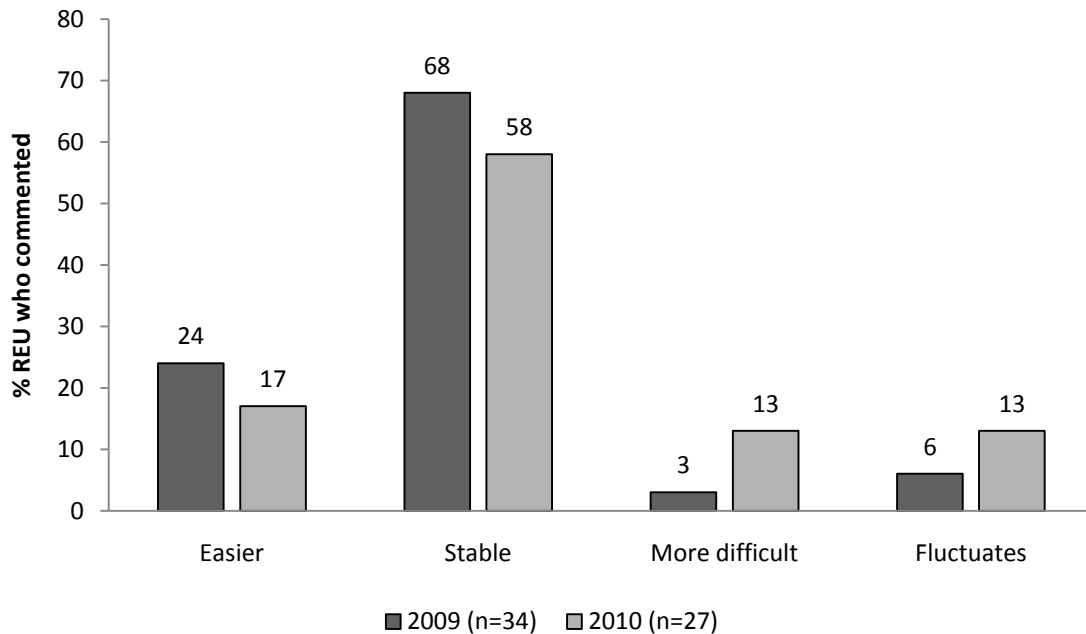
Figure 26: User reports of current availability of cocaine, 2009 and 2010



Source: EDRS QLD REU interviews 2009 and 2010.

Figure 27 shows that the majority of REU who commented reported the availability of cocaine remained relatively stable in the six months preceding the interview.

Figure 27: User reports of recent changes in cocaine availability, 2009 and 2010



Source: EDRS QLD REU interviews, 2009 and 2010.

5.3.4 Source person and source location

In the six months preceding the interview, two-thirds of REU who had used cocaine reported they had last purchased it from a friend (Figure 28).

Figure 28: Person from whom cocaine was purchased the most recent occasion used, 2009 and 2010

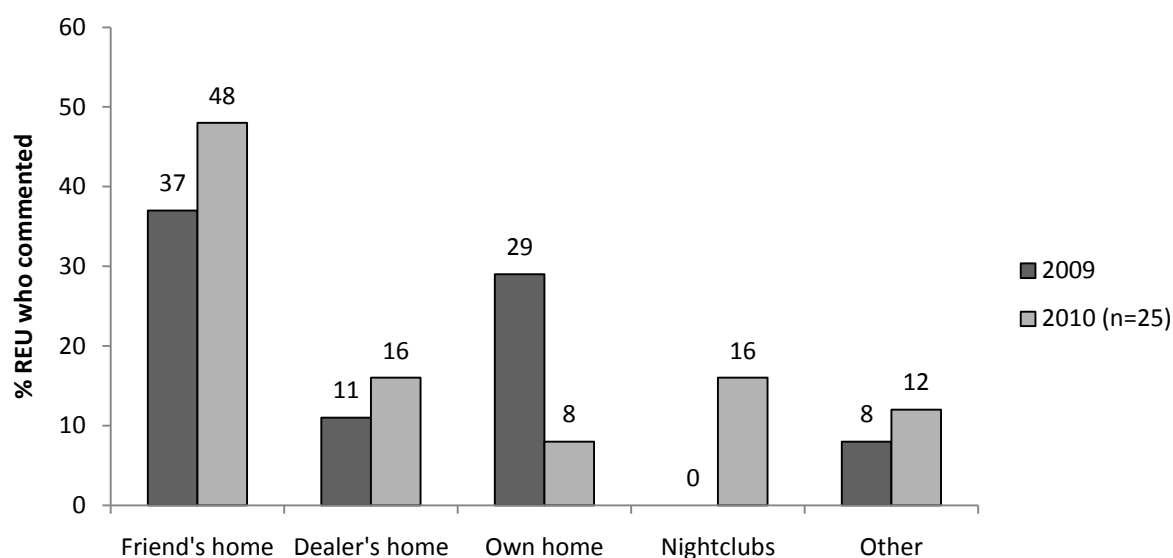


Source: EDRS QLD REU interviews 2009 and 2010.

Note: Excludes participants who responded 'used not scored' and 'haven't used'

About half of REU who commented reported they had purchased it at their home (Figure 29).

Figure 29: Location where cocaine had been purchased most recent time used, 2009 and 2010

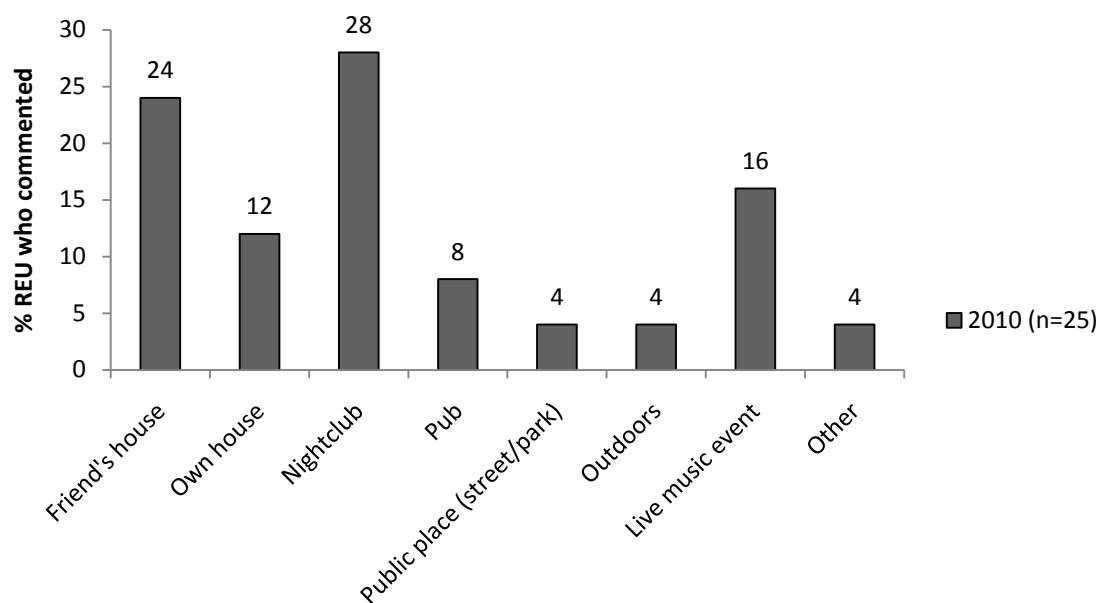


Source: EDRS REU interviews 2009 and 2010.

Note: Excludes participants who responded 'used not scored' and 'haven't used'

Figure 30 shows that nightclubs, followed by at a friend's house, were the most common venues of intoxication when cocaine was last used.

Figure 30: Location of most recent cocaine use in the preceding six months, 2010



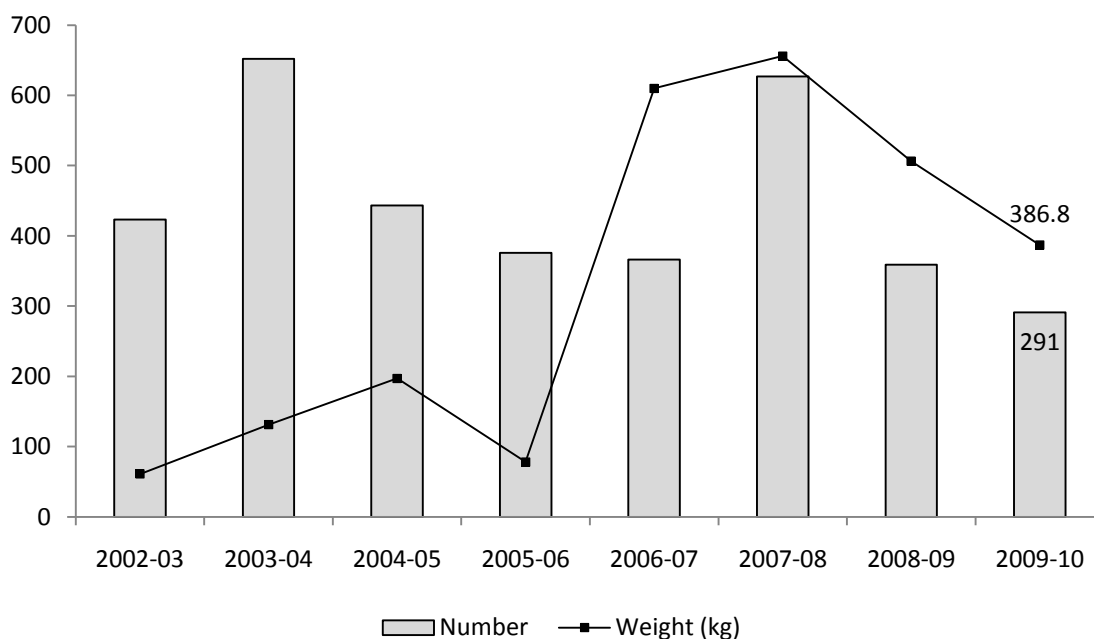
Source: EDRS QLD REU interviews in 2010.

Note: Excludes participants who responded 'used not scored' and 'haven't used'

5.3.5 Cocaine seizures

In 2009–10, there was a slight decrease in the weight and number of cocaine seizures by the Australian Customs Service at the Australian border (Figure 31).

Figure 31: Number and weight of cocaine seizures by ACS, 2002–03 to 2009–10



Source: Australian Customs Service.

In Queensland during the 2008–09 financial year, the state police confiscated 2.73 kilograms of cocaine with 142 seizures state-wide. The Australian Federal Police seized a further 295 grams in 19 seizures.

5.3.6 Comments from key experts

Key experts in the law enforcement sector reported that the cocaine market has been steadily evolving over the last five years. Other key experts reported that the price was a deterrent to young people wanting a relatively inexpensive drug to get high on when having a night out.

5.4 Ketamine

5.4.1 Price, purity and availability

Among the respondents who commented on the price (n=4), purity and availability of ketamine in the last six months, the reported price of ketamine per gram was \$165. Current strength and purity was rated high (n=2), with one respondent reporting purity was stable and the other that it had increased in the preceding six months. Current ease of access and the change in availability of ketamine in the preceding six months was inconclusive (n=3).

5.4.2 Source and locations of use

Of the four participants who responded about their last purchase of ketamine, three obtained it from a friend, the other from an unknown dealer. Two obtained it whilst at a friend's house, one purchased it in their own home and the other at a pub.

