J. Newman and C. Moon

NT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2005
Findings from the Party Drugs Initiative (PDI)

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NT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2005

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Alcohol and Other Drugs Program
Department of Health and Community Services

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ABBREVIATIONS

1,4B	1,4-butanediol
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACON	AIDS Council of NSW
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
AIHW	Australian Institute of Health and Welfare
AODTS	Alcohol and other drug treatment
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
DNC	Data not collected
ERD	Ecstasy and related drugs
FDS	Family Drug Support
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency 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
NDS	National Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NESB	Non-English speaking background
NSP	Needle and Syringe program
NSW	New South Wales
NTAODTS	Northern Territory Alcohol and Other Drug Treatment Services
OD	Overdose
PDI	Party Drugs Initiative
REU	Regular ecstasy user(s)
SDS	Severity of Dependence Scale
SMS	Simple messaging system

EXECUTIVE SUMMARY

Demographic characteristics of regular ecstasy users (REU)

In 2005 the regular ecstasy users interviewed for this study were: mainly male (57%); aged an average of 24 years; had completed an average of 11 years schooling with more than half (64) having a post-secondary qualification; and were mainly employed (59%). This profile is essentially the same as that found last year with the exception of the proportion of REU that were male, which was 73% in 2004.

Thirteen percent of this year's REU had been incarcerated (16% in 2004), 9% were in some form of drug treatment (1 person in 2004) and 38% had injected a drug at some time in their lives (35% in 2004).

Patterns of drug use among REU

Polydrug use was the norm among the regular ecstasy users interviewed this year, with respondents having ever used a median of 8 drug classes and recently used a median of 5 drug classes.

Sixty-one percent of the sample nominated ecstasy as their preferred drug compared to 47% in 2004. Speed powder was the next most popular this year. Large proportions have reported recent use of alcohol, cannabis, tobacco, and methamphetamines in all years.

Again this year, drugs typically seen as 'ecstasy-related drugs' (cocaine, 3,4-methylenedioxyamphtemine (MDA), ketamine and gamma-hydroxy-butyrate(GHB)) showed a low incidence of recent use.

Ecstasy

On average, the sample of regular ecstasy users started to use ecstasy at 19 years and began using it regularly when they were 20 years in both 2004 and 2005.

In 2005 the proportion using ecstasy weekly or more increased (39% in 2004 vs. 52% in 2005); the quantity usually used decreased (2 tabs in 2004 vs. 1 tab in 2005) as did heavy use (3 tabs in 2004 vs. 2 tabs in 2005). Bingeing with ecstasy remained stable (44% this year vs. 46% in 2004).

A higher proportion (61%) reported that ecstasy was their favourite drug in 2005 (47% in 2004).

In both years most of the sample used other drugs with ecstasy (89% in 2004 vs. 96% in 2005) and whilst coming down from ecstasy (68% in 2004 vs. 89% in 2005), however, proportion increased in 2005.

Over the last two years the route of administering ecstasy has remained stable with swallowing continuing to be the most popular method and consistent proportions reporting ever (21% vs. 24%) and, recently, (16% vs. 15%) injecting it.

In 2004 and 2005, nightclubs were the most popular usual and last ecstasy use venue.

In 2004 the most common perceived benefits associated with ecstasy use were enhancement of mood and fun, and in 2005 it was fun, enhanced communication/ more social and enhanced sexual experience.

The most common perceived risk with ecstasy use in 2004 was the unknown drug contaminants or cutting agents in the tab, and in 2005 it was a fatal overdose, followed by unknown drug contaminants/cutting agents and dehydration.

Price, purity and availability of ecstasy

Ecstasy was most commonly purchased in tablet form for $50 and this price was stable in the six months preceding interview in both years.

In both years the current purity of ecstasy was rated medium, although there was an increase in those nominating it as low in 2005. In both years this purity had reportedly been fluctuating.

Most users reported the availability of ecstasy as very easy to easy, and that this had been stable over the past six months in both years.

Ecstasy markets and patterns of purchasing

A majority of users said they scored ecstasy from a friend in both years, in 2004 it was mostly scored at a nightclub and in 2005 in was mostly scored at a friend's home.

This year the most common method of purchasing ecstasy did not involve paying for it, most REU received ecstasy as a gift from a friend or partner.

In 2005 REU purchased, on average, three tabs from three sources, buying for themselves and others, between 7 and 24 times in the past six months.

The only two factors that were deemed by REU to increase the price of ecstasy were a high 3,4-methylenedioxymethamphetamine (MDMA) content, and if ecstasy became less available generally.

Methamphetamine

In 2005 the majority of the sample had used speed (73%, 72% in 2004) in the past six months and substantial proportions had used crystal (29%, 45% in 2004) and base (32%, 35% in 2004).

The average age for methamphetamine initiation remained consistent in 2004 and 2005 – speed 18 years, base 20 years and crystal 20 years.

In both years, a quarter (25% in 2004, 27% in 2005) reported that they had used speed weekly or more in the six months preceding the interview. In 2005, 17% had used base (25% in 2004) and 8% used crystal (12% in 2004) at the same frequency.

In 2005 the average usual amount of speed used increased from half a gram to one gram, and the 'heavy amount used' remained stable at one gram. Bingeing with speed amongst the recent speed users declined from 53% in 2004 to 41% in 2005.

In both years the average amount of base used in a typical and heavy session was one point. In 2004, 22% had recently binged with base, in 2005 this figure increased to 33%.

On average crystal users reported typically using one point in both years. In 2004 two points were used in a heavy episode, decreasing to one and a half points in 2005. Recent bingeing with crystal remained constant (20% vs. 19%).

Recent injection of all forms of methamphetamine by recent users increased in 2005 compared to the previous year – speed 14% vs. 35%, base 22% vs. 54%, and crystal 24% vs. 35%. However, swallowing remained the predominant recent route of administration for all forms of methamphetamine.

Forty-six percent of the current sample (41% in 2004) had ever used pharmaceutical stimulants at an average age of 19 years. Recent users would use 4 tabs in a usual and heavy use episode (10 tabs usual, 12 tabs heavy in 2004). Thirty-six percent reported using weekly or more. A majority of the recent users swallowed pharmaceutical stimulants and one-quarter had recently injected them.

In 2005 speed was most commonly purchased for a median of $200 per gram ($100 in 2004), base for a median of $75 per point ($50 in 2004) and crystal for a median of $80 per point ($50 in 2004). A majority of those commenting in both years said this price had been stable in the previous six months.

When commenting on the purity, in both years the most nominated categories were for speed low and stable, for base medium and stable, and for crystal high and stable.

Speed users in both years reported the availability as very easy to easy and stable, base users in 2005 reported the availability as easy or difficult and stable (easy and stable in 2004), and crystal users in 2005 reported the availability as difficult and stable (easy and stable in 2004).

In 2005 all methamphetamines were mostly scored from friends at a friend's home. The same was seen in 2004 with the exception of base which was mainly scored from known dealers.

Cocaine

In the current year, lifetime cocaine use remained stable at 39% and recent use decreased (15% vs. 11%) compared to last year.

Amongst those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months in 2005, compared to one day in 2004.

In 2005, usual (0.5 grams vs. 2 grams) and heavy (0.75 grams vs. 3.5 grams) median quantities used increased compared to last year. Only one person had recently binged with cocaine over the last two years.

Over the last two years recent users most commonly snorted cocaine, and in 2005 recent injecting decreased (36% vs. 11%).

In 2004 cocaine was usually used at home or at private parties, in 2005 it was mostly used in a nightclub or at home.

The median price for a gram of cocaine increased, in 2004 it was reported to be $250 and in 2005 it was $375. Most users reported that the price of cocaine had been stable in 2004 and 2005.

The purity of cocaine was reported to be medium in 2004 and medium to low in 2005. In both years most respondents didn't know about the change in purity over the last the six months.

In 2004, most participants who commented on the availability stated that cocaine was difficult to very difficult to obtain, and in 2005 even higher proportions rated it as very difficult. In both years the availability had reportedly been stable over the past six months.

Ketamine

Lifetime (32% vs. 13%) and recent (18% vs. 7%) use of ketamine decreased from 2004 to 2005.

Frequency and quantity of ketamine use declined; recent users in 2005 had used it for a median of one day (two days in 2004) and used one bump in usual and heavy episodes (two bumps in 2004).

Swallowing was the most common recent route of administration in 2004 and 2005, but injecting and snorting were popular as well.

In the last two years, respondents reported usually using ketamine at home, with a few also using at other locations.

In 2004, the median price per bump was reported at $200, and in 2005 one participant reported the price at $80 per gram. Most did not know if this price had recently changed.

Ketamine purity was rated high in both years, and stable in 2004, but decreasing in 2005.

Ketamine availability was described as difficult to very difficult to obtain in both years, and that this had been stable over the prior six months.

GHB

In 2005 15% of the sample reported lifetime use of GHB (20% in 2004), and only 4% had used GHB in the six months preceding interview (6% in 2004).

GHB had been recently used for a median of two days (three days in 2004), and recent users were using 10mls in usual and heavy episodes (11.1mls in 2004).

Among the few that reported GHB use, all had recently swallowed the drug in both years and one person reported recently injecting it in 2005.

Over the last two years, recent users had usually and last used GHB at home and private parties.

One person reported on the price of GHB over the last two years; in 2004 it was $3 per ml, and in 2005 it was $50 per cap, with no consistent comments around price change in both years.

In 2004 GHB purity was rated as medium or fluctuating, and in 2005 it was medium to low and stable.

In 2004 and 2005 comments regarding GHB availability were mixed.

No REU has reported ever using 1,4-butanediol (1,4B) in the NT.

Last year one REU reported using Gamma-butyrolactone (GBL), no one reported ever using it this year.

LSD

In 2005 lifetime d-lysergic acid (LSD) use remained stable (63% vs. 61%) and recent use decreased (31% vs. 15%) compared to 2004.

LSD had been recently used for a median of two days (one day in 2004), and recent users were using one tab in usual use (same as 2004), and one and a half tabs in heavy episodes in 2005 (one tab in 2004).

In 2004 and 2005 a majority of recent users would swallow LSD with small proportions reporting injecting and snorting.

Bingeing with LSD amongst recent users increased from 9% in 2004 to 25% in 2005.

Small proportions of recent users had recently injected LSD in both years, although most reported swallowing it.

LSD was most commonly used in nightclubs in both years, however, in 2005 home and private parties were equally common use venues.

In both years LSD was most commonly purchased in tab form for $25 and this price was reportedly stable, however, 25% said this price had recently increased in 2005.

In 2005 higher proportions nominated LSD's current purity as high and medium compared to 2004, and reported that this had been stable over the past six months.

In 2005 higher proportions nominated LSD's current availability as easy, and less rated it as difficult compared to 2004. This situation had reportedly been stable over the past six months.

In 2005 LSD was typically scored from a friend at a friend's home (compared to own home last year).

MDA

Twelve percent reported lifetime use of MDA (28% in 2004), but only one percent had used MDA in the six months preceding interview (10% in 2004) in 2005.

Swallowing was the most common recent route of administration over the last two years.

In 2005 the quantity of MDA used in usual episodes increased from one cap to two caps. In heavy use episodes it remained the same at two caps.

Among those that used MDA, use was infrequent over the last two years; three days in the six months preceding interview in 2004 and one day in 2005.

A cap of MDA was reportedly purchased in 2004 for a median of $55 and $50 in 2005 (n=1), and this price had been stable over the prior six months in 2005.

In 2004 and 2005 only one respondent commented on MDA purity, reporting it as high, and this purity had been reportedly increasing over the prior six months in the current year.

Over the last two years one person in each year reported that MDA was very easy to obtain, in 2004 one person also stated it was difficult to obtain. In 2005 the sole person commenting believed that MDA had recently become even easier to obtain.

Patterns of other drug use

Over the three years of the study, cannabis, alcohol and tobacco use has remained high.

Proportions for lifetime and recent use of other drugs varied amongst the 2005 sample: cannabis (99%, 79%); alcohol (99%, 99%); Tobacco (88%, 76%); Heroin (22%, 5%); Amyl nitrate (31%, 6%); Nitrous oxide (31%, 4%); Methadone (12%, 4%); Buprenorphine (10%, 7%); Other opiates (22%, 10%); Anti-depressants (28%, 10%); Benzodiazepines (28%, 17%); and mushrooms (37%, 10%).

The mean age for first using tobacco, alcohol and cannabis has been early teens over the last two years. On average, all 'other' drugs were first used by REU in their late teens, except for methadone and other opiates (early twenties) and buprenorphine (30 years).

The most frequently used 'other' drugs, at a median of 180 days in the last six months, were tobacco and buprenorphine, closely followed by cannabis at 150 days. In 2004 this order was tobacco followed by cannabis, followed by buprenorphine.

The least frequently used 'other' drugs, with a median of one days use in the last six months, were nitrous oxide and mushrooms, closely followed by methadone (2 days), and other opiates (4 days). In 2004 this order was nitrous oxide flowed by amyl nitrate followed by methadone then other opiates.

Proportions of the 2004 and 2005 sample who had ever injected 'other' drugs were similar: alcohol (4%, 2%); heroin (17% both years); methadone (6%, 7%); buprenorphine (4%, 6%); other opiates (11%, 13%); anti-depressants (1%, 4%) and benzodiazepines (9%, 5%). These figures are all lower than 2003.
The 2005 sample showed an increase in hazardous drinking behaviour, with 83% (66% in 2004) of the recent alcohol users drinking more than five standards drinks while under the influence of ecstasy, and 58% (15% in 2004) would do the same whilst coming down from ecstasy.

The 2004 sample reported using other drugs such as aerosols, physeptone, rohypnol, mushrooms, Xanax, glue, steroids, kava, travelcalm, and butane. Two respondents in the 2005 sample reported other drug use: petrol and steroids.

Drug information-seeking behaviour

Ten percent (10%) of the sample would always find out about the content and purity of other party drugs before taking them, and 20% would do the same before taking ecstasy.

The most common ways of finding out about the content/purity of ecstasy was through friends who had already taken it, and through dealers.

Only four participants had used testing kits, and one stated they always used testing kits. A third of the sample stated they would find testing kits useful if they were available locally.

Eighty percent (80%) of the sample advised that the ecstasy they bought had a different content to what they expected at least sometimes.

The majority of respondents didn't care what was in the ecstasy they took as long as they had a good time

Risk behaviour

Over one-third (38%) of the sample had ever injected a drug using a median of four different drugs in 2005 (35% and a median of five drugs in 2004).

The mean age for first injecting any drug was 19 years in 2004 and 17 years in 2005.
Recent injecting increased from 24% in 2004 to 29% in 2005.

Speed was the most common recently injected drug over the last two years and also the most frequently injected drug in 2005.

Most injectors had learnt to inject from a friend or partner and half had first injected under the influence, most commonly alcohol and cannabis.

While most recent injectors would inject themselves, 17% never did so.

Substantial proportions would share injecting paraphernalia, no one reported borrowing a used needle, but 22% had lent used needles.

While most people injected in a home, substantial proportions would inject at public venues.

The majority of recent injectors had been tested for hepatitis C virus (HCV) and human immunodeficiency virus (HIV) and had been vaccinated against hepatitis B virus (HBV).

Almost all REU had penetrative sex in the prior six months, most with one or two partners.

The majority never used condoms with regular partners but always used condoms with casual partners.

A high proportion had sex under the influence of drugs, most commonly ecstasy, and generally once a month or more.

In the last six months, a majority of the sample had driven over the limit of alcohol and also within one hour of taking drugs , most commonly ecstasy and cannabis.

Health-related issues

In 2005 sixteen people had overdosed in the last six months (compared to 9 in 2004), with alcohol and ecstasy being the most common main drugs involved.

REU in 2005 elicited a mean ecstasy Severity of Dependence Scale (SDS) score of 2.43 (1.85 in 2004), with 1% (7% in 2004) reaching a score indicative of problematic use, and 22% (11% in 2004) obtaining a score indicative of dependence.

Recent methamphetamine users in 2005 elicited a mean methamphetamine SDS score of 2.6, with 5% reaching a score indicative of problematic use and 25% obtaining a score indicative of dependence (4% and 13% respectively in 2004).

Fifteen percent (15%, 24% in 2004) of the 2005 sample had accessed a health or medical service (most commonly GPs and emergency departments) in the past six months in relation to their party drug use.

Proportions experiencing all drug-related problems decreased this year, with the most common being financial (38%, 45% in 2004) and social/relationship (33%, 49% in 2004) problems.

Criminal activity, policing and market changes

Criminal activity in the in the past month decreased from 35% in 2004 to 15% in 2005; it consisted mostly of drug dealing in both years.

A fifth of the 2005 participants would deal drugs for cash profit to pay for their ecstasy.

The proportion of REU that had been arrested in the previous 12 months increased from 15% in 2004 to 17% this year.

Forty four percent (44%) of the 2005 sample thought that police activity towards REU had increased recently (48% in 2003), however, 83% said this had not made it harder for them to score their drugs (64% in 2003).

Conclusion and Implications

Findings in relation to the main characteristics of the ecstasy and related drug markets in Darwin, i.e. price, purity and availability, are generally consistent this year with 2004. As in 2004, ecstasy, cannabis and the methamphetamines are the drug types commonly used by regular ecstasy users and are still rated as readily available. The market characteristics of these drugs have been essentially stable other than showing some apparent price movement among the methamphetamines, with the point prices of base and crystal increasing. Related drug types – such as GHB, ketamine, and LSD – are present in Darwin, but used infrequently and by small proportions of the PDI sample.

However, some specific changes are noted in relation to drug use among this year's sample, specifically:

- the proportion of the sample using ecstasy weekly increased (from 39% in 2004 to 52% this year);
- recent pharmaceutical stimulant use has increased from 14% to 35%; and
- increased proportions had recently used other drugs either with ecstasy (89% to 96%) or while coming down from ecstasy (68% to 89%) .

Similarly, there were some changes in the risk behaviours reported by this year's sample, specifically:

- the proportion reporting recent overdose increased from 12% in 2004 to 20%;
- and the proportions of recent methamphetamine users who used injections as a route of administration increased – speed from 14% to 35%, base from 22% to 54% and crystal from 24% to 35%; and
- there were also increases in the proportions rated as dependent on the Severity of Dependence Scale for ecstasy (from 11% to 22%), speed (4% to 27%), base (0% to 30%) and ice (17% to 22%).

The changes seen in polydrug use, and recent overdoses, are both mainly accounted for by increased use of alcohol. The proportion of the sample consuming more than 5 drinks with their

ecstasy use increased from 79% to 97% and the proportion reporting alcohol as the main drug involved in their overdose increased from 11% to 50%. In addition, majorities of the sample reported that in the six months before interview they had driven under the influence of either alcohol (68%) or another drug (58%).

As was the case in 2004, these results suggest that ecstasy and related drug use is well established in Darwin and that certain risk behaviours may be increasing. At the same time, only 9% of respondents were in treatment at the time of interview and the proportion who reported seeking help in relation to their drug use declined this year – from 24% in 2004 to 15% in 2005 – with no one reporting that they sought information about risks associated with ecstasy and related drug use. Given what may be an emerging gap between risk behaviours in this group and help or treatment seeking behaviours it would be appropriate that:

- health professionals, services and other relevant agencies should be encouraged to further develop their capacity to detect ecstasy use amongst their clientele; and
- health promotion resources specific to ecstasy and related drug use, particularly among young people, be developed and distributed.

Given also that pharmaceutical stimulant use and methamphetamine injection has increased attempts should be made to understand the use of diverted pharmaceuticals by this group and improve the monitoring of injection related health problems.

As in previous years, it is recommended that the market and use characteristics of ecstasy and related drugs continue to be monitored.

1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing 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, and in all states and Territories since 1999. The purpose of the IDRS is to provide a coordinated approach to the monitoring of the use of Australia's main illicit drugs, in particular methamphetamine, cannabis, cocaine and heroin. It is intended to serve as a strategic early warning system, identifying emerging trends of local and national concerns 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, such that it will provide direction for more detailed research in specific areas.

In 2000, the National Drug Law Enforcement Research Fund, funded a two year state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and other related drugs using the extant IDRS methodology, as the IDRS did not capture the population using 'ecstasy and related drugs'. It was considered feasible to monitor ecstasy and related drug markets and in 2003, NDLERF funded the Party Drugs Initiative (PDI) in all states and territories to collect information on ecstasy and related drug markets. For the purpose of the study, the term 'ecstasy and related drugs' 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, methamphetamine, cocaine, LSD, Ketamine, MDA (3,4-methlyenedioxyamphetamine) and GHB (Gamma-hydroxy-butyrate).

The findings in this Party Drugs Initiative report provide a summary of characteristics in ecstasy and other related drug use detected in Darwin in 2005, with comparisons to 2003 and 2004 data where available. These findings arise from the three data sources: interviews with current regular ecstasy users; interviews with key personnel who have contact with ecstasy users; and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid characteristics are documented. Consistency between the IDRS and the PDI was maintained where possible, as the IDRS has demonstrated success as a monitoring system. 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.

This is the third PDI conducted in Darwin and the findings are contrasted to previous years where appropriate. There are statistical constraints of drawn comparisons over time, but it is important to note that the methodology for future studies will all be identical, including the criteria for participation, questions asked, recruitment methods and statistical analyses.

1.1 Study aims

As in 2003 and 2004, the specific aims of the NT Ecstasy and related Drugs study in 2005 were:

1. to describe the characteristic of a sample of current ecstasy users interviewed in Darwin in 2005;

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

3. to document the current price, purity and availability of ecstasy and other related drugs available in Darwin;

4. to examine participants perceptions of the incidence and nature of ecstasy-related harm, including physical, psychological, financial, occupational, social and legal harms; and

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

2.0 METHODS

The 2005 Party Drugs Initiative used the same methodology as in 2003 and 2004. This was trialled in the feasibility study (Breen et al., 2002) to monitor the trends in the markets for ecstasy and other related drugs. The three main sources of information used to document trends were:

1. face to face interviews with current regular ecstasy users recruited in Darwin and Palmerston;

2. interviews with Key Experts who, through the nature of their work, have regular contact with ecstasy users in Darwin; and

3. indicator data sources such as the purity of seizures of ecstasy analysed in the NT, and prevalence of use data drawn from the National Drug Strategy Household Surveys.

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

2.1 Survey of Regular Ecstasy Users (REU)

The sentinel population chosen to monitor trends in ecstasy and related drug markets consisted of people who regularly use tablets sold as 'ecstasy'. Although a range of drugs fall into the category 'party drugs', ecstasy is a party drug that can be considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis and amphetamines with one in ten (10.4%) of 20-29 year olds and 5% of 14-19 year olds reporting recent ecstasy use in the 2001 National Drug Strategy Household Survey (Australian Institute of Health and Welfare (AIHW) 2002).

A growing market for ecstasy (tablets sold purporting to contain 3,4-methlyenedioxymethamphetamine [MDMA]) has existed in Australia for more than a decade. In contrast, other drugs that fall into the class of 'ecstasy-related drugs' have either declined in popularity since the appearance of ecstasy in Australia (e.g. LSD), fluctuated widely in availability (e.g. methylenedioxyamphetamine [MDA]), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine, and gamma-hydroxy-butyrate [GHB]). It has been suggested (Topp & Darke, 2001) that it would be difficult to identify a regular user of GHB or ketamine, who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first party drug with which many young Australians who choose to use illicit drugs will experiment, and a minority of these users will go on to experiment with the less common related drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population, namely, Regular Ecstasy Users (Topp & Darke, 2001). In addition, as there has been and indication of increase in use and controversy regarding the neurotoxicity of ecstasy, more information on ecstasy users was considered beneficial. A sample of regular ecstasy users were successfully recruited and interviewed over the last two years, and were able to provide information on ecstasy and related drug markets. Therefore, regular ecstasy users have been used again in 2005 to provide information on ecstasy and related drug markets.

2.1.1 Recruitment

A total on 82 ecstasy users were interviewed for the 2005 NT REU survey, all of whom had resided in the Darwin or Palmerston metropolitan region. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisement by poster in appropriate clothing stores, music retailers and selected entertainment venues, clubs and pubs, interviewer contacts and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling hidden populations which relies on peer referral and is widely used to access illicit drug users in both Australian (Boys et al. 1997; Ovendon & Loxley 1996; Solowij et al. 1992) and international (Dalgarno & Sherwan 1996; Forsyth 1996; Peters et al. 1997) studies. On completion of the 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

Participants contacted the researchers by telephone, email or SMS (mobile phone Simple Messaging System) and were screened for eligibility. To meet entry criteria, they had to be of at least 17 years of age (due to ethical constraints), have had ecstasy at least six times during the preceding six months, and have been a resident of the Darwin or Palmerston 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 considered more likely to emerge in the urban areas rather than in remote or regional areas.

Participants were informed that the information provided was strictly confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately 45 minutes. All respondents were volunteers who were reimbursed $30 for their participation. Interviews took place at a suitable negotiated venue, and were conducted by interviewers trained in the administration of the interview schedule. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al. 1998; Topp et al. 2000), which incorporated items for a number of previous NDARC studies of users of ecstasy (Solowij et al. 1992) and powder amphetamine/methamphetamine (Darke et al. 1994; Hando & Hall, 1993; Hando et al., 1997). The interview schedule focussed primarily on the previous six months and assessed demographic characteristics, patterns of ecstasy and other related drug use, including: frequency and quantity of use and routes of administration; the price, purity and availability of different drugs; severity of dependence for ecstasy and methamphetamines; perceived benefits and risks of ecstasy use; risk, help seeking behaviour; and other drug-related problems, including relationship, financial, legal and occupational problems; self reported criminal activity and general trends in the ecstasy and related drug markets, such as new types of drugs, new drug users and perceptions of police activity.

2.1.4 Data analysis

For continuous, normally distributed variables, t-tests (independent and one-sample) were employed. Categorical variables were analysed using Chi-square (χ^2). Relationships between continuous variables were analysed using Pearson's correlations (r). All analyses were conducted using SPSS for Windows, Version 14.1 (SPSS inc, 1989-2003).

2.2 Survey of key experts (KE)

As in 2003 and 2004, to maintain consistency with the main IDRS, it was decided that the eligibility criterion for Key Expert participation in the PDI would be regular contact, in their course of employment, with a range of regular ecstasy users throughout the preceding six months. Fourteen KE from various metropolitan regions of Darwin provided information on the regular ecstasy users with whom they had had contact in the six months preceding the interview. The interviews were conducted at locations of the KE choice; all interviews were conducted face-to-face. Four KE were female and ten were male.

The 14 KE interviewed in 2005 represented a range of occupations. One was a student enrichment and development officer/event organiser, two were drug and alcohol counsellors, another was a manager at a drug and alcohol service, one worked in the hospitality industry, one was a sexual health nurse, another was an outreach worker, one worked as a paramedic, one was a prison treatment intervention worker, another was a youth worker, one worked in court diversion, one worked in security, and one was a drug squad police officer.

Nine of the KE stated that they knew about ecstasy users through their work and their personal/social life, and four stated they obtained their knowledge solely through work. The one remaining KE was in the drug squad of the Northern Territory Police and was not asked how he had obtained the knowledge. Some of the KE worked with special populations, these included: youth, HIV positive populations, Aborigines, persons from non-English speaking backgrounds (NESB), gay/lesbian populations, women and prisoners.

The extent of KE contact with ecstasy users ranged from half a day per week to six days per week over the previous six months, with one KE having contact with over 100 users. One KE had contact with 51-100 users, another five KE had contact with 21-50 users, four had contact with 10-20 users and two had contact with less than 10 users.

2.3 Other indicators

To compliment and validate data collected from these user surveys and KE interviews, a number of secondary data sources were examined. These included data from health, survey, research and law enforcement sources.

Data sources included:

- The 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005);
- Northern Territory Alcohol and Other Drug Program treatment services client database;
- Australian Crime Commission (ACC, formerly the Australian Bureau of Criminal Intelligence);
- Australian Customs Service (ACS);
- Alcohol and Drug Information Service (ADIS);
- Australian Federal Police (AFP); and
- The NT Police Illicit Drug database.

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics of the REU sample

The demographic characteristics of the three NT REU samples are displayed in Table 1. At 24 years, the mean age of the NT REU sample has remained consistent over the last two years (range 16-45 years in 2004, 17-47 years in 2005) and is lower than the mean of 33 years (range 17-55 years) in 2003. Similar proportions of the sample that were male in 2003 (70%) and 2004 (73%), however, this year gender proportions were more equal (57% male).

Across all three years, almost all the sample came from English speaking backgrounds (98% in 2003, 100% in 2004 and 2005). In 2003 20% of the sample identified as Aboriginal and/or Torres Strait Islander (A&TSI), since then proportions of A&TSI participating in the study have decreased to 11% in 2004 and 10% in 2005.

Table 1: Demographic characteristics of REU sample, 2003-2005

	2003 (n=104)	2004 (n=71)	**2005 (n=82)**
Mean age (years)	33 (17-55)	24 (16-45)	**24 (17-47)**
Male (%)	70	73	**57**
English speaking background (%)	98	100	**100**
A&TSI (%)	20	11	**10**
Heterosexual (%)	73	83	**88**
Mean number school years*	10	11	**11**
Qualifications (%)			
Trade/technical	27	19	**52**
University/college	29	27	**12**
Employment			
Employed full-time (%)	17	49	**32**
Full-time students (%)	6	1	**6**
Unemployed (%)	61	30	**35**
Previous conviction (%)	36	16	**13**
Current drug treatment (%)	13	1	**9**

Source: PDI REU interviews

*Question changed from 'How many years of school did you complete?' to 'What grade of school did you complete?'

Over the last three years increasing proportions of REU have nominated their sexual identity as heterosexual (73% in 2003, 83% in 2004, and 88% in 2005). Gay males (4%), bisexuals (4%) and lesbian women (5%) were also represented in the 2005 sample.

In 2003 the mean number of school years completed was ten (range 7-12), in 2004 it rose to 11 years (range 7-12), and remained at 11 years (range 7-12) in 2005. In 2003 just over half (56%) of the sample had completed some form of post-school qualification, 27% with a trade or technical qualification and 29% with a university degree or college course. In 2004 this figure decreased, with only 46% of the sample having attained some form of post-school qualification (19% trade/technical, 27% university). The 2005 sample contained the highest proportion with a post-school education with almost two-thirds of the sample (64%) having some form of qualifications, mostly in a trade/technical field (52%).

In 2003 a high proportion of participants were unemployed (61%) and over the last two years this figure has decreased to a third of the sample (30% in 2004, 35% in 2005). Conversely, the 2004 (49%) and 2005 (32%) samples had a higher proportion of REU who were employed full time compared to 2003 (17%).

The percentage of REU reporting a previous incarceration continued to decline over the three samples; in 2003 thirty-six percent had a previous conviction, declining to 16% in 2004 and further reducing to 13% in 2005.

This year 9% of the sample recorded that they were in drug treatment at the time of the interview, this included: methadone; subutex; Alcoholics Anonymous; psychological counselling; and drug counselling. Only one participant identified that they were in treatment last year (subutex), as did 13% of the sample in 2003 (methadone and buprenorphine, Narcotics Anonymous and counselling).

KE comments on demographics

KE reports on the age of ecstasy users varied, with the minimum age reported to be 16 years and the maximum to be over 50 years. Most agreed that the usual age was 20 to mid thirties. Estimations of gender proportion varied from 30%-85% male. KE reports on ethnicity were consistent, with all but one agreeing the REU were mostly Caucasian from English speaking backgrounds. One KE said the ethnicity was varied. When asked if ecstasy users live in any particular areas most agreed that the REU did not come from any specific area and addresses were varied.

Most KE stated that ecstasy users were mainly heterosexual and two thought that they were mainly homosexual with one of these two adding that most methamphetamine users are also homosexual. KE reports around ecstasy user's employment status also varied widely. Three thought that most were unemployed, two thought that half were unemployed, and the remainder believed most were employed or students. One KE advised that use amongst males is increasing, especially in the trades and army. Most believed that the majority of ecstasy users had completed year 12 and/or higher education/trade, and a couple thought that the education of users varied from only completing year 7 to completing a PhD.

Seven KE stated that all REU were not currently in drug treatment. One stated that some were in treatment if they were in prison and another said some would go through treatment to try and lessen their sentence. The remainder said some were in drug and alcohol counselling, methadone maintenance programs and withdrawal.

Most KE said that a majority of REU were not currently in prison and did not have a prison history. A few said some had come in contact with the criminal justice system but had never been incarcerated The remaining KE all stated that very few were currently or previously incarcerated.

3.2 Drug use history and current drug use

Ecstasy's popularity as drug of choice has doubled since 2003 and now a majority of the sample nominated it as their favourite drug (36% in 2003, 47% in 2004, and 61% in 2005, Table 2). Unlike last year, this year no participant nominated LSD, crystal or base as their drug of choice. Speed's popularity as drug of choice increased from 10% in 2004 to 18% this year (20% for any methamphetamine in 2003). The popularity of cannabis as drug of choice declined this year to the proportion found in 2003 (10%, up to 28% in 2004). As found in 2004, this year 1% nominated heroin as their favourite drug, compared to 18% in 2003.

Table 2: Drug of choice and injecting rates of REU sample, 2003-2005

		2003 (n=104)	2004 (n=71)	**2005 (n=82)**
Drug of choice (%)	Ecstasy	36	47	**61**
	Cannabis	10	28	**10**
	Speed (any meth)	20	10	**18**
	Alcohol	-	4	**2**
	LSD	6	4	**0**
	Crystal	-	3	**0**
	Heroin	18	1	**1**
	Cocaine	3	1	**4**
	Base	-	1	**0**
	Benzodiazepines	-	0	**0**
	Morphine	-	0	**1**
Ever injected any drug (%)		69	35	**38**
Of those who had ever injected		(n=70)	(n=25)	**(n=31)**
Drug first injected (%)	Speed	67	60	**70**
	Crystal	4	8	**0**
	Base	-	20	**0**
	Heroin	20	4	**20**
	Steroids	-	4	**0**
	LSD	-	4	**3**

Source: PDI REU interviews

In 2004, the lifetime injection rate halved from 69% to 35% and in 2005 this figure remained stable at 38%. Seventy percent (70%) of lifetime injectors nominated speed as their intravenous initiation substance. This year no one reported first injecting any other form of methamphetamine. Heroin accounted for 20% and LSD for 3% of the first drug injected. Injecting is further detailed in Section 13.1 of this report.

As with the previous years, polydrug drug use (using three or more different drug classes) was the norm, with 2005 respondents having ever used a median of eight drug classes (range 1-19) (2003: median 10, range 3-17; 2004: median 9, range 4-18) and a median of five drug classes (range 1-12) (2003: median 6, range 2-13; 2004: median 6, range 3-13) in the six months prior to interview (all subsequent polydrug figures refer to Table 3). A median of three drugs had ever (range 1-11), and two recently (range 1-8), been injected.

Drugs that were used at the earliest minimum ages were alcohol and pharmaceutical stimulants (both 5 years), tobacco (6 years) and cannabis (8 years), followed by anti-depressants (9 years). Other pre-teen age of initiation drugs included ecstasy, speed and LSD (all with a minimum of 11 years). Once REU were in their teens (13 years), amyl nitrate, nitrous oxide and other opiates were the drugs that some of the sample began to use.

Aside from ecstasy, alcohol (99%), cannabis (79%), tobacco (76%) and speed (73%) were the most commonly used drugs over the six months prior to interview. This is the same order as found in 2004, however, the order in 2003 was different: cannabis (95%); tobacco (84%); speed (81%); alcohol (78%); with alcohol taking over from cannabis as the second most common drug used recently.

In the current year speed, amyl nitrate, cannabis, alcohol, methadone, buprenorphine, tobacco and anti-depressants were all used daily by some users in the six months before interview. Tobacco is the only drug recording a median of daily use over the three years of the study; in 2003 cannabis also recorded a median of daily use as did buprenorphine this year. In 2005 cannabis was used for a median of 150 days, alcohol had a median of 60 days, heroin recorded a median use nine days and speed had a median of monthly use (6 days).

In 2003, substantial proportions of the sample had used and injected opiates in the six months prior to interview: 18% and 16% for heroin; 24% and 15% for methadone; 15% and 7% for buprenorphine; and 43% and 40% for other opiates. Morphine is the most commonly injected opiate among intravenous drug users in Darwin (Moon 2004) and may account for most of the 'other opiate' group. In 2004 these figures drastically dropped to 3% and 1% for heroin, 1% and 0% for methadone, 3% and 1% for buprenorphine, and 8% and 4% for other opiates. In 2005 the proportions recently using and injecting other opiate increased somewhat compared to 2004, but still remain low: 5% and 5% for heroin; 4% and 2% for methadone; 7% and 6% for buprenorphine; and 10% and 6% for other opiates.

In 2003 both methadone and 'other opiates' were used more often than ecstasy, respectively having median days of use of 20 and 40, compared to 12 for ecstasy. In the last two years the only opiate used more frequently than ecstasy in the last six months (median 16 days in 2004; median 24 days in 2005) was buprenorphine (median 128 days in 2004; median 180 days in 2005). However, only small proportions of the samples were recent buprenorphine users.

In 2003 and 2004, with the exception of LSD and methamphetamines, drugs typically seen as 'ecstasy-related drugs' showed a low incidence of recent use, and this was also the case in 2005: cocaine 11%; MDA 2%; ketamine 7%; and GHB 4%. In all years, no one had ever used 1,4B.

Small proportions of the sample reported using drugs other than those listed in Table 3 in 2003. These included magic mushrooms, cactus, and opium, and in 2004 these included physeptone, rohypnol, mushrooms, Xanax, carvex, kava, and steroids, and in 2005 one participant reported using both steroids and petrol.

KE comments on polydrug use

Patterns of polydrug use were described by the KE. Comments regarding each drug class are documented throughout the relevant sections of this report. Overall patterns of polydrug use described by KE varied widely.

One stated that most people would start out using cannabis then move on to ecstasy, then possibly try speed and cocaine. They also noted that alcohol and tobacco were commonly used in combination with ecstasy.

Another KE stated that it was common for REU to use cannabis, alcohol and speed with ecstasy. A different KE agreed that ecstasy, speed and cannabis were frequent combinations, with older people using cannabis to 'bring ecstasy back on again', and younger people using speed while on ecstasy.

Another KE advised that ecstasy and amphetamines are interchangeable, that is, if they can't get one then they will use the other, and that alcohol and ecstasy are always used together, whereas cannabis is used when coming down from ecstasy.

One KE believed that 80% of REU were polydrug users and another said all of the users they had contact with were polydrug users who would use ecstasy when it was available.

Another KE advised that three common combinations of drugs were: speed, LSD and ecstasy; cannabis and ecstasy; and morphine and ecstasy. A different KE explained that in their experience, ecstasy, alcohol and tobacco; ecstasy and speed; and ecstasy and cocaine were more common combinations.

The final KE advised that there seemed to be two different groups of ecstasy users:

1. younger, more educated/qualified users who really like ecstasy and are using it to party on weekends. Generally not into speed, or other drugs, too much and if they do use, they snort. Often they are employed and not experiencing any problems as a result of use; and
2. heavy polydrug users who are particularly into speed. This group uses ecstasy regularly but are generally dependent on speed and use a wide variety of other drugs. They are less educated, more likely to be unemployed, criminal histories, etc.

Table 3: Lifetime and recent polydrug use of REU, 2005*

	Used (% REU)		Injected (% REU)		Age 1st used (mean yrs & range)	Median days used last 6 months (range)
	Ever	Last 6 months	Ever	Last 6 months		
Ecstasy pills	100	100	24	15	19 (11-35)	24 (5-110)
Ecstasy powder	18	13	6	2	20 (11-25)	4 (1-20)
Any methamphetamine	94	76	38	29	20 (11-45)	11 (1-180)
Speed	90	73	37	26	18 (11-23)	6 (1-180)
Base	36	29	22	16	20 (14-40)	6 (1-90)
Crystal	52	32	21	11	20 (14-40)	4 (1-90)
Pharmaceutical stimulants	46	13	9	4	19 (5-45)	6 (1-90)
Cocaine	39	11	7	1	19 (14-26)	3 (1-10)
LSD	61	15	11	1	17 (11-28)	2 (1-10)
MDA	12	2	4	1	19 (15-29)	1 (1)
Ketamine	13	7	4	2	24 (18-32)	1 (1-30)
GHB	15	4	1	1	23 (16-38)	2 (1-6)
Amyl nitrate	31	6			17 (13-24)	6 (2-180)
Nitrous oxide	31	4			18 (13-33)	1 (1-5)
Cannabis	99	79			14 (8-21)	150 (1-180)
Alcohol	99	99	2	0	13 (5-18)	60 (1-180)
Heroin	22	5	17	5	17 (14-26)	9 (1-21)
Methadone	12	4	7	2	23 (15-35)	2 (1-180)
Buprenorphine	10	7	6	5	30 (23-42)	180 (5-180)
Other opiates	22	10	13	6	21 (13-44)	4 (1-60)
Tobacco	88	76			13 (6-21)	180 (1-180)
Anti-depressants	28	10	4	0	18 (9-30)	10 (1-180)
Benzodiazepines	28	17	5	4	19 (14-30)	8 (1-90)
Mushrooms	37	10	0	0	17 (14-27)	1 (1-2)
Total			38	29		
Drug classes used (median)	8 (1-19)	5 (1-12)	3 (1-11)	2 (1-8)		

Source: PDI REU interviews

***1,4B and GBL have been excluded from the table as no participants had ever used**

3.3 Summary of polydrug use trends in REU

The 2004 and 2005 samples are different to the 2003 sample on a number of variables; the 2003 sample were older, more A&TSI, less heterosexual, less educated, more unemployed, had more participants with a prison history and more were in drug treatment, favoured heroin, and were more likely to have injected a drug. Therefore the 2003 will not be used as a comparison group for the remainder of this report.

