

**J. George and S. Lenton**

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

**NDARC Technical Report No. 253**



**WEST AUSTRALIAN  
TRENDS IN ECSTASY AND  
RELATED DRUG MARKETS  
2005**



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Party Drugs Initiative  
(PDI)**

**Jessica George and Simon Lenton**

National Drug Research Institute

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## ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AGAL	Australian Government Analytical Laboratories
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
DMA	Dimethoxyamphetamine
FDS	Family Drug Support
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immuno-deficiency virus
IDRS	Illicit Drug Reporting System
KE	Key Expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy
NDLERF	National Drug Law Enforcement Research Fund
NSW	New South Wales
PMA	Paramethoxyamphetamine
REU	Regular ecstasy user(s)
SDS	Severity of Dependence Score
WA	Western Australia

## EXECUTIVE SUMMARY

This report presents the results of an ongoing study monitoring ecstasy and related drug markets within WA. It is part of a nationwide study, which commenced in NSW and Victoria in 2000 with the addition of other states and territories in 2003. In 2000, the pre-existing Illicit Drug Reporting System (IDRS), designed to monitor use of the main illicit drugs in Australia, was expanded to explore the feasibility of monitoring trends in the 'party drugs' market. The current report provides findings for the third year of data collection in WA, obtained from three sources:

1. Quantitative interviews with 100 current regular ecstasy users.
2. Qualitative interviews with key experts who have regular contact with ecstasy users and are employed in areas including health, outreach, and law enforcement.
3. Analysis of various indicator data from health and law enforcement sources.

### **Demographic characteristics of regular ecstasy users (REU)**

For the purpose of this study, 'regular ecstasy users' are a population defined by their use of tablets sold as ecstasy on at least a monthly basis. The sample recruited for the current survey was found to be mostly similar to that of the previous year. The mean age was 22.7 years, which was not significantly different to the mean age of 22 years in 2004. The sample comprised of 58% males (59% in 2004) and 90% reported a heterosexual identity (89% in 2004). Almost the entire sample (99%) was of English speaking background as in 2004 (97%) and only 3% reported Aboriginal and/or Torres Strait Islander descent (1% in 2004). As in 2004, the current sample had a mean of 11.5 school years, and approximately a third was in current full-time employment.

Significant differences found between the REU samples were as follows. There was a decrease in the proportion of unemployed from 24% in 2004 to 15% in 2005. Related to this, part-time employment increased to 36% in 2005 compared to 22% in 2004. The only other significant difference related to previous prison conviction with 2% of the current sample reporting a conviction compared to 16% in 2004.

### **Patterns of drug use among REU**

As with previous samples, current REU commonly engaged in polydrug use while the extent of this use significantly increased in 2005. Lifetime use had a mean of 10.6 drug classes in 2005 compared to 8.8 classes in 2004. Use during the last six months also increased to a mean of 7.7 drug classes in 2005 compared to 6.7 classes in 2004. Over half the current sample reported use of the following drugs within this time period: ecstasy (100%), alcohol (98%), methamphetamine powder (85%), cannabis (83%), pharmaceutical stimulants (73%), tobacco (72%), and crystal methamphetamine (69%).

In 2005, there were significant increases in both lifetime and recent use of cocaine and *d*-lysergic acid (LSD). Prevalence of use of other drugs related to ecstasy, such as ketamine, gamma-hydroxy-butyrate (GHB) and 3,4-methylenedioxymethamphetamine (MDA) remained low in WA.

In 2005, 22% of respondents reported ever injecting any drug, which was the same proportion as last year. However, there was a significant decrease in those who reported recently injecting (during the last 6 months) from 20% in 2004 to 12% in 2005.

### **Ecstasy**

Patterns of ecstasy use across the samples in 2004 and 2005 were mostly similar. Ecstasy was nominated as the 'drug of choice' by the highest proportion of respondents in the current survey (51%) as was the case in the previous year (44%). Pills were by far the most common form of ecstasy used, and swallowing was the predominant method of administration. Sixty-eight percent of respondents typically used more than one tablet during a session with a mean of 1.7 tablets used in a session. The majority of respondents reported typically using other drugs with ecstasy (90%) and during recovery or 'come down' after ecstasy use (86%).

There were significant differences between REU samples regarding frequency of ecstasy use. In 2005, the mean days ecstasy was used in the previous six months was approximately 20 days compared to 16.4 days in 2004. This means that, on average, the current sample were using ecstasy at least 3 times a month. Furthermore, 30% of respondents reported using ecstasy weekly or more compared to 21% in 2004.

'Nightclubs' were reported as the usual location of ecstasy use by the majority of REU in both years, however, there was a significant increase in its prevalence from 66% in 2004 to 76% in 2005. 'Live music event' also significantly increased as a usual venue of use from 35% in 2004 to 60% in 2005. In contrast, there was a significant decrease in using at 'friend's home' from 62% in 2004 to 51% in 2005.

### **Price, purity and availability of ecstasy**

The median price of ecstasy reported in 2005 was \$40 per tablet compared to \$50 in 2004. Price was rated as 'stable' during the previous 6 months by approximately two-thirds of the sample in both years. In 2005, the majority of respondents reported obtaining ecstasy using money from 'paid employment' (91%) and receiving it as 'a gift from friends' (72%), as found in 2004.

In 2005, current purity of ecstasy was rated as 'medium' by the highest proportion of respondents (40%) compared to 'high' in 2004 (48%). While 36% of the current sample reported purity as 'fluctuating' during the previous 6 months, 30% reported it as 'stable', thereby highlighting the subjective nature of such perceptions. Current availability of ecstasy was rated as 'very easy' by the majority of REU in both years. Recent availability in both years, during the past 6 months, was also rated as 'stable'.

'Friends' remained the most common person from whom to score ecstasy, reported by 92% in 2005 and 89% in 2004. Accordingly, 'friend's home' was the most common location for scoring ecstasy, reported by 71% in 2005 and 72% in 2004. However, the use of alternative sources for scoring significantly decreased across survey years. In 2005, 36% reported scoring from 'known dealers' compared to 53% in 2004, and 20% from 'unknown dealers' compared to 33% in the previous year. A similar decrease was also observed in scoring from 'acquaintances', which declined from 47% in 2004 to 24% in 2005.

## **Ecstasy markets and patterns of purchasing**

In 2005, ecstasy was purchased from a median of four persons in the previous six months, with most buying it 7–12 times (42%). The majority of respondents reported buying it for ‘self and others’ (71%) and a median of four pills was purchased at a time.

Almost the entire sample (87%) reported being able to buy other drugs from their main dealer at the time of purchasing ecstasy. Those drugs reported as most available were speed powder (82%), crystal methamphetamine (72%) and cannabis (71%).

The 2005 PDI survey asked about the possible influence of several factors on both price and use of ecstasy. Increase in cost was attributed by most respondents to ‘buying ecstasy at a public venue’ (69%) and ‘decreased availability of ecstasy generally’ (62%). The majority perceived a decrease in cost as related to ‘buying a larger quantity’ (96%), ‘knowing the supplier well’ (88%) and ‘supplier close to the original source’ (70%). The factor identified as most likely to have no effect on cost was ‘increased police activity’ (66%).

No factor was identified by the majority as likely to increase use of ecstasy. Those factors nominated by the greatest proportion were ‘friends used ecstasy more often’ (37%) and ‘ecstasy became easier to get’ (36%). In contrast, several factors were identified by the majority as likely to decrease use with most nominating ‘purity of ecstasy went down a lot’ (86%) and ‘negative effects of ecstasy on relationships’ (85%), ‘work/study’ (82%), ‘mental health’ (80%) and ‘physical health’ (77%). Factors identified as having no influence again related to law enforcement and included ‘reduced chance of getting caught by police’ (84%), and ‘penalties for ecstasy use were reduced’ (84%) or ‘were increased’ (76%).

## **Methamphetamine**

There were no significant differences between the current sample and that of the previous year regarding use of methamphetamine powder (speed). In 2005, 94% reported lifetime use of speed compared to 88% in 2004, and 85% reported using speed in the last 6 months compared to 78% in 2004. Methods of use were also similar except for a significant increase in swallowing reported by 71% in 2005 compared to 56% in 2004.

Lifetime use of methamphetamine base significantly increased, reported by 59% in 2005 compared to 46% in 2004. There was no significant difference in recent use, reported by 38% in 2005 compared to 31% in 2004. While there were no significant differences in rates of methods of use, swallowing was the most common method in 2005 compared to snorting in 2004. Swallowing was reported by 63% in 2005 compared to 52% in 2004, and snorting reported by 53% in 2005 compared to 58% in 2004.

Lifetime use of crystal methamphetamine remained the same, reported by 88% in 2005 and 89% in 2004. However, there was a significant decrease in use of crystal during the last six months to 69% in 2005 compared to 80% in 2004. Significant changes were also found for methods of use with a significant decrease in smoking (77% in 2005 versus 92% in 2004) and a significant increase in swallowing (57% in 2005 versus 43% in 2004).

The median price per point for all types of methamphetamine (powder, base and crystal) remained the same as last year at \$50. The median price for a gram of speed also

remained the same at \$300. There was a slight increase in the median price of a gram of base to \$325 in 2005 (\$300 in 2004), while the price of crystal decreased to a median of \$350 per gram (\$400 in 2004). With regards changes in the cost of methamphetamines during the previous 6 months, most respondents reported the price as 'stable' for all types.

With regards purity, 40% of those who commented for speed rated it as 'medium'. Equal proportions of 41% of those who commented for base rated it as 'medium' and 'high'. The greatest proportion of those commenting on crystal rated it as 'high', however, this represented only 39% with 26% rating purity as 'medium'.

Speed was rated as either 'very easy' (49%) or 'easy' (45%) to obtain by the majority of respondents. Availability of base was rated as 'easy' by 44% and as 'difficult' by 31% while the greatest proportion rated availability of crystal as 'easy' (50%). Ratings of availability as 'very easy' increased for base from 7% in 2004 to 25% in 2005, while they decreased for crystal from 61% in 2004 to 30% in 2005. Availability was rated as 'stable' during the last 6 months by the highest proportion of respondents for all forms of methamphetamine in 2005.

### **Cocaine**

Use of cocaine significantly increased across survey years for both lifetime and recent use. In 2005, 57% reported ever using cocaine compared to only 36% in 2004. Similarly, 35% of the current sample reported using cocaine in the last 6 months compared to only 16% in 2004.

This increase in use maybe reflected in user perceptions of a trend toward improved availability of cocaine. In 2005, availability was rated as either 'easy' (36%) or 'difficult' (43%) by the majority of respondents compared to 'difficult' (57%) or 'very difficult' (29%) in 2004. Caution must be exercised in interpreting these findings as the number of REU reporting remained low, but comments of increased presence of cocaine were also noted in 'key expert' interviews.

In 2005, the median price per gram of cocaine was \$350, and 60% of those who commented rated price as 'stable' during the previous six months. Equal proportions of 38% rated current purity as 'low' and 'medium', and purity was rated as 'stable' by 64% during the last six months.

### **LSD**

Use of LSD also significantly increased across survey years for both lifetime and recent use. Those reporting ever using LSD increased to 71% in 2005 from 50% in 2004, while use in the last 6 months increased to 35% in 2005 from 11% in 2004.

Once again, this increase in use maybe accounted for by a perceived change in availability. In 2004, availability of LSD was rated as 'difficult' (45%) or 'very difficult' (40%) by the majority of respondents whereas in 2005, availability was rated equally as 'difficult' and 'easy' by 34%. Similarly, availability in the previous six months was rated as 'stable' by 55% in 2004 while in 2005, 47% rated it as 'stable' and 41% rated it as 'easier'.

The median price of LSD remained the same as last year at \$25 per tab. In 2005, 38% reported the price as 'increasing' during the last 6 months, while 34% reported it as 'stable'. Current purity was rated as 'high' by 59% in 2005 compared to only 25% in



2004. The greatest proportion of respondents in 2005 was unable to comment on changes in purity of LSD during the preceding six months.

### **Ketamine**

Prevalence of ketamine use remained similar with lifetime use reported by 25% in 2005 compared to 21% in 2004, and use in the last 6 months by 11% in 2005 compared to 10% in 2004. Only five respondents elected to comment on items concerning price, purity, availability, location of use and source of the drug. With such small numbers reporting across survey years, it is difficult to draw conclusions or make comparisons regarding the ketamine market.

### **MDA**

Lifetime use (ever used) of MDA remained the same as 2004 with 19% of respondents reporting ever using the drug. However, there was a significant increase in recent use with 11% of respondents in 2005 reporting use in the last 6 months compared to 6% in 2004. This represented a continuing trend in increased, recent use of MDA since 2003. As with last year, only three respondents elected to comment on items regarding market aspects of MDA and, again, few conclusions can be reached on the basis of such limited data.

### **GHB**

In 2005, the proportion of respondents who reported lifetime use of GHB remained the same as last year at 10%. Prevalence of recent use remained low with 3% in 2005 reporting use of GHB in the last 6 months, compared to 5% in 2004. Only one respondent elected to comment on items referring to price, purity, availability, location of use and source of the drug.

### **Patterns of other drug use**

Lifetime use of alcohol was reported by 99% of respondents which was unchanged from that of 2004 (99%). Recent use was also similar across survey years, reported by 98% in 2005 compared to 92% in 2004. There was a substantial increase in the median number of days alcohol was used in the last six months from 24 days in 2004 to 70 days in 2005. This increase in frequency of alcohol consumption was also observed in the context of ecstasy use. In 2005, 70% reported typically using alcohol with ecstasy compared to 40% in 2004. Those consuming a large amount of alcohol, also increased with 69% in 2005 typically consuming more than 5 standard drinks, compared to 55% in 2004. Similarly, use of alcohol during 'come down' from ecstasy doubled, as reported by 52% in 2005 compared to 26% in 2004. Within this group, 72% in 2005 reported typically consuming more than 5 standard drinks compared to 62% in 2004.

Prevalence of cannabis use was very similar across survey years with lifetime use reported by 97% in 2004 and 99% in 2005, and recent use by 85% in 2004 and 83% in 2005. An increase in frequency of use was again found with a median of 60 days use in the last six months compared to 47 days in 2004. Use of cannabis with ecstasy increased from 32% in 2004 to 47% in 2005, while use of cannabis to 'come down' from ecstasy remained the same (63% in 2004 versus 62% in 2005).

Tobacco use remained unchanged across survey years, both with respect to lifetime use (84% in 2004 versus 86% in 2005) and recent use (73% in 2004 versus 72% in 2005). The median number of days tobacco was used during the previous 6 months also remained the same at 180 (1-180). However, rates of use in the context of ecstasy use increased

with 60% in 2005 reporting typically using tobacco with ecstasy compared to 43% in 2004. Similarly, 55% in 2005 reported using tobacco to 'come down' from ecstasy compared to 38% in 2004.

In 2005, pharmaceutical stimulants such as dexamphetamine and Ritalin, were included in the PDI survey as a distinct drug class. Use of these drugs by REU was high with 89% reporting lifetime use and 73% reported use in the last 6 months. The median number of days used in this time period was 10 (1-180). However, pharmaceutical stimulants did not appear to be used in association with ecstasy with 28% reporting use with ecstasy and 17% reported use to 'come down' from ecstasy.

Significant increases were also found for the use of other pharmaceutical medicines. Lifetime use of benzodiazepines increased to 49% in 2005 compared to 35% in 2004. A significant increase was also found for use during the previous 6 months, reported by 39% in 2005 compared to 29% in 2004. In 2005, the median number of days used during this period was 4 (1-180). Few respondents reported typically using benzodiazepines with ecstasy (5% in 2005 and 2% in 2004), while use during 'come down' increased to 16% in 2005 from 7% in 2004.

There were also significant increases in use of 'other opiates', which included morphine, pethidine and over-the-counter medications containing codeine. Lifetime use was reported by 41% in 2005 compared to 18% in 2004, and recent use reported by 27% in 2005 compared to 10% in 2004. In 2005, the median number of days used during the past six months was 3 (1-48). Only one respondent in 2005 reported typically using these drugs with ecstasy and five reported typically using them to 'come down' from ecstasy.

There were no significant differences across survey years for use of anti-depressants, with lifetime use reported at 32% in 2005 compared to 25% in 2004, and recent use at 13% in both years. In 2005, the median number of days used during the past six months was 24 (3-180). No respondents in 2005 reported typically using anti-depressants with ecstasy and only three reported using the drug to 'come down' from ecstasy.

Participants were also asked about use of inhalants, including amyl nitrate and nitrous oxide. Lifetime use of amyl nitrate significantly increased, as reported by 46% in 2005 compared to 36% in 2004. Use in the last 6 months remained unchanged (17% in 2005 versus 15% in 2004) and in 2005, was used a median of 2 days (1-40) in this time period. Only one respondent in 2005 reported typically using amyl nitrate both with ecstasy and during 'come down' from ecstasy.

Lifetime use of nitrous oxide remained unchanged, as reported by 63% in 2005 compared to 62% in 2004. A decrease in recent use was observed with 34% of the current sample reporting use in the previous six months compared to 43% in 2004, however, this wasn't significant. In 2005, the median number of days used during this time period was 4 (1-96). Use of nitrous oxide with ecstasy was reported by 14% and use during 'come down' from ecstasy was reported by 16% in 2005.

Prevalence of use of heroin, buprenorphine and morphine remained low amongst REU. In 2005, 15% reported lifetime use of heroin compared to 13% in 2004, and 6% reported recent use compared to 8% in 2004. Rates of buprenorphine were unchanged across surveys with lifetime use reported by 5% and recent use by 2% in 2005. There was a significant increase in lifetime use of methadone, however, proportions were small (8%

in 2005 versus 4% in 2004), and recent use was uncommon (3% in 2005 versus 1% in 2004). No respondents reported use of heroin, methadone or buprenorphine with ecstasy, and two reported use of heroin and buprenorphine to 'come down' from ecstasy.

Magic mushrooms were included in the 2005 survey as a separate drug class with 53% of respondents reporting ever having used the drug. Fourteen percent reported use in the last 6 months with a median of 1 day use during this time period (1-20). Recent use by all of these respondents was by swallowing.

Lifetime use of other drugs not specified in the 2005 PDI survey was reported by 14% of respondents and 9% reported use in the last six months. These drugs were used a median of 3 (1-15) days during the past six months and included 2CT2 (3%), 2CB (2%), DMT (2%) and DXM (2%). These drugs are understood to be hallucinogenic amphetamine-type substances, referred to on the street as 'trippy speed'. A member of the police service interviewed as a 'key expert' also mentioned the appearance of DMT and 2CT in Perth.

### **Drug information-seeking behaviour**

In 2005, REU were asked how often they find out the content and purity of ecstasy and other party drugs before taking them. Half the sample reported 'never' finding out content and purity of other party drugs, compared to only 19% not seeking this information for ecstasy. A quarter of the sample each reported finding out 'always' and 'most times' for ecstasy. Of those who sought this information for ecstasy, the most common sources were 'friends' (83%) and 'websites' (62%). 'Pill testing kits' were reportedly used by 30%, with half of this sample using them 'sometimes'. Information resources considered most useful, if locally available, were 'testing kits' (58%) and 'local website' (57%).

Respondents were also asked to comment on several statements related to their use of ecstasy. The greatest proportion reported that logos were 'never' a good indication of what a pill would be like (42%), and 63% reported that pills 'sometimes' contain little or no 3,4-methylenedioxymethamphetamine (MDMA). Responses to legal issues were varied, with 41% reporting that use of ecstasy should 'never' be legal, followed by 30% reporting it should 'always' be legal. There was greater consensus in regards to selling ecstasy, with 54% reporting it should 'never' be legal and only 15% reporting it should 'always' be legal.

### **Risk behaviour**

Respondents reported on risk behaviour related to injecting, sexual practices, and driving behaviour. As in 2004, 22% of the current sample reported ever injecting, while recent injecting significantly decreased from 20% in 2004 to 12% in 2005. The current sample reported speed powder as the most common drug ever injected, first injected and recently injected, while crystal methamphetamine was reported by most as the drug last injected. Home was by far the most common place to inject, reported by 92% of those who had injected in the last 6 months.

In 2005, 96% reported having penetrative sex in the last 6 months, with most having one partner during this period (44%). Anal sex was reported by 22%, and 88% reported having penetrative sex while on drugs. Most reported having sex under the influence of drugs 3–5 times (30%) or over 11 times (29%) in the last 6 months. Of the drugs used,

88% reported ecstasy, 52% alcohol, 44% cannabis, 33% speed powder and 27% crystal methamphetamine.

Eighty five percent of the current sample had driven a car in the last 6 months. Within this group, 57% reported driving under the influence of alcohol and 82% reported driving within one hour of taking a drug. The majority reported driving after taking ecstasy (69%), speed powder (57%) and cannabis (56%).

### **Health-related issues**

In 2005, REU were asked about help seeking behaviour and 22% reported accessing a health service in relation to their drug use during the last 6 months. The most common service was GP, reported by 46%, followed by counsellor and psychologist, both reported by 41%.

With regards health screening tests, 32% of the total sample had been vaccinated for Hepatitis B, 42% tested for Hepatitis C, 40% tested for HIV, and 47% had undergone a sexual health check-up.

### **Criminal activity, policing and market changes**

Rates of criminal activity were unchanged with 32% of the current sample reporting committing a crime in the last month, compared to 30% in 2004. In 2005, this comprised of 24% drug dealing, 9% property crime, 6% fraud, and 2% violence. Fourteen percent of the current sample had been arrested in the last 12 months with most reporting the offence as driving under the influence of alcohol (29%).

In 2005, the greatest proportion of respondents reported police activity had 'increased' in the last six months (43%) while most in 2004 reported it as 'stable' (38%). Despite this change in perception, the vast majority in both years reported that police activity did not make scoring drugs more difficult (80% in 2005 and 89% in 2004).

Perceptions of changes in ecstasy and related drug markets were varied with 59% reporting new happenings in drug use, while 41% reported it had stayed the same in the last 6 months.

### **Implications**

Polydrug use remained common among regular ecstasy users and indicated an increasing trend. The average number of drug types used, both recently and in their lifetime, was greater than that reported in previous years. Amongst current REU, over half had used alcohol (98%), methamphetamine powder (85%), cannabis (83%), pharmaceutical stimulants (73%), tobacco (72%), and crystal methamphetamine (69%) in the preceding six months. Furthermore, as was found last year, almost the entire sample used other drugs with ecstasy and to 'come down' from ecstasy. Such findings may attest to the experimental nature of drug use in this user group.

With this in mind, particular attention is drawn to the consumption of alcohol among REU. While rates of alcohol use have remained above 90% for both lifetime and recent use since 2003, there was a large increase in the frequency of alcohol use in 2005. The median days of alcohol use during the last 6 months increased from 24 days in 2004 to 70 days in 2005. This increase was also evident in the context of ecstasy use, with 70% of the current sample reporting use of alcohol with ecstasy compared to 40% in 2004, and 52% using alcohol during 'come down' from ecstasy compared to 26% in 2004.

Furthermore, while 55% of the 2004 sample reported consuming more than 5 standard drinks with ecstasy, 69% reported such consumption in 2005. In addition, 72% of the current sample consumed more than 5 standard drinks during recovery from ecstasy compared to 62% in 2004.

The findings related to alcohol use maybe considered in relation to two other areas investigated in the PDI. Firstly, there has been a trend across years towards 'nightclubs' as the usual location of ecstasy use. In 2004, 'raves/dance parties' were the most common location of use, reported by 69%, and had a similar rate in 2005 of 68%. However, usual use in 'nightclubs' increased from 66% in 2004 to 76% in 2005. Furthermore, reports of 'nightclubs' as the most recent place of use increased from 26% in 2004 to 36% in 2005. The observed increase in alcohol use may therefore be reflective of an apparent shift toward use of ecstasy in licensed venues. On this basis, it maybe of interest to explore any change in the meaning of alcohol for this user group, given that its use was not traditionally part of the ecstasy 'raver' scene.

Secondly, a substantial proportion of REU reported engaging in driving risk behaviour in both years. In 2004, 46% of those who had driven a car in the previous 6 months reported doing so under the influence of alcohol. In 2005, this rate increased to 56% with an average of 12 times in this period (equivalent to twice a month). In addition, 82% of the current sample reported driving soon after taking a drug. The most commonly reported drugs were ecstasy (69%), speed (57%) and cannabis (56%). Given the potential dangers associated with such practices, these behaviours maybe a worthwhile target for harm reduction messages.

With regards to other drug types, methamphetamine use remained prevalent among regular ecstasy users in WA. Use of speed has been consistently high across survey years, both in rates of lifetime and recent use. In 2005, there was a significant increase in the proportion of respondents who had ever used base and a significant decrease in recent use of crystal. Investigation of the market aspects of methamphetamine suggest that this maybe accounted for by a reduction in availability of crystal and less consistency in its purity.

Prevalence of use of cocaine significantly increased both in lifetime and recent use. This was accompanied by user reports of a decrease in the price per gram and a shift toward increased availability. 'Key experts' also commented on a recent appearance of cocaine in the local drug scene. Perceptions of current market trends therefore suggest that increased use of cocaine maybe attributed to reduced cost and improved accessibility.

Use of LSD also significantly increased in both lifetime and recent use, and again there was a corresponding shift in perceptions of availability. In addition, user reports indicated current purity of LSD was higher. Interestingly, the majority of those who responded felt they could not comment on recent changes in purity, suggesting that the re-emerging LSD market is relatively new. The current findings therefore imply that increased rates of LSD use maybe accounted for by heightened purity and a trend toward greater availability.

Other drug types for which significant differences were found included increases in both lifetime and recent use of benzodiazepines and 'other opiates'. In addition, 'pharmaceutical stimulants' were included for the first time as a separate drug class in

2005 and were found to be commonly used among REU. Lifetime use was reported by 89% of the sample and recent use by 73%.

'Friends' and 'friend's home' were the most commonly reported source and location of purchase for all major drug types including ecstasy, methamphetamine, cocaine, and LSD. With regards ecstasy, rates of purchasing from 'friends' remained around 90% and from 'friend's home' around 70% for the last 3 years. In 2005, proportions reporting purchasing from other sources significantly decreased for 'known dealers', 'unknown dealers' and 'acquaintances'. As there were no corresponding increases in other categories, the findings suggest that 'friends' were not only the dominant source for obtaining ecstasy, but maybe an increasingly exclusive source.

For the first time in 2005, respondents were asked about information-seeking behaviour related to drug content and purity. Finding out such information at least 'sometimes' was reported by half the sample for drugs other than ecstasy and by 81% for ecstasy. The vast majority reported finding out such information for ecstasy from 'friends' (83%). In response to what resources they would find personally useful, the majority nominated 'pill testing kits' (58%) and 'local website' (57%). It is noted that the results of these tests may influence subsequent drug taking behaviour, as most stated they would not take a pill if a test indicated it contained ketamine or showed no reaction. This suggests that REU not only prefer to be informed about the content and purity of drugs, but that obtaining such information may have an impact on their drug consumption.

In 2005, almost a quarter of the sample had accessed a health service in relation to their drug use in the last 6 months. GP, counselor and psychologist were the most common services sought. In addition, many respondents perceived problems associated with their drug use, with almost half the sample reporting occupational/study problems, and relationship/social problems. In response to perceived risks associated with ecstasy use, the most commonly identified were potential psychological and physical harms, with depression nominated as the greatest individual risk factor. Given the findings for services most accessed and concerns commonly reported, it is recommended that mental health indicators be investigated in this user group.

## **1.0 INTRODUCTION**

The Illicit Drug Reporting System (IDRS) is an ongoing project funded by Australian Government Department of Health and Ageing, the National Drug Law Enforcement Research Fund (NDLERF), and the Ministerial Council on Drug Strategy. It has been conducted on an annual basis in NSW since 1996 and in all states and territories of Australia since 1999. The objective of the IDRS is the provision of a coordinated approach to monitoring the use of the main illicit drugs used in Australia, specifically, amphetamines, cannabis, cocaine, and heroin. It is intended to act as a strategic early warning system, designed to identify emerging trends of local and national concern in various illicit drug markets. The study is designed to be sensitive to such trends and to direct future research rather than describe phenomena in detail.

Due to the focus of the IDRS, it did not directly access the population regularly using ecstasy and related drugs. Consequently, in 2000, NDLERF funded a two year, two state trial of the feasibility of monitoring emerging trends in the markets for ecstasy and related drugs using the extant IDRS methodology. For the present purposes, the drugs referred to are those that are routinely used in the context of entertainment venues such as nightclubs or dance parties. This includes drugs such as ecstasy, amphetamines, cocaine, LSD, ketamine, MDA (3,4-methylenedixyamphetamine) and GHB (gamma-hydroxy butyrate). This marked the beginning of the Party Drugs Initiative (PDI), which became a national survey in 2003.

The current report presents the findings of the third year of data collection for the PDI in W.A. Like the IDRS, results are based on three data sources: interviews with current illicit drug users (in this case regular ecstasy users); interviews with professionals who have contact with these users; and the collation of indicator data. Also consistent with the logic of the main IDRS, focus is on the capital city as it is thought that emerging trends in illicit drug markets are more likely to occur initially in large cities rather than regional centres or rural areas.

### **1.1 Aims**

The specific aims of the ecstasy and related drug module of the WA IDRS 2005 were to:

1. describe the characteristics of a sample of current, regular ecstasy users in Perth;
2. examine patterns of ecstasy and other drug use among this sample;
3. document market aspects of ecstasy and related drugs in Perth, such as price, purity and availability;
4. examine participants' perceptions of the nature and incidence of ecstasy-related harm including physical, psychological, financial, social and legal harms;
5. compare key findings of this study with those reported in previous years (2003-2004); and
6. identify emerging trends in the ecstasy and related drug markets that may require further investigation.

## **2.0 METHODS**

A triangulated approach was used for the PDI to provide an indication of emerging trends in drug use of ecstasy and related drug markets. Using such multiple data sources enables triangulation, which minimises the biases inherent in each source and permits validation of observed trends across the different data sources. The three main sources of information used to document trends were:

1. a survey of regular ecstasy users comprised of face-to-face interviews;
2. a key expert survey of professionals working in the field using semi-structured interviews; and
3. examination of existing indicator data, such as statistical data collected from legal and health services.

### **2.1 Survey of regular ecstasy users (REU)**

There is an established market for ecstasy (tablets that are purported to contain 3, 4-methylenedioxymethamphetamine; MDMA) that has existed for more than a decade and its use in Australia appears to be on the increase. According to the 2004 National Drug Strategy Household Survey, ecstasy has now overtaken methamphetamine to become the second most widely used illicit drug following cannabis. Recent use of ecstasy (last 12 months) was reported by 3.4% of the population aged 14 years and over, and this represented a significant increase from the 2.9% who reported ecstasy use in the 2001 survey (Australia Institute of Health and Welfare, 2005). In Western Australia, 4.1% of the general population reported use of ecstasy during this time period making it the state with the second highest use of ecstasy after ACT (6%). For the purposes of the present study, the sentinel population consisted of regular users of tablets sold as 'ecstasy'.

#### **2.1.1 Recruitment**

One hundred ecstasy users were interviewed for the 2005 PDI in WA, all of whom resided in the Perth metropolitan area. Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included: advertisements in entertainment street press; flyers distributed at cafes, record outlets, clothing stores, cinemas and universities; dance scene related websites, and participant snowballing techniques. Snowballing is a sampling strategy used to access 'hidden' populations by relying on peer referral (Barnard, 1995). Ethics approval was granted (HR47/2003) from the Curtin University Human Research Ethics Committee permitting interviews to be conducted with participants aged from 16 years.

#### **2.1.2 Procedure**

Potential participants contacted the research coordinator by telephone and were screened for eligibility. Three criteria were to be met for participation:

1. use of ecstasy at least monthly over the previous 6 months;
2. aged 16 years or older; and
3. resident in the Perth metropolitan area for minimum of 12 months prior to interview.

Once these criteria were met, participants were informed that the study consisted of a confidential face-to-face interview conducted at a central café in the city. The structured interview would take approximately 45 minutes to complete, and all data were collected



anonymously. Participants would be reimbursed \$30 to cover the costs of attendance. Upon meeting the interviewer, the nature and purpose of the study was again explained to participants, and informed consent was obtained. All interviewers were trained in administration of the specific interview schedule.

