

Josephine Weekley, Sophie Pointer, Robert Ali

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

NDARC Technical Report No. 184

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PARTY DRUG TRENDS
2003**



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Josephine Weekley, Sophie Pointer and Robert Ali

Drug and Alcohol Services Council of South Australia

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
ATSI	Aboriginal and Torres Strait Islander
DASC	Drug and Alcohol Services Council
GHB	Gamma-hydroxybutyrate ('Fantasy', GBH, 'Liquid E')
IDRS	Illicit Drug Reporting System
KI	Key Informants
LSD	Lysergic acid diethylamide ('trips', 'acid')
MDA	3,4-methylenedioxyamphetamine
MDEA	3, 4-methylenedioxyethylamphetamine
MDMA	3, 4-methylenedioxymethamphetamine ('ecstasy')
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
RAH	Royal Adelaide Hospital
SA	South Australia
SAPOL	South Australian Police
TAFE	Technical and Further Education
PDI	Party Drugs Initiative
PDU	Party Drug User
PMA	Para-methoxyamphetamine
1,4-B	1,4-butanediol (1,4-B, BD)

EXECUTIVE SUMMARY

This report presents the results of a study to monitor party drug markets in South Australia. The 2003 sample represents the fourth year in which Adelaide party drug users have been surveyed and comparisons have been drawn where possible. Trends of the demographic characteristics and patterns of drug use among party drug users, their criminal behaviour, and perceptions of risks, benefits and harms related to use are presented.

Demographic characteristics of party drug users (PDU)

Similar to previous years, the majority of PDU were male, and in their early 20's. The majority of the sample was either employed or studying with only 20% reporting being unemployed. Most PDU were well educated with the majority having completed high school. Approximately half had completed either a trade/technical qualification (24%) or a tertiary qualification through university or college (22%).

Patterns of drug use among PDU

Party drug users were identified as polydrug users with the median number of drugs used reported to be nine across lifetime and seven in the last six months. The drugs most commonly used by PDU in 2003, in addition to ecstasy, were some form of methamphetamine, alcohol, cannabis, tobacco and nitrous oxide.

Forty-four percent of PDU reported binge use, defined as use of party drugs for greater than 48 hours without sleep. Decreases in binge behaviour were noted this year as were the proportions reporting injecting drug use.

Ecstasy

Over the last four years little change in the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, or in the proportion using more than one tablet in a typical session, was seen. However, a marked decrease since 2002 in the proportion of PDU who reported use of ecstasy during a binge episode was recorded.

The price of ecstasy remained unchanged since 2002, and stable over the last six months. The majority of PDU believed that the purity of ecstasy fluctuated in the last six months and that it was easy or very easy to obtain, however, a small decline in obtainability was evident this year. Very few PDU reported obtaining ecstasy from strangers.

Since 2002, there has been a substantial decrease in the proportion reporting typical use of methamphetamine and GHB *with ecstasy*. A concomitant increase in alcohol use *with ecstasy* and *during come down* has been observed.

For the first time in 2003, PDU perceptions of perceived risks and benefits were recorded. Detailed information was provided and the most common perceived benefits were mood enhancement and enhanced communication and empathy toward others. The most commonly reported risks were some form of physical or psychological harm.

Methamphetamine

Compared to 2002, fewer PDU reported lifetime use of all forms of methamphetamine and a similar decrease across the board in recent use of all forms of methamphetamine was seen; the largest decrease occurred in recent use of crystal methamphetamine. An analysis of binge behaviour also saw a substantial decrease in the percent of PDU reporting use of all forms of methamphetamine during a binge episode.

Of the three different forms, recent crystal methamphetamine use has decreased dramatically to 2001 levels, following a peak in 2002. Overall, the median number of days of use of all forms of methamphetamine has decreased since 2002. In comparison to previous years there appears to have been little change in price and purity. Availability of all forms of methamphetamine remained at high levels, but changes in the proportion reporting *easy* and *very easy* were seen. Interestingly, the decrease in availability of crystal methamphetamine was more marked than either base or powder.

Nightclubs were the most commonly reported locations of use for crystal and base methamphetamine, while a private home was the most commonly reported location for use of powder methamphetamine. Friends were the most likely source of all forms of methamphetamine.

Party drug user perceptions of risks and benefits of methamphetamine were recorded. The most common perceived benefits were an ability to stay awake and increased endurance. The most commonly reported risks related to either short-term or long-term physical and mental health.

Cocaine

A smaller proportion of the PDU sample reported *recent* use of cocaine compared to 2002, though little change was noted in overall levels of use. In comparison to ecstasy and methamphetamine, the availability of cocaine was rated as much more difficult to obtain and purity was considered low to medium.

The least likely place PDU reported using cocaine was, surprisingly, at raves and dance parties. Use was far more likely to occur in nightclubs or friends' homes. The most commonly reported benefits of cocaine were increased confidence and euphoria, while the most commonly reported risks were addiction, overdose and financial problems.

Ketamine

Approximately half of PDU in 2003 reported lifetime use of ketamine and more than a third reported recent use. There has been a continuation in the rise of recent ketamine use since 2001. The majority of PDU able to comment reported that the price of ketamine had remained stable in the six months leading up to the survey. The purity of ketamine was reported as high or medium, a situation that was stable over the past six months. It was also considered moderately easy to obtain by the majority of PDU able to comment. A decrease in perceived availability was noted since 2002.

Unlike the location of other drugs previously described, ketamine was more likely to be used at a friends' home than other venues. The mostly commonly reported benefit of ketamine was the dissociative effect provided by the drug, while the most commonly reported risk was the ease of overdose resulting in death.

GHB

There was a decrease in the proportion of PDU reporting lifetime and recent use of GHB compared to 2002. A small reduction in the frequency of reported use, and average amount used per session, of GHB was also noted. Price, purity and availability data for GHB use in 2003 was based on a very small sample of PDU and caution should be exercised when attempting to generalise to the wider South Australian population of PDU. The median price of a millilitre of GHB has doubled since 2002, and PDU reported an increased difficulty in obtaining GHB.

The mostly commonly reported benefit of GHB was the relaxing effect provided by the drug, while the most commonly reported risk was the ease of overdose and collapse. In 2003, the number of presentations to the Royal Adelaide Hospital emergency department with GHB related diagnoses almost halved compared to 2002.

LSD

A decrease in the proportion of PDU reporting lifetime and recent use of LSD compared to 2002 was noted. There was no real change in the frequency of reported use, or average amount used per session, of LSD. Price, purity and availability data for LSD in 2003 revealed no change in price, but a shift towards decreasing purity and availability.

The mostly commonly reported benefit of LSD was a state of 'altered perception' provided by the drug, while the most commonly reported risk was the possibility of experiencing a 'bad trip'.

MDA

There was a small rise in the proportion of PDU reporting lifetime use, though recent use of MDA remained stable compared to 2002. No change in the frequency of reported use, and average amount used per session, of MDA between 2002 and 2003 was noted.

Price, purity and availability data for MDA use in 2003 was based on a very small sample of PDU and caution should be exercised when attempting to generalise to the wider South Australian population of PDU. The median price of a cap of MDA was unchanged from 2002, and PDU reported an increased difficulty in obtaining MDA.

Party drug related harm

Law enforcement

In 2003, 37% of PDU reported involvement in some type of crime, which was lower than reported criminal involvement in the previous two years. Drug dealing was the most commonly reported crime across the four years of the survey. A slight increase in the proportion of PDU that had been arrested in the last 12 months was recorded. Despite this, there was a decrease in the proportion of the sample reporting a perceived increase in police activity since 2002. The majority of PDU reported that their ability to obtain drugs had not become more difficult due to police activity in 2003.

There was no substantial change in the proportion of PDU reporting criminal methods of payment for drugs across the four years of the survey. In each year, drug dealing was predominant.

Health

For the first time in 2003, PDU were asked if they had experienced a list of 40 different side effects within the last six months that they attributed (at least in part) to their ecstasy or other party drug use. A median of 17 (range 4 – 35) side effects, related to drug use in the last 6 months, was reported by the PDU. The most commonly reported side effects attributed to drug use generally were, in order, loss of appetite, confusion, trouble sleeping, difficulty concentrating, blurred vision and loss of energy, experienced by 70% or more of PDU.

The survey also asked users about their experience of other problems related to their ecstasy or other drug use during the last six months, in the categories of work/study, financial, legal/police and social/relationship. Seventy-three PDU reported having experienced one or more problems related to their drug use in that time. The majority of problems experienced by PDU related to some aspect of their work or study, followed by social and financial problems. Use of ecstasy, or some form of methamphetamine, was most commonly blamed, at least in part, for these problems.

Implications

The following issues were identified in the 2003 survey, which will require ongoing attention from policy makers, researchers and health professionals;

- An analysis of the different sub-groups of users and their drug using profiles.
- An investigation of the effects of a high level of drug knowledge among users on their risk perception and risk taking behaviour.
- With the return of the popularity of alcohol use among this population, revisiting the harm minimisation strategies and their effectiveness is required.
- The results of the 2003 survey highlighted a methodological issue regarding definitions of locations within the dance party scene, which may require greater resolution of differences in drug use patterns at different venues.

1.0 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 in South Australia (SA) since 1997, and in all states and territories of Australia since 1999. To date, the purpose of the IDRS has been to provide a coordinated approach to the monitoring of the use of illicit drugs, in particular heroin, methamphetamine, cannabis and cocaine. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail, such that it will provide direction for more detailed data collection on specific issues.

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 New South Wales and Queensland 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) of South Australia agreed to provide funding for two years to allow the trial to proceed in this state. This component of the IDRS was known as the Party Drugs Module and the term 'party drug' is considered to include any drug that is routinely used in the context of entertainment venues such as nightclubs or dance parties, and by a population of users different to those surveyed by the main IDRS. 'Party drugs' includes drugs such as 'ecstasy' (3, 4-methylenedioxyamphetamine; MDMA), methamphetamine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine) and gamma-hydroxybutyrate (GHB or 'GBH' for 'grievous bodily harm').

In 2002, the National drug and Alcohol Research Centre (NDARC) provided funding for the Party Drugs Module to be conducted in NSW, as did DASC in South Australia. In 2003, NDLERF provided funding for the Party Drugs Module to be conducted in all jurisdictions across Australia, under the title of the Party Drugs Initiative (PDI), representing the first year that data for this project has been collected nationally.

As with the IDRS, the PDI involves the collection and analysis of three data components:

- A survey of current 'ecstasy' users, who represent a sentinel population of party drug users likely to be aware of trends in illicit drug markets
- interviews with professionals and volunteers who work with, or have regular contact with, party drug users,
- and secondary indicator data sources, such as existing databases of customs seizures, police drug-related arrests, hospital emergency department admissions, and other relevant survey prevalence data.

These 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.

This 2003 South Australian PDI report provides information regarding ecstasy and other party drug trends in Adelaide, particularly focussing on the 12 months between mid-2002 and mid-2003.

1.1 Study aims

The specific aims of the 2003 South Australian PDI were:

- to describe the characteristics of a sample of ecstasy users surveyed in Adelaide in 2003;
- to examine the patterns of ecstasy and other drug use among this sample;
- to document the current price, purity and availability of ecstasy and other party drugs in Adelaide;
- to examine participants' perception of the incidence and nature of party drug-related harms, including physical, psychological, financial, work, social and legal harms;
- to identify emerging trends in the party drug market that require further investigation and;
- where possible, to compare findings of the 2003 PDI with those found in the 2000, 2001 and 2002 Party Drugs Module of the IDRS.

2.0 METHOD

Methodology for this study was as per the methodology trialled in the feasibility study (Breen et al., 2002). Data was triangulated from three sources, as follows:

- A survey of current ecstasy users; living in the Adelaide metropolitan area;
- a survey of key informants (KI) who work professionally or as volunteers in the drug and alcohol area or a related field, and have regular contact with ecstasy or other party drug users; and
- an examination of existing, current indicators relating to drug use and drug-related issues.

2.1 Survey of party drug users (PDU)

As detailed by White *et al* (2003), ecstasy has been the most widely used of the so-called 'party drugs' in the last several years and it was decided that regular ecstasy use should define the sentinel population of party drug users that the study sought to recruit. This decision was partly based on the knowledge that a market for 'ecstasy' (tablets sold purporting to contain MDMA) has existed in Australia for more than a decade, and in contrast, other drugs used by this population have either declined substantially in popularity since the appearance of ecstasy (e.g. LSD), fluctuated widely in availability (e.g. MDA), or are relatively new in the market and are yet to be as widely used as ecstasy (e.g. ketamine and GHB).

2.1.1 Recruitment

A total of 101 ecstasy users were interviewed in mid July to mid September of 2003 for the PDI. Subjects were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in three entertainment-focussed street magazines (one with a gay/lesbian demographic), on university and college noticeboards, and in several centrally located music stores. In addition, advertisements were posted on two dance music websites containing links to a DASC intranet web-page where potential participants could lodge their interest in taking part. Some subjects were also recruited using 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling 'hidden' populations that relies on peer referral and is widely used to access illicit drug users both in Australian studies (e.g., Boys *et al.*, 1997; Ovendon & Loxley, 1996; Solowij *et al.*, 1992) and international studies (e.g., Dalgarno & Shewan, 1996; Forsyth, 1996; Peters *et al.*, 1997). For the PDI, either on completion of eligibility screening or completion of the PDI survey, subjects were asked to pass on information regarding the study to any friends or associates they thought may be eligible to participate in the study.

2.1.2 Procedure

Subjects contacted the researchers either by telephone or email (via a web-site link) and were screened for eligibility. To meet entry criteria, subjects had to be at least 16 years of age (due to ethical constraints), they must have used ecstasy at least six times over the last

six months, and they must have been a resident of the Adelaide metropolitan region for at least the last 12 months.

Subjects were assured that all information they provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take between 30 and 60 minutes to complete. All subjects were volunteers who were reimbursed AUD\$30 for their participation. Interviews took place in varied locations convenient to the person being interviewed. All interviews were conducted by casual trained research interviewers with experience and understanding of how to administer the survey questionnaire. The nature and purpose of the study was explained to subjects before informed consent to participate was obtained, according to ethical guidelines.

2.1.3 Measures

As per the previous years' IDRS Party Drugs Modules, the structured interview schedule for the 2003 PDI was based on an earlier study of ecstasy users conducted at NDARC (see Topp *et al.*, 1998; Topp *et al.*, 2000), which itself incorporated items from previous NDARC studies of ecstasy users (Solowij *et al.*, 1992), or amphetamine users (eg. Darke *et al.*, 1994). The PDI in 2003 was expanded considerably from the 2002 IDRS Party Drugs Module, incorporating questions on the source and place of use of ecstasy and other drugs, qualitative questions on the users perception of risks and benefits of using various drugs, detail of problems associated with drug use, and including questions regarding 1,4-butanediol (1,4-B) for the first time.

Subjects were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp *et al.*, 1998), which itself incorporated items from a number of previous NDARC studies of ecstasy (Solowij *et al.*, 1992) and amphetamine (Darke *et al.*, 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997) users. The interview schedule focussed primarily on the six to 12 months preceding the interview, and assessed sample characteristics; ecstasy and other drug use history, including frequency and quantity of use and routes of administration; physical and psychological side-effects of ecstasy use, other ecstasy-related problems, including relationship, financial, legal and occupational problems; price, purity and availability of a number of different party drugs; and general trends within this market, such as new drug types, changes in characteristics of drug use or users, and police activity.

2.1.4 Data analysis

Where continuous variables were skewed, medians were reported. Descriptive and inferential statistics were collated and analysed using SPSS for Windows, Version 11.0.0. (2001).

2.2 Survey of key informants (KI)

The eligibility criterion for key informant (KI) participation in the PDI was regular contact, in the course of employment or otherwise, with a range of ecstasy users throughout the last six months. Specifically, average weekly contact with at least 10 ecstasy users over the time period was required, unless individuals were considered

appropriate due to their level of expertise in the field (eg. police and intelligence analysts). Nineteen key informants (KI) from various metropolitan regions of Adelaide provided information for the 2003 PDI regarding ecstasy and other party drug users, or drug markets in Adelaide. Key informants were recruited from previous IDRS Party Drugs Module survey lists and from recommendations made by existing KI and colleagues. Potential KI were contacted by telephone and assessed for suitability according to the criteria. If eligible, an appointment for a full interview, either by phone or in person was scheduled. The majority of KI interviews were carried out face-to-face from late August through to October 2003.

Eight of the KI worked in the health sector; one was a community drug and alcohol worker, two were drug treatment workers who worked as telephone counsellors for ADIS, one worked as a counsellor for a gay men's health organisation, two were medical officers, and two were youth counsellors. The three law enforcement KI were drawn from a number of different operational divisions including from the intelligence arena. Four allied health/scene KI participated, including two youth workers, one health promotion worker and one student researcher. The final four KI worked within the dance party scene and included a DJ, a club magazine editor, a venue manager and a Ravesafe volunteer.

Given the high levels of tertiary education and the high numbers of students represented in the party drugs scene attempts were made to contact potential KI from the three universities and two of the main TAFE campuses in Adelaide. Officers within student health, education and welfare departments were approached. All of the individuals approached stated that they had very little contact with students around party drug issues. This result was regarded as highly surprising given the demographics of the sample in previous years and suggests that there may be barriers to accessing support at educational institutions that requires further investigation.

In the following report, the information obtained from the KI will be presented in a qualitative fashion, by identifying the common themes and discussing them. Any major differences found between the KI reports will also be reviewed. No personal information was collected on any of the ecstasy or other drug users that KI had been in contact with.

2.3 Other indicators

To complement and validate data collected from the ecstasy user and key informant surveys, a range of secondary data sources were utilised including population surveys and other health and law enforcement data.

Data sources included in the report were:

- Telephone advisory data provided by the Alcohol and Drug Information Service (ADIS) of South Australia;
- Admissions data from the Drug and Alcohol Services Council (DASC);
- Purity of drug seizures made by South Australian Police (SAPOL) and the Australian Federal Police (AFP), provided by the Australian Forensic Laboratory (AFL) and the Australian Crime Commission (ACC), formerly the Australian Bureau of Criminal Intelligence (ABCI);

- Data from the National Campaign Against Drug Abuse Household Survey of 1991 and 1993, and the National Drug Strategy Household Survey (NDSHS) of 1995, 1998 and 2001 (Australian Institute of Health and Welfare, 2003, 2002a and 2002b);
- State-wide numbers of drug-related arrests provided by SAPOL;
- State-wide rates of cocaine and methamphetamine-related fatalities provided by the Australian Bureau of Statistics (ABS), in Degenhardt and Barker (2003).
- Drug-related admissions to the Emergency Department of the Royal Adelaide Hospital (RAH), provided by the Emergency Department (RAH)

2.4 Methamphetamine

Prior to 2001, IDRS reports used the overarching term ‘amphetamines’ to refer to both amphetamine and methamphetamine. ‘Amphetamine’ is used to denote the sulphate of amphetamine which, throughout the 1980’s, was the form of illicit amphetamine most available in Australia (Chesher, 1993). Chemically, amphetamine and methamphetamine differ in molecular structure but are closely related. In Australia today, the powder traditionally known as ‘speed’ is almost exclusively methamphetamine rather than amphetamine. The more potent forms of this family of drugs, known by terms such as ice, shabu, crystal meth, base and paste, have been identified as becoming more widely available and used in all jurisdictions (Topp & Churchill, 2002), are also methamphetamine. Therefore the term methamphetamine was used from 2001 to refer to the drugs available that were previously termed ‘amphetamines’. The terms are used interchangeably within this report unless specifically noted within the text. For a further discussion of this issue see White, Breen & Degenhardt (2003).

3.0 OVERVIEW OF PARTY DRUG USERS (PDU)

3.1 Demographic Characteristics of the PDU sample

Table 3.1 summarises the demographic characteristics of the PDU sample for 2003, with 2002 statistics for comparison.

The mean age of the PDU sample was 23.8 (SD=6.34) and the median age was 22 (range 17 – 56). No significant difference between mean age of males compared to females (24.1 years v 23.4 years, respectively) was seen. A larger proportion of PDU in the 2003 sample reported their sexual identity as heterosexual compared to the 2002 sample, and this was largely accounted for by reductions in the number of gay men and bisexual individuals participating in the survey.

In 2003, the majority of the sample was employed on a full-time or part-time/casual basis or were full-time students, and 20% were currently unemployed. The median number of years the PDU had spent at school was 12 (range 9 - 13). Over half the sample had not completed any qualification since leaving school, while approximately equal proportions had completed either a trade/technical qualification (24%) or a tertiary qualification through university or college (22%).

In comparison to 2002, fewer PDU were in full-time employment and more reported being full-time students. Twice as many PDU reported having no tertiary education experience overall in comparison to 2002. In 2003, for those who did go on to tertiary education, a greater proportion reported attending university/college and a smaller proportion reported attending a trade/technical school compared to 2002.

The geographic distribution of PDU throughout the Adelaide region remained unchanged from 2002. The majority of the PDU sample was living in either rental accommodation (51%) or their family/parents' home (40%). A further 8% were living in their own house or flat, while the remaining 2% lived in a hostel or had no fixed address.

Table 3.1: Demographic characteristics of the PDU sample, 2002 & 2003

Characteristic	2003 (n=101)	2002 (n=68)
Age (median in years)	22	22.5
Gender (% male)	63	60
Sexual identity (%)		
Heterosexual	91	78
Gay male	1	7
Lesbian	2	3
Bisexual	6	12
English main language spoken at home (%)	95	100
ATSI (%)	1	0
Employment (%)		
Not employed	20	19
full time	29	37
part time/casual	21	18
fulltime student	31	25
School education (median/ in years)	12	12
Tertiary education (%)		
none	54	27
trade/technical	24	47
university/college	22	3
currently studying at university/college	-	24
Prison history (%)	1	3
Area of Adelaide (%)		
Central/Eastern	42	40
Western	18	18
Southern	33	35
Northern	7	7
No fixed address/missing	1	-

Source: Party Drugs Initiative PDU interviews

KI reports of the age of ecstasy users were mostly consistent with the 2003 PDU sample. The mean age most often reported was 22 years, with a range of 15 to 35 years. Five of the KI from health and the 'scene' suggested that there were two distinct groups of users; the first were primarily young users in their mid to late teens and the second in their late 20s and early thirties. While the majority of KI (n = 8) reported that there were more male than female ecstasy users, four reported more females, three believed the genders were evenly split, and the remaining KI did not comment.

All KI agreed that the majority of ecstasy users were Caucasian-Australian, however, many commented on specific subgroups. The two most commonly reported subgroups were Asian and Greek/Italian.

The majority of KI agree that ecstasy users are highly educated with many studying or having obtained qualifications at university or TAFE. A small number of health KI reported lower levels of education among ecstasy users with one medical officer reporting a difference in education level associated with the type of drug predominantly used. This KI reported that ecstasy users with a high concomitant use of 'speed' (powder methamphetamine) were more likely to have dropped out of high school in year 10 compared to other ecstasy users.

A number of KI from both the health and 'scene' reported that few ecstasy users worked full-time, which accords with the present findings where only 29% of the sample reported being in full-time employment. Those who did have full-time jobs were working in a variety of fields including professions such as engineering and teaching as well as manufacturing and the hospitality industry. One KI noted that different drug use profiles exist among different employment categories. For example, football players tended to use 'speed', while students and white-collar professionals were more likely to use ecstasy. Two health KI noted a number of casual sex workers in the party drug user population.

While most KI agreed that the majority of users would identify as heterosexual many commented that there are a number of gay people who use and a number of people who are identifying as bisexual. One KI suggested that the comparatively high number of people identifying as bisexual was a direct consequence of experimentation under the effects of the "love drug". The number of PDU identifying as gay/lesbian/bisexual in the present survey was lower than in previous years and this difference between survey respondents and KI reports may be a function of the sampling technique employed rather than a new trend.

3.2 Drug use history and current drug use

Party drug users are often described as polydrug users and the 2003 sample was no exception (see Table 3.3 for a summary of reported lifetime and recent drug use, and Appendix 1 for a detailed summary of use and routes of administration of the different drugs). In 2003, PDU reported using a median of 9 (range 3-16; n = 101) drugs in their lifetime and a median of 7 (range 3-13; n = 99) in the last six months. The median number of drugs used in their lifetime decreased from 11 (range 6-17; n = 68) in 2002 as did the median number of drugs used in the last 6 months from 9 (range 3-14; n = 68).

