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

NDARC Technical Report No. 182

NEW SOUTH WALES PARTY DRUG TRENDS 2003

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National Drug and Alcohol Research Centre

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACON	AIDS Council of NSW
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
ATSI	Aboriginal and Torres Strait Islander
BBV	Blood borne virus
FDS	Family Drug Support
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
KI	Key Informant(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NSW	New South Wales
PDU	Party Drug User(s)

EXECUTIVE SUMMARY

This report presents the results of an ongoing study which monitors party drug markets in NSW. The 2003 sample provides data for the fourth year on trends in party drug markets. Data collected in 2002 and a feasibility trial of this methodology conducted in 2000 and 2001 are also included. Trends of the demographic characteristics and patterns of drug use among party drug users, their criminal behaviour, and perceived party drug-related harms are presented. The implications of the results and the nature and characteristics of party drug markets are discussed.

Demographic characteristics of party drug users (PDU)
The 2003 results indicate that party drug users, a population defined in this study by the regular use of tablets sold as 'ecstasy' (at least six days of use in the six months preceding interview), tend to be young, relatively well-educated, and likely to be employed or engaged in full time study. Less than one third reported engaging in crime, most of which is infrequent and accounted for by drug dealing. Seven participants were currently in treatment for a drug-related problem, and three participants had previously been incarcerated. Demographic characteristics of party drug users interviewed have changed little since 2000.

Patterns of drug use among PDU
Participants could be characterised as extensive polydrug users, half of whom nominated ecstasy as their favourite or preferred drug. On average, participants had used ten drugs in their lifetime and had used seven in the preceding six months. Almost all reported lifetime use of alcohol, cannabis, tobacco and methamphetamine powder (speed).

The prevalence and frequency of use of other party drugs such as ketamine, GHB and MDA stabilised in 2003 which may suggest that while substantial minorities continue to report recent and lifetime use of these drugs, there are relatively few regular users who have access to these drugs. They may not be as widely or consistently available as ecstasy and therefore the use of these drugs may be opportunistic in nature. This is reflected in the relatively low frequency of use of these drugs with most recent users report using less than monthly.

Ecstasy
Participants in the 2003 sample first used ecstasy at a median age of 18 and typically commenced monthly use when they were 19 years old. The reported frequency of use ranged from once a month to three times a week. Over half (59%) used ecstasy between weekly and monthly, 30% between fortnightly and weekly and 11% had used ecstasy more than once a week in the preceding six months. A third (35%) of participants reported they had binged (used continuously for more than 48 hours without sleep) on ecstasy and half (51%) had taken four or more tablets in a single use episode in the preceding six months. Most (74%) reported typically using more than one tablet per occasion of use. Consistent with previous years, participants primarily administered ecstasy orally. Although 13% reported having injected the drug at some time, no one reported that injection was their preferred route of ecstasy administration.

The use of other drugs in conjunction with ecstasy was commonly reported including alcohol, tobacco, cannabis, speed and ketamine. Most participants also used a similar

range of drugs to ease the 'come down' or recovery period following acute ecstasy intoxication, including cannabis, tobacco and alcohol.

Price, purity and availability of ecstasy

The median price paid for a single ecstasy tablet has remained stable at $35 since 2001 and most participants reported that the price has remained stable during the six months preceding interview. Most participants pay for ecstasy through employment or are given ecstasy by friends. The majority report 'scoring' from friends and dealers and the most frequently reported purchase location was a friends' home.

There is little consistency regarding users subjective reports of the purity of ecstasy and KI reports reflect this inconsistency. The median purity of seizures of tablets containing MDMA/ phenethylamines analysed by both AFP and NSW police have decreased slightly in recent years.

Tablets sold as ecstasy have remained readily available in Sydney since 2000; the great majority of users have consistently described the drug as 'very easy' or 'easy' to obtain across time.

Imported tablets are more likely to contain MDMA than locally manufactured imitation tablets that contain methamphetamine. The number and weight of customs seizures of ecstasy seized at the border has increased in recent years suggesting either changes in activity, improvements in detection or more ecstasy being imported into the country or a combination of these factors. The supply of imported MDMA tablets does not appear to match demand, and the market for imitation pills remains, however, NSW police reported that the ratio of methamphetamine tablets sold as MDMA to MDMA tablets actually containing MDMA decreased in 2001-02. This may have indicated an increase in imported MDMA, some manufacture of local MDMA or that tablets containing methamphetamine are being sold as such.

Prior to 2002-03 there were no confirmed detections of MDMA producing laboratories (Australian Crime Commission, 2003). However there have been seizures of the precursors required to manufacture MDMA and in the 2002 and 2003 calendar years NSW Police reported seven ecstasy clandestine laboratories detected in NSW. This suggests that there are local manufactures of ecstasy attempting to compete with importers of the drug.

Methamphetamine

Almost all (97%) participants in 2003 reported having used methamphetamine powder (speed) at some time and a large proportion (79%) reported using speed in the six months preceding interview. Most recent users reported using speed less than once a month with snorting and swallowing being the most common routes of administration. Lifetime and recent use of speed has remained stable across sampling years although frequency of use decreased again in 2003. One possible explanation for the reduced frequency in use is the continued increase in prevalence of methamphetamine base (base) and crystal methamphetamine (crystal) use.

Approximately two thirds (63%) of the 2003 sample reported lifetime base use and 42% had used base in the preceding six months. The majority of recent users reported using less than once a month and the most common route of administration was swallowing. Since 2000, prevalence of lifetime and recent use of base has increased although 2003

rates were comparable to 2002. Median number of days of base used has fluctuated over time.

Over half the sample (56%) reported having used crystal at some time and a similar proportion (48%) reported using in the preceding six months. Prevalence of lifetime and recent crystal use has increased over time with a substantial rise, particularly in recent use, since 2002. Comparable to other forms of methamphetamine, the majority of recent users used less than month although data suggest median days of use has increased over time. In contrast to the other forms, the most common route of crystal administration was smoking. Clearly, there are risks associated with this route of administration. Crystal was also more likely to be used in conjunction with ecstasy in 2003 (10%) compared to 2002 (1%) and more likely to have been used during a binge episode of use; 37% of those who had recently binged used crystal in 2003 compared to 11% in 2002.

The price of speed was commented on by over half (57%) of the sample with $55 for one gram the most common purchase. Half (49%) agreed the price speed had remained stable. One quarter of the sample (24%) reported on the current price of base. A 'point' (0.1 of a gram) was the most commonly purchased amount for which a median of $40 was paid. Most reported the price of base had remained stable (41%) or decreased (21%) although one third (35%) were unable to comment. Slightly less participants were able to comment on the current price of crystal (21%) with a 'point' of crystal the most frequently purchased amount for $50. Almost half (46%) of those who commented did not know whether the price of crystal had changed in the preceding six months, consistent with the relatively recent use of this drug.

Most reported the availability of speed was 'very easy' to 'moderately easy' to obtain. However, while reports that speed was 'very easy' to obtain decreased since 2002, reports of both (31%) base and crystal (46%) being 'very easy' to obtain increased. The ease of obtaining all forms of methamphetamine was reported to have remained 'stable' over the preceding six months by the majority of those who commented.

Cocaine

The prevalence of lifetime cocaine use remained stable across sampling years, with the majority of participants reporting having used cocaine at some time. However, proportions of PDU that reported recent cocaine use decreased in 2003 with less than half the sample reporting use in the preceding six months. Further, the median number of days used decreased to two, with three quarters of recent users reported using less than once a month. Snorting was the most common route of administration.

One third (31%) of the sample commonly purchased a gram of cocaine for a median of $200, with most (62%) reporting the price had remained stable. Of those who commented (n=34), most (59%) reported that cocaine was currently 'moderately easy' to obtain and two thirds (65%) believed the availability had remained 'stable'.

Ketamine

The prevalence of ketamine use stabilised in 2003, although use has increased since 2000 with similar proportions of the 2003 sample reporting both lifetime (59%) and recent (49%) ketamine use. Frequency of ketamine use by the majority of recent users was monthly which is comparable to previous years. Snorting was the most common reported route of administration.

One quarter (28%) commented on the current price of ketamine. A gram was purchased for $150. The majority (50%) reported the price as 'stable' although one third (36%) were unable to comment.

The majority of participants who commented reported that ketamine was 'very easy' (19%), 'easy' (39%) or 'moderately easy' (19%) to obtain and over half reported that the availability of ketamine had remained stable (56%).

GHB

One third (33%) of the 2003 sample reported having used GHB at some time in their life, while a fifth (21%) had used the drug in the preceding six months. While the prevalence of GHB use has increased over time, proportions reporting both lifetime and recent use in 2003 were comparable to the 2002 sample. The majority of recent users reported less than monthly use, with median days used comparable between sampling years.

Only a small proportion (12%) of participants in 2003 were able to comment on GHB price and availability so these data must be interpreted with caution. GHB was commonly purchased in a 'vial' for a median of $35. Most (42%) reported the price of GHB had remained 'stable' although the same proportion were unable to comment on price changes which is consistent with participants' relatively limited experience with this drug. All those commenting reported the availability of GHB as 'very easy', 'easy' or 'moderately easy' to obtain, with most reporting the ease of obtaining GHB had remained 'stable' (42%) or had become 'easier' (33%).

LSD

Lifetime and recent use of LSD has decreased over time with two thirds (67%) of the 2003 sample reporting having ever used LSD and a quarter (27%) reporting use in the six months prior to interview. Frequency of use has also decreased, with most recent users reporting less than monthly use. Users typically use one tab per occasion of use and this has remained stable across sampling years. All recent users reported swallowing the drug.

One fifth (22%) of the sample reported the current price of LSD to be $15 a tab and most reported the price to be stable (68%). Reports of the availability of LSD varied with one third (32%) reporting LSD 'moderately easy' to obtain. Two thirds (64%) reported that the availability of LSD had remained stable.

MDA

Approximately one third of participants in 2003 had used MDA recently. The proportion of participants who report having ever used MDA has increased overtime although prevalence of both lifetime and recent use in 2003 was comparable to 2002. Frequency of use has remained relatively stable at less than monthly across sampling years.

One fifth (21%) of the sample reported the current price of MDA as $45 per cap and most reported the price had remained stable during the preceding six months. User reports of current availability were less consistent although most thought availability had remained stable over the preceding six months.

Patterns of other drug use

Comparable to previous years, almost all party drug users report consuming alcohol on a median of two days a week. Similarly, most of the 2003 sample reported recent cannabis

use, the majority of who reported a median of two days of use per week. Tobacco use was common with just over half reporting daily use. Also comparable to previous years, half the 2003 sample had used benzodiazepines at some time. Those who reported recent benzodiazepine use did so less than once a month. A small number of the 2003 sample reported the recent use of antidepressants, two of whom used for reasons other than depression. The use of inhalants such as amyl nitrate and nitrous oxide appear to have remained stable across time.

Criminal and Police Activity

Relatively few of the ecstasy users interviewed were involved in criminal activity apart from dealing drugs. Less than one third (28%) reported dealing in the month preceding interview and most of them reported doing so less than once a week. Reports of criminal activity to fund the purchase of ecstasy have decreased over time. Small numbers were arrested and very few report a history of incarceration.

There was a marked decrease in the proportion of ecstasy users sampled who perceive recent increases in police activity. However, of those who did report an increase, the majority reported increase police presence in nightclubs, dance parties and raves. KI reports were consistent with this.

The majority of all four samples of ecstasy users reported that police activity had not made it more difficult for them to obtain drugs

Conclusion

There is increasing evidence that the use of ecstasy is widespread and that the market has increased or stabilised in recent years. The results of general population surveys (showing an increased prevalence of use over time), increases in arrests for possession or dealing ecstasy, increases in calls to telephone help lines about ecstasy, and reports from regular users, suggest that over time, this group is increasing in size and that ecstasy is being used more heavily. The PDI survey data show that regular ecstasy users score from a range of people and use in a wide variety of locations. All this information suggests that despite Australia's continued effort to reduce both the importation and local manufacture of ecstasy, it has remained readily available in Sydney since 2000. Continued monitoring of the market for ecstasy will ensure policymakers are well placed to respond to changes in the market or to the nature and extent of ecstasy-related harms in a timely fashion.

Implications

There is evidence to suggest that ecstasy (MDMA) may be neurotoxic to serotonergic neurons in the brain, which are involved in mood regulation and memory function (Boot et al., 2000, Hegadoren et al., 1999). The long term consequences of ecstasy use are not as well understood. Results from the PDI suggest that there is the potential to reduce the harm associated with party drug use is this population. The challenge of harm reduction strategies is to incorporate messages that are credible and acceptable to the population.

The vast majority of ecstasy users perceive a wide range psychological, neurological and physical harms related to their use of the drug yet they continue to use in ways that may be considered harmful. Substantial proportions report recently bingeing on ecstasy and using large amounts of alcohol in conjunction with ecstasy. Both these patterns of behaviours are likely to increase the risks associated with ecstasy use and should perhaps be considered by health educators as harmful behaviour worth targeting.

Although many users were able to identify harms related to the use of ecstasy and other party drugs, there were some users that did not know the risks associated with use. As party drug users are also polydrug users, it is important to provide accurate information to this group regarding combinations of specific party drugs and their effects. The provision of evidence-based information to reduce the harm associated with the use (and poly use) of these drugs may help to avoid some of these harms. Further research may be required to provide a better understanding of harms associated with specific drug combinations. In addition it is important to acknowledge that users may be using specific combinations of drugs to enhance effects or decrease the side effects of others. Some users of speed, ketamine, GHB and amyl reported the benefit of these drugs was the ability to enhance effects or decrease the side effects of other drugs. Some KI also made comments consistent with this. It is a challenge to provide effective harm reduction messages to this group, acknowledging their awareness of these drugs and associated effects while also communicating strategies to limit harm.

The content of 'ecstasy' tablets is variable, and this is an issue of concern that could be potentially addressed by the consistent analysis of seizures by law enforcement agencies. Since 1997, the Victoria Police Forensic Services Department, Chemical Drugs Intelligence Team, has maintained a database on drug seizures. Over the last seven years this database has developed into a comprehensive record of drug seizures and trends within Victoria. This database will contain a greater number of seizures from other jurisdictions in the future, but at time of publication data for NSW was not available.

The use of other party drugs such as ketamine, GHB, MDA and LSD appears to be more sporadic. Consistent with a relatively low level of use of these drugs, only small numbers felt confident about commenting on the price, purity and availability of them. Consequently, many people who report the recent use of such drugs may not deliberately seek them out. This use may be more opportunistic and hence, they are unfamiliar with market indicators such as changes in their price, purity and availability. The relatively low rate of exposure to the regular use of these drugs is in itself an indicator of the smaller size of the markets for them. Nevertheless the use of these drugs, however infrequent, is of interest as it may be that the most important factor related to PDUs' use of these other drugs is the risks associated with the combinations of drugs used, i.e. the polydrug use itself. In addition, although use of ketamine, GHB and MDA stabilised in 2003, there have been increases since 2000 and continued monitoring is required to ascertain if the markets will continue to grow.

The 2003 PDI results highlight the increase in the use of crystal methamphetamine among party drug users. The increases in the proportions that recently used crystal, used crystal in a binge, reported they typically used crystal with ecstasy, increase in the frequency of crystal use and an increase in the proportion that report crystal as 'very easy' to obtain, indicate an expanding market for this drug. This highlights issues for research, health and law enforcement. The market for crystal methamphetamine needs to be monitored and routes of administration considered. In particular the harms associated with smoking the drug need to be addressed. Further, small numbers of KI considered that much of the harm experienced by PDU was related to the use of crystal specifically.

Although small numbers report using antidepressants for reasons other than depression each year it is an issue that should be addressed as the reasons for taking antidepressants

may be based on myths associated with the effects of these drugs either used in combination with ecstasy or to ease 'come down' effects.

The regular ecstasy users interviewed in 2003 reported low levels of criminal activity, with a minority reporting dealing drugs infrequently. Although the nature of this dealing is unclear, anecdotally it was considered to be 'low level' in support of their own party drug use. In 2004, questions have been added to the PDI survey to clarify the level of dealing.

Continued monitoring of ecstasy markets will enable the collection and dissemination of information that will allow the implementation of timely policy responses to market developments. Continued monitoring will also enable the regular collection of indicative data relating to the size of the markets for other party drugs, such as GHB and ketamine, and will point to the need for research specific to such drugs. The replication of Party Drugs Initiative (PDI) in 2004 in all jurisdictions across Australia will be a useful addition to current knowledge about party drug markets across the country.

INTRODUCTION

The Party Drugs Initiative evolved from the Illicit Drug Reporting System (IDRS), which is an ongoing annual project funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). The IDRS provides a coordinated approach to the monitoring of the markets of heroin, methamphetamine, cannabis and cocaine. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern. The IDRS was designed to be sensitive to trends, providing timely data and direct more detailed research, rather than to describe issues in detail. It was identified that the IDRS did not capture the use of ecstasy and other party drugs as these were used infrequently among the target population of the IDRS, injecting drug users.

In June 2000, the National Drug Law Enforcement Research Fund (NDLERF), administered by the Australasian Centre for Policing Research (ACPR), funded a two year, two state trial in NSW and QLD of the feasibility of monitoring emerging trends in the markets for ecstasy and other party drugs using the extant IDRS methodology. In addition, the Drug and Alcohol Services Council (DASC) in SA agreed to provide funding for two years to allow the trial to proceed in this state. The results of this trial are presented elsewhere (Breen et al., 2002). Regular ecstasy users were identified as an appropriate sentinel population to investigate party drug markets. The term 'party drug' included any drug routinely used in the context of entertainment venues such as nightclubs or dance parties. 'Party drugs' includes drugs such as ecstasy (3, 4-methylenedioxymethamphetamine; MDMA), methamphetamine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

To ensure the continuity of data collection over time, the study was conducted and funded by NDARC in NSW (White et al., 2003). In 2003, NDLERF provided funding for a two-year trial to monitor party drug markets in all jurisdictions across Australia, under the title of the Party Drugs Initiative (PDI).

As with the IDRS, the PDI involves the collection and analysis of three data components; i) a survey of current regular 'ecstasy' users, who represent a sentinel population of party drug users likely to be aware of trends in illicit drug markets, ii) interviews with professionals and volunteers who work with, or have regular contact with, party drug users and iii) the analysis of secondary indicator data sources, such as existing databases of customs seizures, police drug-related arrests, and drug information telephone services. The three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent in each one, ensuring that only valid emerging trends are documented.

The 2003 New South Wales Party Drug Trends report provides information regarding ecstasy and other party drug trends in Sydney.

1.0 Study aims

The aims of the 2003 NSW Party Drugs Initiative were:

1. to describe the demographic characteristics of a sample of current ecstasy users interviewed in Sydney in 2003;

2. to examine the patterns of ecstasy and other drug use of this sample, including lifetime and recent use of over twenty licit and illicit drugs;

3. to document the current price, purity and availability of ecstasy and other party drugs in Sydney including locations and persons scored from and usual and last location of use;

4. to investigate the benefit and risk perception of participants regarding their use of ecstasy and other party drugs,

4. to examine participant's perceptions of the incidence and nature of ecstasy and other party drug related harm, including acute health related harms as well as financial, occupational, social and legal harms;

5. to identify emerging trends in the party drug market that may require further investigation; and

6. to compare key findings of this study with those reported in 2002, 2001 and in 2000.

1.1 Methods

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

1. face-to-face interviews with current regular ecstasy users recruited in Sydney;

2. telephone interviews with key informants who, through the nature of their work, have regular contact with ecstasy users, other party drug users or knowledge of the markets for these drugs in Sydney,

3. indicator data sources such as the purity of seizures of ecstasy analysed in NSW, calls to drug support and information lines and treatment services data.

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

2.1 Survey of party drug users (PDU)

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

A growing market for ecstasy (tablets sold purporting to contain MDMA) has existed here for more than a decade. In contrast, other drugs that fall into the class of 'party drugs' have either declined in popularity since the appearance of ecstasy in this country (e.g., LSD), fluctuate widely in availability (e.g., MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and GHB). It has been suggested (Topp & Darke, 2001) that it would be difficult to identify a regular user of GHB or ketamine, who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first party drug with which many young Australians who choose to use illicit drugs will experiment and a minority of these users will go on to experiment with the less common party drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets relative to other party drugs underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population, namely, party drug users (PDU) (Topp & Darke, 2001). In addition, as there has been an indication of increases in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of this population was successfully recruited and interviewed in the two year feasibility trial (Topp et al., 2004), and was able to provide the data that were sought. Therefore, regular ecstasy users have been used again in 2003 to provide information on party drug markets.

2.1.1 Recruitment

A total of 102 ecstasy users residing in the Sydney Metropolitan region were interviewed for the 2003 PDI. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, gay and lesbian newspapers, interviewer contacts, and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys et al., 1997, Ovendon & Loxley, 1996, Solowij et al., 1992) and international (Dalgarno & Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through newspaper advertisements or interviewers' personal contacts. On completion of the interview, participants were requested to mention the study to friends who might be willing and able to participate.

2.1.2 Procedure

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

Participants were informed that all information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 45 minutes. All respondents were volunteers who were reimbursed $30 for their participation. Interviews took place in a location negotiated with participants, predominantly in coffee shops or at the Research Centre, and were conducted by the

authors. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke et al., 1994, Hando & Hall, 1993, Hando et al., 1997b). The interview schedule focused primarily on the preceding six months, and assessed demographic characteristics; patterns of ecstasy and other drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of a range of party drugs; perceived benefits and risks of party drug use; perceived acute health-related harms of ecstasy and other party drugs; other party drug-related problems; self-reported criminal activity; and general trends in party drug markets, such as new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians are reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel & Castellan, 1988), was employed. Categorical variables were analysed using χ^2. Gender differences are noted when significant. All analyses were conducted using SPSS for Windows, Version 10.0 (SPSS inc, 2001).

The data collected in 2003 were compared with data collected from comparable samples of ecstasy users: the sample interviewed for the 2002 party drugs module of the IDRS (n=88) and the trial of this methodology in 2001 (n=163) and 2000 (n=94), funded by the National Drug Law Enforcement Research Fund (White et al., 2003, Breen et al., 2002). Thus, comparisons drawn were based on samples recruited using the same methods.

2.2 Survey of key informants (KI)

The eligibility criterion for key informant (KI) participation in the Party Drug Initiative is regular contact with a range of ecstasy users in the preceding six months. Regular contact was defined as average weekly contact and/or contact with ten or more ecstasy users throughout the past six months. A total of 22 KI were interviewed. Fifteen KI from various metropolitan regions of Sydney provided information on the ecstasy users with whom they had had recent contact. Three KI with regular contact with recreational methamphetamine users and five law enforcement personnel with knowledge of the markets for ecstasy and other party drugs were also interviewed. Two law enforcement officers were interviewed together and analysed as one. All but two interviews were conducted over the phone.

Of the 15 KI who had regular contact with ecstasy users, eight were female and seven were male who represented a range of occupations. These included DJs and party promoters, nightclub medical officers, health promotion officers with organisations such as the AIDS Council of NSW (ACON), drug and alcohol intervention workers and counsellors, adolescent and family therapists, program youth workers, researchers and dealers. All three methamphetamine KI were female and employed in clinical settings. One law enforcement officer was female and four were male. They comprised intelligence analysts, intelligence officers and commanders of inner city local area commands.

Eleven KI stated they knew about the ecstasy users through both their work and social life and four obtained their knowledge solely through their work. Six KI stated that they worked primarily with the gay and lesbian community, and one worked primarily with HIV positive gay men, four worked primarily with youth and three worked with both gay/lesbian and youth. One KI did not specify. The extent of KI contact with ecstasy users ranged from one day a week to daily over the preceding six months. In the six months preceding their interviews, three had meaningful contact with between 10 and 20 users, five had contact with between 21 and 50 users, two had contact with between 51 and 100 users, and eight had contact with more than 100 users. All KI were either moderately (n=5) or very (n=10) certain of the information they provided.

2.3 Other indicators

To complement and validate data collected from user surveys and KI interviews, a range of secondary data sources were examined. These included health, survey, and law enforcement data. The pilot study for the IDRS (Hando et al., 1997a) recommended that such data should be available at least annually; include 50 or more cases; be brief; be collected in the main study site (i.e., Sydney for the present study).

Data sources that have been included in this report are:

- National Drug Strategy Household Survey
- Alcohol and Drug Information Service – Calls received regarding problematic drug use;
- Family Drug Support – telephone support service for family members affected by problematic drug use and for users themselves;
- Australian Crime Commission - purity data from Police seizures
- NSW Bureau of Crime Statistics and Research – incidents recorded for possession/use
- NSW Department of Health – drug-related visits to emergency departments, number of treatment episodes by drug type and gender, and toxicology data from suspected drug users in which drugs were detected.

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 Demographic characteristics of the PDU sample

Approximately two thirds (63%) of the sample of 102 party drug users interviewed in 2003 were male (Table 1). The mean age of the sample was 26 years (SD 8; range 16-59), and there was no significant difference in age between males and females (27 vs 24 years, p=.06). The majority of participants nominated their sexual identity as heterosexual (69%) followed by gay male (19%). Bisexuals (6%) and lesbian women (5%) were also represented. The majority (96%) of the sample spoke English as their main language at home. A minority (7%) were of indigenous Australian descent. Participants resided in a wide range of metropolitan regions of Sydney, including the inner west (28%), eastern suburbs (24%), inner city (18%), northern suburbs (17%), southern suburbs (5%), and the western and south-western suburbs (9%). The majority lived in either rented premises (61%), in their parents' or family's house (31%) or in their own home (8%).

The mean number of years of school education completed by the sample was 12 (SD 1.0; range 9-13), and more than two thirds (72%) of participants had completed high school education. Half (49%) had completed courses after school, with 27% possessing a trade or technical qualification, and 23% having completed a university degree or college course. One third (35%) were currently employed full-time, and 17% were employed on a part-time or casual basis. One quarter (26%) were full-time students and 22% were unemployed. Three participants had a previous criminal conviction for which they had served a custodial sentence (Table 1).

The demographic characteristics of party drug users recruited for the PDI varied little across years. Table 1 presents key demographic data for the current sample of ecstasy users (n=102), the sample of ecstasy users from 2002 (n=88), 2001 (n=163) and 2000 (n=94). The mean age of participants was similar across samples. In all samples, the majority of participants were from English speaking backgrounds and most identified as heterosexual. Only small proportions of each sample were of Aboriginal or Torres Strait Islander descent or had a previous criminal conviction. The proportion of participants reporting full time employment fluctuated over time. The 2003 and 2000 samples comprised smaller numbers of full time employed participants compared to the 2002 and 2001 samples, and greater proportions reporting unemployment.

Key informants' (KI) descriptions of the ecstasy users with whom they had had recent contact reflected the 2003 sample characteristics. Estimated age ranges were generally 18 to mid-late 20s, or early- mid 20s to 40 with an overall average age of 27. Except for one KI, all reported a male majority, with estimates ranging from between 60-90%. While half (n=7) of the KI reported the group as mainly heterosexual, the other half (n=8) reported the group as predominately homosexual (primarily gay male, with smaller numbers of lesbian women, and people who identify as bisexual and queer). The majority who commented reported at least 50% and more (commonly 70%) were from English speaking backgrounds. Those who specified other groups mentioned contact with people of Mediterranean and Asian decent. Most KI reported ecstasy users were from inner city, eastern suburbs or the inner west, although areas specified were largely determined by location of KI workplace or residence. Smaller numbers mentioned northern beaches and the north shore, and the inner southern suburbs. One KI each mentioned southwest, western suburbs, Sutherland shire and country NSW.

Almost all KI reported the vast majority of users had completed year 12; five KI mentioned between 5%-30% were currently engaged in full time studies (either secondary or tertiary) and most estimated between 20-90% were in the process of completing university. The majority of KI reported approximately 70-100% of users were engaged in full time employment. Six KI reported the unemployment rate was relatively low although three of these thought it might be as high as between 30-50%. One KI mentioned 5% were receiving counselling for methamphetamine use although the majority reported very small or no current treatment, or were unable to comment. In terms of prison history, half were unable to comment (n=7) while a similar proportion (n=6) reported no prison history. Of those who knew of the prison history of the group of users they had contact with, estimates ranged between one person to 20-30% (n=3) (two said less than 5%). Two KI knew of one person each who was currently in prison.

Table 1 Demographic characteristics of PDU sample

Variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Mean age (years)	25	25	25	**26**
Male (%)	69	58	67	**63**
English speaking background (%)	95	93	98	**96**
ATSI (%)	6	6	2	**7**
Heterosexual (%)	78	68	63	**69**
Mean number school years	13	13	13	**12**
Tertiary qualifications (%)	55	54	58	**49**
Employed full-time (%)	33	48	47	**35**
Full-time students (%)	12	20	26	**26**
Unemployed (%)	21	9	11	**22**
Previous conviction (%)	6	3	2	**3**

Source: Party Drugs Initiative PDU interviews

3.2 Drug use history and current drug use

Participants were asked about lifetime and recent use of 19 different drugs. Polydrug use was the norm among this sample, with a mean of 10 drugs (SD 3; range 4-18) having been tried, and a mean of 7 drugs (SD 2; range 3-12) having been used in the preceding six months (Table 2).

The similarities in levels of polydrug use among the samples interviewed over time are noteworthy; both in terms of number of drug classes ever tried and drugs used recently (Table 2). It should be noted however, that the number of drugs asked about across time has also increased (from 20 in 2000, 19 in 2001 and 2002 and 21 in 2003). Nevertheless, the data suggest changes over time in patterns of use of specific drugs; the use of some appears to have declined and use of others has increased over the same timeframe. For

example, the increase in lifetime and recent use of the more potent forms of methamphetamine, base and crystal, observed between 2000 and 2002 was sustained in 2003. The proportion of participants reporting lifetime and recent use of ketamine, GHB and MDA has also increased over time. The prevalence of LSD use among party drug users has continued to decline since 2000 (Table 2).

Table 2 Lifetime and recent polydrug use of PDU

Variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Mean drug classes ever used	10	10	12	**10**
Mean drug classes used last 6 mths	7	7	7	**7**
Ever inject any drug (%)	28	20	27	**22**
Alcohol				
ever used (%)	100	99	99	**100**
used last 6 months (%)	95	98	94	**96**
Cannabis				
ever used (%)	99	95	98	**96**
used last 6 months (%)	90	82	90	**82**
Tobacco				
ever used (%)	84	82	90	**92**
used last 6 months (%)	72	77	81	**72**
Methamphetamine powder (Speed)				
ever used (%)	92	99	100	**97**
used last 6 months (%)	75	87	85	**79**
Methamphetamine base (Base)				
ever used (%)	36	34	59	**63**
used last 6 months (%)	22	20	44	**42**
Crystal methamphetamine (Crystal)				
ever used (%)	12	43	43	**56**
used last 6 months (%)	6	26	19	**48**
Cocaine				
ever used (%)	78	77	80	**78**
used last 6 months (%)	53	57	64	**46**
LSD				
ever used %	80	74	73	**66**
used last 6 months %	37	23	33	**24**

Source: Party Drugs Initiative PDU interviews

Variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
MDA				
ever used (%)	36	43	56	**56**
used last 6 months (%)	16	14	35	**35**
Ketamine				
ever used %	25	31	59	**59**
used last 6 months %	14	15	49	**49**
GHB				
ever used (%)	5	23	35	**33**
used last 6 months (%)	<1	15	19	**21**
Amyl nitrate				
ever used (%)	66	62	68	**66**
used last 6 months (%)	29	36	40	**28**
Nitrous oxide				
ever used (%)	54	48	50	**44**
used last 6 months (%)	22	11	14	**8**
Benzodiazepines				
ever used (%)	60	45	52	**48**
used last 6 months (%)	35	31	34	**32**
Anti-depressants				
ever used (%)	31	22	31	**27**
used last 6 months (%)	14	9	15	**11**
Heroin				
ever used (%)	32	19	22	**24**
used last 6 months (%)	17	6	6	**9**
Methadone				
ever used (%)	6	3	10	**6**
used last 6 months (%)	0	1	3	**4**
Other opiates				
ever used (%)	22	12	27	**12**
used last 6 months (%)	6	3	13	**3**

Source: Party Drugs Initiative PDU interviews

Small proportions of all the samples reported the use of drugs other than those listed in Table 2. In 2003 the range of other drugs ever used by 28% of the sample was comparable to previous years including hallucinogenic mushrooms (11%), dexamphetamine (3%) and 5HTP (2%). Other drugs ever used by previous samples (38% reported doing so in 2002, 17% in 2001 and 14% in 2000) have included anabolic steroids, GBL and hallucinogenic mushrooms.

In 2003, ecstasy was the drug of choice for over half (55%) of respondents. The next most commonly preferred drug was cannabis (16%). Cocaine (6%), speed (5%), crystal (4%) and alcohol (3%) were each nominated as drug of choice by small proportions of the sample. One person each nominated LSD and heroin and another participant could not decide.