- Although both males and females of all ages use ecstasy, use was more common among males in 2003 and 2004 (70% and 73%), but more equal in 2005 (57% male).
- The average age of the regular ecstasy users in 2004 and 2005 was 24 years, down from 33 years in 2003.
- The ecstasy users interviewed were relatively well educated in 2004 and 2005, with most having completed at least 11 years of education (10 years in 2003), and a majority (64%) had tertiary or trade qualifications (56% in 2003, 45% in 2004).
- Fifty-nine percent (59%) of 2005 REU interviewed were employed in some form compared to 66% last year and 39% in 2003.
- Previous incarceration proportions dropped from 36% in 2003 to 16% in 2004 and down further to 13% in the current year
- Nine percent of the 2005 sample were currently in treatment whereas only one participant was last year and 13% were in 2003.
- A third of the sample had ever injected a drug in the past two years (38% in 2005, 35% in 2004), compared to two-thirds (69%) in 2003.
- Polydrug use was the norm among the regular ecstasy users interviewed in all years
- Ecstasy's popularity as drug of choice continued to increase over the three years; 36% in 2003, 47% in 2004, 61% in 2005, followed by speed in 2005, cannabis in 2004 and methamphetamines in 2003.
- A large proportion reported recent use of alcohol, cannabis, tobacco, and methamphetamines in all years.
- Again this year, drugs typically seen as 'ecstasy-related drugs' (cocaine, MDA, ketamine and GHB) showed a low incidence of recent use.

4.0 ECSTASY

Ecstasy is a street term for a number of substances related to MDMA or 3,4-methylendioxymethamphetamine. Ecstasy is classed as a hallucinogenic amphetamine. Tablets sold as ecstasy may contain a range of substances (White et al. 2003).

4.1 Ecstasy use among REU

The average age that both the 2004 and 2005 samples first tried ecstasy was 19 years, and on average both samples were 20 years old when they began to use ecstasy regularly (Table 4). The frequency of ecstasy use in the last six months increased from a median of 16 days in 2004 to 24 days (or once a week) in 2005 and the proportion of the sample using ecstasy weekly or more increased from 39% to 52%. Ecstasy has increased in popularity as drug of choice among regular ecstasy users from 7% in 2004 to 61% in 2005.

The median number of tablets consumed decreased by one tablet since last year, with the 2005 sample usually using one tablet (range 1-6), although 38% of the sample would typically use more than this. During their heaviest use episode in the previous six months, participants reported taking a median of two tablets (range 1 -12).

Table 4: Patterns of ecstasy use among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Age first used ecstasy (mean years)	19 (12-43)	**19 (11-35)**
Age started to use regularly (mean years)	20 (14-43)	**20 (15-40)**
Median days used ecstasy last 6 months#	16 (6-72)	**24 (6-120)**
Use ecstasy weekly or more (%)#	39	**52**
Ecstasy favourite drug (%)	47	**61**
Median ecstasy quantities used		
'Usual' session (range)	2 (0.5-6)	**1 (1-6)**
'Heavy' session (range)	3 (0.75-14)	**2 (1-12)**
Typically use >1 tablet (%)	56	**38**
Recently binged on ecstasy * ^(%)	44	**46**
Used other drugs with ecstasy (%)	89	**96**
Use other drugs after ecstasy (%)	68	**89**

Source: PDI REU interviews

* Binging defined as the use of stimulants for more than 48 hours continuously without sleep

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Includes pills and powder

Fifty-seven percent (57%) of the sample had 'binged' (stayed awake for 48 hours or longer) at least once on stimulants within six months of the interview (compared to 54% in 2004), and 46% of the sample had used ecstasy during a binge (Table 4).

When asked about the frequency and quantity of ecstasy use, KE responses were fairly consistent. Most of the KE reported that the majority of ecstasy users would use one to two nights a week and would take one to five tabs a night.

One KE advised that 60% of the REU they had contact with would use ecstasy daily. Another said that they would only use ecstasy when money was available and then go on binges. Another said the users they had contact with only took ecstasy about once a month and another advised that the 'high class' users they knew took 6 to 8 tablets a night, 2 nights a week, and on weekends.

One KE stated REU would use ecstasy on weekends but within 12 months they would be using greater quantities, up to four or five tablets in a session. They stated that either the tablets are getting weaker, or more likely, people are building up a tolerance.

Table 5 displays the most commonly reported drugs used in conjunction with ecstasy. Using other drugs in combination with ecstasy has increased since 2004; in 2004 89% of the sample used other drugs at the same time they were using ecstasy, and this year all but 4% of the sample reported doing so (96%). Other drug use in the acute recovery period following ecstasy use also increased from 68% in 2004 to 89% in 2005. Alcohol (85%) and cannabis (57%) were most frequently used whilst under the influence of ecstasy as well during comedown (cannabis 63%, alcohol 60%). Of note is that hazardous drinking, i.e. drinking more than 5 drinks, when using alcohol in combination with ecstasy, has increased; this increase is such that only 2%-3% of those who use alcohol with/after ecstasy are not drinking at hazardous levels.

Table 5: Drugs used in combination with ecstasy by REU, 2004-2005

	Use (%)			
	With ecstasy		Coming down from ecstasy	
	2004 (n=104)	**2005 (n=82**	2004 (n=104)	**2005 (n=82)**
None	11	**4**	42	**11**
Speed	61	**38**	7	**9**
Base	18	**9**	1	**3**
Crystal	11	**4**	4	**0**
Cannabis	55	**57**	61	**63**
Alcohol	76	**85**	19	**60**
If yes, > 5 drinks?	79	**97**	83	**98**
Tobacco	66	**72**	38	**65**

Source: PDI REU interviews

Lifetime injection of ecstasy increased by 3% this year with a quarter (24%) of the sample having ever injected ecstasy (Table 6). The most common method of administration of ecstasy in the six months prior to interview was swallowing (98%), followed by 43% snorting, and 15% injecting, 6% smoking, and 4% shelving/shafting (refers to vaginal/anal administration). Other than swallowing, all other recent routes of administration decreased.

All KE agreed that most to all users would swallow ecstasy. Some commented that up to 40% of REU would inject ecstasy, a few would snort and one advised that some users would shelve or shaft.

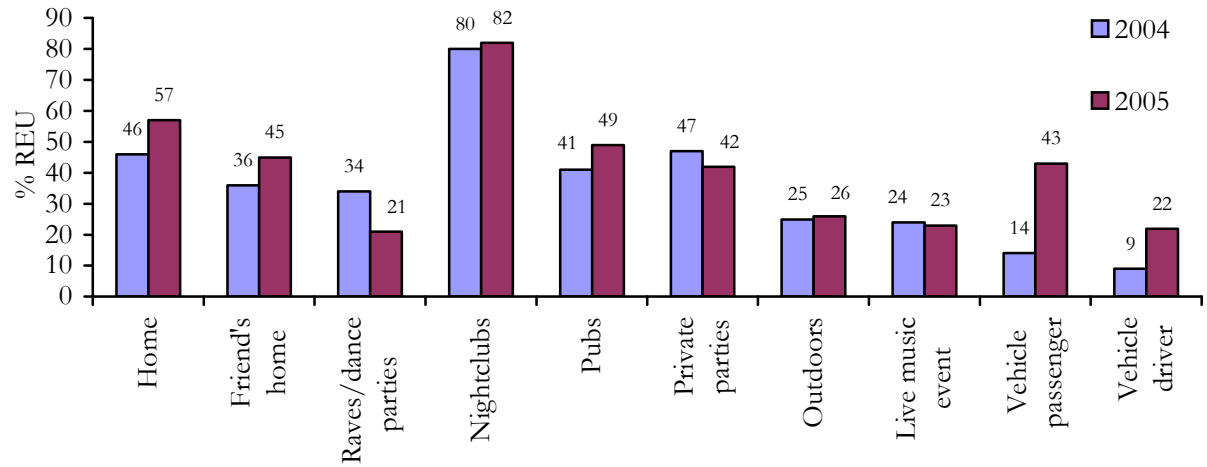
Table 6: Route of administration of ecstasy by REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever injected (%)	21	24
Injected last 6 months (%)	16	15
Administration last six months (%)		
Swallowed	97	98
Snorted	54	43
Injected	16	15
Smoked	13	6
Shelved/shafted	9	4

Source: PDI REU interviews

In 2004 the majority of participants reported that their usual ecstasy use venue was at a nightclub (80%, Figure 1). This year nightclubs were also the most popular usual use venue at 82%. Other common usual use venues in 2005 were home (57%), and pubs (49%). This year more participants reported friends home (46% to 57%), vehicle as passenger (14% to 43%) and driver (9% to 22%) as a usual ecstasy use venue compared to last year. Raves/dance parties demonstrated a 13% drop as a usual use venue

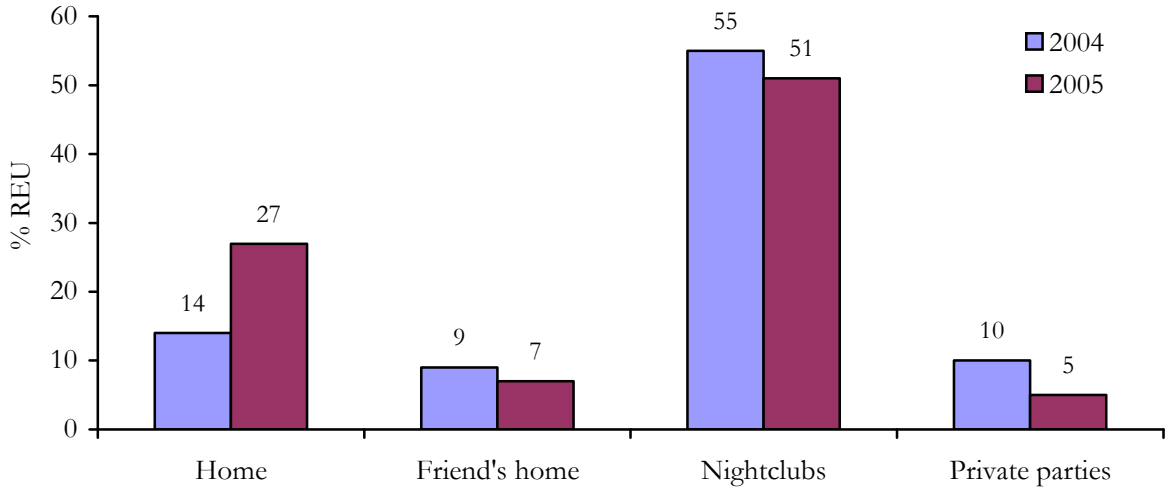
Figure 1: Usual location of ecstasy use, 2004-2005



Source: PDI REU interviews

In 2004 the majority of participants reported that their last ecstasy use venue was at a nightclub (55%, Figure 2). This year nightclubs were also the most popular last use venue at 51%, with double the proportion of participants nominating home (14% to 27%).

Figure 2: Location of most recent ecstasy use, 2005



Source: PDI REU interviews

KE comments on drugs in clubs and pubs

Two KE were able to comment on current issues in Darwin clubs and pubs. One stated that in the last six months they have had two or three people escorted from a venue by staff due to behaviour and trying to sell drugs. There have been drug-related incidences of verbal and physical aggression towards staff. With alcohol, 90% of patrons get to the level where they should not be served anymore.

Another stated that Discovery is the main place for drug detections, but this is also the case at the Vic and RorKE Drift. The KE believed that violence resulting in being escorted from the venue is only related to speed. They stated that there had only been three overdoses this year and staff had to escort the people out of the venue and get an ambulance.

4.2 Use of ecstasy in the general population

From 1988 to 2004 lifetime prevalence of ecstasy use among the Australian population, 14 years and over, has increased from 1% to 7.5% (over one million Australians). The increase from 2001 of 6.1% to 7.5% in 2004 was as significant increase (2-tailed $\alpha = 0.05$). In this timeframe the proportion of the general population reporting using ecstasy in the previous six months has also increased from 1% to 3.4% (AIHW 2005).

In 1998, 5.9% of Territorians reported having ever used ecstasy in their lifetime and 3.1% reported use within the prior 12 months. In 2001 lifetime use was not reported, however, recent use by Territorians had slightly decreased to 2.8% but increased in 2004 to 3.7% (AIHW, 2004).

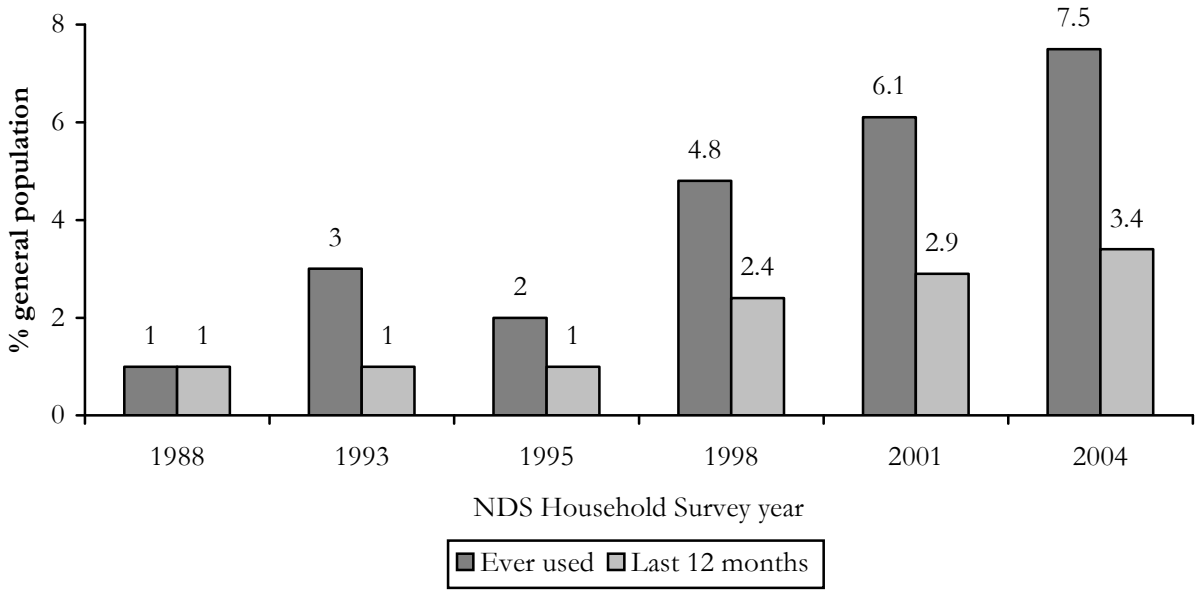
The 2004 NDSHS reported the lifetime and recent ecstasy use in Australia across age groups as follows: 14-19 year olds 4.3% recent and 6.2% lifetime; 20-29 years 12% recent and 22% lifetime; and 30-39 years old 4% recent and 12.5% lifetime. Across all age groups, males (9.1%) were more likely to use ecstasy in their lifetime than females (6%), and use ecstasy more frequently. The average age for first using ecstasy was 22.8 years

In the 2001 survey, there were estimated to be 2700 injecting drug user in the Territory. Of those some had recently injected ecstasy, however, the exact percent was not reported due to large sampling variability.

In the 2001 national survey, recent ecstasy users most commonly sourced their drugs from their friends or acquaintances (71.3%) or dealers (19.1%). Ecstasy was mostly commonly used at rave/dance parties (70.1%), private parties (53.8%) and public establishments (50.2%). Among recent ecstasy user, 28% reported that all or most of their friends/acquaintances used ecstasy and among lifetime users, 15% reported that all or most of their friends/acquaintances used ecstasy.

Three-quarters of recent ecstasy users had used alcohol concurrently with ecstasy and two-thirds concurrently with cannabis. One-third of recent ecstasy users would substitute alcohol for ecstasy when it was not available, one-quarter would substitute amphetamines, 17% would substitute cannabis and 15% would not use another drug if ecstasy was not available (AIHW, 2001).

Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2004



Source: National Drug Strategy Household Survey 1988–2004

4.3 Price

Almost all REU commented on the price of ecstasy, reporting an unchanged median for current and last price of $50 per tablet (Table 7). This year an increased proportion of respondents (66% to 73%) reported that the price of ecstasy had been 'stable' in the six months prior to interview and 11% thought it had 'increased'. KE reported the price of ecstasy at $35 to $70. Three said the price had increased over the prior six months, seven said it had remained stable and one thought it had decreased.

Table 7: Price of ecstasy purchased by REU and price variations, 2004-2005

	2004 (n=71)	2005 (n=82)
Median price E* tab (range)	(n=71) 50 (15-80)	**(n=81) 50 (25-80)**
Median last price E tab (range)	(n=71) 50 (15-80)	**(n=79) 50 (17-80)**
Price change (% of REU)		
Increased	9	**11**
Stable	66	**73**
Decreased	6	**1**
Fluctuated	20	**15**
Don't know	0	**0**

Source: PDI REU interviews
* E= ecstasy

The Australian Crime Commission reported the price of Phenethylamines in the NT in 2003/04 to be $50-$80 per tab when buying single tabs. However, when buying in bulk the price was cheaper. For 25-100 tabs each tab cost $30-$50, or if purchasing 100-1000 tabs each tab was priced at $18-$50. All of these prices are within the range reported by REU and indicate that some of the sample may have been purchasing in bulk given some lower prices reported.

Table 8: REU methods of paying for ecstasy in the preceding 6 months, 2004-2005

	2004 (n=71)	2005 (n=82)
Methods of paying for ecstasy (%)		
Gift from friend/partner	64	**83**
Paid employment	73	**74**
Credit from a dealer	20	**40**
Borrowing money from friends	24	**37**
Government benefits	25	**35**
Bartering drugs or goods	16	**23**
Pawning	14	**22**
Money from parents	21	**20**
Dealing drugs for cash profit	13	**20**
Dealing drugs for ecstasy profit	20	**15**
Property crime	4	**7**
Fraud	0	**6**
Sex work	6	**5**

Source: PDI REU interviews

REU payed for their ecstasy in a variety of ways over the six months prior to interview, the most common method this year was 'gift from friend/partner' (83%) compared to paid employment (73%, Table 8) last year. Other common methods this year were credit from a dealer (40%), borrowing money from friends (37%) and over a third of REU would use government benefits (35%).

In 2005 participants were asked extended questions about specific patterns associated with purchasing ecstasy as displayed in Table 9. Respondents reportedly purchased ecstasy from a median of three individuals and on average obtained three ecstasy tablets at each purchase (but up to 30 tabs). Less than one-quarter of the sample (20%) only bought the drug for themselves, with the vast majority (79%) choosing to purchase for themselves and others at the same time.

Just over a quarter of the sample (26%) had bought ecstasy 1-6 times in the last six months, 34% had bought between 7-13 times and 39% had purchased ecstasy more than 13 times. Two per cent had not bought the drug at all. It appears from these figures that, compared to last year, this year a higher proportion of REU were purchasing ecstasy much more frequently.

Table 9: Patterns of purchasing ecstasy, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Median no. of people purchased from	3 (1-20)	**3 (1-25)**
Median no. of ecstasy tabs purchased	-	**3 (1-30)**
Purchased for (%)		
Self only	-	**20**
Self and others	-	**79**
Others only	-	**0**
No. of times purchased in the last 6 months (%)		
1-6	87	**26**
7-12	6	**34**
13-24	6	**37**
25 +	0	**2**
Drugs able to purchase*	**(n=63)**	**(n=63)**
Speed	78	**83**
Base	38	**27**
Ice	30	**35**
Cocaine	27	**13**
MDA	19	**8**
LSD	41	**21**
GHB	11	**3**
Cannabis	78	**81**
Heroin	8	**5**

Source: PDI REU interviews

* Among those able to purchase drugs other than ecstasy from their main dealer

The results also indicate that ecstasy users are able to purchase a wide variety of drugs, other than ecstasy, from their dealer. The drugs most frequently available include the following: speed (83%); cannabis (81%); ice (35%); base (27%); and LSD (21%). Compared to the previous year it appears that speed, ice and cannabis are all more available now from ecstasy dealers, whereas all other drugs have become less available.

For the first time in 2005 participants were asked about how the price of ecstasy was influenced by different factors as displayed in Table 10. Factors that were judged by a majority of REU to

increase the price of ecstasy include: high MDMA content (high purity) (64%); and a decrease in availability of ecstasy (71%). Factors that would decrease the price include: knowing your supplier (73%); if their supplier was close to the original source in the chain of dealing (45%); and buying larger quantities/buying in bulk (92%). All other factors were deemed to not affect the price.

Table 10: Factors influencing the price of ecstasy, 2005

	2005 (n=82)
Knowing supplier	
Increase	**7**
Decrease	**73**
No change	**20**
Supplier close to source	
Increase	**11**
Decrease	**45**
No change	**24**
High MDMA content	
Increase	**64**
Decrease	**0**
No change	**27**
Decrease in brand/logo	
Increase	**50**
Decrease	**3**
No change	**39**
Decrease in availability	
Increase	**71**
Decrease	**4**
No change	**24**
Special time of year	
Increase	**35**
Decrease	**4**
No change	**57**
Buying larger quantity	
Increase	**3**
Decrease	**92**
No change	**5**
Increase police activity	
Increase	**20**
Decrease	**4**
No change	**68**
Buying public venue	
Increase	**27**
Decrease	**1**
No change	**66**

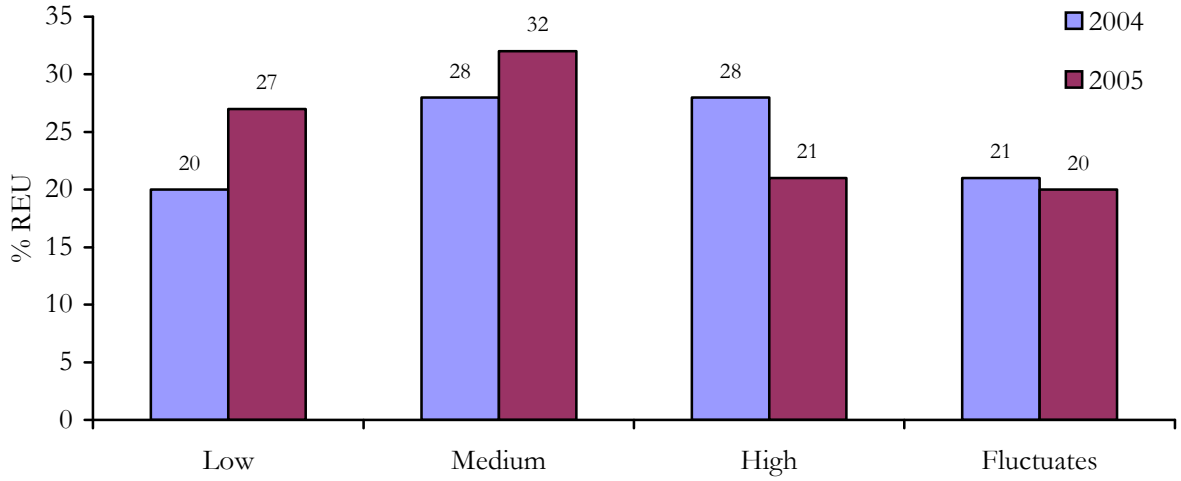
Source: PDI REU interviews

4.4 Purity

There was little consistency in users' estimates of the current purity of ecstasy, with a majority of REU participants rating the purity of ecstasy at the time of interview as 'medium' (32%) or 'low' (27%, Figure 4). In 2004 the majority rated ecstasy's purity as 'high' or 'medium' (both 28%).

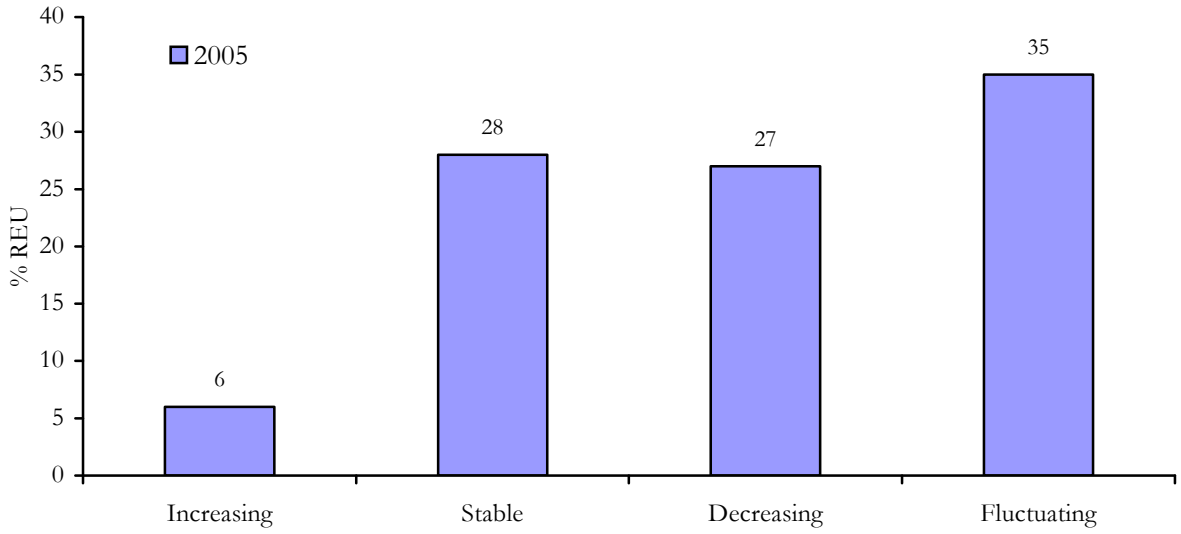
Most REU reported that in the six months prior to interview, ecstasy purity had been 'fluctuating' (35%, Figure 5), with very few (6%) describing the purity as 'increasing'. The proportion who reported that they 'didn't know' about the current or change in purity are not shown in the figures 4 and 5.

Figure 4: User reports of current ecstasy purity, 2004-2005



Source: PDI REU interviews

Figure 5: REU reports of change in purity of ecstasy in the preceding six months, 2005



Source: PDI REU interviews

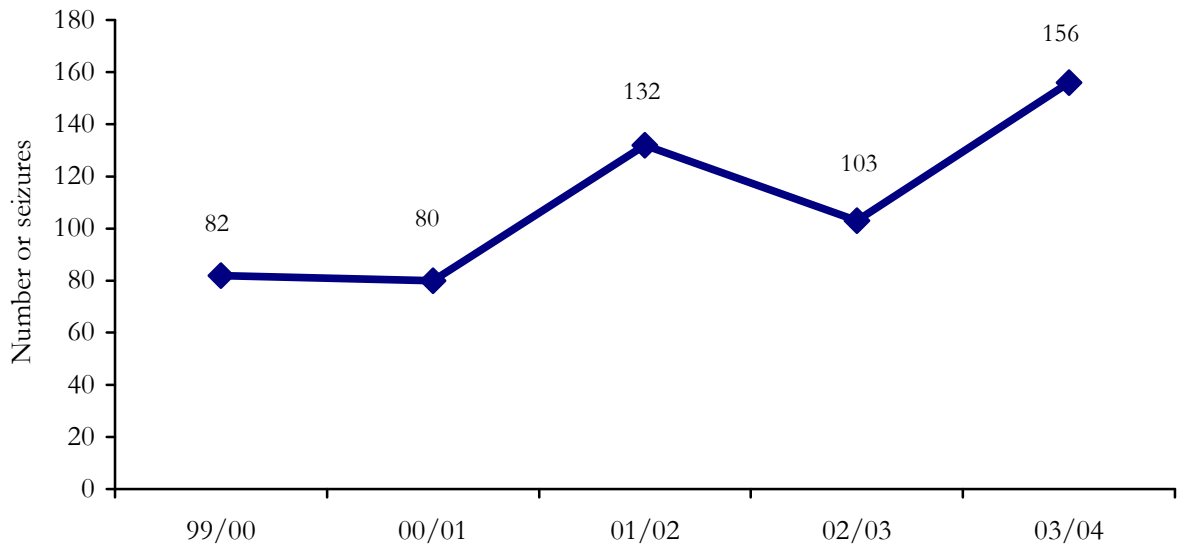
Four KE estimated that the current purity of ecstasy was low., Five thought it was medium and two said it was high. When commenting on the recent change in ecstasy purity, three said it had decreased, five said it had remained stable and four said it had increased.

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

The purity data presented in this report is provided by the Australian Crime Commission (ACC), formally the Australian Bureau of Criminal Intelligence (ABCI). The ACC report both federal and state police seizure data including number and weight of seizures. In 1999/00 the purity was reported as 'ecstasy' seizures. Since 2000/01 ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB, DOM, MDA, MDEA, mescaline, PMA, and TMA also belong to the phenethylamine family (ACC 2003) and seizures of these drugs are included in the seizure data from 2000/01.

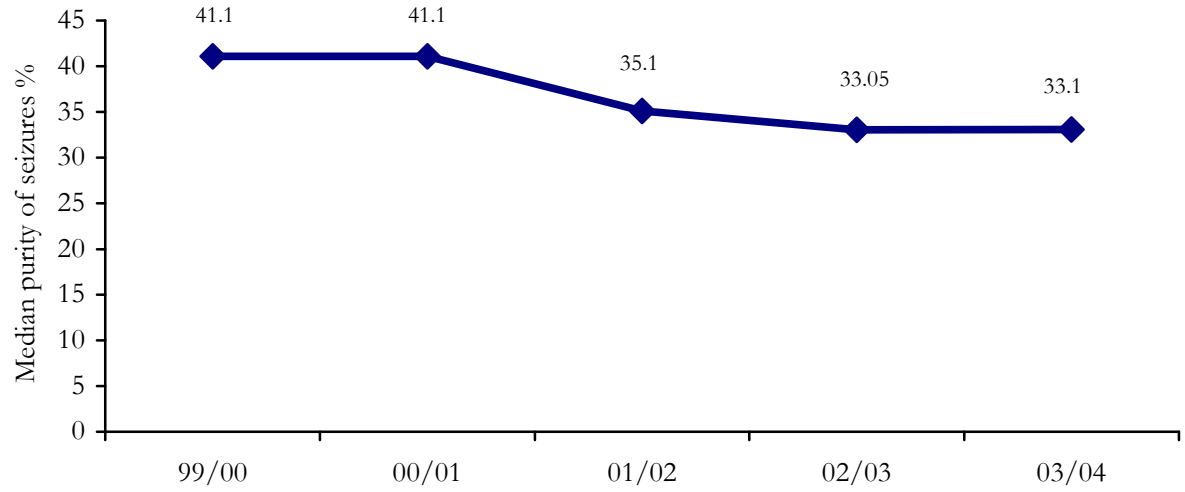
Data provided by the ACC indicate the number of Australian Federal Police (AFP) seizures of phenethylamines (Figure 6). The data show a fluctuating but generally increasing number of seizures. No NT purity figures from forensic agencies were available, as purity data are not analysed in the NT.

Figure 6: Number of phenethylamine seizures 1999/00 to 2003/04



***Source: Australian Bureau of Criminal Intelligence (2001, 2002), Australian Crime Commission (2003, 2004)**

Figure 7: Median purity of phenethylamine seizures 1990/00 to 2003/04



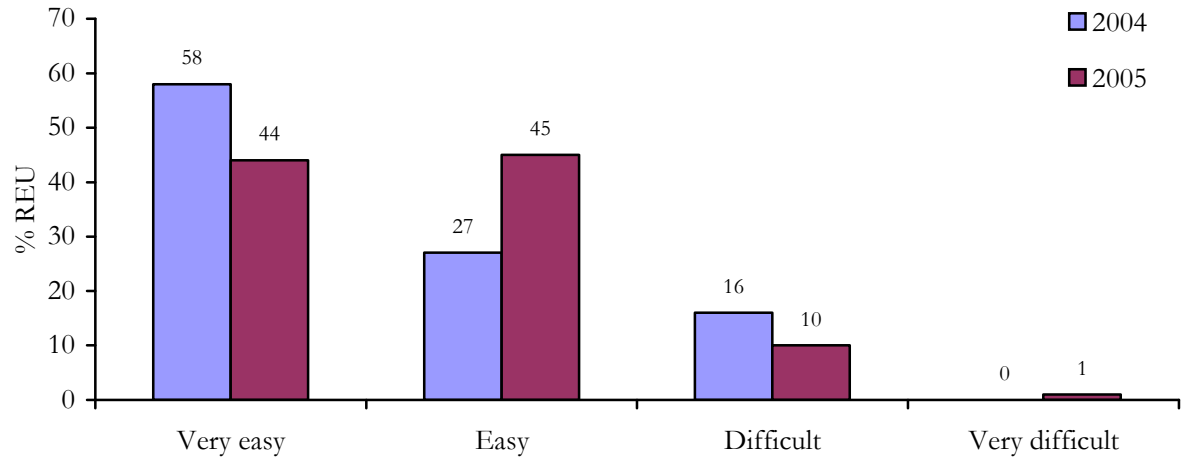
Source: Australian Bureau of Criminal Intelligence, (2001,2002), Australian Crime Commission (2003, 2004)

The majority of AFP seizures are likely to be from targeted, higher level operations than those made by state police, so it might be expected that AFP seizures would be of higher purity. Figure 7 displays the median purity of seizures of phenethylamine analysed by the Australian Federal Police during the financial years between 1999 and 2004. In the two financial years between 1999 and 2001 the median purity remained consistent at 41%, since then it has been gradually declining to 33.1% in 2003/04.

4.5 Availability

As in 2004, in 2005 most REU rated ecstasy as 'easy' (45%, Figure 8) or 'very easy' (44%) to obtain. However, since last year there has been a shift in proportions with less REU finding ecstasy very easy to obtain and more finding it 'easy' to obtain.

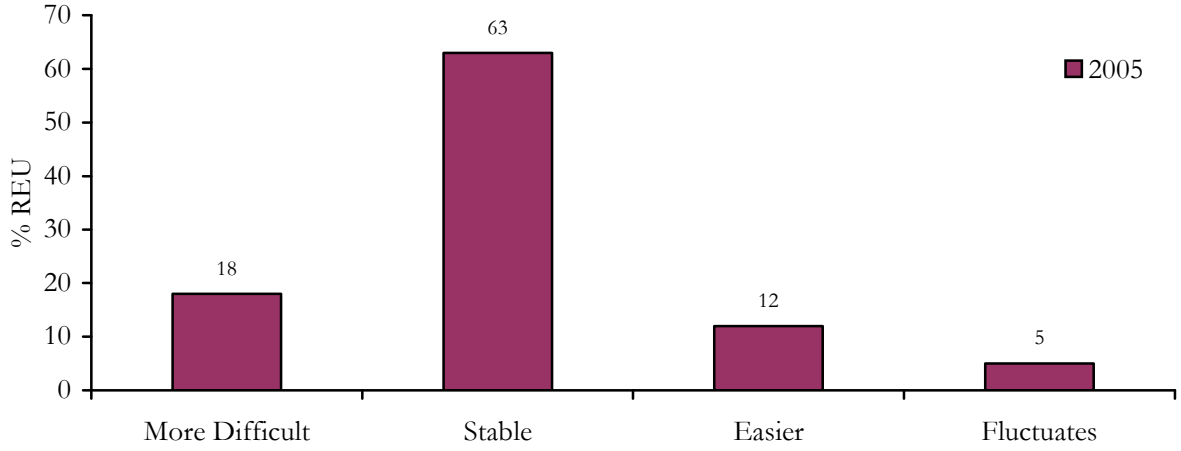
Figure 8: REU reports of current availability of ecstasy, 2004-2005



Source: PDI REU interviews

Two-thirds (63%) of respondents reported that ecstasy availability had remained 'stable' in the six months prior to interview (Figure 9), while 18% reported that it had become 'more difficult'.

Figure 9: REU reports of change in ecstasy availability in the preceding 6 months, 2005



Source: PDI REU interviews

Six KE reported that ecstasy was currently very easy to obtain, another six thought it was easy, and one thought it was difficult to obtain. When commenting on the recent change in ecstasy availability, six thought it had become easier, another six thought it had remained stable and two said it was now more difficult to get.

Table 11: REU reports of source and location for scoring ecstasy in the preceding 6 months, 2004-2005

	2004 (n= 71)	**2005 (n=82)**
Persons Score from (%)#		
Used not scored	6	**2**
Friends	73	**82**
Dealers	52	**48**
Acquaintances	39	**20**
Work colleagues	16	**17**
Unknown people	26	**17**
Locations scored from (%)#		
Used not scored	1	**2**
Friend's home	49	**62**
Nightclub	51	**48**
Dealer's home	30	**35**
At own home	38	**32**
Rave/doof/dance parties	31	**13**
Pub	27	**32**
Agreed public location	35	**44**
Street	9	**4**

Source: PDI REU interviews

Participants able to give more than one answer

This year, friends (82%) increased in popularity as the most common source for scoring ecstasy over the six months prior to interview (Table 11). Dealers (48%) decreased in popularity, as did all other persons scored from, except for workmates, which remains stable at 17%. Consistent with this pattern, high proportions scored from locations where they were more likely to know the supplier, including own home (32%), friend's home (62%), and dealer's home (35%). Other opportunistic/party locations scored from include: nightclubs (48%); and pubs (32%), however, scoring at raves/dance parties decreased by a third from 31% to 13%.

A few KE were able to comment on ecstasy dealers. Comments included: still a lot of dealing in recreational environments; dealers are usually from English speaking backgrounds, around 35 years and are user/dealers; and some kids getting into dealing

For the first time in 2005 participants were asked about if and how their use of ecstasy would be influenced by different factors as displayed in Table 12. Factors judged by a majority of REU that would decrease their use of ecstasy include: if the price went up (56%); if purity went down (73%); if the chances of getting caught by police were high (49%); and if they started to experience negative effects on physical health (73%), mental health (77%), work/study (79%), or relationships (75%). The only factors that would increase participant's use was if ecstasy became easier to get (56%). All other factors were deemed to not affect use. Notably, respondents deemed that increased availability of other stimulants (ice or cocaine) would have no effect on their ecstasy use.

Table 12: Factors influencing the use of ecstasy, 2005

	2005 (n=82)
Price went up	
Increase	0
Decrease	56
No change	44
Purity went down	
Increase	15
Decrease	59
No change	25
Harder to get	
Increase	0
Decrease	73
No change	27
Easier to get	
Increase	52
Decrease	1
No change	47
Ice easier to get	
Increase	11
Decrease	16
No change	60
Cocaine easier to get	
Increase	7
Decrease	17
No change	67
Caught by police high	
Increase	0
Decrease	49

	2005 (n=82)
No change	47
Caught by police low	
Increase	12
Decrease	1
No change	83
Penalties increased	
Increase	0
Decrease	25
No change	71
Penalties decreased	
Increase	12
Decrease	0
No change	87
Negative effects on	
Physical health	
Increase	0
Decrease	73
No change	27
Mental health	
Increase	0
Decrease	77
No change	21
Work/study	
Increase	0
Decrease	79
No change	20
Relationships	
Increase	0
Decrease	75
No change	24
Friends stopped use	
Increase	0
Decrease	28
No change	68
Friends increased use	
Increase	36
Decrease	3
No change	60

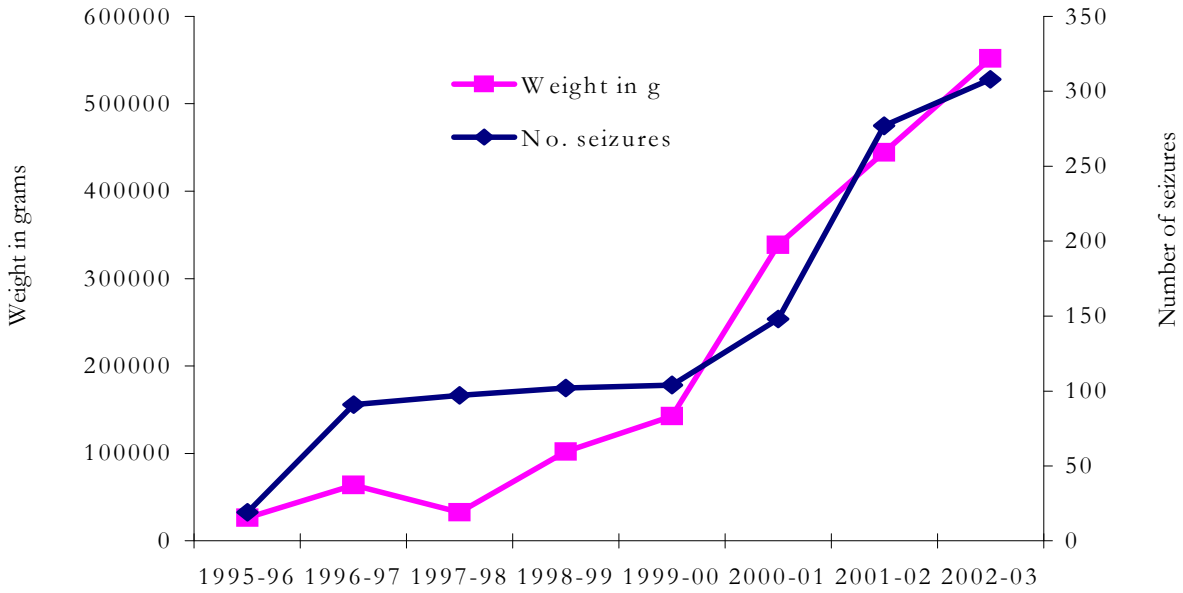
Source: PDI REU interviews

4.6 Ecstasy-related harms

4.6.1 Law enforcement

Figure 10 displays the data from the Australian Customs Service and highlights a steep increase from 1999/00 to 2002/03 in the number of seizures and the weight. The weight refers to the weight of the seizure and not the weight of the active ingredient MDMA.