The main drug of choice nominated by PDU was ecstasy (67.3%) followed by cannabis (8.9%), cocaine, (7.9%), base methamphetamine (5%), alcohol (3%), crystal methamphetamine (2%), ketamine (2%), powder methamphetamine (1%), heroin (1%), other opiates (1%), and caffeine (1%).

Almost half of the sample (44%) reported bingeing on party drugs within the last 6 months. Bingeing is defined as the use of party drugs or stimulants for >48 hours continuously without sleep (Ovendon & Oxley, 1996). At the high end of the scale the

median longest binge in the last six months was 3 days (range 2.1 to 14 days)¹. This years sample reported a marked decrease in binge behaviour compared to the 2002 sample where 77% reported in bingeing on party drugs within the last 6 months. Similarly, the median longest binge was also higher in 2002, at 4 days (range 2 to 11 days)².

More evidence for a decline in binge behaviour since the 2002 sample can be seen by analysing the proportion of the samples reporting bingeing on individual substances(see Table 3.2). In 2002 a substantially higher proportion had binged, and had binged with base (50% v 24%), crystal (53% v 15%) and GHB (13% v 4%), than in 2003.

Table 3.2: Proportion of PDU reporting use of various drugs during a ‘binge’* episode in the last 6 months, 2002 & 2003

Drug	Percent of whole sample to include drug in ‘binge’ episode in the last 6 months		Percent of ‘bingers’ to include drug in ‘binge’ episode in the last 6 months	
	2003 (n=101)	2002 (n=68)	2003 (n=44)	2002 (n=52)
Ecstasy	40	72	91	94
Meth powder	21	32	48	42
Meth base	24	50	55	65
Meth crystal	15	53	34	69
Cocaine	8	9	18	12
LSD	10	15	23	19
MDA	5	3	11	4
Ketamine	12	7	27	10
GHB	4	13	9	17
Amyl nitrate	3	0	7	0
Nitrous oxide	11	7	25	10
Cannabis	17	-	39	-
Alcohol	22	-	50	-
Other	5	0	11	0

Source: Party Drugs Initiative PDU interviews

* a ‘binge’ was defined as an episode of use of party drugs or stimulants for >48 hours continuously, without sleep

A small proportion of the sample reported ever injecting any drug (14%) with a mean number of drugs injected of 0.5 (SD = 1.38). The median number ever injected was 0 (range 0-7; n = 101). Similarly, the mean number of drugs PDU reported injecting in the last six months was very small (mean = 0.14, SD = 0.68) with a median of 0 (range 0-5; n = 101). A comparison with 2002 reveals a substantial decrease in the proportion of PDU

¹ In 2003, only one person stated the maximum 14 days ‘binge’ and this was 7 days outside the next longest ‘binge’ reported, therefore is an outlier in this sample

² In 2002, only one person stated maximum of 11 days and next closest was 7 days (reported by 4 people).

reporting ever injecting any drug from 32% to 14%. Prior to the peak in 2002, the proportion of PDU reporting ever injecting was 21.4% for 2001 and 20.0% for 2000. The proportion of PDU reporting injecting drug use may be subject to a number of influences, the most prominent being the effects of sampling. Employing the snowballing technique may result in overrepresentation of injecting drug users.

Of those that had ever injected, the drug first injected was: ecstasy (35.7%, n=5), followed by powder methamphetamine (50%, n=7), base methamphetamine (7.1%, n=1) or cocaine (7.1%, n=1).

Table 3.3: Drug use history and injecting drug use of the PDU sample (n=101)

Drug class	Ever used (%)	Ever injected (%)	Used in last 6 months (%)	Injected in last 6 months (%)	Median days used in last 6 months* (range)
Ecstasy	100	11	100	3	12 (6 – 72)
Methamphetamine powder (<i>speed, goey, whiz</i>)	82	11	65	2	7.5 (1 – 90)
Methamphetamine base (<i>base, paste, pure</i>)	75	13	70	5	7 (1 – 100)
Crystal meth (<i>ice, shabu</i>)	60	4	48	2	5 (1 – 72)
Any methamphetamine	95	14	92	5	
Cocaine	57	6	37	0	2 (1 – 15)
LSD	73	2	30	0	3 (1 – 72)
MDA	31	3	21	1	2 (1 – 24)
Ketamine (<i>Special K</i>)	47	2	36	0	2.5 (1 – 50)
GHB (<i>GBH, Fantasy, Liquid ecstasy</i>)	38	0	12	0	2 (1 – 12)
1,4B (1,4-butanediol, <i>BD</i>)	2	0	1	0	2 (-)
Amyl nitrate	40	-	13	-	2 (1 – 72)
Nitrous oxide	82	-	55	-	6 (1 – 90)
Cannabis	100	-	87	-	27 (1 – 180)
Alcohol	100	-	98	-	48 (2 – 180)
Heroin	10	5	2	2	9 (6 – 12)
Methadone	0	-	-	-	-
Buprenorphine	0	-	-	-	-
Other opiates (<i>eg opium, morphine, codeine</i>)	22	4	7	3	24 (2 – 48)
Antidepressants	24	0	12	0	3.5 (1 – 180)
Benzodiazepines	49	2	30	0	6 (1 – 180)
Tobacco	81	-	72	-	180 (2 – 180)

Source: Party Drugs Initiative PDU interviews

* by those reporting use in the previous six months

3.3 Summary of demographics and polydrug use trends

- Similar to previous years, the majority of PDU were male (63%).
- PDU were predominantly in their early 20's though ages varied from 17 to 56.
- A number of KI suggested that there were two distinct groups of users; the first being primarily young users in their mid to late teens and the second in their late 20's and early 30's.
- In 2003, the majority of the sample was either employed or studying with only 20% reporting being unemployed.
- Most PDU were well educated with the majority having completed high school. Approximately half had completed either a trade/technical qualification (24%) or a tertiary qualification through university or college (22%).
- PDU are polydrug users: the median number of drugs used was reported to be 9 in across lifetime and 7 in the last six months.
- Decreases in binge behaviour were noted this year as were the proportions reporting injecting drug use.

4.0 ECSTASY

The median age at which participants in the 2003 survey first used ecstasy was 19 years (range 13-55; n = 101) and the median age at which they reported using ecstasy regularly was 20 (range 13-56; n = 101). The transition from first use to regular use is swift and has not changed over time.

4.1 Ecstasy use among PDU

Table 4.1 summarises the ecstasy use patterns of the PDU sample across 2000 to 2003. Ecstasy was the main drug of choice for two-thirds of the sample in 2003, a result similar to 2002. An analysis over time reveals a continuing rise in the popularity of ecstasy among PDU.

Table 4.1 Patterns of ecstasy use among PDU, 2000 - 2003

Variable	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Mean age first used (years)	19.7	19.2	19.2	19.7
Ecstasy as main drug of choice (%)	67	62	45	40
Median days used in last 6 months* (range)	12 (6-72)	19 (6-78)	13 (6-50)	17.5 (6-78)
Average amount used in a single session#: median number of tablets/pills (range)	2 (0.5 - 10)	2 (0.5-7)	2 (0.5-15)	1.5 (1-6)
Most amount used in a single session#: median number of tablets/pills (range)	4 (1-20)	3 (1-12)	3 (1-30)	3 (1-25)
Use >1 tablet/pill per 'typical' session (%)	71	71	61	44
Ecstasy included in 'binge'** episode (%)	40	72	49	54

Source: Party Drugs Initiative PDU interviews

* by those reporting use in the previous six months

a session was defined as a period of continuous drug use without sleep, in the last 6 months

** a 'binge' was defined as an episode of use of party drugs or stimulants for >48 hours continuously, without sleep

The median number of days PDU reported using ecstasy within the previous six months was 12 (range 6-72; n = 101). A comparison with previous years reveals little in the way of a significant trend as fluctuations have been occurring in the frequency of reported ecstasy use since 2000. The range of responses was again quite broad and a closer look at the distribution of responses reveals that just over half the sample (n = 54) report using ecstasy on fewer than 12 days in the previous six months, while approximately a third of the sample reported using between 12 and 24 days. Only six individuals reported using ecstasy on more than 60 days in the previous six months. The maximum of 72 days use in the last six months equates to an average frequency of use of three times per week over that period.

A similar distribution of reported days of use occurred in the 2002 sample where three distinct peaks in reported use was identified. The first of these was six days of use in six months reported by 10 of the PDU (which corresponds to the recruitment criteria), the next peak occurred at 13 days (n = 13) and the last peak at 20-26 days (n = 22). As with the 2003 sample a small number of PDU reported using an average three days a week in the previous six months.

The median number of ecstasy tablets used in an *average* session was 2 (range 0.5-10; n = 101) and this has remained the same for the last two years of the survey. There was a slight increase in the *most* amount typically used in a single session with a median of 4 tablets (range 1-20; n = 101) reported in 2003 compared to a median of 3 tablets each previous year.

There was general consensus among KI that ecstasy users typically used only on weekends and that the average number of pills taken in a typical session was between 2 and 4, which supports the current PDU data. The majority of KI reported that users rarely took more than 4 pills in a session and that a session would last 6 to 12 hours before comedown. One KI suggested that younger users were more likely to use fortnightly while older users were more likely to use infrequently (once a month) or only on special occasions.

The predominant route of administration of ecstasy in the last six months was oral (see Table 4.2) and the lifetime pattern of routes of administration have remained largely unchanged since the 2000 survey. However, there has been a steady increase in the proportion of the sample reporting snorting of ecstasy both across their lifetime and in the previous six months. The proportion of PDU reporting snorting as a route of administration in the past six months has more than doubled since the 2000 survey. The rate of injecting has remained very low and there is no apparent trend toward increasing or decreasing use of this form of administration among PDU.

All KI reported that the predominant form of ecstasy was pills and that the typical route of administration was oral. Several KI mentioned the presence of powdered ecstasy in the form of capsules but believed it was rare and one KI reported that users view capsules as suspicious. A small number of KI reported a low frequency of snorting and shafting of powdered ecstasy. Injecting of ecstasy was reported to be confined to PDU who already inject methamphetamine.

Table 4.2: Routes of administration of ecstasy, 2000 - 2003

Variable	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
How <i>ever</i> used in lifetime (%)				
Injected	11	13	11	16
Smoked	16	19	14	38
Snorted	83	72	56	62
Swallowed	100	100	100	100
How used in last 6 months (%)				
Injected	3	7	9	6
Smoked	5	6	6	12
Snorted	70	62	49	30
Swallowed	100	100	100	100
How <i>mainly</i> used in last 6 months (%)				
Injected	2	2	1	0
Smoked	0	0	0	0
Snorted	3	0	4	0
Swallowed	95	82	83	94
Snorted/swallowed (equal)	0	16	11	4

Source: Party Drugs Initiative PDU interviews

A decrease in the proportion of PDU that reported use of ecstasy within a binge episode was recorded in the 2003 sample. Only 40% reported including ecstasy in a binge episode and this is the lowest proportion reported since the 2000 survey.

An analysis of patterns of polydrug use was undertaken and the results are presented in Table 4.3. There has been a substantial decrease in the proportion of PDU reporting typical use of powder, base and crystal methamphetamine as well as GHB *with ecstasy* from the 2002 survey. In contrast, an increase in alcohol use *with ecstasy* was noted although there was very little change for those reporting more than five standard drinks in combination with ecstasy.

The types of drugs usually taken during *come down* from ecstasy has remained largely unchanged from the 2002 survey, however, as with concomitant use there was a large increase in the proportion of PDU reporting typical use of alcohol during *come down*.

Table 4.3: Proportion of PDU reporting typical* use of other drugs in combination with ecstasy, by drug type, 2003

Drug	Typically use <i>with</i> ecstasy (%of PDU)		Typically use to <i>come down</i> from ecstasy (% of PDU)	
	2003 (n=101)	2002 (n=68)	2003 (n=101)	2002 (n=68)
Methamphetamine powder	26	32	9	6
Methamphetamine base	25	44	14	15
Methamphetamine crystal	10	43	7	13
Methamphetamine <i>non-specific</i> #	15	-	1	-
Cocaine	1	7	0	0
LSD	7	9	2	3
MDA	1	0	0	0
Ketamine	5	4	6	0
GHB	3	16	3	9
1,4B	0	-	0	-
Amyl nitrate	1	7	0	0
Nitrous oxide	14	15	15	12
Cannabis	43	46	57	59
Alcohol				
any	60	47	42	13
>5 standard drinks	39	41	28	-
Heroin	0	0	0	0
Other opiates	0	0	0	0
Antidepressants	1	-	2	-
Benzodiazepines	2	0	14	10
Tobacco	60	65	53	65
Other	1		2	3
<i>% of PDU that typically use one or more other drug(s) in combination with ecstasy</i>	93	91	91	88

Source: Party Drugs Initiative PDU interviews

* 'typically' was specified as use on two-thirds or more occasions of ecstasy use

A dash (-) indicates the data was not collected for the variable in that year.

Party drug users were asked where they *usually* and *last* used ecstasy, the results of which are presented in Table 4.4. Multiple responses to the question regarding *usual* use were allowed and unsurprisingly the locations most frequently referred to by PDU were nightclubs, parties (dance and private) and raves. The places used least often by PDU were restaurants or cafes and the dealers' home. With respect to the *last* location of

ecstasy use, the largest proportion of responses were recorded for nightclubs followed by friends' home and raves.

Table 4.4: Venue where ecstasy was used by PDU in the last six months (% PDU by venue), 2003

	Where have you <i>usually</i> used ecstasy?	Where did you <i>last</i> use ecstasy?
Own home	51	12
Dealer's home	8	0
Friend's home	56	21
Raves	70	18
Dance parties	62	8
Nightclubs	78	29
Pubs	31	0
Private party	64	9
Restaurant/café	4	0
Public place (street/park)	19	2
Car or other vehicle	25	0
Other		2

Source: Party Drugs Initiative PDU interviews

Note: PDU were allowed to nominate more than one response

A dash (-) indicates the data was not collected for the variable in that year.

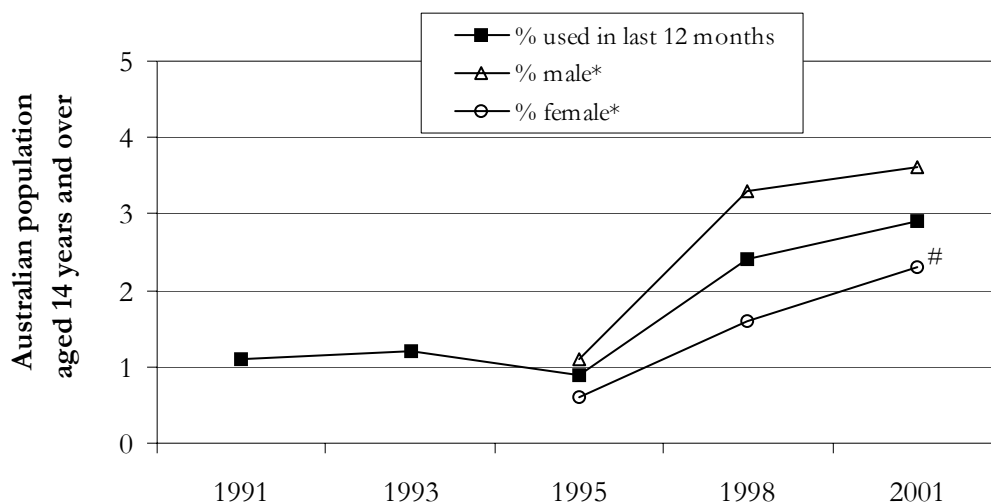
National prevalence data

The Australian Institute of Health and Welfare has conducted household surveys over the last decade and collected data on the prevalence of use of various illicit drugs among the general population of Australia (AIHW, 2003). Figure 4.1 shows the long-term trend in the prevalence of ecstasy/designer drug use in Australia from 1991 to 2001. As can be seen, there has been a rapid increase in the prevalence of use in this category of drug from 1995. The significant increase in prevalence of recent ecstasy/designer drugs use among females in the general population was attributable to a significant increase of recent use among the 20 to 29 year age group (AIHW, 2002b) although, as with the current sample, males are more likely to be party drug users.

With respect to frequency of use, the AIHW (2002a) report that 6.2% use every day or every week. A similar proportion of the current sample (6%) reported using ecstasy on more than 60 days in the previous six months, which is roughly equivalent to twice weekly use.

An analysis of concomitant use of other drugs by the AIHW revealed that three quarters had used alcohol and two thirds had used cannabis at the same time as ecstasy/designer drugs (AIHW, 2002a). While the data is not directly comparable due to differences in the definition of concomitant use, PDU in the 2003 sample reported slightly lower proportions of typical use of these substances with ecstasy.

Figure 4.1: Prevalence of ecstasy/designer drugs use in Australia, 1991-2001



Sources: National Campaign Against Drug Abuse Household Survey 1991, 1993; National Drug Strategy Household Survey 1995, 1998, 2001 (AIHW, 2003).

* to have used in the last 12 months

2001 result significantly different from 1998 result (2-tailed $\alpha=0.05$)

The usual place of use of ecstasy/designer drugs reported by the AIHW was 70.1% at raves/dance parties, which is directly comparable with the current sample (see Table 4.4).

4.2 Price

Approximately two thirds of the sample was able to comment on the price of ecstasy in Adelaide (see Table 4.5). The median price of a tablet of ecstasy reported by users was \$35 (range 20-50; $n = 66$). The price remains unchanged since last year, but is still a decrease compared to previous years (see Figure 4.2). The majority of PDU reported that the price of ecstasy had been stable in the preceding six months. In comparison to 2002, there was a decrease in the proportion of PDU reporting that the price was decreasing.

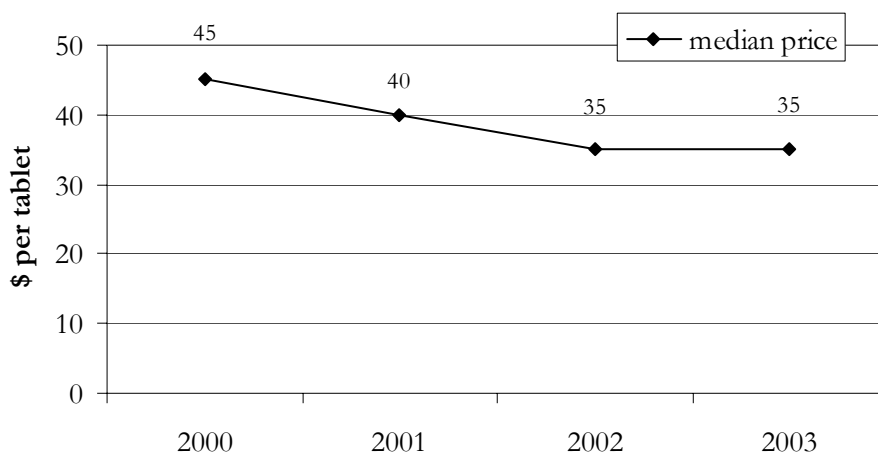
Several PDU reported that purchasing ecstasy in bulk resulted in lower prices. For those able to comment the reported median price within a bulk purchase was \$30 per tablet (range \$22.50 - \$35, $n=8$), where bulk is defined as approximately 10 to 50 tablets purchased at once.

Table 4.5: Current price of ecstasy and change in price over the last 6 months, 2002 & 2003

	2003	2002
Median price per tablet (range)	<i>n</i> =66 \$35 (\$20 - \$50)	<i>n</i> =67 \$35 (\$25 - \$50)
Price change in last 6 months (%)	<i>n</i> =101	<i>n</i> =67
Increasing	2	0
Stable	67	60
Decreasing	19	37
Fluctuating	11	2
Don't know	1	2

Source: Party Drugs Initiative PDU interviews

Figure 4.2: Trend in the price of ecstasy per tablet, 2000 – 2003



Source: Party Drugs Initiative PDU interviews

KI estimates of the cost of a tablet of ecstasy ranged between \$10 and \$100 with a median of \$40, slightly higher than that reported by the users themselves. However, in accord with the users, the majority of KI believed that the price of ecstasy had remained stable over the past 6 months, while two believed that the price was fluctuating and the same number reported a decrease in price.

4.3 Purity

A greater proportion of PDU reported that the purity of ecstasy fluctuated in 2003 (44%) than in 2002 (32%). The results shown in Table 4.6 also reveal a large decrease in the proportion of PDU reporting ecstasy purity as low. A similar picture emerged within the

KI sample where the majority who felt able to comment believed that ecstasy purity was fluctuating. When asked to comment on any recent changes in ecstasy purity, the majority of PDU believed that purity levels had remained fairly stable over the last six months.

Table 4.6: Purity of ecstasy and change in purity over the last six months, 2002 & 2003

	2003 (n=101)	2002 (n=68)
Current purity (%)		
Low	5	21
Medium	31	29
High	18	18
Fluctuates	44	32
Don't know	3	0
Recent change in purity (%)		
Increasing	2	12
Stable	67	19
Decreasing	19	35
Fluctuating	11	34
Don't know	1	0

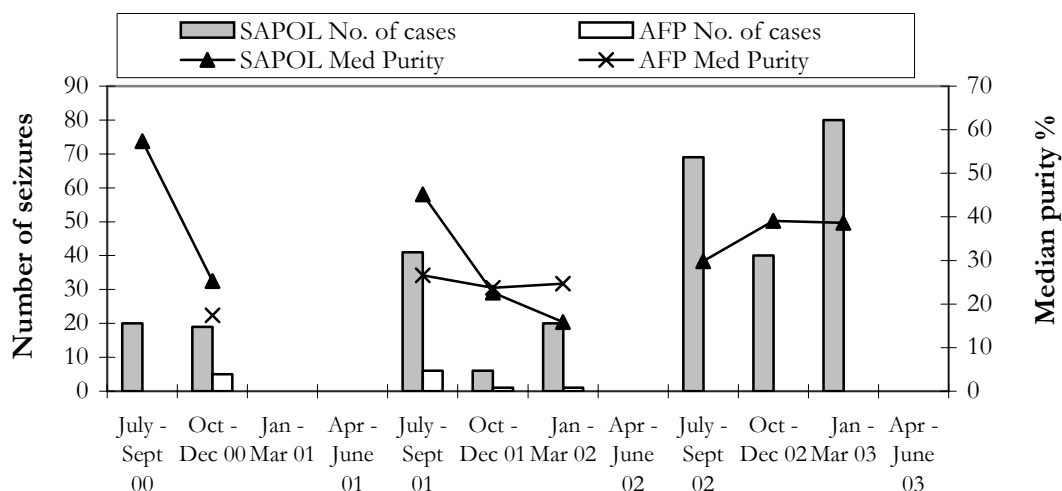
Source: Party Drugs Initiative PDU interviews

The purity of ecstasy, as perceived by PDU, has remained relatively stable over the four years of the survey, with approximately 40 to 50% reporting strength of ecstasy as medium or high and 30 to 40% reporting it as fluctuating, each year. Therefore, no trend of increasing or decreasing purity was reported by PDU over this time period.

The Australian Crime Commission (ACC), formerly the Australian Bureau of Criminal Intelligence (ABCI), provided quarterly data on phenethylamines seized in SA during the last financial year 2002/2003. These data were obtained from analyses by the Australian Forensic Laboratory (AFL) of seizures by State police (SAPOL) and the Australian Federal Police (AFP). Figure 4.3 shows the number of samples analysed and the median purity of these analyses by quarter, from July 2000 to June 2003.

The total median purity of SAPOL seizures analysed by the AFL and reported by the ACC for 2002/03 was 35.3 (n=189). This compares to 36.7 (n=67) for 2001/02 (ACC, 2003), and 32.8 (n=39 cases) in 2000/01 (ABCI, 2002) for SAPOL seizures analysed. Less than 10 AFP seizures were analysed for SA in either 2000/01 or 2001/02 and none in 2002/03, making comparison of this measure across time unreliable.

Figure 4.3: Number of phenethylamines* seizures analysed and median purity, 2000/01 – 2002/2003



Source: Australian Bureau of Criminal Intelligence (ABCI, 2002), Australian Crime Commission (ACC, 2003)

* phenethylamines include MDMA (‘ecstasy’), MDEA, MDA, PMA and others (see ACC, 2003)

4.4 Availability

The majority of PDU reported that ecstasy was very easy or easy to obtain in 2003 (see Table 4.7), although there was a modest rise in the proportion reporting it was moderately easy to obtain compared to 2002. Overall, in comparison with previous years, despite high proportions reporting ease of availability, a small decline in obtainability was evident this year (see Figure 4.4).