### **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). The original survey incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall, & Lee, 1992) and amphetamines (Darke et al., 1994; Hando & Hall, 1993; Hando, Topp & Hall, 1997) and has been revised over successive years of PDI data collection. The interview schedule focused primarily on the six months preceding the interview. The survey allowed assessment of sample characteristics related to demographic information; ecstasy and other drug use history (including frequency and quantity of use and routes of administration); physical and psychological side effects of ecstasy; other ecstasy-related problems (i.e. relationship, financial, legal and occupational problems); price, purity and availability of different drugs; sexual and health-related behaviours; self-reported criminal activity; and general trends in the ecstasy and related drug markets such as new drug types, new drug users, and perceptions of police activity.

### **2.1.4 Data analysis**

Quantitative data from the regular ecstasy user survey were analysed using SPSS 12.0 for Windows. For continuous variables, t-tests were conducted and for categorical variables, chi-square tests used to determine significant differences with alpha set at 0.05. Qualitative data collected from the regular ecstasy users and 'key experts' were analysed using the word processing and table making options of Microsoft Word 2002.

## **2.2 Survey of key experts (KE)**

To maintain consistency with the central IDRS, eligibility criterion for 'key experts' (previously referred to as 'key informants') participating in the PDI was regular contact in the course of employment with a range of ecstasy users. Regular contact was defined as average weekly contact and/or contact with ten or more ecstasy users throughout the past six months. Sixteen KE from professions including outreach worker, drug and alcohol officer, drug counsellor, psychologist, hospital emergency nurse, DJ, nightclub worker, and law enforcement officer participated in the WA PDI 2005.

## **2.3 Other indicators**

Secondary data sources were examined to complement and validate the data collected from both the REU and KE interviews. Data sources included in this report are:

- The 2004 National Drug Strategy Household Survey (NDSHS);
- Australian Crime Commission (ACC); drug purity and seizure data, arrest data;
- Australian Institute of Health and Welfare; hospital admissions; and
- Telephone advisory service data from the Alcohol and Drug Information Service.

### **3.0 OVERVIEW OF REGULAR ECSTASY USERS (REU)**

#### **3.1 Demographic characteristics of the REU sample**

One hundred regular ecstasy users residing in the Perth metropolitan area were interviewed during June 2005. The mean age of the sample was 22.7 years (range 17-42) and 58% were male. Almost the entire sample (99%) spoke English as their main language, and only a small proportion (3%) were of Aboriginal and/or Torres Strait Islander descent. The majority of respondents identified as heterosexual (90%) and 53% of the sample reported their relationship status as single. Almost two-thirds of the sample resided in rented premises (61%) and just under a third in their parents' or family house (29%).

The mean number of school years was 11.5 (range 9-12) and 68% had completed secondary education. Just over half the sample (57%) had tertiary qualifications and 14% were currently full-time students. A third of the sample was engaged in full-time employment (33%) and 15% were unemployed. A small minority (6%) were currently in drug treatment and 2% reported a previous criminal conviction.

**Table 1: Key demographic characteristics of REU sample, 2003-2005**

	2003 (n=100)	2004 (n=100)	<b>2005 (n=100)</b>	Statistical tests of significance
Mean age (years)	21.4	22	<b>22.7</b>	t=1.661, df=99, p=0.100
Male (%)	53	59	<b>58</b>	$\chi^2=.041$ , df=1, p=0.839
English speaking background (%)	99	97	<b>99</b>	$\chi^2=1.375$ , df=1, p=0.241
A&TSI (%)	9	1	<b>3</b>	$\chi^2=4.040$ , df=1, p=0.044*
Heterosexual (%)	83	89	<b>90</b>	$\chi^2=.102$ , df=1, p=0.749
Mean number school years#	12.1	11.5	<b>11.5</b>	t=-.122, df=99, p=0.903
Tertiary qualifications (%)	48	49	<b>57</b>	$\chi^2=2.561$ , df=1, p=0.110
Full-time students (%)	16	21	<b>14</b>	$\chi^2=2.954$ , df=1, p=0.086
Employed part-time (%)	16	22	<b>35</b>	$\chi^2=9.848$ , df=1, p=0.002*
Employed full-time (%)	33	31	<b>33</b>	$\chi^2=.187$ , df=1, p=0.665
Unemployed (%)	22	24	<b>15</b>	$\chi^2=4.441$ , df=1, p=0.035*
Previous conviction (%)	4	16	<b>2</b>	$\chi^2=14.583$ , df=1, p=0.000*
Current drug treatment (%)	5	6	<b>6</b>	$\chi^2=.000$ , df=1, p=1.00

**Source: PDI Regular ecstasy user interviews**

\*statistically significant at alpha level of 0.05

#question changed from 'How many years of school did you complete?' to 'What grade of school did you complete?'

Table 1 presents key demographic data and illustrates that the current sample was largely similar to that of previous years. While a greater proportion had tertiary qualifications (57% in 2005 versus 49% in 2004) and less were currently studying full-time (14% in 2005 versus 21% in 2004), these differences were not significant. Of those with a tertiary qualification in the current sample, 29% had completed trade or technical training (24% in 2004) and 28% had completed university or college (25% in 2004). However, there was a significant decrease in the proportion who were unemployed (15% in 2005 versus 24% in 2004) and a significant increase in part-time employment (22% in 2004 versus 36% in 2005). The only other significant difference was for previous criminal conviction, reported by 2% in 2005 compared to 16% in 2004.

Key expert (KE) accounts of the ecstasy users with whom they had recent contact were consistent with the demographics of the current sample. Age ranges were generally from 17 years to mid-30s or 40s, with the majority of users estimated to be in their 20s. Estimates of gender ranged from 40-70% male and the majority of KE stated that ecstasy users were of Caucasian ethnicity. Equal numbers reported users as mostly heterosexual in orientation and also reported them equally as associated with all sexual preference groups. Education of all levels was reported with most mentioning university studies. The majority of KE stated that users were either current students or employed, with one describing this population as 'young professionals'. All reported that ecstasy users would not have a prison history or be engaged in drug treatment.

### **3.2 Drug use history and current drug use**

Respondents were asked about lifetime (ever used) and recent use (last 6 months) of a variety of drugs, as presented in Table 2. Polydrug use was common among this sample and the average number of drugs used significantly increased from last year. In 2005, lifetime use had a mean of 10.6 drugs compared to 8.8 drugs in 2004 ( $t=5.553$ ,  $df=99$ ,  $p=0.000$ ). Similarly, the mean number of drugs used recently increased to 7.7 drugs in 2005 compared to 6.7 drugs in 2004 ( $t=4.261$ ,  $df=99$ ,  $p=0.000$ ). In 2005, over half the sample reported using alcohol (98%), speed powder (85%), cannabis (83%), tobacco (72%), and crystal methamphetamine (69%) during the last six months.

Significant differences found for drug use between the current sample and that of the previous year were as follows. There was a significant increase in lifetime use of base methamphetamine ( $\chi^2=6.804$ ,  $df=1$ ,  $p=0.009$ ) and a significant decrease in recent use of crystal methamphetamine ( $\chi^2=7.563$ ,  $df=1$ ,  $p=0.006$ ). Use of cocaine significantly increased both for lifetime use ( $\chi^2=19.141$ ,  $df=1$ ,  $p=0.000$ ) and recent use ( $\chi^2=26.860$ ,  $df=1$ ,  $p=0.000$ ). This was also the case for both lifetime use ( $\chi^2=17.640$ ,  $df=1$ ,  $p=0.000$ ) and recent use ( $\chi^2=58.836$ ,  $df=1$ ,  $p=0.000$ ) of LSD.

There was a significant increase in lifetime use of amyl nitrite ( $\chi^2=4.340$ ,  $df=1$ ,  $p=0.037$ ). Lifetime use of methadone also significantly increased ( $\chi^2=4.167$ ,  $df=1$ ,  $p=0.041$ ) as did recent use of MDA ( $\chi^2=4.433$ ,  $df=1$ ,  $p=0.035$ ), however, proportions for these drugs remained very low. There was a significant increase in both lifetime use ( $\chi^2=8.615$ ,  $df=1$ ,  $p=0.003$ ) and recent use ( $\chi^2=4.857$ ,  $df=1$ ,  $p=0.028$ ) of benzodiazepines. This was also found for both lifetime use ( $\chi^2=35.840$ ,  $df=1$ ,  $p=0.000$ ) and recent use ( $\chi^2=32.111$ ,  $df=1$ ,  $p=0.000$ ) of 'other opiates'.

Small proportions of the sample reported the use of drugs other than those listed in Table 2. In 2005, 14% of the total sample reporting using other drugs with the most common being 2CB (3%), 2CT2 (3%) and DMT (2%). These drugs were used an average of 4 days (range 0-15) in the last 6 months.

Respondents were also asked about injecting history and 22% reported lifetime injecting, a figure consistent with previous years. There was a significant decrease in the proportion of the total sample who had injected in the last 6 months from 20% in 2004 to 12% in 2005 ( $\chi^2=4.000$ ,  $df=1$ ,  $p=0.046$ ).

**Table 2: Lifetime and recent polydrug use of REU, 2003-2005**

	2003 (n=100)	2004 (n=100)	2005 (n=100)
Mean number of drug types ever used	8.7	8.8	<b>10.6</b>
Mean number of drug types used in the last 6 months	6.4	6.7	<b>7.7</b>
Ever inject any drug (%)	21	22	<b>22</b>
Alcohol ever used (%)	99	99	<b>99</b>
used last 6 months (%)	94	92	<b>98</b>
Cannabis ever used (%)	99	97	<b>99</b>
used last 6 months (%)	91	85	<b>83</b>
Tobacco ever used (%)	83	84	<b>86</b>
used last 6 months (%)	70	73	<b>72</b>
Methamphetamine powder (Speed) ever used (%)	93	88	<b>94</b>
used last 6 months (%)	83	78	<b>85</b>
Methamphetamine base (Base) ever used (%)	54	46	<b>59</b>
used last 6 months (%)	32	31	<b>38</b>
Crystal meth (Crystal) ever used (%)	91	89	<b>88</b>
used last 6 months (%)	77	80	<b>69</b>
Cocaine ever used (%)	44	36	<b>57</b>
used last 6 months (%)	17	16	<b>35</b>
LSD ever used %	62	50	<b>71</b>
used last 6 months %	22	11	<b>35</b>
MDA ever used (%)	12	19	<b>19</b>
used last 6 months (%)	1	6	<b>11</b>

**Table 2: Lifetime and recent polydrug use of REU, 2003-2005 (continued)**

	2003 (n=100)	2004 (n=100)	2005 (n=100)
Ketamine			
ever used %	25	21	<b>25</b>
used last 6 months %	12	10	<b>11</b>
GHB			
ever used (%)	20	11	<b>10</b>
used last 6 months (%)	8	5	<b>3</b>
Amyl nitrate			
ever used (%)	43	36	<b>46</b>
used last 6 months (%)	16	15	<b>17</b>
Nitrous oxide			
ever used (%)	65	62	<b>63</b>
used last 6 months (%)	43	43	<b>34</b>
Mushrooms			
ever used (%)	-	-	<b>53</b>
used last 6 months (%)	-	-	<b>14</b>
Benzodiazepines			
ever used (%)	48	35	<b>49</b>
used last 6 months (%)	32	29	<b>39</b>
Anti-depressants			
ever used (%)	30	25	<b>32</b>
used last 6 months (%)	17	13	<b>13</b>
Heroin			
ever used (%)	10	13	<b>15</b>
used last 6 months (%)	1	8	<b>6</b>
Methadone			
ever used (%)	1	4	<b>8</b>
used last 6 months (%)	1	1	<b>3</b>
Buprenorphine			
ever used (%)	6	4	<b>5</b>
used last 6 months (%)	4	1	<b>2</b>
Other opiates			
ever used (%)	31	18	<b>41</b>
used last 6 months (%)	17	10	<b>27</b>

Source: PDI Regular ecstasy user interviews

All KE reported ecstasy users engage in some kind of polydrug use with most mentioning methamphetamine, cannabis and alcohol. Reports of methamphetamine use varied from estimates of a few to most ecstasy users using some form. Speed powder use was most frequently noted, mostly due to its greater availability. Two KE mentioned that methamphetamine is also used as a substitute when ecstasy can't be purchased. All those who reported cannabis did so in relation to its use to 'come down' from ecstasy. Two KE also mentioned it is used as mid-week alternative, and one estimated that 15-20% of REU are also regular cannabis users. With regards alcohol, most KE reported that all ecstasy users consume alcohol in moderation with only one reporting it was used excessively by this group.

### **3.3 Summary of polydrug use trends in REU**

- As found in previous survey years, polydrug use appeared to be the norm in the sample of regular ecstasy users.
- The average number of drug types ever used was 10.6 with an average of 7.7 used in the previous 6 months.
- Large proportions reported recent use of alcohol, cannabis, tobacco, speed powder and crystal methamphetamine.
- There was a significant increase in lifetime use of base methamphetamine while there was a significant decrease in recent use of crystal methamphetamine compared to 2004.
- Both lifetime use and recent use of cocaine and LSD significantly increased in comparison to last year.
- While rates of lifetime injecting remained the same as last year (22%), there was a significant decrease in the total sample from 20% to 12% who had injected in the previous 6 months.

## **4.0 ECSTASY**

Ecstasy is the term used in popular street culture for the drug MDMA, or 3,4-methylenedioxymethamphetamine. This drug is classed as a hallucinogenic amphetamine and commonly associated with the party drug scene.

### **4.1 Ecstasy use among REU**

Presented in Table 3 are key findings regarding ecstasy use in the samples recruited over the last 3 years in WA. The average age at which participants in all survey years first used ecstasy was approximately 18 years. Also similar across years was the proportion reporting ecstasy as their 'drug of choice', currently nominated by 51%. Swallowing remained the main route of administration (95%) and only 10% of the 2005 sample reported every injecting ecstasy.

In 2005, ecstasy was used a median of 12 days (range 6-96) in the last 6 months, same as that reported in the previous year. However, significant differences were found regarding frequency and amount of ecstasy use. There was a significant increase in the average number of days ecstasy was used in the previous 6 months from 16.4 days in 2004 to 19.9 days in 2005. In the current sample, 30% reported using ecstasy weekly or more compared to 21% in 2004, representing a significant increase. Comparable proportions reported typically using more than 1 tablet in a session (61% in 2004 versus 68% in 2005). However, the average amount used in a session significantly decreased to 1.7 tablets in 2005 compared to 2.2 tablets in 2004. This suggests that while the current sample of REU reported using ecstasy more often than last year's sample, they used a smaller amount of ecstasy on each occasion.



**Table 3: Patterns of ecstasy use among REU, 2003-2005**

	2003 (n=100)	2004 (n=100)	<b>2005 (n=100)</b>	Statistical tests of significance
Mean age first used ecstasy (years)	17.7	17.9	<b>17.8</b>	t=-0.218, df=99, p=0.828
Mean days used ecstasy last 6 months#	16.1	16.4	<b>19.9</b>	t=2.114, df=99, p=0.037*
Ecstasy 'favourite' drug (%)	52	44	<b>51</b>	$\chi^2=1.989$ , df=1, p=0.158
Use ecstasy weekly or more (%)	25	21	<b>30</b>	$\chi^2=4.882$ , df=1, p=0.027*
Mean ecstasy tablets in 'typical' session	1.7	2.2	<b>1.7</b>	t=-6.204, df=99, p=0.000*
Typically use >1 tablet (%)	57	61	<b>68</b>	$\chi^2=2.060$ , df=1, p=0.151
Recently binged on ecstasy (%)~	38	38	<b>40</b>	$\chi^2=.170$ , df=1, p=0.680
Ever injected ecstasy (%)	10	14	<b>10</b>	$\chi^2=1.329$ , df=1, p=0.249
Main route of administration of ecstasy in the last 6 months (%)				
Swallowed	90	93	<b>95</b>	Swallowing: $\chi^2=.614$ , df=1, p=0.433
Snort	-	-	<b>3</b>	
Inject	-	-	<b>2</b>	
Typically use other drugs in conjunction with ecstasy (%)	85	86	<b>90</b>	$\chi^2=1.329$ , df=1, p=0.249
Typically use other drugs to 'come down' from ecstasy (%)	76	80	<b>86</b>	$\chi^2=2.50$ , df=1, p=0.134

**Source: PDI Regular ecstasy user interviews**

\*Statistically significant at alpha level 0.05

#Includes pills and powder

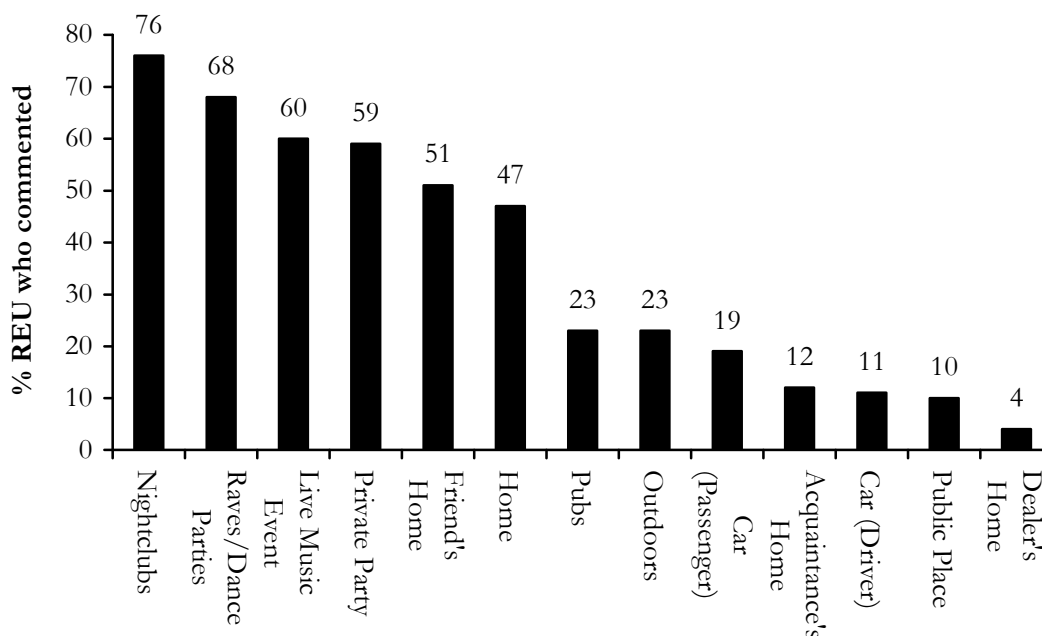
~Binged is defined as the use of stimulants for more than 48 hours continuously without sleep

The proportion of respondents who reported bingeing on ecstasy remained very similar across sample years, with 40% reporting such use in 2005. Also comparable was the very high proportion of the samples who reported using other drugs, either with or, after use of ecstasy (during 'come down'). In the current sample, 90% reported using other drugs

in conjunction with ecstasy (86% in 2004) and 86% reported using other drugs during ‘come down’ (80% in 2004). The drugs most typically used with ecstasy were alcohol (70%), tobacco (60%), cannabis (47%), speed powder (47%), and crystal methamphetamine (32%). Of those respondents who typically used alcohol in conjunction with ecstasy, 69% reported usually consuming more than 5 standard drinks. The drugs most typically used to ‘come down’ were cannabis (62%), tobacco (55%), and alcohol (52%). Of those respondents who used alcohol during this period, 72% reported usually consuming more than 5 standard drinks.

All KE reported that ecstasy came in tablet form and was mostly swallowed. A few mentioned that users may occasionally crush up pills and snort the powder but this was infrequent. Descriptions of tablets referred to varying colours, mostly speckled or flecked, with logos less common. Most KE reported that users would consume 1-2 pills in a session and use on the weekends. Only one expert mentioned ‘bingeing’ behaviour and this related to the quantity used; up to 13 pills at a time. Three KE made the distinction between ‘recreational users’ who use only at events and on special occasions, and ‘hardcore users’ who use every weekend from Friday through to Sunday. Differences in use were noted according to the age of users. Three KE commented that 17-20 year olds were still using mostly at raves and nightclubs whereas the older demographic were using more in private settings. Further, KE reported that younger users tend to take more of the drug and are less aware of, and concerned about, risks and long-term effects. Gender differences were also noted with females taking ecstasy in groups and less likely to engage in polydrug use.

**Figure 1: Usual location of ecstasy use, 2005**



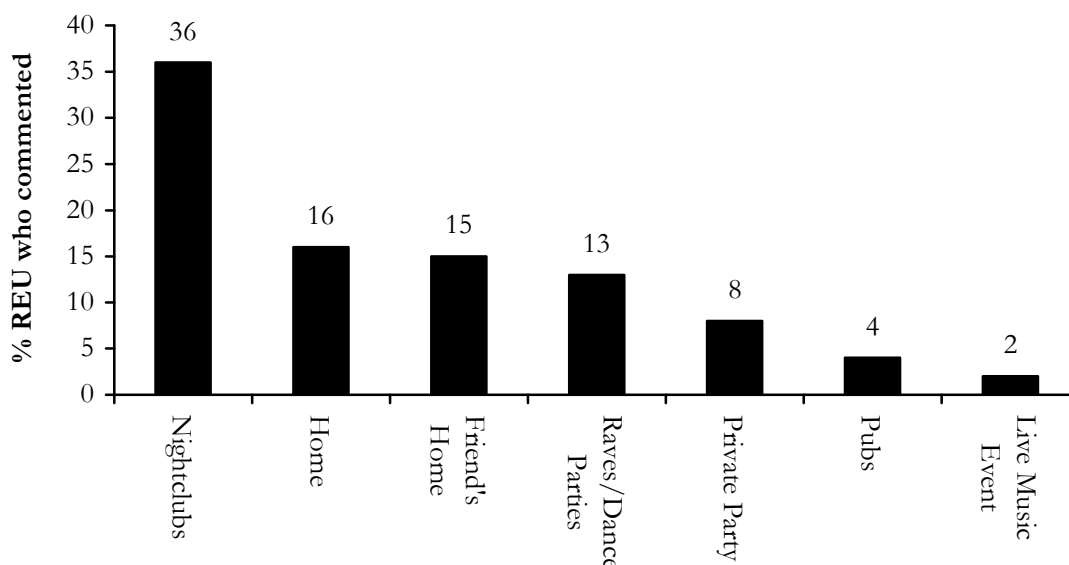
Source: PDI Regular ecstasy user interviews 2005

NB: Users could nominate more than one location

The majority of participants reported ‘nightclubs’ as the location where ecstasy was both usually used and most recently used. ‘Nightclubs’ significantly increased as a location of usual use from 66% in 2004 to 76% in 2005 ( $\chi^2=4.456$ ,  $df=1$ ,  $p=0.035$ ), and as the last

place of use from 26% in 2004 to 36% in 2005 ( $\chi^2=5.198$ ,  $df=1$ ,  $p=0.023$ ). ‘Raves/dance parties’ were the second most common location of usual use (68%) although they were reported by only 13% as the most recent venue of use. Similarly, ‘live music events’ were reported as the third most common usual location of use but only 2% reported them as the most recent. This is likely to be reflective of the time of year the interviews (June) were conducted with the majority of such events occurring in the summer months. This location also represented a significant increase as a usual location of use from 35% in 2004 to 60% in the current sample ( $\chi^2=27.473$ ,  $df=1$ ,  $p=0.000$ ). Conversely, ‘friend’s home’ significantly decreased as a usual location of use from 62% in 2004 to 51% in 2005 ( $\chi^2=5.136$ ,  $df=1$ ,  $p=0.023$ ). In addition to those venues shown in figure 2, one respondent each reported ‘dealer’s home’, ‘public place’, ‘car (driver)’, and ‘outdoors’ as the location of most recent use and none reported either ‘acquaintance’s home’ or ‘car (passenger)’.

**Figure 2: Location of most recent ecstasy use, 2005**

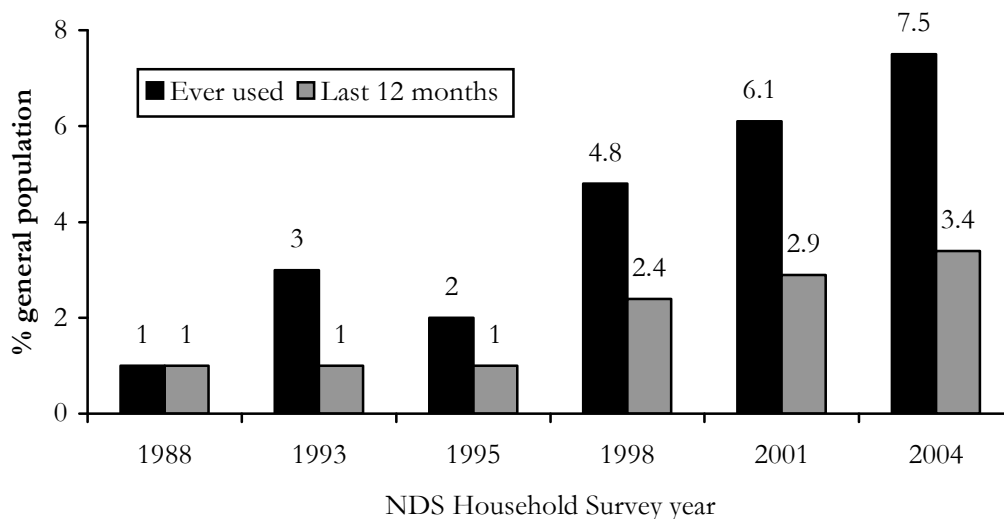


Source: PDI Regular ecstasy user interviews 2005

## 4.2 Use of ecstasy in the general population

As shown in Figure 3, the use of ecstasy in Australia has steadily increased, both in lifetime and recent use, from 1988 to 2004. Furthermore, between 2001 and 2004 this increase was significant. In Western Australia, ecstasy was reported as a drug used in the last 12 months by 4.1% of those aged 14 years and over, and was the state with the second highest use of ecstasy in the general population after ACT (6%) (Australian Institute of Health & Welfare, 2005).

**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 Summary of patterns of ecstasy use

- Ecstasy was most commonly consumed orally (95%).
- Ecstasy was used a median of 12 days in the previous 6 months.
- The proportion of participants who used ecstasy weekly or more during the last six months significantly increased from 21% in 2004 to 30% in 2005.
- Typical use of more than 1 tablet per use episode in the last 6 months was reported by 68%.
- The average amount used per single episode in this time period decreased from 2.2 tablets in 2004 to 1.7 tablets in 2005.
- Some data therefore suggested that frequency of use had increased while quantity of use decreased.
- 40% of the sample reported recent use of ecstasy for more than 48 hours continuously without sleep, and the prevalence of this pattern of binge use was comparable to previous years.
- The vast majority reported using other drugs with ecstasy (90%) and to 'comedown' following ecstasy use (86%).
- Nightclubs were the most common location ecstasy was usually used and most recently used.

### 4.4 Price

All current respondents reported on the price of ecstasy tablets in Perth, as shown in Table 4. Six respondents also commented for the price of capsules and all reported the cost of a capsule was \$50. In 2005, the median price of a tablet was \$40 (range \$30-50), which represents a decrease from 2004 and a return to the price reported in 2003. KE estimates were higher with an average of \$50 per tablet and a range from \$30 to \$70. Regarding any perceived changes in price, proportions were similar to those reported in the previous year. Approximately two-thirds of the current sample reported the price

was stable (66%) in the preceding 6 months. These findings were consistent with data provided by the Australian Crime Commission that reported the price of phenethylamines in WA as \$40-50 per tablet/capsule.

**Table 4: Price of ecstasy purchased by REU and price variations, 2003-2005**

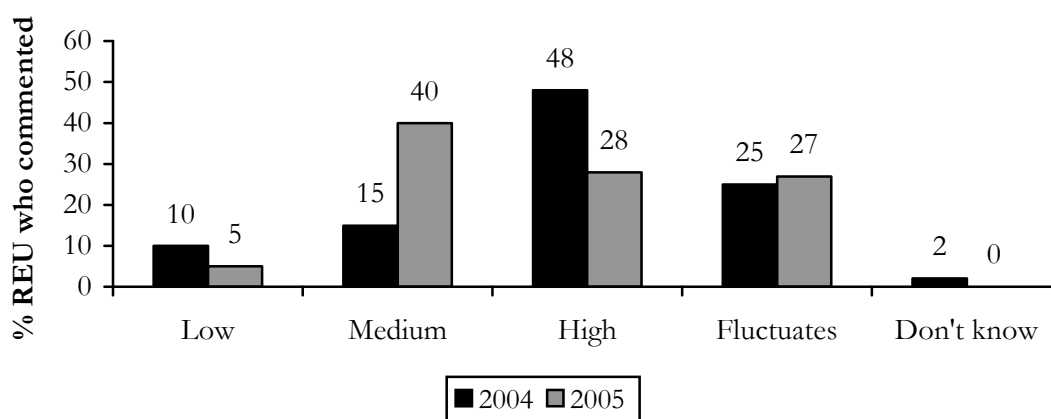
	2003	2004	2005
<b>Median price per tablet (range)</b>	\$40 (25-50)	\$50 (25-60)	<b>\$40 (30-50)</b>
<b>Price change:</b>			
Increased (%)	10	4	<b>5</b>
Stable (%)	68	62	<b>66</b>
Decreased (%)	12	19	<b>22</b>
Fluctuated (%)	6	13	<b>7</b>
Don't know (%)	4	2	-

Source: PDI Regular ecstasy user interviews

#### 4.5 Purity

As shown in Figure 4, the highest proportion of respondents in 2005 rated the current purity of ecstasy as 'medium' (40%), while in 2004 most rated it as 'high' (48%). Equal proportions of this year's sample rated current purity as 'high' (28%) and as 'fluctuating' (27%). These results coincide with user reports of changes in purity over the preceding 6 months (Figure 5). In 2005, the highest proportion reported purity as 'stable' (30%), while in 2004 the majority reported it as 'increasing' (32%).

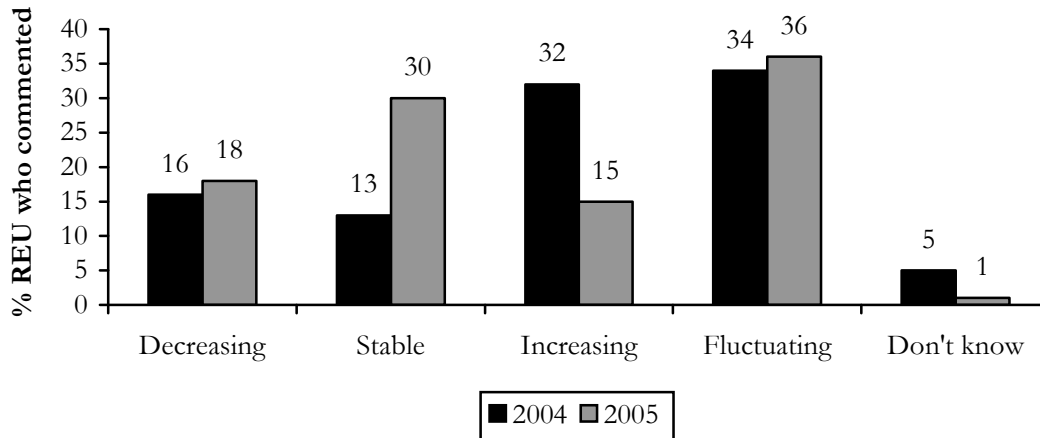
**Figure 4: User reports of current ecstasy purity, 2005**



Source: PDI Regular ecstasy user interviews

User reports therefore indicated some changes in the purity of ecstasy over the last 2 years. In 2004, most rated current purity of ecstasy as 'high' and as 'increasing' over the previous 6 months, while in 2005 it was mostly rated as currently 'medium' and as 'stable' over the last 6 months. In contrast, the majority of KE interviewed in 2005 reported current purity and purity over the previous 6 months as fluctuating. Two suggested there was an increased amount of ketamine in tablets, and a KE from the Western Australian Police reported MDMA content to be 30-40% in recent seizures.

