

G. Campbell and L. Degenhardt

**ACT TRENDS IN ECSTASY AND
RELATED DRUG MARKETS 2006
Findings from the Ecstasy and Related Drugs
Reporting System**

NDARC Technical Report No. 276

**ACT TRENDS IN ECSTASY AND
RELATED DRUG MARKETS
2006**



**Findings from the
Ecstasy and Related Drugs Reporting
System (EDRS)**

Gabrielle Campbell and Louisa Degenhardt

National Drug and Alcohol Research Centre
University of New South Wales

NDARC Technical Report No. 276

ISBN 978 0 7334 2473 1

©NDARC 2007

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

TABLE OF CONTENTS

LIST OF TABLES.....	vii
LIST OF FIGURES	ix
ACKNOWLEDGEMENTS	x
ABBREVIATIONS	xi
EXECUTIVE SUMMARY.....	xii
1.0 INTRODUCTION.....	1
1.1 Aims	1
2.0 METHODS.....	2
2.1 Survey of regular ecstasy users (REU)	2
2.2 Survey of key experts (KE).....	3
2.3 Other indicators	3
3.0 OVERVIEW OF REGULAR ECSTASY USERS	5
3.1 Demographic characteristics of the REU sample	5
3.2 Drug use history and current drug use	6
3.3 Summary of polydrug use trends in REU	10
4.0 ECSTASY.....	11
4.1 Ecstasy use among REU	11
4.2 Use of ecstasy in the general population	14
4.3 Summary of patterns of ecstasy use.....	15
4.4 Price	16
4.5 Purity	16
4.6 Availability	18
4.7 Ecstasy markets and patterns of purchasing ecstasy	20
4.8 Ecstasy-related harms.....	21
4.9 Benefit and risk perception.....	22
4.10 Summary of ecstasy trends	24
5.0 METHAMPHETAMINE.....	25
5.1 Methamphetamine use among REU.....	25
5.2 Price	30
5.3 Purity.....	33
5.4 Availability	37
5.5 Methamphetamine-related harms	43
5.6 Summary of methamphetamine trends	47
6.0 COCAINE.....	48
6.1 Cocaine use among REU	48
6.2 Price	49
6.3 Purity.....	50
6.4 Availability	51
6.5 Cocaine-related harms	53
6.6 Summary of cocaine trends.....	54
7.0 CANNABIS.....	55
7.1 Cannabis use among REU	55
7.2 Price	56
7.3 Purity.....	58
7.4 Availability	59

7.5	Cannabis law enforcement seizure data	60
7.6	Cannabis-related harms	63
7.7	Summary of cannabis trends	65
8.0	KETAMINE	66
8.1	Ketamine use among REU	66
8.2	Price	68
8.3	Purity	69
8.4	Availability	69
8.5	Summary of ketamine trends	71
9.0	GHB	72
9.1	GHB use among REU	72
9.2	Price	73
9.3	Purity	73
9.4	Availability	74
9.5	Summary of GHB trends	74
10.0	LSD 75	
10.1	LSD use among REU	75
10.2	Price	76
10.3	Purity	77
10.4	Availability	78
10.5	Summary of LSD trends	80
11.0	MDA	81
11.1	MDA use among REU	81
11.2	Price	82
11.3	Purity	82
11.4	Availability	83
11.5	Summary of MDA trends	84
12.0	OTHER DRUGS	85
12.1	Alcohol	85
12.2	Tobacco	86
12.3	Benzodiazepines	86
12.4	Antidepressants	86
12.5	Inhalants	87
12.6	Heroin and other opiates	87
12.7	Pharmaceutical stimulants	87
12.8	Summary of other drug use	88
13.0	DRUG INFORMATION-SEEKING BEHAVIOUR	89
13.1	Summary of drug information-seeking behaviour	93
14.0	RISK BEHAVIOUR	94
14.1	Injecting risk behaviour	94
14.2	Blood-borne viral infections (BBVI)	97
14.3	Sexual risk behaviour	98
14.4	Driving risk behaviour	101
14.5	Summary of risk behaviours	103
15.0	HEALTH-RELATED ISSUES	104
15.1	Mental health issues	104
15.2	Overdose	104
15.3	Help-seeking behaviour	105

15.4	Other problems	105
15.5	Summary of health-related issues	106
16.0	CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES	107
16.1	Ecstasy possession and the law	107
16.2	Reports of criminal activity among REU	108
16.3	Perceptions of police activity towards REU	109
16.4	Experience with drug detection dogs.....	110
16.5	Perceptions of changes in ecstasy and related drug markets.....	111
16.6	Summary of criminal and police activity	111
17.0	SUMMARY	112
17.1	Demographic characteristics of REU.....	112
17.2	Patterns of polydrug use	112
17.3	Ecstasy	112
17.4	Methamphetamine.....	113
17.5	Cocaine.....	114
17.6	Cannabis	114
17.7	Ketamine	114
17.8	GHB	115
17.9	LSD	115
17.10	MDA.....	115
17.11	Patterns of other drug use.....	115
17.12	Drug information-seeking behaviour	116
17.13	Risk behaviour	116
17.14	Health-related issues	117
17.15	Criminal activity, policing and market changes.....	117
18.0	IMPLICATIONS.....	118
	REFERENCES.....	120

LIST OF TABLES

Table 1: Summary of major drug trends in the ACT, 2006	xv
Table 2: Demographic characteristics of ACT REU sample, 2003-2006	5
Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2006.....	8
Table 4: Patterns of ecstasy use among ACT REU, 2003-2006.....	12
Table 5: Price of ecstasy purchased by ACT REU and price variations, 2003-2006.....	16
Table 6: ACT REU reports of ‘current’ ecstasy purity and purity change, 2003-2006	17
Table 7: ACT REU reports of availability of ecstasy in the past six months, 2003-2006	19
Table 8: Patterns of purchasing ecstasy, ACT REU, 2005-2006.....	21
Table 9: Perceived benefits of ecstasy use, ACT REU, 2006	22
Table 10: Perceived risks of ecstasy use, ACT REU, 2006	23
Table 11: Patterns of methamphetamine powder use among ACT REU, 2003-2006.....	27
Table 12: Patterns of methamphetamine base use among ACT REU, 2003-2006	28
Table 13: Patterns of crystal methamphetamine use among ACT REU, 2003-2006.....	29
Table 14: Price and changes in price for methamphetamine powder, ACT, 2003-2006.....	31
Table 15: Price and changes in price for methamphetamine base, ACT, 2003-2006.....	32
Table 16: Price and changes in price for methamphetamine crystal, ACT, 2003-2006	33
Table 17: Current purity of methamphetamine, ACT, 2003-2006.....	35
Table 18: Change in methamphetamine purity, ACT, 2003-2006	36
Table 19: Current availability of methamphetamine forms, ACT, 2003-2006.....	39
Table 20: Changes to availability of methamphetamine forms, ACT, 2003-2006.....	40
Table 21: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997-2005	45
Table 22: Patterns of cocaine use among REU, 2003-2006.....	48
Table 23: Prices and changes in price for cocaine, ACT, 2003-2006	50
Table 24: Reports of cocaine purity, ACT REU, 2003-2006.....	51
Table 25: Availability of cocaine, ACT REU, 2003-2006.....	52
Table 26: Number and weight of cocaine seizures, ACT, July 1999 to June 2005.....	53
Table 27: Number of cocaine consumer and provider arrests, ACT, 2000-2005.....	54
Table 28: Patterns of cannabis use among ACT REU, 2003-2006.....	55
Table 29: Price and changes in price for cannabis – hydro & bush, ACT, 2006	56
Table 30: Potency and changes in potency for cannabis – hydro & bush, ACT, 2006	58
Table 31: Availability and changes in availability for cannabis – hydro & bush, ACT, 2006.....	59
Table 32: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2005	60
Table 33: Number of cannabis consumer and provider arrests, ACT, 1997/1998 to 2004/2005	61
Table 34: Number of Simple Cannabis Offence Notices, ACT, 1997/1998 to 2003/2005.....	62
Table 35: Main treatment type for clients in closed treatment episodes for cannabis, 2005/2006	64
Table 36: Patterns of ketamine use among REU, 2003-2006.....	67
Table 37: Prices and price change for ketamine, ACT, 2003-2006.....	68
Table 38: Current ketamine purity and change in purity, ACT, 2003-2006.....	69
Table 39: Current ketamine availability and change to availability, ACT, 2003-2006	70
Table 40: Patterns of GHB use among REU, ACT, 2003-2006	73
Table 41: Patterns of LSD use among REU, 2003-2006.....	75
Table 42: Prices of LSD purchased by REU, 2003-2006	77
Table 43: Current purity of LSD and purity change, ACT, 2003-2006.....	78
Table 44: Current LSD availability and availability change, ACT, 2003-2006.....	79
Table 45: Patterns of MDA use among REU, 2003-2006	81

Table 46: MDA prices and price changes, ACT, 2003-2006	82
Table 47: Current purity and purity change of MDA, ACT, 2003-2006.....	83
Table 48: Current availability and availability change of MDA, ACT, 2003-2006.....	84
Table 49: Content and testing of ecstasy tablets by ACT REU, 2006.....	90
Table 50: Drug information relating to ecstasy tablets, 2006	91
Table 51: REU perceptions of ecstasy, 2006.....	92
Table 52: Injecting risk behaviour among REU, 2006.....	94
Table 53: Drug injection patterns, ACT REU, 2006.....	95
Table 54: Context and patterns of recent injection among ACT REU, 2006	96
Table 55: BBVI vaccination, testing and self-reported status of ACT REU, 2006.....	98
Table 56: Sexual activity and number of sexual partners in the preceding six months, ACT REU, 2006.....	99
Table 57: Drug use during sex in the preceding six months, ACT REU, 2006.....	101
Table 58: Overdose in the last six months among ACT REU, 2006	104
Table 59: Self-reported drug-related problems, ACT REU, 2006	105
Table 60: REU understanding of ecstasy possession and the law, ACT 2006.....	107
Table 61: Criminal activity reported by ACT REU, 2003-2006	109
Table 62: Perceptions of police activity by REU, 2003-2006	109
Table 63: REU experiences and perceptions of drug detection dogs, ACT, 2006.....	110

LIST OF FIGURES

Figure 1: Drug of choice – ecstasy, methamphetamine, cannabis and alcohol, ACT, 2003-2006	6
Figure 2: Location of ecstasy use, ACT REU, 2006	14
Figure 3: Prevalence of ecstasy use among the population aged 14 years and over in Australia, 1988-2004	15
Figure 4: Median purity of phenethylamine* seizures in the ACT, July 2000 to June 2005	18
Figure 5: Trends in methamphetamine (speed, base and crystal) use, ACT, 2003-2006	26
Figure 6: ACT REU reports of usual location of use for methamphetamine, 2006	30
Figure 7: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2005.....	37
Figure 8: 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 ACT, 2003-2006	41
Figure 9: People from whom methamphetamine was purchased in the preceding six months, ACT, 2006	42
Figure 10: Locations where methamphetamine was purchased in the preceding six months, 2006	43
Figure 11: Median purity of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2005	44
Figure 12: Number of hospital admissions in persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/94-2004/05.....	46
Figure 13: Location of cocaine use, ACT REU, 2006	49
Figure 14: Locations where cocaine had been purchased in the preceding six months, ACT, 2006.....	53
Figure 15: Source of hydro and bush cannabis, ACT, 2006	57
Figure 16: Locations where hydro and bush cannabis have been purchased in the preceding six months, ACT, 2006.....	57
Figure 17: Average weight of cannabis seized in the ACT, July 1999 to June 2005	60
Figure 18: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997/1998 to 2004/2005	62
Figure 19: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/1998 to 2005/2006	63
Figure 20: Number of hospital admissions in persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994 to 2004/2005.....	64
Figure 21: Location of ketamine use, ACT REU, 2006.....	67
Figure 22: Usual and last location of LSD use, ACT REU, 2006	76
Figure 23: Locations where LSD had been purchased in the preceding six months, ACT, 2006.....	79
Figure 24: Proportion of REU reporting driving under the influence of drugs, by drug type, 2006*	102

ACKNOWLEDGEMENTS

In 2006, the Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) project was run for the fourth consecutive year in the Australian Capital Territory (ACT). In 2006, the EDRS was solely funded by the Australian Government Department of Health and Ageing. In 2005 the Australian Government Department of Health and Ageing and the Ministerial Council on Drug Strategy funded the PDI as a project under the cost-shared funding agreement. The National Drug Law Enforcement Research Fund funded the PDI in both 2003 and 2004.

In acknowledgement of their valuable assistance with the ACT EDRS in 2006, there are a number of organisations and individuals the authors would like to thank.

Firstly, we would like to thank the 100 regular ecstasy users interviewed in the ACT for the 2006 EDRS for their openness and willingness to discuss the sensitive issues addressed in the EDRS survey.

We would also like to extend our gratitude to the following organisations that committed time and expertise to collecting and providing the indicator data: the Australian Crime Commission, the Australian Federal Police, and the Australian Institute of Health and Welfare.

Just as important to the EDRS as the regular ecstasy user survey and the routinely collected indicator data is the information derived from key expert interviews. These interviews are conducted with people who have specific expertise in the domain of ecstasy and related drugs. These people are all busy professionals who gave up their time without compensation, and so we also want to express our gratitude to each of the key experts.

Thanks are also extended to our interviewers – Amy Curtis, Amanda George, Randolph Sparks and Natasha Sindicich – who were involved with the regular ecstasy user survey.

And last but certainly not least, the authors gratefully acknowledge the support, assistance and advice from colleagues of the National Drug and Alcohol Research Centre (NDARC), specifically Jenny Stafford, Susannah O'Brien and Matthew Dunn – the current National EDRS Coordinators. Special thanks also go to Emma Black, Amanda Roxburgh, Annie Blecker and Natasha Sindicich.

ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACT	Australian Capital Territory
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program, ACT Health
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
A&TSI	Aboriginal and/or Torres Strait Islander
BBVI	Blood-borne viral infections
DASC	Drug and Alcohol Services Council
EDRS	Ecstasy and Related Drugs Reporting System
ESB	English-speaking background
GHB	Gamma-hydroxy-butyrate
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
KE	Key expert(s)
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program
PDI	Party Drugs Initiative
REU	Regular ecstasy user(s)
UCAN	University of Canberra

EXECUTIVE SUMMARY

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) arose out of the Illicit Drug Reporting System (IDRS). The EDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected examine the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis – as well as niche market drugs such as GHB, ketamine, LSD, and MDA, and are used to supplement existing data, such as key expert reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ecstasy and related drug market.

Demographic characteristics of regular ecstasy users (REU)

Consistent with past years, the majority of regular ecstasy users interviewed for the ACT EDRS, in 2006, were male. The sample was from an English speaking background, aged between late teens and mid-twenties, and predominantly heterosexual. Almost seventy percent of the sample had completed at least high-school education, and at the time of interview the majority of REU were either studying at a tertiary level or employed full-time. A minority of the sample reported ever having contact with the criminal justice system, and four REU indicated that they were currently accessing a drug treatment facility.

KE reports were consistent with the demographics of the REU. Most reported that ecstasy users were in their twenties and were either studying or in full-time employment.

Patterns of drug use among REU

Polydrug use was universal among the 2006 ACT EDRS sample. REU had used a mean of nine drugs in their lifetime and a mean of six drugs in the previous six months. Only a minority of the sample reported ever having injected drugs. Ecstasy was clearly the drug of choice for this sample, followed by cannabis and methamphetamine. KE reports were consistent with this: most believed that REU used other drugs as well as ecstasy, and used alcohol in combination with ecstasy.

The majority of the sample indicated that they ‘typically’ used other drugs both in combination with ecstasy and also to facilitate their comedown. Alcohol, tobacco and cannabis were the drugs that were most commonly used by REU in the context of ecstasy use and also during the comedown period. Almost half the sample reported having ‘binged’ (used continuously for 48 hours or more) on ecstasy and other drugs in the six months prior to interview. Ecstasy was used in extended binge episodes by almost all REU who reported recent ‘binge’ activity. Other drugs commonly used in these binge episodes were methamphetamine powder, cannabis, alcohol, crystal methamphetamine and cocaine. Table 1 summarises the use, price, purity and availability of ecstasy, methamphetamine, cocaine, cannabis, ketamine, LSD, GHB and MDA.

Ecstasy use

Ecstasy pills had been used by the entire sample in the past six months, and the pill form was the most commonly used form of ecstasy by REU. Smaller proportions of the sample reported ever having used ecstasy powder (36%) or having used ecstasy powder in the past six months (19%). In the six months prior to interview, the median number of days of any form of ecstasy use was sixteen. Over two-fifths of the sample reported using ecstasy on a monthly to fortnightly basis in the past six months, with approximately one-third of the sample using ecstasy on a greater than fortnightly to weekly basis. The median number of ecstasy tablets consumed in a 'typical' session of use was two, whereas a median of four tablets were taken by REU in the 'heaviest' session of use.

Price, purity and availability of ecstasy

The median reported price for a tablet of ecstasy has remained stable in the ACT since 2003 at \$35 a tablet. Also consistent with previous years, almost the entire sample in 2006 reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT. The majority of the sample reported that the ease with which ecstasy could be obtained had remained stable or had become easier. Ecstasy was primarily obtained by REU through friends, known dealers and acquaintances. The current purity of ecstasy was reported by REU to be at 'medium' to 'high' levels, and approximately one-fifth of the sample indicated that the purity of ecstasy had fluctuated in the past six months.

Ecstasy markets and patterns of purchasing

In the six months prior to interview, REU had purchased ecstasy from a median of three people. Participants indicated that when purchasing ecstasy they typically bought it for themselves and others, and they typically purchased a median of five pills on each purchase occasion. Similar proportions of REU reported typically buying ecstasy on a monthly or less than monthly basis, or on a greater than fortnightly to weekly basis in the past six months. Nearly two-fifths reported that they purchased ecstasy on a greater than monthly, but less than fortnightly basis. Sixty-nine percent of the entire sample reported that they were able to purchase other drugs from their 'main' ecstasy dealer. Other drugs that were commonly available to REU at the time of ecstasy purchase were methamphetamine powder, cannabis, cocaine, crystal methamphetamine and base methamphetamine.

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder ('speed'), methamphetamine base ('base') and methamphetamine crystal ('crystal'). Nine in ten REU reported ever having used speed, and eight in ten REU reported using speed in the past six months. Recent speed users reported a median of four days of use in the six months prior to interview. Snorting was the primary mode of administration, although there were increases this year in the proportion of REU who reported having injected speed. In 2006, the amounts of speed used by REU in both 'typical' and 'heaviest' episodes of recent speed use remained relatively stable. Participants reported using a median of 0.5 grams of speed in a 'typical' session of use and 1 gram in the heaviest session of use. Speed was used during binges by over half those REU who reported recently having binged on ecstasy and related drugs, and was also frequently used in combination with ecstasy.

Base methamphetamine was less commonly used by REU, with forty-eight percent of the 2006 sample reporting ever having used base and approximately one-third reporting recent use. The

majority of recent base users had used this substance infrequently (less than monthly) in the six months prior to interview with a median of four days of use being reported. Swallowing was the most common route of administration reported by base users. There was also an increase in the proportion of REU who had recently injected base. The majority of base users quantified their use of the substance in terms of 'points'. A median of one point of base was used in a 'typical' episode of use, whereas a median of two points were used by REU in the 'heaviest' session of recent use. Only a small proportion of REU who had used ecstasy and related drugs in extended binge episodes reported using base methamphetamine during these binge sessions. Of those REU who commonly used other drugs in combination with ecstasy, ten percent indicated that they used base methamphetamine in this way.

Crystal methamphetamine had been used by almost half the sample and by approximately one-third of the sample in the past six months. The majority of recent crystal users had used this substance infrequently with a median of four days of use in the past six months. In the 2006 EDRS the most common mode of recent crystal administration was smoking, followed by swallowing and snorting. In the previous six months, one 'point' was the median amount of crystal consumed in a 'typical' session and 1.5 points in the 'heaviest' sessions of use by REU. When compared to powder and base methamphetamine, relatively small percentages of REU reported using crystal during binge episodes or in combination with ecstasy.

Table 1: Summary of major drug trends in the ACT, 2006

	Ecstasy	Methamphetamine	Cocaine	Cannabis
Use	<ul style="list-style-type: none"> - 100% of REU reported recently using ecstasy - Median days of use remained relatively stable at 16 in 2006 - 73% of REU typically used more than one tablet and 45% had recently binged on ecstasy 	<ul style="list-style-type: none"> - Speed use remained relatively stable at 66% - Base use increased slightly from 27% to 34% - Crystal use increased from 26% in 2005, to 37% in 2006 - Frequency of use was low and sporadic for all forms 	<ul style="list-style-type: none"> - Recent use remained stable at 44% - Median days of use remained low, at 2 in the preceding six months 	<ul style="list-style-type: none"> - 83% of REU had recently used cannabis - Median number of days increased from 39 in 2005, to 50 in 2006, although the number of daily users remained relatively stable at 22%
Price	<ul style="list-style-type: none"> - Median price per tablet remained stable at \$35, as it has been for the past four years - The majority of REU reported that the price had remained stable 	<ul style="list-style-type: none"> - Price per point for speed and base increased slightly to \$40 and \$42.50 respectively - Price per point of crystal increased from \$35 to \$50 - Only small numbers reported on a gram for base and crystal. Price per gram of speed increased from \$80 to \$200 	<ul style="list-style-type: none"> - Median price per gram increased from \$250 to \$300 - Price per gram was reported to be stable, although a majority reported that they were not sure of price change 	<ul style="list-style-type: none"> - Price per gram of hydroponic and bush cannabis was \$20 - Price per ounce of hydroponic was \$300, and \$220 for bush cannabis - REU reported that the price of both forms remained stable in the preceding six months
Purity/ Potency	<ul style="list-style-type: none"> - Just under half of REU reported purity to be medium - Just under one-quarter reported it be high, and just over one-fifth reported that purity fluctuated 	<ul style="list-style-type: none"> - All three forms were reported to have 'medium' to 'high' purity - Speed purity was reported to be stable to decreasing, and base and crystal purity was reported to be stable 	<ul style="list-style-type: none"> - REU reported purity to be 'medium' to 'high' - The majority were unable to report on purity change 	<ul style="list-style-type: none"> - REU reported hydroponic cannabis had a 'high' potency - Bush was reported to be 'medium' to 'low' - Potency remained stable for hydroponic and bush cannabis
Availability	<ul style="list-style-type: none"> - REU reported ecstasy as 'easy' to 'very easy' to obtain (90%) - Availability remained stable 	<ul style="list-style-type: none"> - All forms were 'easy' or 'very easy' to obtain - Availability remained stable 	<ul style="list-style-type: none"> - There were mixed reports, 32% stated it was 'easy' to obtain and 44% said it was 'difficult' 	<ul style="list-style-type: none"> - Hydroponic was 'very easy' to obtain - Bush was 'easy' to 'very easy' to obtain - Availability remained stable for both forms

Source: EDRS regular ecstasy user interviews, 2006

Table 1: Summary of major drug trends in the ACT, 2006 (continued)

	Ketamine	GHB	LSD	MDA
Use	<ul style="list-style-type: none"> - Recent use remained stable at 15% (17% in 2005) - Median days of use was low at 2, consistent with previous years - Main routes of administration were swallowed (87%) and snorted (67%) 	<ul style="list-style-type: none"> - Recent use remained low and relatively stable at 7% - Median days of use was once in the preceding six months - All REU who had used GHB reported that they had swallowed it 	<ul style="list-style-type: none"> - 18% of REU had recently used LSD, a decrease from 30% in 2005 - Median days of use was low and relatively stable at 1.5 - Swallowing of LSD was universal 	<ul style="list-style-type: none"> - Only a minority of REU reported recent use of MDA (8%, 12% in 2005) - Median days of use was low at 2 - The most common route of administration was swallowing (63%), followed by snorting (50%)
Price	<ul style="list-style-type: none"> - Median price for one pill was \$25 (\$30 in 2005) - Only one person was able to comment on price per gram (\$40, \$65 in 2005) - Only small numbers were able to report on price change. The majority (n=6) reported it to be stable 	<ul style="list-style-type: none"> - Due to the small numbers reporting on GHB, questions regarding price are not asked in the EDRS 	<ul style="list-style-type: none"> - Median price per 'tab' remained stable at \$20 - The majority of REU who were able to comment reported that the price had remained stable 	<ul style="list-style-type: none"> - Price per cap increased from \$40 in 2005, to \$50 in 2006, although only small numbers were able to report - The majority, able to report, stated that price had remained stable (n=3)
Purity/ Potency	<ul style="list-style-type: none"> - Only small numbers were able to comment on purity - Purity was reported to be 'medium' to 'high' - The majority reported purity to be stable to decreasing 	<ul style="list-style-type: none"> - Only small numbers were able to report on current purity, the majority (n=5) reported purity to be high - The majority of REU were unable to report on purity change 	<ul style="list-style-type: none"> - Current purity was reported by the majority to be 'high' (n=12) - There were mixed reports regarding purity change 	<ul style="list-style-type: none"> - All REU who were able to comment on MDA (n=5) reported current purity to be 'high' - There were mixed reports regarding purity change
Availability	<ul style="list-style-type: none"> - Mixed reports regarding availability - Majority believed current availability to be stable to becoming more difficult 	<ul style="list-style-type: none"> - There were only a small number able to report on GHB availability, and reports were mixed 	<ul style="list-style-type: none"> - Mixed reports. Equal proportions reported current availability to be 'easy' and 'difficult' (38%) - Availability remained stable 	<ul style="list-style-type: none"> - There were mixed reports regarding current availability of MDA, due to the small number able to report

Source: EDRS regular ecstasy user interviews, 2006

The median price for a point of methamphetamine was reported to have increased slightly for all forms, at \$40 for speed, \$42.50 for base methamphetamine and \$50 for crystal methamphetamine. Consistent with past years, this year the majority of respondents reported the current purity of each form of methamphetamine to be ‘medium’ to ‘high’. The reports of REU indicated that the purity of base and crystal methamphetamine was relatively stable and that the purity of speed had remained stable or decreased over the previous six months. The availability of each form of methamphetamine was reported to be stable and ‘easy’ to ‘very easy’ to obtain. Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends. Some KE commented that there had been an increase in the use of crystal in the ACT in the preceding six months. Six KE commented that a few REU also used crystal, and two KE commented that most REU would also use crystal.

In the 2006 ACT EDRS, participants, who had recently used methamphetamine (78%), completed the Severity of Dependence Scale (SDS). An SDS score of four or greater is indicative of problematic amphetamine use and, for this sample, the median SDS score obtained was 1 (range 0-6): six participants had SDS scores that exceeded this threshold.

Cocaine

Approximately two-thirds of the 2006 EDRS sample had ever tried cocaine, and almost half the sample reported using cocaine in the previous six months. Those REU who had recently used cocaine had used the substance on a median of two days in the preceding six months, and the majority had used on a less than monthly basis during this period of time. Snorting remained the most common route of administration, and there was a decrease this year in the proportion of REU who had recently smoked cocaine. The median amount of cocaine used in a ‘typical’ episode of use was half a gram, which increased to one gram when referring to the ‘heaviest’ episode of use. One in five REU who had binged on ecstasy and related drugs in the previous six months reported using cocaine during these binge sessions.

The median price for a gram of cocaine increased in 2006 to \$300, from \$250 in the previous years. The reports of REU indicated that the current purity of cocaine in the ACT is stable at ‘medium’ to ‘high’ levels. The response of REU in regards to the current availability of cocaine in the ACT was mixed, which is also consistent with reports of participants in previous years. Cocaine was typically purchased by REU from friends and known dealers in the six months prior to interview. Three KE commented that the use of cocaine in the ACT was rare; however, four reported that there had been an increase in use in the six months preceding interview.

Cannabis

For the first time in 2006, REU were asked about the price, purity and availability of cannabis, specifically hydroponic (indoor-cultivated) and bush (outdoor-cultivated) cannabis. Lifetime cannabis use was almost universal among REU in the ACT in 2006, and approximately eight in ten had used cannabis in the six months preceding interview. Median days of use increased from 39 in 2005, to 50 in 2006, and one-fifth reported that they used cannabis on a daily basis. Smoking was almost universal, and approximately one-quarter reported that they had swallowed cannabis in the preceding six months. Over half of those who reported that they had binged in the preceding six months reported that they had used cannabis, and approximately half reported that they had typically used cannabis whilst under the influence of ecstasy. Furthermore, eight in ten had used cannabis to facilitate the ‘comedown’ from ecstasy.

The median price for a gram of both hydroponic and bush cannabis was \$20, and \$300 for an ounce of hydroponic and \$220 for an ounce of bush. The majority reported that the prices of both forms had remained stable in the six months preceding interview. The current purity of hydroponic cannabis was reported to be 'high', while for bush cannabis it was reported to be 'medium' to 'low'. The majority of REU who were able to comment reported that hydroponic cannabis was 'very easy' to obtain, and bush was 'very easy' to 'easy' to obtain. Only three KE commented on cannabis. Two reported that use of cannabis was infrequent and only by a few REU, while one KE noted that most REU also used cannabis.

Ketamine

Approximately one-third of the sample had ever tried ketamine, and less than one-fifth of the sample reported having used ketamine in the past six months. All recent ketamine users had used this substance on a less than monthly basis in the past six months, with REU reporting a median of two days of use in this period of time. Swallowing and snorting remained the most popular forms of ketamine administration. The majority of ketamine users quantified their use of this drug in terms of 'pills/tabs'. Two 'pills/tabs' was the median amount of ketamine used by REU in a 'typical' session and three 'pills/tabs' in the 'heaviest' session of use in the past six months. Reflecting the low levels of ketamine use among ACT REU, only small proportions of the sample reported having used ketamine during binge sessions of substance use or in combination with ecstasy.

The median reported price for a pill of ketamine decreased slightly from \$30 in 2005 to \$25 per pill in 2006. Despite this change, the majority of REU believed that the price of ketamine had remained stable over the previous six months. REU reported that the purity of ketamine was 'medium' to 'high'. Consistent with previous years, REU were divided in terms of their response to the current ease of availability of ketamine in the ACT. Known dealers and friends were the primary sources through which REU obtained ketamine in the past six months. Three KE commented that a few REU also used ketamine, whilst one KE reported that half of REU would also use ketamine. Two KE reported that there had been an increase in use of ketamine in the six months preceding interview.

GHB

The data that have been collected for the ACT EDRS since 2003 suggest that GHB is a drug that is used infrequently by ACT REU. As in previous years, only a minority of the 2006 EDRS sample reported lifetime or recent use of GHB. Recent users reported a median of one day of GHB use in the six months prior to interview, and swallowing was the universal mode of administration. The median amount of GHB used for a 'typical' session was reported to be 25 millilitres and 30 millilitres for the 'heaviest' session. Two participants reported that they had used GHB during extended binge episodes of drug use, or regularly in combination with ecstasy.

Only ten respondents were able to comment on the price, purity and availability of GHB in the ACT in 2006, and results therefore need to be interpreted with caution. Four KE reported that a few REU had also used GHB in the six months preceding interview, and five KE reported that there had been an increase in the use of GHB amongst REU in the six months prior to interview.

LSD

Almost one-third of the 2006 EDRS sample reported the recent use of LSD, and almost half the sample reported ever having used LSD. The majority of recent LSD users had used this substance on a less than monthly basis in the previous six months, and reported a median of 1.5 days of use during this period of time. Swallowing was the universal mode of administration. REU had used a median of one 'tab' of LSD in a 'typical' session and 1.5 'tabs' during the 'heaviest' sessions of recent use. One in ten REU who reported having recently binged on ecstasy and related drugs had used LSD during these binge episodes, and no REU reported 'typically' using LSD in combination with ecstasy.

The median price for a 'tab' of LSD has remained stable in the ACT since 2003 at \$20 per tab. REU estimated the current purity of LSD to be at 'high' levels and reported that the purity of LSD had remained stable over the past six months. There were mixed reports regarding the current availability of LSD in the ACT in 2006. LSD was most commonly purchased by REU from known dealers and friends in the six months prior to interview.

MDA

In 2006, approximately one-quarter reported lifetime use of MDA, although only a minority reported recent use of MDA. Among those REU who had recently used MDA, the median days of use in the past six months was two. The majority of recent users had swallowed MDA with approximately half of recent users reporting having snorted MDA. The median amount of MDA used in a 'typical' episode of use was one capsule, which increased to 1.25 capsules in the 'heaviest' episode of recent use (Buckingham et al., 2005, Rushforth, 2003, Ward and Proudfoot, 2004).

As in 2005, only a small number of respondents were able to comment on the current price, purity and availability of MDA. Therefore, the following results should be interpreted with caution. The median reported price of MDA remained stable in the ACT at \$50 per 'cap'. All of the respondents, who were able to comment on MDA, reported that the current purity was at 'high' levels. The reports of REU suggested that MDA was difficult to obtain in the ACT. In the past six months, REU had primarily obtained MDA through known dealers and friends.

Patterns of other drug use

Almost the entire sample had used alcohol in the six months prior to interview. Alcohol was commonly used (in many cases to excess) in the context of ecstasy use and also to facilitate the ecstasy 'comedown'. Approximately two-fifths of those REU who reported bingeing on ecstasy and related drugs in the past six months had used alcohol during these binges. As observed by KE, the use of tobacco was common in the EDRS population. As in the 2003, 2004 and 2005 PDI, the use of other drugs such as benzodiazepines, antidepressants and 'other opiates' was minimal in the 2006 REU sample. Furthermore, the proportion of the sample that had recently used inhalants remained at the similar low levels reported in the 2005 PDI.

Drug information-seeking behaviour

Just under half of the sample reported that they had actively tried to gain information on the drugs they purchased (excluding ecstasy) prior to taking them. In terms of seeking information on the content of ecstasy tablets, a much higher proportion of the sample (71%) reported that they actively sought information on the contents of the ecstasy they had purchased. Of those REU who did find out about the content of their ecstasy, the most common methods of obtaining information were asking friends, asking their dealer, and asking other people. Approximately one-third of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information. Almost two-fifths of this group reported that they were aware the use of testing kits had limitations.

Risk behaviour

Seventeen percent of REU reported ever having injected a drug, and 15% reported injecting drugs in the six months prior to interview. A median of seven drugs had ever been injected by this minority, and those who reported having injected in the past six months had also injected a median of three drugs. Almost half the lifetime injectors reported that they were under the influence of other drugs the first time they ever injected. When asked how they first learnt to inject, the majority of lifetime injectors reported that their friends or partner had taught them.

Over one-third of the 2006 EDRS sample reported that they had not been vaccinated against the hepatitis B virus (HBV). A similar proportion (40%) had completed the HBV vaccination schedule, 9% reported that they had started but not finished the HBV schedule, and 15% were unsure of whether they had completed the schedule. Almost half the sample reported that they had never been tested for the hepatitis C virus (HCV), 36% of the sample had been tested in the previous twelve months, and 12% had been tested more than twelve months ago. A minority (6%) of the sample were unsure as to whether they had ever been tested for HCV. Forty-nine percent of participants indicated that they had been tested for the human immunodeficiency Virus (HIV) at some point in their lifetime, and two participants identified as HIV positive.

Almost the entire sample reported having had penetrative sex in the six months prior to interview. The majority (72%) of sexually active REU reported having sex with two or more partners in the past six months. Approximately one-quarter (28%) of sexually active participants in this year's sample had recently (in the past six months) engaged in anal sex. The majority (80%) of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Eighty-four percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug and 44% had done so while over the legal limit of alcohol. Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis and methamphetamine powder.

Health-related issues

Nineteen percent of the sample reported that they had ever overdosed on ecstasy or related drugs and 3% of the sample reported having overdosed on ecstasy or related drugs in the past six months. One participant each overdosed on MDA, alcohol and crystal methamphetamine. Two REU who had recently overdosed reported the use of other drugs at the time of overdose.

Drug-related problems

A minority of the sample (10%) had experienced legal/police problems in the preceding six months and approximately one-third of the sample reported that they had recently experienced relationship/social problems (39%) or financial problems (37%) due to their drug use in the past six months. The drug-related problems most frequently experienced by REU in 2006 were occupational/study problems, with over one in three (40%) REU having experienced these problems in the six months prior. Ecstasy was the drug that REU most commonly attributed their experience of problems to.

Criminal activity, policing and market changes

In 2006, REU were asked about ecstasy possession and the law. Just under half reported that they knew how much ecstasy one would have to be in possession of to be charged with supply by police. REU, who were able to comment, reported that a median of 3.5 tablets of ecstasy, regardless of MDMA purity, was the amount that would qualify as supply. Again, just under half reported that they were aware of the consequences of being charged with supply, and a prison sentence was nominated by the majority of the REU who were able to comment. Just over half reported that there was a difference between obtaining tablets for oneself or for friends, and the majority reported that this would result in a 'heavier' penalty.

Over one-third (38%) of the 2006 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview, which was an increase when compared to 29% reporting recent criminal activity in 2005. Under one-third (29%), of those who reported they committed a crime, reported that they had been involved in drug dealing in the six months preceding interview, 11% reported that they had committed a property crime, and 8% reported that they had committed a violent crime. Only one REU reported that they had committed a fraud in the six months preceding interview. Approximately one in ten REU reported that they had been arrested in the 12 months preceding interview. The majority of REU indicated that they were unable to comment on changes to the level of recent police activity, or that the level of police activity had remained stable, or increased. As in the 2003, 2004 and 2005 PDI, only a minority of the sample reported that recent police activity had made it more difficult for them to score illicit drugs.