Party drug user reports of change in availability over the previous six months reveals two changes; a decline in the proportion reporting stable availability and an increase in the proportion reporting that ecstasy was getting easier to obtain.

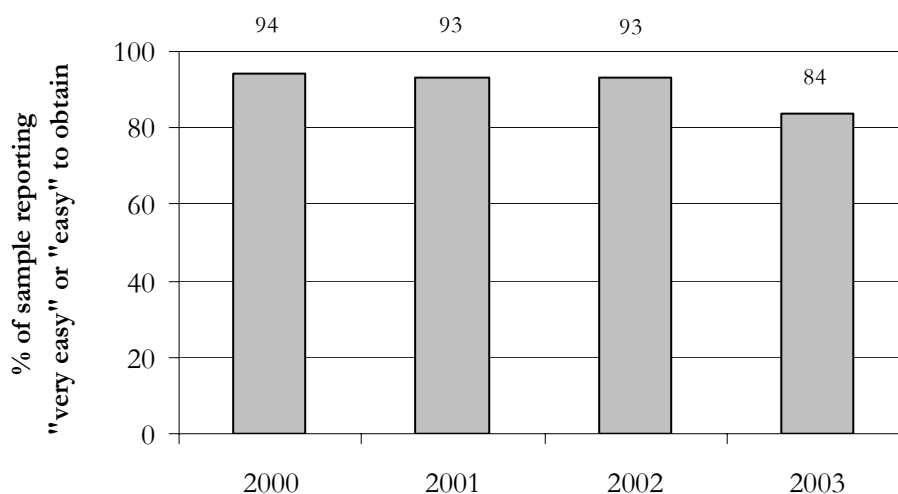
The small drop in ease of availability from 2002 to 2003 according to PDU, was not as apparent in the comments of KI. The majority of KI reported that ecstasy was still very easy to get and that ease of availability had remained stable in the previous six months.

Table 4.7: Availability of ecstasy and change in availability over the last six months, 2002 & 2003

	2003 (n=101)	2002 (n=68)
Current availability (%)		
Very easy	61	82
Easy	23	10
Moderately easy	15	4
Difficult	1	3
Very difficult	0	0
Don't know	0	0
Change in availability in last 6 months (%)		
More difficult	10	9
Stable	61	81
Easier	21	9
Fluctuates	7	2
Don't know	1	0

Source: Party Drugs Initiative PDU interviews

Figure 4.4: Trend in the availability of ecstasy, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

Party drug users were asked where they had obtained their ecstasy from within the last six months and at what venues they *usually* scored from: the results are presented in Table 4.8. Ninety-three percent of the PDU sample reported that they had 'scored' ecstasy from friends in the last six months, and 55% had scored from dealers in that

time. Other sources of ecstasy included acquaintances (34%), workmates (16%), or strangers (11%).

A comparison over time is somewhat problematic as this year the ‘dealer-friend’ category was not included. It is a common practice among PDU for one individual to purchase large amounts of ecstasy for distribution among friends and so the line between dealer and friend becomes quite blurred. Teasing out the relationship between friends and dealers is an ongoing challenge and not one easily resolved. What is apparent from the data collected since 2000 is that fewer PDU reported purchasing ecstasy from strangers or acquaintances.

An analysis of the location where PDU obtain ecstasy reveals little change since the 2000 survey. The majority of PDU obtain ecstasy from friends’ homes.

Table 4.8: Trend in the source of ecstasy for PDU, 2000 – 2003

	% of PDU			
	2003 <i>n</i> =101	2002 <i>n</i> =68	2001 <i>n</i> =70	2000 <i>n</i> =50
Who have you got ecstasy from in the last 6 months?				
Friends	93	32	96	98
Dealer - friend	-	68	-	-
Dealer	55	9	63	58
Workmates	16	16	20	22
Acquaintances	34	52	64	50
Strangers/unknown	11	15	13	24
What venues do you normally score [ecstasy] at?				
Own home	40	62	49	74
Dealer’s home	45	52	30	54
Friend’s home	66	77	61	94
Raves/dance parties/nightclubs	37/29/48	42	46	45
Pubs	15	13	16	10

Source: Party Drugs Initiative PDU interviews

Note: PDU were allowed to nominate more than one response

A dash (-) indicates the data was not collected for the variable in that year.

National prevalence data

The AIHW household survey reported that recent users of ecstasy/designer drugs usually obtained these drugs from a ‘friend or acquaintance’ (73%) (AIHW, 2002a). A direct comparison with the 2003 PDI is problematic as the questions asked were not the same. The AIHW survey did not allow multiple responses and it is not known if the category ‘friend or acquaintance’ has been collapsed.

4.5 Ecstasy related harms

4.5.1 Law enforcement

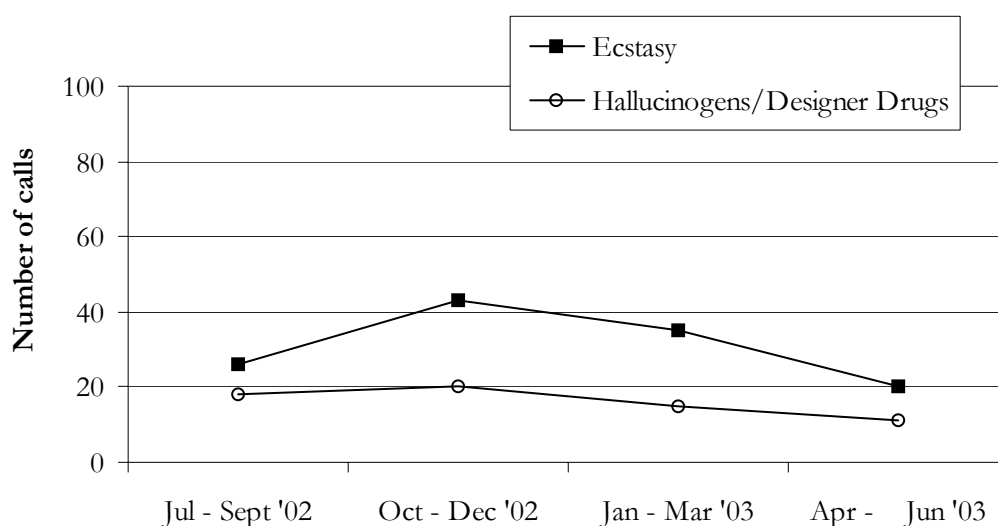
No breakdowns were available at the state level for number of ecstasy-related use or provision offences in SA.

4.5.2 Health related harms

Health related harm associated with ecstasy use is detailed more fully in Section 12. Information gathered from health service organisations is presented and provides a general indicator of the level of harm experienced by ecstasy users.

The proportion of total coded calls to the Alcohol and Drug Information Service in South Australia regarding ecstasy in 2002/03 was relatively stable compared to the previous year (0.9% v 1.1%), and remained only a minor component of total drug-related calls to ADIS during that period. Figure 4.5 shows the peak in ecstasy enquiries during 2002/2003 that corresponds to the 'party drug season' over the summer months.

Figure 4.5: Number of inquiries to ADIS regarding ecstasy July 2002 to June 2003



Source: SA ADIS

Preliminary DASC treatment data revealed that in 2002/03 there were 22 clients of DASC treatment services that nominated ecstasy as their primary drug of concern (this constitutes only 0.4% of total clients of DASC services). There is no comparable data from previous years due to differences in the DASC client data collection system for these years.

4.6 Benefit and risk perception

Participants in the 2002 sample were asked to describe the benefits and risks they perceived to be associated with taking ecstasy.

4.6.1 Perceived benefits

All PDU were able to provide comment on what they perceived as the benefits of taking ecstasy and most reported several benefits. By far the most commonly reported were regarding mood enhancement, and enhanced communication and empathy toward others. Common themes reported by PDU were that ecstasy “makes you feel good”, that it increases sociability, ease of communication and openness with others, and gives a feeling of unity and “love toward [your] fellow man”.

Also commonly reported as benefits were drug effects such as a heightening of the senses and increased insight and clarity of thinking. Common themes were an increased appreciation of music and visuals (especially at dance parties/raves), increased enjoyment of physical sensation (including sexual), and increased clarity, insight and positiveness in thinking. In addition, having more energy to dance and stay awake, having increased confidence and decreased inhibitions, a feeling of euphoria or a “rush”, and the resulting increased enjoyment and fun of the occasion were commonly reported as benefits of ecstasy use.

Another benefit reported by several PDU was the “break from reality” that ecstasy provided in allowing them to relax and let go of everyday worries. Also mentioned were differences compared to alcohol use; in terms of the lack of aggression in the ‘scene’, a night using ecstasy being cheaper than a night drinking, and the comedown from ecstasy not being as bad as a bad hangover.

4.6.2 Perceived risks

All but one PDU provided comment on what they perceived to be the risks associated with ecstasy use. Most PDU reported several risks and some type of physical or mental health risk was mentioned most commonly. In particular, the most common psychological harms reported as associated with ecstasy use were brain/neurological damage, memory loss (short and long-term), depression, general mood impairment or mood swings, lack of motivation and concentration, addiction to the drug, and general impairment of mental wellbeing.

The most commonly mentioned physical harms associated with ecstasy use were acute harms such as overheating and “muscle meltdown”, dehydration or fluid overload from drinking too much water (in an effort to avoid dehydration), overdosing (either non-fatal or fatal), and long-term harms such as general impairment of physical health and possible organ damage (eg. liver).

Also considered risks of ecstasy use by around a quarter of PDU was the uncertainty regarding the quality of the ecstasy they were using – did it contain contaminants (such as PMA) and how pure or strong was it? Other risks arising from use, as mentioned by several PDU, were financial problems, relationship problems, using more of the drug than intended, not knowing the long-term effects of use, legal or police problems (from

“being caught”), and exercising bad judgement while under the influence due to the disinhibitory nature of the drug (including while driving or “forgetting about safe sex”).

4.7 Summary of Ecstasy Trends

- Over the last four years little change in the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, or in the proportion using more than one tablet in a typical session, was seen.
- There has, however, been a marked decrease since 2002 in the proportion of PDU who reported use of ecstasy during a binge episode
- A gradual increase over the four years of the survey in the proportion reporting ecstasy as their main drug of choice, as well as a gradual increase in snorting as a method of administration was noted.
- Since 2002, there has been a substantial decrease in the proportion reporting typical use of methamphetamine and GHB *with ecstasy*. A concomitant increase in alcohol use *with ecstasy* and *during come down* has been observed.
- The price of ecstasy remained unchanged since 2002 and stable over the last six months.
- The majority of PDU believed that the purity of ecstasy fluctuated in the last six months and that it was easy or very easy to obtain, however, a small decline in obtainability was evident this year.
- Very few PDU reported obtaining ecstasy from strangers.
- For the first time in 2003, PDU perceptions of perceived risks and benefits were recorded. Detailed information was provided and the most common perceived benefits were mood enhancement and enhanced communication and empathy toward others. The most commonly reported risks were some form of physical or psychological harm.

5.0 METHAMPHETAMINE

The distinction between three forms of methamphetamine continued in the 2003 survey but, for the first time, PDU were also asked to differentiate between the three types in reporting the average amount used. For a detailed commentary on the reasons for the differentiation into three distinct types see White, Breen & Degenhardt (2003). The three forms of methamphetamine discussed are the same as those differentiated within the IDRS, namely powder, base, and crystal methamphetamine.

5.1 Methamphetamine use among PDU

The proportion of PDU reporting lifetime use of methamphetamine differed slightly between the three forms with a slightly higher proportion reporting use of powder (82%) in their lifetime followed by base (75%) and crystal (60%). Compared to the 2002 sample fewer PDU reported lifetime use across all three forms of methamphetamine. The largest decrease was seen in lifetime use of crystal methamphetamine, that declined from 91% of PDU in 2002 to 60% in 2003.

An examination of recent methamphetamine use revealed a similar decrease across the board in all forms of methamphetamine with the largest decrease in recent crystal methamphetamine use. Recent use of powder methamphetamine decreased from 72% in 2002 to 65% in 2003, base methamphetamine decreased from 82% in 2002 to 70% in 2003 and recent use of crystal methamphetamine decreased from 88% in 2002 to 48% in 2003.

5.1.1 Methamphetamine Powder (Speed)

Table 5.1 summarises the findings from PDU with respect to the amounts of powder methamphetamine used in an *average* single session. Similar numbers of PDU provided information in grams ($n = 30$) and points ($n = 25$), with fewer commenting on the use of lines ($n = 9$). The median amount of grams and points used in an *average* single session were 0.75 and 1, respectively. Of the nine PDU who commented on the use of lines, the median amount used in an *average* single session was reported to be 2 lines.

The *most* amount of powder methamphetamine used in a single session reported by PDU was a median of 1 gram, 2 points or 2.5 lines. A slight rise in the median *most* number of grams of powder methamphetamine used in a single session was noted between 2002 and 2003.

Overall, fewer PDU reported bingeing on powder methamphetamine in 2003 (21%) compared to 2002 (32%).

Table 5.1: Patterns of Methamphetamine Powder Use Among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	18 (13 - 55)	-
Ever used (lifetime) (%)	82	94
Used in last 6 months (%)	65	72
Meth powder as main drug of choice (%)	1	-
Days used in last 6 months#: median (range; n)	7.5 (1-90; 66)	10 (1-104; 49)
Average amount used in a single session*:		
Grams: median (range; n)	0.75 (0.1-2; 30)	1.0 (0.1-5; 46)
points: median (range; n)	1 (0.5-3.5; 25)	-
lines: median (range; n)	2 (1-2; 9)	-
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.1-8; 40)	1.5 (0.25-4; 45)
points: median (range; n)	2 (1-5; 19)	-
lines: median (range; n)	2.5 (1-6; 6)	-
Meth powder included in 'binge' episode (%)	21	32

Source: Party Drugs Initiative PDU interviews

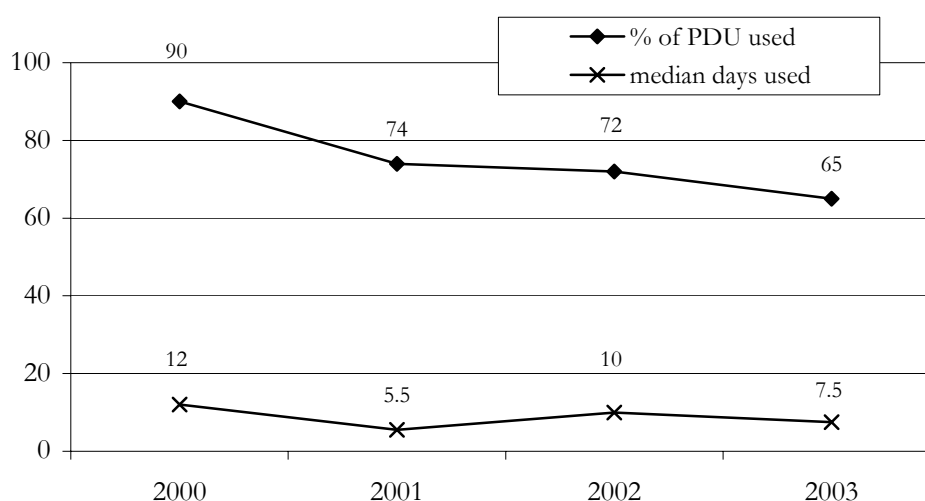
of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

A dash (-) indicates the data was not collected for the variable in that year.

An analysis of trends over time (see Figure 5.1) reveals a steady decline in the proportion of PDU who reported use of powder methamphetamine in the previous six months from a high of 90% in 2000 to 65% in the present sample. The median days use of powder methamphetamine has fluctuated during this same period.

Figure 5.1: Methamphetamine powder – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months

by those reporting use in the previous six months

5.1.2 Methamphetamine Base

Table 5.2 summarises the findings from PDU with respect to the amounts of base methamphetamine used in an *average* single session. The majority of PDU provided information on points of base methamphetamine (n = 59), followed by small numbers of PDU commenting on grams (n = 10) and lines (n = 3). The median amount of points reportedly used in an *average* single session was 2, which was the same as that reported in 2002.

When asked about the *most* amount of base methamphetamine used in a single session PDU reported an increase across the range of amounts, but very little change was seen in the median amount used other than for lines. A comparison of the *most* amount of points used in a single session between 2002 and 2003 indicated that high levels of use had halved in the time period.

As with the use of powder methamphetamine, fewer PDU reported bingeing on base methamphetamine in comparison to 2002, 24% and 50% respectively.

An analysis of trends over time (see Figure 5.2) reveals variability in both the proportion of PDU reporting use of base methamphetamine and the median number of days used.

Table 5.2: Patterns of Methamphetamine Base Use Among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	19 (13 – 44)	-
Ever used (lifetime) (%)	75	85
Used in last 6 months (%)	70	82
Meth base as main drug of choice (%)	5	-
Days used in last 6 months#: median (range; n)	7 (1-100; 71)	10 (1-104; 56)
Average amount used in a single session*:		
Grams: median (range; n)	0.75 (0.1-1; 4)	-
points: median (range; n)	2 (0.25-7; 59)	2 (0.5-6; 53)
lines: median (range; n)	2.5 (2-3; 3)	-
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.1-1; 10)	-
points: median (range; n)	2 (1-30; 55)	4 (0.5-7; 48)
lines: median (range; n)	4.5 (3-6; 2)	-
Meth base included in 'binge' episode (%)	24	50

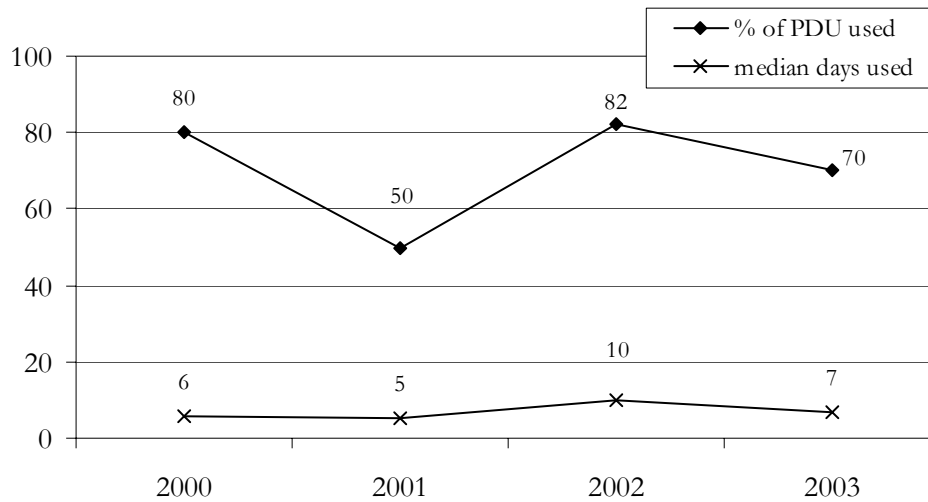
Source: Party Drugs Initiative PDU interviews

of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

A dash (-) indicates the data was not collected for the variable in that year.

Figure 5.2: Methamphetamine base – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months

by those reporting use in the previous six months

5.1.3 Crystal Methamphetamine

Table 5.3 summarises the findings from PDU with respect to the amounts of crystal methamphetamine used in an *average* single session. The majority of PDU reported the amount of crystal methamphetamine used in an *average* single session as points. The median number of points used in a single session was 1, which was half that reported in 2002.

An analysis of the *most* amount of crystal methamphetamine used in a single session reveals a doubling of the median number of points reported compared to *average* use. A comparison with 2002 reveals little change other than an increase in the range of responses provided since 2002.

As with both powder and base methamphetamine, fewer PDU report bingeing on crystal methamphetamine in 2003 (15%) compared to 2002 (53%).

Table 5.3: Patterns of Crystal Methamphetamine Use among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	19 (14 – 55)	-
Ever used (lifetime) (%)	60	91
Used in last 6 months (%)	48	88
Crystal meth as main drug of choice (%)	2	-
Days used in last 6 months#: median (range; n)	5 (1-72; 48)	10 (1-160; 60)
Average amount used in a single session*:		
Grams: median (range; n)	0.6 (0.2-1; 2)	-
points: median (range; n)	1 (.25-10; 40)	2 (0.25-6; 57)
lines: median (range; n)	1 (1-2; 3)	-
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.2-2; 5)	-
points: median (range; n)	2 (0.5-30; 37)	2 (0.25-8; 50)
lines: median (range; n)	3 (1-6; 3)	-
Crystal meth included in 'binge' episode (%)	15	53

Source: Party Drugs Initiative PDU interviews

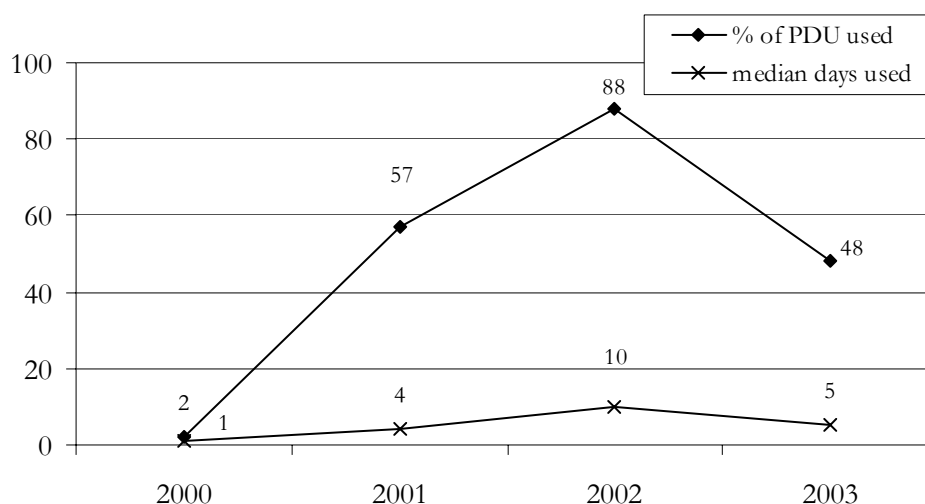
of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

A dash (-) indicates the data was not collected for the variable in that year.

An analysis of trends over time (see Figure 5.3) reveals a sharp decline since last year in the proportion of PDU reporting use of crystal methamphetamine after a three year climb from 2000. A decline in the median number of days PDU reported using crystal methamphetamine was also evident in 2003.

Figure 5.3: Methamphetamine crystal – Trend in recent use* and median days used#, 2000 - 2003



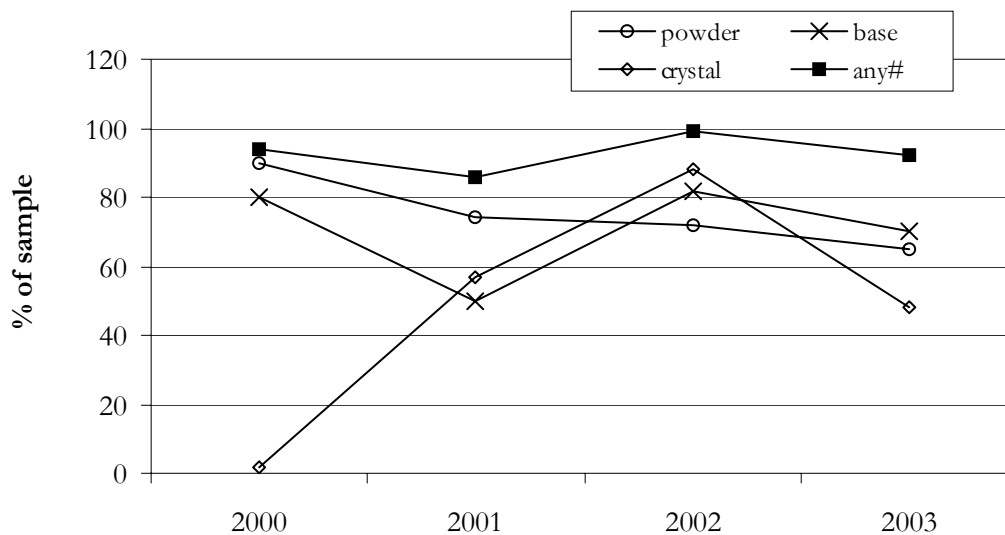
Source: Party Drugs Initiative PDU interviews

* use in the previous six months

by those reporting use in the previous six months

Figure 5.4 presents trends in recent methamphetamine (all forms) use from 2000 to 2003. Overall, recent use of all forms of methamphetamine appears to have remained largely unchanged. The most interesting change in the three different forms of methamphetamine use occurs with the crystal form, where a dramatic decrease in recent use to 2001 levels can be seen.