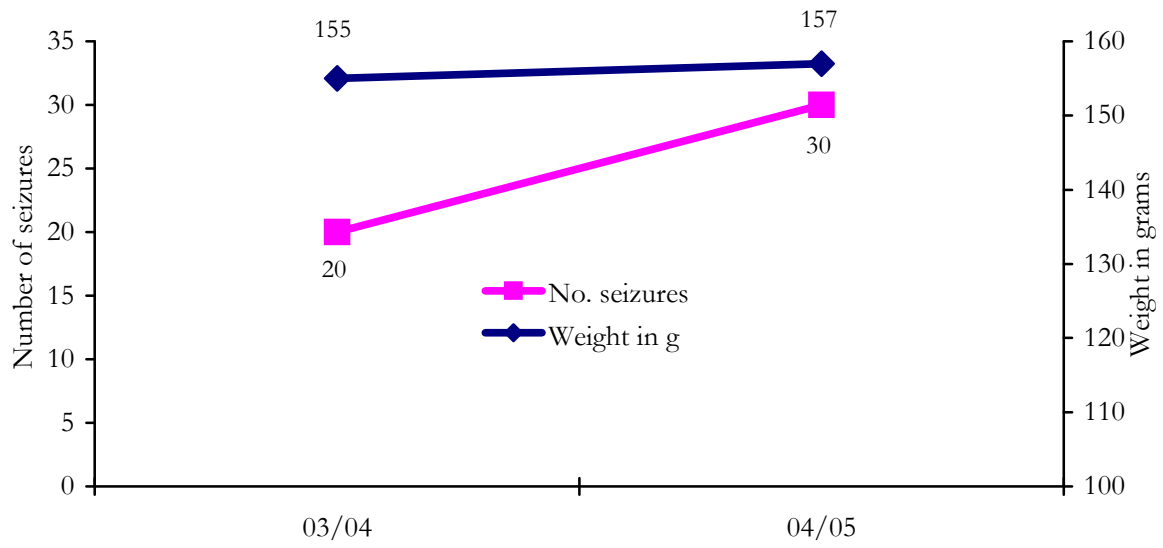
Figure 10: Number and weight in grams of detections of MDMA at the Australian Border, 1995/96 to 2002/03



Source: Australian Customs Service

Figure 11 displays the number and weight of ecstasy seizures by NT Police in the NT. Data are only available for the financial years 2003/04 to 2004/05 as previous years data was managed through a paper based system and was not deemed reliable. It is noted that the weight of the seizure is at the point of seizure, it is approximate and it is not forensically tested. The data does not relate to purity and the drug name that the seizure is recorded against is the drug that it is traded as. This also means that the weights include mixtures, not the total weight of pure MDMA.

Figure 11: Number and weight in grams of seizures of ecstasy in the NT, 2003/04-2004/05



Source: NT Police Illicit Drug Seizure database

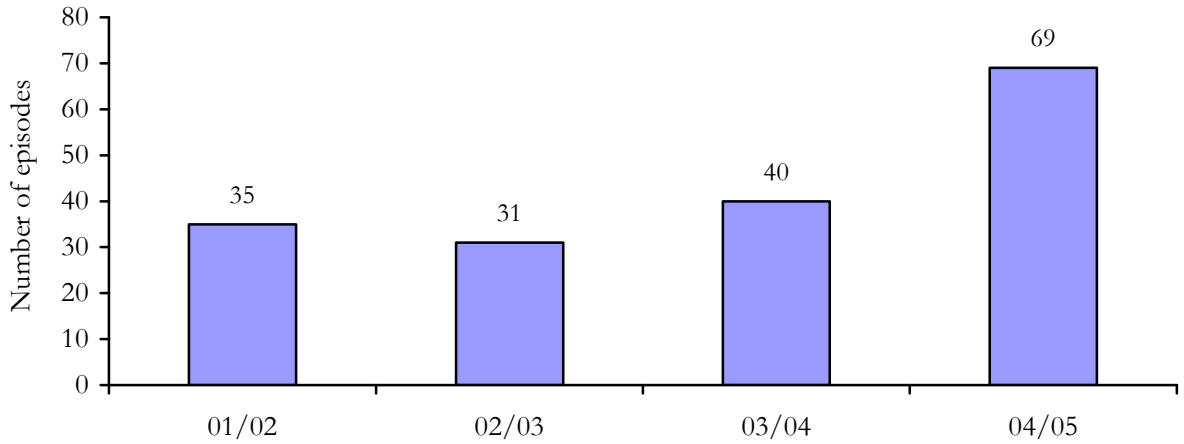
KE comments on ecstasy manufacture and importation

KE comments on the manufacture and importation of ecstasy included: more is coming from interstate; ecstasy comes from Hells Angels or Navy; and there is a higher involvement of Australian Defence Force staff which is a direct result of involvement in Iraq.

4.6.2 Health

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, and has only received one call regarding ecstasy up to June 2003. In the 2003/04 financial year ADIS received three calls that were ecstasy-related and five calls in 2004/05. However, it is noted that more than one drug may be recorded per call and the drug involved is not always present in the dataset so may not be recorded.

Figure 12: Number of episodes of treatment in Northern Territory alcohol and other drug treatment services with ecstasy as the principal or other drug of concern, 2000/01-2004/05.



Source: Northern Territory Alcohol and Other Drug Program treatment services client database

Figure 12 displays the number of episodes of treatment in all Northern Territory alcohol and other drug treatment services where ecstasy was mentioned as either the principal or other drug of concern. The numbers of people presenting to treatment from 2001/02 to 2003/04 were low but have almost doubled to 69 episodes in 2004/05.

4.7 Benefit and risk perception

Data was collected from survey participants on the risks and benefits they perceived to be associated with taking ecstasy and related drugs.

4.9.1 Perceived benefits

Respondents were asked to identify any three benefits they perceived to be related to their ecstasy use. A range of benefits were reported as shown in Table 13. Fifteen percent (15%) of REU believed there were no benefits associated with taking ecstasy. The most common benefits reported by the sample were fun (58%), enhanced communication/talkativeness/more social (37%) and enhanced sexual experience (31%).

Table 13: Perceived benefits of ecstasy use among those who commented, 2004-2005

Benefit	2004 (n=65)	**2005 (n=70)**
Enhanced closeness/bonding/empathy with others	20	**21**
Enhanced communication/talkativeness/more social	28	**37**
Enhanced mood	39	**23**
The high/rush/buzz	29	**20**
Increased energy/stay awake	25	**20**
Enhanced appreciation of music and/or dance	23	**11**
Fun	32	**53**
Increased confidence/decreased inhibitions	15	**13**
Relax/escape/release	23	**17**
Drug effects	6	**3**
Different effects to alcohol	11	**10**
Enhanced sexual experience	12	**31**
Feeling in control/focussed	5	**6**
Cheap	3	**4**

Source: PDI REU interviews

4.7.2 Perceived risks

Respondents were asked to identify any three risks they perceived to be related to their ecstasy use. A range of risks were reported as shown in Table 14. Fifteen percent (15%) of REU believed there were no risks associated with taking ecstasy. The most commonly reported risk was a fatal overdose (36%), followed by unknown drug contaminants/cutting agents and dehydration (both 23%).

Table 14: Perceived risks of ecstasy use among those who commented, 2004-2005

Risk	2004 (n=63)	**2005 (n=70)**
Addiction/dependence	11	**10**
Depression	19	**13**
Anxiety/panic	2	**3**
Paranoia	6	**17**
Psychosis	2	**9**
Lack of motivation	6	**4**
Memory impairment	8	**4**
Damage to brain function	18	**20**
Cognitive impairment	3	**1**
General acute physical problem	11	**4**
Dehydration	13	**23**
Over hydration	5	**3**
Body temperature regulation	11	**4**
Long term physical problem	11	**9**
Non fatal overdose (OD)	21	**11**
Fatal OD	21	**36**
Accidents	2	**1**
Unknown drug strength/purity	10	**6**
Unknown drug contaminants/cutting agents	27	**23**
Impaired decision making	10	**1**
Increased vulnerability	3	**6**
Driving risk	0	**4**
Sex risk	3	**0**
Aggression/violent behaviour	2	**3**
Taking more drug than intended	2	**3**
Legal/police problems	10	**14**
Financial problems	6	**3**
Social/relationship problems	0	**6**
Employment problems	2	**3**
Unknown long term harm	5	**1**
Lack of knowledge	0	**6**

Source: PDI REU interviews

4.8 Summary of ecstasy trends

- On average, the sample of regular ecstasy users started to use ecstasy at 19 years and began using it regularly when they were 20 years in both 2004 and 2005.
- Patterns of ecstasy use varied over the two years. In 2005 the proportion using ecstasy weekly or more increased (39% vs. 52%), usual (2 vs. 1) and heavy (3 vs. 2) quantities decreased, and bingeing with ecstasy remained stable (44% vs. 46%) compared to 2004.
- A higher proportion reported that ecstasy was their favourite drug in 2005 (47% vs. 61%).
- In both years most of the sample used other drugs with ecstasy (89% vs. 96%) and whilst coming down from ecstasy (68% vs. 89%), however, proportion increased in 2005.
- Over the last two years the route of administering ecstasy has remained stable with swallowing continuing to be the most popular method and consistent proportions reporting ever (21% vs. 24%) and recently (16% vs. 15%) injecting it..
- In 2004 nightclubs were the most popular usual and last ecstasy use venue, this pattern continues in 2005.
- Ecstasy was most commonly purchased in tablet form for $50, and this price was stable in the six months preceding interview in both years.
- The only two factors that were deemed by REU to increase the price of ecstasy were a high MDMA content and if ecstasy became less available generally.
- This year the most common method of purchasing ecstasy did not involve paying for it, most REU received ecstasy as a gift from a friend or partner.
- In 2005 REU purchased, on average, three tabs from three sources, buying for themselves and others, between 7 and 24 times in the past six months.
- In both years the current purity of ecstasy was rated medium, although there was an increase in those nominating it as low in 2005. In both years this purity had reportedly been fluctuating.
- Most users reported the availability of ecstasy as very easy to easy, and that this had been stable over the past six months in both years.
- A majority of users said they scored ecstasy from a friend in both years. In 2004 it was mostly scored at a nightclub and in 2005 in was mostly scored at a friend's home.
- In 2004 the most common perceived benefits associated with ecstasy use were 'enhancement of mood' and 'fun', and in 2005 it was fun, enhanced communication/ more social and enhanced sexual experience.
- The most common perceived risk with ecstasy use was the 'unknown drug contaminants or cutting agents' in the tab and in 2005 it was a fatal overdose, followed by unknown drug contaminants/cutting agents and dehydration

5.0 METHAMPHETAMINE

Amphetamine is used to denote the sulphate of amphetamine which previously dominated the Australian market. Currently almost all amphetamine seizures are now methamphetamine.

Methamphetamine is the result of cooking the amphetamine in different ways. Amphetamine and methamphetamine are closely related chemically, but differ in molecular structure. Both have psychomotor, cardiovascular, anorexigenic and hyperthermic properties and stimulate the release of peripheral and central monoamines.

In this report the distinction has been made between methamphetamine powder (speed), methamphetamine base (base) and crystalline methamphetamine (crystal).

Speed is typically manufactured in a range of colours (white to yellow, orange, pink or brown) depending on the chemicals used to produce it and is usually relatively low in purity.

Base, which is also called paste, wax, point or pure, has an oily, gluggy, damp, sticky consistency that is often brownish. It is reportedly difficult to dissolve for injecting without heating.

Crystal, which is also known as ice, shabu, or crystal meth, has a crystal or course powder consistency and ranges in colour from translucent to white, sometimes with a green, blue or pink tinge. While the other forms of methamphetamines are manufactured in Australia, crystal is made in Asia and imported into Australia (White et al. 2003).

5.1 Methamphetamine use among REU

5.1.1 Methamphetamine Powder (Speed)

Table 15: Patterns of methamphetamine powder (speed) use among REU, 2000-2005

	2004 sample (n=71)	**2005 (n=82)**
Ever used (%)	83	**90**
Mean aged first used (range)	18 (9-28)	**20 (11-45)**
Used last 6 months (%)	72	**73**
(Of recent users)	(n=51)	**(n=60)**
Median days used last 6 months (range)	6 (1-165)	**6 (1-180)**
Use weekly or more (%)	25	**27**
Median quantities used	(grams)	**(grams)**
Typical (range)	0.5 (0.2-4)	**1 (0.25-3)**
Heavy (range)	1 (0.25-5)	**1 (0.25-12)**
Usually use more than 'typical' amount (%)	27	**8**
Recently binged with^ (%)	53	**41**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Ninety percent (90%) of the 2005 sample had used speed in their lifetime, which was an increase from the previous year (83%, Table 15). The mean age of first using speed increased from 18 years to 20, and the proportion of recent users (73%) and the frequency of use (6 days in last six months) remained stable. Twenty-seven percent had used speed fortnightly or more.

REU reported using a median of half a gram of speed in a typical session in 2004, this increased to one gram in 2005. A median of one gram was reported to be used in a heavy session in both years, but in 2005 some reported using up to 12 grams. Last year over a quarter (27%) of the recent users noted that they would usually use more than the median typical quantity, however, this year only 8% would do so. Recent bingeing on speed, by recent speed users, declined from 53% in 2004 to 41% in 2005.

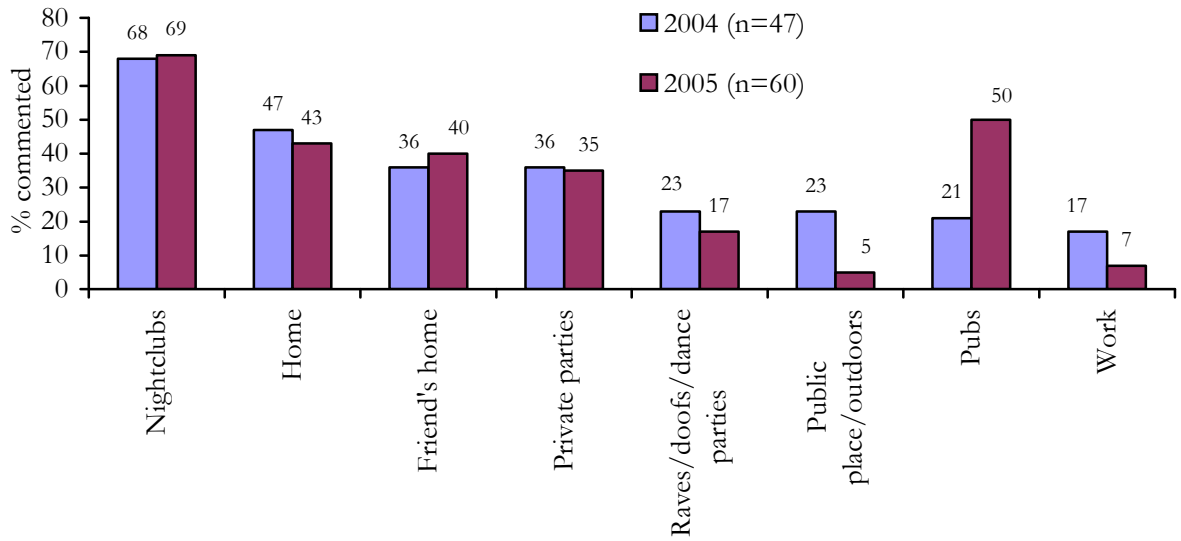
Table 16 displays the recent routes of administration of speed by recent speed users. Although the proportion swallowing speed decreased (78% to 65%) it still remains the most common route of administration. The proportion injecting doubled (from 14% to 35%) with smoking (from 20% to 13%) and snorting (75% to 50%) also declining. This year 2% reported shelving/shafting.

Table 16: Route of administration of speed by recent users, 2004-2005

	2004 (n=51)	**2005 (n=60)**
Route of administration last 6 months (%)		
Injected	14	**35**
Swallowed	78	**65**
Snorted	75	**50**
Smoked	20	**13**
Shelve/shaft	0	**2**

Source: PDI REU interviews

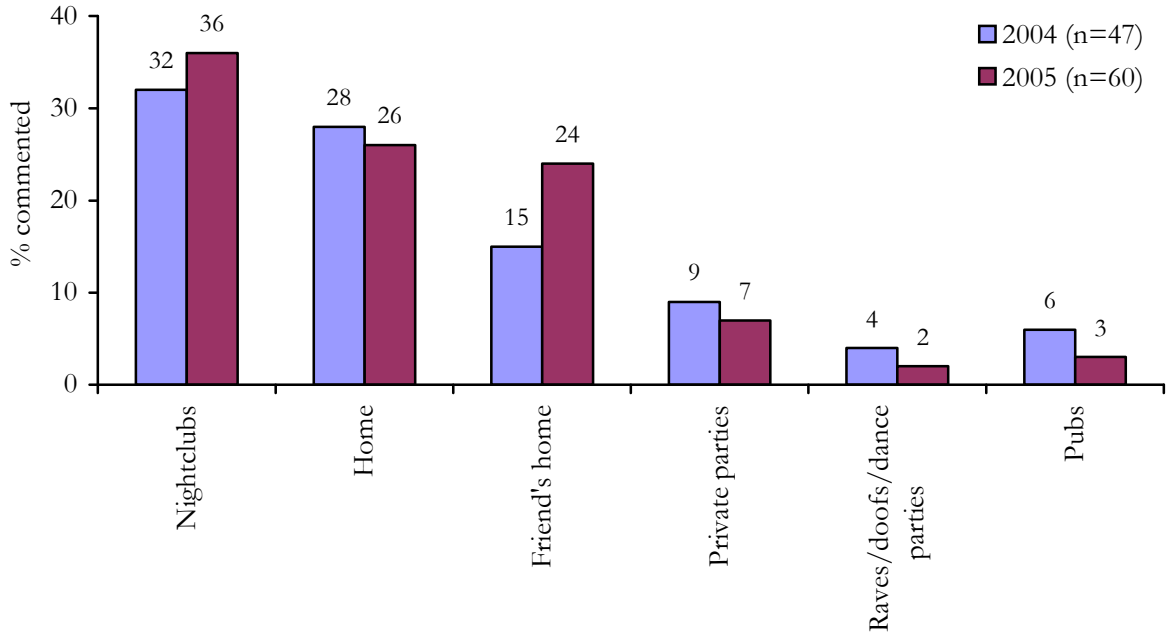
Figure 13: Usual location of speed use, 2004-2005



Source: PDI REU interviews

Sixty REU were able to comment in 2005 regarding their usual and last speed use venue. The most common usual use venues included nightclubs (69%, Figure 13), pubs (50%), home (43%), friend's home (40%) and private parties (35%). The popularity of most usual use locations remained stable, however, there was a large increase in those nominating pubs (21% to 50%, Figure 14) and a large decrease in public places (23% to 5%) and work (17% to 7%). The most common last use venues were nightclubs (36%), home (26%) and friend's home (24%).

Figure 14: Location of most recent speed use, 2004-2005



Source: PDI REU interviews

5.1.2 Methamphetamine Base

This year reduced proportions of REU had ever used (59% vs. 36%, Table 17), and recently used base (45% vs. 29%). However, the frequency of use in the last six months increased from a median of three days to six days in 2005 with 17% using weekly or more (compared to 25% in 2004). The mean age for first using base remained stable at 20 years.

REU reported typically using a median of 1 gram of base in a usual session and 1 gram in a heavy session in both 2004 and 2005. Twenty-one percent (21%) of the recent users noted that they would usually use more than the median typical quantity. One-third of recent base users (33%) stated that they had included base in a recent binge.

Table 17: Patterns of methamphetamine base use among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	59	**36**
Mean aged first used (range)	20 (14-35)	**20 (14-40)**
Used last 6 months (%)	45	**29**
(Of recent users)	(n=32)	**(n=24)**
Median days used last 6 months (range)	3 (1-180)	**6 (1-90)**
Use weekly or more (%)	25	**17**
Median quantities used	(points)	**(points)**
Typical (range)	1 (0.1-2.5)	**1 (0.5-7)**
Heavy (range)	1 (0.1-10)	**1 (0.5-10)**
Usually use more than 'typical' amount (%)	16	**21**
Recently binged with^ (%)	22	**33**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

In the present year, lower proportions of REU had recently used base, but amongst this group of recent users, much high proportions had injected it recently (22% vs. 54%, Table 18). The most common route of administration in the previous six months was swallowing (58%), followed by injecting (54%) snorting (29%), and smoking (17%, up from 9% in 2004).

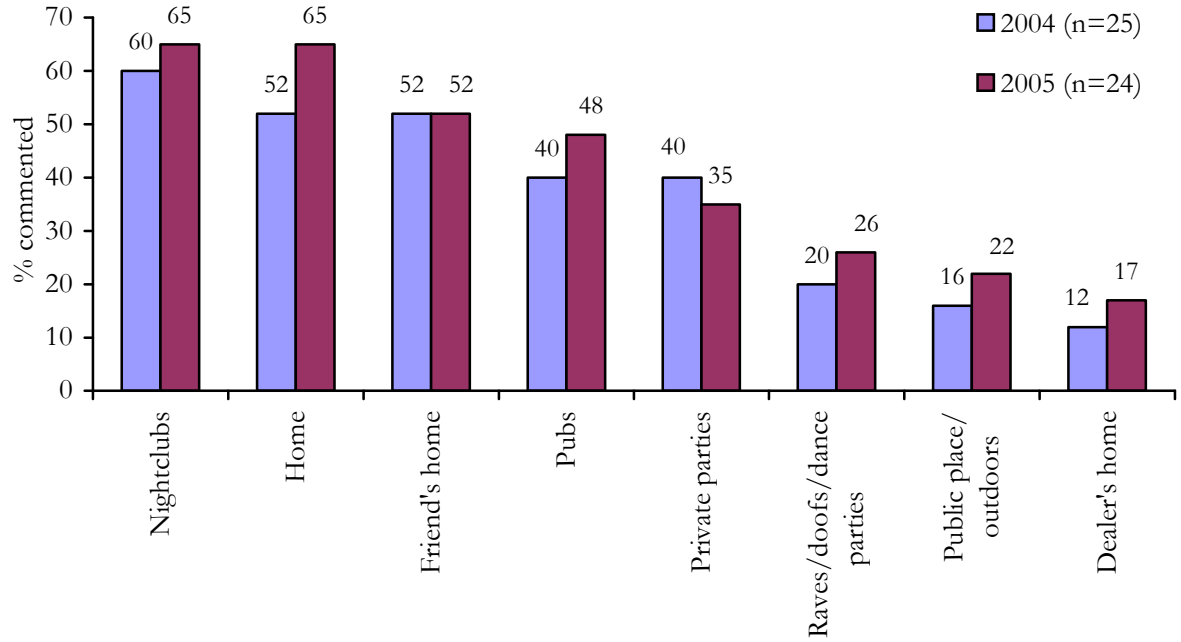
Table 18: Route of administration of base by recent users, 2004-2005

	2004 (n=32)	**2005 (n=24)**
Route of administration last 6 months (%)		
Injected	22	**54**
Swallowed	94	**58**
Snorted	34	**29**
Smoked	9	**17**
Shelve/shaft	0	**0**

Source: PDI REU interviews

Twenty-four REU were able to comment regarding their usual and last base use venue this year (Figure 15). The most common usual use venues included nightclubs (65%), home (65%), friend's home (52%), pubs (48%) and private parties (35%).

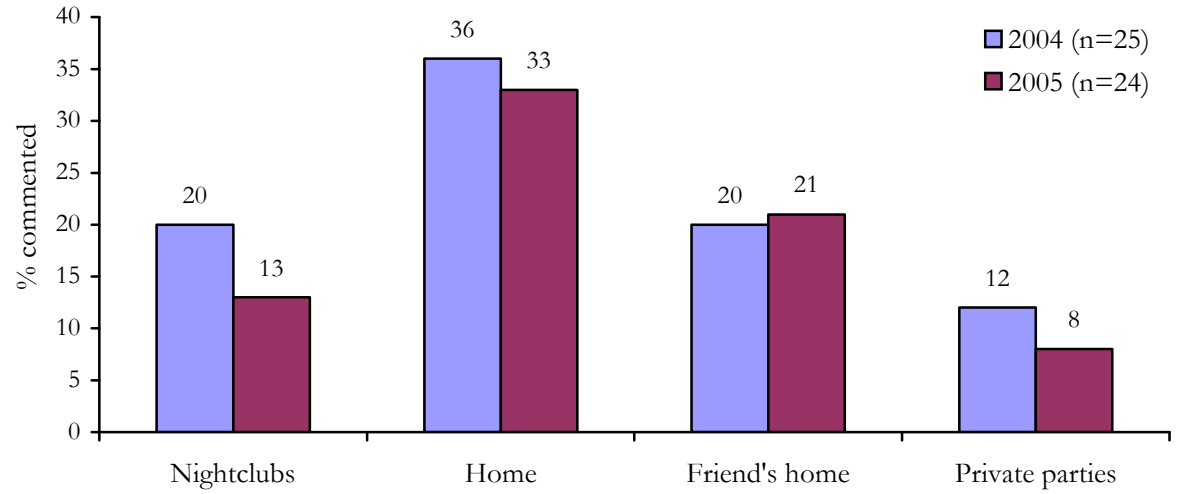
Figure 15: Usual location of base use, 2004-2005



Source: PDI REU interviews

The most common venue for last using base in 2005 was at home (33%, Figure 16), followed by a friends home (21%) and a nightclub (13%). These figures are similar to 2004, although nightclubs have decreased in popularity.

Figure 16: Location of most recent base use, 2004-2005



Source: PDI REU interviews

5.1.3 Crystal Methamphetamine

Fifty-eight percent (58%) of REU reported having ever used crystal in 2004, decreasing somewhat to 52% in 2005 (Table 19). The mean age for first using crystal remains stable at 20 years. There was a reduction in the proportion of REU who had recently used crystal (35% to 32%) but an increase in frequency of use (from a median 3 days to a median of 4 days), with 8% stating they use it weekly or more.

Quantities of crystal used in typical use sessions remained stable from 2004 to 2005 with a reported median of 1 gram. Quantities of crystal used in a heavy use sessions declined by half a gram to a median of 1.5 grams in 2005. Twenty-three percent (23%) of the recent users noted that they would usually use more than the median typical quantity. One-fifth (29%) of recent crystal users stated that they had included crystal in a recent binge.

Table 19: Patterns of crystal methamphetamine use among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	58	**52**
Mean aged first used (range)	20 (15-38)	**20 (14-40)**
Used last 6 months (%)	35	**32**
(Of recent users)	(n=25)	**(n=26)**
Median days used last 6 months (range)	3 (1-60)	**4 (1-90)**
Use weekly or more (%)	12	**8**
Median quantities used	(points)	**(points)**
Typical (range)	1 (0.5-4)	**1 (0.25-5)**
Heavy (range)	2 (0.5-5)	**1.5 (0.5-6)**
Usually use more than 'typical' amount (%)	28	**23**
Recently binged with^ (%)	20	**19**

Source: PDI REU interviews
^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Table 20: Route of administration of crystal by recent users, 2004-2005

	2004 (n=25)	**2005 (n=26)**
Route of administration last 6 months (%)		
Injected	24	**35**
Swallowed	64	**46**
Snorted	28	**23**
Smoked	32	**42**
Shelve/shaft	0	**0**

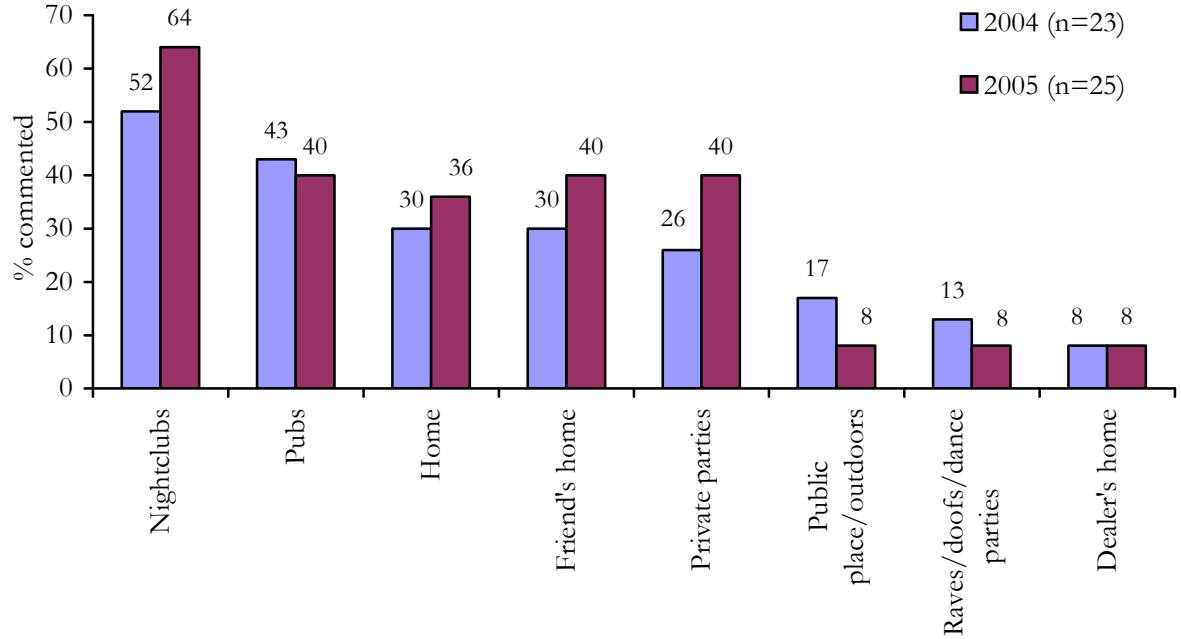
Source: PDI REU interviews

This year, as with speed and base, increased proportions of recent crystal users had recently injected crystal (24% vs. 35%, Table 20). Other recent routes of administration demonstrated change as well; swallowing decreased from 64% to 46%, smoking increased from 32% to 42% and snorting remained stable at 28% in 2004 to 23% in 2005.

Twenty-five REU were able to comment regarding their usual and last crystal use venue. The most common usual use venues included nightclubs (64%), pubs (40%), home (36%), and friend's home and private parties (both 40%, Figure 17). While most venues increased in

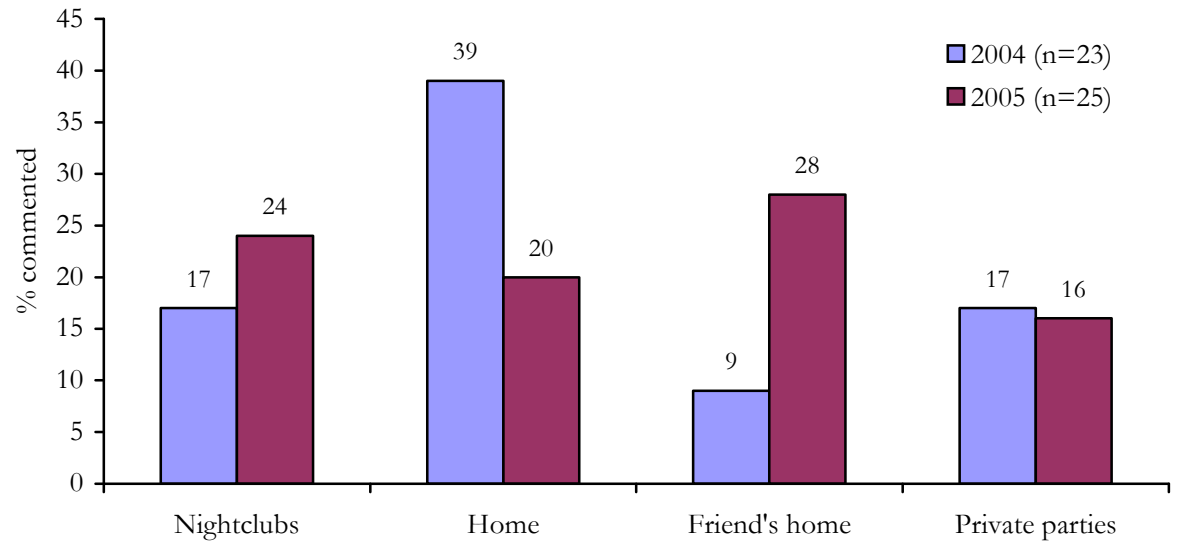
popularity as a usual venue for crystal use, pubs, public place/outdoors, and raves/dance parties all demonstrated a decrease.

Figure 17: Usual location of crystal use, 2004-2005



Source: PDI REU interviews

Figure 18: Location of most recent crystal use, 2004-2005



Source: PDI REU interviews

Compared to last year, this year more recent crystal users last used crystal at a friend's home (9% vs. 28%, Figure 18) compared to their own home (39% vs. 20%). Nightclubs (24%) and private parties (16%) were other common last use venues in 2005.

5.1.4 Pharmaceutical stimulants

This year an increased proportion of the sample (41% vs. 46%) reported having ever used pharmaceutical stimulants compared to last year (Table 21) The mean age of initiation for pharmaceutical stimulant use was 19 years, although some reported starting as young as 5 years. Thirty-two percent (32%, compared to 14% in 2004) of the sample reported having recently used pharmaceutical stimulants for a median of 6 days (once a month, compared to 2.5 days last year), with a third of recent users (36%) stating they use it weekly or more.

Quantities of pharmaceutical stimulants used in typical and heavy sessions by recent users this year demonstrated a considerable decrease. Recent users reported typically using a median of 4 pharmaceutical stimulant tablets in a usual session (10 tablets in 2004) and 4 tablets in a heavy session (12 tablets in 2004). A third (36%) of the recent users would usually use more than the median typical quantity. Data was not collected on bingeing with pharmaceutical stimulants in 2004, but in 2005 twenty-seven percent (27%) of recent users reported doing so.

Table 21: Patterns of pharmaceutical stimulant use of REU, 2004

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	41	**46**
Mean aged first used (range)	18 (7-30)	**19 (5-45)**
Used last 6 months (%)	14	**32**
(Of recent users)	(n=10)	**(n=11)**
Median days used last 6 months (range)	2.5(1-70)	**6 (1-50)**
Use weekly or more (%)	10	**36**
Median quantities used (tabs)		
Typical (range)	10 (1-50)	**4 (1-50)**
Heavy (range)	12 (1-70)	**4 (1-50)**
Usually use more than 'typical' amount (%)	20	**36**
Recently binged with^ (%)	DNC*	**27**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

* DNC–data not collected

The most common route of administration by recent users was swallowing (73%, Table 22), followed by injecting (27%). Unlike last year, no recent user reported snorting or smoking pharmaceutical stimulants.

Table 22: Route of administration of pharmaceutical stimulant by recent users, 2004-2005

	2004 (n=10)	**2005 (n=11)**
Route of administration last 6 months (%)		
Injected	20	**27**
Swallowed	90	**73**
Snorted	40	**0**
Smoked	10	**0**
Shelve/shaft	0	**0**

Source: PDI REU interviews

No data was collected in the 2005 survey regarding pharmaceutical stimulant usual and last use venues.

5.2 Price

Thirty-six participants were able to comment on the current price of speed in terms of grams and 20 were able to comment in terms of points (Table 23). The median price for a gram of speed was $200 and a $50 for a point. This demonstrates a $100 increase in the median price of grams but a stable price for points since last year. However, most participants who commented on price per gram noted that they last paid a median of only $90 per gram.

Table 23: Price of various methamphetamine forms purchased by REU, 2004-2005

Median price ($)	2004		**2005**	
Speed				
Gram	(n=25)	100 (50-700)	**(n=36)**	**200 (30-400)**
Last price per gram	(n=18)	50 (50-700)	**(n=26)**	**90 (25-300)**
Point	(n=14)	50 (30-80)	**(n=20)**	**50 (20-50)**
Base				
Point	(n=14)	50 (15-80)	**(n=16)**	**75 (40-400)**
Last price per point	(n=12)	50 (15-80)	**(n=16)**	**75 (30-400)**
Gram	(n=5)	300 (200-350)	**(n=8)**	**300 (250-400)**
Crystal				
Point	(n=14)	50 (35-100)	**(n=17)**	**80 (40-400)**
Last price per point	(n=11)	50 (25-75)	**(n=15)**	**80 (40-100)**
Gram	(n=3)	350 (300-1000)	**(n=3)**	**300 (300-400)**

Source: PDI REU interviews

Sixteen base users reported the current and the last price they paid at a median of $75 per point, eight people reported a median of $300 per gram. This demonstrates a $25 increase in the median price of grams but a stable price for points since last year.

Crystal appears to be more expensive this year with a median current and last price paid of $80 (compared to $50 last year). A gram of crystal was reported by three people to cost between $300 and $400.

The ACC reported the price of amphetamines in the NT in 2003/04 and 2004/05 to be $50 for one street deal (0.1 grams or 1 point). Other weight prices included; gram $250-$350 in 2003/04 down to $80-$100 in 2004/05 and $650-$750 per 8 ball (3.5 grams or 1/8 ounce) in 2003/04 but down to $250-$250 in 2004/05.

The number of REU able to comment on methamphetamine price, purity and availability in 2005 are as follows: speed 65, base 25, and crystal 29, in 2004: speed 47, base 25, and crystal 23. A majority of respondents who commented on recent price changes rated speed (54%, 43% of entire sample) and base (64%, 20% of entire sample) as stable (Table 24). The largest proportion commenting on crystal did not know (48%, 17% of entire sample) if the price had recently changed, although 38% (13% of entire sample) thought the price had remained stable.

Table 24: Methamphetamine price movements in the last 6 months, REU, 2005

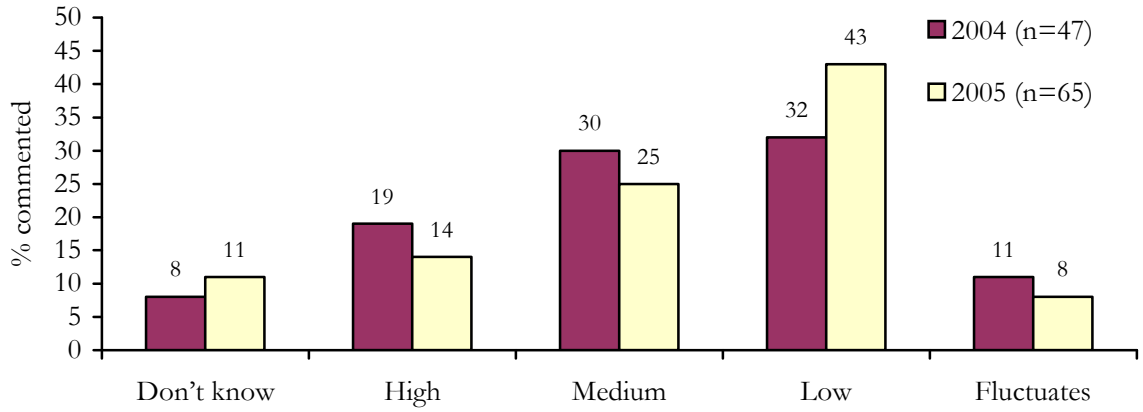
(%)	Speed	Base	Crystal
Did not respond	21	70	65
Did respond	79	30	35
Of those that responded	(n=65)	(n=25)	(n=29)
Don't know	20	16	48
	(15% of entire sample)	(5% of entire sample)	(17% of entire sample)
Increasing	15	12	3
	(12% of entire sample)	(4% of entire sample)	(1% of entire sample)
Stable	54	64	38
	(43% of entire sample)	(20% of entire sample)	(13% of entire sample)
Decreasing	5	4	3
	(4% of entire sample)	(1% of entire sample)	(1% of entire sample)
Fluctuating	6	4	7
	(5% of entire sample)	(1% of entire sample)	(2% of entire sample)

Source: PDI REU interviews

5.3 Purity

The bulk of comments on current methamphetamine purity indicated that speed is 'low' (43%, Figure 19), base is 'high' (36%, Figure 20) and crystal is 'high' (48%, Figure 21). Compared to the previous year, this year there has been a shift away from nominating speeds purity as high (19% to 14%) and medium (30% to 25%) and an increase in proportions nominating it as low (32% to 43%).