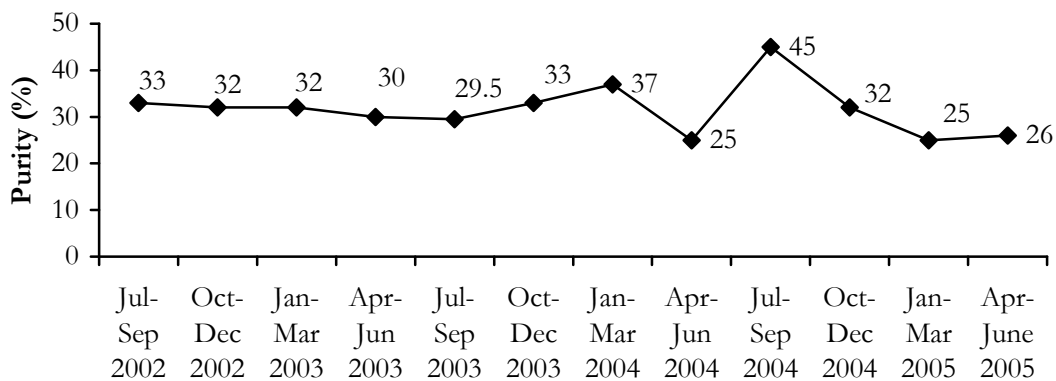
**Figure 5: REU reports of change in purity of ecstasy in the preceding six months, 2005**



Source: PDI Regular ecstasy user interviews

Purity estimates by users are subjective perceptions and laboratory analyses of ecstasy seizures provide a more objective assessment. However, it is noted that seizures analysed do not represent a random sample of all seizures made. Figure 6 shows the median purity of phenethylamine seizures in WA according to data provided by the Australian Crime Commission. It is evident that across time, purity remained stable until mid-2004. For the period April-June, there was a small decrease followed by a large increase in July-September. Since this time, purity has decreased and appears to be stabilising again, although at a lower level.

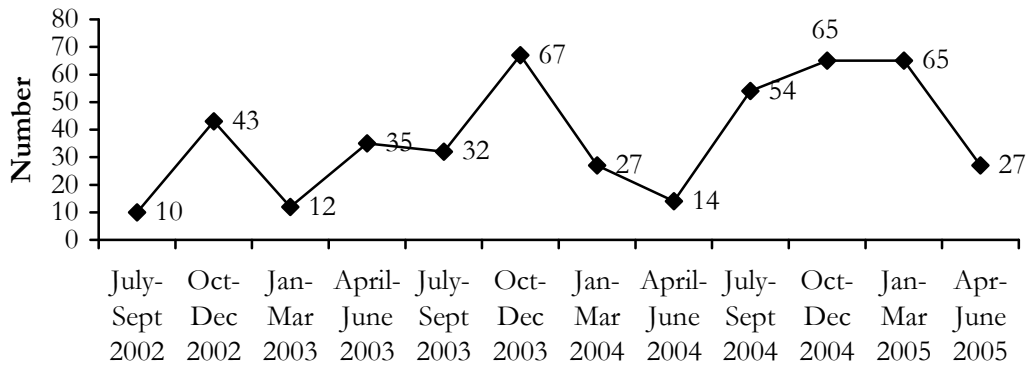
**Figure 6: Median purity of phenethylamine seizures in WA by quarter, July 2002 to June 2005**



Source: Australian Crime Commission

Figure 7 shows the number of phenethylamine seizures in WA, which has fluctuated over time. Following a substantial decrease in April-June 2004, by early 2005 the number of seizures had returned to that found in Oct.-Dec. 2003. The latest figure indicates another large decrease in the number of seizures of phenethylamines.

**Figure 7: Number of phenethylamine seizures in WA by quarter, July 2002 to June 2005**



Source: Australian Crime Commission

#### 4.6 Availability

All participants commented on the availability of ecstasy and there was consistency across survey years (Table 5). In 2005, the majority of users considered ecstasy to be either 'very easy' (62%) or 'easy' (35%) to obtain, and almost three-quarters of the sample rated availability as 'stable' over the preceding 6 months (72%). KE reported very similar perceptions with 9 rating current availability as 'very easy' and 6 as 'easy'. Eleven reported availability as 'stable' over the previous 6 months.

**Table 5: REU reports of availability of ecstasy in the preceding six months, 2003-2005**

<b>Ecstasy</b>	<b>2003 (n=100)</b>	<b>2004 (n=100)</b>	<b>2005 (n=100)</b>
<b>Current availability</b>			
Very easy (%)	61	54	<b>62</b>
Easy (%)	26	38	<b>35</b>
<b>Availability</b>			
Stable (%)	63	64	<b>72</b>
Easier (%)	16	15	<b>16</b>
<b>Persons scored from #</b>			
Friends (%)	91	89	<b>93</b>
Known Dealers* (%)	63	53	<b>36</b>
Acquaintances (%)	35	47	<b>24</b>
Workmates (%)	19	13	<b>17</b>
Unknown people/dealers (%)	9	33	<b>20</b>
<b>Locations scored from #</b>			
Friends' home (%)	75	72	<b>71</b>
Dealer's home (%)	43	42	<b>27</b>
Nightclub (%)	33	43	<b>33</b>
Raves/dance parties** (%)	-	39	<b>29</b>
Agreed public location** (%)	-	47	<b>23</b>
At own home (%)	33	33	<b>40</b>

**Source: PDI Regular ecstasy user interviews**

\*changed from dealers to known dealers in 2004

\*\*question asked for the first time in 2004

# Participants able to give more than one answer

Across survey years, 'friends' were reported as the most likely person from whom ecstasy was scored (Table 5). In 2005, 'friends' were endorsed by 93% of the sample and the difference between this and other possible sources was greater than that of previous years. Most notably, scoring from 'known dealers' systematically decreased from 63% in 2003 to 53% in 2004 to 36% in the current year, which was significant ( $\chi^2=11.0$ ,  $df=1$ ,  $p=0.001$ ). Significant decreases were also found for scoring from 'acquaintances' ( $\chi^2=20.583$ ,  $df=1$ ,  $p=0.000$ ) and from 'unknown dealers' ( $\chi^2=7.334$ ,  $df=1$ ,  $p=0.007$ ). As no comparable increases in other categories were evident, the current findings suggest that alternative sources for scoring are being used less with most relying on friends to obtain ecstasy.

Consistent with the above, 'friends' home' was reported by the majority of the sample as the most common location for scoring (71%), same as that for previous years. 'Dealer's home' significantly decreased from 42% in 2004 to 27% in 2005 ( $\chi^2=9.236$ ,  $df=1$ ,



$p=0.002$ ), and 'agreed public location' significantly decreased from 47% in 2004 to 23% in 2005 ( $\chi^2=23.123$ ,  $df=1$ ,  $p=0.000$ ). In addition, 'nightclubs' ( $\chi^2=4.080$ ,  $df=1$ ,  $p=0.043$ ), 'raves/dance parties' ( $\chi^2=4.203$ ,  $df=1$ ,  $p=0.040$ ) all decreased as purchase locations while there was a slight increase in 'home', although this wasn't significant. Additional locations not included in previous surveys were 'private parties', endorsed by 21% of the current sample, and 'acquaintance's home' endorsed by 15%.

#### **4.7 Ecstasy markets and patterns of purchasing ecstasy**

Participants were asked about method of payment and the two most common forms were 'paid employment' (91%) and receiving ecstasy as 'a gift' (72%). Comparable proportions rated 'credit from dealers' (29%), 'money borrowed from friends' (29%) and 'government allowance' (27%) as other forms of payment. 'Bartering drugs' and 'dealing drugs for cash profit' were both endorsed by 22% of the sample, while 21% reported obtaining 'ecstasy profit from dealing drugs'. Small proportions reported using 'money from parents' (15%) and 'pawning' (6%).

In 2005, ecstasy was purchased from a median of 4 people in the preceding six months. The majority of participants reported buying ecstasy for 'self and others' (71%) with a median of 4 tablets purchased at a time. Ecstasy was purchased either '7 to 12 times' (42%) or '1 to 6 times' (35%) in the previous 6 months by most participants. The majority of participants (87%) reported being able to obtain other drugs from their main dealer at the time of purchasing ecstasy. The most common drugs available were speed powder (82%), crystal methamphetamine (72%) and cannabis (71%). Smaller proportions reported the availability of methamphetamine base (28%), LSD (28%) and cocaine (20%).

**Table 6: Patterns of purchasing ecstasy, 2005**

	n=100
<b>Method used to pay for ecstasy tablets (%)</b>	
Paid employment	91
Credit from dealers	29
Government allowance	27
Gift from friend	72
Borrowed from friends	29
Money from parents	15
Dealing drugs (ecstasy profit)	21
Dealing drugs (cash profit)	22
Bartering drugs	22
Fraud	1
Property crime	0
Pawning	6
Sex work	1
<b>Median no. of people purchased from</b>	<b>4</b>
<b>Median no. of ecstasy tablets purchased</b>	<b>4</b>
<b>Purchased for (%)</b>	
Self only	26
Self and others	71
Others only	1
<b>No. of times purchased in the last 6 months (%)</b>	
1-6	35
7-12	42
13-24	17
25 +	3
<b>Able to purchase other drugs from main dealer (%)</b>	<b>87</b>
<b>Drugs able to purchase*</b>	
Speed	82
Base	28
Ice	72
Cocaine	20
MDA	5
LSD	28
GHB	2
Cannabis	71
Heroin	1

Source: PDI Regular ecstasy user interviews 2005

\* Among those about who reported been able to purchase other drugs from main dealer

Participants were asked about various factors that may influence the price of ecstasy they obtain (Table 7). Opinion was most consistent regarding those factors that would decrease the price with 'buying larger quantity' (96%), 'knowing supplier well' (88%) and 'supplier close to the original source' (70%) rated by the majority. Responses were more varied for factors that would increase the price with 'buying at a public venue' (69%), 'decreased availability of ecstasy in general' (62%) and 'not planning purchase in advance' (57%) rated by over half the sample. Several factors were perceived as having no effect on the price of ecstasy with largest ratings obtained for 'increased police activity' (66%), 'special time of year' (55%), 'higher MDMA content' (53%) and 'decreased availability of a particular logo' (48%).

**Table 7: Factors influencing the price of ecstasy, 2005**

	N = 100
<b>Knowing supplier</b>	
Don't know	0
Increase	0
Decrease	88
No change	12
<b>Supplier close to source</b>	
Don't know	11
Increase	1
Decrease	70
No change	18
<b>High MDMA content</b>	
Don't know	9
Increase	37
Decrease	1
No change	53
<b>Decreased in brand/logo</b>	
Don't know	9
Increase	43
Decrease	0
No change	48
<b>Decrease in availability</b>	
Don't know	7
Increase	62
Decrease	0
No change	31
<b>Special time of year</b>	
Don't know	2
Increase	37
Decrease	6
No change	55
<b>Not planning purchase in advance</b>	
Don't know	2
Increase	57
Decrease	1
No change	40
<b>Buying larger quantity</b>	
Don't know	3
Increase	0
Decrease	96
No change	1
<b>Increase police activity</b>	
Don't know	20
Increase	13
Decrease	1
No change	66
<b>Buying public venue</b>	
Don't know	7
Increase	69
Decrease	0
No change	24

Source: PDI Regular ecstasy user interviews

Participants were also asked about various factors that may influence their use of ecstasy (Table 8). Decrease in use was attributed mostly to ‘purity of ecstasy going down a lot’ (86%) followed by ‘negative effects on relationships’ (85%), ‘work/study’ (82%), ‘mental health’ (80%) and ‘physical health’ (77%). Other factors perceived as contributing to decreased use were ‘ecstasy becoming harder to get’ (68%), ‘friends stopped using’ (56%) and ‘price went up’ (53%). No factor was rated by over half the sample as increasing their use of ecstasy. Over a third of the sample rated ‘friends using more often’ (37%) and ‘ecstasy becoming very easy to get’ (36%) as increasing their use, however, both of these factors were mostly rated as having no effect on ecstasy use. High proportions of the sample believed that ‘reduced chances of getting caught by police’ (84%), ‘reduced penalties for use’ (84%), and ‘increased penalties for use’ (76%) would have no change on their ecstasy use, followed by ‘crystal methamphetamine becoming very easy to get’ (75%).

**Table 8: Factors influencing the use of ecstasy, 2005**

	N = 100
<b>Price went up</b>	
Don't know	1
Increase	0
Decrease	53
No change	46
<b>Purity went down</b>	
Don't know	2
Increase	6
Decrease	86
No change	6
<b>Harder to get</b>	
Don't know	1
Increase	2
Decrease	68
No change	29
<b>Easier to get</b>	
Don't know	0
Increase	36
Decrease	0
No change	64
<b>Ice easier to get</b>	
Don't know	2
Increase	11
Decrease	12
No change	75
<b>Cocaine easier to get</b>	
Don't know	7
Increase	24
Decrease	21
No change	48
<b>Caught by police high</b>	
Don't know	2
Increase	2
Decrease	38
No change	38

**Table 8: Factors influencing the use of ecstasy, 2005 (continued)**

	N = 100
<b>Penalties increased</b>	
Don't know	2
Increase	0
Decrease	22
No change	76
<b>Penalties decreased</b>	
Don't know	1
Increase	13
Decrease	2
No change	84
<b>Negative effects on:</b>	
<b>Physical health</b>	
Don't know	2
Increase	0
Decrease	77
No change	21
<b>Mental health</b>	
Don't know	3
Increase	0
Decrease	80
No change	17
<b>Work/study</b>	
Don't know	1
Increase	0
Decrease	82
No change	17
<b>Relationships</b>	
Don't know	0
Increase	1
Decrease	85
No change	14
<b>Friends stopped use</b>	
Don't know	3
Increase	0
Decrease	56
No change	41
<b>Friends increased use</b>	
Don't know	1
Increase	37
Decrease	0
No change	62

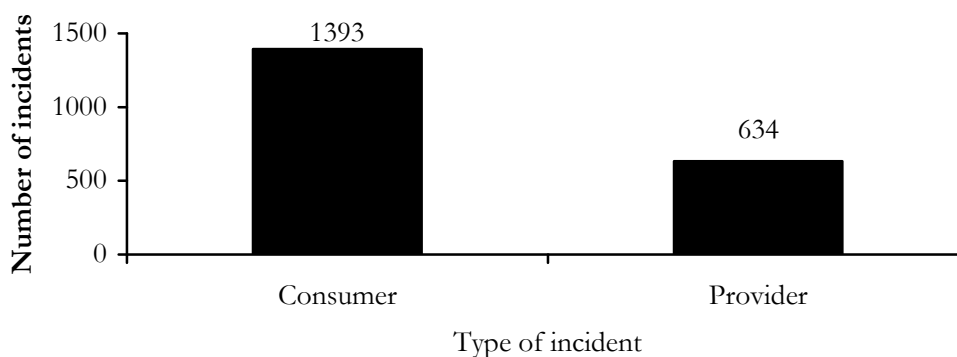
Source: PDI Regular ecstasy user interviews

## 4.8 Ecstasy-related harms

### 4.8.1 Law Enforcement

Figure 8 presents the number of consumer and provider arrests for amphetamine-type stimulants in WA for 2004/05. ‘Amphetamine-type stimulants’ refers to amphetamine, methylamphetamine, crystalline methylamphetamine, and phenethylamines such as 3,4-methylenedioxymethamphetamine (MDMA), 3,4-methylenedioxyethylamphetamine (MDEA), 3,4-methylenedioxyamphetamine (MDA), dimethoxyamphetamine (DMA) and paramethoxyamphetamine (PMA). It is evident that in WA the number of consumer arrests was more than twice that of provider arrests. WA had the fourth highest number of consumer arrests following Queensland (2578), Victoria (1515) and NSW (1506). With regards provider arrests, WA was third following Queensland (759) and Victoria (659).

**Figure 8: Number of consumer and provider arrests for ‘amphetamine-type stimulants’ in WA, 2004/05**

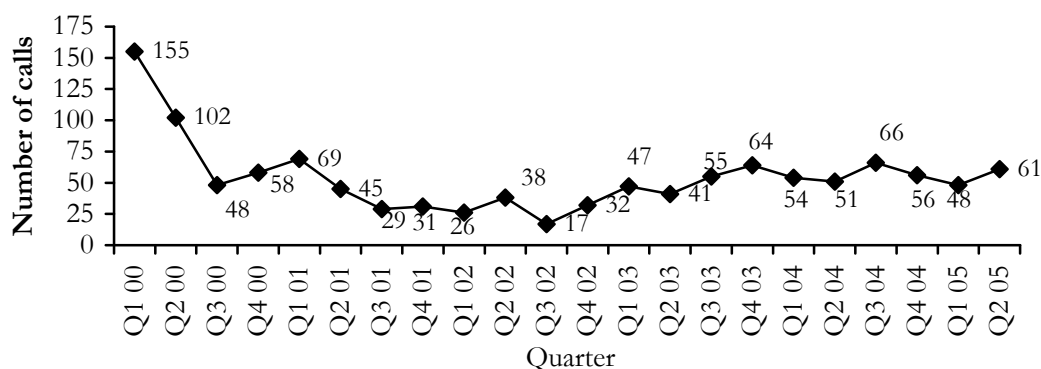


Source: Australian Crime Commission

### 4.8.2 Health

The WA Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in WA. While health-related harms associated with ecstasy are discussed in more detail elsewhere, calls to ADIS provide a general indicator of the level of harm experienced by ecstasy users. Figure 9 shows that after the initial two quarters, calls related to ecstasy use halved in number and have remained around this level with a slight decline in 2002.

**Figure 9: Number of inquires regarding ecstasy received by ADIS, 2000-2005**



Source: WA Alcohol and Drug Information Service

Furthermore, inquiries to ADIS regarding ecstasy use constituted only a small proportion of the total number of inquiries received in each quarter. In 2005, for the period January-March ecstasy-related calls comprised only 1.6% of total inquiries (n=3023) and for the period April-June, made up only 2.1% of total calls (n=2925). Time series analysis indicated that calls did not significantly increase or decrease over time (i.e. there was no trend) but instead remained around an average number of 54 calls per quarter. Examination of the data revealed that the number of calls in one-quarter were predictive of those in the next (i.e. serial auto-correlation was found).

## 4.9 Benefit and risk perception

### 4.9.1 Perceived benefits

Respondents were asked to identify any benefits associated with their ecstasy use and 97% reported at least one benefit (Table 9). Those factors rated by the greatest proportions of participants were 'enhanced closeness/bonding/empathy with others' (43%), 'fun' (42%), and 'enhanced mood' (39%). Other commonly identified factors were 'enhanced communication/talkativeness/more social' (32%), and 'enhanced appreciation of music/dance' (27%). Smaller proportions endorsed 'relax/escape/release' (16%), 'the high/rush/buzz' (12%), and 10% endorsed each of 'increased energy/stay awake', 'increased confidence/decreased inhibitions', and 'different to effects of alcohol'.

**Table 9: Perceived benefits of ecstasy use among those who commented, 2005**

<b>Benefit</b>	<b>N=100 %</b>
Enhanced closeness/bonding/empathy with others	43
Enhanced communication/talkativeness/more social	32
Enhanced mood	39
The high/rush/buzz	12
Increased energy/stay awake	10
Enhanced appreciation of music and/or dance	27
Fun	42
Increased confidence/decreased inhibitions	10
Relax/escape/release	16
Drug effects	9
Different to effects of alcohol	10
Enhanced sexual experience	6
Feelings in control/focused	0
Cheap	4
Other	4
None	3

Source: PDI Regular ecstasy user interviews 2005

#### 4.9.2 Perceived risks

Respondents were also asked to identify any risks associated with their ecstasy use and 97% of the sample identified at least one risk. Table 10 presents those factors within each category that were rated the highest. Responses within categories indicate that ‘psychological harms’ (73%) and ‘physical harms’ (74%) were of most concern. With regards individual factors, ‘depression’ was identified as the greatest perceived risk factor (34%), followed by ‘unknown drug contaminants/cutting agents’ (23%). Smaller proportions identified ‘dehydration’ (15%), ‘legal/police problems’ (15%), ‘memory impairment’ (13%), and ‘general acute physical problems’ (12%) as other risks.

**Table 10: Perceived risks of ecstasy use among those who commented, 2005**

Risk	N=100 %
<b>Psychological harms</b>	
Depression	34
Anxiety/panic	11
Psychosis	9
Paranoia	7
<b>Neuropsychological harms</b>	
Memory impairment	13
Damage to brain function	9
<b>Physical harms</b>	
Dehydration	15
General acute physical problems	12
Fatal overdose	9
Non-fatal overdose	8
Body temperature regulation	8
Long-term physical problems	7
<b>Harms related to illicit status</b>	
Unknown drug contaminants/cutting agents	23
<b>Effects of intoxication</b>	
Impaired decision making/risk taking	4
Taking more drug than intended	3
<b>Other harms</b>	
Legal/police problems	15
Financial problems	11
Social/relationship problems	7

Source: PDI Regular ecstasy user interviews 2005



#### 4.10 Summary of ecstasy trends

- Median price of ecstasy was \$40 a tablet representing a decrease from \$50 reported in 2004.
- Two-thirds of the current sample (66%) rated the price as stable in the previous 6 months.
- Current purity of ecstasy was rated by most as medium (40%) compared to a majority rating of high (48%) in 2004.
- The highest proportion rated purity over the previous 6 months as stable compared to a majority rating it as increasing in 2004.
- User perceptions therefore suggest that purity of ecstasy may have decreased since last year.
- Consistent with previous survey years, the majority (62%) rated ecstasy as currently 'very easy' to obtain, with 72% rating availability as 'stable' over the previous 6 months.
- In the previous 6 months the vast majority purchased ecstasy from friends (93%) at a friend's home (71%).
- Most bought ecstasy for themselves and others (71%) and had purchased ecstasy 7-12 times in the previous 6 months (42%).
- A median of 4 tablets was obtained per occasion in the previous 6 months.
- The most commonly identified benefits perceived to be related to ecstasy were enhanced closeness with others and fun.
- The most commonly identified risks associated with ecstasy use were potential psychological and physical harms, with depression rated as the single greatest risk factor.

## 5.0 METHAMPHETAMINE

Methamphetamine has been the focus of the IDRS since 2001, in recognition of its increasing prevalence over amphetamine since the 1990s. These drug types differ in molecular structure but have a similar effect of stimulating the release of monoamines such as dopamine, noradrenaline, adrenaline and serotonin in the body (Seiden, Sobol et al., 1993). Throughout the 1980s, amphetamine sulfate was the dominant form of illicit amphetamine in Australia, but due to legislative controls on the availability of primary precursor chemicals, there was a shift toward alternative recipes for ‘cooking’ amphetamine (Wardlaw, 1993). The result was an increase in methamphetamine such that the powder currently available in Australia, referred to as ‘speed’, is almost exclusively constituted by this drug. More potent forms of methamphetamine, variously referred to as ice, rock, crystal, base and paste, have been identified as becoming more widely available. Distinctions between these forms are maintained in the IDRS in an attempt to obtain more comprehensive information about how they differ in terms of use, price, purity and availability.

### 5.1 Methamphetamine use among REU

#### 5.1.1 Methamphetamine Powder (Speed)

Almost the entire sample (94%) reported ever having used speed and the majority (85%) had used speed in the preceding 6 months. Speed was used a median of 10 days in the last 6 months (range 1-70), with a mean of 15 days. These findings were very similar to those of 2004 with no significant differences found between the samples for lifetime use, recent use or number of days used (Table 11).

The average age at which speed was first used was 18 years (range 12-31). Speed powder was the second drug most commonly nominated as the drug of choice, as reported by 10% of respondents. It is interesting to note the sex difference with 17% of female respondents electing speed as their drug of choice compared to 5% of male respondents. The typical quantity used was reported as half a gram (range 0.1-2.0 grams) and the median amount for heavy use was 1 gram (range 0.1-6.0 grams).

**Table 11: Patterns of methamphetamine powder (speed) use among REU**

Speed	2003 (n=100)	2004 (n=100)	2005 (n=100)	Statistical tests of significance
Ever used (%)	93	88	<b>94</b>	$\chi^2=3.409$ , df=1, p=0.065
Used preceding six months (%)	83	78	<b>85</b>	$\chi^2=2.855$ , df=1, p=0.091
<b>Of those who had used</b>				t=-1.108, df=84, p=0.271
Mean days used last 6 months	15.7	17.7	<b>15.0</b>	
<b>Median quantities used (grams)</b>				
Typical (range)	0.2 (0.01-2)	0.5 (0.1-5)	<b>0.5 (0.1-2)</b>	
Heavy (range)	0.6 (0.1-10)	0.5 (0.1-20)	<b>1 (0.1-6)</b>	

Source: PDI Regular ecstasy user interviews

Of those who had used speed in the last 6 months (n=85), the most common method of use was snorting reported by 88% (n=75), followed by swallowing reported by 71% (n=60). Thirty-two percent reported smoking speed (n=27) and 9% injecting (n=8). The only significant difference between the methods used across sample years was an increase in swallowing from 56% in 2004 to 71% in 2005 ( $\chi^2=7.341$ ,  $df=1$ ,  $p=0.007$ ).

### 5.1.2 Methamphetamine Base

Just over half the sample reported lifetime use of methamphetamine base (59%), which represented a significant increase from the 46% reported last year (Table 12). The average age of first use of base was 19 years (range 14-33). There was no significant difference in recent use with 38% of the current sample reporting use of base in the preceding 6 months compared to 31% last year. However, there was a significant decrease in the average number of days base was used during this period from 15 to approximately 9 days. Base was used a median of 4.5 days in the past 6 months (range 1-80 days). The median amount typically used was 1 point (range 0.2-60.0) and the median amount for heavy use was 2 points (range 0.3-60.0).

**Table 12: Patterns of methamphetamine base use among REU, 2003-2005**

Base	2003 (n=100)	2004 (n=100)	2005 (n=100)	Statistical tests of significance
Ever used (%)	54	46	<b>59</b>	$\chi^2=6.804$ , $df=1$ , $p=0.009^*$
Used last six months (%)	32	31	<b>38</b>	$\chi^2=2.291$ , $df=1$ , $p=0.130$
<b>Of those who had used</b>				$t=-2.816$ ,
Mean days used last 6 months	7.47	15.03	<b>8.84</b>	$df=37$ , $p=0.008^*$
<b>Median quantities used (points)</b>				
Typical (range)	1 (0.3-6)	2 (0.25-5)	<b>1 (0.2-60)</b>	
Heavy (range)	1.5 (0.5-20)	2 (0.25-10)	<b>2 (0.3-60)</b>	

Source: PDI Regular ecstasy user interviews

\*Statistically significant at alpha level .05

Of those who reported use of base in the preceding 6 months (n=38), swallowing was the most common method of use reported by 63% (n=24), followed by snorting reported by 53% (n=24). Twenty four percent reported smoking base (n=9) and 18% had injected (n=7). There were no significant differences in the proportions using the different methods of use for base as compared to last year's sample.

### 5.1.3 Crystal Methamphetamine

As shown in Table 13, most of the current sample reported use of crystal methamphetamine in their lifetime (88%) and this was the same as that reported last year (89%). However, recent use significantly decreased from 80% in 2004 to 69% in the current sample. This coincided with a significant decrease in the average number of days crystal was used in the preceding 6 months from approximately 22 days to 14 days. Crystal was used a median of 7 days during this time period (range 1-150 days).

The average age of first use of crystal was 19.4 years (range 14-28.0). The median amount reported for typical use was 1 point (range 0.1-40.0) and the median amount for heavy use was 3 points (0.25-40.0).

**Table 13: Patterns of crystal methamphetamine use among REU, 2003-2005**

<b>Crystal</b>	2003 (n=100)	2004 (n=100)	<b>2005 (n=100)</b>	Statistical tests of significance
Ever used (%)	91	89	<b>88</b>	$\chi^2=.102$ , df=1, p=0.749
Used last six months (%)	77	80	<b>69</b>	$\chi^2=7.563$ , df=1, p=0.006*
<b>Of those who had used</b>				
Mean days used last 6 months	17.36	22.16	<b>14.12</b>	t=-2.887, df=68, p=0.005*
<b>Median quantities used (points)</b>				
Typical (range)	1 (0.1-10)	2 (0.33-10)	<b>1 (0.1-40)</b>	
Heavy (range)	2.5 (0.1-50)	2 (0.33-48)	<b>3 (0.25-40)</b>	

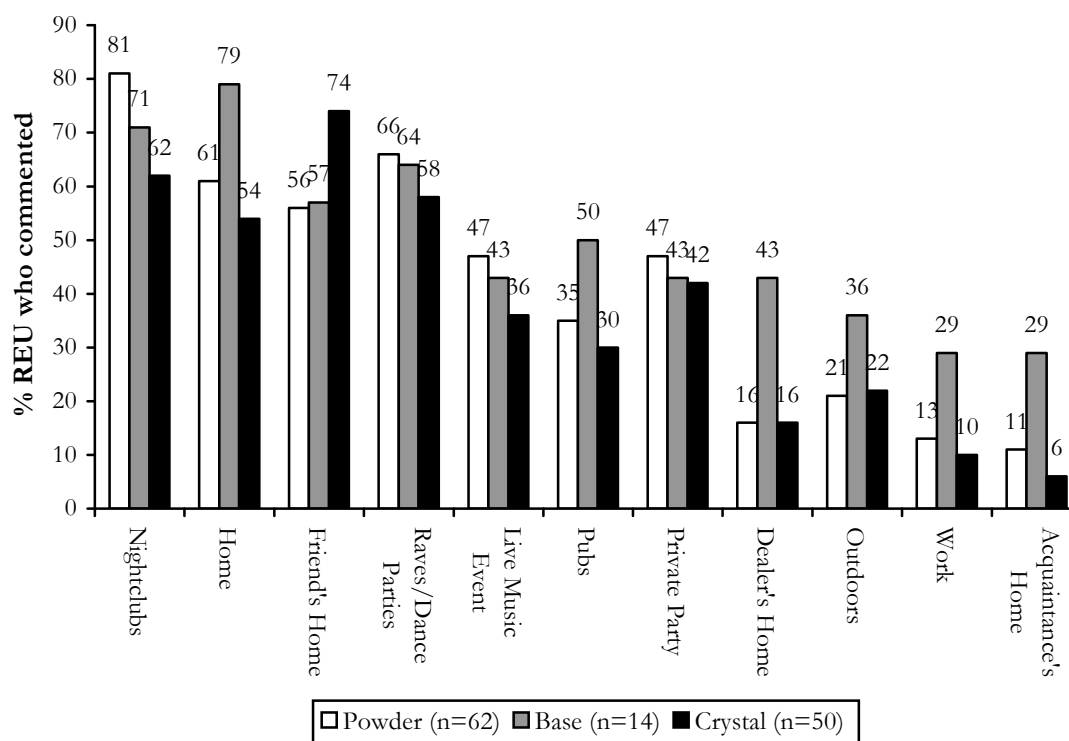
**Source: PDI Regular ecstasy user interviews**

\*Statistically significant at alpha level 0.05

Of those who reported use of crystal in the preceding 6 months (n=69), the most common method of use was smoking, reported by 77% (n=53). However, this proportion represented a significant decrease from the 92% who reported this method of use in 2004 ( $\chi^2=21.627$ , df=1, p=0.000). There was a significant increase in swallowing, reported by 43% in 2004 compared to 57% in 2005 ( $\chi^2=5.147$ , df=1, p=0.023). Prevalence of snorting was comparable with 64% reporting it in 2005 and 56% in 2004. Ten percent of the current sample reported injecting crystal in the last 6 months.

All KE except one reported that the ecstasy users they had contact with used some form of methamphetamine. Comparable numbers reported a dominance of speed or crystal, or that both forms were equally available. Two KE commented that crystal methamphetamine was used more by younger people while powder was more common amongst older users. Only one mentioned base methamphetamine, stating that in the last 6 months there had been an increase in 'paste'.