5.4.3 Ketamine seizures

The Australian Customs Service made 22 ketamine seizures at the Australian border in the 2009–10 financial year. The total weight of these seizures was not specified.

5.5 GHB

5.5.1 Price, purity and availability

Only one respondent commented on the price, purity and availability of GHB. The reported price was \$5/ml, and this price had increased in the last six months. Purity was reported to be high, yet the strength of GHB had fluctuated in the preceding six months. It was reported to be difficult to obtain, and this had become increasingly difficult over the last six months. The Australian Crime Commission reported the street price of GHB to be \$3 per millilitre and \$2,000 per litre.

5.5.2 Source and locations of use

GHB was sourced from a friend, at a friend's house and was used at a nightclub (n=1).

5.5.3 GHB and GBL seizures

In 2009/10, ACS made 44 seizures of gammabutyrolactone (GBL), a precursor chemical for GHB at the Australian border. The total weight of these seizures was not specified.

5.6 LSD

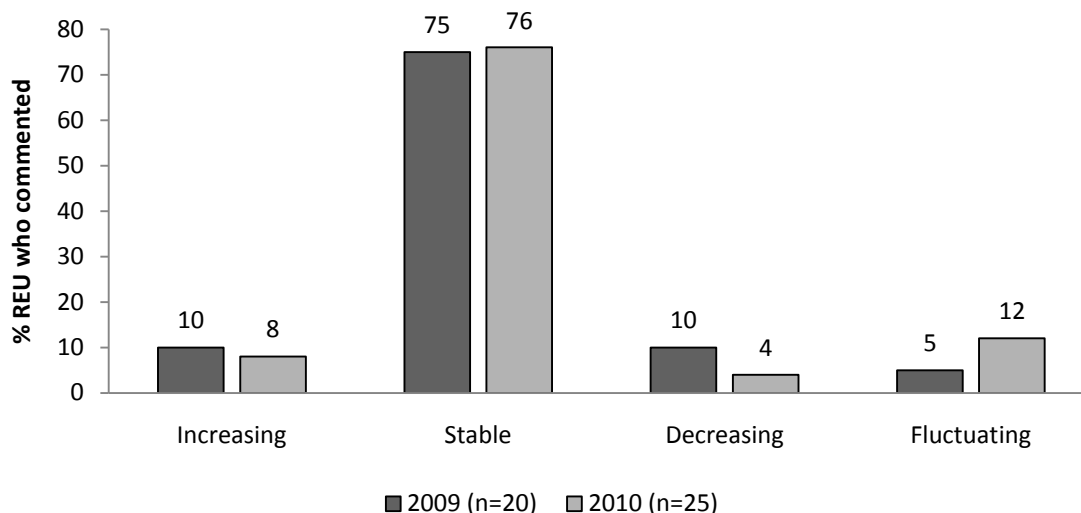
Key points

- Three-quarters of REU who commented reported the price of LSD remained stable over the six months preceding the interview.
- The median price per tab of LSD was reported at \$20 (\$5-\$30).
- 90% of REU who commented reported strength of LSD to be medium to high, with two-thirds reporting that strength remained stable.
- Just over 60% of those who commented perceived LSD to be easy or very easy to obtain.

5.6.1 Price

The median reported price of LSD for last purchase was \$20 (range \$5-30; n=28). The Australian Crime Commission reported the price to be \$25 per tab. Figure 32 shows that, similarly to 2009, three-quarters of REU who reported on the price of LSD considered it to have remained stable in the six months preceding the interview.

Figure 32: User reports of change in price of LSD in preceding six months, 2009 and 2010

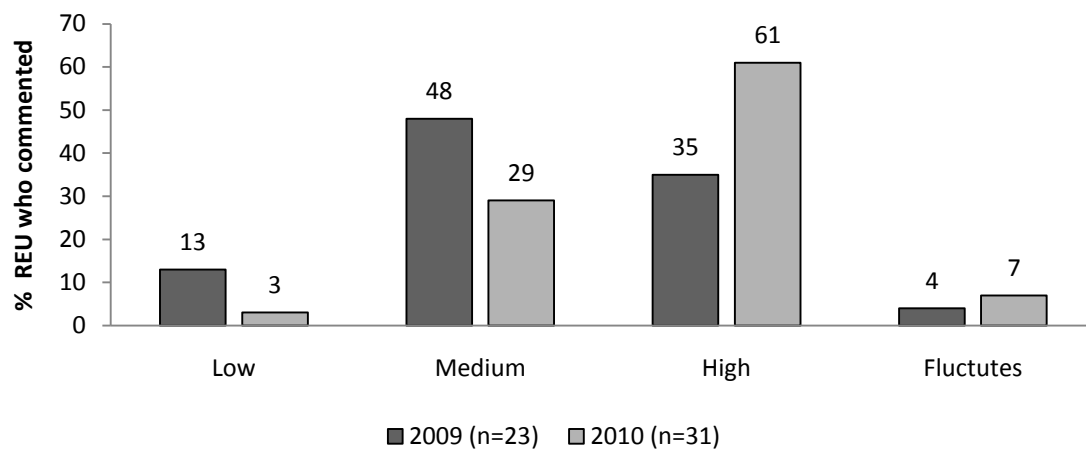


Source: EDRS QLD REU interviews 2009 and 2010.

5.6.2 Purity

Figure 33 shows that 61% of REU reported LSD to be of high purity in 2010 compared to 35% in 2009.

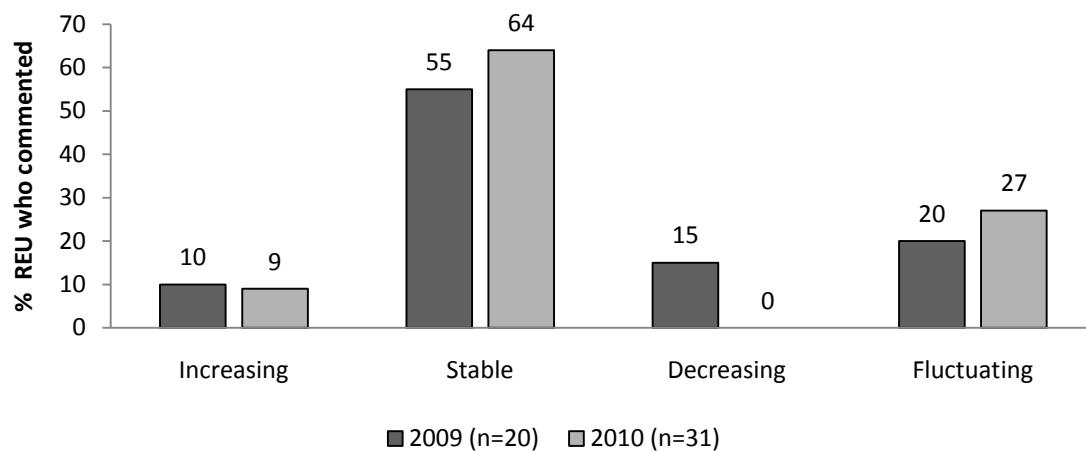
Figure 33: User reports of purity/strength of LSD in preceding six months, 2009 and 2010



Source: EDRS QLD REU interviews 2009 and 2010.

Two-thirds of REU perceived the purity of LSD to have remained stable in the six months preceding the interview.

Figure 34: User reports of recent changes in purity/strength of LSD, 2009 and 2010.

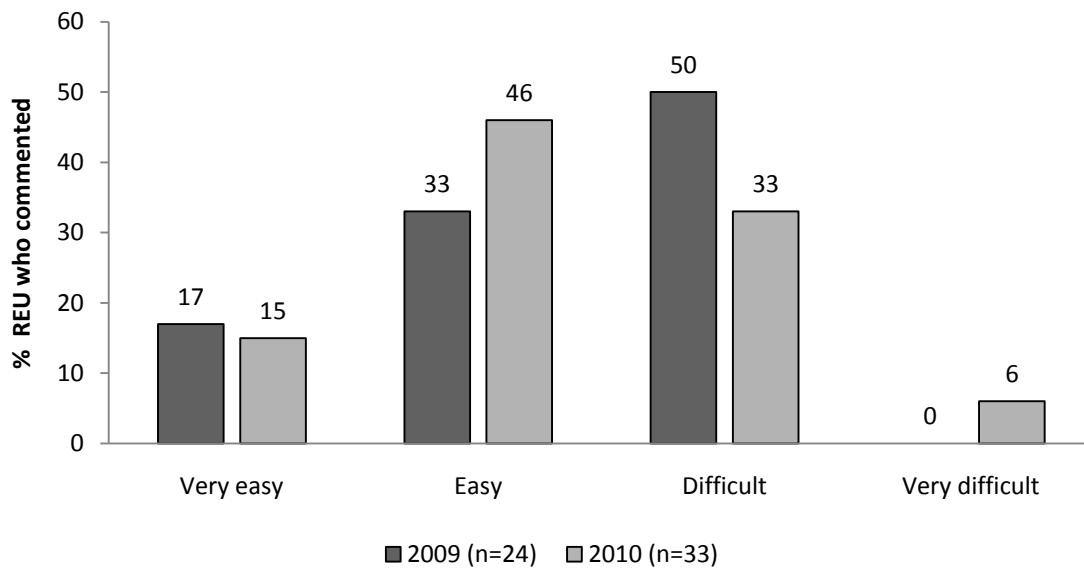


Source: EDRS QLD REU interviews 2009 and 2010.

5.6.3 Availability

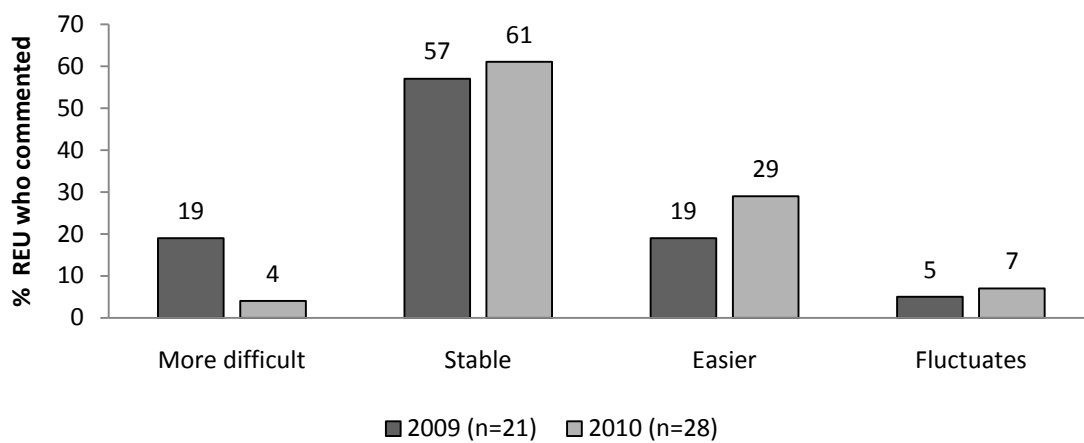
Figures 35 and 36 show the reported availability of LSD, in the six months preceding the interview. A higher percentage of respondents reported easy availability in 2010 compared with 2009.

Figure 35: User reports of current availability of LSD, 2009 and 2010



Source: EDRS QLD REU interviews 2009 and 2010.