Figure 5.4: Trends in recent use* of the main forms of methamphetamine, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months

collapsed powder, base and crystal categories

There were a number of conflicting reports about the type of methamphetamine predominantly used by PDU among the KI. Health and scene KI were evenly divided on whether PDU used powder or base methamphetamine more often. All agreed that crystal methamphetamine was used less frequently, which accords with PDU reports. The main route of administration described by the KI was independent of the form of methamphetamine reported; snorting and swallowing were the main routes described with a minority reported to be injecting. Only one health KI reported PDU smoking crystal and this reported low incidence of smoking crystal methamphetamine was also referred to by a law enforcement KI.

The majority of KI described a pattern of use that was similar to ecstasy use (i.e., primarily on weekends) although some variation was noted. Two KI reported that methamphetamine was used on the Monday after a party weekend in order to keep awake at work. Price and availability were mentioned by a number of KI as reasons for the perceived increase in methamphetamine use compared to ecstasy. One health KI reported an increase of methamphetamine among long-term ecstasy users as a means of 'taking a break' from ecstasy due to perceived ill effects of long-term ecstasy use; this group of users were reported to believe that methamphetamine was a safer option.

Information about where PDU used the three different forms of methamphetamine is presented in Table 5.4. Overall, the most common place PDU reported *usually* using all forms of methamphetamine was a nightclub. The locations least reported by PDU for

any form of methamphetamine use were restaurants and cafes or a dealers' home. Subtle differences are apparent between the three forms with respect to *usual* use location. PDU were less likely to report using crystal methamphetamine at private parties but were more likely to report using powder methamphetamine at their own or friends' houses.

An analysis of the *last* location used revealed that base and crystal methamphetamine had last been used in nightclubs by the majority of PDU. However, a friends' home was the predominant location where powder methamphetamine was *last* used.

Table 5.4: Venue where methamphetamine was used by PDU in the last six months (% PDU by venue for each form of methamphetamine), 2003

	Where have you <i>usually</i> used methamphetamine?			Where did you <i>last</i> use methamphetamine?		
	powder <i>n</i> =60	base <i>n</i> =69	crystal <i>n</i> =38	powder <i>n</i> =60	base <i>n</i> =69	crystal <i>n</i> =38
Own home	50	38	42	23	15	3
Dealer's home	13	10	13	0	0	0
Friend's home	60	46	53	23	17	26
Raves	57	58	61	15	20	16
Dance parties	45	51	47	2	3	3
Nightclubs	75	67	66	15	26	29
Pubs	52	36	45	7	7	8
Private party	50	41	32	8	9	3
Restaurant/café	10	6	11	0	0	0
Public place	22	20	21	3	1	5
Car or other vehicle	22	20	24	0	0	3
Other	12	9	0	3	1	5

Source: Party Drugs Initiative PDU interviews

Note: PDU were allowed to nominate more than one response

5.2 Price

Not all PDU were able to comment on the price of all three, if any, of the forms of methamphetamine. Table 5.6 presents the prices of the three forms of methamphetamine provided by PDU. The price of a point reported by PDU was the same for each of the three forms. The price of a gram of base and crystal methamphetamine was the same, while powder methamphetamine was reported to be much lower, but with a broader range of responses recorded. In comparison to previous years there appears to have been little change other than a smaller range of prices of a gram of powder methamphetamine recorded in 2002.

The price of all three forms of methamphetamine was reported to be stable in the last six months. In comparison to 2002, there was a decrease in the proportion of PDU reporting that base and crystal methamphetamine was decreasing in price.

Table 5.6: Current price of the main forms of methamphetamine and change in price over the last six months, 2002* & 2003

Amount	Median price per amount \$ (range, n)					
	powder		Base		crystal	
point	25 (20-25; 15)		25 (15-50; 41)		25 (20-50; 20)	
	-		<i>25 (15-50; 44)</i>		<i>25 (15-50; 47)</i>	
gram	40 (20-250; 27)		200 (100-300; 17)		200 (150-300; 7)	
	<i>43 (25-50; 34)</i>		#		#	
Price change in last 6 months (%)	2003 <i>n=66</i>	2002 <i>n=43</i>	2003 <i>n=73</i>	2002 <i>n=53</i>	2003 <i>n=40</i>	2002 <i>n=57</i>
Increasing	5	<i>2</i>	6	<i>2</i>	5	<i>2</i>
Stable	56	<i>67</i>	63	<i>49</i>	40	<i>51</i>
Decreasing	12	<i>14</i>	12	<i>40</i>	10	<i>35</i>
Fluctuating	2	<i>0</i>	4	<i>4</i>	0	<i>4</i>
Don't know	26	<i>16</i>	15	<i>6</i>	45	<i>9</i>

Source: Party Drugs Initiative PDU interviews

* 2002 data in italics

n<5: not reported

5.3 Purity

As would be expected, PDU reports of the current purity of methamphetamine varied according to the three forms, with the purity of crystal rated higher than both base and powder (see Table 5.7). The pattern of PDU ratings of the current purity of each of the three forms of methamphetamine has changed very little since 2002.

When asked about changes in purity in the preceding six months, the majority of PDU reported purity as stable for all three forms. A comparison with the 2002 sample reveals changes across all three forms with powder and base methamphetamine purity becoming increasingly stable, and an increase in the proportion of PDU reporting an increase in the purity of crystal methamphetamine.

Table 5.7: Purity of the main forms of methamphetamine and change in purity over the last six months, 2002* & 2003

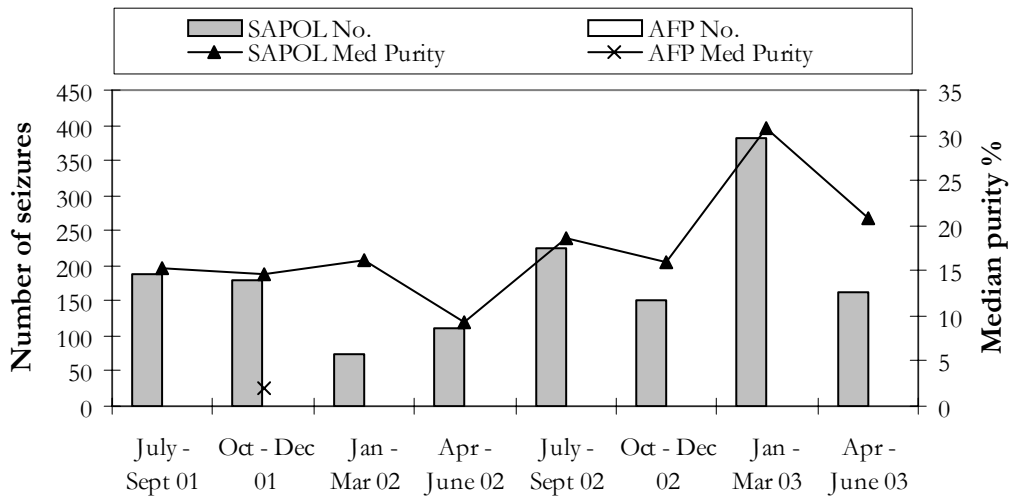
	powder		base		crystal	
	2003 <i>n=66</i>	<i>2002</i> <i>n=43</i>	2003 <i>n=73</i>	<i>2002</i> <i>n=53</i>	2003 <i>n=40</i>	<i>2002</i> <i>n=57</i>
Current purity (%)						
Low	12	<i>26</i>	8	<i>0</i>	0	<i>0</i>
Medium	35	<i>40</i>	26	<i>25</i>	20	<i>18</i>
High	30	<i>28</i>	45	<i>66</i>	63	<i>74</i>
Fluctuates	14	<i>5</i>	11	<i>9</i>	5	<i>9</i>
Don't know	9	<i>2</i>	10	<i>0</i>	13	<i>0</i>
Change in purity in last 6 months (%)						
Increasing	9	<i>9</i>	14	<i>19</i>	25	<i>19</i>
Stable	35	<i>42</i>	34	<i>51</i>	28	<i>56</i>
Decreasing	14	<i>33</i>	8	<i>9</i>	3	<i>7</i>
Fluctuating	20	<i>12</i>	27	<i>17</i>	10	<i>14</i>
Don't know	23	<i>5</i>	16	<i>4</i>	35	<i>4</i>

Source: Party Drugs Initiative PDU interviews

* 2002 data in italics

Figure 5.5 shows the number of methamphetamine seizures analysed and the median purity of those analyses over time for both SAPOL and AFP seizures. The total number of methamphetamine seizures analysed for July02 to June03 was 921 and the median purity was 21.5%. This constitutes an increase in terms of both of these parameters compared to the previous year (551 and 15%, respectively). Although there is no SAPOL data available for the 2000/2001, this year's data confirms a continuing trend of increasing methamphetamine seizure numbers and purity from 1999/2000 onward. Interpretation of AFP data was not possible, as only one seizure by the AFP was analysed in 2002/2003.

Figure 5.5: Number of methamphetamine seizures analysed and median methamphetamine purity in SA 2001/2002 – 2002/2003



Source: Australian Crime Commission

5.4 Availability

The availability of the three forms of methamphetamine varied according to PDU (see Table 5.8). Overall, all three forms were considered to be easy or very easy to obtain by the majority of PDU. However, a gradient of ease of availability was seen with a higher proportion of PDU reporting base as very easy to obtain followed by decreasing proportions of PDU reporting powder methamphetamine and crystal methamphetamine as very easy to obtain. In comparison to 2002, the proportion of PDU reporting all three forms as very easy to obtain has decreased in 2003. The most notable example was the decreased proportion of PDU in 2003 (33%) reporting that it was very easy to obtain crystal methamphetamine, compared to 2002 (83%).

The majority of PDU reported that availability of all three forms of methamphetamine was stable over the last six months. However, a decrease across all forms of methamphetamine with respect to the stability of availability can be seen compared to 2002.

Table 5.8: Availability of the main forms of methamphetamine and change in availability over the last six months, 2002* & 2003

	powder		base		crystal	
	2003 <i>n=66</i>	2002 <i>n=43</i>	2003 <i>n=73</i>	2002 <i>n=53</i>	2003 <i>n=40</i>	2002 <i>n=57</i>
Current availability (%)						
Very Easy	42	<i>56</i>	60	<i>85</i>	33	<i>83</i>
Easy	23	<i>16</i>	14	<i>4</i>	20	<i>7</i>
Moderately easy	15	<i>21</i>	16	<i>8</i>	25	<i>5</i>
Difficult	9	<i>7</i>	7	<i>4</i>	8	<i>5</i>
Very difficult	3	<i>0</i>	1	<i>0</i>	5	<i>0</i>
Don't know	8	<i>0</i>	1	<i>0</i>	10	<i>0</i>
Change in availability in last 6 months (%)						
More difficult	18	<i>19</i>	12	<i>4</i>	15	<i>4</i>
Stable	52	<i>70</i>	56	<i>83</i>	40	<i>83</i>
Easier	11	<i>9</i>	14	<i>9</i>	18	<i>9</i>
Fluctuates	5	<i>0</i>	4	<i>2</i>	0	<i>2</i>
Don't know	15	<i>2</i>	14	<i>2</i>	28	<i>4</i>

Source: Party Drugs Initiative PDU interviews

* 2002 data in italics

When asked where they source the different forms of methamphetamine, PDU provided similar profiles for each of the three forms (see Table 5.9). The majority of PDU sourced all forms of methamphetamine from friends. An analysis of the location at which methamphetamine was reportedly scored reveals that the majority of PDU were obtaining all three forms of methamphetamine from their friend's homes. Comparatively few PDU obtained methamphetamine from raves, dance parties or nightclubs.

Table 5.9: Source of methamphetamine for PDU, 2003

	% of PDU		
	powder <i>n=60</i>	base <i>n=69</i>	crystal <i>n=38</i>
Who have you got meth from in the last 6 months?			
Friends	82	81	87
Dealer	43	51	40
Workmates	13	13	5
Acquaintances	15	25	8
Strangers/unknown	5	3	0
What venues do you normally score [meth] at?			
Own home	42	32	24
Dealer's home	32	36	16
Friend's home	67	57	63
Raves/dance parties/nightclubs	23/17/28	22/20/30	21/18/26
Pubs	18	15	11
Street	12	13	11

Source: Party Drugs Initiative PDU interviews

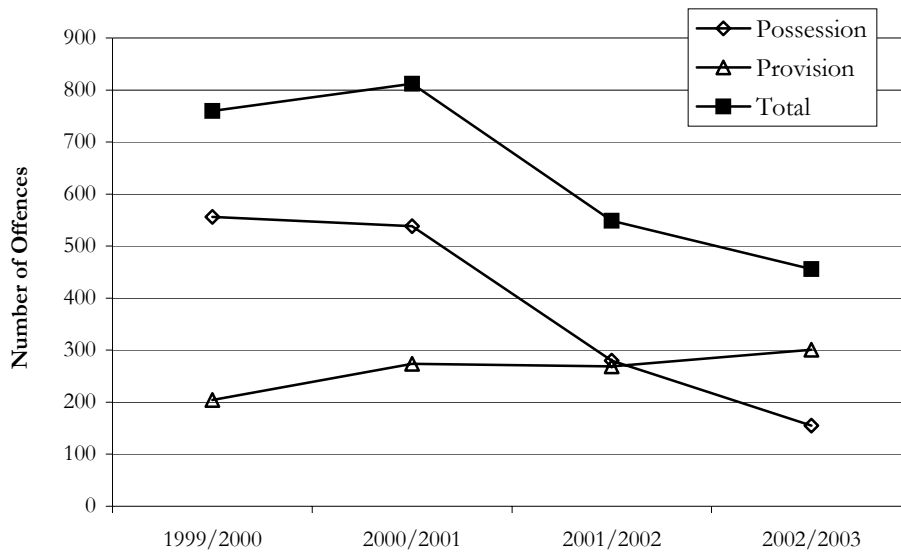
Note: PDU were allowed to nominate more than one response

5.5 Methamphetamine related harms

5.5.1 Law enforcement

Figure 5.6 presents the number of amphetamine related offences (possession and provision) for 1999 to 2003. As can be seen there has been a decrease in the total number of offences since 1999/2000. This change is primarily caused by a decrease in possession/use offences. Amphetamine possession and provision offences made up 15% of the total number of drug-related offences in 2002/2003, and this is unchanged from the 2001/2002 time period.

Figure 5.6: Number of amphetamine related offences reported by SAPOL in South Australia, 1999/2001 – 2002/2003



Source: SAPOL

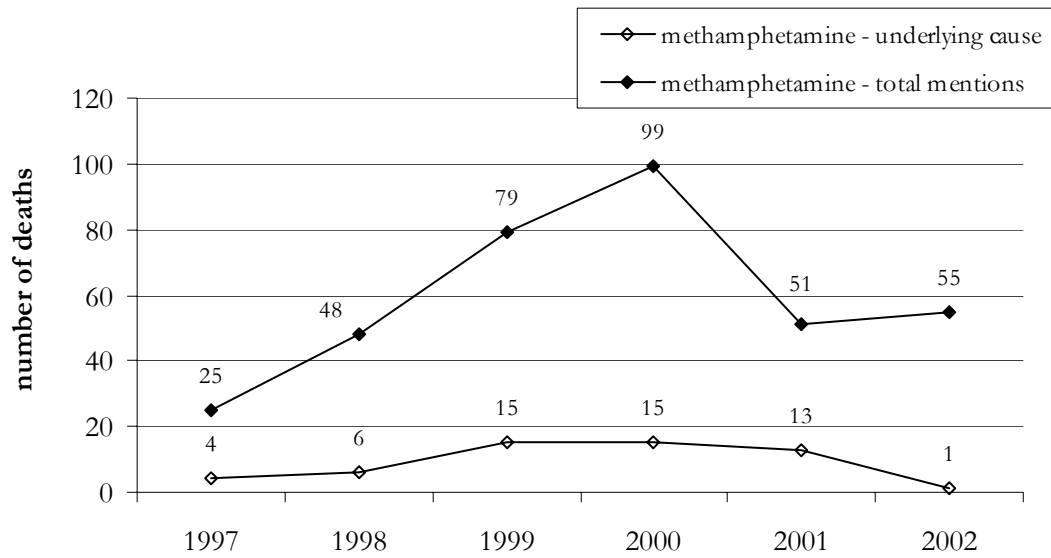
5.5.2 Health

Degenhardt and Barker (2003) recently investigated Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned. This includes deaths where methamphetamine was determined to be either the primary factor (underlying cause) responsible for the person's death as well as where methamphetamine was noted in "toxic quantities" but another drug was thought to be the primary factor (mentions). The methamphetamine data for the years 1997 to 2002 are presented in Figure 5.7.

There was a steady increase in the number of deaths in which methamphetamine was noted from 1997 to 2000, followed by a decrease in 2001 and a slight increase in 2002. Only one death where methamphetamine was thought to be the underlying cause of death was recorded in 2002.

Across the years 1997 to 2002, SA accounted for 6.4% of the total number of deaths (n=362) where methamphetamine was mentioned.

Figure 5.7: Number of accidental drug-induced deaths mentioning methamphetamine among those aged 15-54 years in Australia, 1997-2002

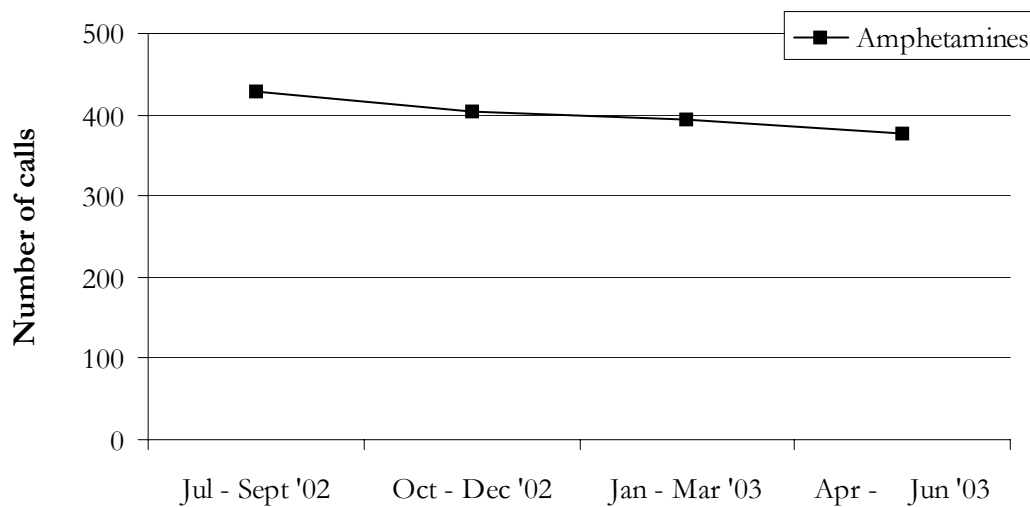


Source: Australian Bureau of Statistics morbidity database

Treatment

Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding amphetamines accounted for 11.6% of the total coded telephone contacts in the 2002/2003 financial year, the same proportion as in 2001/2002 (11.7%). Similarly, amphetamine was the third most frequently enquired about drug class, after alcohol and cannabis, for both years. There was a slight decline in the number of calls per quarter, regarding amphetamines, across 2002/2003 year, from 428 in Jul-Sep 2002 to 377 in Apr-Jun 2003 (Figure 5.8).

Figure 5.8: Number of calls to ADIS regarding amphetamines, 2002 – J 2003



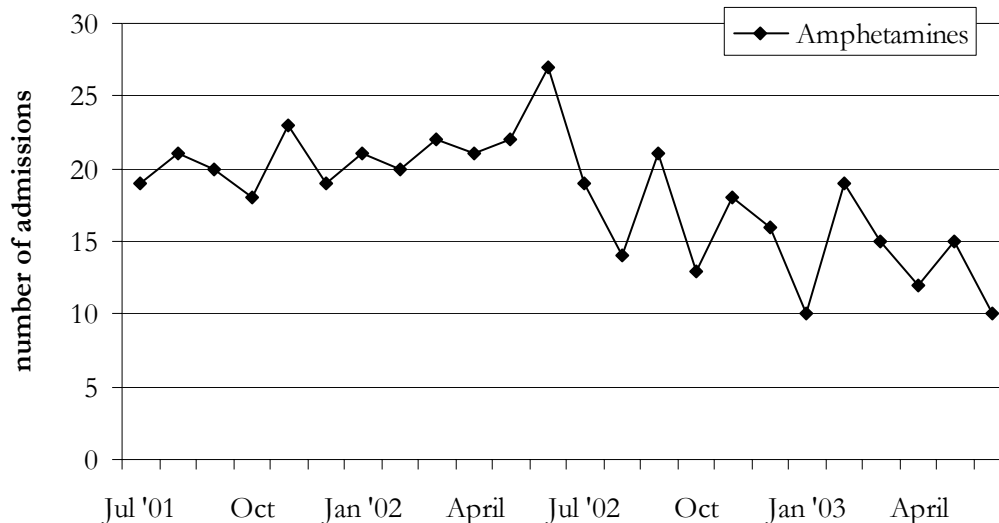
Source: SA ADIS

Caution needs to be exercised in the interpretation of the following DASC treatment service data as there is no distinction between injecting and non-injecting drug user provided. It is likely that a greater proportion of presentations to DASC treatment services are by injecting drug users.

Presentations to DASC treatment services show that the proportion of clients nominating amphetamine as their primary drug of concern has continued to increase in 2002/2003, compared to the previous two years (from 10.7% to 14.5% to 18%). In 2002/2003 amphetamines became the third most commonly nominated primary drug of concern by clients of DASC, after alcohol and heroin, which was nominated as the primary drug of concern by a similar proportion of clients (19.9%).

Figure 5.9 presents the number of admissions to DASC inpatient treatment services for amphetamines during the period July 2001 to June 2003. The number of inpatient admissions where amphetamines were the primary drug of concern has decreased from 253 in 2001/2002 to 182 in 2002/2003. However, amphetamines remained the most commonly nominated primary drug of concern among inpatient admissions: there was double the number of inpatient admissions for amphetamines compared to heroin (90) during the 2002/2003 year.

Figure 5.9: Number of admissions to DASC inpatient treatment services, with amphetamines as the primary drug of concern, Jul 2001 – Jun 2003*#



* During 2002/2003 a new data collection system was employed to meet the requirements of the National Minimum Data Set for Alcohol and Other Drug Treatment Services (NMDS-AODTS).

this data is preliminary only

Source: Drug and Alcohol Services Council

5.6 Benefit and risk perception

5.6.1 Perceived benefits

Three quarters of the PDU sample provided comments on what they considered benefits of using methamphetamine. By far the most commonly reported benefits were that methamphetamine use provides an ability to stay awake, energy and endurance for long events (raves) and was especially good for providing energy to dance for hours at a time. Other commonly reported benefits were an increase in confidence, motivation, concentration, productivity (for work and study) and stamina. There were also commonly reported social benefits, such as an increased ability to talk and interact socially and have fun, as well as improving mood. Several PDU mentioned an increased ability to drink alcohol “without falling over and making a fool of yourself” as a benefit.

In addition, several PDU mentioned a “buzz” or “rush” and feeling of euphoria as a benefit of especially the stronger forms of methamphetamine (base and crystal). In general, these more potent forms of methamphetamine were considered to have the same benefits as the powder form, but that the effects were stronger.

5.6.2 Perceived risks

Three quarters of the PDU sample also provided comments on what they considered risks of using methamphetamine. The most commonly perceived risks related to either short or long-term physical or mental health. More than half of those who commented regarded use of methamphetamine as having a mental health risk and potential risks included drug-induced psychosis, addiction, aggression and depression or lack of motivation associated with the comedown. Physical health risks included sleep deprivation, overdose, dehydration, appetite suppression and weight loss, heart problems (including heart attack), teeth problems, damage to mouth, nose and stomach (route of administration) and general depletion of physical health.

Other issues that arose as perceived risks among several PDU, were the likelihood of impurities in the substance being used (“don’t know what you’re getting”), increased health risks associated with injecting, and financial problems.

Again, the more potent forms of methamphetamine (base and crystal) were generally considered to have the same risks as the powder form, but several PDU commented that these risks escalated with the more potent forms, and with increased levels of use.