REU were asked about their experiences with drug detection ('sniffer') dogs, for the first time in 2006. Just under half had seen sniffer dogs in the six months preceding interview. Over half reported that they hid their drugs better if they knew the sniffer dogs would be at an event. Over two-thirds reported that they had had drugs on them when they had seen sniffer dogs, and the majority reported they either walked away and avoided the dogs or did nothing (i.e. did not change their behaviour). REU reported that if they saw the dogs whilst they had drugs on them they would take them so they couldn't be detected, avoid the dogs, or not change their behaviour.

Implications

The 2006 ACT EDRS highlighted a number of issues that warrant mention in relation to the use of ecstasy and related drugs in the Territory. The first is the level of sexual risk-taking observed among this group. Significant proportions of the sample this year reported having unsafe sex with a 'regular' sex partner under the influence of ecstasy and related drugs. STI rates continue to rise in Australia, and – given that the majority of REU had multiple sexual partners in the past six

months – this group appears to be at increased risk for contracting sexually transmitted infections.

Second, nearly three-quarters of the sample also reported having driven under the influence of ecstasy and related drugs in the previous six months. In light of the high levels of self-reported drug driving reported by the sample, it is important that credible campaigns designed to educate this population about the risks associated with drug driving are implemented.

1.0 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS, formerly the Party Drugs Initiative, or PDI) arose out of the Illicit Drug Reporting System (IDRS). The EDRS is a study that acts as a strategic early warning system for trends and issues emerging from illicit drug markets in Australia. The data collected examine the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis – as well as niche market drugs such as ketamine, LSD (*d*-lysergic acid), MDA (3, 4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate), and are used to supplement existing data, such as key expert reports and indicator data, thus providing a multifaceted approach to the task of monitoring the Australian ecstasy and related drug market.

This year, the EDRS was funded solely by the Australian Government Department of Health and Ageing.

The findings in this report provide a summary of trends in ecstasy and related drug use detected in the ACT in 2006. In addition to ecstasy, the drugs that receive attention in this report are those drugs that are typically taken in combination with ecstasy, such as methamphetamine, cocaine, ketamine, LSD, MDA and GHB. As in the IDRS, the EDRS involves the collection and joint comparison of three data sources: interviews with current regular ecstasy users recruited in the ACT; interviews with key experts (KE) who have contact with and knowledge of the ecstasy and related drugs scene in the ACT; and data routinely collected (‘indicator data’) on ecstasy and other drug users by agencies in the ACT.

1.1 Aims

The aim of the EDRS is to act as a strategic warning system for trends and issues emerging from the illicit ecstasy and related drug markets, and thereby identify issues that may be of future concern. The data collected provide information on the current price, purity and availability of ecstasy and related drugs in the ACT and on the patterns of ecstasy and related drug use amongst the participants in the REU survey.

2.0 METHODS

The 2006 ACT EDRS involved the collection and analysis of data from three sources:

1. interviews with current regular ecstasy users recruited in the ACT;
2. interviews with key experts who have contact with and knowledge of the ecstasy and related drugs scene in the ACT;
3. 'indicator' or routinely collected data.

2.1 Survey of regular ecstasy users (REU)

Ecstasy is a drug that is used widely across the Australian population. In the 2004 National Drug Strategy Household Survey (NDSHS), ecstasy was identified as the third most widely used illicit drug after cannabis and amphetamines in Australia, with one in eight (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting past year ecstasy use (Australian Institute of Health and Welfare, 2005b). For more than a decade the ecstasy market in Australia has continued to grow, and it appears that ecstasy may be one of the first illicit drugs with which young Australians will experiment (Topp et al., 2004, White et al., 2003). Regular users of tablets sold as 'ecstasy' were therefore the population chosen to monitor trends in the Australian ecstasy and related drug markets for the EDRS.

2.1.1 Recruitment

Between May and June of 2006, 100 regular ecstasy users were interviewed in the ACT for the EDRS. Participants in the ACT EDRS were recruited as volunteers via a number of avenues. Initial contact was established through advertisements in popular 'street press' publications, and other methods of recruitment included: advertisements in the Australian National University (ANU) and University of Canberra (UCAN) student magazines; advertisements posted at various tertiary education campuses around Canberra; and websites. Furthermore, 'snowball' procedures were also adopted. That is, on completion of the interviews, participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given a bundle of flyers that listed the contact details for the study. Participants were also recruited through interviewer contacts.

2.1.2 Procedure

REU contacted the researchers by telephone and were screened for eligibility. To meet the eligibility criteria, participants were required: to be at least 17 years of age (due to ethical constraints); to have lived in the ACT for the preceding twelve months; and to have used ecstasy a minimum of six times (i.e. a monthly basis) in the past six months. The interview time and location was then negotiated between the researcher and participant.

Participants were then informed that the study would involve a face-to-face interview that would take approximately 40-60 minutes to complete. Before conducting the interview, the nature and purpose of the study were explained to participants prior to obtaining informed consent. The researchers also informed participants that the information they provided was anonymous and strictly confidential. On completion of the interview, participants were provided with \$30 as reimbursement for their time.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy use conducted by NDARC in 1997 (Topp et al., 1998) and on subsequent studies that were conducted in NSW, QLD and SA. The interview schedule focused primarily on the preceding six months, and collected information on the following variables: demographics; patterns of ecstasy and other drug use; the price, purity and availability of ecstasy and a number of other related drugs; information on ecstasy and other drug testing; methamphetamine severity of dependence scales (SDS); perceived risks and benefits of ecstasy use; risk behaviour; help-seeking behaviour; the experience of ecstasy and other drug-related problems such as relationship, legal, work and financial difficulties; injecting risk behaviour; sexual risk behaviour; self-reported criminal activity; general trends and police activity.

2.2 Survey of key experts (KE)

Between May and October 2006, 11 professionals were interviewed as key experts for the EDRS. Two interviews were conducted with nightclub managers, two interviews were conducted with medical officers and ambulance officers, two interviews were conducted with health promotion workers, two interviews with police from the intelligence branch, and one interview each was conducted with a disc jockey, a user-group representative, and a youth worker. The majority of KE did not work with a specific population and had contact with a range of ecstasy users. KE had contact with a minimum of 10 different ecstasy users in the six months prior to interview.

Interviews were conducted over the phone and took approximately 35-40 minutes to administer. The KE interview followed the same semi-structured format as that used in the IDRS. The interview included sections on the demographic characteristics of ecstasy and related drug users; patterns of ecstasy and related drug use; the price, purity and availability of ecstasy and related drugs in the ACT; health and treatment issues; and criminal activity.

2.3 Other indicators

A number of secondary data sources ('indicator' or routinely collected data) concerning ecstasy and related drug issues were collected in order to validate the data obtained from the REU surveys and KE interviews. The entry criteria for indicator data are listed below:

- The data should be available at least annually.
- The data should include 50 or more cases.
- The data should provide details of illicit drug use.
- The data should be collected in the main study site (that is, the ACT).

The indicator data sources meeting the above criteria included in the 2006 EDRS study are described below:

- ***Purity of drug seizures.*** In 2005 the Australian Crime Commission (ACC) provided data on the median purity of illicit drug seizures made by local police in the ACT. This report presents the purity of drug seizures from the 1999/00 financial year to 2004/05.

- ***Number and weight of drug seizures.*** Data on the number and weight of drug seizures made by ACT local police were provided by the ACC. Data include number of seizures and amount seized in grams from 1999/00 to 2004/05, by each drug type.
- ***Drug-specific arrests.*** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the AFP and ACT local police. This report provides the number of arrests for each drug type from 1997/98 to 2004/05.
- ***Simple Cannabis Offence Notices (SCON).*** Data for this report on the number of SCON issued in the ACT from 1997/1998 to 2004/2005 were provided by the ACC.
- ***Drug withdrawal services.*** The number of clients participating in detoxification programs with the Arcadia House Withdrawal Centre is presented by quarter, for each drug type from 1997-1998 to 2005-2006. Assisting Drug Dependents Incorporated (ADDInc) provides these data.
- ***ACT Drug and Alcohol Program 'closed treatment episodes'.*** The ACT Drug and Alcohol Program provided information on the number of clients in closed treatment episodes (i.e. a period of contact with defined commencement and cessation dates, between a client and treatment agency) where cannabis was the principal drug of concern. Data in this report are presented for 2005/2006.
- ***Hospital admissions.*** The 2006 EDRS study includes data on the number of hospital admissions due to methamphetamine and cannabis among those aged 15 to 54 years from 1999/00 to 2005/06. These data are provided by the Australian Institute of Health and Welfare (AIHW).

3.0 OVERVIEW OF REGULAR ECSTASY USERS

3.1 Demographic characteristics of the REU sample

Table 2 presents the demographic characteristics of the 2006 ACT EDRS sample. Consistent with previous years, the sample was predominantly male (68%), which was also indicated by KE reports. The mean age of the sample was 25 years (S.D. 7.7, range 17-53). Males were significantly more likely to be older than females (26 years and 21 years respectively, $p < .05$). The majority of the sample nominated their sexual identity as heterosexual (85%), with 6% identifying as bisexual, 8% as gay males, and 1% as lesbians.

Table 2: Demographic characteristics of ACT REU sample, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Mean age (years)	22	25	22	25
Male (%)	73	70	68	68
ESB (%)	96	98	94	100
A&TSI (%)	2	2	2	2
Heterosexual (%)	96	90	81	85
Mean number school years [#]	13	13	13	11
Tertiary qualifications (%)	27	43	32	34
Employed full-time (%)	30	41	29	37
Full-time students (%)	33	30	45	27
Unemployed (%)	10	12	8	17
Previous conviction (%)	0	9	3	8
Current drug treatment (%)	0	0	1	4

Source: EDRS regular ecstasy user interviews, 2003-2006

[#] question changed from ‘How many years of school did you complete?’ to ‘What grade of school did you complete?’

Almost two-thirds (58%) of the sample reported that they were currently single, with just over one-third (34%) of the sample indicating they were in a relationship with a ‘regular’ partner. Smaller proportions reported that they were married/de facto (5%), separated (2%) or divorced (1%).

All REU (100%) spoke English as the main language at home, and two participants indicated that they were of indigenous Australian descent. Sixty percent of the sample lived in their own (rented or purchased) premises, with over one-quarter (29%) indicating that they lived in their parents’ or family home, and smaller proportions living on university campus (5%) or at boarding houses/hostels (2%).

The mean number of years of education completed by the sample was 11, with 71% of respondents having completed their high-school education. Over one-third (34%) of the sample had completed a course since finishing their school education – 18% had a trade or technical qualification, and 16% had completed a university degree or college course.

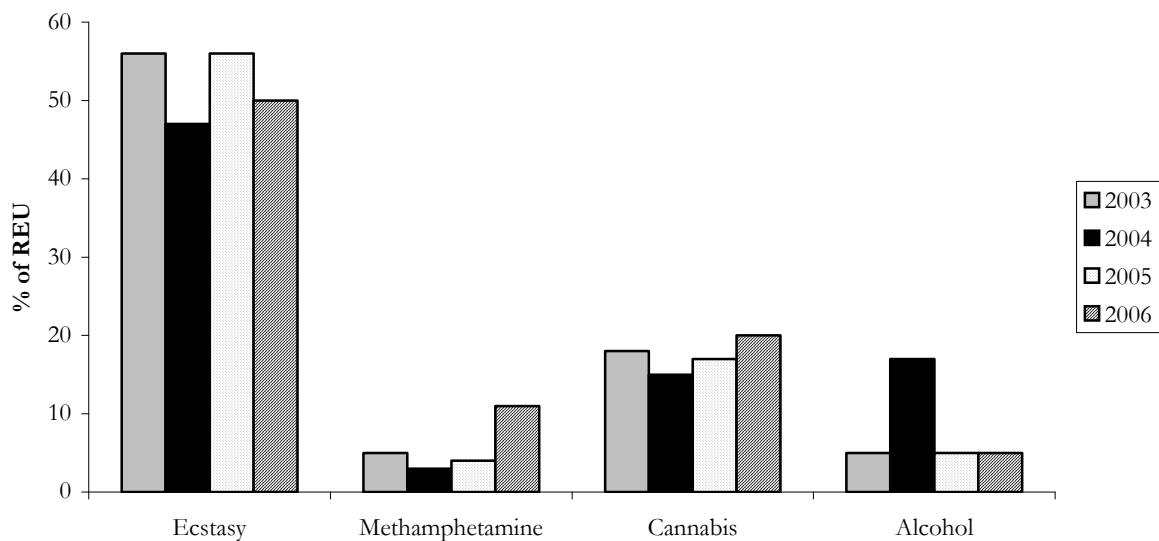
When examining employment status, just over a quarter (27%) of the sample indicated that they were currently enrolled as full-time students. Thirty-seven percent of the sample were employed on a full-time basis, 17% were employed on a part-time casual basis, and almost one-fifth (17%) indicated that they were unemployed. Four percent were currently in drug treatment and a small proportion (8%) reported having a previous criminal conviction.

KE reports were consistent with the demographics of the REU in terms of age and education. However, there were mixed reports in terms of gender of REU. Three reported that males were more likely to use ecstasy; three reported that it was equal, and one KE reported that there were more females than males who used ecstasy.

3.2 Drug use history and current drug use

Ecstasy was the drug of choice for half (50%) the sample, followed by cannabis (20%) and methamphetamine (11%), specifically methamphetamine powder (7%), followed by methamphetamine base (3%) and crystal methamphetamine (1%). As can be seen in Figure 1, drug of choice among REU has remained relatively stable since 2003, although methamphetamine has slightly increased from 2005.

Figure 1: Drug of choice – ecstasy, methamphetamine, cannabis and alcohol, ACT, 2003-2006



Source: EDRS regular ecstasy user interviews, 2003-2006

Table 3 presents the lifetime and recent drug use history of the EDRS sample. Fourteen percent of the REU sample reported lifetime use of drugs other than those listed in Table 3, with 7% indicating that they had used ‘other drugs’ in the six months prior to interview.

For the purpose of this study, ‘bingeing’ was defined as the use of a drug on a continuous basis for more than 48 hours without sleep. Almost half (49%) of the 2006 sample reported having binged on ecstasy and/or related drugs in the six months prior to interview, a slight increase from 43% in the previous year. The median length of the longest binge session reported by REU was three days (72 hours, range 49-624). Ecstasy was used by almost all (92%) REU during binge

episodes and other commonly used substances during these episodes were cannabis (55%), methamphetamine powder (53%), alcohol (43%), crystal methamphetamine (31%), cocaine (18%) and base methamphetamine (16%).

REU reported a mean use of nine (range 2-18) drugs for lifetime use and a mean of six (range 2-14) drug types in the six months preceding interview. Seventeen percent of the entire sample reported that they had ever injected a drug, an increase from 6% in 2005. Of that seventeen percent, fifteen participants (88%) had injected drugs in the past six months. Of those participants who reported ever having injected a drug, a median of 7 drugs (range 1-12) had ever been injected, and, of those who had injected recently, a median of 3 drugs (range 1-7) had been injected in the previous six months. When asked to indicate which was the first drug that they had ever injected, seven participants nominated heroin as the first drug they had injected, six participants reported powder methamphetamine and one participant each reported methamphetamine base, ecstasy, adrenaline and liquid amphetamine.

In accordance with the self-reports of REU, the KE interviewed for the 2006 EDRS commented on the extensive patterns of drug use amongst the REU population. Most indicated that alcohol consumption occurred amongst most of the REU population. The majority of KE indicated that they thought REU were likely to use crystal methamphetamine. The majority of KE also thought that there was a small population of REU who were also likely to use cocaine, ketamine, LSD and benzodiazepines.

Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Mean number of drug types ever used	10	10	9	9
Mean number of drug types used in the last 6 months	7	6	6	6
Ever inject any drug (%)	5	12	6	17
Alcohol				
Ever used (%)	100	100	98	98
Used last 6 months (%)	97	97	94	94
Cannabis				
Ever used (%)	97	98	94	94
Used last 6 months (%)	82	83	81	83
Tobacco				
Ever used (%)	92	93	88	79
Used last 6 months (%)	75	80	71	69
Methamphetamine powder (speed)				
Ever used (%)	88	87	90	81
Used last 6 months (%)	64	64	70	66
Methamphetamine base (base)				
Ever used (%)	30	43	45	48
Used last 6 months (%)	24	31	27	34
Crystal meth (crystal)				
Ever used (%)	71	62	49	55
Used last 6 months (%)	56	39	26	37
Cocaine				
Ever used (%)	47	69	68	68
Used last 6 months (%)	26	34	44	44
LSD				
Ever used (%)	59	62	48	46
Used last 6 months (%)	44	23	30	18
MDA				
Ever used (%)	56	41	25	25
Used last 6 months (%)	33	15	12	8

Source: EDRS regular ecstasy user interviews, 2003-2006

Table 3: Lifetime and recent polydrug use of ACT REU, 2003-2006 (continued)

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ketamine				
Ever used (%)	49	36	38	32
Used last 6 months (%)	21	15	17	15
GHB				
Ever used (%)	17	23	14	17
Used last 6 months (%)	12	6	6	7
Amyl nitrate				
Ever used (%)	50	44	29*	43
Used last 6 months (%)	29	18	14	23
Nitrous oxide				
Ever used (%)	56	52	38	34
Used last 6 months (%)	39	17	16	14
Mushrooms				
Ever used (%)	-	-	41	33
Used last 6 months (%)	-	-	10	3
Benzodiazepines				
Ever used (%)	20	36	23	37
Used last 6 months (%)	11	14	12	20
Antidepressants				
Ever used (%)	11	24	28	29
Used last 6 months (%)	6	6	10	12
Heroin				
Ever used (%)	5	15	7	18
Used last 6 months (%)	0	4	3	8
Methadone				
Ever used (%)	0	5	4	11
Used last 6 months (%)	0	2	1	6
Other opiates				
Ever used (%)	20	20	20	22
Used last 6 months (%)	11	6	10	12

Source: EDRS regular ecstasy user interviews; 2003-2006

3.3 Summary of polydrug use trends in REU

- Consistent with previous years, the REU sample recruited was predominantly male, suggesting that ecstasy use, like the use of most illicit drugs, is more common among males
- The majority of ecstasy users are relatively young, aged between their late teens to mid-twenties
- In general, REU have relatively high levels of education. The majority (71%) of REU had completed high-school education, and approximately one-third (34%) had obtained tertiary qualifications. Almost one-third (27%) of the sample was studying full-time at the time of interview
- Levels of unemployment and contact with drug treatment and criminal justice facilities are low in this population
- Polydrug use was almost universal among the REU interviewed, although ecstasy was clearly identified as the drug of choice
- Large proportions of REU reported the recent use of cannabis, alcohol, tobacco and methamphetamine powder
- Just under half of the sample reported bingeing on ecstasy and/or related drugs in the preceding six months

4.0 ECSTASY

The patterns of ecstasy use reported by REU in the ACT from 2003 to 2006 are presented in Table 4. As can be seen, in 2006 the mean age at which REU first used ecstasy was 20 years (S.D. 5.8, range 13-48). The entire sample had used ecstasy at least on a monthly basis at some stage in their life, and reported first having done so at a mean age of 22 years (S.D. 6.5, range 13-49). Females were significantly more likely to try ecstasy at a younger age than males (females=18, males=20, $p=.03$). Furthermore, females were also significantly more likely to be younger than males when they began using ecstasy on a regular basis (i.e. at least once a month. Females=19, males=23, $p=.012$).

4.1 Ecstasy use among REU

The entire sample (100%) reported the lifetime and recent use of ecstasy pills, whereas approximately one-third (36%, similar to 2005) of the sample reported ever having tried ecstasy powder, and one-fifth (19%, a slight decrease from 24% in 2005) reported that they had used ecstasy powder in the past six months. The median number of days that REU had used ecstasy pills in the past six months was sixteen (range 6-120), whereas the median number of days of ecstasy powder use was a median of three days (range 1-60). When compared to the patterns of ecstasy pill use among the sample, the use of ecstasy powder was relatively infrequent, with the majority (80%) of recent users having used on a less than monthly basis in the past six months, with small numbers reporting more frequent use on a monthly to fortnightly ($n=2$) or fortnightly to weekly ($n=2$) basis.

When examining the total number of days that REU had used any form of ecstasy in the past six months (use of pill and powder forms combined), the median number of days of ecstasy use was 16 (range 6-120, comparable to a median of 12 days in 2003, 14 days in 2004 and 13 in 2005; see Table 4). In the preceding six months, approximately two-fifths (43%) used ecstasy on a monthly to fortnightly basis (a slight decrease from 49% in 2005) and approximately one-third (36%) had used ecstasy on a greater than fortnightly to weekly basis (compared to 32% in 2005). Also similar to last year, approximately one in five (21%) REU had used ecstasy on a greater than weekly basis in the past six months (19% in 2005). In the 2004 ACT PDI report (Proudfoot et al., 2005) it was noted that the frequency of ecstasy use had increased when comparing the 2003 to the 2004 sample. Although there was no apparent increase in the frequency of ecstasy use from 2004 to 2006, the higher levels of ecstasy use noted in 2004 persisted in this year's sample.

In the six months prior to interview, the median number of ecstasy tablets taken in a 'typical' episode of use was 2 (range 0.5-10.0). Seventy-three percent of the sample reported that they typically used more than one tablet in a standard episode of use (similar to 69% in 2003, 67% in 2004 and 71% in 2005). During the 'heaviest' episodes of recent ecstasy use, REU reported the median use of 4 tablets (range 1-20). Just over half (52%) the sample had taken four or more tablets in a single episode of use in the preceding six months, compared to 48% in 2005.

The majority of recent ecstasy powder users quantified their use of the drug in terms of 'grams' 'points' or 'lines'. Of those REU who reported on their use in terms of grams, the median amount of ecstasy powder used in a 'typical' episode was 0.8 (range 0.2-2.0); for the 'heaviest' episode, a median of one gram (range 0.2-6.0) was used. The median amount of points used on a typical session was 1.5 (range 1-5) and the median for the 'heaviest' session was 2 (range 2-5)

points. The median amount of ecstasy lines used in a ‘typical’ session was 3, and for the ‘heaviest’ session it was 4 lines (range 3-5).

Table 4: Patterns of ecstasy use among ACT REU, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Mean age first used ecstasy (years)	19	20	19	20
Median days used ecstasy in past six months	12	14	13	16
Ecstasy ‘favourite drug’	56	47	56	50
Use ecstasy > weekly basis	8	22	19	21
Median ecstasy tablets in ‘typical’ session	2	2	2	2
Typically use > 1 tablet (%)	69	67	71	73
Recently binged* on ecstasy (%)	45	32	39	45
Ever injected ecstasy (%)	0	0	6	14
Main route of administration of ecstasy in past six months (%)				
Swallowing	97	96	96	93
Snorting	3	4	3	4
Injecting	0	0	1	2
Main form used past six months ^a (%)				
Pills	-	-	100	99
Powder	-	-	0	1
Capsules	-	-	0	0
Typically use other drugs in conjunction with ecstasy (%)	88	96	91	90
Typically use other drugs to ‘comedown’ from ecstasy (%)	83	80	73	75

Source: EDRS regular ecstasy user interviews; 2003-2006

^a question not asked in the 2003 and 2004 PDI

* bingeing defined as the use of stimulants 48 hours or more continuously without sleep

includes pills and powder

Participants were asked to nominate which of the two forms of ecstasy (pills and powder) they had used most of in the preceding six months. Nearly all (99%) nominated ecstasy pills as the form they had used most commonly during this time, and 1% nominated ecstasy powder. When examining the ways in which REU had taken the ecstasy tablets they had used in the six months prior to interview, nearly all (99%) participants in the 2006 REU sample reported swallowing ecstasy tablets. There was a decrease this year in the proportion of the sample who reported having recently snorted ecstasy (69%, compared to 79% in 2005), although this is still consistent with reports from KE that the main route of administration is swallowing, followed by snorting. Smaller proportions reported ‘shelving’/‘shafting’ (vaginal or rectal administration, 9%, 10% in 2005), smoking (9%, 6% in 2005) and injection (4%, 2% in 2005). Almost all (93%) participants nominated oral ingestion as their ‘main’ route of ecstasy administration in the previous six

months (as did 97% in 2003, 96% in 2004 and 96% in 2005), with 4% of REU reporting they mainly snorted the drug, and two REU primarily injecting ecstasy in the past six months. Of those participants who reported the recent use of ecstasy powder, the majority (74%) reported that they had swallowed ecstasy powder in the past six months, with a slightly smaller percentage (63%) indicating that they had snorted powder during this time. Two REU reported that they had smoked ecstasy powder in the preceding six months, one REU indicated that they had injected ecstasy powder in the preceding six months, and no REU had recently injected or shelved/shafted ecstasy powder.

In support of REU reports, KE thought that the predominant form of ecstasy was in the pill format. Five KE reported that REU used a combination of swallowing and snorting, with two KE reporting that swallowing was the only route of administration, one KE reporting that snorting was the most common route, and one KE reporting that there were a few 'hard core' injectors of ecstasy. The majority of KE reported that the use of ecstasy was "recreational", approximately fortnightly; however, KE noted that most REU would binge during this time and go for a few nights on the weekend. One KE reported that there were a minority of daily users of ecstasy in the ACT. Six KE reported that the majority of REU would use between 1 and 3 pills in a night. For heavy users, on binge sessions, one KE reported that REU may take up to six pills, one reported up to ten and one KE reported that heavy ecstasy users may take between 8 and 25 ecstasy pills in a weekend.

Additionally, two KE commented that they have observed two distinct groups of REU. One sub-population is comprised of 'recreational', 'social' or 'non-problematic' ecstasy users. This group would use infrequently, perhaps once a month for special occasions and only take a minimal amount of ecstasy pills. The other sub-population of the REU is comprised of 'regular', 'heavy' or 'problematic' ecstasy users. This group would use ecstasy a number of times per week and would take multiple ecstasy pills in each session.

The majority (90%) of the sample indicated that they 'typically' (defined as more than two-thirds of the time) used other drugs in combination with ecstasy (similar to 91% in 2005). Similarly, 75% of the 2006 sample reported that they 'typically' used other drugs during the comedown period associated with ecstasy use, which again was a small and non-significant decrease when compared to the previous year (73% in 2005).

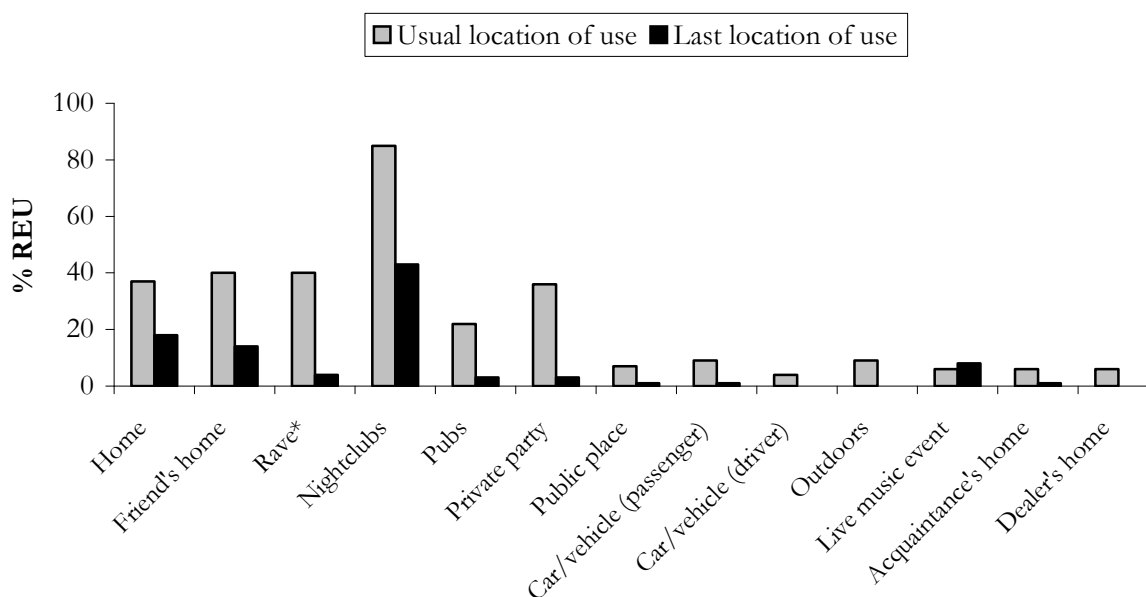
The drugs most commonly used in combination with ecstasy by REU were alcohol (68%), tobacco (62%) and cannabis (51%). Approximately one-quarter of those REU who typically used other drugs when taking ecstasy nominated speed (27%), with around one in ten reporting the typical use of crystal methamphetamine (13%), methamphetamine base (9%) and amyl nitrite (8%). In the 2004 ACT PDI report, a concerning finding was the significant increase in the proportion of REU who reported typically drinking alcohol when consuming ecstasy (from 65% in 2003 to 80% in 2004). The high reported levels of alcohol and ecstasy use decreased in 2006 to 68%, although it is still quite high. Furthermore, the high levels of heavy alcohol use (more than 5 standard drinks) in the context of ecstasy use decreased in 2006 to 50% (compared to 66% in 2004; 65% in 2005), although, again this figure is still quite high.

As in 2003, 2004 and 2005, cannabis (83%), tobacco (65%) and alcohol (36%) remained the primary drugs that REU used in the context of the ecstasy comedown. Furthermore, a high proportion (67%) of those REU who reported using alcohol to facilitate their comedown had used alcohol to excess in this context (similar to 2005).

Of those respondents who reported bingeing in the six months prior to interview, almost all (92%) had used ecstasy to do so. The median length of time that REU reported bingeing on ecstasy was 3 days (i.e. 72 hours, range 49-624 hours). Other drugs that REU commonly used

with ecstasy during these extended binge sessions were cannabis (55%), methamphetamine powder (53%), alcohol (43%), crystal methamphetamine (31%) cocaine (18%) and methamphetamine base (16%).

Figure 2: Location of ecstasy use, ACT REU, 2006



Source: EDRS regular ecstasy user interviews, 2006

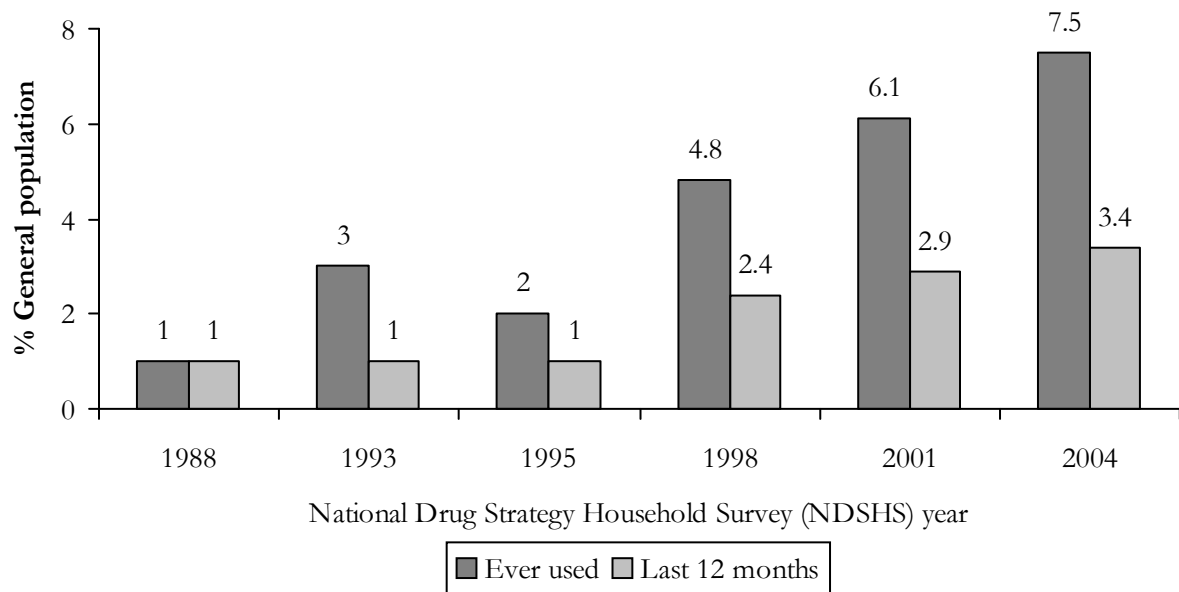
* includes outdoor raves, 'doofs' and dance parties

REU reported using ecstasy at a wide variety of locations in the preceding six months (see Figure 2 above). The venues that REU most frequently reported typically using ecstasy were: nightclubs (85%); raves/'doofs'/dance parties (40%), friend's home (40%) their own home (37%) and a private party (36%). Under one-quarter of the sample reported using ecstasy at pub (22%), and approximately one in ten reported having used ecstasy in a car/vehicle as a passenger (9%) or outdoors (9%) in the past six months. Nightclubs (43%) were the locations where the majority of REU reported last using ecstasy in the previous six months, with smaller percentages nominating their own home (18%) and friends' homes (14%).

4.2 Use of ecstasy in the general population

The 2004 National Drug Strategy Household Survey (NDSHS) revealed that ecstasy is the third most widely used illicit drug after cannabis and amphetamines in Australia, with one in eight (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting past year ecstasy use in 2004 (Australian Institute of Health and Welfare, 2005b). Ecstasy use in Australia occurs most frequently among those aged 20 to 29 years, with the number of people reporting lifetime and recent use continuing to increase. Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1988 to 2004. Since 1995, there has been a steady increase in the number of people who report both ever having tried ecstasy, and having used ecstasy in the past year.

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



Source: NDSHS 1988-2004, AIHW

4.3 Summary of patterns of ecstasy use

- The use of ecstasy typically began in the late teens/early twenties for the majority of users
- The use of ecstasy pills was much more common than the use of ecstasy powder among regular ecstasy users in the ACT
- As in previous years, swallowing was the predominant form of ecstasy administration, although there was a significant increase this year in the number of REU who reported snorting ecstasy in the past six months. Experimentation with smoking, shelving/shafting and the injection of ecstasy was reported by a minority of the sample
- Ecstasy users vary in terms of their patterns of use. For the 2006 sample, the most common pattern of use was monthly to fortnightly
- Among those REU who reported having used drugs for an extended period of time, ecstasy was a drug that was commonly used during 'binge' sessions
- The majority of the sample typically consumed more than one tablet each time they took ecstasy, and just over half (52%) the sample had used four or more tablets of ecstasy in a single use episode (in the past six months)
- Nine out of ten REU reported typically using other substances in combination with ecstasy and seven out of ten used other substances to facilitate their comedown. The drugs most commonly used in this way were alcohol, tobacco and cannabis
- Of the REU who reported drinking alcohol when taking ecstasy and/or during their comedown, the heavy use of alcohol in these contexts was prevalent

4.4 Price

In the 2006 ACT PDI, all respondents (n=100) commented on the price, purity and availability of ecstasy. REU reported the median price for an ecstasy tablet to be \$35 (range 5-50), a price that has remained constant in the ACT since 2003 (see Table 5). One participant reported that the price for a 'gram' of ecstasy powder was \$300. The median amount paid for ecstasy the last time it was purchased by REU was cheaper for both tablets and grams, with a median of \$30 for the last tablet purchased (range 5-80) and \$250 for the last gram bought. In response to changes in the price of ecstasy in the ACT in 2006, reports were similar to those reported by REU in 2005. The majority (64%) of participants in 2006 reported that the price of ecstasy had remained stable (63% in 2005; 61% in 2003 and 2004) or had decreased (15%, 13% in 2005) in the past six months. Similar proportions of the sample also reported that the price of ecstasy had consistently fluctuated (8%, 12% in 2005) or increased (9%, 11% in 2005) in the preceding six months.

Consistent with what was reported by the REU, nine KE reported that the price per pill of ecstasy was between \$25 and \$50. The majority reported it to be around \$30 per pill. Two KE commented that buying in bulk would make the ecstasy pills cheaper. Five KE reported that the price of ecstasy had remained stable in the six months preceding interview.

Table 5: Price of ecstasy purchased by ACT REU and price variations, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price per tablet (range)	\$35 (18-50)	\$35 (20-40)	\$35 (15-40)	\$35 (5-50)
Did not respond (%)	0	0	0	0
Did respond (%)	100	100	100	100
Of those that responded	N=66	N=116	N=126	N=100
<i>% Increasing (% of entire sample)</i>	5 (5)	9 (9)	11 (11)	9 (9)
<i>% Stable (% of entire sample)</i>	61 (61)	61 (61)	63 (63)	64 (64)
<i>% Decreasing (% of entire sample)</i>	27 (27)	18 (18)	13 (13)	15 (15)
<i>% Fluctuating (% of entire sample)</i>	8 (8)	11 (11)	12 (12)	8 (8)
<i>% Don't know (% of entire sample)</i>	0 (0)	1 (1)	1 (1)	4 (4)

Source: EDRS regular ecstasy user interviews; 2003-2006

4.5 Purity

Table 6 presents the reports of ACT REU from 2003 to 2006, regarding both the current purity and the change in the purity of ecstasy available to them. Across the four years, the current ecstasy purity estimates made by REU have remained relatively unchanged. A minority of the sample believed the current purity of ecstasy to be low in each year. The majority (70%) of the 2006 sample believed the current purity of ecstasy to be 'medium' (47%) to 'high' (23%), a figure that was comparable to 68% of REU in 2005 who reported the purity of ecstasy as medium (36%) or high (32%). Approximately one-fifth (21%) of REU reported that the purity of ecstasy

had continually fluctuated in the past six months, which was similar to the proportion of the 2005 and 2004 sample (24%) who reported continuous purity fluctuation.

When asked whether they believed the purity of ecstasy to have changed in the six months prior to interview, the majority (39%) reported that purity had remained stable, an increase from 25% in 2005. One-sixth believed that the purity of ecstasy was increasing (18% in 2005) and one-quarter reported that purity was decreasing (20%, compared to 13% in 2005) or that purity fluctuates (21%, which was a decrease from 37% in 2005).