Figure 36: Reported change in availability of LSD in the preceding six months, 2009 and 2010

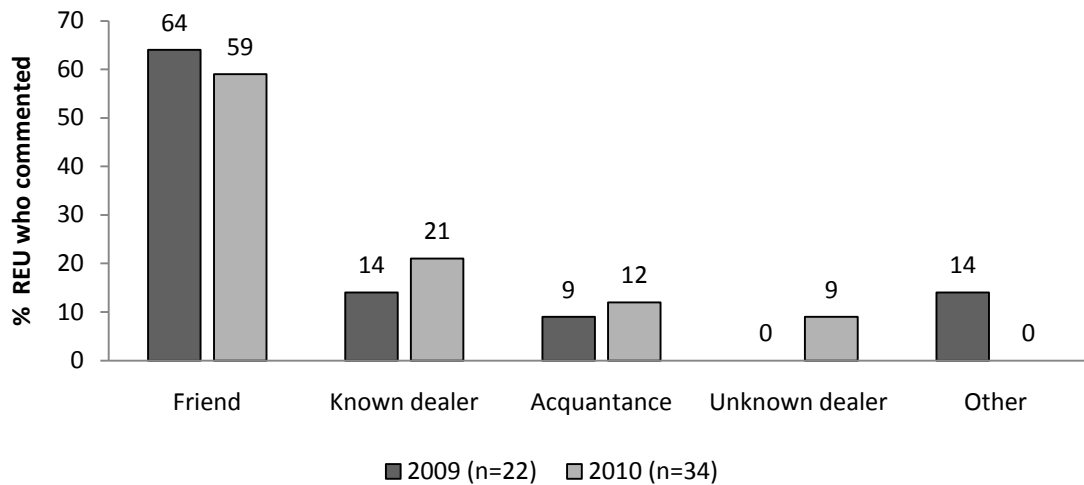


Source: EDRS QLD REU interviews 2009 and 2010.

5.6.4 Source and locations of use

Similarly to 2009, in 2010 friends were the most common person REU obtained LSD from the most recent time they purchased it (Figure 37).

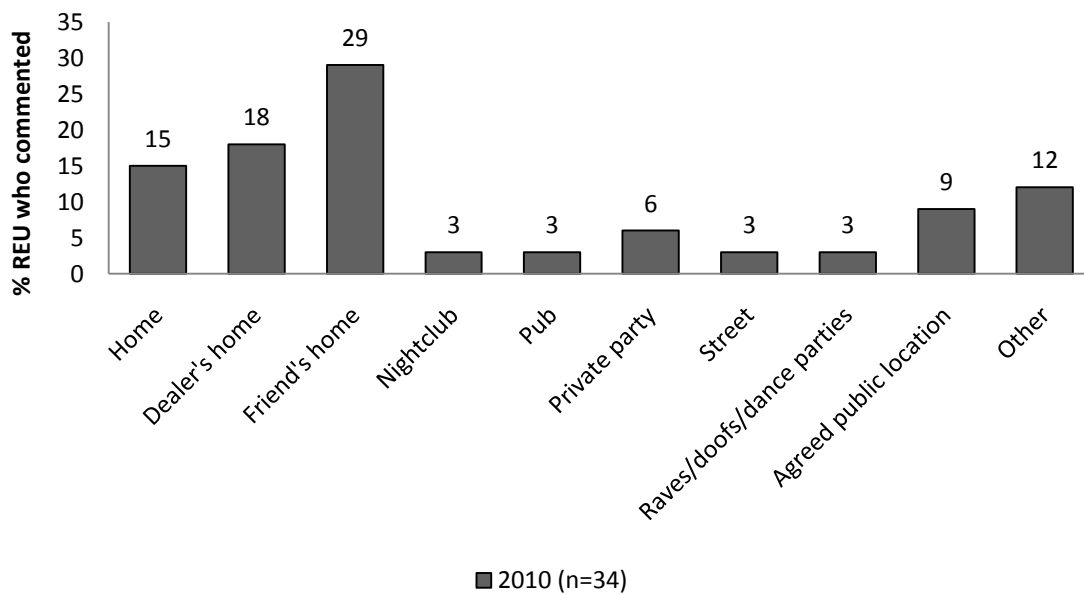
Figure 37: Source person of most recent LSD purchase, 2009 and 2010.



Source: EDRS QLD REU interviews 2009 and 2010.

As in 2009, most REU scored LSD at a friend’s home (Figure 38).

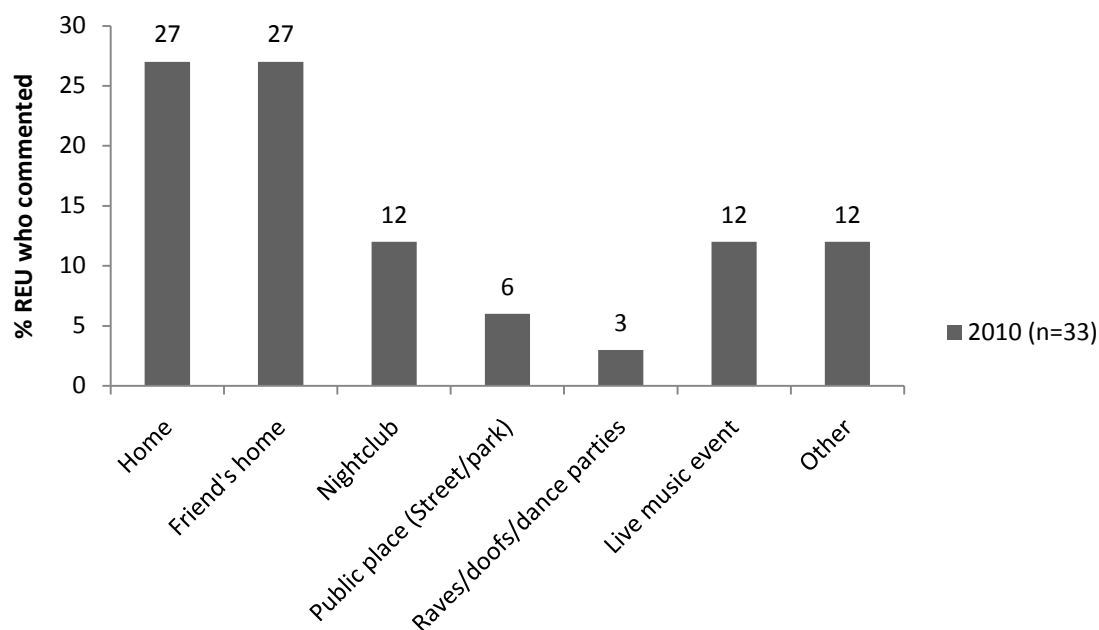
Figure 38: Location of most recent LSD purchase, 2010



Source: EDRS QLD REU interviews in 2010.

Figure 39 shows that the most common venues of most recent LSD intoxication among REU was in their own home or at a friend’s home.

Figure 39: Last location spent most time whilst intoxicated on LSD, 2010



Source: EDRS QLD REU interviews in 2010.

5.6.5 LSD seizures

In 2009-10, the Australian Customs Service made two seizures of LSD at the Australian border. The total weight of these seizures was not specified.

In Queensland during the 2008–09 financial year, the state police made 10 seizures of hallucinogens (including LSD), weighing a total of 86 grams. No seizures of hallucinogens were recorded by the Australian Federal Police during this time period in Queensland.

5.6.6 Comments from key experts

One key expert reported an increase in the amount of LSD per tab, with LSD being found on 'Tiny Teddy' biscuits as well as a resurgence of LSD on sugar cubes. Another key expert reported that the high quality of LSD meant that it was considered to be less risky to use than ecstasy.

5.7 Cannabis

Key points

- The median price of hydro cannabis was reported at \$325 per ounce, and \$260 per ounce of bush cannabis.
- 83% of those who commented perceived the price of cannabis to have remained stable over the six months preceding the interview.
- The strength remained stable, with hydro reported to be of higher purity and strength than bush cannabis.
- Of those who commented, 90% perceived hydro to be easy or very easy to obtain, while 58% reported access to bush to be easy or very easy.

5.7.1 Price

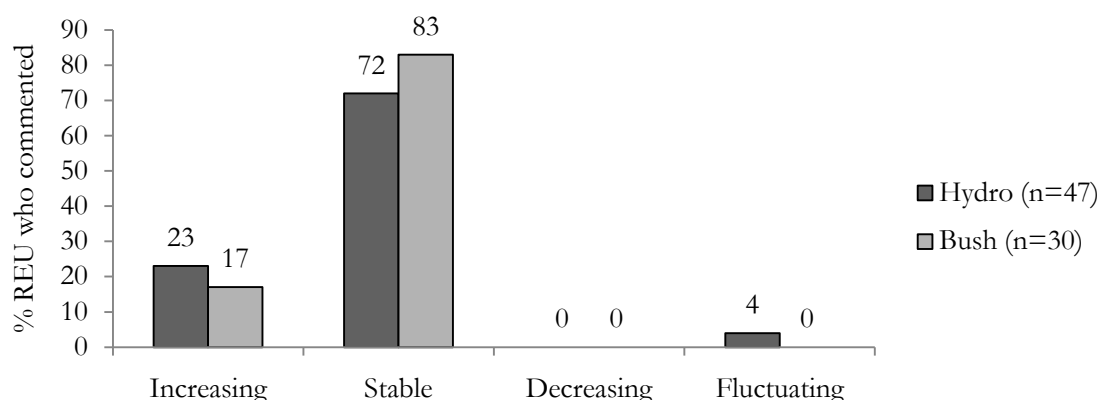
The price of both hydroponic and bush cannabis remained largely stable in 2010, with the median price of one ounce of hydro being reported at \$325, and \$260 for an ounce of bush cannabis (see Table 40 and Figure 40).

Table 40: Median price and range of most recent cannabis purchase, 2009 and 2010

| Amount | 2009 | 2010 |
|---------------|---------------------|---------------------|
| Hydro | | |
| Gram | \$25 (\$10-\$50) | \$25 (\$15-\$25) |
| Quarter ounce | \$90 (50-120) | \$90 (\$50-\$120) |
| Ounce | \$300 (\$160-\$800) | \$325 (\$150-\$370) |
| Bush | | |
| Gram | \$25 (\$10-\$50) | \$15 (\$10-\$20) |
| Quarter ounce | \$70 (\$50-\$90) | \$75 (\$50-\$150) |
| Ounce | \$250 (\$80-\$350) | \$260 (\$200-\$300) |

Source: EDRS QLD REU interviews 2009 and 2010.

Figure 40: Change in price of cannabis in preceding last six months, 2009 and 2010



Source: EDRS QLD REU interviews 2009 and 2010.

The prices of cannabis reported by Australian Crime Commission were similar to prices reported by REU (Table 41).