Compared to previous years, a much smaller proportion of the 2003 sample reported bingeing on one or more party drugs in the preceding six months (37% in 2003 compared to 61% in 2002, 58% in 2001 and 44% in 2000). Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The median length of the longest binge was three days (range 2-7 days). Ecstasy was the most commonly reported drug used in this way by 35% of the sample. Speed (24%) crystal (14%), ketamine (13%), cocaine (9%), base (7%), LSD (5%), GHB (4%) and amyl nitrate (4%) were other drugs mentioned by those who had recently binged. Alcohol (20%) and cannabis (14%) were also used.

Comments by KI regarding patterns of polydrug use varied according to the occupation of the KI and the particular group of ecstasy users with whom they had had recent contact. All but two KI described the use of ecstasy combined with at least two other drugs including some form of methamphetamine as well as ketamine, cannabis and or alcohol. Two mentioned polydrug use in relation to attempts by users to increase intoxication levels, while another mentioned polydrug use was planned rather than ad hoc, and that things only got 'messy' when not planned. One mentioned binge use and another 'cocktailing' where, if users were unable to get one drug type, they would substitute it with something else. Two KI reported that polydrug use remained high among users, with one stating that high levels of drug use were acceptable in the group they had contact with. In contrast, one KI said there was no polydrug use and another said drug use among party drug users was slowing down. One KI mentioned the increased use of crystal, three KI mentioned the use of crystal for sex, and another two mentioned that the combined use of crystal and GHB was replacing ecstasy use. Detailed comments by KI regarding each drug class are documented throughout the relevant sections of this report.

One fifth (22%) of the 2003 sample reported they had injected a drug in their lifetime (Table 2). The mean number of drugs ever injected by this minority was five (SD 3, range 1-11). Most of the injectors commenced injecting with speed (50%), crystal (14%) or cocaine (9%). Eleven participants (11%) reported recently (i.e. in the last six months) injecting a mean of three (SD 1, range 1-4) drugs, the most common being crystal methamphetamine (82%) followed by methamphetamine base (73%). Six participants (55% of recent injectors) had injected heroin in the six months preceding interview, five had injected ecstasy (46%), and ketamine had been recently injected by four participants (36%). Three participants had recently injected speed (27%) and two, MDA (18%).

To ensure that intravenous polydrug or primary opiate users were not over sampled and that this was primarily a sample of party drug users, a number of comparisons were drawn between those who had injected a drug at some time and those who had not. There were no differences between the two groups in terms of gender composition, but there was an age difference; those who had injected a drug were significantly older (31 vs 24, t_{100}= -3.8; p<.001) and had completed significantly less education (11.8 vs 12.3 years, t_{100}= 2.2; p=.03). There was no significant difference in likelihood of previous imprisonment although two of the three participants who had ever been to prison reported injecting a drug at some time.

There were also a number of significant differences between the two groups in terms of drug use: those who had injected a drug at some time had used a wider range of other drugs, both ever (15 vs 10; t_{100}=-6.9; p<.001) and in the preceding six months (10 vs 7; t_{100}=-3.9 p<.000). In particular, those who had injected a drug were significantly more likely to report both lifetime (73% vs 10%; χ^2=37.7; p<.001) and recent heroin use (32% vs 3; χ^2=18.4; p<.001). However, unlike previous years, injectors had not used more ecstasy in their heaviest use episode compared to non-injectors (median 4 vs 3.5).

Three participants were currently in methadone treatment and four were receiving buprenorphine. One participant nominated heroin as their favourite drug and only 6% of the sample had injected heroin in the preceding six months, on a median of two days (range 1-100). Thus, a small proportion of past and current heroin users were included in this sample. Despite this, we can be confident that the majority of this sample comprised primary party drug users and was therefore the appropriate sentinel population to interview to meet the aims of the study.

3.3 Summary of polydrug use trends in PDU

- Although both males and females of all ages use ecstasy, as with all illicit drugs, ecstasy use is more common among males.
- Ecstasy users tend to be young, most being aged in their early to mid 20s.
- The ecstasy users interviewed were relatively well-educated, with most having completed high school and a substantial proportion with tertiary qualifications.
- A substantial proportion of ecstasy users interviewed were either employed or engaged in studies.
- Ecstasy users have little contact with the criminal justice system or with drug treatment agencies.
- Demographic characteristics of ecstasy users in Sydney appear to have changed little since 2000.
- Polydrug use appears to be the norm among regular ecstasy users.
- Ecstasy was the drug of choice for half of respondents, followed by cannabis and cocaine.
- Large proportions reported recent use of alcohol, cannabis, tobacco, and speed.
- Increases in proportions of PDU reporting lifetime and recent use of base and crystal observed between 2000 and 2002 was sustained in 2003. In particular the proportion who reported recent crystal use doubled.
- The increase in lifetime and recent use of ketamine, GHB and MDA between 2000 and 2002 stabilised 2003.
- The use of LSD has continued to decline since 2000.
- One fifth of the sample (22%) of the sample reported having injected a drug at some time and a small proportion (11%) recently injecting. The most commonly reported drugs recently injected were crystal and base followed by heroin.

4.0 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylendioxymethamphetamine. Ecstasy is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances. The results presented in this section relate to the participants use and knowledge of tablets sold as ecstasy.

4.1 Ecstasy use among PDU

The median age at which participants in the 2003 sample first used ecstasy was 18 years (range 13-54) (Table 3). Participants had been using for a median duration of five years (range 0.5- 29). There were no significant gender differences in age of initiation. All participants had used ecstasy at least monthly at some time, and reported having first done so at a median age of 19 years (range 13-54).

Participants had used ecstasy on a median of 12 days in the preceding six months (range 6-72). Most (59%) participants had used between monthly and fortnightly, 30% between fortnightly and weekly, and 11% had used ecstasy on more than one day per week.

The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was two (range 0.5-10). Three quarters (74%) of the sample reported that they typically used more than one tablet, and 11% typically used four or more tablets in a single use episode. During their 'heaviest' use episode in the preceding six months, participants reported a median of four tablets (range .5-24); half (51%) of the sample had taken four or more tablets in a single use episode in the preceding six months.

In the six months preceding the interview, all participants swallowed ecstasy; a further 53% had snorted ecstasy, 7% had smoked it, 5% had injected and 1% had shafted. All participants nominated oral ingestion as their main route of ecstasy administration (Table 3). No participant reported injection as the main route of administration although 13% of the 2003 sample reported having injected ecstasy at some time. Comparable to previous years, this suggests that the injection of ecstasy continues to occur by a minority of regular ecstasy users. The median age of first injection of ecstasy was 22 years (range 16-40).

A third (35%) of the sample reported bingeing on ecstasy in the preceding six months with 95% of those had binged on any drugs reporting they had used ecstasy during the binge. As previously mentioned, bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). The median length of the longest binge involving ecstasy was three days (range 2-7 days). In all cases other drugs (primarily methamphetamine powder (67%), crystal methamphetamine (39%) and ketamine (36%)) had also been used during the binge. Cocaine (22%), methamphetamine base (19%), LSD (14%), GHB (11%), amyl (11%) were other commonly mentioned drugs used in conjunction with ecstasy during a binge. Alcohol (57%) and cannabis (36%) (asked about for the first time in 2003) were also commonly used. Notable were increases in crystal methamphetamine (39% vs 10%) and ketamine (36% vs 19%) compared to 2002.

There were no gender or age differences between those who had binged on ecstasy in the preceding six months and those who had not, but those who had binged had used ecstasy on a significantly greater number of days in the preceding six months (median 24 vs 12 days; U=465.5; p<.001), and used significantly more ecstasy in both typical (median 2 vs 1.5; U=699.5; p<.001) and heavy use episodes (median 6.5 vs 3 tablets; U=533; p<.001). Those who had binged on ecstasy in the preceding six months also had a more extensive polydrug use history than those who had not; they had also used significantly more drugs both ever (13.3 vs 10.2 t_{100}= -4.5; p<.001) and in the six months preceding interview (9.5 vs 7.2, t_{100}= -4.7; p<.001).

Table 3 Patterns of ecstasy use among PDU

Variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Mean age first used ecstasy (years)	18	19	18	**19**
Median days used ecstasy last 6 months	12	20	20	**12**
Ecstasy 'favourite' drug (%)	53	63	51	**55**
Use ecstasy weekly or more (%)	34	29	42	**22**
Median ecstasy tablets in 'typical' session	1.5	1.5	2	**2**
Typically use >1 tablet (%)	53	62	74	**74**
Recently binged on ecstasy (%)	44	58	55	**35**
Ever injected ecstasy (%)	12	10	15	**13**
Mainly swallowed ecstasy last 6 mths (%)	89	98	92	**100**
Mainly snorted ecstasy last 6 mths (%)	6	1	6	**-**
Mainly injected ecstasy last 6 mths (%)	3	<1	0	**-**
Typically use other drugs in conjunction with ecstasy (%)	84	92	97	**89**
Typically use other drugs to 'comedown' from ecstasy (%)	82	82	91	**77**

Source: Party Drugs Initiative PDU interviews

Most participants 'typically' (defined as on two-thirds or more occasions of ecstasy use in the preceding six months) used other drugs in combination with ecstasy (89%) and in the 'come down' (i.e., acute recovery period) following ecstasy use (77%). A mean of 2.1 (SD 1.6; range 0-8), other drugs were typically used in conjunction with ecstasy, most frequently alcohol (56%), tobacco (52%), cannabis (32%), speed (29%) and ketamine (14%). Smaller proportions reported typically using crystal (10%), base (7%) amyl nitrate (6%), cocaine (4%), GHB (4%), and LSD (3%). Of those who typically drank alcohol while using ecstasy, 56% usually consumed more than five standard drinks.

A mean of 1.4 (SD 1.1; range 0-5) other drugs were typically used during the acute recovery period following ecstasy use, most frequently cannabis (55%), tobacco (41%), and alcohol (23%). Smaller proportions reported typically using benzodiazepines (7%) methamphetamine powder (3%) and ketamine (2%), to come down from ecstasy.

Compared to earlier samples, a lower proportion of the 2003 sample reported bingeing on ecstasy in the preceding six months and smaller numbers reported using ecstasy weekly or more. However, the proportion who reported typically using more than one tablet has increased over time. Further, three quarters (74%) of the 2003 sample reported typically using more than one tablet. These data suggest that although ecstasy is perhaps being used less frequently and the prevalence of bingeing has decreased, the number of tablets used per occasion of use has increased over time. The proportion of participants who report usually using other drugs in combination with and to comedown from ecstasy has fluctuated over time.

KI reports of ecstasy use varied widely according to their occupation and the particular group of ecstasy users with whom they had recent contact. All but one KI reported at least 10% and up to 100% of the group used ecstasy on a weekly basis with the overall frequency ranging from four days a week to special occasions only. One commented that frequency of use was seasonal (i.e. weekly in summer; monthly in winter). There was wide variability in the ranges reported in terms of tablets used per occasion of use with the most common being 1-2, followed by 2-3. Several also mentioned the use of between 3-4 and 5-10 tablets per occasion. One KI said 2-20 tablets depending on the occasion.

Five KI commented that the quantity and frequency of ecstasy use had decreased in the preceding six months as a result of increased methamphetamine use by some users, particularly crystal. One KI mentioned the reduction of ecstasy use due to the increased combined use of GHB and crystal. Four KI reported that people were going out less and as a consequence ecstasy use had decreased in terms of both quantity and frequency; one mentioned this being beyond seasonal differences. KI reports of reduced frequency of ecstasy use were consistent with PDU data (Table 3). Another two KI however, mentioned the increased frequency in ecstasy use; one said this was because people are going to parties more regularly and not just the big parties four times a year. The other described increased frequency and quantity of use in the context of ecstasy becoming more acceptable among party drug users and that the size of this group of users had increased.

All KI reports of route of administration were consistent with results from the user survey with reports that almost all users swallow ecstasy (90-100%) with only very small proportions (<5%) snorting, shafting/shelving or injecting the drug.

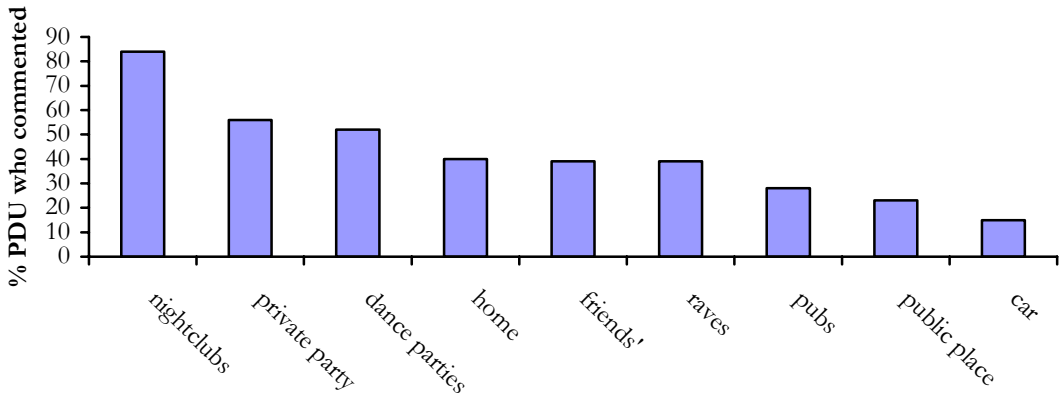
The majority (n=9) of KI reported no changes in the types or number of people using ecstasy in the preceding six months. Of the five KI who commented, one mentioned that new users were slightly younger and another mentioned they had recent contact with a 14-year-old user for the first time. Two mentioned increasing numbers of people using and another; 'ecstasy use is becoming part of the furniture, it's just like drinking now and very much a part of youth culture'.

Over half of the respondents in 2003 commonly reported using ecstasy at nightclubs (84%), private parties (56%) and dance parties (52%) in the preceding six months (Figure

1). Smaller proportions reported using ecstasy at home (40%) or at friends' homes (39%) and at raves (39%), pubs (28%) and in public places (23%). Other locations ecstasy had been usually used included in cars (15%; passenger in car; 4%), at dealers' houses (8%), in restaurants or cafes (5%), music festivals (4%), concerts (2%) and sex venues (2%).

One KI mentioned the change in location of ecstasy use, stating that this group was increasingly likely to use out at clubs (and purchase in clubs) as opposed to at home or private parties. In contrast, another two KI who also described a change in location of ecstasy use referred to use moving from clubs into the home or private parties.

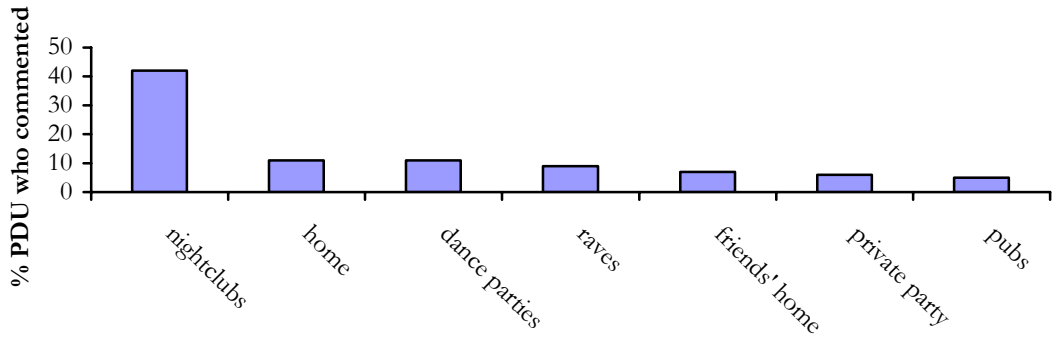
Figure 1 Usual place of ecstasy use



Source: Party Drugs Initiative PDU interviews 2003

The last location of ecstasy use was similar to the usual use locations in the preceding six months with the most common being a nightclub (42%) (Figure 2). Other recent locations of ecstasy use included home (11%), dance party (11%), rave (9%), friends' home (9%), private party (6%), pub (5%), public place (2%) and music festival (2%). One participant each reported restaurant/café, car, fashion show, bar, airport and concert as the location of their most recent occasion of ecstasy use.

Figure 2 Last place of ecstasy use



Source: Party Drugs Initiative PDU interviews

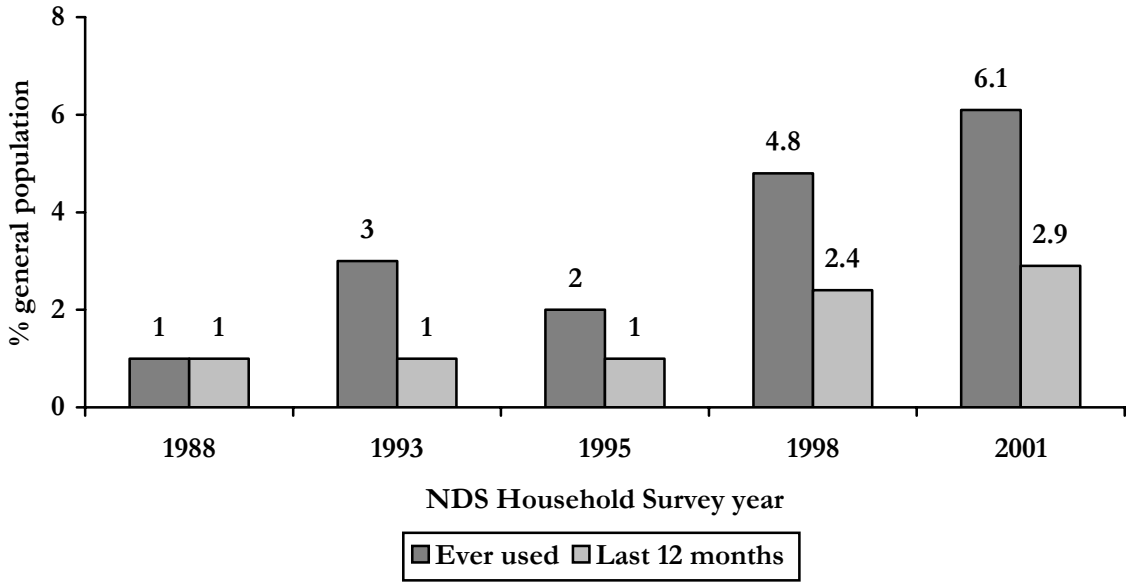
Participants in 2003 were asked to specify the proportion of friends who use ecstasy. More than half (55%) reported that 'most' of their friends use ecstasy and one quarter

(25%) reported 'about half'. A smaller proportion (13%) reported 'all' their friends use ecstasy and 8% reported 'only a few'.

4.2 Use of ecstasy in the general population

Since ecstasy was first included in the National Drug Strategy Household Survey (NDSHS) in 1988, reported lifetime prevalence of ecstasy use among the general population increased; from 1% in 1988 to 6.1% in 2001 (Australian Institute of Health and Welfare, 2002a). Similarly, as shown in Figure 3, the proportion of the general population who reported using ecstasy in the preceding 12 months increased from 1% in 1988 to 2.9% in 2001 (Australian Institute of Health and Welfare, 2002a).

Figure 3 Prevalence of ecstasy use in Australia, 1988-2001



Source: National Drug Strategy Household Survey 1988-2001

Comparable to the national prevalence, lifetime ecstasy use was reported by 5.3% of the NSW population aged 14 years and over in 1998 (Australian Institute of Health and Welfare, 2002b). Further, recent ecstasy use increased among this group from 2.1% in 1998 to 3.4% in 2001 (Australian Institute of Health and Welfare, 2002b).

4.3 Summary of patterns of ecstasy use

- Ecstasy users start using the drug in their late teens, although reports from some KI suggest that the age of initiation is decreasing.
- All participants typically consume ecstasy orally although half reported recently snorting.
- A wide range of patterns of ecstasy use were reported, however, most reported using the drug between fortnightly and monthly.
- Three quarters of regular ecstasy users typically use more than one tablet per use episode.
- A substantial minority of regular ecstasy users have recently used four or more tablets in a single use episode.
- One third of the sample recently used ecstasy on a continuous basis for 48 hours or more without sleep, although prevalence of this pattern of binge use decreased compared to previous years.
- Most users report typically using other drugs in combination with ecstasy and to 'comedown' from its acute effects.
- Some data suggest that the quantity of ecstasy use among regular users may have increased over time while frequency of use decreased.
- Nightclubs and private parties were locations participants reported usually using ecstasy while a nightclub was the most commonly reported most recent location of use.
- NSW prevalence of ecstasy use was similar to National prevalence.

4.4 Price

All users were able to comment on the price of ecstasy in Sydney and agreed that the ecstasy available in Sydney in the six months preceding the interview came in tablet form. Virtually all KI agreed that the vast majority of ecstasy available during this period came in tablet form. Two KI mentioned caps, although both considered these rare and to comprise less than 5% of the market. Three KI mentioned small numbers of users mixing and re-packaging their own capsules with crushed ecstasy and speed, or ecstasy and Viagra (reportedly called sextasy).

The median price of ecstasy was reported by users to be $35 per tablet (range $20-55). Almost half (45%) provided a range; the low range median was $30 (10-40) and high range median $40 (20-50). Most participants reported that the price had either remained stable (59%) or decreased (25%) in the preceding six months (Table 4). KI reports of the price of ecstasy were consistent with the prices reported by users. The most commonly reported price was $40 per tablet (n=3) and the most commonly reported ranges were $35-50 (n=2) and $40-50 (n=2). The estimated mean price of ecstasy ranged between

$34-46. Most KI agreed the price ecstasy had remained stable or decreased over the preceding six months although four were unable to comment.

The median price of a tablet of ecstasy has decreased from $40 since 2000, and has remained stable since 2001 at $35 (Table 4).

Table 4 Price of ecstasy purchased by PDU and price Variations

Variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Median price ecstasy tablet (range)	40 (30-50)	35 (10-70)	35 (18-50)	**35 (20-55)**
Price change:				
Increased (%)	3	4	6	**12**
Stable (%)	53	55	64	**59**
Decreased (%)	38	29	26	**25**
Fluctuated (%)	5	10	15	**3**
Don't know (%)	-	-	1	**2**

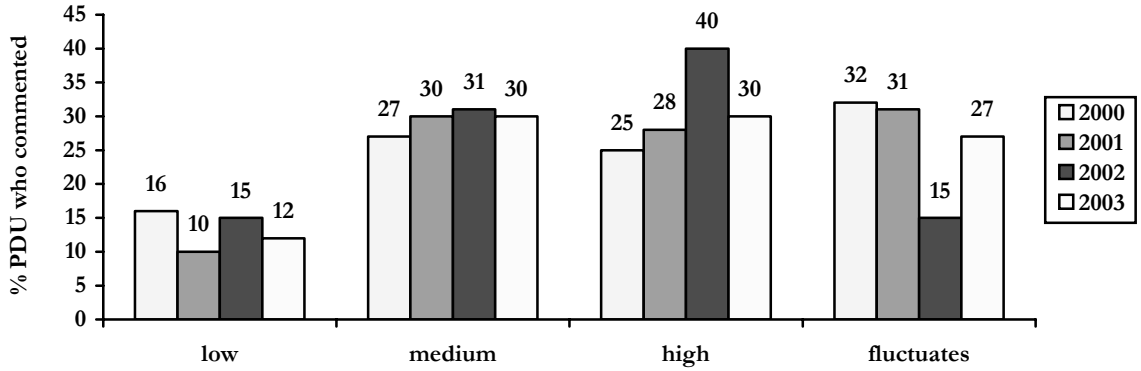
Source: Party Drugs Initiative PDU interviews

The two most common methods of paying for ecstasy in the preceding six months were paid employment (80%) and being given ecstasy by friends (64%). Other methods of paying for ecstasy reported by approximately one fifth of the sample included; borrowing money from friends (22%), on credit from dealers (22%), obtaining money from parents (20%), selling or distributing drugs (19%) and bartering other drugs or goods for ecstasy (17%). Smaller proportions reported unemployment or sickness benefits (12%), government study allowances (8%), pawning goods (3%) or property crime (3%) had funded their ecstasy use in the preceding six months.

4.5 Purity

In 2003, there was little consistency between users' estimates of the current purity of ecstasy, similar to previous samples of ecstasy users (Figure 4). KI reports reflected this inconsistency; five reported the current purity of ecstasy as high, four said it had fluctuated, three said it was low and two were unable to comment on current purity.

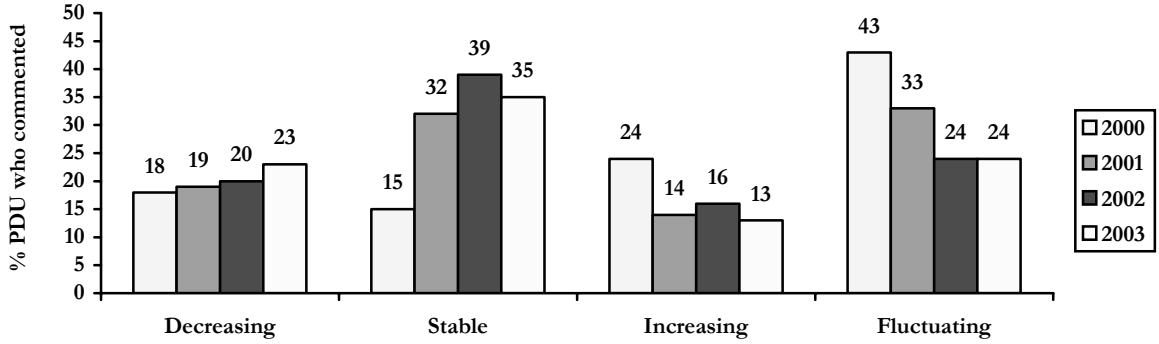
Figure 4 PDU reports of purity of ecstasy in the preceding six months



Source: Party Drugs Initiative PDU interviews

Reports of change in purity in the preceding six months were equally inconsistent, again reflecting reports by previous samples (Figure 5). KI reports were reflective of users comments, with three reporting purity had increased, four reporting it as stable and a further three reporting it had decreased. Three KI were unable to comment.

Figure 5 PDU reports of change in purity of ecstasy in the preceding six months



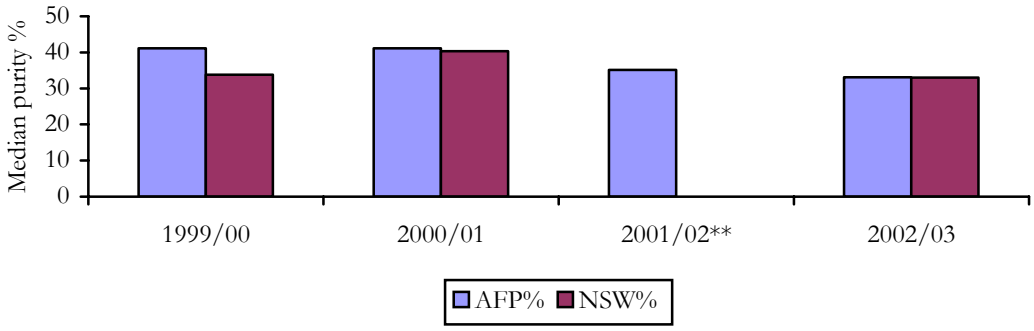
Source: Party Drugs Initiative PDU interviews

Estimates of purity are necessarily subjective and depend, among other factors, on users' tolerance levels. Laboratory analyses of the purity of seizures of ecstasy provide objective evidence regarding purity changes, and should therefore be more highly regarded than the reports of users. However, it is also important to note the limitation of the purity figures calculated by forensic agencies. Not all illicit drugs seized by Australia's law enforcement agencies are analysed for purity. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures therefore relate to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, it remains the case that the purity figures provided by forensic agencies remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC report both federal and state police seizure data including number and weight of seizures. In 1999-2000 the purity was reported as 'ecstasy' seizures. Since 2000-01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (Australian Crime Commission, 2003) and seizures of these drugs are included in the seizure data from 2000-01.

Figure 6 indicates that the median purity of phenethylamines seized by both the Australian Federal Police (AFP) and NSW police have remained relatively stable across time. Purity of seizures analysed by the AFP decreased slightly from 35% in 2001/02 to 33% in 2002/03. Purity data was not available from NSW police in 2001/02 but was comparable to AFP seizure purity in 2002/03 at 33%.

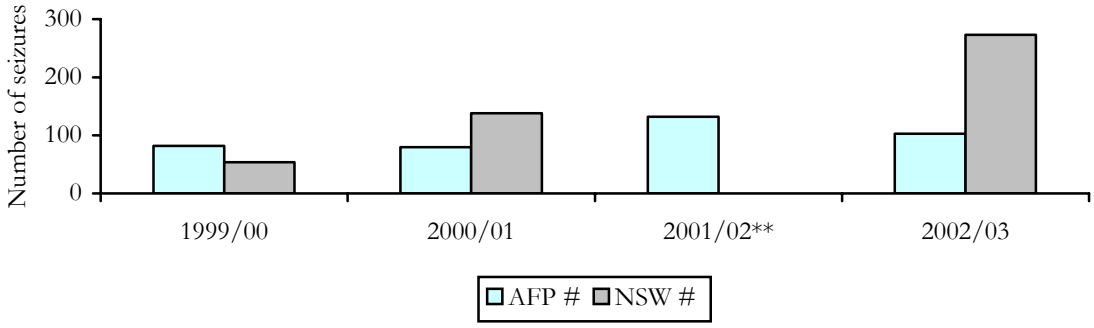
Figure 6 Median purity of phenethylamines* seizures 1990/00- 2002/03.



Source: Australian Bureau of Criminal Intelligence, (2001,2002), Australian Crime Commission (2003)
*1999/2000 indicate detection of MDMA. In 2000/01 this changed to phenethylamines
**NSW Police data for 2001/02 was not available.

Figure 7 shows that the number of Australian Federal Police (AFP) seizures of phenethylamines increased up until the financial year 2001-02 and then stabilised in 2002-03 (Figure 5). Purity data from NSW police for 2001-02 were not available; however there was a further increase from 2000/01 in the number of NSW police seizures in 2002-03.

Figure 7 Number of phenethylamines* seizures 1999/00- 2002/03



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)
*1999/2000 indicate detection of MDMA. In 2000/01 this changed to phenethylamines
**NSW Police data for 2001/02 was not available.

4.6 Availability

All participants were able to comment on the availability of ecstasy and there was a high degree of consistency between users' and KI reports of the availability of ecstasy in 2003, similar to previous years. The majority of users considered that ecstasy was either 'easy' (23%) or 'very easy' (63%) to obtain, and similar proportions reported that the availability had either remained stable (73%) or increased (11%) in the preceding six months (Table 5).

Ten KI reported ecstasy as currently being 'very easy' to obtain and four described it as 'easy'. Only one KI thought that ecstasy was currently 'difficult' to obtain. In line with user reports, the majority of KI thought the availability of ecstasy had remained stable or had become easier with one mentioning that users generally have a few contacts and when unable to source ecstasy from one supplier, will go to another.

In all NSW samples across the years, almost all participants described ecstasy as 'easy' or 'very easy' to obtain, and agreed that availability had either remained stable or increased.

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

Ecstasy	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ease of obtaining ecstasy:				
Very easy (%)	70	72	71	**63**
Easy (%)	27	23	15	**23**
Availability:				
Stable (%)	69	68	72	**73**
Increased (%)	21	28	18	**11**
Persons Score from:				
Friends (%)	83	90	86	**80**
Dealers (%)	63	50	76	**60**
Acquaintances (%)	30	28	38	**27**
Work colleagues (%)	12	12	11	**15**
Unknown people (%)	27	22	14	**15**
Locations scored from:				
Friends' home (%)	59	69	74	**64**
Nightclub (%)	37	35	40	**42**
Dealer's home (%)	35	33	51	**34**
At own home (%)	45	30	32	**29**
Other (%)	20	20	11	**8**

Source: Party Drugs Initiative PDU interviews

In 2003, the majority of participants reported that in the six months preceding the interview they had obtained ecstasy from friends (80%) or dealers (60%) (Table 5). Other people from whom ecstasy had recently been obtained included acquaintances (27%), people unknown to participants (15%) and work colleagues (15%). Ecstasy was most often obtained at friends' homes (64%), nightclubs (42%) and dealers' homes (34%). Other purchase locations included own home (29%); raves (15%), dance parties (11%) and pubs (11%). Eleven percent reported that they obtained ecstasy on the street and a further 3% reported they purchased ecstasy at a pre- arranged meeting place. Two participants bought ecstasy in a car. Other purchase locations reported by one participant each included at a house party, at work, at school and in a café.