Six KE commented on the purity of ecstasy, with four estimating the purity to be medium, one estimating that the purity was low, and one estimating that purity had fluctuated. Six KE commented on the purity over the last six months, with two each reporting it to be stable, decreasing or increasing.

Table 6: ACT REU reports of ‘current’ ecstasy purity and purity change, 2003-2006

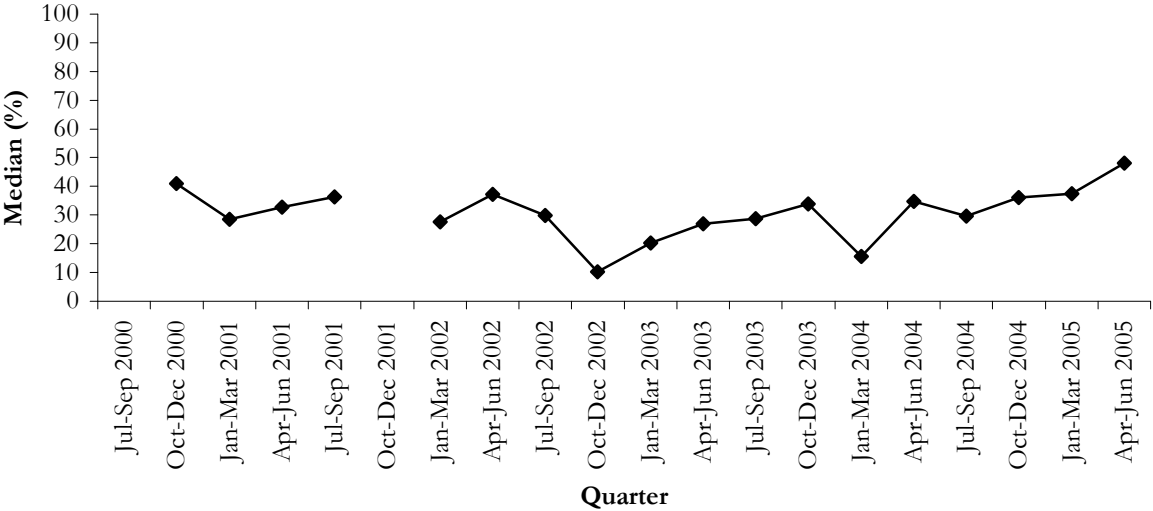
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	0	0	0	0
Did respond (%)	100	100	100	100
Of those that responded (%)	n=66	n=116	n=126	N=100
<i>Current purity</i>				
<i>% Low (% of entire sample)</i>	6 (6)	6 (6)	6 (6)	7 (7)
<i>% Medium (% of entire sample)</i>	39 (39)	31 (31)	36 (36)	47 (47)
<i>% High (% of entire sample)</i>	23 (23)	38 (38)	32 (32)	23 (23)
<i>% Fluctuates (% of entire sample)</i>	27 (27)	24 (24)	24 (24)	21 (21)
<i>% Don't know (% of entire sample)</i>	5 (5)	1 (1)	2 (2)	2 (2)
<i>Purity change</i>				
<i>% Increasing (% of entire sample)</i>	20 (20)	19 (19)	18 (18)	16 (16)
<i>% Stable (% of entire sample)</i>	33 (33)	34 (34)	25 (25)	39 (39)
<i>% Decreasing (% of entire sample)</i>	20 (20)	12 (12)	13 (13)	20 (20)
<i>% Fluctuating (% of entire sample)</i>	27 (27)	35 (35)	37 (37)	21 (21)
<i>% Don't know (% of entire sample)</i>	0 (0)	0 (0)	7 (7)	4 (4)

Source: EDRS regular ecstasy user interviews; 2003-2006

The ACC routinely collects data on the purity of phenethylamines seized by the ACT Police. Compounds belonging to this class (such as MDMA) are grouped by the unique psychological effect they induce, that is not dissimilar to a blend of mescaline and amphetamine (Holland, 2001). In the ACT, the analysis of the purity of phenethylamine seizures includes purity analysis of drugs such as MDMA, MDA, PMA and mescaline. The median purity of phenethylamines seizures analysed in the ACT between the July-September quarter of 2000 and the April-June-quarter of 2005 are presented in Figure 4. In the ACT, the median purity of phenethylamines seizures decreased slightly from 34.8% in the April-June-quarter of 2004 to 29.7 in the July-September quarter before gradually increasing to 36 in the October-December quarter of 2004,

to 37.4 in the January-March quarter to 48.1 in the April-June-quarter of 2005, the highest purity recorded since July-September quarter of 2000.

Figure 4: Median purity of phenethylamine* seizures in the ACT, July 2000 to June 2005



Source: ABCI (2000; 2001; 2002); ACC (2003; 2004; 2005)

Note: data not available for the July-September quarter of 2000, October-December quarter of 2001, and the 2005/2006 financial year

4.6 Availability

In 2006 the entire sample was able to comment on the current availability of ecstasy in the ACT. Table 7 summarises the reports of REU on the availability of ecstasy in the ACT for the years 2003 to 2006. As in previous years, almost the entire 2006 sample (90%) reported that ecstasy was either ‘very easy’ (47%) or ‘easy’ (43%) to obtain (a very slight decrease from previous years). A minority (7%) of the sample reported that ecstasy was ‘difficult’ to get, a slight increase from previous years (3% in 2003, 2% in 2004 and 2% in 2005). Three percent of REU reported that ecstasy was ‘very difficult’ to obtain in the preceding six months, compared to no reports in 2003-2005. The majority (82%) of REU also indicated that the ease with which ecstasy could be obtained had remained stable (61%) or become easier (21%) in the past six months (a slight decrease from 93% in 2005). Consistent with the reports of REU, 9 KE commented that ecstasy was ‘easy’ or ‘very easy’ to obtain. Nine KE commented on availability over the last 6 months, with 7 KE thinking that availability has been stable, and one each reporting that ecstasy had become ‘easier’ or ‘more difficult’ to obtain in the six months preceding interview.

Participants were also asked to nominate the people from whom they had purchased ecstasy in the preceding six months. As in 2003-2005, friends (80%), known dealers (51%) and acquaintances (33%) were the most common people through whom REU had bought their ecstasy. Approximately one in five REU also reported purchasing ecstasy through unknown dealers (17%) in the previous six months. The most common locations at which ecstasy had been purchased in the past six months were friend’s home (55%) and nightclubs (48%), and also in an agreed public location (37%). Other places of purchase occurred: at a dealer’s home (34%) and at their own home (24%) and almost half the sample reported that they had arranged to purchase their ecstasy from their supplier at an agreed upon public location, and approximately one-third

(32%) of the sample had used their own home as a venue to purchase ecstasy in the past six months.

Table 7: ACT REU reports of availability of ecstasy in the past six months, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	0	0	0	0
Did respond (%)	100	100	100	100
Of those that responded (%)	n=66	n=116	n=126	N=100
Current availability				
<i>% Very easy (% of entire sample)</i>	67 (67)	55 (55)	60 (60)	47 (47)
<i>% Easy^a (% of entire sample)</i>	30 (30)	43 (43)	38 (38)	43 (43)
<i>% Difficult (% of entire sample)</i>	3 (3)	2 (2)	2 (2)	7 (7)
<i>% Very difficult (% of entire sample)</i>	0 (0)	0 (0)	0 (0)	3 (3)
<i>% Don't know (% of entire sample)</i>	0 (0)	0 (0)	0 (0)	0 (0)
Availability change				
<i>% More difficult (% of entire sample)</i>	9 (9)	4 (4)	3 (3)	10 (10)
<i>% Stable (% of entire sample)</i>	64 (64)	68 (68)	67 (67)	61 (61)
<i>% Easier (% of entire sample)</i>	21 (21)	24 (24)	26 (26)	21 (21)
<i>% Fluctuates (% of entire sample)</i>	3 (3)	4 (4)	2 (2)	5 (5)
<i>% Don't know (% of entire sample)</i>	3 (3)	0 (0)	2 (2)	3 (3)
Persons scored from #:				
Friends (%)	92	88	85	80
Known dealers (%)*	82	58	64	51
Acquaintances (%)	42	51	43	33
Workmates (%)	18	15	19	8
Unknown dealers (%)	23	22	22	17
Locations scored from #:				
Friend's home (%)	69	68	62	55
Dealer's home (%)	53	43	46	34
Nightclub (%)	59	52	56	48
Agreed public location (%)	^b	53	42	37
At own home (%)	38	37	32	24
Other (%)	18	1	1	1

Source: EDRS regular ecstasy user interviews; 2003-2006

^a collapsed response of REU who answered 'Moderately easy' and 'Easy'

participants able to give more than one answer

*changed from 'Dealers' to 'Known dealers' in 2004

^b response option first included in 2004

4.7 Ecstasy markets and patterns of purchasing ecstasy

Table 8 summarises ecstasy purchasing practices of REU in the ACT in 2005 and 2006. In 2006 no participants reported that they had not purchased ecstasy in the past six months. The median number of people that REU reported they had purchased ecstasy from in the six months prior was 3 (range 1-15). The majority (73%, compared to 83% in 2005) of REU indicated that, when purchasing ecstasy, they had typically bought for themselves and 'others', with a much smaller percentage (27%, compared to 16% in 2005) reporting that they had only purchased ecstasy for their own personal use in the prior six months.

REU were also asked to indicate how often they had purchased ecstasy in the past six months. The majority (37%) reported that they purchased ecstasy on a greater than monthly to fortnightly basis (an increase from 29% in 2005). Twenty-nine percent of REU reported that they purchased ecstasy on a monthly or less basis (similar to 32% in 2005). Twenty-eight percent purchased it on a greater than fortnightly to weekly basis (compared to 33% in 2005) and a minority (5%) of the sample had purchased ecstasy more than once a week in the preceding six months.

The median number of ecstasy tablets that REU reported 'usually' buying when purchasing ecstasy in the past six months was 5 (range 1-500). Sixty-nine percent of participants in the 2006 EDRS reported that they were able to purchase 'other' drugs from their main ecstasy dealer at the time of their ecstasy purchase, should they wish to do so (similar to 67% in 2005). The three forms of methamphetamine were reported to be readily available to REU at the time of their ecstasy purchases (methamphetamine powder 65%, crystal methamphetamine 48%, methamphetamine base 25%). Similarly, significant proportions of REU also indicated that their dealers were able to provide cannabis (62%), cocaine (38%) and LSD (22%) at the time of their ecstasy purchase (Table 8).

There were 5 KE who commented in regards to the change in the type of people selling ecstasy in the ACT over the past six months. One KE reported that it was generally older people (i.e. 30-40 years old) selling ecstasy. One KE reported that there was a wide variety of people selling ecstasy. One reported that the younger people were selling it, and selling ecstasy only to their friends. One KE reported that it was more low-level selling; that is, more to friends and acquaintances than to unknown people.

Table 8: Patterns of purchasing ecstasy, ACT REU, 2005-2006

	2005 (N=126)	2006 (N=100)
Median number of people purchased from[#]	4	3
Purchased for (%)		
Self only	16	27
Self and others	83	73
Others only	0	0
Didn't purchase	1	0
No. of times purchased in the last 6 months (%)		
0	1	0
1-6	32	29
7-12	29	37
13-24	33	28
25 +	5	5
Median no. of ecstasy tablets purchased	5 [#]	5
Able to purchase other drugs from main dealer (%)	67	69
Drugs able to purchase from ecstasy dealer*		
Speed	74	65
Base	32	25
Crystal	37	48
Cocaine	39	38
MDA	6	12
LSD	29	22
GHB	11	17
Cannabis	62	62
Heroin	5	6

Source: EDRS regular ecstasy user interviews, 2005-2006

[#]of those who purchased ecstasy in the past six months, for 2005 n=124

* among those who reported being able to purchase other drugs from their main dealer

4.8 Ecstasy-related harms

4.8.1 Health

Nineteen percent of participants reported ever having overdosed (defined as having unintentionally passed out or fallen into a coma as a result of excessive drug use) on ecstasy and related drugs in their lifetime. Those REU who reported having overdosed had done so on a median of two occasions (range 1-12) in their life. Three percent reported that they had overdosed in the preceding six months. When asked which drugs were involved in the last overdose episode (of those who had overdosed in the preceding six months), one participant had overdosed each on crystal methamphetamine, MDA and alcohol. Two participants reported that they were under the influence of other drugs at that time and these were pharmaceutical stimulants and cannabis.

Furthermore, a number of participants reported having accessed medical and/or mental health professionals in the preceding six months as a consequence of their ecstasy use. Seven participants had accessed a counsellor in relation to their ecstasy use, four of these REU were seeking help for dependence and/or addiction, two for other psychological problems and one for anxiety. Six participants had accessed their general practitioner (GP) due to their ecstasy use. Three of these REU did so in relation to dependence on and/or addiction to ecstasy, two seeking

information and advice about ecstasy and one for other psychological problems. Two REU had accessed a psychiatrist due to their ecstasy use, for help for dependence and/or addiction and a medication prescription. One participant had accessed first aid due to acute physical problems as a result of ecstasy. One had accessed the emergency department for dependence and/or addiction problems due to ecstasy. One had accessed a drug and alcohol worker for information and advice regarding their ecstasy use. One had seen a psychologist for dependence and/or addiction. Finally, one REU had accessed telephone counselling for dependence and/or addiction as a result of their ecstasy use.

4.9 Benefit and risk perception

4.9.1 Perceived benefits

Almost the entire sample (89%) believed there to be benefits associated with the use of ecstasy, whereas a minority (n=10) reported that they believed there to be no benefits associated with ecstasy use, and one participant reported that they did not know whether there were benefits associated with using ecstasy. The most commonly reported benefits associated with ecstasy use are presented in Table 9.

Table 9: Perceived benefits of ecstasy use, ACT REU, 2006

Benefit	2006 (n=89) %
Fun	50
Enhanced communication/talkativeness/more social	41
Enhanced mood	37
Enhanced closeness/bonding/empathy with others	34
Increased energy/stay awake	23
Increased confidence/decreased inhibitions	22
The high/rush/buzz	16
Relax/escape/release	15
Enhanced appreciation of music/dance	15
Drug effects	13
Other	11
Different to effects of alcohol	7

Source: EDRS regular ecstasy user interviews, 2006

Half (50%) of the REU who were able to respond reported that they thought the main benefit of ecstasy was that it was fun. Approximately four in ten (41%) REU reported that enhanced communication and sociability was a benefit associated with using ecstasy. Similar proportions reported that ecstasy enhanced their mood (37%) or their ability to bond with others and be empathic (34%). Just under one-quarter believed that ecstasy enabled them to stay awake and increased their energy, and around one-fifth (22%) of the sample indicated it increased their confidence and decreased their inhibitions.

4.9.2 Perceived risks

Similarly, almost the entire sample (96%) identified that there were risks associated with the use of ecstasy, and only two participants indicated that they believed there to be no risks associated with ecstasy use, and one reported that they did not know (Table 10). Damage to brain function was reported by the majority (22%) of REU to be the biggest risk associated with ecstasy use. Approximately one-fifth reported depression (21%), unknown drug contaminants/cutting agents (20%), legal problems (19%) and dehydration (18%) as the other risks associated with ecstasy use. Similar proportions of REU reported that using ecstasy involved risk because of long-term physical problems (14%), general acute problems (11%), non-fatal overdose (11%), impaired decision-making and risk taking (11%), memory impairment (11%), fatal overdose (10%) and other physical harms (10%). The problems that REU associated with the use of ecstasy are consistent with other research suggesting that there are unwanted side effects associated with ecstasy use (Breen et al., 2004, Davison and Parrott, 1997, Parrott and Lasky, 1998, Parrott et al., 2001, Topp et al., 1999b).

Table 10: Perceived risks of ecstasy use, ACT REU, 2006

Risk	2006 (n=96) %
Damage to brain function	22
Depression	21
Unknown drug contaminants/cutting agents	20
Legal problems	19
Dehydration	18
Long-term physical problems	14
General acute physical problems	11
Non-fatal OD	11
Impaired decision making/risk taking	11
Memory impairment	11
Fatal overdose	10
Other physical harm	10
Other harm (general)	9
Unknown drug strength/purity	8

Source: EDRS regular ecstasy user interviews, 2006

4.10 Summary of ecstasy trends

- Median days of use remained relatively stable at 16 days in the six months preceding interview
- Since 2003, the median price of ecstasy in the ACT has remained stable at \$35 per tab
- The majority of REU reported that the current purity of ecstasy in the ACT was 'medium' to 'high'
- Almost the entire sample reported that ecstasy was 'very easy' to 'easy' to obtain in the ACT, though this was down slightly from the previous year
- Most REU believed the availability of ecstasy to have remained stable in the past six months
- Ecstasy was most commonly purchased by REU from friends, known dealers and acquaintances
- In the past six months REU had purchased ecstasy from a median of three people, had typically purchased ecstasy for themselves and others, and typically purchased five pills at a time
- REU identified a large number of risks and benefits that they associated with the use of ecstasy. The most commonly nominated benefits were that it was fun, enhanced communication, enhanced mood and ability to bond with others. The risks that REU most commonly associated with their own ecstasy use were damage to the brain function, depression, unknown contaminants/cutting agents and memory impairment

5.0 METHAMPHETAMINE

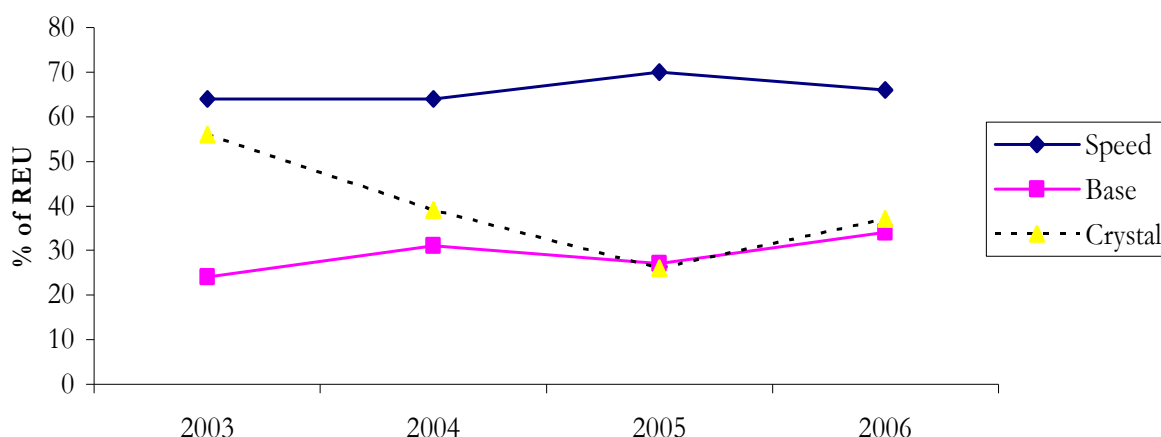
For the first time in 2002 the IDRS questionnaire differentiated between three categories of methamphetamine: methamphetamine powder or ‘speed’, methamphetamine base or ‘base’ and methamphetamine crystal or ‘ice’ or ‘crystal’. Speed is the powder form of methamphetamine regarded by users to be of low to medium purity, and can range in colour from white to yellow, orange brown or pink (Topp et al., 2002). The variation in the appearance of speed is the result of both the reagent used in its manufacture, and the expertise of the chemist producing it. Methamphetamine base is typically a waxy, oily or gluggy form of damp powder that has a yellow or brownish hue. Base is the result of a failed conversion of methamphetamine oil to methamphetamine salt or crystal, hence its appearance. Base is generally considered to be of medium purity, and, like speed, is manufactured in Australia (Topp et al., 2002). Crystal or ice is a crystalline form of high purity methamphetamine that is generally in the form of large, translucent whitish crystals, or a coarse crystalline powder (Topp et al., 2002).

This separation between the different forms of methamphetamine in the IDRS questionnaire was a result of the increasing proportion of injecting drug users (IDU) surveyed who gave information on more expensive and ‘purer’ or potent forms of methamphetamine available. The differentiation made between speed, base and crystal in the IDRS was made in an effort to collect information on the use, price, purity and availability of the different methamphetamine forms, and to observe the differences (if any) between the markets for each form. The results of the IDRS in the ACT from 2002 onwards (Rushforth, 2003, Buckingham et al., 2005, Ward and Proudfoot, 2004, Buckingham et al., 2006) and also the 2003, 2004 and 2005 ACT PDI (Proudfoot and Ward, 2004, Proudfoot et al., 2005, Proudfoot et al., 2006) emphasised the need for this differentiation by clearly delineating between markets for the three forms of methamphetamine.

5.1 Methamphetamine use among REU

Three-quarters (78%) of the 2006 ACT EDRS sample had used at least one form of methamphetamine in the six months prior to interview. Among the recent methamphetamine users interviewed, the median number of days of any form of methamphetamine use (including powder, base and crystal methamphetamine forms) was 6 (range 1-161). Approximately one-quarter (19%) of REU who participated in the 2006 EDRS had used methamphetamine on a greater than weekly basis in the past six months, compared to 13% in 2005. The form of methamphetamine used most commonly among the 2006 EDRS sample was methamphetamine powder or speed (66%, compared to 70% in 2005), followed by similar proportions of the sample reporting recent base use (34%, an increase from 27% in 2005) and crystal use (37%, an increase from 26% in 2005), as shown in Figure 5. Twenty percent of the sample also reported the recent use of pharmaceutical stimulants, but this is reported in Section 12 ‘Other Drugs’.

Figure 5: Trends in methamphetamine (speed, base and crystal) use, ACT, 2003-2006



Source: EDRS regular ecstasy user interviews, 2003-2006

In the 2006 ACT EDRS, nearly two-thirds (61%) of the sample commented on the current price, purity and availability of speed, almost one-quarter (24%) of the sample commented on the price, purity and availability of base and just over one-third (38%) of the EDRS sample were able to comment on crystal.

5.1.1 Methamphetamine powder (speed)

Table 11 presents a summary of the patterns of methamphetamine powder (speed) use among REU in the ACT from 2003 to 2006. More than three-quarters (80%) of the 2006 EDRS sample reported ever having used speed (a decrease from 90% in 2005), and two-thirds (66%) of the sample reported having recently used speed (similar to 70% in 2005). Recent speed users reported a median of four days (range 1-72) of speed use in the past six months. Just under two-thirds (64%) of those REU who had recently used speed had used five times or less in the preceding six months (compared to 56% in 2005). Fifteen percent of recent speed users had used on a monthly to fortnightly basis (a decrease from 26% in 2005), and 20% had used speed more regularly than fortnightly during the past six months (similar to 18% in the previous year). No REU reported using speed on a daily basis, and seven percent nominated speed as their current drug of choice.

The majority of recent speed users quantified their use of the drug in terms of ‘grams’ (n=22) or ‘points’ (n=37) of use. Of those REU who reported on their use in terms of grams, the median amount of speed used in a ‘typical’ episode of use in the past six months was half a gram (range 0.2-4.5), which represented a decrease from a gram ‘typically’ used by REU in 2005. There was also a corresponding decrease in the median amount of speed used in the ‘heaviest’ sessions of use when compared to previous years. In 2006 the median amount of speed used in the ‘heaviest’ session was 1 gram (range 0.2-4.5) compared to 1.6 grams in 2005. Those REU who quantified their use of speed in terms of ‘points’ had used a median of one point of speed in a ‘typical’ session (range 0.25-3.0) of recent use, which increased to two points in the ‘heaviest’ use episode (range 0.5-7.0). Of those REU who reported having binged on ecstasy and related drugs recently, 53% reported they had used speed during these binge sessions (a decrease from 61% in 2005). Among those REU who indicated that they ‘typically’ used other drugs in combination with ecstasy, just over one-quarter (26%) reported using speed regularly in the context of their ecstasy

use, compared to 31% in 2005. Only three KE commented on speed use and reported that REU would use speed, in combinations with ecstasy, but would use it much less than ecstasy. Two KE commented that REU were using less speed.

Of those participants who had used speed in the previous six months, 76% reported snorting as the main route of administration (comparable to 81% in 2005) and 15% had recently injected speed (an increase from 5% in the previous year). Similar to 2005, 70% reported having swallowed speed in the preceding six months (74% in 2005). Furthermore, similar proportions (15%, 16% in 2005) reported smoking speed in the six months preceding interview.

Table 11: Patterns of methamphetamine powder use among ACT REU, 2003-2006

Speed	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used (%)	88	87	90	81
Used preceding six months (%)	64	64	70	66
Of those who had used				
Median days used last 6 mths (range)	4 (1-14)	4 (1-50)	5 (1-180)	4 (1-72)
Median quantities used (grams)				
Typical (range)	0.25 (0.1-0.5)	0.5 (0.1-2.0)	1.0 (0.1-3.0)	0.5(0.20-4.5)
Heavy (range)	0.8 (0.2-3.5)	0.5 (0.1-4.0)	1.6 (0.1-5.0)	1 (0.2-4.5)

Source: EDRS regular ecstasy user interviews; 2003-2006

5.1.2 Methamphetamine base

Table 12 presents a summary of the patterns of methamphetamine base (base) use of ACT REU from 2003 to 2006. Forty-eight percent of REU interviewed in 2006 reported ever having used base (comparable to 45% the previous year) and approximately one-third (34%) reported having recently used base (similar to 27% in 2005). Recent base users reported a median of four days (range 1-48) of base use in the past six months. Greater than two-thirds (71%) of those REU who had recently used base had used less than monthly in the past six months (an increase from 65% in 2005). Approximately one in ten (11%) of recent base users had used on a monthly to fortnightly basis (a decrease from 24% in 2005), and 18% had used base on a greater than fortnightly basis during this period (an increase from 11% in 2005). Consequently, it can be seen that in 2006 the REU who had used base in the preceding six months were using it on a more frequent basis than in the preceding year. Base was nominated as the drug of choice by three percent of the sample.

The majority (n=27) of recent base users quantified their use in terms of points. The median amount of base used in a ‘typical’ episode of use in the past six months was one point (range 0.5-3.0). In 2006 the median amount of base used in the ‘heaviest’ session was two points (range 0.5-7.0). Of those REU who reported having binged in the past six months, almost one in six (16%) reported that they had used base during these binge sessions (similar to 19% in 2005). One in ten (9%) REU who reported that they normally used other drugs in combination with ecstasy had ‘typically’ (more than two-thirds of the time) used base methamphetamine in this way. Only one KE commented on base and reported that there was no use of it among REU.

Of those participants who had used base in the previous six months, 85% reported swallowing (82% did so in 2005) and 27% had recently injected (an increase from 8% in 2005). There was a decrease in the proportion of REU who reported recently snorting base when compared to the previous year (32%, compared to 53% in 2005). Similarly, there was a decrease in the proportion of recent base users who reported smoking base (11%, compared to 21% in 2005).

Table 12: Patterns of methamphetamine base use among ACT REU, 2003-2006

Base	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used (%)	30	43	45	48
Used preceding six months (%)	24	31	27	34
Of those who had used				
Median days used last 6 mths (range)	3 (1-72)	2.5 (1-72)	3 (1-70)	4 (1-48)
Median quantities used (points)				
Typical (range)	1 (0.1-2.0)	1 (0.3-3.0)	1 (0.25-3.0)	1 (0.5-3.0)
Heavy (range)	1.5 (0.3-8.0)	1 (0.3-10.0)	2 (0.25-7.0)	2 (0.5-7.0)

Source: EDRS regular ecstasy user interviews; 2003-2006

5.1.3 Crystal methamphetamine

Table 13 presents a summary of the patterns of crystal methamphetamine (‘crystal’) use among REU in the ACT from 2003 to 2006. Greater than half (55%) of the REU interviewed for the EDRS in 2006 reported ever having used crystal, and approximately one-third (37%) reported having recently used crystal. The proportion of the REU sample reporting lifetime and recent use of crystal methamphetamine in the ACT, although continuing to decline from 2003 to 2005, has increased in 2006. Recent crystal users reported a median of five days (range 1-50) of crystal use in the past six months. The majority (57%) of those REU who had recently used crystal had used five times or less in the preceding six months; however, this was down from 70% in the previous year. Approximately one-quarter (27%) of recent crystal users had used on a monthly to fortnightly basis (a slight increase from 21% in 2005), and a minority (16%) had used speed more regularly than fortnightly during the past six months (an increase from 9% in 2005). Similar to use of base, the frequency of crystal use increased in 2006. Only one percent of the sample nominated crystal as their drug of choice.

As was the case for methamphetamine base, the majority (n=31) of recent crystal users quantified their use in terms of points. Consistent with previous years, one point was the median amount of crystal reported to be used in a ‘typical’ (range 0.25-4.0) and 1.5 points for the ‘heaviest’ (range 0.25-5.0) episode of use in the past six months (see Table 13). Of those REU who reported having binged on ecstasy and related drugs recently, 31% reported they had used crystal during these binge sessions (a marked increase from 13% in 2005). Among those REU reporting that they ‘typically’ consumed other drugs when taking ecstasy, a small percentage (13%) reported using crystal regularly in the context of their ecstasy use; however, this was an increase from 6% in 2005. Consistent with reports from REU, six KE reported that a few REU would use crystal, and two KE reported most ecstasy users would use crystal.

Table 13: Patterns of crystal methamphetamine use among ACT REU, 2003-2006

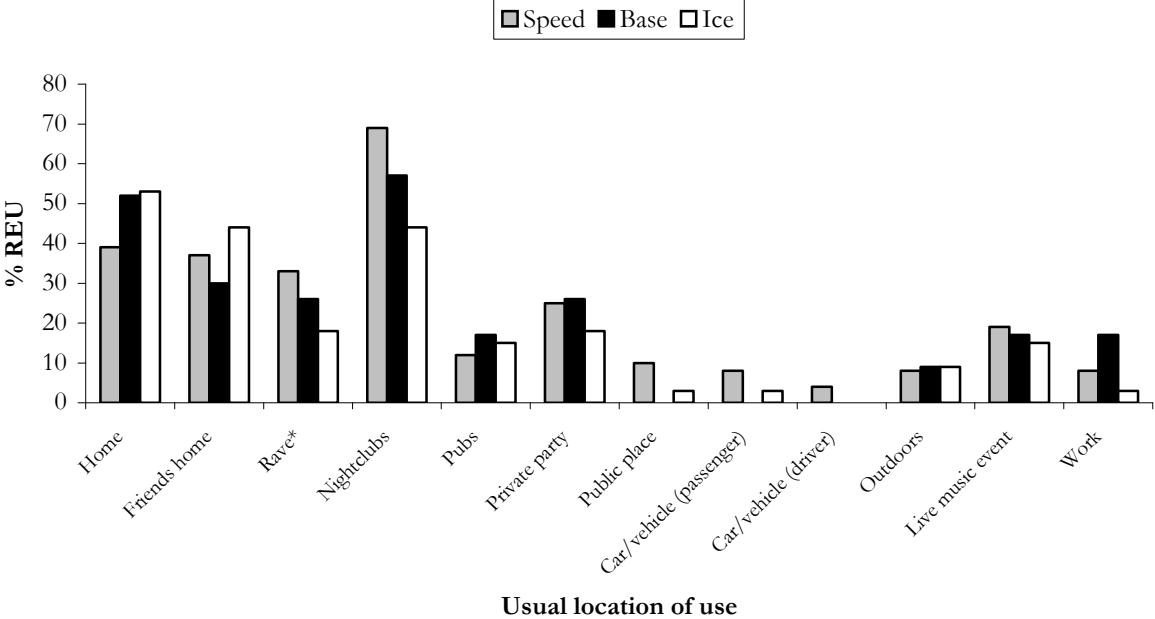
Crystal	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used (%)	71	62	49	55
Used preceding six months (%)	56	39	26	37
Of those who had used				
Median days used last 6 mths (range)	2 (1-30)	2 (1-13)	3 (1-96)	5 (1-50)
Median quantities used (points)				
Typical (range)	1 (0.2-4.0)	1 (0.13-3.0)	1 (0.25-3.0)	1 (0.25-4.0)
Heavy (range)	1.25 (0.25 – 6.0)	1 (0.13-10.0)	1 (0.25-5.0)	1.5 (0.25-5.0)

Source: EDRS regular ecstasy user interviews; 2003-2006

Similar proportions to 2005 reported that they had smoked crystal in the preceding six months (60%, compared to 58% in 2005). There was an increase in the proportion of REU who reported having injected crystal, from 12% in 2005 to 30% in 2006. There was a decrease in the proportion of REU who reported that they had snorted (30%, 46% in 2005) or swallowed (35%, compared to 52% in 2005) crystal in the preceding six months.

Figure 6 presents the locations at which those REU who reported using methamphetamine powder, base and crystal in the six months prior to interview had used these forms of methamphetamine. The venue that speed and base had been most commonly used by REU were nightclubs (speed 69%, base 57%). For crystal, the most common place was at their own home (53%). After nightclubs, the venues that REU reported typically using speed at were their own homes (39%) and a friend's home (37%). Base was also regularly used at home (52%) and at a friend's home (30%). Crystal was commonly used at, after at their own home, a friend's home (44%), or at a nightclub (44%). The venue that was most commonly nominated by REU as being the location where all three forms of methamphetamine were last used was at their own home (speed 29%, base 30% and crystal 32%). The next most common place for speed was at a nightclub (23%), and for base and crystal equal proportions nominated a friend's home (base 22%, crystal 24%) or at a nightclub (base 22%, crystal 24%).

Figure 6: ACT REU reports of usual location of use for methamphetamine, 2006



Source: EDRS regular ecstasy user interviews, 2006
 Note: results based on following response numbers: speed (n=52), base (n=23) and crystal (n=34)
 * includes outdoor raves (doofs) and dance parties

5.2 Price

The median reported prices for methamphetamine powder in the ACT and the changes in the price of methamphetamine powder from 2003 to 2006 are presented in Table 14. The median reported price for a gram (n=14) of speed was \$175, an increase from \$80 in 2005. The median price that REU reported having paid for a gram of speed the most recent time they purchased it (n=15) was cheaper at \$120 (range 20-200) a gram. In terms of purchasing ‘points’ of speed, there was a difference this year in the median price paid for a point (n=32) which increased slightly to \$40, an increase from \$35 in 2005. When those REU commenting on speed prices were asked to nominate the price they paid for the last point of speed they had purchased (n=28), the median price was, again, \$40 (range 20-80). In 2006, over one-third (39%) of the sample reported on changes in the price of methamphetamine powder in the ACT. Similar to 2005 the majority of respondents believed that the price of speed had remained stable over the past six months (53%); however, this was an increase from 44% in 2005, as can be seen in Table 14.

Table 14: Price and changes in price for methamphetamine powder, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price				
<i>Speed (range)</i>				
Point	\$40 (30-40)	\$30 (25-50)	\$35 (20-50)	\$40 (20-100)
Gram	\$175 (70-250)	\$80 (40-300)	\$80 (20-300)	\$175 (50-250)
Did not respond (%)	48	53	50	61
Did respond (%)	52	47	50	39
Of those that responded	n=33	n=55	n=63	n=39
<i>% Increasing (% of entire sample)</i>	9 (5)	5 (3)	5 (2)	8 (5)
<i>% Stable (% of entire sample)</i>	47 (24)	44 (21)	44 (22)	53 (32)
<i>% Decreasing (% of entire sample)</i>	9 (5)	20 (10)	18 (9)	7 (4)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	2 (1)	8 (4)	3 (2)
<i>% Don't know (% of entire sample)</i>	32 (17)	29 (14)	25 (13)	30 (18)

Source: EDRS regular ecstasy user interviews; 2003-2006

The median price paid for a point of base (n=10) remained relatively stable in the ACT at \$42.50 (Table 15). Similar to speed, the median price reported for the last point of base (n=8) purchased prior to interview was cheaper at \$40 (range 20-50) per point. A gram of base (n=8) was reported to cost a median of \$200 in the ACT. Three participants also reported on the price they paid for a gram of base the last time they purchased this amount – the median price paid on this occasion was substantially cheaper at \$160 (range 130-200) for a gram. Consistent with the price data for methamphetamine base, over half (54%) the REU commenting believed that the price of base had remained stable in the past six months (comparable to 32% in 2005), with the remaining participants (13%) reporting that the price was increasing, or they were not confident in answering the question on price change (29%, see Table 15).

Table 15: Price and changes in price for methamphetamine base, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price				
Base (range)				
Point	\$40 (30-50)	\$40 (30-80)	\$40 (20-50)	\$42.5^(20-50)
Gram	\$240 (180-300)	-	\$200 (70-300)	\$200^(70-280)
Did not respond (%)	77	78	83	76
Did respond (%)	23	22	17	24
Of those that responded (%)	n=15	n=25	n=21	n=24
<i>% Increasing (% of entire sample)</i>	0 (0)	16 (3)	5 (1)	13 (3)
<i>% Stable (% of entire sample)</i>	54 (12)	52 (11)	53 (9)	54 (13)
<i>% Decreasing (% of entire sample)</i>	13 (3)	4 (1)	14 (2)	0 (0)
<i>% Fluctuating (% of entire sample)</i>	0 (0)	4 (1)	14 (2)	4 (1)
<i>% Don't know (% of entire sample)</i>	33 (8)	24 (5)	14 (2)	29 (7)

Source: EDRS regular ecstasy user interviews; 2003-2006

^ small numbers (<=10)

Twenty-five REU commented on the price to purchase a point of crystal in the 2006 ACT EDRS (Table 16). The median price paid for a point of crystal increased from \$35 to \$50 (range 30-100) in 2006. The median price paid for the last point (n=19) of crystal purchased was similar at \$50 (range 30-100). Only small numbers (n=5) commented on the current price for a gram of crystal methamphetamine in the ACT, which was reported to cost a median of \$200 (range 15-350). The median price paid for the last gram of crystal purchased (n=7) was the same at \$200 (range 90-350). The majority (40%) believed the price of crystal was stable. Interestingly, although reports on price per point had increased, only one-fifth (18%) of respondents believed that the price of crystal was increasing. Further, it is important to note that nearly one-third (29%) of REU who were commenting on crystal were unable to comment on price change; this may be due to the fact that much crystal use by REU is sporadic, and therefore they are not entrenched in the crystal market, so they may not be able to comment on it.

