M. A. Stoové, A-M. Laslett & M. J. Barratt

VICTORIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004:
Findings from the Party Drugs Initiative (PDI)

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VICTORIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2004

Findings from the Party Drugs Initiative (PDI)

Mark Stoové, Anne-Marie Laslett & Monica Barratt

Turning Point Alcohol and Drug Centre Inc.

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ABBREVIATIONS

1,4B	1,4-Butanedoil
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
ATSI	Aboriginal and Torres Strait Islander
BBVI	Blood borne virus infection
GBL	Gamma Butyrlactone
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
KE	Key Expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NSW	New South Wales
REU	Regular Ecstasy User(s)
PDI	Party Drug Initiative

EXECUTIVE SUMMARY

This report presents the results from the second year of a 2-year study to commence monitoring party drug trends in Victoria. A feasibility trial of this research was conducted in 2000 and 2001 in NSW, QLD and SA, and in 2002 the study was conducted in those jurisdictions. 2003 marked the first time the study was conducted on a national level, with the addition of Western Australia, the Northern Territory, the Australian Capital Territory, Tasmania and Victoria.

The demographic characteristics, patterns of drug use and perceptions of the price, purity and availability of ecstasy and related drugs among a sample of regular ecstasy users are described in this report. Their severity of drug dependence, perceptions of the effects of drug use (eg., benefits and risks), health risk behaviours and criminal behaviour are also reported. These findings are triangulated with information from key expert (KEs) and secondary indicator data sources to minimise biases and weaknesses inherent to each source of data and provide an understanding of the current party drug markets in Melbourne, Victoria. Where appropriate, 2004 findings are compared to findings from the previous year and implications of the results and the nature and characteristics of party drug markets are discussed.

Demographic characteristics of regular ecstasy users

The 2004 Victorian regular ecstasy user (REU) sample was typically aged in their mid-twenties and lived either in rental accommodation or in their family home. Most had completed high school, a substantial proportion had completed post-secondary qualifications and participants were typically employed and/or studying full-time.

Patterns of drug use among REU

Polydrug use was the norm among the 2004 PDI participants, a trend that was confirmed by KEs. The REU sample reported lifetime use of a median of 11 drug types and recent use of seven (same as in 2003). A small number (15%) of REU had ever injected drugs, a result that was considerably less than for the 2003 sample (43%), but more in line with reports from other states. The discrepancy in these results is potentially due to sampling bias (where a result is an artefact of sample idiosyncrasies rather than reflecting genuine population parameters). General patterns of drug use between 2004 and 2003 were comparable, however, the 2004 sample showed some increase in recent GHB use (and less opiate use, presumably in line with fewer injecting drug users in the sample). Ecstasy was the primary drug of choice for about half the 2004 sample, followed by cannabis and methamphetamine powder. About half the sample reported recent binging on ecstay and related drugs, most often using ecstasy, methamphetamine powder and alcohol.

Ecstasy

The 2004 REU sample first used ecstasy, on average, in their late teens, with regular use typically commencing in the late teens and early twenties. Just over half the sample used ecstasy more than fortnightly, with about one in five using ecstasy at least once a week. On average, the REU sample used 2 pills during a typical session, and more than three quarters typically used more than one pill (a substantial increase on 2003; Table 3). There was considerable variation in the quantities of ecstasy pills reported being used during a 'heavy' session, from one to 40, with over half of the sample reporting using four or

more pills. Nearly all participants reported swallowing as their main route of ecstasy administration, although nearly three-quarters reported snorting ecstasy in the preceding six months. Ecstasy was most often used in nightclubs and at dance parties, and was the most commonly used drug during binges (followed by methamphetamine powder and crystal meth). Almost all participants used other drugs in combination with ecstasy (most commonly tobacco, alcohol and methamphetamine powder) and during recovery (most commonly tobacco, cannabis and alcohol).

All REU perceived risks associated with their use of ecstasy, most commonly cognitive impairment, emotional problems and acute physical harms. All REU also perceived benefits associated with ecstasy use, most commonly related to enhanced mood and sociability, enhanced appreciation of music and dance and increased energy.

Price, purity and availability of ecstasy

The 2004 REU sample mostly purchased ecstasy at friends' homes, nightclubs and dance parties, typically from friends or known dealers. Ecstasy was reported to cost approximately $30 per pill with most REU reporting stable prices. Nearly all REU and KEs described ecstasy as 'very easy' or 'easy' to obtain. Substantial proportions of REU and KEs considered the purity of ecstasy to fluctuate, although REU tended to rate the current purity as medium to high.

Methamphetamine

Nearly all the REU sample reported lifetime and recent use of methamphetamine powder (speed) and the majority reported lifetime and recent (past six months) use of crystal meth. Base was less widely used with just under half reporting lifetime use and about one third reporting recent use. Only a small proportion of the REU sample reported speed as their main drug of choice, fewer reported crystal meth and none reported base as their main drug of choice. Nearly half of the sample reported usually using speed in conjunction with ecstasy and speed was the second most popular drug used during binges (behind ecstasy).

As with ecstasy, there was considerable variability in the reported frequency of methamphetamine use. However, the majority of those that had used speed recently had done so fortnightly or less, with crystal meth and base typically being used less frequently (once a month or less often). There was also considerable variability in reports of quantities used during typical and heavy use episodes.

Most participants reported the price of speed and crystal meth had remained stable in the preceding six months. The current purity of speed and crystal meth was mostly reported as medium or high, and the majority of participants reported speed as 'very easy' to obtain, whereas crystal meth was considered more difficult to access. Very few participants were able to comment on the price, purity or availability of base.

Cocaine

A majority of the sample reported lifetime use of cocaine, and just under half reported recent use. Those that reported recent use, however, tended to have used cocaine infrequently, with half using cocaine only once in the preceding six months. These findings are consistent with the KE reports. Reported cocaine prices show that cocaine is a relatively expensive drug. The purity of cocaine was reported as low to medium, with

most participants reporting stable or fluctuating purity over the preceding six months. Cocaine was considered relatively difficult to access, and availability was reported to have remained stable.

Ketamine

The majority of the sample reported lifetime use of ketamine, although less than half of the sample reported recent use. The majority of recent ketamine users reported in frequent use (once a month or less). Ketamine is most often snorted and most commonly purchased from friends and used in friends' homes. Current purity of ketamine was considered medium to high, and nearly half the sample reported that ketamine had become more difficult to obtain in the preceding six months.

GHB

The prevalence of recent and lifetime use of GHB was greater in 2004 compared to 2003, with over one third of the REU sample reporting lifetime use and more than one quarter reporting GHB use in the preceding six months. Although most used GHB less than once a month, 20% of those reporting recent binging reported usually using GHB when doing so. GHB was reported as relatively cheap (modal price of $2.50 per millilitre) and prices were reported as stable. There were inconsistent reports of the purity of GHB, and most participants reported that GHB was 'very easy' to obtain.

LSD

The majority of the sample reported lifetime use of LSD and less than half reported recent use. The majority of the sample reported LSD use once a month or less. LSD was used across a wide variety of settings and more commonly 'outdoors' compared to other ecstasy and other related drugs. Price of LSD was most commonly reported as stable, and purity was considered high and stable. There was little consistency in reported availability of LSD, and LSD was most commonly purchased from friends.

MDA

MDA was less commonly used compared to other ecstay and related drugs, with just over one third reporting lifetime use and only 16% reporting recent use. Those reporting recent use did so infrequently. Due to the small numbers of participants reporting use of MDA, reliable reporting of characteristics of the MDA market and MDA use is limited.

Patterns of other drug use

Alcohol was almost universally used by the REU sample, and frequency of use was high. Most participants reported drinking alcohol when using ecstasy, and most of these participants reported usually consuming five standard drinks or more when doing so. One quarter also reported consuming alcohol during the comedown from ecstay and related drugs.

Similarly, almost all participants reported lifetime use of cannabis and more than three quarters reported recent use. The frequency of recent use was also high. More than one

third of the sample reported usually using cannabis when using ecstasy and more than half reported cannabis use during comedown.

Almost all participants reported lifetime use of tobacco, most reported recent use, more than half were daily smokers, and KEs reported high levels of tobacco smoking by REU.

Over half the sample reported lifetime use of benzodiazepines and 41% reported recent but infrequent use. Very few participants reported benzodiazepine use when using ecstasy, with its use more common during comedown.

Over one quarter of the sample reported lifetime use of antidepressants. Of the few reporting recent use, most were prescribed antidepressants.

About half of the participants reported lifetime use of inhalants (nitrous oxide and amyl nitrate), and about one-quarter reported recent but infrequent use. Very few participants reported using inhalants in combination with ecstasy or during comedown.

Opiate use was not common among REU. Less than one in five reported lifetime use of heroin and less than 10% reported recent use. Similar proportions reported use of other opiates like codeine and morphine. Very few participants reported use of methadone or buprenorphine.

Risk Behaviour

Few REU reported lifetime or recent injecting of drugs, and the prevalence of risky injecting practices among these participants was low.

Most REU had had penetrative sex in the past six months, although few reported anal sex. Condom use was common with casual sex partners, although about one in 10 reported never using condoms with casual sex partners. Penetrative sex under the influence of ecstay and related drugs (most commonly ecstasy) was also common.

Of concern is that nearly two thirds of the sample reported driving soon after taking a drug in the past six months, most commonly after using ecstasy or speed.

Health Related Issues

One in four participants had overdosed on a party-drug in the previous six months, most commonly GHB, 1,4B or ketamine. All those who had overdosed on GHB did so in conjunction with the use of other drugs. Only 12% of the sample had accessed a health service in relation to drug use in the preceding six months, most commonly first aid.

Self-reported dependency scores were very low for ecstasy and generally low for methamphetamines, although 19% of the sample was classified as methamphetamine dependent.

Between a third and a half of the REU sample identified work/study, relationship/social and financial problems associated with their drug use.

Criminal and Police Activity

Few participants reported legal or police problems associated with their drug use. The few reported arrests among the REU sample in the preceding 12 months were predominantly related to use and possession of drugs. Less than one in five REU

reported paying for ecstasy through dealing drugs. Most REU believed police activity around ecstay and related drugs had increased in the past six months, although an overwhelming majority believed that police activity had not affected their ease of access to ecstay and related drugs. Police KEs reported that their activity predominantly concentrated on high to middle end dealers.

Conclusion

The results reported here describe trends in the party-drug use in Victoria, and provides comparisons with the findings of the 2003 report. Many characteristics of party-drug use reported in last years report and elsewhere (e.g., Breen et al., 2003) are confirmed here. Regular ecstasy users sampled tend to be in their mid-twenties, with substantial proportions studying towards or having completed tertiary qualifications and are typically employed and/or full-time students.

Polydrug use was the norm among ecstasy users. Ecstasy and cannabis were the primary drugs of choice, and binging on drugs was common. A small proportion of the 2004 REU sample injected drugs, far fewer than in the 2003, but more consistent with prevalence in other states. Variations here are likely due to sampling bias.

Many ecstasy and related drugs ecstasy and related drugs, were identified as readily available, although some classes of drug appear more difficult to access or highly variable in their availability. Similarly, there was a degree of variability in the frequency with which some drugs were used. Ecstasy, speed and cannabis were used regularly, whereas, cocaine was used infrequently and opportunistically. GHB was the only drug to show a meaningful increase from 2003 in the proportion of REU reporting recent use.

Risk behaviours, health related problems and criminal activity among REU were relatively uncommon. However, a concerning proportion of REU reported driving soon after taking drugs. Problems associated with party-drug use were reported by a substantial proportion of participants, and centred on work, study and social relationships.

Implications

The second year of the Victorian PDI study has provided further indication of the characteristics of party-drug use in Victoria. Characteristics such as polydrug use, binging, the frequency and locations where some drugs are used and the availability different drugs have shown a degree of consistency across the two years of data collection. Other characteristics such as the degree to which REU engage in injecting drugs were inconsistent across time and warrant further exploration.

With increasing community interest in the patterns and characteristics of party drug use, the Victorian PDI represents a key knowledge base from which to further explore these local markets. The primary aim of the PDI was to provide a 'snapshot' of the characteristics of regular ecstasy use in Australia. Although the data collection methods described in this report have several limitations, the findings provide information that can be used to inform other research with the capacity to provide greater precision in trend monitoring or target emergent questions relating to regular ecstasy use (see below). Given the significant demonstrated potential for health and other harms associated with ecstasy and related drug misuse, there is an imperative for broadening existing drug trend monitoring systems to facilitate a more sensitive mechanism for detecting trends in this area. Research with this apparently heterogenous population will benefit from the enhancement of recruitment and data collection methods. Examinations of the efficacy

of incorporating social network and core group theory to sampling ecstasy using populations warrants consideration.

The findings of the 2004 Victorian PDI study suggest the following recommendations:

1. Polydrug use by REU, associated harms and explorations of harm reduction strategies warrant further investigation.
2. In the context of the first point, more thorough and targeted research examining to true extent of injecting drug use in ecstasy-using populations requires attention.
3. The increase in the prevalence of GHB use and its potential harms warrants close attention in future surveillance. Such research should further consider the use of GHB-like substances (e.g., 1,4B), and the uncertainty among many REU regarding exactly what drug they are consuming and the associated harms.
4. Although more explicit harms associated with other drug classes (e.g., legal problems, overdose risk) appear to be of lesser concern among REU, potentially less visible problems related to work/study and relationship/social outcomes need further exploration to get a complete picture of the harms associated with regular ecstasy use. Such an inquiry should also examine the perceptions and recognition of such harms by REU.
5. Driving under the influence of ecstasy or related drugs is a major concern. Targeted research is needed in this area, particularly in the context of Victoria's new 'drug-driving' testing initiatives and the impact such initiatives have on behaviour.
6. Given that the aim of the National PDI is to provide a 'snapshot' of the characteristics of regular ecstasy use in Australia, these results should spawn other research with the capacity to provide greater precision in trend monitoring in this area. Such research should have the resources and capacity to employ more robust sampling methodologies and more detailed qualitative ethnographic enquiries of the social context of regular ecstasy use. This is particularly important given the heterogeneity of the ecstasy using population, whereby individuals may come from diverse social and geographical settings, belong to varied and disparate social networks, and undertake a wide range of drug use behaviours, patterns and routes of administration.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an annual study funded by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). It has been conducted on an annual basis in NSW since 1996, Victoria since 1997 and in all states and territories of Australia since 1999.

The IDRS aims to provide a reliable method of monitoring emerging jurisdictional trends in the price, purity, availability and use of opiates, cannabis, cocaine, amphetamines and other drugs. 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 IDRS is designed to be sensitive to such trends, providing data in a timely fashion, rather than to describe phenomena in detail. The drug trends information obtained from this study is intended to inform health and law enforcement sector policy and program responses to illicit drugs, as well as to identify areas and issues requiring further investigation (Darke, Hall & Topp, 2000; Topp, Degenhardt, Kaye, & Darke, 2002).

The IDRS data collection consists of three components: interviews with illicit drug users, KE interviews with individuals who work with illicit drug users, and the collection of secondary indicator data sources (such as surveys of drug use in the general population, data on drug seizures, arrest data, hospital accident and emergency data and so on). These three data sources are triangulated against each other in order to minimise the biases and weaknesses inherent to each one.

The IDRS, however, has historically not provided clear data on party drug use trends. This is because the sentinel group chosen for study purposes has been injecting drug users (IDU) recruited mostly through Needle and Syringe Programs. The majority of these IDU have been primary heroin users whose poly-drug use extended to other opiates and CNS depressants, but not to ecstasy and related drugs to the same extent (Breen et al., 2003; Breen, Topp, & Longo, 2003).

Given the significant demonstrated potential for health and other harms associated with party drug misuse (Vincent, Shoobridge, Ask, Allsop & Ali, 1998; Williamson, Gossop, Powis, Griffiths, Fountain & Strang, 1997; Deehan & Saville, 2003; Dehenhardt & Topp, 2003; Topp, Hando, Dillon, Roche & Solowij, 1999), there is an imperative for broadening existing drug trend monitoring systems to facilitate a more sensitive mechanism for detecting trends in this area. The greatest opportunity for achieving this is by extending current monitoring methods to new sentinel groups and settings. With increasing community interest in the patterns and characteristics of party drug use, the Victorian Party Drug Initiative (PDI) represents a timely move to gather information about these local markets[1].

In 2000, NDLERF funded a two-year, two-state trial of the feasibility of monitoring emerging trends in ecstasy and other related drug markets using the extant IDRS methodology. For the purposes of the study, the term 'party drug' is considered to include drugs that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy (MDMA), methamphetamine, cocaine, LSD, ketamine, MDA (3,4-methylenedioxyamphetamine)

[1] See the Drugs & Crime Prevention Committee's discussion paper "Inquiry into amphetamine and 'party drug' use in Victoria" as a good source for further reading.

and GHB (gamma-hydroxybutyrate)[2]. The findings of the two-year trial (Breen, Topp, & Longo, 2003) are reported elsewhere.

The sentinel population examined in this report (and in the 2003 PDI report) are ecstasy users. The findings in this report provide a summary of trends in ecstasy and other 'party drug' use detected in Melbourne, Victoria in 2004 through the conduct of the second year of the two-year PDI study. Comparisons are also made between results reported in the 2003 PDI study. The trends described in this report have been extrapolated from the three data sources; interviews with current regular ecstasy users, interviews with individuals who have contact with ecstasy users through their work, and the colation of indicator data. As with the core IDRS, the data sources are triangulated in order to minimise the biases and weaknesses inherent to each. Consistency between the main IDRS and the ecstasy and related drugs study was maintained where possible, as the IDRS has demonstrated success as a monitoring system (Shand, Topp, Darke, Makkai & Griffiths, 2003; Topp, Degenhardt, Day & Collins, 2003; Topp et al., 2002; Topp, Day, Degenhardt & Collins, 2003). Consequently, the focus is on the capital city, as new trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas.

1.1 Study aims

The overall aim of the 2004 Victorian PDI was to extend to a second year the routine monitoring of key party drug market indicators in Melbourne. The specific aims of the study were to:

1. Describe the characteristics of a sample of current ecstasy users interviewed in Melbourne;

2. Examine the patterns of ecstasy and other drug use of this sample;

3. Document the current price, purity and availability of ecstasy and other ecstasy and related drugs in Melbourne;

4. Examine participant's perceptions of the benefits of ecstasy and other party drug use;

5. Examine participant's perceptions of the incidence and nature of ecstasy- and other party drug-related harm, including physical, psychological, financial, occupational, social and legal harms;

6. Identify emerging trends in the party drug market that may require further investigation.

7. Where appropriate, provide a comparison of 2004 findings with those reported in the 2003 PDI Report.

[2] For further information about these and other party drugs see: www.adf.org.au; www.bluelight.nu; www.erowid.org

2.0 METHODS

The 2004 Party Drugs Initiative used the methodology trialled in the feasibility study (Breen, Topp, & Longo, 2002) to monitor trends in the markets for ecstasy and other ecstasy and related drugs, and replicate the methods used in the 2003 report. The three main sources of information were used to document trends were:

1. Face-to-face interviews with current regular ecstasy users;

2. Telephone and face-to-face interviews with KEs who, through their work, have regular contact with ecstasy users in Melbourne; and

3. Indicator data sources such as party-drug related drug treatment episodes, the purity of seizures of ecstasy analysed in Victoria, and prevalence of use data drawn from the National Drug Strategy Household Surveys.

These three data sources were triangulated, so that different data sources were used to validate each other and provide a more reliable indication of emerging trends in drug use and party drug markets.

2.1 Survey of regular ecstasy users (REU)

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

Further, a sample of this population was successfully recruited and interviewed for both the two-year feasibility trial (2000-2001) in NSW, QLD and SA as well as the subsequent implementation of the PDI in 2002 in these jurisdictions. The findings from these studies provide further evidence of the central role of ecstasy to the various party drug markets of Australia (White, Breen & Degenhardt, 2003). Therefore, regular ecstasy users, who were used in the 2003 PDI study, have again been used in 2004 study to provide information on party drug markets.

For the purpose of this study "regular use" was defined as use of ecstasy at least once a month for the previous six months. Participants were also required to have resided in the Melbourne metropolitan area for the 12 months prior to the interview.

2.1.1 Recruitment

A total of 100 regular ecstasy users were interviewed for the Victorian 2004 PDI. All of the participants resided in the Melbourne metropolitan region and were recruited through a purposive sampling strategy (Kerlinger, 1986). This strategy included advertisements in entertainment street press and online forums, gay and lesbian newspapers, interviewer contacts, community radio stations, flyers at appropriate retail outlets (for example, music stores and clothing shops) and at bars and cafes, and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys, Lenton & Norcross, 1997; Ovendon & Loxley, 1996, Solowij, Hall & Lee, 1992) and international studies (Dalgarno & Shewan, 1996, Forsyth, 1996, Peters Davies & Richardson, 1997). Snowballing is also routinely employed as a

recruitment method in the IDRS (Jenkinson, Fry & Miller, 2003). Thus, on completion of their interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

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

Participants were informed that all information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 60 minutes. All respondents were volunteers who were reimbursed $30 for their participation. The vast majority of the interviews were undertaken at Turning Point Alcohol and Drug Centre, although in instances that this was not convenient for the participant, another location was negotiated (for example, a coffee shop or park). All interviewers were conducted by trained researchers using a standardised interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained. Ethics approval for this study was obtained from the Victorian Department of Human Services, Human Research Ethics Committee.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp, Hando, Degenhardt, Dillon, Roche & Solowij, 1998; Topp et al., 1999), which incorporated items from previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke, Cohen, Ross, Hando & Hall, 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997). The interview schedule focused primarily on the preceding six months, and assessed demographic characteristics; patterns of ecstasy and other drug use, including frequency and quantity of use and routes of administration; the price, purity and availability of ecstasy and other related drugs; self-reported criminal activity; perceived physical and psychological side-effects of ecstasy; other ecstasy-related problems, including relationship, financial, legal and occupational problems; and general trends in party drug markets, such as new drug types, new drug users and perceptions of police activity.

2.1.4 Data analysis

Univariate descriptive analyses were conducted using SPSS for Windows Version 11.5.1.

2.2 Survey of key experts (KE)

The criterion for KE eligibility was regular contact, in the course of employment, with a range of ecstasy users throughout the preceding six months. Nineteen KEs from various metropolitan regions of Melbourne provided information on the ecstasy users with whom they had contact in the 6 to 12 months preceding the interview. The majority of interviews were conducted face-to-face with the remainder by phone. Thirteen KEs were male and six were female.

The 19 informants interviewed in 2004 represented a range of occupations and organisations. Four KEs worked for medical services (private and public first aid and emergency management organisations, ambulance services and hospital Accident and

Emergency Departments), and three were from Victoria Police, including members of the Drug and Alcohol Strategy Unit, and members conducting general police work. Two KEs were alcohol and drug researchers, five were alcohol and drug counsellors, psychologists or community development workers, and two were health promotion/peer educator workers. Three party promoters or event organisers were also interviewed.

Although the majority of KEs (n=13) stated that they worked with one or more 'special populations,' they commonly stated that the demographics of their clientele were similar to the general community. A small number of KEs explicitly stated that their work included contact with people who were 'young' (n=7), women (n=5), gay or lesbian (n=4), from NESB (n=3) or Aboriginal (n=2). Five KEs specified that they worked with multiple "special population" groups. Six KEs did not report working with any special populations.

Fourteen of the KEs had regular daily to weekly contact with ecstasy users over the preceding six months. However, a small number of KEs, for example senior police had only indirect contact with users, but because of their managerial role and responsibilities were well positioned to comment on ecstasy and related-drug use or associated drug markets. Ten KEs obtained their knowledge solely through their work. Nine KEs stated that their information came from ecstasy users they knew through their work and personal lives.

In the six months preceding their interviews the majority of KEs (n=17) gained their information from users. Other KEs gained information from colleagues (both peers and more junior staff with more hands on roles), friends and acquaintances, data sets, surveys, research reports and websites. Of the 16 non-police KEs who gained their information from direct contact with users, two estimated they had contact with less than 10 users, five between 10 and 20 users, two had contact with between 21 and 50 users, three had contact with between 51 and 100 users, and four had contact with more than 100 users.

2.3 Other indicators

Primary information collected from the REU survey and KE interviews was supplemented by data obtained from a number of secondary indicator sources of illicit drug use and related morbidity and mortality. Where possible, data relating to trends for the 2003/2004 financial year are reported, unless otherwise indicated. For secondary indicators where current data is not available, the most recently available data has been included. There are a number of limitations specific to the indicator data for ecstasy and other ecstasy and related drugs.

Indicator data sources accessed for this study are described in the following sections.

Drug seizure purity levels

- The Victoria Police Forensic Science Centre conducts purity analyses for all drug seizures made by the Victoria Police. This report presents drug purity data for the period July 2002 to May 2004.

Surveys reporting on illicit drug use prevalence in Victoria

- Data on the prevalence of drug use in the community is typically derived from large-scale population surveys. The most recent household surveys from which estimates of illicit drug use within the community are available include: the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2002) and the

2003 Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003).

Specialist drug treatment presentations

- The Victorian Department of Human Services funds community-based agencies to provide alcohol and drug treatment services across the state. The collection of client information is a mandatory requirement and occurs via a formalised client data collection system called the Alcohol and Drug Information System (ADIS). ADIS data for the period 1998/1999 to 2003/2004 are presented in this report.
- DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point Alcohol and Drug Centre) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from drug users, and calls about drug users. This report presents data for the 1999 to 2003 calendar years.

National Hospital Morbidity Database

- The Australian Institute of Health and Welfare has maintained a national database of hospitalisations since 1995/96. The database records all admitted patients separated in public and private hospitals in Australia. Patients can be admitted/separated more than once per hospital visit. Therefore, the number of *primary diagnoses* (the diagnoses established after study to be chiefly responsible for occasioning the patient's episode of care in hospital) rather than the number of admissions related to amphetamines and cocaine are presented in this report.

Ambulance attendances

- Turning Point Alcohol and Drug Centre manage an electronic drug related ambulance attendance database, comprised of information obtained from Metropolitan Ambulance Service Patient Care Records (Dietze, Cvetkovski, Rumbold, & Miller, 2000). Reliable data is available from June 1998 (with missing data for periods May-July 2001 and October 2002-February 2003). The database includes ambulance attendances for all types of drugs. Data for the period March 2001 to December 2003 are presented in this report.

Drug-related fatalities

- The Australian Bureau of Statistics collects data every year on persons who have died across Australia. Data on accidental deaths are collected from the Medical Certificates of Cause of Death submitted to each State or Territory's Registrar of Births, Deaths and Marriages and from the National Coroners Information System. National annual data on accidental drug-induced deaths in which methamphetamine or cocaine were mentioned between 1997 and 2003 are presented in this report (Degenhardt, Roxburgh, & Black, 2004).

Magistrates Court of Victoria

- The Magistrates Court of Victoria records the number of principle proven drug-related charges finalised in the Magistrates Court by drug type and type of conviction (traffic, cultivate, possess, use). Data on proven drug charges finalised between 1996/97 and 2002/03 and broken down by conviction type are presented in this report.

3.0 OVERVIEW OF REGULAR ECSTASY USERS (REU)

3.1 Demographic characteristics of the REU sample

Just over half (58%) of the sample of 100 REU interviewed was male (Table 1). The mean age of the sample was 23.5 years (SD 5.2; range 16-44). Most (87%) participants nominated their sexual identity as heterosexual, although bisexuals (8%) and gay males (5%) were also represented. Nearly all participants (96%) identified English as the main language spoken at home, and no participants identified themselves as Aboriginal or Torres Strait Islander. Participants resided in a wide range of metropolitan regions of Melbourne. Nearly half (49%) of the sample lived in rental accommodation and a further 43% lived in their parents' or family house.

The mean number of years of school education completed by the sample was 11.6 (SD 0.8; range 9-12), and nearly three quarters (74%) of participants had completed high school education. Fifty-three percent of the sample had completed courses after school, with 28% possessing a trade or technical qualification, and 24% having completed a university degree or college course. Twenty-three percent of the sample were full-time students. Over half (60%) were currently employed, 25% on a full-time basis and 29% on a part-time or casual basis, and 17% were unemployed. Six participants were currently in drug withdrawal treatment, most commonly methadone/buprenorphine maintenance. Four participants had a previous criminal conviction for which they had served a custodial sentence (Table 1).

The demographic characteristics of the 2003 and 2004 PDI samples were generally comparable (Table 1). However, no ATSI respondents participated in the 2004 survey (compared to 6% in 2003) and the 2004 sample had more people with post-secondary qualifications than the 2003 sample.

Table 1 Demographic characteristics of REU sample

Variable	2003 sample	**2004 sample**
Mean age (years)	25.1	**23.5**
Male (%)	53	**58**
English speaking background (%)	99	**96**
ATSI (%)	6	**0**
Heterosexual (%)	81	**87**
Mean number school years	12.5	**11.6**
Tertiary qualifications (%)	41	**53**
Employed full-time (%)	31	**25**
Full-time students (%)	18	**23**
Unemployed (%)	24	**17**
Previous conviction (%)	7	**4**

Source: Party Drugs Initiative REU interviews 2003/2004

The information from KE interviews indicates that diverse groups of people (differing age, gender, sexuality, geographic location) are part of a variety of 'party drug' using scenes. The information gained from the REU surveyed is generally not inconsistent with descriptions of the scenes described by KEs. KEs indicated that the gender mix in the events they attended was either predominantly (60-70%) male or equal proportions of male and female. Consistent with REU sample findings, KEs reported that the majority of REU were aged 18 to 30 years of age, with most in their early twenties. Nine KEs reported that the majority of ecstasy users were of Anglo-Australian background and four KEs discussed the presence of users from European and Asian backgrounds. Users were reported to come from all over Melbourne, with some concentration of users from inner urban areas. Party-drug use was reported to be concentrated at events located within the inner city area.

Consistent with REU sample findings, a majority of KEs (n=13) reported that most REU they knew had finished secondary or tertiary education. One KE reported that the educational attainment of REU varied and another KE reported that the REU they knew were likely to be at secondary school or university but not likely to be doing well. Eleven KEs reported that the majority of REU were either studying or employed in a range of different professions and trades and that a low percentage were likely to be unemployed. One KE reported that only a low percentage of REU were likely to be employed.

Five KEs reported that the majority of REU at clubs were heterosexual and that gay people were under-represented at mainstream events. Eight KEs reported that ecstasy and other ecstasy and related drugs were used by people with a range of sexual preferences. One KE reported that there was extensive use of ecstasy and related drugs in gay and lesbian circles and another KE reported that whilst there was extensive use in gay circles there was 'no distinctive use amongst lesbian women.'

Similar to the REU sample findings, KEs suggested that REU were unlikely to have been in prison. Twelve KEs reported that no one they knew of had been in prison. Three KEs reported that a small proportion of polydrug users, who also used ecstasy, had been in prison previously. The majority (n=11) of KEs reported that none of the REU they knew of were in drug treatment. Two KEs involved in counselling reported that the REU they knew were clients or had been in drug treatment.

3.2 Drug use history and current drug use

Polydrug use was the norm among the sample, with a median of 11 drug classes (range 4-19) ever used. All participants had used at least two drugs in the preceding six months with a mean of 7 drug classes (range 1-14) used in this period**.** The percentage of the sample reporting lifetime and recent use of the eighteen drug types asked about is presented in Table 2.

The 2004 sample had the same average number of drugs ever used and used in the past six months as the 2003 sample, however, the 2004 sample contained far fewer people who had ever injected drugs (15%) compared to 2003 (43%). There were few meaningful differences in polydrug use between the two samples, although the 2004 sample had more recent users of GHB and fewer lifetime users of amyl nitrate. Given the differences in lifetime prevalence of injecting drug use it is not surprising that the 2004 sample also had fewer heroin and methadone users.

Table 2 Lifetime and recent polydrug use of REU

Variable	2003 sample (n=100)	**2004 sample (n=100)**
Median drug classes ever used	11	11
Median drug classes used last 6 mths	7	8
Ever inject any drug (%)	43	15
Alcohol		
ever used (%)	99	**100**
used last 6 months (%)	87	**94**
Cannabis		
ever used (%)	98	**98**
used last 6 months (%)	82	**78**
Tobacco		
ever used (%)	86	**94**
used last 6 months (%)	73	**83**
Methamphetamine powder (Speed)		
ever used (%)	98	**98**
used last 6 months (%)	89	**92**
Methamphetamine base (Base)		
ever used (%)	50	**45**
used last 6 months (%)	27	**34**
Crystal methamphetamine (Crystal)		
ever used (%)	75	**71**
used last 6 months (%)	62	**52**
Cocaine		
ever used (%)	80	**72**
used last 6 months (%)	35	**48**
LSD		
ever used %	86	**72**
used last 6 months %	48	**39**
MDA		
ever used (%)	40	**37**
used last 6 months (%)	19	**16**

Source: Party Drugs Initiative REU interviews 2003/2004

Table 2 Lifetime and recent polydrug use of REU (continued)

Variable	2003 sample (n=100)	**2004 sample (n=100)**
Ketamine		
ever used %	70	**70**
used last 6 months %	51	**45**
GHB		
ever used (%)	33	**38**
used last 6 months (%)	18	**27**
Amyl nitrate		
ever used (%)	70	**52**
used last 6 months (%)	25	**20**
Nitrous oxide		
ever used (%)	59	**54**
used last 6 months (%)	22	**27**
Benzodiazepines		
ever used (%)	61	**58**
used last 6 months (%)	38	**41**
Anti-depressants		
ever used (%)	35	**28**
used last 6 months (%)	11	**12**
Heroin		
ever used (%)	39	**18**
used last 6 months (%)	23	**9**
Methadone		
ever used (%)	15	**8**
used last 6 months (%)	6	**2**
Other opiates		
ever used (%)	33	**26**
used last 6 months (%)	9	**13**

Source: Party Drugs Initiative REU interviews 2003/2004

Some participants reported the use of drugs other than those listed in Table 2. Those drugs most commonly nominated as ever used included hallucinogenic mushrooms (25%), DMT (6%) and mescaline (4%).