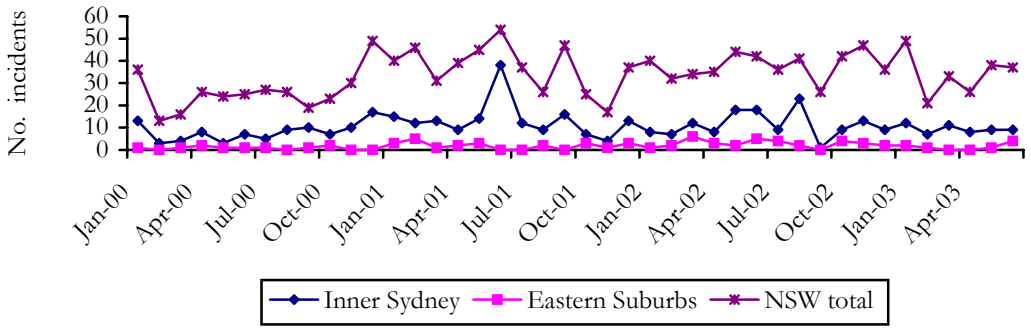
The majority of all samples reported they normally obtained ecstasy from friends or dealers (Table 5). Location of purchase is also comparable across years; ecstasy was most commonly purchased from friends' homes, nightclubs and dealers' homes.

4.7 Ecstasy related harms

4.7.1 Law enforcement

An inspection of the geographical locations from which the majority of 2003 participants reside shows the greatest number of ecstasy use/possession incidents are recorded in the inner Sydney area followed by the eastern suburbs and lower northern Sydney (Figure 8). The number of these recorded incidents has generally increased over time, although numbers have remained stable in the preceding 12 months.

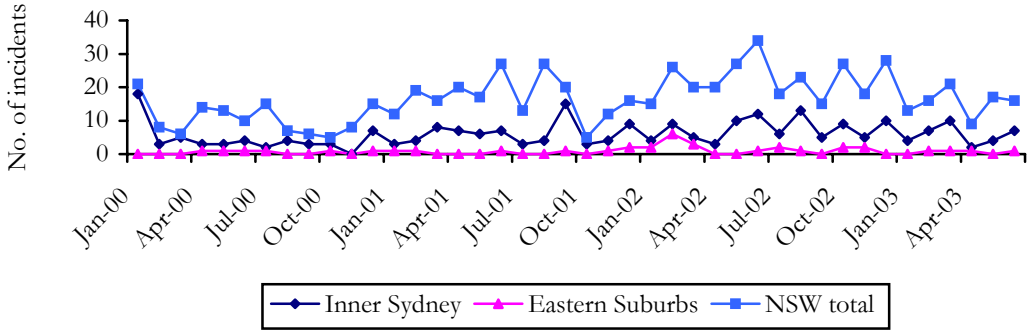
Figure 8 Number of police incidents recorded for ecstasy possession/use, January 2000- June 2003



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

Overall, the number of ecstasy deal/ traffic incidents recorded since January 2000 has increased over time in the areas in which the majority of 2003 participants resided (Figure 9). The number of these incidents recorded in the inner Sydney area, and in NSW as a whole fluctuated in the preceding 12 months.

Figure 9 Number of police incidents recorded for ecstasy deal/traffic, January 1997 - December 2002



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

One KI mentioned the increasing number of clandestine MDMA labs detected in NSW although this was still considered to be relatively unusual. Two explanations for this increase were offered; the first being improved police response including greater collaboration with industry and enhanced intelligence, leading to greater rates of

detection and the second, an increase in the number of labs in operation. Also mentioned was the increase in smaller, more mobile labs. See the Methamphetamine Section 5.5.1 for NSW police data refecting detection of clandestine methamphetamine and MDMA labs. Interestingly, three MDMA labs were detected in the calendar year 2002 and four were detected in 2003.

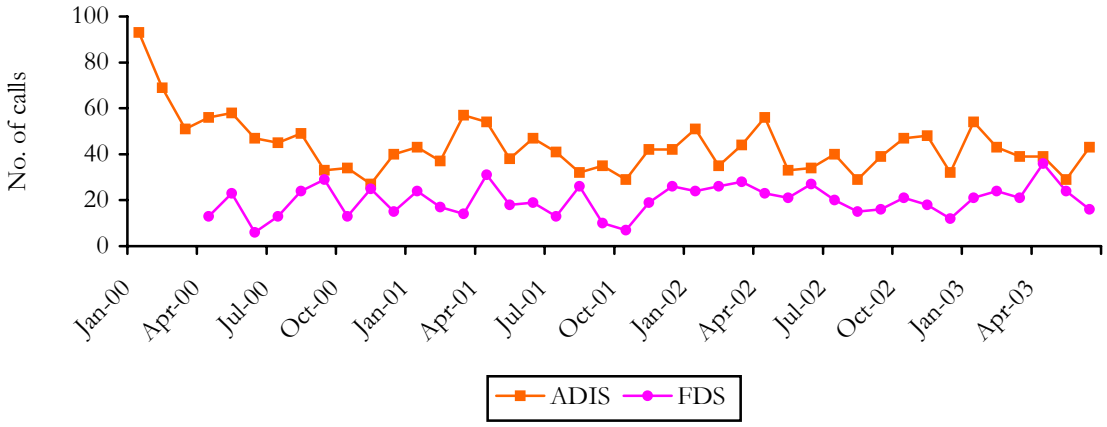
4.7.2 Health related harms

When asked whether they had experienced any problems ceasing or reducing ecstasy use, the majority of participants reported they had not. However, a small proportion (14%) of the sample reported either wanting to or having tried to cut down on their use of ecstasy and found they couldn't.

The 2003 sample were asked whether they had experienced a range of side effects as a result of their ecstasy use however, contrary to previous years, the distinction between physical and psychological side effects was not made in the analyses of data. Participants were also asked to specify the other drugs and other factors they perceived to be associated with each side effect they reported experiencing and whether they had experienced the side effect under the influence or coming down from the effects of drugs. Given that this question was not ecstasy specific in 2003, these data now appear in Section 12 of the report under party drug related harm.

The NSW Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in NSW. ADIS data reflect calls in which ecstasy was the primary drug of concern. Similarly, the NSW Family Drug Support (FDS) provide over the phone support and referral. FDS data represent all calls in which ecstasy was mentioned. Figure 10 shows that the number of calls received by ADIS regarding ecstasy has remained relatively stable over time aside from a spike of calls around the new millennium. Calls received by FDS since in April 2000 regarding ecstasy reflect a similar pattern.

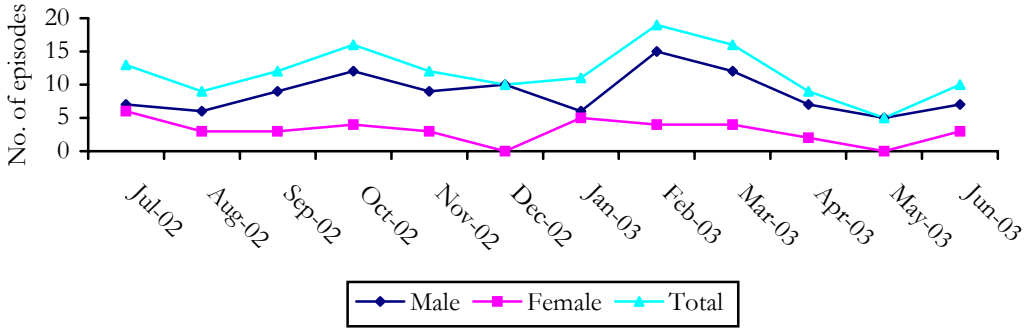
Figure 10 Number of inquires regarding ecstasy received by ADIS and FDS, 2000-2003



Source: NSW Alcohol and Drug Information Service & NSW Family Drug Support
Family Drug Support data was only available from April 2000

The number of closed treatment episodes, based on the date of commencement, where the principal drug of concern was ecstasy, has fluctuated over the preceding 12 months with a maximum of 19 in February and a minimum of five in May (Figure 11). In line with the gender distribution of the 2003 sample, males account for a greater number of treatment episodes than females.

Figure 11 Number of ecstasy treatment episodes by gender, NSW July 2002 – June 2003

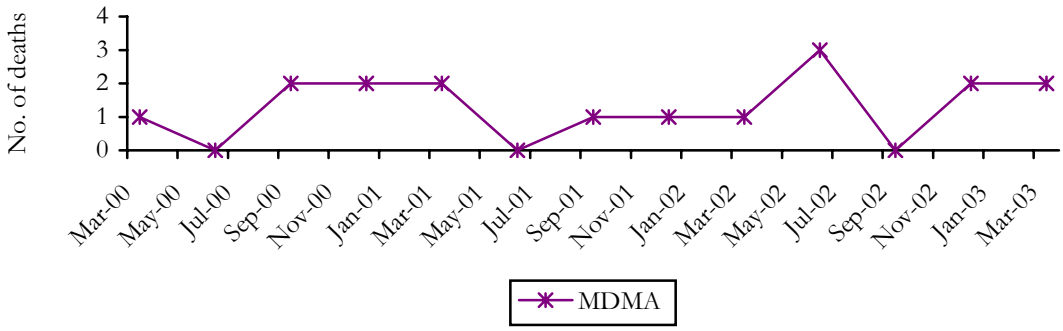


Source: NMDS-AODTS, NSW Department of Health.

N.B.The NMDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

The number of suspected drug- related deaths where ecstasy was detected is low and appears to have remained relatively stable over time, generally fluctuating between one or two a quater with a maximum of three being recorded in July 2002 in the last four years (Figure 12).

Figure 12 Number of suspected drug related deaths in which ecstasy was detected post mortem, 2000-2003



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories
N.B. These numbers relate to deaths in which ecstasy was detected, however there may have also been other drugs present.

4.7.3 Other harms

Participants in 2003 were again asked about others harms potentially associated with their use of party drugs in the preceding six months including work/study, relationship/social,

and financial and legal problems. They were then asked to specify the severity of the problem and the drug/s to which they attributed the problem. Given that this question was not ecstasy specific in 2003, these data now appear in Section 12 of the report under party drug related harm.

4.8 Benefit and risk perception

In 2003, data was collected for the first time from survey participants on the perceived risks and benefits associated with taking party drugs.

4.8.1 Perceived benefits

Respondents were asked to identify any benefits they perceived to be related to their ecstasy use. A wide range of benefits were reported and are summarised in Table 6. The entire sample identified at least one benefit with the majority reporting three or more. Outlined below are the main themes that emerged from the open-ended responses.

Fifty-eight participants reported positive effect on mood, the majority of whom reported feelings of happiness (n=25), euphoria (n=13) and simply 'feeling good' (n=6). Another eleven used other expressions to describe improvement in mood (eg 'elevated mood', 'wellbeing', 'uplifting' and 'feeling on top of the world'). 'The rush' and 'the high' were also mentioned (n=3).

Many participants (n=55) identified a range of benefits regarding the enhanced interaction with others, including increased sociability (n=34). Those who described increased sociability reported not only being 'more social' but also being more open to meeting new participants and feeling better able to express themselves and communicate. Several described being more friendly and talkative while two participants mentioned the 'friendly atmosphere' and 'good vibe' in clubs. Others mentioned feeling closer or more inter- connected with others (n=12) and specifically, closer and more bonded to friends or partners (n=7) (eg 'closer to friends, closer than ever before, because of ecstasy').

Increased energy and alertness was often reported as a benefit of ecstasy use (n=37). Of those who reported a benefit of this nature, the majority stated increased energy (n=24) including 'being able to go all night' and 'lasting all night'. A further thirteen reported being able to stay awake as a benefit of ecstasy use.

Increased appreciation of music (n=21) and dance (n=12) were also perceived as beneficial outcomes by many participants. Participants felt that ecstasy 'made the music sound better' or 'added dimension to music'. With regard to dance, reports that ecstasy 'enhanced experience on the dance floor', allowed them to 'dance all night' and 'dance better for longer' were common.

Ecstasy use was also considered conducive to having a good time or an enjoyable night (eg 'adds to the night' and 'you know your night is going to get better') (n=30). Half of these participants (n=16) reported the benefit of taking ecstasy was simply 'to have fun'.

Other commonly identified benefits of ecstasy use were increased confidence and decreased inhibition (n=30). The majority of these respondents (n=18) reported feeling more confident while under the influence of ecstasy (eg 'gives you confidence- that you probably already had, but brings it out' and 'increased self esteem with high'). Twelve

respondents reported that ecstasy decreased inhibition (eg. 'uninhibited, feel free to do what you like, not so restricted by what you normally think' and 'un-inhibits participants; participants let their defences down; lets them be a part of something else').

The perception that ecstasy could be used to relax or escape was a commonly reported benefit (n=24). Approximately half of this group (n=14) described the effects of ecstasy as providing an escape (eg. 'takes you out of reality so real life ceases to exist for a while; it's an escape'; 'forget about the worries of your normal life'). A related theme was ecstasy as a relaxant, with a similar number (n=10) reporting that they found the use of ecstasy 'calming and relaxing' or a 'relaxed pleasure'. Another described it as a 'release from tension and stress'.

Nine participants mentioned one benefit of ecstasy use was related to how it is different from alcohol (eg 'not violent, nobody behaving drunk', 'long lasting high compared to alcohol' and 'more in control than alcohol'). Eight participants reported that ecstasy 'heightened sexual awareness' and potentially increases sexual arousal.

Smaller proportions reported other benefits of ecstasy use. Benefits related to the effect of the drug itself such as enhanced sensations or perceptions (n=3) and visual distortions (n=2). Participants identified a range of other benefits they perceived to be related to their ecstasy use although there were no other strong themes to emerge.

Table 6 Perceived benefits of ecstasy use

Benefit	*n*
Mood enhancement/ happiness/ euphoria/ high	58
Enhanced interaction with others	55
Energy/ stay awake	37
Enhanced appreciation of dance/ music	33
Good time/ enjoyable night	30
Increased confidence/ decreased inhibition	30
Relax/ escape	24
Different to alcohol	9
Heightened sexual awareness	8
Enhanced sensation/ perception	3
Visual distortions	2

Source: Party Drugs Initiative PDU interviews 2003

4.8.2 Perceived risks

Participants were asked whether they perceived any risks associated with taking ecstasy and if so what were these risks. Participants were not asked whether they knew of these risks prior to taking the drug or if these perceived risks would deter them from taking drugs in the future. The majority (92%) identified a range of potential health and other risks, with most respondents reporting more than one risk, a summary of which appear in Table 7. Five participants reported no risks, one person was unsure and risk data were missing for two. There was consistency in the types of risks users reported, with the main themes being mental and physical health issues, inconsistency or impurities in the drug, vulnerability due to intoxication and unknown long-term risks.

The most common risk participants perceived to be associated with the use of ecstasy was the potential for psychological harm and the impact on mental health (n=38). Depression was most commonly identified (n=15), followed by addiction or dependence (n=7), paranoia (n=7) and psychosis (n=2). General mood impairment (n=5) such as lack of motivation, extreme mood swings and serotonin depletion was also mentioned. The risk of neuropsychological harm including 'long term brain damage', 'neurological damage' and 'bad for your brain' (n=9) as well as memory loss (n=6) were described. Two participants mentioned the risk of becoming addicted to the party scene or the lifestyle associated with its use, not the drug itself.

A range of potential short and long-term physical health risks associated with ecstasy use were identified (n=35). Of those who mentioned physical health risk, many reported acute physical health side effects including weight loss, skin problems and passing out (n=18). Twelve participants perceived dehydration to be a risk associated with taking ecstasy and ten participants specified body temperature regulation including the risk of overheating, drinking too much or not enough water. Five participants mentioned longer term physical health implications such as possible heart problems, and two reported the possibility of 'internal organ problems'.

Interestingly, almost one quarter of the sample (n= 23) perceived overdose or death as a potential consequence of ecstasy use. Nine respondents reported overdose, one of whom mentioned overdose occurring as a result of the unknown content in the ecstasy tablet. Another three mentioned overdose resulting in death and a further eleven participants perceived death as a potential outcome of ecstasy use in general, without specifying a cause.

Other commonly identified risks perceived to be associated with ecstasy use were related to the nature of the unregulated black market from which ecstasy was purchased (n=34). The majority mentioned these risks in terms of not knowing the ingredients of pills sold as ecstasy (n=16). Thirteen respondents stated more specifically that pills could potentially contain harmful contaminants and five participants reported unknown purity or strength. A further four participants acknowledged this risk but reported that they took steps to reduce this risk by purchasing ecstasy from friends or reliable sources. One person described getting feedback from friends before using a particular type of pill as their personal risk reduction strategy.

One fifth of the sample reported that while under the influence of ecstasy their judgement was potentially impaired, leading to increased vulnerability and potentially risky behaviour (n=22). Nine participants described vulnerability in terms of trusting participants they normally would not and taking unnecessary risks as a result of being too 'out of it' and having 'total lack of control'. Specific risk behaviours and situations resulting from impaired judgement included unprotected sex (n=4), sexual violence (n=2) and driving while under the influence of ecstasy (n=5). A further five participants mentioned the risk of 'taking too much' and becoming blasé about taking more drugs while under the influence.

Small numbers mentioned other risks such as the unknown long-term risk of ecstasy use (n=8) or the legal implications of their ecstasy use (n=7) including getting arrested (n=1) or trouble from the police (n=3). Six participants mentioned potential financial problems due to spending money on ecstasy. Three participants mentioned the risk of not being informed about drug use and two mentioned losing friends who don't use ecstasy. Two

participants mentioned that while they acknowledge the risks associated with ecstasy use, they felt that the risk was minimal (n=1) and could be managed (n=1). Only one person mentioned injecting as a risk associated with ecstasy use.

Table 7 Perceived risks of ecstasy use

Risk	*n*
Psychological harm (effects on mental health)	38
Physical harm (effects on physical health)	35
Harms related to illicit status (unknown purity/ contaminants)	34
Impaired decision making	22
Neuropsychological harms	15
Overdose	12
Unknown long-term risks	8
Addiction/ dependence	7
Legal problems	7
Financial problems	6
None	5
Unsure	1

Source: Party Drugs Initiative PDU interviews 2003

4.9 Summary of ecstasy trends

- Median price of ecstasy was reported to be $35 which has remained stable since 2001; most participants across sampling years report the price as stable.
- User and KI reports of ecstasy purity are inconsistent although purity of seizures made by both AFP and NSW police were 33% in 2002/03.
- Both users and KI have consistently reported that ecstasy is 'easy' or 'very easy' to obtain since 2000.
- Comparable to previous years, the majority of participants continued to obtain ecstasy from friends and purchased ecstasy from friends' houses.
- Recorded number of offences relating to the use/possession and dealing/trafficking of ecstasy have increased since 2000, although they have remained stable over the preceding 12 months.
- The number of telephone enquiries received by the Alcohol and Drug Information Service and Family Drug Support relating to ecstasy has remained relatively stable over time. Other health related indicator data suggest fluctuations in the number of users seeking treatment for their ecstasy use, with peaks occurring in the earlier months of the year (usually associated with the 'party season').
- The most commonly identified benefits perceived to be related to ecstasy use was enhanced mood and interaction with others.
- The most commonly identified risks of ecstasy use were related to the potential psychological and physical harms.

5.0 METHAMPHETAMINE

Throughout the 1990s, the proportion of amphetamine-type substance seizures that were methamphetamine (rather than amphetamine sulphate, the form most commonly available throughout the 1980s) steadily increased, until methamphetamine dominated the market (Australian Bureau of Criminal Intelligence, 2001). In the financial year 2000/01, the vast majority (91%) of all seizures of amphetamine were methamphetamine hydrochloride (Australian Bureau of Criminal Intelligence, 2002).

Chemically, amphetamine and methamphetamine (or methylamphetamine) differ in molecular structure but are closely related. They exert their effects indirectly by stimulating the release of peripheral nervous system (PNS) and central nervous system (CNS) monoamines (principally dopamine, noradrenaline, adrenaline and serotonin), and both have psychomotor, cardiovascular, anorexogenic and hyperthermic properties (Seiden et al., 1993). Compared to amphetamine, methamphetamine has proportionally greater CNS than PNS stimulatory effects (Chesher, 1993), and is a more potent form with stronger subjective effects.

In Australia today, the powder traditionally known as 'speed' is almost exclusively methamphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste, identified as becoming more widely available and used in all jurisdictions (Topp & Darke, 2001), are also methamphetamine.

The distinction between methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal') has been made in an attempt to collect more comprehensive information on the use, price, purity and availability of each of these different forms. 'Speed' is typically manufactured in Australia and ranges in colour from white to yellow, orange, brown or pink, due to differences in the chemicals used to produce it. It is usually of relatively low purity. 'Base' (also called paste, wax, point or pure), is thought to be an oily or gluggy, damp, sticky, powder that often has a brownish tinge. Base is reported to be difficult to dissolve for injection without heating. Base is also thought to be manufactured in Australia. The crystal form (also called ice, shabu, or crystal meth) is large crystals that range from translucent to white but may also have a green, blue or pink tinge due to either impurities or the addition of food dye. Crystal is manufactured in Asia and imported into Australia (Topp & Churchill, 2002), although the first crystalline methamphetamine laboratory was detected in Queensland in February 2002 (Australian Crime Commission, 2003). No crystal methamphetamine laboratories have been seized in NSW to date.

5.1 Methamphetamine use among PDU

5.1.1 Methamphetamine powder (speed)

Virtually all (97%) participants in the 2003 survey reported lifetime speed use and the majority (79%) had used speed in the preceding six months. Speed had first been used at median age 18 (range 13-56) and there were no gender differences in age of initiation. Of the seventeen participants (17%) who had injected speed at some time, the median age at first injection was 20 (16-30).

Eighty-one recent speed users reported using on a median of five days (range 1-60) in the preceding six months. The majority (58%) used less than once a month; one fifth (22%)

had used speed between monthly and fortnightly; 11% between fortnightly and weekly and 9% used speed more than once a week. A small proportion of the sample (5%) nominated speed as their favourite drug.

The median amount of speed used in a 'typical' or 'average' use episode in the preceding six months was half a gram (range 0.05-7). During their 'heaviest' use episode, recent speed users reported the use of a median of one gram (range 0.1-12); 24% had used more than two grams on a single occasion in the last six months. Of those who reported recent bingeing, 63% had binged on speed. Recent speed use was also quantified in terms of lines; two lines of speed were used during both a typical (range 1-6) and heavy (range 1-10) occasion of use.

Most recent speed users reported snorting (89%) or swallowing (62%). Smoking (9%) and injecting (4%) were other routes of speed administration reported by small proportions of participants.

Lifetime and recent use of speed has remained stable across sampling years (Table 8). Data presented in Table 8 suggest a decrease in the frequency of speed use over time although quantity of use appears stable.

Table 8 Patterns of methamphetamine powder (speed) use of PDU

Speed variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	92	99	100	**97**
Used preceding six months (%)	75	87	85	**79**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	12 (1-180)	10 (1-180)	7 (1-72)	**5 (1-60)**
Median quantities used (grams)				
Typical (range)	0.5 (0.25-7)	1 (0.1-6)	0.5 (0.1-3.4)	**0.5 (.05-7)**
Heavy (range)	1 (0.5-28)	1 (0.1-6)	1 (0.1-10.5)	**1 (0.1-12)**

Source: Party Drugs Initiative PDU interviews

All but two KI reported the use of speed by the groups of ecstasy users with whom they had recent contact. KI estimated between 20-100% of the group used speed in the preceding six months. Snorting and swallowing were considered typical routes of administration although five KI mentioned small numbers injected. When it came to estimating frequency and quantity of use, the majority of KI were less certain of this level of detail although most estimated that between weekly and monthly use was common and that one-quarter of a gram to two grams was typical in terms of quantities used. Two KI mentioned that the frequency and quantity used was context- dependent.

Speed was commonly used in nightclubs (76%), dance parties (48%), private parties (45%), home (45%), friends home (44%), at raves (37%) and at pubs (32%). Smaller proportions used speed in public places (18%), a dealers' house (16%), car or other vehicle (16%) and in restaurants or cafes (10%).

Location at last use was commonly a nightclub (27%), at home (18%) or at a friend's home (16%). Small proportions reported a rave (10%), pub (7%), and private party (7%).

5.1.2 Methamphetamine base

A substantial proportion (63%) of the 2003 sample reported lifetime methamphetamine base use and just under half (42%) had used base in the preceding six months. Those who had used base at some time reported first doing so at median age of 20 (range 13-38). There were no significant gender differences in age of initiation. Thirteen percent of the sample had injected base at some time. Median age of first base injection was 25 (16-38).

Forty-two participants who had recently used base reported a median of four days (range 1-96) of use in the preceding six months. The majority (72%) of participants had used base less than once a month. Four participants (9%) had used between monthly and fortnightly, four between fortnightly and weekly and four had used based once a week or more. Two respondents nominated base as their drug of choice.

Of those who reported using base during the preceding six months, 29 quantified their use in terms of 'points' and seven referred to grams. Three referred to lines, two referred to dips and one participant referred to their use in 'bumps' (for definition of bumps see page 69). Although there remains some confusion among users, it appears that one 'point' is equal to approximately 0.1 of one gram. Those referring to points used a median of one point during an episode of normal use (range 0.1-5) and a median of 2.5 points during a heavy occasion of use (range 0.1-10). Participants referring to grams had used a median of 0.25 grams of base on a typical occasion of use (range 0.4-3) and 0.5 gram (range 0.4-3) during a heavy use episode. Of those who reported bingeing in the preceding six months, 18% had binged on base.

Most participants had swallowed (72%) base in the preceding six months. Smaller numbers had snorted (23%), injected (19%) and smoked (16%) base.

Trends in base use across time are presented in Table 9. Since 2000, both lifetime and recent use of base have increased although prevalence of use remained stable since 2002. Frequency of base use has fluctuated while quantity of use has remained stable.

Table 9 Patterns of methamphetamine base use of PDU

Base variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	36	34	59	**63**
Used last six months (%)	22	20	44	**42**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	4 (1-48)	7 (1-70)	3 (1-30)	**4 (1-96)**
Median quantities used (points)				
Typical (range)	1 (1-10)	1 (0.5-10)	1 (0.1-10)	**1 (0.1-5)**
Heavy (range)	1.5 (1-10)	1.5 (1-10)	1 (0.1-10)	**2.5 (0.1-10)**

Source: Party Drugs Initiative PDU interviews

Five KI reported no recent base use by the group of regular ecstasy users with whom they were familiar, and a further three were unable to comment. Of the six KI who commented, four reported between 5- 10% used base approximately once a month, two of whom mentioned base was injected only when crystal was unavailable and one, that base was used as a last resort. One KI mentioned 30% of users they had contact with used base one day per week interchangeably with speed while the other reported 100% of the group used base. This KI however, was unable to comment on frequency or quantity used.

Base was commonly used in nightclubs (59%) or at home (48%) followed by dance parties (45%), raves (45%) and friends home (31%). Smaller proportions reported using base in public places (28%), private parties (24%) and at pubs (21%). Other locations reported were a dealers' house (10%), car or other vehicle (16%) and in restaurants or cafes (3%).

Location of last occasion of speed use was commonly at home (28%), a rave (21%) or nightclub (17%). Small proportions reported a friend's house (10%) or dance party (10%).

5.1.3 Crystal methamphetamine

Over half (56%) of the 2003 sample reported having ever used crystal methamphetamine and a similar proportion (48%) reported using crystal in the preceding six months. The median age of first crystal use was 23 (16-58). Interestingly, females were significantly younger at age of initiation compared to males (20 vs 23, U=240, p=.05). A small proportion (15%) reported lifetime crystal injection. The median age crystal was first injected was 25 (18-46).

Three KI surveyed in 2003 had had recent contact with regular crystal rather than ecstasy users. As the user group was different from the sample recruited for the user surveys, demographic characteristics are reported here. Demographic descriptions of crystal users they had contact with varied from the sample of regular ecstasy users interviewed. Two KI reported the age range of crystal users to be 21-40 and 30-40, mean age 30. All three reported the vast majority of users were male and who were 'mainly' gay with one reporting 70%. All reported meth users were well educated with one mentioning between 40-50% having completed university studies. One KI was a drug and alcohol counsellor; 100% were receiving counselling for the meth use. All three KI reported no regular crystal users they had contact with had a recent prison history.

Forty-nine recent crystal users reported a median of three days (range 1-96) of use in the preceding six months. Most (65%) used less than once a month; 16% of participants reported using between monthly and fortnightly, 14% between fortnightly and weekly and 4% more than once a week. Four respondents reported crystal methamphetamine as their favourite or preferred drug.

Most recent crystal users (n=38) described their use in terms of 'points' while seven quantified their use in terms of grams. Two participants each described lines and tokes. A toke is a puff on a glass pipe used to smoke crystal. Those who quantified their crystal use in terms of points reported using a median of one point (range 0.1-10) during both a typical and heavy occasion of use. Those referring to grams used a median of 0.25 grams (range 0.2-0.5) during a typical session of use and one gram (range 0.25-2) during their

heaviest use episode. Of those who reported bingeing in the preceding six months, 37% had used crystal to do so, compared to 11% in 2002. Further, reports of typical crystal use in conjunction with ecstasy increased (10% vs 1% in 2002).

The most common route of crystal administration was smoking (71%). Smaller proportions reported swallowing (39%), snorting (29%) and injecting (18%) crystal in the six months preceding the interview.

The prevalence of crystal use continued to increase in 2003 (Table 10). Frequency of use appears to have increased slightly over time while quantity of crystal use seems to have remained relatively stable.

Table 10 Patterns of crystal methamphetamine use of PDU

Ice variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	12	43	43	**56**
Used last six months (%)	6	26	19	**48**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	1 (1-20)	1 (1-50)	2 (1-15)	**3 (1-96)**
Median quantities used (points)				
Typical (range)	2 (1-3)	.25 (0.1-0.5)	1.5 (1-5)	**1 (.1-10)**
Heavy (range)	2 (1-3)	1 (0.5-7)	2.5 (1-10)	**1 (.1-10)**

Source: Party Drugs Initiative PDU interviews

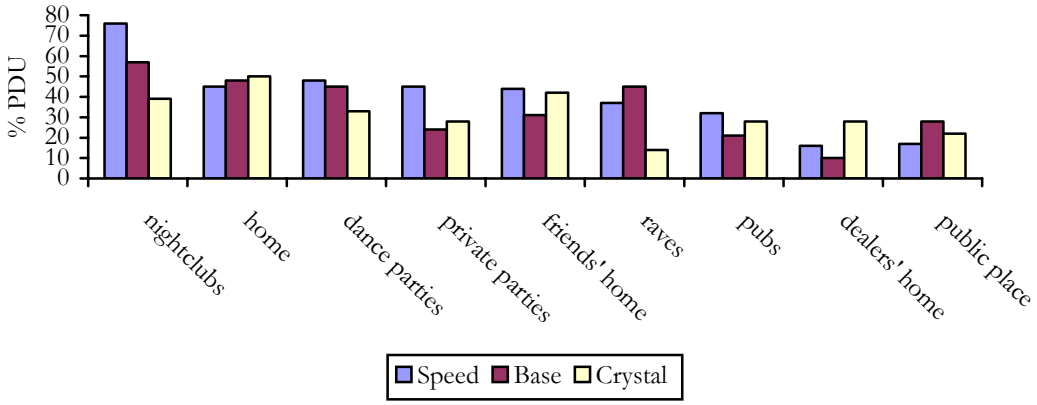
KI reports of crystal use were consistent with the results of the user survey with almost all reporting increased use of crystal over the preceding six to twelve months. Eighteen of the 19 KI reported the use of crystal among the ecstasy users with whom they were familiar. One KI had no direct contact with users and could not comment. Estimates of prevalence ranged from one or two users to 100% of the group, although the most common proportion reported was 70%. Of the seventeen who commented on route of administration, ten reported smoking, five said small proportions inject and one each said snorting or 'dabbing' (oral use). One KI mentioned that a local tobacconist reported a recent increase in the number of glass pipes sold per week; he had gone from selling one a week to between 20- 40. Reports of quantity and frequency of use also varied, although one point per occasion of use was considered to be typical. Use on one day per week to one day per month were common estimates of frequency of use.

The three KI who referred to crystal users were familiar with smokers and injectors. One KI described their patterns of use in detail; the majority of the group used in two or three-day cycles using between two and four points followed by a crash lasting for several days after which the cycle would begin again.

Crystal was most commonly used at home (50%) and friend's homes (42%) followed by nightclubs (39%) and dance parties (33%). Smaller proportions reported using at private parties (28%), pubs (28%) and dealer's houses (28%). Public places (22%) and raves (14%) were also mentioned followed by restaurant or café (6%) and car (6%).

Location of last occasion of crystal use was consistent with usual locations of use and included friend's homes (35%), own home (25%) or in a nightclub (14%). Small numbers mentioned pubs (8%), dance parties (5%) and dealers home (5%).
Figure 13 illustrates that the locations participants usually used the various forms of methamphetamine at are fairly comparable, however while speed and base were most commonly used in nightclubs, crystal was most often used at home. Dance parties, private parties and friend's homes were other common locations in which all three forms of methamphetamine were usually used by the 2003 sample.