Table 41: Cannabis prices in Queensland, 2008–09

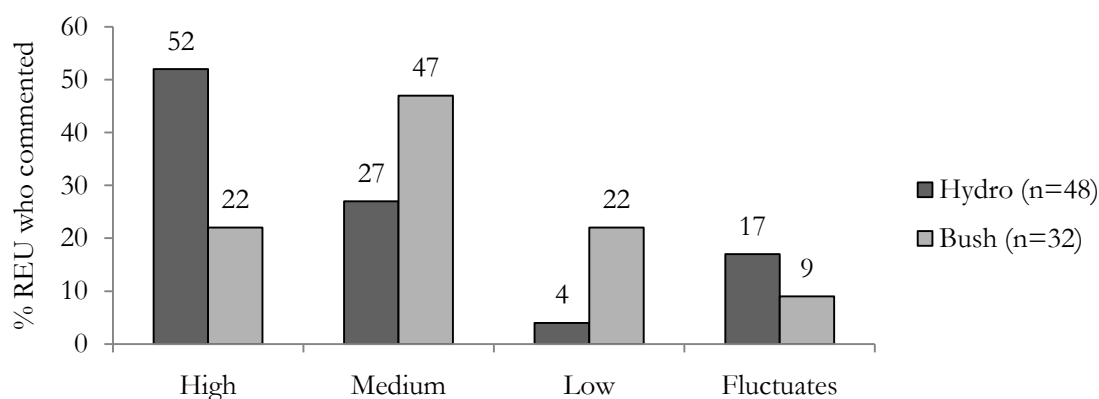
| Weight | Price per unit (AUD) | |
|---------------------|----------------------|---------|
| | Hydro | Bush |
| 1 gram | \$25-35 | \$25 |
| 1 ounce (28 grams) | \$350 | \$250 |
| 1 pound (454 grams) | \$3,800-4,500 | \$3,000 |

Source: Australian Crime Commission

5.7.2 Purity

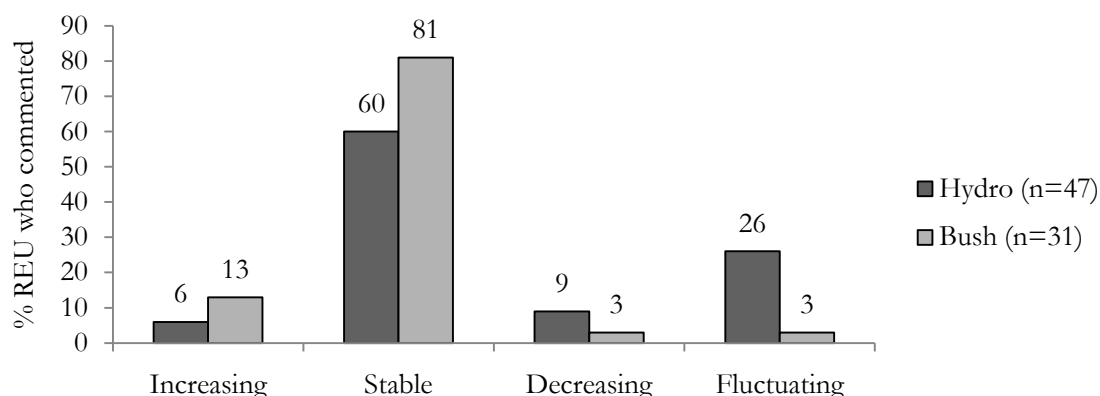
The purity and strength of hydro was perceived to be higher than that of bush. The purity and strength of cannabis was reported to have remained largely stable in the six months preceding the interview.

Figure 41: Current purity of cannabis, 2010



Source: EDRS QLD REU interviews 2010.

Figure 42: Reported change in purity/strength of cannabis in the preceding six months, 2010



Source: EDRS QLD REU interviews 2010.

5.7.3 Availability

Table 42 shows perceived access to hydro cannabis and bush. The availability of cannabis has remained stable in the preceding six months and reports are very similar to 2009.

Table 42: Availability of cannabis in the preceding six months, 2009 and 2010

| | Hydro | | Bush | |
|--|----------------|----------------|----------------|----------------|
| | 2009 (n=60) | 2010 (n=50) | 2009 (n=48) | 2010 (n=31) |
| Current ease of access (%) | | | | |
| Very easy | 40 | 62 | 25 | 26 |
| Easy | 52 | 28 | 33 | 32 |
| Difficult | 5 | 10 | 40 | 39 |
| Very difficult | 2 | - | 2 | 3 |
| Change in availability in last six months (%) | | | | |
| More difficult | 14 | 18 | 14 | 16 |
| Stable | 66 | 68 | 68 | 74 |
| Easy | 8 | 6 | 14 | 3 |
| Fluctuates | 12 | 8 | 5 | 7 |

Source: EDRS QLD REU interviews 2009 and 2010.

* only those who commented. 'don't know' omitted. Numbers may vary due to missing data.

5.7.4 Source and locations of use

The most recent time they obtained cannabis, the majority of REU obtained cannabis from a friend. The most common score location was at a friend's home, followed by their own home. The most recent time they were intoxicated, most REU used cannabis in their own home.

Table 43: Details of most recent cannabis purchase/use, 2010

| | Hydro | | Bush | |
|--|----------------|----------------|----------------|----------------|
| | 2009 (n=58) | 2010 (n=49) | 2009 (n=47) | 2010 (n=30) |
| Score person (%) | | | | |
| Friend | 67 | 71 | 77 | 67 |
| Known dealer | 19 | 24 | 9 | 17 |
| Other | 15 | 4 | 15 | 17 |
| Score location (%) | | | | |
| Home | 19 | 29 | 30 | 27 |
| Dealer's home | 19 | 16 | 9 | 17 |
| Friend's home | 56 | 43 | 49 | 43 |
| Agreed public location | - | 4 | 9 | 3 |
| Work | - | 4 | - | 3 |
| Other | 7 | 4 | 3 | 7 |
| Venue spent most time intoxicated (%) | | | | |
| Home | 67 | 69 | 54 | 65 |
| Friend's home | 26 | 18 | 28 | 29 |
| Other | 8 | 12 | 18 | 6 |

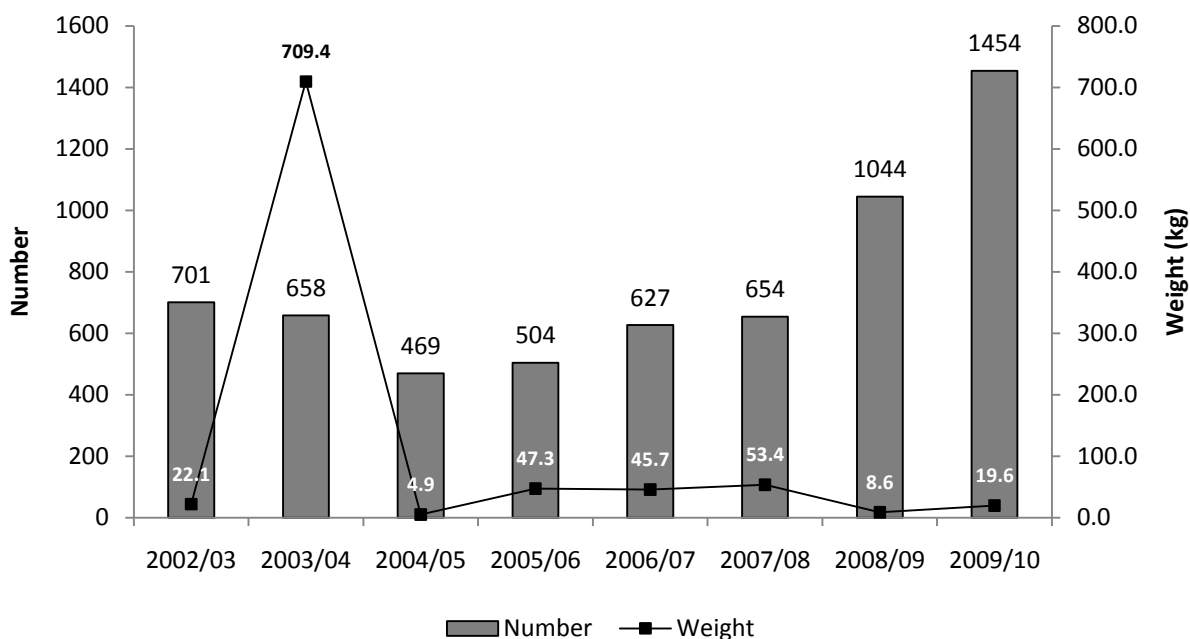
Source: EDRS QLD REU interviews 2009 and 2010.

* 'don't know' and 'haven't obtained' omitted. Numbers may vary due to missing data.

5.7.5 Cannabis seizures

There was an increase in the number of seizures for cannabis and related cannabis products at the Australian border by the Australian Customs Service in 2009–10, with seizures yielding almost double the recorded weight confiscated in 2008–09.

Figure 43: Number and weight of cannabis seizures by ACS, 2002–03 to 2009–10



Source: Australian Customs Service

5.7.6 Comments from key experts

Key experts from the law enforcement sector reported that cannabis is supplied exclusively from the domestic market with large outdoor and hydroponic producers as well as small home producers. Key experts also reported an increase in hydroponic production as cannabis is the stable ‘cash crop’ which facilitates other business. Consistent with information from respondents, price of cannabis was reported by key experts as ranging from \$10 to \$40 per gram.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUG USE

Key points

- 10% of REU reported an accidental stimulant overdose in the 12 months preceding the interview.
- 13% of REU reporting an accidental overdose on a depressant drug.
- 34% of REU reported accessing a health/medical service in relation to their drug use in the six months preceding the interview, half of whom reported attending a GP consultation and one-quarter visiting the emergency department.
- Using criteria from the Kessler Psychological Distress Scale (K10), two-thirds of REU were found to have moderate to very high levels of distress.
- One-third of REU self-reported having a mental health problem in the six months preceding the interview, with anxiety and depression being the most common.

6.1 Overdose and drug-related fatalities

6.1.1 Non-fatal stimulant overdose

- 17% reported having ever experienced an accidental stimulant overdose.
- 59% of those who had ever had a stimulant overdose had had one in the last 12 months.
- Participants reported a median of one time for the number of stimulant overdoses in their lifetime (range: 1-20 times).
- The median time since the most recent stimulant overdose reported by participants was 7.5 months (range: 1 day to 4 years ago).
- Among REU who reported having had a stimulant overdose in the preceding 12 months, the median number of hours spent partying before the overdose occurred was seven hours. Responses ranged from 4-72 hours.
- Eight out of the ten REU who experienced a stimulant overdose in the previous 12 months received some form of treatment.

Table 44: Details of most recent accidental stimulant overdose in the preceding 12 months, 2010

| | QLD (n=10) |
|---|---------------|
| Main drug attributed to the overdose | |
| Ecstasy | 8 |
| Meth powder | 1 |
| Other | 1 |
| Other drugs taken prior to overdose* | |
| No other drugs were taken | 1 |
| Alcohol | 7 |
| Cannabis | 2 |
| Ecstasy | 2 |
| Meth powder | 2 |
| Ice/crystal | 1 |
| Cocaine | 1 |
| Benzodiazepines | 1 |
| Energy drinks | 1 |
| Anti-depressants | 1 |
| Location | |
| Home | 2 |
| Friend's home | 3 |
| Nightclub | 2 |
| Pub | 1 |
| Live music event | 2 |

Source: EDRS QLD REU interviews 2010.