**Figure 10: Location of usual methamphetamine use by form, 2005\***



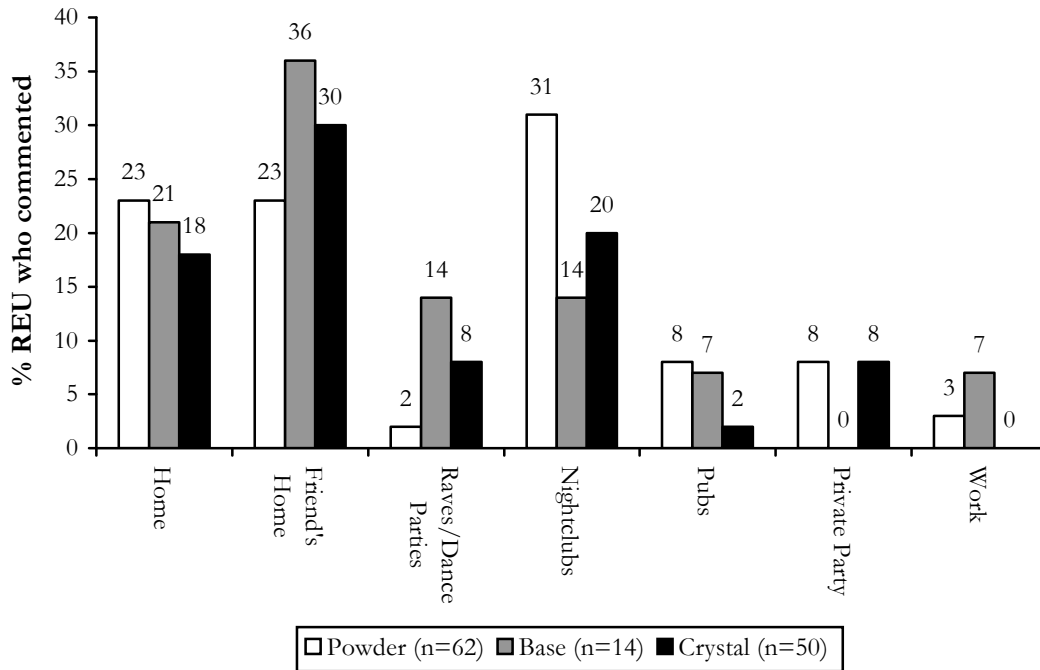
**Source: PDI Regular ecstasy user interviews**

\* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

Participants were asked about locations of usual and most recent use of the various forms of methamphetamine. As evident from Figure 10, locations of usual use were the same for the various forms of methamphetamine but differed in order. Speed powder was most commonly used at 'nightclubs' (81%) and 'raves/dance parties' (66%) followed by 'own home' (61%) and 'friend's home' (56%). Conversely, 'own home' was the most common location of use for base methamphetamine (79%) followed by 'nightclubs' (71%), 'raves/dance parties' (64%) and 'friend's home' (57%). Crystal methamphetamine was usually used at a 'friend's home' (74%), followed by 'nightclubs' (62%), 'raves/dance parties' (58%) and 'own home' (54%). Other locations not represented in Figure 13 were 'car (driver)', 'car (passenger)' and 'public place', and all were rated by less than a quarter of those who commented for all forms of methamphetamine.

As illustrated in Figure 11, locations of most recent use showed similar trends. Speed powder was most recently used at 'nightclubs' (31%) followed equally by 'own home' (23%) and 'friend's home' (23%). 'Friend's home' was the most common location of recent use for both base (36%) and crystal (30%), followed by 'own home' for base (21%), and 'nightclubs' for crystal (20%).

**Figure 11: Location of most recent methamphetamine use by form, 2005\***



**Source: PDI Regular ecstasy user interviews**

\* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

## 5.2 Price

Participants were asked about the cost of the various forms of methamphetamine and responses are presented in Table 14. Thirty-four participants reported on the price of a gram of speed powder and the median cost was \$300 (range \$50-400). Sixteen participants reported on the price of a point of speed and the median was \$50 (range \$25-50). The median price of both a point and a gram of speed were the same as that reported in 2004. Twelve participants reported buying speed in \$50 bags but could not comment on the weight of the amount purchased.

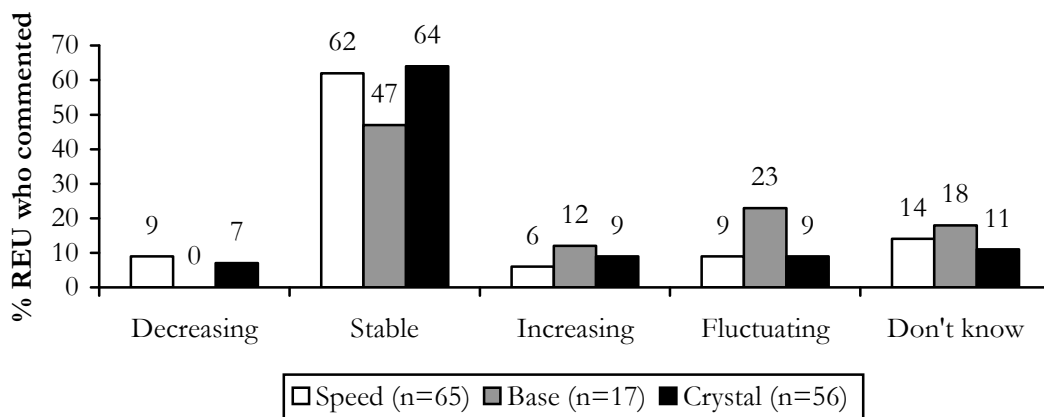
**Table 14: Price of various methamphetamine forms purchased by REU, 2003-2005.**

Methamphetamine forms	Median price (\$)		
	2003	2004	2005
<b>Speed</b>			
Point	50	50	<b>50</b>
Gram	200	300	<b>300</b>
<b>Base</b>			
Point	50	50	<b>50</b>
Gram	-	300	<b>325</b>
<b>Crystal</b>			
Point	50	50	<b>50</b>
Gram	-	400	<b>350</b>

Source: PDI Regular ecstasy user interviews

Six participants reported on the price of a point of base methamphetamine and all stated the cost was \$50. Six participants also commented on the price of a gram of base and the median price was \$325 (range \$250-400). Thirty-two participants reported on the price of a gram of crystal methamphetamine and all reported the cost at \$50. Fourteen participants commented on the price of a gram of crystal and the median cost was \$350 (range \$300-400). While the price of a point remained unchanged from last year for both base and crystal, there was a slight increase in the cost of a gram of base and a decrease in price for a gram of crystal.

**Figure 12: Recent changes in price of various methamphetamine forms purchased by REU, 2005**



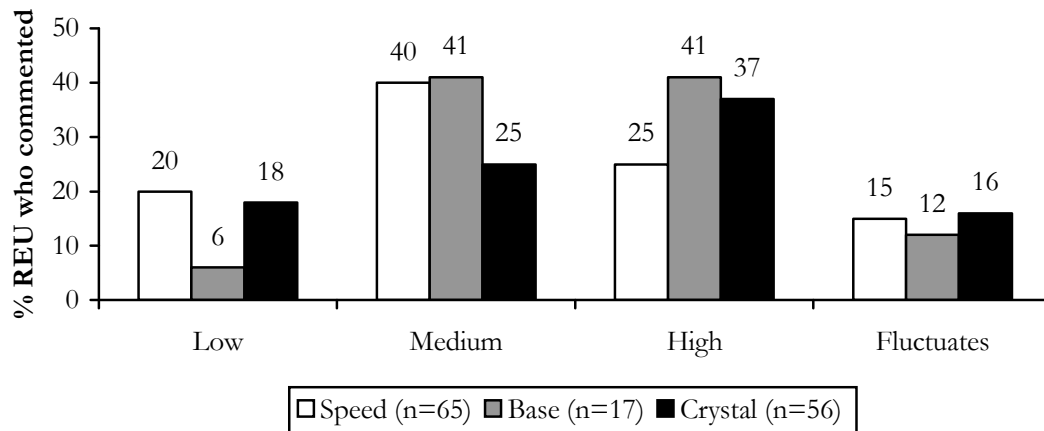
Source: PDI Regular ecstasy user interviews

Participants were also asked about their perceptions of recent changes in the price of methamphetamine, and for all forms most reported the cost as ‘stable’ (Figure 12). Of those who commented, the proportions who considered the price as ‘stable’ were comparable for speed (62%) and crystal (64%). There was more variation in perceptions of the cost of base with 47% reporting it as ‘stable’ and 23% as ‘fluctuating’.

### 5.3 Purity

Participants also commented on the current purity of methamphetamine and the majority rated it as ‘medium’ or ‘high’ for all forms (Figure 13). This was most evident for reports of base with a combined total of 82% rating it across these categories. Reports of purity for speed and crystal were more variable. Of those who commented, 40% rated the purity of speed as ‘medium’ while similar proportions reported it as ‘high’ (25%) and ‘low’ (20%). The majority of those who commented for crystal rated purity as ‘high’ (37%) followed by ‘medium’ (25%). Comparable proportions reported purity of crystal as ‘low’ (18%) and ‘fluctuates’ (16%).

**Figure 13: User reports of current methamphetamine purity, 2005**

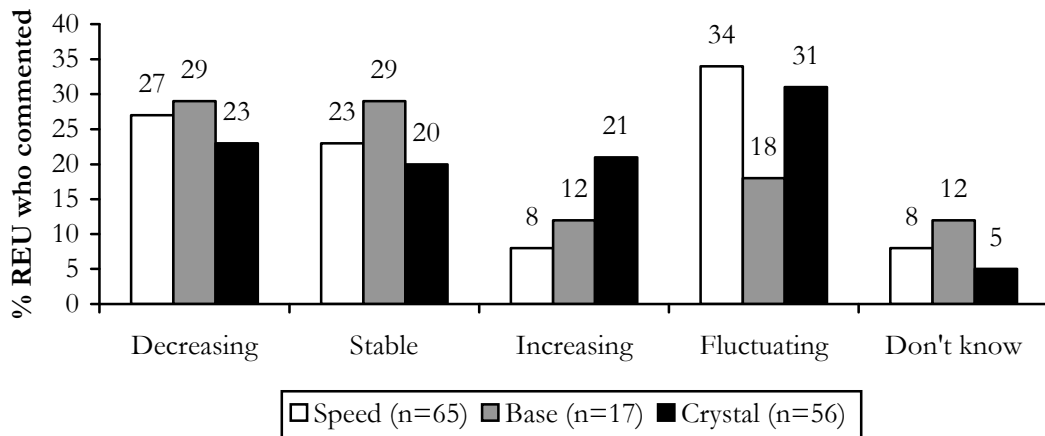


Source: PDI Regular ecstasy user interviews

There was considerable variability in reports of changes in the purity of methamphetamine over the preceding 6 months (Figure 14). Of those who commented, the purity of speed was considered by comparable proportions to be ‘fluctuating’ (34%), ‘decreasing’ (27%) and ‘stable’ (23%). Such variation was also shown for crystal with purity similarly reported as ‘fluctuating’ (31%), ‘decreasing’ (23%), ‘increasing’ (21%) and ‘stable’ (20%). Purity of base was more consistent and considered by most to be either ‘stable’ (29%) or ‘decreasing’ (29%). These responses attest to the high subjectivity inherent in user reports of drug purity.



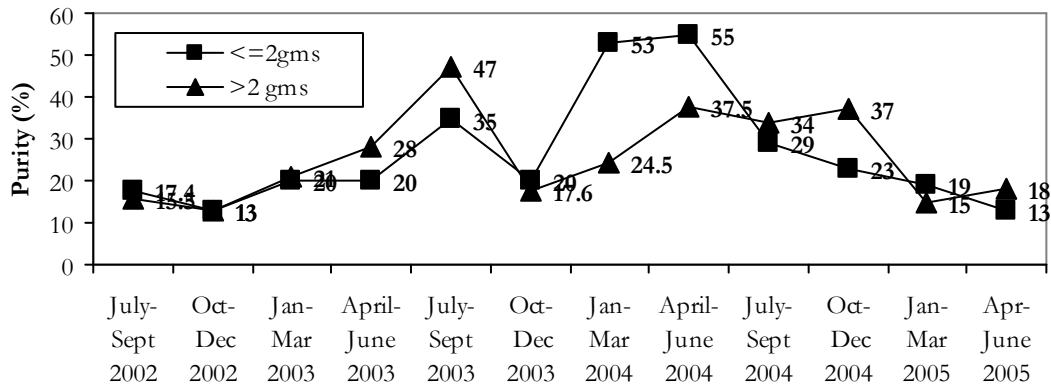
**Figure 14: User reports of changes in methamphetamine purity in the past six months, 2005**



Source: PDI Regular ecstasy user interviews

Figures 15 and 16 show data provided by the Australian Crime Commission regarding the median purity and number of seizures of methylamphetamine in WA. It is evident that purity has varied both across time and according to the amount (in grams) of the seizure (see Figure 16). However, it may be deduced that since April-June 2004, the overall trend in purity for both weight categories represents a substantial decrease.

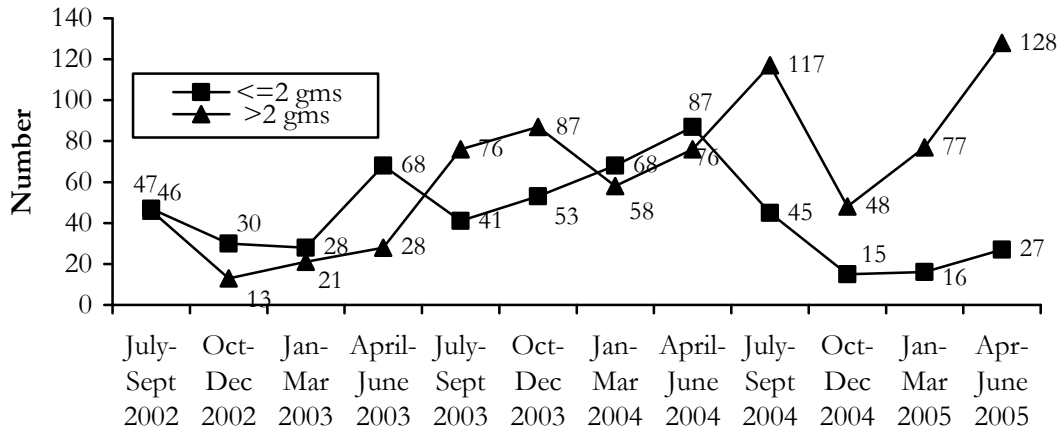
**Figure 15: Median purity of methylamphetamine seizures analysed in WA by quarter, July 2002 to June 2005**



Source: Australian Crime Commission

Figure 16 indicates that the number of methylamphetamine seizures in WA exhibited an overall increase until April-June 2004. From this time, differences are evident according to weight category. Seizures under 2 grams initially decreased but have since begun to stabilise. In contrast, seizures over 2 grams decreased substantially in Oct.-Dec. 2004 but have recovered to a peak in April-June 2005 representing the greatest number recorded over the time period.

**Figure 16: Number of methylamphetamine seizures analysed in WA by quarter, July 2002 to June 2005**

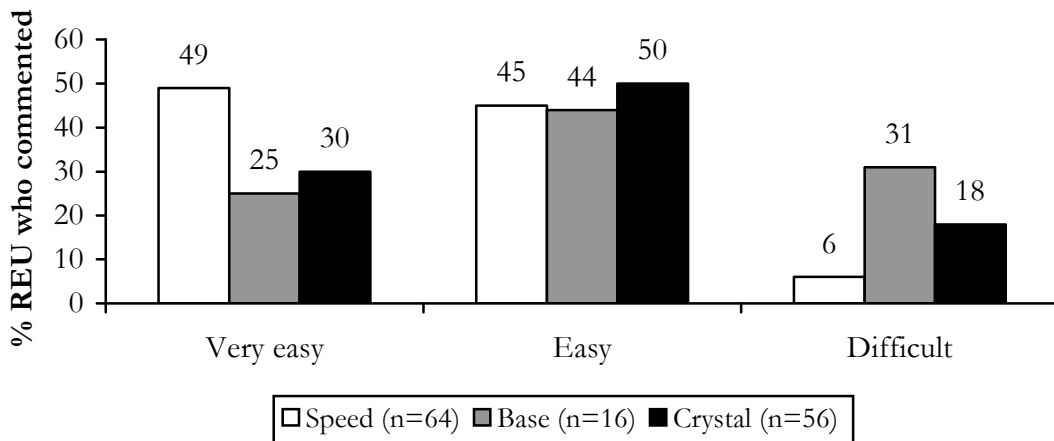


Source: Australian Crime Commission

### 5.4 Availability

As shown in Figure 17, speed powder was considered by 94% of those who commented on availability as either ‘very easy’ (49%) or ‘easy’ (45%) to obtain. This was also the majority response for those who commented on crystal with 80% reporting current availability as either ‘very easy’ (30%) or ‘easy’ (50%). Base was considered by the greatest proportion as ‘easy’ (44%) followed by similar ratings of ‘difficult’ (31%) and ‘very easy’ (25%). Only crystal was reported as ‘very difficult’ to obtain and this was by a very small proportion of respondents (2%).

**Figure 17: Current availability of methamphetamine forms, 2005**

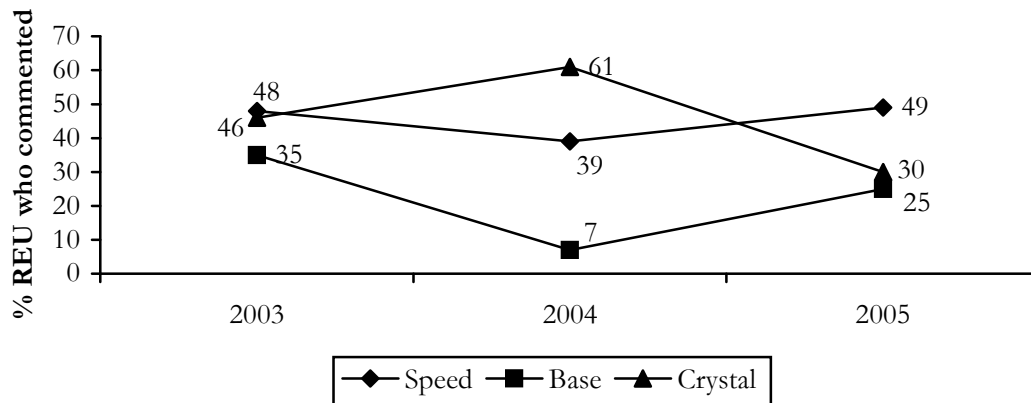


Source: PDI Regular ecstasy user interviews 2005

Figure 18 illustrates that reports of availability for the various forms of methamphetamine have changed over the past three years. Speed powder has remained the most consistent with current reports (49%) of availability as ‘very easy’ returning to that of 2003 (48%) following a slight decrease in 2004 (39%). However, a much larger proportion of those who commented reported base as ‘very easy’ to obtain (25%) compared to the 2004 sample (7%) but this did not quite return to that found in 2003

(35%). In contrast, the proportion (30%) reporting availability of crystal as 'very easy' was half that found last year (61%) and represented the lowest figure found across survey years.

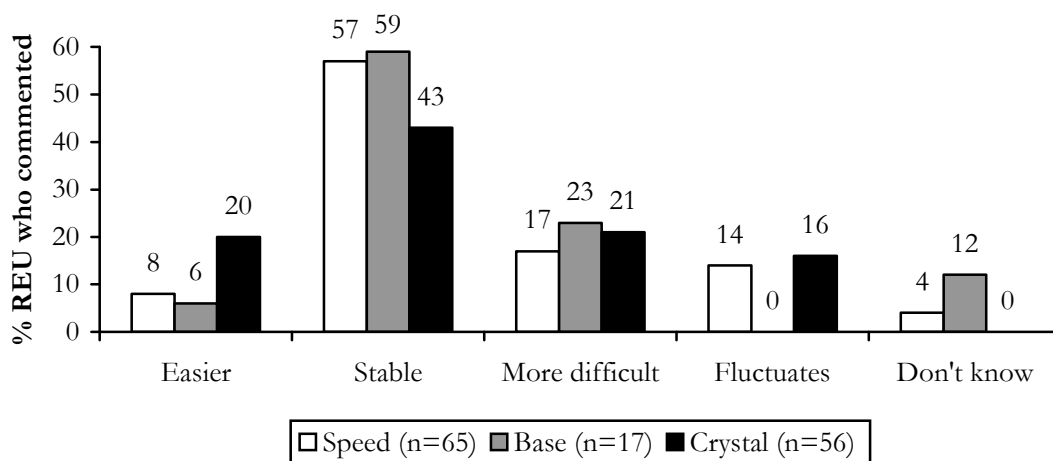
**Figure 18: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as 'very easy' to obtain in the six months preceding interview in WA, 2003-2005**



Source: PDI Regular ecstasy user interviews

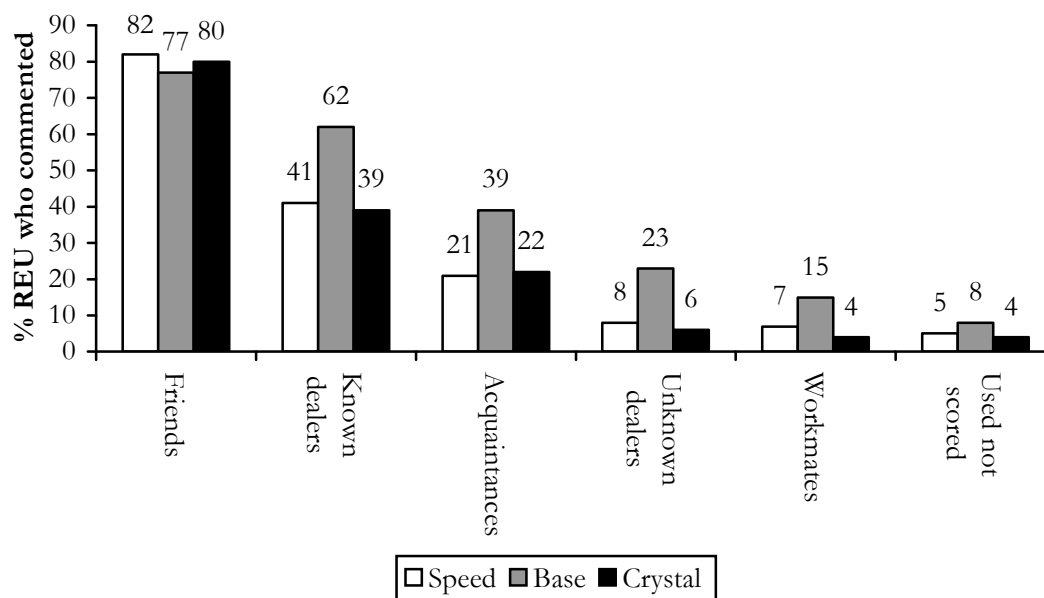
With regards perceived changes in availability over the preceding 6 months (Figure 19), most of those who commented reported it as 'stable' for all forms of methamphetamine. Over half the responding sample considered availability to be 'stable' for speed powder (57%) and for base (59%) followed by 'more difficult' (17% and 23% respectively). There was greater variation for crystal with the greatest proportion reporting it as 'stable' (43%) followed by comparable proportions rating it as 'more difficult' (21%), 'easier' (20%) and 'fluctuates' (16%).

**Figure 19: Change in the availability of various forms of methamphetamine in the preceding six months, 2005**



Source: PDI Regular ecstasy user interviews 2005

**Figure 20: People from whom methamphetamine powder, base and crystal was purchased in the preceding six months, 2005\***



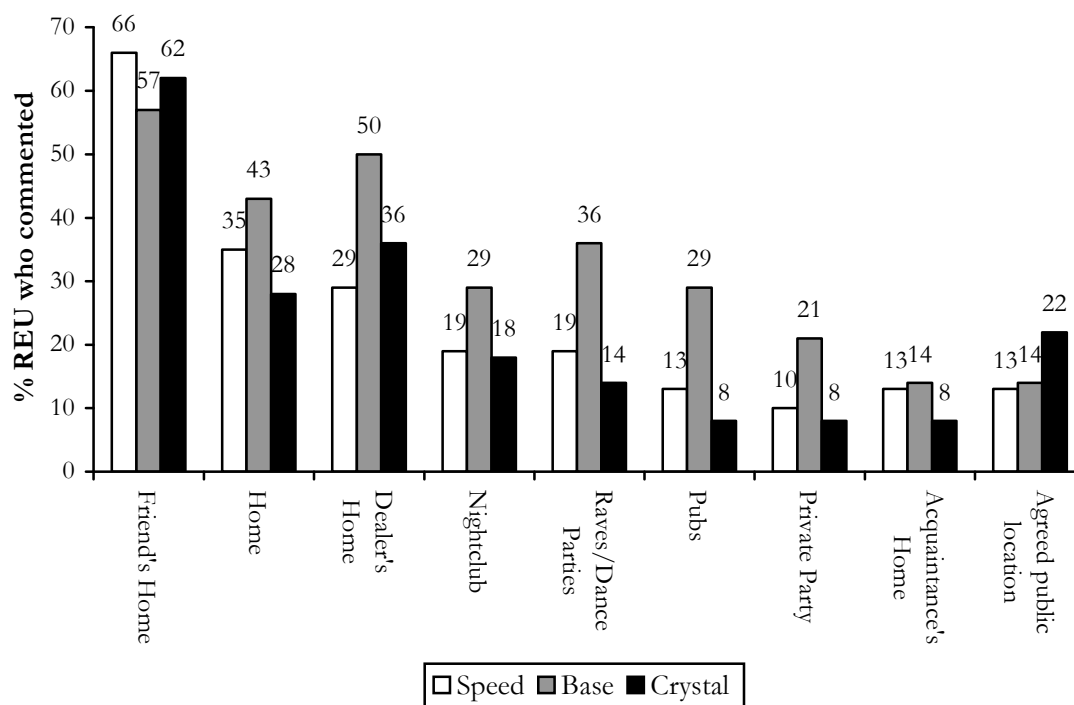
**Source: PDI Regular ecstasy user interviews 2005**

\* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

All forms of methamphetamine were predominantly obtained from 'friends', followed by 'known dealers' (see Figure 20). People from whom REU scored were very similar for speed and crystal – 82% 'friends' for speed versus 80% 'friends' for crystal; 41% 'known dealers' for speed versus 39% 'known dealers' for crystal; 21% 'acquaintances' for speed versus 22% 'acquaintances' for crystal. Although a similar rate of 77% was reported for scoring base from 'friends', the proportion scoring base from 'known dealers' was much higher at 62%. Similarly, those scoring base from 'unknown dealers' was also higher at 23% compared to 8% for speed and 6% for crystal.

Consistent with 'friends' as the dominant source for scoring, 'friend's home' was reported as the most common location of purchase for all forms of methamphetamine (see Figure 21). This was reported by 66% for speed, 62% for crystal and 57% for base. Other private residences were the next most commonly identified purchase locations. 'Home' was reported by 43% for base, 35% for speed, and 28% for crystal, while 'dealer's home' was reported by 50% for base, 36% for crystal and 29% for speed. Higher proportions were reported for scoring base from public locations such as 'raves/dance parties' (36%), 'nightclubs' (29%) and 'pubs' (29%) than for either speed or crystal. The other notable difference was the higher proportion reporting scoring crystal from an 'agreed public location' (22%) compared to only 13% for speed and 14% for base.

**Figure 21: Locations where methamphetamine purchased in the preceding six months, 2005\***



Source: PDI Regular ecstasy user interviews 2005

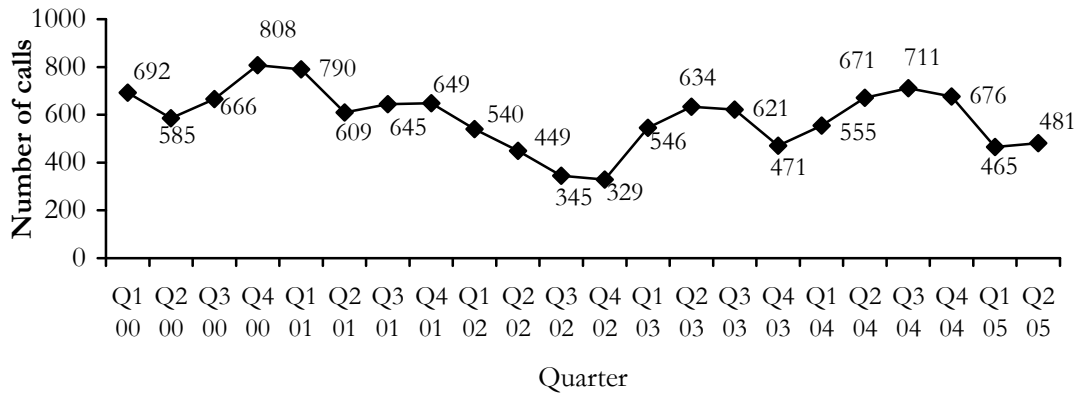
\* Figures reported are percentages of those REU who commented, excluding cases that hadn't used last 6 months

## 5.5 Methamphetamine-related harms

### 5.5.1 Health

Figure 22 shows that inquiries to ADIS regarding amphetamines have fluctuated over the last 5 years, particularly after reaching a low at the end of 2002. Over the most recent 12 month period, amphetamine-related calls peaked in mid-2004 representing 21.2% of total inquiries to ADIS (n=3351). However, since this time the numbers of calls has decreased and returned to a number comparable to that recorded at the end of 2003. In the most recent quarters, amphetamine-related calls comprised 15.4% of total inquiries (n=3023) in January-March 2005 and 16.4% of total calls (n=2925) in April-June 2005. For both these periods, it was the fourth most common drug inquired about following alcohol, tobacco and cannabis.

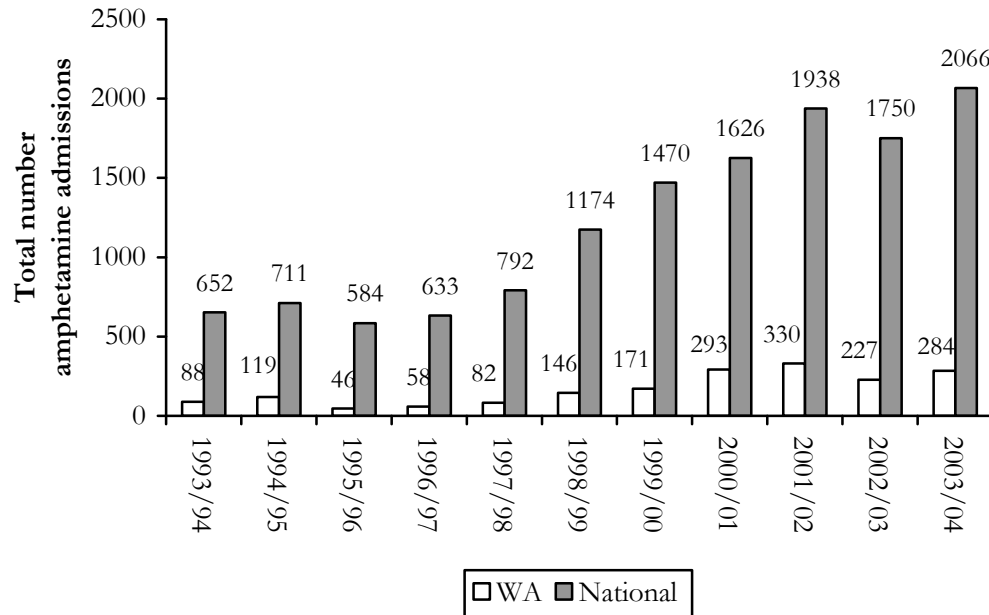
**Figure 22: Number of inquiries to ADIS regarding amphetamines, January 2000 to June 2005**



Source: WA Alcohol and Drug Information Service

Figure 23 presents the total number of hospital admissions in WA and nationally in which amphetamines were identified as the primary diagnosis. The AIHW defines primary diagnosis as the diagnosis established (after study) to be chiefly responsible for occasioning the patient's episode of care in hospital.

**Figure 23: Total number of in-patient hospital admissions where amphetamines were the primary diagnosis in persons aged 15-54 in WA and nationally, July 1993-June 2004**



Source: Australian Institute of Health and Welfare

## 5.6 Summary of methamphetamine trends

- Rates of both lifetime and recent use of speed have been consistent across sampling years. In 2005, 94% reported ever using speed and 85% had done so in the last 6 months, with an average of 15 days use.
- There was a significant increase in lifetime use of base from 46% in 2004 to 59% in 2005. Prevalence of recent use was comparable, reported by 31% in 2004 and 38% in 2005. There was however, a significant decrease in average days use of base in the previous 6 months from 15 days in 2004 to 9 days in 2005.
- There was no change in lifetime use of crystal (89% in 2004 versus 88% in 2005), however, there was a significant decrease in recent use from 80% in 2004 to 69% in 2005. This coincided with a significant decrease in average days use of crystal in the previous 6 months from 22 days in 2004 to 14 days in 2005.
- These data therefore suggest that while use of speed remained stable, there was a decline in the frequency of recent use of both base and crystal.
- There were differences across methamphetamine forms regarding method of use with speed most commonly snorted, base most commonly swallowed and crystal most commonly smoked.
- Differences were also evident for location of usual use with nightclubs reported by the majority for speed, home for base, and friend's home for crystal.
- The median price per point for all forms of methamphetamine was \$50 and this has remained consistent across survey years.
- In 2005, participants reported that a gram of speed cost \$300, a gram of base cost \$325 and a gram of crystal cost \$350, and the majority rated price as 'stable' for all forms of methamphetamine.
- Current purity was rated by most as 'medium' for speed, 'high' for crystal and by equal proportions as 'medium' and 'high' for base. There was high variability in reports of changes in purity with comparable proportions across response categories for all forms.
- Speed was rated equally as 'very easy' and 'easy' to obtain, while both base and crystal were rated by the majority as 'easy'. Availability was rated as 'stable' over the previous 6 months for all forms of methamphetamine.
- Friends were the person all forms of methamphetamine were most commonly purchased from and the most common location of purchase was friend's home.
- Calls to ADIS regarding amphetamines stabilised in the first half of 2005 representing about 16% of total inquiries and the fourth most common drug inquired about after alcohol, tobacco and cannabis.