Figure 13 Location of usual methamphetamine use by form, 2003



Source: Party Drugs Initiative PDU interviews 2003

5.2 Price

Over half (57%) of the 2003 sample was able to comment on the current price of methamphetamine powder (speed). Speed was commonly purchased in grams, half grams and eight balls (3.5 grams). The median price paid for a gram of speed was $55 (Table 11). Half grams were purchased for $35 and eight balls for $135. Eleven participants offered a range paid for a gram of speed with the lowest gram price being $40 (range $30-120) and highest gram price, $70 (range $35-150). Almost two thirds (62%) commented on the changes in speed price. Most (49%) reported the price had remained stable or decreased (16%) in the preceding six months while 27% were unable to comment specifically on price changes.

Twenty-four participants commented on the current price of base, the majority of who referred to its purchase in 'points' (Table 11). The median price paid for a point of base was $40. Of the 29 who were able comment, the majority reported the price of base had either remained stable (41%) or decreased (21%) in the preceding six months. Ten (35%) were unable to comment on recent price changes.

Twenty-one participants referred to the purchase of crystal in terms of points, grams and half grams (Table 11). The median price paid for a point of crystal was $50 while a gram was purchased for a median of $250. Most of those who commented reported the price of crystal had remained stable (22%), although similar proportions reported the price had increased (16%) and decreased (14%) in the six months preceding the interview. Almost half (46%) were unable to comment on recent changes in the price of crystal.

Median price trends across sampling years are presented in Table 11. Prior to 2002, data concerning the price of speed was not collected in the party drug users survey. Data suggest a reduction in both the gram and half gram price of speed in the preceding 12 months; the 'point' price of base has decreased slightly over time while crystal has remained stable at $50 a point.

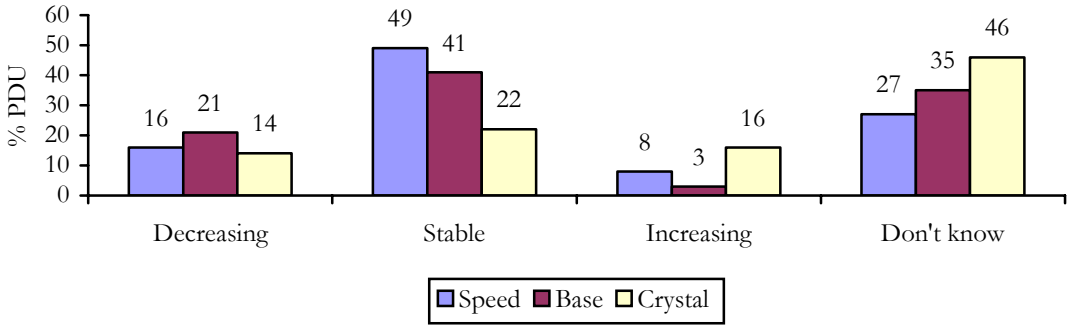
Table 11 Price of various methamphetamine forms purchased by PDU

Median price ($) methamphetamine	2001 sample	2002 sample	2003 sample
Speed	N/A	n=59	n=46
Half gram		40 (30-50)	35 (25-50)
Gram		60 (40-100)	55 (40-190)
Eight-ball (3.5grams)		150 (75-750)	135 (100-180)
Point		50(30-80)	30*
Base	n=22	n=23	n=24
Point	50 (10-80)	40 (20-50)	40 (20-50)
Gram	80 (60-80	175 (100-325)	175 (150-300)
Half gram	100 (80-180)	62.50 (50-150)	50*
Five points	-	-	400*
Eight-ball (3.5grams)	225*	140*	110 (70-150)*
Ounce	1100 (1000-1200)*	1200*	3000 (2500-4000)
Crystal	n=31	n=11	n= 21
Point	50 (20-70)	50 (40-70)	50 (30-70)
Gram	250 (80-400)	160 (100-500)	250 (250-350)
Half gram	80 (80-250)	-	70 (40-150)

Source: Party Drugs Initiative PDU interviews ***n=2 or less**

Figure 14 shows that of those who were able to comment on the current price of the various forms of methamphetamine, substantial proportions were unable to comment on changes in price over the preceding six months, particularly crystal. This is consistent with the relatively limited experience that regular party drug users reportedly have with newer forms of the methamphetamine.

Figure 14 Recent changes in price of various methamphetamine forms purchased by PDU in 2003

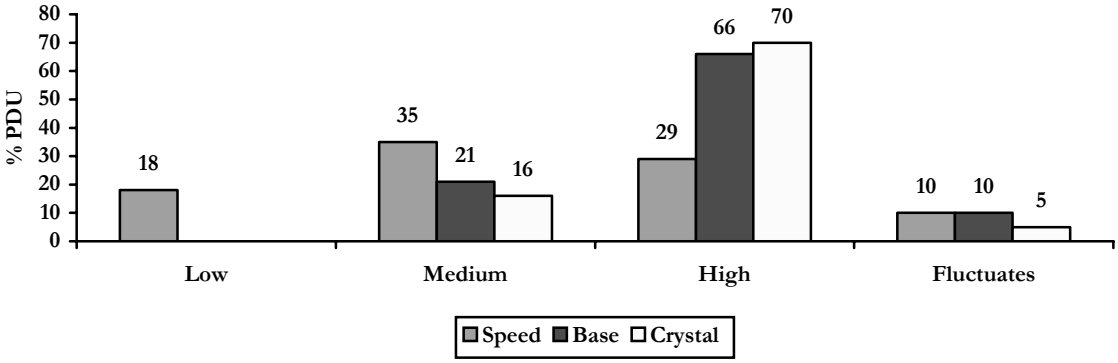


Source: Party Drugs Initiative PDU interviews 2003

5.3 Purity

The consistency between party drug users' estimates of the purity of all forms of methamphetamine is noteworthy. The majority of those who commented reported the purity of speed (64%), base (87%) and crystal (86%) to be 'medium' or 'high' (Figure 15). No one reported the current strength of either base or crystal to be low.

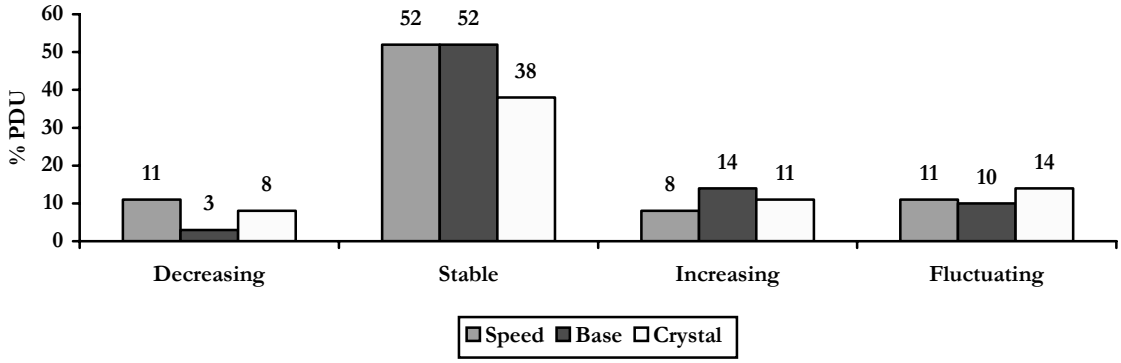
Figure 15 Current purity of various forms of methamphetamine 2003



Source: Party Drugs Initiative PDU interviews 2003

The majority of those who commented reported the purity of all forms of methamphetamine had remained stable during the preceding six months (Figure 16). Two KI mentioned the increasing strength of speed; with one hypothesising this was in response to increased crystal availability. One KI mentioned crystal purity had increased.

Figure 16 Recent change in purity of various forms of methamphetamine 2003



Source: Party Drugs Initiative PDU interviews 2003

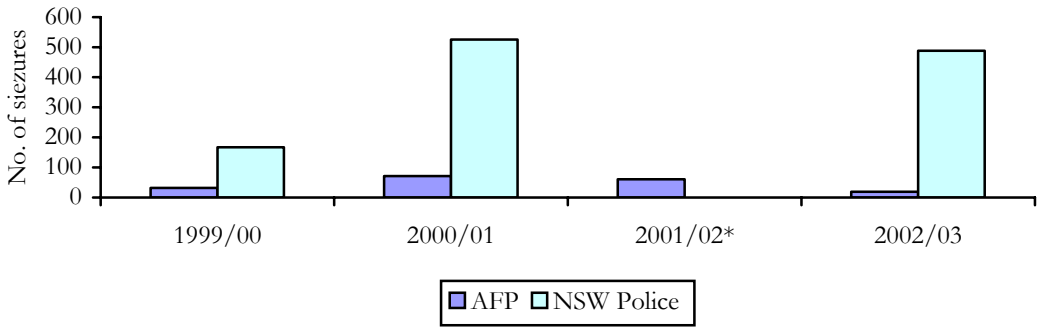
Figure 17 represents the median purity of seizures obtained by the AFP and NSW police. The purity of seizures made by the AFP has remained high (over 60%) over time although these are based on a relatively small number of analysed seizures (see Figure 18). In contrast, the purity of methamphetamine seized by NSW police appears to have decreased since 1999/00. Although these data were not available from NSW police in 2002, purity fell from 49% in 2000/01 to 26% in 2002/03.

Figure 17 Median purity of methamphetamine seizures analysed in NSW 1999/00-2002/03

Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)
***NSW Police data for 2001/02 was not available.**

Figure 18 shows the number of methamphetamine seizures by AFP and NSW police since 1999/00. The number of AFP methamphetamine seizures decreased in the 2002/03 financial year to 19 from 61 in 2001/02. NSW police seizure data was not available in 2001/02 however, number of seizures by NSW police generally appear to have increased since 1999/00.

Figure 18 Number of methamphetamine seizures analysed in NSW, 1999/00-2002/03



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)
***NSW Police data for 2001/02 was not available.**

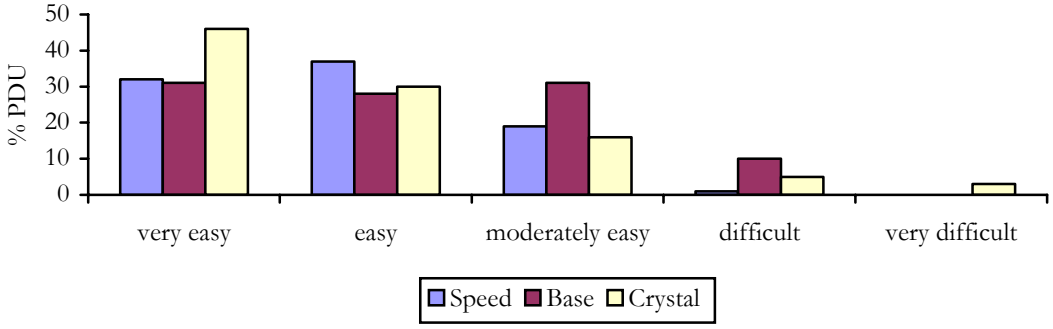
5.4 Availability

The majority of those who commented on the availability of speed reported it 'easy' (37%) or 'very easy' (32%) to obtain (Figure 19); most (71%) agreed speed availability had remained stable over the preceding six months (Figure 21).

Similarly, half those commenting on the availability of base thought it to be 'easy' (28%) or 'very easy' (31%) to obtain and one third (31%) reported it to be 'moderately easy' (Figure 19). The majority thought the availability of base in the preceding six months had either remained stable (62%) or had become easier (21%) to obtain (Figure 21).

With regard to crystal, again most reported that the availability of this form of methamphetamine as 'easy' (30%) or 'very easy' (46%) to obtain (Figure 19), and that the availability of crystal had remained stable (38%) or had become easier (32%) during the preceding six months compared to the six months prior (Figure 21).

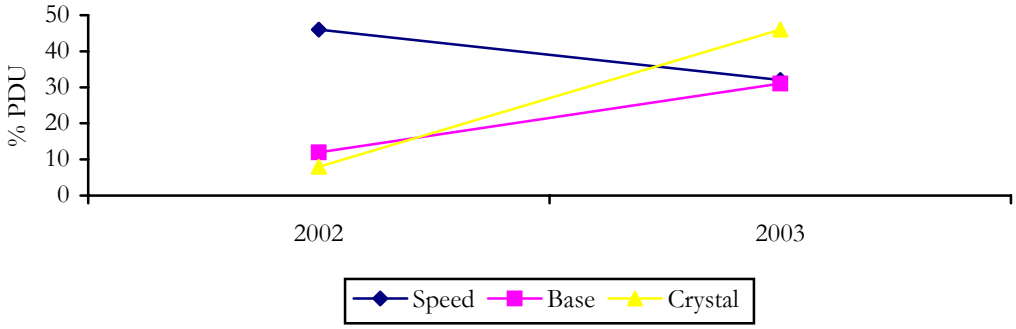
Figure 19 Current availability of various forms of methamphetamine 2003



Source: Party Drugs Initiative PDU interviews 2003

Figure 20 shows that compared to the 2002 PDU sample, larger proportions of the 2003 sample reported the availability of base (12% vs 32%) and, in particular, crystal (8% vs 46%) as 'very easy' to obtain. In contrast, the proportion of PDU who reported speed as 'very easy' to obtain decreased (46% vs 32%).

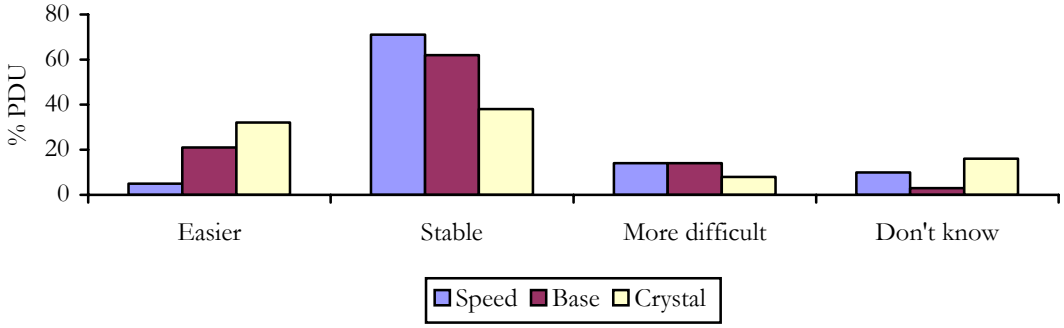
Figure 20 Changes to current availability over time: proportion of PDU who report various forms of methamphetamine as 'very easy' to obtain in the six months preceding interview in 2002 and 2003



Source: Party Drugs Initiative PDU interviews 2002/2003

Figure 21 shows the majority of the 2003 sample reported the availability of all forms of methamphetamine had either remained stable or had become easier to obtain in the six months preceding interview compared to the six months prior.

Figure 21 Change in the availability of various forms of methamphetamine in the preceding six months



Source: Party Drugs Initiative PDU interviews2003

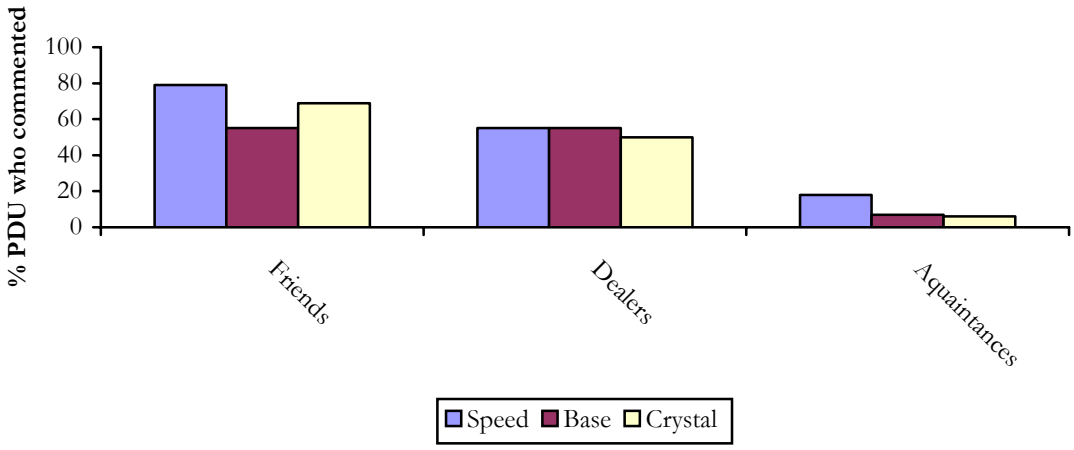
Participants predominantly reported obtaining speed from friends (79%) or dealers (55%) (Figure 22). Other people included acquaintances (18%), people unknown to participants (5%) and work colleagues (5%). Locations at which speed was most often obtained were friends' homes (33%), dealers' homes (25%) own home (24%) and nightclubs (19%). Other purchase locations included; raves (11%), dance parties (8%) and pubs (11%).

Base was commonly obtained from friends (55%) and dealers (55%) (Figure 22). A small number mentioned acquaintances (7%) and work mates (3%). The most common

locations where base was purchased included dealers home (45%) and friend's home (41%) followed by participants own home (21%) and raves (10%).

Similar to speed and base, crystal was commonly purchased from friends (69%) and dealers (50%) with a small proportion mentioning acquaintances (7%) (Figure 22). Likewise, crystal was also commonly obtained from a friend's home (58%), a dealer's home (45%) or the participants own home (19%).

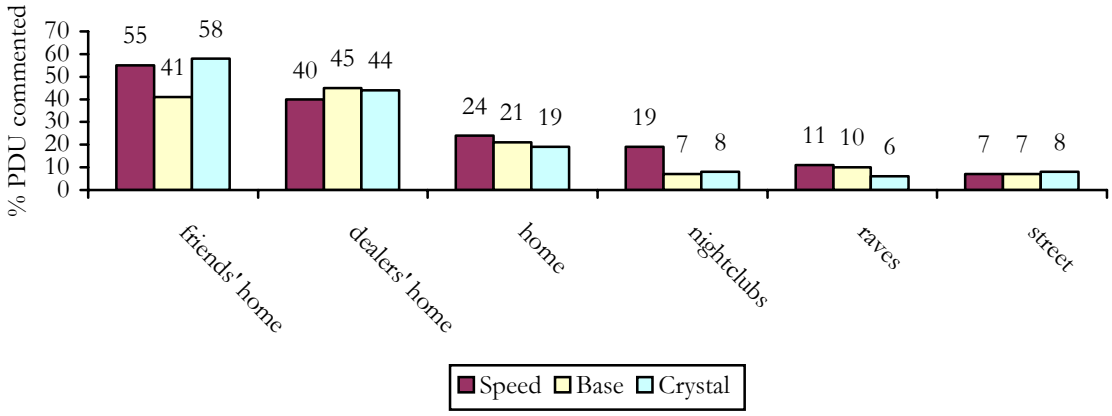
Figure 22 People from whom methamphetamine powder, base and crystal was purchased in the preceding six months



Source: Party Drugs Initiative PDU interviews 2002

When asked to specify locations where methamphetamine was usually purchased, again reports were comparable across forms with private residences including friends', dealers' and own homes the most commonly identified purchase locations (Figure 23). Small numbers reported purchasing methamphetamine in public places such as in nightclubs, at raves and dance parties. Less than 10% of users of all forms of methamphetamine reported purchasing from the street.

Figure 23 Locations where methamphetamine powder, base and crystal purchased in the preceding six months



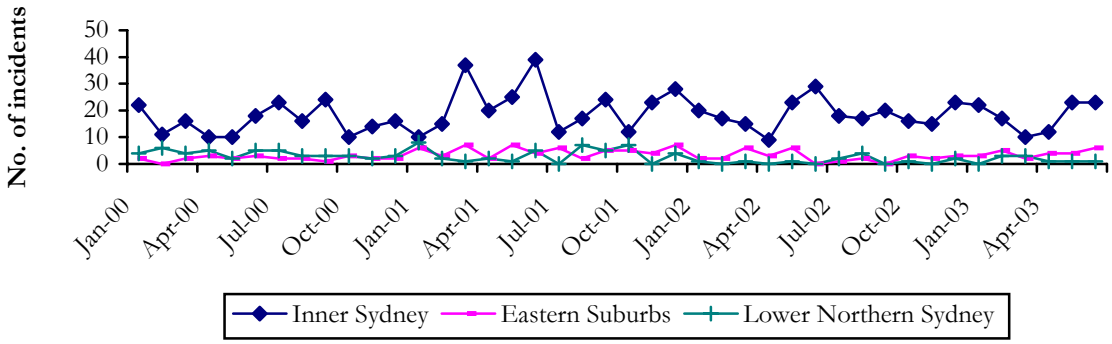
Source: Party Drugs Initiative PDU interviews 2003

5.5 Methamphetamine related harms

5.5.1 Law enforcement

Figure 24 shows that the number of amphetamine use/possession incidents recorded per month by NSW police since January 2000 has fluctuated over time in the geographical locations from which the majority of the 2003 sample resided. A greater number of incidents were recorded in the inner city area compared to either the eastern suburbs or lower Northern Sydney.

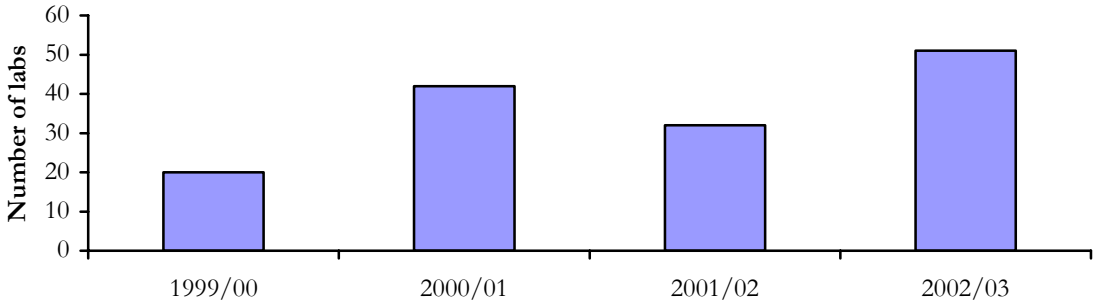
Figure 24 Incidents of amphetamine possession/use by geographic area January 2000- June 2003



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

Figure 25 shows that the number of clandestine labs detected in NSW gradually increased over time from 20 in 1999- 2000 to 51 in 2002- 03. In 2002- 03 financial year, two of the 51 laboratories were producing MDMA, or ecstasy. However, across the two calendar years combined, seven MDMA labs were detected (three labs in 2003 and four in 2004).

Figure 25 Number of clandestine methamphetamine and MDMA laboratories detected by NSW Police 1999/00- 2002/03



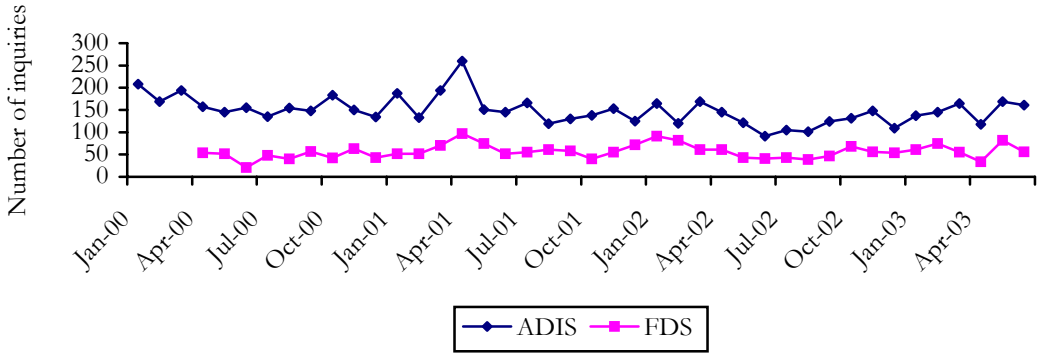
Source: NSW Police Service

Two law enforcement KI commented on the increased supply of crystal, one of whom reported that it is primarily imported as opposed to being locally manufactured.

5.5.2 Health

The number of calls received by ADIS since January 2000 and FDS since April 2000 regarding amphetamines are presented in Figure 26. The number of calls received by both ADIS and FDS has fluctuated over time with what appears to be a gradual increase in calls over the preceding 12 months.

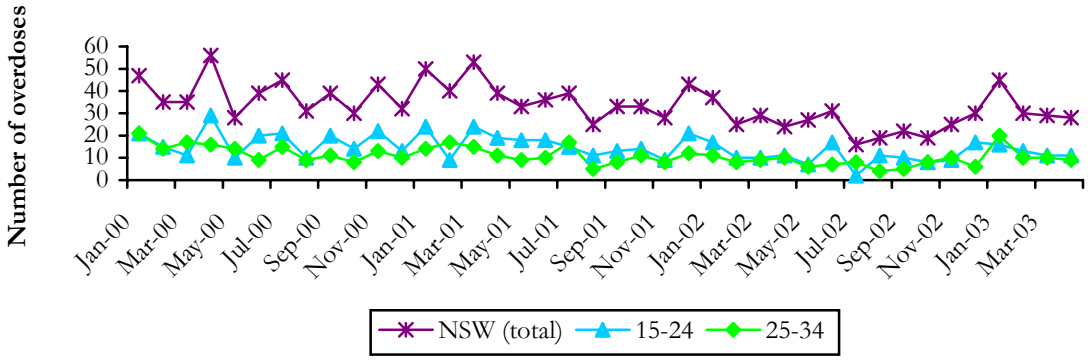
Figure 26 Number of inquiries to ADIS and FDS regarding amphetamines, 2000 - 2003



Source: NSW Alcohol and Drug Information Service and Family Drug Support

The total numbers of amphetamine related overdose presentations to NSW emergency departments have fluctuated over time although there was an increase in the preceding 12 months from 16 in July 2002 to 45 in January 2003 (Figure 27). These numbers have since dropped to 28 in April 2003. The two age groups that account for the majority of amphetamine related overdoses are 15-24 and 25- 35 year olds.

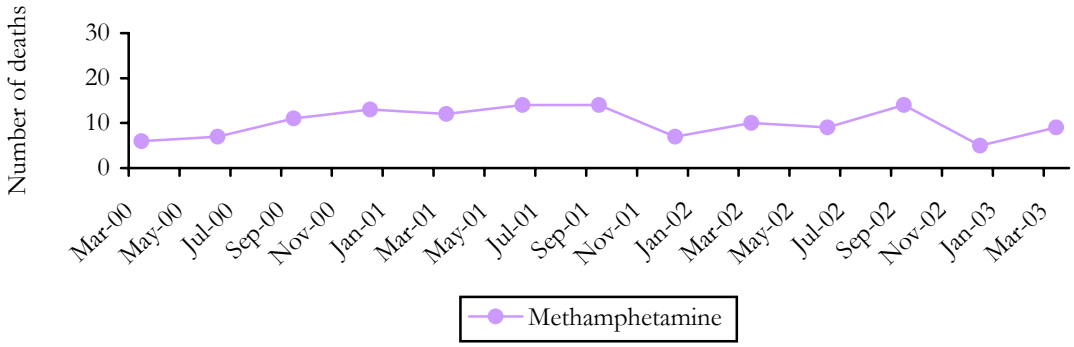
Figure 27 Amphetamine overdose presentations to NSW emergency departments by age group, January 2000- April 2003



Source: Emergency Department Information System, NSW Department of Health

The number of drug- related deaths in which methamphetamine has been detected has remained low and appear to have fluctuated over time (Figure 28).

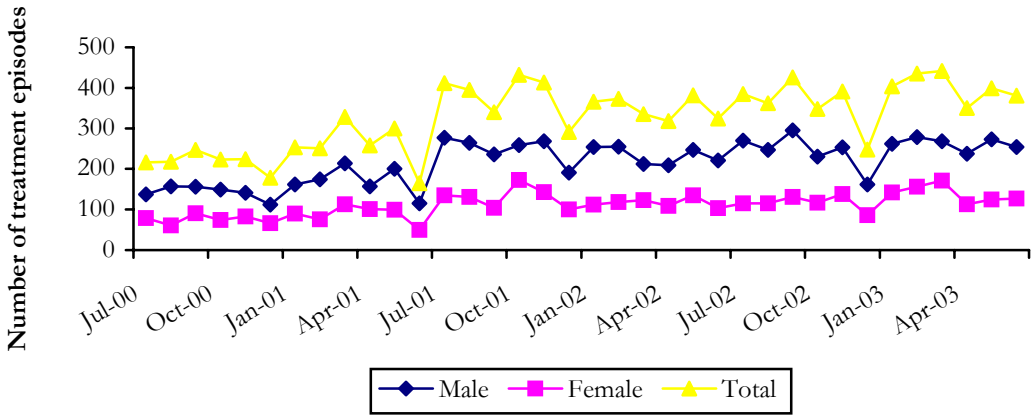
Figure 28 Number of suspected drug related deaths in which methamphetamine was detected in post mortem January 2000- March 2003



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories
N.B. These numbers relate to deaths in which methamphetamine was detected, however there may have also been other drugs present

The number of closed treatment episodes based on date of commencement where amphetamine was the principal drug of concern have increased over time, although they have remained relatively stable in the preceding 12 months (Figure 29). Males account for a greater proportion of this total compared to females.

Figure 29 Number of ATS treatment episodes by gender, NSW July 2000- June 2003



Source: NMDS-AODTS, NSW Department of Health.
N.B.The NMDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

5.6 Benefit and risk perception

The majority of participants reported a range of benefits and risks associated with the use of all of forms of methamphetamine.

5.6.1 Perceived benefits

Respondents were asked to identify any benefits they perceived to be related to methamphetamine use, regardless of whether they had used methamphetamine or not. The most commonly identified benefit of speed use was increased energy or stamina and being able to stay awake, mentioned by 68 participants (Table 12). Ten participants described increased motivation to get things done and a further six mentioned increased energy for dancing specifically. Fourteen participants mentioned enhanced social interaction including increased ability to communicate and eleven participants reported they used speed in conjunction with ecstasy to improve, prolong or counteract its effects. Eight mentioned increased confidence or decreased inhibitions. Seven reported the rush or high associated with speed use and four participants reported enhanced mood and four mentioned enhanced sexual experiences. Two participants reported the benefits were to relax and escape, and one reported it as cheap. Four participants said there were no benefits of speed use, all of whom had used the drug at some time, and five did not comment.

Similar to speed, the most commonly identified benefit of base use was increased energy (n=28) and motivation for getting things done such as housework and homework (n=5). Also comparable was that most participants reported the biggest benefit of crystal use as being energy and being able to stay awake (n=24).

Table 12 Benefits of methamphetamine use

Benefit	Speed	Base	Crystal
	n	*n*	*n*
Increased energy/ stay awake	68	28	24
Increased motivation/ productivity	10	5	5
Enhanced social interaction	14	3	8
Increased confidence/ decreased inhibitions	8	1	3
More pure than other forms of methamphetamine	-	15	11
Improve/enhance/stabilises effects of other drugs	11	1	1
Rush/ high	7	2	5
Enhanced mood/ happiness	4	2	7
Enhanced sensation/ perception	-	-	4
Enhanced sexual experience	4	2	5
Route of administration (smoking) effective	-	-	3
Relax/ escape	2	-	4
Weight loss	1	2	1
No benefit	4	3	7
Don't know	-	10	5
No comment	5	34	39

Source: Party Drugs Initiative PDU interviews 2003

5.6.2 Perceived risks

All participants were asked to whether they perceived any risks associated with the various forms of methamphetamine. The most commonly identified risks are summarised in Table 13.

The majority of the sample (n=88) agreed there were risks associated with speed use. More than half (n=56) reported risks associated with possible psychological harm, most

commonly addiction or dependence (n=16). Anxiety (n=11) was also commonly mentioned, followed by the possibility of psychosis (n=8), depression (n=6), paranoia (n=3) and aggression (n=2). A further five participants mentioned cognitive impairment such as damage to memory and the potential to 'fry brain receptors' and five participants reported general mood impairment including loss of motivation, and the impact of sleep deprivation on mood. Almost half (n=47) the sample mentioned acute physical health issues. These included nasal problems (n=12), heart problems (n=8), dehydration (n=6), body temperature regulation (n=6), and weight loss (n=3).

The inconsistency of the black market was mentioned by 20 participants including; 'never know what you're going to get' (n=12), unknown strength (n=5) and unknown contaminants (n=7). Ten participants mentioned impaired decision-making resulting in vulnerability to accidents and other risky behaviour such as unsafe sex and driving. Nine participants described risk of overdose. Five participants mentioned risk associated with injecting the drug, three legal implications and two financial problems. Seven participants said there were no risks, four participants did not know and one person did not comment. Data were missing for two.

Just over half the sample (n=54) reported risks associated with methamphetamine base use. Similar to speed, the most commonly reported risk of base was psychological harm (n=33) including addiction or dependence (n=13), depression (n=4) and neurological damage (n=4). Acute physical health problems were mentioned by 21 participants, the most common being heart problems (n=8). The unknown content of base was the other frequently mentioned risk (n=9). A quarter (n=26) of the sample reported they did not know of any risks (the majority of whom had never used the drug) and five participants reported there were no risks. Of concern is that four of these participants had recently used the drug.