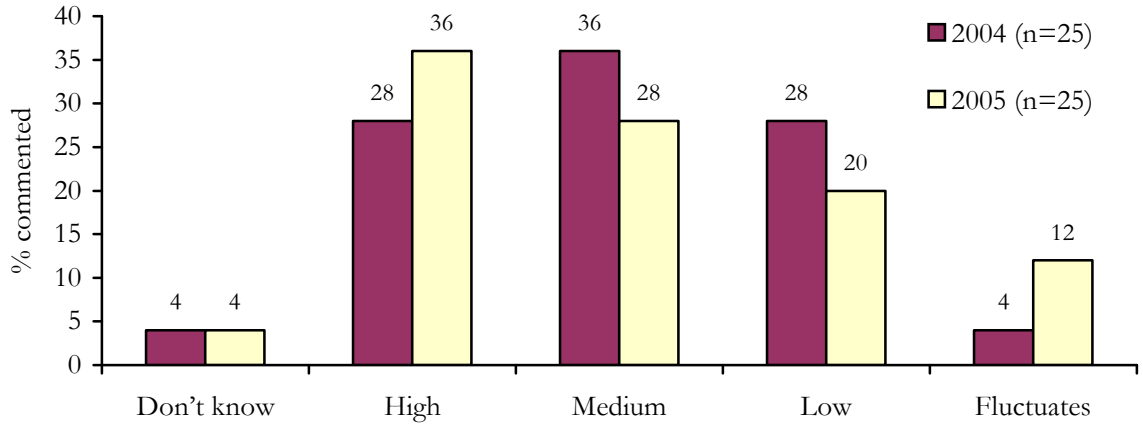
Figure 19: REU reports of current purity of speed, % commented, 2004-2005



Source: PDI REU interviews

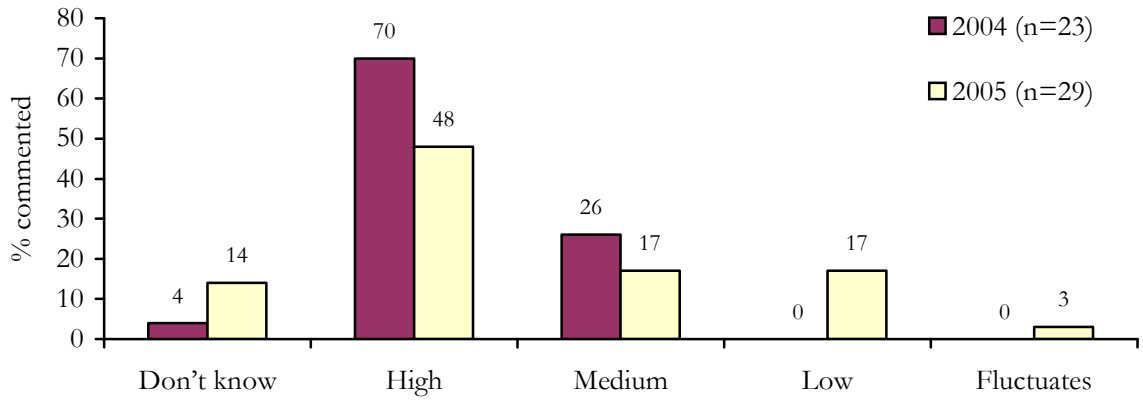
In contrast to speed, base has demonstrated a shift away from medium (36% to 28%) and low (28% to 20%) purity with an increase in proportions nominating the purity as high (28% to 36%, Figure 20).

Figure 20: REU reports of current purity of base, % commented, 2004-2005



Source: PDI REU interviews

Figure 21: REU reports of current purity of crystal, % commented, 2004-2005

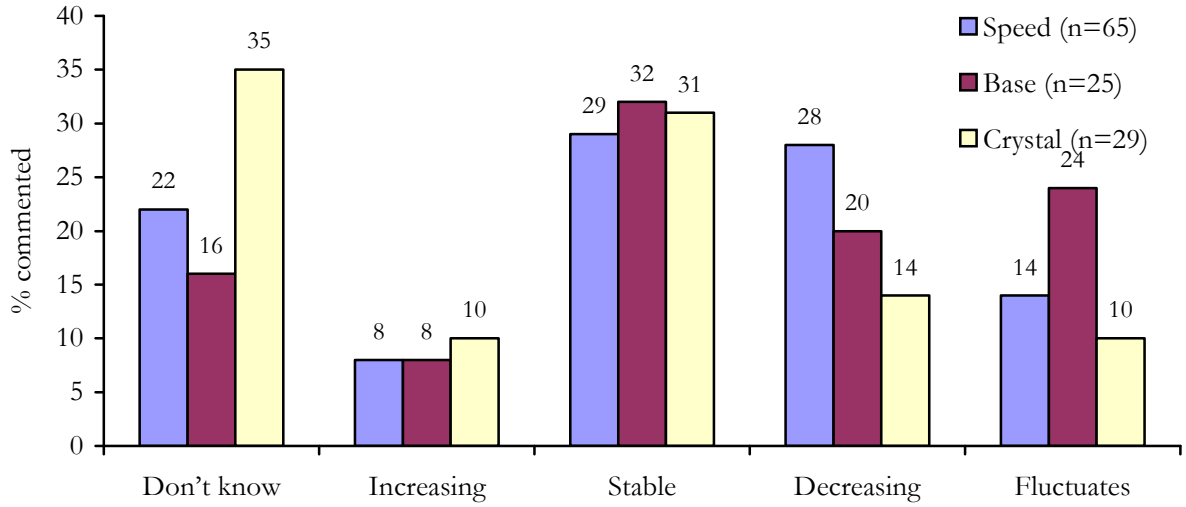


Source: PDI REU interviews

Similar to speed, less of those commenting this year understood the purity of crystal at the time of interview to be high (70% to 48%) or medium (26% to 17%) and an increased proportions rated it as low (0% to 17%, Figure 21)

In 2005 the majority of REU who commented on the change in methamphetamine purity believed that all forms of methamphetamine had remained stable in the prior six months (Figure 22). However, 28% indicated that speed purity was decreasing, which is supported by the last two years current purity data. As stated previously, the current purity data over the last two years indicated that the purity of base may be increasing, however, only 8% perceived the purity of base to have recently increased, and 20% believe it has decreased.

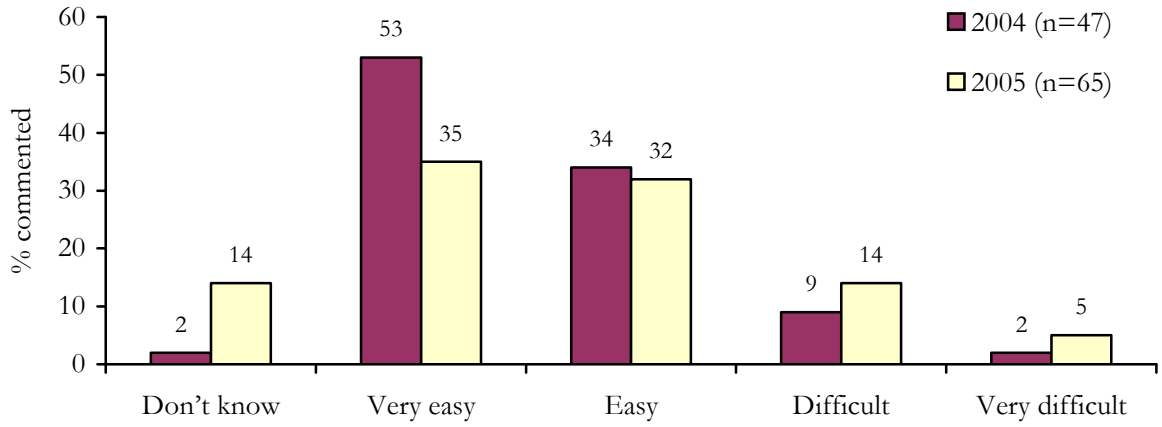
Figure 22: Change in purity of speed, base and crystal in past 6 months, % commented, 2005



Source: PDI REU interviews

5.4 Availability

Figure 23: REU reports of current availability of speed, 2004-2005

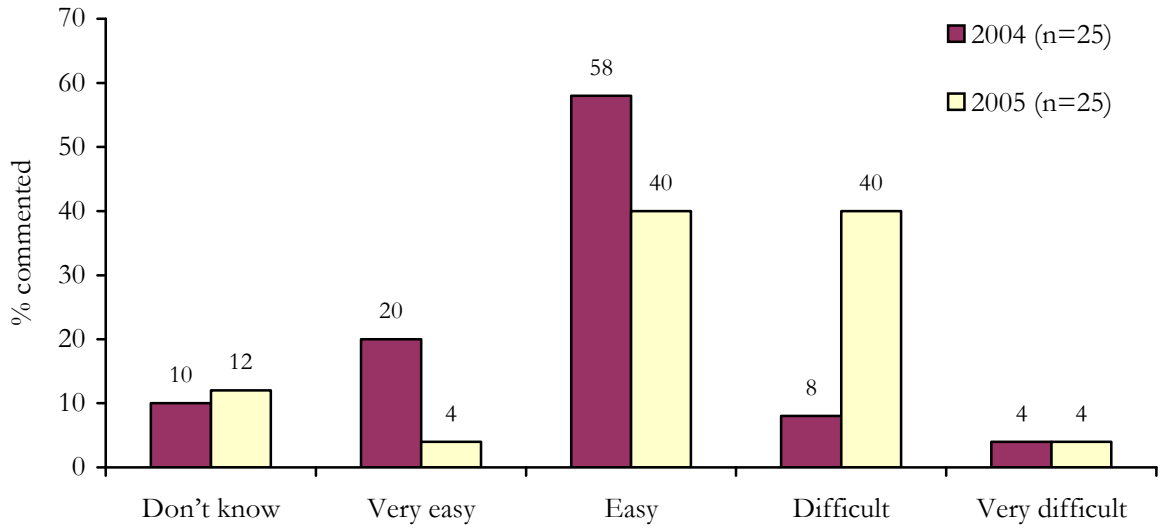


Source: PDI REU interviews

Overall, the bulk of those who commented in both years found speed very easy to easy to obtain (87% in 2004 and 67% in 2005, Figure 23). In 2005 it appears that speed may have become somewhat more difficult to obtain with less of those commenting rating it was very easy (53% vs. 35%) or easy (34 vs. 32%) and more rating it as difficult (9% vs. 14%) and very difficult (2% vs. 5%).

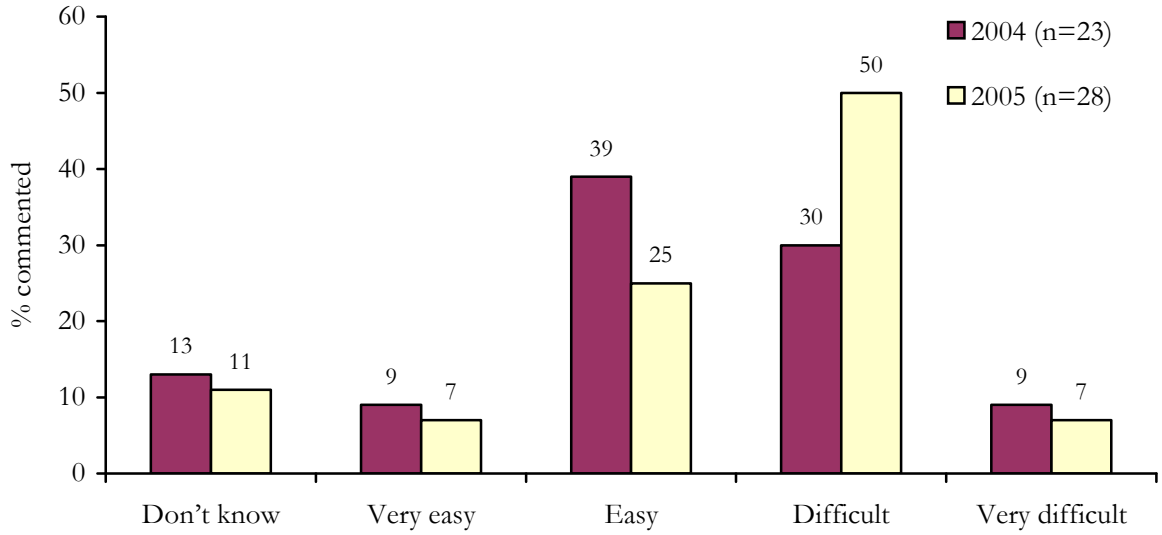
In 2004 the majority of those who commented found base easy to obtain (58%, Figure 24), however, this year equal proportions found it easy or difficult (both 40%) to score. The proportion finding base difficult to obtain increased from 8% in 2004 to 40% in 2005 with a consequent decrease in those finding it very easy (20% to 4%) and easy (56% to 40%) to obtain.

Figure 24: REU reports of current availability of base, 2004-2005



Source: PDI REU interviews

Figure 25: REU reports of current availability of crystal, 2004-2005

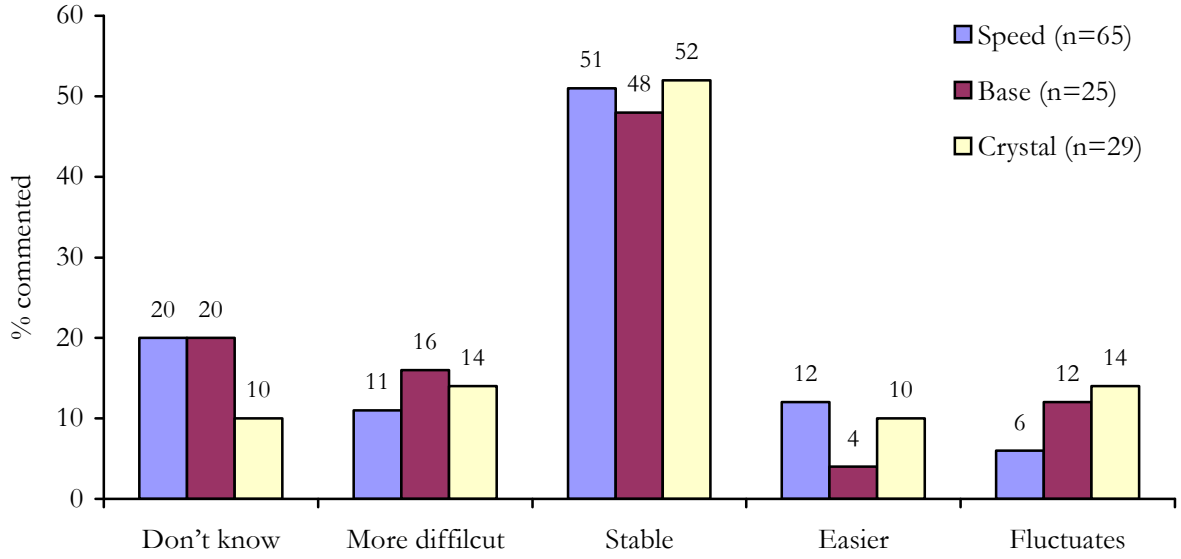


Source: PDI REU interviews

Last year the largest proportion of respondents described crystal as easy (39%) to obtain, followed by difficult (30%, Figure 25). This year data reveals the opposite with the largest proportion finding crystal difficult (50%) to score followed by easy (25%).

The last three figures above indicate that all forms of methamphetamine have become less easy and more difficult to obtain since 2004. However, as displayed in Figure 26, a majority of respondents believe that, in the six months prior to interview, the availability of all forms of methamphetamines have remained stable with only small proportions indicting any of the forms have become more difficult to obtain.

Figure 26: REU reports of change in availability of speed, base and crystal in the last 6 months, 2005



Source: PDI REU interviews

Fifty-nine people were able to comment on their speed score source and location (Table 25). Again, this year most people scored speed from friends (64%) or known dealers (44%), and the most common score locations included friend's home (58%), dealer's home (37%), own home and nightclubs (equally 24%) and agreed public locations (31%).

Twenty-four people were able to comment regarding base. With score patterns similar to speed, most people scored base from friends (75%), known dealers (38%) and then acquaintances and workmates (both 13%). The most common score locations were friend's home (58%), dealer's home (42%), agreed public location (29%) and own home (25%).

Twenty-five people were able to comment regarding crystal. As with all other forms of methamphetamine, most people scored crystal from friends (64%), known dealers (36%) and acquaintances (13%), and did their scoring from a friends home (39%), own home and agreed public location (both 26%), and a dealer's home (22%).

Table 25: REU reports of source and locations for scoring various methamphetamines in the last 6 months, 2004-2005

	Methamphetamine					
	Speed		Base		Crystal	
	2004	**2005**	2004	**2005**	2004	**2005**
(% commented)	(n=41)	**(n=59)**	(n=23)	**(n=24)**	(n=23)	**(n=25)**
Source scored from						
Friends	74	**64**	57	**75**	74	**36**
Known dealers	60	**44**	78	**38**	42	**28**
Workmates	10	**4**	9	**13**	5	**8**
Acquaintances	14	**7**	17	**13**	16	**4**
Unknown dealers	10	**10**	4	**4**	5	**4**
Locations scored from						
Home	27	**24**	35	**25**	32	**20**
Dealer's home	33	**37**	35	**42**	26	**16**
Friend's home	50	**58**	39	**58**	47	**32**
Raves/doofs/dance parties	12	**9**	13	**8**	16	**4**
Nightclubs	29	**24**	26	**21**	11	**4**
Pubs	14	**14**	26	**17**	11	**8**
Street	5	**9**	13	**13**	5	**4**
Agreed public location	26	**31**	30	**29**	32	**8**

Source: PDI REU interviews

KE Comments on REU methamphetamine use

All KE believed that ecstasy users also used speed. Two thought a few, five thought half, five said most and two thought all regular ecstasy users also used speed. Other comments made about speed use included: speed users are moving to ecstasy because it is cheaper and has better effects; speed is more addictive and they use more regularly; most would inject speed but swallow their ecstasy; a few seem to have developed slight psychosis with more frequent use; its harder to get good quality speed; its obvious when good speed is available; their has been a decline in the quantity of speed used; and the number of those who use speed is increasing.

Eight of the KE stated that none of the REU would also use base, two said a few, two said half and one said most would. One KE advised that base comes and goes and is not as readily available as speed powder.

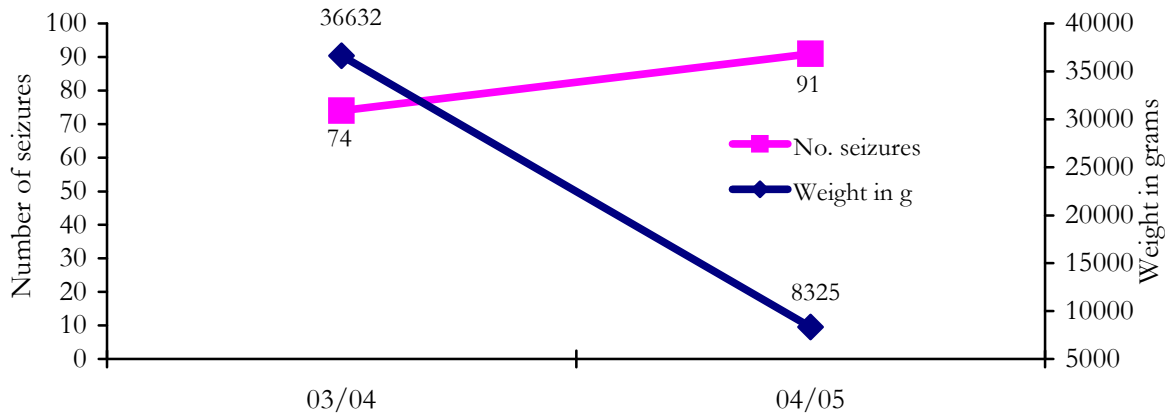
Four of the KE stated that none of the REU would also use crystal, nine said a few, and one said half would. Other comments made about crystal use included: there is definitely more crystal around; there has been a decline in the quantity used because it is hard to get; it is hard to get in Darwin; have noticed the introduction of ice in the last 12 months and there is more ice in the lower socio-economic groups (indigenous/half caste); and crystal is more available than previously.

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

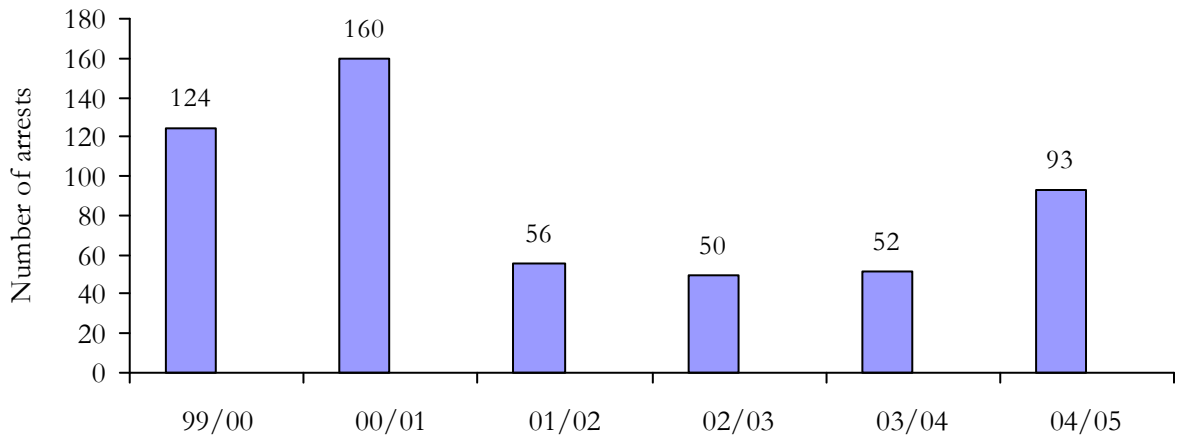
Figure 27 displays the number and weight of methamphetamine seizures by NT Police in the NT. Data are only available for the financial years 2003/04 to 2004/05 as previous years data was managed through a paper based system and was not deemed reliable. It is noted that the weight of the seizure is at the point of seizure, it is an approximation and it is not forensically tested. The data does not relate to purity and the drug name that the seizure is recorded against is the drug that it is traded as. This also means that the weights include mixtures, not the total weight of pure methamphetamine.

Figure 27: Number and weight in grams of seizures of methamphetamine in the NT, 2003/04-2004/05



Source: NT Police Illicit Drug Seizure database

Figure 28: Number of amphetamine-type stimulants total consumer and provider arrests in the NT, 1999/00-2004/05



Source Australian Crime Commission

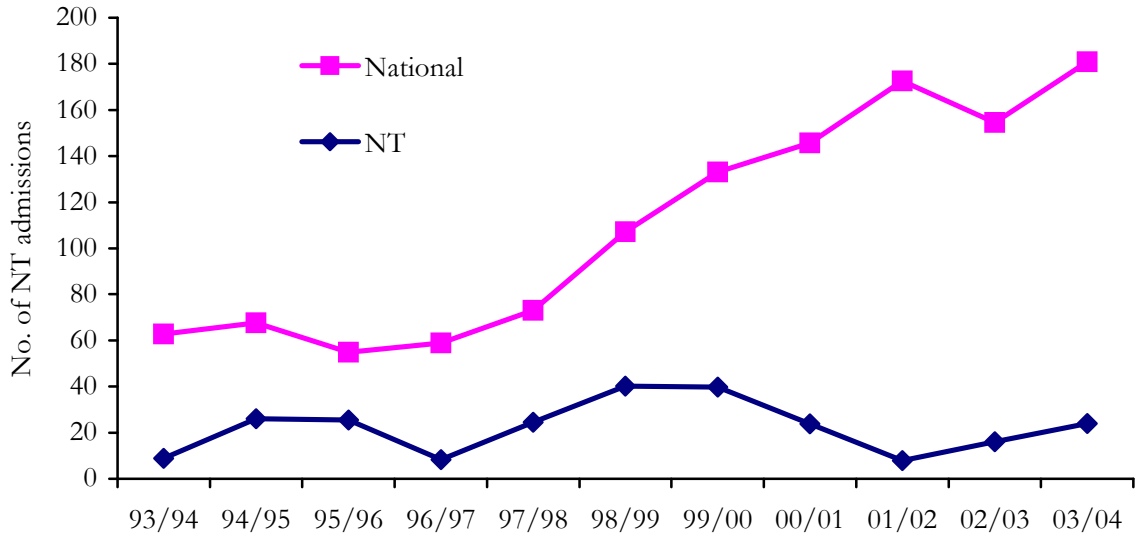
Figure 28 shows the total number of amphetamine-type stimulant consumer and provider arrests in the NT since 1999/00 including AFP data. Since 2001/02 the total number of arrests has remained consistent since until a large increase in 2004/05.

5.5.2 Health

The NT Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in the NT. This service commenced in March 2003, in the 2003/04 financial year ADIS received 8 calls that were amphetamine-related and 13 calls in 2004/05. However, it is noted that more than one drug may be recorded per call and the drug involved is not always available so may not show in the data.

Figure 29 shows rate per million of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years. NT methamphetamines primary diagnoses are relatively small and fluctuating compared to national rates which continue to rise.

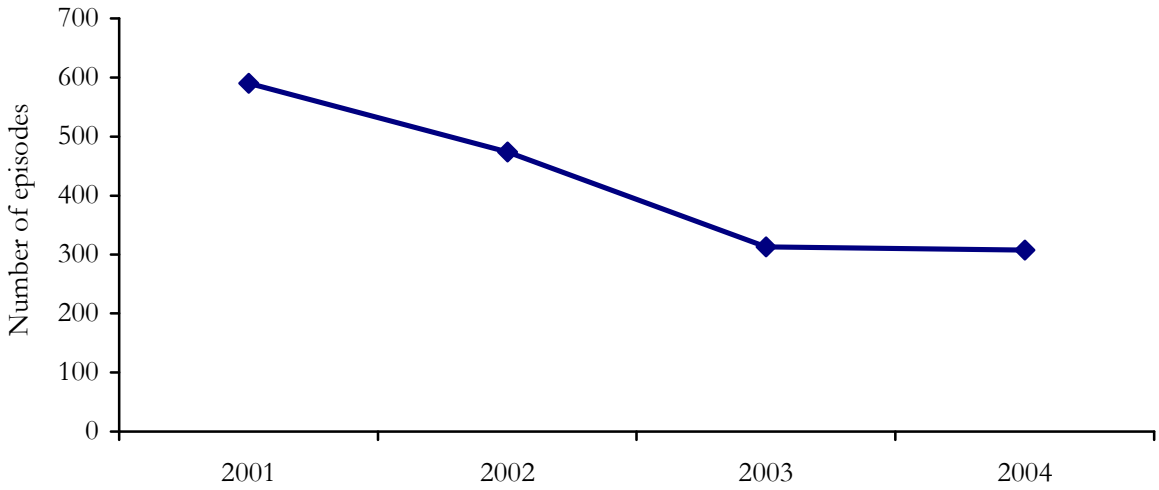
Figure 29: Rate (per million) of inpatient hospital admissions where methamphetamines were the primary diagnosis for people aged 15-54 years, NT and Nationally, 93/94- 03/04



Source: AIHW

The number of treatment episodes for own drug use in Alcohol and Other Drug Treatment Services (AODTS) where amphetamines is the principal drug of concern shows a continuos decline since 2001 (Figure 30).

Figure 30: Number of treatment episodes in Northern Territory alcohol and other drug treatment services with amphetamines as the principal or other drug of concern, 2000-2004



Source: NT AODTS

5.6 Summary of methamphetamine trends

- In 2005 the majority of the sample had used speed (73%, 72% in 2004) in the past six months and substantial proportions had used crystal (29%, 45% in 2004) and base (32%, 35% in 2004).
- The average age for methamphetamine initiation remained consistent in 2004 and 2005 - speed 18 years, base 20 years and crystal 20 years.
- In both years a quarter (25% in 2004, 27% in 2005) reported that they had used speed weekly or more in the six months preceding the interview. In 2005, 17% had used base (25% in 2004) and 8% used crystal (12% in 2004) at the same frequency.
- In 2005 the average usual amount of speed used increased from half a gram to one gram and the heavy amount used remained stable at one gram. Bingeing with speed amongst the recent speed users had declined from 53% in 2004 to 41% in 2005.
- In both years the average amount of base used in a typical and heavy session was one point.. In 2004 twenty-two percent had recently binged with base, in 2005 this figure increased to 33%.
- On average crystal users reported typically using one point in both years. In 2004 2 points were used in a heavy episode, decreasing to 1.5 points in 2005. Recent bingeing with crystal remained constant (20% vs. 19%).
- Recent injection of all forms of methamphetamine by recent users increased in 2005 compared to the previous year – speed 14% vs. 35%, base 22% vs. 54%, and crystal 24% vs. 35%. However, swallowing remained the predominant recent route of administration for all forms of methamphetamine.
- Forty-six percent of the current sample (41% in 2004) had ever used pharmaceutical stimulants at an average age of 19 years. Recent users would use 4 tabs in a usual and heavy use episode (10 tabs usual, 12 tabs heavy in 2004). Thirty-six percent reported using weekly or more. A majority of the recent users swallowed pharmaceutical stimulants, and one-quarter had recently injected them.
- In 2004 speed was most commonly purchased for a median of $200 per gram ($100 in 2004), base for a median of $75 per point ($50 in 2004) and crystal for a median of $80 per point ($50 in 2004). A majority of those who commented in both years said this price had been stable in the previous six months.
- When commenting on the purity, in both years the most nominated categories were: speed low and stable; for base medium and stable; and for crystal high and stable.
- Speed users in both years reported the availability as very easy to easy and stable, base users in 2005 reported the availability as easy or difficult and stable (easy and stable in 2004), and crystal users in 2005 reported the availability as difficult and stable (easy and stable in 2004).
- In 2005 all methamphetamines were mostly scored from friends at a friend's home. The same was seen in 2004 with the exception of base which was mainly scored from know dealers

6.0 COCAINE

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

6.1 Cocaine use among REU

Over the last two years, cocaine was used by the same proportion of REU in their lifetime (39%, Table 26). Recent cocaine use decreased from 15% in 2004 to 11% in 2005. The mean age for first use of cocaine was 19 years (down from 21 years in 2004) with some users staring as young as 14 years.

Frequency of cocaine use increased this year from a median of one day in the last six months in 2004 to three days in 2005 (Table 26), with no one using it fortnightly or more. The quantities of cocaine that recent cocaine users purport to use increased from 2004 to 2005. The median amount used in a typical session in 2004 was 0.5 grams, which increased to 2 grams in 2005. In heavy use episodes, users in 2004 would typically use a median of 0.75 grams, which increased to 3.5 grams in 2005, but some reported using up to 5 grams. Only one REU in 2004 and 2005 had used cocaine in a recent binge.

Table 26: Patterns of cocaine use among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	39	**39**
Mean age first used (range)	21 (16-29)	**19 (14-26)**
(Of recent users)	(n=11)	**(n=9)**
Median days used last 6 months (range)	1 (1-4)	**3 (1-10)**
Use fortnightly or more (n)	0	**0**
Median quantities used	(grams)	**grams**
Usual (range)	0.5 (0.5-1)	**2 (1-2)**
Heavy (range)	0.75 (0.5-3)	**3.5 (2-5)**
Usually use > usual amount (n)	1	**0**
Recently binged with^ (n)	1	**1**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

The proportion of those that had ever injected cocaine decreased from 10% in 2004 to 7% in 2005. Amongst cocaine recent users, snorting (89%, Table 27) remains the most common method of recent administration, flowed by swallowing (44%) and injecting (11%).

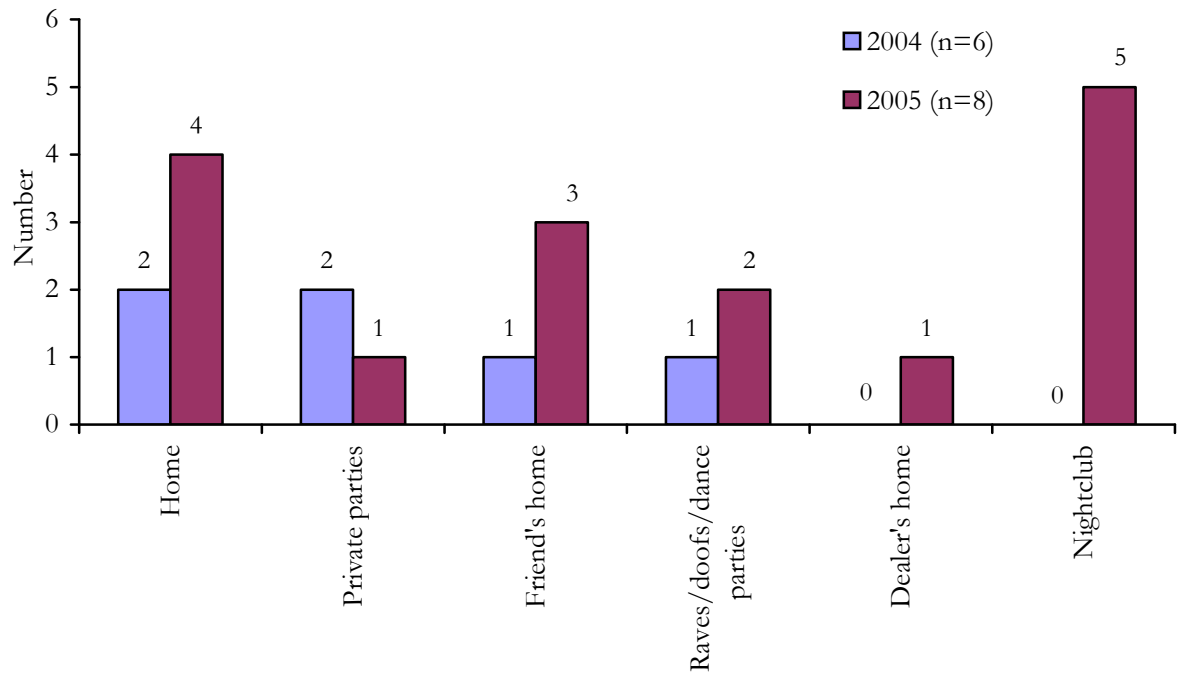
Table 27: Route of administration of cocaine by recent users, 2004-2005

	2004 (n=11)	**2005 (n=9)**
Route of administration last 6 months (%)		
Swallowed	36	**44**
Snorted	64	**89**
Injected	36	**11**
Smoked	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

Eight REU (were able to comment on usual and last cocaine use venues in 2005. In 2005 the majority of respondents reported that their usual use venue was a nightclub (n=5), however, last year no one reported usually using cocaine in this location (Figure 31). Other usual use venues were home (n=4), friend home (n=3) and raves/dance parties (n=2).

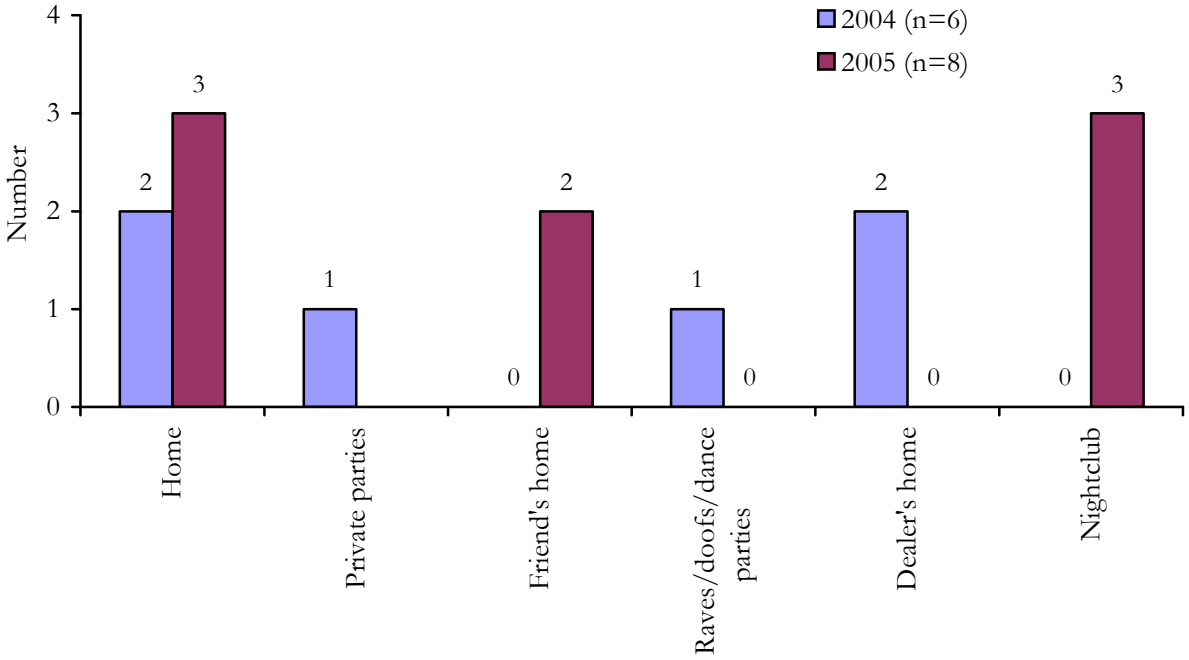
Figure 31: Usual location of cocaine use, 2004-2005



Source: PDI REU interviews

In 2005, home and nightclub were equally the two most common last use venues (n=3), with two respondents last using at a friend's home (Figure 32). Last year home was also the most common last cocaine use venue along with a dealer's home (n=2).

Figure 32: Location of most recent cocaine use, 2004-2005



Source: PDI REU interviews

6.2 Price

A greater number of participants were able to comment on cocaine prices this year. Six REU reported the price of cocaine to be between $50 and $600 per gram, up from a median of $250 in 2004 to $375 this year (Table 28). The ACC reported the price of cocaine in the NT in 2003/04 to be $300 per gram and prices were not available for 2004/05.

Four REU reported paying a median of $350 per gram at their last cocaine purchase. Eleven REU commented on cocaine's recent price movements with the bulk reporting it as stable and one person each believing it had increased or decreased.

Table 28: Recent changes in price of cocaine purchased by REU, 2004-2005

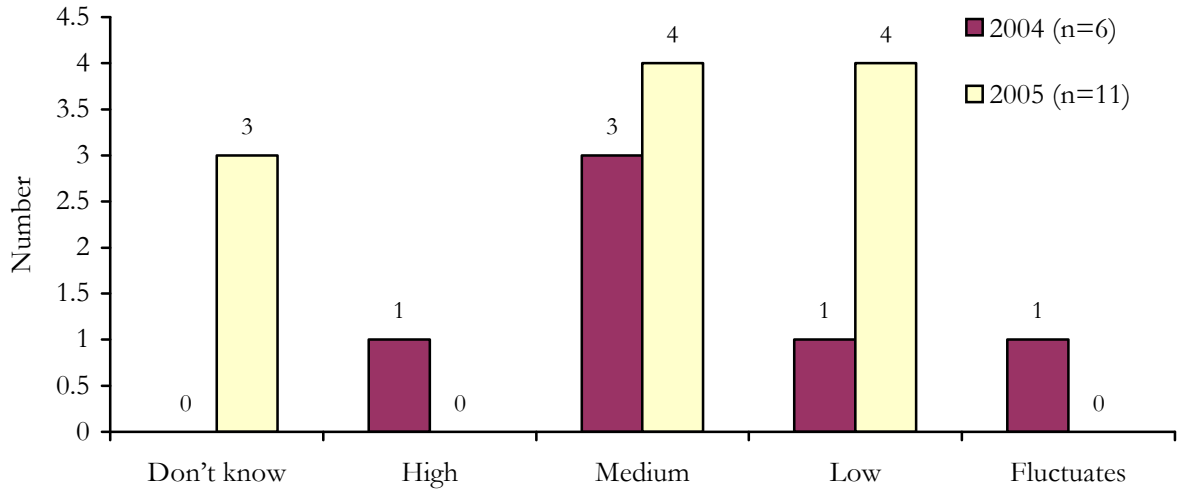
	2004	**2005**
Median price ($) per gram (range)	(n=3) 250 (200-400)	**(n=6) 375 (50-600)**
Median last price ($) per gram (range)	(n=2) 250 (200-300)	**(n=4) 350 (50-600)**
Price change (n)	(n=6)	**(n=11)**
Increased	0	**1**
Stable	3	**5**
Decreased	1	**1**
Fluctuated	1	**0**
Don't know	1	**4**

Source: PDI REU interviews

6.3 Purity

Eleven participants were able to comment on the current purity of cocaine in 2005. Amongst those who knew about the purity at time of interview it was rated by equal proportions as low to medium (n=4, Figure 33).