Ecstasy was the drug of choice for less than half (47%) of respondents. The next most commonly reported drugs of choice were cannabis (12%) and methamphetamine powder (12%). Both alcohol and heroin were nominated as drug of choice by four percent of the sample.

A small percentage (15%) of the sample reported they had injected a drug in their lifetime (Table 2). The median number of drugs ever injected by this group was four (range 1-13) and the median number of drugs injected in the past six months was two (range 1-9). Most of the injectors commenced injecting with methamphetamine powder (53%) or heroin (33%). Twelve participants reported they had injected drugs in the past six months. The most commonly reported drugs injected in the preceding six months by these participants were methamphetamine powder (75%), heroin (58%), methamphetamine base (50%) and crystal methamphetamine (42%).

Information from KEs generally supported a relatively high prevalence of polydrug use by REU. All KEs reported that percentages of REU were combining ecstasy and other legal (eg alcohol and tobacco) and illegal drugs (eg cannabis, speed). Nine KE commented on how widespread polydrug use was. KEs reported that ecstasy, cannabis, alcohol, tobacco and methamphetamine powder were commonly used by REU. Generally, the use of ecstasy, cannabis and alcohol was reported to be near universal, and a majority of KEs (n=9) reported that 40-80% of REU used methamphetamine powder. Tobacco use by a majority of REU was also reported by KEs (n=9). KEs commonly reported that crystal, ketamine, GHB, LSD and cocaine were also used but by smaller percentages (<40%) of REU they knew. A smaller number of KEs reported the use of inhalants (n=5) in varying proportions (5-80%) and heroin (n=7) by less than 10% of REU. Treatment client groups were seen to have a higher prevalence of heroin use. Six KEs reported use of MDA by REU. One KE stating that around 5% of REU would have deliberately used MDA (40% of these injecting), and 20% would have used MDA unintentionally.

3.3 Summary of demographic characteristics & polydrug use trends

Reports from the Victorian REU sample and KEs suggest that regular ecstasy users:

- **Are slightly more likely to be male;**
- **Are likely to be aged in their early twenties;**
- **Are likely to have completed secondary school, with a substantial proportion continuing to tertiary education;**
- **Are likely to be employed and/or studying;**
- **Are unlikely to have been in prison;**
- **Are likely to be polydrug users;**
- **Most commonly report ecstasy as their drug of choice, although small numbers also nominated cannabis and methamphetamine powder;**
- **Are likely, in addition to ecstasy, to have recently used alcohol, methamphetamine powder, cannabis and crystal methamphetamine.**

4.0 ECSTASY

4.1 Ecstasy use among REU

The average age at which participants first tried ecstasy was 18.5 years (SD = 3.8) and the average age at which participants first started using ecstasy regularly (at least once a month) was 19.8 years (SD = 4.1; Table 3). In accordance with the eligibility criteria, all participants had been using ecstasy at least monthly for the six months prior to the interview. Participants had used ecstasy on a median of 15 days in the preceding six months (range 6-96). Just less than half (46%) of the participants reported using ecstasy fortnightly or less, 32% reported using it more than fortnightly but less than weekly and the remaining (21%) reported using ecstasy at least once a week.

The median number of ecstasy tablets taken in a 'typical' or 'average' use episode in the preceding six months was two (range 0.5-10), and 5% of the participants typically used six or more tablets in a single use episode. During their 'heaviest' use episode in the preceding six months, participants reported a median of four tablets (range 1-40).

All participants reported swallowing ecstasy in the six months preceding the interview, with 73% reporting snorting it, 12% injecting it and 9% smoking it during this period. Nearly all of the participants (95%) reported swallowing as their main route of administration in the previous six months (Table 3). Nine percent of the sample reported having injected ecstasy at some time and the median age of first injection of ecstasy was 21 years (range 16-26).

For the purposes of this report, binging was defined as using a drug on a continuous basis for more than 48 hours without sleep (Ovendon & Loxley, 1996). Forty-seven percent of the sample had binged on one or more ecstasy and related drugs in the preceding six months. The median length of the longest binge was 84 hours (range 50-240 hours). Given that ecstasy users were the sentinel population sampled for this survey, it is not surprising that ecstasy (93%) was the most commonly reported drug used during a binge. Methamphetamine powder (76%) was the next most common drug used during binges followed by crystal methamphetamine (42%), alcohol (33%), LSD (24%), cannabis (22%) and GHB (20%). Fewer participants reported using cocaine (16%), ketamine (16%), nitrous oxide (16%), 1,4B (13%), methamphetamine base (13%) and MDA (7%) during binges.

Patterns of ecstasy use differed somewhat between 2003 and 2004 samples. The 2004 sample was less likely to have used ecstasy more than weekly (21%) compared to the 2003 sample (36%). However, the 2004 sample (77%) were more likely to use more than one tablet in one session (a period of continuous use) compared to the 2003 sample (54%). Differences in methods of ecstasy use were consistent with differences in injecting drug use, with the 2004 sample less likely to have ever injected ecstasy (9% compared to 27%).

Table 3 Patterns of ecstasy use among REU

Variable	2003 sample	**2004 sample**
Mean age first used ecstasy (years)	19.4	**18.5**
Median days used ecstasy last 6 months	15	**15**
Ecstasy 'favourite' drug (%)	44	**47**
Use ecstasy weekly or more (%)	36	**21**
Median ecstasy tablets in 'typical' session	1.5	**2**
Typically use >1 tablet (%)	54	**77**
Recently binged on ecstasy (%)	60	**47**
Ever injected ecstasy (%)	27	**9**
Mainly swallowed ecstasy last 6 mths (%)	85	**95**
Mainly snorted ecstasy last 6 mths (%)	10	**2**
Mainly injected ecstasy last 6 mths (%)	3	**1**
Typically use other drugs in conjunction with ecstasy (%)	97	**94**
Typically use other drugs to 'comedown' from ecstasy (%)	84	**85**

Source: Party Drugs Initiative REU interviews 2003/2004

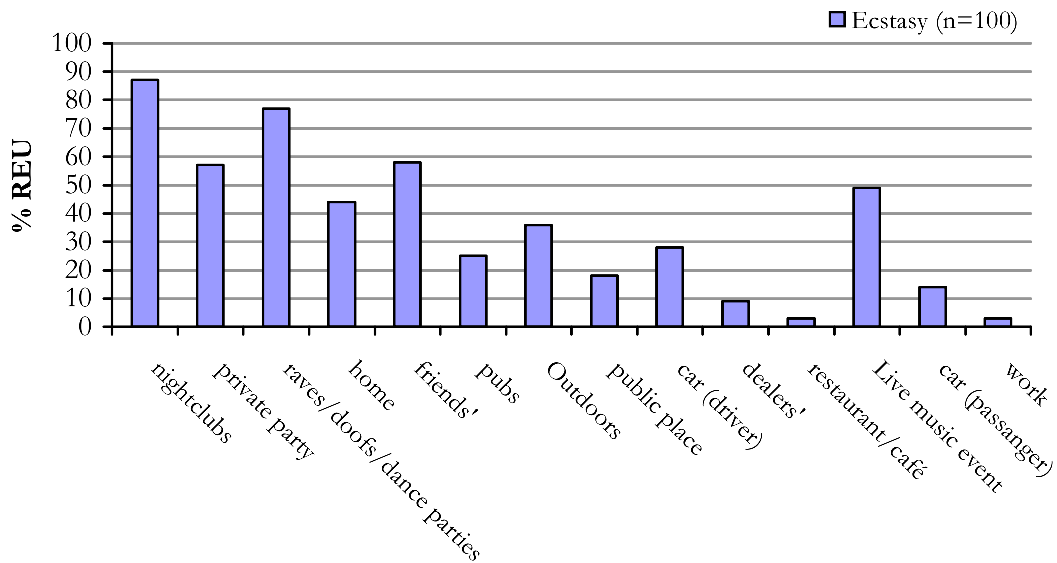
Most participants 'typically' (defined as two thirds or more occasions of ecstasy use in the preceding six months) used other drugs in combination with ecstasy (94%) and in the 'come down' (i.e., acute recovery period) following ecstasy use (85%). Other drugs typically used in conjunction with ecstasy included tobacco (72%), alcohol (62%), methamphetamine powder (46%), cannabis (37%), crystal methamphetamine (12%) and LSD (10%). Of those who typically drank alcohol while using ecstasy, 57% usually consumed more than five standard drinks. Smaller proportions reported typically using nitrous oxide (9%), GHB (7%), 1,4B (7%), ketamine (6%), amyl nitrate (4%), cocaine (4%), heroin (4%), methamphetamine base (3%), benzodiazepines (2%), buprenorphine (2%), methadone (2%), MDA (1%), GBL (1%), duramine (1%) and pseudoephedrine (1%) in conjunction with ecstasy.

A range of drugs were also typically reported as being used during 'come down' following ecstasy use, most frequently tobacco (59%), cannabis (58%), alcohol (25%), benzodiazepines (13%), ketamine (12%) and GHB (12%). Of those who typically drank alcohol during the come down from ecstasy 48% reported consuming more than 5 standard drinks. Smaller proportions reported the typical use of heroin (8%), 1,4B (7%), methamphetamine powder (6%), nitrous oxide (6%), crystal methamphetamine (5%), methadone (2%), buprenorphine (2%), methamphetamine base (1%) and LSD (1%) during the 'come down' from ecstasy.

Participants reported a range of places where they usually used ecstasy in the past six months (Figure 1), most commonly nightclubs (87%), raves/doofs/dance parties (77%), friends' homes (58%), private parties (57%) and live music events (49%). Participants also reported usually using ecstasy in their own home (44%), outdoors (36%), as a driver in a car (28%), in pubs (25%), in public places (18%) and as a passenger in a car (14%). Fewer participants nominated dealers' homes (9%), work (3%) and restaurants/cafés (3%) as places where they usually used ecstasy.

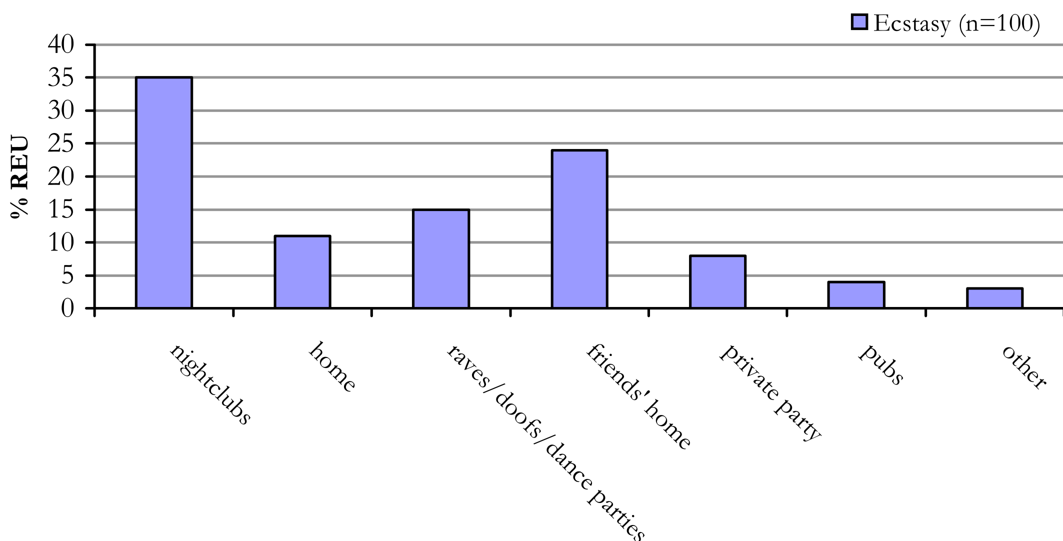
Participants most commonly reported nightclubs (35%) and friends' homes (24%) as the last venue where they used ecstasy (Figure 2). Raves/doofs/dance parties (15%), own home (11%), private parties (8%) and the pub (4%) were also nominated by participants as the venues they last used ecstasy (Figure 2).

Figure 1 Usual place of ecstasy use



Source: Party Drugs Initiative REU interviews 2004

Figure 2 Last place of ecstasy use



Source: Party Drugs Initiative REU interviews 2004

The majority of KEs (n=16) reported that ecstasy was most commonly used in tab or pill form. Ten KE reported that use of powder was limited amongst REU and one reported that REU used liquid ecstasy. One KE reported 'powder had become more popular because it can be injected or snorted.'

Most KEs (n=15) reported that the majority of REU swallowed ecstasy. Consistent with REU sample findings, seven KEs reported that a small percentage of REUs did inject, six also reported snorting, and four shafting or shelving. Two KEs reported that both swallowing and snorting were common.

KE responses around frequency of ecstasy use generally fitted with patterns reported by the REU sample. KEs discussed occasional or experimental use (using perhaps once every six months) that was commonly linked to special events. Other KEs reported that REU used every two or three weeks and regular users did so weekly. Three KEs reported use by REU every weekend, sometimes on two or three nights every weekend. Five KE reported that bingeing amongst REU occurred.

4.2 Ecstasy SDS

Ecstasy SDS scores from the Victorian sample were generally low with a mean of two (SD 1.8). Sixty percent of participants responded that their use of ecstasy was 'never or almost never' out of control with 38% believing it was 'sometimes' out of control. Seventy-three percent of participants responded that they were 'never or almost never' anxious about the prospect of missing a dose and 25% said they 'sometimes' worried about this. Slightly more than half (51%) of the sample said they 'sometimes' worried about their use of ecstasy, whereas 42% said they 'never or almost never' worried about this. Most participants (79%) responded that they 'never or almost never' wished they could stop using ecstasy and 17% said they 'sometimes' wished they could stop using. Most (72%) participants also believed they would not find it difficult to stop using or go without ecstasy, while 26% responded that they would find this 'quite difficult.'

4.3 Use of ecstasy in the general population

The most recent survey of ecstasy and designer drug use in the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. According to the findings of this survey, 3% of the Victorian population aged 14 years and above had used ecstasy and designer drugs within the past twelve months (Australian Institute of Health and Welfare, 2002).

Data from the Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003), found that of the 16-24 year olds surveyed (n=3032), 21% of males and 18% of females reported having used ecstasy in their lifetime, and 15% of males and 12% of females reported use in the 12 months prior to survey. The majority of these people reported that they swallowed their ecstasy.

4.4 Summary of patterns of ecstasy use

Reports from the Victorian REU and KEs suggest that:

- **Ecstasy tends to be used for the first time during late-teenage years;**
- **Ecstasy is commonly used less than weekly and most ecstasy users report using more than one tablet per episode, although there is a wide range of frequencies and amounts of ecstasy used;**
- **Ecstasy is most commonly used orally;**
- **Binging on drugs is common among ecstasy users, with most reporting ecstasy and methamphetamine powder as the drugs used during a binge;**
- **Most ecstasy users use other drugs in combination with ecstasy and during 'come down' from ecstasy;**
- **Ecstasy is most commonly used at nightclubs, dance parties, private homes/parties and at live music events;**
- **Ecstasy users generally have low levels of dependence on ecstasy (as measured by the SDS) scoring low on the severity of dependence scale.**

4.5 Price

The majority (98%) of the users were able to comment on the price of ecstasy in Melbourne. All spoke of ecstasy in terms of pills or tablets, although a small number of respondents also spoke of capsules, tabs and powder.

The median price of ecstasy was reported by users to be $30 per tablet (range $13-$45). Most participants reported that the price had either remained stable (58%) or decreased (16%), with 14% responding that the price fluctuated and a small proportion (8%) reporting that the price had increased in the preceding six months. The price that the REU samples paid for ecstasy appeared to change little between 2003 and 2004 (Table 4).

In general KE reports of ecstasy price were consistent with the REU sample. Ten KEs reported that ecstasy tablets were generally purchased by REU for between $25-$50 with around $35 being the most commonly reported price (n=6). Five KEs reported that there had been a decrease and five that there had been no change in price in the last six months. One KE reported an increase in ecstasy prices.

Table 4 Price of ecstasy purchased by REU and price variations

Variable	2003 sample	**2004 sample**
Median price ecstasy tablet (range)	$30 ($8-$50) (n=73)	**$30 ($14-$45) (n=98)**
Price change:		
Increased (%)	7	**8**
Stable (%)	59	**58**
Decreased (%)	22	**16**
Fluctuated (%)	9	**14**
Don't know (%)	3	**4**

Source: Party Drugs Initiative REU interviews 2003/2004

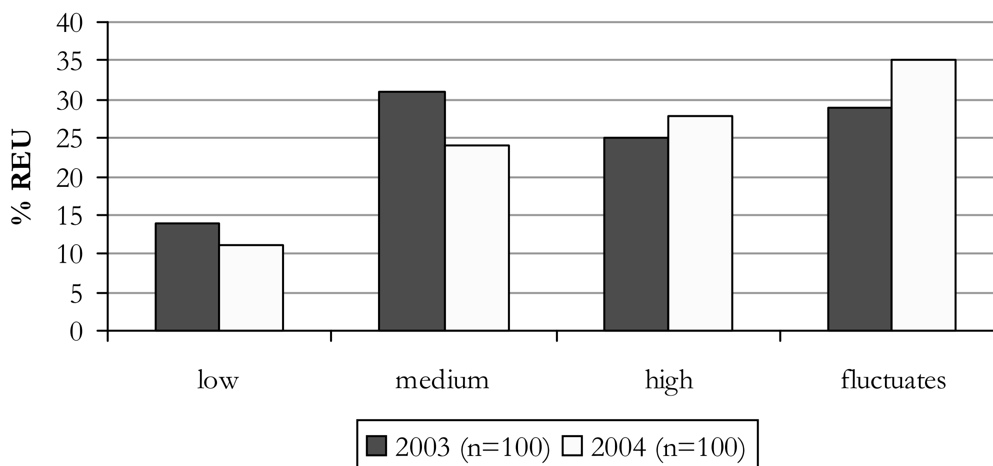
A variety of methods of paying for ecstasy in the preceding six months were reported by the REU sample including paid employment (87%), being given ecstasy by friends or partner (being 'shouted'; 68%), government benefits (30%), dealing drugs to provide personal supply (25%), receiving credit from dealers (21%), borrowing money from friends (20%), cash profit from dealing drugs (18%), money from parents (18%) and bartering other drugs or goods for ecstasy (16%). Other less common methods of paying for ecstasy included pawning goods (1%) and sex work (1%).

4.6 Purity

There was a trend for users to rate the current purity of ecstasy as high (28%) to medium (24%), although a substantial proportion of the sample (35%) considered the purity to fluctuate over the previous six months (Figure 3). REU reports of changes in ecstasy purity in the preceding six months were inconsistent (Figure 4). Thirty-one percent of the sample reported that the purity of ecstasy had remained stable over the preceding six months, whereas 27% responded that the purity had fluctuated over this time. Smaller proportions reported that the purity and increased (20%) or decreased (18%).

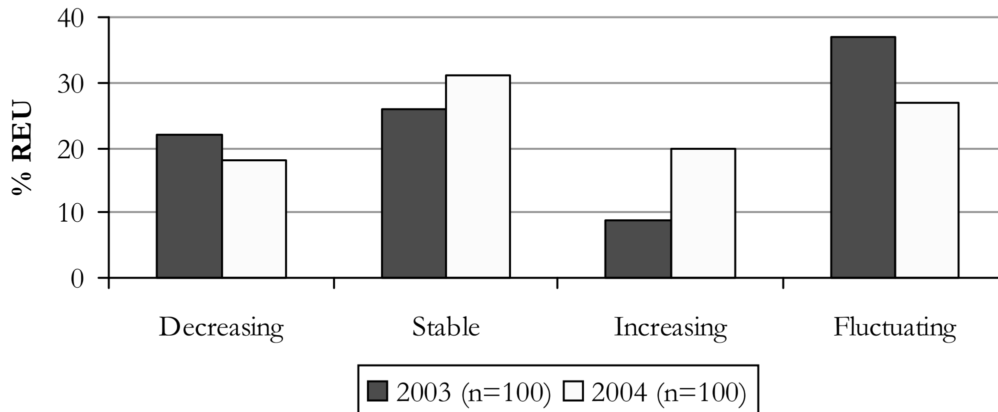
There were no meaningful differences in participant ratings of the purity of ecstasy between 2003 and 2004. Although a higher proportion rated the current purity of ecstasy as high in 2004 compared to 2003, and the 2004 sample were more likely to report that the purity had increased over the previous six months, a substantial number reported fluctuating purity.

Figure 3 REU reports of purity of ecstasy in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

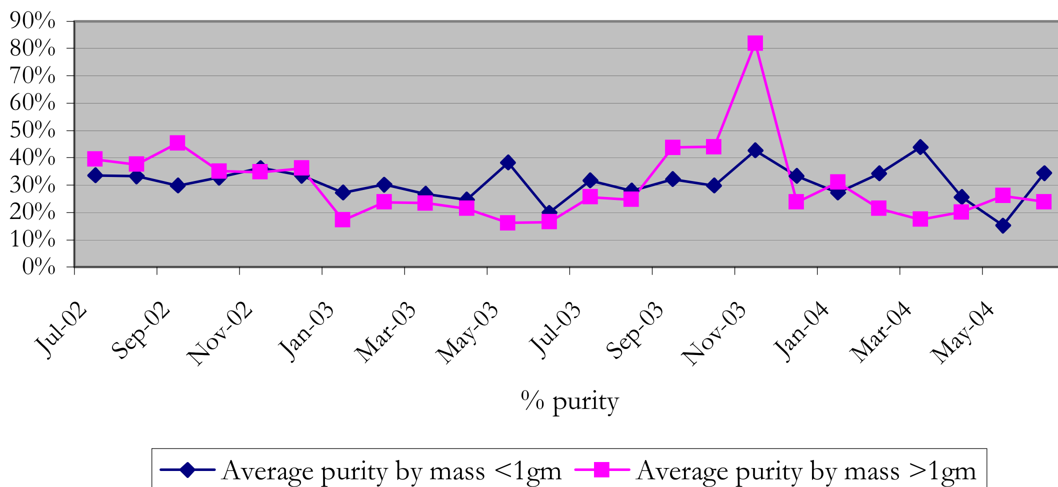
Figure 4 REU reports of change in purity of ecstasy in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 5 describes the average purity of ecstasy seizures by Victorian law enforcement between July 2002 and June 2004. Aside from one seizure over 1gm of very high purity, purity of ecstasy seizures were relatively stable at around 20-40% over this time period.

Figure 5 Average purity of ecstasy seizures by Victorian law enforcement July 2002 - June 2004.



Source: Victoria Police Forensic Science Centre

The majority of KEs reported that the current purity of ecstasy was medium (n=7) or fluctuated (n=4). KEs were less unanimous in their opinion about changing purity of ecstasy with three KEs indicating that its purity was stable, three that it fluctuated, two that it had decreased and one that it had increased. These responses were generally consistent with REU reports.

4.7 Availability

All participants were able to comment on the availability of ecstasy. The majority of users considered that ecstasy was currently either 'very easy' (70%) or 'easy' (26%) to obtain. The majority of users also reported that the availability of ecstasy had either remained stable (76%) or increased (12%) in the preceding six months (Table 5).

Consistent with REU reports, all KEs reported that it was very easy (n=9) or easy (n=5) to obtain ecstasy, and nine KEs reported that its availability had not changed over the previous 6 months. Two KE felt it had become even easier to obtain and only one that it had become more difficult.

The majority of participants reported that in the six months preceding the interview they had obtained ecstasy from friends (92%) or known dealers (54%). Other people from whom ecstasy had recently been obtained included acquaintances (38%), unknown dealers (24%) and work colleagues (18%). Ecstasy was most often obtained at friends' homes (65%), in nightclubs (53%) and at raves/doofs/dance parties (52%). Other purchase locations included dealers' homes (43%), own home (42%), agreed public locations (24%), pubs (17%), the street (10%) and work (6%).

Comparable proportions of the 2003 and 2004 samples reported that ecstasy was currently either "very easy" or "easy" to obtain. The 2004 sample were more likely to have scored in a nightclub compared to the 2003 sample (Table 5).

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

Ecstasy	2003 sample (n=100)	**2004 sample (n=100)**
Ease of obtaining ecstasy:		
Very easy (%)	59	**70**
Easy (%)	32	**26**
Availability:		
Stable (%)	75	**76**
Increased (%)	14	**12**
Persons Score from:		
Friends (%)	92	**92**
Known Dealers (%)	53	**54**
Acquaintances (%)	24	**38**
Work colleagues (%)	11	**18**
Unknown dealers (%)	12	**24**
Locations scored from:		
Friends' home (%)	70	**65**
Nightclub (%)	30	**53**
Dealer's home (%)	36	**43**
At own home (%)	41	**42**
Other (%)	11	**-**

Source: Party Drugs Initiative REU interviews 2003/2004

The 2004 sample reported that they had scored ecstasy from a median of four different people in the preceding six months. Eighty-two percent of participants reported being able to obtain other drugs from their main ecstasy dealer. Other drugs identified by these participants as obtainable from their main dealer included methamphetamine powder (83%), cannabis (58%), crystal methamphetamine (45%), LSD (36%), ketamine (32%), cocaine (28%), GHB (24%), methamphetamine base (18%), MDA (13%), heroin (8%), 1,4B (6%) and GBL (3%).

4.8 Ecstasy related harms

4.8.1 Law enforcement

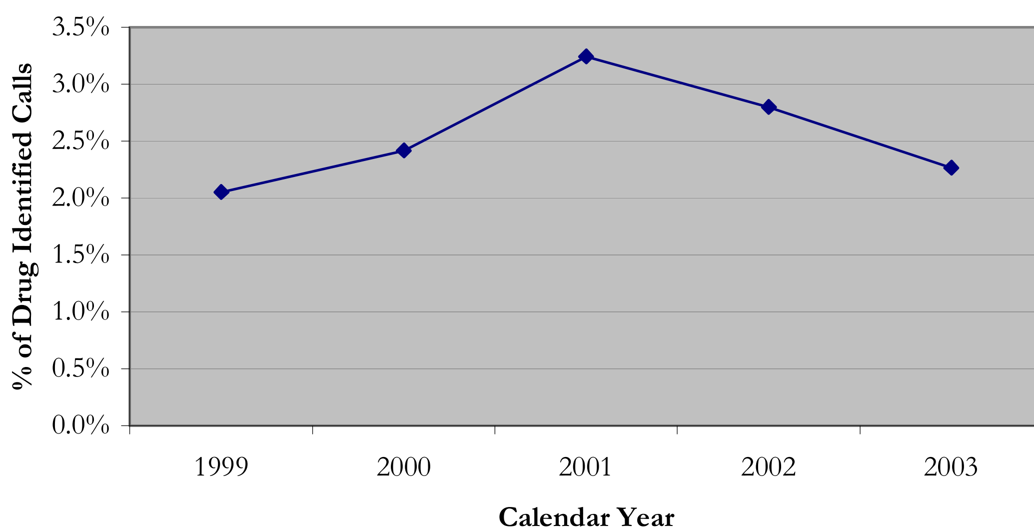
Only 12% of participants considered legal/police problems as a perceived risk of using ecstasy (Table 7). Police KE responses regarding police activity around ecstasy and related drugs in general are described in section 14.2.

The Magistrates Court of Victoria categorise ecstasy and amphetamines together when recording data related to drug-related charges appearing before the court. Data regarding the numbers of principal proven charges finalised in The Magistrates Court of Victoria between 1996/97 and 2002/03 for amphetamine/ecstasy-related offences are presented in section 5.5.1.

4.8.2 Health related harms

Figure 6 shows the percentage of drug-identified calls (user and non-users) to DirectLine where ecstasy was nominated as the drug of concern from 1999 to 2003. As a general indicator of the level of concern about particular types of drugs, only a small percentage of drug-related calls to DirectLine concerned ecstasy. The actual numbers of calls ranged from 438 in 1999 to 699 in 2002.

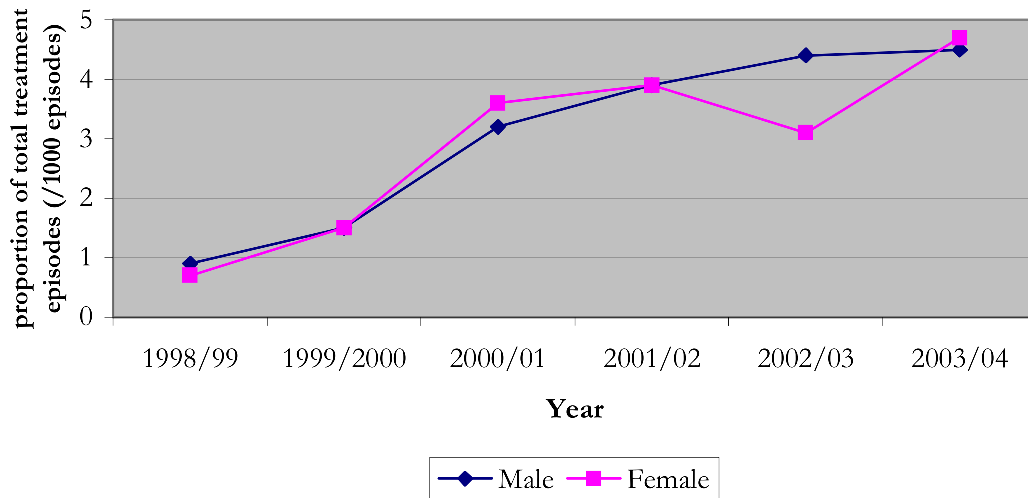
Figure 6 Percentage of drug identified calls to DirectLine where ecstasy was mentioned as the drug of concern, 1999-2003.



Source: DirectLine, Turning Point Alcohol and Drug Centre

Figure 7 shows ecstasy treatment episodes as a proportion of total treatment episodes in Victoria from 1998/99 to 2003/04. Consistent with calls to DirectLine, ecstasy treatment makes up only a small proportion of overall drug treatment episodes in Victoria. However, there has been a steady increase from a low base in the proportion of treatment episodes relating to ecstasy.

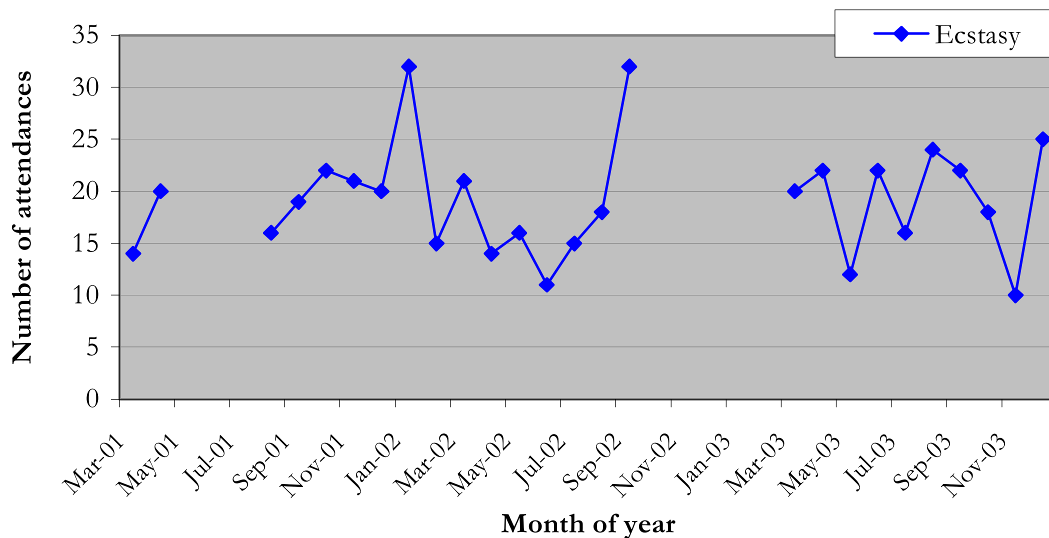
Figure 7 Ecstasy treatment episodes as a proportion of total treatment episodes by gender, VIC 1998/99–2003/04



Source: ADIS, VIC Department of Human Services.

Figure 8 shows the number of ecstasy-related ambulance attendances in Victoria March 2001 to December 2003. The number of attendances over this time fluctuated greatly with no observable trend over time.

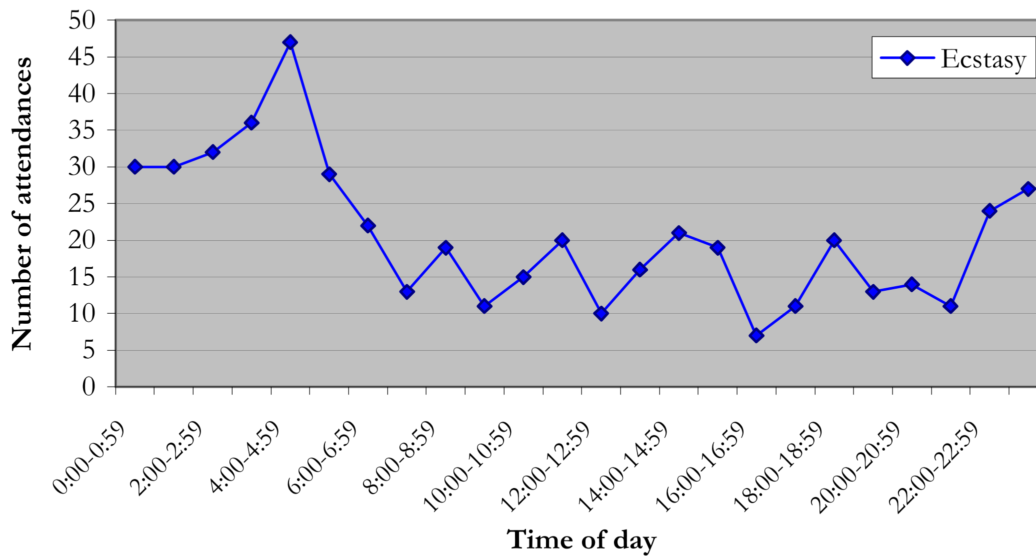
Figure 8 Number of ecstasy-related ambulance attendances in Victoria March 2001 – December 2003



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

Figure 9 shows the number of ecstasy-related ambulance attendances in Victoria (March 2001 to December 2003) by time of day of call-out. Attendances trend higher after 10pm and peak at around 4am to 5am.