5.7 Summary of Methamphetamine Trends

- Compared to 2002, fewer PDU reported lifetime use of all forms of methamphetamine and a similar decrease across the board in recent use of all forms of methamphetamine was seen; the largest decrease occurred in recent use of crystal methamphetamine.
- An analysis of binge behaviour also saw a substantial decrease in the percent of PDU reporting use of all forms of methamphetamine.
- Recent crystal methamphetamine use has decreased dramatically to 2001 levels following a peak in 2002.
- The median number of days of use of all forms of methamphetamine has decreased since 2002, most notably with regard to crystal methamphetamine.

- Nightclubs were the most commonly reported locations of use for crystal and base methamphetamine, while a private home was the most commonly reported location for use of powder methamphetamine. Friends were the most likely source of all forms of methamphetamine.
- In comparison to previous years there appears to have been little change in price and purity. Availability of all forms of methamphetamine remained at high levels, but changes in the proportion reporting *easy* and *very easy* were seen. Interestingly, the decrease in availability of crystal methamphetamine was more marked than either base or powder.
- The decreases noted by PDU in different aspects of methamphetamine use were reflected in the indicator data available, however, the indicator data is primarily focussed on injecting drug users and comparisons must be treated with caution.
- For the first time in 2003, PDU perceptions of perceived risks and benefits of methamphetamine were recorded. The most common perceived benefits were an ability to stay awake and increased endurance. The most commonly reported risks related to either short-term or long-term physical and mental health.

6.0 COCAINE

Approximately half (57%) the sample had used cocaine within their lifetime (see Table 6.1) and a smaller proportion had reported use in the previous six months (37%). In comparison to 2002, the proportion reporting recent use was smaller despite lifetime use having not changed. For those who reported cocaine use, snorting (55%) was the preferred route of administration followed by swallowing (16%), smoking (8%) and injecting (6%).

6.1 Cocaine Use Among PDU

The median number of days PDU reported using cocaine within the previous six months was 2 (range 1-15; n = 37). A comparison with previous years reveals little change since 2000 (see Figure 6.1). The *average* amount of cocaine used in a single session was primarily reported in grams with a median amount of 0.5 grams (range 0.2-2; n = 20). Once again there was very little change from the 2002 sample. The *most* amount of cocaine used in a single session was reportedly a median of 1 gram (range 0.2-3.5; n = 23) and again there was little change from the previous year.

Table 6.1: Patterns of Cocaine Use among the PDU sample

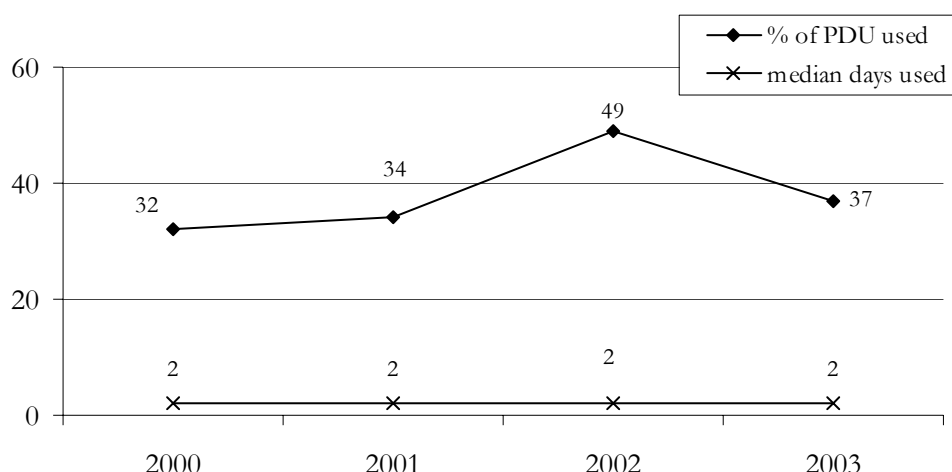
Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	21 (15-56)	-
Ever used (lifetime) (%)	57	59
Used in last 6 months (%)	37	49
Cocaine as main drug of choice (%)	8	6
Days used in last 6 months#: median (range; n)	2 (1-15; 37)	2 (1-26; 33)
Average amount used in a single session*:		
Grams: median (range; n)	0.5 (0.2-2; 20)	0.5 (0.1-2; 27)
lines: median (range; n)	2 (1-3; 9)	2 (1-3; 6)
Most amount used in a single session*:		
Grams: median (range; n)	1 (0.2-3.5; 23)	1 (0.1-7; 27)
lines: median (range; n)	2 (1-3.5; 7)	2 (1-3; 6)
Cocaine included in 'binge' episode (%)	8	9

Source: Party Drugs Initiative PDU interviews

of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Figure 6.1: Cocaine – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months

by those reporting use in the previous six months

An analysis of the location where PDU *usually* used cocaine and where they *last* used cocaine reveals some interesting detail (see Table 6.2). Nightclubs and friends' homes were equally likely to be a *usual* location of use for PDU. Interestingly, however, raves were rated as one of the least likely places to use cocaine and dance parties were also down the list of *usual* locations. The *last* location of use of cocaine for the majority of PDU was evenly split between the participants' own home and a nightclub.

Table 6.2: Venue where cocaine was used by PDU in the last six months, 2003

	% of PDU (<i>n</i> =24)	
	Where have you <i>usually</i> used cocaine?	Where did you <i>last</i> use cocaine?
Own home	25	21
Dealer's home	8	0
Friend's home	42	17
Raves	8	0
Dance parties	17	8
Nightclubs	42	21
Pubs	25	4
Private party	38	17
Restaurant/café	0	0
Public place (street/park)	0	0
Car or other vehicle	8	8
Other	4	4

Source: Party Drugs Initiative PDU interviews

Note: PDU were allowed to nominate more than one response

KI have commented on the ‘exclusive’ nature of the South Australian cocaine market, and the location of use described by PDU suggests that widespread use in the ‘dance party’ scene may not be commonplace. One KI mentioned that cocaine was not so much of a dance party drug but more likely to be found in nightclubs.

These results highlight the need to understand the implications of defining venue types within different jurisdictions. Specifically, defining the dance party scene is somewhat problematic as individuals may refer to all dance music locations collectively as the dance party scene whereas others may restrict the definition to raves or outdoor events. The use of the term nightclub in this South Australian sample seems to denote a more up-market establishment.

6.2 Price

Approximately a quarter of the sample provided information about the current price of cocaine (see Table 6.3). The median price per gram was \$210 and was said to be stable by the majority of PDU able to comment. Comparable data from previous years is unavailable.

Table 6.3: Current price of cocaine and change in price over last six months, 2003

	2003
Median price per gram (range; <i>n</i>)	\$210 (\$150 - \$300; 23)
Price change in last 6 months (%)	<i>n</i> =32
Increasing	0
Stable	34
Decreasing	6
Fluctuating	22
Don’t know	38

Source: Party Drugs Initiative PDU interviews

6.3 Purity

The majority of PDU able to comment on the purity of cocaine and any changes in the previous six months reported that cocaine purity was low to medium, and that purity had fluctuated in the past six months (see Table 6.4).

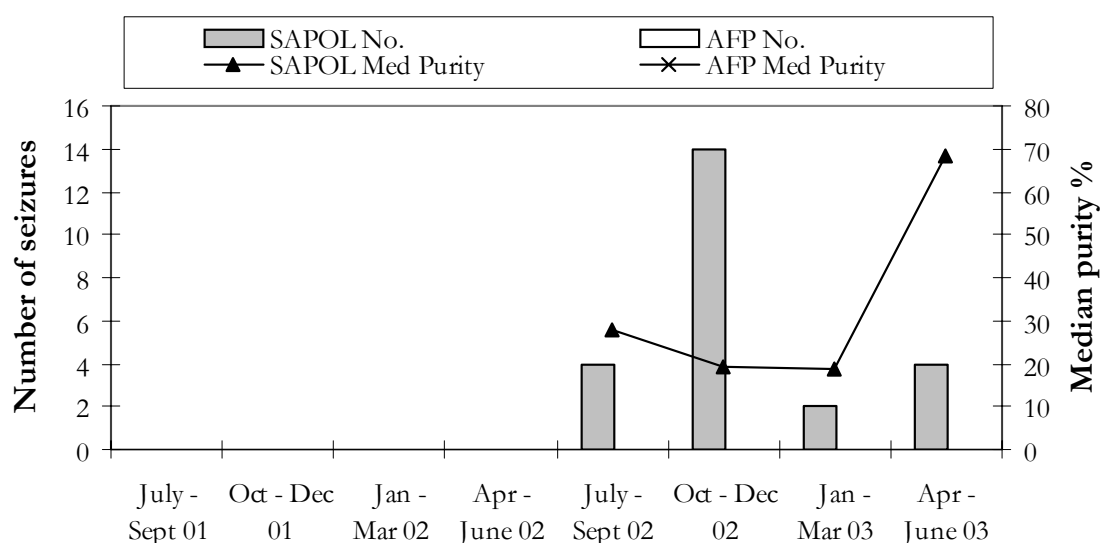
Table 6.4: Purity of cocaine and change in purity over the last six months, 2003

	2003 (n=32)
Current purity (%)	
Low	25
Medium	19
High	13
Fluctuates	3
Don't know	41
Change purity in last 6 months (%)	
Increasing	3
Stable	9
Decreasing	13
Fluctuating	19
Don't know	56

Source: Party Drugs Initiative PDU interviews

Figure 6.2 shows the number of cocaine seizures analysed and the median purity of those analyses over time for both SAPOL and AFP seizures. There were very few seizures for South Australia and none recorded by the AFP for the time period in question. The total number of cocaine seizures analysed for July02 to June03 was 24 and the median purity was 20.6%. The small number of seizures and the lack of comparable data from previous years makes meaningful analysis impossible.

Figure 6.2: Number of cocaine seizures analysed and median cocaine purity in SA 2001/2002 – 2002/2003



Source: Australian Crime Commission

6.4 Availability

The majority of PDU able to comment on the availability of cocaine believed it was difficult to obtain and that this situation had remained stable to increasing in difficulty in the previous six months (see Table 6.5).

Table 6.5: Availability of cocaine and change in availability over the last six months, 2003

	2003 (n=32)
Current availability (%)	
Very easy	3
Easy	9
Moderately easy	19
Difficult	47
Very difficult	3
Don't know	19
Change in availability in last 6 months (%)	
More difficult	19
Stable	25
Easier	9
Fluctuates	9
Don't know	38

Source: Party Drugs Initiative PDU interviews

As with the illicit substances discussed so far, the majority of PDU sourced their cocaine from friends at their friends' houses (see Table 6.6).

All KI agreed that cocaine was very difficult to source in South Australia and, due to the low availability and cost, was mainly confined to a small, affluent subset of users.

Table 6.6: Source of cocaine for PDU, 2003

	% of PDU <i>n</i> =24
Who have you got cocaine from in the last 6 months?	
Friends	83
Dealer	25
Workmates	4
Acquaintances	8
Strangers/unknown	8
What venues do you normally score [cocaine] at?	
Own home	17
Dealer's home	17
Friend's home	63
Raves/dance parties/nightclubs	0/0/13
Pubs	8
Street	13

Source: Party Drugs Initiative PDU interviews

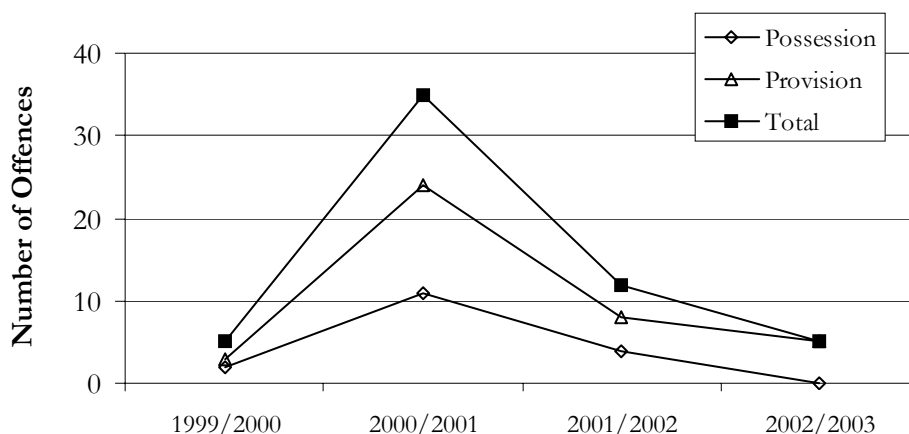
Note: PDU were allowed to nominate more than one response

6.5 Cocaine related harms

6.5.1 Law enforcement

Figure 6.3 presents the number of cocaine related offences (possession and provision) for 1999 to 2003. As can be seen there has been a decrease in the total number of offences since the spike recorded in 2000/2001. Cocaine possession and provision offences made up only 0.16% of the total number of drug-related offences in 2002/2003 compared to 0.33% in the previous year.

Figure 6.3: Number of cocaine related offences reported by SAPOL in South Australia, 1999/2001 – 2002/2003

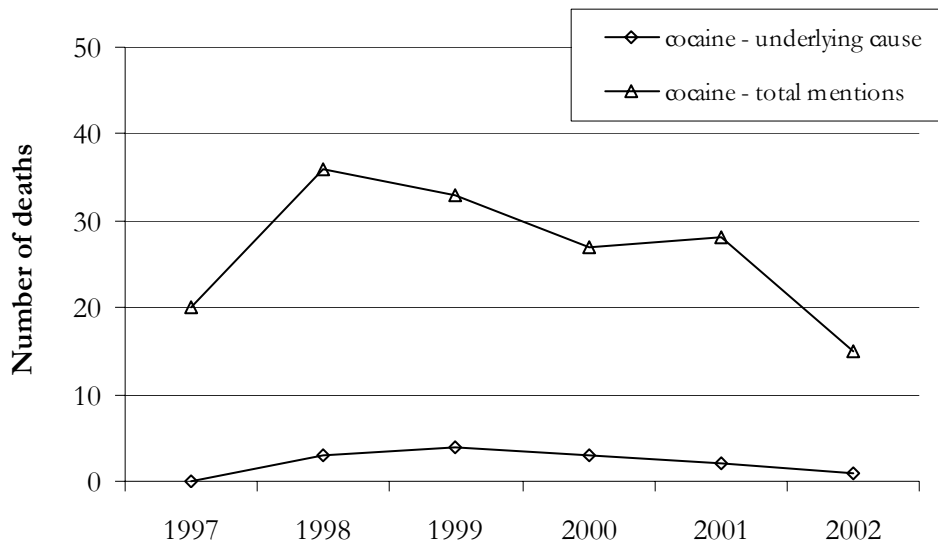


Source: SAPOL

6.5.2 Health

Degenhardt and Barker (2003) recently investigated Australian Bureau of Statistics data in relation to the number of accidental drug-induced deaths in which methamphetamine and cocaine were mentioned. The data for cocaine for the years 1997 to 2002 are presented in Figure 6.4.

Figure 6.4: Number of accidental drug-induced deaths mentioning cocaine among those aged 15-54 years in Australia, 1997-2002



Source: Australian Bureau of Statistics morbidity database

The data reveal a downward trend in the total number of deaths where cocaine was mentioned between 2001 and 2002. This downturn is similar to that seen before the plateau in 2000/2001. There was only one death where cocaine was reported as the underlying cause in 2002.

Treatment

Telephone calls to the SA Alcohol and Drug Information Service (ADIS) regarding cocaine accounted for only 0.25% (n=35) of the total coded telephone contacts in the 2002/2003 financial year, approximately the same proportion as in 2001/2002 (0.4%, n=50).

6.6 Benefit and risk perception

6.6.1 Perceived Benefits

Over 60% of PDU provided information on the perceived benefits associated with the use of cocaine. The most common themes were that cocaine provided the user with increased confidence, euphoria, fun and enjoyment of the occasion as well as making the user feel “charged up” and “on top of the world”. Other benefits mentioned by several PDU were that cocaine enhanced the sexual experience and increased sociability.

6.6.2 Perceived Risks

Over 60% of PDU also provided information on the perceived risks associated with the use of cocaine. The most commonly reported risks were addiction, overdose, financial problems (related to the expense of the drug), nasal damage, and “delusions of grandeur” or social issues associated with overconfidence. Various other acute physical health problems were mentioned by several PDU, but no clear consensus regarding particular harms emerged.

6.7 Summary of Cocaine Trends

- A smaller proportion of the PDU sample reported *recent* use of cocaine compared to 2002, though little change was noted in overall levels of use.
- The least likely place PDU reported using cocaine was, surprisingly, at raves and dance parties. Use was far more likely to occur in nightclubs or friends’ homes.
- In comparison to ecstasy and methamphetamine, the availability of cocaine was rated as much more difficult to obtain and purity was considered low to medium.
- The mostly commonly reported benefit of cocaine were increased confidence and euphoria, while the most commonly reported risks were addiction, overdose and financial problems.
- As in previous years, KI suggested that the cocaine market in Adelaide was mostly restricted to a small subset of users.

7.0 KETAMINE

Just under half (47%) the sample had used ketamine within their lifetime (see Table 7.1) and a smaller proportion had reported use in the previous six months (36%). This represents a rise in both lifetime and recent use compared to the 2002 sample. For those who reported ketamine use, snorting (37%) was the preferred route of administration followed by swallowing (16%), smoking (1%) and injecting (2%).

7.1 Ketamine Use Among PDU

The median number of days PDU reported using ketamine within the previous six months was 2.5 (range 1-50; n = 36) (see Table 7.1). A comparison with previous years reveals little change in the median number of days used, but a continuation in the rise of the proportion of PDU using ketamine since 2001 (see Figure 7.1).

Table 7.1: Patterns of Ketamine use among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	20 (16 – 56)	-
Ever used (lifetime) (%)	47	34
Used in last 6 months (%)	36	28
Ketamine as main drug of choice (%)	2	2
Days used in last 6 months#: median (range; n)	2.5 (1-50; 36)	2 (1-26; 19)
Average amount used in a single session*:		
Bumps: median (range; n)	2 (0.5-5; 7)	-
points: median (range; n)	1.5 (1-3.5; 10)	##
lines: median (range; n)	2 (1-5; 10)	1 (1-2; 6)
tablets: median (range; n)		1 (1-6; 8)
Most amount used in a single session*:		
Bumps: median (range; n)	4 (0.5-20; 6)	-
Grams: median (range; n)	0.5 (0.16-1; 7)	-
points: median (range; n)	2 (1-5; 8)	##
lines: median (range; n)	2.75 (1-8; 12)	1.5 (1-3; 6)
tablets: median (range; n)		1.5 (1-6; 8)
Ketamine included in 'binge' episode (%)	12	7

Source: Party Drugs Initiative PDU interviews

of those who reported use in the last 6 months

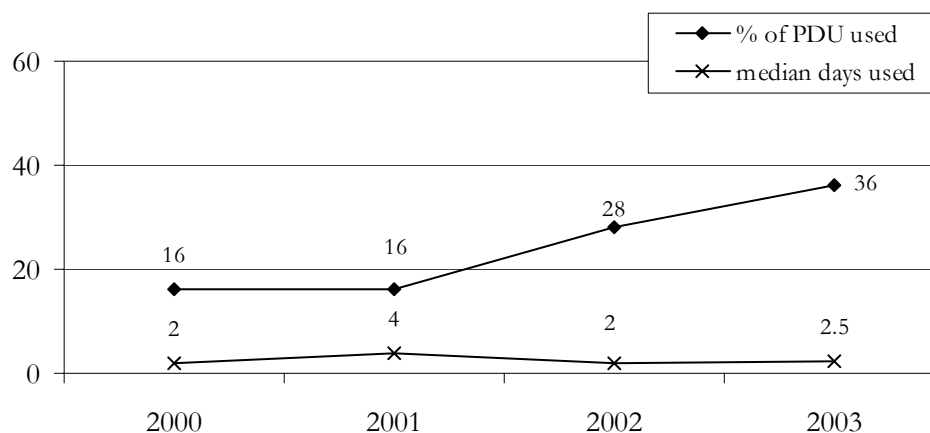
* a session was defined as a period of continuous drug use without sleep, in the last 6 months

n<5: not reported

A broad range of measures was provided by PDU when asked about the amounts of ketamine used recently. PDU provided information with regard to points, lines, bumps, or grams, and two reported use of liquid (mls). No PDU reported use of tablets of

ketamine in 2003, compared to 2002 when the majority of PDU reported use of ketamine in this form. The small number of responses and comparatively large number of categories makes interpretation problematic and comparisons over time impossible.

Figure 7.1: Ketamine – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months # by those reporting use in the previous six months

According to PDU, unlike the location of use for the other drugs previously described, ketamine was more likely to be *usually* used at a friends' home (see Table 7.2). Of those able to provide information, almost 80% of PDU reported *usually* using ketamine at a friends' home and half the PDU reported that the *last* time they used ketamine was in a friends' home. Raves, dance parties and nightclubs were less likely to be *usual* locations of use.

Table 7.2: Venue where ketamine was used by PDU in the last six months, 2003

	% of PDU (n=30)	
	Where have you <i>usually</i> used ketamine?	Where did you <i>last</i> use ketamine?
Own home	30	13
Dealer's home	3	3
Friend's home	77	53
Raves	17	7
Dance parties	7	0
Nightclubs	20	7
Pubs	0	0
Private party	20	13
Restaurant/café	0	0
Public place (street/park)	3	0
Car or other vehicle	13	0
Other	3	3

Source: Party Drugs Initiative PDU interviews

Note: PDU were allowed to nominate more than one response

Overall, the majority of KI reported ketamine use was rare. However three KI, two scene and one health, reported an increased use of ketamine among users in the ‘hard-house’ progressive music scene. A number of KI report that ketamine is typically used in the come down from ecstasy which may occur away from dance party venues. This information is tempered by conflict with PDU reports which reveal only 6% of PDU in 2003 reporting use of ketamine during come down.

7.2 Price

In 2003, the current median price per gram of ketamine was \$200 (see Table 7.3). Comparative data for 2002 is unavailable due to the limited number of PDU able to comment. A small number of PDU reported price per point measure, but again comparative data is unavailable. The majority of PDU able to comment reported that the price of ketamine was stable in the preceding months, as it was in the 2002 sample.

Table 7.3: Current price of ketamine and change in price over the last six months, 2002 & 2003

	2003	2002
Median price per gram (range; <i>n</i>)	\$200 (\$100 - \$360; 18)	#
Median price per point (range; <i>n</i>)	\$25 (\$20-\$25; 5)	#
Price change in last 6 months (%)	<i>n</i> =35	<i>n</i> =12
Increasing	0	0
Stable	29	33
Decreasing	9	0
Fluctuating	6	0
Don't know	57	67

Source: Party Drugs Initiative PDU interviews

n<5: not reported

7.3 Purity

As shown in Table 7.4, the purity of ketamine in 2003 was reported to be high by the largest proportion of PDU able to comment, although a sizeable proportion also reported ketamine purity as medium. These ratings were in contrast to the 2002 sample, where over 80% reported that ketamine was of high purity.

Changes in the purity of ketamine were noted by a number of PDU, although the majority believed that purity had remained fairly stable in the past six months. In comparison to 2002, there was a substantial drop in the proportion reporting that ketamine purity had been steady in the past six months, from 75% to 26% in 2003.

Table 7.4: Purity of ketamine and change in purity over the last six months, 2002 & 2003

	2003 (n=35)	2002 (n=12)
Current purity (%)		
Low	0	0
Medium	26	8
High	46	83
Fluctuates	14	0
Don't know	14	8
Change purity in last 6 months (%)		
Increasing	11	0
Stable	26	75
Decreasing	9	8
Fluctuating	14	0
Don't know	40	17

Source: Party Drugs Initiative PDU interviews

7.4 Availability

Ketamine was considered moderately easy to obtain by the majority of PDU in 2003 (see Table 7.5). However a substantial number also found it difficult to obtain. There has been a change in users perceptions of availability since the 2002 survey, with a reduction in PDU reporting that ketamine was currently easy to obtain from 42% to 9% in 2003.