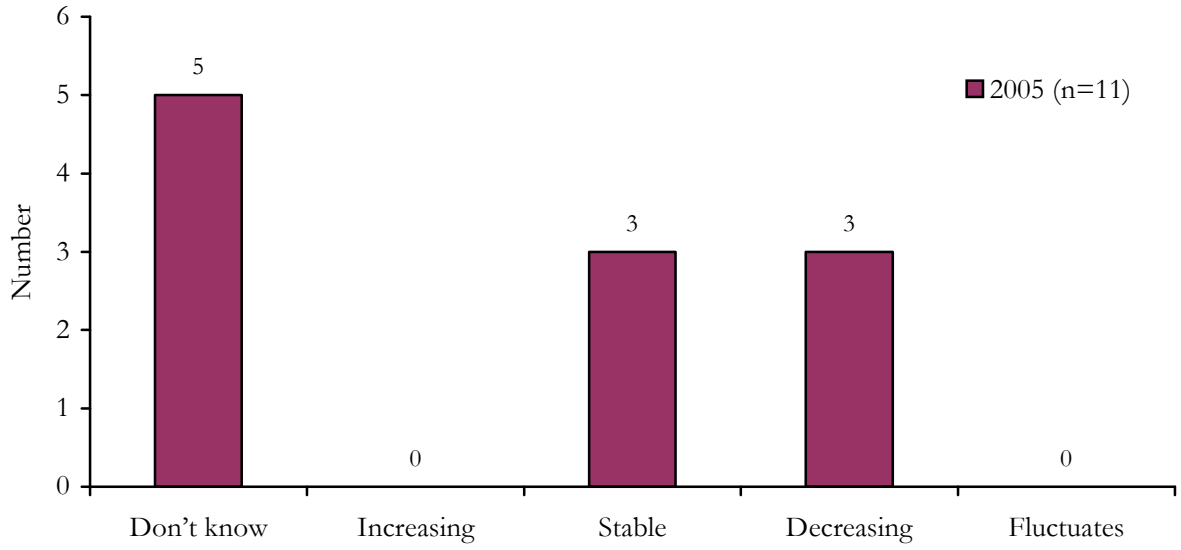
Figure 33: User reports of current purity of cocaine, 2004-2005



Source: PDI REU interviews

Again, amongst those who knew abut the recent changes in cocaine purity, it was rated by equal proportions as stable or decreasing (n=3, Figure 34).

Figure 34: Change in purity of cocaine in past 6 months, 2005

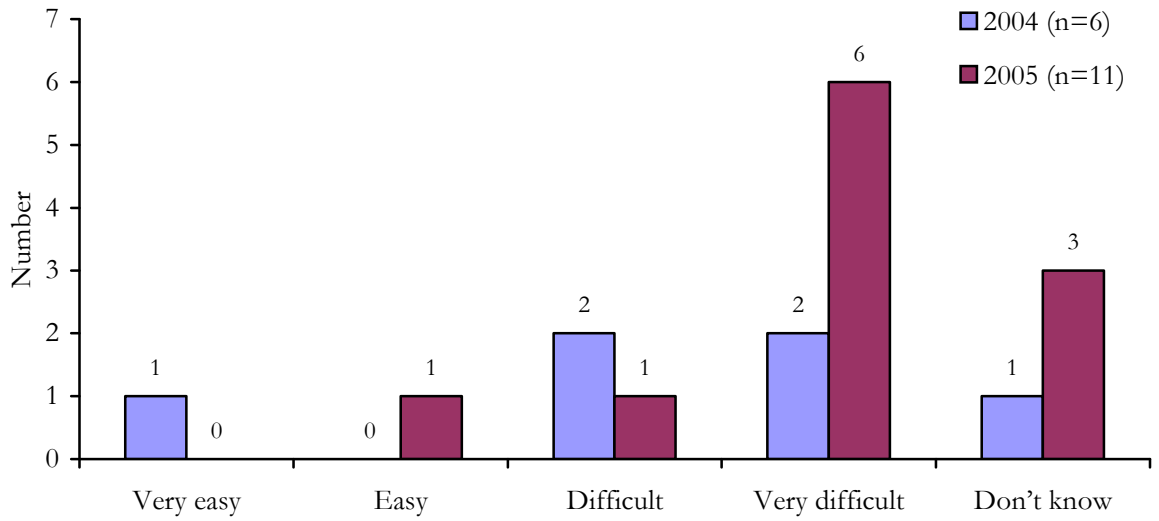


Source: PDI REU interviews

6.4 Availability

Again eleven participants were able to comment on the current availability of cocaine, with a majority reporting it is as very difficult (n=6, Figure 35), however, one respondent claimed to find it easy to obtain cocaine.

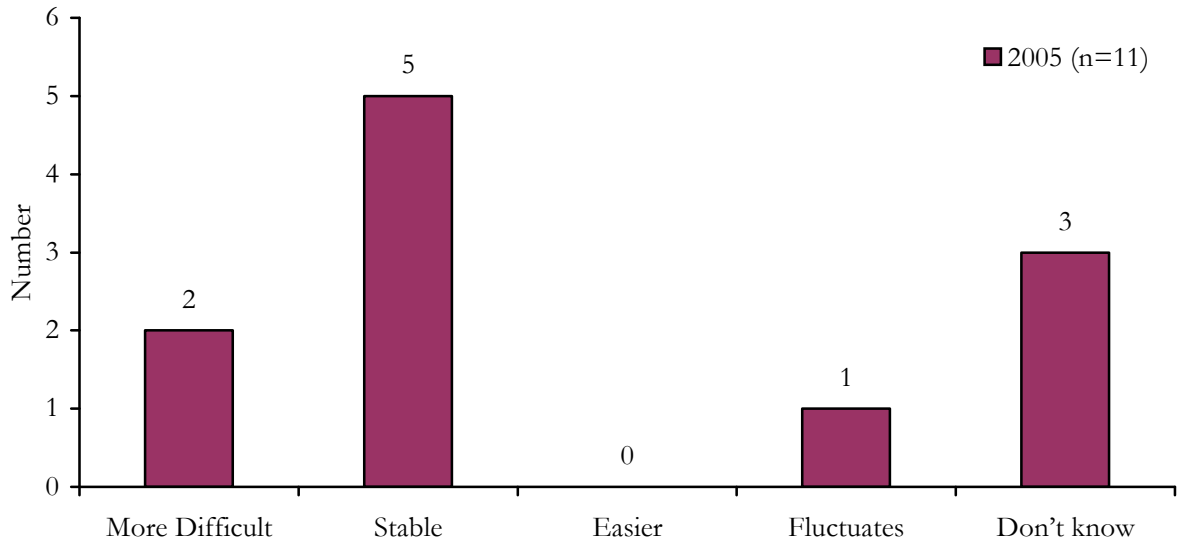
Figure 35: Current availability of cocaine, 2005



Source: PDI REU interviews

When commenting on the recent change of availability, five REU believed it had been stable, two thought it had become more difficult and one perceived it to be fluctuating (Figure 36).

Figure 36: Changes in cocaine availability in the preceding six months, 2005



Source: PDI REU interviews

Over the last two years the most common sources for scoring cocaine over the six months prior to interview remained consistent with REU most commonly using friends (n=5) followed by known acquaintances (n=2) and known dealers (n=1, Table 29). However, this year one person each obtained cocaine from workmates and unknown dealers. In 2005 most people scored from a friend's home (n=4) or a dealer's home (n=2). One person each also reported scoring cocaine from home, nightclubs, pubs and an agreed public location.

Table 29: REU reports of source and locations for scoring cocaine in the last 6 months, 2004-2005

	2004	**2005**
(n commented)	(n=6)	**(n=8)**
Source scored from (n)		
Friends	2	**5**
Known dealers	1	**1**
Workmates	0	**1**
Acquaintances	1	**2**
Unknown dealers	0	**1**
Locations scored from (n)		
Home	2	**1**
Dealer's home	0	**2**
Friend's home	1	**4**
Raves/doofs/dance parties	0	**0**
Nightclubs	0	**1**
Pubs	0	**1**
Street	0	**0**
Agreed public location	1	**1**

Source: PDI REU interviews

KE Comments on REU methamphetamine use

Six KE reported that a few REU would also use ecstasy. The remainder believed none did. Comments on cocaine use included: it is used before ecstasy; and using cocaine is a step up in the socio-economic group compared to those who just use ecstasy.

6.5 Cocaine-related harms

6.5.1 Law enforcement

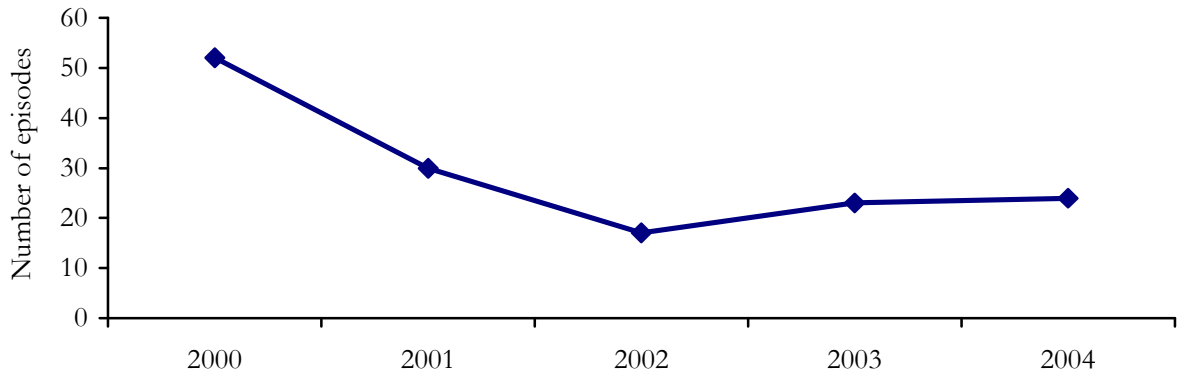
In 2004/05 there were five cocaine seizures in the NT by NT police. The ACC data shows that there was a total of five consumer/provider arrests related to cocaine in the NT in 2004/05.

6.5.2 Health

In the 2004/05 financial year there was one call to the ADIS line where cocaine was the drug of concern.

The number of treatment episodes in Alcohol and Other Drug Treatment Services (AODTS) where cocaine was the principal or other drug of concern dropped drastically from 2000 to 2002 (Figure 37). It has now begun to increase since 2002 with 24 episodes in 2004.

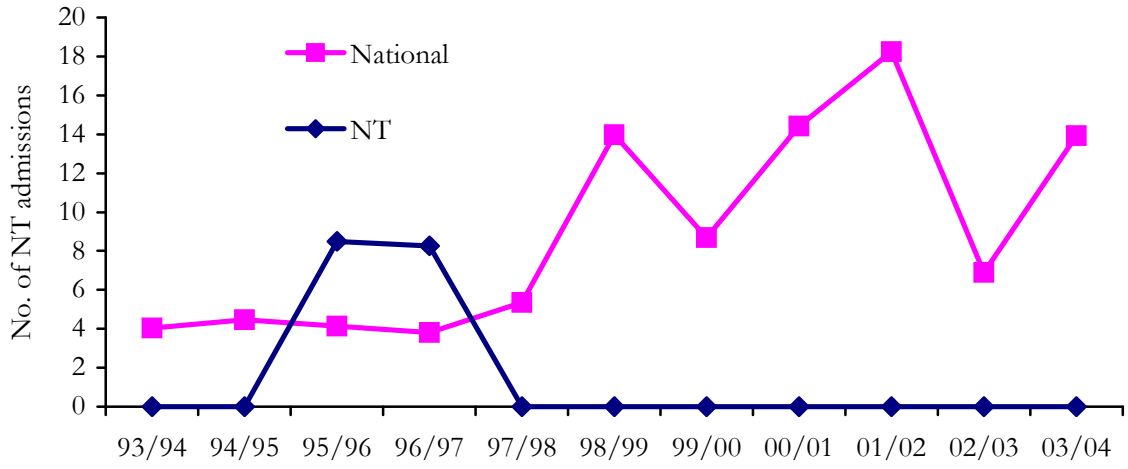
Figure 37: Number of treatment episodes in Northern Territory alcohol and other drug treatment services with cocaine as the principal or other drug of concern, 2000-2004



Source: NT AODTS

The rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years is shown in Figure 39. The NT only had admissions in 1995/96 and 1996/97 whereas nationally since 1998/99 the rate of admissions climbed and has since fluctuated.

Figure 38: Rate (per million) of inpatient hospital admissions where cocaine was the primary diagnosis for people aged 15-54 years, NT and nationally, 1993/94-2003/04



Source: AIHW

6.6 Summary of cocaine trends

- In the current year lifetime cocaine use remained stable at 39% and recent use decreased (15% vs. 11%) compared to last year.
- Among those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months in 2005, compared to one day in 2004.
- In 2005 usual (0.5 grams vs. 2 grams) and heavy (0.75 grams vs. 3.5 grams) quantities used increased compared to last year. Only one person had recently binged with cocaine in the last two years.
- In 2004 and 2005 the recent users most commonly snorted cocaine, and recent injecting decreased (36% vs. 11%).
- In 2004 cocaine was usually used at home or at private parties, in 2005 it was mostly used in a nightclub or at home.
- The median price for a gram of cocaine increased. In 2004 it was reported to be $250 and in 2005 was $375. Most users reported that the price for cocaine had been stable in 2004 and 2005.
- The purity of cocaine was reported to be medium in 2004, and medium to low in 2005. In both years most respondents didn't know about the change in purity over the last the six months.
- In 2004 most participants who commented on the availability stated that cocaine was difficult to very difficult to obtain, and in 2005 even higher proportions rated it as very difficult. In both years the availability had reportedly been stable over the past six months.

7.0 KETAMINE

Ketamine is a rapid acting dissociative anaesthetic used in veterinary surgery and less commonly in human surgery. It is a liquid that may be converted into a fine powder through evaporation, and can also be made into tablets. Ketamine produces a dissociative state in the user, commonly eliciting an out of body experience. But too much can result in the user having a 'near death experience' or falling into a 'k-hole' (White et al. 2003).

Ketamine is complicated to manufacture and precursor chemicals are difficult to obtain, therefore it is probably diverted from veterinary sources. Ketamine is also known as 'Special K' or 'Vitamin K' (ACC, 2003 *in* White et al.2003).

7.1 Ketamine use among REU

In 2005 lifetime ketamine use dropped by one-third (32% to 13%, Table 30) and recent use declined (18% to 7%) compared to 2004. The mean age for first use of ketamine was 24 years. Recent ketamine users had used it for a median of one day (compared to a median two days last year), with one person using it fortnightly or more.

Table 30: Patterns of ketamine use among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	32	**13**
Mean age first used (range)	22 (16-37)	**24 (18-32)**
(Of recent users)	(n=13)	**(n=6)**
Median days used last 6 months (range)	2 (1-4)	**1 (1-30)**
Use fortnightly or more (n)	0	**1**
Median quantities used (bumps)		
Usual (range)	2 (1-6)	**1 (1)**
Heavy (range)	2 (1-12)	**1 (1)**
Usually use > median usual amount (%)	15	**0**
Recently binged with^ (%)	31	**0**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

This year only one participant commented on usual and heavy use quantities and reported using one bump in both types of sessions. In 2004 the usual amount used in a session was two bumps with 15% typically using more than that. In heavy use episodes, users would also use a median of two bumps, but could use up to 12 bumps. No one reported using ketamine in a recent binge, however, last year almost one-third (31%) of the recent ketamine users had used it in a recent binge.

The proportion of those who had ever injected ketamine declined since last year (7% vs. 4%). Similar to last year, the most common route of administration for recent users in 2005 was swallowing (n=3), followed by snorting and injecting (both n=2, Table 31).

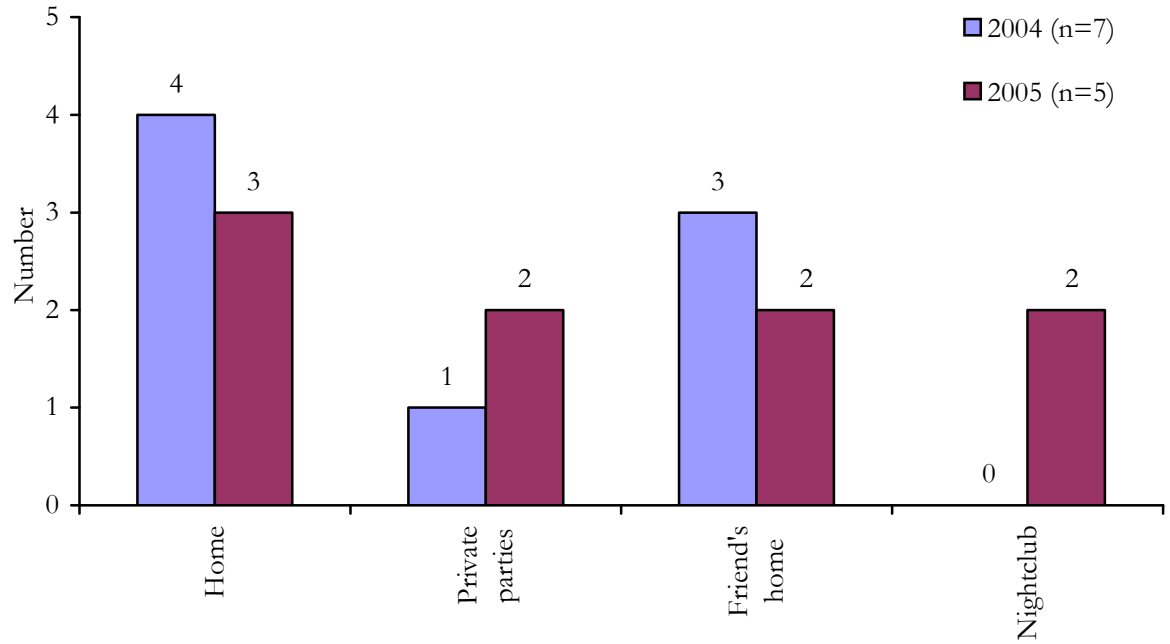
Table 31: Route of administration of ketamine by REU, 2004-2005

	2004 (n=13)	**2005 (n=6)**
Route of administration last 6 months (%)		
Swallowed	8	**3**
Snorted	2	**2**
Injected	5	**2**
Smoked	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

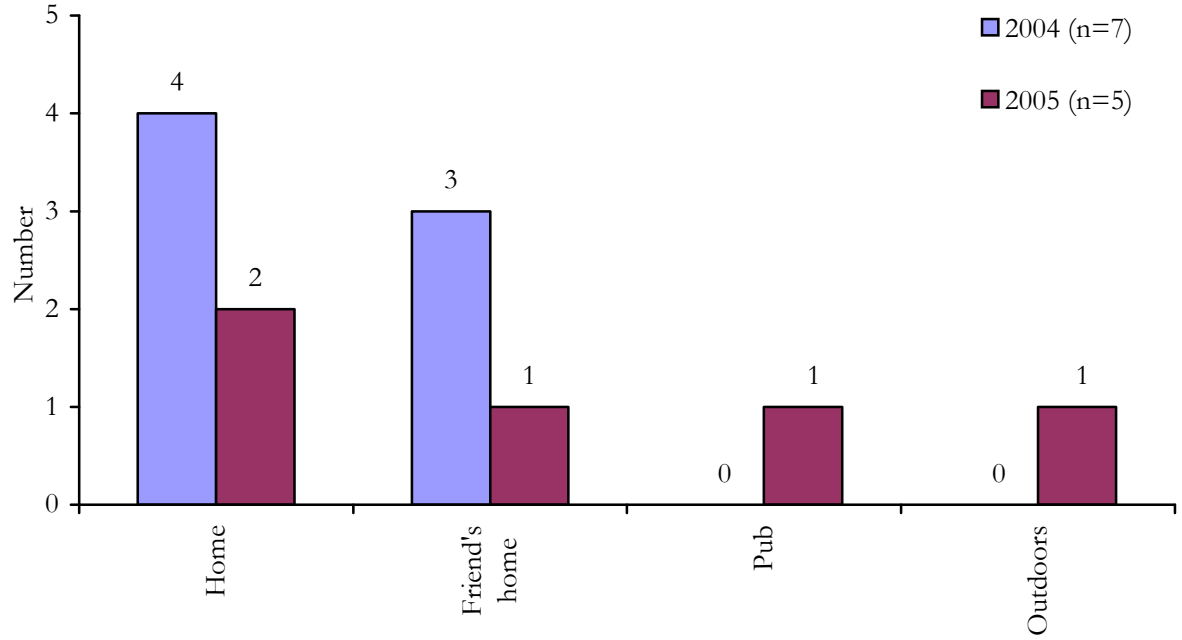
Five REU were able to comment on usual and last ketamine use venues in the current year. The majority of ketamine users reported that their usual use (n=3, Figure 39) and last use (n=2, Figure 40) venue was at home. The other popular usual use venues were at a friend's home, private parties and nightclubs (all n=2). In 2003 one person commented stating that they usually, and had last used ketamine at a friend's home. One person each nominated friend's home, pub and outdoors as their last use location.

Figure 39: Location of usual ketamine use, 2005



Source: PDI REU interviews

Figure 40: Location of most recent ketamine use, 2004-2005



Source: PDI REU interviews

7.2 Price

Only one participant was able to comment on ketamine price. They estimated that ketamine was $80 per gram although they had paid $100 per gram at their last purchase (Table 32). In 2004 three people were able to comment on the price per bump of ketamine, however, these comments were far ranging at $60, $200 and $500 . Only two REU reported the price that they last paid for a bump of ketamine, recording $60 and $200. Six participants were able to comment on the recent changes in ketamine prices in 2005, although five reported they didn't know about the recent price variations. The remainder reported that the price had increased or decreased (both n=1).

Table 32: Current and last price of ketamine purchased by REU and price variations, 2004-2005

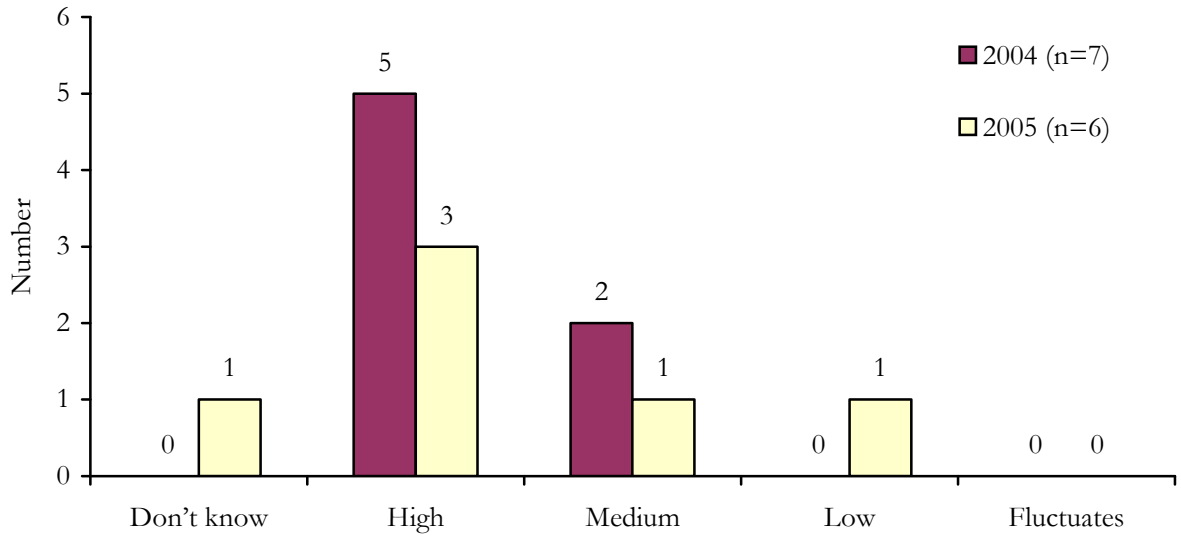
	2004	**2005**
Median price ($) per quantity* (range)	(n=3) 200 (60-500)	**(n=1) 80**
Median last price ($) per quantity* (range)	(n=2) 130 (60-200)	**(n=1) 100**
Price change (n)	(n=7)	**(n=6)**
Increased	0	**1**
Stable	2	**0**
Decreased	0	**1**
Fluctuated	0	**0**
Don't know	5	**4**

Source: PDI REU interviews
*2004=bump, 2005=gram

7.3 Purity

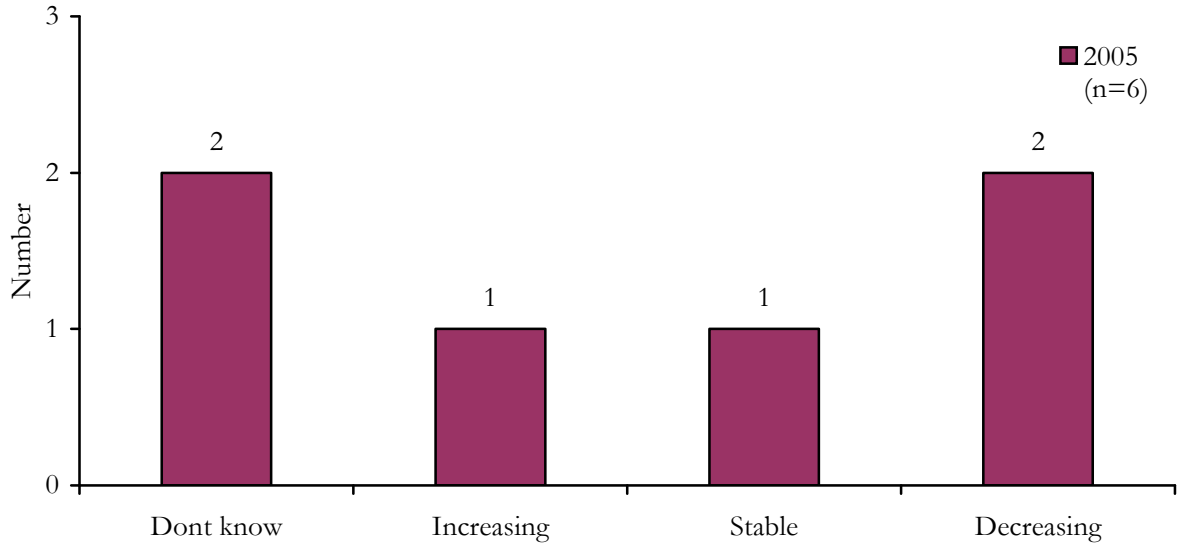
Six individuals were able to comment on the current purity of ketamine. The purity at the time of interview was rated as high by three REU (n=5 in 2004) and one each believed it was medium (n=2 in 2004) and low (Figure 41). In 2005 a majority of those who commented on purity change in the prior six months believed that the purity of ketamine had decreased (n=2) and one each thought it had increased or was stable (Figure 42).

Figure 41: User reports of current purity of ketamine, 2004-2005



Source: PDI REU interviews

Figure 42: Change in purity of ketamine in past 6 months, 2005

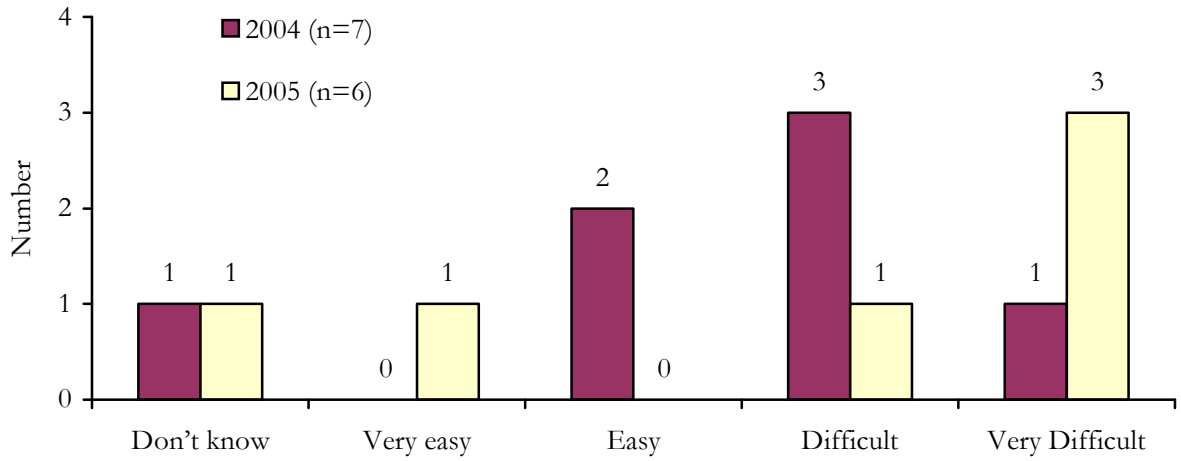


Source: PDI REU interviews

7.4 Availability

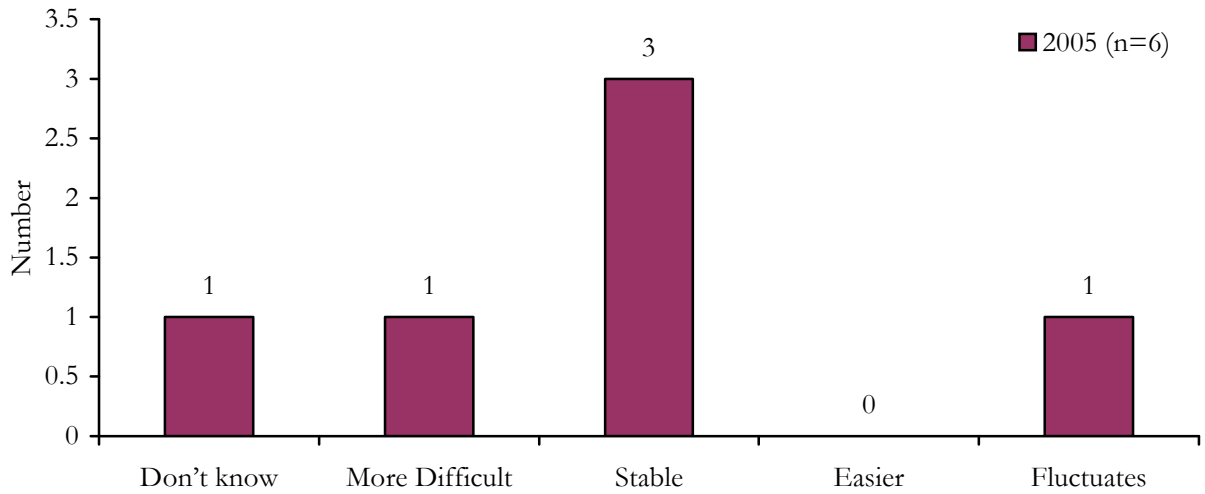
Again six individuals were able to comment on the current availability of ketamine with half reporting it as very difficult (n=3, n=1 in 2004), and one each finding it very easy or difficult to obtain (Figure 43). When commenting on the recent change in availability in 2005, half believed it had remained stable and one each thought it had fluctuated or become more difficult (Figure 44).

Figure 43: User reports of current availability of ketamine, 2004-2005



Source: PDI REU interviews

Figure 44: Change in ketamine availability in the preceding six months, 2005



Source: PDI REU interviews

The most common sources for scoring ketamine over the six months prior to interview in 2005 were known dealers (n=2, Table 33), unknown dealers and friends (both n=1). Last year two people reported usually scoring from an acquaintance. In 2005 most people scored from their own home (n=2) with one each nominating a dealer's home, friend's home, street and an agreed public location. In 2004 one person had reportedly scored from nightclubs.

Table 33: REU reports of source and locations for scoring ketamine in the last 6 months, 2004-2005

	2004	2005
(Number commented)	(n=5)	**(n=5)**
Source scored from (n)		
Friends	1	**1**
Known dealers	2	**2**
Workmates	0	**0**
Acquaintances	2	**0**
Unknown dealers	0	**1**
Locations scored from (n)		
Home	2	**2**
Dealer's home	1	**1**
Friend's home	2	**1**
Raves/doofs/dance parties	0	**0**
Nightclubs	1	**0**
Pubs	0	**0**
Street	1	**1**
Agreed public location	0	**1**

Source: PDI REU interviews

KE Comments on REU Ketamine use

Four of the KE stated that a few REU would also use ketamine and the remainder thought that none would use ketamine. Other KE comments regarding ketamine use included: most ecstasy users don't like it and people don't like it; and use has possibly decreased in the last 6 months.

7.5 Ketamine-related harms

7.5.1 Law enforcement

Law enforcement data pertaining to ketamine is not available in this jurisdiction.

7.5.2 Health

Overdose, mortality and treatment data pertaining to ketamine is not available in this jurisdiction.

7.6 Summary of ketamine trends

- Ketamine lifetime (32% vs. 13%) and recent (18% vs. 7%) use decreased in 2005.
- Frequency and quantity of ketamine use declined. Recent users in 2005 had used it for a median of one day (two days in 2004) and used one bump in usual and heavy episodes (two bumps in 2004).
- Swallowing was the most common recent route of administration in 2004 and 2005, but injecting and snorting were popular as well.
- In the last two years respondents reported usually using ketamine at home with a few also using at other locations.
- In 2004 the median price per bump was reported at $200 and in 2005 one participant reported the price at $80 per gram. Most did not know if this price had recently changed.
- Ketamine purity was rated high in both years, and stable in 2004, but decreasing in 2005.
- Ketamine availability was described as difficult to very difficult to obtain in both years, and that this had been stable over the prior six months.

8.0 GHB (inc. 1,4B & GBL)

Used for a number of clinical purposes (anaesthesia, narcolepsy, alcohol dependence, opioid withdrawal), gamma hydroxybutyrate (GHB) has recently been used as a recreational drug in many countries even though side effects include vomiting and seizures. Common street names for GHB in Australia include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro' (White et al. 2003).

Other substances may be sold as GHB alternatives such as its precursor, gamma-butyrolactone (GBL) and 1,4-butanediol (1-4B) which are metabolised into GHB in the body. These may be used as substitutes for GHB, but are pharmacologically different (White et al.2003).

GHB is a depressant, and when mixed with alcohol, the depressant effects are increased which may lead to respiratory difficulties and overdose. GHB is very dose dependent, which means that there is an extremely small difference between the 'desired' dose and one that induces unconsciousness (White et al.2003).

8.1 GHB use among REU

Unlike last year, this year no REU reported having ever used GBL, and no REU in the NT has ever reported using 1,4B in their lifetime (Table 34).

Table 34: Patterns of GHB, 1,4B and GBL use of REU, 2004-2005

	2004 (n=71)			**2005 (n=82)**		
	GHB	1,4B	GBL	**GHB**	**1,4B**	**GBL**
Ever used (%)	20	0	1	**15**	**0**	**0**
Mean age first used (range)	24 (18-37)	-	36	**23 (16-38)**	**-**	**-**
(Of recent users)	(n=4)	0	0	**(n=3)**	**-**	**-**
Median days used last 6 months (range)	3 (1-10)	-	-	**2 (1-6)**	**-**	**-**
Use fortnightly or more (n)	0	-	-	**0**	**-**	**-**
Median quantities used (mls)						
Usual (range)	11.1 (2-50)	-	-	**10 (10)**	**-**	**-**
Heavy (range)	11.1 (2-80)	-	-	**10 (10)**	**-**	**-**
Usually use > median usual amount (n)	2	-	-	**1**	**-**	**-**
Recently binged with^ (n)	1	-	-	**1**	**-**	**-**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

GHB use amongst REU has remained comparatively stable over the last two years. Currently 15% of the sample used GHB in their lifetime and 4% used it recently (20% and 7% respectively in 2004, Table 34). GHB was first used at an average age of 23 years, with frequency of use declining this year to a median of 2 days (3 days in 2004) and no one using it fortnightly or more in 2004 and 2005. The median amount of GHB used in a usual and heavy session was 11.1 mls in 2004 and 10 mls in 2005 with only one person commenting. One participant over the last two years reported having used GHB in a recent binge.

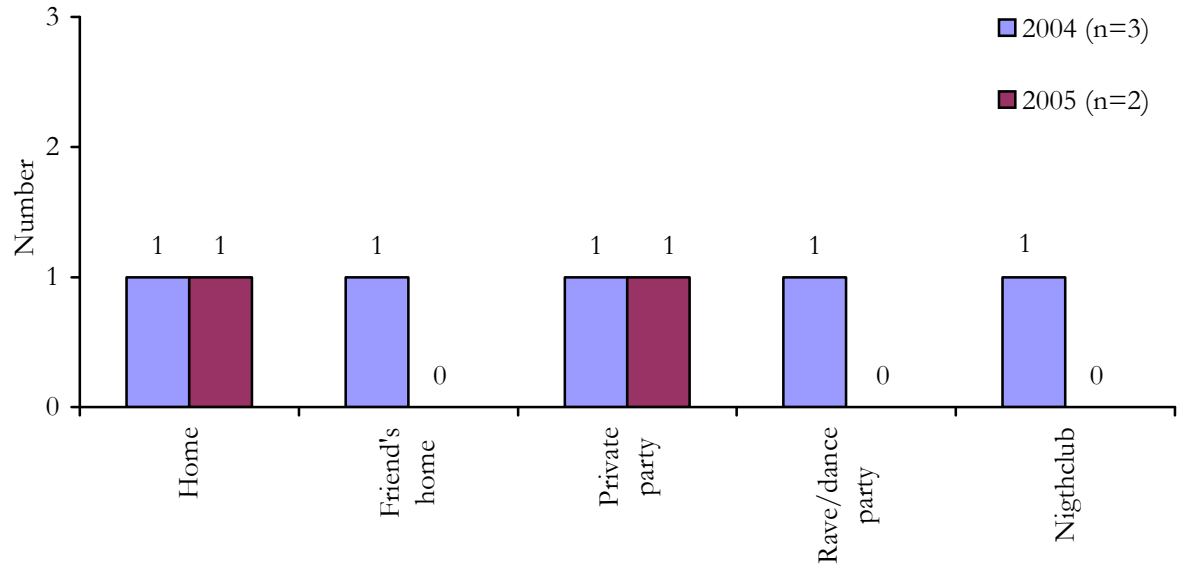
In 2004 four percent (4%) of REU had ever injected GHB and this year only 1% had done so. However, last year no one had recently injected GHB and this year one participant reported doing so (Table 35). The only other recent route of administration for GHB was swallowing (n=4 in 2004 and n=3 in 2005).

Table 35: Route of administration of GHB by recent users, 2004-2005

	2004 (n=4)	**2005 (n=3)**
Route of administration last 6 months (n)		
Swallowed	**4**	**3**
Injected	**0**	**1**
Shelved/shafted	**0**	**0**

Source: PDI REU interviews

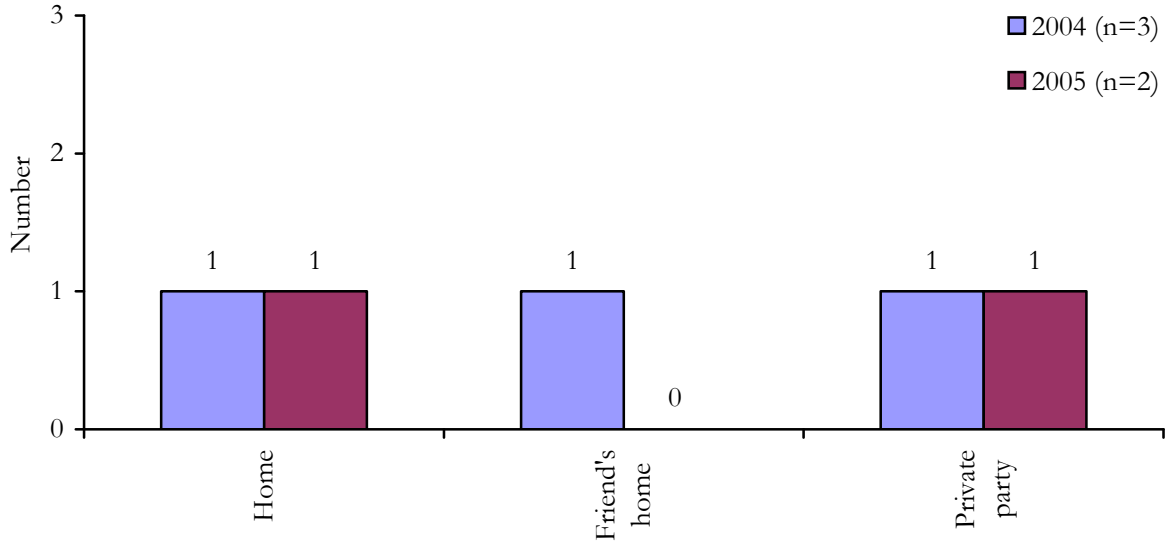
Figure 45: Usual location of GHB use, 2004-2005



Source: PDI REU interviews

In 2005 only two individuals were able to comment on usual and last GHB use location. One person each nominated home and private parties as their usual and last use location (Figure 45 and 46). In 2004 other usual use locations included friends home, raves/doofs/dance parties, and nightclubs and friend's home was also recorded as a last use location.

Figure 46: Location of most recent GHB use, 2004-2005



Source: PDI REU interviews

8.2 Price

One person commented on GHB price over the last two years. In 2004 the price was estimated to be $3 per ml but the participant had last paid $2.50 per ml (Table 36). In 2005 it was estimated at $50 per cap and this was also the last price paid. Two people commented on recent price change with one person believing it has been stable and the other didn't know. This is consistent with last year, however, one more person commented in 2004 stating the price had decreased.