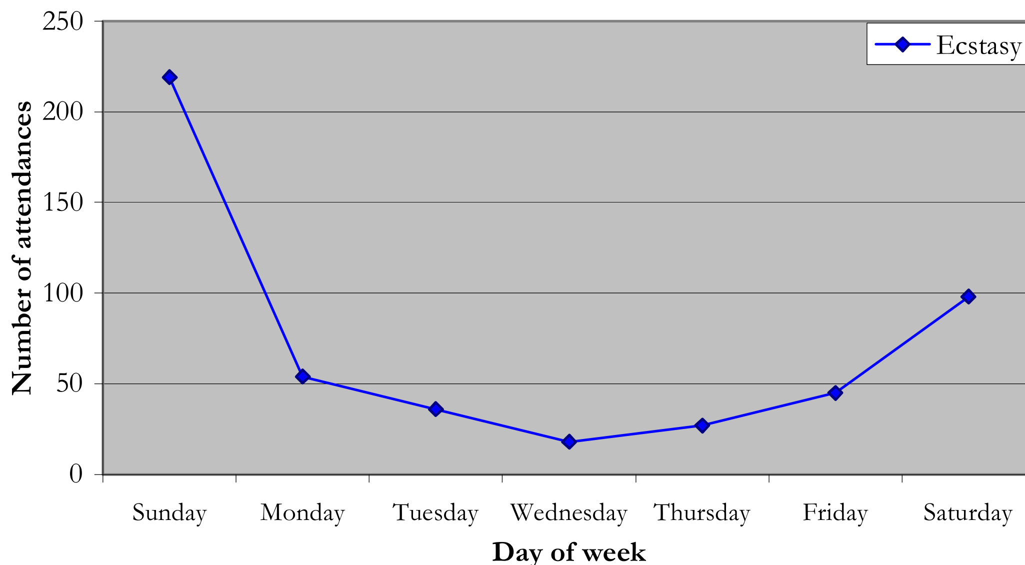
Figure 9 Number of ecstasy-related ambulance attendances in Victoria (March 2001 – December 2003) by time of day



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre.

Figure 10 shows the number of ecstasy-related ambulance attendances in Victoria (March 2001 to December 2003) by day of the week. Attendances are higher on the weekends, peaking on Sunday.

Figure 10 Number of ecstasy-related ambulance attendances in Victoria (March 2001 – December 2003) by day of week



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre.

In general very few KEs reported any major ecstasy related health problems. KEs mentioned the 'Tuesday blues,' quirky mental health problems, nausea (apparently caused amongst ecstasy users who forgot to eat beforehand) and potential memory loss.

Only KEs who were service providers were questioned directly about health related problems. One KE from the health sector reported that REU who had used ecstasy presented to their service with "anxiety, paranoia, panic, a few with hallucinations, mild psychosis, some suicidal thoughts, acute agitation and psychosis" but that there were far fewer presentations associated with ecstasy compared with speed or crystal meth. This KE was concerned about the combination of ecstasy and speed/ice because of problems with high blood pressure and the increased risk of strokes/seizures. This KE reported that there had been 5 brain bleeds and 7 seizures over approximately 2 years due to ecstasy or speed (in ecstasy and speed users). This KE reported that toxicology was not undertaken but that increased heart rate and blood pressure suggested that speed or ecstasy were present. One KE also reported that ecstasy users who binged beyond three days and begin to start using supplements to extend effects and who used other stimulants were at increased risk of overdose and death. With long-term hazardous use this KE reported that users who used more than one pill each were at greater risk of losing jobs and long-term depression.

KEs from the health sector reported that there was generally no difference in the health-related problems experienced by REU this year compared to other years. One KE reported that there was a bit of bad ecstasy around causing uncontrollable body movements (more than the usual teeth grinding). Another reported that there was an increase in violence against REU and this was due to an increase in the number of people being 'rolled over' for their drugs. However other KEs reported that they had received no reports of interpersonal violence.

4.9 Benefit and risk perception

Participants were asked to describe the benefits and risks they perceived to be associated with their own use of ecstasy.

4.9.1 Perceived benefits

All participants perceived that there were benefits associated with ecstasy use. In general the perceived benefits of ecstasy use appeared to centre around enhanced social and interpersonal experiences and the emotional and physical effects of the drug (Table 6). The most commonly mentioned benefits were enhanced communication and sociability (47%), enhanced closeness and bonding (35%) and enhanced mood (such as euphoria, a sense of well-being and happiness; 33%). Enhanced appreciation of music and dance (28%), fun (28%), increased energy (24%), increased confidence and decreased inhibitions (17%) and feelings of relaxation, escape and release (14%) were also mentioned.

Although there were no specific questions on perceived benefits of ecstasy asked of KEs, the general feeling conveyed by KEs was that users enjoyed being part of a scene that involved drug use, that users may have been on a 'journey,' that it was a stage in their lives, that there were generally few risks associated with ecstasy use, and that its use was celebratory, social and balanced.

Table 6 Perceived benefits of ecstasy use

Benefit	2004 sample (n=100)
Enhanced communication and sociability (%)	47
Enhanced closeness and bonding (%)	35
Enhanced mood (%)	33
Enhanced appreciation of music and dance (%)	28
Fun (%)	28
Increased energy (%)	24
Increased confidence and decreased inhibitions (%)	17
Feelings of relaxation, escape and release (%)	14
The drug effects (%)	11
The high/rush/buzz (%)	11
Differences to the effects of alcohol (%)	4
Enhanced sexual experience (%)	4
Increased open-mindedness (%)	4
Friendly social experience (%)	4
Alleviation of boredom (%)	3
Feelings of control and focus (%)	1
Losing weight (%)	1
Value for money (%)	1

Source: Party Drugs Initiative REU interviews 2004

4.9.2 Perceived risks

The majority (90%) of the REU sample also perceived there to be risks associated with their own use of ecstasy. Cognitive damage such as memory impairment (21%) and impaired decision making/risk taking (10%) and emotional problems such as depression (17%) figured relatively prominently in the risks identified by ecstasy users. Physical harms were also identified, such as general acute (18%) and long-term (7%) problems and specific harms such as dehydration (11%) and body temperature regulation (6%) were reported. Concerns about the contents of ecstasy tablets, such as unknown strength and purity (17%) and unknown contaminants (7%) were also mentioned as a potential source of harm, in addition, to financial (12%) and legal (12%) problems.

A small number of KEs were concerned about the risk of accidents associated with drug driving. Polydrug use was mentioned as potentially being associated with accidents, with this risk amplified by alcohol. One KE also mentioned that a minority of REU reported scoring once they were out – with the increased risk of not knowing what they were buying. Risk of memory loss and vagueness were also reported, and KEs commented that many REU were not aware of long-term risks associated with ecstasy use. A number of KEs identified health, legal and social consequences they had seen in REU, although some of these consequences were identified as more likely to be identified with other drugs such as GHB and crystal meth than ecstasy.

Table 7 Perceived risks of ecstasy use

Risk	2004 sample (n=89)
Memory Impairment (%)	21
General acute physical problems (%)	18
Depression (%)	17
Unknown drug strength/purity (%)	17
Damage to brain function (%)	16
Financial problems (%)	12
Legal/police problems (%)	12
Dehydration (%)	11
Problems during come down (%)	11
Impaired decision making/risk taking (%)	10
Lack of motivation (%)	9
Social/relationship problems (%)	8
Addiction/dependence (%)	7
Long-term physical problems (%)	7
Unknown drug contaminants/cutting agents (%)	7
Anxiety/panic attacks (%)	6
Body temperature regulation (%)	6
Mood swings (%)	6
Paranoia (%)	5
Non-fatal overdose (%)	5
Fatal overdose (%)	5
Unknown long-term harm (%)	5
Psychosis (%)	3
Cognitive impairment (%)	3
Overhydration (%)	3
Increased vulnerability (%)	3
General psychological harm (%)	3
Unpredictable effects of ecstasy and polydrug use (%)	3
Driving risk (%)	2
Sex risk (%)	2
Employment problems (%)	2
Chewing/teeth problems (%)	2
"Losing the plot"/"making an idiot of myself" (%)	2
Aggression/violent behaviour (%)	1
Taking more drug than intended (%)	1
Lack of knowledge about risks (%)	1
Lowered immune function (%)	1
Cardiac palpitations (%)	1
Avoiding reality (%)	1
Aggravating pre-existing medical condition (%)	1
Stress on body from binges (%)	1

Source: Party Drugs Initiative REU interviews 2004

4.10 Summary of ecstasy trends

Reports from the Victorian REU and KEs suggest that:

- **Ecstasy typically costs $30 per pill or tablet;**
- **The price of ecstasy has remained stable over the previous six months;**
- **The purity of ecstasy was rated as medium to high, although many users reported fluctuations in purity;**
- **Ecstasy is readily available and predominantly sourced from friends or dealers in private residences or in nightclubs and dance parties;**
- **The perceived benefits of ecstasy include enhanced sociability, communication and mood;**
- **The perceived risks of ecstasy include cognitive and emotional problems, physical harms and unknown contents of ecstasy tablets.**

5.0 METHAMPHETAMINE

The most recent survey of amphetamine use in the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. According to the findings of this survey, 2.4% of the Victorian population aged 14 years and above had used amphetamines (non-medical) within the past twelve months (Australian Institute of Health and Welfare, 2002).

Data from the Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003), found that of the 16-24 year olds surveyed (n=3032), 17% of the males and 14% of the females, reported having used amphetamines in their lifetime and 11% of males and 9% of females reported use in the 12 months prior to the survey. The majority of these people reported snorting or swallowing these drug types.

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine Powder (Speed)

Nearly all the participants (98%) reported lifetime methamphetamine powder (speed) use and the majority (92%) had used speed in the preceding six months. The median age of first use for speed was 18 (range 12-39).

Those participants that reported speed use in the preceding six months had done so on a median of 7.5 days (range 1-150). Of those that reported recent use of speed nearly half (48%) used speed once a month or less and the majority (66%) had used it fortnightly or less. Fifteen percent used more than fortnightly but less than once per week and 19% of participants used speed once per week or more. Twelve percent of the sample nominated speed as their drug of choice. Forty-six percent of ecstasy users said they usually used speed in conjunction with ecstasy, whereas only six percent usually used speed during their comedown from ecstasy. Of those who reporting binging, speed (76%) was the second most popular drug used during binges, behind ecstasy (93%).

Twenty-five percent of participants reported their 'typical' or 'average' use episode and 44% reported their 'heaviest' use episode in the preceding six months in terms of grams. The median amount used in a 'typical' episode was 0.5 grams (range 0.13-1) and the median amount used in the 'heaviest' session was one gram (range 0.25-4; Table 8).

Sixty-one percent (n=56) of participants reported their 'typical' or 'average' use episode and 45% (n=41) reported their 'heaviest' use episode in the preceding six months in terms of 'points' (one point is equal to approximately 0.1 of one gram). The median amount used in a 'typical' episode was 1.5 points (range 0.25-5) and the median amount used in the 'heaviest' session was two points (range 0.25-7.5). Small numbers of participants quantified their use in terms of lines and dabs.

The majority (91%) of participants who reported using speed in the past six months said they snorted it. Swallowing (65%), smoking (27%), injecting (10%) and shelving (1%) were other routes of speed administration reported.

The patterns of speed use were comparable between the 2003 and 2004 samples (Table 8).

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

Speed variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	98	**98**
Used preceding six months (%)	89	**92**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	8 (1-170) (n=89)	**7.5 (1-150) (n=92)**
Median quantities used (grams)		
Typical (range)	0.5 (0.1-5) (n=23)	**0.5 (0.13-1) (n=23)**
Heavy (range)	1 (0.1-14) (n=43)	**1 (0.25-4) (n=40)**
Median quantities used (points)		
Typical (range)	1 (0.25-4) (n=51)	**1.5 (0.25-5) (n=56)**
Heavy (range)	2 (0.25-15) (n=38)	**2 (0.25-7.5) (n=41)**

Source: Party Drugs Initiative REU interviews 2003/2004

Compared to the REU sample reports, KEs tended to underestimate the prevalence of speed use among REU, with fourteen reporting use of speed by 10% to 80% of REU they were in contact with. The majority of KEs (n=9) from across settings reported that 40% to 80% of REU used methamphetamine powder, commonly in combination with ecstasy and a range of other drugs to enhance or prolong the recreational experience.

Consistent with REU reports, all KEs reported that the majority of REU who used speed snorted or swallowed (dabbed) their speed. Four KEs reported that a small percentage of REU injected speed, including one KE who reported that 10% of REU injected. KEs reported that REU generally used between a half and two points, or shared a couple of grams between a few people. Two KEs reported that those users who injected were more likely to be heavier users. One KE reported that REU no longer see speed as a big step in their drug taking and that it was considered a similar drug to ecstasy. Other KEs commented that REU were drinking more with speed compared to ecstasy and that speed was being taken more as a tolerance to ecstasy developed. This KE also commented that less people were using speed and swapping to ice, although this was not apparent in REU reports.

5.1.2 Methamphetamine Base

Less than half of the participants (45%) reported lifetime methamphetamine base (base) use and just over a third (34%) reported using base in the preceding six months. The median age of first use for base was 19 (range 14-33).

Those participants that reported using base in the preceding six months (n=34) had done so on a median of 2.5 days (range 1-48). Base was used relatively infrequently in the preceding six months, with most (64%) respondents who had used base in the preceding six months doing so once a month or less. Twenty-four percent used base more than once per month but less than fortnightly and 12% used base more than fortnightly. Only three participants reported using it weekly or more and no respondents nominated base as their drug of choice. Three percent of ecstasy users said they usually used base in conjunction with ecstasy and only one participant usually used base during their 'come

down' from ecstasy. Of those who reported binging in the preceding six months, 13% had used base when doing so.

Of those who reported using base during the preceding six months, most quantified their average (n=26) and heaviest (n=19) use in terms of points. The median amount of base used in a 'typical' episode was 1 point (range 0.25-5) and the median amount used in the 'heaviest' session was 1 point (range 0.5-5; Table 9). Small numbers of participants also referred to grams, lines, dabs and tokes.

More than half (62%) of participants that reported using base in the preceding six months had swallowed it. Nearly half (44%) reported snorting base, with 18% injecting and 18% smoking base in the previous six months.

The patterns of base use were comparable between the 2003 and 2004 samples.

Table 9 Patterns of methamphetamine base use of REU

Base variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	50	**45**
Used last six months (%)	27	**34**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	4 (1-52) (n=27)	**2.5 (1-48) (n=34)**
Median quantities used (points)		
Typical (range)	1 (0.13-3) (n=15)	**1 (0.25-5) (n=26)**
Heavy (range)	1 (0.5-11) (n=16)	**1 (0.5-5) (n=19)**

Source: Party Drugs Initiative REU interviews 2003/2004

In general, the use of base was under-reported by KEs compared to REU reports. Only five KEs reported use of base by REU. One KE reported that 10% of REU shafted with base or rubbed it on their gums. Other KEs reported that use of base was minimal and often not deliberate or provided no further information on its use.

5.1.3 Crystal Methamphetamine

Nearly three quarters of participants (71%) reported lifetime crystal methamphetamine use and just over half (52%) reported using crystal meth in the preceding six months. The median age of first use for crystal meth was 20 (range 15-42).

Those participants that reported use of crystal meth in the preceding six months (n=52) had done so on a median of 5.5 day (range 1-96). Crystal meth was used relatively infrequently in the preceding six months, with most (56%) participants using crystal meth once a month or less, 25% more than once a month but less than fortnightly and 19% using crystal meth more than fortnightly. Only three participants nominated crystal meth as their drug of choice. Twelve percent of ecstasy users said they usually used crystal meth in conjunction with ecstasy and one participant usually used crystal meth during their 'come down' from ecstasy. Of those who reported binging in the preceding six months, 42% had used crystal meth when doing so.

Of those who reported using crystal meth during the preceding six months, most quantified their average (n=40) and heaviest (n=31) use in terms of points. The median

amount of crystal meth used in a 'typical' episode was 1 point (range 0.5-5) and the median amount used in the 'heaviest' session was 1 point (range 0.5-4; Table 10). Small numbers of participants also referred to grams, dabs and tokes.

Most (83%) participants that reported using crystal meth in the preceding six months had smoked it. More than one third (35%) had swallowed it and 35% reported snorting crystal meth. Ten percent reported injecting crystal meth in the past six months.

Although lifetime prevalence of crystal meth was similar between the 2003 and 2004 samples, recent use was greater in 2003. In addition, those who had recently used crystal meth in 2004 had typically done so on fewer days (Table 10).

Table 10 Patterns of crystal methamphetamine use of REU

Ice variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	75	**71**
Used last six months (%)	62	**52**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	6 (1-60) (n=62)	**5.5 (1-96) (n=52)**
Median quantities used (points)		
Typical (range)	1 (0.25-3) (n=42)	**1 (0.5-5) (n=40)**
Heavy (range)	2 (0.5-6) (n=33)	**1 (0.5-4) (n=31)**

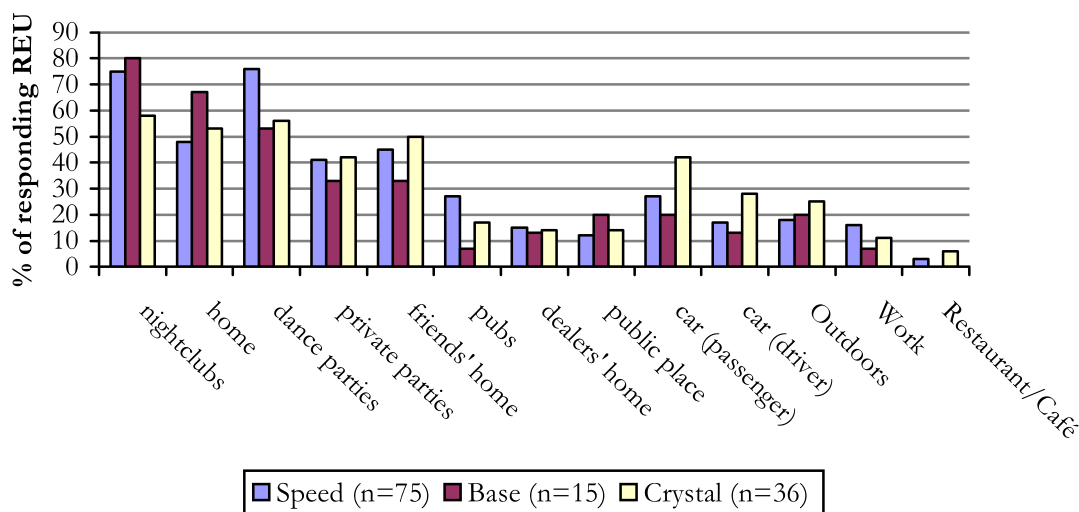
Source: Party Drugs Initiative REU interviews 2003/2004

Fifteen KEs estimated a wide range of prevalence of crystal meth use among REU (5%-70%). KEs generally reported the prevalence of use of crystal meth was lower and more varied than that that of speed. Five KEs reported that less than 10% of REU used crystal meth, four reported between 11-40% and three reported between 50-70% REU used crystal meth. Most KEs reported that REU smoked crystal meth (n=9), and others reported users snorting (n=3), burning (n=2), injecting (n=2) or swallowing (n=1) crystal meth.

One KE reported that use was prevalent in the Vietnamese drug using community and that 20-30% of gay, lesbian, bisexual transgender and intersexed (GLBTI) used crystal meth. Intensive use of crystal meth in binges was mentioned by three KEs and six reported that crystal meth was used in the same way ecstasy was. Quantities used varied from one point to one gram and were sometimes shared.

Participants reported a wide range of locations where they usually used any type of methamphetamine, and there was some variation in places where participants used different types of methamphetamines (Figure 11). Speed was predominantly used in nightclubs (75%) and at dance parties (76%). Although use of crystal meth was also popular in these venues (nightclubs 58%; dance parties 56%), its use was equally prevalent in private places (home 53%; friend's home 50%; passenger in car 41%). This difference is likely related to smoking being the preferred method of use for crystal meth, whereas speed was primarily snorted or swallowed. Many participants who cited smoking crystal meth in cars, reported leaving nightclubs to do so, then going back inside. Base (again most commonly snorted or swallowed) was also predominantly used in nightclubs.

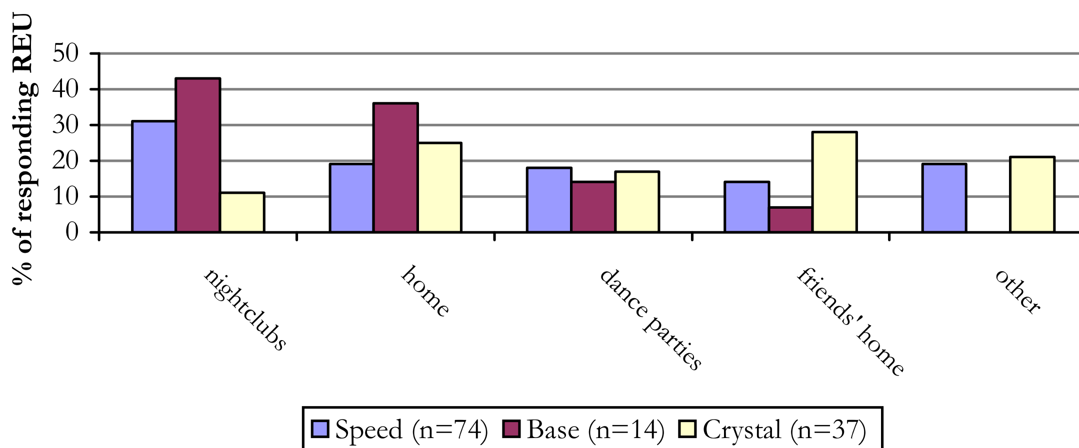
Figure 11 Location of usual methamphetamine use by form, 2004



Source: Party Drugs Initiative REU interviews 2004

Similar results to those above were seen for last location of methamphetamine use (Figure 12). Nightclubs were the most common location for last use of speed (31%) and base (43%), whereas a friend's home (28%) was most commonly nominated as the last location of crystal meth use.

Figure 12 Last location of methamphetamine use by form, 2004



Source: Party Drugs Initiative REU interviews 2004

5.2 Methamphetamine SDS

Methamphetamine SDS scores from the Victorian sample were generally low with a median score of one (SD 3.4, range 0-14), although 19% of respondents scored above four (cut-off for substance dependent classification) on the methamphetamine SDS (Topp & Mattick, 1997). Most participants (60%) were attributing their responses on the methamphetamine SDS to speed, 16% to crystal meth and a small number (3%) to base. Twenty percent of participants were not attributing their responses to a particular type of methamphetamine. Seventy-one percent of participants responded that their use of

methamphetamine was 'never or almost never' out of control with 15% believing it was 'sometimes' out of control. Sixty-nine percent of participants responded that they were 'never or almost never' anxious about the prospect of missing a dose and 19% said they 'sometimes' worried about this. Sixty-one of the sample said they 'never or almost never' worried about their use of methamphetamine, 22% said they 'sometimes' worried about this and 13% said they 'often' worried about their methamphetamine use. Three quarters of participants (75%) responded that they 'never or almost never' wished they could stop using methamphetamine, 12% said they 'sometimes' wished they could stop using and 11% responded that they 'often' wished they could stop using. Most (71%) participants also believed they would not find it difficult to stop using or go without methamphetamine, while 19% responded that they would find this 'quite difficult' and nine percent 'very difficult.'

5.3 Price

The prices participants paid for methamphetamines in 2004 were similar to those paid in 2003 (Table 11). Three quarters (75%) of the 2004 sample was able to comment on the current price, purity or availability of speed. Thirty-four percent of participants were able to comment on the price of speed per gram, with a median of $180 being reported. The other commonly mentioned amount of speed was a point, reported to cost a median of $25. Small numbers of participants also commented on half-gram prices (Table 11). Of the 60 participants who were able to comment on the price speed over the preceding six months, over half (58%) reported the price of speed had remained stable and 23% reported deceases in the price of speed (Figure 14).

Only two KEs commented on the current price of speed, one reporting a decrease in price and the other reported that the price had not changed.

Only 15% of participants were able to comment on the price, purity or availability of base, with 'points' being the amount most commonly referred to. Only six participants were able to comment on the price of base per point. The median price paid for a point of base was $29. Small numbers of participants also commented on half-gram and gram prices of base (Table 11). Of the 10 participants who were able comment, half (50%) reported the price of base over the preceding six months had remained stable and four (40%) reported that it had increased (Figure 14).

More than one third (37%) of the sample was able to comment on the price, purity or availability of crystal methamphetamine. Twenty participants were able to comment on the price of crystal meth per point, with a median of $40 being reported. The other commonly mentioned amount of crystal meth was a gram, reported to cost a median of $290. Small numbers of participants also commented on half-gram prices (Table 11). Of the 28 participants who were able to comment on the price of crystal meth over the preceding six months, less than half (46%) reported the price of crystal meth had remained stable and 36% reported a decease in the price of crystal meth. Only four participants responded that crystal meth prices had increased in the past six months (Figure 13).

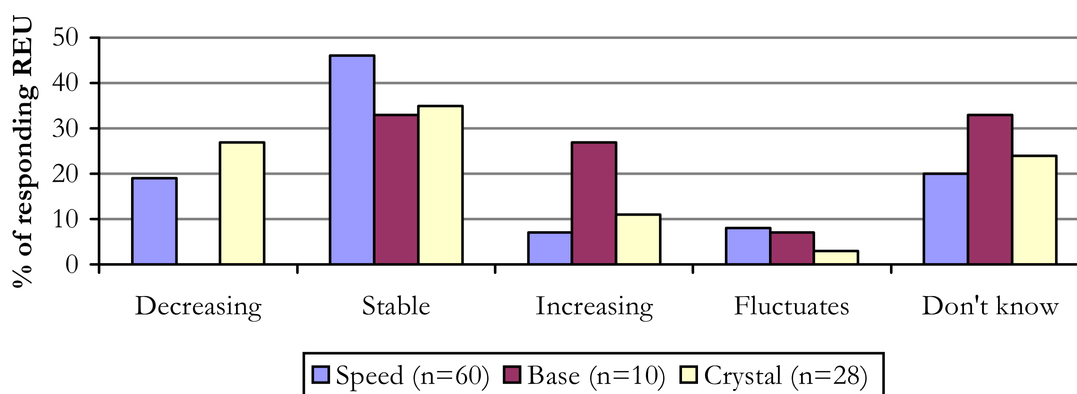
Only three KEs commented on the price of crystal meth, two reporting that the price had not changed and one reporting decreased prices. One KE reported that the demand for and supply of ice had stabilised.

Table 11 Price of various methamphetamine forms purchased by REU

Median price ($) methamphetamine	2003 sample	**2004 sample**
Speed		
Half gram	-	**95 (80-120) (n=4)**
Gram	180 (30-300) (n=33)	**180 (50-250) (n=34)**
Eight-ball (3.5grams)	-	**-**
Point	30 (15-50) (n=30)	**25 (15-50) (n=34)**
Base		
Point	32.5 (20-230) (n=10)	**28.75 (25-50) (n=6)**
Gram	-	**200 (160-270) (n=3)**
Half gram	-	**110 (100-120) (n=2)**
Five points	-	**-**
Eight-ball (3.5grams)	-	**-**
Crystal		
Point	40 (20-50) (n=29)	**40 (25-50) (n=20)**
Gram	300 (200-400) (n=13)	**290 (120-400) (n=11)**
Half gram	-	**150 (125-180) (n=4)**

Source: Party Drugs Initiative REU interviews 2003/2004

Figure 13 Recent changes in price of various methamphetamine forms purchased by REU in 2004



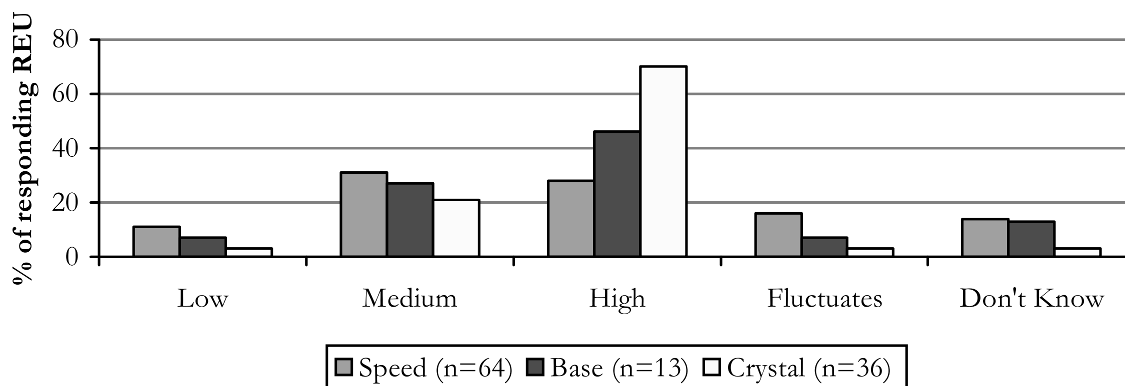
Source: Party Drugs Initiative REU interviews 2004

5.4 Purity

Estimates of the purity of speed by REU appeared less consistent than for base or crystal meth (Figure 14). Fifty-eight percent of the sample rated the purity of speed as medium or high, although considerable proportions were unable to estimate the purity (15%) or responded that it was low (11%) or fluctuated (16%). Of those who responded, nearly three quarters rated the purity of base as medium to high and ninety-two percent rated the purity of crystal meth as medium to high. Comparisons between the reported purity of different types of methamphetamine need to be approached with caution, however,

because relatively small numbers of participants were able to rate the purity of base (n=13) and crystal meth (n=36) compared to speed (n=64).

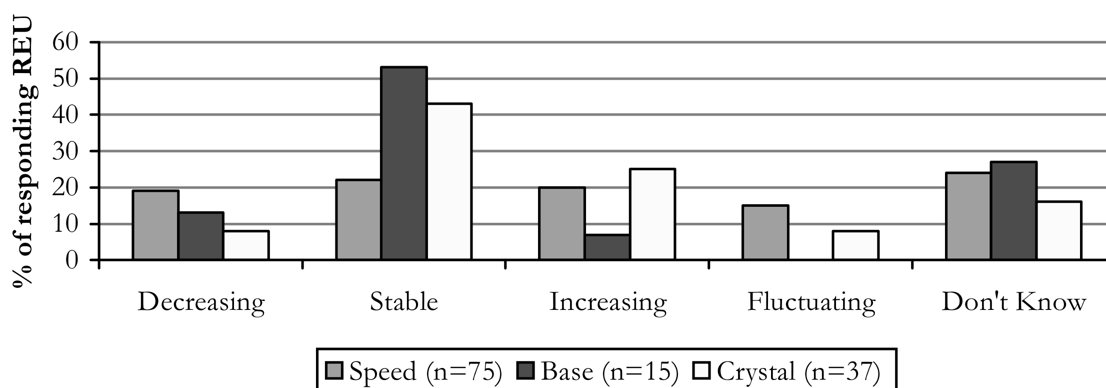
Figure 14 Current Purity of various forms of methamphetamine 2004



Source: Party Drugs Initiative REU interviews 2004

Consistent with reports of current purity, responses regarding changes in the purity of base and crystal meth over the past six months were more consistent than for speed (Figure 15). Estimations of recent changes in the purity of speed were roughly evenly distributed across response categories. Of those who responded, most (53%) said that the purity of base was stable over the preceding six months and the majority (68%) responded that the purity of crystal meth had remained stable or increased. Again, these figures should be compared with caution because of the relative numbers of participants who were able to comment on the purity of different types of methamphetamines.

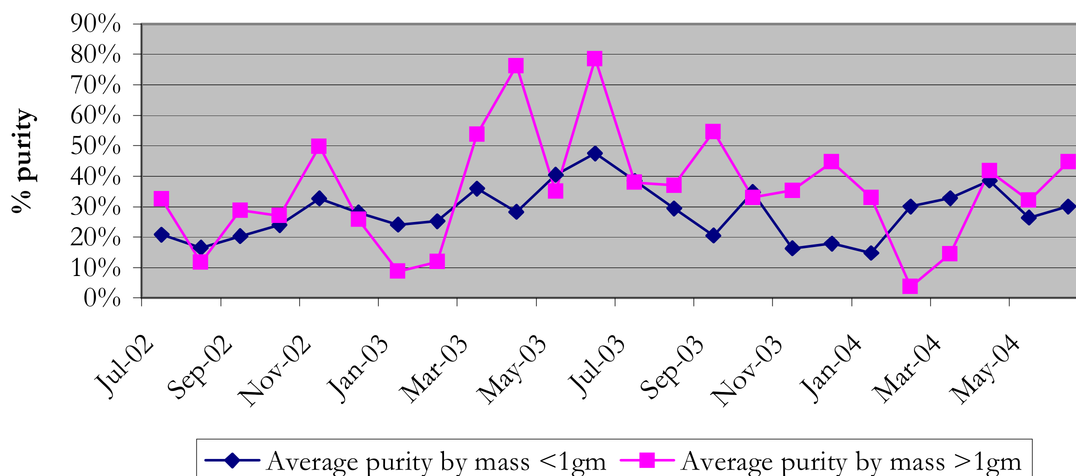
Figure 15 Recent change in purity of various forms of methamphetamine 2004



Source: Party Drugs Initiative REU interviews 2004

Figure 16 describes the average purity of methamphetamine seizures by Victorian law enforcement between July 2002 and June 2004. Seizures of less than 1gm did not vary greatly, mostly between 20 and 40% purity. There was greater variation in the purity of seizures greater than 1gm, particularly in mid-2003, where methamphetamines with 70-80% purity were seized.

Figure 16 Average purity of methamphetamine seizures by Victorian law enforcement, July 2002 - June 2004



Source: Victoria Police Forensic Science Centre

Only two KEs were able to comment the current purity of speed, one reporting that purity had not changed, and the other reporting increased purity. Consistent with the trend reported by REU respondents, three KEs reported that the purity of crystal meth was high and had not changed.

5.5 Availability

The reported availability varied across the three types of methamphetamines (Figure 17) Of those who commented on the availability of speed (n=75), the majority (62%) reported it 'very easy' to obtain, and most (81%) considered the ease of access to speed had remained stable (59%) or increased (23%) over the preceding six months.