* multiple responses permitted

Table 45: Symptoms experienced during stimulant overdose, 2010

| | QLD (n=10) |
|----------------------------|---------------|
| Nausea | 8 |
| Vomiting | 7 |
| Chest pain | 4 |
| Tremors | 5 |
| Increased body temperature | 8 |
| Rapid breathing | 4 |
| Shallow breathing | 2 |
| Headache | 5 |
| Extreme anxiety | 4 |
| Panic | 6 |
| Extreme agitation | 3 |
| Paranoia | 3 |
| Auditory hallucinations | 2 |
| Visual hallucinations | 2 |
| Agitation | 3 |
| Delirium/confusion | 6 |
| Passed out | 6 |
| Dizziness | 6 |
| Muscle tension | 6 |
| Other | 4 |

Source: EDRS QLD REU interviews 2010.

* multiple responses permitted

Table 46: Treatment received most recent stimulant overdose, 2010

| | QLD (n=10) |
|--------------------------------|---------------|
| Monitored/watched by friends | 4 |
| Ambulance attendance | 3 |
| Hospital emergency department | 3 |
| Received oxygen | 2 |
| Counsellor | 2 |
| CPR from a health professional | 1 |
| GP | 1 |
| Psychologist | 1 |
| Psychiatrist | 1 |
| Other ('drank orange juice') | 1 |

Source: EDRS QLD REU interviews 2010.

* multiple responses permitted

6.1.2 Non-fatal depressant overdose

- 20% of REU had experienced an accidental non-fatal depressant overdose in their lifetime.
- The median number of accidental depressant overdoses was two times, ranging from 1 to 15 times.

- When asked how long since the most recent overdose, the median was 5.5 months, with responses ranging from 1 week to 27 years ago.
- 11 out of 13 respondents who reported a depressant overdose in the previous 12 months received some form of treatment: monitored/watched by friends (10), hospital emergency department (4), ambulance attendance (2), and CPR by a health professional (1).
- The median number of hours spent partying before the overdose occurred was 4 hours, with responses ranging from ½ hour to 7 hours.

Table 47: Details of most recent accidental depressant overdose in the preceding 12 months, 2010

| | QLD (n=13) |
|---|---------------|
| Main drug attributed to the overdose | |
| Alcohol | 11 |
| GHB | 1 |
| Poppy seed tea | 1 |
| Other drugs taken | |
| No other drugs were taken | 3 |
| Cannabis | 2 |
| Alcohol | 1 |
| Ecstasy | 1 |
| LSD | 1 |
| Location | |
| Home | 5 |
| Friend's home | 1 |
| Nightclub | 2 |
| Pub | 3 |
| Live music event | 1 |
| Private party | 1 |

Source: EDRS QLD REU interviews 2010.

* more than one response permitted

Table 48: Symptoms experienced during depressant overdose, 2010

| | QLD (n=30) % |
|----------------------|--------------------|
| Suppressed breathing | 35 |
| Turning blue | 15 |
| Collapsing | 85 |
| Losing consciousness | 69 |
| Vomiting | 85 |
| Other | 62 |

Source: EDRS QLD REU interviews 2010.

* multiple responses permitted

6.1.3 Queensland Ambulance Service

Table 49 presents the number of attendances during the 2009–2010 financial year by the Queensland Ambulance Service to people who were coded as having a drug overdose and the primary drug was recorded. There were very similar patterns in both years. Alcohol was by far the most common primary drug followed by anti-depressants, benzodiazepines and heroin.

Table 49: Overdose cases attended by Queensland Ambulance Service where primary substance was recorded, 2008–09 to 2009–10

| Primary drug | 2008–2009 | 2009–2010 |
|-----------------|-----------|-----------|
| Alcohol | 3,414 | 3,629 |
| Antidepressants | 724 | 766 |
| Benzodiazepines | 445 | 467 |
| Heroin | 189 | 242 |
| Antipsychotics | - | 228 |
| Cannabis | 169 | 182 |
| Ecstasy | 222 | 166 |
| Amphetamines | 129 | 132 |
| Inhalants | 63 | 74 |
| Methadone | 28 | 39 |
| GHB | - | 38 |
| Cocaine | 23 | 33 |
| Buprenorphine | 5 | 5 |

Source: Queensland Ambulance Service.

These data are conservative for several reasons, and cannot be considered a definitive record of the number of overdoses attended by the service in the specified time period. Queensland Ambulance Service data do not include formal diagnoses, as these are not made until the patient has received treatment at a hospital emergency department. Also the ambulance service may have attended people who had overdosed without an overdose code being assigned, thus excluding them from the data shown.

Moreover, the ‘drug type’ field is optional as it is not always possible for paramedics to establish the drug type involved. Only the primary drug is recorded so the data does not capture the range of different illicit drugs that may be involved in each overdose case. Finally, these data relate only to cases where the primary case nature was coded as overdose. Any overdose cases where the overdose was coded as secondary to the primary problem are not included (e.g. cardiac arrest due to drug overdose, trauma, and/or psychiatric cases).

6.2 Help-seeking behaviour

- 34% of REU accessed some form of medical and health services in the six months preceding the interview, in relation to their drug use.

Table 50: Type of service accessed by respondents who reported having used medical/health service in relation to their drug use in the preceding six months, 2009 and 2010

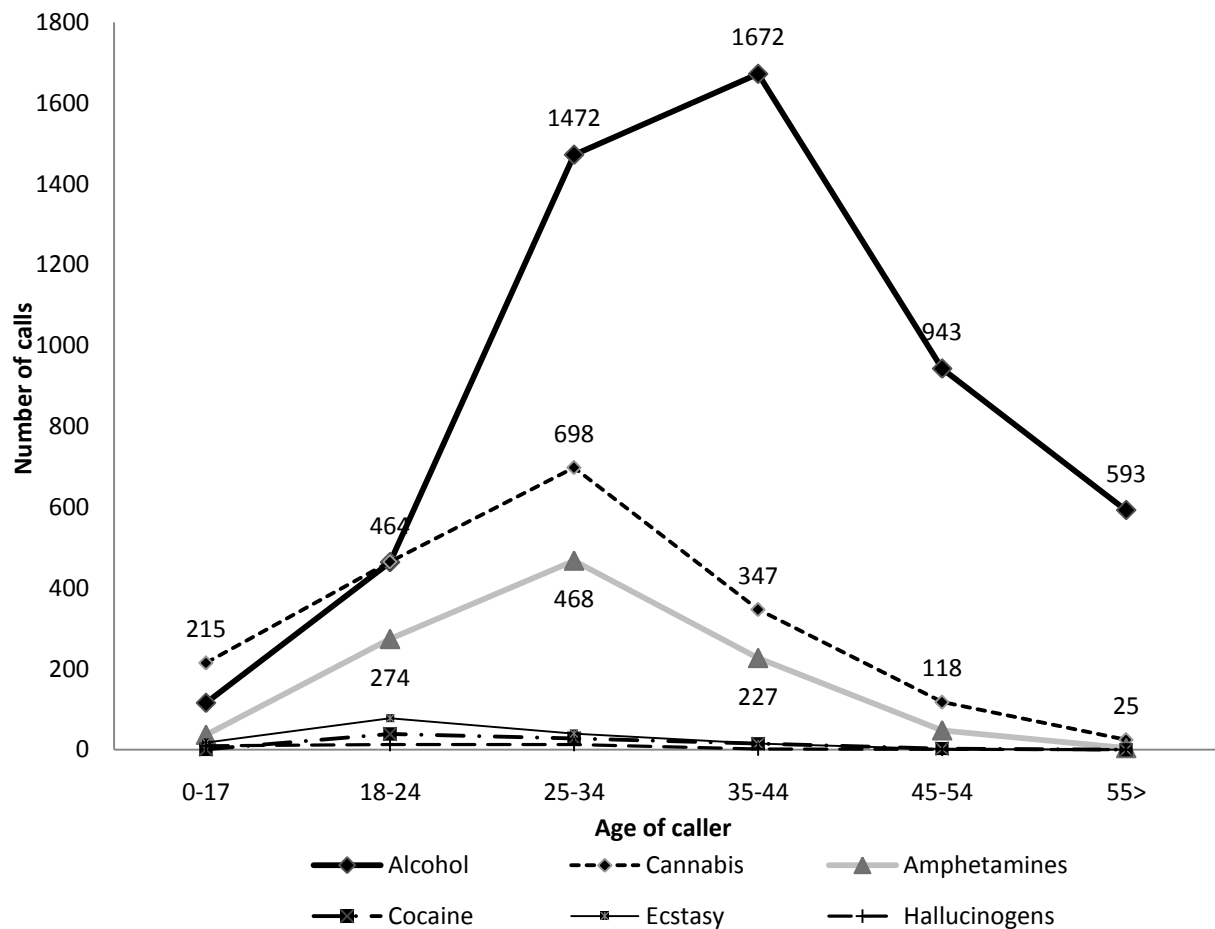
| | 2009 (n=24) (%) | 2010 (n=34) (%) |
|----------------------------|-----------------------|-----------------------|
| First aid | 13 | 12 |
| Ambulance | 13 | 15 |
| Emergency department | 17 | 26 |
| Hospitalisation (admitted) | 13 | 18 |
| GP | 75 | 50 |
| Counsellor | 26 | 6 |
| Drug and alcohol worker | 21 | 21 |
| Social/welfare worker | 4 | 3 |
| Psychologist | 21 | 21 |
| Psychiatrist | 13 | 15 |
| Telephone counselling | 13 | 6 |
| Internet counselling | 0 | 9 |
| Other | 0 | 3 |

Source: EDRS QLD REU interviews 2009 and 2010.

* multiple responses permitted

A total of 10,032 calls were made to the Alcohol and Drug Information Service (ADIS) in Queensland during the 2009–10 financial year. The majority of calls were made in relation to alcohol use (52%), followed by cannabis (17%), then amphetamines (10%). One percent (n=174) of calls were ecstasy related, and less than 1% were attributed to cocaine and hallucinogens. Males were more likely to use this service, regardless of drug type and of age. Figure 44 presents the number of calls made by drug type and age. The age patterns of callers are similar for cannabis and amphetamines, peaking at 25-34 years of age. However, those accessing the service for alcohol-related issues tend to be older.

Figure 44: Number of calls to Alcohol and Drug Information Service (ADIS) by drug type and age, Queensland 2009–10



Source: Alcohol and Drug Information Service.

6.3 Drug treatment

In 2010, 6% of REU reported currently receiving drug treatment. This is consistent with findings from previous years that have reflected only a minority of EDRS participants are actively involved in drug treatment. Only one participant specified the type of treatment they were involved in, which was an amphetamine detox program at the Princess Alexander Hospital.

6.4 Other self-reported problems associated with ecstasy and related drug use

In 2010, 18% of REU reported that their drug use caused them to have repeated problems with family, friends or people at work or school in the last six months, with half attributing alcohol (n=9) as the main drug contributing to these problem, and one-quarter reporting it was ecstasy (n=4).

Recurrent legal problems in the last six months were reported by 7% of REU, attributing alcohol (n=4) and ecstasy (n=3) as the main drugs contributing to these problems.

When asked whether they had drug-related risk problems in the last six months, 35% of REU reported they had recurrently found themselves in situations where they were under the influence of any drug when they could have gotten themselves or others hurt, or put themselves or others at risk. Of these respondents, half (n=17) reported alcohol was the most common drug contributing to this behaviour, and 31% (n=11) attributed it to their ecstasy use.

Among REU, 37% reported having responsibility problems in the preceding six months. This included interference due to their drug use with their responsibilities at home, work or school (e.g. repeated absences, poor performance and neglect). Most attributed alcohol as the main problematic drug (n=20), followed by cannabis (n=8), and then ecstasy (n=7).