Table 36: Current and last price of GHB purchased by REU and price variations, 2004

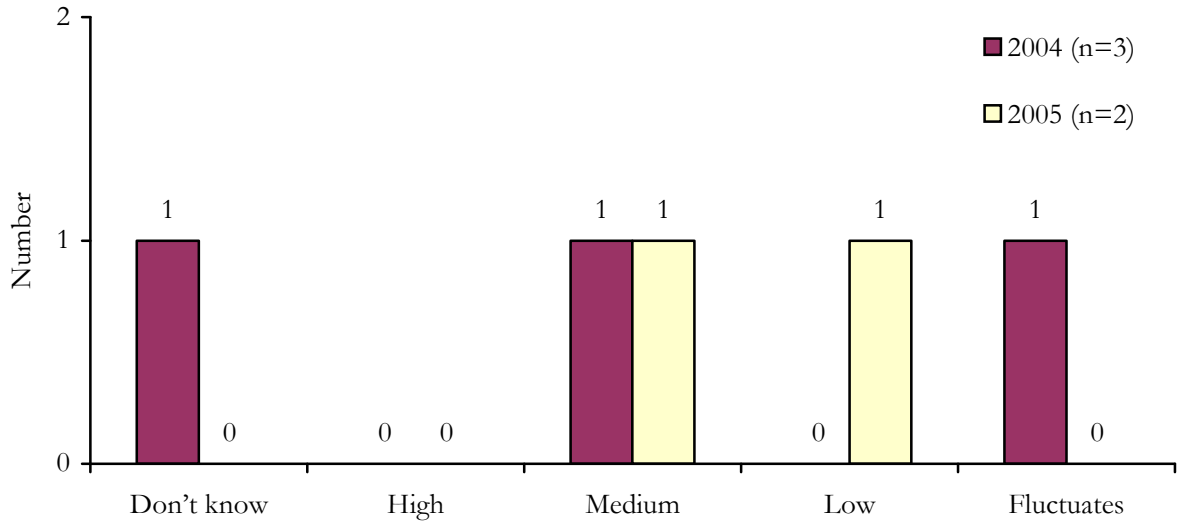
	2004 (n=71)	**2005** (n=82)
Median price ($) per quantity* (range)	(n=1) 3	**(n=1) 50**
Median last price ($) per quantity* (range)	(n=1) 2.50	**(n=1) 50**
Price change (n)	(n=3)	**(n=2)**
Increased	0	**0**
Stable	1	**1**
Decreased	1	**0**
Fluctuated	0	**0**
Don't know	1	**1**

Source: PDI REU interviews
* 2004=ml, 2005=cap

8.3 Purity

The three individuals who commented on current GHB purity believed it to be medium (n=1) or fluctuating (n=1) and one didn't know. This year only two could comment and one thought it was medium and the other thought it was low (Figure 47).

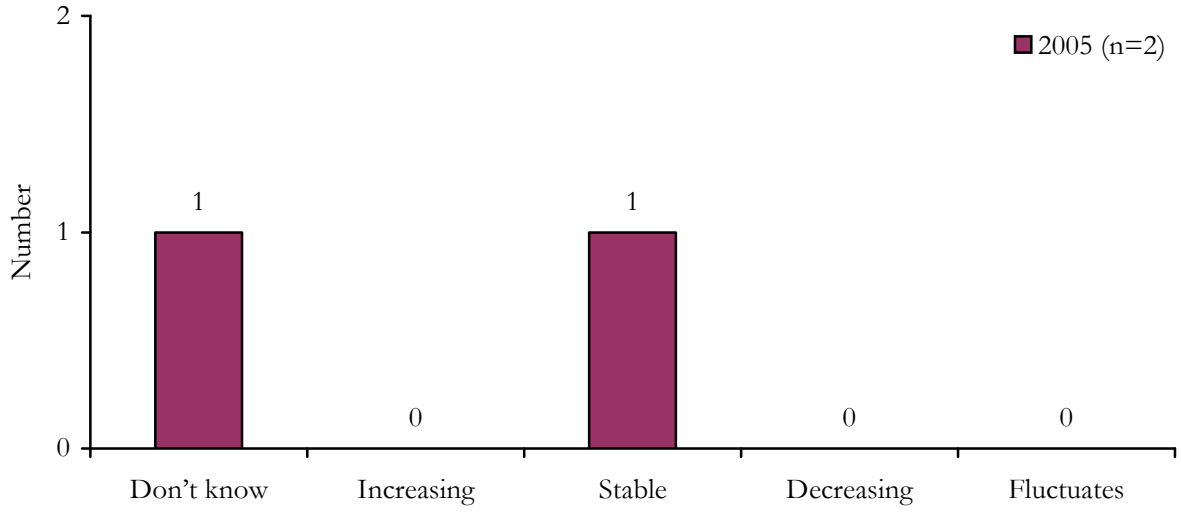
Figure 47: User reports of current purity of GHB, 2004-2005



Source: PDI REU interviews

When commenting on changes in GHB purity over the last six months one person stated it had remained stable and one didn't know (Figure 48).

Figure 48: Change in purity of GHB in past 6 months, 2005

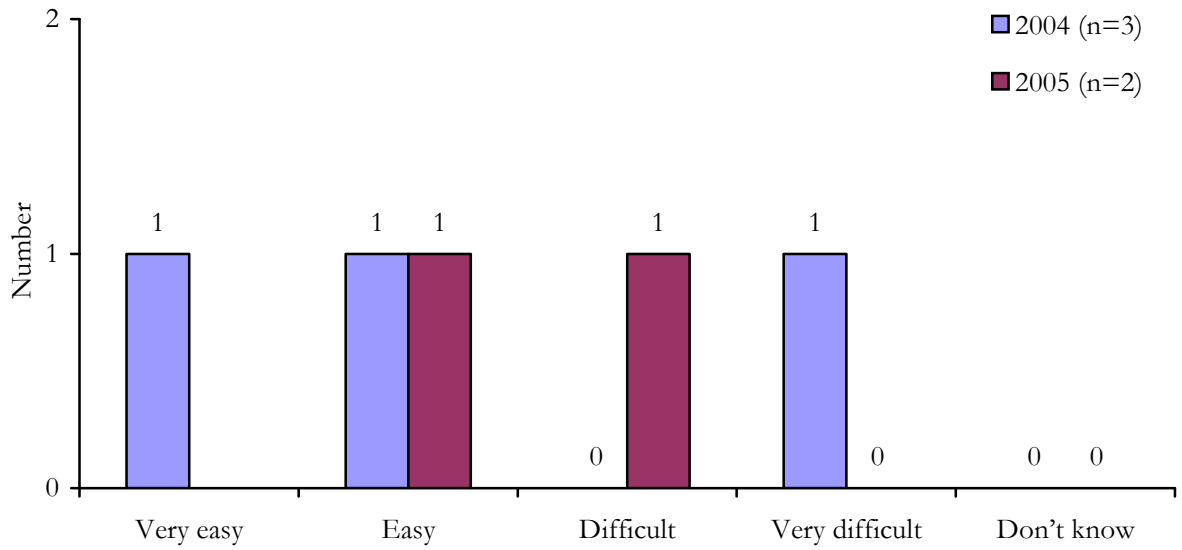


Source: PDI REU interviews

8.4 Availability

In 2004 participant comments indicated that it was either very easy (n=1), easy (n=1) or very difficult (n=1) to obtain GHB at the time of interview. In 2005 one person each stated it was easy or difficult (Figure 49).

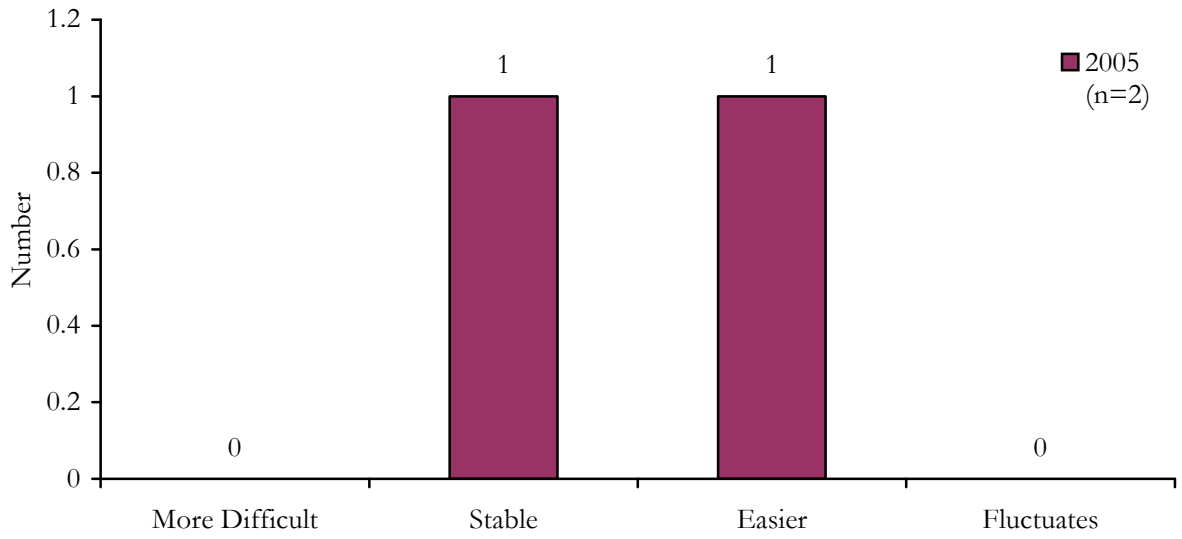
Figure 49: Current availability of GHB, 2004-2005



Source: PDI REU interviews

Change in availability results in 2005 indicate that one participant each rated the availability of GHB to have either become easier or remained stable (both n=1) over the six months prior to interview (Figure 50).

Figure 50: Changes in GHB availability in the preceding six months, 2005



Source: PDI REU interviews

KE Comments on REU GHB use

Four of the KE stated that a few REU would also use GHB. The remainder thought that none would use GHB. Other KE comments regarding GHB use included: it has become less popular in the last six months due to publicity; more people are scared to use it; there was talk about it at 'Bass in the Grass' but were no problems; and it is pretty rare in Darwin.

8.5 GHB-related harms

8.5.1 Law enforcement

Law enforcement data pertaining to GHB is not available in this jurisdiction.

8.5.2 Health

Overdose, mortality and treatment data pertaining to GHB is not available in this jurisdiction.

8.6 Summary of GHB Trends

- No REU has reported ever using 1,4B in the NT.
- Last year one REU reported using GBL, no one reported ever using it this year.
- In 2005 fifteen percent (15%) of the sample reported lifetime use of GHB (20% in 2004) and only 4% had used GHB in the six months preceding interview (6% in 2004).
- GHB had been recently used for a median of two days (three days in 2004) and recent users were using 10mls in usual and heavy episodes (11.1mls in 2004).
- Among the few that reported GHB use all had recently swallowed the drug in both years and one person reported recently injecting it in 2005.
- Over the last two years recent users usually and last used GHB at home and private parties.
- One person reported the price of GHB over the last two year; in 2004 it was $3 per ml, and in 2005 it was $50 per cap, with no consistent comments around price change in both years.
- In 2004 GHB purity was rated as medium or fluctuating and in 2005 it was medium to low and stable.
- In 2004 and 2005 comments regarding GHB availability were mixed with no clear pattern.

9.0 LSD

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

9.1 LSD use among REU

Lifetime LSD use remained stable over the last two years (63% vs. 61%) but recent use declined (31% vs. 15%, Table 37). The mean age first using LSD was 17 years (18 years in 2004). Frequency of LSD use increased this year from a median of one day in the previous six months in 2004 to a median of 2 days in 2005, but no one would use fortnightly or more.

Table 37: Patterns of LSD use among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	63	**61**
Mean age first used (range)	18 (13-29)	**17 (11-28)**
(Of recent users)	(n=22)	**(n=12)**
Median days used last 6 months (range)	1 (1-48)	**2 (1-10)**
Use fortnightly or more (%)	14	**0**
Median quantities used (tabs)		
Usual (range)	1 (0.25-5)	**1 (1-3)**
Heavy (range)	1 (0.25-14)	**1.5 (1-3)**
Usually use > median usual amount (%)	32	**33**
Recently binged with^ (%)	9	**25**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Recent users reported using one tab in a usual use session in both years (Table 37). A median of one tab was also used in a heavy use session in 2004 and this increased to 1.5 tabs in 2005. Recent bingeing with LSD amongst recent users increased from 9% in 2004 to 25% in 2005.

Over the last two years the proportion of REU reporting lifetime injecting of LSD remained similar (10% in 2004 to 11% in 2005). Recent routes of administration amongst recent LSD users also remained consistent over the same period. In 2005 all recent LSD users reported recently swallowing the drug, and 8% each had recently snorted and injected it (Table 38).

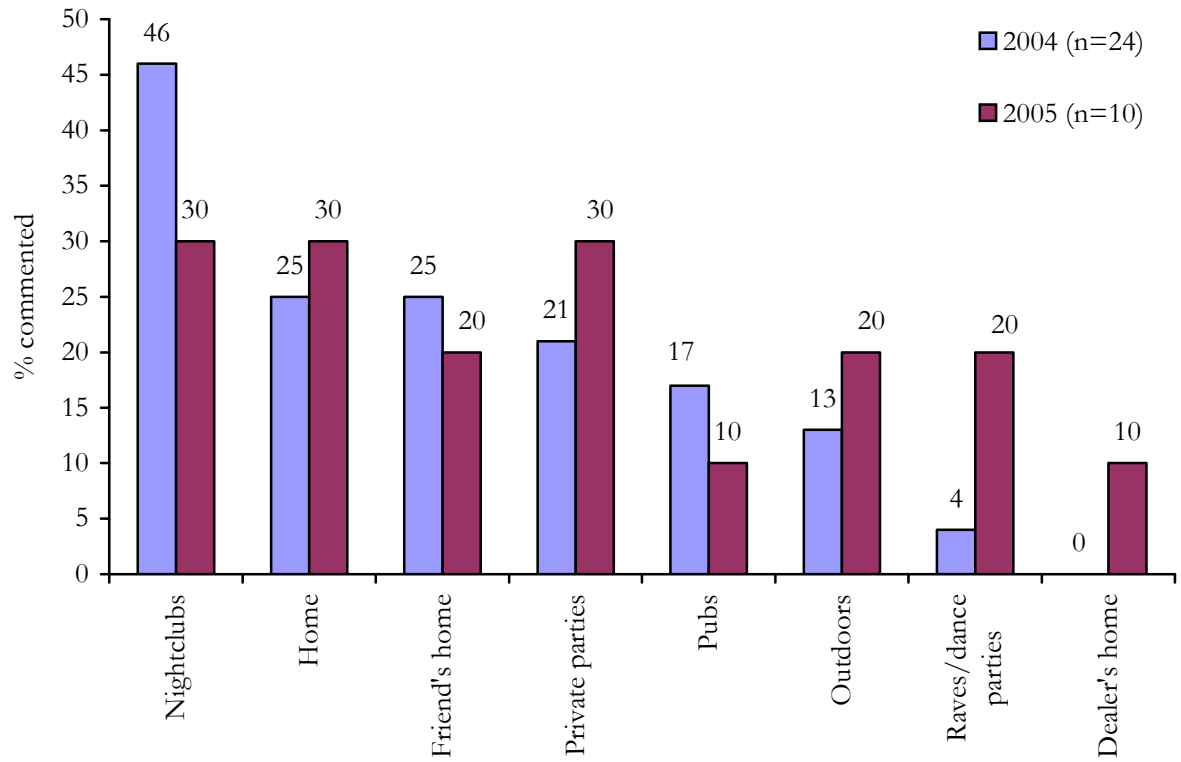
Table 38: Route of administration of LSD by recent users, 2004-2005

	2004 (n=22)	**2005 (n=12)**
Route of administration last 6 months (%)		
Swallowed	95	**100**
Snorted	9	**8**
Injected	5	**8**
Smoked	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

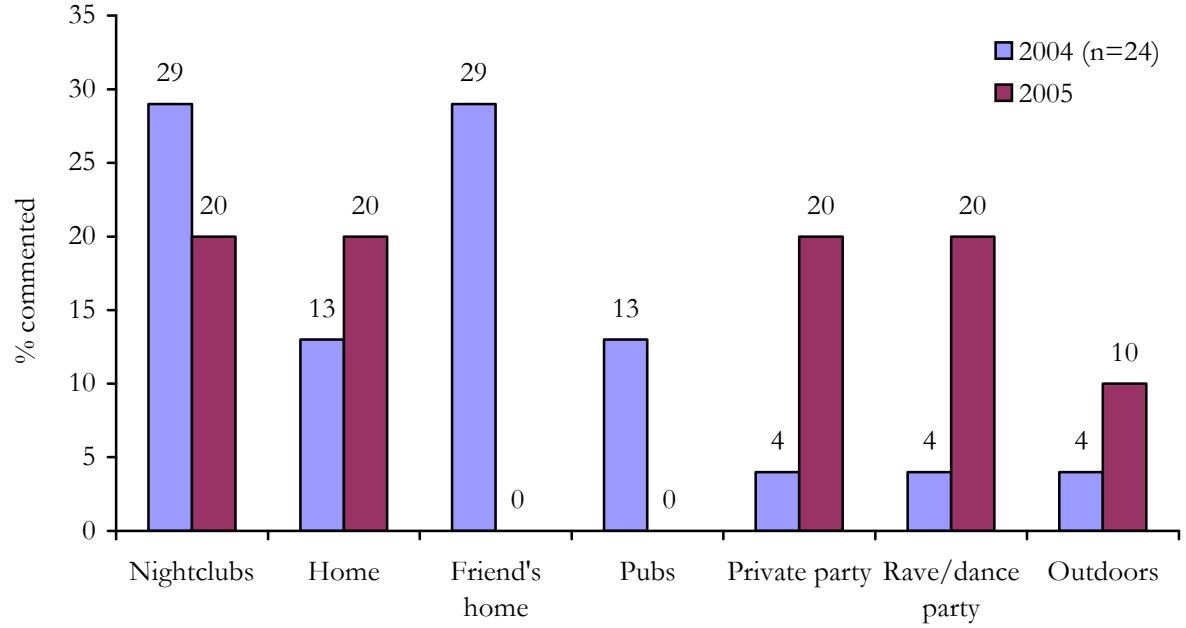
Only 10 REU were able to comment on their LSD use venues this year. The top three usual use venues for LSD were nightclubs, home and private parties (all 30%, Figure 51). Other common usual use venues were friend's home, outdoors and raves/dance parties (all 20%). Of the ten participants commenting, two each had last used LSD at a nightclub, home, private party and a rave/dance party, with one reporting their last use venue as outdoors (Figure 52).

Figure 51: Usual location of LSD use, % commented, 2004-2005



Source: PDI REU interviews

Figure 52: Location of most recent LSD use, % commented, 2004-2005



Source: PDI REU interviews

9.2 Price

Fifteen respondents were able to comment on the current price of LSD reporting a median of $25, unchanged from last year (Table 39). Thirteen commented on the price they had last paid for LSD reporting a median of $25, increasing by $2.50 from last year. Consistent with this increase, of the 16 individuals reporting on LSD price changes, over a third (38%) believed the price had risen over the prior six months and one-quarter (25%) believed the price had remained stable.

Table 39: Current and last price of LSD purchased by REU and price variations, 2004-2005

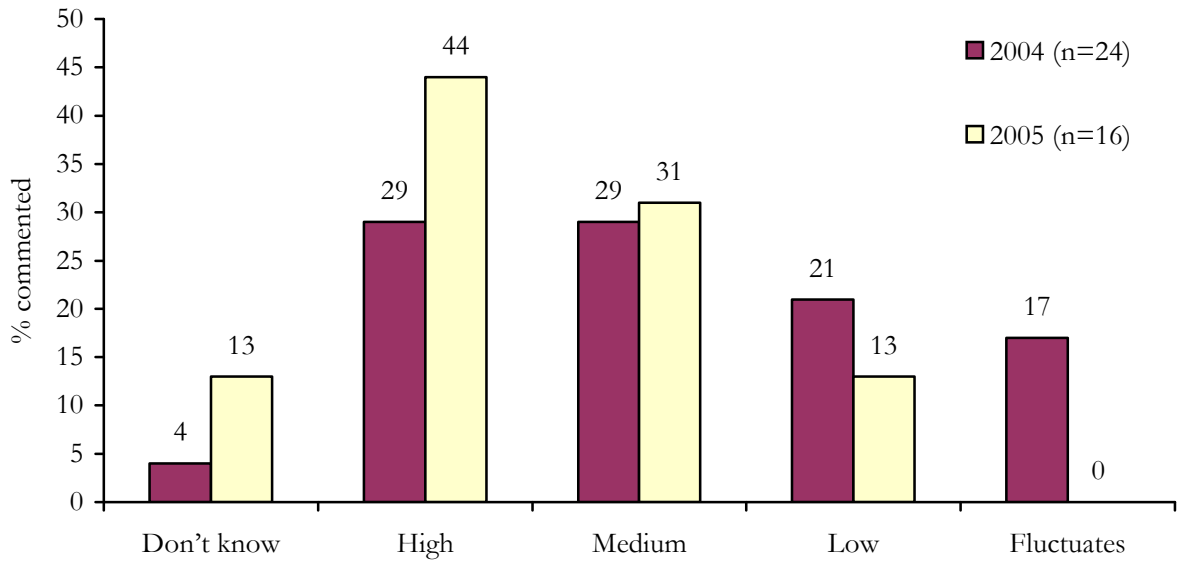
	2004	**2005**
Median price ($) per tab (range)	(n=22) 25 (12-30)	**(n=15) 25 (15-80)**
Median last price ($) per tab (range)	(n=24) 22.5 (4-30)	**(n=13) 25 (10-60)**
(% of commented)	(n=24)	**(n=16)**
Price change		
Increased	0	**25**
Stable	50	**38**
Decreased	8	**0**
Fluctuated	13	**13**
Don't know	29	**25**

Source: PDI REU interviews

9.3 Purity

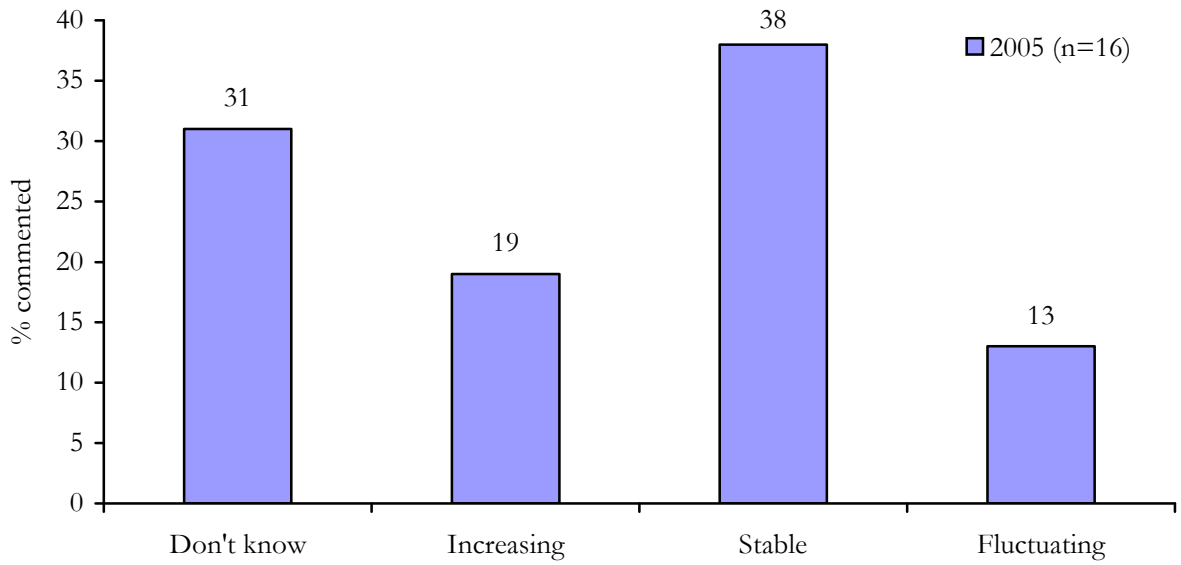
Compared to 2004, increased proportions of REU thought that current LSD purity was high (29% to 44%) and decreased proportions thought it was low (21% to 13%, Figure 53). When asked if the purity of LSD had changed in the last six months, 16 REU were able to comment in 2005 with the bulk (38%) stating that it had remained stable and 19% thought it had been increasing (Figure 54).

Figure 53: REU reports of current purity of LSD, % commented, 2004-2005



Source: PDI REU interviews

Figure 54: Change in purity of LSD in past 6 months, % commented, 2005

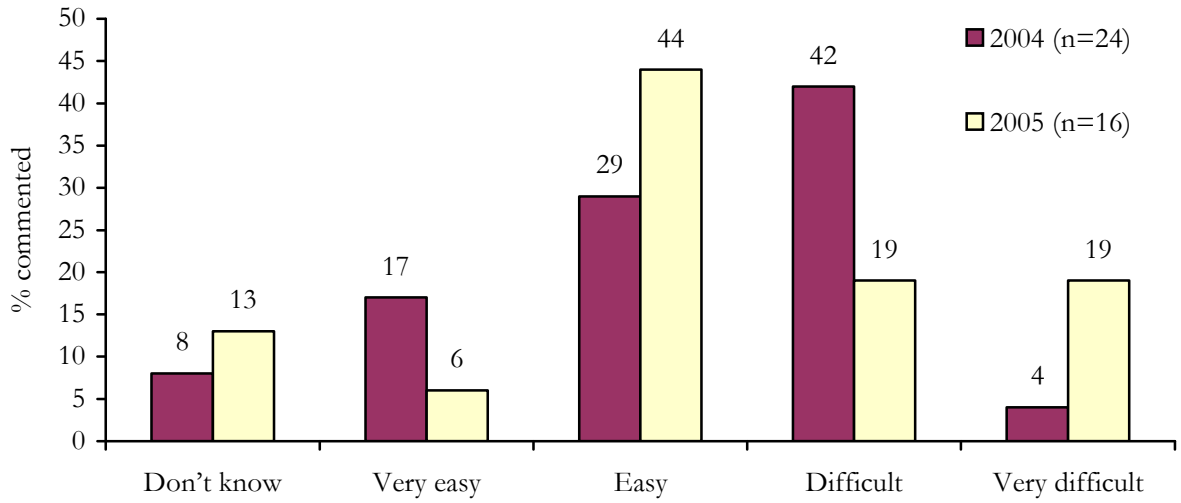


Source: PDI REU interviews

9.4 Availability

Compared to 2004, increased proportions of respondents thought that the availability of LSD at the time of interview was easy (29% to 44%) and decreased proportions thought it was difficult (42% to 19%, Figure 55). However, the proportions nominating LSD as very easy to obtain has decreased and the proportion nominating it as very difficult to obtain has increased. Overall, the proportions in the very easy to easy (46% to 50%) category and the difficult to very difficult (46% to 38%) category has remained comparatively stable.

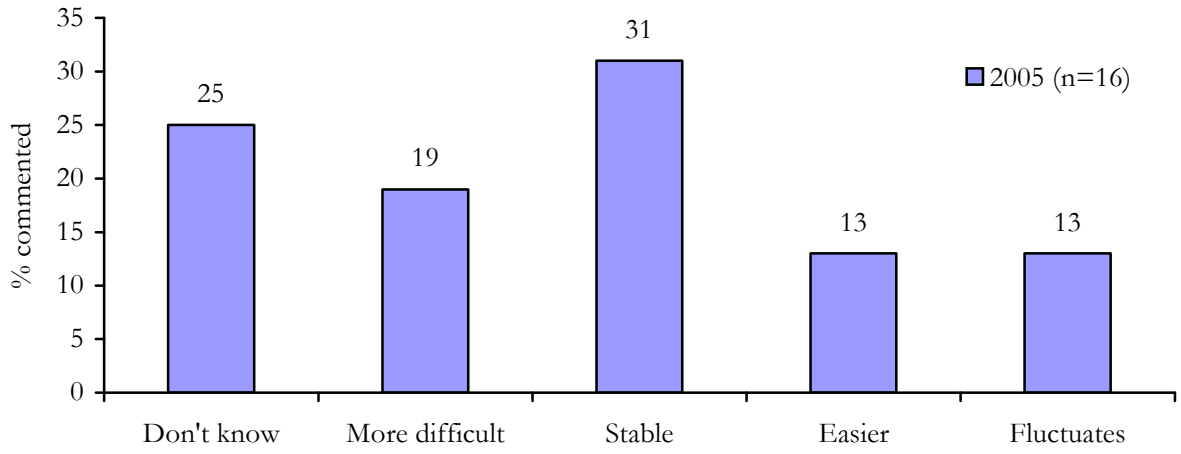
Figure 55: REU reports of current availability of LSD, 2004-2005



Source: PDI REU interviews

When commenting on the recent change in LSD availability, responses were mixed with a third (31%)believing it had remained stable, 19% believed it had become more difficult, 13% thought it had become easier or fluctuated (Figure 56).

Figure 56: REU reports of change in availability of LSD in the last 6 months, 2005



Source: PDI REU interviews

The most common sources for scoring LSD over the six months prior to interview were friends (64%) followed by known dealers (46%). Unlike last year, this year workmates (9%) were nominated as a LSD score source, however, no one reported scoring from acquaintances and unknown dealers this year (Table 40). Respondents reported that they mostly scored from a friend's home (64%), own home and a dealers home (both 18%). Last year a quarter of respondents scored at nightclubs, however, no one reported doing so this year.

Table 40: REU reports of source and locations for scoring LSD in the last 6 months, 2004

	2004 (n=71)	**2005 (n=82)**
(% of commented)	(n=24)	**(n=11)**
Source scored from		
Friends	56	**64**
Known dealers	29	**46**
Workmates	0	**9**
Acquaintances	21	**0**
Unknown dealers	4	**0**
Locations scored from		
Home	42	**18**
Dealer's home	17	**18**
Friend's home	33	**64**
Raves/doofs/dance parties	8	**9**
Nightclubs	25	**0**
Pubs	17	**9**
Street	0	**0**
Agreed public location	13	**9**

Source: PDI REU interviews

KE Comments on REU LSD use

Five of the KE stated that none of the REU would also use LSD, five said a few, two said half, and one said most would use LSD. Other KE comments regarding LSD use included: use has increased in the last six months; LSD is generally used at the same time as other drugs - ecstasy, LSD and speed; and noticed psychosis with long term use.

9.5 LSD-related harms

9.5.1 Law enforcement

The ACC reported that in 2003/04 there was a total of one hallucinogen consumer/provider arrest in the NT and this increased to two arrests in 2004/05.

The NT Police recorded four LSD seizures in 2003/04 and three seizures in 2004/05 (NT Police Illicit Drug Database).

9.5.2 Health

Overdose, mortality and treatment data pertaining to LSD is not available in this jurisdiction.

9.6 Summary of LSD Trends

- In 2005 lifetime LSD use remained stable (63% vs. 61%) and recent use decreased (31% vs. 15%) compared to 2004.
- LSD had been recently used for a median of two days (one day in 2004) and recent users were using one tab in usual use (same as 2004) and one and a half tabs in a heavy episodes in 2005 (one tab in 2004).
- In 2004 and 2005 a majority of recent users would swallow LSD with small proportions reporting injecting and snorting.
- Bingeing with LSD amongst recent users increased from 9% in 2004 to 25% in 2005.
- Small proportions of recent users had recently injected LSD in both years, although most reported swallowing it.
- LSD was most commonly used in nightclubs in both years, however, in 2005 home and private parties were equally common venues.
- In both years LSD was most commonly purchased in tab form for $25 and this price was reportedly stable, however, 25% said this price had recently increased in 2005.
- In 2005 higher proportions nominated LSD's current purity as high and medium compared to 2004 and reported that this had been stable over the past six months.
- In 2005 higher proportions nominated LSD's current availability as easy, less rated it as difficult compared to 2004 and reported that this had been stable over the past six months
- In 2005 LSD was typically scored from a friend at a friend's home (compared to own home last year).

10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family. Like ecstasy, MDA is classed as a stimulant hallucinogen. MDA has similar effects to ecstasy. It generally comes in capsule, powder or tablet form and may be in pills sold as ecstasy (White et al. 2003).

10.1 MDA use among REU

Lifetime (12%) and recent (2%) MDA use decreased compared to last year (28% and 10% respectively, Table 41). The average age of initiation into MDA use decreased from 22 years to 19 years in 2005, with some starting as early as 15 years. Only one of the two recent users commented on frequency of use reporting they had used MDA on one occasion in the prior six months, compared to a median of three days last year.

Table 41: Patterns of MDA use among REU, 2000-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	28	**12**
Mean age first used (range)	22 (16-38)	**19 (15-29)**
(Of recent users)	(n=7)	**(n=2)**
Median days used last 6 months (range)	3 (1-24)	**1 (1)**
Use fortnightly or more (n)	1	**0**
Median quantities used (capsules)		
Usual (range)	1 (1-2)	**2 (2)**
Heavy (range)	2 (1-4)	**2 (2)**
Usually use > usual amount (n)	3	**0**
Recently binged with (n)	0	**0**

Source: PDI REU interviews

On average, two capsules were used in a heavy session over the last two years. Two capsules were also used in a usual session in 2005, but only one capsule in 2004. No REU had used MDA in a recent binge in the last two years.

The proportion of those that had ever injected MDA remained small (4%) in the last two years. Consistent with 2004, in 2005 both of the recent users had swallowed (n=2, Table 42) MDA in the last six months, and one each had injected and snorted it. No one reported smoking MDA recently this year, whereas one had done so in 2004.

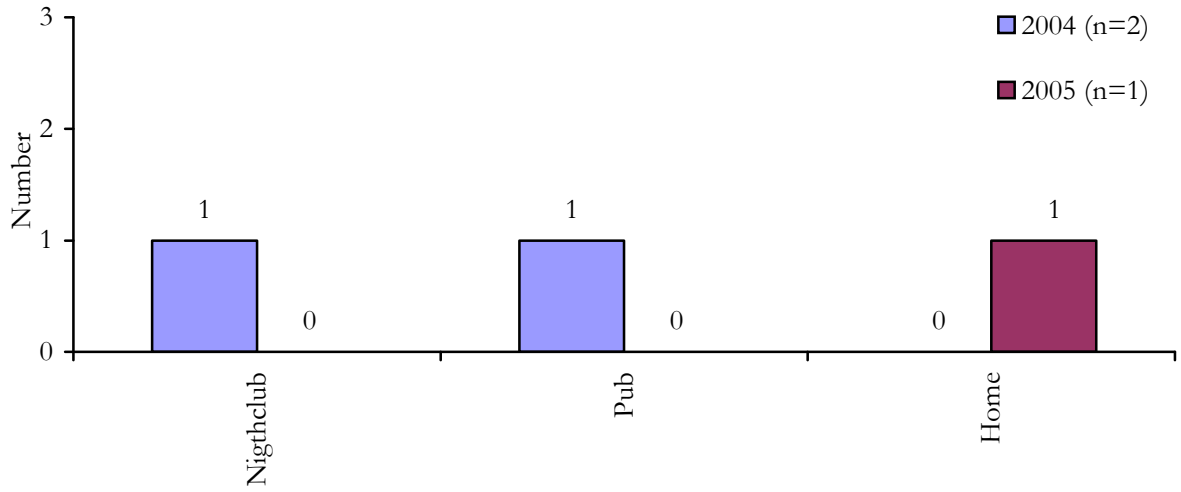
Table 42: Route of administration of MDA by recent users, 2004-2005

	2004 (n=7)	**2005 (n=2)**
Route of administration last 6 months (n)		
Swallowed	6	**2**
Snorted	1	**1**
Injected	1	**1**
Smoked	1	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

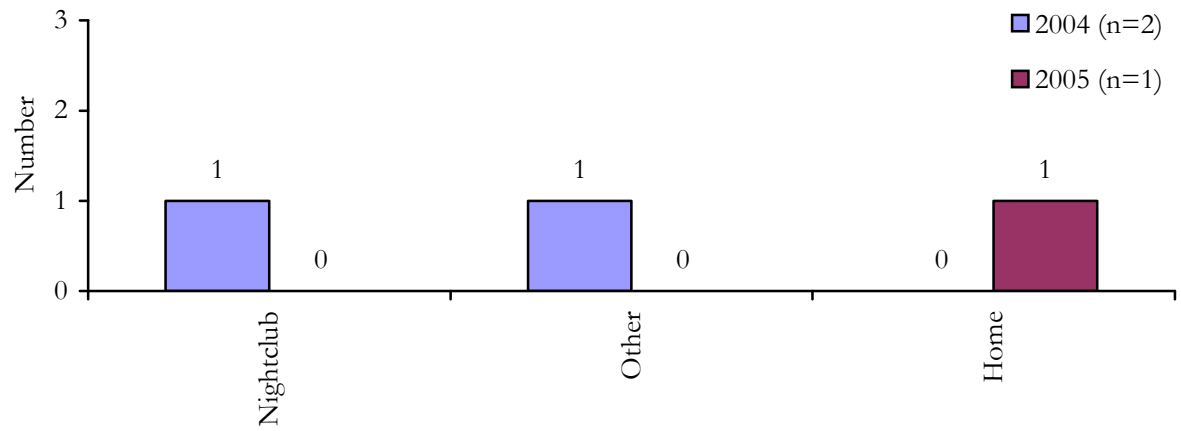
In 2004, only two REU were able to comment on usual and last MDA use venues and in 2005 only one person could comment. In 2004 one person said that they usually used MDA in a nightclub and had also last used it there (Figure 57 and 58). The other person said that they usually used MDA in pubs but had last used it at an 'other' location, which was specified as a 'live music event'. In 2005 the only person who commented stated that they usually used MDA at home and had also last used it there.

Figure 57: Usual locations of MDA use, 2005



Source: PDI REU interviews

Figure 58: Location of most recent MDA use, 2004-2005



Source: PDI REU interviews

10.2 Price

Again only very small numbers were able to comment on MDA price (2 in 2004 and 1 in 2005), however, the data from both years were consistent with a median price of $55 a cap in 2004 and $50 in 2005; these were also the same figures for last price per cap in the respective years. In both years this price was reportedly stable (n=1) in the six months prior to interview (Table 43).

Table 43: Current and last price of MDA purchased by REU and price variations, 2004-2005

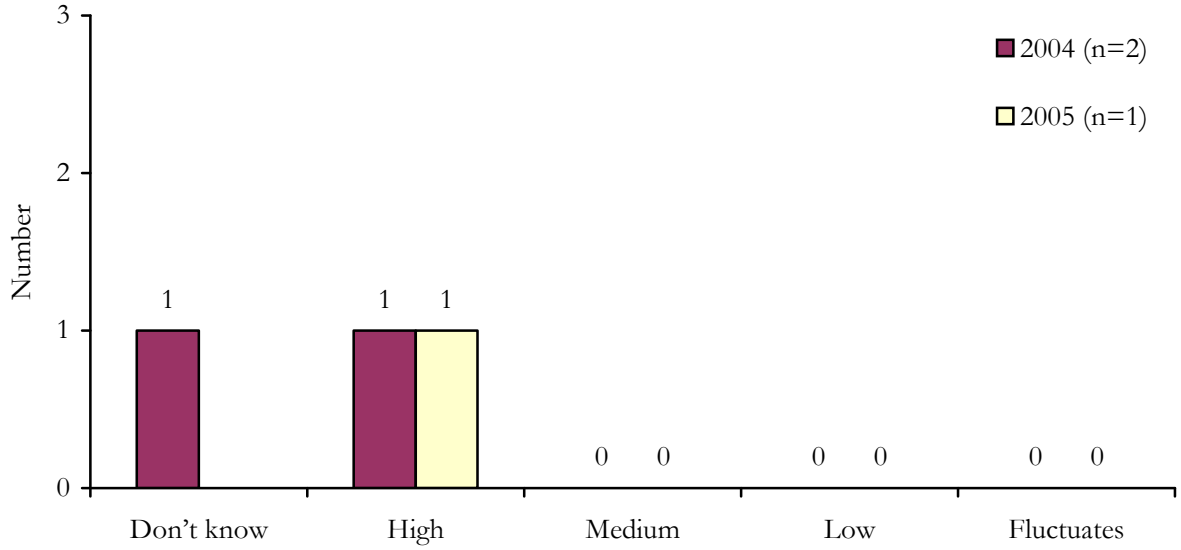
	2004	**2005**
Median price ($) per cap (range)	(n=2) 55 (50-60)	**(n=1) 50 (50)**
Median last price ($) cap gram (range)	(n=2) 55 (50-60)	**(n=1) 50 (50)**
Price change (n)	(n=2)	**(n=1)**
Increased	0	**0**
Stable	1	**1**
Decreased	0	**0**
Fluctuated	0	**0**
Don't know	1	**0**

Source: PDI REU interviews

10.3 Purity

In both years the purity at time of interview was rated by one person as 'high'. In 2004 the other participant that commented didn't know about MDAs current purity (Figure 59).