Table 16: Price and changes in price for methamphetamine crystal, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price				
<i>Crystal (range)</i>				
Point	\$45 (30-300)	\$47.50 (10-100)	\$35 (25-60)	\$50 (30-100)
Gram	\$375 (300-450)	-	\$265 (220-400)^	\$200^(15-350)
Did not respond (%)	50	75	83	62
Did respond (%)	50	25	17	38
Of those that responded (%)	n=33	n=29	n=21	n=38
<i>% Increasing (% of entire sample)</i>	15 (8)	7 (2)	29 (5)	18 (7)
<i>% Stable (% of entire sample)</i>	43 (21)	31 (8)	43 (7)	40 (15)
<i>% Decreasing (% of entire sample)</i>	12 (6)	17 (4)	9 (2)	8 (3)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	7 (2)	14 (2)	5 (2)
<i>% Don't know (% of entire sample)</i>	27 (14)	38 (10)	5 (1)	29 (11)

Source: EDRS regular ecstasy user interviews; 2003-2006

5.3 Purity

There were no significant differences between the reports of REU this year when compared to 2005 regarding the current purity of methamphetamine powder, base and crystal. As in past years, the majority of respondents in 2006 that commented on each methamphetamine form believed the current purity to be 'medium' to 'high' (see Table 17). Sixty-one percent of respondents commenting on speed reported the current purity to be 'medium' (34%, 38% in 2005) to 'high' (31%, 30% in 2005), which was comparable to 68% the previous year. Approximately one-quarter (26%) of respondents believed that the purity of speed has remained stable over the past six months (a decrease from 32% in 2005, see Table 19). The proportion reporting that the purity of speed was increasing remained relatively similar to 2005 (13%, 8% in 2005). Furthermore, the proportion reporting that purity of speed was decreasing also remained relatively similar (23%, compared to 22% in 2005). Just over one-fifth were unable to comment on purity change, as mentioned before; this may be reflective of the sporadic and infrequent use of speed by some REU.

Similar to 2005, the majority (75%, 95% in 2005) of REU who commented on the current purity of base methamphetamine believed the purity to be 'medium' (21%, 19% in 2005) to 'high' (54%, 76% in 2005, Table 17), although the proportion of REU who reported the current purity of base as 'high' decreased this year. The reports of REU regarding the change in the purity of base methamphetamine in 2005 remained relatively unchanged from those presented in the 2005 PDI report. The majority (63%) of REU believed that base purity had remained stable (42%, 57% in 2005) or had increased (21%, 24% in 2005) in the past six months (Table 18).

In 2006, two-thirds (66%) of REU commenting on the current purity of crystal methamphetamine reported purity to be 'medium' (21%, 43% in 2005) to 'high' (45%, 43% in 2005), although the number reporting it to be medium decreased from the year before. Almost one-third (32%) the REU responding believed that the purity of crystal had remained stable in the preceding six months (comparable to 48% in 2005, Table 18). There was an increase in the proportion of REU responding who reported crystal purity to be decreasing (18%, compared to 5% in 2005). Furthermore there was an increase in the proportion reporting that crystal purity was increasing, from 5% in 2005, to 11% in 2006; however, these reports were from a small number of REU so results need to be interpreted with caution. Similar to speed, there were high proportions (34%) that were unable to comment on crystal purity, and as mentioned before this may be indicative of the infrequent and sporadic use of crystal by many of the REU.

Table 17: Current purity of methamphetamine, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
<i>Speed</i>				
Did not respond (%)	48	53	50	39
Did respond (%)	52	47	50	61
Of those that responded (%)	n=34	n=55	n=63	n=61
<i>% Low (% of entire sample)</i>	11 (6)	18 (9)	13 (6)	15 (9)
<i>% Medium (% of entire sample)</i>	27 (14)	40 (19)	38 (19)	34 (21)
<i>% High (% of entire sample)</i>	27 (14)	22 (10)	30 (15)	31 (19)
<i>% Fluctuates (% of entire sample)</i>	6 (3)	6 (3)	11 (6)	8 (5)
<i>% Don't know (% of entire sample)</i>	29 (15)	14 (7)	8 (4)	12 (7)
<i>Base</i>				
Did not respond (%)	77	78	83	76
Did respond (%)	23	22	17	24
Of those that responded (%)	n=15	n=25	n=21	n=24
<i>% Low (% of entire sample)</i>	0 (0)	12 (3)	5 (1)	13 (3)
<i>% Medium (% of entire sample)</i>	20 (5)	32 (7)	19 (3)	21 (5)
<i>% High (% of entire sample)</i>	33 (8)	48 (10)	76 (13)	54 (13)
<i>% Fluctuates (% of entire sample)</i>	7 (2)	4 (1)	0 (0)	8 (2)
<i>% Don't know (% of entire sample)</i>	40 (9)	4 (1)	0 (0)	4 (1)
<i>Crystal</i>				
Did not respond (%)	50	75	83	62
Did respond (%)	50	25	17	38
Of those that responded (%)	n=33	n=29	n=21	n=38
<i>% Low (% of entire sample)</i>	0 (0)	7 (2)	0 (0)	8 (3)
<i>% Medium (% of entire sample)</i>	15 (8)	24 (6)	43 (7)	21 (8)
<i>% High (% of entire sample)</i>	67 (33)	45 (11)	43 (7)	45 (17)
<i>% Fluctuates (% of entire sample)</i>	3 (2)	7 (2)	9 (2)	8 (3)
<i>% Don't know (% of entire sample)</i>	15 (8)	17 (4)	5 (1)	18 (7)

Source: EDRS regular ecstasy user interviews; 2003-2006

Table 18: Change in methamphetamine purity, ACT, 2003-2006

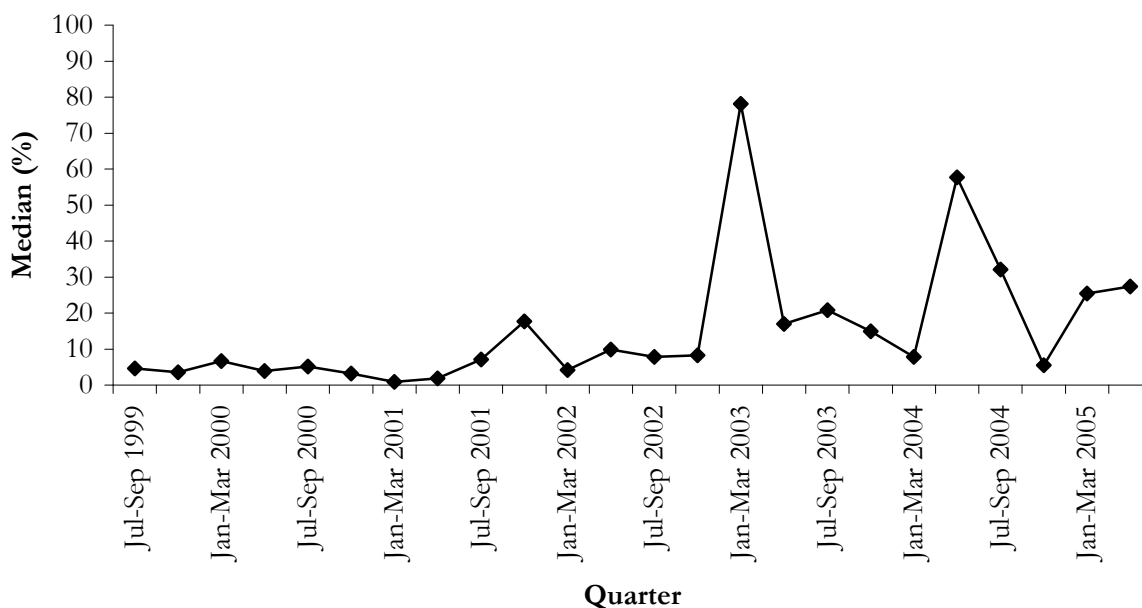
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
<i>Speed</i>				
Did not respond (%)	48	53	50	39
Did respond (%)	52	47	50	61
Of those that responded (%)	n=34	n=55	n=66	n=61
<i>% Increasing (% of entire sample)</i>	15 (8)	11 (5)	8 (4)	13 (8)
<i>% Stable (% of entire sample)</i>	32 (17)	46 (22)	32 (16)	26 (16)
<i>% Decreasing (% of entire sample)</i>	12 (6)	7 (3)	22 (11)	23 (14)
<i>% Fluctuating (% of entire sample)</i>	12 (6)	11 (5)	19 (10)	16 (10)
<i>% Don't know (% of entire sample)</i>	29 (15)	25 (12)	19 (10)	21 (13)
<i>Base</i>				
Did not respond (%)	77	78	83	76
Did respond (%)	23	22	17	24
Of those that responded (%)	n=15	n=25	n=21	n=24
<i>% Increasing (% of entire sample)</i>	20 (5)	16 (3)	24 (4)	21 (5)
<i>% Stable (% of entire sample)</i>	26 (6)	48 (10)	57 (10)	42 (10)
<i>% Decreasing (% of entire sample)</i>	7 (2)	4 (1)	5 (1)	8 (2)
<i>% Fluctuating (% of entire sample)</i>	7 (2)	12 (3)	5 (1)	8 (2)
<i>% Don't know (% of entire sample)</i>	40 (9)	20 (4)	9 (2)	21 (5)
<i>Crystal</i>				
Did not respond (%)	50	75	83	62
Did respond (%)	50	25	17	38
Of those that responded (%)	n=33	n=29	n=21	n=38
<i>% Increasing (% of entire sample)</i>	6 (3)	10 (3)	5 (1)	11 (4)
<i>% Stable (% of entire sample)</i>	52 (26)	42 (10)	48 (8)	32 (12)
<i>% Decreasing (% of entire sample)</i>	9 (5)	3 (1)	5 (1)	18 (7)
<i>% Fluctuating (% of entire sample)</i>	3 (2)	14 (3)	28 (5)	5 (2)
<i>% Don't know (% of entire sample)</i>	30 (15)	31 (8)	14 (2)	34 (13)

Source: EDRS regular ecstasy user interviews; 2003-2006

Figure 7 presents the median purity of methamphetamine seizures made by the ACT police from July-September 1999 to April-June 2005. The analysis of these data indicate that the median purity of methamphetamine in the ACT was consistently low up until the October- December quarter of 2002 when it increased slightly to 17.7% in the October-December quarter of 2001. In

the January-March quarter of 2003, the median purity of methamphetamine in the ACT increased significantly to 78.1% before falling dramatically in the April-June-quarter of 2003 to 17%. This increase is most likely attributable to the increased proportion of crystal methamphetamine being seized in the ACT. In 2004/05 the median purity of methamphetamine decreased significantly from 57.7% in the April-June-quarter of 2004 to 32.1 in the July-September quarter to 5.5 in the October-December quarter of 2004. The median purity of methamphetamine increased considerably in the January-March quarter of 2005 to 25.4% and stabilised at 27.4 in the April-June-quarter of 2005.

Figure 7: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2005



Source: ABCI (1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)

Note: data not available for the 2005/2006 financial year

5.4 Availability

Of the 61 REU who commented on the availability of speed in the preceding six months, the majority (81%, comparable to 80% in 2005) reported that speed was currently ‘easy’ (53%, 50% in 2005) to ‘very easy’ (28%, 30% in 2005) to obtain (Table 19). Over half of those respondents believed that the availability of speed had remained stable over the past six months (57%, 56% in 2005). There was a decrease in the proportion of REU, who commented, reporting that availability of speed had become easier in the preceding six months, from 25% in 2005, to 13% in 2006. Furthermore, similar proportions reported that speed had become ‘more difficult’ to obtain (13%); however, this was only a slight increase from the previous year (9% in 2005).

Similar to 2005, the majority (79%, 71% in 2005) of REU who commented reported that the availability of base was ‘easy’ (54%) to ‘very easy’ (25%) to obtain. However, the proportion of REU reporting that base was ‘easy’ to obtain increased from 38% in 2005, to 54% in 2006. In 2006 there was a decrease in the proportion of REU reporting base was ‘difficult’ to obtain (13%, compared to 29% in 2006 (see Table 19). When asked about changes in the availability of base methamphetamine (see Table 20), the majority (54%) of REU reported it to be stable, similar to

57% in 2005), although there was a decrease in the proportion of REU who reported that base was becoming easier to get (17%; 29% in 2005).

The reports of the 38 REU commenting on crystal methamphetamine indicated that three-quarters (74%) of these respondents believed crystal methamphetamine to be 'easy' (45%; 38% in 2005) to 'very easy' (29%, 38% in 2005) to obtain. In 2006, there was a decline in the proportion of REU who reported crystal as being 'difficult' to obtain, from 24% in 2005, to 16% in 2006. Consistent with previous years, approximately one-quarter (24%) of REU, on the contrary, believed that crystal methamphetamine was 'difficult' to obtain (28% in 2004). As demonstrated in Table 20, the majority (57%) of respondents reported that the availability of crystal methamphetamine had remained stable over the past six months, similar to 62% in 2005. Almost one-quarter reported that crystal had become 'easier' to obtain (compared to 19% in 2005) and approximately one in ten reported that crystal had become 'more difficult' to obtain (compared to 19% in 2006).

Table 19: Current availability of methamphetamine forms, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Speed				
Did not respond (%)	48	53	50	39
Did respond (%)	52	47	50	61
Of those that responded (%)	n=34	n=55	n=63	n=61
<i>% Very easy (% of entire sample)</i>	20 (11)	36 (17)	30 (15)	28 (17)
<i>% Easy^A (% of entire sample)</i>	62 (32)	49 (23)	50 (25)	53 (32)
<i>% Difficult (% of entire sample)</i>	9 (5)	11 (5)	16 (8)	16 (10)
<i>% Very difficult (% of entire sample)</i>	6 (3)	0 (0)	2 (1)	3 (2)
<i>% Don't know (% of entire sample)</i>	3 (2)	4 (2)	2 (1)	0 (0)
Base				
Did not respond (%)	77	78	83	76
Did respond (%)	23	22	17	24
Of those that responded (%)	n=15	n=25	n=21	n=24
<i>% Very easy (% of entire sample)</i>	13 (3)	32 (7)	33 (6)	25 (6)
<i>% Easy^A (% of entire sample)</i>	33 (8)	44 (10)	38 (6)	54 (13)
<i>% Difficult (% of entire sample)</i>	27 (6)	16 (3)	29 (5)	13 (3)
<i>% Very difficult (% of entire sample)</i>	7 (2)	0 (0)	0 (0)	0 (0)
<i>% Don't know (% of entire sample)</i>	20 (5)	8 (2)	0 (0)	8 (2)
Crystal				
Did not respond (%)	50	75	83	62
Did respond (%)	50	25	17	38
Of those that responded (%)	n=33	n=29	n=21	n=38
<i>% Very easy (% of entire sample)</i>	12 (6)	24 (6)	38 (6)	29 (11)
<i>% Easy^A (% of entire sample)</i>	52 (26)	34 (9)	38 (9)	45 (17)
<i>% Difficult (% of entire sample)</i>	27 (14)	28 (7)	24 (4)	16 (6)
<i>% Very difficult (% of entire sample)</i>	3 (2)	7 (2)	0 (0)	5 (2)
<i>% Don't know (% of entire sample)</i>	6 (3)	7 (2)	0 (0)	5 (2)

Source: EDRS regular ecstasy user interviews; 2003-2006

^A combined 'Moderately easy' and 'Easy' for 2003 data,

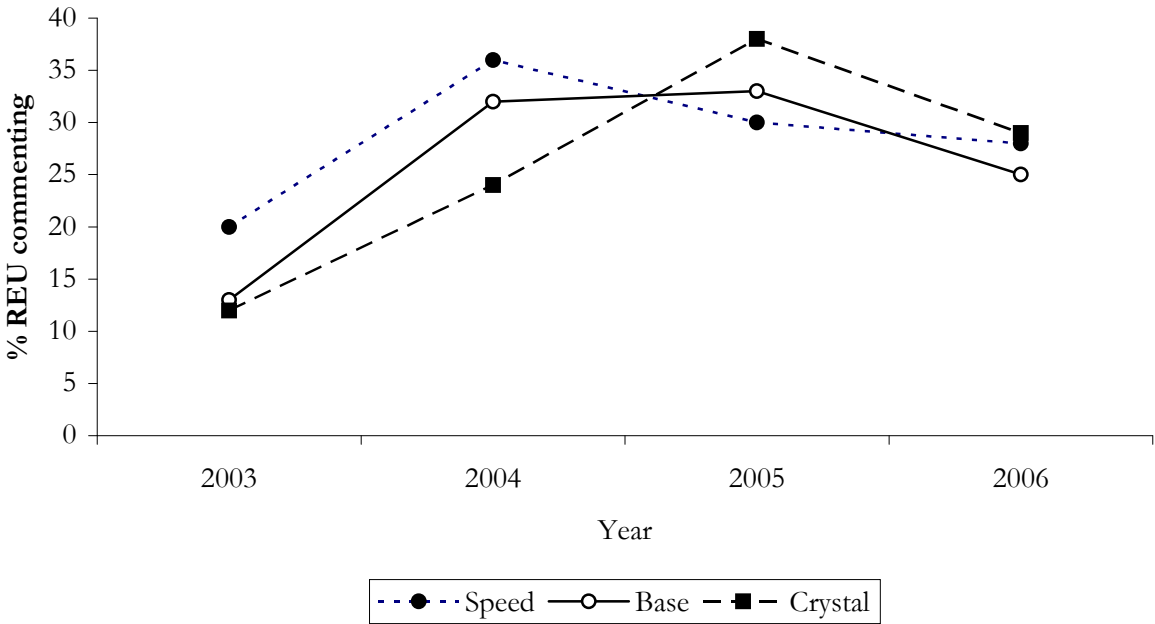
Table 20: Changes to availability of methamphetamine forms, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
<i>Speed</i>				
Did not respond (%)	48	53	50	39
Did respond (%)	52	47	50	61
Of those that responded (%)	n=34	n=55	n=63	n=61
<i>% More difficult (% of entire sample)</i>	26 (14)	9 (4)	9 (5)	13 (8)
<i>% Stable (% of entire sample)</i>	47 (24)	69 (33)	56 (28)	57 (35)
<i>% Easier (% of entire sample)</i>	12 (6)	13 (6)	25 (13)	13 (8)
<i>% Fluctuates (% of the entire sample)</i>	6 (3)	2 (1)	5 (2)	5 (3)
<i>% Don't know (% of entire sample)</i>	9 (5)	7 (3)	5 (2)	12 (7)
<i>Base</i>				
Did not respond (%)	77	78	83	76
Did respond (%)	23	22	17	24
Of those that responded (%)	n=15	n=25	n=21	n=24
<i>% More difficult (% of entire sample)</i>	7 (2)	16 (3)	9 (2)	8 (2)
<i>% Stable (% of entire sample)</i>	53 (12)	64 (14)	57 (10)	54 (13)
<i>% Easier (% of entire sample)</i>	13 (3)	4 (1)	29 (5)	17 (4)
<i>% Fluctuates (% of entire sample)</i>	0 (0)	0 (0)	0 (0)	4 (1)
<i>% Don't know (% of entire sample)</i>	27 (6)	16 (3)	5 (1)	17 (4)
<i>Crystal</i>				
Did not respond (%)	50	75	83	62
Did respond (%)	50	25	17	38
Of those that responded (%)	n=33	n=29	n=21	n=38
<i>% More difficult (% of entire sample)</i>	15 (8)	11 (3)	19 (3)	13 (5)
<i>% Stable (% of entire sample)</i>	43 (21)	55 (14)	62 (10)	57 (18)
<i>% Easier (% of entire sample)</i>	24 (12)	17 (4)	19 (3)	24 (9)
<i>% Fluctuates (% of entire sample)</i>	0 (0)	3 (1)	0 (0)	3 (1)
<i>% Don't know (% of entire sample)</i>	18 (9)	14 (3)	0 (0)	13 (5)

Source: EDRS regular ecstasy user interviews; 2003-2006

Figure 8 presents the proportions of REU who reported each form of methamphetamine to be 'very easy' to obtain in the ACT from 2003 to 2006. In 2004 there were increases in the proportions of REU who indicated that speed, base and crystal were 'very easy' to obtain. In 2005, for the first time, the proportion of REU who indicated that crystal (38%) and also base (33%) were 'very easy' to obtain exceeded the proportion of REU reporting speed (30%) as 'very easy' to obtain. However, in 2006, while the proportion of REU who indicated speed was 'very easy' to obtain remained stable (28%, 30% in 2005), the proportion of REU who reported base and crystal were 'very easy' to obtain declined (base 25% compared to 33% in 2005 and crystal 29% compared to 38% in 2005). Additionally, the proportion reporting base as 'very easy' to obtain was less than the proportion reporting speed to be 'very easy' to obtain.

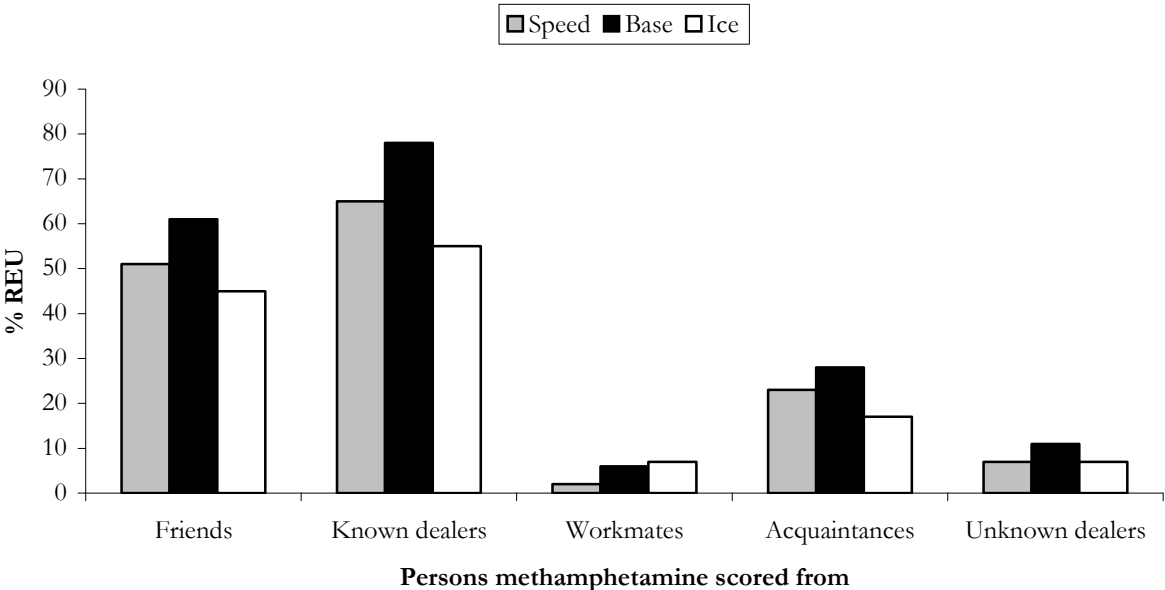
Figure 8: Changes to current availability over time: proportion of REU who report various forms of methamphetamine as 'very easy' to obtain in the six months preceding interview in ACT, 2003-2006



Source: EDRS regular ecstasy user interviews; 2003-2006

Figure 9 presents the people from whom REU had purchased methamphetamine in the six months prior to interview. Known dealers were the most common source where REU obtained all three forms of methamphetamine (speed 65%, base 78% and crystal 55%). The next most common source, for all three forms of methamphetamine, was through friends (speed 51%, base 61% and crystal 45%). The third most common source for all three forms of methamphetamine was through acquaintances (speed 23%, base 28% and crystal 17%).

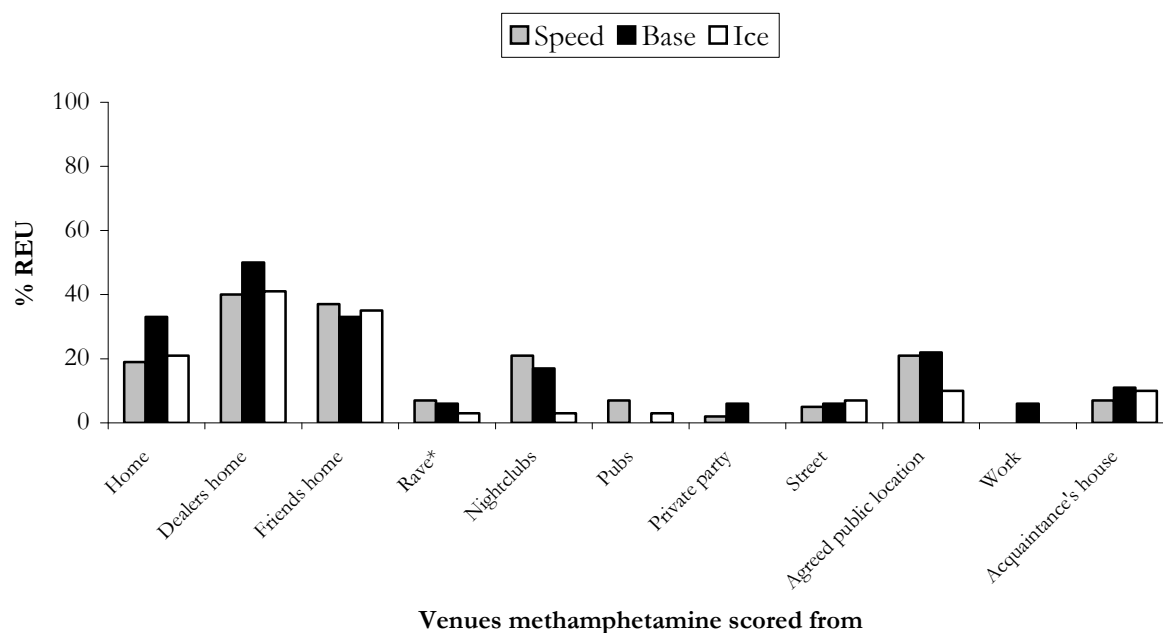
Figure 9: People from whom methamphetamine was purchased in the preceding six months, ACT, 2006



Source: EDRS regular ecstasy user interviews, 2006
 Note: results based on following response numbers: speed (n=43), base (n=18) and crystal (n=29)

The locations at which REU most frequently scored all three forms of methamphetamine, in the six months prior, were primarily private settings such as a dealer’s home (speed 40%, base 50%, and crystal 41%), and a friend’s home (speed 37%, base 33% and crystal 35%, see Figure 10). Equal proportions (21%) reported that they purchased speed at nightclubs and an agreed public location, followed by their own home (19%). Base was purchased also at their own home (33%), followed by an agreed public location (22%) and in a nightclub (17%). Other places where crystal was purchased by REU in the preceding six months included their own home (21%), an agreed public location (10%) and at an acquaintance’s house (10%).

Figure 10: Locations where methamphetamine was purchased in the preceding six months, 2006



Source: EDRS regular ecstasy user interviews, 2006

Note: results based on following response numbers: speed (n=43), base (n=18) and crystal (n=29)

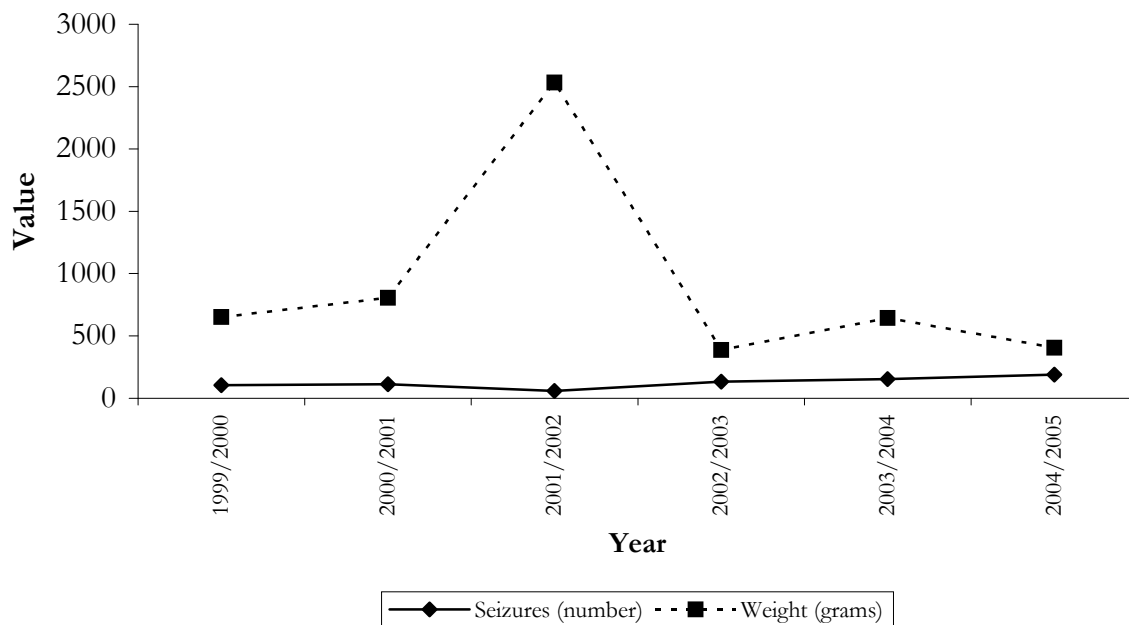
* includes outdoor raves, (doofs) and dance parties

5.5 Methamphetamine-related harms

5.5.1 Law enforcement

The number and weight of methamphetamine seizures in the ACT from 1999 to 2005 are presented in Figure 11. Since July 1999, the number of methamphetamine seizures made in the ACT has remained stable. Eight hundred and seven grams of amphetamine-like stimulants were seized by the ACT police in 2000/01. In the following year (2001/02) there was an approximate three-fold increase in the weight of amphetamine-like substances seized (2,532 grams). The weight of seizures decreased from 644 grams in 2003/04 to 406 in 2004/05. The number of seizures has increased consistently since 2001/02 to 189 in 2004/05.

Figure 11: Median purity of amphetamine-type stimulant seizures by ACT local police, July 1999 to June 2005



Source: ABCI (1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)

Note: data not available for the 2005/2006 financial year

Table 21 presents the number of consumer and provider arrests for amphetamine-type stimulants made in the ACT between 1997 and 2004. The Australian Crime Commission (ACC) classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). Prior to 2000, the number of arrests in the ACT relating to amphetamine-type stimulants remained low. The number of arrests then increased dramatically in 2000/01, coinciding with an increase in methamphetamine use (particularly speed and crystal) in the ACT. Since 2000/01 the number of people in the ACT charged with user-type offences is approximately 4 times greater than the number charged with supply-type offences. In 2004/05 the number of user-related arrests decreased for both males and females. In 2003/04 there were 60 males compared to 51 males in 2004/05, and 16 females in 2003/04 compared to 7 in 2004/05, arrested for user-related offences. In 2004/05 the number of supply-related arrests almost doubled for both males and females compared to the previous year.

Table 21: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997-2005

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/98	8	3	5	2	18
1998/99	15	2	6	0	23
1999/00	- ^a	- ^a	- ^a	- ^a	- ^a
2000/01	37	10	6	3	56
2001/02	44	4	9	3	60
2002/03	41	11	8	4	64
2003/04	60	16	19	4	99
2004/05	51	7	27	9	94

Source: ABCI (1997, 1998, 1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)

Note: ^a Figures for ACT 1999/00 were not available

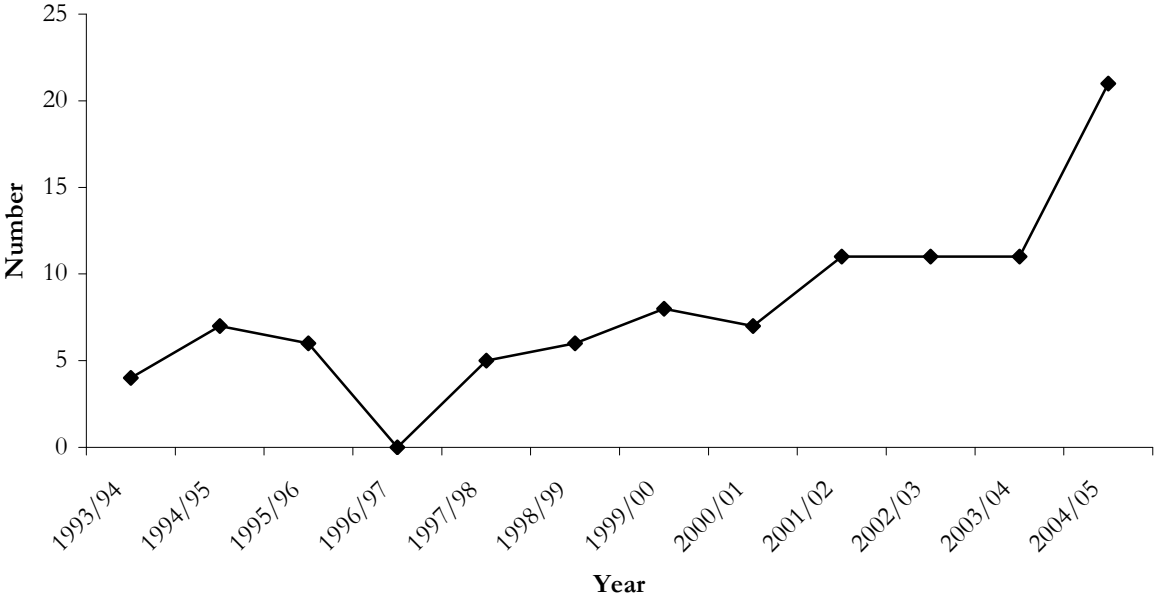
Note: arrest data from 1997/98 to 1999/00 exclude Australian Federal Police data

Note: data not available for the 2005/2006 financial year

5.5.2 Health

The number of amphetamine-related hospital admissions, in the ACT, from 1999 to 2005 are presented in Figure 12. In the 1996/97 financial year there were no admissions for amphetamine problems. Since then there has been a gradual increase in hospital admissions related to amphetamine from 5 in 1997/98 to 6 in 1998/99 to 7 in 2000/01, before it stabilised at 11 from 2001/02 to 2003/04. In the 2004/05 financial year, there was a marked increase in the number of amphetamine-related hospital admissions to 21. This is the highest it has been since the 1993/94 financial year. Some KE reported anecdotal increases in aggressive and violent behaviour amongst methamphetamine users, as well as increased cases of amphetamine psychosis.

Figure 12: Number of hospital admissions in persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/94-2004/05



Source: Australian Institute of Health and Welfare (AIHW)

5.5.3 Methamphetamine SDS

In the 2006 ACT EDRS, 78% of REU had used at least one form of methamphetamine in the six months prior. Among this group, the median number of days of methamphetamine use was 6 (range 1-161). Almost all (99%) recent methamphetamine users completed the Severity of Dependence Scale (SDS) for methamphetamine. An SDS score of four or greater is indicative of problematic amphetamine use (Topp and Mattick, 1997) and for this sample the median SDS score obtained was 1 (range 0-6). Six participants (5 males and 1 female) in this year’s sample obtained SDS scores that classified them as methamphetamine dependent (i.e. four or greater) according to reliable criteria (Topp and Mattick, 1997). Of those participants whose level of methamphetamine use was defined as problematic, two REU reported their responses referred to their use of methamphetamine powder, and one participant to crystal methamphetamine. The remaining three participants did not attribute their responses to one form of methamphetamine specifically.

5.6 Summary of methamphetamine trends

- Methamphetamine powder or speed was the form of methamphetamine most commonly used by REU, followed by crystal methamphetamine (crystal) and base methamphetamine (base)
- Whilst recent use of speed remained relatively stable, the use of base increased slightly as did the use of crystal
- The use of all forms of methamphetamine remained low and sporadic with use of all forms on a median of four days (less than once a month) in the six months preceding interview
- The median price for a point of methamphetamine increased slightly, and varied slightly, according to the form of methamphetamine purchased: speed \$40 base \$42.50 and crystal \$50
- As in previous years, the majority of respondents in 2006 reported the current purity of all forms of methamphetamine to be 'medium' to 'high'. The reports of REU indicated that the purity of both base and crystal methamphetamine was relatively stable, and the purity of speed was stable to decreasing over the previous six months
- The availability of each form of methamphetamine was reported to be stable and 'easy' to 'very easy' to obtain, with indications that base methamphetamine was becoming easier to obtain in the ACT
- Like ecstasy, methamphetamine was primarily obtained by REU from known dealers and friends

6.0 COCAINE

Similar to 2005, over two-thirds (68%) of the 2006 EDRS sample reported the lifetime use of cocaine (68% did so in 2005). Similar proportions to 2005 (44%) reported that they had used cocaine in the six months preceding interview (44% in 2006).

6.1 Cocaine use among REU

Table 22 presents a summary of the patterns of cocaine use of ACT REU from 2003 to 2006. A median of two days of use (range 1-48) was reported by those REU who had used cocaine in the past six months. Over three-quarters (82%) of recent cocaine users had used infrequently (i.e. less than monthly) in the past six months (an increase from 69% in 2005), approximately one in ten (11%) had used cocaine on a monthly to fortnightly basis (a decrease from 22% in 2005) and four percent had used on a greater than fortnightly basis (9% the previous year). In 2006, two REU nominated cocaine as their drug of choice.