6.5 Mental health problems

6.5.1 Mental health problems and psychological distress (K10)

The Kessler Psychological Distress Scale (K10; Kessler & Mroczek, 1994) was designed as a screening tool for measuring psychological distress. It is comprised of ten questions about any anxiety and/or depressive symptoms the person may have experienced during the previous four weeks. A 5-point Likert scale was used for responses, which range from ‘all of the time’ to ‘none of the time’ with a maximum possible score of 50.

K10 scores reflecting ‘risk’ are often categorised as follows: ‘low’ – the person is likely to be well (scores 10-15); ‘moderate’ – the person may have a mild mental disorder (scores 16-20); ‘high’ – the person is likely to have a moderate mental disorder (scores 22-29); and ‘very high’ – the person is likely to have a severe mental disorder (scores 30-50). The K10 has been shown to have sound psychometric properties and its validity in identifying anxiety and affective disorders is well established (Andrews & Slade, 2001).

The K10 was included in the EDRS for the first time in 2006. In 2010, 101 participants completed the K10. Levels of distress were very similar to 2009. The median total score in 2010 was 18 (range 10-38).

Table 51: K10 level of distress among REU, 2009 and 2010

| | 2009 (n=88) | 2010 (n=101) |
|------------------------|----------------|-----------------|
| Low to no distress (%) | 35 | 34 |
| Moderate distress (%) | 33 | 38 |
| High distress (%) | 24 | 22 |
| Very high distress (%) | 8 | 7 |

Source: EDRS QLD REU interviews 2009 and 2010.

6.5.2 Self-reported mental problems and medication

In 2010, one-third (n=32) of respondents reported having had mental health problems in the preceding six months, the most common problems being anxiety and depression (Table 52). Three-quarters (n=24) of those reporting having had a mental health problem in the last six months sought help from a professional, with all but two respondents being prescribed medication: anti-depressants (n=13), benzodiazepines (n=10), anti-psychotics (n=4).

Table 52: Mental health problems among REU, 2009 and 2010

| | 2009 (n=33) (%) | 2010 (n=32) (%) |
|-----------------------------------|-----------------------|-----------------------|
| Depression | 67 | 60 |
| Mania | 0 | 9 |
| Manic depression/bipolar disorder | 18 | 9 |
| Anxiety | 42 | 78 |
| Panic | 9 | 3 |
| OCD | 3 | 3 |
| Paranoia | 21 | 6 |
| Schizophrenia | 9 | 6 |
| Drug-induced psychosis | 15 | 3 |
| Other | - | 25 |

Source: EDRS QLD REU interviews 2009 and 2010.

* Multiple responses were permitted. 'Other' category for 2010 includes PTSD, ADHD, chronic fatigue, lethargy, night terrors, sleeping disorder and 'slight anger issues'.

7 RISK BEHAVIOUR

Key points

- 17% of REU reported having ever injected any drug in their lifetime.
- 11% of REU had injected in the six months preceding the interview.
- The median age of the first time injected was 20 years old.
- One participant reported using a needle after someone else in the six months preceding the interview.
- Two participants reported sharing other injecting equipment such as spoons and filters.
- The prevalence of blood-borne viruses was low among REU, with only 3% reporting being hepatitis C positive, and no reported cases of HIV/AIDS.
- 13% of REU reported having a sexually transmitted infection, with chlamydia being the most common.
- One-third of REU reported not using a contraceptive barrier (e.g. condoms, gloves) when engaging in casual sex while under the influence of any drug.
- About one-third of REU reported having driven while being over the limit of alcohol in the six months preceding the interview.
- 46% of REU reported having driven shortly after taking any illicit drug.
- The most common drug reported to have been consumed the most recent time the participant drove while under the influence of an illicit drug was cannabis, followed by ecstasy.

7.1 Injecting risk behaviour

REU were asked a series of questions pertaining to their injecting drug use behaviour.

7.1.1 Lifetime injectors

In 2010, 17% of REU reported having injected a drug in their lifetime (Table 53). The median age of first time injected was 20 years old (range 14-29).

Table 53: Injecting risk behaviour among REU, 2008–2010

| | 2008 (N=108) | 2009 (N=88) | 2010 (N=101) |
|------------------------------------|-----------------|----------------|-----------------|
| Ever injected (%) | 13 | 22 | 17 |
| Median age first injected* (range) | 18 (15-43) | 19 (14-30) | 20 (14-29) |
| Injected last 6 mths (%) | 7 | 13 | 11 |

Source: EDRS QLD REU interviews 2008–2010.

*among those who had injected

7.1.2 Recent injectors

Those who reported injecting in the last six months did so for a median of 30 times.

Among the 11 participants who reported injecting in the previous six months, 60% reported that meth powder was the last drug they injected. Other drugs injected during this time were ecstasy, heroin, steroids and buprenorphine. Half (5) responded that they were at home at the most recent time they injected in the last six months, four were at a friend's house, and one was in a car.

In the preceding six months, 55% of REU who reported injecting acquired their needles from a Needle and Syringe Program (NSP), while 27% reported acquiring them from chemists. One participant reported obtaining needles from a friend, and another from an NSP vending machine.

Only one participant reported having used a needle after someone else had already used it in the preceding six months.

7.1.3 Injecting drug use in the general population

According to the 2007 NDSHS, 1.85% of Queenslanders aged 14 and over had injected a drug other than that prescribed to them at least once in their lifetime, compared to 1.95% nationally. In the 12 months preceding the survey, 0.37% of respondents from Queensland reported having injected illegally, compared to 0.46% nationally.

Queensland Needle and Syringe Programs (NSP) dispensed a total of 6,151,560 needles in the 2009-10 financial year.

7.2 Blood-borne viral infections (BBVI) and sexually transmitted diseases (STI)

In 2010, participants had the option of self-completing a series of questions on testing and vaccinating against blood-borne viruses.

7.2.1 Testing among REU

Table 54 shows that 35% of REU had never been vaccinated for hepatitis B. Those who had been vaccinated reported doing so primarily because they were 'going overseas' or were

‘vaccinated as a child’. In 2010, 35% had been tested for hepatitis C in the 12 months preceding the interview, with three participants reporting being hepatitis C positive.

Table 54: Testing and vaccination for hepatitis among REU, 2010

| | 2010 (n=87)~ |
|---|-----------------|
| Vaccinated for hepatitis B (%) | |
| No | 35 |
| Yes, didn’t complete | 12 |
| Yes, completed | 52 |
| Main reason for hepatitis B vaccination (%)* | |
| At risk, injecting drug user | 4 |
| At risk, sexual transmission | 6 |
| Going overseas | 35 |
| Vaccinated as a child | 37 |
| Work | 2 |
| Don’t know/can’t remember | 12 |
| Other | 6 |
| Tested for hepatitis C (%) | |
| No | 55 |
| Yes, in the last year | 35 |
| Yes, more than one year ago | 10 |
| Hepatitis C positive (%)# | 3 |

Source: EDRS QLD REU interviews 2010.

* among those who had been vaccinated

among those who have been tested

~numbers may vary due to missing data

When asked about testing for sexually transmitted infections (STI), 26% of REU reported having tested for HIV in the 12 months preceding the interview, and 46% of REU had reported having had another sexual health check-up in the preceding 12 months. Among those who were tested, 15% were found to have a STI, with chlamydia being the most common contracted STI, followed by genital warts.

Table 55: Testing of sexually transmitted infections (STI) among REU, 2010

| | 2010 (n=87)~ |
|---|-----------------|
| Tested for HIV (%) | |
| No | 58 |
| Yes, in the last year | 26 |
| Yes, more than one year ago | 16 |
| HIV positive (%)# | |
| | - |
| Other sexual health checkups (%) | |
| No | 40 |
| Yes, in the last year | 46 |
| Yes, more than one year ago | 13 |
| STI positive (%)# | |
| | 15 |
| STI diagnosis (%) | |
| Gonorrhoea | - |
| Chlamydia | 57 |
| Syphilis | 0 |
| HPV (genital warts) | 29 |
| Other | 19 |

Source: EDRS QLD REU interviews 2010.

among those who were tested.

~numbers may vary due to missing data

7.2.3 The National Notifiable Diseases Surveillance System

There appears to be an increasing trend in the number of notifications for blood-borne diseases and sexually transmitted disease among the general Queensland population in recent years, as seen in Table 56.

Table 56: Registered cases of blood-borne viruses and sexually transmitted diseases in Queensland, 2009 and 2010

| Disease | 2009 | 2010 |
|------------------------------|--------|--------|
| Hepatitis B (newly acquired) | 50 | 58 |
| Hepatitis B (unspecified) | 1,014 | 1,067 |
| Hepatitis C (unspecified) | 2,702 | 2,757 |
| Syphilis – congenital | 0 | 2 |
| Syphilis < 2 yrs | 191 | 195 |
| Syphilis >2 yrs | 294 | 178 |
| Chlamydial infection | 16,695 | 19,176 |
| Gonococcal infection | 1,558 | 2,071 |

Source: National Notifiable Diseases Surveillance System, 2010.
http://www9.health.gov.au/cda/source/Rpt_2.cfm?RequestTimeout=500

7.3 Sexual risk behaviour

In 2010, 92 participants responded to the optional self-complete section on sexual risk behaviour.

7.3.1 Recent sexual activity

Among REU who reported having a regular partner (n=69), just over one-third reported never using a barrier while under the influence of alcohol or other drugs, while 45% reported never using a barrier with their regular sex partner while under the influence.

Table 57: Use of barrier (condoms/gloves) with regular partner among REU, 2010

| | 2010 (n=69) |
|--|----------------|
| How often used barrier while <u>not</u> under the influence of alcohol or drugs (%) | |
| Every time | 17 |
| Often | 16 |
| Sometimes | 13 |
| Rarely | 17 |
| Never | 36 |
| How often used barrier while <u>under</u> the influence of alcohol or drugs (%) | |
| Every time | 11 |
| Often | 17 |
| Sometimes | 11 |
| Rarely | 16 |
| Never | 45 |

Source: EDRS QLD REU interviews 2010.

7.3.2 Casual sex partners

Of the REU who completed the optional sexual risk behaviour self-complete section about activity in the preceding six months, one-quarter (24%) reported they did not have a casual sex partner (this includes people who have a regular sex partner).

Table 58: Use of barrier (condoms/gloves) with casual partner among REU, 2010

| | 2010 (n=65) |
|--|----------------|
| How often used barrier while <u>not</u> under the influence of alcohol or drugs (%) | |
| Every time | 32 |
| Often | 29 |
| Sometimes | 11 |
| Rarely | 9 |
| Never | 18 |
| How often used barrier while <u>under</u> the influence of alcohol or drugs (%) | |
| Every time | 26 |
| Often | 26 |
| Sometimes | 14 |
| Rarely | 11 |
| Never | 23 |

Source: EDRS QLD REU interviews 2010.

In 2010, 65% of REU reported having had penetrative sex with a casual partner while using ecstasy or other drugs (including alcohol) in the preceding six months. Of these, one-quarter reported doing this more than 10 times.

Participants were asked which drugs they had used during the most recent occasion they had sex with a casual partner while under the influence. Multiple responses were permitted. The most common response was alcohol (88%), followed by ecstasy (58%), then cannabis (39%), methamphetamine powder (14%) and LSD (12%).