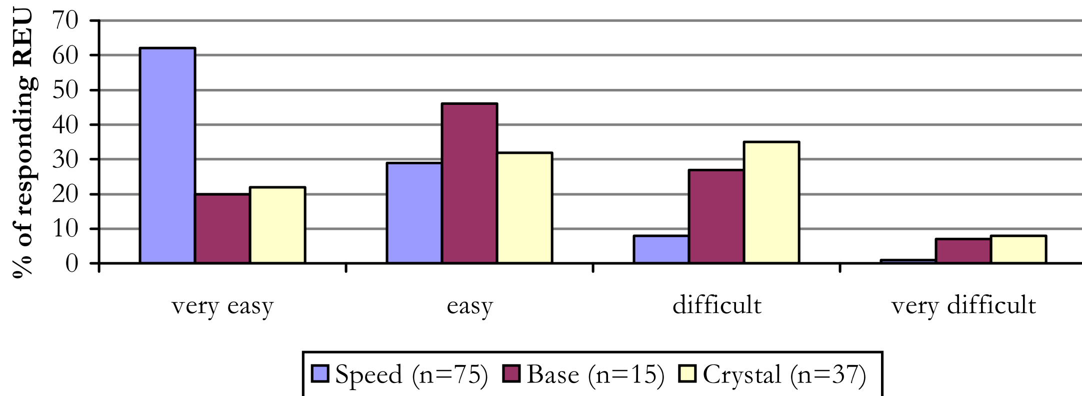
From the reports of those who commented (n=15), base appeared more difficult to obtain than speed. Although more than two thirds (67%) thought it was 'very easy' (20%) or 'easy' (47%) to obtain, nearly a third (33%) responded that base was 'difficult' or 'very difficult' to obtain. Nearly half (47%) of respondents thought the availability of base in the preceding six months had remained stable, with 27% reporting that it had become more difficult.

For those who responded (n=37), over half (54%) thought crystal meth was 'easy' (32%) or 'very easy' (22%) to obtain, although 35% believed it was 'difficult' to obtain. Most participants (57%) thought that the availability of crystal meth had remained stable (38%) or increased (19%) in the preceding six months, however, a substantial proportion believed the availability had decreased (32%).

Again, comparing availability of the different types of methamphetamine is problematic because of the different numbers of participants able to respond.

Two KEs were able to comment on the availability of speed, one reporting that it had increased, and the other reporting that availability had remained stable. Three KEs commented on crystal meth, one reporting increased availability, one that it had remained stable and one-third that it fluctuated.

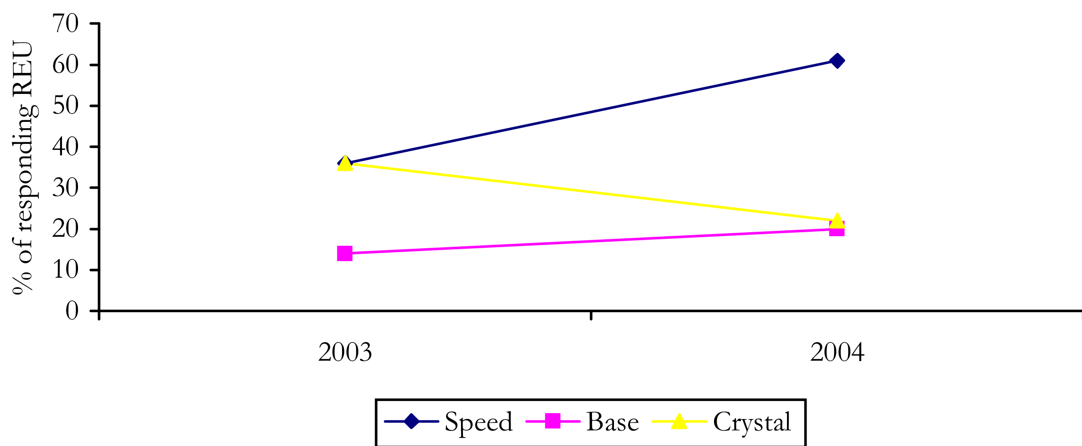
Figure 17 Current availability of various forms of methamphetamine 2004



Source: Party Drugs Initiative REU interviews 2004

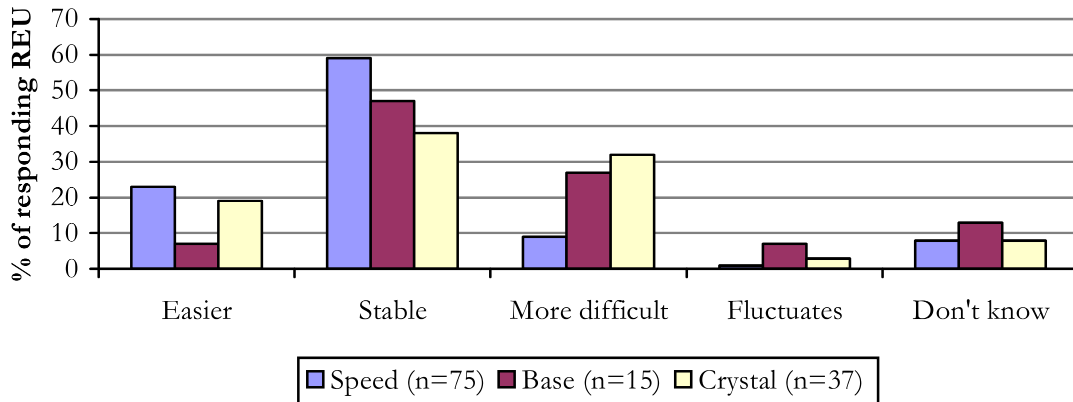
Consistent with the patterns of recent use reported earlier, the availability of crystal meth appeared to decline between 2003 and 2004 (Figure 20). A substantial number of REU in 2004 also commented that crystal meth had become more difficult to access over the preceding six months (Figure 18). Other forms of methamphetamine (particularly speed) were reportedly easier to access (Figure 20).

Figure 18 Changes to current availability over time: proportion of REU who report various forms of methamphetamine as 'very easy' to obtain in the six months preceding interview in 2003 and 2004



Source: Party Drugs Initiative REU interviews 2003/2004

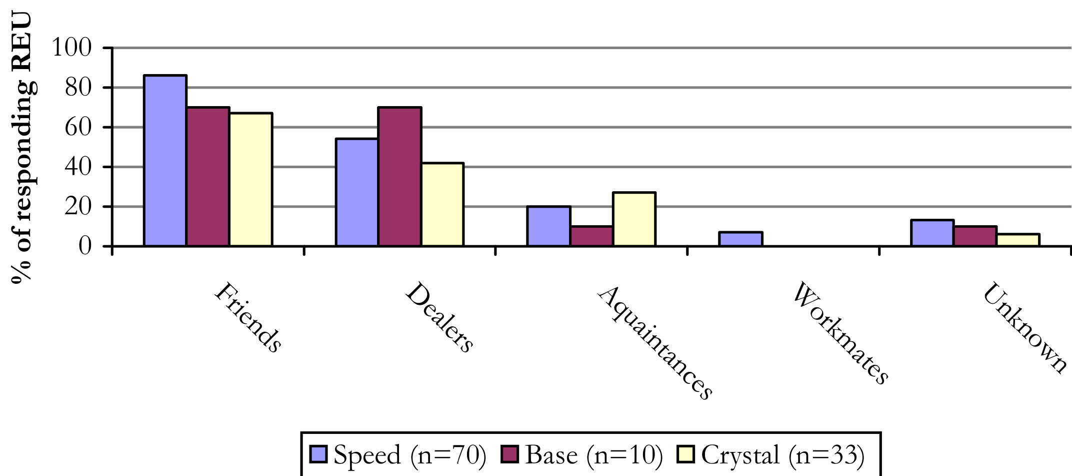
Figure 19 Change in the availability of various forms of methamphetamine in the preceding six months



Source: Party Drugs Initiative REU interviews2004

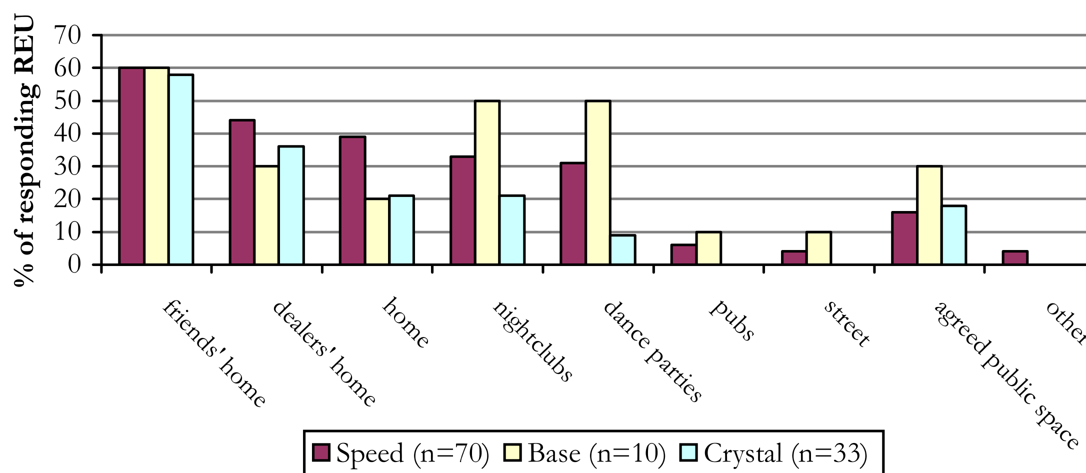
Methamphetamines were purchased from a range of people (Figure 20) across a variety of locations (Figure 21), although these characteristics vary slightly across the different types of methamphetamine. Speed and crystal meth were most commonly purchased from friends (speed 86%; crystal meth 67%) followed by dealers (speed 54%; crystal meth 42%), and were most commonly purchased at friends' (speed 60%; crystal meth 58%) or dealers' (speed 44%; crystal meth 36%) homes. Base was commonly purchased from friends (70%) and dealers (70%) at friends' homes (60%), nightclubs (50%) and dance parties (50%).

Figure 20 People from whom methamphetamine powder, base and crystal was purchased in the preceding six months



Source: Party Drugs Initiative REU interviews 2004

Figure 21 Locations where methamphetamine powder, base and crystal purchased in the preceding six months



Source: Party Drugs Initiative REU interviews 2004

5.6 Methamphetamine related harms

5.5.1 Law enforcement

Table 12 shows the number of the number of consumer and provider amphetamine-type stimulants arrests in Victoria during 2003 and 2004. A greater number of consumer arrests were made compared to provider arrest, with an over-representation of males in both arrest categories.

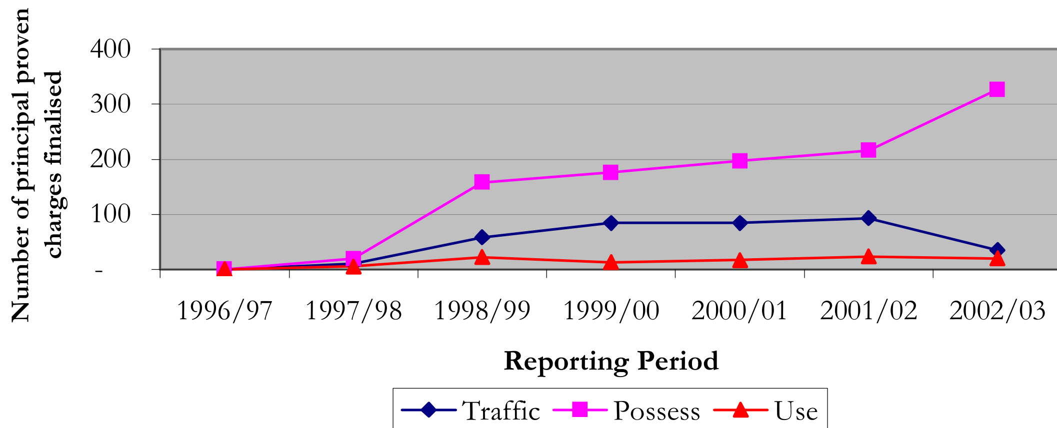
Table 12 Number of consumer and provider amphetamine-type stimulants arrests in Victoria 2003/04

	Consumer	Provider	Total
Male	1182	682	1864
Female	232	137	369
Total	1414	819	2233

Source: Australian Crime Commission

Figure 22 shows the number of principal proven charges finalised in the Magistrates Court of Victoria between 1996/97 and 2002/03 for amphetamine/ecstasy-related charges. The number of proven possession-related offences has dramatically increased over the reporting period, for 19 in 1997/98 to 327 in 2003/04. Trafficking offences increased over much of the reporting period, however, declined from a peak of 93 in 2001/02 to 35 in 2002/03. The number of charges proven for the use of amphetamines/ecstasy has remained low over the reporting period.

Figure 22 Number of principal proven amphetamine/ecstasy-related charges by charge type finalised in the Magistrates Court of Victoria 1996/97 – 2002/03



Source: Department of Justice, Victoria

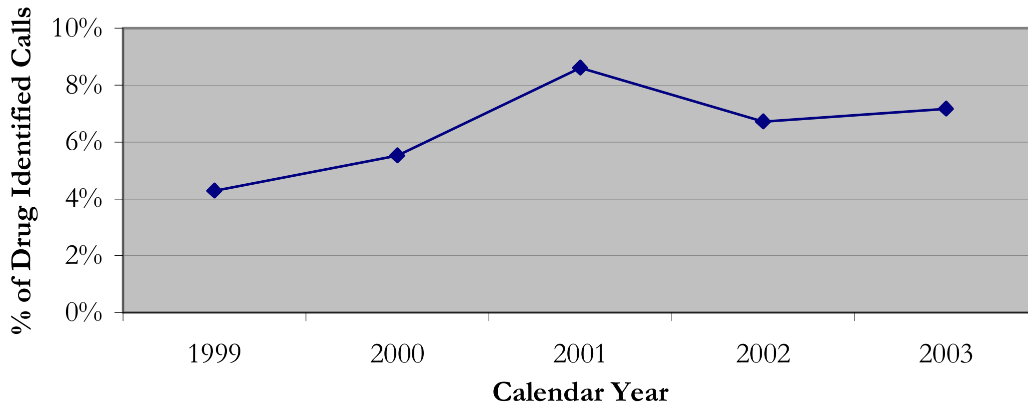
Police KEs reported that crystal meth had increased in circulation and that it was difficult to contain someone on it, that you can't talk them down, and that they could be extremely violent. One police KE commented that they were trying Taser guns (electric shock stun guns) for these situations.

According to one KE club owners were concerned because 'punters' were getting more aggressive, and that this was related to the smoking of ice in the toilets. Club owners were reportedly pleased that banning the sale of pipes had had a significant effect by reducing ice smoking in toilets.

5.5.2 Health

Additional information regarding health-related issues and ecstasy and related drugs is located in Section 13. Figure 23 shows the percentage of drug-identified calls (user and non-users) to DirectLine where amphetamines were nominated as the drug of concern from 1999 to 2003. As a general indicator of the level of concern about particular types of drugs, amphetamines were second to heroin/opiates in the proportion of calls to DirectLine concerned with illicit drugs. The actual numbers of calls ranged from 916 in 1999 to 1803 in 2001.

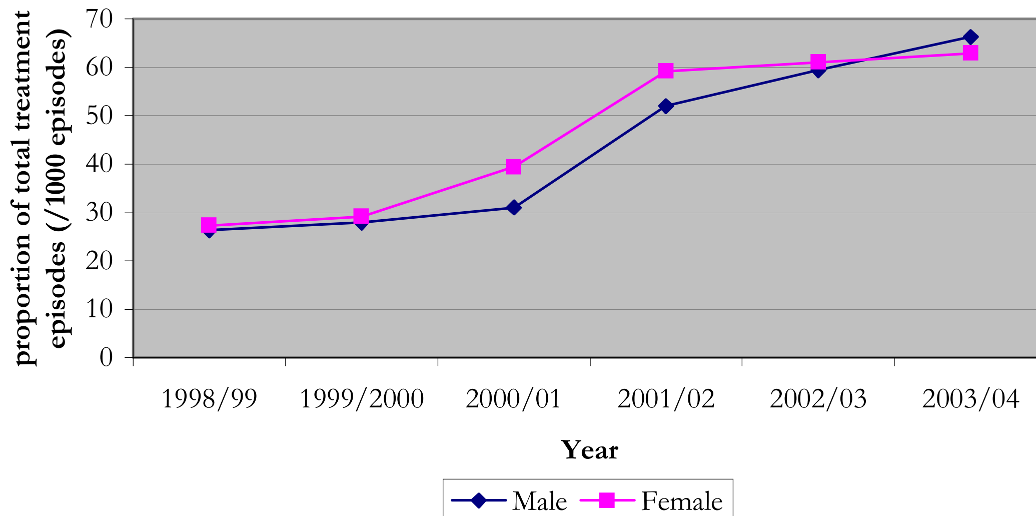
Figure 23 Percentage of drug identified calls to DirectLine where amphetamines were mentioned as the drug of concern, 1999-2003



Source: DirectLine, Turning Point Alcohol and Drug Centre

Figure 24 shows amphetamine treatment episodes as a proportion of total treatment episodes in Victoria from 1998/99 to 2003/04. There has been a marked increase in the proportion of drug treatment episodes attributed to amphetamines in Victoria after 2000/01.

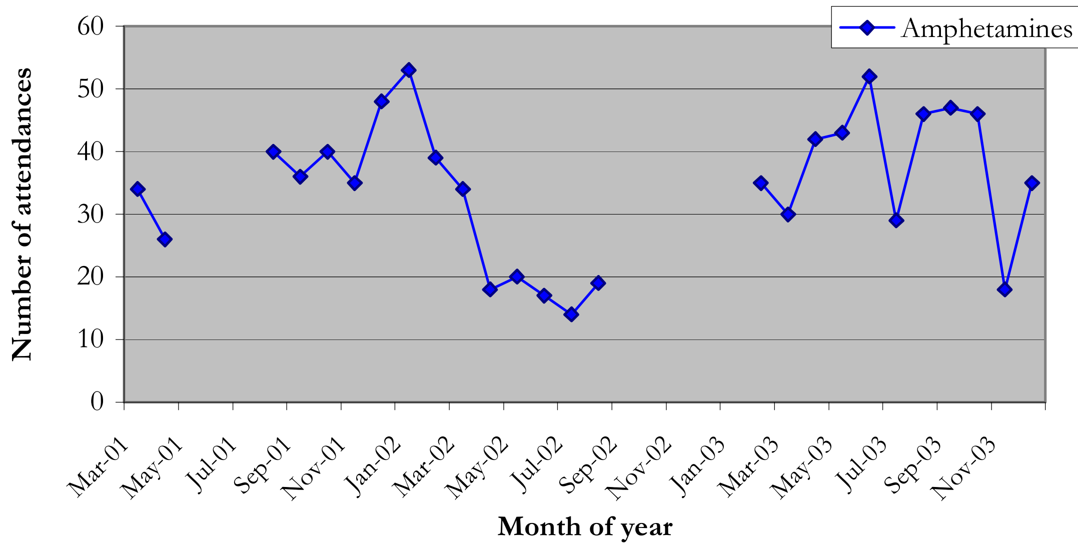
Figure 24 Amphetamine treatment episodes as a proportion of total treatment episodes by gender, VIC 1998/99–2003/04



Source: ADIS, VIC Department of Human Services

Figure 25 shows the number of amphetamine-related ambulance attendances in Victoria March 2001 to December 2003. The number of attendances for amphetamines was greater than for ecstasy and fluctuated greatly over time with no observable trend.

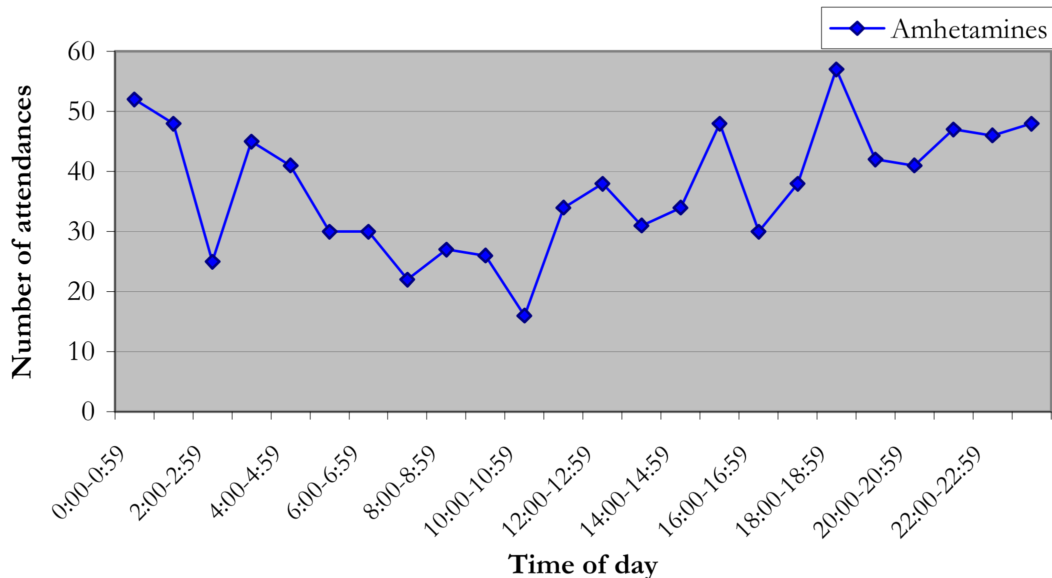
Figure 25 Number of amphetamine-related ambulance attendances in Victoria March 2001 – December 2003



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

Figure 26 shows the number of amphetamine-related ambulance attendances in Victoria by time of day. The trend for attendances across times of the day was less than consistent than for ecstasy, with generally higher numbers of attendances occurring from 6pm through to 5am.

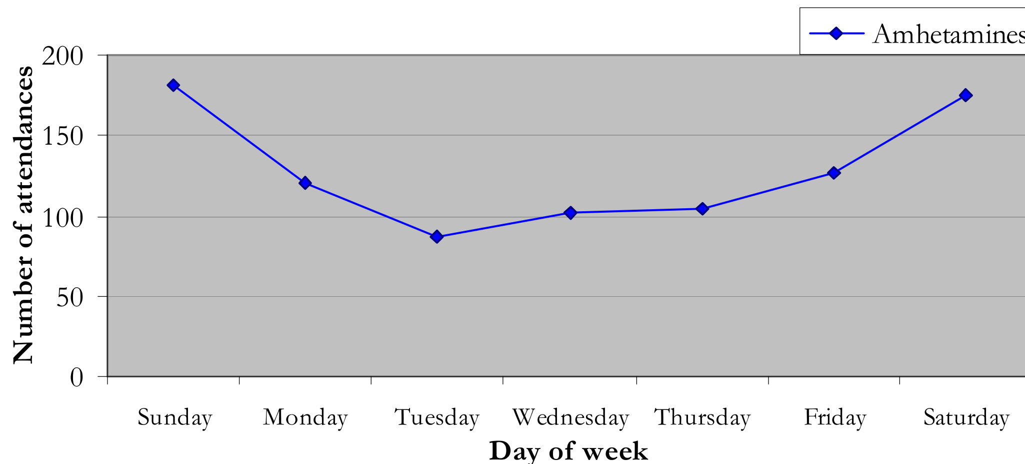
Figure 26 Number of amphetamine-related ambulance attendances in Victoria (March 2001 – December 2003) by time of day



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

Figure 27 shows the number of amphetamine-related ambulance attendances in Victoria by day of week. Similar to ecstasy attendances, attendances were higher on the weekend compared to during the working week.

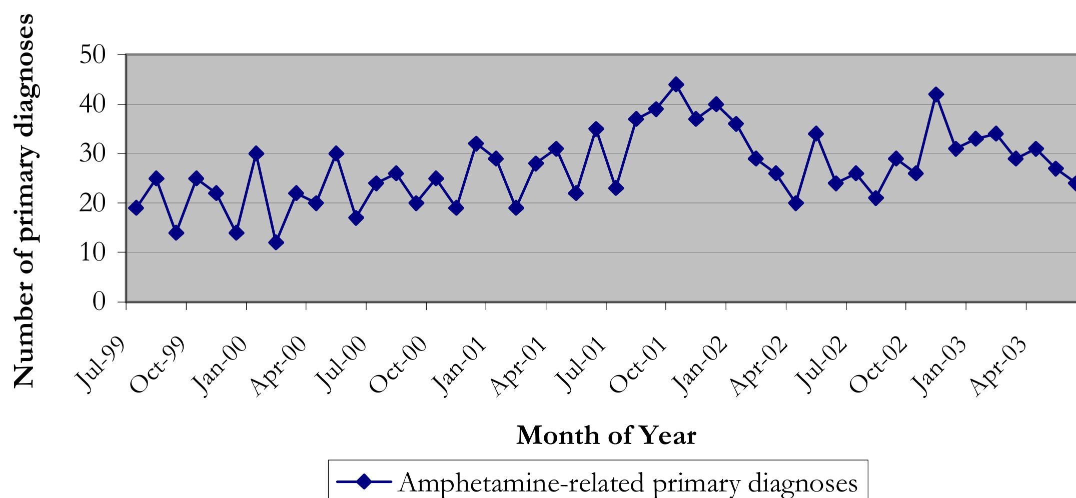
Figure 27 Number of amphetamine-related ambulance attendances in Victoria (March 2001 – December 2003) by day of week



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

Figure 28 presents the number of primary diagnoses hospital admission related to amphetamine use in Victoria between July 1999 and June 2003. This figure shows an increase in the number of diagnoses through 1999 to 2001, after which little discernable trend exists (somewhat consistent with the ambulance data reported above).

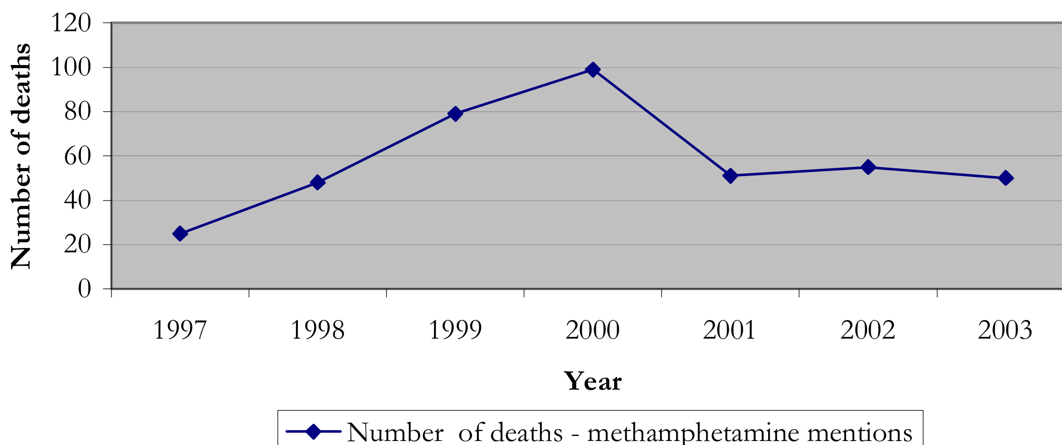
Figure 28 Number of amphetamine-related primary diagnosis hospital admissions in Victoria, July 1999 – June 2003



Source: Australian Institute of Health and Welfare

There is no Victorian data available on the number of amphetamine-related deaths, however, Figure 29 describes national accidental drug-induced deaths where methamphetamines were mentioned between 1997-2003. Among those aged 15-54 years in Australia, there were 407 accidental drug-induced deaths where amphetamines were mentioned between 1997-2003 – 50 deaths occurring in 2003, down from a peak of 99 in 2000. Only 8 of these deaths (16%) occurred in Victoria, with 27 (54%) occurring in NSW (Degenhardt, Roxburgh, & Black, 2004).

Figure 29 Number of accidental drug-induced deaths mentioning methamphetamines among those aged 15-54 in Australia, 1997 – 2002



Source: Australian Bureau of Statistics

KIs reported that anxiety, paranoia, panic, hallucinations, mild psychosis, some suicidal thoughts, acute agitation and psychosis were more commonly reported in speed/ice users than in ecstasy users. Health KEs reported being concerned by the combination of ecstasy and speed/ice because of high blood pressure linked with use of these drugs and increased risk of strokes/seizures.

One health sector KE was concerned about the high prevalence of crystal meth use with attendant health problems and unsafe sex practices among GLBTI REU.

5.7 Summary of Methamphetamine Trends

Reports from the Victorian REU and KEs suggest that:

- **Of the three forms of methamphetamine, speed is most widely used (in terms of both lifetime and recent use), followed by crystal meth and then base;**
- **Speed is commonly used in conjunction with ecstasy and during binges;**
- **Speed is mostly commonly snorted, whereas base is predominantly swallowed and crystal meth smoked;**
- **Methamphetamines are used in a variety of locations, predominantly nightclubs, dance parties and in users' homes;**
- **Methamphetamine SDS scores are generally low among regular ecstasy users;**
- **Crystal meth is more expensive than speed and base (which are of comparable cost);**
- **The price of methamphetamines has remained stable, although there are some reports of decreasing prices for speed and crystal meth;**
- **The purity of base and crystal meth is high and stable, whereas the purity of speed is less consistent;**
- **All forms of methamphetamines are readily available (although access to crystal meth appeared to decline), and are most commonly acquired through friends and dealers;**
- **A number of KEs identified increasing problems associated with violence and health-related harms caused by methamphetamine use.**

6.0 COCAINE

The most recent survey of cocaine use within the general community of Victoria was undertaken within the 2001 National Drug Strategy Household Survey. The findings of this survey suggest a low level of cocaine use within the Victorian community, with 1.3 % of the Victorian population aged 14 years and over reporting the use of the drug within the past twelve months (Australian Institute of Health and Welfare, 2002).

Data from the recent Victorian Youth Alcohol and Drug Survey (Premier's Drug Prevention Council, 2003) indicates that of the 16-24 year olds sampled, reported use of cocaine was infrequent with only 8% of males and 6% of females reporting ever having used cocaine, and 4% of males and 3% of females reporting use in the 12 months prior to survey.

6.1 Cocaine use among REU

Nearly three quarters (72%) of the REU sample reported lifetime cocaine use and nearly half (48%) reported use in the preceding six months. The median age of first use for cocaine was 20 (range 15-34).

The forty-eight participants that reported recent cocaine use had done so on a median of 1.5 days in the preceding six months (range 1-180). The majority of those who had used cocaine in the previous six months had done so infrequently, with half (50%) of the participants using it only once and 85% using cocaine three times or less.

Twenty participants quantified amounts used in the preceding six months in terms of grams, with a median of half a gram being used during both a typical (range 0.13-2) and heavy occasion (range 0.13-4) of use. Of those participants who reported binging in the preceding six months, 16% reported using cocaine when doing so.

Most (94%) recent users reported snorting cocaine, with fewer participants swallowing cocaine (21%) and small proportions smoking (6%), injecting (2%) and shelving (2%) cocaine.

The proportion of respondents who had used cocaine in the preceding six months was greater in the 2004 sample compared to 2003, although the median numbers of days used in this time was lower in 2004 (Table 12).

Table 13 Patterns of cocaine use of REU

Cocaine variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used %	80	**72**
Used last six months%	35	**48**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	3 (1-30) (n=35)	**1.5 (1-180) (n=48)**
Median quantities used (grams)		
Typical (range)	0.5 (0.25-3) (n=13)	**0.5 (0.13-2) (n=20)**
Heavy (range)	1 (0.5-3.5) (n=16)	**0.5 (0.13-4) (n=23)**

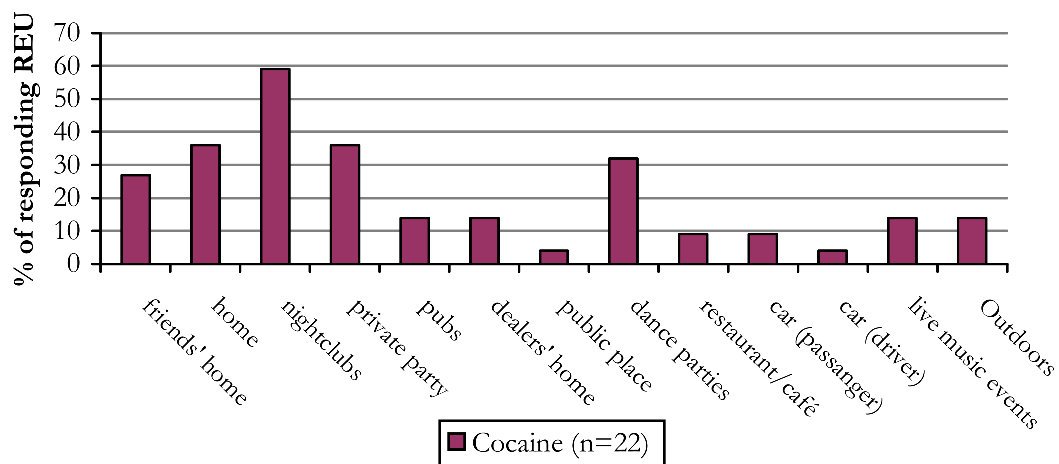
Source: Party Drugs Initiative REU interviews 2003/2004

Eleven KEs reported that small numbers of REU used cocaine and that more would do so if it were not so costly. Seven KEs reported that its use was rare (less than 10%). Two KE reported that 15-20% had used in the last month. Police KEs reported that REU were not using cocaine and that it was more likely at 'higher level' nightclubs.

All KEs who reported on cocaine use indicated that it was usually snorted and one report of shafting and injecting by a minority was also provided. SomeKEs reported that REU used as often as they could afford, would binge in part due to the irregularity of supply and that it was used infrequently on special occasions.