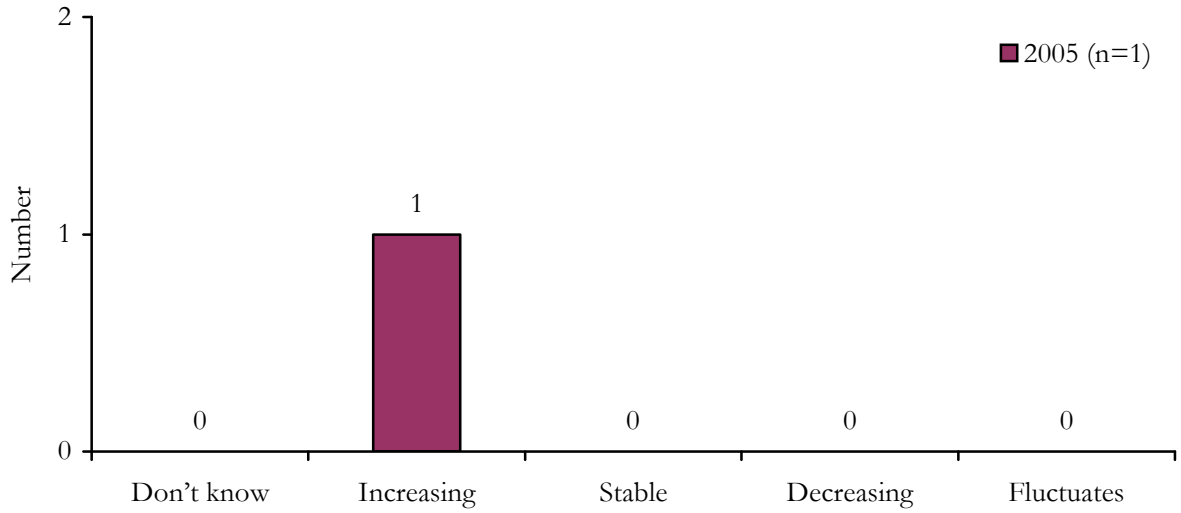
Figure 59: User reports of current purity of MDA, 2004-2005



Source: PDI REU interviews

In 2005, the change in MDA purity over the six months prior to the interview was perceived to be increasing by the one participant who could comment (Figure 60).

Figure 60: Change in purity of MDA in past 6 months, 2005

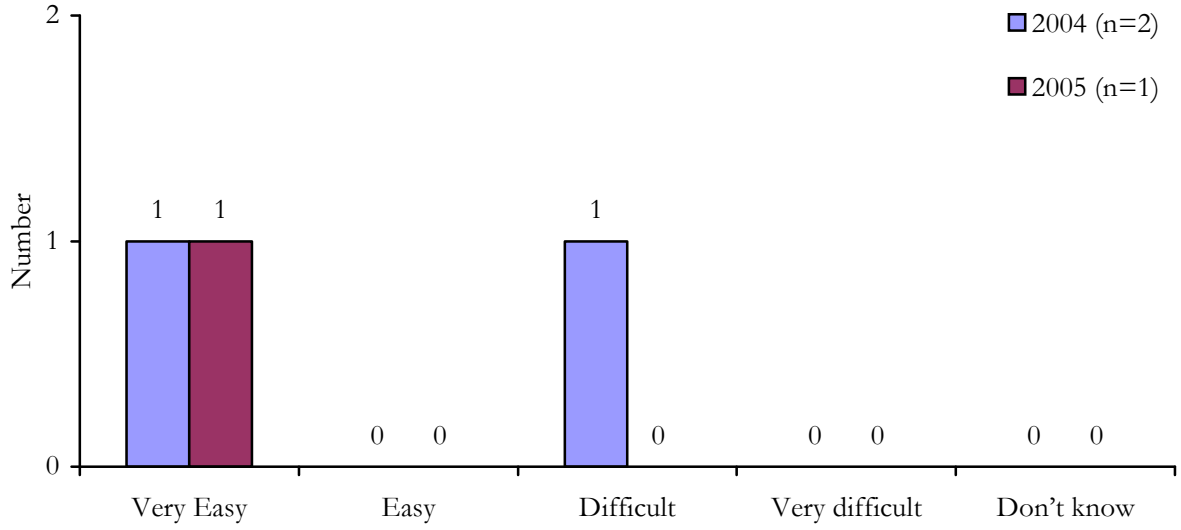


Source: PDI REU interviews

10.4 Availability

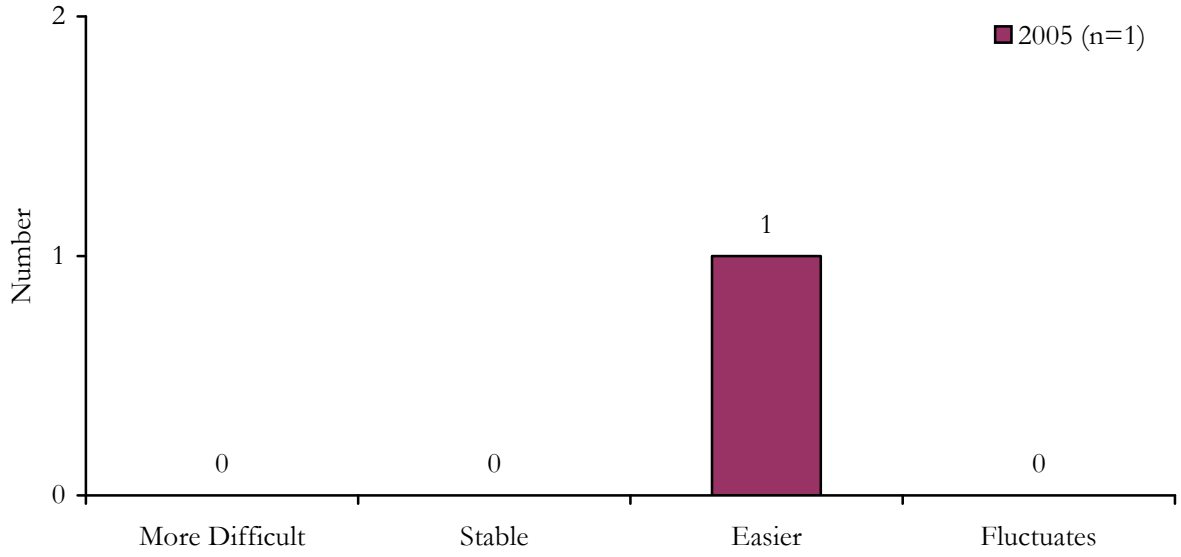
It appears the two respondents in 2004 had vastly different experiences in accessing MDA. One stated that it is very easy to obtain and the other reported it to be difficult to obtain (Figure 61). In 2005 current availability was rated as very easy and had reportedly been getting easier over the last six months (Figure 62) by the one respondent who could comment.

Figure 61: Current availability of MDA, 2004-2005



Source: PDI REU interviews

Figure 62: Changes in MDA availability in the preceding six months, 2005



Source: PDI REU interviews

KE Comments on REU MDA use

Three of the KE stated that a few of the REU would also use MDA, the remainder said that none would use MDA. Other KE comments regarding MDA use included: MDA is starting to come into the NT, but is very limited supply; and had some up here last year, and users get more panicky when they used MDA.

10.5 MDA-related harms

10.5.1 Law enforcement

Law enforcement data pertaining to MDA is not available in this jurisdiction.

10.5.2 Health

Overdose, mortality and treatment data pertaining to MDA is not available in this jurisdiction.

10.6 Summary of MDA Trends

- Twelve percent reported lifetime use of MDA (28% in 2004) but only two percent had used MDA in the six months preceding interview (10% in 2004).
- Swallowing was the most common route of recent administration over the last two years.
- In 2004 the quantity of MDA used in usual episodes increased from one cap to two caps. In heavy use episodes it remained the same at two caps.
- Among those that used MDA, use was infrequent over the last two years; three days in the six months preceding interview in 2004 and one day in 2005.
- A cap of MDA was reportedly purchased in 2004 for a median price of $55 and $50 in 2005 (n=1) and this price had been 'stable' over the prior six months in 2005.
- In 2004 and 2005 only one respondent commented on MDA purity reporting it as 'high'. In 2005 this purity had been reportedly increasing over the prior six months..
- Over the last two years one person in each year reported that it was very easy to obtain, in 2004 one person also stated it was difficult to obtain. In 2005 the sole person commenting believed that MDA had recently become even easier to obtain.

11.0 OTHER DRUGS

Significant proportions of REU reported the use of other licit and illicit drugs.

11.1 Alcohol

Almost all of the 2005 respondents reported having used alcohol in their lifetime and recently (both 99%, Table 44). The mean age for first using alcohol was 13 years, although some started as early as five years. Alcohol was used for a median of 60 days (every third day) with most (90%) of the sample using it fortnightly or more. One-quarter (24%) of the sample had binged with alcohol in the previous six months. These patterns of use represent an increase from the previous year.

Compared to last year, the 2005 sample showed an increase in hazardous drinking behaviour when drinking alcohol in combination with ecstasy. Eighty-three percent (83%, Table 44) of the recent alcohol users would drink more than five standards drinks while under the influence of ecstasy and over half (58%) would do the same whilst coming down from ecstasy.

Table 44: Patterns of alcohol use of REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	97	**99**
Mean age first used (range)	14 (3-18)	**13 (5-18)**
(Of recent users)	(n=66)	**(n=81)**
Median days used last 6 months (range)	48 (2-180)	**60 (1-180)**
Use fortnightly or more (%)	82	**90**
Recently binged with^ (%)	21	**24**
Alcohol in combination with ecstasy (%)		
>5 standard drinks with ecstasy	64	**83**
>5 standard drinks comedown from ecstasy	15	**58**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Two percent (2%) of the sample reported having injected alcohol at some stage but none had injected recently (Table 45). All of the recent users reported only swallowing alcohol in the past six months in both 2004 and 2005.

Table 45: Route of administration of alcohol by recent users, 2004-2005

	2004 (n=66)	**2005 (n=)**
Route of administration last 6 months (%)		
Swallowed	100	**100**
Injected	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

KE Comments on REU alcohol use

All of the KE stated that REU would also use alcohol, two said that a few would, two said half would, six stated most would and the remaining KE stated all REU would also use alcohol. Other KE comments regarding alcohol use included: the ones who use alcohol are mostly lower class; body builders/gay population perceive ecstasy as healthier than alcohol; usually when on ecstasy they drink water; many ecstasy users not interested in drinking; and illicit drug users tend to use less alcohol – the more drugs they use, the less alcohol they tend to use.

11.2 Cannabis

Patterns of cannabis use in 2005 were similar to the previous year; in 2005 all but one participant reported having ever used cannabis (99%, Table 46), and 79% had used it recently. The mean age for first using cannabis was 14 years, although some started as early as eight years. Cannabis was used for a median of 150 days and almost a third (29%) of the sample had binged with cannabis in the previous six months. Ninety-eight percent (98%) of recent cannabis users had smoked it in the prior six months, indicating that swallowing was the only route of administration used recently for a few of the 29% who reported ingesting cannabis.

Table 46: Patterns of cannabis use and route of administration by REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	100	**99**
Mean age first used (range)	14 (6-26)	**14 (8-21)**
(Of recent users)	(n=62)	**(n=65)**
Median days used last 6 months (range)	155 (1-180)	**150 (1-180)**
Use fortnightly or more (%)	74	**89**
Recently binged with^ (%)	29	**29**
Route of administration last 6 months (%)		
Swallowed	26	**29**
Smoked	100	**98**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

KE Comments on REU cannabis use

All of the KE stated that REU would also use cannabis, one said half would, 12 said most would and one said all REU would also use cannabis. Other KE comments regarding cannabis use included: cannabis is used for coming down; older people only have access to bush; its not viewed as a harmful drug; and cannabis users have more phobias.

11.3 Tobacco

Usage of tobacco amongst REU declined this year compared to 2004 with 88% reporting lifetime and 76% recent use. However, patterns of tobacco use were almost identical from 2004 to 2005, with a mean age for first using tobacco of 13 years, although some started as early as six years, and a median of daily use (180 days). No one had recently binged with tobacco (Table 47)

Table 47: Patterns of tobacco use by REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	92	**88**
Mean age first used (range)	13 (5-18)	**13 (6-21)**
(Of recent users)	(n=58)	**(n=72)**
Median days used last 6 months (range)	180 (1-180)	**180 (1-180)**
Use fortnightly or more (%)	90	**95**
Recently binged with^ (%)	5	**0**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

KE Comments on REU tobacco use

All of the KE stated that REU would also use tobacco, one said that a few would, ten said half would, and three stated most REU would also use tobacco. There were no other KE comments regarding tobacco use.

11.4 Benzodiazepines

Over one-quarter (28%) of the REU reported having used benzodiazepines at some time, and 17% reported recent benzodiazepine use, both figures represent an increase compared to last year's sample (Table 48). The mean age for first using benzodiazepines was 19 years, although some started as early as 14 years. Benzodiazepines were used for a median of 8 days, with five people using fortnightly or more.

Five percent (5%) of the sample had injected benzodiazepines at some time and three participants had injected them in the prior six months (Table 48). All other recent users reported swallowing the drug.

Table 48: Patterns of benzodiazepine use by REU and route of administration, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	24	**28**
Mean age first used (range)	18 (12-23)	**19 (14-30)**
(Of recent users)	(n=7)	**(n=14)**
Median days used last 6 months (range)	10 (1-15)	**8 (1-90)**
Use fortnightly or more (n)	1	**5**
Route of administration last 6 months (n)		
Swallowed	6	**12**
Injected	1	**3**
Shelved/shafted	0	**0**

Source: PDI REU interviews

KE Comments on REU benzodiazepine use

Seven KE stated that a few REU would also use benzodiazepines. One said half would, and the reminder said none would also use benzodiazepines. It was reported that both licit and illicit benzodiazepines were used and the brands included Valium, Rohypnol and Serepax. Other KE comments regarding benzodiazepine use included: the number of benzodiazepine users is increasing and getting younger – usually when there is an influx of people from down south; and these people are long term benzodiazepine users.

11.5 Heroin

Table 49: Patterns of heroin use by REU and route of administration, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	27	**22**
Mean age first used (range)	18 (14-22)	**17 (14-26)**
(Of recent users)	(n=2)	**(n=4)**
Median days used last 6 months (range)	13 (5-20)	**9 (1-21)**
Use fortnightly or more (n)	1	**2**
Route of administration last 6 months (n)		
Swallowed	1	**1**
Snorted	0	**0**
Injected	1	**4**
Smoked	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

As stated previously in Section 3.3, the 2003 PDI sample more closely resembled an IDU sample than a REU sample and consequently heroin use was high in that year (48% ever used, 18% recently used). Heroin use has since drastically declined, one-quarter (27%) of the 2004 respondents reported having used heroin at some time and two people reported recent heroin use (Table 49). In 2005 22% reported lifetime heroin use and only four participants had used it recently.

Other patterns of heroin use remain similar over the past two years. The mean age for first using heroin was 17 years, although some started as early as 14 years. Two of the recent users reported using heroin fortnightly or more. No one reported recently bingeing with heroin. All of the recent heroin users reported recent intravenous administration and one also reported recently swallowing heroin.

KE Comments on REU heroin use

Only one KE stated that a few REU would also use heroin and that it is rarely available. The reminder said none would use heroin.

11.6 Inhalants

11.6.1 Amyl Nitrate

The prevalence of amyl nitrate use remains low and decreasing. Thirty-one (31%) percent of REU reported having ever used amyl nitrate and five respondents had used it recently (Table 50). The average age of initiation into amyl nitrate use decreased to 17 years (21 years in 2004), with some using as early as 13 years. Amyl nitrate was used for a median of six days in the past six months and one recent user reporting using it fortnightly or more.

Table 50: Patterns of amyl nitrate use by REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	41	**31**
Mean age first used (range)	21 (16-43)	**17 (13-24)**
(Of recent users)	(n=18)	**(n=5)**
Median days used last 6 months (range)	2 (1-24)	**6 (2-180)**
Use fortnightly or more (%)	17	**1**
Median quantities used (snorts)		
Usual (range)	3 (1-10)	**2 (1-3)**
Heavy (range)	4 (1-50)	**3.5 (1-8)**
Usually use > usual amount (%)	44	**25**
Recently binged with^ (%)	11	**0**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

Median quantities of amyl nitrate used decreased from 2004 to 2005. In 2005 respondents reported typically using 2 snorts (3 snorts in 2004) in a usual session, with 25% typically using more than that. In heavy use episodes, users would generally use a median of 3.5 snots (4 snorts in 2004), but could use up to 8 snorts (50 snorts in 2004). In 2004, eleven percent (11%) of recent users had used amyl nitrate in a recent binge; however, none had done so this year.

11.6.2 Nitrous Oxide

As with amyl nitrate, the prevalence of nitrous oxide use remained low and decreasing. Thirty-one (31%) percent of the sample reported having ever used nitrous oxide, and three participants had used it recently (Table 51). The average age of initiation into nitrous oxide use increased to 18 years (17 years in 2004), with some using as early as 13 years. Nitrous oxide was used for a median of only one day in the past six months with no one using it fortnightly or more.

Usual use quantities decreased this year with respondents reporting typically using 8 bulbs (10 bulbs in 2004) in a usual session, with one recent user typically using more than this. Heavy use quantities increased this year with recent users using a median of 16 bulbs (10 bulbs in 2004), and some using up to 30 bulbs. Eighteen percent (18%) had used nitrous oxide in a recent binge in 2004 but no one had done so this year.

KE Comments on REU inhalant use

Four of the KE stated that a few REU would also use inhalants. One said most would, and the remainder thought that none would use inhalants. All KE stated that the inhalant used was amyl nitrate. Other KE comments regarding amyl nitrate use included: use is slightly increasing; and it is used for special occasions e.g. rave or special DJ because it opens up the sinuses.

Table 51: Patterns of nitrous oxide use by REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	44	**31**
Mean age first used (range)	17 (12-29)	**18 (13-33)**
(Of recent users)	(n=11)	**(n=3)**
Median days used last 6 months (range)	1 (1-90)	**1 (1-5)**
Use fortnightly or more (%)	9	**0**
Median quantities used (bulbs)		
Usual (range)	10 (1-20)	**8 (1-15)**
Heavy (range)	10 (1-30)	**16 (1-30)**
Usually use > usual amount (%)	36	**1 (n)**
Recently binged with (%)	18	**0**

Source: PDI REU interviews

^ Those who answered with 2 days were included in the analysis although question asks about bingeing for more than 48 hours

11.7 Methadone

Methadone use has remained relatively stable after a considerable decline in use from 2003 to 2004. Twelve percent (12%) of respondents reported having used methadone at some time and three people reported recent methadone use (Table 52). The median age for first using methadone was 23 years, although some started as early as 15 years. Methadone was used for a median of two days with one person using daily. Seven percent (7%) of the sample had injected methadone at some time and two had done so recently. Two recent users also reported recently administering methadone intravenously (Table 52).

Table 52: Patterns of methadone use by REU and route of administration, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	10	**12**
Mean age first used (range)	20 (16-24)	**23 (15-35)**
(Of recent users)	(n=1)	**(n=3)**
Median days used last 6 months	3	**2 (1-180)**
Use fortnightly or more (n)	0	**1**
Route of administration last 6 months (n)		
Swallowed	1	**2**
Injected	0	**2**
Shelved/shafted	0	**0**

Source: PDI REU interviews

KE Comments on REU methadone use

Five KE stated that a few REU would also use methadone and the remainder said none would use methadone. It was reported that the forms of methadone used were both licit and illicit, one KE said it was mostly licit and another said it was usually physeptone tablets. Other KE comments regarding methadone use included: the more dedicated ecstasy users have no interest in opiates; and these are primarily methadone users and when have they money they will use ecstasy.

11.8 Buprenorphine

Buprenorphine use increased after a considerable decline in use from 2003 to 2004. Ten percent (10%) of respondents reported having used buprenorphine at some time and six people reported recent buprenorphine use (Table 53). In 2005 the mean age for initial buprenorphine use increased to 30 years (26 years in 2004), although some started as early as 23 years. In the past six months buprenorphine was used for a median of 180 days (daily). Four of the six recent users reported recently injecting buprenorphine and five reported recently swallowing it.

Table 53: Patterns of buprenorphine use by REU and route of administration, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	6	**10**
Mean age first used (range)	26 (18-35)	**30 (23-42)**
(Of recent users)	(n=2)	**(n=6)**
Median days used last 6 months (range)	127.5 (75-180)	**180 (5-180)**
Use fortnightly or more (n)	2	**5**
Route of administration last 6 months (n)		
Swallowed	2	**5**
Injected	1	**4**
Shelved/shafted	0	**0**

Source: PDI REU interviews

KE Comments on REU buprenorphine use

Two KE stated that a few REU would also use buprenorphine. One said most did and the remainder said none would use buprenorphine. It was reported that the form of Buprenorphine used was licit. The only KE comment regarding buprenorphine was that it was used when undergoing withdrawal treatment.

11.9 Other opiates

Table 54: Patterns of other opiate use by REU and route of administration, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	21	**22**
Mean age first used (range)	21 (15-30)	**21 (13-44)**
(Of recent users)	(n=6)	**(n=8)**
Median days used last 6 months (range)	6 (2-180)	**4 (1-60)**
Use fortnightly or more (n)	1	**1**
Route of administration last 6 months (n)		
Swallowed	5	**4**
Snorted	1	**0**
Injected	3	**5**
Smoked	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

Other opiate use has also remained relatively stable after a considerable decline in use from 2003 to 2004. One-fifth (21%) of the 2004 respondents reported having used other opiates at some time and 8% reported recent use (Table 54). In 2005 22% reported ever using other opiates and 10% reported recent use. The mean age for first using other opiates was 21 years in 2004 and 2005, although this year some started as early as 13 years. Other opiates were used for a median of 4 days in the previous six months, with only one person using them fortnightly or more.
Thirteen percent (13%) of the sample had injected other opiates at some time and five participants had injected them in the prior six months (Table 54). The only other recent route of administration was swallowing which was reported by four users.

KE Comments on REU morphine use

Three KE stated that a few REU would also use morphine and this was mostly illicit. KE commented that:: these are primarily morphine users who occasionally use ecstasy; these people are mainly lower class; and its just as easy to get as speed.

11.10 Anti-depressants

In 2005 twenty-eight percent (28%) of respondents reported having used anti-depressants at some time and 10% reported recent anti-depressant use, compared to 24% and 11% respectively in 2004 (Table 55). The mean age for first using anti-depressants in 2005 was 18 years, although some started as early as 9 years. The frequency at which anti-depressants were reportedly used dropped from a median of 97 days in 2004 to 10 days in 2005.

Questions regarding prescription and dosage were asked in 2004 and of the eight recent anti-depressants users: five were using prescriptions and taking them only as prescribed; one used anti-depressants before taking ecstasy; and two would use them whilst coming down from ecstasy. These questions were not asked in 2005.

Table 55: Patterns of anti-depressant use by REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Ever used (%)	24	**28**
Mean age first used (range)	19 (12-31)	**18 (9-30)**
(Of recent users)	(n=8)	**(n=8)**
Median days used last 6 months (range)	97 (1-180)	**10 (1-180)**
Use fortnightly or more (n)	5	**4**
Usage (n)		
Using prescribed anti-depressants*	5	**DNC**
Taking as prescribed only*	5	**DNC**
Use before ecstasy*	1	**DNC**
Use while on ecstasy	0	**2**
Use while coming down from ecstasy	2	**1**

Source: PDI REU interviews
* Question not asked in 2005 survey
DNC– did not collect

Four percent (4%) of REU had injected anti-depressants in 2005, but had not done so in the prior six months (Table 56). In both 2004 and 2005 all of the recent users reported administering anti-depressants orally.

Table 56: Route of administration of anti-depressants by recent users, 2004-2005

	2004 (n=8)	**2005 (n=82)**
Route of administration last 6 months (%)		
Swallowed	8	**8**
Injected	0	**0**
Shelved/shafted	0	**0**

Source: PDI REU interviews

KE Comments on REU anti-depressant use

Five KE stated that a few REU would also use anti-depressants. One said half would and one thought most would also use anti-depressants. It was reported that this was mostly licit use. Other KE comments regarding anti-depressant use included: use has slightly increased; it is more accepted, and more people are using; they are used as a way of coping with not using drugs in prison; and they are using because of the long term damage from ecstasy use.

11.11 Mushrooms

Table 57: Patterns of mushroom use by REU and route of administration, 2005

	2005 (n=82)
Ever used (%)	**37**
Mean age first used (range)	**17 (14-27)**
(Of recent users)	**(n=8)**
Median days used last 6 months	**1 (1-2)**
Use fortnightly or more (n)	**0**
Route of administration last 6 months (n)	
Swallowed	**7**
Smoked	**3**
Injected	**0**
Shelved/shafted	**0**

Source: PDI REU interviews

In 2005, mushrooms were considered as a separate category from 'other drugs' under which it was previously included. In 2005 thirty-seven percent (37%) of respondents reported having used mushrooms at some time and 10% reported recent mushroom use (Table 57). Mushrooms were not used frequently at a median of one day in the last 6 months, and two days at the most. Seven of the eight recent users swallowed mushrooms and three reported smoking them.

11.12 Other drugs

In 2005 two participants reporting using other drugs, one reported using petrol and another steroids. Neither had used these drugs within six months of the interview.

In 2004 twelve REU reported using drugs other than those specified in the survey. These included aerosols, physeptone, rohypnol, mushrooms, Xanax, glue, steroids, kava, travelcalm, and butane.

11.13 Summary of other drug use

- Over the three years of the study, cannabis, alcohol and tobacco use has remained high.
- Proportions for lifetime and recent use of other drugs varied amongst the 2005 sample; cannabis (99%, 79%), alcohol (99%, 99%), tobacco (88%, 76%), heroin (22%, 5%), amyl nitrate (31%, 6%), nitrous oxide (31%, 4%), methadone (12%, 4%), buprenorphine (10%, 7%), other opiates (22%, 10%), anti-depressants (28%, 10%), benzodiazepines (28%, 17%) and mushrooms (37%, 10%).
- The mean age for first using tobacco, alcohol and cannabis has been early teens over the last two years.
- On average, all 'other' drugs were first used by REU in their late teens, except for methadone and other opiates (early twenties) and buprenorphine (30 years).
- The most frequently used 'other' drugs, at a median of 180 days in the last six months, were tobacco and buprenorphine, closely followed by cannabis at 150 days. In 2004 this order was tobacco followed by cannabis, followed by buprenorphine.
- The least frequently used 'other' drugs, with a median of one days use in the last six months, were nitrous oxide and mushrooms, closely followed by methadone (2 days) and other opiates (4 days). In 2004 this order was nitrous oxide followed by amyl nitrate, followed by methadone then other opiates.
- Proportions of the 2004 and 2005 sample who had ever injected 'other' drugs were similar: alcohol (4%, 2%), heroin (17% both years), methadone (6%, 7%), buprenorphine (4%, 6%), other opiates (11%, 13%), anti-depressants (1%, 4%) and benzodiazepines (9%, 5%); these figures are all lower than 2003.
- The 2005 sample showed an increase in hazardous drinking behaviour with 83% (66% in 2004) of the recent alcohol users drinking more than five standards drinks while under the influence of ecstasy and 58% (15% in 2004) would do the same whilst coming down from ecstasy.
- The 2004 sample reported using other drugs such as aerosols, physeptone, rohypnol, mushrooms, Xanax, glue, steroids, kava, travelcalm, and butane. Two respondents in the 2005 sample reported other drug use: petrol and steroids.

12.0 DRUG INFORMATION-SEEKING BEHAVIOUR

For the first time in 2005 participants were asked questions regarding how they obtained more information about ecstasy and other party drugs. This included information about the content and purity of ecstasy and other party drugs, and the ways they made their experience with them safer and healthier.

Table 58: Content and testing of ecstasy tablets by jurisdiction, 2005

	2005 (n=82)
Find out the content of other drugs (not including ecstasy, %)	
Always	**10**
Most times	**10**
Half the time	**4**
Sometimes	**27**
Never	**49**
Find out the content of ecstasy (%)	
Always	**20**
Most times	**15**
Half the time	**7**
Sometimes	**31**
Never	**27**
Find out content of ecstasy via (%)*	**(n=59)**
Friends	**81**
Dealers	**64**
Other people who had taken it	**51**
Testing kits	**7**
Information pamphlets	**0**
Websites	**9**
Use testing kits (%)**	**(n=4)**
Always	**25**
Most times	**25**
Half the time	**25**
Sometimes	**25**
Are aware of limitations of testing kits (%)**	**25**
Would still take pill if contained (%)**	
Ecstasy-like substance	**100**
Amphetamine substance	**100**
Ketamine substance	**50**
No reaction	**25**
Ecstasy different content than expected (%)	
Always	**4**
Most times	**4**
Half the time	**16**
Sometimes	**57**
Never	**20**

Source: PDI REU interviews

*Among those who found out about content/purity of ecstasy

**Among those who used testing kits

When asked if they would find out about the content of the drugs they use (other than ecstasy), almost half (49%, Table 58) stated that they would never do so and 10% would always do so. When asked the same question in regards to ecstasy the proportion that always found out about the content of the tablets doubled to 20%, however, a large proportion reported never doing so (27%). Those who had found out about the content/purity of the ecstasy they took were then asked how they had done so; most found out through friends (81%) or dealers (64%) and half would ask someone who had already taken the same tablet. Testing kits were used by only 7% of this group.

Four participants reported using testing kits to find out about the content/purity of the ecstasy they were taking. These four were asked how often they would use testing kits and one each advised that they always, most times, half the time and sometimes tested their drugs before consumption. If the drug testing kit showed a result that the tablet contained an ecstasy or an amphetamine like substance all four reported they would take the drug, if it contained a ketamine substance two said they would still take the pill and one said they would take it even if the test kit showed no reaction. Only one respondent reported being aware of the limitations of drug testing kits.

In the 2005 sample, one out of every thirteen REU (8%) advised that the ecstasy they bought, always or most of the time, had a different content to what they expected and a majority (80%) had this occur at least sometimes.

Sixteen percent (16%, Table 59) of REU stated that no ecstasy information resources would be useful for them personally. However, a third (63%) of participants said they would find testing kits useful and half thought that pamphlets and posters would be a useful resource.

Participants were asked to judge how often they thought certain statements were correct (Table 59). Most (61%) thought that logos were never or only sometimes a good indication of what a pill is like. When asked how often the ecstasy they took contained MDMA over a quarter (27%) did not know. However, the majority (52%) of respondents didn't care what was in the ecstasy they took as long as they had a good time. When asked whether they thought that taking ecstasy should be legal, answers were divided; 48% said never and 37% said always. A similar response pattern was found to the statement 'selling ecstasy should be legal, with 35% nominating always and 56% nominating never.

Table 59: Drug information relating to ecstasy tablets, 2005

	2005 (n=82)
Information resources believed to be/would be useful (%)	
Pamphlets	**52**
Posters	**53**
Postcards	**31**
Music CDs	**25**
Video/DVDs	**22**
Local website	**43**
Testing kits	**63**
Outreach worker	**24**
Logo believed to be a good indication of what pill is like (%)	
Always	**11**
Often	**28**
Sometimes	**37**
Never	**24**
Don't know	**0**
'Ecstasy' pills contain little or no MDMA (%)	
Always	**6**
Often	**26**
Sometimes	**25**
Never	**14**
Don't know	**30**
'Ecstasy' pills contain MDMA (%)	
Always	**17**
Often	**14**
Sometimes	**26**
Never	**16**
Don't know	**27**
Don't care about content as long I have a good time (%)	
Always	**52**
Often	**19**
Sometimes	**19**
Never	**11**
Don't know	**0**
'Ecstasy' should be legal (%)	
Always	**37**
Often	**0**
Sometimes	**10**
Never	**48**
Don't know	**5**
Selling 'ecstasy' should be legal (%)	
Always	**35**
Often	**1**
Sometimes	**5**
Never	**56**
Don't know	**4**

Source: PDI REU interviews

12.1 Summary of drug information-seeking behaviour

- Ten percent (10%) of the sample would always find out about the content and purity of other party drugs before taking them, and 20% would do the same before taking ecstasy.
- The most common ways of finding out about the content/purity of ecstasy was through friends who had already taken it and through dealers.
- Only four participants had used testing kits, and one stated they always used testing kits. A third of the sample stated they would find testing kits useful if they were available locally.
- Eighty percent (80%) of the sample advised that the ecstasy they bought had a different content to what they expected at least sometimes.
- The majority of respondents didn't care what was in the ecstasy they took as long as they had a good time

13.0 RISK BEHVIOUR

13.1 Injecting risk behaviour

13.1.1 Lifetime injectors

In 2005, a slightly increased proportion of the sample reported having ever injected a drug (38%, compared to 35% in 2004) and using a median of three drugs intravenously (compared to a median of 5 in 2004). Just over a quarter (29%) of the sample were recent injectors, compared to 24% in 2004 and 58% in 2003. In 2005 recent injectors had injected a median of two different drugs in the prior six months, compared to a median of three in 2004, however, there was a greater range in 2005 (1-8).

Table 60: Injecting among REU, 2005

	2004 (n=71)	**2005 (n=82)**
Ever injected (%)	35	**38**
Median number of drugs ever injected* (range)	5 (1-12)	**3 (1-11)**
Injected last 6 months*	24	**29**
Median number of drugs injected last 6 months* (range)	3 (1-6)	**2 (1-8)**

Source: PDI REU interviews
*Among those that had injected

Patterns of injecting drug use

The drug most commonly ever injected by lifetime injectors over the last two years was speed (97% in 2005, 92% in 2004, Table 61). However, this year ecstasy was the second most common drug ever injected (65%), followed by base (58%) and crystal (55%). All injectors that had ever used speed had also injected it (97%) in 2005.

A major difference between the samples over the years is the proportion of past and current heroin users. In 2003, heroin had been recently injected by 16% of the sample and used for a median of 15 days (range 1-150) in the previous six months, therefore a fair proportion of injectors were also recent heroin users. In 2004 only 3% of the sample had recently used heroin on a median of 13 days (5-20 days), with only 1% recently using it intravenously. In 2005, five percent (5%) of the sample had recently used and injected heroin on a median of 9 days (9-21 days) in the prior six months.

Table 61: Injecting drug use history among REU injectors, 2004-2005

	Of those that had ever injected any drug (n=31)											
	% ever used		% ever inject		% used 6 mths		% inject 6 mths		Median days inject 6 mths		Last drug inject (%)	
Speed	**97**	(100)	**97**	(92)	**81**	(96)	**68**	(64)	**24**	(27)	**74**	(41)
Base	**65**	(76)	**58**	(68)	**55**	(52)	**42**	(28)	**12**	(72)	**9**	(29)
Crystal	**71**	(84)	**55**	(68)	**45**	(12)	**29**	(24)	**4**	(12)	**0**	(0)
Heroin	**55**	(48)	**45**	(48)	**13**	(4)	**13**	(4)	**8.5**	(5)	**0**	(0)
Ecstasy	**100**	(100)	**65**	(60)	**100**	(100)	**39**	(44)	**11.5**	(5)	**9**	(6)
Cocaine	**58**	(52)	**19**	(28)	**7**	(20)	**3**	(16)	**3**	(1)	**0**	(0)
Ketamine	**23**	(60)	**10**	(20)	**13**	(32)	**7**	(20)	**15.5**	(2)	**0**	(0)
Other opiates*	**45**	(44)	**3**6	(32)	**16**	(4)	**16**	(12)	**4**	(3)	**0**	(10)

Source: PDI REU interviews
* Includes codeine, physeptone tablets, morphine, and pethidine.
( ) 2004 data in brackets

Context of initiation to injecting

Speed was the most common drug first injected (70%), followed by heroin (20%, Table 62) in 2005. The median age of first injecting any drug class was 17 years (down from 19 years last year), however, some started injecting as early as 14 years.

Of the 31 people that had ever injected any drug in 2005, 14 had injected for the first time under the influence, with alcohol being the most commonly reported drug used preceding first injection (57%), followed by cannabis (50%) and speed and other opiates (both 14%). When asked how they learnt the process of injection; almost a third (29%) stated they did not inject themselves, 43% reported learning from a friend or partner, 10% taught themselves and learnt through trial and error, 7% were taught by another user, 6% learnt from a relative and one person got information from a website.

Table 62: Context of initiation to injecting, REU, 2004-2005

	Injectors	
	2004 (n=25)	**2005 (n=31)**
Mean age first injected any drug (range)	19 (14 – 33)	**17 (14-25)**
First drug injected (%)		
Speed	60	**70**
Base	8	**0**
Crystal	20	**0**
Heroin	4	**20**
Other opiates	0	**7**
LSD	0	**3**
How learn to inject (%)		
Don't inject self	4	**29**
Friend/partner	68	**43**
Relative	0	**6**
Other user	32	**7**
Website	0	**4**
Taught self/trail and error	0	**10**
First injected under the influence (%)	21	**50**
If yes, which drug (%)	(n=5)	**(n=14)**
Ecstasy	-	**7**
Speed	-	**14**
LSD	-	**7**
Cannabis	100	**50**
Alcohol	40	**57**
Heroin	-	**7**
Other opiates	-	**14**

Source: PDI REU interviews

13.1.2 Recent injectors

Patterns of recent injecting drug use

A median of two (range 1-8) substances had been injected within the last six months. As outlined in Table 61, speed (68%) and base (42%) were the drugs that were most likely to have been recently injected by lifetime injectors (64% speed and 44% ecstasy in 2004); speed (79%) was the most common last drugs injected (speed 41% and base 29% in 2004); and speed was the most frequently (median 24 days) recent injected drug (base in 2004 on a of median 72 days).

Overall, recent injectors had injected any drug 120 times (30 times in 2004) in the prior six months, but up to 900 times (five times a day, Table 63). Nine percent (9%) would use substances intravenously while already under the influence of drugs and this occurred a median of 15 times. Four percent (4%) would do the same whilst coming down and 52% would inject whilst either under the influence or coming down from drugs.

A third (74%) of recent injectors would inject themselves compared to 94% last year. All recent injectors reported never borrowing a used needle; however, 22% had lent a used needle. Sharing other injecting paraphernalia was reasonably common with 22% sharing spoons, 30% sharing tourniquets, 26% sharing water and 17% sharing filters.

Table 63: Patterns of recent injecting drug use, REU, 2004-2005

	Recent injectors	
	2004 (n=17)	**2005 (n=24)**
Median times injected any drug last 6 months	30 (2-520)	**120 (1-900)#**
Inject (%)		
Under the influence	35	**9**
While coming down	24	**4**
Both	24	**52**
Median times injected under the influence last 6 months	6 (1-180)	**15 (1-144)^**
Frequency of self-injection (%)		
Every time	94	**74**
Never	0	**17**
Shared injecting equipment (%)		
Spoons	29	**22**
Filter	6	**17**
Tourniquets	24	**30**
Water	12	**26**
Lent needles last 6 months (%)		
No times	100	**78**
Borrowed needles last 6 months (%)		
No times	100	**100**

Source: PDI REU interviews
N=14,
^ N=9

Context of injecting

Recent injectors reported usually injecting in their own home (70%), followed by a friend's home (57%) or their dealer's home (26%, Table 64). A small but substantial proportion reported usually injecting at a public venue or toilet (9%), on the street (17%) and in a car (35%). Recent injectors tended to inject with close friends (65%), regular sex partner (30%) or an acquaintance (13%). Only 4% would usually inject alone.

Table 64: Context of recent injection among recent injectors, 2004-2005

	Of recent injectors	
	2004 (n=17)	**2005 (n=24)**
Locales injected* (%)		
Own home	82	**70**
Friends home	47	**57**
Dealers home	29	**26**
Street	12	**17**
Venue or public toilet	18	**9**
Car	18	**35**
Sex venue	6	**0**
People usually injected with* (%)		
No one	12	**4**
Regular sex partner	35	**30**
Casual sex partner	0	**9**
Close friends	77	**65**
Acquaintances	29	**13**

Source: PDI REU interviews
*could nominate more than one response

Obtaining needles

Most recent injectors reported having obtained their needles from a needle and syringe program (NSP) (65%), as well as a chemist (52%), friends (9%), and vending machines (4%). No one reported having any difficulties in obtaining needles.

13.2 Blood-borne viral infections (BBVI)

Half (51%) of the recent injectors, and 42% of those who had never injected, reported being vaccinated against HBV (Table 65). Half of the injectors reported they were vaccinated for HBV because they were at risk intravenously (50%), whereas non-injectors did so due to reasons other than being at risk.

Almost all (91%) of injectors had ever been tested for HCV and 14% of those tested positive, compared to 33% tested of the non-injectors and none of them testing positive. Eighty-eight (88%) of injectors and 55% of non-injectors were tested for HIV and none tested positive.

One KE advised that he had noticed an increase in REU stopping their hepatitis C treatment and more were presenting to be screened for BBVI.

Table 65: BBVI - vaccination, testing and self-reported status, 2005

		Never injected (n=51)	Recent injectors (n=24)
HBV vaccination (%)		**42**	**51**
If yes, reason	Risk (sexual)	**1(n)**	**8**
	Risk (IDU)	**0**	**50**
HCV test ever (%)		**33**	**91**
	If yes, % Positive	**0**	**14**
HIV test ever (%)		**55**	**88**
	If yes, % Positive	**0**	**0**

Source: PDI REU interviews

13.3 Sexual risk behaviour

Recent sexual activity

Nearly all REU (93%) reported that they had participated in penetrative sex in the last six months (Table 66). Sex in this study refers to penetrative sex and was defined as the penetration of penis/fist into vagina/anus.