7.4 Driving risk behaviour

In 2010, 80% of REU had driven in the preceding six months. Of these, 40% reported having driven while under the influence of alcohol, with 31% reported having driven over the alcohol limit.

Of the 80 participants who reported driving in the preceding six months, 43% reported having been roadside breath tested (RBT).

In 2010, 46% of REU who drove in the last six months reported having driven soon after taking illicit drugs. On the most recent occasion, the median length of time between taking the drug and driving was one hour (n=37, range: immediately to 60 hours). When asked about the last time participants drove while under the influence of illicit drugs, 46% reported their driving had been slightly impaired, 35% stated it made no impact, while 14% reported their driving ability was slightly improved.

Table 59: Percentage driving on illicit drugs in the preceding six months, 2010

| | 2010 (n=37) |
|--|----------------|
| Drugs taken soon before driving in the last six months | |
| Cannabis | 68 |
| Ecstasy | 57 |
| LSD | 8 |
| Benzodiazepines | 8 |
| Methamphetamine powder | 5 |
| Mushrooms | 5 |
| Ice/crystal | 3 |
| Cocaine | 1 |
| Drugs taken most recent time participant drove after taken illicit drug/s | |
| Cannabis | 65 |
| Ecstasy | 38 |
| Methamphetamine powder | 11 |
| Methamphetamine base | 3 |
| Benzodiazepines | 3 |

Source: EDRS QLD REU interviews 2010.

Four respondents reported having been tested (only once) for drug driving by a saliva test in their lifetime, yet no drugs were detected.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ECSTASY AND RELATED DRUG USE

Key points

- 29% of REU reported involvement in a criminal activity in the month preceding the interview.
- 23% of REU admitted to having sold drugs for profit at least once in the month preceding the interview.
- 77% of REU reported that they did not feel police activity made it more difficult to them to obtain drugs in the six months preceding the interview.
- 26% of REU reported seeing sniffer dogs (excluding at airports) in the six months preceding the interview.

8.1 Reports of criminal activity among REU

In 2010, 16% of REU had been arrested in the preceding 12 months. This is similar to reports from 2009.

Table 60 shows that in 2010, 29% of REU reported involvement in other criminal activity in the month preceding the interview. The most common crime reported was selling drugs for profit.

Table 60: Criminal activity in the last month as reported by REU, 2003–2010

| % | 2003 (n=136) | 2004 (n=161) | 2005 (n=101) | 2006 (n=100) | 2007 (n=101) | 2008 (n=108) | 2009 (n=88) | 2010 (n=99) |
|----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------------|----------------|
| Any crime | 34 | 36 | 27 | 29 | 32 | 31 | 45 | 29 |
| Drug dealing | 31 | 20 | 24 | 24 | 24 | 21 | 0 | 23 |
| Property crime | 10 | 6 | 2 | 5 | 9 | 14 | 15 | 11 |
| Fraud | 4 | 1 | 4 | 3 | 0 | 3 | 8 | 3 |
| Violent crime | 3 | 2 | 2 | 1 | 2 | 2 | 8 | 4 |

Source: EDRS QLD REU interviews 2003–2010.

8.2 Perceptions of police activity towards REU and drug detection ‘sniffer’ dogs

8.2.1 Police perceptions

In 2010, 77% of participants reported they did not feel that police activity made it more difficult to score in the preceding six months (n=97). This is similar to previous years.

Table 61: Perceptions of changes in police activity over the preceding six months, 2009 and 2010

| | 2009 (n=63) | 2010 (n=65) |
|-------------------|----------------|----------------|
| Less activity (%) | 5 | 5 |
| Stable (%) | 44 | 58 |
| More activity (%) | 51 | 37 |

Source: EDRS QLD REU interviews 2009 and 2010.

* excludes ‘don’t know’ and those who did not respond.

8.2.2 Experiences with drug detection ‘sniffer’ dogs

- 26% reported having seen sniffer dogs (excluding at the airport) in the preceding six months.

Among the Queensland sample of REU, there were 167 reported sightings of sniffer dogs in the preceding six months. The majority (63%) of sightings occurred at festivals or live music events, followed by nightclubs (22%), public transport (17%) and at shopping malls (4%).

In 2010, 27% of participants reported being in possession of illicit drugs and seeing a sniffer dog at least once in the preceding six months. Among these REU, three-quarters reported they kept going about their business the most recent time this happened. Other responses included giving the drugs to someone else, walking away and hiding the drugs in their mouth.

Three participants reported being searched by the police due to a positive notification from a sniffer dog in the preceding six months. Of these, only one was arrested for possession.

8.3 Arrests

In 2010, 16% of REU reported having been arrested in the six months preceding the interview.

When asked about the cause of their arrest, responses were: use/possession, dealing/trafficking, violent crime, and drink driving. Participants were allowed multiple responses.

The reports to the Queensland Police Service show that cannabis followed by amphetamine-type stimulants were the main drugs attributable to drug-related arrests from July 2008 to June 2009 (Table 62).

Table 62: Drug-related arrests by drug type, Queensland 2008–09

| | Consumer | Provider | Total |
|-----------------------------|-----------------|-----------------|---------------|
| Amphetamine-type stimulants | 3,579 | 651 | 4,230 |
| Cannabis | 14,714 | 1,874 | 16,588 |
| Cocaine | 116 | 38 | 154 |
| Hallucinogens | 106 | 17 | 123 |
| Total | 20,641 | 3,288 | 23,929 |

Source: Queensland Police Service.

* consumers= use, possession or administering for their own use

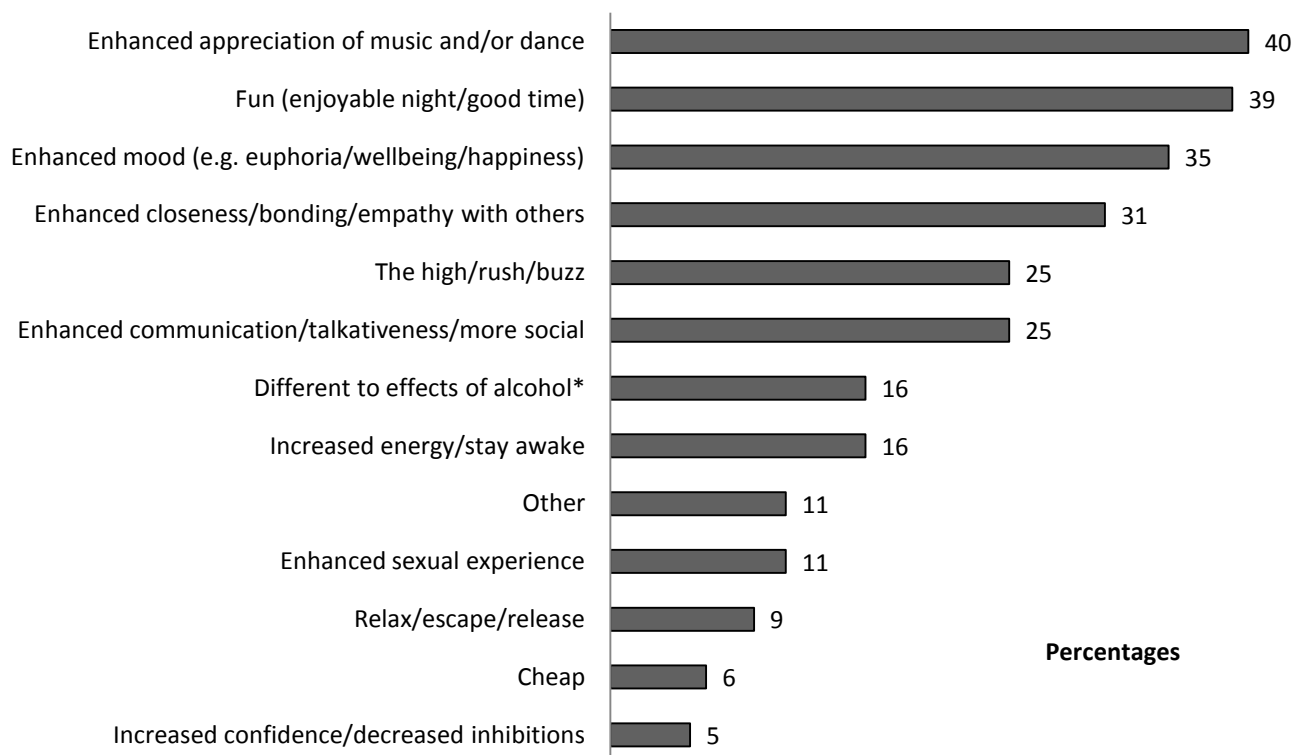
* providers = importation, trafficking, selling, cultivation and manufacture.

9 SPECIAL TOPICS OF INTEREST

9.1 Perceived benefits of ecstasy use

In 2010, participants were asked to report the three main benefits they perceived to be associated with ecstasy use. Figure 45 shows that the most popular response was ‘enhanced appreciation of music and/or dance’ (reported by 40%), followed closely by being ‘fun (enjoyable night/goodtime)’ (39%), and an ‘enhanced mood (e.g. euphoria/wellbeing/happiness)’ (35%).

Figure 45: Percentage of respondents reporting types of benefits from ecstasy use



Source: EDRS QLD REU interviews 2010.

*e.g. non-violent/safer environment/no hangover. Multiple responses allowed.

9.2 Energy drinks consumption

9.2.1 Mixing alcohol with energy drinks

In 2010, REU were asked about their consumption of energy drinks with alcohol and ecstasy. Three-quarters of the sample reported they had mixed alcohol with energy drinks in the six months preceding the interview, 11% reported they had mixed alcohol and energy drinks but not in the preceding six months, and 15% reported they had never consumed energy drinks with alcohol.

Among the participants who responded they had mixed alcohol and energy drinks, 3% reported they did this more than weekly, 21% weekly, 26% fortnightly, 29% monthly, and 22% less than monthly (n=73).

Table 63: Reasons for choosing to mix alcohol with energy drinks among REU, 2010

| | 2010 (n=85) % |
|--|---------------------|
| I like the taste | 25 |
| I like the combined effect | 11 |
| Energy drinks help me party for longer | 17 |
| Energy drinks lessen my hangover | - |
| Energy drinks help keep me straight (and less drunk) | - |
| I was feeling tired | 19 |
| Other | 29 |

Source: EDRS QLD REU interviews 2010.

NB: 'Other' includes 'cheap' 'available' etc.

Participants were asked about the effects on the most recent occasion they mixed alcohol with energy drinks. Of the 84 REU who responded, 70% reported the energy drinks made them feel more alert and less tired, while 30% responded they felt no difference.

9.2.2 Combining energy drink with other drugs

In 2010, REU were asked whether they had consumed energy drinks within the same partying period as taking another substance (illicit or prescribed) in the preceding six months (Table 64).

Table 64: Drugs taken with energy drinks in the preceding six months, 2010

| | 2010 (N=101) % |
|------------------------|----------------------|
| None | 60 |
| Ecstasy | 60 |
| Methamphetamine powder | 21 |
| Base | 3 |
| Ice/crystal | 4 |
| Cocaine | 10 |
| Cannabis | 21 |
| LSD | 9 |
| Ketamine | 2 |
| Prescribed medication | 2 |
| Other | 7 |

Source: EDRS QLD REU interviews 2010.