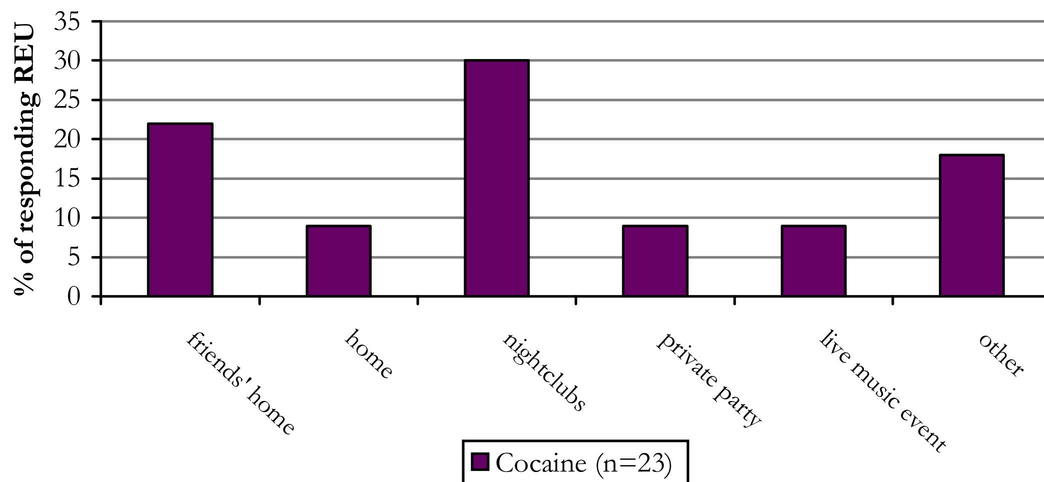
Cocaine was reported as having been usually used in a wide variety of locations (Figure 30), predominantly in nightclubs (59%), dance parties (32%), private parties (36%) and at home (36%). The most common places of last use were nightclubs (30%) and friends' homes (22%; Figure 31).

Figure 30 Usual place of cocaine use



Source: Party Drugs Initiative REU interviews 2004

Figure 31 Last place of cocaine use



Source: Party Drugs Initiative REU interviews 2004

6.2 Price

Less than a quarter (23%) of the sample were able to comment on the current price, purity and availability of cocaine. Sixteen of these participants reported on the price of cocaine per gram, with a median of $277.50 (range $100-$400) being reported. Two participants mentioned purchasing a half gram of cocaine for $150. Thirty-eight percent of those able to comment on cocaine markets did not know about price variations for cocaine in the preceding six months, 17% reported the price as stable, 22% as decreasing, 13% as fluctuating and 9% as increasing. Comparable cocaine prices were reported by the 2003 and 2004 samples (Table 13).

Table 14 Price of cocaine purchased by REU and price variations

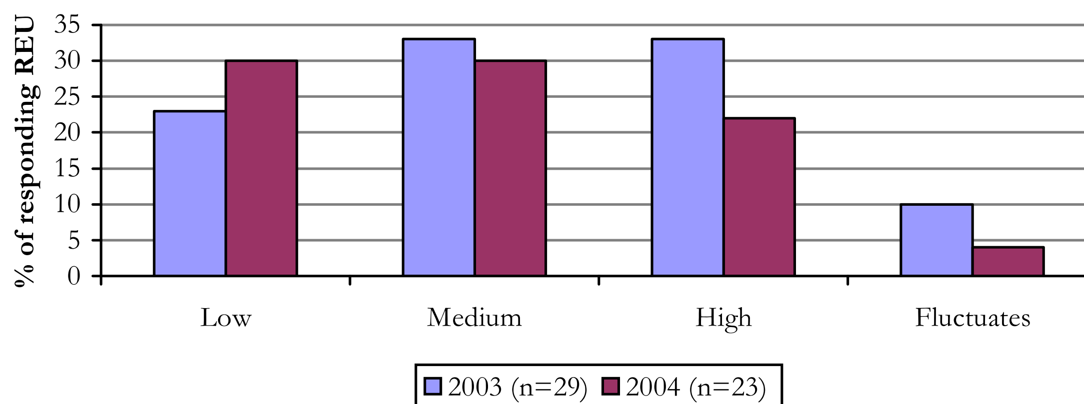
Variable	2003 sample	**2004 sample**
Median price gram cocaine (range)	250 (100-400) (n=14)	**277.5 (100-400) (n=16)**
Price change:	(n=29)	**(n=23)**
Increased (%)	0	**9**
Stable (%)	28	**17**
Decreased (%)	14	**22**
Fluctuated (%)	7	**13**
Don't know (%)	51	**39**

Source: Party Drugs Initiative REU interviews 2003/2004

6.3 Purity

The current purity of cocaine was mostly reported as low (30%) or medium (30%), with fewer respondents reporting high purity (22%) and one participant fluctuating purity. (Figure 32).

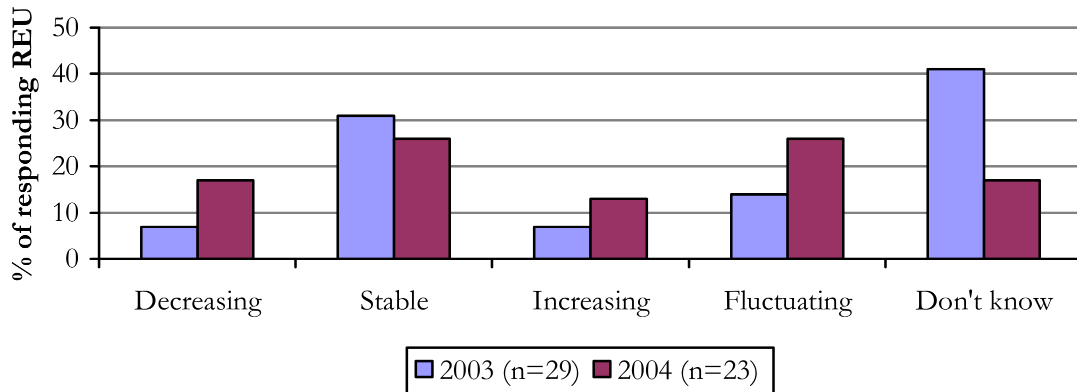
Figure 32 Current purity of cocaine



Source: Party Drugs Initiative REU interviews 2003/2004

There was little consistency in responses regarding changes in the purity of cocaine over the preceding six months (Figure 33). Participants able to comment most commonly reported the purity had remained stable (26%) or fluctuated (26%), although decreasing (17%) and increasing (13%) purity were also reported.

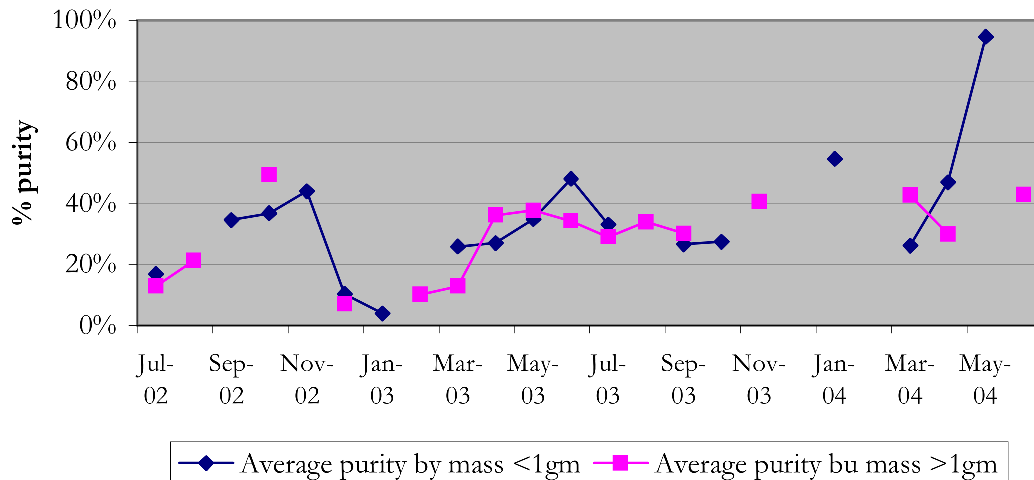
Figure 33 Recent change in cocaine purity



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 34 describes the median purity of cocaine seizures by Victorian law enforcement between July 2002 and June 2004. There was little consistency or trend in cocaine purity seizures over this reporting period. However, a spike in the median purity for seizures of less than 1gm was observed towards the middle of 2004.

Figure 34 Median purity of cocaine seizures by Victorian law enforcement, July 2002 – June 2004



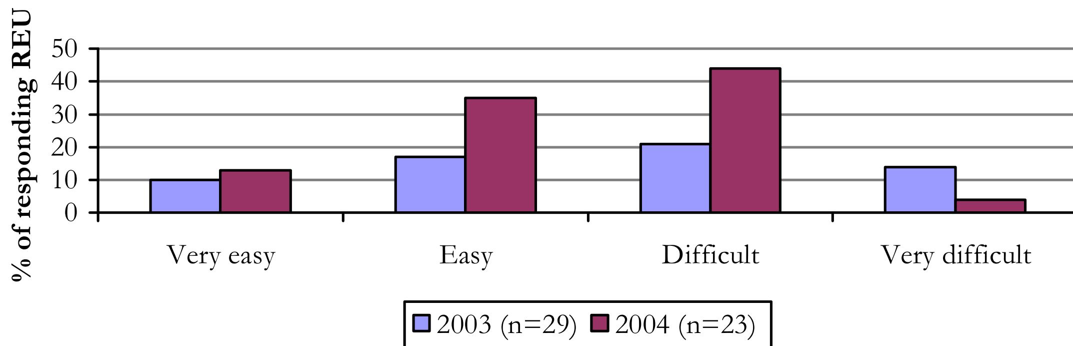
Source: Victorian Police Forensic Science Centre

6.4 Availability

There were mixed findings in relation to current availability and recent changes to availability of cocaine (Figures 35, 36). Of the participants that were able to comment on the availability of cocaine (n=23), 44% reported that it was 'difficult' to obtain, whereas 35% said it was 'easy' to obtain. Small numbers of participants thought cocaine was 'very easy' (13%) to obtain and 'very difficult' to obtain (4%). Further, just under half of the

respondents reported that during the preceding six months the availability of cocaine had remained stable (44%), with 22% believing it had become more difficult and 17% easier to obtain.

Figure 35 Current availability of cocaine



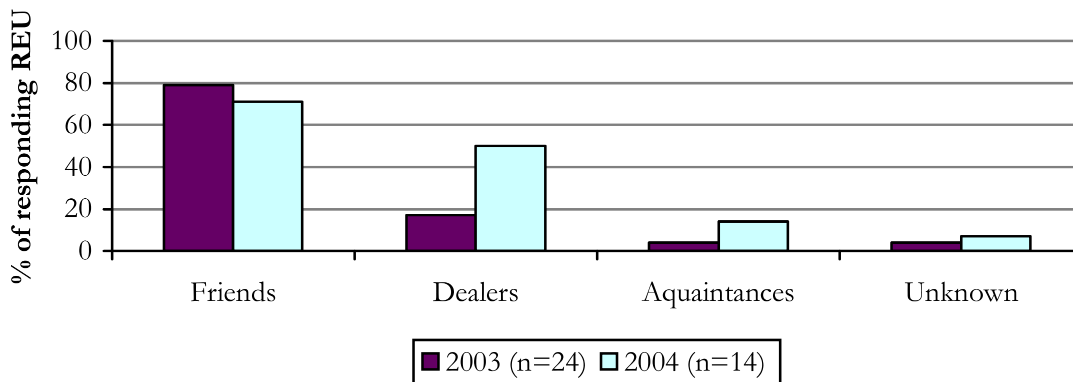
Source: Party Drugs Initiative REU interviews 2003/2004

Figure 36 Change in cocaine availability in the preceding six months

Source: Party Drugs Initiative REU interviews 2003/2004

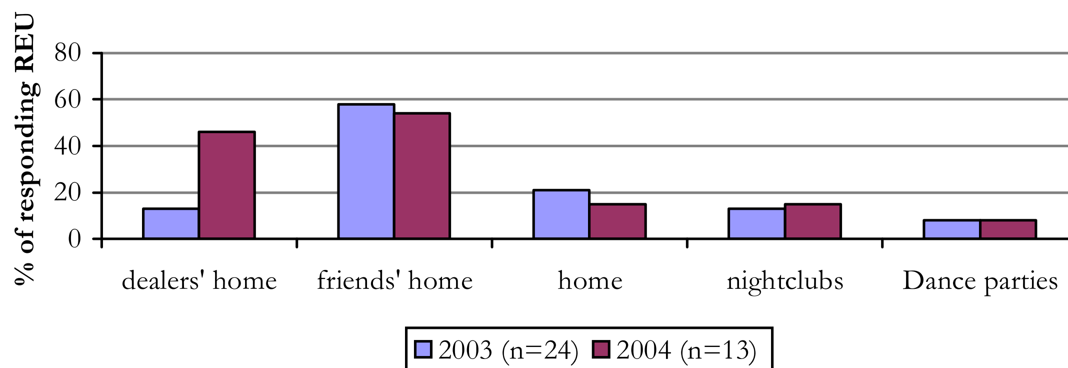
Cocaine was primarily purchased from friends (71%) in friends' homes (54%). The 2004 sample were more likely to have recently purchased cocaine from dealers in dealers' homes compared to the 2003 sample (Figures 37, 38).

Figure 37 People from whom cocaine had purchased the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 38 Locations where cocaine had been purchased in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

6.5 Cocaine related harms

6.5.1 Law enforcement

Table 15 shows the number of the number of consumer- and provider-related cocaine arrests in Victoria during 2003 and 2004. There were much fewer cocaine-related arrests compared with amphetamines type substances (reported earlier) and other illicit drug types such as heroin. In contrast with amphetamine-type substances, there were more provider-related arrests for cocaine than consumer-related arrests. Consistent with other drug types, there was an over-representation of males in both arrest categories.

Table 15 Number of consumer and provider cocaine arrests in Victoria 2003/04

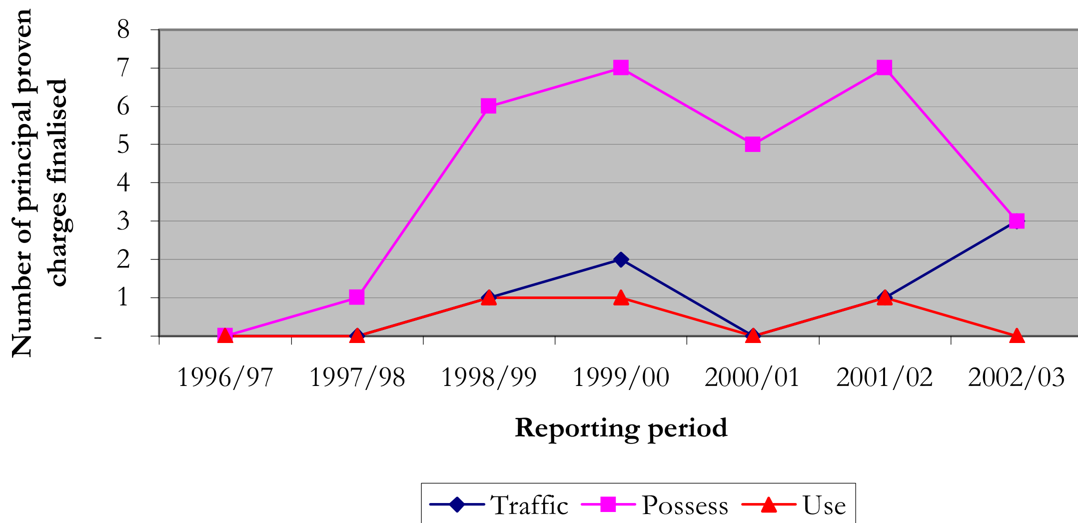
	Consumer	Provider	Total
Male	27	46	73
Female	7	5	12
Total	34	51	85

Source: Australian Crime Commission

Police KE responses regarding police activity around ecstasy and related drugs in general are described in section 14.2.

Figure 39 shows the number of principal proven charges finalised in the Magistrates Court of Victoria between 1996/97 and 2002/03 for cocaine-related charges. There were very few cocaine-related charges presented to the court compared to other illicit drugs. The small numbers of cocaine-charges, producing large fluctuations in the relative numbers of charges over time, means that no discernable trend is apparent.

Figure 39 Number of principal proven cocaine-related charges by charge type finalised in the Magistrates Court of Victoria 1996/97 – 2002/03

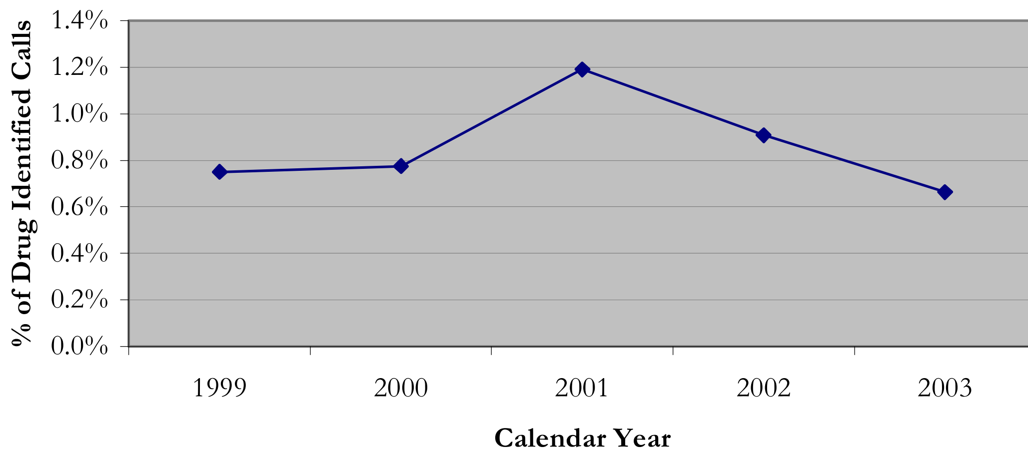


Source: Department of Justice, Victoria

6.5.2 Health

Figure 40 shows the percentage of drug-identified calls (user and non-users) to DirectLine where cocaine was nominated as the drug of concern from 1999 to 2003. As a general indicator of the level of concern about particular types of drugs, only a very small percentage of drug-related calls to DirectLine concerned cocaine. The actual numbers of calls ranged from 153 in 2000 to 249 in 2001.

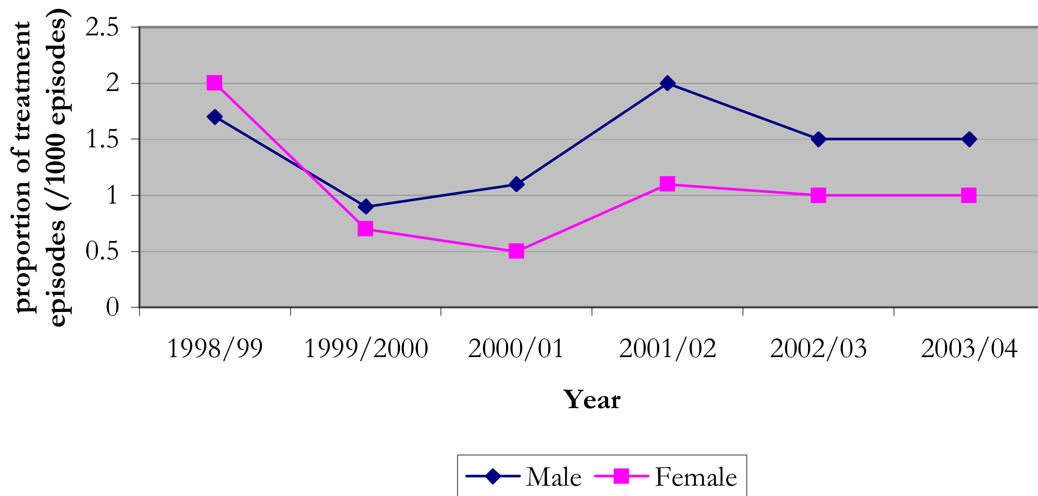
Figure 40 Percentage of drug identified calls to DirectLine where cocaine was mentioned as the drug of concern, 1999-2003



Source: DirectLine, Turning Point Alcohol and Drug Centre

Figure 41 shows cocaine treatment episodes as a proportion of total treatment episodes in Victoria from 1998/99 to 2003/04. Consistent with calls to DirectLine, cocaine treatment makes up only a very small proportion of overall drug treatment episodes in Victoria, with no consistent trend over time.

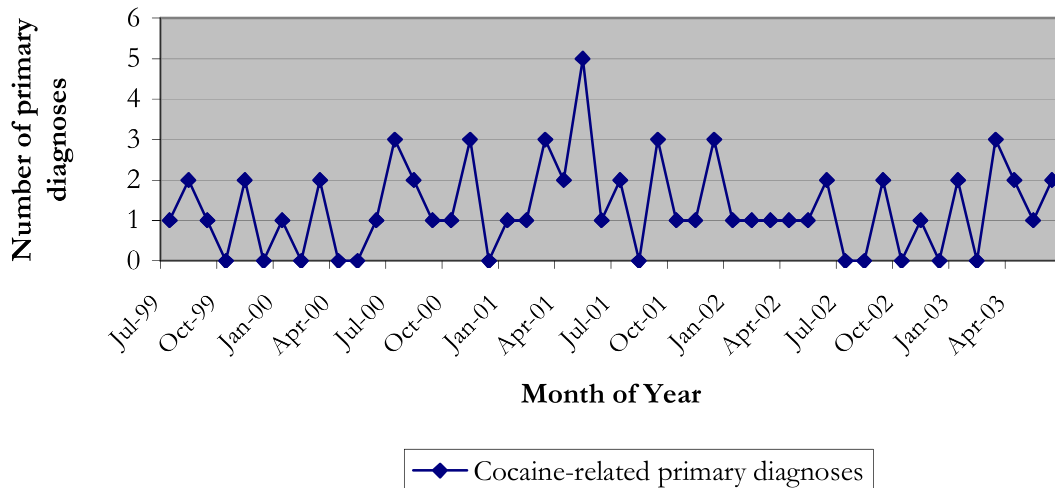
Figure 41 Cocaine treatment episodes as a proportion of total treatment episodes by gender, VIC 1998/99–2003/04



Source: ADIS, VIC Department of Human Services

Figure 42 presents the number of primary diagnoses hospital admission related to cocaine use in Victoria between July 1999 and June 2003. Few cocaine-related diagnoses were recorded compared to amphetamines and opioids. The small number of cases resulted in large fluctuations in relative numbers of diagnoses over time with little discernable trend.

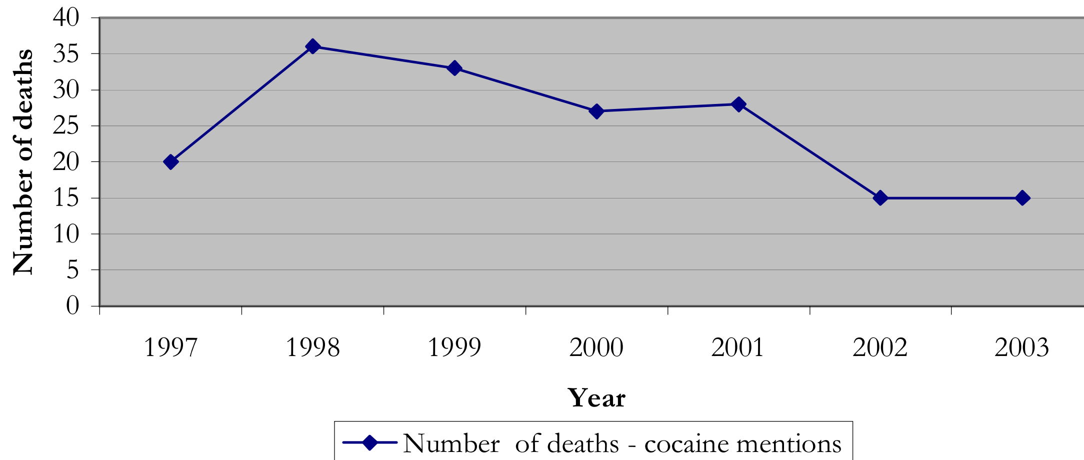
Figure 42 Number of amphetamine-related primary diagnosis hospital admissions in Victoria, July 1999 – June 2003



Source: Australian Institute of Health and Welfare

There is no Victorian data available on the number of cocaine-related deaths, however, Figure 43 describes national accidental drug-induced deaths where cocaine were mentioned between 1997-2003. Among those aged 15-54 years in Australia, there were 174 accidental drug-induced deaths where cocaine was mentioned between 1997-2003. All of the 15 deaths occurring in 2003 occurred in NSW (Degenhardt, Roxburgh, & Black, 2004).

Figure 43 Number of accidental drug-induced deaths mentioning cocaine among those aged 15-54 in Australia, 1997 – 2002



Source: Australian Bureau of Statistics

No KEs reported any concerns related to cocaine use and health.

6.6 Summary of Cocaine Trends

Reports from the Victorian REU and KEs suggest:

- **High prevalence of lifetime use and infrequent recent use among REU;**
- **Cocaine is typically snorted;**
- **Cocaine is used across a wide range of locations;**
- **Cocaine is an expensive drug, the price of which has remained relatively stable or decreasing over the past six months;**
- **The purity of cocaine is medium or low and there is little consistency in the reported changes in purity over the past six months;**
- **There is little consistency in reports of the availability of cocaine, although respondents most commonly reported that the availability had remained stable over the past six months;**
- **Cocaine is commonly purchased from friends in friends' homes.**

7.0 KETAMINE

7.1 Ketamine use among REU

Over two thirds (70%) of the sample reported lifetime use of ketamine, with just under half the sample (45%) reporting recent use. The median age of first use for ketamine was 20 (range 15-40).

The 45 participants that reported recent ketamine use had done so on a median of three days in the preceding six months (range 1-96). The majority (80%) used ketamine once a month or less, 13% used between monthly and fortnightly, and three participants used ketamine more than fortnightly.

Participants most commonly quantified the amounts of ketamine used in the preceding six months in terms of points (n=21), 11 quantified ketamine in terms of bumps, seven as grams and small numbers in terms of lines (n=2) and pills (n=4). A bump refers to a small amount of powder, typically measured on either the end of a key or a small spoon provided with a container used to store and administer measured doses of powdered substances. This survey recorded only intentional consumption of ketamine. Small numbers reported unintentional consumption of ketamine through drug mixtures and drink spiking, a practice also mentioned by KEs (see later comment, p. 70)

A median of one point was used during a typical (range 0.5-4) and heavy (range 0.5-5) occasion of use. For those quantifying their use in terms of bumps, a median of two bumps was used during a typical (range 1-10) and a heavy (range 1-10) occasion of use. Of those participants who reported binging in the preceding six months, 16% reported using ketamine when doing so. Patterns of ketamine use were similar among the 2003 and 2004 samples (Table 16).

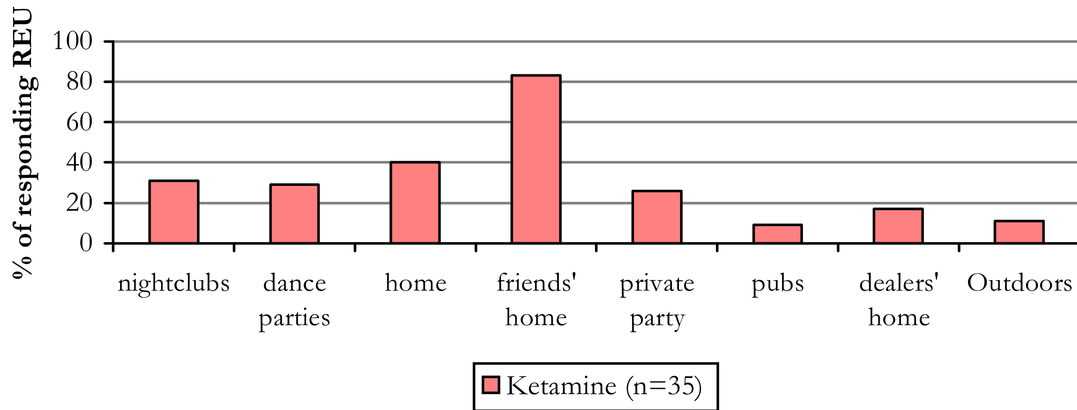
Most (93%) participants that reported recent ketamine use reported snorting it. Some participants had swallowed (35%) ketamine, and one participant had injected it (2%). Ketamine was primarily used in friends' homes (Figures 44, 45).

Table 16 Patterns of ketamine use of REU

Ketamine variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	70	**70**
Used last six months (%)	51	**45**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	3.5 (1-104) (n=50)	**3 (1-96) (n=45)**
Median quantities used (bumps)		
Typical (range)	2 (0.5-4) (n=11)	**2 (1-10) (n=11)**
Heavy (range)	2 (0.5-16) (n=11)	**2 (1-10) (n=10)**
Median quantities used (points)		
Typical (range)	1 (0.5-5) (n=15)	**1 (0.5-4) (n=21)**
Heavy (range)	1 (0.5-4) (n=11)	**1 (0.5-5) (n=21)**

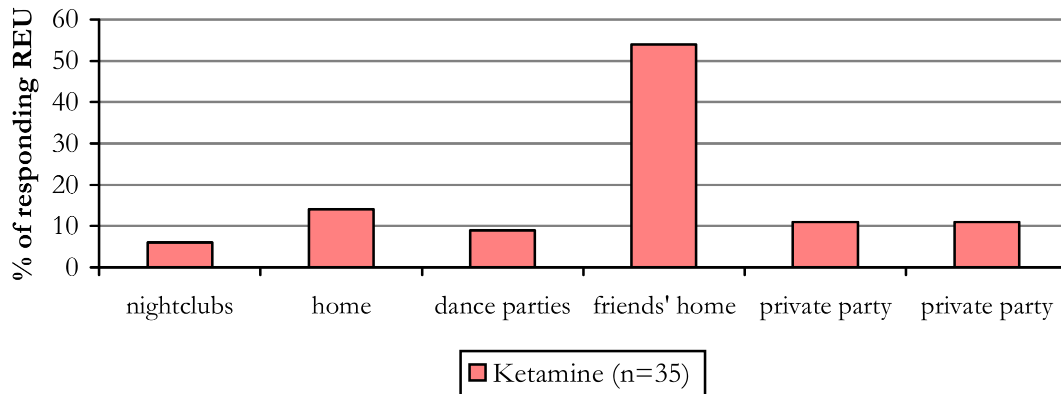
Source: Party Drug Initiative REU interviews 2003/2004

Figure 44 Locations of usual ketamine use



Source: Party Drug Initiative REU interviews, 2004

Figure 45 Location of last ketamine use



Source: Party Drug Initiative REU interviews, 2004

Ten KEs reported use of ketamine by REU, with most reporting use by 5% to 30% of REU they knew. KEs reported that ketamine was consumed intentionally as a powder or a liquid and unintentionally in pills. Consistent with REU reports, ketamine was reported by KEs as predominantly swallowed or snorted, with one responding that they knew of it being painted on cigarettes and smoked. Quantities of ketamine consumption were not reported by KEs and frequency of use varied, with some reporting use by REU once every couple of months or more commonly after big nights at recoveries and in homes.

7.2 Price

Thirty-five percent of the sample was able to comment on the current price, purity and availability of ketamine. Ten participants reported on the price of ketamine per gram, with a median of $195 (range $150-$250) being reported. Ten participants described purchasing points of ketamine, with a median price of $22.50 (range $15-$40). Thirty-four percent of participants could not comment about price variations for ketamine in the preceding six months, 37% reported the price as stable, 20% as increasing and 9% as decreasing. Reported prices paid for ketamine by the 2004 sample were comparable with 2003 (Table 17).

Only two KEs were commented on ketamine markets, reporting inconsistent trends in price, availability and purity.

Table 17 Price of ketamine purchased by REU

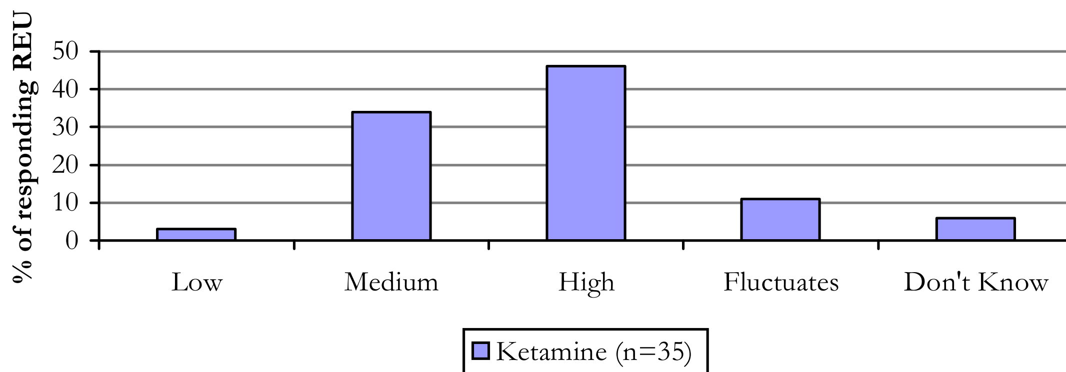
Median price ($) ketamine	2003 sample	**2004 sample**
Gram (range)	200 (100-200) (n=10)	**195 (150-250) (n=10)**
Point (range)	-	**22.5 (15-40) (n=10)**
Price change:	(n=41)	**(n=35)**
Increased (%)	7	**20**
Stable (%)	39	**37**
Decreased (%)	5	**9**
Fluctuated (%)	-	**0**
Don't know (%)	49	**34**

Source: Party Drugs Initiative REU interviews 2003/2004

7.3 Purity

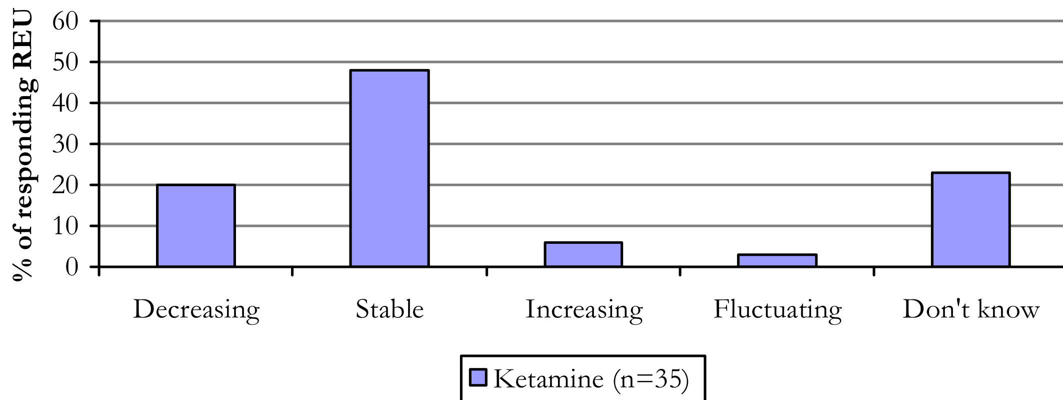
The majority of those who commented reported the current purity of ketamine as medium (34%) or high (46%; Figure 46). Most thought the purity of ketamine had remained stable (49%) or decreased (20%) in the preceding six months, although 23% of responded that they did not know about changes in the recent purity of ketamine (Figure 47).