Table 7.5: Availability of ketamine and change in availability over the last six months, 2002 & 2003

	2003 (n=35)	2002 (n=12)
Current availability (%)		
Very easy	9	42
Easy	17	8
Moderately easy	37	33
Difficult	23	8
Very difficult	9	0
Don't know	6	8
Change in availability in last 6 months (%)		
More difficult	9	8
Stable	37	67
Easier	14	8
Fluctuates	14	0
Don't know	26	17

Source: Party Drugs Initiative PDU interviews

Trend data concerning the availability of ketamine is not reliable due to the small sample sizes for this section in previous years (twelve in 2002, nine in 2001, and only three in 2000), and is therefore not reported. However, from the increase in PDU being able to answer questions regarding availability since 2000, it may be surmised that ketamine has become more available to this group of users since that time.

Ketamine was predominantly scored from friends in 2003 (by 77% of PDU) and as can be seen in Table 7.6 this usually occurred in the friends' home rather than at a dance party venue.

Table 7.6: Source of ketamine for PDU, 2003

	% of PDU <i>n=30</i>
Who have you got ketamine from in the last 6 months?	
Friends	77
Dealer	37
Workmates	0
Acquaintances	7
Strangers/unknown	3
What venues do you normally score [ketamine] at?	
Own home	33
Dealer's home	23
Friend's home	60
Raves/dance parties/nightclubs	7/0/0
Pubs	3
Street	10

Source: Party Drugs Initiative PDU interviews

Note: PDU were allowed to nominate more than one response

7.5 Benefit and risk perception

7.5.1 Perceived Benefits

Approximately half the PDU sample provided information on what they perceived as benefits associated with ketamine use, with most of these nominating only one or two. There was a variety of benefits nominated, but the most commonly reported theme was that the dissociative effects of the drug provided a pleasurable "out of body" experience that was relaxing/numbing and changed the user's perception of reality (for example, enhancing enjoyment of music). Other comments made by more than one PDU were that ketamine was good to use to comedown off other drugs (eg. ecstasy), was interesting because it was experimental and that it provided an 'alternative reality' unlike any other drug.

Even while PDU were nominating benefits with ketamine use, several highlighted negatives they associated with use such as not enjoying the effects of the drug or that “too much was really frightening”.

7.5.2 Perceived Risks

Of those who provided information regarding their perception of risks associated with ketamine use (~50% of the PDU sample), almost half reported that overdosing on the drug was very easy and had significant consequences such as coma and perhaps death, the need for hospitalisation, paralysis and loss of control of physical functioning. There seemed to be a perception among this group that there was a fine line between a dose that would provide a ‘high’ and a dose that would cause these problems, or at least result in a negative drug experience.

7.6 Summary of Ketamine Trends

- Approximately half of PDU in 2003 reported lifetime use of ketamine and more than a third reported recent use. There has been a continuation in the rise of recent ketamine use since 2001.
- Unlike the location of other drugs previously described, ketamine was more likely to be used at a friends’ home than other venues.
- The majority of PDU able to comment reported that the price of ketamine had remained stable in the six months leading up to the survey.
- The purity of ketamine was reported as high or medium, a situation that was stable over the past six months.
- Ketamine was considered moderately easy to obtain by the majority of PDU able to comment. A decrease in perceived availability was noted since 2002.
- The mostly commonly reported benefit of ketamine was the dissociative effect provided by the drug, while the most commonly reported risk was the ease of overdose resulting in death.
- The majority of KI reported ketamine use was rare. However three KI, two scene and one health, reported an increased use of ketamine among users in the ‘hard-house’ music scene.

8.0 GHB

There has been a reduction in the proportion of PDU reporting lifetime and recent use of GHB since 2002 (see Table 8.1X). In 2003, 34% of the sample reported lifetime use, a reduction from 49% in 2002, and only 12% of PDU reported use in the past six months compared to 38% in 2002. All users reported swallowing as the main route of administration.

8.1 GHB use among PDU

The median number of days PDU reported using GHB within the previous six months was 2 (range 1-12; n = 12), which was a small reduction since 2002 (see Table 8.1). A closer look at the data shows a drop in the number of PDU using GHB in the past six months and a narrowing of the range of days used among those who did use, from 1-52 in 2002 to 1-12 in 2003. A comparison with previous years illustrates the drop in the proportion of PDU reporting use of GHB in 2003 in comparison to 2002, dipping to just below 2000/01 levels (see Figure 8.1).

Table 8.1: Patterns of GHB Use Among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	21 (16 – 56)	-
Ever used (lifetime) (%)	34	49
Used in last 6 months (%)	12	38
GHB as main drug of choice (%)	0	2
Days used in last 6 months#: median (range; n)	2 (1-12; 12)	2.5 (1-52; 26)
Average amount used in a single session*:		
mls: median (range; n)	5 (3-30; 5)	10 (2-30; 25)
capful: median (range; n)	1 (0.5-1.5; 4)	-
Most amount used in a single session*:		
mls: median (range; n)	12 (4-30; 5)	10 (2-65; 25)
capful: median (range; n)	2 (2-3; 4)	-
GHB included in 'binge' episode (%)	4	13

Source: Party Drugs Initiative PDU interviews

of those who reported use in the last 6 months

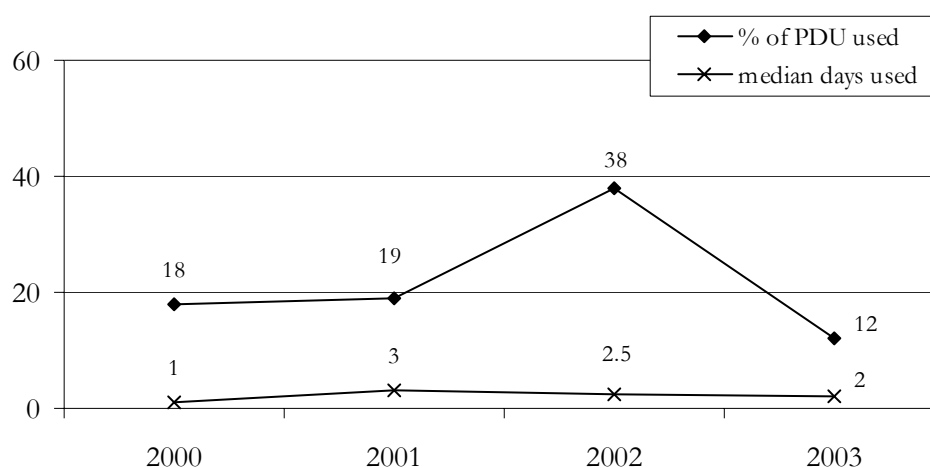
* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Very few PDU were able to comment on the *average* amount of GHB used in a single session and the small sample sizes per measure make comparison with 2002 unreliable. Five individuals reported the median amount used in an *average* session was 5 mls, which is roughly comparable with the 'capful' nominated by a further four PDU. Interestingly, the *most* amount used in single session was approximately twice that reported for an

average session for this group, where in 2002, the median amounts were the same for both average and most used.

A drug closely related to GHB is 1,4-butanediol. Known as 1,4B, this drug is metabolised to GHB in the body (Zvosec *et al.*, 2001) and was included in the illicit substance list for the first time in 2003. This particular drug is currently not restricted in the same way as GHB and there are concerns that a new market for the substance may appear. In the current sample, 1,4B was used by only two people in the sample ever in their lifetime and by only one person in the last 6 months a median of 2 days.

Figure 8.1: GHB – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months

by those reporting use in the previous six months

Too few PDU (n = 7) were able to comment on the location of GHB use and data will not be reported here.

8.2 Price

All price, purity and availability data for GHB is based on a very small sample of PDU and consequently data for these parameters is reported as numbers of PDU, not proportions.

Only 6 PDU commented on the current price of GHB reporting a median price of \$4.50 per millilitre (ml.) (see Table 8.2). More than twice as many PDU commented on price in 2002, where the median price per ml was reported as \$1.80. While the majority of PDU were unable to comment on recent price changes, those who did reported that the price was increasing.

Table 8.2: Current price of GHB and change in price over last six months, 2002 & 2003

	2003	2002
Median price per ml (range; <i>n</i>)	\$4.50 (\$2.50 - \$6; 6)	\$1.80 (\$1 - \$2; 14)
Price change in last 6 months (%)	<i>n</i> =12	<i>n</i> =17
Increasing	25	18
Stable	8	47
Decreasing	0	12
Fluctuating	8	0
Don't know	58	24

Source: Party Drugs Initiative PDU interviews

8.3 Purity

A slightly larger proportion of PDU were able to comment on the purity of GHB and recent changes (*n* = 12) (see Table 8.3). In contrast to 2002, there was a lot more fluctuation in PDU responses, but interestingly, no PDU identified purity as fluctuating according to the response categories supplied. What was consistent were reports from PDU of a decrease in GHB purity over the past six months.

Table 8.3: Purity of GHB and change in purity over the last six months, 2002 & 2003

	2003 (<i>n</i> =12)	2002 (<i>n</i> =17)
Current purity (%)		
Low	17	0
Medium	25	6
High	25	94
Fluctuates	0	0
Don't know	33	0
Change purity in last 6 months (%)		
Increasing	0	35
Stable	8	41
Decreasing	42	6
Fluctuating	8	6
Don't know	42	12

Source: Party Drugs Initiative PDU interviews

8.4 Availability

A dichotomy of response was seen in 2003 with half of those able to comment saying that it was currently difficult to obtain GHB and a sizeable proportion reporting the opposite suggesting that GHB was very easily obtainable (see Table 8.4). This dichotomy wasn't apparent in 2002 where a range of responses was recorded. In 2003, a larger proportion of PDU reported that availability had become more difficult over the last six months, compared to 2002.

Taken together with the purity results there is increasing evidence for the suggestion that two (or more) distinct GHB markets exist, which are characterised by different levels of purity and availability. Greater resolution of this issue through examining the source of GHB is not possible given the small number of PDU able to comment (n = 7).

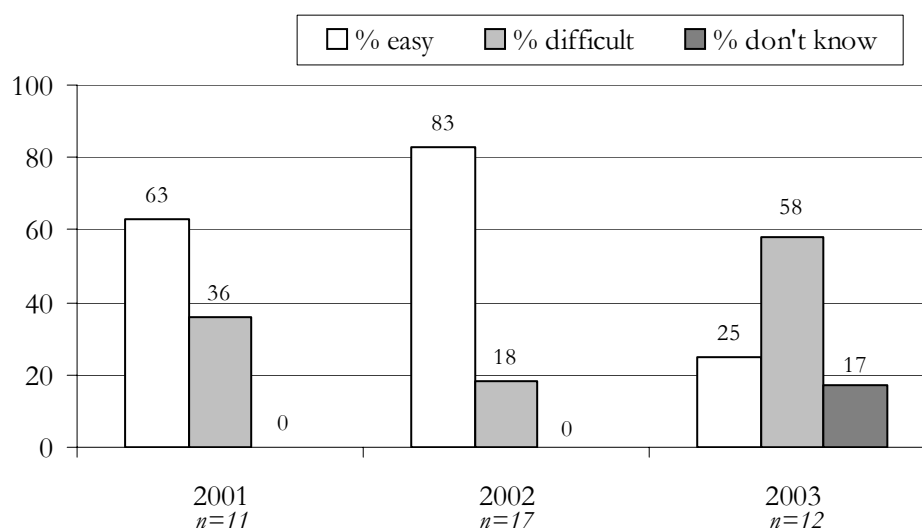
Table 8.4: Availability of GHB and change in availability over the last six months, 2002 & 2003

	2003 (n=12)	2002 (n=17)
Current availability (%)		
Very easy	25	53
Easy	0	12
Moderately easy	0	18
Difficult	50	6
Very difficult	8	12
Don't know	17	0
Change in availability in last 6 months (%)		
More difficult	33	24
Stable	33	53
Easier	0	12
Fluctuates	0	0
Don't know	33	12

Source: Party Drugs Initiative PDU interviews

Figure 8.2 reveals a substantial increase in the proportion of PDU reporting availability of GHB as difficult since 2002 and a concomitant drop in the proportion of PDU reporting GHB availability as easy.

Figure 8.2: Trend in availability of GHB, 2001 - 2003



Source: Party Drugs Initiative PDU interviews

Note: data for 2000 has n<10, and is therefore not reported

Too few PDU (n = 7) were able to comment on the source of the GHB they had used in the last six months (who and where they had *usually* or *last* scored GHB) and data will not be reported here.

These results accord with the KI reports, which support findings of a decrease in frequency of use and availability of GBH in Adelaide. One law enforcement KI suggested that a large seizure in the 12 months prior to interview was had impacted considerably on the Adelaide market.

KI reports offer some further information with comments that GHB use is generally restricted to PDU in the 'hard-house' scene, and that there appeared to be two user groups, the 'hard-house' and everyone else. It is speculated that 'hard-house' users may have access to a different supply of GHB, which may account for differences between the descriptions of availability among the present sample.

8.5 Benefit and risk perception

8.5.1 Perceived Benefits

Approximately a quarter of the PDU sample provided information regarding what they perceived as benefits of GHB use. The most commonly reported benefits, as nominated by several PDU, were that GHB was relaxing, that it "loosened your inhibitions", provided a strong high, was a "great comedown drug", and that it can enhance the effects of ecstasy.

8.5.2 Perceived Risks

Of the 55% of PDU that provided information on their perception of risks associated with GHB use, 80% reported that risk of overdose and collapse was high. Many also perceived that risk of overdose was increased with concomitant use of other drugs (in particular, alcohol), and could result in death. Several also perceived GHB as associated

with drink spiking and 'date rape', and that the effects of loosening inhibitions and "losing control" made its use dangerous due to the increased vulnerability of the user.

8.6 Summary of GHB Trends

- There was a decrease in the proportion of PDU reporting lifetime and recent use of GHB compared to 2002.
- A small reduction in the frequency of reported use, and average amount used per session, of GHB was also noted.
- Price, purity and availability data for GHB use in 2003 was based on a very small sample of PDU and caution should be exercised when attempting to generalise to the wider South Australian population of PDU.
- The median price of a millilitre of GHB has doubled since 2002, and PDU reported an increased difficulty in obtaining GHB.
- The mostly commonly reported benefit of GHB was the relaxing effect provided by the drug, while the most commonly reported risk was the ease of overdose and collapse.
- KI suggested that there was a decrease in both use and availability of GHB and that use was primarily restricted to a sub-culture of users associated with 'hard house' music.

9.0 LSD

There has been a reduction in the proportion of PDU reporting lifetime and recent use of LSD since 2002 (see Table 9.1). In 2003, 74% of the sample reported lifetime use, a reduction from 91% in 2002, and only 30% of PDU reported use in the past six months compared to 66% in 2002. All users reported swallowing as the main route of administration.

9.1 LSD use among PDU

Age of first reported use of LSD was 16.5 years, younger than for ecstasy, and ranged from 12 to 28 years. No PDU identified LSD as their main drug of choice in 2003. The median number of days PDU reported using LSD within the previous six months was 3 (range 1 – 72; n = 30), which was a small increase since 2002 (see Table 9.1). A doubling of the *most* amount of LSD used in a single session, but a decrease of the proportion of the sample reporting LSD use in a binge episode, was seen in 2003 compared to 2002.

Table 9.1: Patterns of LSD Use Among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	16.5 (12 – 28)	-
Ever used (lifetime) (%)	74	91
Used in last 6 months (%)	30	66
LSD as main drug of choice (%)	0	4
Days used in last 6 months#: median (range; n)	3 (1-72; 30)	2 (1-100; 45)
Average amount used in a single session*: tabs: median (range; n)	1 (0.5-4; 26)	1 (0.25-6; 45)
Most amount used in a single session*: tabs: median (range; n)	2 (0.5-18; 26)	1 (0.25-15; 45)
LSD included in 'binge' episode (%)	10	15

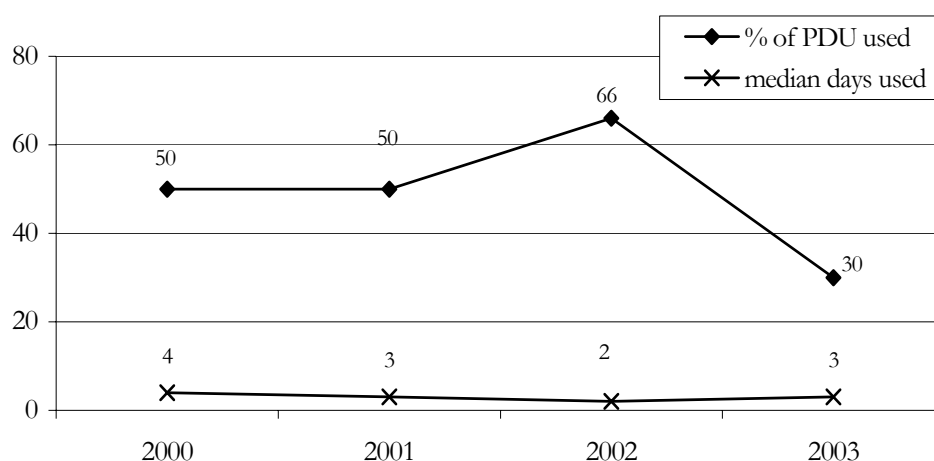
Source: Party Drugs Initiative PDU interviews

of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Figure 9.1 presents long-term trends in recent use of LSD. As can be seen, since 2000 there has been very little change in the median number of days used. However, with regard to the proportion of PDU reporting recent use, as mentioned above, a significant decrease was noted between 2002 and 2003.

Figure 9.1: LSD – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months; # by those reporting use in the previous six months

9.2 Price

The median price paid for a tab of LSD reported by PDU in 2003 was \$10 (see Table 9.2). This was the same as reported in the 2002 survey. Similar proportions of PDU indicated that the price had remained stable in the past six months, as in the previous year.

Table 9.2: Current price of LSD and change of price over the last six months, 2002 & 2003

	2003	2002
Median price per tab (range; n)	\$10 (\$6 - \$20; 33)	\$10 (\$4 - \$20; 44)
Price change in last 6 months (%)	<i>n=49</i>	<i>n=44</i>
Increasing	4	16
Stable	59	55
Decreasing	8	18
Fluctuating	6	5
Don't know	22	7

Source: Party Drugs Initiative PDU interviews

9.3 Purity

As shown in Table 9.3, the largest proportion of PDU able to comment reported that the current purity of LSD was medium. Although around 20% of PDU also reported that LSD purity was low and high suggesting that the overall the purity of LSD varied widely. This result is in contrast to 2002 where a clear majority of PDU reported LSD purity as medium. PDU comments on the changes in LSD purity over the last six months reveal that purity was largely considered stable, similar to 2002 reports.

Table 9.3: Purity of LSD and change in purity over the last six months, 2002 & 2003

	2003 (n=49)	2002 (n=44)
Current purity (%)		
Low	20	5
Medium	29	66
High	18	21
Fluctuates	6	5
Don't know	27	5
Change purity in last 6 months (%)		
Increasing	6	7
Stable	31	41
Decreasing	14	30
Fluctuating	6	14
Don't know	43	9

Source: Party Drugs Initiative PDU interviews

9.4 Availability

The perceptions of PDU regarding availability of LSD in 2003 have shifted toward an increased difficulty in obtaining the drug (see Table 9.4). In 2002, 46% reported that LSD was very easy to obtain, while in 2003 only 18% did so. The majority of PDU reported that availability had remained stable over the last six months, similar to 2002 reports.

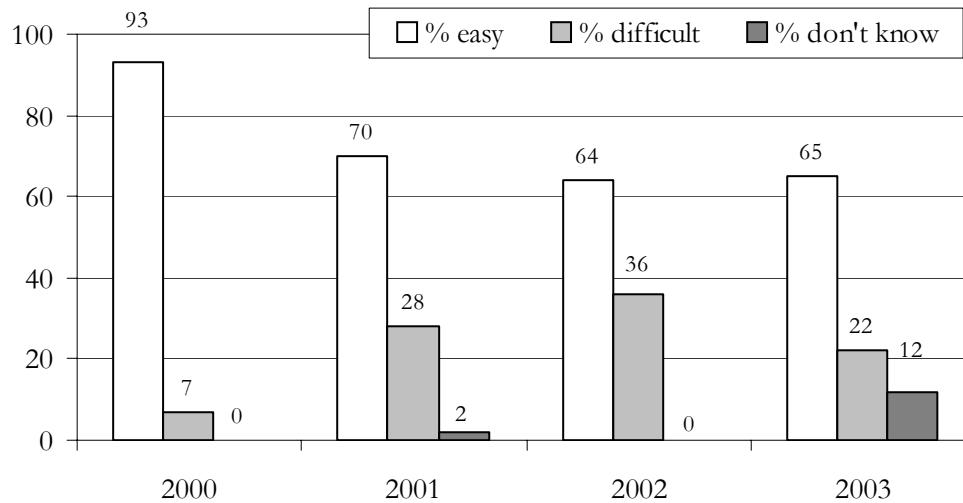
Table 9.4: Availability of LSD and change in availability over the last six months, 200 & 2003

	2003 (n=49)	2002 (n=44)
Current availability (%)		
Very easy	18	46
Easy	16	9
Moderately easy	31	9
Difficult	16	18
Very difficult	6	18
Don't know	12	0
Change in availability in last 6 months (%)		
More difficult	18	32
Stable	43	41
Easier	8	25
Fluctuates	2	0
Don't know	29	2

Source: Party Drugs Initiative PDU interviews

Figure 9.2 presents the trend in availability of LSD over the last four years and shows relatively stable market since 2001.

Figure 9.2: Trend in availability of LSD, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

The majority of KI report that LSD is still present in the dance party scene but is not as prevalent as it once was.

9.5 Benefit and risk perception

9.5.1 Perceived Benefits

Over 60% of the PDU sample provided information regarding their perception of the benefits of LSD use. Overwhelmingly, the main benefit of LSD use to emerge was a state of ‘altered perception’. This was described in a variety of ways and included such things as hallucinations (particularly visual), enhanced visual and auditory sensitivity (music sounds better), expanded insight and thinking (“opening of the mind”) and as an adventure in an “alternate reality”. Having fun and an experience that was out of the ordinary (“tripping”) were commonly perceived benefits of LSD use among this group.

9.5.2 Perceived Risks

Over 70% of the PDU sample provided information regarding their perception of the risks associated with LSD use. By far the most common theme regarding risk associated with LSD use was some type of negative mental health consequence. This included risk of psychosis, paranoia, long-term psychological problems, not being able to “come down” (ie. being in a permanent state of ‘altered consciousness’), and experiencing ‘flashbacks’. Other perceptions of risk included experiencing a ‘bad trip’, doing harmful and/or dangerous things while under the influence (due to lack of awareness of reality) and “freaking out”, especially if the user is naïve and doesn’t know what to expect.

9.6 Summary of LSD Trends

- There was a decrease in the proportion of PDU reporting lifetime and recent use of LSD compared to 2002.
- There was no real change in the frequency of reported use, or average amount used per session, of LSD.
- Price, purity and availability data for LSD in 2003 revealed no change in price, but a shift towards decreasing purity and availability.
- The mostly commonly reported benefit of LSD was a state of 'altered perception' provided by the drug, while the most commonly reported risk was the possibility of experiencing a 'bad trip'.
- KI had little to say other than to suggest that the prevalence of LSD use in the dance party scene had decreased.

10.0 MDA

There was a small rise in the proportion of PDU reporting lifetime use of MDA in 2003 from 2002, though recent use of MDA remained stable at 21% of PDU. Users reporting using by swallowing or snorting in equal proportions in 2003.

10.1 MDA use among PDU

Like LSD, no PDU reported MDA as their drug of choice in either 2003 or 2002. As shown in Table 10.1, there were a variety of measures of MDA used by PDU in 2003 ('caps', grams, points and tablets), compared to only one ('caps') in 2002. With respect to 'caps' (the most commonly reported measure) there were no changes since 2002 with PDU reporting use of an *average* and *most* amount of 2 caps (median) per single session. Very few PDU included MDA in a binge session either in 2003 or 2002.