## 6.0 COCAINE

### 6.1 Cocaine use among REU

As shown in Table 15, prevalence of both lifetime and recent use of cocaine was the highest found over survey years. The proportion who reported ever using cocaine significantly increased from 36% in 2004 to 57% in 2005 and those using in the previous six months significantly increased from 16% in 2004 to 35% in 2005. There was a decrease in the average number of days cocaine was used in the preceding 6 months from 3.63 in 2004 to 2.71 in 2005 however, this wasn't significant. The median days used in this period was 2 with a range from 1 to 15 days.

Twenty respondents who had used cocaine in the last 6 months reported on the typical amount used in grams. The median quantity reported was 0.5 gram (range 0.1-1.75), which is double that found in 2004. Eighteen respondents reported on the amount of grams used in a heavy session and the median was 0.6 gram (range 0.1-6.5). This was comparable to that found in the previous year. A further 6 respondents reported on quantity in lines and the median amount for both typical and heavy use was 1.5 lines (same range of 1-6).

**Table 15: Patterns of cocaine use among REU, 2003-2005**

<b>Cocaine</b>	2003 (n=100)	2004 (n=100)	<b>2005 (n=100)</b>	Statistical tests of significance
Ever used %	44	36	<b>57</b>	$\chi^2=19.141$ , df=1, p=0.000*
Used last six months%	17	16	<b>35</b>	$\chi^2=26.860$ , df=1, p=0.000*
<b>Of those who had used in preceding 6 months</b>				
Mean days used last 6 months	3.12	3.63	<b>2.71</b>	t=-1.845, df=34, p=0.074
<b>Median quantities used (grams)</b>				
Typical (range)	0.5 (0.1-2.5)	0.25 (0.1-0.8)	<b>0.5 (0.1-1.75)</b>	
Heavy (range)	0.5 (0.1-2.5)	0.5 (0.1-6.25)	<b>0.6 (0.1-6.5)</b>	

Source: PDI Regular ecstasy user interviews

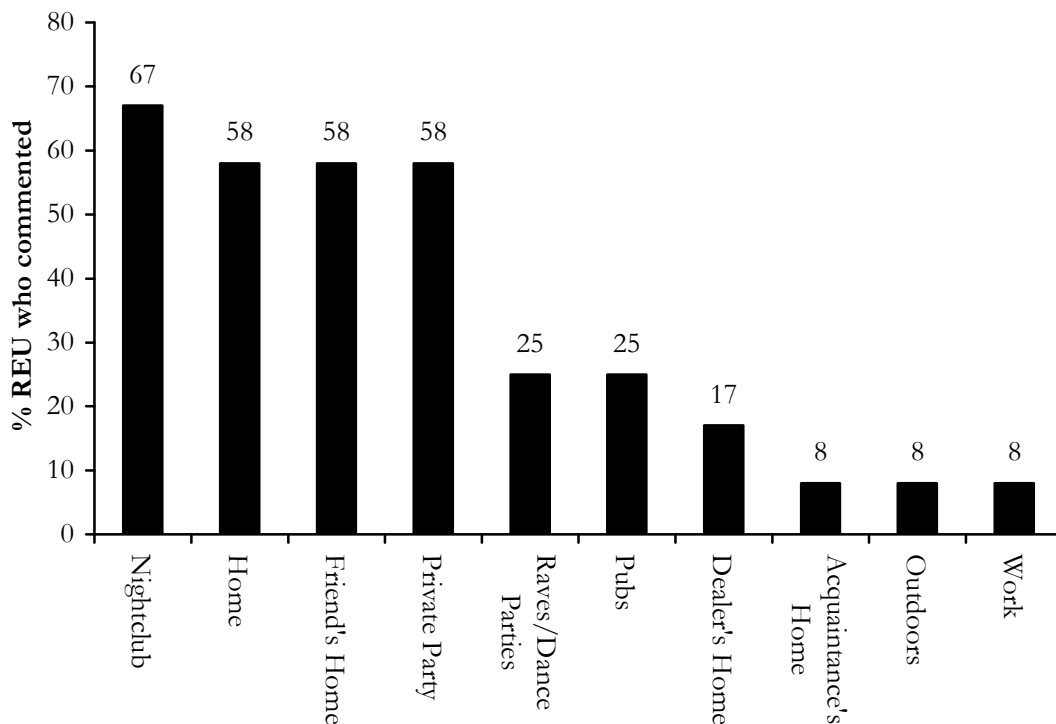
\*Statistically significant at alpha level .05



The median age of first use of cocaine was 21 with a range from 13 to 31 years. Of those who had used in the last 6 months, snorting was by far the most common method of use, reported by 89% (n=31). Small proportions reported swallowing (23%, n=8) and smoking (17%, n=6) cocaine in the last 6 months. Seven respondents in the total sample reported ever injecting cocaine and one respondent reported doing so in the last 6 months.

Five KE commented on cocaine and one reported that it hadn't been very available in the last 12 months. All other comments related to the demographics of users as those on higher incomes, mostly businessmen, and as professionals in their late 30s to early 40s. One KE perceived cocaine use to be associated more with the Rhythm and Blues (R&B) music scene than party drug users.

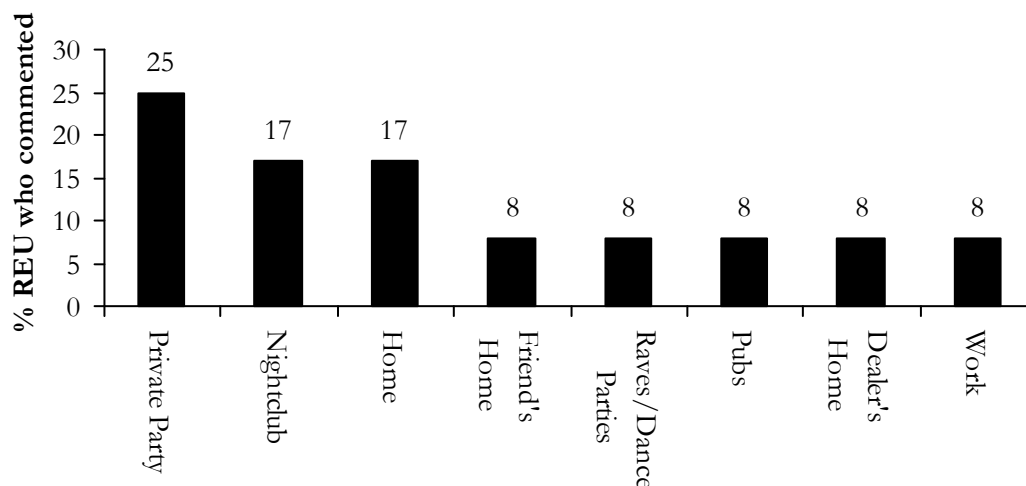
**Figure 24: Usual location of cocaine use, 2005**



Source: PDI Regular ecstasy user interviews 2005

Twelve respondents commented on usual and most recent locations of cocaine use and some differences were reported. As shown in Figure 24, 'nightclubs' were reported as the usual location of use by two-thirds of the sample (67%) followed equally by 'home', 'friend's home' and 'private party' (58% each). With regards to the most recent location of use (see Figure 25), 'private party' was reported by a quarter of the sample (25%), followed equally by 'nightclub' and 'home' (17% each). 'Friend's home' was reported by 8% of the sample, equal to that reporting 'raves/dance parties', 'pubs', 'dealer's home' and 'work' as most recent location of cocaine use.

**Figure 25: Location of most recent cocaine use, 2005**



Source: PDI Regular ecstasy user interviews 2005

## 6.2 Price

In 2005, 14 respondents commented on the price of cocaine, which was most commonly purchased in gram amounts. The current median price for a gram of cocaine was \$350 (range \$300-\$450) representing an increase from that reported in 2004 (see Table 16). This was supported by data provided by the Australian Crime Commission, which reported the price for a gram of cocaine in WA at \$350. The greatest proportion of those who commented reported that the price of cocaine had remained 'stable' (43%, n=6) over the previous six months. However, 29% (n=4) were unable to comment on recent changes in the price of cocaine. These proportions were identical to those found in the previous year.

**Table 16: Price of cocaine purchased by REU, 2003-2005**

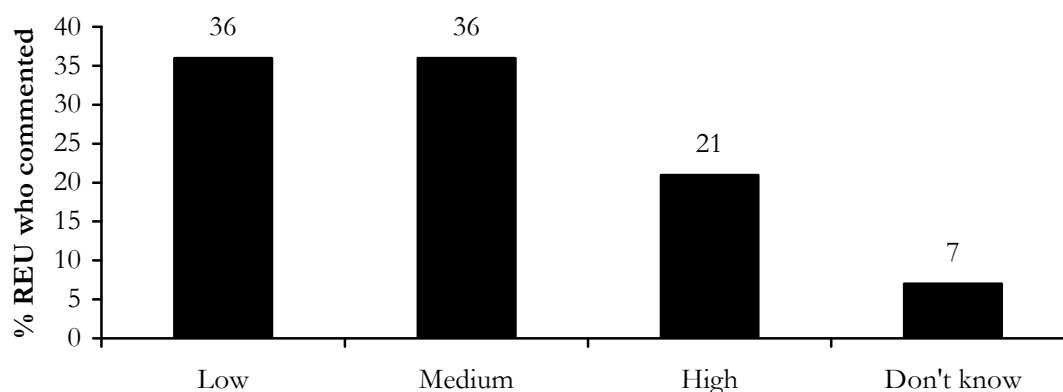
Cocaine	2003	2004	2005
	(n=6)	(n=7)	<b>(n=14)</b>
Median price (\$) cocaine per gram	\$325	\$300	<b>\$350</b>
Price range	(\$250-400)	(\$250-400)	<b>(\$300-450)</b>
<b>Price change</b>	(n=14)	(n=7)	<b>(n=14)</b>
Increased (%)	0	14	<b>14</b>
Stable (%)	36	43	<b>43</b>
Decreased (%)	7	0	<b>7</b>
Fluctuated (%)	7	14	<b>7</b>
Don't know (%)	50	29	<b>29</b>

Source: PDI Regular ecstasy user interviews

### 6.3 Purity

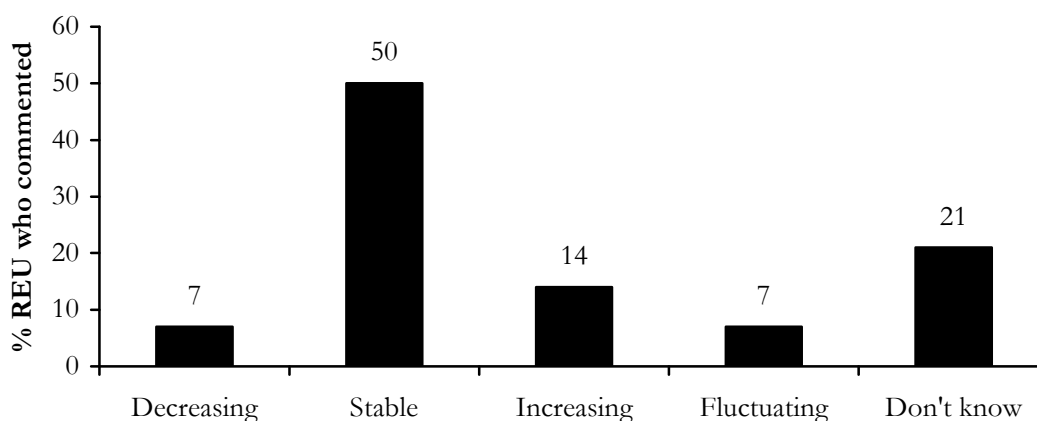
As shown in Figure 26, equal proportions reported the current purity of cocaine as 'medium' and as 'low' (36%, n=5). With regards changes in purity over the preceding six months, half of those who commented reported purity as 'stable' (n=7). However, 21% (n=3) reported that they were unable to comment on recent changes in purity of cocaine (see Figure 27).

Figure 26: User reports of current purity of cocaine, 2005



Source: PDI Regular ecstasy user interviews 2005

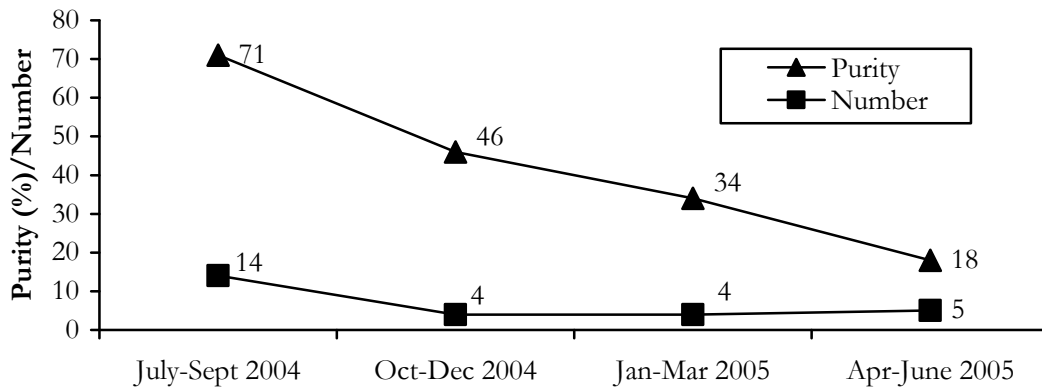
Figure 27: User reports of changes in cocaine purity in the past six months, 2005



Source: PDI Regular ecstasy user interviews 2005

Figure 28 shows Australian Crime Commission data for the median purity and number of cocaine seizures in WA over a 12 month period. It is evident that purity has steadily decreased from July 2004 to June 2005. However, numbers of seizures also decreased and represent very small figures thereby limiting the conclusions that can be drawn.

**Figure 28: Median purity and number of cocaine seizures analysed in WA by quarter, July 2004 to June 2005**

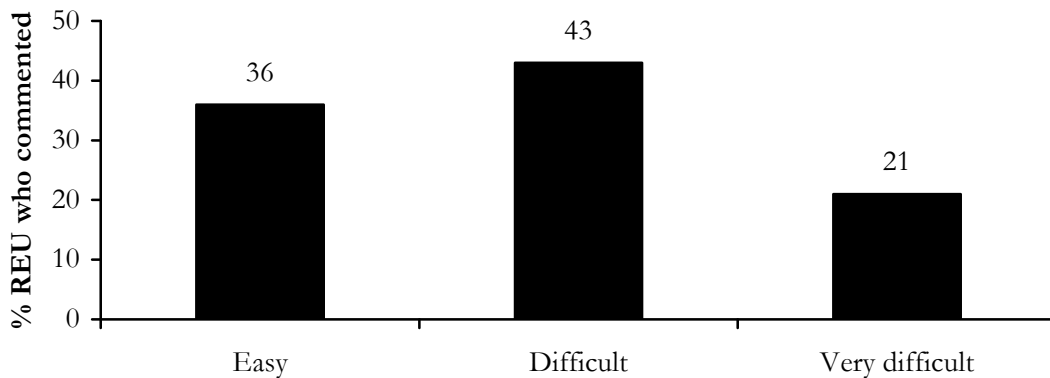


Source: Australian Crime Commission

## 6.4 Availability

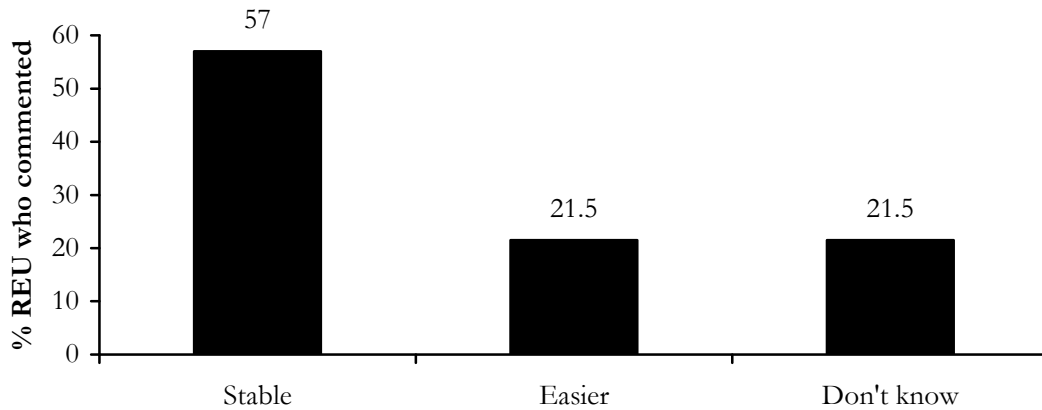
Figures 29 and 30 show the responses of those REU in 2005 who commented on cocaine availability in WA (n=14). It is evident that similar proportions reported current availability as 'easy' (36%, n=5) and as 'difficult' (43%, n=6). In contrast, all of those who commented in 2004 reported availability as 'difficult' and 'very difficult'. With regards changes in availability over the preceding six months, just over half the current sample reported purity as 'stable' (57%, n=8), while all respondents rated it as such in 2004. Three respondents each reported availability as 'easier' or were unable to comment on recent changes in cocaine availability.

**Figure 29: Current availability of cocaine, 2005**



Source: PDI Regular ecstasy user interviews 2005

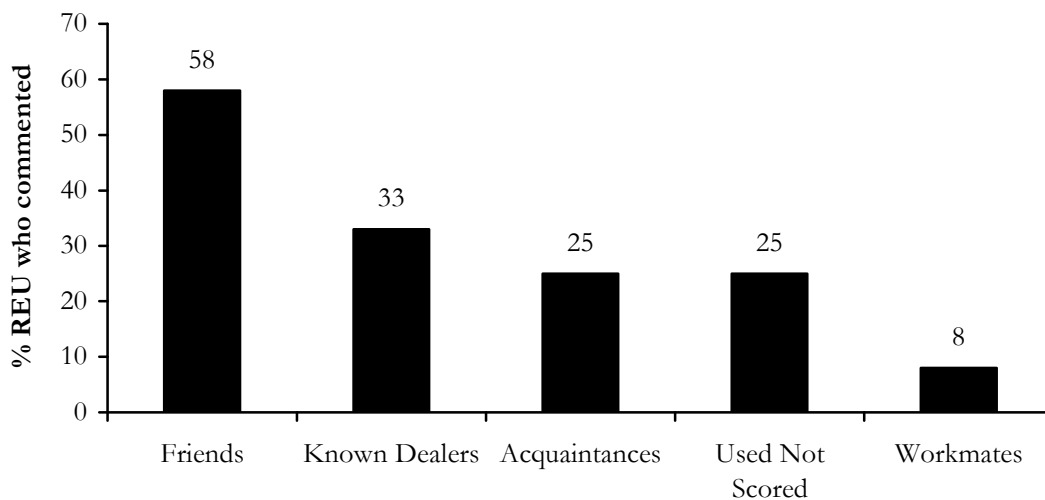
**Figure 30: Changes in cocaine availability in the preceding six months, 2005**



Source: PDI Regular ecstasy user interviews 2005

As shown in Figure 31, just over half of those who commented reported 'friends' (58%, n=7) as the most common person from whom cocaine was purchased. This was followed by a third who reported scoring from 'known dealers' (33%, n=4). A quarter each reported scoring from 'acquaintances' and 'used not scored' (25%, n=3).

**Figure 31: People from whom cocaine had been purchased the preceding six months, 2005\***

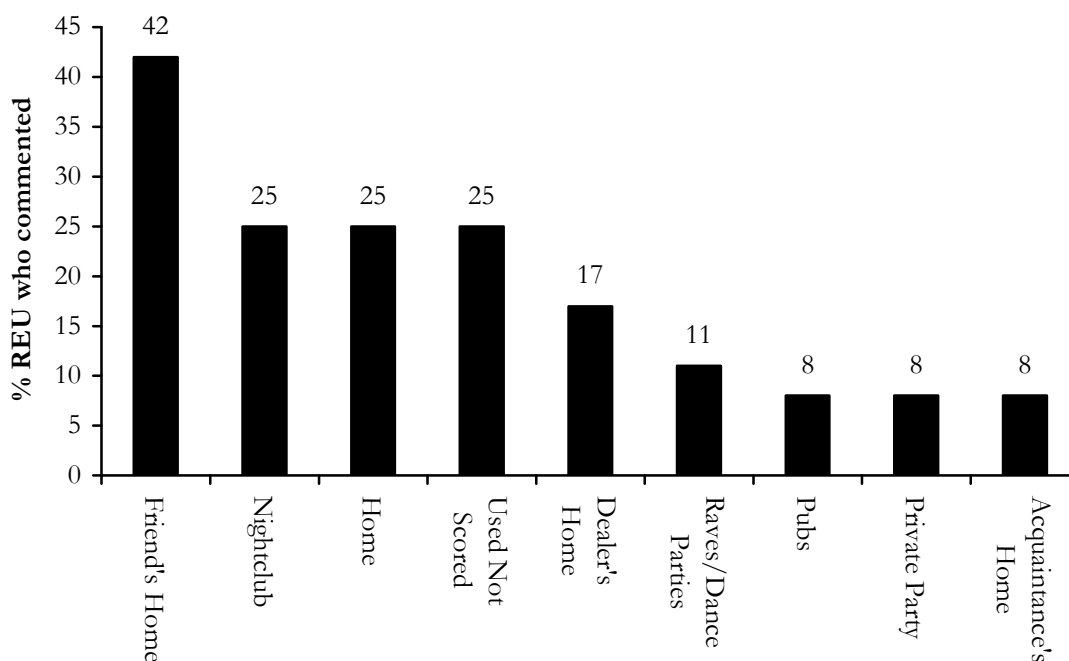


Source: PDI Regular ecstasy user interviews 2005

\* Excluding those who responded, 'haven't used'

Consistent with 'friends' as the most common person from whom cocaine was scored, 'friend's home' was reported by the greatest proportion of those who commented (42%, n=5) as the most common location of purchase (see Figure 32). This was followed equally by 'nightclubs', 'own home' and 'used not scored' reported by a quarter of the sample (n=3 each).

**Figure 32: Locations where cocaine had been purchased in the preceding six months, 2005\***



Source: PDI Regular ecstasy user interviews 2005

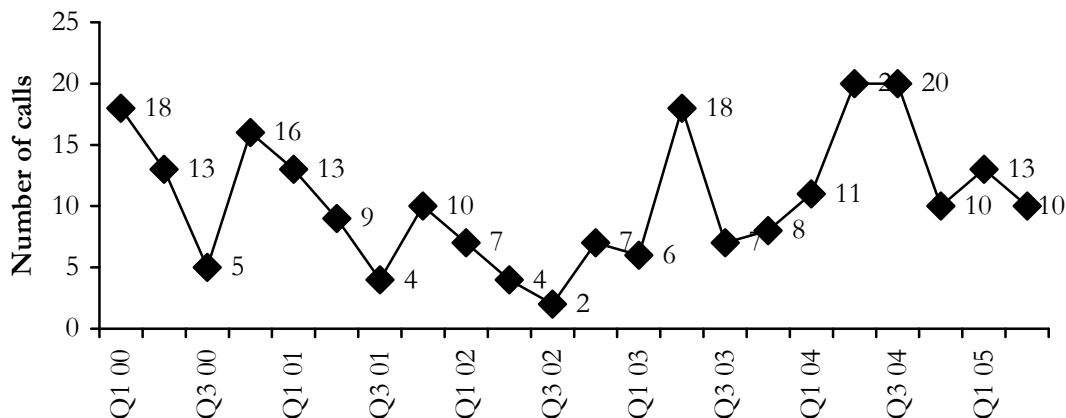
\* Excluding those who responded, 'haven't used'

## 6.5 Cocaine-related harms

### 6.5.1 Health

The number of cocaine-related calls received by ADIS have fluctuated over time and peaked in mid-2004. Since this time, the number has dropped by half and stabilised (see Figure 33). Calls related to cocaine have never reached 1% of total calls, even during the observed period of increase.

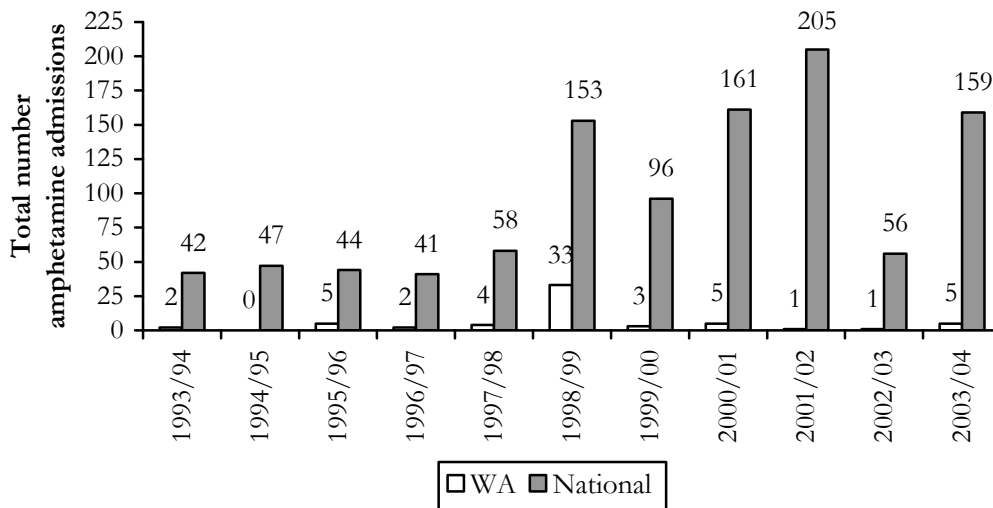
**Figure 33: Number of cocaine-related inquiries to ADIS in WA by quarter, January 2000 to June 2005**



Source: WA Alcohol and Drug Information Service

Figure 34 shows that the number of hospital admissions in WA where cocaine was the primary diagnosis has remained consistently low over the preceding decade and never exceeded five annually except in 1998/99. Research suggests that this peak is accounted for by an increase in admissions for cocaine dependence (Roxburgh & Degenhardt, in press).

**Figure 34: Total number of inpatient hospital admissions where cocaine was the primary diagnosis in persons aged 15-54 years, WA and nationally, 1993-2004**



Source: Australian Institute Health and Welfare

## 6.6 Summary of cocaine trends

- Both lifetime and recent use of cocaine significantly increased in 2005 to rates representing the largest reported across survey years.
- In 2005, 57% reported ever using cocaine and 35% reported doing so in the previous 6 months with an average of 3 day's use.
- The typical amount of cocaine used doubled in 2005 to 0.5 gram (0.25 gram in 2004) with a wider range of 0.1 to 1.75 of a gram.
- The majority reported usual location of use as nightclubs while the most common recent location of use was private party.
- The price of a gram of cocaine increased from \$300 in 2004 to \$350 in 2005, and in both years the majority rated cost as 'stable'.
- Current purity was rated equally as 'low' and 'medium' and half the sample reported purity as 'stable' over the previous 6 months.
- Comparable proportions rated cocaine as 'difficult' and 'easy' to obtain and the majority reported that availability was 'stable' over the previous 6 months.
- The majority reported purchasing cocaine from friends and friend's home was the most common location of purchase.
- Although calls to ADIS regarding cocaine peaked in mid-2004, this rate has dropped by half and never reached 1% of total inquiries even during this period of increase.



## 7.0 KETAMINE

### 7.1 Ketamine use among REU

As shown in Table 17, both lifetime use and recent use of ketamine has remained stable over sampling years. In 2005, a quarter of the sample reported ever using ketamine and compared to 21% in 2004. Similarly, 11% of the current sample reported using ketamine in the last 6 months compared to 10% in 2004. In 2005, ketamine was used a median of 2 days during this period, with a range of 1 to 10 days. Although there was an increase in average days of use from 1.4 in 2004 to 3 in 2005, this was not significant. The median age of first use of ketamine was 19 years (range 15-32).

Five respondents reported on the amount of ketamine used. The median number of bumps used in a typical session was 2 (range 1-6) and in a heavy session was also 2 (range 1-12). Both of these quantities are double that reported in 2004. Of those who had used ketamine in the last 6 months (n=11), almost three-quarters reported snorting ketamine (73%, n=8) and approximately half reported swallowing (55%, n=6). Three respondents reported injecting ketamine in their lifetime but none had done so in the last 6 months.

**Table 17: Patterns of ketamine use among REU, 2003-2005**

<b>Ketamine</b>	2003	2004	<b>2005</b>	Statistical tests of significance
Ever used (%)	25	21	<b>25</b>	$\chi^2=0.964$ , df=1, p=0.326
Used last six months (%)	12	10	<b>11</b>	$\chi^2=0.111$ , df=1, p=0.739
<b>Of those who had used in the preceding 6 mths</b>				
Mean days used last 6 mths	4.08	1.40	<b>3.00</b>	t=1.951, df=10, p=0.080
<b>Median quantities used (bumps)</b>				
Typical (range)	1.5 (1-4)	1 (.5-1.5)	<b>2 (1-6)</b>	
Heavy (range)	1.5 (1-4)	1 (1-5)	<b>2 (1-12)</b>	

Source: PDI Regular ecstasy user interviews

Ketamine was reported as usually used at 'home' by 60% (n=3), 'friend's home' and 'private party' by 40% (n=2 each), and at a 'nightclub' by 20% (n=1). Last place of use was reported by 60% as 'home' (n=3) and 40% as 'friend's home' (n=2). Regarding people and locations for scoring ketamine, one respondent reported using but not scoring. Of the remaining 4 respondents, 50% each reported scoring from 'friends' (n=2) and 'known dealers' (n=2) and 20% from 'acquaintances' (n=1). In terms of locations, 'home' (n=2), 'friend's home' (n=2) and 'dealer's home' (n=2) were all reported by 50% of the respondents.

Six KE commented on ketamine with mixed reports. One stated that there hadn't been any ketamine around for a long time while another reported that most pills sold as ecstasy were in fact ketamine. Similarly, one KE stated that only a few ecstasy users used ketamine while another reported an increase in use of ketamine. Two reported on the type of users with one suggesting its use prevalent among 'experimental party drug users' and another that, '10% use ketamine as part of polydrug list, these are party boys in their early 30s'.

## **7.2 Price, purity and availability**

As was the case last year, only one respondent in 2005 commented on the current price of ketamine and reported it as \$150 per gram. Five respondents commented on price change with 60% reporting it as 'stable' and the remaining 40% stating they 'didn't know'.

These respondents also commented on purity and availability with 80% reporting current purity as 'medium' (n=4) and 20% as 'high' (n=1). With regards change in purity over the preceding 6 months, the majority stated they didn't know (60%, n=3) while one respondent each reported it as 'stable' and as 'increasing'. With regards availability, 60% reported ketamine as 'difficult' to obtain (n=3) and 40% as 'easy' (n=2). Forty percent reported availability as 'stable' over the preceding 6 months (n=2) while 20% each stated it was 'easier' (n=1), 'more difficult' (n=1), and 'don't know' (n=1).

## **7.3 Summary of ketamine trends**

- Lifetime and recent use of ketamine has remained consistent across survey years.
- In 2005, 25% reported ever using ketamine and 11% had done so in the previous 6 months.
- The median number of days use was 2 for those who had recently used ketamine
- Ketamine was usually used at private locations such as home, friends' home or private party.
- Only five participants could comment on aspects of the current ketamine market, and they had varied responses.

## 8.0 GHB

### 8.1 GHB use among REU

In 2005, 10% of respondents reported lifetime use of GHB and 3% reported using GHB in the last 6 months. As shown in Table 18, these proportions were very similar to those reported in 2004 with no significant differences found for either lifetime or recent use. There was also no significant difference in the average number of days GHB was used in the preceding 6 months. In 2005, GHB was used a median of 1 day (range 1-3) in the last 6 months and all 3 respondents who used during this time reported swallowing only.