The majority (n=21) of recent cocaine users quantified their use of cocaine in terms of grams. A median of half a gram (range 0.1-3.0) was used during a 'typical' session of cocaine use, although this increased to one gram (range 0.1-3.0) when referring to the median amount used in the 'heaviest' session of cocaine use (see Table 22). Of those REU who quantified their use in terms of points (n=11), a median of one point (range 0.5-3) was used during a 'typical' session of cocaine use, and a median of two points (range 0.5-5) was used in the 'heaviest' session of recent use. With regards to lines (n=10) a median of 2.5 lines (range 1-12) was used during a 'typical' session of cocaine use, and a median of 3.5 lines (range 1-12) was used in the 'heaviest' session of recent use. Similar to the previous year, eighteen percent of REU who had recently binged on ecstasy and related drugs reported using cocaine during these binge episodes (comparable to 20% in 2005).

As in the previous year, the most common forms of cocaine administration among recent users were intranasal, or 'snorting' (98%; 93% in 2005), and oral administration (18%; 22% in 2005). In 2006, five percent of recent cocaine users reported that they had smoked cocaine in the past six months, a decrease from 15% in 2005. Furthermore, the proportion of REU who reported that they had injected cocaine remained relatively stable at 2% in 2006 (compared to 6% in 2005).

Table 22: Patterns of cocaine use among REU, 2003-2006

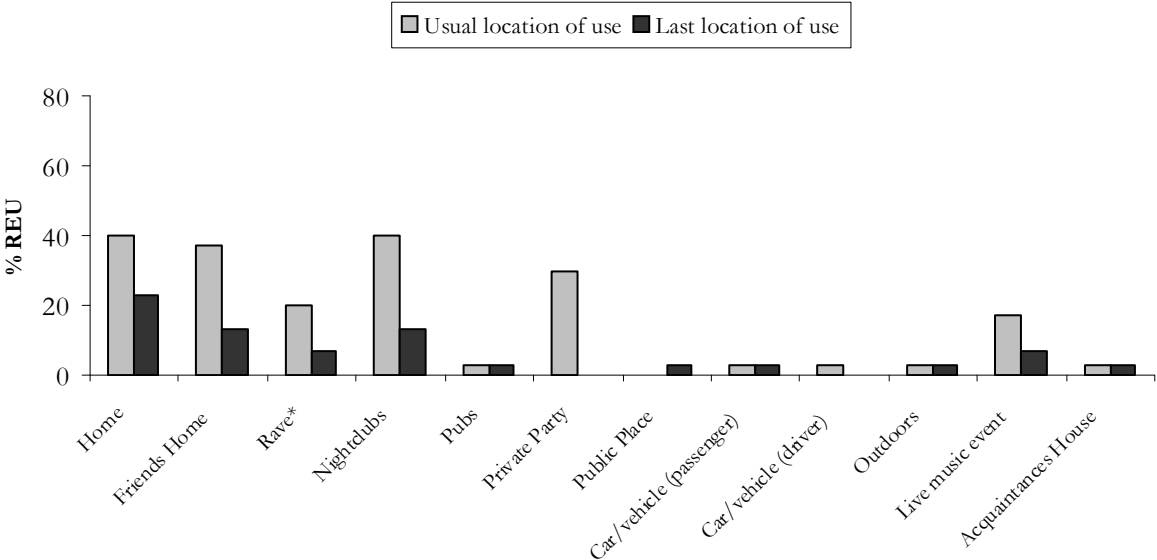
Cocaine	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used %	47	69	68	68
Used last six months%	26	34	44	44
Of those who had used				
Median days used last 6 mths (range)	1 (1-4)	2 (1-24)	3 (1-72)	2 (1-48)
Median quantities used (grams)				
Typical (range)	0.5 (0.25-1.0)	0.5 (.13-.20)	0.5 (0.25-3.0)	0.5 (0.1-3.0)
Heavy (range)	0.5 (0.5-2.0)	0.75 (.13-3.5)	1.0 (0.5-5.0)	1 (0.1-3.0)

Source: EDRS regular ecstasy user interviews; 2003-2006

Seven KE commented on cocaine use amongst REU. Four KE thought that a few of the REU also used cocaine and two reported that cocaine use had increased in the past 6-12 months. Three KE reported that cocaine was rare in the ACT. One reported that it was expensive and only the older age groups use it.

Figure 13 summarises the reports of REU regarding the locations where they had typically used cocaine in the past six months, and also the location where they last used cocaine. Cocaine was frequently used by REU across a number of diverse contexts. Equal proportions (40%) of REU reported that they had ‘usually’ used cocaine at nightclubs and at home. Thirty-seven percent of respondents reported that they ‘usually’ used cocaine at a friend’s home, and 30% reported that they usually used it at a private party. One-fifth reported that they usually used cocaine at a rave/doof/dance party. Similarly, the venues most commonly nominated by REU as the places where they had most recently used cocaine were their own home (23%), at a nightclub (13%) and at a friend’s home (13%).

Figure 13: Location of cocaine use, ACT REU, 2006



Source: EDRS regular ecstasy user interviews, 2006
 * includes outdoor raves, (doofs) and dance parties

6.2 Price

In the 2006 ACT EDRS, 34% of the entire sample commented on the current price, purity and availability of cocaine. Twenty-seven participants reported this year on the price paid for a gram of cocaine in the ACT (see Table 23). The median reported price for a gram of cocaine (n=17) increased from \$250, in the previous three years, to \$300 (range 50-400) per gram. This was also the median price paid for the last gram of cocaine that REU had purchased prior to interview. The majority (50%) of the REU who were able to comment on the price change of cocaine were not confident in answering this question; as mentioned previously, this may be reflective of the sporadic and infrequent use of cocaine by REU in the ACT. Thirty-eight percent of REU who were able to comment reported that the price of cocaine had remained stable in the ACT in the preceding six months; this was an increase from 21% in 2005.

Table 23: Prices and changes in price for cocaine, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price for gram (range)	\$250 (180-300)	\$250 (180-600)	\$250 (180-450)	\$300 (50-400)
<i>Changes in price</i>				
Did not respond (%)	82	69	70	66
Did respond (%)	18	31	30	34
Of those that responded	n=12	n=36	n=38	n=34
<i>% Increasing (% of entire sample)</i>	17 (3)	17 (5)	14 (4)	6 (2)
<i>% Stable (% of the entire sample)</i>	50 (9)	34 (10)	21 (6)	38 (13)
<i>% Decreasing (% of the entire sample)</i>	0 (0)	8 (3)	18 (6)	3 (1)
<i>% Fluctuating (% of the entire sample)</i>	17 (3)	8 (3)	18 (6)	3 (1)
<i>% Don't know (% of the entire sample)</i>	16 (3)	33 (10)	29 (9)	50 (17)

Source: EDRS regular ecstasy user interviews; 2003-2006

6.3 Purity

In the 2006 EDRS, the majority (56%) of respondents reported that the current purity of cocaine was 'medium' (29%, 42% in 2005) to 'high' (27%, 42% in 2005, see Table 24). However, this was down from the previous year, where 84% of REU who were able to comment reported that cocaine was 'easy' to 'very easy' to obtain. Furthermore, there was an increase in the proportion of REU, who were able to comment, that reported that the current purity of cocaine was low, from 3% in 2005, to 18% in 2006; however, it must be noted that these figures are based on small numbers so results must be interpreted with caution. The majority (44%) of REU who were able to comment of cocaine price change were not confident in answering the question; this, as mentioned before, may be due to the infrequent use of cocaine by REU in the ACT. Equal proportions (21%) reported that the price of cocaine had been stable or fluctuating in the ACT in 2006. Smaller proportions reported that the price was increasing (9%) or decreasing (6%) in the six months prior to interview.

Table 24: Reports of cocaine purity, ACT REU, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	82	69	70	66
Did respond (%)	18	31	30	34
Of those that responded (%)	n=12	n=36	n=38	n=34
<i>Current purity</i>				
<i>% Low (% of the entire sample)</i>	17 (3)	14 (4)	3 (1)	18 (6)
<i>% Medium (% of the entire sample)</i>	50 (9)	22 (7)	42 (13)	29 (10)
<i>% High (% of the entire sample)</i>	17 (3)	22 (7)	42 (13)	27 (9)
<i>% Fluctuates (% of the entire sample)</i>	16 (3)	11 (3)	5 (2)	9 (3)
<i>% Don't know (% of the entire sample)</i>	0 (0)	31 (10)	8 (2)	18 (6)
<i>Purity change</i>				
<i>% Increasing (% of the entire sample)</i>	17 (3)	17 (5)	13 (4)	9 (3)
<i>% Stable (% of the entire sample)</i>	42 (8)	22 (7)	29 (9)	21 (7)
<i>% Decreasing (% of the entire sample)</i>	8 (2)	11 (3)	13 (4)	6 (2)
<i>% Fluctuating (% of the entire sample)</i>	8 (2)	11 (3)	19 (6)	21 (7)
<i>% Don't know (% of the entire sample)</i>	25 (5)	39 (12)	26 (8)	44 (15)

Source: EDRS regular ecstasy user interviews; 2003-2006

6.4 Availability

In 2006, the reports of REU in relation to the availability of cocaine in the ACT were mixed, which is consistent with the data presented for the 2005 PDI (Table 25). Forty-four percent of respondents indicated that cocaine was ‘very easy’ (12%; 8% in 2005) to ‘easy’ (32%; 34% in 2005) to obtain. Conversely, 47% of those responding reported that cocaine was ‘difficult’ (44%; 55% in 2005) to ‘very difficult’ (3%; 3% in 2005) to obtain in the ACT. The majority (47%) of REU believed that the availability of cocaine had remained stable over the previous six months (a decrease from 58% in 2005). Fifteen percent reported that cocaine had become easier to obtain (similar to 16% in 2005), and 6% reported that cocaine had become ‘more difficult’ to obtain (a decrease from 13% in 2005).

Table 25: Availability of cocaine, ACT REU, 2003-2006

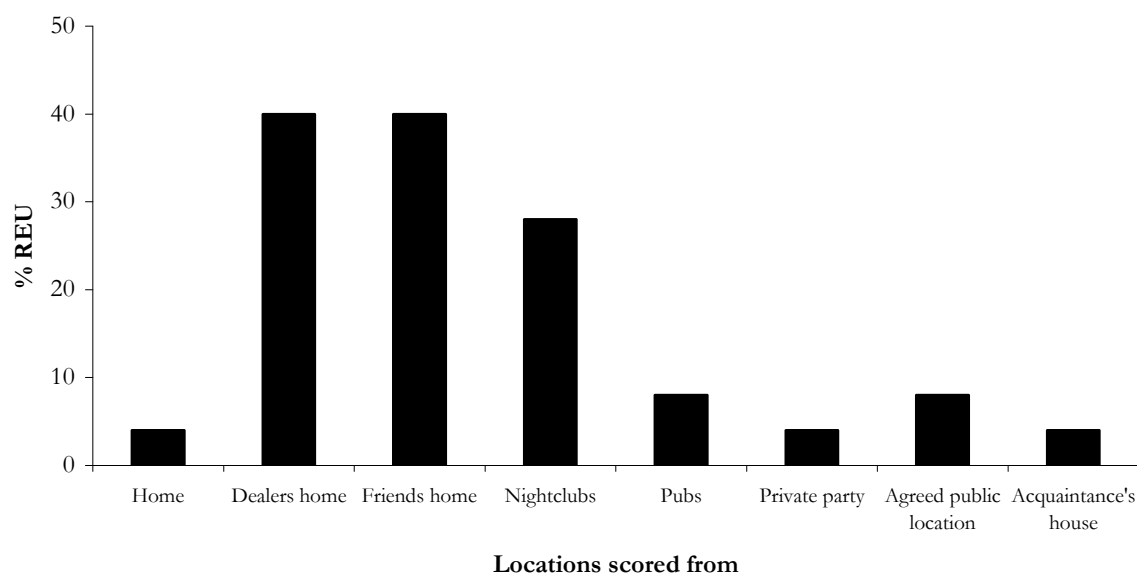
	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	82	69	70	66
Did respond (%)	18	31	30	34
Of those that responded (%)	n=12	n=36	n=38	n=34
<i>Current availability</i>				
<i>% Very easy (% of the entire sample)</i>	0 (0)	6 (2)	8 (2)	12 (4)
<i>% Easy* (% of the entire sample)</i>	42 (8)	47 (15)	34 (10)	32 (11)
<i>% Difficult (% of the entire sample)</i>	42 (8)	31 (10)	55 (17)	44 (15)
<i>% Very difficult (% of the entire sample)</i>	16 (3)	8 (3)	3 (1)	3 (1)
<i>% Don't know (% of the entire sample)</i>	0 (0)	8 (3)	0 (0)	9 (3)
<i>Change in availability</i>				
<i>% More difficult (% of the entire sample)</i>	17 (3)	8 (3)	13 (4)	6 (2)
<i>% Stable (% of the entire sample)</i>	42 (8)	42 (13)	58 (18)	47 (16)
<i>% Easier (% of the entire sample)</i>	25 (5)	25 (8)	16 (5)	15 (5)
<i>% Fluctuates (% of the entire sample)</i>	8 (2)	8 (3)	8 (2)	0 (0)
<i>% Don't know (% of the entire sample)</i>	8 (2)	17 (5)	5 (2)	32 (11)

Source: EDRS regular ecstasy user interviews; 2003-2006

* combined 'Moderately easy' and 'Easy' for 2003 data

The people REU reported primarily scoring cocaine from in the preceding six months were friends (56%) and known dealers (56%). Smaller percentages also reported buying cocaine from acquaintances (16%) and unknown dealers (12%). The locations at which REU reported most frequently scoring cocaine from in the six months prior (see Figure 14) were private locations such as dealers' homes (40%), friends' homes (40%) or at nightclubs (28%).

Figure 14: Locations where cocaine had been purchased in the preceding six months, ACT, 2006



Source: EDRS regular ecstasy user interviews, 2006

6.5 Cocaine-related harms

6.5.1 Law enforcement

Table 26 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2005. During this period the number and weight of seizures has remained low; however, in 2004/2005 there were 6 cocaine seizures, consistent with previous years, but weight increased dramatically to 589 grams.

Table 26: Number and weight of cocaine seizures, ACT, July 1999 to June 2005

Year	Seizures (no.)	Weight (grams)
1999/00	6	3
2000/01	3	7
2001/02	10	10
2002/03	0	0
2003/04	6	4
2004/05	6	589

Source: ABCI (1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)

Note: data not available for the 2005/2006 financial year

Since 1997, the number of cocaine-related arrests in the ACT has remained low. Between July 1997 and June 2000 there were no reported cocaine arrests in the ACT. In 2000/01 and 2001/02 there were 3 cocaine arrests, with two arrests being made in 2002/03 and 2003/04 respectively (see Table 27). In 2004/05 there was a substantial increase in the number of cocaine-related arrests in comparison to previous years. There were two arrests in both 2002/03 and 2003/04, compared to 7 in 2004/05. There was an increase from 1 male arrested in 2003/04 for supply-related arrests to 4 in 2004/05.

Table 27: Number of cocaine consumer and provider arrests, ACT, 2000-2005

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
2000/01	1	0	1	1	3
2001/02	2	0	1	0	3
2002/03	2	0	0	0	2
2003/04	1	0	1	0	2
2004/05	2	1	4	0	7

Source: ABCI (2000; 2001; 2002); ACC (2003; 2004; 2005)
 Note: data not available for the 2005/2006 financial year

6.5.2 Health

The number of cocaine-related hospital admissions that have occurred in the ACT over the past ten years remains very low. One cocaine-related hospital admission occurred in the years 1993/94, 1998/99 and 2001/02. There were no hospital admissions in persons aged 15 to 54 years where cocaine was implicated in the primary diagnosis in the ACT in 2003/04 and 2004/05 (Roxburgh and Degenhardt, in press). This reflects the relatively infrequent levels of cocaine use among ACT REU.

6.6 Summary of cocaine trends

- Almost half the 2006 ACT EDRS sample reported having used cocaine in the previous six months, the majority of whom had used on a less than monthly basis
- The median price for a gram of cocaine increased in 2006, in the ACT, from \$250 to \$300 per gram
- The reports of REU indicated that the current purity of cocaine in the ACT is stable at 'medium' to 'high' levels
- Consistent with past years, the response of REU in regards to the availability of cocaine in the ACT was mixed
- In the previous six months, cocaine was typically purchased by REU from known dealers and friends

7.0 CANNABIS

For the first time in 2006, REU were asked questions relating to the price, purity and availability of cannabis in the ACT. Similar to the IDRS, the questions on cannabis were divided into the two main forms of cannabis; that is, hydroponic (indoor-grown) cannabis and bush (outdoor-cultivated) cannabis. In 2006, ninety-four percent of REU reported lifetime use of cannabis, and 83% of REU reported using cannabis in the six months preceding interview.

7.1 Cannabis use among REU

Table 28 presents a summary of cannabis use of ACT REU from 2003-2006. In 2006, REU who had used cannabis in the preceding six months used it on a median of 50 days (range 1-180), an increase from 39 days in 2005. Just under one-quarter (22%) used cannabis on a monthly or less basis, or a weekly to monthly basis. The majority (45%) reported that they had used cannabis three times a week or more, in the six months preceding interview. Twenty-two percent of REU reported that they were daily users of cannabis. Twenty percent of REU nominated cannabis as their drug of choice.

Nearly all REU who had used cannabis in the preceding six months reported that they had smoked it (99%), and 28% of REU who had recently used cannabis reported that they had swallowed it. Just over half (55%) of REU who reported that they had binged on ecstasy and related drugs in the preceding six months reported that they had used cannabis during these binges. Fifty-one percent of REU, who reported that they used other drugs while under the influence of ecstasy, reported that they typically used cannabis, and 83% of REU who reported that they used drugs while ‘coming down’ from ecstasy used cannabis.

Table 28: Patterns of cannabis use among ACT REU, 2003-2006

Cannabis	2003 (N=66)	2004 (N=116)	2005 (N=125)	2006 (N=100)
Ever used (%)	97	98	94	94
Used preceding six months (%)	82	83	81	83
Of those who had used				
Median days used last 6 mths (range)	27.5 (1-180)	27 (1-180)	39 (1-180)	50 (1-180)
Daily use (%)	23	19	19	22
Route of administration (%)				
Smoked	na	100	98	99
Swallowed	na	33	37	28

Source: EDRS regular ecstasy user interviews; 2003-2006

Note: questions on route of administration were not asked in the 2003 PDI

Only three KE commented on cannabis use amongst REU. Contrary to reports from REU, two KE reported that cannabis was used by a few REU, but that use was infrequent. Two KE commented that the use of cannabis was decreasing among REU in the ACT.

7.2 Price

In 2006, sixty-three percent of REU were able to report on the price, purity and availability of hydroponic cannabis, and thirty-eight percent of REU were able to comment on bush cannabis. Twenty-two REU reported on the price per gram of hydroponic cannabis in the ACT (see Table 29). The median reported price was \$20 (range 10-25). Twenty-five REU reported that they had purchased a gram of hydroponic cannabis in the preceding six months. The median price last paid was the same as the reported price (\$20 range 10-25). Twenty-four REU were able to report on the current price for an ounce of hydroponic cannabis in the ACT. The median price paid for an ounce of hydroponic cannabis was \$300 (range 90-350). Twenty-six REU had purchased an ounce of hydroponic cannabis in the preceding six months and the median price was the same as the reported price (\$300 range 200-350). The majority of REU who were able to comment reported that the price of hydroponic cannabis had remained stable in the preceding six months. Small proportions reported that the price had increased (10%) or decreased (14%), in the six months preceding interview.

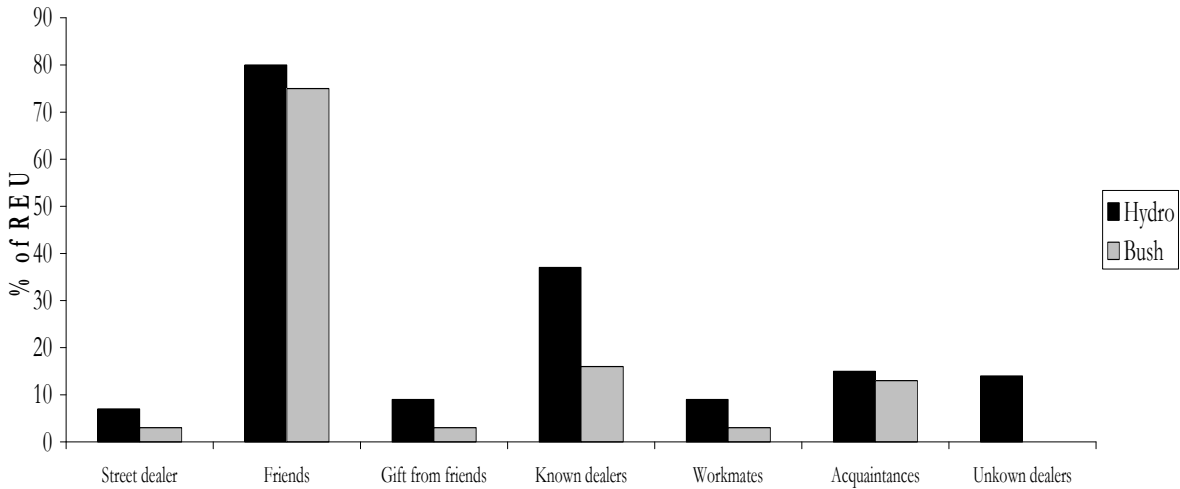
Eighteen REU were able to report on the current price for a gram of bush in the ACT in 2006. The median price was \$20 (range 10-25). Twelve REU reported that they had recently purchased a gram of bush; again, the median price was \$20 (range 10-25). Ten REU reported that the current price for an ounce of bush was \$200 (range 150-300), and eight REU had purchased an ounce of bush in the preceding six months for a median price of \$200 (range 150-250). Again the majority (50%) reported that the price of bush had remained stable in the six months preceding interview. A smaller proportion (16%) reported that the price was decreasing.

Table 29: Price and changes in price for cannabis – hydro & bush, ACT, 2006

	2006 (N=100)	
	Hydro	Bush
Median price (range)		
Gram	\$20 (10-25)	\$20 (10-25)
Ounce	\$300 (90-350)	\$200 (150-300)
Did not respond (%)	37	62
Did respond (%)	63	38
Of those that responded	n=63	n=38
<i>% Increasing (% of the entire sample)</i>	10 (6)	0 (0)
<i>% Stable (% of the entire sample)</i>	59 (37)	50 (19)
<i>% Decreasing (% of the entire sample)</i>	14 (9)	16 (6)
<i>% Fluctuating (% of the entire sample)</i>	2 (1)	5 (2)
<i>% Don't know (% of the entire sample)</i>	16 (10)	29 (11)

Source: EDRS regular ecstasy user interviews, 2006

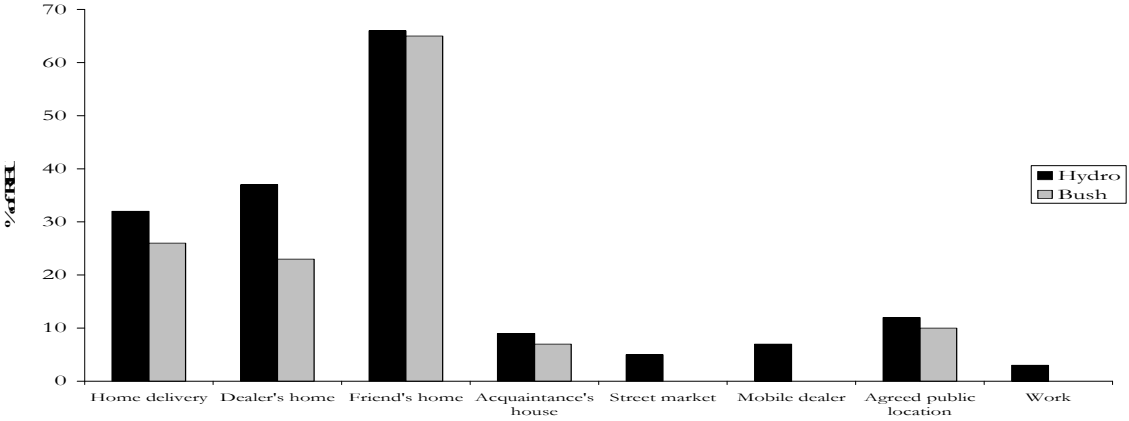
Figure 15: Source of hydro and bush cannabis, ACT, 2006



Source: EDRS regular ecstasy user interviews, 2006

The most common source for both hydroponic (80%) and bush (75%) cannabis was through friends, as can be seen in figure 15. The next most common source for both forms was through known dealers (hydroponic 37% and bush 16%). The third most common source was through acquaintances (hydroponic 15% and bush 13%). More REU bought hydroponic cannabis through unknown dealers than bush (14% vs. 0%, see Figure 15).

Figure 16: Locations where hydro and bush cannabis have been purchased in the preceding six months, ACT, 2006



Source: EDRS regular ecstasy user interviews, 2006

As can be seen in Figure 16, the most common place of purchase for both hydroponic and bush cannabis was at a friend's house (66% and 65% respectively). The next most common place for hydroponic cannabis was at a dealer's home (37%) and home delivery (32%). The second most common place of purchase for bush cannabis was home delivery (26%) followed by dealer's home (23%). A minority reported that they obtained hydroponic and bush cannabis from an agreed public location (12% and 10% respectively).

7.3 Purity

Purity and purity change of hydroponic and bush cannabis is presented in Table 30. The majority of REU who were able to comment (n=63) on the purity of hydroponic cannabis reported that it was ‘medium’ (24%) to ‘high’ (59%). Furthermore, the majority of REU reported that the purity of hydroponic cannabis in the six months preceding interview was stable (49%) or increasing (24%).

Thirty-eight REU were able to comment on the purity and purity change of bush cannabis in the six months preceding interview. The majority reported that the current purity was ‘medium’ (37%) to ‘low’ (32%), and that purity had remained stable (58%) in the six months preceding interview.

Table 30: Potency and changes in potency for cannabis – hydro & bush, ACT, 2006

	2006 (N=100)	
	Hydro	Bush
<i>Current potency</i>		
Did not respond (%)	37	62
Did respond (%)	63	38
Of those that responded	n=63	n=38
<i>% High (% of the entire sample)</i>	59 (37)	13 (5)
<i>% Medium (% of the entire sample)</i>	24 (15)	37 (14)
<i>% Low (% of the entire sample)</i>	8 (5)	32 (12)
<i>% Fluctuating (% of the entire sample)</i>	8 (5)	3 (1)
<i>% Don't know (% of the entire sample)</i>	2 (1)	16 (6)
<i>Potency change</i>		
Did not respond (%)	37	62
Did respond (%)	63	38
Of those that responded	n=63	n=38
<i>% Increasing (% of the entire sample)</i>	24 (16)	11 (4)
<i>% Stable (% of the entire sample)</i>	49 (31)	58 (22)
<i>% Decreasing (% of the entire sample)</i>	10 (6)	8 (3)
<i>% Fluctuating (% of the entire sample)</i>	13 (8)	5 (2)
<i>% Don't know (% of the entire sample)</i>	3 (2)	18 (7)

Source: EDRS regular ecstasy user interviews, 2006

7.4 Availability

The availability and availability change for hydroponic and bush cannabis in the ACT is presented in Table 31. The vast majority (79%) of REU who were able to comment reported that hydroponic cannabis was, currently, ‘very easy’ to obtain in the ACT. A smaller proportion (16%) reported that it was ‘easy’ to obtain. Furthermore, the vast majority (79%) reported that availability had remained stable in the ACT in the preceding six months, with a smaller proportion (13%) reporting that it had become ‘easier’ to obtain.

The majority of REU who were able to comment on bush availability reported that it was ‘easy’ (32%) to ‘very easy’ (42%) to obtain. A smaller proportion (13%) reported that it was ‘difficult’ to obtain. The majority (66%) reported that the availability of bush cannabis had remained stable in the six months preceding interview.

Table 31: Availability and changes in availability for cannabis – hydro & bush, ACT, 2006

	2006 (N=100)	
	Hydro	Bush
<i>Current availability</i>		
Did not respond (%)	37	62
Did respond (%)	63	38
Of those that responded	n=63	n=38
<i>% Very easy (% of the entire sample)</i>	79 (50)	42 (16)
<i>% Easy (% of the entire sample)</i>	16 (10)	32 (12)
<i>% Difficult (% of the entire sample)</i>	2 (1)	13 (5)
<i>% Very difficult (% of the entire sample)</i>	2 (1)	0 (0)
<i>% Don't know (% of the entire sample)</i>	2 (1)	13 (5)
<i>Availability change</i>		
Did not respond (%)	37	62
Did respond (%)	63	38
Of those that responded	n=63	n=38
<i>% Easier (% of the entire sample)</i>	13 (8)	8 (3)
<i>% Stable (% of the entire sample)</i>	79 (50)	66 (25)
<i>% More difficult (% of the entire sample)</i>	3 (2)	8 (3)
<i>% Fluctuates (% of the entire sample)</i>	3 (2)	3 (1)
<i>% Don't know (% of the entire sample)</i>	2 (1)	16 (6)

Source: EDRS regular ecstasy user interviews, 2006

7.5 Cannabis law enforcement seizure data

Table 32 shows the number and weight of cannabis seizures in the ACT from 1999 to 2005. Since 2000/2001, the weight of cannabis seizures in the ACT has been increasing, with 627,934 grams seized in the 2003/2004 financial year. In 2004/2005 the weight of cannabis seizures decreased to 566,770 grams. Consistent with 2003/2004, the number of cannabis seizures has continued to decrease from 624 grams in 2002/2003, to 591 grams in 2003/2004 to 553 in 2004/2005.

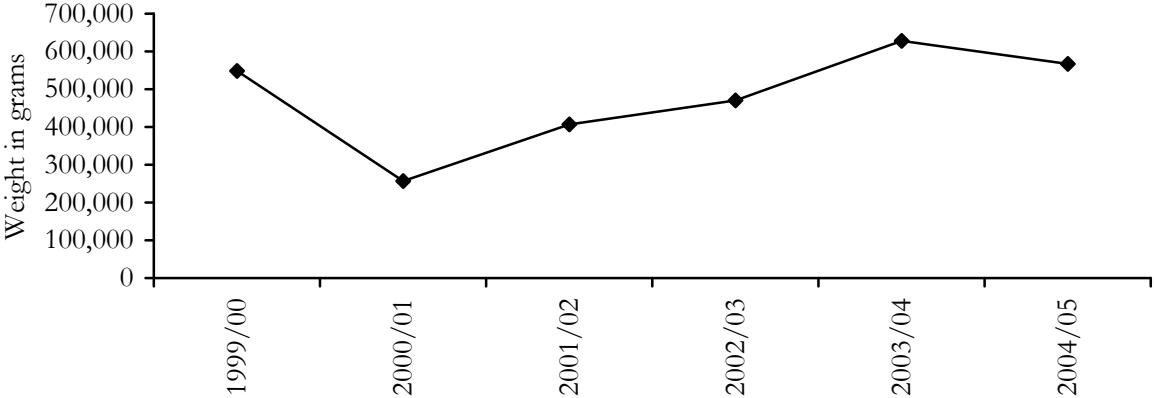
Table 32: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2005

Year	Seizures (no.)	Weight (grams)
1999/2000	870	548 107
2000/2001	565	256 895
2001/2002	387	406 521
2002/2003	624	470 691
2003/2004	591	627 934
2004/2005	553	566 770

Source: ABCI (1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)
 Note: data not available for the 2005/06 financial year

Figure 17 shows the average weight of cannabis seized in the ACT from 1999 to 2005. As can be seen from the graph, in 2000/2001 the lowest average seizure weight was recorded at 256,895 grams. Since then the weight of cannabis seizures in the ACT has been steadily increasing, until 2004/2005, where there was a slight decrease.

Figure 17: Average weight of cannabis seized in the ACT, July 1999 to June 2005



Source: ABCI (1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)
 Note: data not available for the 2005/06 financial year

Table 33 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2005. In the ACT the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. In 2004/2005, sixty percent of all provider and consumer arrests were related to cannabis (down from 65% in 2003/2004). As can be seen from Table 33, the total number of cannabis arrests has been increasing since 1998/1999. In 2004/2005, however, there was a decrease in the number of cannabis-related arrests: 228 in 2004/2005 compared to 267 in 2003/2004. Since 2000/2001, males are almost 4 times more likely to be charged with user-type cannabis offences than females. The number of females arrested for user-type offences in 2004/2005 was almost half the amount arrested in 2003/2004. As can be seen from Table 33, the number of females charged with supply-type offences has remained relatively low and stable since 1997/1998. The number of males charged with supply-type offences increased dramatically from 4 in 2002-2003 to 42 in 2003-2004, remaining stable at 40 arrests in 2004/2005.

Table 33: Number of cannabis consumer and provider arrests, ACT, 1997/1998 to 2004/2005

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	66	12	54	7	139
1998/1999	63	11	7	4	85
1999/2000	- ^a	- ^a	- ^a	- ^a	- ^a
2000/2001	101	33	11	5	150
2001/2002	115	29	26	8	178
2002/2003	151	36	4	5	196
2003/2004	177	40	42	8	267
2004/2005	156	22	40	10	228

Source.: ABCI (1997, 1998, 1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)

Note. a. figures for ACT 1999/2000 were not available

Note. arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data

Note: data not available for the 2005/06 financial year

In the ACT, a Simple Cannabis Offence Notice (SCON) and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 34 presents the total number of SCON given out in the ACT since 1997/1998. The number of SCON issued in the ACT has continued to decrease over the past four financial years, as can be seen in Table 34. The number of SCON in 2004/2005 remained relatively stable at 82 (79 in 2003/2004).

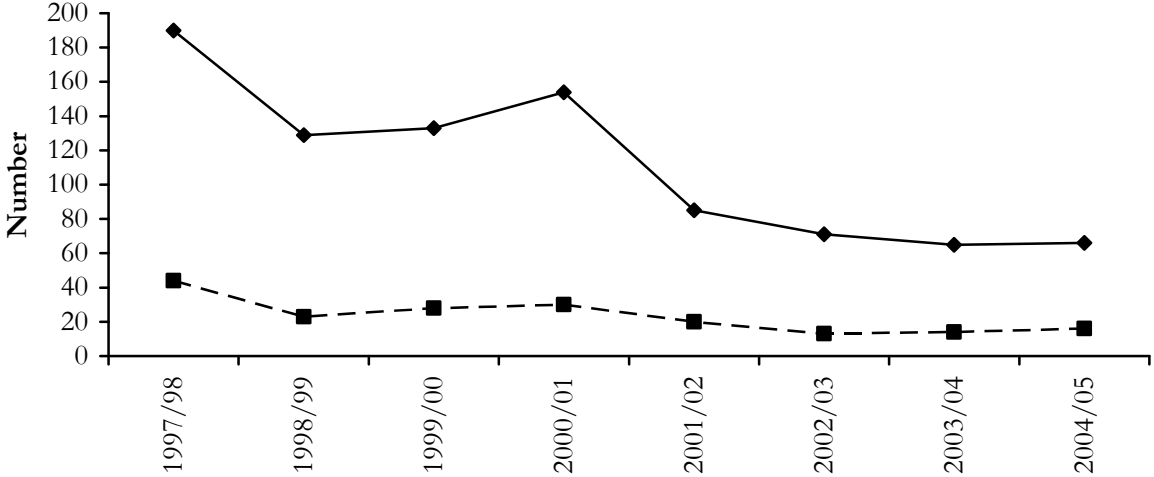
Table 34: Number of Simple Cannabis Offence Notices, ACT, 1997/1998 to 2003/2005

Year	Number of SCONs
1997/1998	235
1998/1999	152
1999/2000	161
2000/2001	184
2001/2002	105
2002/2003	84
2003/2004	79
2004/2005	82

Source: ABCI (1997, 1998, 1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)
 Note: data not available for the 2005/06 financial year

As can be seen in Figure 18, the number of SCON given to females in the ACT has remained relatively stable since 1997/1998. In the ACT, males incur approximately 80% of all SCON. As can be seen in the graph below, there appears to be a decrease in the number of SCON given to males since the 2000/2001 financial year.

Figure 18: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997/1998 to 2004/2005



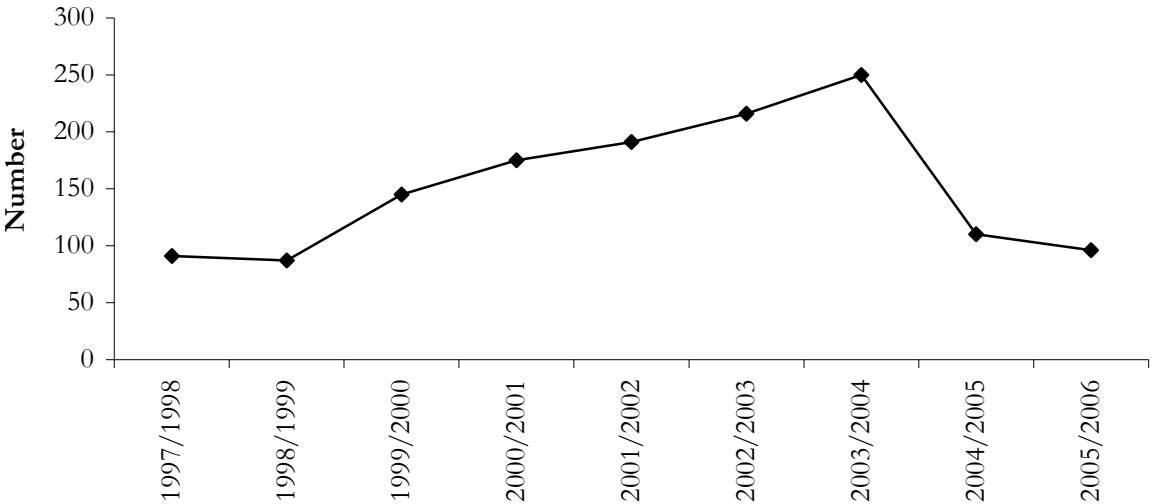
Source: ABCI (1997, 1998, 1999, 2000; 2001; 2002); ACC (2003; 2004; 2005)
 Note: data not available for the 2005/06 financial year

7.6 Cannabis-related harms

7.6.1 Health

As can be seen from Figure 19, the number of clients attending Arcadia House for cannabis withdrawal increased steadily from 1997/1998, before peaking in 2003/2004 with 250 clients attending the withdrawal centre due to cannabis in that financial year. There was a decrease in the number of clients that attended Arcadia House for withdrawal from cannabis in 2004/2005 with a total of 110 clients undergoing withdrawal from cannabis during that period. In 2005/2006 there was a slight decrease, from the previous year, to 96 clients, attending Arcadia House for withdrawal from cannabis.