Table 10.1: Patterns of MDA Use Among the PDU sample

Variable	2003 (n=101)	2002 (n=68)
Age first used: median in years (range)	21 (15 – 44)	-
Ever used (lifetime) (%)	31	24
Used in last 6 months (%)	21	22
MDA as main drug of choice (%)	0	0
Days used in last 6 months#: median (range; n)	2 (1-24; 21)	2 (1-10; 15)
Average amount used in a single session*:		
Caps: median (range; n)	2 (0.5-3; 9)	2 (1-2; 15)
Grams: median (range; n)	0.5 (0.33-0.5; 4)	-
points: median (range; n)	1 (1-3; 4)	-
tablets: median (range; n)	1.25 (1-1.5; 2)	-
Most amount used in a single session*:		
Caps: median (range; n)	2 (1-5; 9)	2 (1-4; 15)
Grams: median (range; n)	0.75 (.33-2; 4)	-
points: median (range; n)	1.5 (1-3; 4)	-
tablets: median (range; n)	1.25 (1-1.5; 2)	-
MDA included in 'binge' episode (%)	5	3

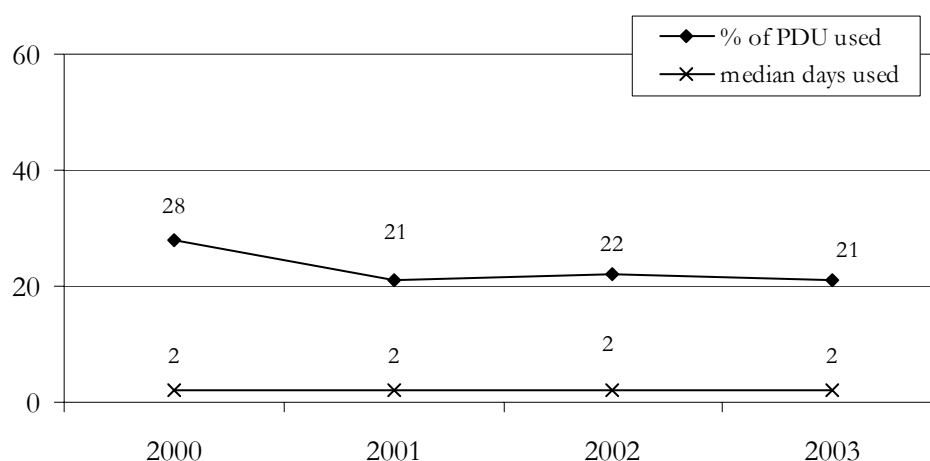
Source: Party Drugs Initiative PDU interviews

of those who reported use in the last 6 months

* a session was defined as a period of continuous drug use without sleep, in the last 6 months

Figure 10.1 reveals the trends in recent use and median days used for MDA since 2000. As can be seen, there has been very little change in either variable over the four years of the survey.

Figure 10.1: MDA – Trend in recent use* and median days used#, 2000 - 2003



Source: Party Drugs Initiative PDU interviews

* use in the previous six months

by those reporting use in the previous six months

10.2 Price

All price, purity and availability data for MDA is based on a very small sample of PDU and consequently data for these parameters is reported as numbers of PDU, not proportions.

Only 6 and 5 PDU commented on the current price of GHB in caps and grams respectively (see Table 10.2). The median reported price for MDA was \$42.50 per cap or \$270 per gram. The price per cap remained unchanged from 2002. While the majority of PDU were unable to comment on recent price changes, those who did reported that the price had remained stable over the last six months.

Table 10.2: Current price of MDA and change in price over last six months, 2002 & 2003

	2003	2002
Median price per cap (range; <i>n</i>)	\$42.50 (\$30 - \$50; 6)	\$42.50 (\$30 - \$60; 12)
Median per gram (range; <i>n</i>)	\$270 (\$200 - \$400; 5)	-
Price change in last 6 months (%)	<i>n</i> =18	<i>n</i> =13
Increasing	6	0
Stable	33	62
Decreasing	11	15
Fluctuating	0	0
Don't know	50	23

Source: Party Drugs Initiative PDU interviews

10.3 Purity

As shown in Table 10.3, the majority of PDU reported that the purity of MDA in 2003 was high, although a higher proportion than in 2002 reported MDA purity as medium. A large proportion of PDU were unable to comment on any recent changes in MDA purity, of those who felt confident to comment, the majority (n = 6) reported that purity levels had remained stable in the past six months.

Table 10.3: Purity of MDA and change in purity over the last six months, 2002 & 2003

	2003 (n=18)	2002 (n=13)
Current purity (%)		
Low	0	8
Medium	22	8
High	61	85
Fluctuates	6	0
Don't know	11	0
Change purity in last 6 months (%)		
Increasing	6	0
Stable	33	62
Decreasing	6	23
Fluctuating	6	0
Don't know	50	15

Source: Party Drugs Initiative PDU interviews

MDA is a phenethylamine and readers are asked to revisit the ACC seizures purity graph presented in Section 4.3 (Figure 4.3) for further purity information.

10.4 Availability

MDA availability was considered to be difficult by half of the PDU able to comment (n = 9) (see Table 10.4). This constitutes an increase in difficulty of obtainability compared to 2002, but readers are reminded that these analyses are based on small samples. An increased proportion of PDU reported that availability had been stable in the last six months compared to 2002.

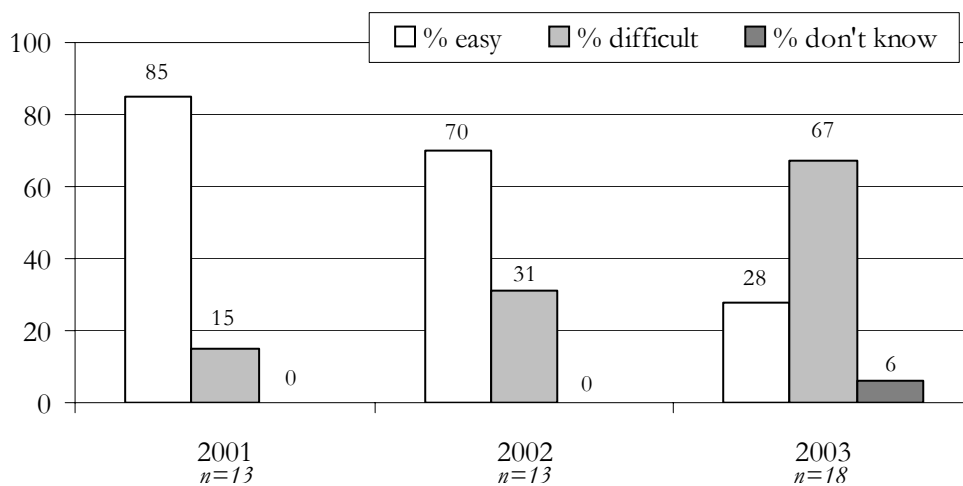
Table 10.4: Availability of MDA and change in availability over the last six months, 2002 & 2003

	2003 (n=18)	2002 (n=13)
Current availability (%)		
Very easy	11	39
Easy	6	0
Moderately easy	11	31
Difficult	50	23
Very difficult	17	8
Don't know	6	0
Change in availability in last 6 months (%)		
More difficult	0	31
Stable	61	46
Easier	6	0
Fluctuates	6	8
Don't know	28	15

Source: Party Drugs Initiative PDU interviews

Figure 10.2 presents the trend in the availability of MDA over the four years of the survey. As can be seen there has been a steady rise in the proportion of PDU reporting difficulty in obtaining MDA during that time.

Figure 10.2: Trend in availability of MDA, 2001 - 2003



Source: Party Drugs Initiative PDU interviews

Note: data for 2000 has n<10, and is therefore not reported

Very few KI were able to comment on MDA (two scene and two health) in this year's survey. Of those who did comment, three believed that it was not sought by users and was more likely to be a contaminant. One KI suggested that along with MDEA, MDA was a 'specialist' drug that comes and goes.

10.5 Summary of MDA Trends

- There was a small rise in the proportion of PDU reporting lifetime use, though recent use of MDA remained stable compared to 2002.
- There was no change in the frequency of reported use, and average amount used per session, of MDA between 2002 and 2003.
- Price, purity and availability data for MDA use in 2003 was based on a very small sample of PDU and caution should be exercised when attempting to generalise to the wider South Australian population of PDU.
- The median price of a cap of MDA was unchanged from 2002, and PDU reported an increased difficulty in obtaining MDA.
- KI suggested that MDA is not heavily sought by users.

11.0 OTHER DRUGS

Table 11.1 summarises recent use and frequency of use of other drugs over the last four years of the survey. A more detailed summary of each drug follows the table.

Table 11.1: Trends in recent use*, and frequency of use#, of different substances by PDU, 2000 - 2003

Drug type	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Alcohol				
% used	98	90	94	92
median days used (range)	48 (2-180)	20 (1-104)	52 (1-180)	20 (3-130)
Cannabis				
% used	87	82	89	88
median days used (range)	27 (1-180)	91 (1-180)	65 (1-180)	115 (2-180)
Tobacco				
% used	72	71	67	52
median days used (range)	180 (2-180)	180 (2-180)	180 (1-180)	180 (1-180)
Benzodiazepines				
% used	30	40	27	24
median days used (range)	6 (1-180)	2 (1-180)	3 (1-180)	4 (1-24)
Antidepressants				
% used	12	29	13	14
median days used (range)	3.5 (1-180)	6.5 (1-180)	42 (1-180)	3 (1-30)
Amyl nitrate				
% used	13	25	17	32
median days used (range)	2 (1-72)	1 (1-20)	2 (1-100)	3 (1-40)
Nitrous oxide				
% used	55	53	53	74
median days used (range)	6 (1-90)	3.5 (1-90)	8 (1-104)	20 (2-95)
Heroin				
% used	2	6	4	0
median days used (range)	9 (6-12)	6.5 (1-10)	1 (1-10)	-
Other opiates				
% used	7	7	1	36
median days used (range)	24 (2-48)	6 (1-30)	1 day only	7.5 (1-35)

Source: Party Drugs Initiative PDU interviews

* use in the six months preceding interview

median days used for those PDU that reported use in the six months prior to interview

11.1 Alcohol

The proportion of PDU reporting recent alcohol use has peaked at 98% in 2003, although a comparison with previous years (see Table 11.1) reveals an already high level of use among this group. The median age at which PDU reported first using alcohol was 14 years.

Fluctuations in the frequency of alcohol use have continued over time with the median number of days used alcohol at 48 in 2003, which is similar to 2001 levels (52), but higher than in 2002 and 2000. Approximately 22% of PDU reported including alcohol in a binge session in 2003. In addition, 60% of PDU report typically using alcohol with ecstasy; 39% more than 5 standard drinks.

The majority of KI report alcohol use among PDU with a number noting a recent increase, and a change in attitude, among PDU towards alcohol use. One KI stated that drinking (alcohol) used to be unacceptable, but now it was more acceptable. Another KI reported that increased alcohol use among PDU had followed the surge in popularity of alcoholic sodas.

11.2 Cannabis

The median age at which PDU first used cannabis (15 years) was slightly higher than the age at which PDU first used alcohol (see Table 11.1). The proportion of PDU reporting recent cannabis use was 87% and in comparison to previous years there has been little change.

There has been a substantial drop in PDU reports of the frequency of cannabis use since 2002, with the median number of days used reducing from 91 in 2002 down to 27 in 2003. Despite a similar drop between 2000 and 2001, the median number of days used cannabis was the lowest reported in the four years of the survey. Only 17% of PDU report bingeing on cannabis during 2003.

KI reports regarding cannabis use among PDU ranged from casual to constant use. The lack of consistency between reports may be reflective of the varying patterns of use among party drug users. There were no consistent reports of a decrease in frequency of use consistent with levels reported by the PDU themselves.

11.3 Tobacco

The proportion of PDU reporting recent tobacco use has reached a plateau since 2001 (see Table 11.1) with approximately two thirds of PDU reporting recent use in 2003 (72%), 2002 (71%) and 2001 (67%). The reported age for first use was similar to cannabis with a median age of 15 years.

The frequency of tobacco use has remained at peak levels across the four years of the survey at a median of 180 days in the previous six months. Only one individual reported including tobacco in a binge episode. The current smoking prevalence rate in Australia was 1 in 4 in 2001 (AIHW, 2003). Among the PDU in the current sample approximately 7 out of 10 reported median daily use of tobacco.

In support of these results, all KI report that tobacco use is highly prevalent among PDU.

11.4 Benzodiazepines

The proportion of PDU reporting recent use of benzodiazepines has not changed greatly over the four years of the survey and in 2003, 30% of the PDU reported recent use (see Table 11.1). The age of first use of benzodiazepines was considerably higher than alcohol, cannabis and tobacco with a median age of 19.5 years in 2003.

The frequency of benzodiazepine use appears to have increased slightly in 2003 with a median of 6 days use reported in 2003, up from 2 days in 2002. Only two PDU reported bingeing on benzodiazepines in 2003.

KI report use of both illicit and licit benzodiazepines among party drug users. One KI described the practice of swapping licit benzodiazepines between users occurs in an attempt to find something to aid sleep. There were no specific comments on the overall prevalence or frequency of use of benzodiazepines by party drug users.

11.5 Antidepressants

Compared to 2002 (29%), there has been an decrease in the proportion of PDU reporting recent use of antidepressants to 12%, however, this is similar to the proportion of PDU reporting recent use in both 2001 and 2000 (see Table 11.1). The median age of reported first use of antidepressants was 21.5 years.

While the proportion of PDU reporting antidepressant use has remained largely unchanged (except for a small number of PDU in 2001 reporting daily use) the frequency with which antidepressants were used in the last six months had decreased from a high median of 6.5 days in 2002 to 3.5 days. No PDU reported bingeing on antidepressants. Of those using antidepressants in last 6 months (n=12), the number using for depression was 7 (58%) and the remaining 5 people used in relation to their ecstasy use (n = 2; 17%) or in relation to other drugs (n = 3; 25%).

KI reported that PDU self-medicate with licit antidepressants in an attempt to control the different effects and stages of ecstasy use. One KI suggested that PDU were attempting to regulate their serotonin levels through the use of antidepressants, while another KI reported an increase in help line calls about the effects of antidepressants. Swapping of licit medication was again mentioned, and one KI specifically mentioned that some PDU were doctor shopping in order to tailor antidepressant prescriptions to their own recreational and symptom relief needs. However, despite all the commentary provided by KI, the actual number of PDU in the current sample reporting recent antidepressant use was low.

11.6 Inhalants

A higher proportion of PDU reported recent use of nitrous oxide (55%) than amyl nitrate (13%) in 2003 (see Table 11.1). Conversely, the median age of first use of inhalants was higher for amyl nitrate (20 years) than nitrous oxide (18 years). Apart from minor fluctuations, the prevalence of inhalant use has remained stable over the four years of the survey.

The reported frequency of use of inhalants reveals another difference between the two substances, with a higher frequency of use of nitrous oxide compared to amyl nitrate; a median of 6 and 2 days respectively. Although the numbers were small, more PDU reported using nitrous oxide (n = 11) during a binge episode than amyl nitrate (n = 3).

There were no specific comments by KI on inhalant use in the dance party scene.

12.0 PARTY DRUG RELATED HARM

12.1 Law enforcement

The following sections provide information from PDU, and, where available, KI and indicator data sources on harm related to party drug use and law enforcement.

12.1.1 Reports of criminal activity among PDU

In 2003, PDU were asked a number of questions regarding their involvement in criminal activity. Table 12.1 summarises PDU reports of criminal activity in the month prior to interview. In 2003, 37% of PDU reported involvement in some type of crime, which was lower than reported criminal involvement in the previous two years. Drug dealing was the most commonly reported crime across the four years of the survey. Despite a lower level of criminal involvement reported by PDU in 2003, a slight increase in the proportion that had been arrested in the last 12 months was recorded.

Table 12.1: Criminal activity in the month prior to interview, as reported by PDU, 2000 - 2003

	% of PDU			
	2003 (n=101)	2002 (n=68)	2001 (n=70)	2000 (n=50)
Criminal activity in last month				
Property crime	3	12	13	2
Drug dealing	35	46	44	24
Fraud	1	6	9	-
Violent crime	3	3	4	2
Any crime	37	53	53	24
Arrested in last 12 months	10	7	3	0
In the last six months, paid for ecstasy through:				
Drug dealing	32	56	46	20
Fraud	0	2	4	2
Property crime	1	3	0	2
Sex work	2	2	1	2

Source: Party Drugs Initiative PDU interviews

There was no substantial change in the proportion of PDU reporting criminal methods of payment for drugs across the four years of the survey. In each year, drug dealing was predominant.

12.1.2 Perception of police activity towards PDU

Table 12.2 presents data on the PDU perceptions of police activity in the six months leading up to the survey. The largest proportion of PDU in 2003 reported that police activity had been stable. There was a decrease in the proportion of the sample reporting a perceived increase in activity since 2002. The majority of PDU reported that their ability to obtain drugs had not become more difficult due to police activity in 2003.

The users themselves, in additional comments on police activity, reported an increase in the presence of undercover law enforcement officers at clubs and raves, and a larger number of police patrols, in general, in and around the scene. In contrast, law enforcement KI mentioned an increasing focus on dealers and source of supply.

Table 12.2: Perceptions of police activity in the six months prior to interview, as reported by PDU, 2002 & 2003

	% of PDU	
	2003 (n=101)	2002 (n=68)
Perception of police activity in last 6 months		
More activity	22	43
Stable	37	47
Less activity	1	9
Don't know	41	1
More difficult to obtain drugs recently?		
Yes	13	9
No	87	91

Source: Party Drugs Initiative PDU interviews

12.2 Health

The following sections provide information from PDU, KI and, where available, indicator data sources on harm related to party drug use and health.

12.2.1 Acute harms related to party drug use

PDU were asked if they had experienced a list of 40 different side effects within the last six months that they attributed (at least in part) to their ecstasy or other party drug use. They were asked to report whether they thought the side effect was related to their ecstasy use, whether they had experienced this side effect while under the influence or while coming down from drug use and what other drugs or factors were involved. Table 12.3 and 12.4 summarise the side effects experienced by PDU either while *under the influence*, or while *coming down*, by the drug type they attributed the side effect to.

Fewer than ten PDU, and fewer than five per specific drug type, attributed *any drug* use to the experience of flashbacks, chest pains, panic attacks, fainting/passing out,

fits/seizures, violent behaviour or suicidal thoughts, while *under the influence*, and are subsequently not included in Table 12.3. For the same reason, fainting/passing out, fits/seizures, violent behaviour and suicidal thoughts are not included in Table 12.4. No PDU reported having attempted suicide due to their drug use in the last six months.

A median of 17 (range 4 – 35) side effects, related to drug use in the last 6 months, was reported by the PDU. The most commonly reported side effects from drug use generally were, in order, loss of appetite, confusion, trouble sleeping, difficulty concentrating, blurred vision and loss of energy, experienced by 70% or more of the PDU group. These were followed by headaches, profuse sweating, hot or cold flushes, muscular aches, agitation or restlessness, memory lapses and tremors or shakes experienced by 60% or more of the PDU sample.

Table 12.5 summarises the proportion of PDU reporting experience of an acute side effect that they attributed to three or more drugs in the last six months. Results are reported in terms of the number of PDU reporting each side effect and as a proportion of total number of PDU experiencing each side effect. Loss of appetite was reported by 20 PDU as the acute side effect, experienced under the influence, most often attributed to three or more drugs in the last six months. Confusion was reported by 24 PDU as the acute side effect most associated with come down.

Table 12.3: % of PDU that experienced an acute health related side effect while *under the influence* of drugs in the last six months, by attributed drug*, 2003

Side effect experienced	Any drug <i>n=101</i>	Ecstasy <i>n=101</i>	Meth powder <i>n=66</i>	Meth base <i>n=71</i>	Meth crystal <i>n=48</i>	LSD <i>n=30</i>	Ketamine <i>n=36</i>
Loss of appetite	79	69	38	63	21	17	#
Blurred vision	71	70	#	11	#	#	36
Profuse sweating	61	59	39	39	13	#	#
Hot/cold flushes	58	56	9	24	#	#	#
Memory lapse	57	46	8	17	#	#	14
Difficulty concentrating	56	54	8	30	#	20	#
Visual hallucinations	54	40	#	14	#	53	25
Trouble sleeping	53	45	23	52	15	20	#
Confusion	51	47	14	31	13	17	17
Tremors/shakes	50	43	17	31	10	#	#
Numbness/tingling	49	42	#	14	#	#	#
Teeth problems	48	41	23	35	10	-	-
Dizziness	46	44	#	17	#	#	#
Auditory hallucinations	43	35	8	14	#	30	17
Vomiting	41	34	#	8	#	-	#
Inability to urinate	41	37	#	15	#	#	-
Agitation/restlessness	39	33	12	32	17	#	#
Paranoia	35	22	#	24	#	30	-
Weight loss	34	31	14	28	#	#	-
Headaches	32	25	9	15	#	#	#
Inability to orgasm	31	29	9	23	#	#	#
Shortness of breath	27	19	8	11	#	-	#
Stomach pains	26	22	#	14	#	-	#
Heart palpitations	25	15	17	15	10	#	-
Muscular aches	22	20	#	13	-	-	#
Anxiety	20	16	#	15	-	#	-
Loss of libido	19	15	#	10	#	#	-
Loss of energy	15	13	-	-	-	-	#
Irritability	14	13	#	11	-	-	#
Joint pains/stiffness	12	11	#	7	-	-	-
Anger/hostility	11	4	#	10	#	#	-

Source: Party Drugs Initiative PDU interviews

* ie. the drug that the PDU attributes the side effect to; a dash means no PDU in this category, # means n<5; not reported

Table 12.4: % of PDU that experienced an acute health related side effect while *coming down* from drugs in the last six months, by attributed drug*, 2003

Side effect experienced	Any drug <i>n=101</i>	Ecstasy <i>n=101</i>	Meth powder <i>n=66</i>	Meth base <i>n=71</i>	Meth crystal <i>n=48</i>	LSD <i>n=30</i>	Ketamine <i>n=36</i>
Confusion	78	74	18	73	13	27	17
Trouble sleeping	69	53	33	55	19	23	-
Loss of appetite	68	62	32	58	21	17	#
Difficulty concentrating	68	66	12	42	13	20	#
Loss of energy	65	61	14	34	#	#	14
Muscular aches	64	55	17	39	15	-	#
Headaches	56	43	20	32	#	#	#
Irritability	56	53	18	44	#	#	#
Agitation/restlessness	55	47	20	46	19	17	#
Tremors/shakes	47	38	18	32	10	#	#
Anxiety	44	40	15	35	#	#	#
Joint pains/stiffness	43	39	12	31	#	#	-
Depression	42	39	11	23	#	#	#
Hot/cold flushes	41	35	11	27	#	#	#
Paranoia	39	31	#	30	#	#	-
Dizziness	39	38	#	20	#	23	14
Teeth problems	38	32	15	28	#	#	-
Memory lapse	34	30	8	10	#	#	14
Weight loss	34	31	14	30	#	#	-
Auditory hallucinations	33	26	9	17	#	20	#
Stomach pains	33	27	#	21	#	#	#
Visual hallucinations	32	28	#	13	#	20	#
Anger/hostility	31	23	9	25	#	#	-
Inability to orgasm	27	25	11	23	#	#	#
Profuse sweating	23	21	#	17	#	#	#
Blurred vision	22	22	#	#	#	#	14
Heart palpitations	18	9	12	11	#	#	-
Vomiting	18		#	7	#	-	#
Numbness/tingling	17	16	#	7	#	#	#
Inability to urinate	17	17	#	8	#	#	-
Shortness of breath	15	9	#	11	#	-	#
Chest pains	11	6	#	#	#	#	-
Panic attacks	11	7	-	11	#	-	-

Source: Party Drugs Initiative PDU interviews

* ie. the drug that the PDU attributes the side effect to; dash means no PDU & # means n<5 per category

Table 12.5: % of PDU that experienced an acute health related side effect that they attributed to 3 or more drugs*, 2003

Side effect experienced	Under the influence		While coming down	
	<i>n</i>	%	<i>n</i>	%
Loss of appetite	20	25	19	28
Confusion	18	35	24	30
Trouble sleeping	16	29	16	23
Difficulty concentrating	16	28	20	29
Agitation/restlessness	14	36	18	32
Memory lapse	14	24	10	29
Blurred vision	13	18	6	27
Tremors/shakes	12	24	13	28
Paranoia	11	31	13	33
Visual hallucinations	11	20	9	28
Hot/cold flushes	10	17	9	22
Profuse sweating	9	15	7	30
Auditory hallucinations	9	21	9	27
Dizziness	8	17	10	26
Inability to orgasm	8	26	7	26
Headaches	6	19	12	21
Weight loss	6	18	6	18
Numbness/tingling	6	12	5	29
Vomiting	6	15	#	#
Stomach pains	6	23	8	24
Teeth problems	5	10	#	#
Heart palpitations	5	20	#	#
Irritability	#	#	14	25
Anxiety	#	#	10	23
Anger/hostility	#	#	7	23
Loss of energy	#	#	14	21
Muscular aches	#	#	8	12
Flashbacks	#	#	5	36
Depression	#	#	8	19

Source: Party Drugs Initiative PDU interviews

* either from concurrent use or use on separate occasions; # means n<5 per category

PDU also indicated whether other factors were involved in the side effect/s that they had experienced in the last six months, either while under the influence of a drug or while coming down. The most commonly attributed 'other factors' were some type of physical factor such as tiredness or exhaustion from physical exertion (eg. dancing), lack of food and/or sleep, poor general health or fitness at the time, and dehydration. These were most commonly reported as involved as 'other factors' in the following side effects: muscular aches (n=46), joint pains/stiffness (n=29), weight loss (n=27), loss of energy (n=25), profuse sweating (n=24), confusion (n=22), difficulty concentrating (n=21), headaches (n=17), dizziness (n=16), irritability (n=15) and tremors/shakes (n=11).