While most people only had one (43%) or two (21%) sexual partners recently, 36% had intercourse with three or more people. Of those people who had been recently sexually active, most (86%) had not had anal sex, 79% were having sex with a regular partner and 53% were having sex with a casual partner. This indicates some overlap of participants with regular partners also having sex with casual partners.

Of those who had sex with regular partners, reports of condom use were polar, 60% (42% in 2004) never used condoms and 17% (31% in 2004) always used condoms; this represents a large increase in the proportion never using condoms with regular partners compared to 2004. The use of barriers with casual partners remained consistent over the last two years; two-thirds of those who had sex with casual partners always (63% in 2004, 60% in 2005) used condoms and 14% (in both years) never did so.

Table 66: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Penetrative sex (%)	97	**93**
No. of sexual partners (%)*		
One person	39	**43**
Two people	20	**21**
3-5 people	28	**29**
6-10 people	6	**5**
10+ people	7	**1**
Sex with a regular partner (%)*	80	**79**
Of those who had a regular partner		
Always use protection	31	**17**
Never used a protective barrier	42	**60**
Sex with a casual partner (%)*	62	**53**
Of those who had a casual partner		
Always use a protective barrier	63	**60**
Never used a protective barrier	14	**13**
Anal sex (%)*	25	**14**
Frequency of times had anal sex*		
≤ Mthly	20	**9**
≤ Fortnightly	0	**5**
≤ Weekly	4	**0**

Source: PDI REU interviews
*of those who had penetrative sex in the last 6 months

Drug use during sex

Amongst those who had recently had sex, 90% (88% in 2004) had done so under the influence of drugs, and of these people, half (50%, Table 67) had done it six or more times (i.e. once a month or more). Ecstasy (94%) was the most common drug used while having sex under the influence, followed by alcohol (43%). The participants who had sex under the influence of drugs with a regular partner mostly did so never using a condom (63%), although a quarter (23%) would use a condom every time. The REU who had sex under the influence with a casual partner mostly used a condom every time (57%), although a fifth (19%) would never use a condom. Fifty-two percent (63% in 2004) of the sample had ever had a sexual health check and 10% of the 2005 sample had been diagnosed with a sexually transmitted infection.

Table 67: Drug use during sex in the preceding six months*, 2005

	2004 (n=69)	**2005 (n=76)**
Penetrative sex while on drugs* (%)	88	**90**
Of those who had penetrative sex under the influence of drugs		
Number of times (%)		
Once	10	**8**
Twice	10	**15**
3-5 times	33	**27**
6-10 times	13	**6**
Ten +	34	**44**
Drug used (%)		
Ecstasy	84	**94**
Cannabis	33	**40**
Alcohol	49	**43**
Speed	36	**34**
Base	10	**6**
Ice	8	**7**
Cocaine	-	**2**
Ketamine	-	**2**
Sex with a regular partner (%)	80	**68**
Of those who had a regular partner:		
Always used a protective barrier	24	**23**
Never used a protective barrier	53	**63**
Sex with a casual partner (%)	52	**49**
Of those who had a casual partner:		
Always used a protective barrier	56	**57**
Never used a protective barrier	25	**19**

Source: PDI REU interviews
* of those who had penetrative sex in the last 6 months

13.4 Driving risk behaviour

A third (68%) of the 2005 sample reported that they had driven under the influence of alcohol in the last six months (Table 68). Over half (59%, 58%) of the 2004 and 2005 samples had driven soon after taking any drug in the same period. The most commonly mentioned drugs used in this way in both years were ecstasy (69% in 2004, 88% in 2005), cannabis (62% in 2004, 71% in 2005) and speed (52% in 2004, 47% in 2005). In 2005 of those participants who reported having driven a car in the prior six-months, 74% had done so after taking a drug.

Table 68: Drug driving in the last six months among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Driven under the influence of alcohol (%)	DNC	**68**
Driven soon after* taking a drug (%)	59	**58**
(Of those who'd driven soon after)	(n=42)	**(n=50)**
Drug (%)		
Ecstasy	69	**88**
Cannabis	62	**71**
Speed	52	**47**
Cocaine	-	**6**
Crystal	19	**16**
Base	26	**10**
LSD	7	**6**

Source: PDI REU interviews
*within one hour of taking

13.5 Summary of risk behaviour

- Over one-third (38%) of the sample had ever injected a drug using a median of four different drugs in 2005 (35% and a median of five drugs in 2004).
- The mean age for first injecting any drug was 19 years in 2004 and 17 years in 2005.
- Recent injecting increased from 24% in 2004 to 29% in 2005.
- Speed was the most common recently injected drug over the last two years and also the most frequently injected drug in 2005.
- Most injectors had learnt to inject from a friend or partner and half had first injected under the influence, most commonly alcohol and cannabis.
- While most recent injectors would inject themselves, 17% never did so.
- Substantial proportions would share injecting paraphernalia, no one reported borrowing a used needle, but 22% had lent used needles.
- While most people injected in a home, substantial proportions would inject at public venues.
- The majority of recent injectors had been tested for HCV and HIV and had been vaccinated against HBV.
- Almost all REU had penetrative sex in the prior six months, most with one or two partners.
- The majority never used condoms with regular partners but always used condoms with casual partners.
- A high proportion had sex under the influence of drugs, most commonly ecstasy, and generally once a month or more.
- In the last six months, a majority of the sample had driven over the limit of alcohol and also within one hour of taking drugs, most commonly ecstasy and cannabis.

14.0 HEALTH-RELATED ISSUES

14.1 Overdose

A fifth (20%, compared to 12% in 2004) of the 2005 sample reported having overdosed in the preceding six months, most commonly on alcohol (50%) and ecstasy (38%, Table 69). Heroin and ketamine (6% each) were the only other main drugs involved in a recent overdose. The most common drugs involved in recent overdoses in 2004 were ecstasy and cannabis (both 33%).

Table 69: Overdose in the last six months among REU, 2004-2005

	2004 (n=71)	**2005 (n=82)**
Overdosed on ecstasy or related drugs (%)	12	**20**
Which main drug (%)*	(n=9)	**(n=16)**
Ecstasy	33	**38**
Cannabis	33	**0**
Alcohol	11	**50**
Ketamine	0	**6**
GHB	11	**0**
LSD	11	**0**
Heroin	0	**6**

Source: PDI REU interviews

* Percentage of those reporting overdose

14.2 Self reported symptoms of dependence

In 2004 the Ecstasy and Methamphetamine Severity of Dependence Scale (SDS) was added to the user component of the survey. The Ecstasy SDS is an adaptation of the Methamphetamine SDS (Topp & Mattick, 1997). With changes in knowledge about dependence, the concept of 'dependence syndrome' has broadened from alcoholism to other psychoactive substances (Topp & Mattick, 1997).

The SDS has shown acceptable internal consistency and reliability, across different populations of drug users. The scale is comprised of five multiple-choice items which, by modifying the reference to the named drug, can be adapted to cover different drugs and time frames (Topp & Mattick, 1997). Hence the inclusion of the Ecstasy SDS.

Each item is scored on a 0 to 3-point scale, which yields a range of possible scores of 0 to 15. Topp & Mattick (1997) administered the SDS to a sample of amphetamine users dependent by DSM-III-R and a regression analysis showed that SDS score was most predictive of severity of dependence as assessed by DSM-III-R. These results suggest that the SDS has high diagnostic utility with a score of greater than four being indicative of problematic use where the individual's pattern of ecstasy use and likely consequent harm require further assessment. A score of five or more highlights an individual that is likely to be experiencing problems with their ecstasy use and is likely to be dependent.

14.2.1 Ecstasy

In 2005 REU elicited a mean SDS score of 2.43 (range 0-14), up from a mean of 1.85 (range (0-15) last year, Table 70). In 2005 only 1% recorded an ecstasy SDS score indicative of problematic use compared to 7% last year; however, this year 22% obtained a score indicative of dependence, compared to 11% last year.

Individual scale items are displayed in Table 70. Fourteen percent (14%) of respondents often to nearly always wished they could stop using ecstasy and 10% reported that they often to nearly always believed their use was out of control and missing a dose made them anxious.

Table 70: Ecstasy Severity of Dependence Scale results, 2004-2005

		2004 (n=71)	**2005 (n=82)**
Use out of control (%)	Never/almost never	76	**58**
	Often – nearly always	7	**10**
Missing dose make anxious (%)	Never/almost never	76	**67**
	Often – nearly always	4	**10**
Worry about use (%)	Never/almost never	55	**51**
	Often – nearly always	7	**12**
Wish you could stop (%)	Never/almost never	78	**75**
	Often – nearly always	6	**14**
Difficulty stopping (%)	Not difficult	75	**80**
	Very difficult - impossible	7	**6**
Score	Mean (range)	1.85 (0-15)	**2.43 (0-14)**
(%) likely to	Have problematic use*	7	**1**
	Be dependent**	11	**22**

Source: PDI REU interviews
* Obtaining a score of 4
** Obtaining a score of 5 or more

14.2.2 Methamphetamine

Fifty-five (55) participants in 2004 and 62 participants in 2005 had used some form of methamphetamine in the prior six months and in 2005 (Table 71). In 2005 recent users elicited a mean SDS score of 2.6 (range 0-14). Of these recent users, 5% obtained a score of 4 on the Methamphetamine SDS indicating problematic use (compared to 4% in 2004) and 25% obtained a score of 5 or more indicating that they were likely to be dependent (compared to 13% in 2004).

Participants were asked to nominate which methamphetamine they were attributing their answers to. None of those that attributed their answers to 'no specific methamphetamine' fell into the problematic use category and 25% were likely to be dependent. Five percent (5%) of those who attributed their answers to 'speed' were likely to have problematic use, and 27% were likely to be dependent. Ten percent (10%) of those who ascribed their SDS answers to 'base' received a score that would indicate they had problematic use and 30% dependent use. Although none of the

participants attributing their answers to 'crystal' were likely to have problematic use, 17% were likely to be dependent.

Table 71: Methamphetamine Severity of Dependence Scale results, 2005

		Total#	No specific	Speed	Base	Crystal
		(n=62)	(n=12)	(n=40)	(n=10)	(n=12)
Use out of control	Never/almost never	**68**	**75**	**70**	**50**	**75**
	Often – nearly always	**13**	**25**	**13**	**10**	**17**
Miss dose = anxious	Never/almost never	**65**	**67**	**63**	**60**	**75**
	Often – nearly always	**22**	**33**	**23**	**20**	**17**
Worry about use	Never/almost never	**65**	**75**	**63**	**50**	**58**
	Often – nearly always	**13**	**25**	**13**	**10**	**25**
Wish you could stop	Never/almost never	**72**	**83**	**70**	**60**	**67**
	Often – nearly always	**12**	**8**	**15**	**0**	**17**
Difficulty stopping	Not difficult	**80**	**75**	**85**	**50**	**83**
	Very difficult - impossible	**8**	**8**	**8**	**20**	**17**
Score	Mean (range)	**2.6 (0-14)**	**2.8 (0-12)**	**2.6 (0-14)**	**3.3 (0-11)**	**3 (0-14)**
(%) likely to	Problematic use*	**5**	**0**	**5**	**10**	**0**
	Be dependent**	**25**	**25**	**27**	**30**	**17**

Source: PDI REU interviews

% of recent meth users

* obtaining a score of 4

** obtaining a score of 5 or more

14.3 Help-seeking behaviour

Fifteen percent (compared to 24% in 2004) of the REU had accessed a health or medical service in relation to their party drug use in the six months preceding interview (Table 72). Of these 15 people, the most common service accessed was GPs and emergency departments (both n=6), followed by ambulance, hospital and counsellors (all n=5). Social welfare workers and psychologists were not accessed in relation to ecstasy. Three of the people who accessed a GP stated it was in relation to ecstasy with the main issues being anxiety, acute physical problem, health condition, injury, and problems associated with comedown.

In 2004 everyone who accessed first aid, the emergency department and the hospital reported that it was related to ecstasy, with the main issue being psychosis or injury. The only service accessed to obtain information was social welfare.

Table 72: Proportion of REU who accessed health help by main drug type and main reason, 2005

Service	Access	Main drug				Main reasons
		E	Speed	Cannabis	Poly	
Any service (%)		**n of those that accessed the service**				
Which services (n)	**15**					
First aid	**2**	**1**	**1**	**0**	**0**	Anxiety, injury
Ambulance	**5**	**2**	**2**	**1**	**0**	OD, anxiety, health condition, injury.
ED / A&E	**6**	**2**	**2**	**1**	**1**	OD, anxiety, acute physical problem, health condition, injury
Hospital	**5**	**2**	**1**	**1**	**1**	OD, acute physical problem, health condition, injury
GP	**6**	**3**	**2**	**0**	**1**	Anxiety, acute physical problem, health condition, injury, comedown
Counsellor	**5**	**2**	**2**	**0**	**1**	Addiction, psychological problem, health condition, injury
AOD worker	**3**	**1**	**1**	**0**	**1**	Addiction, psychological problem, obtain needle
Social welfare	**3**	**0**	**2**	**0**	**1**	Addiction, psychological problem, health condition
Psychologist	**1**	**0**	**1**	**0**	**0**	Psychological problem
Psychiatrist	**3**	**1**	**0**	**0**	**1**	Addiction, psychosis

Source: PDI REU interviews

14.4 Other problems

Participants in 2005 reported a range of other problems associated with drug use, although the proportion reporting each problem decreased compared to 2004 (Table 73). Thirty three percent (33%, 49% in 2004) of the sample had experienced recent relationship/social problems, 38% financial problems (45% in 2004), 29% work/study problems (42% in 2004) and 9% had experienced recent legal problems (7% in 2004).

Table 73: Self reported drug-related problems, 2004-2005

Problem	% Experienced	Of those experienced, % attributed to					
		Ecstasy	Speed	Base	Crystal	Cannabis	Alcohol
Work/study	**29** (42)	**18** (50)	**17** (14)	**0** (0)	**0** (0)	**8** (21)	**8** (11)
Financial	**38** (45)	**67** (52)	**27** (10)	**3** (10)	**0** (0)	**3** (26)	**0** (0)
R'ship/social	**33** (49)	**74** (41)	**7** (24)	**0** (3)	**0** (3)	**4** (21)	**15** (3)
Legal/police	**9** (7)	**43** (25)	**14** (0)	**0** (0)	**0** (0)	**0** (50)	**4** (25)

Source: PDI REU interviews
( ) 2004 data in brackets

All of the categories of problems were mostly attributed to ecstasy use. In 2004, 43% of those who experienced legal/police problems attributed it to ecstasy, 14% to speed and 4% to alcohol. Besides ecstasy, the remaining people attributed their work/study problems to speed (17%), cannabis (8%) and alcohol (8%), most commonly these included trouble concentrating and no motivation. Speed (27%), cannabis and base (both 3%) were the drugs other than ecstasy to which people ascribed their financial problems, including no money for food/rent and recreation/luxuries. Although mostly ecstasy, people also credited alcohol (15%) speed (7%) and cannabis (4%) for their relationship/social problems. These problems comprised mainly of arguments and violence.

KE comments on mental health and treatment seeking behaviour

Five KE commented on the mental health symptoms they observed among ecstasy users, and these included: personality disorders, depression, acute depression, bi-polar, psychosis, paranoia, anxiety, schizophrenia, phobias, panic, and depression due to major mental health issues like personality disorders. One KE advised they had noticed an increase in phobia type symptoms and violence.

With regards to changes in ecstasy users treatment seeking behaviour, one KE stated that more were presenting for treatment and attributed this to the introduction of an illicit drug pre-sentencing Court diversion program (NT CREDIT) and the threat of jail. Another said that, in their experience, those who use ecstasy rarely seek treatment; the ones who seek treatment are those who use methamphetamines heavily and also use ecstasy.

14.5 Summary of health-related issues

- In 2005 sixteen people had overdosed in the last six months (compared to 9 in 2004), with alcohol and ecstasy being the most common main drugs involved.
- REU in 2005 elicited a mean ecstasy SDS score of 2.43 (1.85 in 2004), with 1% (7% in 2004) reaching a score indicative of problematic use and 22% (11% in 2004) obtaining a score indicative of dependence.
- Recent methamphetamine users in 2005 elicited a mean methamphetamine SDS score of 2.6, with 5% reaching a score indicative of problematic use and 25% obtaining a score indicative of dependence (4% and 13% respectively in 2004).
- Fifteen percent (15%, 24% in 2004) of the 2005 sample had accessed a health or medical service (most commonly GPs and emergency departments) in the past six months in relation to their party drug use.
- Proportions experiencing all drug-related problems decreased this year, with the most common being financial (38%, 45% in 2004) and social/relationship (33%, 49% in 2004) problems.

15.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

15.1 Reports of criminal activity among REU

Criminal activity among REU declined in 2005 compared to last year. In the prior month to the interview 15% of REU had committed some form of criminal activity, down from 35% in 2005 (Table 74), 11% had participated in drug dealing (28% in 2004), 2% in property crime (4% in 2004), and 4% in violent crime (6% in 2004). The only form of crime that increased was fraud, from 0% in 2004 to 5% in 2005.

Fifteen percent (15%, Table 74) of the sample reported paying for their ecstasy by dealing drugs for ecstasy profit, 20% were paying for their ecstasy by dealing drugs for cash profit, 7% were committing property crime to pay for ecstasy and 6% committed fraud to pay for their ecstasy..

Seventeen percent (17%) of participants had been arrested in the previous 12 months compared to 15% last year. Reasons for arrest include driving under the influence of alcohol, other driving offences, drunk and disorderly, property crime, and violent crime.

Table 74: Criminal activity reported by REU, 2000-2005

Criminal activity in the last month	2004 (n=71)	**2005 (n=82)**
Any crime	35	**15**
Drug dealing	28	**11**
Once a week or more	17	**7**
Property crime	4	**2**
Once a week or more	0	**1**
Fraud	0	**5**
Once a week or more	0	**1**
Violent crime	6	**4**
Once a week or more	0	**0**
In the preceding six months (%)		
Paid for ecstasy through dealing drugs (ecstasy profit)	20	**15**
Paid for ecstasy through dealing drugs (cash profit)	13	**20**
Paid for ecstasy through property crime	4	**7**
Paid for ecstasy through fraud	0	**6**
Arrested last 12 months	15	**17**

Source: PDI REU interviews

KE comments on REU crime

Most KE did not link ecstasy users to any crime. Some advised that users would deal ecstasy and other drugs, and that there was some fraud (credit card and Centrelink) that was possibly related. One also advised that there may be some links between REU with mental health issues and violent crime and another said that they were very unsure if dedicated ecstasy users could be associated with violence.

15.2 Perceptions of police activity towards REU

Almost half (44%) of the sample reported that police activity towards REU in the last six months had increased and a third did not know about recent police activity (Table 75). Regardless of this, most (83%) stated that police activity had not made it any more difficult to score their drugs.

Table 75: Perceptions of police activity by REU, 2000-2005

Perception	2004 (n=71)	**2005 (n=82)**
Recent police activity (%)		
Decreased	3	**4**
Stable	23	**15**
Increased	48	**44**
Don't know	27	**38**
Did not make scoring more difficult	73	**83**

Source: PDI REU interviews

KE comments on police activity towards REU

KEs described the recent change in police activity towards REU: they are more likely to refer to credit court; there is a bigger police presence; sniffer dogs are more available; they appear to be targeting low-level users as well as suppliers; there is an increase in foot patrols who are stopping people and checking their pockets; camera surveillance in Darwin Mall; more beat police and undercover police; undercover task force, regular uniform patrols and sniffer dogs going into clubs; bigger venues lead to bigger police presence and also plain clothes police; more drug squad equals more activity by police equals more users in the criminal justice system; and they are more successful in apprehensions but less successful with sentencing.

15.3 Perceptions of changes in ecstasy and related drug markets

When asked whether anything new was happening in drug use amongst themselves and their friends (new drug types, different types of users, increase in drug use by some users), 32% of the REU sample believed that something new was happening.

REU comments included:

- Lots of my friends have decreased their use of ecstasy;
- Increase in ecstasy use;
- Increase in the number of people using ecstasy because it is so easy to get;
- More people are starting to use ecstasy, people who I never thought would take it – it seems to be becoming more mainstream, acceptable and common;
- May be a decrease in ecstasy use;

- There is a new drug around called 'tic tacs' – these are high speed based ecstasy that looks exactly like tic tacs;
- More people are getting into ice;
- Ecstasy is going from club use to home use;
- All friends want testing kits – more aware of risks and want to confirm what they are taking in their ecstasy;
- More friends are taking up injecting ecstasy, these are people who have injected before but have never though of injecting ecstasy;
- There is also a wider variety of ecstasy available now;
- Administering ecstasy by shelving/shafting becoming more common;
- Previously every week there would be a different pill, now it seems like the quantities arriving in Darwin are bigger because certain pills stay around longer;
- More drugs coming in to Darwin but they are poor quality;
- Using combinations is becoming more common – eg alcohol, speed and ecstasy;
- more prescription drugs are around - pain killers, dexamphetamines; and
- A new drug called Mitsubishi which is a cross between ecstasy and Morphine.

KE comments on change in ecstasy users

A few KE were able to comment about recent changes in the type or number of people using ecstasy. One advised that it seemed like there were more young women experimenting with injecting ecstasy. Another said that previously ecstasy was used as a sex drug, now (due to chemical change) it doesn't enhance the sexual experience so it's used as a party drug instead.

One advised that there had been an increase in the number of ecstasy users but another thought there had been a decrease. Another heard that there were more people using it recreationally due to improved quality and availability. One KE thought that use fluctuated with the seasons and that backpackers don't usually use ecstasy but use will also fluctuate with Defence personnel numbers.

One KE advised that there was a 'big link' between ecstasy and steroid use. Another said there was an increase in the number of people prepared to take the risk and deal and therefore more were getting into legal trouble.

15.4 Summary of criminal and police activity

- ❖ Criminal activity in the in the past month decreased from 35% in 2004 to 15% in 2005; it consisted mostly of drug dealing in both years.
- ❖ A fifth of the 2005 participants would deal drugs for cash profit to pay for their ecstasy.
- ❖ The proportion of REU that had been arrested in the previous 12 months increased from 15% to 17% this year.
- ❖ Forty-four percent (44%) of the 2005 sample thought that police activity towards REU had increased recently (48% in 2003), however, 83% said this had not made it harder for them to score their drugs (64% in 2003).
- ❖ A third (32%) of the 2005 sample believed that new things were happening in the drug scene.

16.0 SUMMARY

16.1 Demographic characteristics of REU

In 2005 the regular ecstasy users interviewed for this study were: mainly male (57%); aged an average of 24 years; had completed an average of 11 years schooling with more than half (64) having a post-secondary qualification; and were mainly employed (59%). This profile is essentially the same as that found last year with the exception of the proportion of REU that were male, which was 73% in 2004.

Thirteen percent of this year's REU had been incarcerated (16% in 2004), 9% were in some form of drug treatment (1 person in 2004) and 38% had injected a drug at some time in their lives (35% in 2004).

16.2 Patterns of polydrug use

Polydrug use was the norm among the regular ecstasy users interviewed this year, with respondents having ever used a median of 8 drug classes and recently used a median of 5 drug classes.

Sixty-one percent of the sample nominated ecstasy as their preferred drug compared to 47% in 2004. Speed powder was the next most popular this year. Large proportions have reported recent use of alcohol, cannabis, tobacco, and methamphetamines in all years.

Again this year, drugs typically seen as 'ecstasy-related drugs' (cocaine, MDA, ketamine and GHB) showed a low incidence of recent use.

16.3 Ecstasy

On average, the sample of regular ecstasy users started to use ecstasy at 19 years and began using it regularly when they were 20 years in both 2004 and 2005.

In 2005 the proportion using ecstasy weekly or more increased (39% in 2004 vs. 52% in 2005); the quantity usually used decreased (2 tabs in 2004 vs. 1 tab in 2005); as did heavy use (3 tabs in 2004 vs. 2 tabs in 2005). Bingeing with ecstasy remained stable (44% this year vs. 46% in 2004).

A higher proportion (61%) reported that ecstasy was their favourite drug in 2005 (47% in 2004).

In both years most of the sample used other drugs with ecstasy (89% in 2004 vs. 96% in 2005) and whilst coming down from ecstasy (68% in 2004 vs. 89% in 2005).

A higher proportion reported that ecstasy was their favourite drug in 2005 (47% vs. 61%).

Over the last two years the route of administering ecstasy has remained stable with swallowing continuing to be the most popular method and consistent proportions reporting ever (21% vs. 24%) and recently (16% vs. 15%) injecting it.

In 2004 and 2005, nightclubs were the most popular usual and last ecstasy use venue.

In 2004 the most common perceived benefits associated with ecstasy use were enhancement of mood and fun, and in 2005 it was fun, enhanced communication/ more social and enhanced sexual experience.

The most common perceived risk with ecstasy use was the unknown drug contaminants or cutting agents in the tab, and in 2005 it was a fatal overdose, followed by unknown drug contaminants/cutting agents and dehydration

16.3.1 Price, purity and availability of ecstasy

Ecstasy was most commonly purchased in tablet form for $50 and this price was stable in the six months preceding interview in both years.

In both years the current purity of ecstasy was rated medium, although there was an increase in those nominating it as low in 2005. In both years this purity had reportedly been fluctuating.

Most users reported the availability of ecstasy as very easy to easy and that this had been stable over the past six months in both years.

16.3.2 Ecstasy markets and patterns of purchasing

A majority of users said they scored ecstasy from a friend in both years; in 2004 it was mostly scored at a nightclub and in 2005 in was mostly scored at a friend's home.

This year the most common method of purchasing ecstasy did not involve paying for it, most REU received ecstasy as a gift from a friend or partner.

In 2005 REU purchased, on average, three tabs from three sources, buying for themselves and others, between 7 and 24 times in the past six months.

The only two factors that were deemed by REU to increase the price of ecstasy were a high MDMA content and if ecstasy became less available generally.

16.4 Methamphetamine

In 2005 the majority of the sample had used speed (73%, 72% in 2004) in the past six months and substantial proportions had used crystal (29%, 45% in 2004) and base (32%, 35% in 2004).

The average age for methamphetamine initiation remained consistent in 2004 and 2005 – speed 18 years, base 20 years and crystal 20 years.

In both years, a quarter (25% in 2004, 27% in 2005) reported that they had used speed weekly or more in the six months preceding the interview. In 2005, 17% had used base (25% in 2004) and 8% used crystal (12% in 2004) at the same frequency.

In 2005 the average usual amount of speed used increased from half a gram to one gram and the heavy amount used remained stable at one gram. Bingeing with speed amongst the recent speed users declined from 53% in 2004 to 41% in 2005.

In both years the average amount of base used in a typical and heavy session was one point. In 2004, 22% had recently binged with base, in 2005 this figure increased to 33%.

On average crystal users reported typically using one point in both years. In 2004 two points were used in a heavy episode, decreasing to one and a half points in 2005. Recent bingeing with crystal remained constant (20% vs. 19%).

Recent injection of all forms of methamphetamine by recent users increased in 2005 compared to the previous year – speed 14% vs. 35%, base 22% vs. 54%, and crystal 24% vs. 35%. However,

swallowing remained the predominant recent route of administration for all forms of methamphetamine.

Forty six percent of the current sample (41% in 2004) had ever used pharmaceutical stimulants at an average age of 19 years. Recent users would use 4 tabs in a usual and heavy use episode In 2004 it was 10 tabs in usual and 12 in heavy use. Thirty-six percent reported using weekly or more. A majority of the recent users swallowed pharmaceutical stimulants and one-quarter had recently injected them.

In 2005 speed was most commonly purchased for a median of $200 per gram ($100 in 2004), base for a median of $75 per point ($50 in 2004) and crystal for a median of $80 per point ($50 in 2004). A majority of those commenting in both years said this price had been stable in the previous six months.

When commenting on the purity, in both years the most nominated categories were: for speed low and stable; for base medium and stable; and for crystal high and stable.

Speed users in both years reported the availability as very easy to easy and stable. Base users in 2005 reported the availability as easy or difficult and stable (easy and stable in 2004), and crystal users in 2005 reported the availability as difficult and stable (easy and stable in 2004).

In 2005 all methamphetamines were mostly scored from friends at a friend's home. The same was seen in 2004 with the exception of base which was mainly scored from known dealers.

16.5 Cocaine

In the current year, lifetime cocaine use remained stable at 39% and recent use decreased (15% vs. 11%) compared to last year.

Amongst those that recently used, cocaine use was infrequent with a median of three days use in the preceding six months in 2005, compared to one day in 2004.

In 2005, usual (0.5 grams vs. 2 grams) and heavy (0.75 grams vs. 3.5 grams) median quantities used increased compared to last year. Only one person had recently binged with cocaine over the last two years.

Over the last two years recent users most commonly snorted cocaine, and in 2005 recent injecting decreased (36% vs. 11%).

In 2004 cocaine was usually used at home or at private parties, in 2005 it was mostly used in a nightclub or at home.

The median price for a gram of cocaine increased. In 2004 it was reported to be $250 and in 2005 it was $375. Most users reported that the price of cocaine had been stable in 2004 and 2005.

The purity of cocaine was reported to be medium in 2004 and medium to low in 2005. In both years most respondents didn't know about the change in purity over the last the six months.

In 2004 most participants who commented on the availability stated that cocaine was difficult to very difficult to obtain, and in 2005 even higher proportions rated it as very difficult. In both years the availability had reportedly been stable over the past six months.

16.6 Ketamine

Lifetime (32% vs. 13%) and recent (18% vs. 7%) use of ketamine decreased from 2004 to 2005.

Frequency and quantity of ketamine use declined; recent users in 2005 had used it for a median of one day (two days in 2004) and used one bump in usual and heavy episodes (two bumps for usual and heavy episodes in 2004).

Swallowing was the most common recent route of administration in 2004 and 2005, but injecting and snorting were popular as well.

In the last two years respondents reported usually using ketamine at home with a few also using at other locations.

In 2004 the median price per bump was reported at $200 and in 2005 one participant reported the price at $80 per gram. Most did not know if this price had recently changed.

Ketamine purity was rated high in both years, and stable in 2004, but decreasing in 2005.

Ketamine availability was described as difficult to very difficult to obtain in both years, and that this had been stable over the prior six months.

16.7 GHB

In 2005 fifteen (15%) of the sample reported lifetime use of GHB (20% in 2004) and only 4% had used GHB in the six months preceding interview (6% in 2004).

GHB had been recently used for a median of two days (three days in 2004) and recent users were using 10 mls in usual and heavy episodes (11.1mls for both in 2004).

Among the few that reported GHB use, all had recently swallowed the drug in both years and one person reported recently injecting it in 2005.

Over the last two years recent users had usually and last used GHB at home and private parties.

One person reported on the price of GHB over the last two years; in 2004 it was $3 per ml, and in 2005 it was $50 per cap, with no consistent comments around price change in both years.

In 2004 GHB purity was rated as medium or fluctuating, and in 2005 it was medium to low and stable.

In 2004 and 2005 comments regarding GHB availability were mixed.

No REU has reported ever using 1,4B in the NT.

Last year one REU reported using GBL, no one reported ever using it this year.

16.8 LSD

In 2005 lifetime LSD use remained stable (63% vs. 61%) and recent use decreased (31% vs. 15%) compared to 2004.

LSD had been recently used for a median of two days (one day in 2004) and recent users were using one tab in usual use (same as 2004) and one and a half tabs in a heavy episode in 2005 (one tab in 2004).

In 2004 and 2005 a majority of recent users would swallow LSD with small proportions reporting injecting and snorting.

Bingeing with LSD amongst recent users increased from 9% in 2004 to 25% in 2005.

Small proportions of recent users had recently injected LSD in both years, although most reported swallowing it.

LSD was most commonly used in nightclubs in both years, however, in 2005 home and private parties were equally common use venues.

In both years LSD was most commonly purchased in tab form for $25 and this price was reportedly stable, however, 25% said this price had recently increased in 2005.

In 2005 higher proportions nominated LSD's current purity as high and medium compared to 2004 and reported that this had been stable over the past six months.

In 2005 higher proportions nominated LSD's current availability as easy and less rated it as difficult compared to 2004. This had reportedly been stable over the past six months.

In 2005 LSD was typically scored from a friend at a friend's home (compared to own home last year).

16.9 MDA

Twelve percent reported lifetime use of MDA (28% in 2004), but only one percent had used MDA in the six months preceding interview (10% in 2004) in 2005.

Swallowing was the most common recent route of administration over the last two years.

In 2005 the quantity of MDA used in usual episodes increased from one cap to two caps. In heavy use episodes it remained the same at two caps.

Among those that used MDA, use was infrequent over the last two years: three days in the six months preceding interview in 2004; and one day in 2005.

A cap of MDA was reportedly purchased in 2004 for a median of $55 and $50 in 2005 (n=1) and this price had been stable over the prior six months in 2005.

In 2004 and 2005 only one respondent commented on MDA purity reporting it as high, and this purity had been reportedly increasing over the prior six months in the current year.

Over the last two years one person in each year reported that MDA was very easy to obtain, in 2004 one person also stated it was difficult to obtain. In 2005 the sole person commenting believed that MDA had recently become even easier to obtain.

16.10 Patterns of other drug use

Over the three years of the study, cannabis, alcohol and tobacco use has remained high.

Proportions for lifetime and recent use of other drugs varied amongst the 2005 sample; cannabis (99%, 79%), alcohol (99%, 99%), tobacco (88%, 76%), heroin (22%, 5%), amyl nitrate (31%, 6%), nitrous oxide (31%, 4%), methadone (12%, 4%), buprenorphine (10%, 7%), other opiates (22%, 10%), anti-depressants (28%, 10%), benzodiazepines (28%, 17%) and mushrooms (37%, 10%).

The mean age for first using tobacco, alcohol and cannabis has been early teens over the last two years. On average, all 'other' drugs were first used by REU in their late teens, except for methadone and other opiates (early twenties) and buprenorphine (30 years).

The most frequently used 'other' drugs, at a median of 180 days in the last six months, were tobacco and buprenorphine, closely followed by cannabis at 150 days. In 2004 this order was tobacco followed by cannabis followed by buprenorphine.

The least frequently used 'other' drugs, with a median of one days use in the last six months, were nitrous oxide and mushrooms, closely followed by methadone (2 days) and other opiates (4 days). In 2004 this order was nitrous oxide followed by amyl nitrate followed by methadone then other opiates.

Proportions of the 2004 and 2005 sample who had ever injected 'other' drugs were similar: alcohol (4%, 2%); heroin (17% both years); methadone (6%, 7%); buprenorphine (4%, 6%); other opiates (11%, 13%); anti-depressants (1%, 4%); and benzodiazepines (9%, 5%). These figures are all lower than 2003.
The 2005 sample showed an increase in hazardous drinking behaviour with 83% (66% in 2004) of the recent alcohol users drinking more than five standards drinks while under the influence of ecstasy and 58% (15% in 2004) would do the same whilst coming down from ecstasy.

The 2004 sample reported using other drugs such as aerosols, physeptone, rohypnol, mushrooms, Xanax, glue, steroids, kava, travelcalm, and butane. Two respondents in the 2005 sample reported other drug use: petrol and steroids.

16.11 Drug information-seeking behaviour

Ten percent (10%) of the sample would always find out about the content and purity of other party drugs before taking them, and 20% would do the same before taking ecstasy.

The most common ways of finding out about the content/purity of ecstasy was through friends who had already taken it and through dealers.

Only four participants had used testing kits, and one stated they always used testing kits. A third of the sample stated they would find testing kits useful if they were available locally.

Eighty percent (80%) of the sample advised that the ecstasy they bought had a different content to what they expected at least sometimes.

The majority of respondents didn't care what was in the ecstasy they took as long as they had a good time

16.12 Risk behaviour

Over one-third (38%) of the sample had ever injected a drug using a median of four different drugs in 2005 (35% and a median of five drugs in 2004).

The mean age for first injecting any drug was 19 years in 2004 and 17 years in 2005.
Recent injecting increased from 24% in 2004 to 29% in 2005.

Speed was the most common recently injected drug over the last two years and also the most frequently injected drug in 2005.

Most injectors had learnt to inject from a friend or partner and half had first injected under the influence, most commonly alcohol and cannabis.

While most recent injectors would inject themselves, 17% never did so.

Substantial proportions would share injecting paraphernalia, no one reported borrowing a used needle, but 22% had lent used needles.

While most people injected in a home, substantial proportions would inject at public venues.

The majority of recent injectors had been tested for HCV and HIV and had been vaccinated against HBV.

Almost all REU had penetrative sex in the prior six months, most with one or two partners.

The majority never used condoms with regular partners but always used condoms with casual partners.

A high proportion had sex under the influence of drugs, most commonly ecstasy, and generally once a month or more.

In the last six months, a majority of the sample had driven over the limit of alcohol and also within one hour of taking drugs , most commonly ecstasy and cannabis.

16.13 Health-related issues

In 2005 sixteen people had overdosed in the last six months (compared to 9 in 2004), with alcohol and ecstasy being the most common main drugs involved.

REU in 2005 elicited a mean ecstasy SDS score of 2.43 (1.85 in 2004), with 1% (7% in 2004) reaching a score indicative of problematic use and 22% (11% in 2004) obtaining a score indicative of dependence.

Recent methamphetamine users in 2005 elicited a mean methamphetamine SDS score of 2.6, with 5% reaching a score indicative of problematic use and 25% obtaining a score indicative of dependence (4% and 13% respectively in 2004).

Fifteen percent (15%, 24% in 2004) of the 2005 sample had accessed a health or medical service (most commonly GPs and emergency departments) in the past six months in relation to their party drug use.

Proportions experiencing all drug-related problems decreased this year, with the most common being financial (38%, 45% in 2004) and social/relationship (33%, 49% in 2004) problems.

16.14 Criminal activity, policing and market changes

Criminal activity in the in the past month decreased from 35% in 2004 to 15% in 2005; it consisted mostly of drug dealing in both years.

A fifth of the 2005 participants would deal drugs for cash profit to pay for their ecstasy.

The proportion of REU that had been arrested in the previous 12 months increased from 15% to 17% this year.

Forty-four percent (44%) of the 2005 sample thought that police activity towards REU had increased recently (48% in 2003), however, 83% said this had not made it harder for them to score their drugs (64% in 2003).

17.0 DISCUSSION AND IMPLICATIONS

Findings in relation to the main characteristics of the ecstasy and related drug markets in Darwin, i.e. price, purity and availability, are generally consistent this year with 2004. As in 2004, ecstasy, cannabis and the methamphetamines are the drug types commonly used by regular ecstasy users and are still rated as readily available. The market characteristics of these drugs have been essentially stable other than showing some apparent price movement among the methamphetamines, with the point prices of base and crystal increasing. Related drug types – such as GHB, ketamine, and LSD – are present in Darwin but used infrequently and by small proportions of the PDI sample.

However, some specific changes are noted in relation to drug use among this year's sample. Specifically:

- the proportion of the sample using ecstasy weekly increased (from 39% in 2004 to 52% this year);
- recent pharmaceutical stimulant use has increased from 14% to 35%; and
- increased proportions had recently used other drugs either with ecstasy (89% to 96%) or while coming down from ecstasy (68% to 89%) .

Similarly, there were some changes in the risk behaviours reported by this year's sample, specifically:

- the proportion reporting recent overdose increased from 12% in 2004 to 20%;
- and the proportions of recent methamphetamine users who used injections as a route of administration increased – speed from 14% to 35%, base from 22% to 54% and crystal from 24% to 35%; and
- there were also increases in the proportions rated as dependent on the Severity of Dependence Scale for ecstasy (from 11% to 22%), speed (4% to 27%), base (0% to 30%) and ice (17% to 22%).

The changes seen in polydrug use and recent overdoses are both mainly accounted for by increased use of alcohol. The proportion of the sample consuming more than 5 drinks with their ecstasy use increased from 79% to 97%, and the proportion reporting alcohol as the main drug involved in their overdose increased from 11% to 50%. In addition, majorities of the sample reported that in the six months before interview they had driven under the influence of either alcohol (68%) or another drug (58%).

As was the case in 2004, these results suggest that ecstasy and related drug use is well established in Darwin and that certain risk behaviours may be increasing. At the same time, only 9% of respondents were in treatment at the time of interview and the proportion who reported seeking help in relation to their drug use declined this year – from 24% in 2004 to 15% in 2005 – with no one reporting that they sought information about risks associated with ecstasy and related drug use. Given what may be an emerging gap between risk behaviours in this group and help or treatment seeking behaviours it would be appropriate that:

- health professionals, services and other relevant agencies should be encouraged to further develop their capacity to detect ecstasy use amongst their clientele; and
- health promotion resources specific to ecstasy and related drug use, particularly among young people, be developed and distributed.

Given also that pharmaceutical stimulant use and methamphetamine injection has increased attempts should be made to understand the use of diverted pharmaceuticals by this group and improve the monitoring of injection related health problems.

As in previous years, it is recommended that the market and use characteristics of ecstasy and related drugs continue to be monitored.

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