Comparable to base, more than half of the sample (n=59) perceived there were risks associated with crystal methamphetamine use, the most common being psychological harm or mental health (n=39). Again, most reported dependence or addition to be the biggest mental health risk (n=25) while smaller numbers reported psychosis (n=6), depression (n=3) and paranoia (n=3). In contrast to speed and base, three participants reported violent behaviour or aggression to be a risk of crystal use. Twenty-two participants reported acute health risks including heart problems and five reported overdose to be a risk. Six participants mentioned unknown strength or contaminants. A significant minority (n=16) did not comment on the risks of crystal and fourteen did not of any risks. Seven participants reported no risks associated with crystal use, none of whom were recent users.

Table 13 Risks of methamphetamine use

Risk	Speed	Base	Crystal
	n	*n*	*n*
Psychological harm/ mental health issues	56	33	39
Acute physical health	47	21	22
Inconsistent black market (unknown purity/ contaminants)	20	9	6
Impaired decision making	10	4	3
Overdose	9	4	5
No risks	7	5	3
Increased risk with injecting	5	2	1
Increased risk with smoking	-	-	3
Don't know	4	26	14
Legal implications	3	2	2
Financial problems	2	-	4
Stronger than other forms of methamphetamine	-	2	2
Death	1	1	1
No comment	1	17	16

Source: Party Drugs Initiative PDU interviews 2003

5.7 Summary of methamphetamine trends

- Lifetime and recent use of speed has remained stable across sampling years. Prevalence of base use has increased over time although it has remained stable since 2002. Reports of crystal use have increased over time with a notable increase since 2002.
- KI reports of speed and crystal use were consistent with those of the users while KI reports of base use were less consistent which may reflect specific patterns of use among different groups.
- Similar to ecstasy, speed and base were most commonly used in nightclubs although crystal was most often used at home. Dance parties, private parties and friend's homes were other common locations in which all three forms of methamphetamine were usually used by the 2003 sample.
- Speed was most commonly purchased in gram amounts for a median of $55, a reduction from $50 in 2002. A 'point' of base was purchased for $40, comparable to 2002, while the price of crystal remained stable at $50 a 'point' since 2001. Many were unable to comment on price changes in base and crystal reflecting the relatively limited experience this group has with these forms of methamphetamine.
- The purity of all forms of methamphetamine were reported by most respondents to be of 'medium' or 'high' purity and the majority reported that the purity had remained 'stable' over the preceding six months. AFP seizure data also shows methamphetamine purity as being relatively high.
- Most respondents reported that all forms of methamphetamine were 'very easy' or 'easy' to obtain. The proportion of PDU who reported base and crystal as 'very easy' to obtain increased substantially from 2002. The majority reported the availably of speed had remained 'stable' of had become 'more difficult' during the preceding six months while both base and crystal were more likely to be reported as having remained 'stable' or had become 'easier' to obtain.
- All forms of methamphetamine were most commonly purchased from friends and dealers and most likely to have been purchased from private residences including friends', dealers and own homes.
- Indicator data do not show a clear trend for the preceding 12 months, with fluctuations occurring in; the number of people presenting for amphetamine overdose, the number of people calling help lines regarding problematic amphetamine use and the number of incidents recorded for possession/use of amphetamines. There has however, been a gradual increase over time recorded across many of the datasets.
- The most commonly perceived benefit of use of all three forms of methamphetamine was increased energy. The most commonly perceived risks were related to potential psychological harm, the most frequent being addiction or dependence.

6.0 COCAINE

Cocaine is a colourless or white crystalline alkaloid. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia (Australian Crime Commission, 2003). Cocaine is a stimulant, like methamphetamine.

6.1 Cocaine use among PDU

The majority of the 2003 sample of party drug users reported lifetime (78%) cocaine use although less than half (46%) reported the use of cocaine in the six months preceding interview. The median age at which cocaine had first been used was 20 (range 15-40). There were no sex differences in age of initiation. A small number reported having injected cocaine (12%); the median age of first injection was 24 (16-42).

Forty-seven recent cocaine users reported a median of two days of use in the preceding six months (range 1-24). The majority (75%) used cocaine less than once a month; 13% had used between monthly and fortnightly, and 13% between fortnightly and weekly. Six participants nominated cocaine as their drug of choice.

The majority of recent cocaine users quantified amounts used in terms of grams; 31 respondents reported using a median of half a gram (range 0.25-2) during a typical occasion of use and one gram (range 0.3-5) during a heavy use period. Seventeen respondents also referred to lines; two lines of cocaine were used during both typical (1-4) and heavy (1-5) occasions of use in the preceding six months. One quarter (24%) of those who had recently binged on party drugs reported bingeing on cocaine.

Most (87%) participants reporting recent cocaine use had used cocaine intranasally. Small proportions had swallowed (28%), smoked (13%) and injected (2%) cocaine.

Prevalence of lifetime cocaine use remained stable across time although the data suggest a reduction in reports of recent cocaine use (Table 14). Further, frequency of use appears to have decreased. Quantity of cocaine use was comparable between sampling years.

Table 14 Patterns of cocaine use of PDU

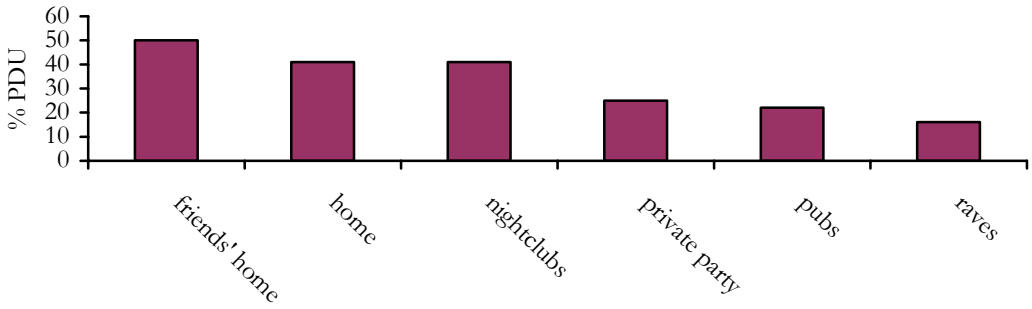
Cocaine variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used %	78	77	80	**78**
Used last six months%	53	57	64	**46**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	4 (1-90)	3 (1-96)	4 (1-48)	**2 (1-24)**
Median quantities used (grams)				
Typical (range)	0.25 (0.1-7)	0.5 (0.1-3)	0.5 (0.1-3.5)	**0.5 (.25-2)**
Heavy (range)	0.5 (0.1-26)	1 (0.1-7)	0.5 (0.1-10)	**1 (0.3-5)**

Source: Party Drugs Initiative PDU interviews

Of the fifteen KI who had direct contact with ecstasy users, most (n=10) reported a very small proportion of the group (5-10%) used cocaine. Consistent with user reports, most believed cocaine used was infrequent among this minority; estimates ranged from four times a year to bi-monthly. Seven reported snorting to be the typical route of administration, although one mentioned injecting and another spotting (smoking from the foil). Only two commented on quantities used (0.3gm and 1gm). A further four KI mentioned cocaine was used by a larger proportion of the group of ecstasy users they had contact with (ranging from 20% to 100%), who used more often; typically between weekly and monthly. One KI mentioned the binge use of cocaine and two guessed that amounts used ranged between 0.25- 5 grams.

Cocaine was usually used at private residences including friends (50%) and own home (41%), although participants in 2003 also commonly mentioned nightclubs (41%) private parties (25%) and pubs (22%) (Figure 30). Less than one fifth (16%) of recent cocaine users reported using at raves, with less than ten participants reporting usually using at public places, dance parties, restaurants, or in cars.

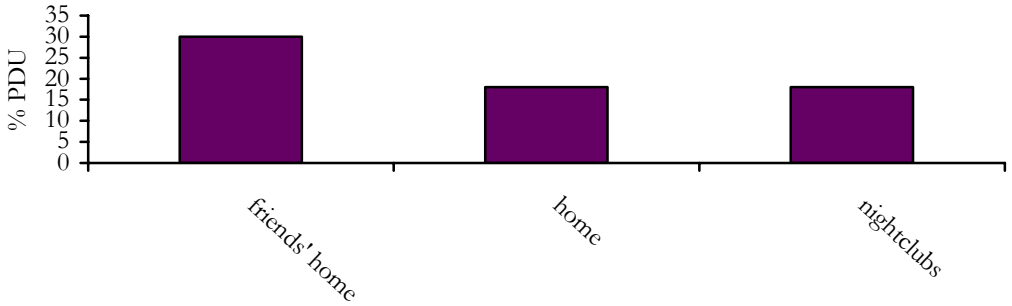
Figure 30 Usual place of cocaine use



Source: Party Drugs Initiative PDU interviews 2003

Consistent with the usual location of use, common locations of last cocaine use were friend's homes (30%), own home (18%) and nightclubs (18%) (Figure 31).

Figure 31 Last place of cocaine use

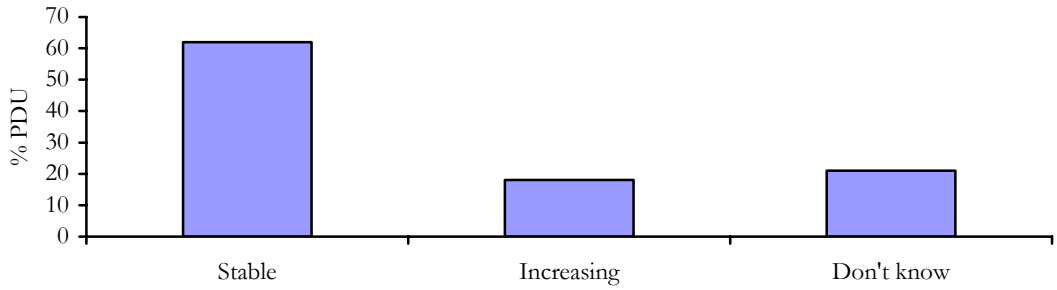


Source: Party Drugs Initiative PDU interviews 2003

6.2 Price

In 2003, one third (32%) of the sample commented on the price of cocaine, which was most commonly purchased in gram amounts (n=22). Purchases of 0.8 of a gram (n=1) and half a gram (n=1) were also reported. The current median price for a gram of cocaine was $200 (range $150-400). Eight participants provided a range; the lower gram price being a median $190 ($50-250) and the higher gram price a median of $225 (70-400). The majority of those who commented reported the price of cocaine had remained stable (62%) or increased (18%) in the preceding six months (Figure 32). Twenty-one percent were unable to comment on changes in the price of cocaine.

Figure 32 Recent changes in price of cocaine purchased by PDU in 2003

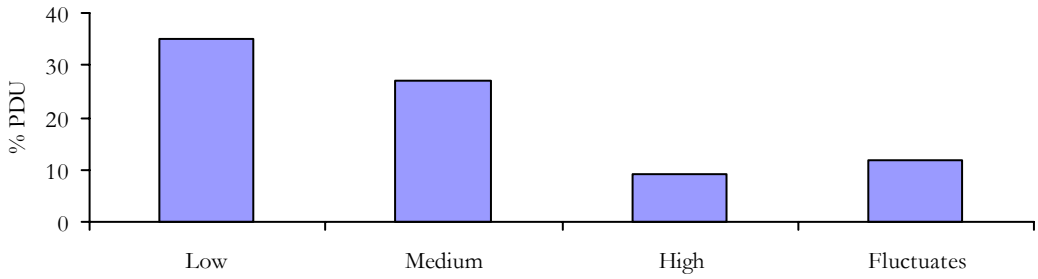


Source: Party Drugs Initiative PDU interviews 2003

6.3 Purity

The majority of those who commented reported the current purity of cocaine to be low (35%) or medium (27%) (Figure 33).

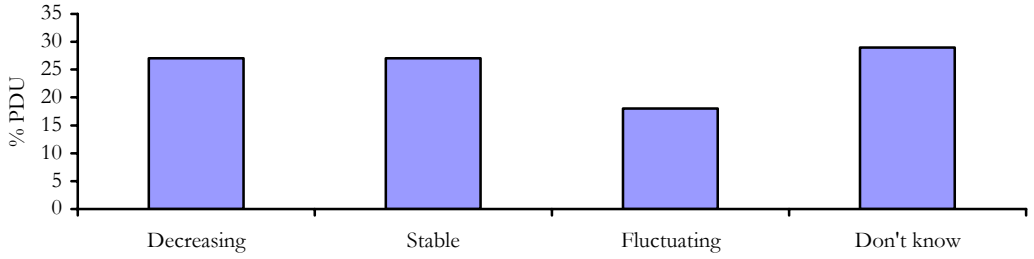
Figure 33 Current purity of cocaine 2003



Source: Party Drugs Initiative PDU interviews 2003

Most believed the purity of cocaine had remained stable (27%) or decreased (27%) over the preceding six months. Interestingly, no one reported the purity of cocaine had increased during the preceding six months (Figure 34).

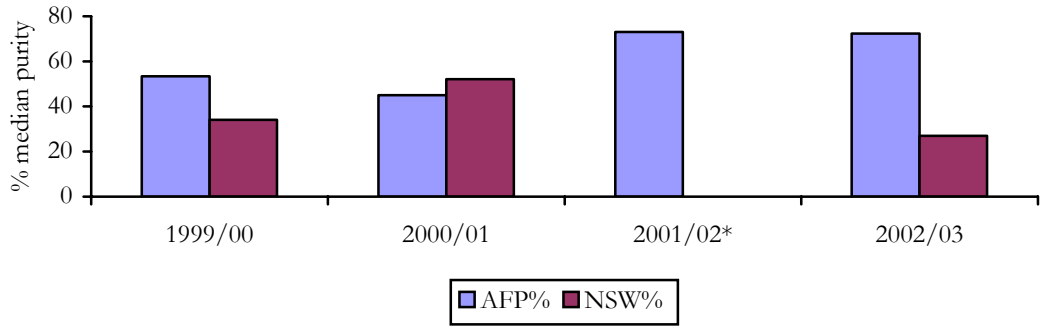
Figure 34 Recent change in cocaine purity 2003



Source: Party Drugs Initiative PDU interviews 2003

Figure 35 represents the median purity of cocaine seizures analysed by the AFP and NSW police between the financial years 1999/00 to 2002/03. The purity of the cocaine seized and analysed by the AFP during this time increased from 1999/00 and remained stable (approximately 73%) between 2001/02 and 2002/03. Seizures analysed by NSW police have varied during this period, with a median purity of 27% being recorded in 2002/03.

Figure 35 Median purity of cocaine seizures analysed in NSW 1999/00- 2002/03



Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003)
***NSW Police data for 2001/02 was not available.**

The number of cocaine seizures analysed by the AFP has increased over time, with 271 seizures analysed in 2002/03 (Figure 36). In contrast, the number of seizures analysed by NSW police has been relatively lower with 52 analysed in 2002/03, a decrease from 101 in 2000/01.

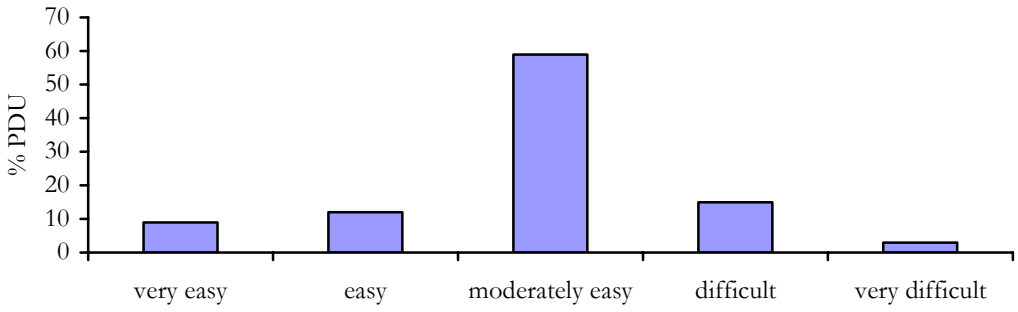
Figure 36 Number of cocaine seizures analysed in NSW, 1999/00- 2002/03

Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003) *NSW Police data for 2001/02 was not available.

6.4 Availability

Cocaine was reported to be 'moderately easy' to obtain by over half (59%) the thirty-four participants who commented (Figure 37).

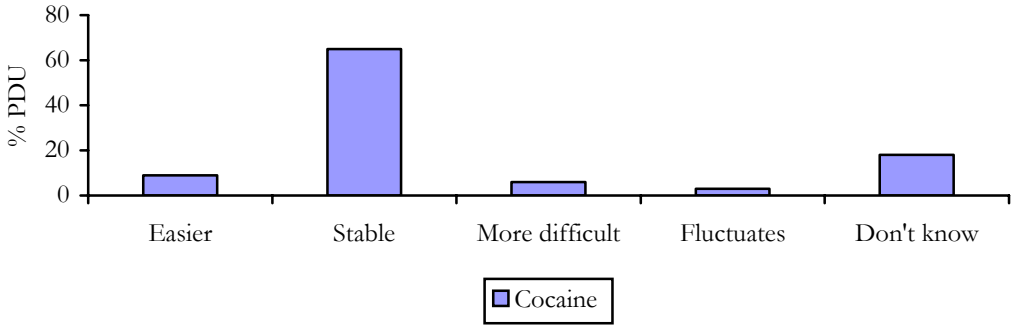
Figure 37 Current availability of cocaine 2003



Source: Party Drugs Initiative PDU interviews 2003

The majority (65%) reported the availability of cocaine had remained stable over the preceding six months (Figure 38).

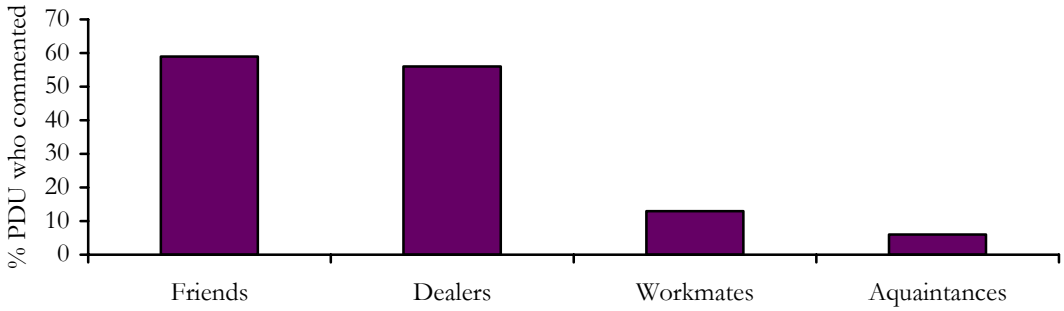
Figure 38 Change in cocaine availability in the preceding six months, 2003



Source: Party Drugs Initiative PDU interviews 2003

Similar to other drugs types, when asked to specify whom cocaine had been obtained from in the preceding six months, over half of the recent cocaine users reported friends (59%) and dealers (56%) (Figure 39).

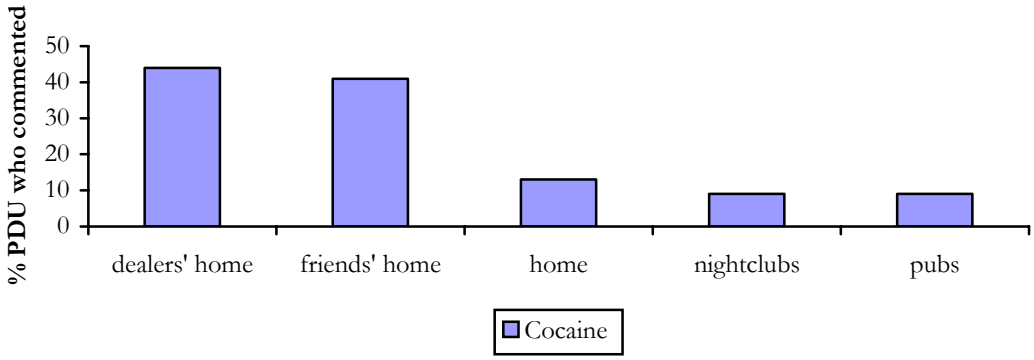
Figure 39 People from whom cocaine was purchased in the preceding six months



Source: Party Drugs Initiative PDU interviews 2003

When asked to specify the locations cocaine had been purchased from in the preceding six months, unlike other drug types, the most common locations reported were friends (44%) dealers' homes (41%) (Figure 40). Own home (13%), nightclubs (9%) and pubs (9%) were reported by small numbers of participants.

Figure 40 Locations where cocaine had been purchased in the preceding six months



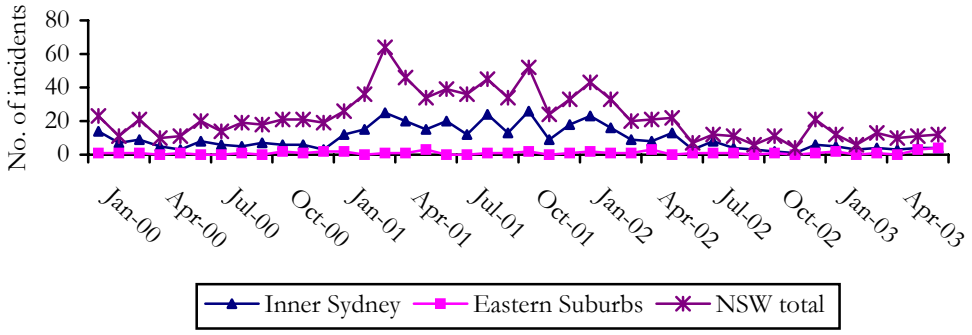
Source: Party Drugs Initiative PDU interviews 2003

6.5 Cocaine related harms

6.5.1 Law enforcement

The number of cocaine related possession/use incidents recorded by NSW police largely occurred in the inner Sydney area. Since mid 2002, there has been a gradual decrease in the number of incidents recorded in the inner city; this is reflected in the overall state total (Figure 41).

Figure 41 Incidents of cocaine possession/use by geographic area, 2000-2003

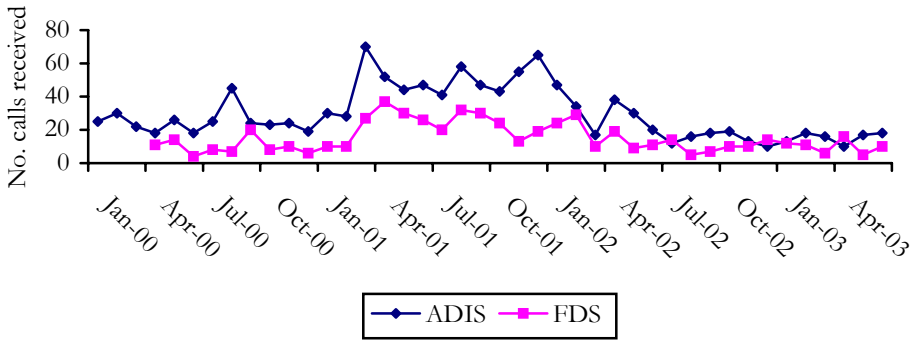


Source: NSW Bureau of Crime Statistics and Research

6.5.2 Health

Numbers of cocaine related calls received by ADIS and FDS have fluctuated over time, although they appear to have remained stable since early 2002. They remain lower than numbers recorded throughout 2001 (Figure 42).

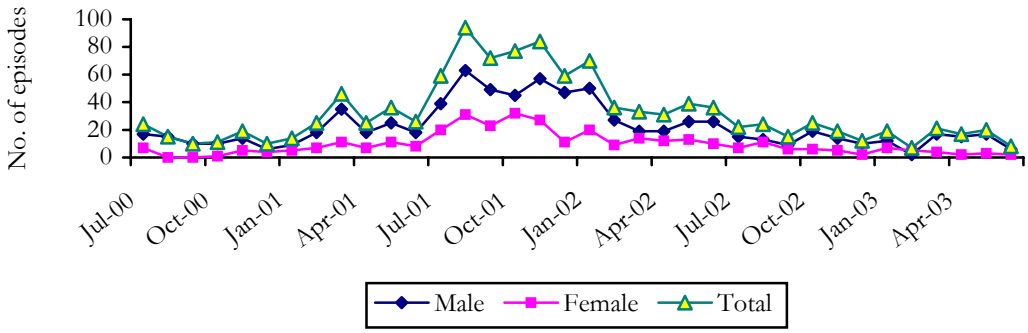
Figure 42 Number of inquiries to ADIS and FDS regarding cocaine, 2000 - 2003



Source: Alcohol and Drug Information Service and Family Drug Support
N.B. Family Drug Support data was only available from April 2000

The number of cocaine related treatment episodes based on date of commencement has remained relatively stable over the preceding 12 months and again, they remain lower than numbers entering treatment for cocaine in 2001 (Figure 43).

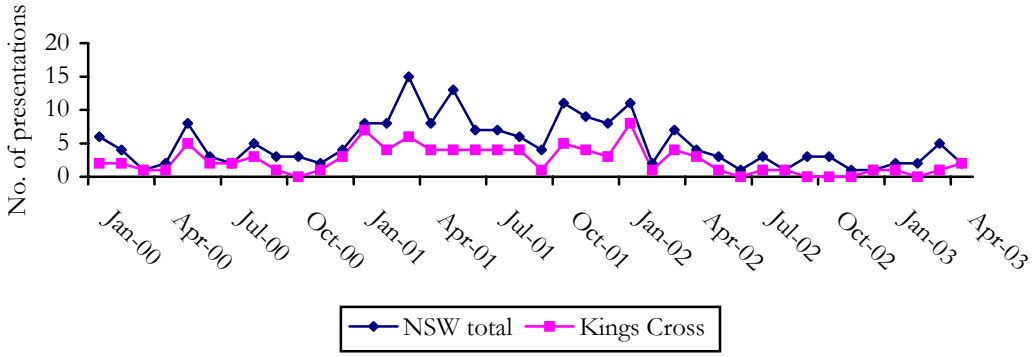
Figure 43 Number of cocaine treatment episodes by gender, NSW July 2000- June 2003



Source: NMDS-AODTS, NSW Department of Health.
N.B.The NMDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

Cocaine overdose presentations at NSW emergency departments have also remained stable over the preceding 12 months, although somewhat lower than those presenting throughout 2001 (Figure 44).

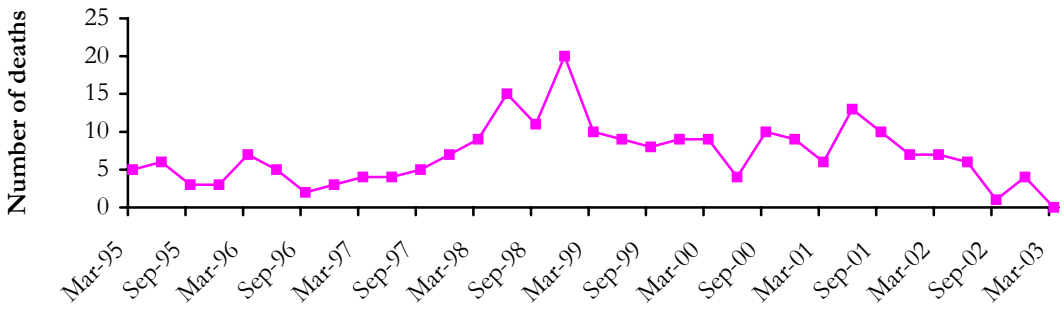
Figure 44 Cocaine overdose presentations to NSW emergency departments, 2000-2003



Source: Emergency Department Information System, NSW Department of Health

The number of drug related deaths in which cocaine was detected has fluctuated over time although appears to have decreased since mid 2001 (Figure 45).

Figure 45 Number of suspected drug related deaths where cocaine was detected post mortem, 2000-2003



Source: Forensic Toxicology Laboratory database, Division of Analytical Laboratories

6.6 Benefit and risk perception

Participants in 2003 identified a range of harms and benefits associated with cocaine use.

6.6.1 Perceived benefits

All participants, regardless of whether they had used cocaine, were asked to comment on the benefits of cocaine use (Table 15). A range of benefits were identified; the most common being increased confidence (n=22), although a significant minority noted that this confidence was perhaps unrealistic. The next most commonly identified benefit was fewer side effects associated with cocaine use compared to other stimulant drugs such as ecstasy and methamphetamine; three mentioned that because it wears off quickly there is no 'come down' or after effects. Other benefits were enhanced mood and increased sociability. Also commonly mentioned was the 'high' associated with cocaine use and enhanced sexual experiences, as well as increased energy and the ability to stay awake. Of

the twenty-two who did not comment on the benefits of cocaine, fifteen had never used cocaine and five had not used recently. Of the five who reported they did not know the benefits of cocaine use, three had never use and two had not used in the preceding six months.

Table 15 Perceived benefits of cocaine use

Perceived benefit	*n*
No comment	22
Increased confidence/ decreased inhibitions	22
No benefit	11
Less side effects compared to other stimulants	10
Enhanced mood/ happiness	9
Enhanced social interaction	9
Rush/ high	8
Enhanced sexual experience	8
Increased energy/ stay awake	7
Relax/ escape	5
Don't know	5
Increased motivation/ productivity	4
Fun (enjoyable night)	3
Good with alcohol	2
Enhanced sensation/ perception	1

Source: Party Drugs Initiative PDU interviews 2003

6.6.2 Perceived risks

Participants also identified a range of risks associated with cocaine use, the most common being dependence or addiction (n=23) (Table 16). General physical health issues were also mentioned by fifteen participants; the most common being nasal damage (n=10) and dehydration (n=2). In addition, seven participants mentioned heart problems specifically. General mental health issues identified included paranoia and depression and eleven participants mentioned financial risks. Seven participants reported inconsistency in the black market such as unknown strength and contaminants. Five participants reported overdose as a risk of cocaine use and two mentioned the risk of death. Five participants mentioned risks as a result of impaired decision making while under the influence such as increased vulnerability and driving. Small numbers mentioned other risks such as social problems (n=3), aggression (n=2) and lack of knowledge about long terms effects (n=1). Interestingly, four participants mentioned 'bad comedowns' from cocaine as a risk of use in direct contrast to the reports above by three participants who mentioned that the come down from cocaine was of less severity compared to other drugs.

Of the twelve who made no comment on the risks associated with cocaine use, nine had never used the drug. Among the twenty-one who did not know the risks, eight had never used, seven were recent users and six had previously used cocaine at some time in their life. All seven participants who reported no risks associated with cocaine use had used the drug at some time.

Table 16 Perceived risks of cocaine use

Perceived risk	*n*
Addiction/ dependence	23
Don't know	21
Physical harm (effects on physical health)	15
No comment	12
Psychological harm (effects on mental health)	11
Financial problems	11
Heart problems	7
Harms related to illicit status (unknown purity/ contaminants)	7
No risks	7
Overdose	5
Impaired decision making	5

Source: Party Drugs Initiative PDU interviews 2003

6.7 Summary of cocaine trends

- Prevalence of lifetime cocaine use has remained stable across sampling years while reports of recent cocaine use have decreased.
- Frequency of cocaine use has fluctuated while quantities used have remained comparable between sampling years.
- KI reports of cocaine use were consistent with users reports, with most KIs reporting the use of cocaine as infrequent among minorities of party drug users that use cocaine.
- Recent cocaine users reported usually using cocaine at private residences such as friends' or their own home although nightclubs were also commonly reported. Most common location of last use was a friends' home.
- The most commonly purchased amount of cocaine was a gram at a median price of $200. Most reported the price of cocaine had remained stable.
- The majority of those commenting reported the purity of cocaine as low to medium.
- The median purity of cocaine seized and analysed by the AFP remained stable at 73% over the preceding 12 months while NSW police cocaine seizure purity was 27%. The number of seizures analysed by the AFP has increased over recent years to 271 in 2002/03 while the number of NSW police seizures analysed has decreased to 52 in 2002/03.
- Most reported that cocaine was 'moderately easy' to obtain and that availability had remained stable.
- Similar to other drug types, the majority of participants report obtaining cocaine from friend's and dealers with the most commonly purchased from dealers' home.
- Indicator data also reflects user reports with numbers of recorded use/ possession incidents, calls to drug and alcohol referral lines, numbers of closed treatment episodes, numbers of cocaine overdose and numbers of suspected drug related deaths where cocaine was detected all remaining stable or decreasing over the preceding 12 months.
- All participants were able to identify a range of both risks and benefits associated with the use of cocaine; the most commonly reported benefit being increased confidence and the most common risk being dependence and financial problems.

7.0 KETAMINE

Ketamine is a rapid acting dissociative anaesthetic that is used in veterinary surgery and less commonly in human surgery. Ketamine is a liquid that can be injected for legitimate use. It may be converted into a fine powder through evaporation, which is typically snorted. Ketamine can also be made into tablets that are swallowed.