* multiple responses permitted. Responses for 'other' (n=7) include mephedrone (2), tobacco (3), alcohol (1) and 2CB (1).

Table 65 shows that, of the 61 REU who answered this question, more than half reported mixing energy drinks with another substance most or all of the time.

Table 65: Frequency REU mix energy drinks with another substance, 2010

| | 2010 (n=61) % |
|----------------------|---------------------|
| All of the time | 20 |
| Most of the time | 34 |
| Some of the time | 16 |
| A little of the time | 23 |
| None of the time | 7 |

Source: EDRS QLD REU interviews 2010.

9.2.3 Experiencing negative effects due to combining energy drinks with other substances

In 2010, 70% of REU interviewed reported having experienced some type of negative side effect from combining energy drinks with another substance (Table 66).

Table 66: Negative effects experienced from combining energy drinks with other substances, 2010

| | Alcohol and energy drinks only (n=60) | Ecstasy and energy drinks only (n=29) | Alcohol, ecstasy and energy drinks (n=48) |
|--------------------|---|---|---|
| Symptoms | % | % | % |
| Headaches | 52 | 31 | 63 |
| Heart palpitations | 50 | 66 | 65 |
| Nausea | 40 | 28 | 46 |
| Vomiting | 33 | 21 | 35 |
| On edge | 40 | 41 | 48 |
| Heart burn | 23 | 21 | 27 |
| Stressed out | 25 | 21 | 33 |
| Other | 8 | 3 | 8 |

Source: EDRS QLD REU interviews 2010.

*multiple responses permitted.

9.2.4 Consumption of energy drinks outside the partying scene among REU

Among the REU, 70% reported consuming energy drinks outside the partying scene. Of these, 24% reported doing this more than weekly, 24% weekly, 14% fortnightly, 21% monthly, and 16% less than monthly (n=70).

9.3 Body Mass Index

Eating disorders and drug use disorders are significant public health problems. However, epidemiologic research examining their associations yields ambiguous results. Evidence on a relationship between obesity and alcohol use is found in some studies (Wannamethee et al., 2005). As to the relationships between overweight/obesity and nicotine dependence, some studies have found overweight and obese men, but not women, were more likely to be former daily smokers than non-smokers (John et al, 2006; Zimlichman et al., 2005). In a nationally representative sample, overweight, obesity and extreme obesity were associated with lower risk for past-year nicotine dependence in men but not in women (Pickering et al., 2007).

Relationships between BMI and illicit drug use disorders is also unclear. For instance, marijuana can stimulate appetite, whereas cocaine is a stimulant and appetite suppressant. Moreover, one study found similar prevalence of overweight in individuals with illicit drug use disorders as that found in the general population (Rajs et al., 2004) and another study found both positive and negative associations of BMI with various substance use disorders, and significant gender differences in those relationships (Barry & Petry, 2009). Finally, BMI and drug use are both associated with mental health problems (Kemp et al., 2009).

In 2010, respondents were asked to voluntarily report their height and weight. The BMI was then calculated with the following formula:

$$\text{BMI} = \frac{\text{weight (kg)}}{\text{height (m)}^2}$$

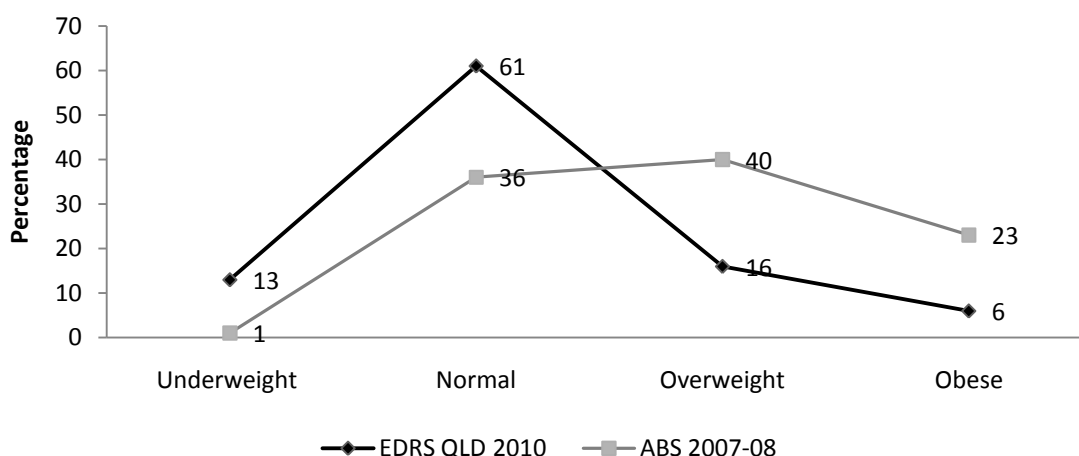
Table 67: Body Mass Index of REU, 2010

| | BMI Score | Males (n=57) | Females (n=40) | Total (n=97) |
|--------------------|-------------|-----------------|-------------------|-----------------|
| Underweight | <18.5 | 9 | 20 | 13 |
| Normal | 18.5 – 24.9 | 63 | 65 | 61 |
| Overweight | 25 – 29.9 | 19 | 13 | 16 |
| Obese | 30+ | 9 | 3 | 6 |

Source: EDRS QLD REU interviews 2010.

As shown in Table 67, the majority of participants were in the normal range of the BMI and few in the obese category. Female REU appeared to be slightly less likely to be overweight or obese than males REU. The reported BMI of REU appears to be lower than the ABS (2008) figures for the general Australian population (Figure 46).

Figure 46: Comparison of Body Mass Index scores between REU and Australian population



Source: EDRS REU interviews 2010 and Australian Bureau of Statistics (ABS) 2007–2008.

9.4 Sexual health

Population studies have shown that younger age groups engaged in sexual relationships with more partners in their lifetime than older age groups (Johnson, 2001). Amongst REU, participants of a younger age have been found to be more likely to engage in risk behaviours (Cogger & Kinner, 2008). Furthermore, studies have shown that younger individuals who frequent nightclubs are likely to report multiple sexual partners and incidence of STIs (Wells et al., 2010).

In Australia, approximately 10% of young women and 3% of young men (aged under 30 years) report having been tested for chlamydia (Kong et al., 2010). The issues surrounding sexual health prompted questions to be developed for the EDRS survey to investigate reasons why or why not participants choose to have STI screening. The responses to these questions were formulated by considering results of previous research (Dixon-Woods et al., 2001; Tilson et al., 2004; Balfe & Brugha, 2009).

In 2010, respondents were asked to answer a short optional self-complete section on sexual health (n=97).

9.4.1 Testing for sexually transmitted infections (STI)

In 2010, 54% of REU who completed the optional self-complete section on sexual health reported having been tested for STI in the preceding two years by means of a blood test, urine sample or swab. The main reason for not being tested was because they ‘didn’t think about it’ (40%).

Table 68: Reasons for most recent STI test among REU, 2010

| | 2010 (n=52) % |
|--|---------------------|
| To be sure I was clear of infection after ending a relationship | 23 |
| To be sure I was clear of infection before entering a new relationship | 21 |
| Because I had unprotected sex | 35 |
| Because I had symptoms of infections | 15 |
| Because my health care provider suggested it | 8 |
| My friend suggested it | 4 |
| My partner suggested it | 8 |
| My partner had symptoms/STI | 2 |
| An ex-partner told me I should get tested | 4 |
| Access to clinic was easy | 10 |
| Other | 12 |

Source: EDRS QLD REU interviews 2010.

*Multiple responses permitted. Examples of responses for ‘other’ included regular testing, and piercing.

Two-thirds of REU who had been tested in the last six month were tested by a general practitioner (GP), and one-third at a sexual health clinic.

9.4.2 Pap smear tests among female REU

Of the 40 female REU interviewed, three-quarters had had a pap smear test in the preceding two years. Table 69 shows that the main reasons for having the test was being due for a test (50%), and receiving a reminder letter from the registry (37%).

Table 69: Reasons for most recent pap smear test among female REU, 2010

| | 2010 (n=30) % |
|--|---------------------|
| I had the symptoms | 3 |
| I received a reminder letter from the registry | 37 |
| My health care provider suggested it | 13 |
| My friend suggested it | - |
| My partner suggested it | 3 |
| I know I was due for a test | 50 |
| A family history of cervical cancer | - |
| I suggested it while at the doctor's | 3 |

Source: EDRS QLD REU interviews 2010.

*Multiple responses permitted

Among those who had had a pap smear test (n=28), 93% reported being tested by a general practitioner (GP), and 7% at a sexual health clinic.

9.5 Ecstasy dependence

In 2010, participants were asked questions regarding dependence on ecstasy. For further information, please contact: Dr Raimondo Bruno (Raimondo.bruno@utas.edu.au).

REFERENCES

- Andrews, G., & Slade, T. (2001). Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health, 25*: 494-497.
- Australian Institute of Health and Welfare. (2005). 2004 National Drug Strategy Household Survey: State and Territory Supplement. Canberra: Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare. (2008). 2007 National Drug Strategy Household Survey: First Results. Canberra: Australian Institute of Health and Welfare.
- Babor, T., Higgins-Biddle, J., et al. (2001). AUDIT The Alcohol Use Disorders Identification Test: Guidelines for Use in Primary care. 2nd edn. Geneva: Department of Mental Health and Substance Dependence, World Health Organisation.
- Balfe, M. & Brugha, R. (2009). What prompts young adults in Ireland to attend health services for STI testing?. *BMS Public Health, 9*(1): 311.
- Biernaki, P. & Waldorf, D. (1981). Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods for Research, 10*: 141-163.
- Cogger, S. & Kinner, S. (2008). *Age related differences in patterns of drug use and risk behaviour among regular ecstasy users*. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Dalgarno, P. & Shewan, D. (1996). Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs, 28*: 191-199.
- Dixon-Woods, M., Strokes, T., et al. (2001). Choosing and using services for sexual health: A qualitative study of women's views. *Sex Transm Infect, 77*: 335-339.
- Johnson, A., Mercer, C., Erens, B., et al. (2001). Sexual behaviour in Britain: Partnerships, practices and HIV risk factors. *The Lancet, 358*(9236): 1835-1842.
- Kessler, R. & Mroczek, D. (1994). Final version of our Non-specific Psychological Distress Scale. Ann Arbor (MI): Survey Research Centre of the Institute for Social Research, University of Michigan.
- Kong, F., Hocking, J., et al. (2010). Sex and sport: Sexual risk behaviour in young people in rural and regional Victoria. *Sexual Health, 7*(2): 205-211.
- Ovendon, C. & Loxley, W. (1996). Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)?. *Addiction Research, 4*: 33-43.
- Wells, B., Kelly, B., et al. (2010). Patterns of alcohol consumption and sexual risk behavior among young adults in nightclubs. *The American Journal of Drug and Alcohol Abuse, 36*(1): 39-45.
- Tilson, E., Sanchez, V., et al. (2004). Barriers to asymptomatic screening and other STD services for adolescents and young adults: Focus group discussion. *BMC Public Health, 4*: 21.

Wannamethee, S., Shaper, A., et al. (2005). Alcohol and adiposity: Effects of quantity and type of drink and time relation with meals. *International Journal of Obesity*, 29: 1436-1444.