**Table 18: Patterns of GHB use among REU, 2003-2005**

GHB	2003	2004	2005	Statistical tests of significance
Ever used (%)	20	11	<b>10</b>	$\chi^2 = 0.102$ , df=1, p=0.749
Used last six months (%)	8	5	<b>3</b>	$\chi^2 = 0.842$ , df=1, p=0.359
<b>Of those who had used in the preceding 6 months</b>				
Mean days used last 6 months	2.50	1.80	<b>1.67</b>	t=-0.200, df=2, p=0.860
<b>Median quantities used (mls)</b>			<b>(n=2)</b>	
Typical (range)	10 (5-30)	5 (1-10)	<b>19 (10-28)</b>	
Heavy (range)	25 (5-500)	5 (1-15)	<b>19 (10-28)</b>	

Source: PDI Regular ecstasy user interviews

The median age of first use was 19.5 years with a range from 15 to 23 years. Only one respondent reported on price, purity, availability, and locations of use and scoring, which is insufficient to inform on trends in GHB use.

Four KE commented on GHB and the reports were varied. One stated there was no GHB and another that there was limited use of this drug in party scene due to risk of unconsciousness that made it difficult to use as an a euphoric. In contrast, one KE reported that there was a tendency for GHB use in party drug scene, while another associated its use with the gay subculture.

## 8.2 Summary of GHB Trends

- Proportions of participants reporting both lifetime and recent use of GHB have remained consistently low over survey years.
- In 2005, 10% reported ever using GHB and 3% had used GHB in the previous 6 months.
- Typical and heavy quantities of use had both increased from those reported last year however, the number of participants providing information was very small.
- Only one participant could comment on the price, purity and availability of GHB.

## 9.0 LSD

### 9.1 LSD use among REU

As evident from Table 19, there was a significant increase in both lifetime and recent use of LSD from 2004 to 2005. Seventy-one percent of current respondents reported ever using LSD compared to 50% last year, and 35% of respondents in 2005 reported using LSD in the last 6 months compared to only 11% in 2004. In addition, the average number of days LSD was used in this period significantly increased from approximately 3 days in 2004 to 5 days in 2005. In 2005, LSD was used a median of 2 days in the preceding 6 months (range 1-25).

The amounts of LSD used during a session were comparable across sampling years. In 2005, the median number of tabs used in a typical session was approximately 1 (range 0.5-3) and 2 in a heavy session (range 0.5-9). All 35 respondents reported swallowing as the only method of use in the last 6 months except one respondent who had injected LSD. The median age of first use was 17 years (range 13-29). Of the total sample, 7 respondents reported LSD as their drug of choice.

**Table 19: Patterns of LSD use among REU, 2003-2005**

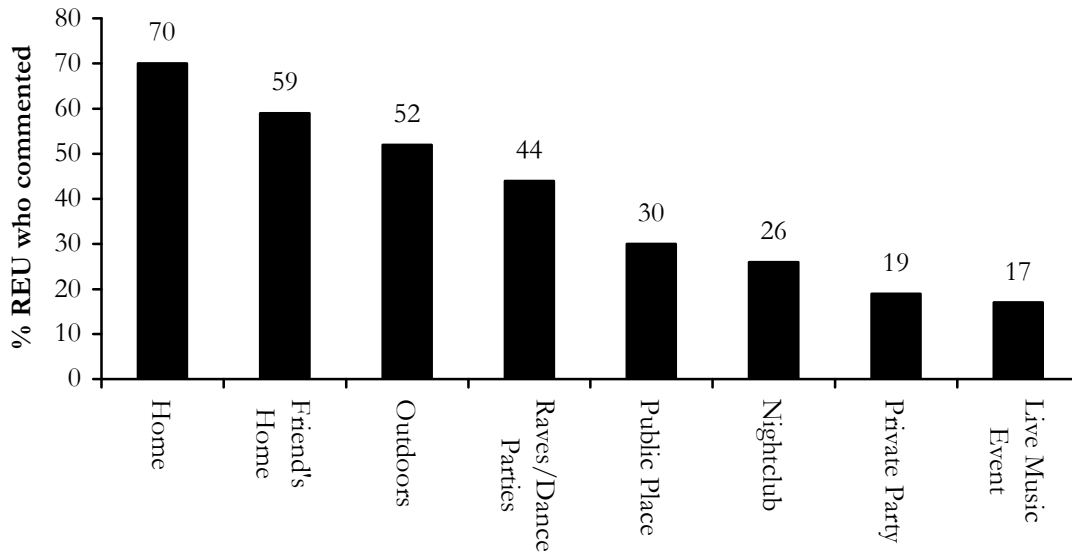
<b>LSD</b>	2003	2004	<b>2005</b>	Statistical tests of significance
Ever used (%)	62	50	<b>71</b>	$\chi^2=17.64$ , df=1, p=0.000*
Used last six months (%)	22	11	<b>35</b>	$\chi^2=58.836$ , df=1. p=0.000*
<b>Of those who had used in the preceding 6 months</b>				
Mean days used last 6 months	2.82	2.91	<b>5.03</b>	t=2.058, df=34, p=0.047*
<b>Median quantities used (tabs)</b>				
Typical (range)	1(.5-3)	1 (.33-3)	<b>1.3 (0.5-3)</b>	-
Heavy (range)	1 (.25-7)	1.5 (.33-8)	<b>2.1 (0.5-9)</b>	-

Source: PDI Regular ecstasy user interviews

\*Statistically significant at alpha level 0.05

Eight KE commented on LSD with the majority reporting it as rare with limited availability in the last few years. Two KE reported that only a few ecstasy users used LSD while another estimated it's used by 30-50%. One key expert described it as prevalent in the 'underground dance scene' (e.g. raves) but not in mainstream clubs.

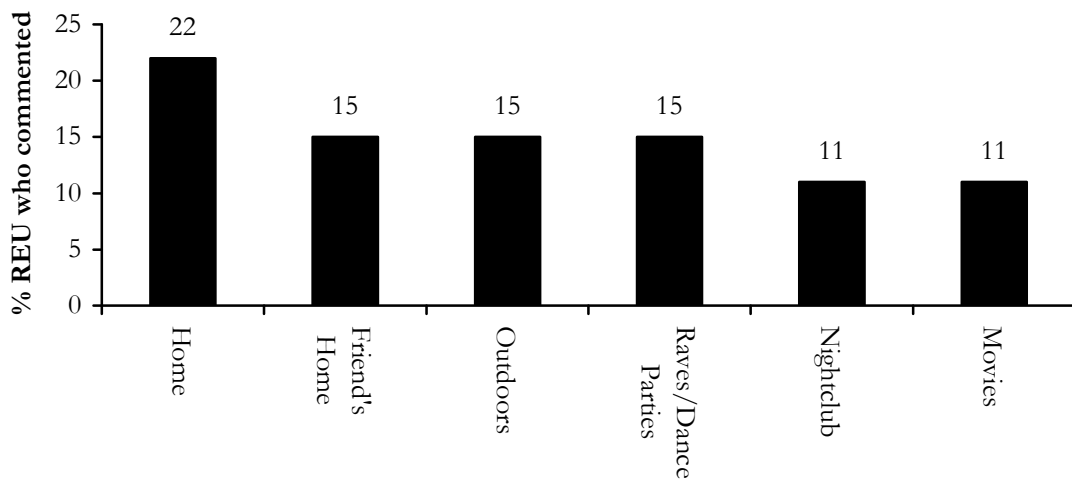
**Figure 35: Usual location of LSD use, 2005**



Source: PDI Regular ecstasy user interviews 2005

Twenty-seven respondents commented on questions related to locations of use. As shown in Figure 35, 'home' was reported as the usual location of use by the majority of respondents (70%, n=19). Just over half of those who commented reported 'friend's home' (59%, n=16) and 'outdoors' (52%, n=14) as other usual locations of LSD use. Other locations frequently reported were 'raves/dance parties' by 44% (n=12), 'public place' by 30% (n=8) and 'nightclubs' by 26% (n=7). Smaller proportions of respondents reported other usual locations not included in Figure 36, which were 'pubs' and 'car (driver)' by 11% each (n=3), 'car (passenger)' by 7% (n=2), and 'restaurant/café' by 4% (n=1).

**Figure 36: Location of most recent LSD use, 2005**



Source: PDI Regular ecstasy user interviews 2005

Less variation was reported for location of most recent use of LSD (see Figure 36) although ‘home’ was still reported by the greatest proportion (22%, n=6). Four respondents each reported ‘friend’s home’, ‘outdoors’ and ‘raves/dance parties’ as the most recent location of use, followed by three respondents each reporting ‘nightclub’ and ‘movies’. Other locations not included in Figure 36 were ‘private party’, ‘public place’ and ‘live music event’, each reported by one respondent.

## 9.2 Price

As shown in Table 20, the median price for a tab of LSD remained the same as that of last year at \$25 (range \$15-40). In 2005, similar proportions of those who commented reported the price to have remained ‘stable’ (29%) or ‘increased’ (31%) in the previous six months.

**Table 20: Prices of LSD purchased by REU, 2003-2005**

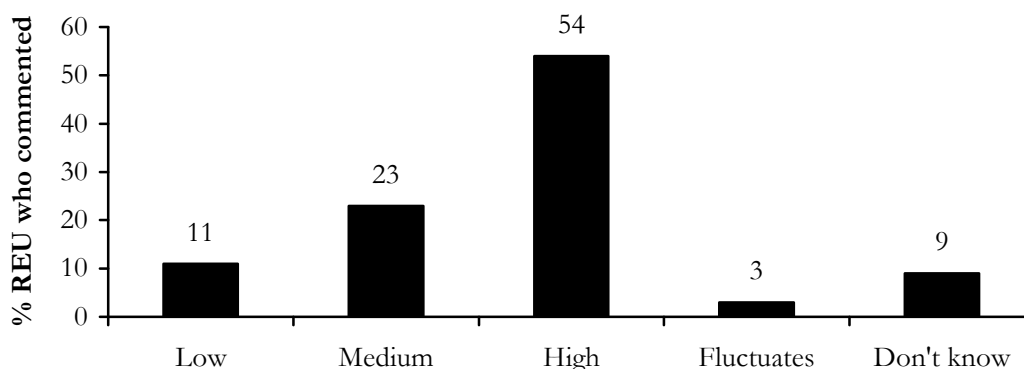
<b>LSD</b>	2003	2004	2005
	(n=28)	(n=12)	<b>(n=35)</b>
Median price (\$) tab (range)	\$20 (15-40)	\$25 (7-40)	<b>\$25 (15-40)</b>
<b>Price change:</b>	(n=41)	(n=20)	<b>(n=35)</b>
Increased (%)	22	35	<b>31</b>
Stable (%)	39	25	<b>29</b>
Decreased (%)	5	5	<b>14</b>
Fluctuated (%)	7	20	<b>9</b>
Don’t know (%)	27	15	<b>17</b>

Source: PDI Regular ecstasy user interviews

## 9.3 Purity

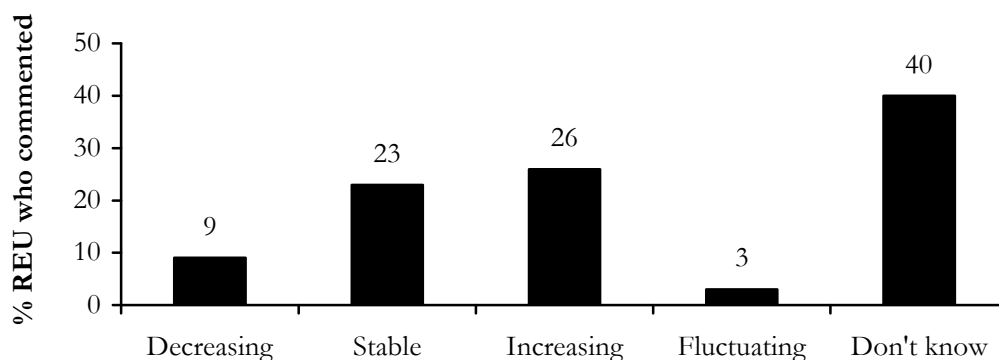
Thirty five respondents commented on the purity and availability of LSD with over half (54%) reporting current purity as ‘high’ (see Figure 37). This was followed by 23% who reported it as ‘medium’ and 11% reported current purity as ‘low’. One participant (3%) responded it ‘fluctuated’ and three that they didn’t know (9%). The greatest proportion (40%) was unable to report on changes in purity over the last 6 months (see Figure 38). However, similar proportions reported purity as ‘increasing’ (26%) and as ‘stable’ (23%) over this period. Three respondents reported it as ‘decreasing’ (9%) and one reported it as ‘fluctuating’ (3%).

**Figure 37: User reports of current LSD purity, 2005**



Source: PDI Regular ecstasy user interviews 2005

**Figure 38: User reports of changes in LSD purity in the past six months, 2005**



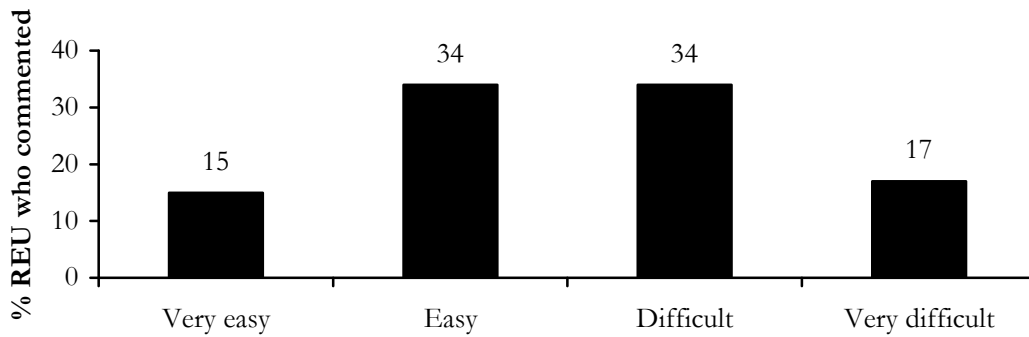
Source: PDI Regular ecstasy user interviews 2005

## 9.4 Availability

Reports on the current availability of LSD were inconsistent (see Figure 39) with about a third of those who commented each reporting it as 'easy' and as 'difficult' (34%, n=12 each). Similarly, of the remaining respondents, 17% (n=6) reported it as 'very difficult' and 15% (n=5) as 'very easy'. With regards recent changes in availability (see Figure 40), most of those who commented reported availability as 'stable' (43%, n=15) over the preceding six months. However, this was closely followed by 37% (n=13) who reported availability as 'easier' over this time period.

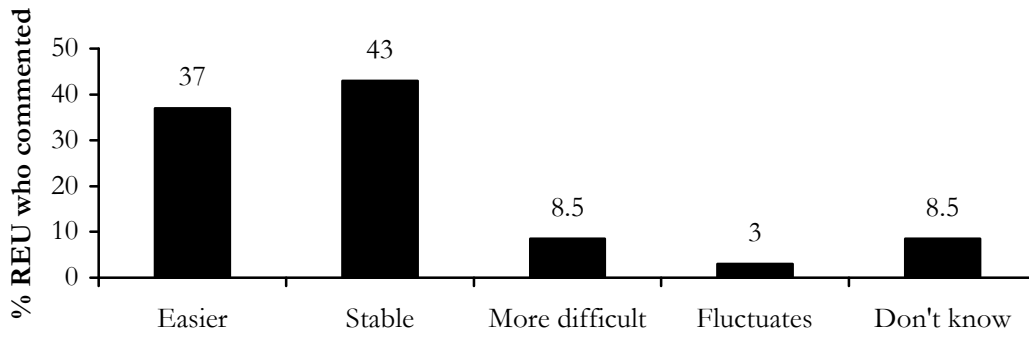


**Figure 39: Current availability of LSD, 2005**



Source: PDI Regular ecstasy user interviews 2005

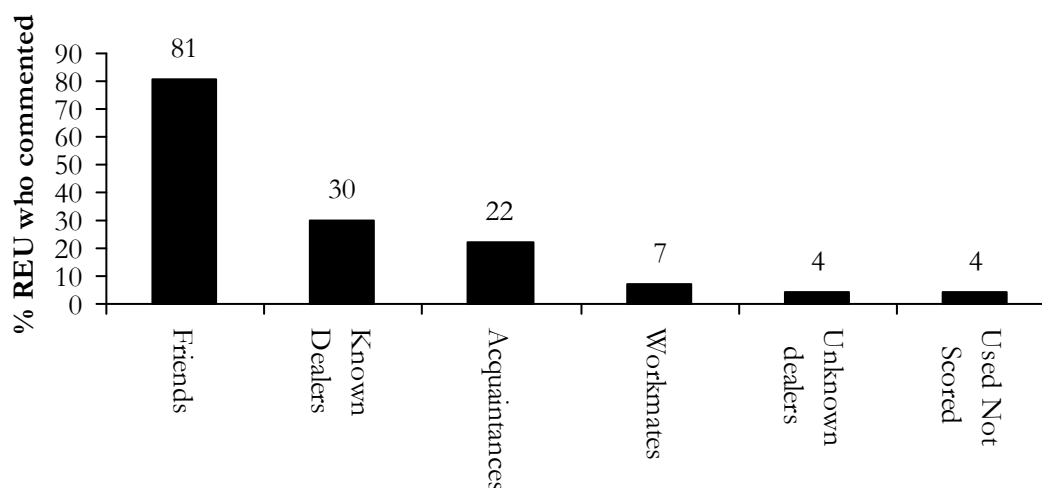
**Figure 40: Changes in availability of LSD during the past six months, 2005**



Source: PDI Regular ecstasy user interviews 2005

Twenty seven respondents commented on people and locations for purchasing LSD. As shown in Figure 41, 'friends' were by far the most common source for scoring LSD reported by 81% (n=22) of those who commented. Smaller proportions reported scoring from 'known dealers' (30%, n=8) and 'acquaintances' (22%, n=6). Locations for scoring were consistent with reports for people who LSD was scored from. Almost three-quarters (74%, n=20) of those who commented reported scoring from 'friend's home', followed by 41% (n=11) 'home' and 26% (n=7) 'dealer's home'. Less than two of those who commented reported scoring LSD from all other locations.

**Figure 41: People from whom LSD was purchased in the preceding six months, 2005\***



Source: PDI Regular ecstasy user interviews 2005

\* Excluding those who responded, 'haven't used'

## 9.5 Summary of LSD Trends

- Both lifetime and recent use of LSD significantly increased with prevalence reaching it's highest rates across survey years.
- In 2005, almost three-quarters of the sample (71%) reported ever using cocaine compared to half the sample in 2004 (50%).
- The rate of recent use increased threefold from 11% in 2004 to 35% in 2005, and average days used in the previous 6 months significantly increased from 3 days to 5 days.
- The amount of LSD used was comparable across survey years remaining at 1 tab for typical use.
- Both the usual location of use and most recent location of use were reported by the majority as home.
- Price remained the same as last year at \$25 a tab, and comparable proportions rated the price as 'stable' and 'increased' over the previous 6 months.
- Over half the sample rated current purity of LSD as 'high' and the majority reported they were unable to comment on any changes in purity over the previous 6 months.
- Reports of availability were inconsistent with equal proportions rating LSD as 'easy' and 'difficult' to obtain.
- Friends were by far the most common person from whom LSD was obtained and friend's home was the most common location of purchase.

## 10.0 MDA

MDA (3,4-methylenedioxyamphetamine) is part of the phenethylamine family and like ecstasy is classed as a stimulant hallucinogen.

### 10.1 MDA use among REU

In 2005, 19% of respondents reported lifetime use of MDA, which was the same as that reported in 2004. There was a significant increase in the proportion reporting recent use of MDA from 6% last year to 11% in the current sample, however, these figures remained low. During the last 6 months, MDA was used a median of 3 days (range 1-20) and there was no significant difference in the average number of days used compared to 2004.

The median age of first use was 19 years (range 13-25). Ten respondents reported on the quantities used during a session and these amounts were comparable to those reported last year (Table 21). In 2005, the median number of capsules used in both a typical and a heavy session was 1. All 11 respondents who had used MDA in the preceding 6 months reported swallowing and 5 reported snorting the drug. No respondents reported either smoking or injecting MDA in the last 6 months.

**Table 21: Patterns of MDA use among REU, 2003-2005**

<b>MDA</b>	2003 (n=100)	2004 (n=100)	<b>2005 (n=100)</b>	Statistical tests of Significance
Ever used (%)	12	19	<b>19</b>	$\chi^2 = 0.000$ , df=1, p=1.00
Used last six months (%)	1	6	<b>11</b>	$\chi^2 = 4.433$ , df=1, p=0.035
<b>Of those who had used in the preceding 6 months</b>				
Mean days used last 6 months (range)	6	3.33 (1-10)	<b>4.73 (1-20)</b>	t=0.840, df=10, p=0.420
<b>Median quantities used (capsules)</b>				
Typical (range)	1	1 (1-2)	<b>1 (.5-3)</b>	-
Heavy (range)	3	1.25 (1-4)	<b>1 (.5-6)</b>	-

Source: PDI Regular ecstasy user interviews

Only three KE commented on MDA and one stated that some pills sold as ecstasy are only MDA but users don't know. The other two KE stated that MDA could be scored if the user had been in the club scene for awhile and was 'well-sourced and well-informed'.

## **10.2 Price, purity and availability**

Only three respondents chose to report on price, purity and availability of MDA. The cost for a capsule was reported at \$35, \$50 and \$60, with 2 respondents commenting that the price was 'stable' and one unable to comment. One respondent reported current purity as 'medium' and the other 2 respondents as 'high'. Two respondents reported purity as 'stable' over the last 6 months and the other reported it as 'fluctuating'. Similarly, two respondents reported current availability as 'difficult' whilst the other reported it as 'easy'. Two respondents reported availability as 'fluctuating' over the last 6 months while the other reported it as 'stable'. Given these low numbers and the variability in reports, it is impossible to draw any reliable conclusions regarding the MDA market in WA.

## **10.3 Summary of MDA Trends**

- Lifetime use of MDA remained the same as last year at 19%.
- Although proportions were again small, there was a significant increase in recent use of MDA from 6% in 2004 to 11% in 2005.
- MDA was used a median of 3 days in the previous 6 months.
- Both the median amount of typical and heavy use was 1 capsule.
- Only three participants could comment on aspects of the current MDA market.

## 11.0 OTHER DRUGS

### 11.1 Alcohol

Lifetime (99%) and recent (98%) alcohol use was reported by almost all respondents in 2005, as was found in previous years (see Table 2). The median age of first use of alcohol was 14, with a range from 5 to 22 years. In 2005, alcohol was used a median of 70 days in the preceding 6 months (range 3-180), which equates to 3 days a week. The average number of days alcohol was consumed within this period increased significantly from 40 days in 2004 to 74 days in 2005 ( $t=6.582$ ,  $df=97$ ,  $p=0.000$ ).

There was a significant increase from last year in the proportion of respondents who reported typically drinking alcohol while using ecstasy and during come down from ecstasy. In 2005, 70% reported using alcohol with ecstasy compared to 40% in 2004 ( $\chi^2=37.5$ ,  $df=1$ ,  $p=0.000$ ). Use of alcohol during the recovery period doubled from 26% in 2004 to 52% in 2005 ( $\chi^2=35.135$ ,  $df=1$ ,  $p=0.000$ ). Furthermore, of those who engaged in this alcohol use in 2005, 69% reported consuming more than 5 standard drinks while using ecstasy and 72% reported consuming this amount while coming down from ecstasy. It seems then that increasing proportions of REUs are consuming alcohol both with and after their ecstasy use and are consuming large quantities.

Thirteen of the 16 KE reported that most ecstasy users also use alcohol, while one reported alcohol use in only 25% of this population. However, perceptions of the amount of alcohol consumed differed from that indicated by the present findings. All KE who commented on quantity reported that alcohol was used by this group in moderation, except one who stated it was used excessively. This may have implications for harm reduction strategies. If professionals coming into contact with REU are not aware of the amounts of alcohol being consumed, they may not pass on information concerning the possible dangers of combined alcohol and ecstasy use to the drug user.

### 11.2 Cannabis

Nearly all of the 2005 respondents reported lifetime use of cannabis (99%) and the majority (83%) reported use in the preceding 6 months. Thus, the prevalence of lifetime and recent use of cannabis has remained stable across sampling years (see Table 2). In the present sample, the median age of first use was 15, with a range from 11 to 20 years. In the preceding 6 months, cannabis was used a median of 60 days (range 1-180), which equates to 2.5 days a week. The average number of days cannabis was used within this period increased from 69 days in 2004 to 85 days in 2005, however, this difference wasn't significant ( $t=1.907$ ,  $df=82$ ,  $p=0.060$ ).

Cannabis was nominated as the drug of choice by 9% of the total sample. A sex difference emerged in relation to this with 14% of male respondents electing cannabis as their drug of choice compared to 2% of female respondents. Almost half (47%) the respondents reported using cannabis with ecstasy, which represented a significant increase from the 32% reporting such use in 2004 ( $\chi^2=1-.34$ ,  $df=1$ ,  $p=0.001$ ). However, there was no change in the proportion reporting use of cannabis during the come down from ecstasy (62% in 2005 compared to 63% in 2004).

All except one KE reported use of cannabis among ecstasy users, however, estimates of proportions varied from 'a few' to 'all'. More consistent with the present findings was

the report by 7 KE that cannabis was used to come down from ecstasy. Two KE reported the use of cannabis as a mid-week alternative to ecstasy.

### **11.3 Tobacco**

The proportions of respondents reported lifetime and recent use of tobacco remained highly consistent across survey years (see Table 2). In 2005, 86% reported ever using tobacco and 72% reported using tobacco in the last 6 months. The median number of days used within this period was 180 days (range: 1-180), with 64% (n=46) of those who had used tobacco in the last 6 months being daily smokers. Sixty percent of the 2005 sample reported use of tobacco with ecstasy and 55% reported tobacco use during come down from ecstasy. The median age of first use was 14 with a range of 6 to 26 years.

Eight KE commented on tobacco use among ecstasy users with varying reports. Four reported that most or all ecstasy users smoke tobacco regularly. Other estimates ranged from 25% to 50%. One KE commented that ecstasy users only smoke when they are on ecstasy rather than it being a daily habit.

### **11.4 Pharmaceutical Stimulants**

Pharmaceutical stimulants were included as a separate drug class in the PDI for the first time in 2005. This category includes dexamphetamine and methylphenidate drugs, such as Ritalin and Attenta. Lifetime use of pharmaceutical stimulants was reported by 89% of respondents and 74% reported using these drugs in the last 6 months. Thus, pharmaceutical stimulants were the fifth most common drug ever used and recently used after ecstasy, alcohol, cannabis and speed powder. The median age of first use was 16, with a range from 6 to 37 years.

Pharmaceutical stimulants were used a median of 10 days in the last 6 months (range 1-180). The median amount used in a typical session was 4 tabs (range 0.5-20) and the median amount for a heavy session was 9 tabs (range 0.5-70). Swallowing and snorting were both reported as common methods of use. Eighty-seven percent of respondents reported ever swallowing pharmaceutical stimulants and 63% reported ever snorting the drug. Of those who had used stimulants in the last 6 months, 97% (n=71) reported swallowing and 44% (n=32) reported snorting. Finally, 28% of respondents reported using pharmaceutical stimulants with ecstasy and 17% reported using this drug during come down from ecstasy.

### **11.5 Benzodiazepines**

Both lifetime and recent use of benzodiazepines significantly increased in comparison to last year (see Table 2). In 2005, 49% of respondents reported ever using benzodiazepines compared to 35% in 2004 ( $\chi^2=8.615$ ,  $df=1$ ,  $p=0.003$ ). In 2005, 39% reported using benzodiazepines in the last 6 months compared to 29% in 2004 ( $\chi^2=4.857$ ,  $df=1$ ,  $p=0.028$ ). The median number of days use of these drugs within that period was 4 (range 1-180). The median age of first use was 19, with a range of 14 to 27 years.

Only 5% of the 2005 sample reported using benzodiazepines with ecstasy, similar to the 2% reported in 2004. However, 16% of the current sample reported using benzodiazepines during come down compared to 7% last year. The observed increase in use of these drugs may therefore be related to its utility during this phase. Of the 5 KE

who commented on benzodiazepines, 3 reported its use as an aid to coming down from ecstasy.

## **11.6 Anti-depressants**

A third (32%) of the current sample reported lifetime use of anti-depressants and 13% reported use in the last 6 months. These proportions were not significantly different from those found in 2004 (see Table 2). The 13 respondents used anti-depressants for a median of 24 days (range 3-180) in the preceding 6 months, with most (39%, n=5) using on a daily basis. The median age of initiation was 18 with a range from 13 to 30 years. No respondents reported using anti-depressants with ecstasy and 3 reported use during come down.

Nine KE commented on the use of anti-depressants and all reported it as prescription medication rather than recreational use. Two stated its use in relation to a diagnosis of depression and another estimated 40% would use this drug due to pre-existing or drug-induced depression. One KE commented that depression was a consequence of ceasing use of ecstasy with anti-depressants used as a result.

## **11.7 Inhalants**

Almost two-thirds (63%) of respondents in 2005 reported lifetime use of nitrous oxide, as was found in the previous year (see Table 2). In 2005, 34% reported use of nitrous oxide in the preceding 6 months compared to 43% in 2004 however, this increase wasn't significant ( $\chi^2=3.305$ ,  $df=1$ ,  $p=0.069$ ). The median number of days used during this period was 4, with a range of 1 to 96 days. The median age of first use was 17 with a range of 12 to 24 years.

The median number of bulbs used on a typical occasion was 10 (range 1-120) and the median number for heavy use was 30 (range 2-500). Fourteen percent of the sample reported using nitrous oxide with ecstasy and 16% reported using it during the recovery period.

Amyl nitrate is another inhalant commonly associated with ecstasy use and 46% of respondents reported ever having used the drug. This represented a significant increase from the 36% reported in 2004 ( $\chi^2=4.34$ ,  $df=1$ ,  $p=0.037$ ), representing a return to the 43% reported in 2003 (see Table 2). However, there was no significant difference in recent use, reported by 17% in 2005 compared to 15% in 2004. Amyl nitrate was used a median of 2 days (range 1-40) during this period. Only one respondent reported use of this drug with ecstasy and one reported using it during come down. The median age of first use of amyl nitrate was 19 with a range from 13 to 28 years.

Five KE commented on the use of inhalants. Two reported that a few ecstasy users inhale nitrous oxide and a further two noted it is more common amongst younger users. Only one KE reported on amyl nitrate and stated that approximately 10% use it with ecstasy and identified it with 35-45 year old group.

## **11.8 Heroin and other opiates**

Fifteen percent of respondents reported lifetime use of heroin and 6% reported using heroin in the last 6 months. These proportions were similar to those found in 2004 (see Table 2). In 2005, heroin was used a median of 7 days in the last six months, with a range of 1 to 90 days. Twelve respondents reported ever injecting heroin and 5

respondents had injected in the last 6 months. The only other method of use reported in the last 6 months was smoking by 2 respondents. The median age of first use was 18 with a range from 13 to 25 years.

Small proportions reported use of methadone and buprenorphine, as in previous years (See Table 2). In 2005, 8% reported lifetime use of methadone and 3% reported recent use, while 5 % reported lifetime use of buprenorphine and 2% reported recent use. The median number of days methadone was used in the last 6 months was 7 (range 1-21) and both respondents who had used buprenorphine reported daily use. The median age of first use of methadone was 20.5 years (range 18-23) and for buprenorphine was 18 years (range 18-20).

While reports of use of these drugs has remained fairly stable over sampling years, there has been large variation in the use of 'other opiates'. This drug class includes morphine, pethidine, and over-the-counter drugs containing codeine. In 2005, 41% of respondents reported lifetime use of 'other opiates' representing a significant increase from 18% reported in 2004 ( $\chi^2=35.84$ ,  $df=1$ ,  $p=0.000$ ). A significant increase was also found in recent use from 10% in 2004 to 27% in 2005 ( $\chi^2=32.111$ ,  $df=1$ ,  $p=0.000$ ).

The median age of first use of 'other opiates' was 16.5 years (range 14-23). In 2005, the median number of days use in the last 6 months was 3 (range 1-48). By far the most common method of use for those who had used these drugs recently was swallowing, reported by 85% ( $n=23$ ). Of the total sample, 10 respondents reported ever injecting 'other opiates' in their lifetime and 5 respondents had injected these drugs in the last 6 months.