Figure 46 Current purity of ketamine



Source: Party Drugs Initiative REU interviews 2004

Figure 47 Recent change in ketamine purity

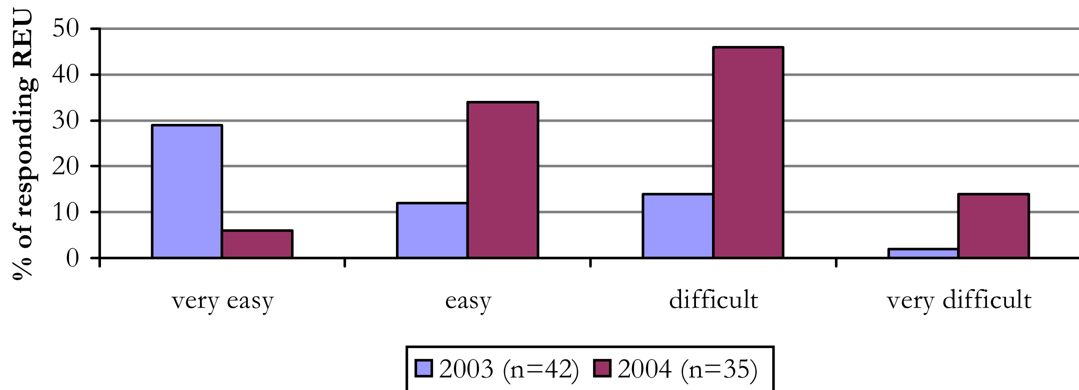


Source: Party Drugs Initiative REU interviews 2004

7.4 Availability

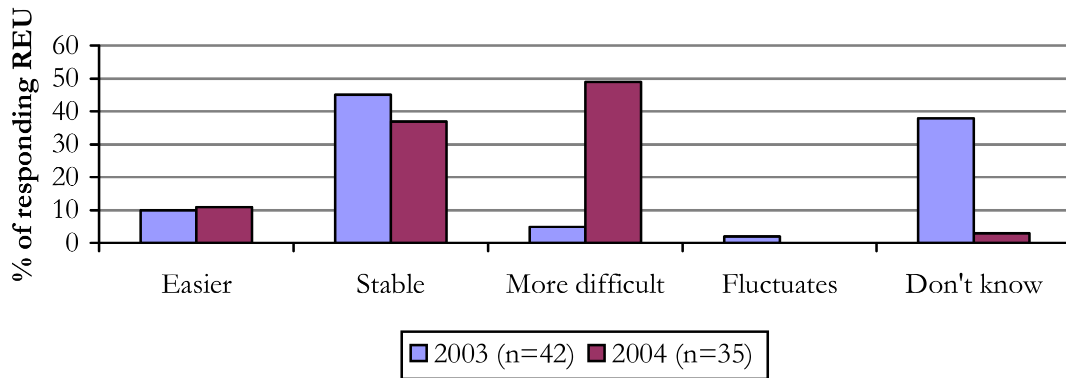
There was little consistency in the reports of the current availability of ketamine (Figure 48). Although 46% of respondents said ketamine was 'difficult' to obtain, 34% reported that it was 'easy' to obtain. Fourteen percent though ketamine was 'very difficult' and six percent 'very easy' to obtain. For those who commented on changes in the availability of ketamine in the previous six months, nearly half believed it had become more difficult to obtain, whereas 37% believed availability had remained stable (Figure 49). This trend is also demonstrated in changes in current availability from 2003 to 2004 (Figure 48).

Figure 48 Current ketamine availability



Source: Party Drug Initiative REU interviews 2003/2004

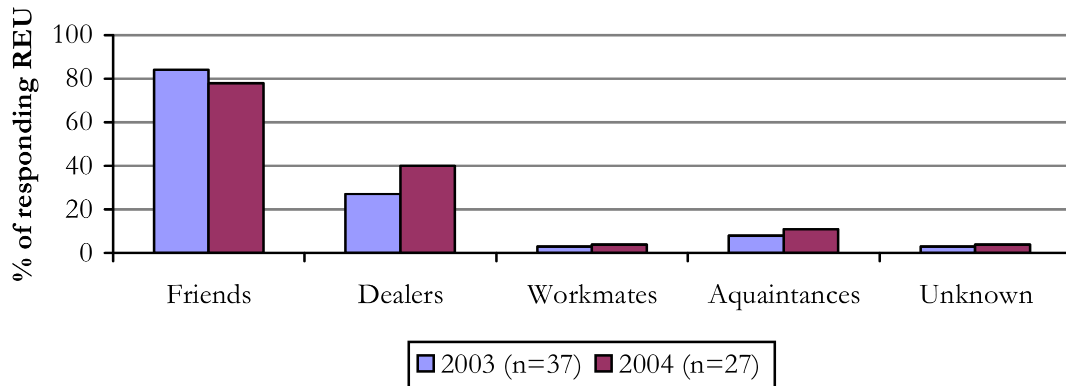
Figure 49 Changes in availability of ketamine



Source: Party Drug Initiative REU interviews 2003/2004

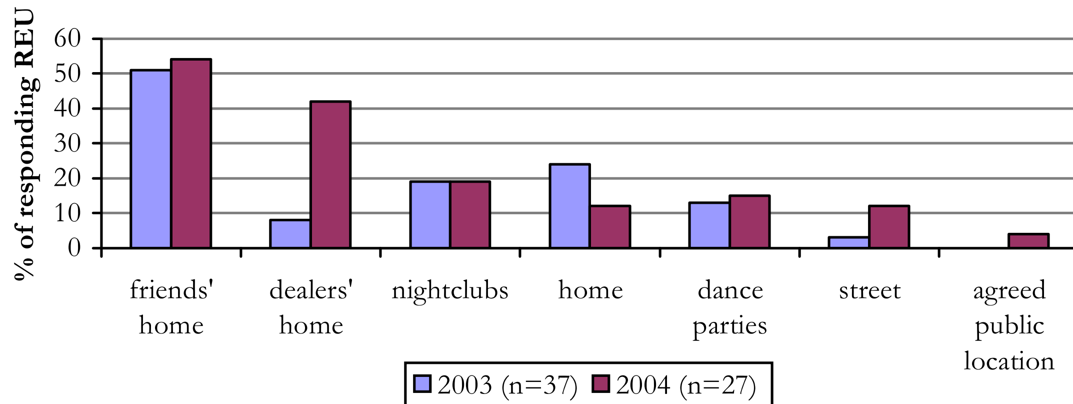
Ketamine was most commonly purchased from friends (78%) or dealers (40%) in friends' (54%) or dealers' (42%) homes. In a similar trend to that reported for cocaine, more participants from the 2004 sample had recently purchased ketamine through dealers at dealers' homes (Figures 50, 51).

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



Source: Party Drug Initiative REU interviews 2003/2004

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



Source: Party Drug Initiative REU interviews 2003/2004

7.5 Ketamine related harms

7.5.1 Law enforcement

No Victorian ketamine-specific law enforcement data is available.

7.5.2 Health

Mortality
No Victorian ketamine-related mortality data is available.

Treatment

ADIS treatment episodes and DirectLine databases do not categorise ketamine separately as the primary drug of concern.

Two KEs commented on health consequences related to ketamine, with one reporting concern of problematic ketamine use particularly when combined with GHB or another depressant such as alcohol, and one KE reporting on the need to nurse people at events who had used ketamine.

7.6 Summary of Ketamine Trends

Reports from the Victorian REU and KEs suggest:

- **High prevalence of lifetime ketamine use and infrequent recent ketamine use among REU;**
- **Ketamine is typically snorted;**
- **Ketamine is used across a wide range of locations but predominantly in friends' homes;**
- **The purity of ketamine is generally reported medium or high and is reported to have remained stable over the past six months;**
- **The availability of ketamine is reported to have declined;**
- **Ketamine is most commonly purchased from friends and dealers in their respective homes.**

8.0 GHB

8.1 GHB use among REU

Over one third (38%) of the sample reported lifetime use of GHB, with over one quarter (27%) of the sample reporting recent use. The median age of first use for GHB was 20 (range 16-42).

The 27 participants that reported recent GHB use had done so on a median of three days in the preceding six months (range 1-72). The majority (63%) used GHB less than once a month, 30% used between monthly and weekly and two participants used GHB more than weekly.

All participants that commented quantified amounts of GHB used in the preceding six months in terms of millilitres (mls; n=26). A median of 7.5 mls was used during a typical occasion (range 1-75) and a median of eight mls was used during a heavy occasion (range 2-150) of use. Of those participants who reported binging in the preceding six months, 20% reported using GHB when doing so.

Although a higher proportion of the 2004 sample had recently used GHB, the frequency and amounts used were lower compared to 2003 (Table 18).

Most (96%) participants that reported recent GHB use had swallowed it and one participant reported injecting GHB.

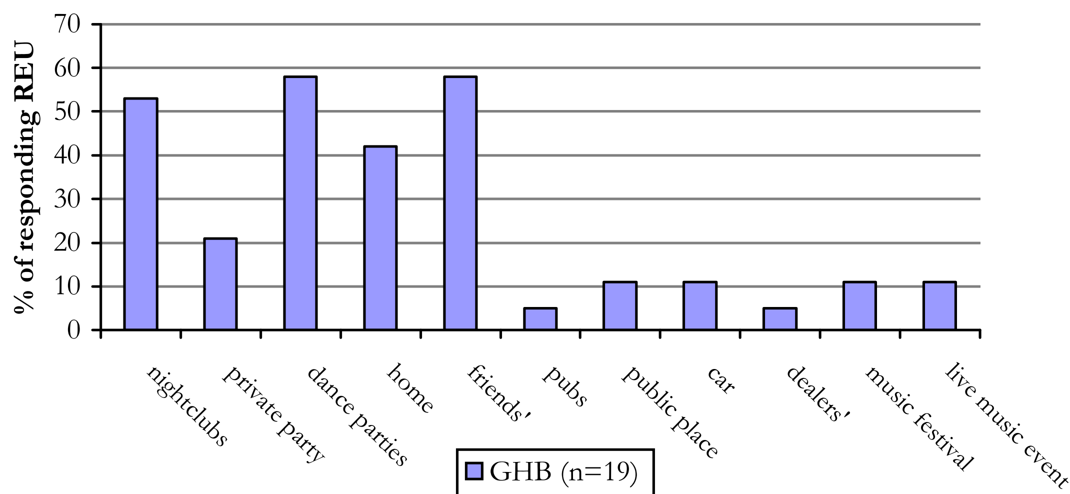
Table 18 Patterns of GHB use of REU

GHB variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	33	**38**
Used last six months (%)	18	**27**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	4 (1-72) (n=18)	**3 (1-72) (n=27)**
Median quantities used (mls)		
Typical (range)	14 (1-70) (n=13)	**7.5 (1-75) (n=26)**
Heavy (range)	22.5 (2-130) (n=14)	**8 (2-150) (n=26)**

Source: Party Drugs Initiative REU interviews 2003/2004

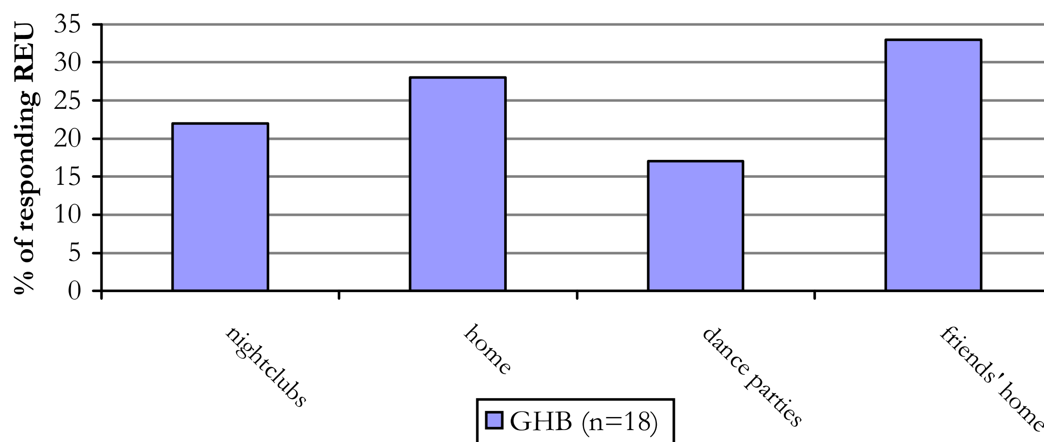
GHB was usually used at friends' homes (58%), dance parties (58%) or in nightclubs (53%; Figure 52). The most common places where participants last used GHB were friends' homes (33%), their own home (28%) or in nightclubs (22%; Figure 53).

Figure 52 Usual place of GHB use



Source: Party Drugs Initiative REU interviews 2004

Figure 53 Last place of GHB use



Source: Party Drugs Initiative REU interviews 2004

Most KEs (n=14) reported that GHB was used by between 5% and 40% of REU, largely because of its low price. KEs reported that GHB came as a liquid and all KEs reported that REU swallowed GHB. A number of KEs reported that REU who did use GHB tended to report frequent use such as at every party they attended, most weekends or one to five times a night. Others reported monthly use by REU.

KEs described quantities of GHB in terms of 'charges,' generally 2ml, or 3-5 ml doses. Some KEs commented that the use of GHB has been marginalised within the party-drug scene, with one suggesting, 'it's like the chroming of ecstasy and related drugs.' Subsequently, KEs reported that the use of GHB has become hidden to some extent and people take it without disclosing. One KE reported that more clandestine labs were diversifying and making GHB type substances, but more commonly produced 14B that was then sold as GHB. Overdoses from GHB have resulted in backlash against its use by club operators and promoters.

8.2 Price

Nineteen percent of the sample was able to comment on the current price, purity and availability of GHB. Twelve participants reported on the price of GHB per ml, with a median price of $2.50 (range $2-$8) being reported. Three participants described purchasing 100 ml measures of GHB, at a median price of $200 (range $38-$200), and single participants reported purchasing a five ml measure ($20), a half litre dilute (~ 50ml concentrate) measure ($70) and a 50ml measure ($100). Of the nineteen participants who responded, 21% were unable to comment on price variations in GHB in the past six months, 47% reported the price as stable, 16% as increasing and 16% as decreasing (Table 19).

Six KEs reported on GHB price purity or availability, with one KE reporting that it was 'So cheap, so easy to get, you can make it yourself.' Three KE reported that the price of GHB had not changed and one that the price had decreased.

Table 19 Price of GHB purchased by REU

	2003 sample	**2004 sample**
Median price ($) GHB ml (range)	3 (2.50-3) (n=5)	**2.50 (2-8) (n=12)**
Vial 100ml (range)	25 (25-300) (n=3)	**119 (38-200) (n=3)**
Price change:	(n=16)	**(n=19)**
Increased (%)	13	**16**
Stable (%)	31	**47**
Decreased (%)	6	**16**
Fluctuated (%)	-	**-**
Don't know (%)	50	**21**

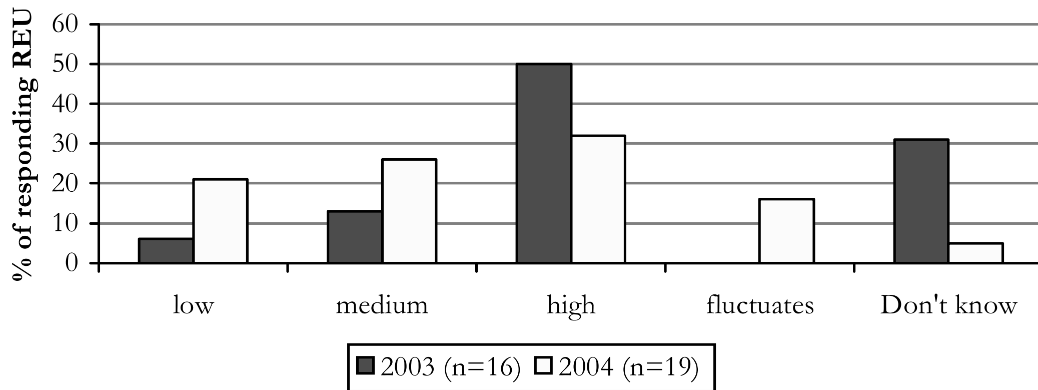
Source: Party Drugs Initiative REU interviews 2003/2004

8.3 Purity

Of the nineteen participants who responded on current GHB purity, 32% reported the strength as high, 26% as medium, 21% as low, 16% said purity fluctuated and one participant did not know about the current purity of GHB. In the 2004 sample there was little consistency regarding changes in the purity of GHB in the preceding six months, making it difficult to determine trends in purity over time. Some indicators, however, point to a decline in the purity of GHB. Thirty-seven percent of 2004 respondents reported that GHB purity had decreased over the preceding six months, and fewer participants in 2004 reported high current purity (32%) compared to 2003 (50%; Figures 54, 55). Monitoring the purity of GHB is somewhat obfuscated by the liquid form of the drug which can be diluted easily. Some participants commented that they bought GHB in 8:1 or 7:1 dilutions. The issue of indeterminate dilutions of GHB have major implications for overdose and harm reduction in the party-drug scene.

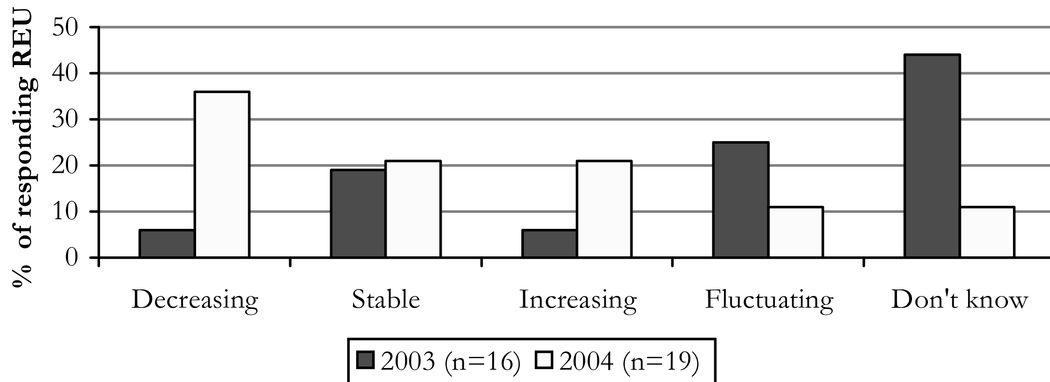
Two KEs reported no change in purity and one reported that purity of GHB varied.

Figure 54 REU reports of purity of GHB in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 55 REU reports of change in purity of GHB in the preceding six months



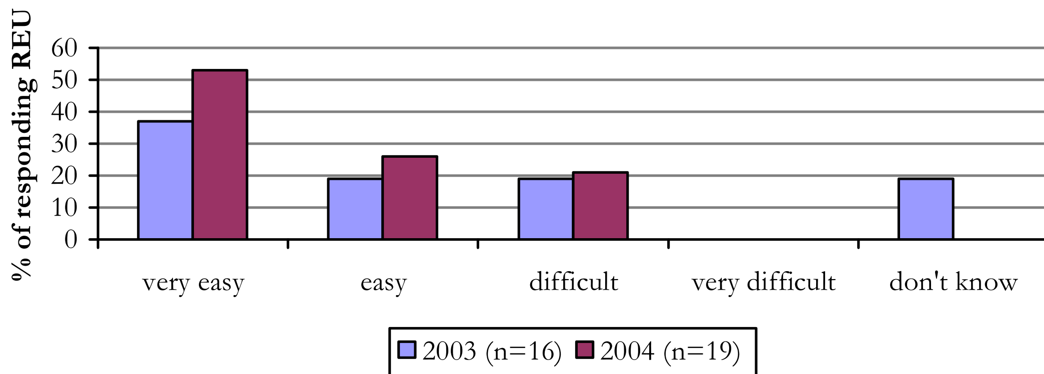
Source: Party Drugs Initiative REU interviews 2003/2004

8.4 Availability

Of the nineteen participants who were able to comment on the availability of GHB, most responded that it was 'very easy' (53%) or 'easy' (26%) to obtain, whereas 21% said it was 'difficult' to obtain (Figure 56). Most respondents (58%) indicated that GHB availability had remained stable over the preceding six months, 26% said it had become more difficult to access, 11% easier to access and one respondent was unable to comment on changes in availability (Figure 57). A higher proportion of 2004 participants reported current availability of GHB as 'very easy' or 'easy' compared to 2003.

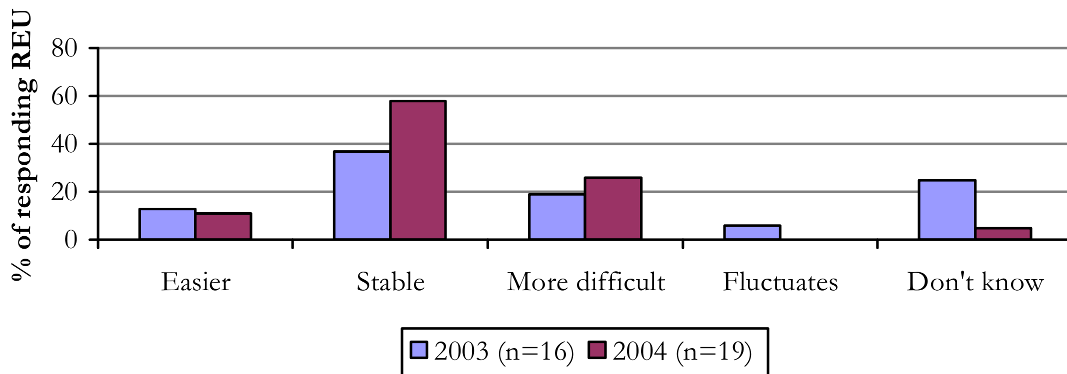
Four KE reported that the availability of GHB had increased and one that it had not changed. A number of KEs reported that the demonising of GHB had meant that fewer people were likely to admit taking GHB to their friends.

Figure 56 Current availability of GHB



Source: Party Drugs Initiative REU interviews 2003/2004

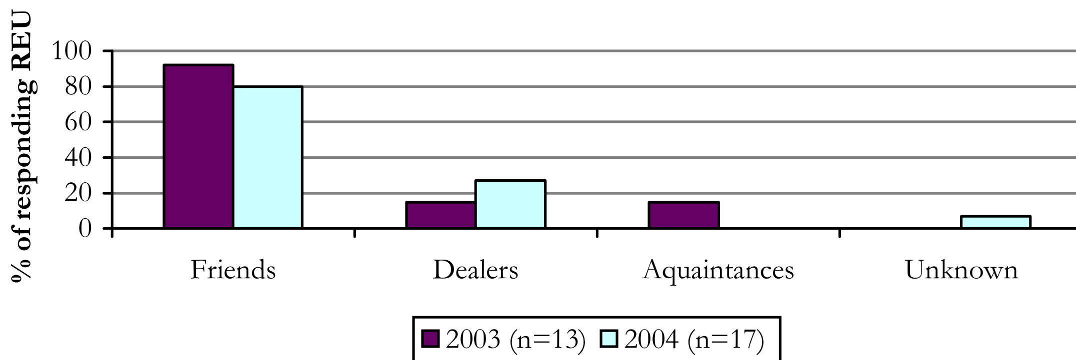
Figure 57 Change in GHB availability in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

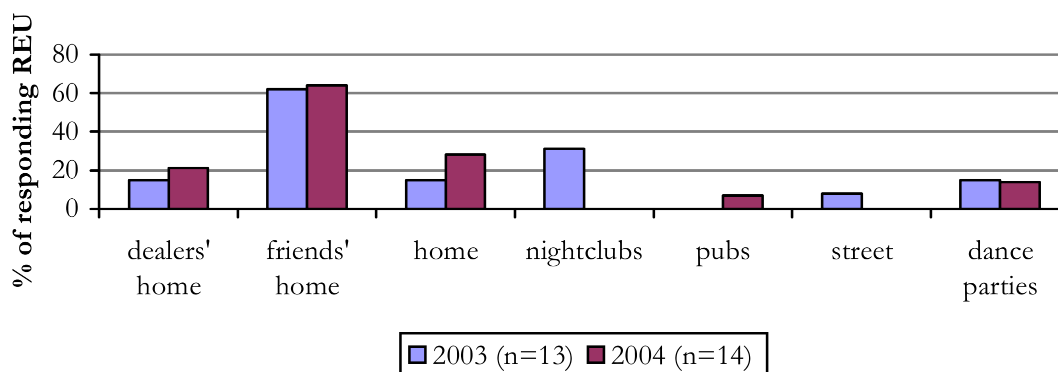
GHB was predominantly purchased from friends (80%) in friends' homes (64%). There was little difference in sources of GHB between the 2003 and 2004 samples (Figures 58, 59)

Figure 58 People from whom GHB had purchased the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 59 Locations where GHB had been purchased in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

8.5 GHB related harms

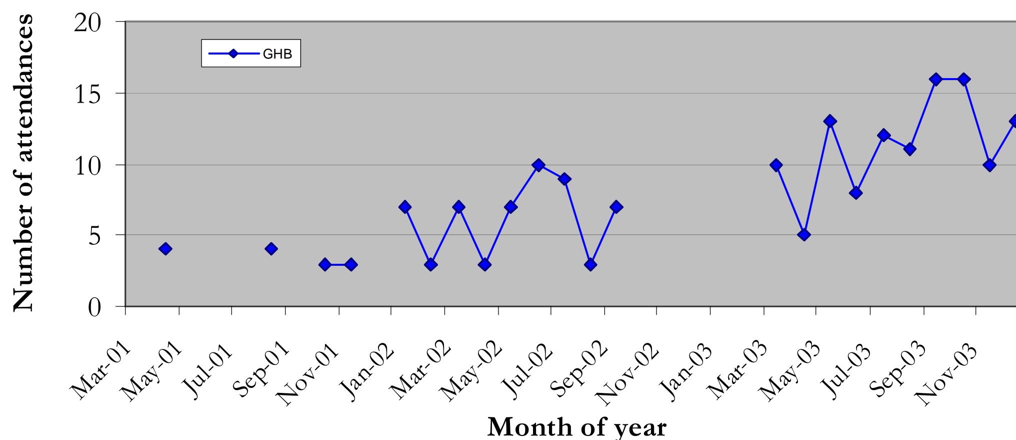
8.5.1 Health

Overdose
Hospital admission indicator data for GHB is not available in Victoria. From the REU sample, GHB was identified as the most common drug involved in overdose in the previous 12 months. All GHB-related overdose cases had taken other drugs in combination with GHB (see Section 13.1). The liquid form of GHB and the common practice of diluting the drug to uncertain concentrations has major implications for overdose prevention and harm reduction.

Mortality
No Victorian GHB-related mortality data is available.

Figure 60 shows the number of GHB-related ambulance attendances in Victoria March 2001 to December 2003. There were fewer attendances for GHB compared to ecstasy and amphetamines. Despite fluctuations in the number of attendances between reporting periods, there is a distinct upward trend in ambulance attendances for GHB over time.

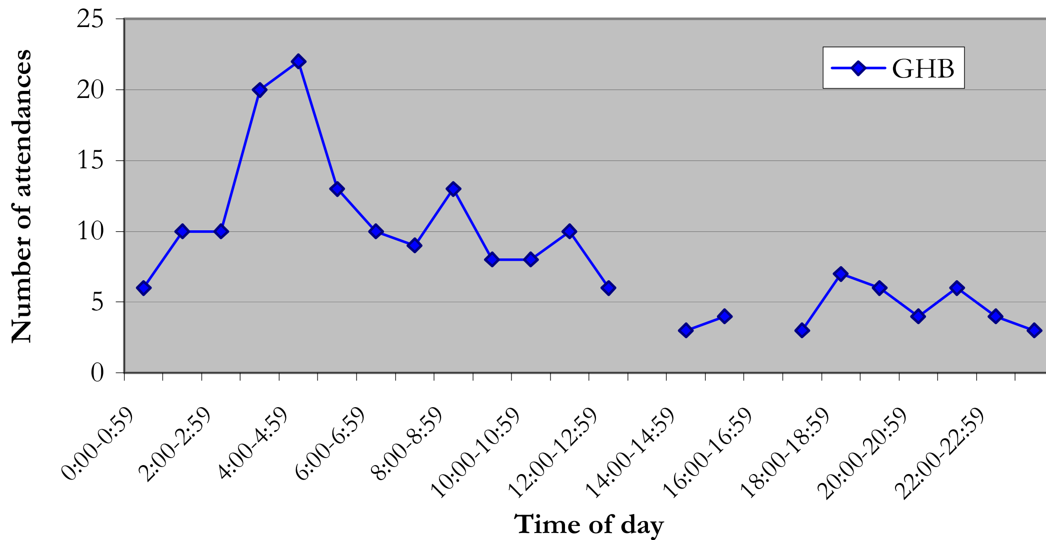
Figure 60 Number of GHB-related ambulance attendances in Victoria March 2001 – December 2003



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

Figure 61 shows the number of GHB-related ambulance attendances in Victoria by time of day. This data indicates that attendances remain low before 12am then tend to increase after 1am and peak between 3am and 6am.

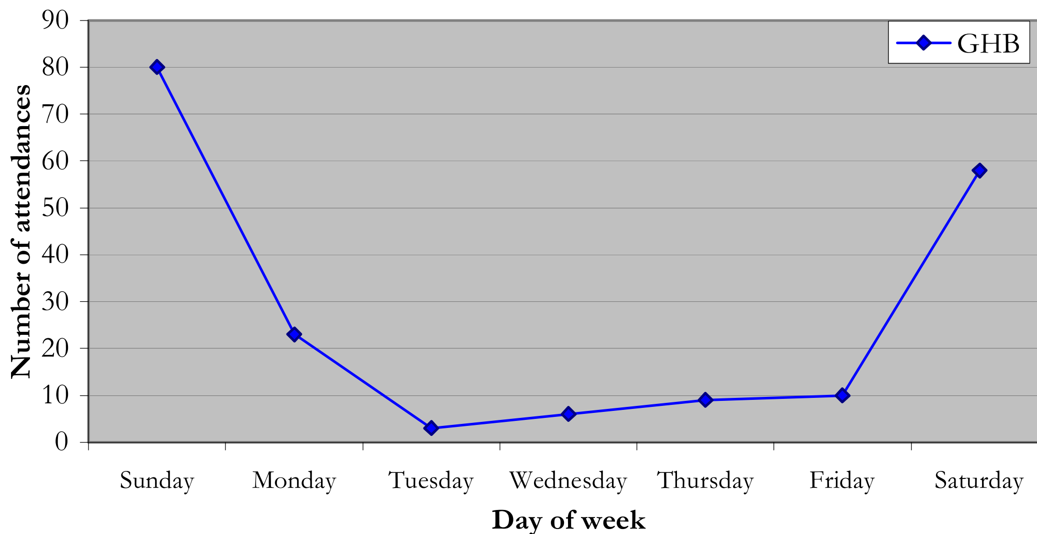
Figure 61 Number of GHB-related ambulance attendances in Victoria (March 2001 – December 2003) by time of day



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

Figure 62 shows the number of GHB-related ambulance attendances in Victoria by day of week. Similar to ecstasy- and amphetamine-related attendances, GHB-related attendances peak on the weekends.

Figure 62 Number of GHB-related ambulance attendances in Victoria (March 2001 – December 2003) by day of week



Source: Metropolitan Ambulance Service, Analysis by Turning Point Alcohol and Drug Centre

More KEs commented on the health concerns they had for REU who used GHB than any other drug. Seven KEs reported they were concerned about or had managed a number of GHB overdoses. One KE reported managing 60 GHB overdoses.

One KE reported was concerned about the high risk of adverse effects from GHB towards the end of an event or dance party, and commented that this was often related a combinations of drugs, particularly GHB and antidepressants like ketamine. Health sector and some club KEs tentatively reported a decrease in number of ODs associated with GHB, although some KEs qualified this by reporting that ODs still came in waves. 'Sixty ODs have required hospitalisation in the last 12 months, it comes in waves, see nothing then get slammed with 5 ODS in one event.'

Treatment

ADIS treatment episodes and DirectLine databases do not categorise GHB separately as the primary drug of concern.

8.6 Summary of GHB Trends

Reports from the Victorian REU and KEs suggest:

- **Moderate prevalence of lifetime and recent GHB use among REU;**
- **Recent users report infrequent use of GHB;**
- **GHB is used across a wide range of locations, predominantly private homes, dance parties and nightclubs;**
- **GHB is very cheap and the price has remained stable over the preceding six months;**
- **Current GHB purity is regarded as medium to high, but there is little consensus about recent changes in purity;**
- **GHB is readily available and availability has remained stable over the previous six months;**
- **GHB is most commonly purchased from friends in their homes;**
- **KEs report the marginalisation of GHB use;**
- **KEs report more concern for the health consequences associated with GHB use compared to other party-drugs.**

9.0 LSD

9.1 LSD use among REU

Nearly three quarters of the sample (72%) reported lifetime use of LSD, with less than half (40%) reporting use of LSD in the preceding six months. The median age of first use for LSD was 18 (range 12-42).

Thirty-nine recent LSD users reported a median of two days of use in the preceding six months (range 1-18). The majority (90%) reported using LSD monthly or less. Three participants had used LSD more than monthly and less than fortnightly and one person reported using LSD more than weekly. Five participants reported LSD as their drug of choice.