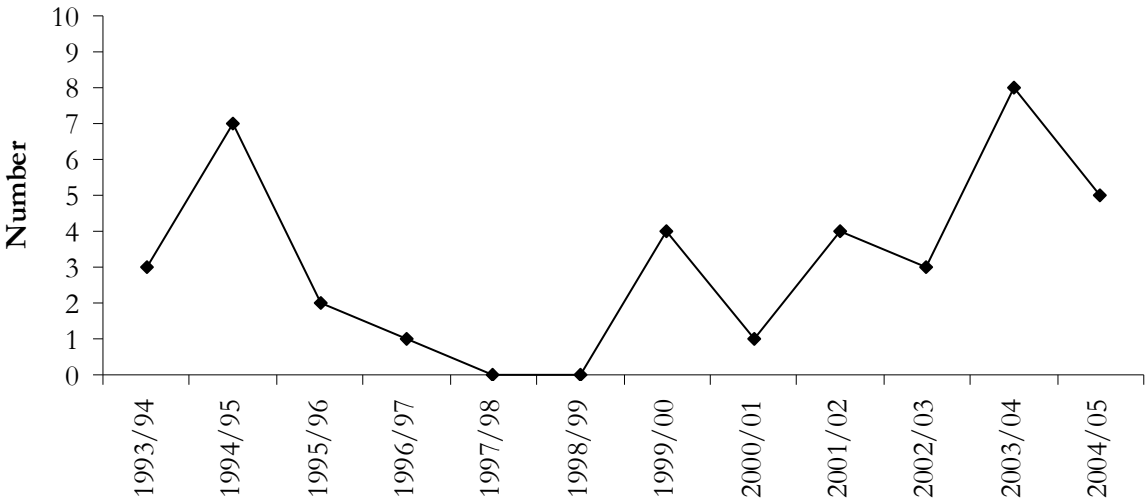
Figure 19: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/1998 to 2005/2006



Source: Assisting Drug Dependents Incorporated (ADDInc)

Figure 20 shows the number of hospital admissions in the ACT in persons aged 15 to 54 where cannabis was implicated in the primary diagnosis. The AIHW defines the primary diagnosis as the diagnosis established (after study) to be mostly responsible for occasioning the patient's episode of care in hospital. As can be seen from Figure 20, the number of cannabis-related hospital admissions has been low and has fluctuated over the last ten years. In 2004/2005 there were five hospital admissions where cannabis was the drug implicated in the primary diagnosis, a decrease from eight admissions in 2003/2004.

Figure 20: Number of hospital admissions in persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994 to 2004/2005



Source: Australian Institute of Health and Welfare (AIHW)

In the ACT there were a total of 4,634 ‘closed treatment episodes’ in the Alcohol and Drug Program (ADP) for the 2005/2006 financial year. Cannabis was the principle drug of concern for 697 of these treatment episodes. The ADP defines a closed treatment episode as a period of contact, with defined commencement and cessation dates, between a client and treatment agency. Withdrawal management (23%) and counselling (20%) accounted for the majority of closed treatment episodes where cannabis was the principle drug of concern, followed by support and case management only (13%), as shown in Table 35.

Table 35: Main treatment type for clients in closed treatment episodes for cannabis, 2005/2006

Main treatment type	Principal drug of concern – cannabis (%)
Withdrawal management	23
Counselling	20
Rehabilitation	8
Support & case management only	13
Information & education only	2

Source: ADP ACT

7.7 Summary of cannabis trends

- Cannabis use among REU in the ACT was common, with approximately eight in ten reporting that they had used cannabis in the 6 months preceding interview
- Median days of use in the preceding six months increased from 29 in 2005, to 50 in 2006. Twenty-two percent of REU reported daily use of cannabis
- The median reported price for a gram of both hydroponic and bush cannabis was \$20, and \$300 for an ounce of hydroponic cannabis and \$220 for an ounce of bush
- The current purity of hydroponic cannabis was reported to be 'high', whilst for bush current purity was reported to be 'medium' to 'low'. Purity for both forms was reported to have remained stable over the preceding six months
- Hydroponic cannabis was reported to be 'very easy' to obtain, and bush cannabis was reported to be 'easy' to 'very easy' to obtain. Again, this had remained stable, for both forms, over the preceding six months

8.0 KETAMINE

Just under one-third (32%) of the 2006 EDRS sample reported ever having used ketamine in their lifetime, whereas 15% reported having used ketamine in the past six months. These figures are comparable to the lifetime and recent ketamine use statistics reported in the 2005 ACT PDI (38% lifetime use; 17% recent use). Due to the low numbers of REU that were able to comment on ketamine in the ACT, comparisons to previous years are not possible.

8.1 Ketamine use among REU

The ketamine use patterns of ACT REU from 2003 to 2006 are presented in Table 36. Similar to previous years, recent ketamine users reported using this substance on a median of two days (range 1-6) in the past six months. All recent ketamine users had used this substance infrequently (i.e. monthly or less) in the past six months. No participants nominated ketamine as their drug of choice. A small number (6%) of REU who had recently used ecstasy and related drugs in extended 'binge' sessions reported using ketamine during these binge sessions. One REU reported that they typically used ketamine in combination with ecstasy, whereas no participants reported using ketamine during their ecstasy comedown.

Four KE commented about REU use of ketamine. Three KE thought that it was used by a few REU, and one KE thought that ketamine was used by half of the REU. Two KE reported that there had been an increase in ketamine use in the six months preceding interview, and one KE reported a decrease in use. One KE commented that use of ketamine in the ACT was opportunistic, and that there was no established market for ketamine in the ACT.

Recent ketamine users typically quantified their use in terms of 'pill/tabs' (n=7), with small numbers quantifying their use in terms of 'bumps' (n=4), lines (n=1) and points (n=1). For those REU who reported their use in terms of pills/tabs the median number of pills/tabs for a typical episode was 2 (range 1-4), and for the 'heaviest' session it was 3 (range 2-8). Those REU who reported ketamine use in terms of bumps had used a median of one bump in a 'typical' (all 4 REU typically used 1) episode of use and one bump in the 'heaviest' (range 1.0-2.0) session of use.

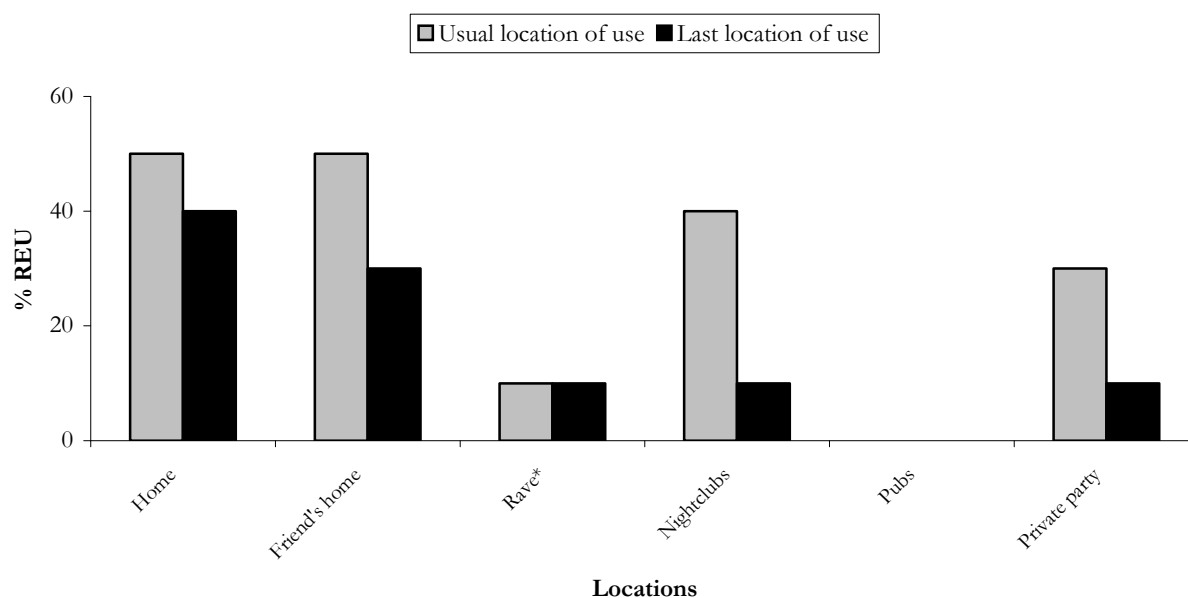
The majority (87%), of recent users, reported having swallowed ketamine in the six months preceding interview. This was followed by snorting (67%), with a minority (7%) reporting that they had smoked ketamine in the preceding six months.

Table 36: Patterns of ketamine use among REU, 2003-2006

Ketamine	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used (%)	49	36	38	32
Used last six months (%)	21	15	17	15
Of those who had used				
Median days used last 6 mths (range)	2 (1-24)	2 (1-24)	2 (1-60)	2 (1-6)
Median quantities used (bumps)				
Typical (range)	1.5 (1-3)	1 (1-8)	1 (0.5-5.0)	1 (no range)
Heavy (range)	2.0 (1-3)	2.5 (1-8)	1 (1.0-10.0)	1 (1-2)

Source: EDRS regular ecstasy user interviews; 2003-2006

Figure 21: Location of ketamine use, ACT REU, 2006



Source: EDRS regular ecstasy user interviews, 2006

* includes outdoor raves, (doofs) and dance parties

Figure 21 presents the locations where REU reported using ketamine in the six months prior to interview. The most commonly nominated venues where REU had typically used ketamine in the past six months, and the locations where they had last used ketamine, were at home ('usual' 50%, 'last' 40%), at friends' homes ('usual' 50%, 'last' 30%) and nightclubs ('usual' 40%; 'last' 10%).

8.2 Price

Reflecting the low levels of ketamine use in the ACT, only a minority of the sample (13%) reported on the current price, purity and availability of ketamine in 2006. Due to the small sample sizes that have commented on ketamine in the ACT since 2003, the following results should be interpreted with caution. The majority (n=8) of those REU reporting on recent ketamine prices in 2006 reported on the price paid for a ketamine tablet. The median price reported (n=8) for a ketamine tablet was \$27.5 (range 20-35). The median price paid for a tablet by REU (n=7) was \$25 (range 20-30). One participant reported on the price paid for a gram of ketamine, at \$40 per gram. Of those participants who commented on the price, purity and availability of ketamine, one-third (31%) were unable to comment on changes in price of ketamine over the preceding six months (see Table 37), possibly due to the infrequent use of ketamine by REU in the ACT. The majority of respondents (46%, n=6) reported that the price of ketamine had remained stable during this period of time. One KE reported that ketamine was being 'cut' and therefore there had been a decrease in price in the six months preceding interview.

Table 37: Prices and price change for ketamine, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price paid (range):				
Gram	-	\$200 (n=1)	\$65 (50-80)	\$40 (n=1)
Pill	\$25	\$20 (n=1)	\$30 (20-40)	\$25 (20-30)
Did not respond (%)	82	92	88	87
Did respond (%)	18	8	12	13
Of those that responded	n=12	n=9	n=15	n=13
<i>% Increasing (% of the entire sample)</i>	8 (2)	0 (0)	0 (0)	0 (0)
<i>% Stable (% of the entire sample)</i>	50 (9)	33 (3)	60 (7)	46 (6)
<i>% Decreasing (% of the entire sample)</i>	0 (0)	0 (0)	7 (1)	15 (2)
<i>% Fluctuating (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	8 (1)
<i>% Don't know (% of the entire sample)</i>	42 (8)	67 (5)	33 (4)	31 (4)

Source: EDRS regular ecstasy user interviews; 2003-2006

8.3 Purity

There were mixed reports regarding the current purity of ketamine, in the ACT, by REU, and this is possibly due to the small numbers of REU who were able to comment (n=13). Thirty-nine percent (n=5) reported that the current purity of ketamine was ‘high’. Thirty-one percent (n=4) reported that the current purity was ‘medium’, and 23% (n=3) reported that current purity was ‘low’. Thirty-nine percent (n=5) reported that ketamine purity had remained stable in the six months preceding interview, whilst thirty-one percent (n=4) reported that ketamine purity was decreasing (see Table 38).

Table 38: Current ketamine purity and change in purity, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	82	92	88	87
Did respond (%)	18	8	12	13
Of those that responded (%)	n=12	n=9	n=15	n=13
<i>Current purity</i>				
<i>% Low (% of the entire sample)</i>	8 (2)	0 (0)	0 (0)	23 (3)
<i>% Medium (% of the entire sample)</i>	25 (5)	0 (0)	20 (2)	31 (4)
<i>% High (% of the entire sample)</i>	42 (8)	67 (5)	80 (10)	39 (5)
<i>% Fluctuates (% of the entire sample)</i>	8 (2)	0 (0)	0 (0)	0 (0)
<i>% Don't know (% of the entire sample)</i>	17 (3)	33 (3)	0 (0)	8 (1)
<i>Purity change</i>				
<i>% Increasing (% of the entire sample)</i>	8 (2)	0 (0)	7 (1)	8 (1)
<i>% Stable (% of the entire sample)</i>	59 (11)	56 (4)	60 (7)	39 (5)
<i>% Decreasing (% of the entire sample)</i>	0 (0)	0 (0)	7 (1)	31 (4)
<i>% Fluctuating (% of the entire sample)</i>	8 (2)	0 (0)	0 (0)	8 (1)
<i>% Don't know (% of the entire sample)</i>	25 (5)	44 (3)	26 (3)	15 (2)

Source: EDRS regular ecstasy user interviews; 2003-2006

8.4 Availability

The majority (46%, n=6) of REU who were able to comment on ketamine availability reported that it was ‘easy’ to obtain in the ACT in 2006, as can be seen in Table 39. Twenty-three percent (n=3) reported that ketamine was ‘difficult’ to obtain and fifteen percent (n=2) reported that it was ‘very difficult’ to obtain. Thirty-nine percent (n=5) of REU who were able to comment on ketamine reported that the availability had remained stable, and 31% (n=4) reported that ketamine had become ‘more difficult’ to obtain in the six months preceding interview.

The people from whom REU reported scoring ketamine from in the past six months were most commonly friends (50%), known dealers (38%), and unknown dealers (13%). Equal proportions (38%) of REU who had purchased ketamine reported they purchased it at a friend's or dealer's house. One-quarter of REU who had purchased ketamine reported that they obtained it at their own house or at a nightclub. Furthermore, equal proportions (13%) reported that they obtained ketamine at a private party or an agreed public location in the six months preceding interview.

Table 39: Current ketamine availability and change to availability, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	82	92	88	87
Did respond (%)	18	8	12	13
Of those that responded (%)	n=12	n=9	n=15	n=13
<i>Current availability</i>				
<i>% Very easy (% of the entire sample)</i>	8 (2)	11 (1)	20 (2)	8 (1)
<i>% Easy^A (% of the entire sample)</i>	25 (5)	44 (3)	40 (5)	46 (6)
<i>% Difficult (% of the entire sample)</i>	67 (12)	44 (3)	20 (2)	23 (3)
<i>% Very difficult (% of the entire sample)</i>	0 (0)	0 (0)	20 (2)	15 (2)
<i>% Don't know (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	8 (1)
<i>Availability change</i>				
<i>% More difficult (% of the entire sample)</i>	25 (5)	11 (1)	13 (2)	31 (4)
<i>% Stable (% of the entire sample)</i>	33 (6)	67 (5)	67 (8)	39 (5)
<i>% Easier (% of the entire sample)</i>	17 (3)	11 (1)	13 (2)	8 (1)
<i>% Fluctuates (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	8 (1)
<i>% Don't know (% of the entire sample)</i>	25 (5)	11 (1)	7 (1)	15 (2)

Source: EDRS regular ecstasy user interviews; 2003-2006

^A combined 'Moderately easy' and 'Easy' for 2003 data

8.5 Summary of ketamine trends

- A minority of the sample reported the recent use of ketamine (15%). Among the small number of REU who had recently used ketamine, the levels of use were infrequent, at a median of two days use in the preceding six months
- The median reported price for a pill of ketamine decreased slightly from \$30 in 2005 to \$25 per pill in 2006. The majority of REU, however, reported that the price of ketamine had remained stable in the ACT over the previous six months
- The purity of ketamine was reported to have remained stable at 'medium' to 'high' levels
- Consistent with previous years, REU were divided in their response to the current availability of ketamine in the ACT

9.0 GHB

In 2006, a minority (17%) of the ACT EDRS sample reported ever having tried GHB (similar to 14% in 2006). Seven percent reported that they had used GHB in the six months preceding interview, again similar to 6% in 2005. One participant reported ever having tried 1,4B although they had not used the substance recently, and no participants in the 2006 EDRS had ever used GBL. Again, due to the low numbers who were able to comment on the price, purity and availability of GHB, comparisons to previous years are not possible.

9.1 GHB use among REU

The GHB use patterns of ACT REU from 2003 to 2006 are presented in Table 40. In the six months prior to interview, seven recent GHB users reported a median of one day (range 1-5) of use. As documented in previous years, GHB is a drug that appears to be used relatively infrequently among regular ecstasy users in the ACT: all respondents who had used GHB in the preceding six months had used it less than monthly. One participant nominated GHB as their drug of choice in the 2006 EDRS, and no participants nominated 1,4B or GBL as their drug of choice. Two participants had used GHB during an extended binge session on ecstasy and related drugs in the previous six months and two respondents indicated that they 'typically' used GHB to facilitate their comedown from ecstasy.

Six KE were able to comment about GHB use amongst REU in the ACT. Four KE reported that a few REU used GHB, and one KE reported that half of the REU had tried GHB in the preceding 12 months. Five KE commented that there had been an increase in GHB use amongst REU in the preceding 6-12 months, and one reported that there had been a decrease in GHB use. Two KE reported that in the preceding 12 months there had been an increase in GHB overdoses in the ACT.

Swallowing was the only route of administration of GHB in terms of both lifetime and recent use. Six GHB users quantified their use of the substance in terms of millilitres; one respondent quantified their use in terms of 'teaspoons'. The median amount of GHB used in a 'typical' episode was 25 millilitres (range 2-60) and 30 millilitres for the 'heaviest' (range 2-100) episode. For the respondent who quantified their use in terms of 'teaspoons', they had used one teaspoon for both the typical and heaviest episodes of recent GHB use.

Table 40: Patterns of GHB use among REU, ACT, 2003-2006

GHB	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used (%)	17	23	14	17
Used last six months (%)	12	6	6	7
Of those who had used				
Median days used last 6 mths (range)	3 (1-5)	1 (1-4)	2 (1-14)	1 (1-5)
Median quantities used (ml)				
Typical (range)	28 (2-30)	15 (2-30)	12.5 (1.0-30.0)	25 (2-60)
Heavy (range)	30 (4-45)	15 (2-55)	12.5 (1.0-60.0)	30 (2-100)

Source: EDRS regular ecstasy user interviews; 2003-2006

Of the 10 participants who commented on the price, purity and availability of GHB in 2006, four indicated that they had not used GHB in the past six months. Of the remaining REU (n=6) commenting on GHB, two each reported they had used it at home or in a nightclub, one each reported they used it at a dealer's home, friend's home, and a private party. Two REU reported they last used GHB at their own home, and one each reported they had used it last at a friend's home, dealer's home, nightclub and a private party.

9.2 Price

Due to a small number of respondents, caution needs to be exercised in interpreting the trends discussed in this section. In the 2006 EDRS, ten participants reported on the current price, purity and availability of GHB in the ACT. This year, the median reported price for one ml of GHB (n=2) was \$5.50 (range 1-10). This price remained stable when the respondents referred to how much they had paid on the last purchase occasion. Out of the ten REU commenting on GHB price, purity and availability this year, seven participants reported that the price had remained stable in the preceding six months and three participants were not confident enough to report on price change.

9.3 Purity

The current purity of GHB was reported to be 'high' (n=5) by the majority of respondents. One participant each indicated that they believed the current purity of GHB in the ACT was 'low' and 'high'. Three participants were unable to comment. Two REU reported that the purity of GHB had remained stable over the past six months, whereas three participants reported that the purity had fluctuated and five were unable to comment

9.4 Availability

The ten REU commenting on the price, purity and availability of GHB in the ACT were divided in terms of their response to the current availability of GHB. Four REU each reported that availability was 'difficult' or 'easy' and one each reported that GHB was 'very easy' or 'very difficult' to obtain. Three respondents reported that availability of GHB had been stable in the six months preceding interview, one reported that GHB had become easier to obtain and one stated that it had become more difficult to obtain. Five respondents were unable to comment.

REU reported having purchased GHB from friends (n=2), known dealers (n=2), workmates (n=1) and acquaintances (n=1). Respondents indicated that in the previous six months they had scored GHB at their dealers' homes (n=3), at a friend's home (n=2) and at an acquaintance's home (n=1).

9.5 Summary of GHB trends

- A minority of the ACT sample reported lifetime or recent use of GHB
- The data that have been collected for the EDRS in the ACT since 2003 suggest that GHB is a drug that appears to be used relatively infrequently among REU in the ACT
- Only a small number of respondents were able to comment on the price, purity and availability of GHB in the ACT, and results therefore need to be interpreted with caution

10.0 LSD

In 2006 almost half (46%) the sample reported ever having tried LSD, similar to 48% in 2005. There was a slight decrease in the proportion of REU who reported having recently used LSD in this year's sample (18%; 30% in 2005).

10.1 LSD use among REU

Table 41 summarises the patterns of LSD use among ACT REU from 2003 to 2006. Recent LSD users (n=18) reported a median of 1.5 days of use in the past six months (range 1-20). The majority (83%) of REU who had used LSD in the preceding six months had used on a less than monthly basis in that period of time, and 11% used on a monthly to less than fortnightly basis. One participant had used LSD on a weekly basis (20 times) in the past six months. Of those REU who reported bingeing on ecstasy and related drugs in the preceding six months, approximately one in ten (8%) had used LSD during extended drug use sessions (comparable to 11% in 2005). No REU reported that they typically (more than two-thirds of the time) used other drugs in combination with ecstasy, or when 'coming down' from ecstasy. One participant reported LSD as their drug of choice. Four KE commented on the use of LSD, two reported that a few REU used LSD and two reported that no REU used LSD. One KE commented that LSD was more of a teenager drug, and another KE commented that ecstasy replaced LSD.

'Tabs' was the universal measure in which those REU who had used LSD quantified their use. A median of one 'tab' was taken during a 'typical' (range 0.25-5.0) episode and 1.25 'tabs' for the 'heaviest' (range 0.25-6.0) episodes of LSD use (see Table 41). All recent LSD users reported that they had swallowed LSD in the past six months (n=18).

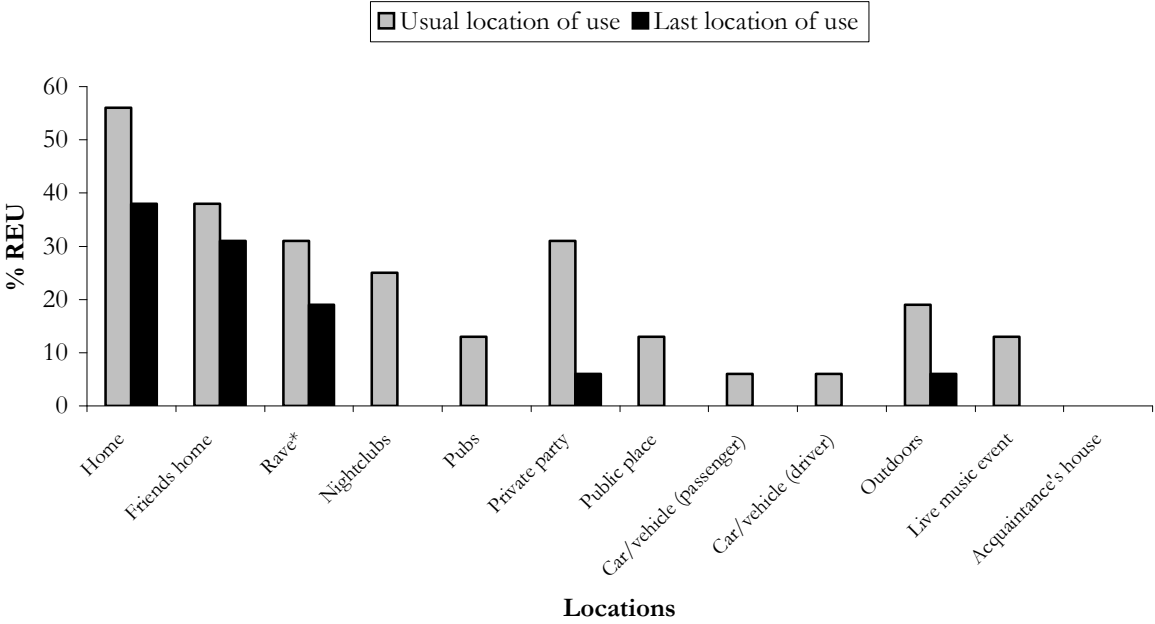
Table 41: Patterns of LSD use among REU, 2003-2006

LSD	2003 (n=66)	2004 (n=116)	2005 (n=126)	2006 (N=100)
Ever used (%)	59	62	48	46
Used last six months (%)	44	23	30	18
Of those who had used				
Median days used last 6 mths (range)	2 (1-20)	1 (1-10)	2 (1-48)	1.5 (1-20)
Median quantities used (tabs)				
Typical (range)	1 (1-2)	1 (0.5-3)	1 (0.5-3)	1.0 (0.25-5.0)
Heavy (range)	2 (2-3)	1 (0.5-5)	1 (0.5-7)	1.25 (0.25-6.0)

Source: EDRS regular ecstasy user interviews; 2003-2006

REU reported having 'typically' used LSD across a number of contexts and locations in the previous six months (Figure 22). The locations at which respondents indicated they had usually used LSD were at home (56%), a friend's home (38%), raves and private party (31%) and at nightclubs (25%). Similarly, the venues that participants most frequently reported as the last venue of LSD use prior to interview were home (38%), friend's home (31%) and at a rave (19%).

Figure 22: Usual and last location of LSD use, ACT REU, 2006



Source: EDRS regular ecstasy user interviews, 2006
 * includes outdoor raves (doofs) and dance parties

10.2 Price

In 2006, almost one-quarter (24%) of the entire EDRS sample commented on the current price, purity and availability of LSD in the ACT. The majority (n=22) of respondents who commented on the price of LSD in the ACT in 2006 reported on prices for LSD ‘tabs’ (Table 42). Remaining stable from 2003 to 2006, the median reported price for a ‘tab’ of LSD was \$20 (range 2-30). The median price paid for the last ‘tab’ of LSD that REU (n=17) reported purchasing prior to interview also remained stable at \$20 (range 2-25). One REU reported on the price of a ‘sugarcube’ of LSD in the ACT. They reported both median price and last purchase price as \$25. One participant reported the price of LSD in ‘drops’. It was reported that 2 drops was \$20 for both the median purchase price and the last purchase price. Of the twenty-four respondents commenting on LSD, greater than two-thirds (67%) believed the price to have remained stable in the past six months (comparable to 42% in 2005). Smaller proportions of REU reported that the price of LSD had increased (8%) or decreased (4%) in the six months prior to interview. One-fifth (21%) of those REU commenting on LSD were not confident in making a judgement on price change in the ACT in 2006.

Table 42: Prices of LSD purchased by REU, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price for 'tab' (range)	\$20 (10-30)	\$20 (15-30)	\$20 (10-40)	\$20 (2-30)
Did not respond (%)	52	78	70	76
Did respond (%)	48	22	30	24
Of those that responded	n=32	n=25	n=38	n=24
<i>% Increasing (% of the entire sample)</i>	19 (9)	16 (3)	8 (2)	8 (2)
<i>% Stable (% of the entire sample)</i>	50 (24)	52 (11)	42 (13)	67 (16)
<i>% Decreasing (% of the entire sample)</i>	3 (2)	12 (3)	13 (4)	4 (1)
<i>% Fluctuating (% of the entire sample)</i>	6 (3)	8 (2)	11 (3)	0 (0)
<i>% Don't know (% of the entire sample)</i>	22 (11)	12 (3)	26 (8)	21 (5)

Source: EDRS regular ecstasy user interviews; 2003-2006

10.3 Purity

The majority (50%) of the REU sample who were able to comment on LSD reported that the current purity was 'high'. There was a decrease in the proportion of REU that reported that the current purity was 'medium' (45% in 2005, compared to 21% in 2006). Thirty-three percent of REU who were able to comment on the change in purity of LSD reported that it had remained stable, 13% reported that purity was increasing and 4% reported that purity had decreased in the six months preceding interview. The majority (38%) were unable to comment on purity change, and this may be due to the sporadic and infrequent use of LSD by REU (see Table 43).

Table 43: Current purity of LSD and purity change, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	52	78	70	76
Did respond (%)	48	22	30	24
Of those that responded (%)	n=32	n=25	n=38	n=24
<i>Current purity</i>				
<i>% Low (% of the entire sample)</i>	13 (6)	20 (4)	5 (2)	4 (1)
<i>% Medium (% of the entire sample)</i>	41 (20)	28 (6)	45 (14)	21 (5)
<i>% High (% of the entire sample)</i>	31 (15)	36 (8)	29 (9)	50 (12)
<i>% Fluctuates (% of the entire sample)</i>	9 (5)	4 (1)	13 (4)	8 (2)
<i>% Don't know (% of the entire sample)</i>	6 (3)	12 (3)	8 (2)	17 (4)
<i>Purity change</i>				
<i>% Increasing (% of the entire sample)</i>	22 (11)	20 (4)	8 (2)	13 (3)
<i>% Stable (% of the entire sample)</i>	28 (14)	24 (5)	29 (9)	33 (8)
<i>% Decreasing (% of the entire sample)</i>	19 (9)	20 (4)	24 (7)	4 (1)
<i>% Fluctuating (% of the entire sample)</i>	6 (3)	0 (0)	16 (5)	13 (3)
<i>% Don't know (% of the entire sample)</i>	25 (12)	36 (8)	23 (7)	38 (9)

Source: EDRS regular ecstasy user interviews; 2003-2006

10.4 Availability

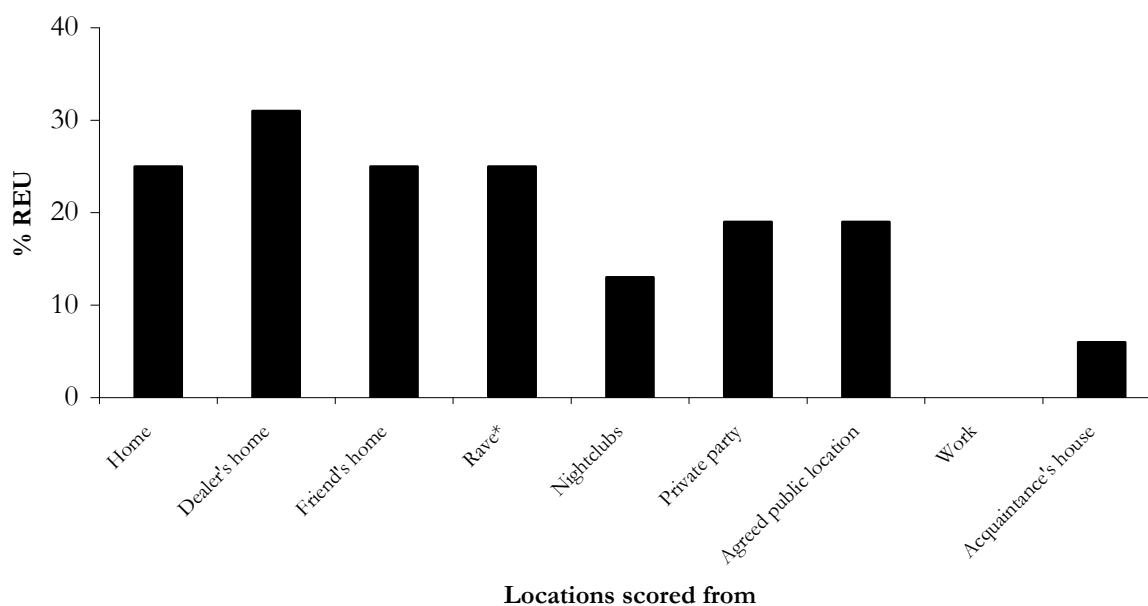
Reports on the current availability of LSD were mixed (see Table 44). Equal proportions (38%) reported that LSD was 'easy' or 'difficult' to obtain in the ACT. A minority (13%) reported that LSD was 'very easy' to obtain. One participant reported that it was 'very difficult' to obtain. In terms of the change to the availability of LSD in the previous six months, almost half (46%) of the respondents indicated that the availability of LSD had remained stable (similar to 45% in 2005). Thirteen percent reported that LSD had become 'more difficult' to obtain and 17% reported that it had become 'easier' to obtain. One-quarter of REU who were able to comment on LSD were not confident in making judgements on availability change, possibly due to their infrequent use of LSD.

Table 44: Current LSD availability and availability change, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	52	78	70	76
Did respond (%)	48	22	30	24
Of those that responded (%)	n=32	n=25	n=38	n=24
<i>% Very easy (% of the entire sample)</i>	9 (5)	8 (2)	16 (5)	13(3)
<i>% Easy^A (% of the entire sample)</i>	44 (21)	28 (6)	21 (6)	38 (9)
<i>% Difficult (% of the entire sample)</i>	25 (12)	48 (10)	63 (19)	38 (9)
<i>% Very difficult (% of the entire sample)</i>	22 (11)	16 (3)	0 (0)	4 (1)
<i>% Don't know (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	8 (2)
<i>% More difficult (% of the entire sample)</i>	12 (6)	28 (6)	18 (6)	13 (3)
<i>% Stable (% of the entire sample)</i>	41 (20)	56 (12)	45 (14)	46 (11)
<i>% Easier (% of the entire sample)</i>	38 (18)	8 (2)	26 (8)	17 (4)
<i>% Fluctuates (% of the entire sample)</i>	3 (2)	8 (2)	3 (1)	0 (0)
<i>% Don't know (% of the entire sample)</i>	6 (3)	0 (0)	8 (2)	25 (6)

Source: EDRS regular ecstasy user interviews; 2003-2006

Figure 23: Locations where LSD had been purchased in the preceding six months, ACT, 2006



Source: EDRS regular ecstasy user interviews, 2006
 * includes outdoor raves (doofs) and dance parties

The locations at which REU reported most frequently scoring LSD from in the six months prior (see Figure 23) were private locations such as dealer's home (31%), friend's home (25%), at their own home (25%), or at a rave (25%). Almost one in five REU, however, indicated that they also typically bought LSD at a private party (19%) and at public locations where they agreed to meet their dealer (19%). The people from whom REU reported primarily scoring LSD from in the preceding six months were friends (44%) and known dealers (38%). Smaller percentages also reported buying LSD from acquaintances (19%), and unknown dealers (6%).

10.5 Summary of LSD trends

- In 2006 there was a decrease in the proportion of REU who reported ever having tried LSD, and who had used LSD in the six months prior to interview
- The majority of recent LSD users had used this substance on a less than monthly basis in the previous six months
- The median price of a 'tab' of LSD in the ACT has remained stable since 2003 at \$20 per tab
- REU estimated the current purity of LSD to be at 'high' levels
- Mixed reports existed regarding current availability of LSD in the ACT, with equal proportions reporting it to be 'easy' and 'difficult' to obtain
- Known dealers and friends were the people through whom REU most commonly purchased LSD in the previous six months

11.0 MDA

In 2006, one-quarter (25%) of the ACT EDRS sample reported that they had ever tried MDA, similar to 25% in 2005. Only a minority (8%) reported that they had used MDA in the six months preceding interview (compared to 12% in 2005).

11.1 MDA use among REU

Table 45 presents a summary of the patterns of MDA use among ACT REU from 2003 to 2006. Recent MDA users reported using this substance on a median of two days (range 1-15) in the six months prior to interview. MDA use was relatively infrequent in the ACT, with the majority (88%, n=7) of recent users having used on a less than monthly basis in the past six months, and one respondent (12%) who used approximately on a fortnightly basis. Given the low rates of MDA use in the ACT, it is not surprising that MDA was not identified as a drug of choice for any participants in this year's sample. Only one respondent indicated that they regularly used MDA during a 'binge' session, and no REU reported using MDA in combination with ecstasy or during the comedown from ecstasy. Only one KE was able to comment on MDA and reported that a few REU might use it, and that it was popular with university and college students.

Four recent MDA users quantified their use of this drug in terms of 'caps'. Recent MDA users reported taking a median of 1 cap (range 1-3) in a 'typical' episode of use, and 1.25 caps (range 1-3) in the 'heaviest' session of use in the six months prior. Two REU reported that they had used 2 points on a typical session and, in 2006, 63% of those REU who had used MDA had swallowed it, 50% had snorted it and 13% reported that they had injected it in the six months preceding interview.