Ketamine produces a dissociative state in the user, commonly eliciting an out of body experience. Too much ketamine can result in the user having a 'near death experience' or falling into a 'k-hole'.

As ketamine is complicated to manufacture and precursor chemicals are difficult to obtain, it is unlikely that it is produced in clandestine laboratories. The majority of ketamine used by party drug users is probably diverted from veterinary sources (ACC, 2003).

Ketamine is also known as Special K or Vitamin K.

7.1 Ketamine use among PDU

Over half (59%) the 2003 sample reported lifetime use of ketamine and a similar proportion (49%) reported recent use. Ketamine was first used at a median age of 22 years (range 16-58) and there was no significant difference in terms of gender. A small proportion (6%) of the 2003 sample reported injecting ketamine at some time and only one participant had injected ketamine recently. Ketamine was first injected at median age 33 (range 27-46).

Fifty participants reported using ketamine in the preceding six months on a median of three days (range 1-100). Most (68%) used ketamine less than once a month; 20% used between monthly and fortnightly and 6% between fortnightly and weekly. Three participants reported using ketamine more than once a week. One respondent nominated Ketamine as the drug of choice.

Recent ketamine users quantified their use in terms of bumps (n=21) and grams (n=15). Small numbers mentioned lines (n=5), pills (n=3) and points (n=2). A bump refers to a small amount of powder, typically measured and snorted from the end of a key, the corner of a plastic card or a bumper. A bumper is a small glass nasal inhaler, purchased from tobacconists, used to store and administer powdered substances such as ketamine. Respondents describing ketamine use in terms of bumps reported a median of three bumps as the amount used in both a typical (range 1-20) and heavy (range 1-20) occasion of use in the preceding six months. Those who reported ketamine use in terms of grams and used a median of 0.25 grams in a typical episode of use (range 0.2-0.6) and half a gram (range 0.2-2) during a 'heavy' use period. Of those who reported bingeing in the preceding six months, 34% had binged on ketamine, an increase from 17% in 2002.

Recent users reported snorting (88%) and less often swallowing (22%) ketamine. Four participants reported smoking ketamine and one person reported injecting it in the preceding six months.

Prevalence of lifetime and recent use of ketamine has increased over time. Frequency and quantity of ketamine use has remained relatively stable (Table 17).

Table 17 Patterns of ketamine use of PDU

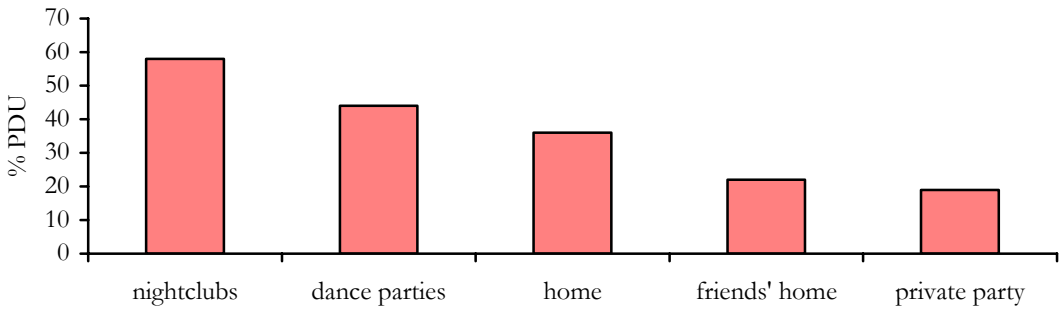
Ketamine variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	25	31	59	**59**
Used last six months (%)	14	15	49	**49**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	2 (1-30)	5 (1-24)	4 (1-30)	**3 (1-100)**
Median quantities used (bumps)				
Typical (range)	5 (2-20)	5 (1-15)	2 (0.5-15)	**3 (1-20)**
Heavy (range)	5 (2-50)	4 (1-30)	4 (1-15)	**3 (1-20)**

Source: Party Drug Initiative PDU interviews

KI reports of ketamine use varied, although generally there appeared to be two groups; ecstasy users who use ketamine frequently and smaller numbers who use on special occasions or sporadically. Four KI mentioned between 80-95% of the group of users they had contact with used ketamine, three of who estimated frequency of use to be once a week to once a month. Estimated amounts used by these groups ranged from 2-3 bumps to half a gram. One KI mentioned that ketamine use among users they were familiar with had decreased in the preceding six months. A further five KI reported between 15-20% of the group of users they had contact with used between once a month to two times a year. Two KI reported use that did not fit into either of these categories; they described users (25% to 30-40%) who used once a week to once a fortnight. Four mentioned only very small numbers of users they had contact with used ketamine either unintentionally or rarely, one of who mentioned increasing use in young people.

When asked to specify where ketamine was usually used, nightclubs (58%) and dance parties (44%) were the most commonly nominated locations by recent users in 2003 (Figure 46).

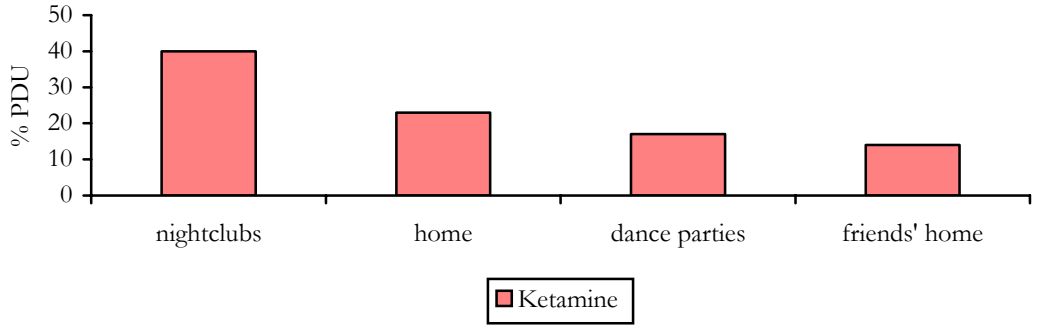
Figure 46 Locations of usual ketamine use



Source: Party Drug Initiative PDU interviews, 2003

Reports of location of last ketamine use was similar to usual locations of use including in a nightclub (40%) or at home (23%), followed by a dance party (17%) or a friends' home (14%) (Figure 47).

Figure 47 Location of last ketamine use



Source: Party Drug Initiative PDU interviews, 2003

7.2 Price

Over one quarter (28%) of the sample reported on the price of ketamine. In 2003 ketamine was commonly purchased in grams (n=11) and half grams (n=8). The current median price for a gram of ketamine was reported as $150 (range $80-200) (Table 18). The majority of those who commented reported the price of ketamine had remained stable (50%) in the preceding six months; two participants (6%) thought it has decreased and two participants (6%) described ketamine price as fluctuating. Thirty-six percent were unable to comment on changes in the price of ketamine. Two KI reported the price of ketamine had decreased in the preceding six months.

The proportion of users who were able to comment on the price of ketamine across sampling years is very small and accordingly these data must be interpreted with caution. Nevertheless these data suggest that the price of ketamine in 2003 was consistent with 2002 data and that the price may have decreased since 2000 (Table 18).

Table 18 Price of ketamine purchased by PDU

Median price ($) ketamine	2000 sample (n=3)	2001 sample (n=3)	2002 sample (n=32)	**2003 sample (n=24)**
Gram (range)	200 (no range)	150 (50-200)	160 (20-200)	**150 (80-200) (n=11)**
Lowest gram price (range)	170 (140-200)	170 (50-180)	155 (20-200)	**90 (84-175) (n=7)**
Highest gram price (range)	200 (no range)	200 (150-200)	200 (25-250)	**140 (100-200) (n=7)**
Half gram price (range)	-	-	-	**85 (50-100) (n=8)**

Source: Party Drug Initiative PDU interviews

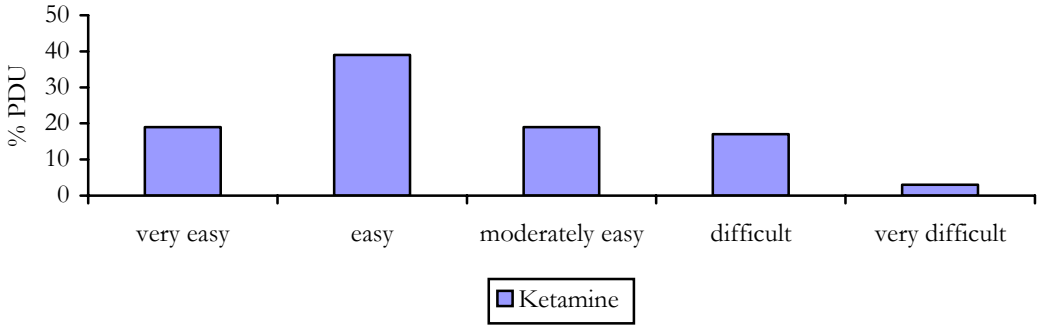
7.3 Purity

The majority of the thirty-six who commented reported the current purity of ketamine as medium (17%) or high (75%) and most thought the strength of ketamine had remained stable (50%) or increased (11%) in the preceding six months.

7.4 Availability

The majority of participants who commented reported that ketamine was 'very easy' (19%), 'easy' (39%) or 'moderately easy' (19%) to obtain (Figure 48). However, six participants (17%) believed ketamine was difficult to obtain.

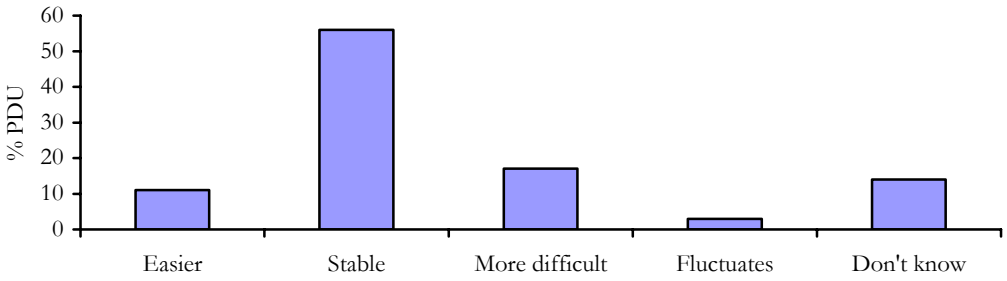
Figure 48 Current ketamine availability



Source: Party Drug Initiative PDU interviews 2003

Most reported that the availability of ketamine had remained stable (56%) (Figure 49). While 11% believed ketamine had become easier to obtain in the preceding six months, 17% reported it had become more difficult.

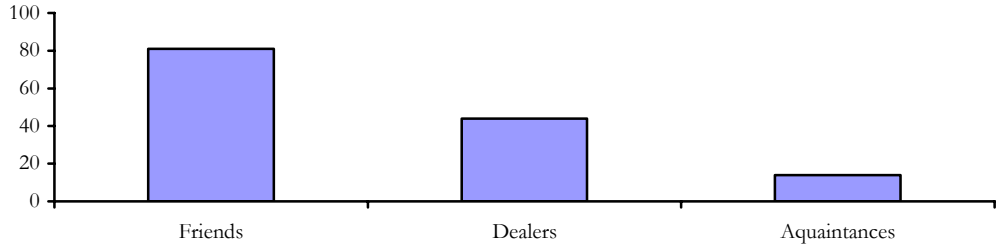
Figure 49 Changes in availability of ketamine



Source: Party Drug Initiative PDU interviews 2003

Similar to other drug types, ketamine had most commonly been purchased from friends (81%) and dealers (44%) (Figure 50).

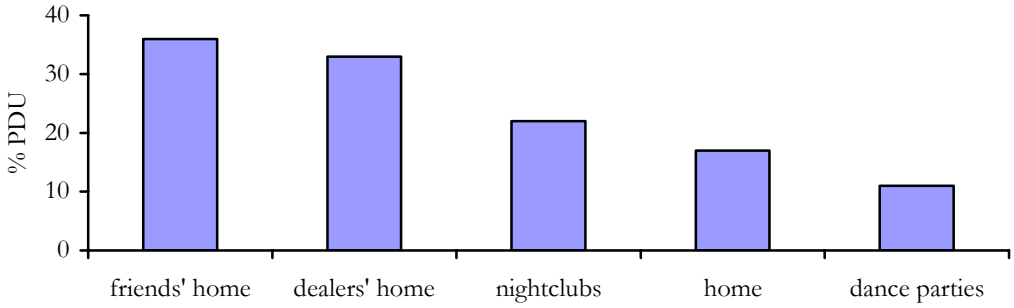
Figure 50 People from whom ketamine had been purchased in the preceding six months



Source: Party Drug Initiative PDU interviews 2003

When asked to specify the locations ketamine was normally purchased from, private residents such as friends' homes (36%) and dealers' (33%) homes were most often reported (Figure 51). Smaller proportions reported obtaining ketamine from nightclubs (22%), own home (17%) and dance parties (11%).

Figure 51 Locations ketamine had been purchased from in the preceding six months



Source: Party Drug Initiative PDU interviews 2003

7.5 Ketamine related harms

7.5.1 Law enforcement

Ketamine is scheduled differently in different jurisdictions across Australia, but some jurisdictions have recently attempted to make ketamine a more tightly scheduled substance. In December 2003 the NSW Government added ketamine to the list of (S1) prohibited substances under the Drug Misuse and Trafficking Act 1985, as a measure to counter illicit use. Manufacturing or supplying ketamine for illicit purposes will now incur fines of $5,500 to $550, 000 and/ or prison terms from two years to 'life' This is a stark increase from previous penalties under the Poisons and Therapeutic Goods Act 1966, which provided fines of up to $2,200 and/or prison terms for up to two years.

Although it is an offence in jurisdictions such as NSW and Victoria to be in the possession of ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore no data are available on the number of police apprehensions for possession or supply of this controlled substance.

7.5.2 Health

Mortality

Drug related deaths where ketamine has been detected are low. Data from the Forensic Toxicology Laboratory Database at the Division of Analytical Laboratories show there was one drug related death in which ketamine was detected in 2000 and one in 2001. There were no deaths where ketamine was detected in 2002 and 2003.

Treatment

Treatment seeking for problems with ketamine use is low compared to other drugs. Data from the National Minimum Dataset show there were five closed treatment episodes based on the date of commencement where the principal drug of concern was ketamine (NMDS-AODTS, NSW Department of Health). One of these was in 2002 and four people nominated ketamine as their principal drug of concern in 2003. All patients were male; three entered counselling treatment, one for assessment only, and one entered residential rehabilitation. The NMDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

7.6 Benefit and risk perception

All participants were asked to specify any benefits and risks they perceived to be related to ketamine use, regardless of whether they had used ketamine themselves.

7.6.1 Perceived benefits

A range of benefits perceived to be related to ketamine use were identified by both recent and lifetime users (Table 19). The most commonly identified benefit of ketamine use was the dissociative affect of the drug and hallucinogenic qualities (n=25). (Participants described these effects in a variety of ways including 'gets you really trashed' 'it's like being on another planet' 'knocks you into another dimension'). Smaller numbers mentioned ketamine enhanced the effects of stimulants, in particular ecstasy (n=7) and a similar number described using ketamine to relax (n=7). Ketamine was considered to be fun and used for a funny time (n=6) and for its euphoric effects (n=4). Three participants each mentioned that ketamine was good for alleviating the comedown effects of other drugs and that compared to other drugs, ketamine had less of a comedown. Two participants mentioned enhanced sexual experiences Two recent users reported that there were no benefits associated with ketamine use. Among those participants who did not comment on the benefits of ketamine use, the majority (83%) had never used ketamine. Smaller numbers of recent (n=4) and lifetime (n=3) ketamine users were also not able to comment. Eight participants did not know the benefits of ketamine use, including one recent and one lifetime ketamine user.

Table 19 Benefits of ketamine use

Benefit	*n*
No comment	42
Disassociate effects/ hallucinations	25
Don't know	8
Enhance effects of ecstasy/ other drugs	7
Relaxant	7
For fun/ a funny time	6
Enhanced mood (euphoria)	4
To ease comedown from other drugs	3
Less of a comedown than other drugs	3
Enhanced sexual experience	2
None	2
Cheap and available	1
Consistent purity	1

Source: Party Drug Initiative PDU interviews 2003

7.6.2 Perceived risks

Participants also identified a range of risks associated with ketamine use (Table 20). All of those who reported risks associated with ketamine had used recently, the most common being a k-hole, the result of taking too much ketamine and not being able to walk or speak (n=11). Related risks included fainting or passing out (n=4) and overdose (n=3); death (n=3) and permanent effects such as paralysis (n=3) were also mentioned. Participants acknowledge the risks associated with being in an anaesthetised state including increased vulnerability (n=6), increased risk of accidents (n=4), losing control (n=3) and going overboard (n=2). Inconsistency in the black market in terms of unknown purity was mentioned by four participants, and related to this was the difficulty in estimating the correct dose (n=2). Eight participants, six of who had recently used ketamine, considered there to be no risks associated with ketamine use. Of the thirty-five who were unable to identify any risks of ketamine use, 60% had never used the drug; nine recent and five lifetime users also did not know the risks associated with ketamine use. Eleven participants did not comment, three of who had used the drug recently.

Table 20 Perceived risks of ketamine use

Risk	*n*
Don't know	35
No comment	11
K- hole	11
None	8
Psychological harm (effects on mental health)	7
Vulnerability	6
Accidents	4
Harms related to illicit status (unknown purity/ contaminants)	4
Fainting/ passing out	4
Permanent effects	3
Going overboard/ too far	2
Difficulty estimating correct dose	2

Source: Party Drug Initiative PDU interviews 2003

7.7 Summary of ketamine trends

- Although reports of lifetime and recent use of ketamine have remained stable since 2002, there has been an increase in proportions reporting use since 2000.
- The frequency and quantity of ketamine use has remained stable across time
- Nightclubs and dance parties were the most commonly nominated locations by recent users in 2003
- KI described contact with regular ecstasy users who had a range of patterns of ketamine use.
- Although only small proportions in previous years were able to comment, the gram price of ketamine appears to have decreased since 2000. Median price for a gram of ketamine in 2003 was $150.
- Most respondents in 2003 reported the current purity of ketamine to be medium or high and that the purity had remained stable or increased over the preceding six months.
- Ketamine was 'very easy', 'moderately easy' or 'easy' to obtain for the majority of respondents in 2003. Most agreed the availability of ketamine has remained stable.
- Similar to other drug types, friends and dealers were the people participants most commonly reported purchasing ketamine from in the preceding six months. Ketamine was commonly reported to have been purchased in friends' homes or dealers' homes.
- Indicator data suggests low rates of health related harms, reflecting low rates of use.
- The most common benefit of ketamine use was reported to be its dissociative effects while most perceived the biggest risk to be falling into the k-hole as a result of using too much.

8.0 GHB

Gamma hydroxybutyrate (GHB) was originally developed as an anaesthetic (Vickers, 1968), but was not widely used due to the incidence of unwanted side effects including vomiting and seizures (Hunter et al., 1971). Research has examined the effectiveness of GHB as a treatment for narcolepsy (Mamelak, 1989, Mack, 1993, Chin et al., 1992) and for alcohol dependence and opioid withdrawal (Nicholson and Balster, 2001, Kam and Yoong, 1998).

The use of GHB as a recreational drug has been documented in recent years (Degenhardt et al., 2002). Common street names for GHB in Australia include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro'.

Following restrictions on the availability of GHB, there have been some anecdotal reports of the production of GHB from its precursor, gamma-butyrolactone (GBL). GBL is a common ingredient in paint thinners and varnishes. GBL is mixed with substances that are easily obtainable to make GHB. In addition, GBL and a similar chemical 1,4-butanediol (1-4B) are metabolised into GHB in the body when consumed. The recreational use of these drugs has also been documented (Ingels et al., 2000). They may be used as substitutes for GHB, but are pharmacologically different.

Unlike many of the other party drugs, GHB is a depressant. When mixed with other depressants, such as alcohol, the depressant effects are increased and this may lead to respiratory difficulties and overdose. GHB is very dose dependent, which means that there is an extremely small difference between the 'desired' dose and one that induces unconsciousness.

8.1 GHB use among PDU

One third (33%) of the 2003 sample reported lifetime GHB use and a fifth (21%) reported using GHB in the preceding six months. GHB was first used at a median age of 24 (range 16-46). There was no significant difference between males and females in age of initiation.

All recent GHB users administered the drug orally. One person reported having ever injected GHB. There were no reports of recent injection of GHB.

Two respondents in 2002 reported lifetime and recent use of 1-4B. Given the small number, 1-4B price purity and availability data have not been reported. Further, although a greater proportion of participants than in past surveys provided price, purity and availability data on GHB, the numbers are small and therefore the following results should be interpreted with caution.

Twenty-one recent GHB users reported using GHB on a median of two days in the preceding six months (range 1-30). Most (71%) had used less than once a month. One person used between monthly and fortnightly, three between fortnightly and weekly and one person reported using GHB more than once a week. Four participants reported GHB as their favourite drug.

Recent GHB users quantified their use in terms of millilitres (n=8) or 'vials' (n=8). A 'vial' refers to small glass or plastic container in which GHB is sold. Those reporting millilitres used a median of 8.25mls during a 'typical' occasion of use (range 5-30) and 8.75mls (range 5-40) during a 'heavy' use episode in the preceding six months. Those referring to vials used a median of one vial during both a typical (range 0.5-2.5) and heavy (range 0.5-5) occasion of use. Of those who reported bingeing in the preceding six months, 11% had binged on GHB.

Prevalence of GHB use has increased over time, with substantial increases in reports of both lifetime and recent use since 2000 (Table 21). The frequency of GHB use is comparable across years although quantities used in 'typical' and 'heavy' occasions of use seem to have fluctuated. Given the small numbers who report recent GHB use, and the apparent confusion among users regarding how many millilitres are contained in a 'vial' and the size of a typical dose, it is difficult to draw any definitive conclusions from these data.

Table 21 Patterns of GHB use of PDU

GHB variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	5	23	35	**33**
Used last six months (%)	1	15	19	**21**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	1 (no range)	2 (1-10)	3 (1-30)	**2 (1-30)**
Median quantities used (mls)				
Typical (range)	1 (no range)	5 (1-35)	10 (1-70)	**8.25 (5-30)**
Heavy (range)	1 (no range)	5 (1-50)	12 (1-120)	**8.75 (5-40)**

Source: Party Drugs Initiative PDU interviews

Of the fifteen KI who had recent contact with ecstasy users, one was unable to comment on GHB use, two reported no use, three reported only one or two of the group of users they had contact with used GHB and one mentioned GHB was difficult to obtain.

Six of the eight remaining KI estimated between five and ten percent of the group they had contact with used GHB. Those who commented believed use to be occasional (n=3) or rare (n=1) although one mentioned weekly use. Two estimated between one and two vials were used per occasion of use. One of these KI mentioned the majority of users were male and three mentioned users were generally not very well educated in terms of correct dosing and what they were taking (one KI mentioned that users believe they were taking liquid MDMA). The other two KI who commented on GHB use provided two quite different estimates; one reported 20% of the group used 2-3 vials per occasion of use, half of whom use GHB exclusively (exclusive GHB use was also mentioned by another KI who reported these users believed it to be less toxic than stimulants). The final KI reported 80% of the users they had contacted with used GHB; 20% use occasionally (in line with other KI reports) while 60% use once a month. This KI provided some insight into why user reports of typical use (Table 21) and price (Table 22) are seemingly inconsistent; GHB is sold in a range of amounts and dose required is highly dependent on the person and other drugs consumed. This KI also mentioned that

GHB within some groups of users is taboo and that some people are reluctant to admit their GHB use to others; a phenomenon the KI considered of great concern. One KI also expressed the concern that new groups of ecstasy users had been initiated into the use of GHB in the preceding 12 months. A further four KI considered GHB to be a relatively new drug being used among users they had recent contact with.

When asked to specify usual locations of GHB use, virtually all participants reported nightclubs (92%). Dance parties (50%) and friends' homes (42%) were also commonly mentioned, follow by private parties (17%) and own homes (17%). Consistent with typical locations of use, the frequently mentioned location of last GHB use was a nightclub (75%).

8.2 Price

The most common amount of GHB purchased in 2002 was a 'vial' that cost $35 (Table 22). Of the twelve participants who commented on the price change of GHB, five (42%) reported the price was stable and two (17%) believed it to be decreasing. A further five (42%) were unable to comment on recent changes in GHB price. In line with user reports, two KI reported the price of GHB had decreased in the preceding six months.

Given the confusion regarding the size of vials in which GHB is typically purchased and the uncertainty around what constitutes a typical dose, it is not surprising that there is wide variation and seemingly inconsistent reports of the price of GHB between years (Table 22). Again, the small proportion of respondents who commented on the price of GHB makes it difficult to draw any strong conclusions from these data.

Table 22 Price of GHB purchased by PDU

Median price ($) GHB	2001 sample (n=6)	2002 sample (n=12)	**2003 sample (n=12)**
ml (range)	50(10-80)	-	**20***
Lowest ml price	20*	-	**-**
Highest ml price	50*	-	**-**
Vial (range)	-	50 (50-60)	**35 (25-50)**
6 Vials	-	-	**60***
2mls	-	10 **	**30***
2mls (>2L)	-	-	**3***
3mls pure	-	-	**5***
4 ml vial	-	-	**20-25***
15mls	-	10	
30mls	-	10	**80-100***
300mls	-	-	**300***
400mls	-	150	**-**
1litre	-	120	**-**
GHB based pill	-	25	**-**

Source: Party Drug Initiative PDU interview-s ***n=1, **n=2**

8.3 Purity

Of the twelve respondents who commented on current GHB purity, the majority reported it as medium (17%) or high (67%). One user reported the strength of GHB fluctuated and the other was unable to comment. While some thought the strength of GHB remained stable (25%) over the preceding six months, two thought it had decreased (17%), one thought it had increased (8%) and two thought it had fluctuated. Most (42%) were unable to comment on changes in GHB purity.

8.4 Availability

All twelve respondents who commented on the current availability of GHB thought that GHB was 'very easy' (42%) or 'easy' (8%) or 'moderately easy' (50%) to obtain. The majority reported the availability of GHB in the preceding six months had remained stable (42%) or had become easier (33%) to obtain, although another two participants (17%) thought it had become more difficult, and one was unable to comment. Consistent with user reports, four KI mentioned the recent increased availability of GHB.

When asked to specify whom they had obtained GHB from in the preceding six months, comparable to other drug types, friends (58%) and dealers (50%) were commonly identified. Smaller numbers reported unknown (17%). Also similar to other drugs, GHB was reportedly most often purchased from private residences including friends (33%) and dealers' homes (33%), although it was just as likely to be purchased in nightclubs (33%).

8.5 GHB related harms

8.5.1 Law enforcement

GHB is a controlled substance in Australia, and possession of GHB is an offence. However, it is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, as GHB is not separately recorded in police databases.

Information on cases where individuals have been arrested in possession of amounts of GHB or GBL has suggested that persons supplying this drug may also be suppliers of other party drugs such as ecstasy, crystal methamphetamine and ketamine. This is consistent with some anecdotal reports from party drug users, some of whom noted that it was possible to obtain a range of party drugs from one dealer.

8.5.2 Health

Overdose

One of the reasons for the considerable media attention around GHB has derived from numerous anecdotal and case reports of GHB overdose. GHB is known as a drug with a steep dose-response curve, which means that the difference between a 'desired' dose and one that renders the users unconscious is very small (Nicholson and Balster, 2001). In recreational settings, the additional factors of inconsistent potency, variable individual response to GHB, environmental conditions and polydrug use may increase risks of GHB overdose despite the best intentions of users to reduce these risks. In one Australian study, half (53%) of a sample of GHB users had overdosed at some time

(overdosing was defined as losing consciousness and being unable to be woken) (Degenhardt et al., 2003).

Concerted media attention on GHB related overdoses has certainly existed in Australia, with wide media reporting of occasions where multiple GHB overdoses have occurred receiving wide media coverage. It was not possible at this time, however, to report statistics on the numbers of GHB overdoses presenting to emergency departments and hospitals in Australia, nor on the number of suspected GHB deaths. This is because GHB is not a separately recorded drug type in ICD-9 or ICD-10 (the classification system used in these settings), and no alternative mechanism for routinely documenting GHB overdoses has yet been developed around the country. It is certainly the case, however, that emergency departments in Sydney collect their own data on the number of presenting cases of GHB overdose. It has been reported by staff from one Sydney emergency department located close to a nightclub district that they receive several cases of GHB overdose each weekend night, some of whom require life support and remain in intensive care. It was recently reported that over 150 cases of GHB overdose had presented to this hospital in 2004 alone.

Given that anecdotal reports suggest continued occurrence of GHB overdoses, and reports from hospitals in increasing locations and jurisdictions around the country, it would be desirable for some simple mechanism for collecting and reporting these adverse events to be developed.

Mortality
Data from the Forensic Toxicology Laboratory Database at the Division of Analytical Laboratories show that since 2000, there has been one suspected drug related death in which GHB was detected. This death occurred in 2003.

Treatment
Data from the National Minimum Dataset show there was one closed treatment episode based on the date of commencement where the principal drug of concern was GHB (NMDS-AODTS, NSW Department of Health). The male patient entered counselling. The NMDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

8.6 Benefit and risk perception

As with other drug types, all participants were asked to specify any benefits and risks they perceived to be related to GHB use, regardless of whether they had used GHB themselves.

8.6.1 Perceived benefits

Benefits identified are outline in Table 23. The most commonly reported benefit of GHB use was the mood enhancing euphoric effects of the drug, for example 'total euphoria' and 'incredible feelings of happiness and contentment'. Heightened sexual awareness and increased sex drive was another common response. So too was the relaxing effects of the drug, for example 'really relaxing, mellow, soothing'. Smaller numbers mentioned increased energy (n=5). Three participants mentioned using GHB to alleviate the comedown effects of other drugs and also to enhance the effects of other drugs,

particularly ecstasy. Only small numbers mentioned the use of GHB to enhance social interaction with others (n=2) although interestingly another two participants described GHB as a good substitute for alcohol. One person mentioned other benefits more commonly associated with other drug types (eg 'for a good night', 'enhanced perception'), and one mentioned the fast acting effects of GHB as a benefit. Three participants who had used GHB at some time reported there were no benefits associated with GHB use.

The majority of lifetime and recent users were able to identify at least one benefit of GHB use, although one recent user did not know and another did not comment. Four participants who had used GHB at some time in their lives also did not comment. However, the majority of those who did not comment were those who had never used GHB. Finally, two participants who had never used GHB were able to comment on the perceived benefits of GHB use.

Table 23 Perceived benefits of GHB

Benefit	*n*
No comment	59
Don't know	13
Mood enhancement/ happiness/ euphoria/ high	9
Heightened sexual awareness/ experiences	7
Relax/ escape	7
Energy/ stay awake	5
None	4
Enhance effects of ecstasy/ other drugs	3
To ease comedown from other drugs	3
Enhanced interaction with others	2
Alcohol substitute	2
Good time/ enjoyable night	1
Enhanced sensation/ perception	1
Distortion perception	1
For fun/ a funny time	1
Fast acting	1

Source: Party Drug Initiative PDU interviews 2003

8.6.2 Perceived risks

Almost half the 2003 sample (n=49) reported risks associated with the use of GHB (Table 24). The most commonly identified risks were associated with consuming too much of the drug. These included physical harms such as fainting, passing out or falling into a coma (n=25), overdose (n=16) and death (n=10). Many mentioned that the risks increased when mixing GHB with other drugs, particularly alcohol (n=13). Smaller numbers also mentioned the potential use of GHB for drink spiking and as a 'date rape' drug (n=5) and five participants mentioned increased vulnerability while intoxicated including 'not knowing what your doing' and 'having no control'. Only small numbers mentioned psychological harm (n=4), two of whom referred to violent behaviour. Three participants perceived GHB use to be risky due to the difficulty in estimating the correct dose and related to this, several others reported the inconsistent nature of the black market and the risk associated with unknown purity. Five participants (including one

recent and one life time GHB user) reported there were no risks associated with GHB use.

Half of those commenting on the risks of GHB use (n=25) had never used the drug, and approximately one third of the sample (n=34) did not know of any risks (although almost all of this group were non-GHB users). A further 12 participants did not comment, the majority of whom had never used GHB.