Hospital Emergency Department admissions

Table 12.6 presents the number of drug related attendances to the emergency department at the Royal Adelaide Hospital (RAH), South Australia, during 1999/2000 to 2002/2003. The Royal Adelaide Hospital is the only major public hospital located within the Adelaide CBD. Alcohol was by far the largest proportion of drug related attendances at the RAH across all years.

Table 12.6: Number of attendances* to the emergency department at the Royal Adelaide Hospital, SA, during 1999/2000 to 2002/2003 (per drug or diagnosis)

	2003/2002	2002/2001	2001/2000	2000/1999
Amphetamines	65	76	88	103
Cocaine	0	2	2	1
LSD	1	2	1	1
GHB	28	48	0	0
Alcohol	994	1,118	1,066	1,068
Cannabis	9	16	12	18
Heroin	38	30	121	221
Other opioids**	64	45	79	97
Benzodiazepines	138	170	201	143
Antidepressants	79	104	117	88
Drug addiction#	38	27	32	25
Drug-induced psychosis#	52	67	34	17
Drug withdrawal#	26	35	35	32
Other###	434	533	640	577
<i>TOTAL</i>	<i>1,966</i>	<i>2,273</i>	<i>2,428</i>	<i>2,391</i>

Source: Royal Adelaide Hospital Emergency Department

* coded as drug or poisoning-related

** includes opium, methadone, other narcotics (morphine, codeine, pethidine etc), and opioid withdrawal

excluding alcohol

includes all other poisonings related to food, drug (medical & non-medical), chemical and other toxins

A decrease in the number of total attendances can be seen between 2003/2002 and 2002/2001. Most pertinent to the issue of party drug related harms were the decreases in presentations related to amphetamines and GHB. With respect to GHB, the number of presentations had almost halved between these years. The change in number of amphetamine presentations was not as dramatic, and a small decrease was also noted in the number of drug-induced psychoses presentations coded during the same time period. However, the number of drug-induced psychosis presentations remained elevated compared to the first two sampling timeframes. Amphetamine use over time has been demonstrated to lead to drug-induced psychotic episodes (see for example, Schlemmer 1980), however, readers are reminded that information relating to the primary or causal drug for a particular episode of drug-induced psychosis was not available in this data set.

12.2.2 Other harms related to party drug use

The PDU survey also asked users about their experience of other problems related to their ecstasy or other drug use during the last six months, in the categories of work/study, financial, legal/police and social/relationship. Seventy-three PDU reported having experienced one or more problems related to their drug use in that time. The majority of problems experienced by PDU related to some aspect of their work or study, followed by social and financial problems. PDU were also asked to nominate which drug or drugs they attributed the problem experienced to. A summary of these data is given in Table 12.7.

As can be seen, ecstasy or some form of methamphetamine were most commonly blamed, at least in part, for work or study, financial and social problems.

Table 12.7: % of PDU reporting other harms associated with drug use in the last six months, by drug type, 2003

Problem experienced	Any drug <i>n=101</i>	Ecstasy <i>n=101</i>	Meth powder <i>n=66</i>	Meth base <i>n=71</i>	Meth crystal <i>n=48</i>	Cannabis <i>n=88</i>	Alcohol <i>n=99</i>
Social/relationship	38	26	14	15	6	8	4
Financial	33	30	12	13	13	9	8
Legal/police	11	3	-	4	4	6	1
Work/study	50	43	24	25	25	17	11

Source: Party Drugs Initiative PDU interviews

13.0 DISCUSSION

The 2003 survey presented an opportunity to not only build on past IDRS Party Drugs Module results, but also to explore new aspects of party drug use within the Adelaide dance party scene. The PDI in 2003 was expanded considerably from the 2002 survey, incorporating questions on the source and place of use of ecstasy and other drugs, qualitative questions on the users perception of risks and benefits of using various drugs, detail of problems associated with drug use, and including questions regarding 1,4-butanediol (1,4-B) for the first time.

The following sections attempt to summarise each of the areas covered in the survey and bring together the three sources of information to form an overall picture of the party drug scene in Adelaide during 2003.

13.1 PDU characteristics and polydrug use patterns

The profile of PDU in the 2003 survey remained largely unchanged from past survey participants. The majority were male, in their early 20's and mostly employed or studying. Again, similar to previous years, PDU reported polydrug use with the median number of drugs used reported to be nine in across lifetime and seven in the last six months. In contrast to previous years, however, a decrease in binge behaviour was noted this year as were the proportions reporting injecting drug use.

13.2 Ecstasy

Over the last four years little change in the reported mean age of first use, median days of use, *average* or *most* amount used in a typical session, or in the proportion using more than one tablet in a typical session, was seen. These results were reflected in the comments of KI who also reported little change in the overall use of ecstasy by Adelaide PDU. Two changes that were noted though, were a gradual increase over the four years of the survey in the proportion reporting ecstasy as their main drug of choice, as well as a gradual increase in snorting as a method of administration.

The one aspect on which KI provided information that was not apparent in the PDU demographic data was the existence of two distinct groups of ecstasy users. The distinction drawn by the KI was based on age with several reporting two age groupings; one younger (approximately 15-18 years) and one older (approximately 25 years plus). KI reported that there were slightly different patterns of use among the two groups with the younger PDU more likely to be using ecstasy in larger amounts and more frequently, in comparison to the older group.

Similar to the finding that the sample as a whole had decreased binge behaviour, bingeing on ecstasy also declined. Concomitantly, there was a substantial decrease in the proportion reporting typical use of methamphetamine and GHB *with* ecstasy. While the decrease in binge behaviour and polydrug use involving methamphetamine and GHB is a welcome finding, the increase in the number of PDU reporting alcohol use *with* ecstasy is disturbing.

Ecstasy prices have remained unchanged since 2002 and ecstasy still remains easy or very easy to obtain despite a small decline in availability reported by a number of PDU. The price of ecstasy remained unchanged since 2002 and stable over the last six months,

while purity fluctuated. The majority of PDU report obtaining ecstasy from their friends with very few identifying strangers as a source of the drug.

The introduction of a section seeking information from PDU on the perceived risks and benefits of ecstasy use resulted in a wealth of data. Most PDU reported several benefits of ecstasy use with several common themes emerging; 'feel-good' properties, increased sociability, enhanced communication skills and a feeling of love and unity. When asked about the risks associated with ecstasy use all but one PDU provided information. The most commonly reported psychological harms associated with ecstasy use were memory loss, depression, mood swings and lack of motivation. The physical risks commonly mentioned were overheating, dehydration, overdose and long term physical damage.

Approximately a quarter of PDU reported concerns about the uncertainty of the quality of the ecstasy they were using. This was also reflected in PDU reports of the current purity of ecstasy, where the largest proportion of PDU reported that purity was fluctuating. Seizure data however, indicates that purity levels of ecstasy have been relatively stable for the last two years. Although indicator data on ecstasy seizures is available its usefulness as an indicator of street level purity is questionable. For example, the seized ecstasy samples may not be representative of the variety of drugs available on the Adelaide market.

KI suggest that PDU are not typically associated with criminal activity. For ecstasy specific criminal activity only PDU reports were available for analysis and the results suggest a third of PDU have some level of involvement in crime, which is primarily associated with drug dealing. Anecdotal reports, backed-up by law enforcement KI reports, suggest that the drug dealing typically involves individuals buying in bulk and on-selling to their friends. The distinction between buying and selling drugs for profit and buying drugs as a 'favour' for a group of friends is not clear cut among the users themselves and may have led to an underreporting of the true incidence of drug dealing among the PDU.

When asked about the acute side effects they had attributed to their ecstasy use in the last six months, over 50% of PDU identified loss of appetite, difficulty concentrating, profuse sweating, and hot and cold flushes. An even higher proportion (over 60%) reported acute side effects occurred during the comedown associated with ecstasy use, namely; confusion, loss of appetite, difficulty concentrating and loss of energy. In addition, other problems PDU attributed to their ecstasy use were work/study (43%), financial (30%), social/relationship (26%), and legal/police (3%).

13.3 Methamphetamine

While there was little overall change in the pattern of ecstasy use among the sample, a different picture emerged for methamphetamine. Compared to 2002, fewer PDU reported lifetime use of all forms of methamphetamine and a similar decrease across the board in recent use of all forms of methamphetamine was seen, the largest decrease occurred in recent use of crystal methamphetamine. A substantial decrease in binge behaviour associated with methamphetamine use was also noted by PDU.

The form of methamphetamine most often recorded by PDU as their drug of choice was base methamphetamine, which accords with their reported patterns of use. Interestingly, there were a number of conflicting reports about the type of methamphetamine predominantly used by PDU among the KI. Health and scene KI were evenly divided on

whether PDU used powder or base methamphetamine more often. All agreed that crystal methamphetamine was used less frequently, in line with PDU reports.

According to the PDU, other notable differences between the three forms of methamphetamine were purity (as would be expected crystal methamphetamine was reported as the purest), availability (crystal methamphetamine was markedly more difficult to obtain), and location of use (private home was the most commonly reported location for use of powder methamphetamine).

Indicator data does not provide the level of resolution needed to confirm or deny the PDU reports in the trends in price, purity and availability of the three different forms of methamphetamine. Overall, the ACC purity data shows an increase in both the number of seizures and purity of methamphetamine compared to the previous two years.

SAPOL indicator data also does not provide information of the three different forms of methamphetamine. The 2002/2003 data in methamphetamine related offences indicates a continuing decrease in possession offences, but a slight increase in provision offences that ties in with law enforcement KI reports of an increased police focus on methamphetamine production and supply.

Three quarters of the PDU sample were able to provide comments on what they considered to be the risks and benefits of methamphetamine use. By far the most commonly perceived benefits were an ability to stay awake and increased energy and endurance. Several PDU mentioned an increased ability to drink alcohol “without falling over and making a fool of yourself” as a benefit. These reports are concerning and consistent with the high levels of alcohol consumption reported by this sample.

Interstate trends show an increase in crystal methamphetamine use among the dance party scene, however, this trend is yet to be observed in South Australia.

13.4 Cocaine

Compared to the IDRS, cocaine was more popular among users in the dance party scene. For recent cocaine use, 13% of IDRS participants reported using cocaine within the last six months compared to 37% of PDU in 2003. This suggests that cocaine may be more accessible to the party drug scene participants. However, the decrease in the proportion reporting recent use, compared to 2002, in the IDRS sample was mirrored in PDU reports, suggesting that fluctuations in supply effect all users.

No comparative data for price, purity and availability of cocaine was available. The median price per gram of cocaine was reported to be \$210 and largely considered stable. With respect to current availability, the majority regard it as difficult to obtain. Despite the apparent equivalence in price between a gram of cocaine and a gram of base or crystal methamphetamine, KI and PDU report that cocaine is not used as much due to its exclusivity and expense. It is apparent that availability is a primary factor affecting frequency of use. Comparative data from SAPOL seizures is too limited for meaningful analysis.

One of the more interesting findings regarding cocaine use among PDU is the usual location of use. The least likely place PDU reported using cocaine was at raves and dance parties. Use was far more likely to occur in nightclubs or friends' homes. As discussed previously, KI commented on the 'exclusive' nature of the South Australian cocaine

market and suggested that use was not common in the dance party scene. Taken together, these results suggest that the location strongly influence the types of drugs consumed.

These results highlight the need to understand the implications of defining venue types within different jurisdictions. Specifically, defining the dance party scene is somewhat problematic as individuals may refer to all dance music locations collectively as the dance party scene whereas others may restrict the definition to raves or outdoor events. The use of the term nightclub in this South Australian sample seems to denote a more up-market establishment.

13.5 Ketamine

In 2003, the survey identified a rise in the proportion of PDU reporting recent ketamine use, which is a continuation of a trend that appeared to begin in 2001. Unlike many of the other party drugs, ketamine is less likely to be used at music venues with over half of PDU reporting last use at a friends' home. Use of ketamine at home is a definite concern given that ketamine is a dissociative anaesthetic with a high risk of overdose. Users are aware of the side effects as they have commonly reported ease of overdose resulting in death as a risk of use. With fewer support systems in place within a home environment the risks of harm is elevated in these situations.

KI reports suggested that, although ketamine use was rare, those who did use were more likely to be a part of a specific music sub-culture identified as 'hard house'. This again highlights the different profiles of party drug users and suggests that harm minimisation strategies need to be targeted to specific drugs taken in specific populations/locations (e.g., ketamine use within the 'hard house' scene).

13.6 GHB

The 'hard house' sub-culture identified in reference to ketamine use was again mentioned with respect to GHB. A number of KI suggested that GHB use was primarily restricted to PDU associated with the 'hard house' music scene. Unfortunately, no data on location of use was collected for GHB in 2003.

Decreases in the proportion of PDU reporting lifetime and recent use of GHB, frequency of reported use, and average amount used per session were noted compared to 2002. Despite low numbers of PDU able to comment, an increase in price and a marked decrease in availability was noted. These findings accord with KI reports of a decrease in use and availability of GHB within the dance party scene. One law enforcement KI suggested that a large seizure within the 12 months prior to interview had impacted considerably on the Adelaide market. In addition, the number of presentations to the RAH emergency department with GHB as the primary drug of concern almost halved from 2002.

13.7 Other drugs

Information on a number of other illicit and licit drugs was collected in the 2003 survey. The LSD and MDA markets remained largely unchanged from the 2002 survey; neither was identified as the main drug of choice for this group and the frequency of use was low within the prior six months (3 and 2 days, respectively). Few KI were able to report on

either drug, but commented that LSD was still present, but not as prevalent, and MDA was not often sought by users.

The proportion of PDU reporting recent use of cannabis remained stable over the four years of the study. However, in 2003 the number of median days used cannabis had decreased markedly. A lack of consistency between KI reports regarding cannabis use suggests that there is a varying pattern of use among party drug users.

Almost all PDU reported recent use of alcohol at higher levels than in 2002. Of most concern was that half of all PDU reported a recent binge episode had included alcohol. As mentioned earlier, alcohol was reportedly often consumed *with* ecstasy, with 60% of PDU reporting typical use of alcohol and ecstasy concomitantly.

The prevalence of smoking in the general Australian population of was measured as 1 in 4 in 2001 (AIHW, 2003). Among the current PDU sample the prevalence of smoking was considerably higher, with approximately 7 out of 10 reported median daily use of tobacco.

Finally, there were some indications that use of both illicit and licit benzodiazepines and antidepressants was occurring within the dance party scene, though recent use of both had decreased from 2002. Several KI identified a trend in self-medication with both benzodiazepines and antidepressants, and one suggested that PDU were swapping medications in order to tailor to their own recreation and symptom relief needs.

14.0 IMPLICATIONS

The 2003 South Australian Party Drugs Initiative expanded on the level of detail collected from PDU compared to previous years. Correspondingly, the increase in information has allowed more in-depth knowledge of some aspects of party drug use to be gathered.

The following issues were identified in the 2003 survey, which will require ongoing attention from policy makers, researchers and health professionals;

- A recurrent theme in the current survey was the differentiation by KI of distinct sub-groups of party drug users. Two of the most prominent issues identified were differences associated with younger and older ecstasy users and the use of ketamine and GHB among the 'hard house' sub-culture. The differentiation of user groups within the dance party scene is not new but information is emerging which suggests there are defined preferences for drugs as well as locations of use. The level of risk associated with different combinations of drug type and location of use needs to be more fully assessed.
- Many PDU participating in the PDU were knowledgeable about the risks, benefits and side effects of the drugs they are using. Reports of PDU tailoring their use of substances such as benzodiazepines and antidepressants suggests a possible level of sophistication that may not have been assumed in the past. Greater knowledge of the different drug effects, possibly instilling a false sense of security, may lead to increased risk taking behaviour among this more educated sub-group.

- The 2003 survey revealed some worrying issues with regard to high levels of alcohol consumption among PDU, particularly with regard to binge use and use *with* ecstasy. KI have commented that in the past, ecstasy users were unlikely to mix alcohol and party drugs. However, there appears to have been a shift toward the acceptance of combining alcohol and party drugs. It now appears as if alcohol has resumed its status as an integral part of a night out, even among this user group.
- An analysis of the PDU reports of location of last use pointed to the need to understand the implications of defining venue types and the associated differences in populations of users. Specifically, defining the dance party scene is somewhat problematic as individuals may refer to all dance music locations collectively as the dance party scene, whereas others may restrict the definition to raves or outdoor events. The use of the term nightclub in this South Australian sample seems to denote a more up-market establishment.

While a number of issues have been identified for closer scrutiny as a result of the 2003 survey, one issue has remained relevant in each year of the survey. The issue of quality control of all illicit substances, though seemingly well understood by users, is still overshadowed by their desire to use.

REFERENCES

- Australian Bureau of Criminal Intelligence (2002). *Australian Illicit Drug Report 2000-2001*. Canberra: Commonwealth of Australia.
- Australian Crime Commission (2003). *Australian Illicit Drug Report 2001-2002*. Canberra: Australian Crime Commission.
- Australian Crime Commission (in press). *Australian Illicit Drug Report 2002-2003*. Canberra: Australian Crime Commission.
- Australian Institute of Health and Welfare (2002a). *2001 National Drug Strategy Household Survey: Detailed findings*. AIHW cat. no. PHE 41. Canberra: AIHW (Drug Statistics Series No.11).
- Australian Institute of Health and Welfare (2002b). *2001 National Drug Strategy Household Survey: First Results*. AIHW cat. no. PHE 35. Canberra: AIHW (Drug Statistics Series No.9).
- Australian Institute of Health and Welfare (2003). *Statistics on drug use in Australia 2002*. AIHW cat. no. PHE 43. Canberra: AIHW (Drug Statistics Series No. 12).
- Biernacki, P. & Waldorf, D. (1981) Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods and Research*, 10, 141-163.
- Boys, A., Lenton, S. & Norcross, K. (1997) Polydrug use at raves by a Western Australian sample. *Drug and Alcohol Review*, 16, 227-234.
- Breen, C., Topp, L., & Longo, M. (2002). *Adapting the IDRS methodology to monitor trends in party drug markets: Findings of a two year feasibility trial*. NDARC Technical Report Number 142., National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Chesher, G.B. (1993) Pharmacology of the sympathomimetic psychostimulants. In: D. Burrows, B. Flaherty & M. MacAvoy (Eds.), *Illicit Psychostimulant Use in Australia* (pp. 9-30). Canberra: Australian Government Publishing Service.
- Dalgarno, P.J. & Shewan, D. (1996) Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs*, 28, 191-199.
- Darke, S., Cohen, J., Ross, J., Hando, J., & Hall, W. (1994) Transitions between routes of administration of regular amphetamine users. *Addiction* 89:1077-1083.
- Davis J, Schlemmer RF. The amphetamine psychosis. In: Caldwell J, editor. *Amphetamines and related stimulants: chemical, biological, clinical, and sociological aspects* (pp. 161-173). Boca Raton (Florida): CRC Press; 1980. p. 161-73.
- Degenhardt, L. & Barker, B. (2003). *Cocaine and amphetamine mentions in accidental drug-induced deaths in Australia 1997-2002*. Sydney: National Drug and Alcohol Research Centre.

- Forsyth, A.J.M. (1996) Places and patterns of drug use in the Scottish dance scene. *Addiction*, *91*, 511-521.
- Hando, J. & Hall, W. (1993) *Amphetamine use among young adults in Sydney, Australia*. NSW Health Department Drug and Alcohol Directorate Research Grant Report Series, B93/2. Sydney: NSW Health Department.
- Hando, J., Topp, L. & Hall, W. (1997) Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia. *Drug and Alcohol Dependence*, *46*, 105-113.
- Kerlinger, F.N. (1986) *Foundations of Behavioral Research (third edition)*. CBS Publishing Limited: Japan.
- Ovendon, C. & Loxley, W. (1996) Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)? *Addiction Research*, *4*, 33-43.
- Peters, A., Davies, T. & Richardson, A. (1997) Increasing popularity of injection as the route of administration of amphetamine in Edinburgh. *Drug and Alcohol Dependence*, *48*, 227-237.
- Solowij, N., Hall, W. & Lee, N. (1992) Recreational MDMA use in Sydney: A profile of "Ecstasy" users and their experiences with the drug. *British Journal of Addiction*, *87*, 1161-1172.
- South Australia Police Annual Report 2000-2001, 2001-2002 and 2002-2003.
- Topp, L., Hando, J. & Darke, S. (2003). *Procedure Manual for the 2003 Illicit Drug Reporting System (IDRS)*. Sydney: National Drug and Alcohol Research Centre.
- Topp, L. & Churchill, A. (2002). Australia's dynamic methamphetamine market. *Drug Trends Bulletin*, June 2002.
- Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A., & Solowij, N. (1998). *Ecstasy use in Australia*. NDARC Monograph Number 39., National Drug and Alcohol Research Centre, University of New South Wales, Sydney.
- Topp, L., Hando, J., Dillon, P., Roche, A., & Solowij, N. (2000). Ecstasy use in Australia : Patterns of use and associated harms. *Drug and Alcohol Dependence*, *55*, 105-115.
- White, B., Breen, C. & Degenhardt, L. (2003). *NSW Party Drug Trends 2002: Findings from the Illicit Drug Reporting System (IDRS) Party Drugs Module*. Sydney: National Drug and Alcohol Research Centre.
- Zvosec, D. L. *et al.* (2001). Adverse events, including death, associated with the use of 1,4-Butanediol. *New England Journal of Medicine*, *344*(2), 87-94.

APPENDIX 1

Drug use history and routes of administration of the PDU sample, 2003 (n=101)

Drug class	Ever used (%)	Ever injected (%)	Injected in last 6 months (%)	Ever smoked (%)	Smoked in last 6 months (%)	Ever snorted	Snorted in last 6 months (%)	Ever swallowed (%)	Swallowed in last 6 months (%)	Used in last 6 months (%)	Median days used in last 6 months* (range)
Ecstasy	100	11	3	16	5	83	70	100	100	100	12 (6 – 72)
Methamphetamine powder	82	11	2	32	8	71	53	71	55	65	7.5 (1 – 90)
Methamphetamine base	75	13	5	10	6	26	20	71	66	70	7 (1 – 100)
Crystal meth	60	4	2	20	13	28	16	44	35	48	5 (1 – 72)
Any methamphetamine	95	14	5							92	
Cocaine	58	6	0	8	1	55	36	16	7	37	2 (1 – 15)
LSD	73	2	0					73	30	30	3 (1 – 72)
MDA	31	3	1	1	0	15	9	20	15	21	2 (1 – 24)
Ketamine	47	2	0	1	1	37	31	16	7	36	2.5 (1 – 50)
GHB	34	0	0					34	12	12	2 (1 – 12)
1,4B	2	0	0					2	1	1	2 (-)
Amyl nitrate	40	-	-							13	2 (1 – 72)
Nitrous oxide	82	-	-							55	6 (1 – 90)
Cannabis	100	-	-							87	27 (1 – 180)
Alcohol	100	-	-							98	48 (2 – 180)
Heroin	10	5	2	6	0	1	0	0	1	2	9 (6 – 12)
Metadone	0	-	-					-	-	-	-
Buprenorphine	0	-	-					-	-	-	-
Other opiates	22	4	3	7	1	0	0	15	6	7	24 (2 – 48)
Antidepressants	24	0	0					24	12	12	3.5 (1 – 180)
Benzodiazepines	49	2	0	1	0	1	0	49	30	30	6 (1 – 180)
Tobacco	81	-	-							72	180 (2 – 180)

Source: Party Drugs Initiative PDU interviews; * by those reporting use in the previous six months