Only three KE commented on the use of heroin and other opiates amongst regular ecstasy users. One reported there was minimal 'cross-over' with heroin, and another that those ex-heroin users who miss the 'ritual' may binge on pills on the weekend. Two KE reported that some ecstasy users may use morphine to come down from ecstasy, with one identifying MS Contin.

## **11.9 Other drugs**

Fourteen respondents reported using drugs other than those listed in the survey. The most common were 2CB and 2CT2 reported by three respondents each and DMT reported by two respondents. Other drugs were butain, tranquilisers, 'foxy', robatusum dx, CBH and DXM each reported by one respondent. None of these drugs had ever been injected with swallowing the most common method of use reported in the last 6 months ( $n=7$ ). Of those that had used these other drugs in the last 6 months, the median number of days use was 3 (range 1-15 days).



## 11.10 Summary of other drug use

- As found in previous survey years, almost the entire sample of REU in 2005 had used alcohol in their lifetime and recently. There was however, a significant increase in frequency of use with an average of 74 days' use in the previous 6 months (approximately 3 days a week).
- There was also a significant increase in use of alcohol both with ecstasy (70%) and during come down (52%).
- Cannabis use also remained consistently high across survey years and was used an average of 85 days in previous 6 months (approximately 3.5 days a week).
- There was a significant increase in the proportion reporting use of cannabis with ecstasy (47%) but use of cannabis during comedown remained the same (62%).
- Tobacco use was also stable across survey years and reported by the majority of REU in 2005, with 64% being daily smokers.
- Pharmaceutical stimulant use was common among REU with 89% reporting lifetime use and 74% reporting recent use.
- There was a significant increase both in lifetime use (49%) and recent use (39%) of benzodiazepines, while rates of anti-depressant were comparable to last year.
- Inhalant use remained largely the same as that reported in 2004 except for a significant increase in lifetime use of amyl nitrate (46%).
- Only small proportions have reported use of heroin, methadone and buprenorphine across survey years. However, in 2005 there was a significant increase both in lifetime use (41%) and recent use (27%) of 'other opiates' such as morphine and codeine.

## 12.0 DRUG INFORMATION-SEEKING BEHAVIOUR

In 2005, respondents were asked questions concerning the methods used to determine the content and purity of pills obtained as 'ecstasy'. Particular attention was directed toward the use of pill testing kits and the impact results of such tests may have on subsequent drug use. Respondents were asked how often they find out the content of drugs other than ecstasy and ecstasy separately (see Table 22). The findings revealed differences in such information-seeking behaviour with half the sample reporting never finding out the content of other drugs. Conversely, half the sample reported always (25%), or most often (25%), finding out the content of ecstasy.

Of those who reported finding out the content of ecstasy at least sometimes (n=81), the majority consulted 'friends' (83%, n=67), followed by 'websites' (62%, n=50). The most common website reported was 'pillreports' (n=41). Smaller proportions reported asking 'other people who had taken the pill' (40%, n=32), 'the dealer' (35%, n=28), using 'testing kits' (30%, n=24) and 'personal experience' (19%, n=15). Of those who reported using testing kits, half did so 'sometimes' (n=12), 5 reported using them 'half the time', 4 'most times' and 3 reported 'always' using testing kits. Only seven respondents provided details of testing kits, with 3 reporting use of the Mandelin, 2 using the Marquis and 2 using EZ Test.

Half of those who used testing kits were aware of the limitations of these tests (n=12). The majority reported the 'inability of tests to indicate all substances in the pill' as the main limitation (n=8). Almost the entire sample of those who used testing kits reported they would take the pill if the test indicated it contained an 'ecstasy-like substance' (96%, n=23). The majority also reported they would take the pill if the test indicated it contained an 'amphetamine type substance' (83%, n=20). However, almost half the sample (48%, n=14) reported they would not take the pill if it contained ketamine and two-thirds (67%, n=16) wouldn't take the pill if the test showed 'no reaction'.

All participants were asked if they had purchased a drug in the last 6 months that had a different content or purity than expected. Approximately two-thirds of the sample reported this had happened 'sometimes' (67%), while 22% reported this had 'never' happened in the last 6 months.

**Table 22: Content and testing of ecstasy tablets among REU, 2005**

	Sample
<b>Find out the content of other drugs (not including ecstasy %)</b>	<b>(n=100)</b>
Always	16
Most times	13
Half the time	5
Sometimes	16
Never	50
<b>Find out the content of ecstasy (%)</b>	<b>(n=100)</b>
Always	25
Most times	25
Half the time	9
Sometimes	22
Never	19
<b>Find out content via (%)</b>	<b>(n=81)</b>
Friends	83
Websites	62
Other people	40
Dealers	35
Testing kits	30
Personal experience	19
<b>Use testing kits (%)</b>	<b>(n=24)</b>
Always	12
Most times	17
Half the time	21
Sometimes	50
<b>Using testing kits (%)</b>	<b>(n=24)</b>
Are aware of limitations of testing kits	50
<b>Would still take pill if contained (%)</b>	<b>(n=24)</b>
Ecstasy-like substance	96
Amphetamine substance	83
Ketamine substance	42
No reaction	33
<b>Drug different content than expected (%)</b>	<b>(n=100)</b>
Always	2
Most times	3
Half the time	5
Sometimes	68
Never	22

Source: PDI Regular ecstasy user interviews 2005

Respondents were asked what information resources they would personally find useful if they were available locally (see Table 23). Over half the sample rated 'testing kits' (58%) and 'local website' (57%) as the most useful sources of information. This was followed by 40% nominating 'pamphlets', and 32% each rating 'posters' and 'venue outreach workers'. Smaller proportions reported on 'videos/DVDs' (20%), 'postcards' (14%) and 'music CDs' (12%). Fifteen percent responded they wouldn't find any information resources useful.

**Table 23: Drug information relating to ecstasy tablets, 2005**

	N = 100
<b>Information resources believed to be/would be useful (%)</b>	
Pamphlets	40
Posters	32
Postcards	14
Music CDs	12
Video/DVDs	20
Local website	57
Testing kits	58
Outreach worker	32
<b>Logo believed to be a good indication of what pill is like (%)</b>	
Always	8
Often	20
Sometimes	30
Never	41
Don't know	1
<b>Ecstasy pills contain little or no MDMA (%)</b>	
Always	2
Often	12
Sometimes	63
Never	16
Don't know	7
<b>Ecstasy pills contain mainly MDMA (%)</b>	
Always	12
Often	34
Sometimes	34
Never	10
Don't know	10
<b>Don't care about content as long I have a good time (%)</b>	
Always	32
Often	16
Sometimes	29
Never	22
Don't know	1
<b>Using ecstasy should be legal (%)</b>	
Always	30
Often	10
Sometimes	13
Never	41
Don't know	6
<b>Selling ecstasy should be legal (%)</b>	
Always	15
Often	9
Sometimes	17
Never	54
Don't know	5

Source: PDI Regular ecstasy user interviews

Respondents were also asked a series of statements relating to ecstasy tablets (see Table 23). Half the sample reported that logos were 'often' (20%) or 'sometimes' (30%) a good indication of what a pill will be like, while 41% reported this was 'never' true. Almost two-thirds (63%) reported that ecstasy pills 'sometimes' contain little or no MDMA, and

a third each reported they ‘often’ (34%) or ‘sometimes’ (34%) contain mainly MDMA. Responses to the statement, ‘I do not care what is in the ecstasy tabs I take so long as I have a good time’ were varied. Thirty-two percent reported this was ‘always’ true, 29% reported it was ‘sometimes’ true, and 22% reported it was ‘never’ true. The greatest proportions reported that using ecstasy shouldn’t be legal (41%) and selling ecstasy shouldn’t be legal (54%).

## **12.1 Summary of drug information-seeking behaviour**

- The majority of regular ecstasy users reported finding out the content and purity of ecstasy tablets at least sometimes.
- Asking friends was the most common source of information, followed by use of websites.
- Just under a third of participants who sought information used pill testing kits and half of those were aware of their limitations.
- Availability of testing kits and a local website were nominated by the greatest proportions as sources of information that would be most useful.

## 13.0 RISK BEHAVIOUR

### 13.1 Injecting risk behaviour

As shown in Table 24, there was no change from last year in the proportion of respondents who reported injecting a drug in their lifetime (n=22). A median of 3 drugs had ever been injected, while the upper range increased to 12. There was a significant decrease in the proportion of respondents who reported injecting in the last 6 months from 20% in 2004 to 12% in 2005 ( $\chi^2=4.000$ ,  $df=1$ ,  $p=0.046$ ). The median number of drugs injected in this period remained the same as last year at 2.

**Table 24: Injecting risk behaviour among REU, 2005**

	2004 (n=100)	2005 (n=100)
Ever injected (%)	22	22
Median number of drugs ever injected* (range)	4 (1-9)	3 (1-12)
Injected last 6 months*	20	12
Median number of drugs injected last 6 months* (range)	2 (1-5)	2 (1-6)

Source: PDI Regular ecstasy user interviews

\*Among those that had injected

#### 13.1.1 Lifetime injectors

##### *Patterns of injecting drug use*

Table 25 presents figures relating to injecting drug use history and recent injecting behaviour among the current sample of REU. Of the 22 respondents who had ever injected, speed powder was the most common drug (91%), followed by crystal (77%), base (68%), and heroin (55%). Speed was also the drug first injected by half of this sample (n=11), followed by crystal (32%, n=7) and heroin (18%, n=4). The average age at which a drug was first injected was 17.5 years (range 13-22). Almost three-quarters of those who had injected in their lifetime were male (73%) and the current average age of this sample was 23.5 years (range 17-38).

##### *Context of initiation to injecting*

Almost a quarter (24%) of those who had ever injected reported doing so for the first time while under the influence of other drugs. Alcohol (n=3) and cannabis (n=3) were most often reported as the drug taken and one respondent had consumed ecstasy. Two respondents had used more than one drug prior to first injection.

With regards to how they learned to inject, just over half (57%) reported learning from a friend or partner. Smaller proportions reported learning from another user (10%) and from a needle exchange (10%), while 19% responded that they don't inject themselves.

**Table 25: Injecting drug use among REU injectors, 2005**

	Ever injected (%)	First drug injected (%)	Injected last 6 months (%)	Median days (range) injected last 6 months#	Last drug injected (%)#
	<b>n=22</b>	<b>n=22</b>	<b>n=12</b>	<b>n=12</b>	<b>n=12</b>
Ecstasy	46	-	25	5 (2-9)	-
Speed	91	50	67	10 (1-160)	17
Crystal	77	32	58	6 (5-150)	34
Base	68	-	58	6 (1-80)	8
Pharmaceutical					
Stimulants	23	-	8	1	-
Heroin	55	18	42	10 (3-90)	8
Methadone	23	-	-	-	-
Buprenorphine	18	-	17	180	8
Other opiates*	46	-	42	5 (1-30)	17
Cocaine	32	-	8	1	-
LSD	14	-	8	2	-
Ketamine	14	-	-	-	-
MDA	5	-	-	-	-
1,4B	5	-	-	-	-
Anti-depressants	5	-	-	-	-
Benzodiazepines	27	-	25	2 (1-5)	8
Alcohol	14	-	-	-	-

Source: PDI Regular ecstasy user interviews 2005

\* Includes codeine, physeptone tablets, morphine, and pethidine

# Of those who had injected that drug in the preceding 6 months

### 13.1.2 Recent injectors

#### *Patterns of injecting drug use*

Twelve respondents reported injecting in the last 6 months and speed was again the most commonly reported drug (n=8, 67%). This was followed by equal proportions who reported injecting crystal (n=7, 58%) and base (n=7, 58%). Speed and heroin were injected for the highest number of median days of 10 each in the last 6 months. Crystal was reported as the last drug injected by the greatest proportion of recent injectors (34%). Of the 12 respondents who had injected in the last 6 months, 7 were male and 5 were female.

#### *Injecting risk behaviour*

Two recent injectors reported using a needle after someone else in the last month and in the last 6 months. One respondent reported doing so twice and the other reported doing so 3-5 times. Both respondents reported that one person had previously used the needle; one was a 'regular sex partner' and the other was a 'close friend'. One respondent reported that someone had used a needle after them in the last 6 months and this occurred on two occasions.

Two-thirds of recent injectors (67%) reported that they had not used any injecting equipment after someone else. A quarter (25%) reported using spoons or mixing containers after someone else, and 17% each reported using filters, tourniquets and water.

### *Context of injecting*

'Close friends' were by far the most common people recent injectors reported injecting with (73%). Smaller proportions reported injecting with a 'regular sex partner' (36%) and 'acquaintances' (27%). No one reported that they usually injected 'alone', and one respondent reported usually injecting with their 'dealer'. The majority reported injecting themselves every time (82%). Two respondents reported never injecting themselves and nominated 'partner' (n=2) and 'friend' (n=1) as the person who typically administered the injection. Almost the entire sample of recent injectors reported injecting in their 'own home' (92%) with less than half reporting all other locations.

The median number of times recent injectors had injected a drug in the last 6 months was 27 (4-5 times a month). Over half had injected while under the influence and coming down from other drugs (58%). This behaviour occurred a median of 4 times in the last 6 months (less than once a month).

**Table 26: Context and patterns of recent injection among REU, 2005**

	<b>Recent injectors</b>
<b>Frequency of self injection</b>	<b>(n=11)</b>
Every time (%)	82
Never (%)	18
<b>People usually inject with*</b>	<b>(n=11)</b>
Close friends (%)	73
Regular sex partner (%)	36
Acquaintances (%)	27
<b>Locales where injected*</b>	<b>(n=12)</b>
Own home (%)	92
Friend's home (%)	33
Car (%)	42
Dealer's home (%)	33
Street (%)	17
Public toilet (%)	33
Venue toilet (%)	17
<b>Median times injected any drug last 6 months</b>	<b>27 (5-900)</b>
<b>Injected under the influence (%)</b>	<b>8 (n=1)</b>
<b>Injected while coming down (%)</b>	<b>25 (n=3)</b>
<b>Injecting while under the influence and coming down</b>	<b>58 (n=7)</b>
<b>Median times injected any drug under the influence/coming down last 6 months</b>	<b>4 (1-24)</b>

Source: PDI Regular ecstasy user interviews 2005

\*Could nominate more than one response

### *Obtaining needles*

Three-quarters (75%) of recent injectors reported obtaining needles from 'Needle and Syringe Programs (NSPs)' and two-thirds (67%) obtained them from 'chemists'. Other sources reported were a 'friend' (25%) and a 'dealer' (17%). None of the respondents reported difficulty obtaining needles in the preceding 6 months.



## 13.2 Blood-borne viral infections (BBVI)

Table 27 presents proportions of the total sample and injecting REU who had engaged in BBVI vaccination and testing. Thirty percent of the total sample reported vaccination for Hepatitis B with 21% completing the schedule of vaccination and testing. Of the remaining respondents, 47% had never been vaccinated and 23% didn't know. The majority of those who completed the schedule reported the reason for vaccination as childhood vaccination (33%, n=7) or overseas travel (29%, n=6). Of those that didn't complete the schedule (n=9), the majority reported the reason as overseas travel (n=6).

Of those that had never injected, 24% reported vaccination for Hepatitis B with 18% completed the schedule. Forty-nine percent (n=38) had never been vaccinated and 27% (n=21) didn't know. Of the non-injectors who completed HBV vaccination, the greatest proportion also reported overseas travel as the reason (43%, n=6) followed by childhood vaccination (29%, n=4).

Of those who had injected in the last 6 months, over half (58%) had never been vaccinated for Hepatitis B. A quarter (25%) reported completing the schedule and of these, one respondent reported the reason as at risk due to IDU, one was vaccinated as a child and one was due to nursing studies.

**Table 27: BBVI vaccination, testing and self reported status, 2005**

	Total sample (n=100)	Never injectors (n=78)	Recent injectors (n=12)
<b>HBV vaccination (%)</b>			
Completed schedule	21	18 (n=14)	25 (n=3)
Didn't complete schedule	9	6 (n=5)	17 (n=2)
<b>HCV test last year (%)</b>	42	32 (n=25)	83 (n=10)
If yes			
Positive (no.)	1	0	1
<b>HIV test last year (%)</b>	40	36 (n=28)	58 (n=7)
If yes			
Positive (no.)	0	0	0

Source: PDI Regular ecstasy user interviews

Forty-two percent of the total sample had been tested for Hepatitis C in the last year while 9% had been tested more than a year ago. Forty-six percent had never been tested and 3% didn't know. Forty percent of the total sample had been tested for HIV in the last year while 13% had been tested more than a year ago. Forty-six percent had never been tested and one respondent didn't know.

Just over half the non-injectors (54%, n=42) had not been tested for Hepatitis C. Thirty-two percent (n=25) of this sample had been tested in the last year and 10% (n=8) had been tested more than a year ago. The remaining 4% (n=3) didn't know if they had ever been tested. Half the sample of non-injectors had never been tested for HIV (50%, n=39) while one respondent didn't know. Thirty-six percent (n=28) had been tested in the last year and 13% (n=10) were tested over a year ago.

The vast majority of recent injectors (83%, n=10) had been tested for Hepatitis C in the last year. One had never been tested and 1 was tested more than a year ago. Just over half (58%, n=7) had been tested for HIV in the last year and 17% (n=2) were tested more than a year ago. However, a quarter of recent injectors (n=3) had never been tested for HIV.

### 13.3 Sexual risk behaviour

Penetrative sex was defined as ‘penetration of penis or fist of the vagina or anus’. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire.

#### *Recent sexual activity*

As presented in Table 28, almost the entire sample had engaged in penetrative sex in the last 6 months (96%) and most had one sexual partner (44%). The majority reported having a regular sex partner (85%) and approximately half reported sex with a casual partner (53%). Protective barriers were defined as ‘condoms, dams or gloves’ and use differed according to partner type. While use with regular partners was varied, the majority ‘always’ used protective barriers with a casual partner (61%). A fifth (20%) reported engaging in anal sex and the majority had done so less than once a month (84%).

**Table 28: Prevalence of sexual activity and number of sexual partners in the preceding six months, 2005**

	2005 n=100
<b>Penetrative sex (%)</b>	<b>96</b>
<b>No. of sexual partners (%)*</b>	
One person	44 (n=42)
Two people	16 (n=15)
3-5 people	30 (n=25)
6-10 people	5 (n=5)
10+ people	5 (n=5)
<b>Sex with a regular partner (%)*</b>	<b>85</b>
No. with a regular partner	n=82
Always use protection (%)	21 (n=17)
Never used a protective barrier (%)	34 (n=28)
Any protective barrier use (%)	45 (n=37)
<b>Sex with a casual partner (%)*</b>	<b>53</b>
No. with a casual partner	n=51
Always use a protective barrier (%)	61 (n=31)
Never used a protective barrier (%)	8 (n=4)
Any protective barrier use (%)	31 (n=16)
<b>Anal sex (%)*</b>	<b>20</b>
<b>No. who had anal sex</b>	<b>n=19</b>
<b>No. of times had anal sex</b>	
≤ Mthly	84 (n=16)

Source: PDI Regular ecstasy user interviews 2005

\* Of those who had penetrative sex in the last 6 months

Respondents were also asked about sexual health and just under half (47%) reported having a sexual health check up in the last year. Thirteen percent reported having a check up more than a year ago and 40% reported never having one. Almost the total sample (90%) reported never being diagnosed with a sexually transmitted infection.

*Drug use during sex*

Presented in Table 29 are findings related to sexual behaviour and drug use. Of those who reported recently engaging in penetrative sex, 88% had at some time done so under the influence of drugs. Comparable proportions reported engaging in penetrative sex while using drugs 3-5 times (30%) and over ten times (28%) in the last 6 months. The most common drug used during sex was ecstasy (88%), followed by alcohol (52%) and cannabis (44%). Protective barrier use with regular partners was less common while using drugs, reported by 46%. Use with casual partners was comparable with 50% reporting always using protective barriers with such partners while using drugs.

**Table 29: Drug use during sex in the preceding six months, 2005**

	<b>N=96</b>
<b>Penetrative sex while on drugs (%)</b>	<b>88 (n=84)</b>
<i><b>Of those who had penetrative sex under the influence of drugs</b></i>	<b>N=84</b>
<b>Number of times</b>	
Once	13 (n=11)
Twice	17 (n=14)
3-5 times	30 (n=25)
6-10 times	12 (n=10)
Ten +	28 (n=24)
<b>Drug used</b>	
Ecstasy (%)	88 (n=74)
Cannabis (%)	44 (n=37)
Alcohol (%)	52 (n=44)
Speed (%)	33 (n=28)
Base (%)	7 (n=6)
Ice (%)	27 (n=23)
Pharmaceutical Stimulants (%)	17 (n=14)
Cocaine (%)	8 (n=7)
LSD (%)	5 (n=4)
Ketamine (%)	1 (n=1)
Nitrous Oxide (%)	4 (n=3)
<b>Sex with a regular partner while using party drugs*</b>	<b>n=71</b>
Always used a protective barrier (%)	18 (n=15)
Never used a protective barrier (%)	46 (n=39)
Any protective barrier use (%)	17 (n=14)
<b>Sex with a casual partner while using party drugs(%)*</b>	<b>n=42</b>
Always used a protective barrier (%)	50 (n=21)
Never used a protective barrier (%)	7 (n=3)
Any protective barrier use (%)	31 (n=13)

Source: PDI Regular ecstasy user interviews 2005

### 13.4 Driving risk behaviour

Table 30 shows that the majority of participants had driven a car in the last six months (85%). Of this sample, 56% (n=48) had driven under the influence of alcohol in the last 6 months, with a median of 3 occasions (range 1-120). Even more prevalent was driving within one hour of taking a drug, reported by 82% (n=70). The most commonly reported drugs used prior to driving were ecstasy (69%), speed powder (57%), cannabis (56%), and crystal (44%).

**Table 30: Drug driving in the last six months among REU, 2005**

	N = 100
<b>Driven a car in last 6 months (%)</b>	<b>85</b>
<b>Driven under influence of alcohol # (%)</b>	<b>56 (n=48)</b>
<b>Driven soon after* taking a drug# (%)</b>	<b>82 (n=70)</b>
<b>Of those who'd driven soon after, drug taken</b>	<b>n=70</b>
Ecstasy (%)	<b>69 (n=48)</b>
Cannabis (%)	<b>56 (n=39)</b>
Methamphetamine powder (speed) (%)	<b>57 (n=40)</b>
Crystal methamphetamine (ice) (%)	<b>44 (n=31)</b>
Methamphetamine base (base) (%)	<b>16 (n=11)</b>
Pharmaceutical stimulants (%)	<b>24 (n=17)</b>
LSD (%)	<b>7 (n=5)</b>
Benzodiazepines (%)	<b>4 (n=3)</b>
Nitrous oxide (%)	<b>6 (n=4)</b>
Heroin (%)	<b>4 (n=3)</b>

**Source: PDI Regular ecstasy user interviews**

# Of those who had driven a car in the last 6 months

\*Within one hour of taking

### 13.5 Summary of risk behaviour

- Prevalence of lifetime injection remained the same as last year (22%), while there was a significant decrease in recent injection from 20% to 12%.
- Speed was the most common drug first injected, ever injected and injected in the last 6 months.
- Approximately a quarter of lifetime injectors first injected under the influence of other drugs and just over half learnt to inject from a partner or friend.
- Two recent injectors reported using a needle after someone else during the last month and 8 reported sharing injecting equipment in the last 6 months.
- Of the total sample, 21% had completed a Hepatitis B vaccination and 9% had not completed the schedule. Of recent injectors, 25% had completed a Hepatitis B vaccination and 17% had not completed the schedule.
- In the last year, 42% of the total sample had been tested for Hepatitis C compared to 83% of recent injectors.
- In the last year, 40% of the total sample had been tested for HIV compared to 58% of recent injectors.
- Of those who had recently injected a drug, 25% had completed Hepatitis B vaccination and 17% had not completed the schedule in their lifetime. In the last year, 83% had been tested for Hepatitis C and 58% had been tested for HIV.
- Almost the entire sample had engaged in penetrative sex in the previous 6 months and the majority had one sexual partner during this time (44%). The majority (88%) had engaged in penetrative sex while using drugs and of this sample, the most commonly reported drug was ecstasy (88%).
- Of those participants who had driven a car in the last 6 months, 56% had done so under the influence of alcohol and 82% had done so within an hour of taking a drug. The most common drugs consumed prior to driving were ecstasy (69%), speed (57%) and cannabis (56%).

## 14.0 HEALTH-RELATED ISSUES

### 14.1 Overdose

Nine respondents reported overdosing on ecstasy or related drugs in the last 6 months (Table 31). Overdose was defined as 'passed out or fallen into a coma'. Alcohol was reported by over half the sample (56%, n=5) as the main drug used. One respondent each reported ecstasy, speed powder, LSD and anti-depressants as the main drug. Eight respondents had used more than one drug at the time of overdose, and the most common drug used in conjunction was cannabis (n=7). Other drugs reported as used were alcohol (n=2), speed powder (n=2), 2CT2 (n=1) and a prescription drug (n=1). The median number of times these respondents had ever overdosed on any party drug was 6 (range 1-120).

**Table 31: Overdose in the last six months among REU, 2005**

	N=100
<b>Overdosed on ecstasy or related drugs (%)</b>	<b>9</b>
<b>Which drug (%)*</b>	
Ecstasy	11
Alcohol	56
Speed	11
LSD	11
Anti-depressants	11

Source: PDI Regular ecstasy user interviews 2005

\* Percentage of those reporting overdose

### 14.2 Self reported symptoms of dependence

The Severity of Dependence Scale (SDS) (Gossop, et al., 1995) was used to assess the degree of dependence on both ecstasy and methamphetamine. Previous research has suggested that a cut-off of 4 is indicative of methamphetamine dependence (Topp & Mattick, 1997). Five items were used and results are presented in Figures 42-46.

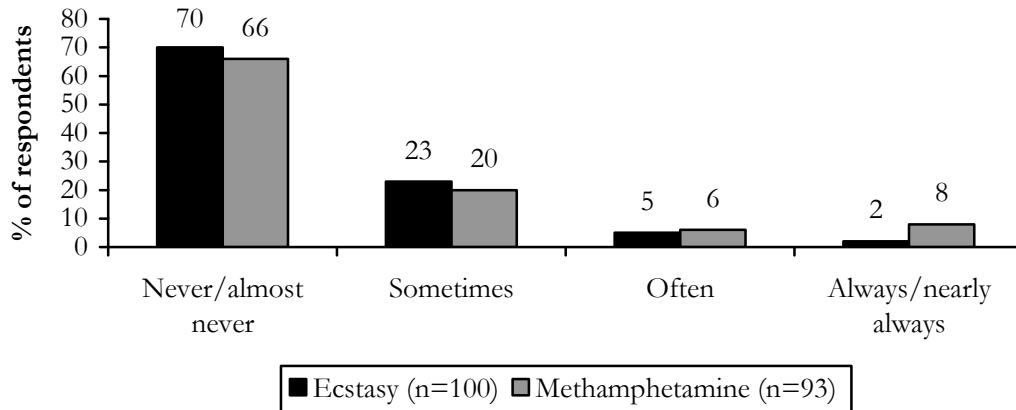
#### 14.2.1 Ecstasy

The median SDS score for ecstasy was 1 (range 0-12). The greatest proportion of respondents obtained an SDS score of 0 (40%). Used as an indicator of dependence, 17% obtained a score of 4 or more. Item 3, 'did you worry about your use of ecstasy', had the most spread across response options. While 70-79% responded 'never or almost never' to all other items, 51% responded, as such, to item 3 with 40% reporting 'sometimes' and 9% 'often' or 'always'.

### 14.2.2 Methamphetamine

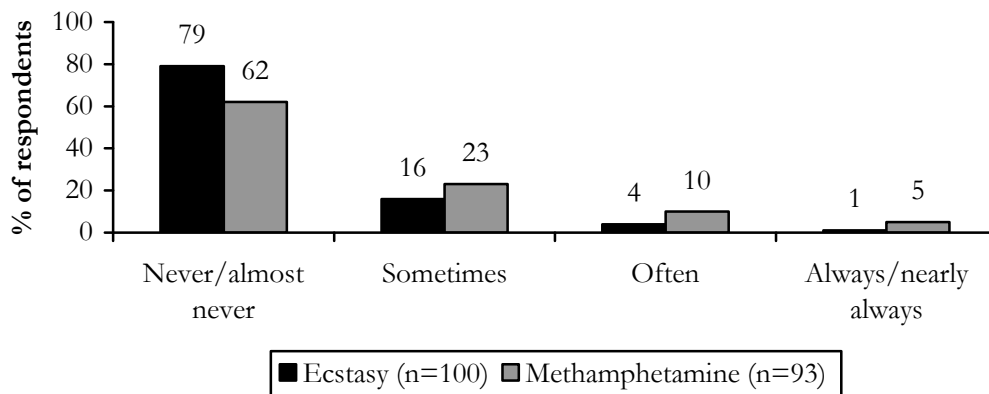
Of those that had used methamphetamine in the last 6 months, the median SDS score was 1 (range 0-15). A score of 0 was obtained by half (50%) the sample. As an indicator of dependence, 29% obtained a score of 4 or more. The pattern of responses across items was similar to those obtained for ecstasy and item 3 again showed the most variation.

**Figure 42: SDS item 1: 'Use out of control', ecstasy and methamphetamine, 2005**



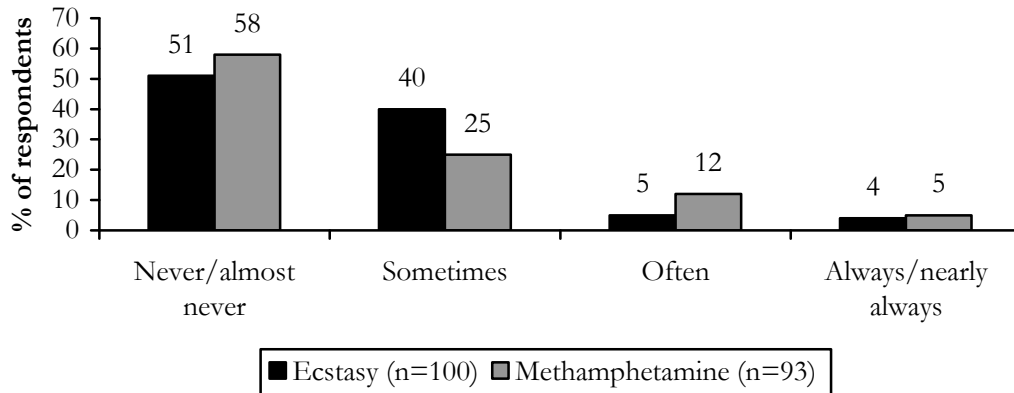
Source: PDI Regular ecstasy user interviews 2005

**Figure 43: SDS item 2: 'Prospect missing dose causes anxiety or worry', ecstasy and methamphetamine, 2005**



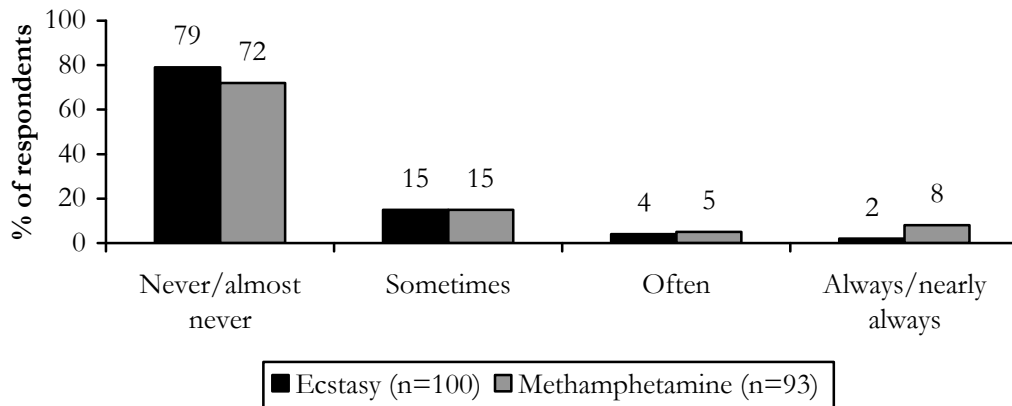
Source: PDI Regular ecstasy user interviews 2005

**Figure 44: SDS item 3: 'Worry about use', ecstasy and methamphetamine, 2005**



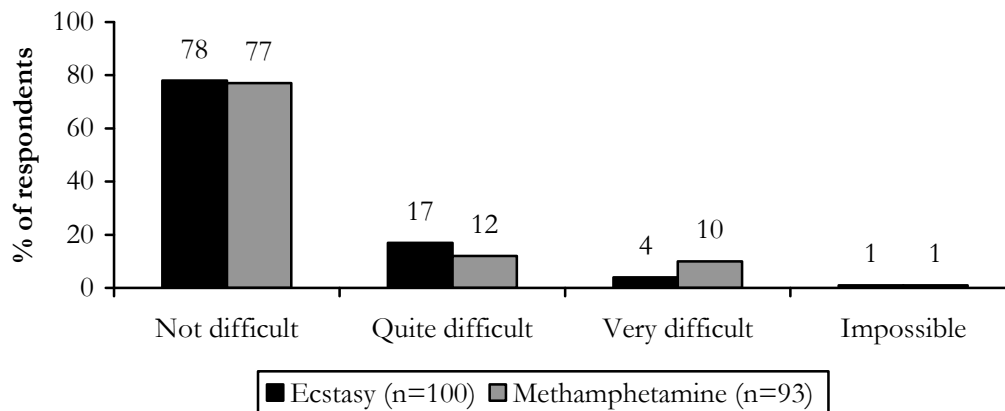
Source: PDI Regular ecstasy user interviews 2005

**Figure 45: SDS item 4: 'Wish you could stop', ecstasy and methamphetamine, 2005**



Source: PDI Regular ecstasy user interviews 2005

**Figure 46: SDS item 5: 'Difficulty in stopping use', ecstasy and methamphetamine, 2005**



Source: PDI Regular ecstasy user interviews 2005



### 14.3 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their ecstasy and related drug use in the last 6 months. Twenty-two percent of the sample reported such help-seeking behaviour. Table 32 presents the number of respondents who accessed health services by the main drug used. The services most accessed were GP (45%, n=10), counsellor (41%, n=9) and psychologist (41%, n=9). Smaller proportions reported attending emergency department (18%, n=4), ambulance (14%, n=3), drug/alcohol worker (14%, n=3) and psychiatrist (14%, n=3). The drug for which most help was sought was crystal methamphetamine (n=11), followed by ecstasy (n=9). 'Other' drugs comprised of benzodiazepines, base, heroin and polydrug use.