Table 24 Perceived risks of GHB

Risk	*n*
Don't know	34
Physical harm (Fainting/ passing out/other)	25
Overdose	16
Mixing with alcohol/ other drugs	13
No comment	12
Death	10
Potential data rape drug/ drink spiking	5
Impaired decision making/ vulnerability	5
None	5
Psychological harm (effects on mental health)	4
Difficulty estimating correct dose	3
Harms related to illicit status (unknown purity)	3

Source: Party Drug Initiative PDU interviews 2003

8.7 Summary of GHB trends

- Small numbers of users provided information on the price purity and availability of GHB, therefore results should be interpreted with caution.
- There is some confusion among respondents with regard to how many millilitres are held in a 'vial' of GHB and the size of a typical dose.
- The proportion of users reporting lifetime and recent GHB has increased over time although prevalence of use was comparable to 2002.
- Frequency of use is comparable between years while quantity of use appears to have fluctuated although again, given the small numbers who commented, cautious interpretation is required.
- KI reports generally consistent with results from the user surveys; of those who were able to comment, most considered GHB to be used by small numbers of users infrequently. However, several KI were familiar with groups who used more regularly.
- Similar to other drugs, GHB was most likely to have been used in nightclubs.
- In 2003, GHB was most commonly purchased in a 'vial' for which a median of $35 was paid, a decrease from $50 in 2002. Prices reportedly paid for other amounts by small numbers of respondents were inconsistent as were comments regarding changes in price.
- Most participants reported GHB purity as medium or high although few were unable to comment on changes in purity.
- The availability of GHB was considered to be 'very easy', 'easy' or 'moderately easy' to obtain by all those who commented, and availability reportedly remained stable or had become easier during the preceding six months. Four KI also mentioned increased GHB availability in the preceding six months.
- Similar to other drugs, GHB was commonly obtained from friends and dealers.
- The most commonly reported benefit of GHB use was the mood enhancing euphoric effects of the drug, and the most commonly reported risks were those associated with taking too much GHB, such as fainting, passing out, overdosing and death.

9.0 LSD

Lysergic acid is commonly known as LSD, trips or acid. It is a hallucinogen that became popular in the 1960's.

9.1 LSD use among PDU

Two thirds (66%) of the 2003 sample reported lifetime use of LSD. One quarter (27%) reported using LSD in the preceding six months. LSD had first been used at a median age of 17 years (range 13-54) and there were no significant sex differences in age of initiation. Four participants reported having injected LSD at some time, and there were no reports of recent injection of LSD. LSD injection occurred for the first time at a median age of 26 (16-35).

Twenty-seven recent LSD users reported a median of one day of use in the preceding six months (range 1-20). The majority (85%) reported using less than once a month. Two participants had used LSD between monthly and fortnightly and two between fortnightly and weekly. One respondent reported LSD as their drug of choice.

The median number of LSD tabs taken in a typical (range 0.5-3) and heavy (range 05-.5-12) use episode was one. Thirteen percent of those who had recently binged used LSD to do so. All recent LSD users reported swallowing the drug.

Table 25 suggests a reduction over time in the prevalence of lifetime and recent LSD use. Frequency of LSD used by recent users also appears to have reduced while quantity of use has remained relatively stable.

Table 25 Patterns of LSD use of PDU

LSD variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	80	74	73	**66**
Used last six months (%)	37	23	33	**27**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	2 (1-74)	5 (1-70)	3 (1-24)	**1 (1-20)**
Median quantities used (tabs)				
Typical (range)	1 (0.25-1)	1 (0.25-1)	1 (0.3-3)	**1 (0.5-3)**
Heavy (range)	1 (0.25-4)	1 (0.25-4)	2 (0.3-6)	**1 (0.5-12)**

Source: Party Drugs Initiative PDU interviews

Consistent with user reports, nine KI reported that LSD was used infrequently (once a month to four times a year) by relatively small proportions (2%-60%) of users. Half to one tab was estimated to be the typical amount used by most. Three KI reported no LSD use and another three said they had not heard of any use among the group they had contact with.

9.2 Price

The median price paid for a tab of LSD in 2003 was $15. Of the twenty-two respondents who commented, the majority (68%) reported that the price of LSD had remained stable in the preceding six months although five (23%) reported that the price had recently increased. Two (9%) were unable to comment on recent price changes. As indicated in Table 26, the price of LSD tabs has increased slightly across sampling years.

Table 26 Prices of LSD purchased by PDU

Median price ($) LSD	2000 sample (n=16)	2001 sample (n=46)	2002 sample (n=39)	**2003 sample (n=23)**
Tab (range)	10 (3-25)	10 (5-45)	15 (8-25)	**15 (4-30)**
Lowest tab price (range)	10 (1-15)	10 (1-30)	10 (2-15)	**10 (5-20)**
Highest tab price (range)	20 (10-25)	15 (10-45)	20 (10-30)	**15 (15-40)**

Source: Party Drug Initiative PDU interviews

9.3 Purity

Twenty-two respondents were able to comment on the current purity of LSD. The majority reported purity as medium (46%) or low (27%), although four (18%) thought it to be high and two (9%) reported it had fluctuated. Most (36%) reported the purity of LSD as stable over the preceding six months although four (18%) thought it was decreasing, two (9%) believed it was increasing, and four (18%) said it had fluctuated. Another four were unable to comment on changes in LSD purity.

9.4 Availability

Reports on the current availability of LSD were inconstant. While most (32%) thought LSD 'moderately easy' to obtain, a further six participants (27%) believed it to be 'difficult' and three 'very difficult' (14%). Six believed it to be 'easy' (9%) or 'very easy' (18%). Reports of changes in availability of LSD in the preceding six months were similarly inconsistent; while most (64%) considered the availability of LSD had remained stable, four (18%) thought it had become more difficult to obtain, three (14%) thought it easier, and one reported that the availability of LSD had fluctuated.

9.5 Benefit and risk perception

All participants, including those who had not used LSD, were asked to specify perceived benefits and risks associated with LSD.

9.5.1 Perceived benefits

When asked to specify the benefits of LSD use, almost half the sample (n=41) was unable to comment, the majority of whom had never used LSD. However, the majority of participants who had used LSD at some time perceived at least one benefit associated with its use (Table 27).

The most commonly identified benefit of LSD use was related to its hallucinogenic properties including the hallucinations or visuals themselves, and 'opening up the mind', 'widening perspective' and 'going into another world' (n=35). Many also mentioned the enjoyable or fun time they have while under the influence of LSD including being 'happy and laughing' (n=21). Small numbers mentioned 'escape form reality' and two participants each mentioned increased energy, enhanced sexual awareness and that LSD is cheap. One recent and six lifetime users reported there were no benefits of LSD use

Table 27 Perceived benefits of LSD use

Benefit	*n*
Hallucinations/ enhanced perception/ changed perspective	35
Good time/ enjoyable night/ fun/ laughter	21
Escapism	7
Energy/ stay awake	2
Cheap	2
Heightened sexual awareness	2

Source: Party Drug Initiative PDU interviews 2003

9.6.1 Perceived risks

Two thirds (n=65) of the sample were able to specify perceived risks associated with LSD use (Table 28). Approximately one third (n=31) of the sample reported risks associated with mental health or 'psychological damage' generally (n=11). More specific examples included, psychosis (n=6), paranoia (n=4), schizophrenia (n=3) and flashbacks (n=3).

One quarter of the sample (n=24) reported the risk of a 'bad trip' and a further 17 reported risks associated with impaired decision-making or lack of judgement while under the influence of LSD including the potential for accidents (n=13). Small numbers mentioned risks to physical health including heart problems and stomach ulcers. Seven participants reported there were no risks associated with LSD use, and 14 reported they did not know. A further 16 did not comment, the majority of whom had never used LSD.

Table 28 Perceived risks of LSD use

Risk	*n*
Psychological harm (effects on mental health)	31
Bad trip/ hallucinations	24
Impaired decision making	17
No comment	16
Don't know	14
No risks	7
Physical harm (effects on physical health)	4
Harms related to illicit status (unknown purity/ contaminants)	2
Overdose	1
Unknown risks	1
Addiction/ dependence	1

Source: Party Drug Initiative PDU interviews 2003

9.6 Summary of LSD trends

- Prevalence of both lifetime and recent LSD use has decreased over time; frequency of use has also decreased although quantity of use remained stable at one tab per occasion of use.
- Nine KI reported infrequent use of LSD among the groups of ecstasy users with whom they were familiar.
- The price of LSD has increased from $10 to $15 since 2000 and most who commented believed the price to have remained stable over the preceding six months.
- The majority of participants thought the current purity of LSD was medium or low and had remained stable, decreased or fluctuated over the preceding six months.
- Reports regarding the availability of LSD were varied although most thought it had been moderately easy (32%) or difficult (27%) to obtain and that the availability of LSD had remained stable (64%) over the preceding six months.
- The most commonly identified benefit of LSD use was related to its hallucinogenic properties while psychological harm was the most commonly reported risk.

10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects to ecstasy. It generally comes in capsule, powder or tablet form and may be in pills sold as ecstasy.

10.1 MDA use among PDU

Over half (56%) the 2003 sample reported lifetime use of MDA and about one third (35%) reported using MDA in the preceding six months. Median age at initiation was 21 years (range 16-36) and there were no significant sex differences at age of initiation. A small proportion (7%) reported injecting MDA at some time, and two participants reported doing so recently; median age of first MDA injection was 27 (16-46).

Thirty-five recent MDA users reported using MDA on a median of one day (range 1-14) in the preceding six months. The majority (91%) used MDA monthly or less; three participants used between monthly and fortnightly.

The majority of recent MDA users quantified their use in terms of caps (n=32) although small numbers referred to pills (n=2) and lines (n=1). Those who reported MDA use in terms of caps used a median of one cap during both a 'typical' (range 0.25-4) and 'heavy' (range 0.25-6) occasion of use. Two participants reported MDA as their drug of choice.

The most common route of administration reported by recent MDA users was swallowing (86%). One third (33%) reported snorting MDA, two participants had injected MDA and one had shafted. Of those who reported bingeing in the last six months, 8% had used MDA to do so.

Table 29 shows the prevalence of lifetime and recent MDA use has increased over time with the proportion reporting use in 2003 remarkably similar to 2002. Reports of frequency of use have declined somewhat while quantity of use has remained relatively stable.

Table 29 Patterns of MDA use of PDU

MDA variable	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Ever used (%)	36	43	56	**56**
Used last six months (%)	16	14	35	**35**
Of those who had used in the preceding 6 mths				
Median days used last 6 mths (range)	2 (1-12)	2 (1-30)	4 (1-20)	**1 (1-14)**
Median quantities used (capsules)				
Typical (range)	1 (1-2)	1 (1-2)	1 (1-3)	**1 (0.25-4)**
Heavy (range)	1 (1-2)	1 (1-2)	1.5 (1-6)	**1 (0.25-6)**

Source: Party Drugs Initiative PDU interviews

Six KI reported between 10% and 33% of the group they had contact with used MDA and monthly use was considered by most to be typical. One KI reported 80% of the group used on rare occasions. Six KI mentioned MDA use within the group was determined by availability, suggesting that if MDA were more easily obtained it would be used more frequently. Seven KI reported no MDA use and one reported only very small numbers.

10.2 Price

The median price for an MDA cap reported by PDU in 2003 was $45. An MDA pill was reported by one participant to be $35. Of the twenty-two participants who commented, the majority (68%) reported the price of MDA had remained stable during the preceding six months; four reported the price had recently decreased and one thought it had increased.

The proportion of users who were able to comment on the price of MDA across sampling years is relatively small and accordingly these data must be interpreted with caution. Nevertheless, the price of MDA has decreased from $50 to $45 in 2003 (Table 30).

Table 30 Price of MDA purchased by PDU

Median Price MDA ($)	2000 sample (n=8)	2001 sample (n=24)	2002 sample (n=26)	**2003 sample (n=21)**
Capsule price (range)	50 (40-60)	50 (20-80)	50 (25-60)	**45 (30-60)**
Lowest capsule price (range)	40 (35-50)	40 (20-60)	35 (15-45)	**50 (30-60)**
Highest capsule price (range)	55 (40-60)	50 (45-100)	50 (35-60)	**60 (35-70)**

Source: Party Drug Initiative PDU interviews

10.3 Purity

Twenty-two respondents commented on the purity of MDA, and the majority reported the purity to be medium (36%) or high (50%). Three respondents (14%) reported the MDA purity as low. While half (46%) of those commenting reported that MDA purity remained stable during the preceding six months, five respondents (23%) believed it had decreased and four reported it had increased (18%). Three respondents were unable to comment on changes in MDA purity in the preceding six months.

10.4 Availability

Reports of MDA availability varied. Among the twenty-two participants who commented, most thought it to be 'easy' (18%) or 'moderately easy' (45%) to obtain although six respondents (27%) reported it 'difficult' to obtain and two (9%) thought it 'very difficult'. Most (73%) thought availability had remained stable in the preceding six months, although three respondents (14%) thought it more difficult to obtain and two

(9%) thought it had become easier. One was unable to comment on changes in MDA availability. Again, the small number of respondents commenting makes it difficult to interpret these data.

10.5 Summary of MDA trends

- Prevalence of MDA use has increased across sampling years although reports of both lifetime and recent use were comparable to 2002.
- Frequency of use has decreased slightly while quantity of MDA use has remained stable.
- KI reported that relatively small numbers of regular ecstasy users also used MDA infrequently, with some mentioning that use was determined by availability.
- The price of an MDA cap decreased from $50 to $45 in 2003.
- The majority of respondents reported the purity of MDA was medium to high and that the purity had remained stable or decreased in the preceding six months.
- User reports of current availability were less consistent although most thought availability had remained stable over the preceding six months.

11.0 OTHER DRUGS

Significant proportions of party drug users have reported the use of other licit and illicit drugs across sampling years.

11.1 Alcohol

Lifetime (100%) and recent (96%) alcohol use was reported by almost all 2003 respondents. The proportion of party drug users reporting alcohol use was similar across time (see Table 2). Alcohol was consumed on a median of two days per week (48 days; range 3-180) in the preceding six months. One quarter (24%) of recent alcohol users reported using at least four days a week.

The proportion of participants who reported typically drinking alcohol while using ecstasy remained stable across time (52% in 2000, 56% in 2001, 63% in 2002 and 56% in 2003). The quantity of alcohol consumed in conjunction with ecstasy has also remained relatively stable with those reporting having consumed more than five standard drinks fluctuating (61% in 2000, 59% in 2001, 70% in 2002, 56% in 2003). These data suggest that substantial proportions of ecstasy users consume large quantities of alcohol in conjunction with their ecstasy use. The proportion of the 2003 sample reporting that they typically drink alcohol during the recovery period following ecstasy use has also remained stable across sampling years (31% in 2000, 23% in 2001, 41% in 2002 and 23% in 2003).

All fifteen KI reported that the majority of ecstasy users drink alcohol regularly (50%-100%), although reports of alcohol use patterns varied. Estimates of frequency of use ranged from two days per week to daily. Further, the amounts of alcohol consumed ranged from two to ten standard drinks per session.

The majority of the sample (n=93) reported at least one benefit of alcohol use. The most commonly identified benefits were increased sociability (n=51), relaxation (n=31), increased confidence (n=13) and for fun (n=12). Nine participants reported no benefits of alcohol use.

Almost all participants (n=96) identified a range of risks associated with alcohol use; four people reported there were no risks and data were missing for two (Table 31). The most commonly identified risks were related to the effects of intoxication including impaired decision-making, disinhibited behaviour or accidents (n=28); aggressive, reckless or violent behaviour (n=26) and 'loss of control' (n=5). Many described potential negative impacts on physical health such as vomiting, hangover and generally being sick (n=27) as well as longer-term impacts such as damage to liver (n=24) and heart (n=4). Participants also mentioned risks to mental health including addiction or dependence (n=17) and depression (n=5) as well as neuropsychological harms (n=8) such as damage to memory and brain cells. Smaller numbers of participants reported social or relationship problems a risk of alcohol use (n=12) and a 12 participants mentioned drink driving. Financial problems (n=7) were also reported.

Table 31 Risks of alcohol use

Risk	n
Impaired decision making/disinhibition/accidents	28
Physical harm (effects on physical health)	27
Aggressive/reckless/violent behaviour	26
Liver	24
Physical harm (effects on physical health)	23
Addiction/ dependence	17
Social/relationship problems	12
Driving under the influence	12
Neuropsychological harms	8
Financial problems	7
Loss of control	5
Heart	4
None	4

Source: Party Drug Initiative PDU interviews 2003

11.2 Cannabis

Nearly all (96%) of the 2003 respondents reported lifetime cannabis use and the majority (82%) had used cannabis in the preceding six months. Prevalence of lifetime and recent use of cannabis have remained stable across sampling years (see Table 2). Eighty-four respondents used cannabis on a median day of two days per week (49 days; 1-180) in the preceding six months. A substantial proportion (37%) used cannabis three times a week or more. Considerable proportions of respondents report typically using cannabis in conjunction with (50% in 2000, 34% in 2001, 57% in 2002 and 32% in 2003) and to come down from (66% in 2000, 54% in 2001, 67% in 2002, and 55% in 2003) ecstasy, and these proportions are comparable across years.

Most KI (n=12) reported the use of cannabis among ecstasy users. The majority (n=8) described substantial proportions (60-100%) of the users they had contact with typically used between weekly and daily, although two KI also mentioned occasional use by some. Four KI considered smaller proportions (10-40%) used; two who also considered frequency of use to range between weekly and daily. Only two KI mentioned the use of cannabis while recovering from acute ecstasy intoxication.

Most participants (n=96) reported there were benefits of cannabis use although six participants reported there were no benefits associated with cannabis use. The most frequently mentioned benefits were to relax (n=54), followed by sleep assistance (n=19) and for fun (n=11).

Almost all (n=92) the 2003 sample perceived risks associated with cannabis use (Table 32). Only two participants did not know of any risks and six reported there were none. These data were missing for two participants. The most commonly identified risks were related to psychological health and more generally brain and cognitive impairment with depression (n=23) and 'lack of motivation' (n=23). Memory impairment (n=22), paranoia (n=21), addiction/dependence (n=19), schizophrenia (n=14) and anxiety (n=7) were other risks to mental health often reported. A variety of harms associated with

physical health were also reported, the most common being lung or respiratory problems associated with smoking (n=14) and specifically lung cancer as risk of cannabis use (n=10). Other potential physical harms included general health problems (n=11) such as weight gain/ overeating (n=5) as well as weight loss (n=2). Smaller numbers mentioned financial (n=6) and legal (n=6) problems.

Table 32 Risks of cannabis use

Risk	*n*
Psychological harm (effects on mental health)	76
Physical harm (effects on physical health)	34
Financial problems	6
Legal implications	6
None	6
Driving under the influence	4
Don't know	2

Source: Party Drug Initiative PDU interviews 2003

11.3 Tobacco

The majority (92%) of the 2003 sample reported lifetime use of tobacco and most (72%) had used tobacco in the six months preceding the interview with just over half (58%) of the recent tobacco users being daily smokers. There were no significant gender differences between those who had ever or recently smoked. The proportion of users reporting smoking in 2003 is comparable to previous sampling years (see Table 2).

All fifteen KI described tobacco use among the groups of ecstasy users with whom they were familiar. Estimates varied, ranging from 25%-100% of the users KI had contact with. Frequency of use also varied, with five KI described daily smoking. Two KI mentioned higher rates of smoking in females.

11.4 Benzodiazepines

Half (48%) the 2003 sample reported having ever tried benzodiazepines and approximately one third (33%) had used benzodiazepines in the six months preceding the interview. These rates are similar to those of previous years (see Table 2). Benzodiazepines had been used on a median of five days (1-93) in the preceding six months. Most (64%) recent users had use benzodiazepines once a month or less.

Small proportions (7%) of the 2003 sample reported the use of benzodiazepines during the acute recovery phase or 'come down' period after party drug use. While this was lower than 2002 (13%) and 2001 (15%) reports, it was comparable to the proportion of the 2000 sample (4%) that reported using benzodiazepines following the use of ecstasy and other party drugs.

Most KI reported the use of benzodiazepine use by minorities (2-25%) of ecstasy users although one reported 100% of the group used. Few described amounts used or frequency of use although those who did reported relatively infrequent use. The majority believed most use was 'illicit' (i.e. not on a prescription in the users name), although four KI mentioned use of benzodiazepines that had been prescribed. Eight KI mentioned the

use of benzodiazepines to ease comedown and aid with sleep after ecstasy and other drug use, three of whom mentioned users taking benzodiazepines after crystal use specifically.

11.5 Antidepressants

Approximately one quarter (27%) of respondents reported lifetime antidepressant use. A much smaller proportion (11%) reported using antidepressants in the preceding six months. Of the eleven recent users, two reported using antidepressants for reasons other than depression; one respondent reported using antidepressants before and after taking ecstasy and one used antidepressants for anxiety.

Seven KI mentioned small proportions of ecstasy users (3-20%) taking antidepressants as prescribed. Three described the use of antidepressant not as prescribed; one mentioned the 5% used experimentally, one described a one-off occasion of experimental use and the other the use of antidepressants to comedown from the effects of party drugs.

11.6 Inhalants

Prevalence of amyl nitrate use appears to have remained stable since 2000 (see Table 2). In 2003, 66% reported having ever used amyl and 28% had used it in the six months preceding the interview. Amyl was used on a median of three days (range 1-120). The majority (64%) had used amyl less than once a month. Median age of initiation was 19 years (range 14-35).

Six KI reported the infrequent use of amyl by very small proportions of ecstasy users (5-10%), three of whom mentioned amyl was used during sex. In contrast to these reports, one KI described half of the users they had contact with using amyl weekly, although again this use occurred during sex.

Slightly more than one third of the PDU sample (n=35) identified benefits associated with amyl use, virtually all of whom had used amyl at some time. The most frequently mentioned benefit was the 'head rush' or high associated with amyl use (n=15), and five participants thought the fast acting and or short duration of the high were beneficial. Also commonly mentioned were enhanced sexual experiences (n=8) and that amyl was useful for enhancing or 'bringing back on' the effects of ecstasy (n=4). Enhanced sensation or perception (n=3), to relax/escape (n=3) and to enhance mood (n=2) were also mentioned.

Less than half the sample (n=41) commented on the risks associated with amyl use, all of whom had used the drug in the preceding six months (Table 33). The most commonly mentioned risk was potential harm to physical health including headaches, damage to heart function, skin burns, particularly to the nose, and respiratory problems. The other major risk identified was 'brain cell damage'.

Table 33 Perceived risks of amyl use

Risk	*n*
Don't know	40
Physical harm (effects on physical health)	22
Neuropsychological harms (damage to brain cells)	18
No comment	12
No	9

Source: Party Drug Initiative PDU interviews 2003

Another inhalant commonly associated with party drug use, nitrous oxide, had been used by less than half (44%) of the 2003 sample at some time although a much smaller proportion (8%) reported using nitrous oxide in the preceding six months. Prevalence of lifetime and recent nitrous use has also decreased since 2000 (see Table 2). Frequency of nitrous oxide was low; all recent users reported using nitrous less than once a month in the preceding six months (median 3.5 days, range; 1-6). Median age of initiation was 17 years (12-35).

11.7 Other opiates

A small minority (12%) of the 2003 sample reported lifetime 'other opiate' use while 3% had used 'other opiates' in the preceding six months. Prevalence of 'other opiate' use decreased from 2002 (13%) although was comparable to previous years.

11.8 Other drugs

The use of Viagra was mentioned by three KI. Two mentioned the consistent use of Viagra by small numbers of users they had contact with and another described use around 50% of the users, specifically using Viagra at big parties.

11.9 Summary of other drug use

- Almost all party dug users consume alcohol on a median of two days a week with a substantial minority using at least four days a week.
- Reports of alcohol used in conjunction with ecstasy have fluctuated over time, with at least half the sample reporting drinking more than five standard drinks in a session each year.
- Cannabis use was common on a median of two days a week, while one third of the sample reported using cannabis more than three days a week.
- A large proportion (72%) of the 2003 sample reported recent tobacco use and just over half (58%) were daily smokers.
- One third (33%) of the 2003 sample reported recently using benzodiazepines although the majority reported using less than once a month.
- Small numbers (11%) reported the recent use of antidepressants; two participants reported using anti depressants for reasons other than depression.
- Approximately half of the 2003 sample reported having used inhalants amyl nitrate (66%) and nitrous oxide (44%) at some time. Smaller proportions reported recently using them less than monthly in the preceding six months.
- Small numbers had used other opiates across sampling years.

12.0 PARTY DRUG RELATED HARM

The following section presents data on harms related to party drug use as reported by the 2003 PDU sample.

12.1 Health related harms

Participants were asked whether they had experienced a range of acute health related side effects due to their party drug use in the preceding six months. Forty side effects were asked about. Participants also responded whether they perceived ecstasy to be related to each side effect and then were asked to specify if 'other drugs' contributed and/or 'other factors' were associated with each side effect. Ecstasy was asked about specifically (i.e. was the side effect ecstasy related?) and therefore an overestimation of ecstasy attribution may have occurred as a result.

Table 34 presents commonly identified acute health related side effects experienced by the 2003 sample while under the influence of party drugs in the preceding six months. Only the most commonly specified drugs and side effects are presented; side effects experienced are presented as proportions of those who reported the recent use of each drug type.

Blurred vision, profuse sweating, and hot/cold flushes were experienced by more than half the sample during the preceding six months while under the influence of party drugs (Table 34). The proportions reporting having experienced side effects while under the influence of any drug were similar to proportions that identified the side effects as ecstasy related. This suggests the majority of those who experience side effects attributed them to ecstasy, however it as mentioned previously this outcome may be influenced by the wording of the question.

Smaller proportions of recent users of other drugs attributed the side effects to the use of that drug. For example, speed was reported by one third of recent speed users as relating to appetite loss (34%), profuse sweating (32%), and trouble sleeping (30%). Approximately one quarter of recent crystal users reported similar effects, while recent base users reported profuse sweating (19%), hot/cold flushes (12%) and loss of appetite (12%).

More than one fifth of recent ketamine users reported blurred vision (29%) and dizziness (22%) while under the influence. Recent cannabis users experienced paranoia (18%) under the influence.

Even smaller proportions of recent users of other drugs such as cocaine, GHB and LSD, reported related side effects. Cocaine was mostly commonly reported by recent users to be associated with heart palpitations (11%) and trouble sleeping (11%) while under the influence, and GHB was most often reported as being related to dizziness (24%), blurred vision (24%) and difficulty concentrating (24%). LSD was mentioned by 41% of recent LSD users to be associated with visual hallucinations. MDA was nominated by very few (<3) recent users to be associated with any side effects. Alcohol was commonly perceived as being related to vomiting (13%) and memory lapse (10%).

Table 34 Acute health related side effects experienced while under the influence of drugs

	Any drug n=102 (%)	Ecstasy n=102 (%)	Meth powder n=79 (%)	Crystal meth n=48 (%)	Ketamine n=49 (%)	Cannabis n=82 (%)
Blurred vision	69	64	14	13	29	15
Profuse sweating	61	56	32	23	4*	5*
Hot/cold flushes	52	47	24	19*	8*	5*
Loss of appetite	49	47	34	25	6*	1*
Difficulty concentrating	43	41	13	6	16	15
Confusion	43	40	15	15	18	12
Visual hallucinations	43	35	8	8*	14	15
Dizziness	43	36	6*	8	22	6*
Trouble sleeping	41	37	30	23	2*	1*
Heart palpitations	40	30	27	23	4*	5*
Vomiting	39	33	8	-	4*	1*
Memory lapse	38	34	8	8*	12	11
Agitation/ restlessness	36	33	29	15	8*	6*
Inability to urinate	35	31	10	6*	8*	1*
Tremors/shakes	34	30	14	8*	2*	5*
Unable to orgasm	29	27	16	15	2*	2*
Numbness/tingling	29	25	3*	6*	10*	2*
Teeth Problems	26	22	18	10*	2*	2*
Anxiety	25	22	9	10*	2*	9
Paranoia	25	19	1*	10*	6*	18
Shortness of breath	25	16	8	11*	-	1*
Stomach pains	22	15	13	2*	-	1*
Headaches	20	13	4	-	-	-
Auditory hallucinations	19	17	6*	8*	6*	6*
Loss sex urge	17	17	10	8*	4*	1*
Irritability	16	11	9	8*	-	4*
Anger/hostility	16	7	1*	6*	-	-
Muscular aches	15	12	8*	6*	4*	1*
Joint pains/stiffness	11	11	4*	4*	2*	-
Weight loss	10	10	9	8*	-	-
Chest pains	10	8	4 *	4*	-	1*
Loss of energy	8	7	1*	4*	-	5*
Panic attacks	6	5	0	2*	2*	1
Violent behaviour	4	4	0	2*	0	0
Flashbacks	3	1	0	0	0	1
Depression	3	3	2*	0	0	0
Fainting/passing out	3	1	-	-	2*	-

Source: Party Drugs Initiative PDU interviews ***n=5 or less**

As expected, the acute health side effects experienced during the come down phase of drug use differed to those experienced while under the influence of drugs (Table 35).

Confusion (76%), irritability (66%), difficulty concentrating (65%), energy loss (65%) and trouble sleeping (64%) were experienced by approximately two thirds of the 2003 sample while coming down from party drugs. Agitation/restlessness (59%), appetite loss (54%) and headaches (54%) were experienced by over half of the sample. Again, proportions reporting side effects as a result of any drug use here similar to those who attributed the side effects to ecstasy, suggesting the majority of those who experience side effects attributed them to ecstasy.

Table 35 Acute health related side effects experienced coming down from drugs

	Any drug n=102 (%)	Ecstasy n=102 (%)	Meth powder n=79 (%)	Crystal meth n=48 (%)	Ketamine n=49 (%)
Confusion	76	72	30	21	20
Irritability	66	57	34	31	10*
Difficulty concentrating	65	61	25	19	18
Loss of energy	65	63	41	27	8*
Trouble sleeping	64	57	48	35	4*
Agitation/ restlessness	59	56	35	23	10*
Loss of appetite	54	51	38	23	6*
Headaches	54	41	28	21	6*
Muscular aches	48	40	27	19	4*
Anxiety	45	40	23	48	8*
Hot/cold flushes	41	36	18	19	6*
Joint pains/stiffness	39	35	20	15	2*
Tremors/shakes	36	29	-	15	2*
Profuse sweating	36	34	18	17	4*
Unable to orgasm	34	30	18	13	2*
Depression	31	30	15	13	-
Anger/hostility	29	25	14	15	2*
Paranoia	27	21	4*	15	2*
Loss sex urge	25	23	10	10	2*
Auditory hallucinations	24	20	9	10	8*
Stomach pains	24	19	15	2*	2*
Weight loss	21	19	15	17	-
Heart palpitations	21	14	11	13	4*
Visual hallucinations	20	15	5*	10*	6*
Dizziness	20	19	16	6*	4*
Numbness/tingling	19	18	3*	6*	2*
Blurred vision	18	16	6*	4*	6*
Teeth Problems	17	16	15	4*	2*
Memory lapse	16	15	4*	4*	2*
Shortness of breath	14	10	5*	4*	-
Inability to urinate	14	12	6*	4*	2*
Panic attacks	13	10	1*	10*	2*
Flashbacks	12	10	-	2*	-
Chest pains	9	7	4*	-	-
Suicidal thoughts	9	6	6*	4*	-
Vomiting	7	4*	1*	-	-
Violent behaviour	2*	1*	1*	1*	-
Fainting/passing out	1*	1*	-	-	-
Fits/seizures	1*	1*	-	-	-
Suicide attempts	1*	1*	1	-	-

Source: Party Drugs Initiative PDU interviews ***n=5 or less**

The most commonly identified side effects experienced during the come down among recent speed users were similar to those experienced overall, with trouble sleeping (48%) and energy loss (41%) being the most common. Half (48%) of those who had recently used crystal reported anxiety during comedown, and trouble sleeping (35%) was also commonly reported. Base was associated with trouble sleeping (17%), irritability (17%) and agitation/ restlessness (17%).

Ketamine was most commonly associated with confusion (20%) and difficulty concentrating (18%). Again this was similar to the overall pattern of side effects experienced as the result of the use of any drug.

Smaller proportions of the users of other drug such as LSD, cocaine and GHB reported acute side effects during comedown. One fifth (22%) of recent LSD users reported visual hallucinations. Cocaine was reported by 13% of recent users as related to trouble sleeping. GHB was perceived as related to the experience of confusion (29%) and difficulty concentrating (29%) during the come down period. Even smaller numbers of recent MDA and tobacco users nominated side effects during the come down period. Alcohol was most commonly associated with headaches (15%). One person each experienced fainting/passing out and fits/seizures in the preceding six months during the come down period; both were attributed to ecstasy use. Very few participants mentioned violent behaviour (n=2) and suicide attempts (n=1).

Side effects were considered to be related to polydrug use when three or more drugs were attributed to the side effect. Of those that reported side effects attributed to party drug use, substantial minorities attributed these side effects to polydrug use (Table 36).

Side effects experienced while under the influence of several drugs, included agitation/restlessness (38%), difficulty concentrating (36%) and confusion (36%). The most common side effects experienced while coming down from several drugs were visual hallucinations (40%) followed by depression (38%) and difficulty concentrating (33%).