Table 45: Patterns of MDA use among REU, 2003-2006

MDA	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Ever used (%)	56	41	25	25
Used last six months (%)	33	15	12	8
Of those who had used				
Median days used last 6 mths (range)	2 (1-24)	2 (1-24)	1 (1-30)	2 (1-15)
Median quantities used (capsules)				
Typical (range)	2 (1-3)	1 (0.5-4)	1 (1-6)	1 (1-3)
Heavy (range)	2 (1-6)	1.5 (1-4)	2 (1-6)	1.25 (1-3)

Source: EDRS regular ecstasy user interviews; 2003-2006

REU reported having ‘typically’ used MDA at nightclubs (60%, n=3), raves (20%, n=2), home (20%, n=1), outdoors (20%, n=2), live music event (20%, n=2) and at private parties (20%, n=2). Similarly, the venues that participants most frequently reported as the last venue of MDA use prior to interview were at a nightclub (40%, n=2), a rave (40%, n=2) or a live music event (20%, n=1).

11.2 Price

Due to the small number of REU commenting on MDA this year, caution needs to be exercised when interpreting the trends discussed below. In 2006, five participants were able to comment on the price, purity and availability of MDA (Tables 46-48). The median price of an MDA ‘cap’ (n=4) was \$50 (range 35-60). The median reported price for the last ‘cap’ of MDA purchased was the same at \$50 (range 35-60). Sixty percent (n=3) of REU who were able to report on price change in the six months preceding interview reported that it had remained stable, and two participants were unable to comment on price change.

Table 46: MDA prices and price changes, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Median price for ‘cap’ (range)	\$40 (25-50)	\$40 (27-50)	\$40 (35-80)	\$50 (35-60)
Price changes:				
Did not respond (%)	74	93	94	95
Did respond (%)	26	7	6	5
Of those that responded (%)	n=17	n=8	n=8	n=5
<i>% Increasing (% of the entire sample)</i>	0 (0)	13 (1)	25 (2)	0 (0)
<i>% Stable (% of the entire sample)</i>	76 (20)	50 (3)	63 (4)	60 (3)
<i>% Decreasing (% of the entire sample)</i>	6 (2)	0 (0)	0 (0)	0 (0)
<i>% Fluctuating (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	0 (0)
<i>% Don’t know (% of the entire sample)</i>	18 (5)	37 (3)	13 (1)	40 (2)

Source: EDRS regular ecstasy user interviews; 2003-2006

11.3 Purity

All (100%, n=5) participants commenting on the purity of MDA in the ACT believed the current purity to be ‘medium’ (see Table 47). Two participants reported that purity had remained stable, in the six months preceding interview and one reported that the price was increasing. Two participants were unable to comment on the change in purity of MDA in the six months preceding interview.

Table 47: Current purity and purity change of MDA, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	74	93	94	95
Did respond (%)	26	7	6	5
Of those that responded (%)	n=17	n=8	n=8	n=5
<i>% Low (% of the entire sample)</i>	6 (2)	12.5 (1)	0 (0)	0 (0)
<i>% Medium (% of the entire sample)</i>	29 (8)	12.5 (1)	37.5 (2)	0 (0)
<i>% High (% of the entire sample)</i>	41 (11)	50 (3)	62.5 (4)	100 (5)
<i>% Fluctuates (% of the entire sample)</i>	0 (0)	12.5 (1)	0 (0)	0 (0)
<i>% Don't know (% of the entire sample)</i>	24 (6)	12.5 (1)	0 (0)	0 (0)
<i>% Increasing (% of the entire sample)</i>	12 (3)	0 (0)	12.5 (1)	20 (1)
<i>% Stable (% of the entire sample)</i>	47 (12)	37.5 (3)	50 (3)	40 (2)
<i>% Decreasing (% of the entire sample)</i>	6 (2)	12.5 (1)	12.5 (1)	0 (0)
<i>% Fluctuating (% of the entire sample)</i>	6 (2)	12.5 (1)	0 (0)	0 (0)
<i>% Don't know (% of the entire sample)</i>	29 (8)	37.5 (3)	25 (2)	40 (2)

Source: EDRS regular ecstasy user interviews; 2003-2006

11.4 Availability

Two participants reported that, currently, MDA was ‘difficult’ to obtain, and one participant each reported that it was ‘very easy’, ‘easy’ or ‘very difficult’ to obtain in the six months preceding interview (see Table 48). In addition, two participants reported that MDA had become ‘more difficult’ to obtain, and one each reported that it had been stable or easier to obtain in the six months preceding interview. One participant was unable to comment.

REU reported having purchased MDA from known dealers (n=2) and friends (n=2). Participants indicated that in the previous six months they had scored MDA at a friend’s home (n=2), dealer’s home (n=1), acquaintance’s home (n=1) or at a pre-arranged public location (n=1).

Table 48: Current availability and availability change of MDA, ACT, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Did not respond (%)	74	93	94	95
Did respond (%)	26	7	6	5
Of those that responded (%)	n=17	n=8	n=8	n=5
<i>% Very easy (% of the entire sample)</i>	12 (3)	50 (3)	0 (0)	20 (1)
<i>% Easy^A (% of the entire sample)</i>	47 (12)	38 (3)	13 (1)	20 (1)
<i>% Difficult (% of the entire sample)</i>	41 (11)	13 (1)	75 (5)	40 (2)
<i>% Very difficult (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	20 (1)
<i>% Don't know (% of the entire sample)</i>	0 (0)	0 (0)	13 (1)	0 (0)
<i>% More difficult (% of the entire sample)</i>	23 (6)	13 (1)	0 (0)	40 (2)
<i>% Stable (% of the entire sample)</i>	59 (15)	50 (3)	63 (4)	20 (1)
<i>% Easier (% of the entire sample)</i>	6 (2)	25 (2)	0 (0)	20 (1)
<i>% Fluctuates (% of the entire sample)</i>	0 (0)	0 (0)	0 (0)	0 (0)
<i>% Don't know (% of the entire sample)</i>	12 (3)	13 (1)	38 (3)	20 (1)

Source: EDRS regular ecstasy user interviews; 2003-2006

^A combined 'Moderately easy' and 'Easy' for 2003 data

11.5 Summary of MDA trends

- Only a minority (8%) of the ACT EDRS sample reported recent use of MDA. Median days of use were low, at two in the preceding six months
- As in 2005, only a small number of respondents were able to comment on the current price, purity and availability of MDA. Therefore, these results should be interpreted with caution
- The median reported price of MDA increased from \$40 per 'cap', 2005, to \$50 per 'cap' in 2006
- All respondents reported that the current purity of MDA was 'high'. There were mixed reports regarding purity change in the preceding six months
- Possibly due to the low numbers able to report on MDA, there were mixed reports regarding current availability of MDA in the ACT

12.0 OTHER DRUGS

12.1 Alcohol

As in 2005, the majority (98%) of the 2006 ACT EDRS sample reported the lifetime and recent (94%) use of alcohol. These figures are consistent with those documented in the 2004 National Drug Strategy Household Survey (NDSHS) that reported the prevalence of daily to less than weekly alcohol consumption in the ACT population to be at 89% (Australian Institute of Health and Welfare, 2005a). Alcohol was consumed on a median of 48 days (two days per week, range 1-180) in the six months prior to interview. This was consistent with the previous year. Approximately one-third (31%) of recent alcohol users reported using alcohol on more than three days per week in the past six months, again similar to 31% in 2005. In 2006, there was an increase in the proportion of REU who had used alcohol during a binge session (43%, compared to 32% in 2005) in the six months preceding interview.

As in 2005, there were high levels of reported alcohol and ecstasy use in combination among the EDRS sample in 2006. Of those respondents that indicated they typically used other drugs in combination with ecstasy, 68% nominated the use of alcohol (a decrease from 85% in 2005). Furthermore, almost three-quarters (74%) of these participants reported that they consumed more than five standard drinks during each episode of ecstasy use (a slight increase from 65% in 2005).

A smaller proportion of REU who typically used other drugs to facilitate the 'comedown' from ecstasy reported that they used alcohol (36%, compared to 41% in 2005). Again, a concerning finding was the high proportion (67%) of participants who reported excessive alcohol consumption when 'coming down' from ecstasy (similar to 69% in 2005).

Eight KE commented on the use of alcohol by REU. All KE thought that alcohol was consumed by most or all the REU. Additionally, KE from nightclubs thought that the amount of alcohol consumed by ecstasy users was excessive and had increased. Five KE commented that alcohol was used in combination with ecstasy, and two KE reported that alcohol was not used with ecstasy.

12.1.1 Alcohol Use Disorders Identification Test (AUDIT)

In 2006, the EDRS made use of the Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al., 1993). The AUDIT was designed by the World Health Organization as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake, dependence, and adverse consequences (Reinert and Allen, 2002).

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (Barbor et al., 2001). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Barbor et al., 2001).

The overall sample mean score on the AUDIT was 10.97 (median=10; range 0-31). No significant difference was observed between males and females. Sixty-four percent of the ACT sample scored 8 or more, levels at which alcohol intake may be considered hazardous.

The total AUDIT score places respondents into one of four 'zones', or risk levels. Two-fifths (41%) of the ACT sample scored in zone 2 (alcohol use in excess of low-risk guidelines), more than two-thirds (36%) scored in zone 1 (low-risk drinking or abstinence), 8% scored in zone 3 (harmful or hazardous drinking) and 14% scored in zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence).

12.2 Tobacco

Nearly three-quarters of the 2006 sample (79%, 88% in 2005) reported the lifetime use of tobacco and over two-thirds (69%, compared to 71% in 2005) of the 2006 ACT EDRS sample reported use of tobacco in the six months preceding interview (median 180 days use, range 1-180). The 2004 NDSHS reported the prevalence of daily tobacco smoking (among people 20-29 years of age) in the ACT to be at 21% (Australian Institute of Health and Welfare, 2005a). Forty-four percent of the sample in 2005 reported daily tobacco use, therefore exceeding the NDSHS figures. This figure, however, was similar to the rates of daily smoking reported by the 2005 EDRS sample (37%).

12.3 Benzodiazepines

In 2006, there was an increase in the proportion of REU who reported that they had ever tried benzodiazepines, from 23% in 2005, to 37% in 2006. Twenty percent reported they had used benzodiazepines in the six months preceding interview. Swallowing was the universal form of administration for the 2006 sample, and a minority (5%) reported that they had snorted benzodiazepines in the six months preceding interview. Fifty-five percent of recent benzodiazepine users had used infrequently (i.e. less than six times) during the six months prior to interview, with a median of five days (range 1-180 days) of use during this period. Small numbers reported the use of benzodiazepines on a monthly to less than fortnightly (5%) and 40% reported that had used benzodiazepines on a greater than fortnightly basis. Two participants reported that they typically used benzodiazepines in combination with ecstasy, and ten participants indicated that they typically used benzodiazepines to facilitate the comedown from ecstasy. Two KE commented on the use of benzodiazepines. Both KE thought that a few REU also used benzodiazepines, but that use had decreased in the six months preceding interview.

12.4 Antidepressants

Over one-quarter (29%) of the 2006 EDRS sample reported ever having used antidepressants, similar to 28% reporting lifetime antidepressant use in 2005. The proportion of REU reporting recent antidepressant use remained consistent across the samples (12%, 10% in 2005). Swallowing was the only reported mode of administration, and the median number of days of use (among REU who had used antidepressants in the past six months) was 164 days (i.e.

approximately daily basis, range 1-180). Two participants, this year, indicated that they typically used antidepressants in combination with ecstasy, as well as to facilitate the comedown.

12.5 Inhalants

This year there was an increase in the proportion of REU reporting lifetime use of amyl nitrite, from 29% in 2005, to 43% in 2006. In 2006, there was a slight increase in the proportion of REU who reported using amyl nitrate in the six months preceding interview, from 14% in 2005, to 23% in 2006. Lifetime use of nitrous oxide remained relatively stable from 38% in 2005, to 34% in 2006. The proportion of REU reporting use of nitrous oxide in the six months preceding interview remained relatively stable – 16% in 2005, to 14% in 2006. Both amyl nitrate and nitrous oxide had been used relatively infrequently in the past six months – a median of 3 days for amyl nitrate (range 1-72) and a median of 3.5 days for nitrous oxide (range 1-20). The median amount of amyl nitrate used in a typical session was 3.5 snorts (range 1-40) and 5 snorts (range 1-50) in a heavy session. The typical quantity of nitrous used in a standard session of use was 9 ‘bulbs’ (range 0.25-40), increasing slightly to 14 ‘bulbs’ in the heaviest sessions of use (range 0.25-90).

12.6 Heroin and other opiates

Eighteen percent of the 2006 EDRS sample reported lifetime use of heroin, with 8% reporting use of heroin in the six months preceding interview. All REU who had recently used heroin reported injecting it and one REU reported that they had swallowed heroin in the six months preceding interview. Heroin was used on a median of 8 days (range 1-180) in the six months preceding interview, with 63% of recent heroin users reporting use of fortnightly or less, and only one participant reporting that they used heroin on a daily basis in the six months preceding interview. One participant reported that they typically used heroin in combination with ecstasy, and two participants reported that they used heroin to facilitate the comedown stage of ecstasy. Two KE commented on heroin – one reported that no REU used heroin, and one KE commented that there had been a decrease in heroin use.

Just over one-fifth of the sample reported ever having tried other opioids (22%, similar to 20% in 2005) and 12% reported the recent use of other opioids (similar to 10% the previous year). The median days of other opioid use in the preceding six months was 6.5 (range 1-180). The majority (75%) of recent opioid users reported swallowing as the mode of administration, with seven REU (58%) reporting that they recently injected other opioids. One participant indicated that they ‘typically’ took other opioids in combination with ecstasy, and four participants commonly used other opioids to facilitate their comedown from ecstasy.

12.7 Pharmaceutical stimulants

Almost half the 2006 sample (41%) reported ever having used pharmaceutical stimulants, the same as the previous year. The proportion of REU reporting recent pharmaceutical stimulant use also remained stable across the 2005 and 2006 samples, with 20% of the current sample reporting recent use. The median number of days of use in the past six months among those REU who

had used pharmaceutical stimulants recently was 2.5 days (range 1-180). The median number of tablets taken in a 'typical' session was 3.5 (range 1-20) and 5.5 tablets in the 'heaviest' (range 1-20) occasions in the past six months. The routes of pharmaceutical stimulant administration used by REU were similar to those reported in the 2005 EDRS. Swallowing was the most common form of administration (90%; 92% in 2005), followed by snorting (20%; 28% in 2005). No participants in the 2005 ACT PDI reported having injected, smoked or shelved/shafted pharmaceutical stimulants in the six months prior to interview. Two participants each reported using pharmaceutical stimulants during a binge session and in combination with their use of ecstasy, and no participants reported using pharmaceutical stimulants to facilitate comedown from ecstasy. One KE reported that a few REU also used pharmaceutical stimulants.

12.8 Summary of other drug use

- Recent alcohol use was almost universal (94%) in the 2006 ACT EDRS sample. There was also concerning levels of excessive alcohol use, both in combination with ecstasy and during the comedown, reported in this year's sample
- Sixty-four percent of the REU sample were consuming alcohol at levels that may be considered hazardous
- Nearly three-quarters (79%) of the sample had recently used tobacco, and 37% of the 2006 sample identified as daily smokers
- The recent use of benzodiazepines, antidepressants and other opiates were reported by a minority of the sample
- There was an increase in 2006 in the proportion of REU who reported lifetime use of amyl nitrate. Recent use also increased, from 14% in 2005, to 23% in 2006. The use of nitrous oxide remained relatively stable

13.0 DRUG INFORMATION-SEEKING BEHAVIOUR

As in 2005, EDRS participants were asked a number of questions that related to their drug information-seeking behaviours. When asked how often they found out the content of the drugs they took (excluding ecstasy), just under half (48%) the sample reported that they had actively tried to gain information on the drugs they purchased prior to taking them (see Table 49). Approximately one-sixth (15%) of the sample reported that they ‘sometimes’ sought information of the contents of the drugs they had taken, with 5% reporting that they sought out information on the drugs they were taking half the time, 10% reporting that most times they sought out information, and approximately one-fifth (18%) indicating that they always sought out information on the drugs they were taking.

In terms of seeking information on the content of ecstasy tablets, a much higher proportion of the sample (71%) reported that (through various methods) they had actively sought information on the contents of the ecstasy they had purchased. The frequency with which REU reported gaining content-related information on the ecstasy they took ranged from ‘sometimes’ (16%) to ‘always’ (27%, Table 45). Of those REU who did find out about the content of their ecstasy (71% of the sample), the most common methods of obtaining information were asking friends (59%), asking their dealer (44%) and other people (37%). Approximately two-thirds (32%) of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information.

Of those REU who reported using testing kits, approximately one-third (30%) indicated that they used testing kits every time prior to taking ecstasy. Almost two-fifths (39%) of this group reported that they were aware the use of testing kits had limitations, with some REU identifying such issues as: ‘it doesn’t tell you [about] strength, just content’; ‘you can test for an active ingredient but not what the whole content is’; and ‘can’t pick up everything’.

REU who indicated that they used pill-testing kits were asked if they would still consume a pill where the result of the pill test was ‘no reaction’ (i.e. an unidentified substance). One-fifth (22%) of respondents indicated that they would still take the pill if the test revealed that it contained an unidentified substance. Just over half (52%) of the REU also reported that they would take a pill that was shown to contain a ‘ketamine-like’ substance, whereas the majority (91%) of participants would still take a pill that contained an ‘amphetamine-like’ substance.

Table 49: Content and testing of ecstasy tablets by ACT REU, 2006

	2006 (N=100)
Find out the content of other drugs (not including ecstasy) %	
Always	18
Most times	10
Half the time	5
Sometimes	15
Never	52
Find out the content of ecstasy (%)	
Always	27
Most times	18
Half the time	10
Sometimes	16
Never	29
Find out content via (%) *	
Friends	59
Dealers	44
Testing kits	32
Information pamphlets	1
Websites	28
Other people	37
Personal experience	13
Use testing kits** (%)	
Always	30
Most times	22
Half the time	17
Sometimes	30
Are aware of limitations of testing kits** (%)	39
Would still take pill if contained** (%)	
Ecstasy-like substance	100
Amphetamine substance	91
Ketamine substance	52
No reaction	22
Drug had a different content than expected (%)	
Always	0
Most times	5
Half the time	10
Sometimes	59
Never	26

Source: EDRS regular ecstasy user interviews, 2006

* among those who reported finding out the content of ecstasy, n=71

** among those who used testing kits, n=29

REU were asked to indicate which information resources they would personally find useful (if the resource was available to them locally) as a source of drug information (see Table 50). Only 8% reported that they would not find any information resources useful. Almost two-thirds of the sample nominated testing kits (66%) and local websites (59%) as useful sources of information. Furthermore, approximately forty percent of the sample reported that having pamphlets (44%) or posters (30%) available to them would also be beneficial.

Table 50: Drug information relating to ecstasy tablets, 2006

	2006 (N=100)
Information resources believed to be/would be useful (%)	
None	8
Pamphlets	44
Posters	30
Postcards	17
Music CDs	11
Video/DVDs	14
Local website	59
Testing kits	66
Outreach worker	28

Source: EDRS regular ecstasy user interviews, 2006

REU were asked how much they agreed with certain statements concerning drug use (see Table 51). Almost half (48%) of the sample believed that pill logos were able to provide a good indication of what the contents of the pill will be like (from 'agree' to 'strongly agree'. Two-thirds (33%) of the sample reported that they were never concerned about the contents of the ecstasy pills they took, as long as they had a good time. Eight percent reported that they 'strongly agreed' and one-quarter (25%) indicated that they 'agreed' with being unconcerned regarding the contents of their ecstasy pills. Nearly two-thirds (29%) agreed or strongly agreed that ecstasy should be legal, and one-fifth agreed or strongly agreed that selling ecstasy should be legal. Finally, two-thirds (33%) believed that they knew what was in the pills that they took.

Table 51: REU perceptions of ecstasy, 2006

	2006 (N=100)
Logo believed to be a good indication of what pill is like (%)	
Strongly agree	12
Agree	36
Neutral	8
Disagree	28
Strongly disagree	16
Don't care about content as long I have a good time (%)	
Strongly agree	8
Agree	25
Neutral	21
Disagree	35
Strongly disagree	11
'Ecstasy' should be legal (%)	
Strongly agree	8
Agree	21
Neutral	29
Disagree	41
Strongly disagree	1
Selling 'ecstasy' should be legal (%)	
Strongly agree	3
Agree	16
Neutral	26
Disagree	45
Strongly disagree	10
I know what is in the pills that I take (%)	
Strongly agree	5
Agree	28
Neutral	14
Disagree	45
Strongly disagree	8

Source: EDRS regular ecstasy user interviews, 2006

13.1 Summary of drug information-seeking behaviour

- Just under half the sample reported that they had actively tried to gain information on the drugs they purchased (excluding ecstasy) prior to taking them
- In terms of seeking information on the content of ecstasy tablets, seven in ten REU reported that they actively sought information on the contents of the ecstasy they had purchased
- The most common methods of obtaining information were asking friends, asking their dealer, or asking other people
- Approximately one-third of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information
- Twenty percent of respondents indicated that they would still take the pill if the testing kit revealed 'no reaction'; fewer than half the REU also reported that they would not take a pill that was shown to contain a ketamine-like substance
- The majority of REU reported that they would find information resources about drug useful if they were available locally

14.0 RISK BEHAVIOUR

14.1 Injecting risk behaviour

14.1.1 Lifetime injectors

In 2006, approximately one-fifth (17%) of the EDRS sample reported ever having injected a drug (an increase from 6% in 2005). The median age at which participants reported first having injected a drug was eighteen years (range 13-22). Those REU who indicated that they had injected drugs at some point during their lifetime were asked to nominate the first drug they had injected. The majority (47%, n=8) of lifetime injectors reported that they had injected some form of methamphetamine the first time they injected (speed=6, base= 1, liquid amphetamine=1), followed by heroin (41%, n=7) with one participant each reporting ecstasy and adrenaline as the first drug they injected. Of those REU who reported ever having injected a drug, a median of 3 drugs (range 1-7) had been injected in their lifetime (Table 52).

Context of initiation to injecting

Of the seventeen REU who reported ever having injected a drug, just under half (n=7) reported that the first time they ever injected they were under the influence of other drugs. Cannabis (n=4) and alcohol (n=3) were the drugs that REU were under the influence of when initiated to injecting. When asked how they first learnt to inject, the majority (n=11) of lifetime injectors reported that a friend or partner had taught them how to inject, three indicated other people had taught them and three indicated that they were self-taught (one response was missing).

Table 52: Injecting risk behaviour among REU, 2006

	2006 (N=100)
Ever injected (%)	17 (n=17)
Median number of drugs ever injected* (range)	7 (1-12)
Injected last 6 months*	88 (n=15)
Median number of drugs injected last 6 months* (range)	3 (1-7)

Source: EDRS regular ecstasy user interviews, 2006

*among those that had injected

14.1.2 Recent injectors

Of the seventeen participants who reported lifetime injection, fifteen (88%) indicated that they had injected drugs in the preceding six months (Table 52). Of those REU who reported having injected a drug in the past six months, a median of 3 drugs (range 1-7) had been injected in this period of time. Of those REU who had recently injected drugs, the median number of times they

had injected any drug in the past six months was 24 (range 1-180, compared to a median of 96, range 54-150 in 2005). Table 53 presents the types of drugs injected by REU in the past six months, and the median number of days on which these drugs had been injected in this period of time.

Table 53: Drug injection patterns, ACT REU, 2006

Drug type	Number of REU recently injected	Median days injected (range)
Ecstasy (pills)	n=4	10 (9-12)
Ecstasy (powder)	n=1	18
Methamphetamine powder	n=10	7 (1-60)
Methamphetamine base	n=9	5 (2-72)
Methamphetamine crystal	n=11	20 (1-50)
Cocaine	n=1	1
MDA	n=1	4
Phar. stim	n=4	16 (7-24)
Heroin	n=8	8 (1-180)
Buprenorphine	n=1	5
Other opiates	n=7	6 (2-180)

Source: EDRS regular ecstasy user interviews, 2006

Equal proportions (33%, n=5) reported that they had injected while ‘coming down’ from ecstasy, or under the influence of and ‘coming down’ from ecstasy. Two participants reported that they had injected while under the influence of ecstasy, and three participants reported that in the preceding six months they had not injected while either under the influence of, or coming down from ecstasy. REU had injected drugs on a median of 6.5 days (range 1-60) while under the influence of or coming down from other drugs in the six months prior.

Crystal methamphetamine (n=7), methamphetamine powder (n=3), methamphetamine base (n=2), other opiates (n=2) and adrenaline (n=1) were the ‘last’ drugs that recent injectors reported having injected prior to the interview.

Injecting risk behaviour

In the 2006 EDRS one participant reported that they had used a needle after someone else twice in the six months preceding interview, only one person had used the needle before them and this was reported to be a regular sex partner. One respondent reported that one person had used a needle after they had used it in the six months preceding interview. Five respondents reported that they had used injecting equipment after someone else, specifically spoons/mixing containers (n=5), water (n=4) and filters (n=1). This is of concern considering in 2005 there were no reports of sharing of needles or other injecting equipment.

Context of injecting

The locations most frequently reported as sites of injection in the past six months were: at home (93%); at a friend's home (60%); in a car (33%); in a public toilet (27%); at a dealer's home (13%); and in the venue toilet (13%, Table 54). Those REU who had recently injected drugs primarily did so in the company of close friends (53%), regular sex partner (27%), or no one (33%).

Obtaining needles

Those REU who reported having injected in the past six months were asked to indicate from where they had sourced their needles. Nearly all (n=13) recent injectors had obtained needles from a needle and syringe program (NSP), with participants also reporting having obtained needles from, chemists (n=6) or a friend (n=5). One participant reported that they found it difficult to obtain needles in the six months preceding interview.

Table 54: Context and patterns of recent injection among ACT REU, 2006

	Recent injectors (n=15)
Frequency of self-injection	
Every time (%)	93
Sometimes (%)	7
Rarely (%)	0
People usually inject with*	
Close friends (%)	53 (n=8)
Regular sex partner (%)	27 (n=4)
Casual sex partner (%)	0
No one (%)	33 (n=5)
Locales where injected*	
Own home (%)	93 (n=14)
Friend's home (%)	60 (n=9)
Car (%)	33 (n=5)
Dealer's home (%)	13 (n=2)
Street (%)	7 (n=1)
Public toilet (%)	27 (n=4)
Venue toilet (%)	13 (n=2)
Median times injected any drug last 6 mths	24
Injected under the influence (%)	13 (n=2)
Injected while coming down (%)	33 (n=5)
Injecting while under the influence and coming down (%)	33 (n=5)
Median times injected any drug under the influence last 6 mths	6.5

Source: EDRS regular ecstasy user interviews, 2006

14.2 Blood-borne viral infections (BBVI)

Approximately one-third (36%) of the 2006 EDRS sample reported that they had not been vaccinated against the hepatitis B virus (HBV, see Table 55). A similar proportion (40%) had completed the HBV vaccination schedule, approximately one in ten (9%) reported that they had started but not finished the HBV schedule, and almost one in five (15%) were unsure of whether they had completed the schedule. The primary reasons for having received HBV vaccination were travelling overseas (29%), being vaccinated as a child (22%) and at-risk injecting drug user, and at risk sexually (12% each). Five participants who had been vaccinated against HBV did so because of work reasons.

Approximately half (48%) of the sample reported that they had been tested for the hepatitis C virus (HCV); 36% of the sample had been tested in the previous twelve months, and 12% had been tested more than twelve months ago (see Table 55). A minority (6%) of the sample were unsure as to whether they had ever been tested for HCV. Of those REU who had been tested for HCV, seventeen percent tested positive to HCV and two participants (2%) did not receive their results.

Forty-nine percent of participants indicated that they had been tested for the human immunodeficiency virus (HIV) at some point in their lifetime. Of those participants who had been tested for HIV and received their results, two identified as HIV positive.

Over half (57%) the sample had received a sexual health check-up at some point in their lifetime; 36% of the sample had been tested in the previous twelve months, and 21% had been tested more than twelve months ago (see Table 55). Fourteen participants in the entire sample reported ever having been diagnosed with a sexually transmitted infection (STI, see Table 55).

Table 55: BBVI vaccination, testing and self-reported status of ACT REU, 2006

	2006 (N=100)
HBV vaccination	
No	36
Yes – Did complete the schedule	40
Yes – Didn't complete the schedule	9
Don't know	15
HCV test	
No	46
Yes – In the last year	36
Yes – More than one year ago	12
Don't know	6
Result of last HCV test	
Positive	17
Negative	81
Did not get results	2
HIV test	
No	51
Yes – In the last year	34
Yes – More than one year ago	15
Don't know/Did not get results	0
If yes	
Positive	2
Negative	98
Sexual health check-up	
No	43
Yes – In the last year	36
Yes – More than one year ago	21
Ever diagnosed with an STI	
No	86
In the past year	9
More than one year ago	5

Source: EDRS regular ecstasy user interviews, 2006

14.3 Sexual risk behaviour

Recent sexual activity

Almost the entire sample (93%) reported having had penetrative sex in the six months prior to interview (see Table 56). Penetrative sex was defined as sex that involved the penetration of the vagina/anus by penis/fist. One-third reported that they had sex with one person in the preceding six months. Similar proportions of sexually active REU reported having had sex with two (28%) or three to five (26%) partners in the past six months. Ten percent (10%) of sexually active participants had had sex with six or more partners in the preceding six months.

The majority (82%) of sexually active REU reported having sex with a 'regular' sex partner in the past six months. Of this group, one-quarter (24%, a decrease from 36% in 2005) reported using condoms every time they had sex with their regular sex partner, whereas one-third (32%, an increase from 18% in 2005) reported that they never used condoms with their regular sex partner.

Over a half (56%) of sexually active participants reported having sex with a ‘casual’ sex partner in the preceding six months. When having sex with a casual sex partner in the preceding six months, 54% of REU reported that they always used protective barriers, and a minority (7%) reported never using protection (Table 56).

Approximately one-quarter (28%) of sexually active participants in this year’s sample had recently (in the past six months) engaged in anal sex. The majority (75%) of these REU had had anal sex relatively infrequently (monthly or less) in the preceding six months.

Table 56: Sexual activity and number of sexual partners in the preceding six months, ACT REU, 2006

	2006 (N=100)
Penetrative sex (%)	93
No. of sexual partners (%)*	
One person	36
Two people	28
3-5 people	26
6-10 people	5
10+ people	5
Sex with a regular partner (%)*	82
<i>Use protection:</i>	
Every time (%)	24
Often (%)	20
Sometimes (%)s	10
Rarely (%)	15
Never (%)	32
Sex with a casual partner (%)*	56
<i>Use protection:</i>	
Every time (%)	54
Often (%)	24
Sometimes (%)	9
Rarely (%)	5
Never (%)	7
Anal sex (%)*	28
No. of times had anal sex	
≤ Monthly (%)	75
≤ Fortnightly (%)	14
Weekly or more (%)	11

Source: EDRS regular ecstasy user interviews, 2006

* of those who had penetrative sex in the last 6 months

Drug use during sex

Three-quarters (80%) of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months (see Table 57). Similar proportions of those REU who reported having sex under the influence of ecstasy and related drugs had done so once or twice (33%), three to five times (30%) or six or more times (38%) in the past six months. REU were asked to nominate which drugs they had sex under the influence of the last time they had

had sex using ecstasy and related drugs. Over three-quarters (84%) nominated ecstasy, followed by cannabis (40%) and alcohol (31%). Approximately one-fifth of REU had had sex under the influence of speed (19%) and one in ten under the influence of cocaine (13%), base (10%) and crystal (11%).

Among those who had sex with a regular partner while using ecstasy and/or related drugs (66%) in the preceding six months, 18% reported using condoms or protective barriers every time, whereas just over half (52%) reported that they never used a condom. This is of concern since reports from last year indicate that one-third (32%) always used a condom with a regular partner while under the influence of ecstasy and/or related drugs, and only 18% of REU who had sex under the influence in 2005 reported they never used a condom. REU in this year's sample may be at greater risk of contracting an STI, due to risky behaviour. Among those who had sex with a casual sex partner while using ecstasy and/or related drugs (47%) in the past six months, the majority (53%) reported using condoms on every occasion, whereas approximately one in ten (9%) reported never using condoms. Although there was a decrease in the proportion of REU who reported that they always used a condom while under the influence with a casual partner, (65% in 2005), a much smaller proportion reported that they never used a condom while under the influence with a casual partner than in the previous year (9%, compared to 28% in 2005).

The findings this year indicate that, within the context of sex with both 'regular' and 'casual' sex partners, sexual encounters that place the individual at increased risk for STIs appear to be more likely to occur when ecstasy and other related drugs are involved

Table 57: Drug use during sex in the preceding six months, ACT REU, 2006

	2006 (n=93)
Penetrative sex while on drugs* (%)	80
<i>Of those who had penetrative sex under the influence of drugs</i>	
Number of times	
Once	13
Twice	20
3 -5 times	30
6 - 10 times	10
Ten +	28
Drugs used (%)	
Ecstasy	84
Cannabis	40
Alcohol	31
Speed	19
Base	10
Crystal	11
Cocaine	13
Ketamine	3
GHB	3
Amyl nitrate	4
Sex with a regular partner using party drugs (%)*	66
<i>Use protection:</i>	
Every time (%)	18
Often (%)	15
Sometimes (%)	8
Rarely (%)	8
Never (%)	52
Sex with a casual partner using party drugs (%)*	47
<i>Use protection:</i>	
Every time (%)	53
Often (%)	21
Sometimes (%)	6
Rarely (%)	11
Never (%)	9

Source: EDRS regular ecstasy user interviews, 2006

* of those who had penetrative sex in the last 6 months

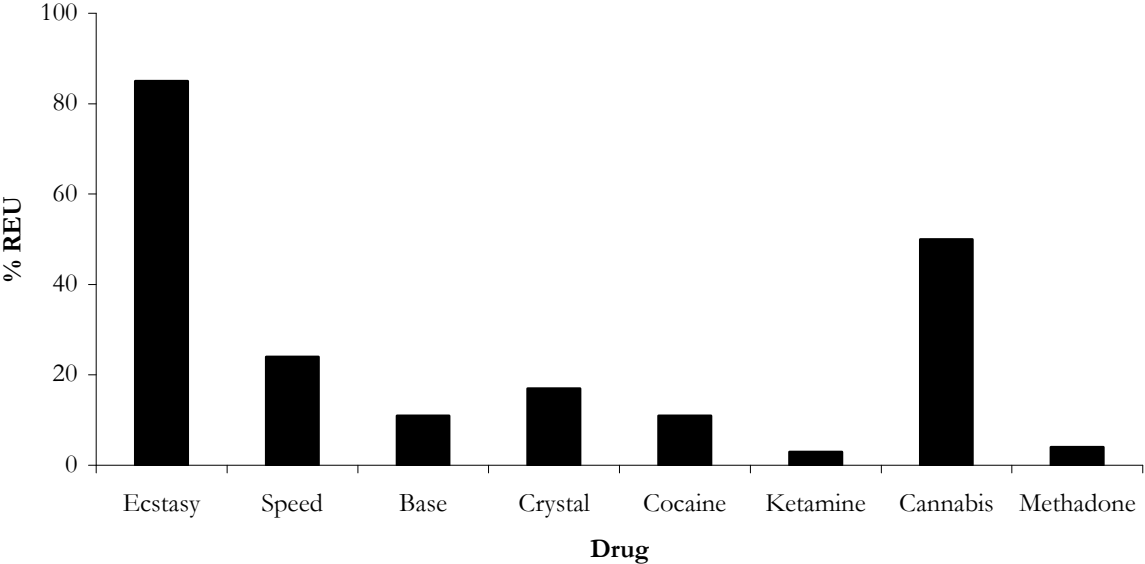
14.4 Driving risk behaviour

The majority (86%) of the 2006 EDRS sample reported that they had driven a car in the six months prior to interview. Almost half (44%) of those REU who indicated they had driven a car in the past six months reported that they had done so while over the limit of alcohol. Those participants who had driven a car while over the legal limit of alcohol in the six months prior had done so on a median of two times in this period of time (range 1-48). Seventeen percent of REU

who reported they had driven over the limit of alcohol, had been subjected to a roadside breath test (RBT), in the six months preceding interview, and 18% of those REU reported they returned a positive reading at least once in the six months preceding interview.

When those participants who had driven a car in the previous six months were asked if they had done so under the influence (within one hour) of taking an illicit drug, 84% of this group reported having done so, with the median number of times being 5.5. As demonstrated in Figure 24, ecstasy was the drug most commonly nominated (85%). This was followed by cannabis (50%) and methamphetamine powder (24%) as the most common. Smaller proportions had also driven under the influence of crystal methamphetamine (17%), methamphetamine base (11%) and cocaine (11%)

Figure 24: Proportion of REU reporting driving under the influence of drugs, by drug type, 2006*



Source: EDRS regular ecstasy user interviews, 2006
of those who had driven under the influence of drugs in the past six months (n=72)

14.5 Summary of risk behaviours

- A minority (17%) of the sample had ever injected a drug, and 15% of the sample had injected drugs in the past six months
- A median of seven drugs had ever been injected, and ‘recent’ injectors had also injected a median of three drugs
- The majority of injectors reported that their friends or partner had taught them how to inject
- Over one-third of the 2006 EDRS sample reported that they had not been vaccinated against the hepatitis B virus (HBV)
- Over half the sample reported that they had never been tested for the hepatitis C virus (HCV)
- Half of the sample indicated that they had been tested for the human immunodeficiency virus (HIV) at some point in their lifetime
- Almost the entire sample reported having had penetrative sex in the six months prior to interview and the majority (72%) of sexually active REU reported having sex with two or more partners in the past six months
- Approximately one-quarter of sexually active participants in this year’s sample had engaged in anal sex in the past six months
- The majority (80%) of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months, most commonly ecstasy, cannabis and alcohol
- Seventy-two percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug and 44% had done so while over the legal limit of alcohol
- Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis and methamphetamine powder

15.0 HEALTH-RELATED ISSUES

15.1 Mental health issues

For the first time in 2006, the EDRS included the 10-item Kessler Psychological Distress Scale (K10), a questionnaire designed to measure the level of distress and severity associated with psychological symptoms in population surveys (Kessler et al., 2002).