Of the 10 respondents who consulted a GP, crystal was the main drug for which help was sought (n=4) and 'dependence/addiction' was the main issue of concern (n=4). Nine respondents consulted a counsellor for polydrug use was (n=3) and 'dependence/addiction' (n=3) and 'depression' (n=2) were the main reasons. A psychologist was consulted by 9 respondents for a variety of drug types, and 'depression' (n=3), 'dependence/addiction' (n=2) and 'psychosis' (n=2) were the main issues of concern. While the services most accessed related primarily to mental health concerns, ambulance, other services such as emergency and hospital were used in relation to overdose, and first aid, ambulance and emergency services for acute physical problems.

**Table 32: Number of REU who accessed health help by main drug type, 2005**

Service	Ecstasy	Speed	Crystal	LSD	Cannabis	Other
First aid	1	-	-	-	-	-
Ambulance	-	-	1	1	-	1
Emergency	1	-	1	1	-	1
Hospital	-	-	-	-	-	1
GP	2	2	4	-	-	2
Counsellor	1	2	2	-	-	4
Drug/alcohol worker	1	-	1	-	1	-
Psychologist	2	2	2	-	1	2
Psychiatrist	1	-	-	-	-	2

Source: PDI Regular ecstasy user interviews 2005

## 14.4 Other problems

Respondents were asked if they perceived their use of ecstasy and related drugs to have caused any relationship/social, financial, legal/police, work/study problems in the last 6 months. Table 33 shows the number of respondents reporting each problem area and the main drug these were attributed to.

The most common problem type related to work or study and was reported by 47% of the total sample. The main problems reported in this category were 'lack of motivation' (32%), 'reduced work performance' (23%) and 'trouble concentrating' (19%). Almost half of the respondents identifying this category attributed such problems to ecstasy (47%) followed by cannabis (13%) and speed (11%).

The next commonly reported problem area was relationship/social problems, identified by 42% of the total sample. 'Arguments' were the main problem reported (64%), followed by 'mistrust/anxiety' (21%). The majority attributed these problems to crystal (36%) and ecstasy (33%). Over a third of the sample (37%) reported financial problems and almost half attributed this to ecstasy (46%) followed by crystal (22%). The main problems reported were 'no money for recreation/luxuries' (51%) and 'in debt/owing money' (38%).

A small proportion of respondents reported legal/police problems (6%) with three citing 'arrest' and 3 citing 'conviction of a crime'. Ecstasy was not nominated as a contributing drug in this category. Two respondents each identified crystal and alcohol, and one respondent each identified speed and cannabis.

**Table 33: Self reported drug-related problems, 2005**

Self-reported drug-related problems	Relationship /Social	Financial	Legal/ Police	Work/ study
<b>Total sample (n=100)</b>	42	37	6	47
<b>Of those who reported problem, main drug attributed</b>				
Ecstasy (%)	33	46	0	47
Speed (%)	5	11	17	11
Base (%)	2	3	0	2
Crystal (%)	36	22	33	9
Cannabis (%)	7	8	17	13
Alcohol (%)	10	3	33	9
Other (%)	7	7	0	9

Source: PDI Regular ecstasy user interviews 2005

## 14.5 Summary of health-related issues

- Nine respondents reported overdosing in the last 6 months, with alcohol nominated by most as the main drug involved (n=5).
- The median score on the severity of dependence scale was 0 for ecstasy (range 0-12) and 1 for methamphetamine (range 0-15).
- 29% of those who had used methamphetamine in the last 6 months obtained a score above 4 indicating dependence.
- 22% of the total sample had accessed medical or health services in relation to their ecstasy and related drug use in the last 6 months.
- The main services accessed were GP (45%), counsellor (41%) and psychologist (41%).
- The main drugs of concern were crystal and ecstasy, and the main reasons for seeking help were dependence/addiction and mental health.
- Work/study problems (47%) and relationship/social problems (42%) were commonly reported, with most attributing the former to ecstasy and the latter to crystal and ecstasy.

## 15.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

### 15.1 Reports of criminal activity among REU

Table 34 shows the proportion of respondents reporting criminal activity in the month preceding interview. Rates are similar across survey years with 32% of the current sample reporting criminal activity. Drug dealing was the most common crime, reported by 24% in 2005. Of those who reported this activity, the majority (67%) did so less than once a week and 17% reported doing so daily. Twenty one percent of respondents reported engaging in drug dealing for ecstasy profit (as opposed to cash profit) and none had paid for ecstasy through property crime. Fourteen respondents had been arrested in the previous year and of these, the most common offences were driving under the influence of alcohol (n=4) and violent crime (n=3). Two respondents each reported arrest for use/possession and for trespassing.

**Table 34: Criminal activity reported by REU, 2003-2005**

<b>Criminal activity in the last month</b>	2003 (n=100)	2004 (n=100)	2005 (n=100)
Any crime	38	30	<b>32</b>
Drug dealing	36	25	<b>24</b>
Property crime	5	10	<b>9</b>
Fraud	2	4	<b>6</b>
Violent crime	0	4	<b>2</b>
<b>In the preceding six months</b>			
Paid for ecstasy through dealing drugs (ecstasy profit)	25	17	<b>21</b>
Paid for ecstasy through property crime	1	2	<b>0</b>
<b>Arrested last 12 months</b>	9	13	<b>14</b>

Source: PDI Regular ecstasy user interviews

Only two KE mentioned that crime would be associated with this group. One estimated 10-15% would be involved in property damage but stated this was less than in other user groups. The other reported that 60% engaged in 'break-and-enter' but stated this may relate more to use of methamphetamine than ecstasy. Consistent with findings reported in Section 4.6 regarding scoring patterns, 7 KE reported that young, male users would buy ecstasy in bulk and sell it to their friends. It was suggested that these users would not consider themselves as 'dealers' and wouldn't be involved in any other criminal activity.

## 15.2 Perceptions of police activity towards REU

As shown in Table 35, there was some change in participant perceptions of police activity across survey years. The proportion of those rating police activity as 'stable' was similar across years. However, while the greatest proportion rated it as such in previous years, in 2005, most respondents reported 'more activity' (43%) and no respondents perceived 'less activity'. Despite this change in perception, the vast majority did not perceive police activity to make scoring drugs more difficult (80%), as was the case in previous years.

**Table 35: Perceptions of police activity by REU, 2003-2005**

	2003 (n=100)	2004 (n=100)	2005 (n=100)
<b>Recent police activity</b>			
Less activity	6	4	<b>0</b>
Stable	34	38	<b>36</b>
More activity	29	29	<b>43</b>
Don't know	31	29	<b>21</b>
Did not make scoring more difficult	82	89	<b>80</b>

Source: PDI Regular ecstasy user interviews

## 15.3 Perceptions of changes in ecstasy and related drug markets

Respondents were asked if anything new had been happening in the ecstasy and related drugs scene and over half the sample (59%) reported changes during the last 6 months. A wide variety of comments were made and the most common responses related to changes in drug types being used. Twelve respondents commented on increased use of LSD and a further 12 noted the appearance of new drugs on the scene. Those mentioned included 2CT2, 2CT7, DMT, DMX, which were collectively referred to as 'trippy speed'. Comments were also made in relation to methamphetamine (n=10), with 5 respondents reporting an increase in smoking of crystal. Reports of frequency of drug use were variable with 13 respondents reporting an increase in use and 7 reporting a decrease. Other comments related to an increase in injecting behaviour (n=4) and using ecstasy in private settings rather than at nightclubs (n=3).

## 15.4 Summary of criminal and police activity

- 32% of respondents reported engaging in criminal activity in the last month.
- Drug dealing was the most common activity reported (24%) with the majority involved less than once a week (67%).
- Fourteen respondents had been arrested during the previous 12 months and most reported driving under the influence of alcohol and violence as offences.
- The greatest proportion of respondents reported there had been more police activity toward REU in the last 6 months (43%).
- The majority reported that police activity did not make scoring drugs more difficult (80%).

## **16.0 SUMMARY**

### **16.1 Demographic characteristics of REU**

Regular ecstasy users were a population defined by monthly or more frequent use of tablets sold as 'ecstasy' during the previous 6 months. The demographics of the current sample were consistent with that found in previous years. REU tend to be in their early twenties, of both genders, almost entirely Caucasian, and engaged in current studies or employment. Few participants were in any form of drug treatment and only two had a previous criminal conviction.

### **16.2 Patterns of polydrug use**

As found in previous years, the majority of participants interviewed for the PDI were polydrug users. An average of 10.6 drugs had been used in their lifetime, and an average of 7.7 drugs used in the six months preceding interview. Both these figures represented significant increases from those found in 2004.

Over half the current sample had used alcohol (98%), speed powder (85%), cannabis (83%), pharmaceutical stimulants (73%), tobacco (72%) and crystal methamphetamine (69%) in the last 6 months. While the prevalence of crystal methamphetamine use significantly decreased in this time period, use of cocaine, LSD, MDA, benzodiazepines and 'other opiates' all significantly increased.

Reports of lifetime injecting were the same as that found in 2004 at 22% of the total sample. However, there was a significant decrease in the proportion who had injected in the last 6 months from 20% in 2004 to 12% in 2005.

### **16.3 Ecstasy**

Like previous survey years, participants in 2005 began using ecstasy at age 18. Almost the entire sample typically consumed ecstasy orally and only a small proportion (10%) reported ever injecting ecstasy. There was little variation in the proportion nominating ecstasy as the drug of choice, consistently reported by around half the sample. Similarly, there was little change in the proportion who recently 'binged' on ecstasy, reported by 40% in 2005 compared to 38% in previous years.

About two-thirds of the current sample reported typically using more than one tablet, with an average of two tablets used in a session. While the amount used was similar to that found in previous years, there was a significant increase in frequency of ecstasy use. In the current sample, ecstasy was used an average of 20 days in the last six months compared to 16 days in 2004. Furthermore, 30% in 2005 reported using ecstasy weekly or more compared to 21% in 2004.

Consistent with the findings for polydrug use, the majority of participants across survey years reported using other drugs both with and after consuming ecstasy. In 2005, 90% used other drugs with ecstasy and 86% used other drugs during 'come down'. Those drugs most commonly used on both occasions were alcohol, cannabis and tobacco, with speed also commonly used in conjunction with ecstasy.

### **16.3.1 Price, purity and availability of ecstasy**

The median price for a tablet of ecstasy decreased from \$50 in 2004 to \$40 in 2005. Across survey years, approximately two-thirds of the sample reported the price of ecstasy as 'stable' over the preceding six months.

User reports of purity indicated a perceived decrease in the purity of ecstasy. The greatest proportion rated purity as 'high' in 2004 compared to 'medium' in 2005. Similarly, reports of changes in purity over the previous six months were 'increasing' in 2004 compared to 'stable' in 2005.

Availability of ecstasy has remained the same over the years. The majority have consistently reported availability of ecstasy as 'very easy' and as 'stable' during the previous six months. 'Friends' have consistently been reported as the most common person to score from and 'friend's home' as the most common scoring location. However, there were significant decreases from 2004 to 2005 in scoring from 'known/unknown dealers' and 'acquaintances' and all other scoring locations, apart from 'own home'.

The most commonly identified benefits associated with ecstasy use were 'enhanced closeness/bonding/empathy with others', 'fun' and 'enhanced mood'. The most commonly identified risks related to the potential psychological and physical harms with 'depression' identified as the greatest individual risk factor.

### **16.3.2 Ecstasy markets and patterns of purchasing**

In 2005, the majority of the sample reported purchasing ecstasy through 'paid employment' or receiving it as 'gift from friend'. Ecstasy had been purchased by most participants 7 to 12 times from a median of 4 people in the previous six months. The majority reported purchasing ecstasy for 'self and others' and purchased a median of 4 tablets on an occasion.

Almost the entire sample reported being able to obtain other drugs from their main dealer at the time of purchasing ecstasy. Speed powder was the most common drug available, reported by 82%, followed by crystal methamphetamine (72%) and cannabis (71%).

Participants were asked about various factors that may influence the price of ecstasy they obtain. The majority reported that 'buying a larger quantity', 'knowing the supplier well', and the 'supplier close to original source' would decrease the price. The majority perceived the price as increasing due to 'buying at a public venue', 'decreased availability of ecstasy', and 'not planning purchase in advance'. The factor rated by the majority as having no effect on price of ecstasy was 'increased police activity'.

## 16.4 Methamphetamine

As found in previous survey years, many participants reported both lifetime and recent use of all forms of methamphetamine. Prevalence of speed powder use was greatest, with lifetime use reported by 94% and use in the previous six months by 85%. These rates were not significantly different from those reported in 2004. Speed was used an average of 15 days in the preceding six months and snorting remained the most common method of use. There was a significant increase in swallowing from 56% in 2004 to 71% in 2005.

Lifetime use of methamphetamine base significantly increased from 46% in 2004 to 59% in 2005. Prevalence of recent use was similar across years, reported by 38% in 2005 compared to 31% in 2004. The average number of days base was used in the last 6 months significantly decreased from 15 in 2004 to 9 in 2005. There were no significant differences in methods of use with swallowing reported by the majority.

Prevalence of lifetime use of crystal methamphetamine showed little change, reported by 88% in 2005 and 89% in 2004. However, there was a significant decrease in recent use of crystal from 80% in 2004 to 69% in 2005. Accordingly, there was a significant decrease in the average number of days used in the preceding six months from 14 in 2004 to 22 in 2005. Although smoking remained the most common method of use, the proportion reporting this method significantly decreased from 92% in 2004 to 77% in 2005. This coincided with a significant increase swallowing from 43% in 2004 to 57% in 2005.

The price for a point of all forms of methamphetamine has remained the same over survey years at \$50. A gram of speed powder remained at \$300, while a gram of base slightly increased from \$300 in 2004 to \$325 in 2005 and a gram of crystal increased from \$350 in 2004 to \$400 in 2005. The greatest proportion reported cost in the preceding six months as 'stable' for all forms.

With regards purity, speed was rated by most as 'medium', crystal as 'high' and base equally rated as 'medium' and 'high'. User reports of changes in purity over the previous six months were inconsistent and reflected the subjective nature of such perceptions.

Availability of speed powder was rated equally as 'very easy' and 'easy', while availability of both base and crystal were rated by most as 'easy'. It does appear that base has become more available with only 7% rating it as 'very easy' in 2004 compared to 25% in 2005. Conversely, availability of crystal seems to have decreased with 61% rating it as 'very easy' in 2004 and only 30% rating it as such in 2005.

All forms of methamphetamine were most commonly purchased from 'friends' at 'friend's home'. Usual locations of use differed according to form, with speed most commonly used at 'nightclubs', base most commonly used at 'own home' and crystal most commonly used at 'friend's home'.



## **16.5 Cocaine**

Prevalence of both lifetime and recent use of cocaine significantly increased in 2005. Lifetime use was reported by 57% compared to 36% in 2004, and recent use reported by 35% compared to 16% in 2004. There was a slight decrease in the average number of days used while the median amount used in a typical session doubled to 0.5 gram.

Snorting was by far the most common method of use, reported by 89% of those who had used cocaine in the last 6 months. Two-thirds reported 'nightclubs' as the usual location of use, while 'home', 'friend's home' and 'private party' were reported by 58%.

The median price of a gram of cocaine increased in 2005 to \$350, compared to \$300 in 2004. Most of those who commented in both years reported the price as 'stable' in the preceding six months.

Purity was equally rated as 'medium' and 'low' and the majority reported changes in purity over the last six months as 'stable'. Comparable proportions reported availability as 'easy' and 'difficult', and the majority rated changes in availability in the preceding six months as 'stable'. 'Friends' were the most common person cocaine was scored from and 'friend's home' the most common location.

## **16.6 Ketamine**

Both lifetime and recent use of ketamine have remained consistent across survey years. In 2005, 25% reported lifetime use of ketamine compared to 21% in 2004. Similarly, 11% of the current sample reported recent use of ketamine compared to 10% in 2004. The average days ketamine was used in the last six months increased from 1.4 to 3, and the typical median amount used increased from 1 to 2 bumps.

The most commonly reported usual locations of use were private residences including 'own home', 'friend's home' and 'private party'. All locations reported for scoring were private residences and 'friends' were the most common person for scoring. As found in 2004, few respondents were able to comment on market aspects of ketamine in WA.

## **16.7 GHB**

Prevalence of lifetime and recent use of GHB remained low following a significant decrease in 2004. In 2005, 10% reported lifetime use of GHB compared to 10% in 2004, and only 3% reported use of GHB in the last six months, similar to 5% in 2004. Average number of days used remained around 2, while the median amount typically used increased from 5 mls in 2004 to 19 mls in 2005. However, given the small number of participants who commented on these amounts and on market aspects of GHB, there is insufficient data on which to make conclusions.

## 16.8 LSD

Prevalence of both lifetime and recent use of LSD significantly increased in 2005. Lifetime use of LSD was reported by 71% compared to 50% in 2004, and recent use reported by 35% compared to 11% in 2004. Accordingly, the average number of days LSD was used in the preceding six months significantly increased from 3 in 2004 to 5 in 2005.

The median amount of typical use remained at 1 tablet and apart from 1 respondent who had also injected LSD, swallowing was the only method of use. The majority of those who had recently used LSD reported 'home' as the usual location of use, while 'friend's home' and 'outdoors' were also reported by over half.

The price of LSD remained at \$25 a tablet and similar proportions rated price over the last six months as 'increased' and 'stable'. The majority rated current purity of LSD as 'high' and most were unable to comment on recent changes in purity.

Equal proportions rated current availability of LSD as 'easy' and 'difficult', while in 2004 it was rated as 'difficult' and 'very difficult'. Recent changes in availability were rated similarly as 'stable' and 'easier' in 2005, while in 2004 the majority rated it as 'stable'. 'Friends' were the most common people to score LSD from and 'friend's home' was the most commonly reported scoring location.

## 16.9 MDA

Lifetime use of MDA remained the same as 2004, reported by 19% of the sample. There was a significant increase in recent use of MDA from 6% in 2004 to 11% in 2005. There was a slight increase in the average number of days used in the last six months from 3.3 to 4.7, while the typical amount used remained at 1 capsule. Only three participants commented on market aspects of MDA in WA.

## 16.10 Patterns of other drug use

As in previous survey years, both lifetime and recent use of alcohol was reported by almost the entire sample. However, there was a significant increase in the frequency of recent use. The average number of days alcohol was consumed in the preceding six months was 74 in 2005 compared to 40 in 2004. There were also significant increases in the proportion reporting use of alcohol both with and after ecstasy use. In 2005, 70% reported using alcohol with ecstasy compared to 40% in 2004, and 52% reported using alcohol during recovery from ecstasy compared to 26% in 2004. Of those who reported this use in 2005, 60% reported consuming more than 5 standard drinks with ecstasy and 72% reported consuming this amount during recovery.

Use of cannabis was also consistent across survey years, with lifetime use reported by 99% in 2005 and recent use by 83%. There was a small but insignificant increase in the average number of days cannabis was used in the previous six months from 69 days in 2004 to 85 days in 2005. There was a significant increase in the proportion using cannabis with ecstasy from 32% in 2004 to 47% in 2005. However, the proportion of those who used cannabis during recovery from ecstasy remained the same at 62% in 2005 compared to 63% in 2004.

Pharmaceutical stimulants were included as a distinct drug class in 2005 and were used by the majority of participants. Lifetime use was reported by 89% and recent use was reported by 74%. These drugs were used an average of 30 days in the last six months, equalling 5 times a month, and the average amount used in a typical session was 5 tablets. However, use of pharmaceutical stimulants was less associated with ecstasy use, with 28% reporting use in conjunction with ecstasy, and 17% reporting use during recovery from ecstasy.

There was a significant increase in both lifetime and recent use of benzodiazepines. Lifetime use of benzodiazepines was reported by 49% in 2005 compared to 35% in 2004 and recent use by 39% in 2005 compared to 29% in 2004. Use of these drugs with ecstasy remained low, while there was a significant increase in use during recovery from ecstasy, reported by 16% in 2005 compared to 7% in 2004.

There was no significant change in use of anti-depressants, with lifetime use reported by 32% and recent use by 13% in 2005. No participants used these drugs with ecstasy, and only 3 reported using them during recovery from ecstasy.

There was no change in lifetime use of nitrous oxide, reported by 63% in 2005, while there was a decrease in recent use from 43% in 2004 to 34% in 2005, however, this wasn't significant. In 2005, similar proportions of approximately 15% reported use of nitrous oxide with, and following, ecstasy use. There was a significant increase in lifetime use of amyl nitrate from 36% in 2004 to 46% in 2005, but minimal change in recent use from 15% in 2004 to 17% in 2005. Only one respondent reported use of amyl nitrate with and during recovery from ecstasy.

While lifetime and recent use of heroin, methadone and buprenorphine have remained below 15% over survey years, use of 'other opiates' significantly increased in 2005. This included morphine, pethidine and over-the-counter medicines containing codeine. Lifetime use of these drugs was reported by 41% in 2005 compared to 18% in 2004, and recent use by 27% in 2005 compared to 10% in 2004. Use of 'other opiates' in association with ecstasy use was uncommon, as only one respondent reported use with ecstasy and five respondents reported use during recovery.

### **16.11 Drug information-seeking behaviour**

While 50% of the current sample reported 'never' finding out the content and purity of drugs other than ecstasy, 81% reported doing so for ecstasy at least 'sometimes'. Of those who did, the most common information sources were 'friends', reported by 83%, and 'websites', reported by 62%.

Pill testing kits were reportedly used by 30% of those who sought information regarding the content and purity of ecstasy. Half of these were aware of the limitations of such tests, with the majority reporting the test's inability to indicate all substances in a pill as the main limitation. There was evidence that the results of such tests would influence subsequent drug taking behaviour. As expected, the majority stated they would take the pill if the test indicated it contained an ecstasy-like or amphetamine-type substance. However, two-thirds reported they wouldn't take the pill if the test showed no reaction and a half reported they wouldn't take the pill if the test indicated it contained ketamine.

Participants were also asked what information resources they would find personally useful if locally available. Those nominated by the majority were 'pill testing kits' (58%) and 'local website' (57%).

### **16.12 Risk behaviour**

The proportion of lifetime injectors remained the same as last year at 22%, while there was a significant decrease in recent injection from 20% in 2004 to 12% in 2005. There was minimal change in the median number of drugs injected with lifetime rates of 4 in 2004 and 3 in 2005, and recent rates of 2 in both years. Speed powder was the most commonly reported drug ever injected, first injected and recently injected.

Thirty percent of the total sample reported vaccination for Hepatitis B, with 21% of these completing the schedule. Forty two percent of the total sample had been tested for Hepatitis C in the last year and one respondent reported receiving a positive result. Forty percent of the total sample had been tested for HIV in the last year and none reported obtaining a positive result.

Almost the entire sample reported engaging in penetrative sex in the preceding six months, and the greatest proportion had one sexual partner (44%). The vast majority had recently engaged in penetrative sex while on drugs, reported by 88%, and ecstasy, alcohol and cannabis were the most commonly reported.

Of those who had driven a car in the last six months, 56% had done so under the influence of alcohol and 82% had done so within one hour of taking a drug. The majority reported driving after consuming ecstasy (69%), speed powder (57%), and cannabis (56%).

### **16.13 Health-related issues**

Only 9% of the current sample reported overdosing on ecstasy or related drugs in the last six months, with alcohol the main drug used by the majority (56%). The severity of dependence scale (SDS) was used to assess both ecstasy and methamphetamine dependence. The median SDS score for both ecstasy and methamphetamine was 1. A score of 4 or more is indicative of dependence and 17% scored in this range for ecstasy and 29% for methamphetamine. In general, the pattern of responses to each item were similar for both drug classes.

In 2005, 22% of the sample reported accessing a medical or health service in the last six months in relation to their drug use. Services most used were GP, reported by 45%, and counsellor and psychologist, both reported by 41%. Most help was sought in relation to crystal methamphetamine, reported by 50%, and ecstasy, reported by 41%.

Participants were asked if they had experienced any occupational, social, financial or legal problems in the last six months that they would attribute to their drug use. Work/study problems were reported by the highest proportion (47%), followed by relationship/social problems (42%). Financial problems were reported by 37% and only 6% reported legal/police problems.

### **16.14 Criminal and police activity**

In 2005, 32% of the sample reported engaging in criminal activity, a proportion similar to that found in previous years. The most common activity was drug dealing, reported by

24%, with the majority engaging in this activity less than once a week. Fourteen percent of the current sample had been arrested in the last year, with most reporting driving under the influence of alcohol and violent crime as the charges.

In 2005, the greatest proportion of participants perceived an increase in police activity, reported by 43%. This was in contrast to previous years when most rated police activity as stable. Despite this change in perception, over 80% of the sample in all years reported that police activity did not make scoring more difficult.

## 17.0 IMPLICATIONS

Polydrug use remained common among regular ecstasy users and indicated an increasing trend. The average number of drug types used both recently and in their lifetime was greater than that reported in previous years. Amongst current REU, over half had used alcohol (98%), methamphetamine powder (85%), cannabis (83%), pharmaceutical stimulants (73%), tobacco (72%), and crystal methamphetamine (69%) in the preceding six months. Furthermore, as was found last year, almost the entire sample used other drugs with ecstasy and to 'come down' from ecstasy. Such findings may attest to the experimental nature of drug use in this user group.

With this in mind, particular attention is drawn to the consumption of alcohol among REU. While rates of alcohol use have remained above 90% for both lifetime and recent use since 2003, there was a large increase in the frequency of alcohol use in 2005. The median days of alcohol use during the last 6 months increased from 24 days in 2004 to 70 days in 2005. This increase was also evident in the context of ecstasy use, with 70% of the current sample reporting use of alcohol with ecstasy compared to 40% in 2004, and 52% using alcohol during 'come down' from ecstasy compared to 26% in 2004. Furthermore, while 55% of the 2004 sample reported consuming more than 5 standard drinks with ecstasy, 69% reported such consumption in 2005. In addition, 72% of the current sample consumed more than 5 standard drinks during recovery from ecstasy compared to 62% in 2004.

The findings that related to alcohol use may be considered in relation to two other areas investigated in the PDI. Firstly, there has been a trend across years towards 'nightclubs' as the usual location of ecstasy use. In 2004, 'raves/dance parties' were the most common location of use, reported by 69% and had a similar rate in 2005 of 68%. However, usual use in 'nightclubs' increased from 66% in 2004 to 76% in 2005. Furthermore, reports of 'nightclubs' as the most recent place of use increased from 26% in 2004 to 36% in 2005. The observed increase in alcohol use may therefore be reflective of an apparent shift toward use of ecstasy in licensed venues. On this basis, it maybe of interest to explore any change in the meaning of alcohol for this user group, given that its use was not traditionally part of the ecstasy 'raver' scene.

Secondly, a substantial proportion of REU reported engaging in driving risk behaviour in both years. In 2004, 46% of those who had driven a car in the previous 6 months reported doing so under the influence of alcohol. In 2005, this rate increased to 56% with an average of 12 times in this period (equivalent to twice a month). In addition, 82% of the current sample reported driving soon after taking a drug. The most commonly reported drugs were ecstasy (69%), speed (57%) and cannabis (56%). Given the potential dangers associated with such practices, these behaviours maybe a worthwhile target for harm reduction messages.

With regard to other drug types, methamphetamine use remained prevalent among regular ecstasy users in WA. Use of speed has been consistently high across survey years, both in rates of lifetime and recent use. In 2005, there was a significant increase in the proportion of respondents who had ever used base and a significant decrease in recent use of crystal. Investigation of the market aspects of methamphetamine suggest that this maybe accounted for by a reduction in availability of crystal and less consistency in its purity.

Prevalence of use of cocaine significantly increased both in lifetime and recent use. This was accompanied by user reports of a decrease in the price per gram and a shift toward increased availability. 'Key experts' also commented on a recent appearance of cocaine in the local drug scene. Perceptions of current market trends therefore suggest that increased use of cocaine maybe attributed to reduced cost and improved accessibility.

Use of LSD also significantly increased in both lifetime and recent use, and again there was a corresponding shift in perceptions of availability. In addition, user reports indicated current purity of LSD was higher. Interestingly, the majority of those who responded felt they could not comment on recent changes in purity, suggesting that the re-emerging LSD market is relatively new. The current findings therefore imply that increased rates of LSD use maybe accounted for by heightened purity and a trend toward greater availability.

Other drug types for which significant differences were found included increases in both lifetime and recent use of benzodiazepines and 'other opiates'. In addition, 'pharmaceutical stimulants' were included for the first time as a separate drug class in 2005 and were found to be commonly used among REU. Lifetime use was reported by 89% of the sample and recent use by 73%.

'Friends' and 'friend's home' were the most commonly reported source and location of purchase for all major drug types including ecstasy, methamphetamine, cocaine, and LSD. With regards ecstasy, rates of purchasing from 'friends' remained around 90% and from 'friend's home' around 70% for the last 3 years. In 2005, proportions reporting purchasing from other sources significantly decreased for 'known dealers', 'unknown dealers' and 'acquaintances'. As there were no corresponding increases in other categories, the findings suggest that 'friends' were not only the dominant source for obtaining ecstasy, but maybe an increasingly exclusive source.

For the first time in 2005, respondents were asked about information-seeking behaviour related to drug content and purity. Finding out such information at least 'sometimes' was reported by half the sample for drugs other than ecstasy and by 81% for ecstasy. The vast majority reported finding out such information for ecstasy from 'friends' (83%). In response to what resources they would find personally useful, the majority nominated 'pill testing kits' (58%) and 'local website' (57%). It is noted that the results of these tests may influence subsequent drug taking behaviour, as most stated they would not take a pill if a test indicated it contained ketamine or showed no reaction. This suggests that REU not only prefer to be informed about the content and purity of drugs, but that obtaining such information may have an impact on their drug consumption.

In 2005, almost a quarter of the sample had accessed a health service in relation to their drug use in the last 6 months. GP, counselor and psychologist were the most common services sought. In addition, many respondents perceived problems associated with their drug use, with almost half the sample reporting occupational/study problems, and relationship/social problems. In response to perceived risks associated with ecstasy use, the most commonly identified were potential psychological and physical harms, with depression nominated as the greatest individual risk factor. Given the findings for services most accessed and concerns commonly reported, it is recommended that mental health indicators be investigated in this user group.

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