Table 36 Acute health related side effects attributed to polydrug use

	Experienced the side effect under the influence %	*Attribute effect to polydrug use %	Experiencing side effect coming down %	**Attribute effect to polydrug use %
Blurred vision	*70*	17	*18*	22*
Profuse sweating	*62*	21	*37*	22
Hot/cold flushes	*53*	19	*42*	21
Loss of appetite	*50*	28	*55*	25
Dizziness	*44*	18	*20*	20*
Difficulty concentrating	*44*	36	*66*	33
Confusion	*44*	36	*77*	29
Visual hallucinations	*44*	25	*20*	40
Trouble sleeping	*42*	24	*65*	22
Heart palpitations	*41*	29	*21*	24*
Vomiting	*40*	10*	*7*	14*
Memory lapse	*39*	26	*16*	31*
Agitation/ restlessness	*37*	38	*60*	33
Inability to urinate	*36*	11*	*14*	14*
Tremors/shakes	*35*	11*	*37*	22
Unable to orgasm	*30*	17*	*35*	14*
Numbness/tingling	*30*	13*	*19*	11*
Teeth Problems	*26*	23	*17*	24*
Anxiety	*26*	19*	*46*	26
Paranoia	*25*	20*	*28*	14*
Shortness of breath	*25*	24	*14*	7*
Stomach pains	*22*	0	*24*	13*
Headaches	*20*	35	*55*	24
Auditory hallucinations	*19*	32	*24*	33
Loss sex urge	*17*	24*	*25*	12*
Irritability	*16*	13*	*67*	28
Anger/hostility	*16*	0	*30*	23
Muscular aches	*15*	20*	*49*	16
Joint pains/stiffness	*11*	9*	*40*	15
Chest pains	*10*	20*	*9*	0
Weight loss	*10*	40*	*21*	24*
Loss of energy	*8*	25*	*66*	33
Panic attacks	*6*	0	*13*	7*
Violent behaviour	*4*	0	*2*	0
Depression	*3*	0	*32*	38
Flashbacks	*3*	0	*12*	17*
Fainting/passing out	*3*	33*	*1*	100*
Fits/seizures	-	-	*1*	0
Suicidal thoughts	*0*	0	*9*	11*
Suicide attempts	*0*	0	*1*	0

Source: Party Drugs Initiative PDU interviews ***n=5 or less**

* of those who experienced the side effect under the influence **of those who experienced the side effect coming down

Significant minorities also attributed acute side effects to other factors unrelated to their drug use (Table 37). Side effects were commonly attributed to physical factors related to the individual, such as lack of food, water and sleep. Muscular aches (49%), auditory hallucinations (44%), loss of energy (33%), joint pains and stiffness (33%) and weight loss (30%) were the most commonly nominated side effects attributed to physical factors.

Side effects were also attributed to a pre-existing health problem such as a pre-disposition to anxiety or depression. One fifth (19%) of those who experienced

depression as a result of party drug use also nominated it as a pre-existing health condition.

Other factors that side effects were attributed to included environmental factors and life stressors. Environmental factors were those external to the individual such as 'hot nightclub', 'noise', 'lights' and 'temperature outside'. Life stressors included more general issues such as 'school', 'life' and 'stress'. About one third (31%) attributed depression to life stressors, and a fifth (18%) attributed profuse sweating to environmental factors.

Table 37 Acute health related problems attributed at least in part to other factors experienced either under the influence or coming down

	Side effect experienced (%)	Attributed to physical factors (%)	Attributed to pre- existing health conditions (%)
Confusion	*80*	21	1*
Blurred vision	*71*	4*	4*
Difficulty concentrating	*73*	15	8
Trouble sleeping	*70*	6*	7*
Irritability	*70*	19	1*
Loss of energy	*69*	33	-
Profuse sweating	*67*	28	1*
Agitation/ restlessness	*66*	14	9
Loss of appetite	*63*	6*	2*
Hot/cold flushes	*62*	2*	5*
Headaches	*60*	28	-
Anxiety	*54*	9*	9*
Muscular aches	*53*	49	4*
Dizziness	*50*	22	4*
Tremors/shakes	*51*	20	-
Visual hallucinations	*50*	24	2*
Heart palpitations	*46*	9*	13
Unable to orgasm	*44*	7*	5*
Memory lapse	*43*	9*	5*
Joint pains/stiffness	*42*	33	7*
Vomiting	*42*	21	-
Anger/hostility	*40*	13	-
Inability to urinate	*39*	8*	3*
Numbness/tingling	*38*	3*	13*
Stomach pains	*36*	28	6*
Teeth Problems	*33*	6*	12*
Paranoia	*33*	9*	12*
Depression	*32*	-	19
Auditory hallucinations	*32*	44	3*
Shortness of breath	*30*	23	13*
Weight loss	*27*	30	-
Loss sex urge	*27*	11*	4*
Chest pains	*17*	6*	12*
Panic attacks	*16*	13*	6*
Flashbacks	*15*	7*	13*
Suicidal thoughts	*9*	-	11*
Fainting/passing out	*6*	33*	-
Violent behaviour	*5*	-	-
Fits/seizures	*2*	-	50*

Source: Party Drugs Initiative PDU interviews ***n=5 or less**

Small numbers of KI reported a range of physical side effects had been experienced by users in the preceding six months. One KI mentioned an increase in mental health issues

and considered these to be crystal related. Another KI described increasing numbers presenting with speed psychosis and mentioned the decreasing age in clients presenting to the service. Four KI reported weight loss as a problem associated with party drug use, two of whom thought it was specifically related to crystal use. Two KI mentioned there were problems related to the combined use of crystal and alcohol. Dependence, sleep disturbance, dehydration and nausea were mentioned by one KI each.

12.2 Other harms

Participants in 2003 reported a range of other harms associated with their drug use. Proportions reporting these harms predominantly attributed them to their use of ecstasy rather than other drugs. Given that ecstasy was not asked about specifically (in contrast to the side effects section), this suggests that other drugs are not perceived related to problems to the same degree as ecstasy by this group. However as all participants used ecstasy and varying proportions of the sample used the other drugs, these results may also reflect patterns of use of different drugs.

Approximately one third of the sample had experienced occupational/study problems (38%), financial problems (30%) and relationship/social problems (28%) in the preceding six months attributable to the use of party drugs (Table 38). Only a small number of participants reported legal problems; of the three people who did, two attributed these problems at least in part to ecstasy and both reported having been cautioned by the police. One participant reported having been arrested in relation to crystal and alcohol use.

One fifth of recent speed and base users attributed work or study problems (18%, 17%) to their recent use of these drugs while recent crystal users were most likely to nominate financial problems (13%). Both recent cannabis and alcohol users were also most likely to report work or study problems (13%, 12%) related to their use.

Table 38 Other harms associated with drug use

Problem	Any drug % (n=102)	Ecstasy % (n=102)	Speed % (n=79)	Base % (n=42)	Crystal % (n=48)	Cannabis % (n=82)	Alcohol % (n=89)
Work/study	38	32	18	17	8*	13	12
Financial	30	24	4*	10*	13	6*	9
R'ship/social	28	20	10	5*	10*	7	6*
Legal/police	3	2*	3*	-	2*	-	-

Source: Party Drugs Initiative PDU interviews ***n=5 or less**

In contrast to user reports, the majority of KI who mentioned that occupational, financial and relationship problems had been experienced by the ecstasy users with whom they had contact believed these problems to be related to crystal rather than ecstasy use. Two of the five KI reported occupational or study problems to be related to crystal use. Two of the three KI attributed financial problems to crystal rather than ecstasy use. Relationship or social problems were mentioned by five KI, three of whom attributed problems of this nature to crystal use.

12.3 Summary

- Party drug users reported a number of side effects associated with their ecstasy and other party drug use.
- Blurred vision, profuse sweating, and hot/cold flushes were experienced by more than half while under the influence of party drugs.
- The proportions reporting having experienced side effects while under the influence of any drug were similar to proportions that identified the side effects as ecstasy related.
- Speed was reported by one third of recent speed users as relating to appetite loss, profuse sweating, and trouble sleeping. About a quarter of recent crystal users reported similar effects, while recent base users reported profuse sweating, hot/cold flushes and loss of appetite.
- The acute health side effects experienced during the come down phase of drug use differed to those experienced while under the influence of drugs, with confusion, irritability, difficulty concentrating, energy loss and trouble sleeping commonly reported.
- Side effects attributed to polydrug use (the use of three or more drugs) while under the influence by more than a third of those who experienced the side effects included agitation/restlessness, difficulty concentrating and confusion.
- The most common side effects experienced while coming down from polydrug use were visual hallucinations followed by depression and difficulty concentrating.
- Other factors unrelated to their drug use contributed to the side effects experienced. Physical factors, such as lack of food, water and sleep, pre-existing health problems such as a pre-disposition to anxiety or depression, environmental factors such as 'hot nightclub', 'noise' and 'lights' and life stressors such as 'school', 'life' and 'stress' also contributed to the side effects experienced.
- Approximately one third of the sample had experienced occupational/study problems, financial problems and relationship/social problems in the preceding six months attributable to the use of party drugs. Only a small number of participants reported legal problems.
- While users most commonly reported these problems associated with ecstasy use, KI reported these issues were more likely to be crystal related.

13.0 CRIMINAL ACTIVITY AND PERCEPTIONS OF POLICING AND MARKET CHANGES

13.1 Reports of criminal activity among PDU

Less than one third (30%) of the 2003 sample had committed a crime in the month preceding the interview (Table 39). Drug dealing was the most likely criminal activity to be reported, with 28% of the sample having sold drugs to someone at least once in the preceding month. The majority of those that reported drug dealing (18%) reported that they had sold drugs less than once a week, 7% had sold drugs once a week and 3% had sold drugs between weekly and daily. One participant had sold drugs daily during the preceding month. It should be noted that anecdotally many of these 'dealers' may not identify themselves as such, buying drugs to distribute among their friends only, and making little if any profit in the process. Consistent with this, three of the six KI who commented on dealing within the known group of ecstasy users considered dealing to be 'small time' and two reported this occurred to cover personal use only. Additional questions have been added to the 2004 questionnaire in an attempt to clarify the level of dealing among this group.

Four participants had committed a property crime in the preceding month, three of whom had done so less than once per week. One participant reported committing property crime about once a week in the preceding month. Five participants had committed violent crime in the preceding month, all of whom did so less than once a week. One participant reported they had committed fraud less than once a week in the month preceding the interview.

Five percent of the sample (n=5) had been arrested in the preceding 12 months. One had been arrested for driving under the influence of alcohol, one for malicious damage, one for possession of an offensive weapon and one for violent crime. One person did not state the reason for their arrest. Three participants had a previous conviction for which they had served a custodial sentence.

Since 2000, smaller proportions of party drug users have reported involvement in any criminal activity (Table 39). An apparent decrease in reports of property crime and dealing appears to account for most of the reduction. Across all four samples, low rates of fraud and violent crime were reported. There was a reduction between 2000 and 2003 in the proportion of the samples that reported dealing drugs to finance ecstasy use (from 35% in 2000 to 19% in 2003) (Table 39). Further, the proportions of all samples that reported that they had obtained ecstasy on credit from dealers (from 36% in 2000 to 22% in 2002), by bartering drugs or goods (21% in 2000 to 17% in 2003) or through pawning goods (12% in 2000 to 3% in 2003) also decreased slightly. It is difficult to specify the reasons for these apparent decreases.

Of the other three KI who commented on dealing, one mentioned the reduction of dealing within a particular ethnic group, while another reported a reduction in dealing by some users although commented this reduction was probably seasonal. In contrast to these reports, two KI mentioned increases in dealing; one who described bigger amounts being sold and the other reported increases in the number of people who sell drugs to cover their personal use.

Table 39 Criminal activity reported by PDU

Criminal activity in the last month	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Any crime	49	44	43	**30**
Drug dealing	40	38	40	**28**
Property crime	11	4	5	**4**
Fraud	3	4	1	**1**
Violent crime	2	4	2	**5**
In the preceding six months:				
Paid for ecstasy through dealing drugs	35	36	22	**19**
Paid for ecstasy through property crime	4	3	0	**3**

Source: Party Drug Initiative PDU interviews

13.2 Perceptions of police activity towards PDU

Compared to earlier samples, a smaller proportion of the 2003 sample reported they had recently perceived more police activity towards ecstasy users and the party drug market in general (Table 40). While over one third (37%) of participants perceived an increase in police activity, a similar proportion (37%) reported police activity had remained stable. One fifth (20%) was unable to comment on police activity.

Those who reported increased police activity were asked to specify changes in activity. Increased police presence in nightclubs and at dance parties and raves including the use of drug detection (sniffer) dogs and increased numbers of undercover police officers were commonly reported. Other perceived changes in police activity included more raids and searches in clubs including increased security. Some also mentioned increased police presence on trains, on the streets and outside clubs.

Despite the marked increase in perceptions of a recent increase in police activity, the majority (80%) of the sample reported that police activity had failed to make it more difficult for them to obtain illicit drugs recently.

Reports regarding other aspects of police activity varied little across years. In all four sampling years, very few participants reported a perceived decrease in recent police activity. However, the majority of all samples reported that police activity had failed to make it more difficult recently for them to obtain illicit drugs.

Table 40 Perceptions of police activity by PDU

Perception	2000 sample (n=94)	2001 sample (n=163)	2002 sample (n=88)	**2003 sample (n=102)**
Recent police activity:				
Decreased	5	5	2	**7**
Stable	52	34	16	**36**
Increased	32	49	78	**37**
Don't know	11	12	3	**20**
Did not make scoring more difficult	87	94	88	**80**

Source: Party Drug Initiative PDU interviews

KI reports of recent police activity varied although they were consistent with user reports; five KI thought police activity had increased, four reported a decrease and three reported no change. Of those who reported increased police activity, four reported increased visibility of police including increases in beat police or police presence on the streets, three mentioned sniffer dogs, in clubs and on the street, and one mentioned both uniformed and plain clothed officers in clubs.

13.3 Perceptions of changes in party drug markets

More than two thirds (69%) of the 2003 sample had perceived changes in the party drug market in Sydney. A wide range of changes were noted, the most frequent being increases in crystal use and availability mentioned by one third (32%) of participants. Smaller numbers mentioned increased ketamine (n=10) and GHB (n=9) use and availability.

Other reports of changes were less consistent and given small numbers commenting, careful interpretation is required. Nevertheless, while some participants perceived recent increases in ecstasy use, specifically with regard to number of pills used per occasion of use (n=4), while others reported the use of ecstasy to be decreasing, (n=5) often mentioned in terms of people getting older and as a consequence using fewer pills less often. Three people mentioned increases in snorting ecstasy and two the increase use of combining alcohol and ecstasy. Three people mentioned younger users and one mentioned older users in terms of party drug use becoming more mainstream or acceptable. Further, two people mentioned the increases use of ecstasy in pubs instead of nightclubs.

13.3 Summary

- Relatively few of the ecstasy users sampled were involved in criminal activity apart from dealing drugs.
- Relatively few were arrested and very few report a history of incarceration.
- The prevalence of property crime among sentinel groups of ecstasy users across time has remained low.
- Reports of criminal activity to fund the purchase of ecstasy have decreased over time.
- There was a marked decrease in the proportion of ecstasy users sampled who perceive recent increases in police activity. However, of those who did report an increase, the majority reported increase police presence in nightclubs, dance parties and raves. KI reports were consistent with this.
- The majority of all four samples of ecstasy users reported that police activity had not made it more difficult for them to obtain drugs.

14.0 SUMMARY

14.1 Demographic characteristics of PDU

The current results, along with the findings obtained in the three comparable studies, are consistent in indicating that party drug users, a population defined by monthly or more frequent use of tablets sold as 'ecstasy', tend to be young, relatively well-educated, and likely to be employed or engaged in studies. Few participants reported having engaged in crime other than drug dealing. Seven participants were currently in treatment for a drug-related problem and three participants had previously been incarcerated. Demographic characteristics of ecstasy users interviewed in Sydney appear to have changed little since 2000.

14.2 Patterns of polydrug use

As with other Australian samples of party drug users (Boys et al., 1997), and previous PDI samples (White et al., 2003, Breen et al., 2002), the participants interviewed 2003 were extensive polydrug users, half of whom had a preference for ecstasy. Participants had used an average of ten drugs in their lifetime, and an average of seven in the six months preceding the interview. Large proportions reported recent use of alcohol, cannabis, tobacco, and speed.

Although overall rates of polydrug use remained stable between 2000 and 2003, results suggest that over this period, the use of some drugs decreased, including LSD and inhalants such as nitrous oxide. Over the same period, the use of other drugs has steadily increased, including ketamine, GHB, base and crystal. In particular the proportion who reported recent crystal use doubled between 2002 and 2003. It appears that as the demand for and/or availability of one illicit drug decreases, the demand for and/or availability of another increases.

One fifth of the sample (22%) reported having injected a drug at some time and a small proportion (11%) recently injecting. The most commonly reported drugs recently injected were crystal and base followed by heroin.

14.3 Ecstasy

Participants started using ecstasy in their late teens, although reports from some KI suggest that the age of initiation is decreasing. All participants typically consume ecstasy orally although half reported recently snorting.

A wide range of patterns of ecstasy use were reported, however, most used the drug between fortnightly and monthly. The proportion reporting they typically use more than one tablet per use episode has increased since 2000, with three quarters reporting this in 2003. A substantial minority of regular ecstasy users have recently used four or more tablets in a single use episode. One third of the sample recently binged on ecstasy, i.e. used ecstasy on a continuous basis for 48 hours or more without sleep, although prevalence of this pattern of binge use decreased compared to previous years. Most users report typically using other drugs in combination with ecstasy and to 'comedown' from its acute effects. Some of the data on patterns of ecstasy use suggest that the quantity of

ecstasy use among regular users may have increased over time while frequency of use has decreased.

Ecstasy is scored from a variety of people and used in many locations. Comparable to previous years, the majority of participants continued to obtain ecstasy from friends and purchased ecstasy from friends' houses. Nightclubs and private parties were locations participants reported usually using ecstasy.

The median price of ecstasy was reported to be $35, which has remained stable since 2001. Most participants across sampling years report the price of ecstasy as stable in the six months preceding interview. The user and KI reports of ecstasy purity are inconsistent although purity of seizures made by both AFP and NSW police were 33% in 2002/03.

Ecstasy remains a drug that can be easily accessed. Both users and KI have consistently reported that ecstasy is 'easy' or 'very easy' to obtain since 2000.

The most commonly identified benefits perceived to be related to ecstasy use were enhanced mood and interaction with others. The most commonly identified risks of ecstasy use were related to potential psychological and physical harms.

Indicator data on ecstasy reflect the relatively widespread use of this drug and its stability in recent years. Recorded number of offences relating to the use/possession and dealing/trafficking of ecstasy have increased since 2000, although they have remained stable over the preceding 12 months. The number of telephone enquiries received by the Alcohol and Drug Information Service and Family Drug Support relating to ecstasy has remained relatively stable over time. Other health related indicator data suggest fluctuations in the number of users seeking treatment for their ecstasy use, with peaks occurring in the earlier months of the year (possibly associated with the 'party season').

14.4 Methamphetamine

The dynamic methamphetamine market and the use of different forms of methamphetamine has resulted in increased interest among researchers, law enforcement and health professionals. The PDI provides further information on use of the different forms.

Lifetime and recent use of speed has remained stable across sampling years. Prevalence of base use has increased over time although it has remained stable since 2002. Reports of crystal use have increased over time with a notable increase since 2002, with recent use almost doubling in this time. KI reports of speed and crystal use were consistent with those of the users while KI reports of base use were less consistent which may reflect specific patterns of use among different groups.

Similar to ecstasy, speed and base were most commonly used in nightclubs although crystal was most often used at home. Dance parties and private parties were other common locations in which all three forms of methamphetamine were usually used by the 2003 sample.

Speed was most commonly purchased in gram amounts for a median of $55, a reduction from $60 in 2002. A 'point' of base was purchased for $40, comparable to 2002, while the price of crystal remained stable at $50 a point since 2001. Many were unable to comment on price changes in base and crystal reflecting the relatively limited experience this group has with these forms of methamphetamine.

The purity of all forms of methamphetamine were reported by most respondents to be of 'medium' or 'high' purity and the majority reported that the purity had remained 'stable' over the preceding six months. AFP seizure data also shows methamphetamine purity as being relatively high.

Most respondents reported that all forms of methamphetamine were 'very easy' or 'easy' to obtain. The proportion of PDU who reported base and crystal as 'very easy' to obtain increased substantially from 2002. Majorities reported the availability of all forms had remained 'stable' during the preceding six months although both base and crystal were also reported to have become 'easier' to obtain.

All forms of methamphetamine were most commonly purchased from friends and dealers and most likely to have been purchased from private residences including friends', dealers' and their own homes.

The most commonly perceived benefit of use across all three forms of methamphetamine was increased energy. The most commonly perceived risks were related to potential psychological harm, the most frequent being addiction or dependence.

Indicator data do not show a clear trend for methamphetamine in the preceding 12 months, with fluctuations occurring in; the number of people presenting for amphetamine overdose, the number of people calling help lines regarding problematic amphetamine use and the number of incidents recorded for possession/use of amphetamines. There have however, been gradual increases over time recorded across many of the datasets.

14.5 Cocaine

Prevalence of lifetime cocaine use has remained stable across sampling years while reports of recent cocaine use have decreased. Frequency of cocaine use has fluctuated while amounts used have remained comparable between years. KI reports of cocaine use were consistent with those of users with most reporting the use of cocaine as infrequent among minorities of ecstasy users that use cocaine.

As with other party drugs, cocaine is used in a variety of locations. Recent cocaine users reported usually using cocaine at private residences such as friends' or own home although nightclubs were also commonly reported.

The most commonly purchased amount of cocaine was a gram at a median price of $200. Most reported the price of cocaine had remained stable. The majority of those commenting reported the purity of cocaine as low to medium.

The median purity of cocaine seized and analysed by the AFP remained stable at 73% over the preceding 12 months while NSW police cocaine seizure purity was 27%.

Number of seizures analysed by the AFP have increased over recent years to 271 in 2002/03 while NSW police numbers decreased to 52 in 2002/03.

Most reported that cocaine was 'moderately easy' to obtain and that availability had remained stable. Similar to other drug types, the majority of participants report obtaining cocaine from friends and dealers with most purchasing from a dealers' home.

All participants perceived a range of risks and benefits associated with the use of cocaine. The most commonly perceived benefit was increased confidence and the most common risk, dependence.

Indicator data also reflects user reports with numbers of recorded use/ possession incidents, calls to drug and alcohol referral lines, numbers of closed treatment episodes, numbers of cocaine overdose and numbers of suspected drug related deaths where cocaine was detected all remaining stable or decreasing over the preceding 12 months.

14.6 Ketamine

Although reports of lifetime and recent use of ketamine were comparable to 2002, there has been an increase in proportions reporting use since 2000. The frequency and quantity of ketamine use has remained stable. KI described contact with regular ecstasy users who had a range of patterns of ketamine use. Similar to other drug types, the most commonly nominated locations ketamine had been used by recent users were nightclubs and dance parties.

Although only small proportions in previous years were able to comment, the gram price of ketamine appears to have decreased since 2000. Median price for a gram of ketamine in 2003 was $150.

Most respondents in 2003 reported the current purity of ketamine to be medium or high and that the purity had remained stable or increased over the preceding six months. Ketamine was 'very easy', 'moderately easy' or 'easy' to obtain for the majority of respondents in 2003. Most agreed the availability of ketamine has remained stable.

Similar to other drug types, friends and dealers were the people participants most commonly reported purchasing ketamine from in the preceding six months. Ketamine was most often purchased in friends' homes or dealers' homes.

The most frequently mentioned benefit of ketamine use was its dissociative effects while most perceived the biggest risk to be falling into the k-hole as a result of using too much.

Consistent with the low patterns of use among PDU interviewed, indicator data suggests very low rates of health related harms.

14.7 GHB

The proportion of users reporting lifetime and recent GHB has increased over time although prevalence of use in 2003 remains relatively low and is comparable to 2002. Frequency of GHB use is also comparable between years while amounts used appears to have fluctuated although given the small numbers who commented, cautious interpretation is required. Similar to most other party drugs, GHB was most often used

in nightclubs. While the use of this drug appears to be largely occasional, it nevertheless remains the case that many GHB users (even occasional users) experience relatively severe consequences related to their use (Degenhardt et al., 2002, Degenhardt et al., 2003).

Small numbers of users provided information on the price, purity and availability of GHB therefore results should be interpreted with caution. The inability to comment on changes to price, purity and availability is consistent with relative inexperience with this drug. Further, confusion remains among respondents with regard to how many millilitres are held in a 'vial' of GHB and the size of a typical dose.

KI reports were generally consistent with results from the user surveys; of those who were able to comment, most KI considered GHB to be used by small numbers of users infrequently. However, several KI were familiar with party drug users who used more regularly.

In 2003, GHB was most commonly purchased in a 'vial' for which a median of $35 was paid, a decrease from $50 in 2002. Prices reportedly paid for other amounts by small numbers of respondents were inconsistent as were comments regarding changes in price. Most participants reported GHB purity as medium or high although few were able to comment on changes in purity

Comparable to other drugs, GHB was commonly obtained from friends and dealers and was most likely to have been used in nightclubs. The availability of GHB was considered to be 'very easy', 'easy' or 'moderately easy' to obtain by all those who commented, and availability was reported to have remained stable or had become easier during the preceding six months. Four KI also mentioned increased GHB availability in the preceding six months

The most commonly reported benefit of GHB use was the mood enhancing euphoric effects of the drug, and the most commonly reported risks were those associated with taking too much GHB, such as fainting, passing out, overdosing and death.

14.8 LSD

Prevalence of both lifetime and recent LSD use has decreased over time; frequency of use has also decreased although quantity of use remained stable at one tab per occasion of use. Nine KI reported infrequent use of LSD among the groups of ecstasy users with whom they were familiar.

Reflecting the infrequent use of LSD, small numbers were able to comment on price, purity and availability. The price of LSD has increased from $10 to$15 since 2000 and most who commented believed the price to have remained stable over the preceding six months. The majority of participants thought the current purity of LSD was medium or low and had remained stable, decreased or fluctuated over the preceding six months. Reports regarding the availability of LSD were varied although most thought it had been 'moderately easy' or 'difficult' to obtain and that the availability of LSD had remained stable over the preceding six months.

The most commonly identified benefit of LSD use was related to its hallucinogenic properties while psychological harm was the most commonly reported risk.

14. 9 MDA

Prevalence of MDA use has increased across sampling years although reports of both lifetime and recent use were comparable to 2002. Frequency of use has decreased slightly while quantity of MDA use has remained stable. KI reflected user reports, with KI reporting that relatively small numbers of regular ecstasy users used MDA infrequently, with some mentioning that use was determined by availability.

Less than a third of PDU were able to comment on the price, purity and availability of MDA. The price of an MDA cap decreased from $50 to $45 in 2003. The majority of respondents reported the purity of MDA was medium to high and that the purity had remained stable or decreased in the preceding six months. User reports of current availability were less consistent although most thought availability had remained stable over the preceding six months.

14.10 Other drugs

Almost all the party dug users interviewed consumed alcohol in the six months preceding interview, on a median of two days a week with a substantial minority using at least four days a week. Reports of alcohol used in conjunction with ecstasy have fluctuated over time, with at least half the sample reporting drinking more than five standard drinks in a session of ecstasy use each year.

Cannabis use was used on a median of two days a week, while one third of the sample reported using cannabis more than three days a week. A large proportion of the 2003 sample reported recent tobacco use and just over half were daily smokers.

Pharmaceutical drugs such as benzodiazepines and antidepressants were also used. One third of the 2003 sample reported recently using benzodiazepines although the majority reported using less than once a month. Small numbers reported the recent use of antidepressants; two participants reported using anti depressants for reasons other than depression.

Approximately half of the 2003 sample reported having used inhalants amyl nitrate and nitrous oxide at some time. Smaller proportions reported recently using them less than monthly in the preceding six months.

Small numbers had used other opiates across sampling years.

15.0 IMPLICATIONS

There is increasing evidence that the use of ecstasy is widespread and that the market has increased or stabilised in recent years. The results of general population surveys (showing an increased prevalence of use over time), increases in arrests for possession or dealing ecstasy, increases in calls to telephone help lines about ecstasy, and reports from regular users, suggest that over time, this group is increasing in size and that ecstasy is being used more heavily. The PDI survey data show that regular ecstasy users typically score from friends and dealers and use in a wide variety of locations. All this information suggests that despite Australia's continued effort to reduce both the importation and local manufacture of ecstasy, it has remained readily available in Sydney since 2000. Continued monitoring of the market for ecstasy will ensure policymakers are well placed to respond to changes in the market or to the nature and extent of ecstasy-related harms in a timely fashion.

There is evidence to suggest that ecstasy (MDMA) may be neurotoxic to serotonergic neurons in the brain, which are involved in mood regulation and memory function (Boot et al., 2000, Hegadoren et al., 1999). The long term consequences of ecstasy use are not as well understood. Results from the PDI suggest that there is the potential to reduce the harm associated with party drug use is this population. The challenge to harm reduction strategies is to incorporate messages that are credible and acceptable to the population.

The vast majority of ecstasy users perceive a wide range of psychological, neurological and physical harms related to their use of the drug yet they continue to use in ways that may be considered harmful. Substantial proportions report recently bingeing on ecstasy and using large amounts of alcohol in conjunction with ecstasy. Both these patterns of behaviour are likely to increase the risks associated with ecstasy use and should perhaps be considered by health educators as harmful behaviour worth targeting.

Although many users were able to identify harms related to the use of ecstasy and other party drugs, there were users that did not know the risks associated with use. As party drug users are also polydrug users, it is important to provide accurate information to users regarding combinations of specific party drugs and their effects. The provision of evidence-based information to reduce the harm associated with the use (and poly use) of these drugs may help to avoid some of these harms. Further research may be required to provide a better understanding of harms associated with specific drug combinations. In addition it is important to acknowledge that users may be using specific combinations of drugs to enhance effects or decrease the side effects of others. Some users of speed, ketamine, GHB and amyl reported the benefit of these drugs was the ability to enhance effects or decrease the side effects of other drugs. Some KI also made comments consistent with this. It is a challenge to provide effective harm reduction strategies to this group, acknowledging their knowledge of the drugs while also attempting to limit harm.

The content of 'ecstasy' tablets is variable, and this is an issue of concern that could be potentially addressed by the consistent analysis of seizures by law enforcement agencies. Since 1997, the Victoria Police Forensic Services Department, Chemical Drugs Intelligence Team, has maintained a database on drug seizures. Over the last seven years this database has developed into a comprehensive record of drug seizures and trends within Victoria. This database will contain a greater number of seizures from other jurisdictions in the future, but at time of publication data for NSW was not available.

The use of other party drugs such as ketamine, GHB, MDA and LSD appears to be more sporadic. Consistent with a relatively low level of use of these drugs, only small numbers felt confident about commenting on the price, purity and availability of them. Consequently, many people who report the recent use of such drugs may not deliberately seek them out. This use may be more opportunistic and hence, they are unfamiliar with market indicators such as changes in their price, purity and availability. The relatively low rate of exposure to the regular use of these drugs is in itself an indicator of the smaller size of the markets for them. Nevertheless the use of these drugs, however infrequent, is of interest as it may be that the most important factor related to PDUs' use of these other drugs is the risks associated with the combinations of drugs used, i.e. the polydrug use itself. In addition, although use of ketamine, GHB and MDA stabilised in 2003, there have been increases since 2000 and continued monitoring is required to ascertain if the markets will continue to grow.

The 2003 PDI results highlight the increase in the use of crystal methamphetamine among party drug users. The increases in the proportions that recently used crystal, used crystal in a binge, reported they typically used crystal with ecstasy, increase in the frequency of crystal use and an increase in the proportion that report crystal as 'very easy' to obtain, indicate an expanding market for this drug. This highlights issues for research, health and law enforcement. The market for crystal methamphetamine needs to be monitored and routes of administration considered. In particular the harms associated with smoking the drug need to be addressed. Further, small numbers of KI considered that much of the harm experienced by PDU was related to the use of crystal specifically.

Although small numbers report using antidepressants for reasons other than depression each year it is an issue that should be addressed as the reasons for taking antidepressants may be based on myths associated with the effects of these drugs either used in combination with ecstasy or to ease 'come down' effects.

The regular ecstasy users interviewed in 2003 reported low levels of criminal activity, with a minority reporting dealing drugs infrequently. Although the nature of this dealing is unclear, anecdotally it was considered to be 'low level' in support of their own party drug use. In 2004, questions have been added to the PDI survey to clarify the level of dealing.

Continued monitoring of the ecstasy and other party drug markets will enable the collection and dissemination of information that will allow the implementation of timely policy responses to market developments. Continued monitoring will also enable the regular collection of indicative data relating to the size of the markets for other party drugs, such as GHB and ketamine, and will point to the need for research specific to such drugs. The replication of Party Drugs Initiative (PDI) in 2004 in all jurisdictions across Australia will be a useful addition to current knowledge about party drug markets across the country.

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