Most respondents quantified LSD usage in terms of tabs (n=30), with a median number of one (range 0.5-5) reported as being taken in a 'typical' or 'average' use episode. During their 'heaviest' use episode in the preceding six months, a median of two tabs (range 0.5-50) was used. Twenty-four percent of those who had recently binged used LSD when doing so. All recent LSD users reported swallowing the drug. The 2004 sample were less likely to have used LSD, both ever and recently, compared to the 2003 sample (Table 20).

Table 20 Patterns of LSD use of REU

LSD variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	86	**72**
Used last six months (%)	48	**40**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	2 (1-70) (n=48)	**2 (1-18) (n=39)**
Median quantities used (tabs)		
Typical (range)	1 (0.5-3) (n=38)	**1 (0.5-5) (n=30)**
Heavy (range)	1 (0.5-15) (n=36)	**2 (0.5-50) (n=29)**

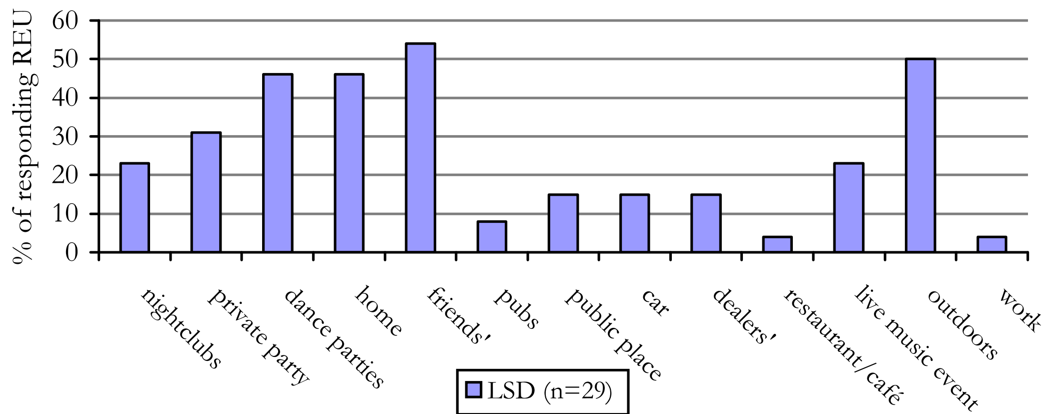
Source: Party Drugs Initiative REU interviews 2003/2004

LSD was used across a wide variety of locations, predominantly in friends' homes (54%), outdoors (50%), at dance parties (46%) and in participants' homes (46%; Figure 63). The most common location where participants last used LSD was friends' homes (31%; Figure 64).

Thirteen KEs reported limited use of LSD, with prevalence described as 'rare' or between 10-30% of REU. Consistent with REU reports, the use of LSD was reported by KEs as sporadic, and often used on special occasions. LSD was reported as most commonly sold in tabs, microdots, as a liquid, or as paper and blotters.

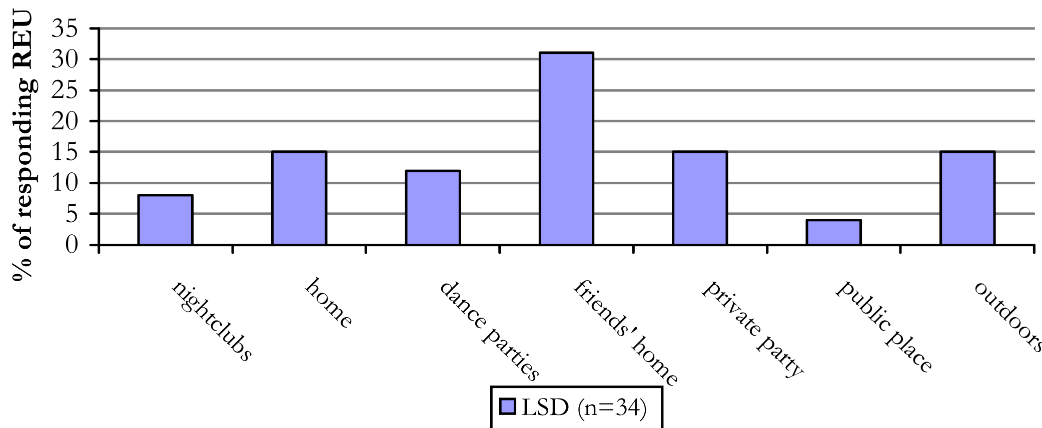
One KE reported that more 'psytrance' events were moving indoors, and that LSD was becoming more common and commercial, but that the 'culture' of LSD remained outdoors. Another 'scene-based' KE reported that older users were more likely to use LSD. One KE reported that REU were taking LSD with ecstasy, having an 'E&T' (ecstasy and a trip), akin to a G&T (gin and tonic).

Figure 63 Usual place of LSD use



Source: Party Drugs Initiative REU interviews 2004

Figure 64 Last place of LSD use



Source: Party Drugs Initiative REU interviews 2004

9.2 Price

Thirty-five percent of the sample was able to comment on the current price, purity and availability of LSD. Thirty-three participants reported on the price of LSD per tab, with a median price of $20 (range $4-$40) being reported. Four participants described purchasing LSD dots, at a median price of $19 (range $15-$35). Of the thirty-five participants who responded, 20% were unable to comment on price variations in LSD in the past six months, 48% reported the price as stable, 14% as increasing, 9% as decreasing and 9% as fluctuating. The characteristics of LSD price were similar between the 2003 and 2004 sample (Table 21).

One KE reported that the price of LSD had increased.

Table 21 Prices of LSD purchased by REU

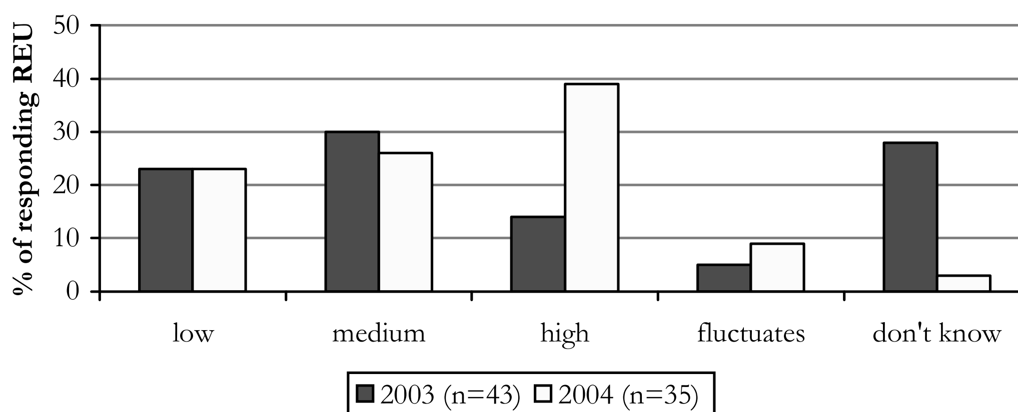
	2003 sample	**2004 sample**
Tab median (range)	15 (6.5-25) (n=18)	**20 (4-40) (n=33)**
Vial median (range)	-	**-**
Price change:	(n=43)	**(n=35)**
Increased (%)	16	**14**
Stable (%)	33	**48**
Decreased (%)	14	**9**
Fluctuated (%)	2	**9**
Don't know (%)	35	**20**

Source: Party Drugs Initiative REU interviews 2003/2004

9.3 Purity

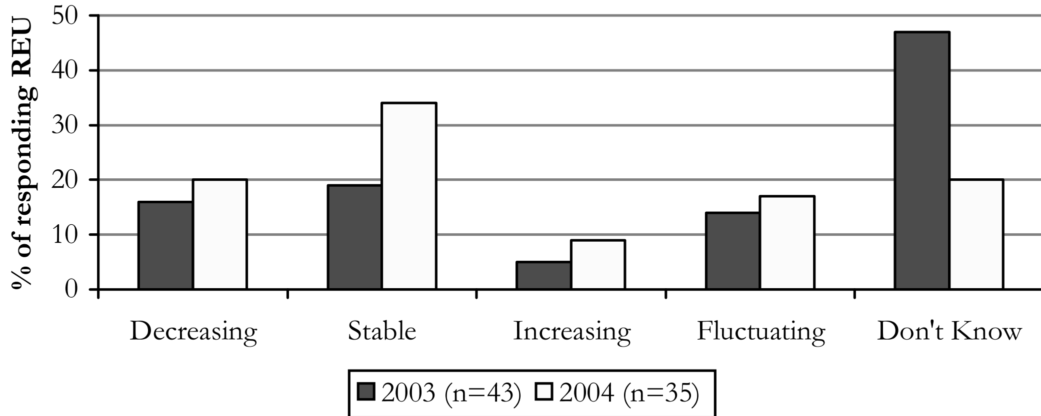
Of the thirty-five participants who commented on current LSD purity, 40% reported the strength as high, 26% reported it as medium, 23% reported it as low, 9% said purity fluctuated and one participant did not know about the current purity of LSD (Figure 65). Regarding changes in the purity of LSD in the preceding six months, 34% of respondents reported the purity had remained stable, 20% reported decreased purity, 9% increased purity, 17% reported fluctuating purity and 10% could not comment on changes in purity (Figure 66). The 2004 sample were more likely to rate the current purity of LSD as high and stable compared to the 2003 sample.

Figure 65 REU reports of purity of LSD in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 66 REU reports of change in purity of LSD in the preceding six months



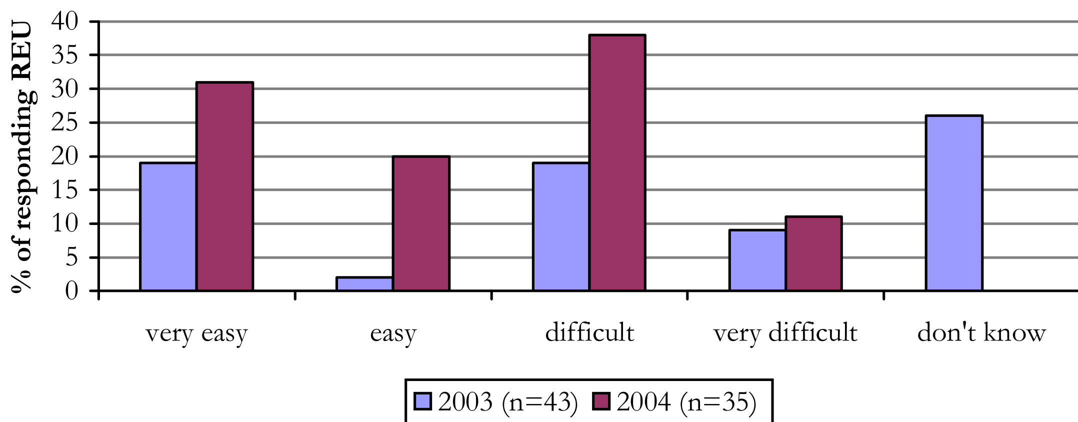
Source: Party Drugs Initiative REU interviews 2003/2004

9.4 Availability

There was little consistency in responses around the current availability of LSD (Figure 67). Of the 35 participants who were able to comment on availability, the most common response (37%) was that LSD was 'difficult' to obtain, however, 31% commented that it was 'very easy' to obtain and 20% responded that it was 'easy' to obtain. Eleven percent reported that LSD was 'very difficult' to obtain. Nearly half of respondents (49%) indicated that LSD availability had remained stable over the preceding six months, 31% said it had become easier to access and 11% more difficult. One participant reported fluctuating availability and two participants were unable to comment (Figure 68). It is difficult to compare availability of LSD from the 2003 report because of the large proportion of 'don't know' responses in the previous year.

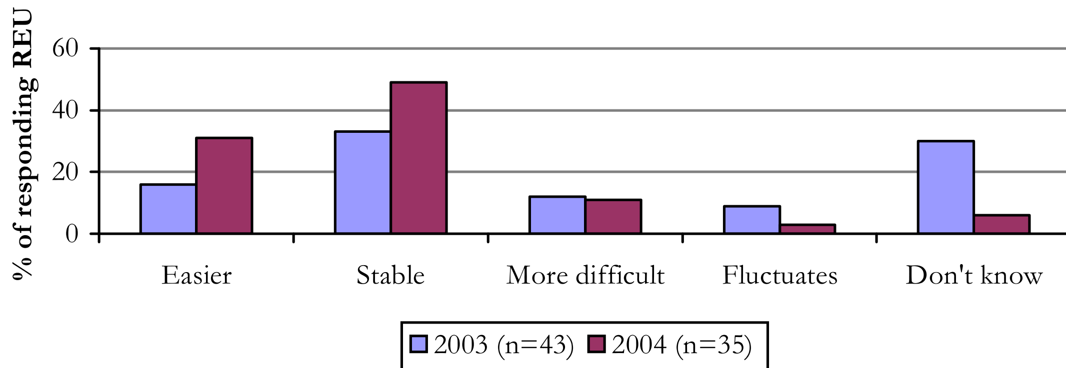
One KE reported that some REU were getting LSD by default as a component of ecstasy pills. Another KE reported that LSD supply was up and down and one reported that LSD prices had increased.

Figure 67 Current LSD availability



Source: Party Drug Initiative REU interviews 2003/2004

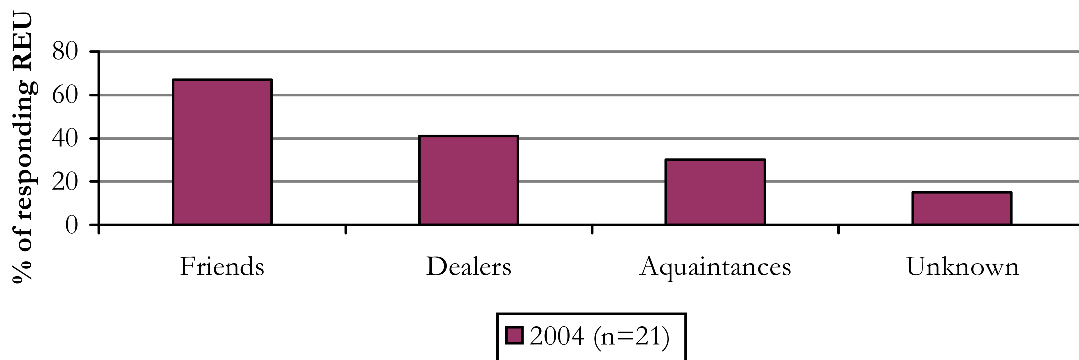
Figure 68 Changes in availability of LSD



Source: Party Drug Initiative REU interviews 2003/2004

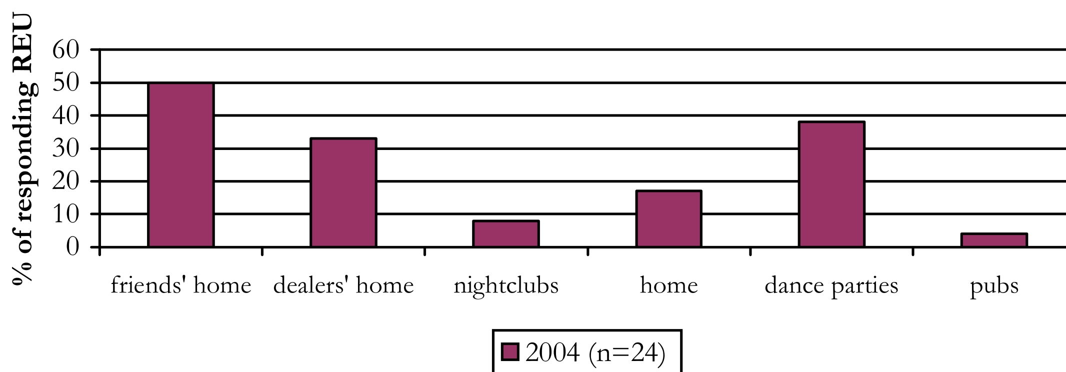
Friends (67%) were the most common people from whom LSD had been purchased in the past six months (Figure 69). The most common places of purchase were friends' homes (50%), dance parties (38%) and dealers' homes (33%; Figure 70).

Figure 69 People from whom LSD had been purchased in the preceding six months



Source: Party Drug Initiative REU interviews 2004

Figure 70 Locations LSD had been purchased from in the preceding six months



Source: Party Drug Initiative REU interviews 2004

9.5 Summary of LSD Trends

Reports from the Victorian REU and KEs suggest:

- **High prevalence of lifetime use of LSD with less than half REU reporting recent use;**
- **Recent users report infrequent use of LSD;**
- **LSD is used across a wide range of locations, predominantly private homes, at dance parties and 'outdoors';**
- **LSD is relatively cheap and the price has remained stable over the preceding six months;**
- **Current LSD purity is regarded as medium to high, with purity described as stable or decreasing over the previous six months;**
- **There is little consistency in the reported current availability of LSD and availability has remained stable over the previous six months;**
- **LSD is most commonly purchased from friends in their homes.**

10.0 MDA

10.1 MDA use among REU

More than one third of the sample (37%) reported lifetime use of MDA, with only 16% reporting use of MDA in the preceding six months. The median age of first use for MDA was 20 (range 16-32).

Recent MDA users (n=16) reported a median of 2.5 days of use in the preceding six months (range 1-15). Of those who had used MDA in the preceding six months, the majority (81%) reported using monthly or less. Two participants had used MDA more than monthly and less than fortnightly and one person reported using MDA more than fortnightly but less than once per week. No participants nominated MDA as their drug of choice.

Most recent MDA users quantified their usage in terms of capsules (caps; n=14), with a median of one (range 0.5-4) MDA cap taken in a 'typical' or 'average' use episode. During their 'heaviest' use episode in the preceding six months, a median of 1.5 caps (range 0.5-8) was used. Seven percent of those who had recently binged had used MDA when doing so. Most (n=14) recent MDA users reported swallowing the drug, with one reporting smoking MDA and one injecting. Patterns of MDA use were comparable between 2003 and 2004, although the 2004 sample reported using MDA less frequently in the preceding six months compared to the 2003 sample (Table 22).

Table 22 Patterns of MDA use of REU

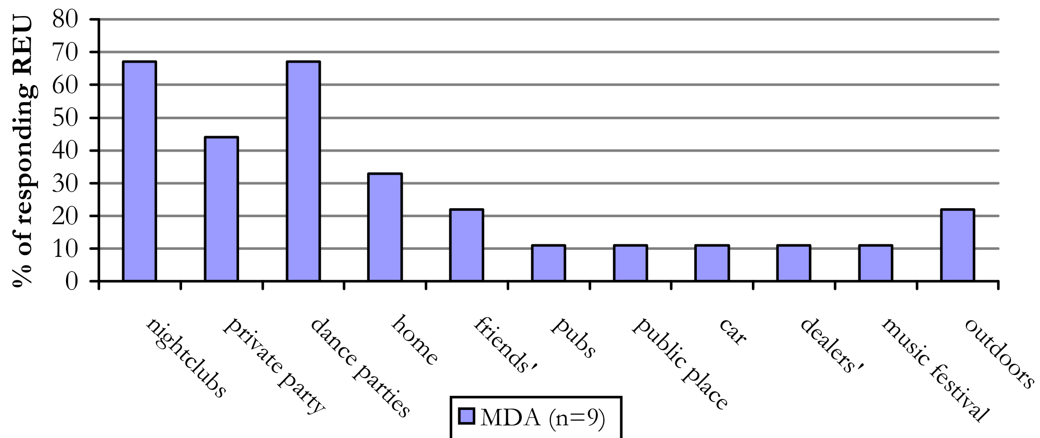
MDA variable	2003 sample (n=100)	**2004 sample (n=100)**
Ever used (%)	40	**37**
Used last six months (%)	19	**16**
Of those who had used in the preceding 6 mths		
Median days used last 6 mths (range)	4 (1-72) (n=19)	**2.5 (1-15) (n=16)**
Median quantities used (capsules)		
Typical (range)	1 (0.5-2) (n=7)	**1 (0.5-4) (n=14)**
Heavy (range)	1 (0.5-4) (n=8)	**1.5 (0.5-8) (n=14)**

Source: Party Drugs Initiative REU interviews 2003/2004

The most common locations where MDA was used were dance parties (67%), nightclubs (67%) and private parties (44%; Figure 71). Nightclubs (36%) and home (27%) were the most common places were participants last used MDA (Figure 72).

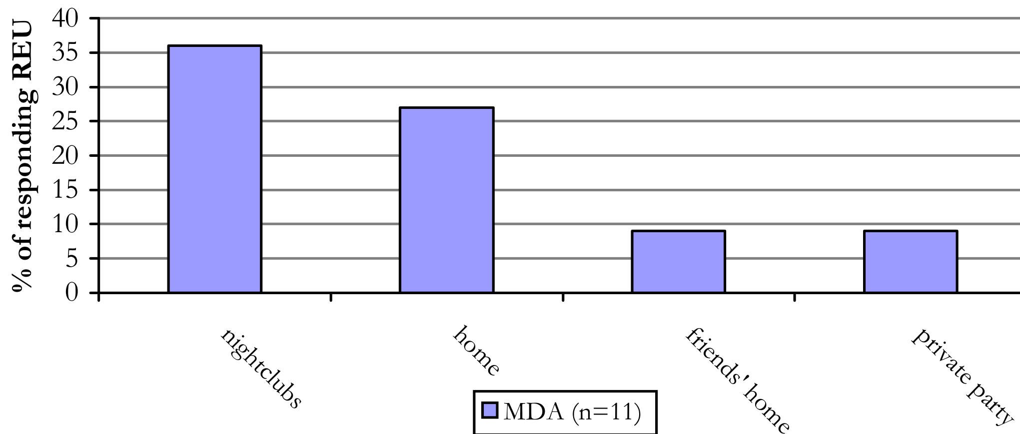
Six KEs reported use of MDA by REU. One KE stated that around 20% of REU would have used MDA unintentionally whilst 5% would have done so deliberately. This KE stated that, of deliberate users, 40% would have injected their MDA, however, this is not consistent with REU reports.

Figure 71 Usual place of MDA use



Source: Party Drugs Initiative REU interviews 2004

Figure 72 Last place of MDA use



Source: Party Drugs Initiative REU interviews 2004

10.2 Price

Only 11 participants were able to comment on the current price, purity and availability of MDA. Seven participants reported on the price of MDA per cap, with a median price of $35 (range $8-$45) being reported. Two participants described purchasing grams of MDA (range $140-$340) and two reported purchasing points of MDA (range $32.50-$35). Of the eleven participants who responded, 27% were unable to comment on price variations in MDA in the past six months, 55% reported the price as stable and 18% as increasing (Table 23).

Table 23 Price of MDA purchased by REU

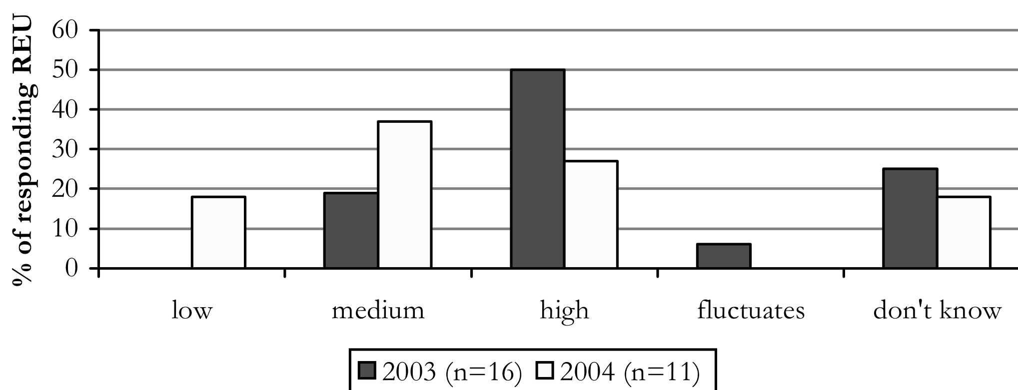
	2003 sample	**2004 sample**
Capsule median (range)	35 (30-40) (n=2)	35 (8-45) (n=7)
Price change:	(n= 16)	**(n=11)**
Increased (%)	6	**18**
Stable (%)	25	**55**
Decreased (%)	13	**0**
Fluctuated (%)	0	**0**
Don't know (%)	56	**27**

Source: Party Drugs Initiative REU interviews 2003/2004

10.3 Purity

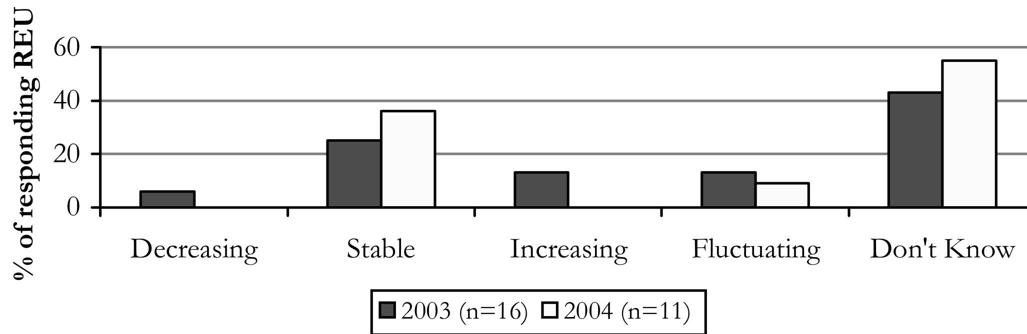
Of the 11 participants who commented on current MDA purity, 36% reported it as medium, 27% reported it as high, 18% reported it as low and 18% were unable to comment on the current purity of MDA (Figure 73). Regarding changes in the purity of MDA in the preceding six months, 55% could not comment, 36% reported the purity had remained stable and 9% reported fluctuating purity (Figure 74). Although more REU nominated the purity of MDA as high compared to 2003, these figures should be viewed with caution given the small sample sizes.

Figure 73 REU reports of purity of MDA in the preceding six months



Source: Party Drugs Initiative REU interviews 2003/2004

Figure 74 REU reports of change in purity of MDA in the preceding six months

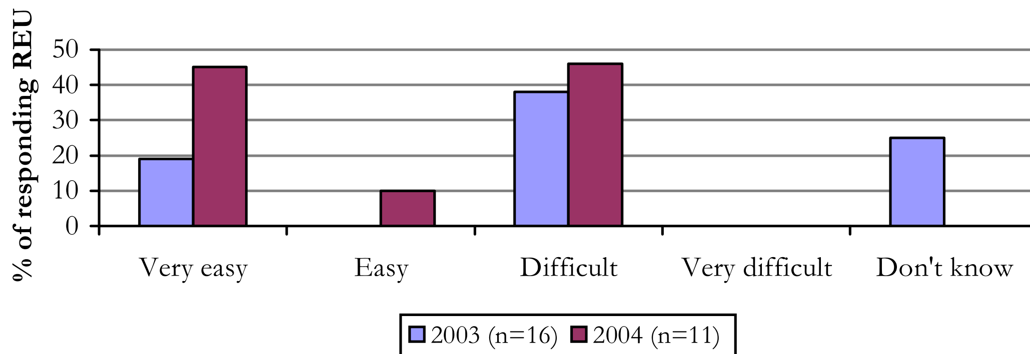


Source: Party Drugs Initiative REU interviews 2003/2004

10.4 Availability

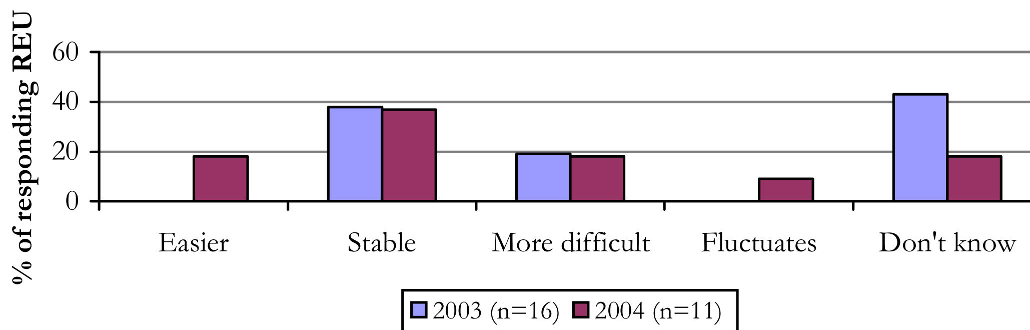
Responses around the current availability of MDA were inconsistent (Figure 75). Of the 11 participants who were able to comment on availability, 45% responded that it was 'very easy' to obtain, whereas 45% commented that it was 'difficult' to obtain. The remaining respondents said that MDA was 'easy' or 'very difficult' to obtain. Over one third of the participants (36%) indicated that MDA availability had remained stable over the preceding six months, 18% said it had become easier to access, 18% more difficult, 18% were unable to comment and one participant said the availability of MDA fluctuated (Figure 76).

Figure 75 Current MDA availability



Source: Party Drug Initiative REU interviews 2003/2004

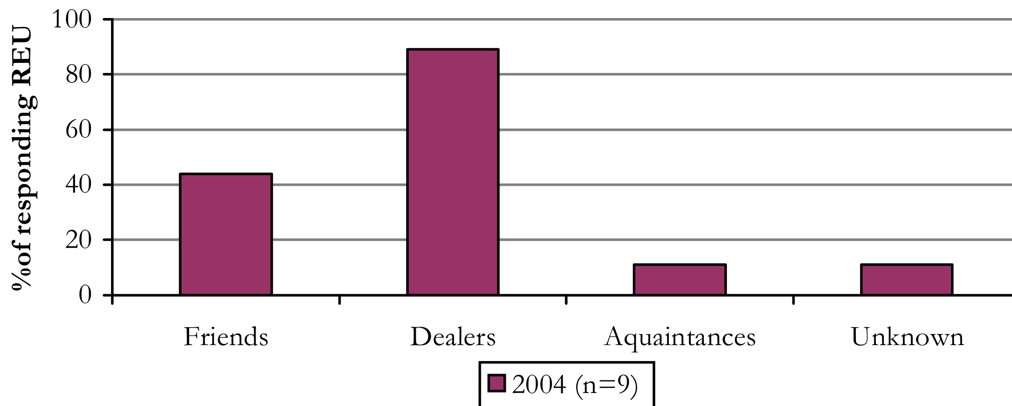
Figure 76 Changes in availability of MDA



Source: Party Drug Initiative REU interviews 2003/2004

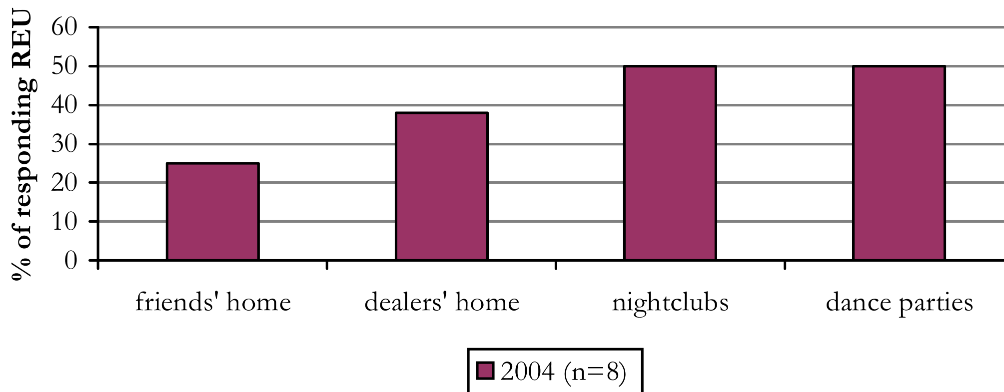
MDA was most commonly purchased from dealers (89%) at dance parties (50%) or nightclubs (50%; Figures 77, 78), however, these responses should be interpreted with caution given the small numbers of respondents.

Figure 77 People from whom MDA had been purchased from in the preceding six months



Source: Party Drug Initiative REU interviews 2004

Figure 78 Locations MDA had been purchased from in the preceding six months



Source: Party Drug Initiative REU interviews 2004

10.5 Summary of MDA Trends

Reports from the Victorian REU and KEs suggest:

- **Low prevalence of lifetime and recent use of MDA;**
- **Recent users report infrequent use of MDA;**
- **MDA is used across a wide range of locations, predominantly dance parties and nightclubs;**
- **The price of MDA has remained stable over the past six months;**
- **Current MDA purity is regarded as medium to high, with most unable to comment on changes in purity over the previous six months;**
- **There is little consistency in the reported current availability of MDA and availability had remained stable over the previous six months;**
- **MDA is most commonly purchased from dealers at nightclubs and dance parties.**

11.0 OTHER DRUGS

11.1 Alcohol

All participants reported lifetime use of alcohol and nearly all (94%) reported recent alcohol use. Alcohol was consumed on a median of 48 days (1-180) in the preceding six months (around twice a week). Almost one quarter (22%) of recent alcohol users reported drinking at least every second day.

Drinking alcohol while using ecstasy was reported by nearly two thirds of the sample (62%), more than half (57%) of whom consumed more than five standard drinks when doing so. One quarter of the sample (25%) reported drinking alcohol during the comedown from ecstasy, nearly half (48%) of whom reported consuming more than five standard drinks when doing so. Of those participants that reported binging in the six months prior to being interviewed, one third (33%) reported drinking alcohol during a binge. Compared to 2004, more participants in the 2003 sample reported drinking more than five standard drinks while using ecstasy (79%) and during 'come down' (93%). In addition, 48% of the 2003 sample reported drinking alcohol during a recent binge.

All KEs reported that alcohol was used by the vast majority of REU, and that the ways in which different groups used alcohol varied. Some REU were light social drinkers, others binged heavily. Some deliberately did not mix alcohol with other drugs whilst others commonly did so to enhance effects of drugs or to comedown from stimulants taken earlier in the night. KEs reported that REU rarely mixed GHB and alcohol. One KE reported that people were drinking more because their tolerance to ecstasy had increased and that they would use speed after alcohol if they were becoming too drowsy.

11.2 Cannabis

Nearly all (98%) of the participants reported lifetime cannabis use and the majority (78%) had used cannabis in the preceding six months. The median age of first use for cannabis was 15 (range 10-24). Cannabis was used on a median of 24 days (1-180) in the preceding six months (a little less than once a week). Of those who had used cannabis in the previous six months (n=78), a substantial proportion (46%) used cannabis more than twice a week in the preceding six months, and 18% used cannabis daily. Further, more than one third (37%) of the sample used cannabis in conjunction with ecstasy and more than half (58%) during 'come down' from ecstasy in the six months preceding the interview. The characteristics of cannabis use in the 2004 sample were similar to 2003.