The mean score was 18.9 (median 18; SD 6.1; range 10-38). Scores ranging from 10 to 15 were classified as 'low', 16 to 29 as 'medium' and 30 to 50 as 'high'. According to this classification, 32% were in the low range, 63% in the medium range, and 5% in the high range.

A forthcoming publication will provide more in-depth exploration of the K10 and its association with drug use.

15.2 Overdose

REU were asked how many times they had ever overdosed (defined as unintentionally passing out or falling into a coma) on ecstasy or related drugs. Nineteen percent of the sample reported that they had ever overdosed, on a median of two occasions (range =1-12).

In terms of recent overdose, three participants reported having overdosed on ecstasy or related drugs in the past six months. As demonstrated in Table 58, one participant each reported overdosing on crystal methamphetamine, alcohol and MDA in the six months preceding interview. Two participants reported that they were under the influence of other drugs at the time of the overdose, and they reported these other drugs to be cannabis and pharmaceutical stimulants. Participants who reported that they had overdosed in the preceding six months reported that they were: at home, at a friend's home, and at a rave. Two reported that they received on-site help and one participant reported that they did nothing. REU who had recently overdosed reported that they had been partying for, 2, 6 and 60 hours and had not had a substantial meal for 2, 10 or 60 hours. The relevant KE, such as emergency department nursing staff who commented on the issues of overdose, indicated that party drug overdoses were relatively infrequent, but had occurred occasionally over the preceding six months.

Table 58: Overdose in the last six months among ACT REU, 2006

	2006 (N=100)
Overdosed on ecstasy or related drugs (%)	n=3
Main drug %*	
Crystal	33 (n=1)
Alcohol	33 (n=1)
MDA	33 (n=1)

Source: EDRS regular ecstasy user interviews, 2006

* percentage of those reporting overdose

15.3 Help-seeking behaviour

In the preceding six months, 25% of the sample had accessed some form of medical or health service as a consequence of their drug use. The services most commonly accessed by REU who had accessed services were counsellor (60%, n=15) and a general practitioner (44%, n=11). The primary reason for accessing a counselling service was for dependence/addiction (n=6). The majority of REU who had accessed counselling services in the previous six months did so in relation to ecstasy (n=7) or polydrug (n=4) use. Of those REU who had recently seen a general practitioner due to drug-related issues, again, issues surrounding dependence and addiction (n=4) were the most common reasons for help-seeking. The majority (n=6) of REU who had accessed first aid in the previous six months did so in relation to their ecstasy use. Seven participants had also visited a drug and/or alcohol worker in the past six months for a varied number of reasons and a variety of different drugs.

15.4 Other problems

Drug-related harms were characterised into four primary groups: social/relationship problems, financial problems, legal/police problems and occupational/study problems. REU were asked if they had experienced any of these problems due to their drug use in the past six months. If so, participants nominated the main drug that they attributed these problems to. The results are summarised in Table 59.

Consistent with previous years, only a minority of the sample (10%) had experienced legal/police problems in the preceding six months. Five participants had been arrested, two had been cautioned, two had been convicted of a crime and one had been pulled over by the police. Two participants each attributed their experience of legal/police problems to ecstasy, speed, alcohol and polydrug use, whereas one REU each attributed their problems to crystal methamphetamine and cannabis.

Approximately two-fifths (39%) of the sample reported that they had recently experienced relationship/social problems due to their drug use. The most commonly reported problems in this domain were arguments (51%), mistrust/anxiety (26%), and four participants had terminated a relationship as a consequence of their drug use. Over half (59%) of those REU who had reported relationship/social problems attributed these problems to ecstasy, with smaller proportions attributing their experiences to other drugs (see Table 59).

Table 59: Self-reported drug-related problems, ACT REU, 2006

	REU (%)	Ecstasy (%)#	Speed (%)#	Base (%)#	Crystal (%)#	Cannabis (%)#	Alcohol (%)#	Polydrug (%)
Occupational/Study (%)	40	53	3*	3*	0	33	2*	3*
Financial (%)	37	49	3*	5*	11*	14*	5*	5*
Relationship/Social (%)	39	59	3*	5*	8*	10*	3*	8*
Legal/Police (%)	10	20*	20*	0	10*	10*	20*	20*

Source: EDRS regular ecstasy user interviews, 2006

of those who reported experiencing that problem

* n=5 or less

Approximately one-third (37%) of participants also reported experiencing financial problems in the past six months. The most commonly experienced financial problem was having no money for recreation/luxuries (49%), being in debt or owing money (27%) or having no money for food or rent (16%). Ecstasy was the drug that the majority (49%) of REU experiencing financial problems attributed their difficulties to.

The drug-related problems most frequently experienced by REU in the 2006 EDRS were occupational/study problems, with 40% of REU having experienced these problems in the six months prior to interview. Of these, the most commonly reported by participants were being unmotivated (40%), having trouble concentrating (20%) and taking sick leave or not attending class (20%). Again, ecstasy (53%) was the drug that REU most commonly attributed their experience of occupational/study problems to (see Table 59).

15.5 Summary of health-related issues

- In 2006, REU were administered a questionnaire designed to measure the level of distress and severity of psychological symptoms. Thirty-two percent were in the low range, 63% in the medium and 5% scored high on the scale
- Almost one in five REU had ever overdosed on ecstasy and/or related drugs and 3% of the sample reported having overdosed on ecstasy or related drugs in the past six months
- Overdoses were reported to have occurred under the influence of alcohol, crystal and MDA. Two participants were under the influence of other drugs at the time of the overdose
- One-quarter of the sample had accessed medical or health facilities in the past six months as a result of their drug use
- The most commonly accessed services by REU were counsellors, general practitioners and drug and alcohol workers. Ecstasy was the drug that the majority of REU attributed their help-seeking behaviours to
- Only a minority of the sample had experienced legal/police problems in the preceding six months, just over one-third of REU reported that they had recently experienced relationship/social problems or financial problems due to their drug use, and two-fifths reported occupational/study problems

16.0 CRIMINAL ACTIVITY, POLICING AND MARKET CHANGES

16.1 Ecstasy possession and the law

In 2006, REU were asked questions relating to their knowledge of ecstasy possession and the law. Table 60 presents the findings.

Table 60: REU understanding of ecstasy possession and the law, ACT 2006

	2006 (N=100)
Know how much ecstasy need to have in possession to be charged with supply? (%)	
Yes	42
No	58
How much?*(median)	
Tablets (n=40)	3.5 (0.25-20)
Grams (n=2)	2 (1-3)
Is this amount for:*	
Pure MDMA	12
Tablets sold as ecstasy, regardless of MDMA purity	71
Don't know	17
Know consequences of supply	
Yes	46
No	54
Consequences**	
Fine	30
Caution	4
Prison sentence	85
Community service	13
Other	9
Difference between getting ecstasy for personal use vs. for friends	
Yes	54
No	46
Difference***	
Heavier penalty	63
Less of a penalty	9
Same	22
Don't know	2

Source: EDRS regular ecstasy user interviews, 2006

Note: * Of those who were able to answer (n=42),

** of those who know consequences (n=46),

***of those that think there is a difference (n=54)

In 2006, just over two-fifths (42%) of the ACT REU reported that they knew how much ecstasy one would have to be in possession of, to be charged with supply by police. Forty REU reported this in tablets and two in grams. For possession of tablets, REU reported that possession of a median of 3.5 tablets (range 0.25-20) would be deemed supply, and two participants reported that a median of 2 grams (range 1-3) would be deemed supply. The majority (71%) reported that this was for any substance sold as ecstasy regardless of MDMA purity.

In the ACT a trafficable quantity of MDMA is 0.5 grams, and this applies to any substance sold as ecstasy, regardless of MDMA purity. The majority of REU reported that the measure is in tablets and they may at certain times be in possession of a quantity of MDMA that may be deemed trafficable. Furthermore, the two participants who reported in grams reported that the amounts were higher than they actually are.

Again, just over two-fifths of the REU sample reported that they were aware of the consequences of supply. The majority of those REU who were aware of the consequences reported that it was a prison sentence (85%), followed by a fine (30%) and community service (13%).

Finally, REU were asked if obtaining ecstasy for their friends had different consequences according to the law. Fifty-four percent of the ACT sample reported that they did think there was a difference. The majority (63%) reported that there was a heavier penalty, which is consistent with the law, in that to obtain for someone else is supply. Twenty-two percent believed that the penalty would be the same and a minority (9%) believed that the penalty would be less.

16.2 Reports of criminal activity among REU

Over one-third (38%) of the 2006 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview (Table 61). This figure represented an increase in 'recent' criminal activity reported by this year's sample, when compared to 29% reporting recent criminal activity in 2005. The proportion of REU who reported that they had sold drugs in the preceding six months remained stable from 2005 (29% and 25% respectively). There was a slight increase in the number reporting they had committed a property crime, from 4% in 2005, to 11% in 2006. Few reported that they had committed a violent crime. The proportion of REU reporting committing a fraud remained relatively low and stable at 1% (2% in 2005).

One KE reported that most REU would supply ecstasy to their friends. Three KE commented that there had been an increase in violent crimes in the ACT in the six months preceding interview, possibly due to crystal. Two KE noted that REU were generally not involved in crime. Consistent with previous years, the rates of arrest were minimal in this sample with only 13% of the sample indicating that they had been arrested in the previous 12 months; however, this amount had doubled from 2005 (6%).

Table 61: Criminal activity reported by ACT REU, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Criminal activity in the last month (%)				
Any crime	45	11	29	38
Drug dealing	42	9	25	29
Property crime	3	3	4	11
Fraud	3	1	2	1
Violent crime	0	0	2	8
Arrested in the past 12 months	5	6	6	13

Source: EDRS regular ecstasy user interviews, 2003-2006

16.3 Perceptions of police activity towards REU

Table 62 summarises the responses of REU with regard to their perceptions of recent police activity in the ACT. In the 2006 EDRS, the majority (37%) of REU reported that police activity had remained stable in the six months preceding interview, similar to 39% in 2005. A similar proportion (30%) reported that police activity had increased (25% in 2005), or they were unable to comment on police activity in the ACT in the preceding six months (35% in 2005). Only a minority reported that it had decreased (3%, 1% in 2005). Thirteen REU commented specifically on the increase of undercover police at clubs in the ACT. Six participants noted an increase in the presence of sniffer dogs at dance events and clubs over the past six months.

Five KE commented on police activity in the six months preceding interview. Two KE commented that there was an increase in police activity; specifically, one noted an increase in undercover police. Two KE commented that police activity had remained stable.

Table 62: Perceptions of police activity by REU, 2003-2006

	2003 (N=66)	2004 (N=116)	2005 (N=126)	2006 (N=100)
Recent police activity (%):				
Decreased	14	4	1	3
Stable	48	59	39	37
Increased	19	16	25	30
Don't know	20	21	35	30
Made scoring more difficult (%)	15	12	8	9

Source: EDRS regular ecstasy user interviews, 2003-2006

16.4 Experience with drug detection dogs

In 2006, REU were asked about their experiences with drug detection (sniffer) dogs. Table 63 summaries the findings.

Just under half (49%) of REU reported that they had seen sniffer dogs in the six months preceding interview, on a median of two times (range 1-10). Of those who had seen sniffer dogs, questions relating to the precautions they would take, if they knew the sniffer dogs would be out at an event, were asked. The majority reported that they would hide the drugs better (51%). Eighteen percent reported that they would not take drugs to the event and seven participants reported that they would take the drugs beforehand.

Sixty-seven percent of REU who had recently seen sniffer dogs reported that they had had drugs on them when they had seen them at least once. Sixteen REU who had seen sniffer dogs reported that they avoided the dogs and twelve reported that they did nothing. Eighteen percent reported that they took the drugs they had on them to avoid being detected.

Of those REU who had seen sniffer dogs in the preceding six months, fifty-five percent reported that they would have another reaction than disposing of or taking the drugs. Thirteen participants reported that they would avoid the dogs and nine reported that they would do nothing. Thirty-five percent reported that they would take the drugs so they could not be detected.

Table 63: REU experiences and perceptions of drug detection dogs, ACT, 2006

	2006 (N=100)
Proportion of REU who have seen sniffer dogs in past 6 mths (%)	49
Median times REU have seen sniffer dogs in past 6 mths*	2 (1-10)
Precautions taken by REU if know sniffer dogs will be at an event (%)*:	
Hide drugs better	51
Purchase drugs at event from known source	12
Purchase drugs at event from unknown source	2
Decide not to take drugs to event	18
Other	29
Had drugs on self when seen sniffer dogs (%)*	67
<i>If had drugs when seen dogs, action taken**</i>	
Dispose of drugs	0
Took them to avoid being detected	18
Caught by police	0
Other	84
Anticipated reaction if saw dogs and had drugs on self*	
Dispose of the drugs	14
Take drugs so they can't be detected	35
Other	55

Source: EDRS regular ecstasy user interviews, 2006

Note: * of those who have seen sniffer dogs (n=49)

** of those who had drugs on them when seen sniffer dogs (n=33)

16.5 Perceptions of changes in ecstasy and related drug markets

Approximately half (52%) the sample believed that there had been changes to the use of ecstasy and related drugs by ACT users in the six months prior to interview. Nineteen REU reported that there had been an increase in the prevalence and frequency of ecstasy use in the preceding six months, whereas only five REU believed there to have been a decrease in ecstasy use during this period. Some REU indicated that the use of crystal (n=8) and GHB (n=4) had increased in the ACT over the past six months.

Twelve REU reported that there had been an increase in general experimentation with ecstasy and related drugs (i.e. trying different drug combinations and trying new drugs on the market) in the previous six months.

16.6 Summary of criminal and police activity

- REU were asked about ecstasy possession and the law. Approximately two-fifths reported that they knew the consequences of supply and a prison sentence was nominated by the majority of REU who were able to answer
- The majority of REU reported that obtaining drugs for friends would result in a heavier penalty, than if obtaining them for oneself
- Over one-third (38%) of the sample reported having engaged in some form of criminal activity in the past month, an increase from last year
- The most common form of crime REU reported they had been involved in was drug dealing, followed by property crime. The rates of arrest were minimal in the 2006 ACT EDRS sample
- One-third of REU believed that recent police activity had increased in the ACT, whereas only 3% reported a decrease
- Consistent with previous years, only a minority of the sample reported that recent police activity had made it more difficult for them to score illicit drugs
- REU were asked about their experiences with sniffer dogs. Half reported that they had seen sniffer dogs in the preceding six months. The majority reported that they would hide their drugs better if they knew the sniffer dogs were going to be at an event. The majority reported they either did nothing, or avoided the dogs, if they had drugs on them when they saw them. Over one-third reported that they would consume the drugs they had on them if they saw sniffer dogs

17.0 SUMMARY

17.1 Demographic characteristics of REU

The demographic characteristics of the 2006 ACT EDRS sample were, for the most part, similar to those obtained in the 2005 ACT PDI. A smaller proportion of the sample this year were full-time students, with a greater proportion employed full-time or unemployed.

The characteristics of the 2006 EDRS sample provided contrast against the demographics that defined the injecting drug user (IDU) sample surveyed for the 2006 ACT IDRS. When compared to the IDU sample, REU tended to be young with high levels of education, to be currently studying or employed and to have had minimal contact with the legal system or drug treatment facilities.

17.2 Patterns of polydrug use

Ecstasy was the drug of choice for over half the sample. The REU interviewed for the EDRS in 2006 were polydrug users, having used a mean of 9 drugs in their lifetime and a mean of 6 drugs in the preceding six months. Consistent with past years, the proportion of the sample that reported ever or recently having injected drugs was minimal. Recent 'binge' activity was reported by almost one-half of the sample, with a median binge length of three days. The drugs that were most commonly used during binges were ecstasy, methamphetamine powder, cannabis, alcohol, cocaine and crystal methamphetamine.

17.3 Ecstasy

Ecstasy use typically started for REU in their late teens. Ecstasy pills were the most common form of ecstasy used by REU in the previous six months above ecstasy powder. As in the 2005 PDI, the most common pattern of ecstasy use among the 2006 REU sample was a monthly to fortnightly pattern of use. The majority of the sample indicated that they typically took more than one tablet each time they used ecstasy – a median of 2 ecstasy tablets were taken in a 'standard' session of use in the past six months, and this increased to 4 when referring to the 'heaviest' episode of use. Similar to 2005, just over half the sample had used four or more ecstasy tablets in a single use episode during the preceding six months. As supported by KE reports, swallowing was the predominant form of administration. Experimentation with other methods such as snorting, smoking, shelving/shafting and injection (for a minority) was also reported.

The majority of the 2006 EDRS sample reported that they typically used other drugs both in combination with ecstasy, and also to facilitate the comedown period associated with ecstasy use. Concerning levels of excessive alcohol use during ecstasy intoxication and also the comedown period were again evident in this year's sample. The drugs most frequently used in conjunction with ecstasy and to ease the ecstasy comedown were alcohol, cannabis and tobacco.

17.3.1 Price, purity and availability of ecstasy

The median price for a tablet of ecstasy in the ACT remained stable in 2006 at \$35. The majority of respondents reported that the current purity of ecstasy was at 'medium' to 'high' levels, with one-quarter reporting that ecstasy purity fluctuated. Also similar to 2005, the reports of REU with regard to the change in purity of ecstasy over the past six months were inconsistent. Data provided by the ACC indicate that the purity of ecstasy increased consistently over the year from 29.7% in the July-September quarter of 2004 to 48.1% in the April-June-quarter of 2005. Ecstasy was considered to be very easy to easy to obtain by ACT REU, with the majority of the sample reporting that the availability had remained stable or had become easier in the six months prior to interview. As in 2005, ecstasy was primarily obtained through friends, known dealers and also acquaintances. Almost the entire sample nominated benefits associated with the use of ecstasy, with the most frequently nominated benefits being fun, enhanced communication/sociability, and enhanced mood. The most common perceived risks that REU associated with ecstasy use were damage to brain function, depression, and the consumption of unknown contaminants.

17.3.2 Ecstasy markets and patterns of purchasing

In the six months prior to interview, REU had purchased ecstasy from a median of three people. Participants indicated that they typically purchased for themselves and others when they purchased ecstasy and that they purchased a median of five ecstasy pills on each purchase occasion. Sixty-nine percent of the entire sample reported that they were able to purchase other drugs from their 'main' ecstasy dealer. Other drugs that were commonly available to REU at the time of ecstasy purchase were methamphetamine powder, cannabis, crystal methamphetamine, cocaine and base methamphetamine.

17.4 Methamphetamine

Sixty-six percent of the sample reported the recent use of methamphetamine powder (speed), while approximately one-third of the sample reported the use of base and crystal methamphetamine in the past six months. In 2006, there was an increase in the recent use of base and crystal among REU in the ACT, in the six months preceding interview. In 2006, the use of all three forms in a 'typical' and 'heaviest' episode remained relatively stable. Speed was a commonly used substance during binge episodes on ecstasy and other related drugs. The median price for a point of methamphetamine varied according to the purity of the form purchased, and all forms increased slightly: speed \$40, base \$42.50 and crystal \$50 for a point. The majority of REU reported the price of each methamphetamine form to have remained stable in the preceding six months. The purity of the three forms of methamphetamine was estimated to be stable at 'medium' to 'high' levels, with suggestion that the purity of speed had decreased over the six months prior to interview. Speed, base and crystal methamphetamine were reported to be reliably 'easy' to 'very easy' to obtain by REU. Similar to ecstasy, the three methamphetamine forms were predominantly obtained through known dealers and friends.

17.5 Cocaine

Consistent with the 2005 PDI sample, over two-thirds of the 2006 EDRS sample reported ever having used cocaine. Almost half of this year's sample had used cocaine in the preceding six months, similar to the 2005 sample. Several KE noted that they believed there to have been an increase in cocaine use in the ACT over the past six months. The majority of recent cocaine users had used the substance on a less than monthly basis in the past six months. Snorting remained the most popular route of cocaine administration, although there was a decrease in the proportion of REU who had recently smoked cocaine. The price of cocaine increased from \$250 to \$300 per gram. Respondents indicated that the purity of cocaine was stable at 'medium' to 'high' levels. Participants, however, were divided in terms of their perceptions regarding the current availability of cocaine in the ACT, with equal proportions reporting cocaine to be 'easy' and 'difficult' to obtain.

17.6 Cannabis

For the first time in 2006, REU were asked the price, purity and availability of hydroponic (indoor-cultivated) and bush (outdoor-cultivated) cannabis. Eighty-three percent of the 2006 REU sample had used cannabis in the six months preceding interview, with lifetime use among REU almost universal. Median number of days used increased from 39 in 2005, to 50 in 2006, with approximately one-fifth reporting daily use of cannabis. The price per gram for both hydroponic and bush cannabis was \$20, \$300 for an ounce of hydroponic and \$220 for an ounce of bush cannabis. This was reported to have remained stable for both forms in the six months preceding interview. REU, who were able to comment, reported that the current purity of hydroponic cannabis was 'high' and for bush cannabis it was 'medium' to 'low' – again the potency remained stable in the six months preceding interview for both forms. Hydroponic cannabis was reported to be 'very easy' to obtain, and bush was reported to be 'very easy' to 'easy' to obtain. This had remained stable for both forms in the six months preceding interview.

17.7 Ketamine

Similar to the 2005 PDI, over one-third of the REU sample in 2006 reported ever having tried ketamine, with less than one in five REU having used ketamine in the previous six months. The majority of recent ketamine users had used this substance on a less than monthly basis in the six months prior to interview. The median price for a ketamine pill decreased this year to \$25 per pill from \$30 per pill in 2005. The price of ketamine, however, was reported to have remained stable by REU in the past six months. Consistent with the 2005 data, the purity of ketamine was reported to be stable at high levels in the ACT; however, more REU reported this year that purity was currently 'medium'. REU were divided in their response to the ease with which ketamine could be obtained.

17.8 GHB

A minority of the 2006 ACT EDRS sample reported lifetime or recent use of GHB. Since 2003, the data collected in the ACT EDRS indicate that the prevalence and levels of GHB use in the ACT remain low. Consistent with the low level of GHB use among the sample, only five participants commented on the price, purity and availability of GHB in the ACT this year. These results therefore need to be interpreted with caution.

17.9 LSD

Almost half the 2006 EDRS sample had ever used LSD, and approximately one-fifth of REU had used LSD in the six months prior to interview, a decrease from the previous year. LSD was used on a median of 1.5 days in the past six months, and the quantity of LSD used in a 'typical' and 'heaviest' session of use was one 'tab'. The price of LSD was reported to be stable at \$20 a 'tab'. Consistent with reports from previous years, the majority of REU interviewed in 2006 reported that the current purity of LSD was at 'medium' to 'high' levels. REU reports indicated that the purity of LSD had remained stable over the past six months. There were mixed reports with regards to the current availability of LSD, with equal proportions reporting LSD to be 'easy' and 'difficult' to obtain.

17.10 MDA

Approximately one-quarter of the ACT EDRS sample reported lifetime use of MDA, with only a minority (8%) reporting use in the six months preceding interview. As observed in previous years, the frequency of MDA use among ACT REU generally appears to be quite low. Again in 2006, only small numbers of REU were able to comment on the current price, purity and availability of MDA. The median price for a 'cap' of MDA increased to \$50 per 'cap'. All REU who were able to comment on MDA (n=5) reported that the current purity was 'high'. There were mixed reports in relation to the availability of MDA in the ACT in 2006.

17.11 Patterns of other drug use

Alcohol use remained high among the ACT EDRS sample in 2006, especially in association with ecstasy use. Median days of use were 48 in the six months preceding interview. Sixty-four percent of the ACT sample were consuming alcohol at levels that may be considered hazardous.

The recency and frequency of use of benzodiazepines, antidepressants and 'other opiates' was low in the REU sample, with the small proportions that reported recent use reporting infrequent use. One-fifth of the REU ACT sample reported recent use of benzodiazepines; however, use was infrequent, with the majority using less than once a month in the six months preceding interview. Approximately one in ten REU had used antidepressants in the six months preceding interview.

One-fifth reported the recent use of pharmaceutical stimulants, although, use was infrequent and occurred on a median of 2.5 days in the six months preceding interview. Swallowing was the most common route of administration, followed by snorting.

Eight percent of REU reported the use of heroin in the six months preceding interview. Use was infrequent and occurred on a median of eight days in the preceding six months. Twelve percent reported the recent use of 'other opioids', with swallowing the most common route of administration.

The level of inhalant use was significantly higher among the EDRS population than the IDU sample. Twenty-three percent of REU reported the recent use of amyl nitrate and fourteen percent had used nitrous oxide in the past six months, whereas only 1% of the IDU sample had used any form of inhalant in the preceding six months.

17.12 Drug information-seeking behaviour

Approximately half the sample reported that they had tried to gain information on the drugs they purchased (excluding ecstasy) prior to taking them, and just under three-quarters of the sample reported that they actively sought information on the contents of the ecstasy they had purchased. The most common methods of obtaining information related to the drugs that REU intended to use were asking friends, asking their dealer and other people. Approximately one-third of those REU who obtained information on the content of their ecstasy tablets reported using testing kits as a source of information.

17.13 Risk behaviour

Only a minority of the sample had ever or recently injected drugs. A median of seven drugs had ever been injected while those who reported having injected in the past six months had injected a median of three drugs. Almost half the lifetime injectors reported injecting for the first time while under the influence of other drugs. When asked how they first learnt to inject, the majority of lifetime injectors reported that their friends or partner had taught them.

Almost one-third of the 2006 EDRS sample reported that they had not been vaccinated against the hepatitis B virus (HBV) and over half the sample reported that they had never been tested for the hepatitis C virus (HCV). Half of the participants indicated that they had been tested for the human immunodeficiency virus (HIV) at some point in their lifetime, and just under half the sample had never received a sexual health check up.

Almost the entire sample reported having had penetrative sex in the six months prior to interview, and the majority reported having sex with two or more partners in the past six months. Approximately one-quarter (28%) of sexually active participants in this year's sample had recently (in the past six months) engaged in anal sex. Over three-quarters of sexually active REU reported having sex while under the influence of ecstasy and/or related drugs in the past six months.

Seventy-two percent of those REU who had driven a car in the past six months had driven under the influence of an illicit drug and just under half had done so while over the legal limit of

alcohol. Ecstasy was the most common illicit drug that REU reported driving under the influence of, followed by cannabis and methamphetamine powder.

17.14 Health-related issues

The majority of the ACT EDRS sample (63%) scored in the medium range on a scale measuring level of distress and severity of psychological symptoms. Five percent of participants scored in the high range.

Nineteen percent of REU reported ever having overdosed on ecstasy or related drugs and 3% reported having overdosed on ecstasy or related drugs in the past six months. Overdoses occurred under the influence of MDA, alcohol and crystal, although two recent self-reported overdoses involved the use of multiple drugs.

A minority of the sample had experienced legal/police problems in the preceding six months and approximately one-third of the sample reported that they had recently experienced relationship/social problems and/or financial problems due to their drug use. The drug-related problems most frequently experienced by REU in the 2006 EDRS were occupational/study problems, with over one in four REU having experienced these problems in the six months prior. Ecstasy was the drug that REU most commonly attributed their experience of these problems to.

17.15 Criminal activity, policing and market changes

Over one-quarter of the 2006 EDRS sample reported having engaged in some form of criminal activity in the month prior to interview, similar to the previous year. The most common self-reported crimes were drug dealing followed by property crime. Consistent with previous years, the rates of arrest were minimal in this sample. The majority of REU were either unable to comment on recent police activity or reported that the level of police activity had remained stable or reported that it had increased in the past six months. As in the 2003, 2004 and 2005 EDRS, only a minority of the sample reported that recent police activity had made it more difficult for them to score illicit drugs.

18.0 IMPLICATIONS

Since 1995 the use of ecstasy has continued to steadily increase in Australia, and today ecstasy is the third most widely used illicit drug in the country (Australian Institute of Health and Welfare, 2005b). In 2006, for the fourth consecutive year, the ACT EDRS has been able to provide a snapshot of the drug use patterns and harms associated with ecstasy and related drug use among regular users in the ACT. The results of the 2006 ACT EDRS have highlighted a number of issues that concern the population captured by the EDRS study. As in past years, data from the 2006 EDRS indicate that, although the REU surveyed are young, well educated and not involved in significant levels of drug-related crime, their drug use is associated with significant levels of risk-taking behaviours and the potential harms associated with these behaviours.

Of specific concern in the 2006 EDRS were the high levels of sexual risk-taking reported by the sample. Sexual risk-taking associated with ecstasy use has been identified as a problematic issue among young adults (Boyd et al., 2003, Strote et al., 2002). There is evidence to suggest that individuals are more likely to engage in sexual risk-taking after ecstasy use (Topp et al., 1999a). In both the 2005 and 2006 ACT EDRS, significant proportions of the sample reported having sex under the influence of ecstasy and related drugs in the previous six months with 'casual' and 'regular' sex partners. Additionally, the overwhelming majority of sexually active REU reported having sex with two or more partners in the previous six months. In the context of these figures, the levels of sexual risk-taking observed in this year's ACT EDRS again warrant comment.

Among those REU who had sex with a 'regular' partner while using ecstasy and/or related drugs in the preceding six months, approximately half reported that they never used condoms. This figure exceeded the 32% of REU who never used condoms with a regular sex partner when the use of ecstasy and related drugs were not involved. The findings from the 2006 ACT EDRS suggest, therefore, that, within the context of sex with a 'regular' partner, unsafe sexual encounters that place the individual at increased risk for sexually transmitted infections appear to be more likely to occur when ecstasy and other related drugs are involved.

Despite the high rates of sexual risk-taking reported by the REU in this year's EDRS, just under half the sample reported never having received a sexual health check, and only around one-third had received a sexual health check within the last year. This is especially concerning given that over recent years Australia has experienced an increase in the annual rates of diagnosis for a number of sexually transmitted infections (STI). Not only have the number of diagnoses of gonorrhoea (from 31.4 per 100,000 population in 2000, to 37.0 per 100,000 population in 2004) and chlamydia (from 91.4 per 100,000 population in 2000, to 186.1 per 100,000 population in 2004) increased, but the number of new HIV diagnoses increased from 656 cases in 2000 to 820 cases in 2004 (National Centre in HIV Epidemiology and Clinical Research, 2005). The need to deliver effective campaigns that promote an awareness of the advantages of safe sex practices (including receiving sexual health checks) among this population should therefore be emphasised.

A second concern arising from the study this year was the level of self-reported drug driving. In the 2004 NDSHS it was revealed that 3.3% of Australian residents had driven a motor vehicle while under the influence of drugs other than alcohol in the past year (Australian Institute of Health and Welfare, 2005b). In contrast, approximately three-quarters (72%) the EDRS sample reported having driven under the influence of ecstasy and/or related drugs in the past six months. Polydrug use and the use of alcohol in combination with other drugs prior to driving has been shown to be associated with increased driving impairment and risk of driving accidents (Kelly et al., 2002). The EDRS sample is a group that is defined not only by patterns of polydrug

use but also specifically the use of alcohol (in a significant number of cases to excess) in the context of ecstasy and other related drug use. It is especially important among the EDRS population, therefore, to raise an awareness of the possible consequences and risks that are associated with drug driving, in order to minimise the incidence of drug driving-related harms.

REFERENCES

- Australian Institute of Health and Welfare (2005a) *2004 National Drug Strategy Household Survey: State and Territory supplement*. Canberra, Australian Institute of Health and Welfare.
- Australian Institute of Health and Welfare (2005b) *Drug Statistics Series. 2004 National Drug Strategy Household Survey: First Results*. Canberra, Australian Institute of Health and Welfare.
- Barbor, T., Higgins-Biddle, J., Saunders, J. & Monteiro, M. (2001) The Alcohol Use Disorders Identification Test: Guidelines for use in primary care. Switzerland, World Health Organization.
- Boyd, C., McCabe, S. & D'arcy, H. (2003) Ecstasy use among college undergraduates: gender, race and sexual identity. *Journal of Substance Abuse Treatment*, 24, 209-215.
- Breen, C., Degenhardt, L., White, B., Bruno, R., Chanteloup, F., Fisher, J., Johnston, J., Kinner, S., Moon, C., Proudfoot, P. & Weekley, J. (2004) *Australian Party Drug Trends 2003: Findings from the Party Drugs Initiative (PDI)*. Sydney, National Drug and Alcohol Research Centre.
- Buckingham, K., Ward, J., Sparks, R. & Proudfoot, P. (2005) *ACT Drug Trends 2004: Findings from the Illicit Drug Reporting System (IDRS)*. Sydney, National Drug and Alcohol Research Centre.
- Buckingham, K., Ward, J., Staniforth, A. & Proudfoot, P. (2006) *ACT Drug Trends 2005: Findings from the Illicit Drug Reporting System (IDRS)*. Sydney, National Drug and Alcohol Research Centre.
- Davison, D. & Parrott, A. C. (1997) Ecstasy (MDMA) in recreational users: Self-reported psychological and physiological effects. *Human Psychopharmacology*, 12, 221-226.
- Kelly, E., Darke, S. & Ross, J. (2002) *Drug use and driving: Epidemiology, impairment, risk factors and risk perceptions*. NDARC Technical Report 153. Sydney, National Drug and Alcohol Research Centre, University of NSW.
- Kessler, R. C., Andrews, G., Colpe, L. J., Hiripi, E., Mroczek, D. K., Normand, S.-L. T., Walters, E. E. & Zaslavsky, A. M. (2002) Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine*, 32, 959-976.
- National Centre in HIV Epidemiology and Clinical Research (2005) *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia. Annual Surveillance Report 2005*. Sydney, National Centre in HIV Epidemiology and Clinical Research, University of New South Wales, Sydney, NSW.
- Parrott, A. C. & Lasky, J. (1998) Ecstasy (MDMA) effects upon mood and cognition: before, during and after a Saturday night dance. *Psychopharmacology*, 139, 261-268.
- Parrott, A. C., Milani, R. M., Parmar, R. & Turner, J. J. D. (2001) Recreational ecstasy/MDMA and other drug users from the UK and Italy: psychiatric symptoms and psychobiological problems. *Psychopharmacology*, 159, 77-82.

- Proudfoot, P. & Ward, J. (2004) *ACT Party Drug Trends 2003: Finding of the Party Drugs Initiative (PDI)*. Sydney, National Drug and Alcohol Research Centre.
- Proudfoot, P., Ward, J., Buckingham, K. & Sparks, R. (2005) *ACT Trends in Ecstasy and Related Drug Markets 2004: Findings from the Party Drugs Initiative (PDI)*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Proudfoot, P., Ward, J., Staniforth, A. & Buckingham, K. (2006) *ACT Trends in Ecstasy and Related Drug Markets 2005: Findings from the Party Drugs Initiative (PDI)*. Sydney, National Drug and Alcohol Research Centre.
- Reinert, D. & Allen, J. (2002) The Alcohol Use Disorders Identification Test (AUDIT): A review of recent research. *Alcoholism: Clinical and Experimental Research*, 26, 272-279.
- Roxburgh, A. & Degenhardt, L. (in press) *Inpatient hospital stays for illicit drug related problems in Australia*. NDARC Technical Report No. Sydney, National Drug and Alcohol Research Centre, University of NSW.
- Rushforth, C. (2003) *ACT Drug Trends 2002: Findings of the Illicit Drug Reporting System*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Saunders, J., Aasland, O., Barbor, T. & De La Fuente, J. (1993) Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption: II. *Addiction*, 88, 791-804.
- Strote, J., Lee, J. E. & Wechsler, H. (2002) Increasing MDMA Use Among College Students: Results of a National Survey. *Journal of Adolescent Health*, 30, 64-72.
- Topp, L., Breen, C., Kaye, S. & Darke, S. (2004) Adapting the Illicit Drug Reporting System (IDRS) methodology to examine the feasibility of monitoring trends in party drug markets. *Drug and Alcohol Dependence*, 73, 189-197.
- Topp, L., Degenhardt, L., Kaye, S. & Darke, S. (2002) The emergence of potent forms of methamphetamine in Sydney, Australia; A case study of the IDRS as a strategic early warning system. *Drug and Alcohol Review*, 21, 341-348.
- Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A. & Solowij, N. (1998) *Ecstasy Use in Australia*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.
- Topp, L., Hando, J. & Dillon, P. (1999a) Sexual behaviour of ecstasy users in Sydney, Australia. *Culture, Health and Sexuality*, 1, 147-159.
- Topp, L., Hando, J., Dillon, P., Roche, A. & Solowij, N. (1999b) Ecstasy use in Australia: patterns of use and associated harm. *Drug & Alcohol Dependence*, 55.
- Topp, L. & Mattick, R. (1997) Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction*, 92, 839-845.
- Ward, J. & Proudfoot, P. (2004) *ACT Drug Trends 2003: Findings from the Illicit Drug Reporting System (IDRS)*. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.

White, B., Breen, C. & Degenhardt, L. (2003) New South Wales Party Drugs Trends 2002: *Findings from the Illicit Drug Reporting System (IDRS) Party Drugs Module*. NDARC Technical Report Number 162. Sydney, National Drug and Alcohol Research Centre, University of New South Wales.