Consistent with REU reports, nearly all KEs (n=15) reported that cannabis was commonly used by REU. Eight KE reported that over 75% REU used cannabis. KEs reported that frequency of REU cannabis use varied from a few times a month to several times a day. KEs reported that cannabis was used by REU to increase their high on particular drugs and often during recovery. KEs suggested that most cannabis use amoung REU was social and not compulsive. KEs reported that there was little noticeable change in cannabis use by REU in the previous 12 months.

11.3 Tobacco

Nearly all (94%) the sample reported lifetime use of tobacco and 83% had used tobacco in the six months preceding the interview. Of those participants who had smoked in the preceding six months, 59% were daily smokers, whereas 11% smoked tobacco less than once per week. The characteristics of tobacco use in the 2004 sample were similar to 2003.

Thirteen KEs reported that large percentages (50-100%) of ecstasy users smoked cigarettes. KEs reported that many REU were regular smokers, but many also smoked socially when using ecstasy and related drugs. One KE reported that, 'even non-smokers will smoke on ecstasy.'

11.4 Benzodiazepines

Over half (58%) of the sample reported having ever tried benzodiazepines (BZD) and 41% had used BZD in the six months preceding the interview. The median age of first use for BZD was 19 (range 14-47). BZD had been used on a median of four days (1-180) in the preceding six months. Most (66%) recent users had used BZD once a month or less, with only 10% reporting using them more than once per week. All participants who reported recent BZD use had swallowed BZD, one participant reported injecting BZD and one had shelved BZD. Only two participants reported the use of BZD in conjunction with ecstasy and 11 during the comedown period. The characteristics of BZD use in the 2004 sample were similar to 2003.

Eleven KEs reported that benzodiazepines were used generally by a small percentage of REU, somewhat inconsistent with the 41% of the REU sample who reported using benzodiazepines in the past six months. One KE, however, reported use by 70% of REU they knew. All KE reported that benzodiazepines were consumed as pills or tablets orally, and that when they were used it was commonly to assist with the comedown from other drugs, although they were also used recreationally and therapeutically by REU.

11.5 Antidepressants

Approximately one quarter (28%) of participants reported lifetime antidepressant use and 12% reported using antidepressants in the preceding six months. Of the twelve recent users, nine (75%) reported using antidepressants as prescribed for depression, but two of these also reported using antidepressants during the 'come down' from ecstasy. The 12 participants reporting recent use of antidepressants did so on a median of 31.5 days (more than once per week) over the preceding six months. All participants who reported recent use had swallowed antidepressants. The characteristics of antidepressant use in the 2004 sample were similar to 2003.

Consistent with REU reports, thirteen KEs reported that a small proportion (5%-30%) of REU used antidepressants. KEs, however, did not always specify whether this use was licit or illicit. One KE reported that Aurix was being used to increase the party drug effect. Another KE reported that some REU were 'medicated on antidepressants and using ecstasy against advice,' and that 'some people may increase their antidepressant intake to counter underlying psychiatric illness if they are taking ecstasy.' One KE commented that, 'SSRIs are used to enhance the effects of ecstasy usually at 3 day mark to extend another 24-36 hours.'

11.6 Inhalants

Just over half (52%) of the sample had ever used amyl nitrate and 54% had used nitrous oxide. Twenty percent had used amyl and 28% nitrous oxide in the preceding six months. The median age of first use for amyl was 19 (range 12-34) and the median age of first use for nitrous oxide was 19 (range 14-32). Most (65%) recent users had used amyl only once in the previous six months, and 54% of recent users had used nitrous oxide three times or less in the previous six months. Eighty-five percent (n=17) of recent amyl users quantified their use in terms of snorts, with most (53%) reporting their typical use as two snorts or less. Nearly all (n=27) recent nitrous oxide users quantified their use in

terms of bulbs, with a median of 10 bulbs (range 2-60) being used in a typical use episode. Small proportions of the sample had used amyl (4%) and nitrous oxide (9%) in conjunction with ecstasy, and six percent had used nitrous oxide during the 'come down' from ecstasy. Of the participants who reported binging in the previous six months, 16% (n=7) used nitrous oxide and one participant reported using amyl during binges. Aside from the 2003 sample having a higher proportion of lifetime amyl use (70%), the characteristics of inhalant use in the 2004 sample were similar to 2003.

Five KEs reported inhalant use by REU, with considerable variation reported in prevalence and frequency of use. Three KEs reported that their use was 'very uncommon,' whereas two KEs reported that between 50% and 80% of REU used inhalants. All KEs referred to Nitrous when they spoke of inhalants and reported that REU consumed nitrous as a gas via bulbs. Frequency of nitrous use reported by KEs varied from 'once in a blue moon' to once every 3 months to daily use. In a session KEs reported that REU would consume between one and 10 bangs or bulbs and usually 1-3 bulbs either with ecstasy or on its own. One KE reported that, 'More people are using balloons which were safer as they reduced the risk of metal strands from bulbs being inhaled into the lungs. One KE reported that nitrous use was more common a year ago.

11.7 Other opiates

Less than one in five (18%) of the sample reported lifetime use of heroin, with only 9% reporting heroin use in the previous six months. The median age of first use for heroin was 17.5 (range 14-32). Only four participants reported using heroin more than weekly in the previous six months and one reported daily use. Most recent users injected heroin (78%) and one-third (33%) smoked heroin. Four participants said they usually used heroin in conjunction with ecstasy and seven participants usually used heroin during the comedown from ecstasy.

A small proportion (8%) of the sample reported lifetime methadone use and only two participants reported use in the past six months; both reported daily use. Seven percent of participants reported lifetime buprenorphine use while four participants reported regular use of buprenorphine in the preceding six months. Two participants reported use of methadone and buprenorphine in conjunction with, and during comedown from ecstasy.

Just over one quarter (26%) of the sample reported lifetime 'other opiate' (e.g., morphine, codeine) use, while 13% had used 'other opiates' on a median of two days (range 1-24) in the preceding six months. Higher proportions of the 2003 sample reported lifetime (39%) and recent (23%) use of heroin and lifetime (15%) and recent (6%) use of methadone compared to the 2004 sample. These characteristics are consistent with fewer 2004 respondents reporting ever injecting drugs (Section 3.2).

Seven KEs reported some heroin use amongst REU. Consistent with REU reports, these KEs estimated the prevalence of heroin use to be very low (1-2% and less than 10%). Some KEs reported that REU injected, burned or smoked heroin, and that frequency of use was high among REU who used heroin; from between 2-3 times per week to weekly and daily. In contrast seven KEs reported that REU did not use heroin. Two KEs reported that less than 5% of REU they knew were using prescribed methadone.

Other drugs mentioned by KE as being used by REU were 2CB and 2CI by about 5% intermittently, mushrooms seasonally, oxycontin for its recreational value and codeine forte and the antihistamine Ambien for coming down at the end of weekends. Viagra and buprenorphine were also mentioned but with no further information was provided.

11.8 Summary of other drug use

Reports from the Victorian REU and KEs suggest:

- **Very high lifetime and recent use of alcohol, and high prevalence of alcohol use in conjunction with, and during comedown from ecstasy;**
- **Very high lifetime and recent use of cannabis, and high prevalence of cannabis use in conjunction with, and during comedown from ecstasy;**
- **Very high lifetime and recent use of tobacco, with many REU being daily tobacco smokers;**
- **Approximately half of REU report lifetime and recent use of benzodiazepines;**
- **Low levels of lifetime and recent use of antidepressants;**
- **Approximately half of REU report lifetime use of inhalants and about one quarter report low levels of recent use;**
- **Low levels of lifetime and recent use of 'other opiates.**

12.0 RISK BEHAVIOUR

12.1 Injecting risk behaviour

12.1.1 Lifetime injecting patterns

Fifteen percent of the sample reported ever injecting any drug. Sixteen drugs had ever been injected and 14 had been injected in the preceding six months. Of the fifteen participants who reported ever injecting drugs, 54% first injected speed, 33% heroin and 13% methamphetamine base (Table 24).

Table 24 Injecting drug use history (lifetime injecting drug users)

	% ever used	% ever injected	% first drug injected	Median age first injected	% used past 6 months	% injected past 6 months	Median days injected last 6 months	% last drug injected
Speed powder	98	14	54	18.5	92	9	6	50
Base	45	8	13	20.5	34	6	6	0
Ice	71	7	0	23	52	5	6	0
Heroin	18	11	33	17	9	7	20	50
Ecstasy	100	9	0	21	100	1	8	0
Cocaine	72	5	0	20	48	1	2	0
Ketamine	70	3	0	23	45	1	4	0
Other opiates[1]	26	11	0	23	13	5	2	0
Any drug	100	15			100	10		

Note: Includes methadone, codeine, physeptone tablets, morphine, and pethidine.
Source: Party Drug Initiative REU interviews 2004

Context of initiation to injecting

Of those who responded (n=14), 43% injected for the first time under the influence of other drugs, with cannabis (67%) the most commonly reported drug used preceding first injection. Participants most commonly learned how to inject through a friend or partner (72%).

12.1.2 Recent injecting patterns

Of the participants who responded (n=10), 50% last injected speed and 50% last injected heroin. As outlined in Table 22 above, the most frequently injected drug in the past six months were speed (9%), followed by heroin (7%), base (6%) and crystal methamphetamines (5%). Users injected heroin more regularly compared to other injected drugs.

Injecting risk behaviour among recent injectors

No participants reported using a needle after someone else in the last six months, although three participants reported others using needles after they had injected. Of those who responded (n=10), 6 had shared injecting paraphernalia, 4 had shared spoons, 3 had shared filters, 1 had shared a tourniquet and 1 had shared water. Overall, recent injectors had injected any drug a median of 30 times (range 1-360) in the preceding six months.

Table 25 Injecting risk behaviour

	% of those who reported injecting in the past six months (n=10)
Shared needles last month (%)	0
Shared needles last 6 months (%)	0
Times used needle after someone last 6 months (%)	
No time	100
Times someone used needle after (%)	
No times	70
Once	10
Twice	10
Three to five times	10
Shared other injecting equip (%)	
spoons	40
filter	30
tourniquet	10
water	10
Frequency of self injection (%)	
Every time	90
Never	10
Median times injected any drug last 6 months	30
Injected under the influence (%)	90
Median times injected any drug under the influence last 6 months	15

Source: Party Drug Initiative REU interviews 2004

Obtaining needles

For those who had injected drugs in the past six months (n=10), 70% obtained needles from an NSP, 30% from chemists, 30% from friends, 20% from dealers and 10% from partners. Only one participant had problems accessing clean needles because of restricted opening hours for dispensing outlets.

BBVI vaccination, testing and self reported status

For those who had injected drugs in the past six months, 30% were vaccinated for Hep B, 50% had been tested for Hep C in the past 12 months (1 participant reported being HCV-positive) and 50% had been tested for HIV in the past 12 months (Table 26).

Table 26 BBVI vaccination, testing and self reported status

	% of those who reported injecting in the past six months (n=10)
HBV vaccination (%)	30
If yes, reason	
Risk (IDU)	10
Work requirement	10
Risk (prison)	10
HCV test last year (%)	50
If yes	
Positive	20
Negative	80
HIV test last year (%)	50
If yes	
Positive	0
Negative	80
Don't know	20

Source: Party Drug Initiative REU interviews 2004

Context of injecting

REU who had injected drugs in the past six months most commonly injected in their own home with close friends or their regular sex partner (Table 27). Ninety percent (n=9) of those who reported injecting in the past six months had done so both under the influence of, or coming down from ecstasy and related drugs. This occurred on a median of 15 times (range 2-36; Table 25).

Table 27 Context of recent injection

	% of those who reported injecting in the past six months
Locales injected (%)	
Own home	70
Street	40
Friend's home	40
Dealer's home	30
Public toilet	30
Car	30
Venue toilet	10
Commercial injecting room	10
Outdoor doof	10
Work	10
People injected with (%)	
No one	20
Regular sex partner	50
Close friends	50
Acquaintances	20

Source: Party Drug Initiative REU interviews 2004

12.2 Sexual risk behaviour

12.2.1 Patterns of recent sexual activity

Ninety-four percent of participants reported penetrative sex in the past six months. Forty-four percent had sex with one person only in this time, 18% with two people, 25% with three to five people, 4% with 6-10 people and 3% with more than 10 people. Anal sex was not common among REU, with 19 participants reporting it infrequently in the previous six months. Condoms were used infrequently with regular sex partners but frequently with casual partners (Table 28).

Table 28 Sexual activity and condom use in the preceding six months

	%
Penetrative sex last six months	94
No. sex partners	
None	6
One partners	44
Two partners	18
3-5 partners	25
6-10 partners	4
>10 partners	3
Had penetrative sex with	75
Regular partner	55
Casual partner	
Of those who had regular partner (s), condoms used (n=75)	
Every time	19
Often	13
Sometimes	7
Rarely	12
Never	49
Of those who had casual partner(s), condoms used (n=55)	
Every time	58
Often	27
Sometimes	6
Rarely	0
Never	9
No. times anal sex last six months	
None	81
Monthly or less (1-6 times)	15
Fortnightly- monthly (7-12 times)	1
Weekly- fortnightly (13-24 times)	2
Three times a week- once a week (25-72)	1
Daily- three times a week (73-180)	0
More than daily (181+)	0

Source: Party Drug Initiative REU interviews 2004

12.2.2 Sexual risk behaviour

Most participants (80%) had had penetrative sex under the influence of ecstasy or other related drugs in the past six months, and nearly half (46%) had done so at least once a month. Ecstasy (85%) was the most common drug used during sex, followed by alcohol (41%), speed (35%) and cannabis (32%). When having sex under the influence of ecstasy and related drugs, condoms were used infrequently with regular sex partners but frequently with casual partners. However, 13% (n=5) of those who had had casual sex

under the influence in the past six months responded that they never used condoms when doing so (Table 29).

Table 29 Sexual activity and condom use under the influence of drugs in the preceding six months

	%
Penetrative sex under the influence	80
Of those who had sex under the influence	
No. times sex under the influence	
Once	13
Twice	15
3-5 times	27
6-10 times	11
>10 times	34
Drugs used under the influence	
Ecstasy	85
Alcohol	41
Cannabis	32
Speed	35
Meth base	1
Crystal meth	15
Cocaine	1
LSD	3
MDA	1
Ketamine	1
GHB	15
1,4B	4
Amyl nitrate	1
Heroin	5
Methadone	1
Benzodiazepines	1
Mushrooms	1
Of those who had regular partner (s), condoms used (n=60)	
Every time	17
Often	13
Sometimes	5
Rarely	2
Never	63
Of those who had casual partner(s), condoms used (n=39)	
Every time	61
Often	18
Sometimes	5
Rarely	3
Never	13

Source: Party Drug Initiative REU interviews 2004

12.3 Tattooing and piercing

Thirty-two percent of participants had received a tattoo, with a median length of time since receiving their last tattoo of 21 months. Forty-four percent of participants had received a piercing, with a median length of time since receiving their last piercing of 36 months. Very few participants reported receiving tattoos or piercings from non-professionals, and none of these participants reported the use of shared equipment when receiving their tattoo or piercing (Table 30).

Table 30 Tattooing and piercing risk behaviour

	%
Tattooed	
Of those tattooed	
Non professional	6
Of those with none professional tattoo	
Needle used before	
Yes	0
No	100
Don't know	0
Pierced	
Of those pierced	
Non professional	7
Of those with none professional piercing	
Needle used before	
Yes	0
No	100
Don't know	0

Source: Party Drug Initiative REU interviews 2004

12.4 Driving risk behaviour

Sixty-three percent of participants had driven soon after taking a drug in the six months preceding interview. The most commonly reported drugs used prior to driving were ecstasy (73%), speed (59%), cannabis (48%), alcohol (41%), crystal meth (22%) and ketamine (11%).

One KE involved in research reported that 15% of REU surveyed intended to drive home. This KE perceived that the risk of accident was probably the largest risk of all drug-related issues and that this was amplified by alcohol.

13.0 HEALTH RELATED ISSUES

13.1 Overdose

Twenty-five percent of participants had overdosed on a party drug in the preceding six months. The most common drug involved with an overdose was GHB (28%), 1,4B (24%) and ketamine (16%). Of those who had overdosed on GHB (n=7), all were using other drugs at the time of overdose. The most common other drugs used when participants overdosed on GHB were ecstasy (86%), ketamine (42%), speed (29%), cannabis (29%) and alcohol (29%). Only two participants had overdosed on ecstasy in the past six months.

13.2 Self reported symptoms of dependence

13.2.1 Ecstasy

Ecstasy SDS scores from the Victorian sample were generally low with a median of two (range 0-7). See section 4.2 for more detail.

13.2.2 Methamphetamine

Methamphetamine SDS scores from the Victorian sample were generally low with a median score of one (range 0-14), although 19% of respondents were classified as methamphetamine dependent (SDS score >4).

13.3 Help-seeking behaviour

Twelve percent of participants had accessed a health or medical service in relation to their party drug use in the six months preceding interview. The most common service accessed was first aid (6%), followed by general practitioners and counsellors (4%) and ambulance, emergency departments and drug and alcohol workers (3%; Table 31). Participants identified a wide variety of issues that lead to them seeking help (Table 32).

KE treatment service providers reported that they had seen 'anxiety, paranoia, panic, mild psychosis, a few with hallucinations, some suicidal thoughts, acute agitation and psychosis' amongst REU and that GHB was particularly associated with problems. One KE reported concern about use of combinations of ecstasy and ice or speed that lead to increased blood pressure and strokes. Other KEs indicated that some REU 'experienced anger, depression and anxiety, and needed general help to organise their lives.' One KE discussed the need for nursing associated with K pills (ketamine), nausea associated with ecstasy use, and health problems and unsafe sexual practices amongst GBLTI users related to crystal meth use. Three KEs commented that there had been no changes in the number of people presenting or types of problems identified and two KE commented that there was no change in treatment seeking by REU.

Table 31 Help seeking behaviour by drug type

Drug (%)	First Aid	Ambulance	Emergency Department	Hospital	General Practitioner	Counsellor	D&A Worker
Any drug	6	3	3	1	4	4	3
Ecstasy	3	-	-	-	-	1	-
Speed	1	2	1	-	-	-	-
Crystal	-	-	-	-	-	-	1
Cannabis	-	-	-	--	1	1	-
Alcohol	-	-	-	-	2	-	-
GHB	1	-	1	-	-	-	-
1,4B	1	1	-	-	-	-	-
LSD	-	-	1	1	-	-	-
Heroin	-	-	-	-	1	1	1
Polydrug		-	-	-	-	1	1

Source: Party Drug Initiative REU interviews 2004

Table 32 Help seeking behaviour by symptom/outcome

Service	First Aid	Ambulance	Emergency Department	Hospital	General Practitioner	Counsellor	D&A Worker
Depression	-	-	-	-	2	-	-
Anxiety	1	1	-	-	1	-	-
Overdose	2	-	1	-	-		
Dependence	-	-	-	-	-	3	3
Headache	1	-	-	-	-	-	-
Acute Physical Problem	2	2	1	-	1	-	-
Psychosis	-	-	1	1	-	-	-
Arrested-diversion	-	-	-	-	-	1	-

Source: Party Drug Initiative REU interviews 2004

13.4 Other problems

Participants reported high rates of work/study (46%), relationship/social (41%) and financial (38%) problems due to ecstasy and related drugs in the six months preceding interview. The drugs most commonly attributed to these problems were ecstasy and polydrug use. Primary ecstasy users were the sentinel population surveyed for this report. It is, therefore, not surprising that a relatively high proportion of participants attributed their problems to ecstasy use. Relatively few participants (14%) reported legal/police problems associated with their party drug use (Table 33).

Table 33 Main drug attributed to other problems experienced in the preceding six months

Drug (%)*	Work/study	Financial	Relationship/social	Legal/police
Any drug	46	38	41	14
Ecstasy	50	29	39	36
Speed	4	11	5	7
Crystal	7	11	12	7
Cannabis	7	5	2	-
Alcohol	2	5	10	14
Heroin	2	8	-	-
Polydrug	26	32	22	14
Antidepressants	-	-	2	-
1,4B	-	-	2	-
Ketamine	-	-	-	7
GHB	-	-	-	14

*** 'Any drug' figures refer to % of whole sample, drug-specific figures refer to % of those reporting that problem.**

Source: Party Drug Initiative REU interviews 2004

14.0 CRIMINAL AND POLICE ACTIVITY

14.1 Reports of criminal activity among REU

Seventeen percent of participants had been arrested in the twelve months preceding interview. The most common reasons for arrest were the use and/or possession of drugs (53%), property crime (40%) and dealing/trafficking drugs (13%). One third of participants had committed at least one of the crimes listed in Table 34 in the month preceding interview, most commonly drug dealing. Less than one in five participants (18%) had paid for ecstasy through dealing drugs in the past six months.

The incidence of crime was lower in the 2004 sample compared to 2003. This might be attributed to different sample characteristics reported earlier, such as fewer injecting drug users, who typically report higher levels of crime (Jenkinson, Miller, & Fry, 2004).

One scene based KE reported that there were a few more reports of REU being rolled or held up in car parks for their drugs and being exposed more to violent crime since the beginning of the year.

Table 34 Criminal activity reported by REU

Criminal activity in the last month (%)	2003 sample (n=100)	**2004 sample (n=100)**
Any crime*	49	**33**
Drug dealing	43	**29**
Property crime	12	**9**
Fraud	5	**2**
Violent crime	4	**2**
In the preceding six months:		
Paid for ecstasy through dealing drugs	19	**18**
Paid for ecstasy through property crime	2	**0**

*** defined by the four crime categories listed**
Source: Party Drug Initiative REU interviews 2003/2004

14.2 Perceptions of police activity towards REU

In contrast to 2003 when police activity toward REU was predominantly perceived as stable, most 2004 participants (58%) believed police activity had increased in the last six months, whereas 31% believed police activity had remained stable. Despite this, an overwhelming majority of participants (90%) said that police activity had not made it more difficult to obtain ecstasy and related drugs in the past six months (Table 35). Police KEs reported little change in arrests.

Table 35 Perceptions of police activity by REU

Perception	2003 sample (n=100)	**2004 sample (n=100)**
Recent police activity:		
Decreased	3	**1**
Stable	56	**31**
Increased	19	**58**
Don't know	22	**10**
Did not make scoring more difficult	86	**90**

Source: Party Drug Initiative REU interviews 2003/2004

Police KEs reported diversification in manufacturing of different drugs and in size of labs; from the sophisticated large-scale labs to small home-based manufacturers. Police KEs reported that the internet was making manufacture more accessible for both skilled (chemistry background) and unskilled individuals. Police KEs reported an increase in police activity with more seizures and larger quantities. Police KEs also reported that labs were making ecstasy and GHB whereas previously they would have just made speed. Non-police KEs noted that there was now less local manufacture of ecstasy than previously. Police KEs reported spikes and lows in MDMA in tablets and generally that there was an increasing amount of MDMA in tablets.

Police KEs reported that generally police operations focussed on upper and middle end dealers. Although they reported that user dealers were not necessarily targeted, some operations would pick up lower level dealers and new passive-alert dogs (PAD) would not discriminate. Police KEs also reported little change in the number of diversions away from prison for first and minor offences, although they hoped that the new PADs would have the potential to increase diversion, which police members saw as an effective way to deter young offenders. Consistent with REU reports, police KEs reported that property crime was not associated with ecstasy.

14.3 Summary

Reports from the Victorian REU and KEs suggest:

- **Few REU had ever injected drugs;**
- **Those injecting drugs, inject a wide range of drugs, primarily speed and heroin;**
- **No participants reported using needles after someone else, although some reported others using needles after them;**
- **REU most commonly injected drugs in their own home;**
- **REU were sexually active, often had sex under the influence of drugs and used condoms regularly with casual partners but infrequently with regular partners;**
- **Very few REU reported receiving tattoos or piercings from non-professionals;**
- **High numbers of REU had driven soon after using drugs;**
- **Levels of health-related harm were low;**
- **Average SDS scores for ecstasy and methamphetamines were low;**
- **Few participants recently accessed health services in relation to their drug use;**
- **REU cited work/study, relationship/social and financial problems associated with their drug use;**
- **Few REU engaged in crime outside drug dealing;**
- **Police activity toward REU was perceived to have increased.**

15.0 SUMMARY

15.1 Demographic characteristics of REU

Reports from the Victorian REU sample and KEs suggest that regular ecstasy users are likely to be aged in their early twenties, have completed secondary school, with a substantial proportion continuing to tertiary education. Most Victorian REU are also likely to be employed and/or studying and are unlikely to have ever been in prison.

15.2 Patterns of polydrug use

Victorian REU are also likely to be polydrug users, using other drugs in combination with ecstasy and during the come down from ecstasy and related drugs. Although most commonly reporting ecstasy as their drug of choice, Victorian REU are also likely to have recently used alcohol, methamphetamine powder, cannabis and crystal methamphetamine in addition to ecstasy.

15.3 Ecstasy

Reports from the Victorian REU and KEs suggest that ecstasy tends to be used for the first time during late-teenage years. Ecstasy is commonly used less than weekly and most ecstasy users report using more than one tablet per episode, although there is a wide range of frequencies and amounts of ecstasy used. Ecstasy is most commonly used orally with binging on drugs being common among REU. Most REU report ecstasy and methamphetamine powder as the drugs used during a binge, and most report using a combination of other drugs during come down from ecstasy. Scoring low on the severity of dependence scale (SDS), Victorian REU have low levels of dependence on ecstasy.

Ecstasy typically costs $30 per pill or tablet and the price of ecstasy is reported to have remained stable over the previous six months. The purity of ecstasy is rated as medium to high by Victorian REU, although many users reported fluctuations in purity. Ecstasy is most commonly used at nightclubs, dance parties, private homes/parties and at live music events. Ecstasy is readily available and predominantly sourced from friends or dealers in private residences or in nightclubs and dance parties. Victorian REU reported the perceived benefits of ecstasy to include enhanced sociability, communication and mood. Perceived risks of ecstasy reported by REU include cognitive and emotional problems, physical harms and unknown contents of ecstasy tablets.

15.4 Methamphetamine

Reports from the Victorian REU and KEs suggest that, of the three forms of methamphetamine, speed is most widely used (in terms of both lifetime and recent use), followed by crystal meth and base. Speed is commonly used in conjunction with ecstasy and during binges. Speed is mostly commonly snorted, whereas base is predominantly swallowed and crystal meth smoked. Methamphetamine SDS scores are generally low among regular ecstasy users, however, a number of KEs identified increasing problems associated with violence and health-related harms caused by methamphetamine use.

Methamphetamines are used in a variety of locations, predominantly nightclubs, dance parties and in users' homes. Crystal meth is more expensive than speed and base (which are of comparable cost), and the price of methamphetamines has remained stable, although there are some reports of decreasing prices for speed and crystal meth. The purity of base and crystal meth is high and stable, whereas the purity of speed appears less consistent. All forms of methamphetamines are readily available (although access to

crystal meth has appeared to decline), being most commonly acquired through friends and dealers.

15.5 Cocaine

Reports from the Victorian REU and KEs suggest high prevalence of lifetime use of cocaine and infrequent recent use among REU. Cocaine is typically snorted and is used across a wide range of locations. Victorian REU report that cocaine is an expensive drug, the price of which has remained relatively stable or decreased over the past six months. The purity of cocaine is reported as medium or low but there is little consistency in reported changes in purity over the past six months. There is also little consistency in reports of the availability of cocaine, although respondents most commonly reported that the availability had remained stable over the past six months. Cocaine is commonly purchased from friends in friends' homes.

15.6 Ketamine

Reports from the Victorian REU and KEs suggest high prevalence of lifetime ketamine use and infrequent recent ketamine use among REU. Ketamine is typically snorted and is used across a wide range of locations but predominantly in friends' homes. The purity of ketamine reported by Victorian REU is generally medium or high and purity is reported to have remained stable over the past six months. There is little consistency in the reports of the current availability of ketamine, which is most commonly purchased from friends and dealers in their respective homes.

15.7 GHB

Reports from the Victorian REU and KEs suggest moderate prevalence of lifetime and recent GHB use among REU, although recent users report infrequent use of GHB. GHB is used across a wide range of locations, predominantly private homes, dance parties and nightclubs. GHB is very cheap and the price has remained stable over the preceding six months. Current GHB purity is regarded as medium to high, but there is little consensus about recent changes in purity. GHB is readily available, availability has remained stable over the previous six months, and GHB is most commonly purchased from friends in their homes.

KEs report a marginalisation of GHB use and report more concern for the health consequences associated with GHB use compared to ecstasy and other related drugs.

15.8 LSD

Reports from the Victorian REU and KEs suggest high prevalence of lifetime use of LSD with less than half of REU reporting infrequent recent use. LSD is used across a wide range of locations, predominantly private homes, at dance parties and 'outdoors.' LSD is cheap and the price has remained stable over the preceding six months. Current LSD purity is regarded as medium to high, with purity described as stable or decreasing over the previous six months. LSD is most commonly purchased from friends in their homes, and there is little consistency in the reported current availability of LSD which is reported to have remained stable over the previous six months.

15.9 MDA

Reports from the Victorian REU and KEs suggest low prevalence of lifetime and recent use of MDA, with recent users reporting infrequent MDA use. MDA is used across a wide range of locations, predominantly at dance parties and nightclubs. The price of

MDA has remained stable over the past six months. Current MDA purity is regarded as medium to high, with most REU unable to comment on changes in purity over the previous six months. There is little consistency in the reported availability of MDA and availability is reported to have remained stable over the previous six months. MDA is most commonly purchased from dealers at nightclubs and dance parties.

15.10 Other drugs

Reports from the Victorian REU and KEs suggest almost universal lifetime and recent use of alcohol, and high prevalence of alcohol use in conjunction with, and during comedown from ecstasy. Very high lifetime and recent use was also reported for cannabis, which was also commonly used in conjunction with and during comedown from ecstasy. Very high lifetime and recent use was reported for tobacco, with many REU being daily tobacco smokers. Approximately half of REU report lifetime and recent use of benzodiazepines. Victorian REU reported low levels of lifetime and recent use of antidepressants. Approximately half of REU report lifetime use of inhalants and about one quarter report low levels of recent use. Low levels of lifetime and recent use of 'other opiates' were reported.

16.0 IMPLICATIONS

The results reported here describe trends in the party-drug scene in Victoria, and provides comparisons with the findings of the 2003 report. Many characteristics of party-drug use reported in last years report and elsewhere (e.g., Breen et al., 2003) are confirmed here. Regular ecstasy users are aged typically in their mid-twenties, with substantial proportions studying towards or having completed tertiary qualifications and tend to be employed and/or full-time students.

Polydrug use appears to be the norm among regular ecstasy users, with a median of nine drug types used recently by the 2004 REU sample. Binging on drugs was common and ecstasy and cannabis were the primary drugs of choice. Few of the 2004 REU sample injected drugs. The proportion injecting drugs was far fewer than reported in the 2003 Victorian report, but more consistent with prevalence in other states. Variations here are likely due to sampling error.

Many ecstasy and related drugs like ecstasy were identified as readily available, although some classes of drug such as cocaine and crystal meth appear more difficult to access or highly variable in their availability. Similarly, there was a degree of variability in the frequency with which some drugs were used. Ecstasy, speed and cannabis were used regularly, whereas, cocaine was used infrequently and opportunistically. GHB was the only drug to show a meaningful increase from 2003 in the proportion of REU reporting recent use. GHB was also the most common drug related to overdose and help seeking behaviours.

In general, risk behaviours, health-related problems and criminal activity among REU were relatively uncommon. However, a disturbing proportion of REU reported driving soon after taking drugs. Problems associated with party-drug use centred on work, study and social relationships, and were reported by a substantial proportion of participants.

The findings of the 2004 Victorian PDI study suggest the following recommendations:

1. Polydrug use by REU, associated harms and harm reduction strategies warrant further investigation.
2. More thorough and targeted research examining to true extent of injecting drug use in ecstasy-using populations requires attention, particularly in the context of injecting drug use initiation and the influence of social networks on drug use.
3. The increase in the prevalence of GHB use and its potential harms warrants close attention in future surveillance and research around the party-drug scene. Such research should further consider the use of GHB-like substances (e.g., 1,4B), and the uncertainty among many REU regarding exactly what drug they are consuming and the associated harms.
4. Although more explicit harms associated with other drug classes (e.g., legal problems, overdose risk) appear to be of lesser concern among REU, potentially less visible problems related to work/study and relationship/social outcomes need further exploration to get a complete picture of the harms associated with regular ecstasy use. Such an inquiry should also examine the perceptions and recognition of such harms by REU.
5. Driving under the influence of ecstasy or related drugs is a major concern with over half the sample reporting doing so in the previous six months. Further targeted research is required in this area, particularly in the context of Victoria's

new ‘drug-driving’ testing initiatives, and the impact of these initiatives on behaviour.

6. Given that the aims of the National PDI Initiative are to provide a ‘snapshot’ of the characteristics of regular ecstasy use in Australia, these results should spawn other research with the capacity to provide greater precision in trend monitoring in this area. Such research should have the resources and capacity to employ more robust sampling methodologies (e.g., repeated use of sampling frames, core-group sampling), and more detailed qualitative ethnographic enquiries of the social context of regular ecstasy use. This is particularly important given the believed heterogeneity of the ecstasy using population, whereby individuals may come from diverse social and geographical settings, belong to varied and disparate social networks, and undertake a wide range of drug use behaviours, patterns and routes of administration.

The findings in this report provide a summary of trends in ecstasy and related drug use detected in Melbourne, Victoria in 2004, providing continuing surveillance and comparisons with data collected in 2003. The findings demonstrate the existence of a population of regular ecstasy and other related drug users in Melbourne and provide valuable information about the patterns of drug use, the harms associated with such use, the criminal behaviour of users, as well as information about drug markets in terms of the price, purity and availability.

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