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AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2015: Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

Australian Drug Trends Series No. 154

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au.

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ABBREVIATIONS

4-MEC	4-Methylethcathinone
5-IAI	5-Iodo-2-aminoindane
5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2, 5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
4-MTA	4-methylthioamphetamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACT	Australian Capital Territory
AFP	Australian Federal Police
AGDH	Australian Government Department of Health
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
AODTS-NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
ATS	Amphetamine type stimulants
ATSI	Aboriginal and/ or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
CRUFAD	Clinical Research Unit For Anxiety and Depression
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DMT	Dimethyl tryptamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
DXM	Dextromethorphan hydrobromide
ED	Emergency Department
EDRS	Ecstasy and Related Drugs Reporting System
EPS	Emerging psychoactive substances now referred to as NPS
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IDRS	Illicit Drug Reporting System
IDU	Person(s) who inject(s) drugs; injecting drug user(s)
IPS	Illicit psychostimulants
Ivory wave	See MDPV
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-Methylenedioxy-2-aminoindane

MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylendioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MPTP	1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine
MXE	Methoxetamine
N	(or n) Number of participants
NCIS	National Coronial Information System
NIDIP	National Illicit Drug Indicators Project
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psychoactive substances
NSP	Needle and Syringe Program(s)
NSW	New South Wales
NT	Northern Territory
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PCP	Phencyclidine
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
PPA	Price, purity and availability
QLD	Queensland
RBT	Random Breath Test
REU	Regular ecstasy users(s)
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SA	South Australia
SCID	Structured Clinical Interview for DSM-IV
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
TAS	Tasmania
THC	Tetrahydrocannabinol
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

Binge	Use over 48 hours without sleep
Eightball	3.5 grams
Halfweight	0.5 gram
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the EDRS (see *Method* section for further details)
Key expert(s)	Also referred to as KE; persons participating in the Key Expert Survey component of the EDRS (see *Method* section for further details)
Licit	Licit refers to pharmaceuticals (e.g. benzodiazepines, antidepressants and opioids such as methadone, buprenorphine, morphine and oxycodone) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting/shelving/shafting; and/or swallowing
Opiates	Opiates are derived directly from the opium poppy by departing and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way e.g. heroin is an opioid but not an opiate, morphine is both an opiate and opioid
Point	0.1 gram although may also be used as a term referring to an amount for one injection
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting; smoking; snorting; and/or swallowing
Session	A period of continuous use without sleeping in between.
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing

Guide to days of use/injection

180 days	daily use/injection* over preceding six months
90 days	use/injection* every second day
24 days	weekly use/injection*
12 days	fortnightly use/injection*
6 days	monthly use/injection*

* As appropriate

EXECUTIVE SUMMARY

Executive summary introduction

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2015* report presents the findings from the twelfth year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERD). The Ecstasy and Related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of Ecstasy and related drugs (ERD) markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylendioxymethamphetamine; MDMA) and other drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), *d*-lysergic acid (LSD), 3,4-methylendioxyamphetamine (MDA) and ketamine. It also examines trends in the use and harms of these drugs. It utilises data from three sources: (a) surveys with regular psychostimulant users (RPU); (b) surveys with key experts (KE) who have contact with RPU through the nature of their work; and (c) the analysis of existing data sources that contain information on ERD. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the EDRS surveys are not representative of ERD users and drug use in the general population, but this is 'not' the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. Regular Ecstasy User (REU)/Regular Psychostimulant User (RPU) are a sentinel group that provides information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ERD market in Australia, but they help to provide an evidence base for policy decisions; help to inform harm reduction messages; and to provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERD markets in Australia adds to our understanding of the use of these drugs; the price, purity and availability of these drugs; and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

Drug trends in this publication are cited by jurisdiction, although they primarily represent trends in the capital city of each jurisdiction, where new drug trends are likely to emerge. Patterns of drug use may vary among other groups of REU/RPU in the capital cities and in regional areas.

Executive Summary Snapshot

Demographics of EDRS participants and patterns of Drug use

- EDRS participants in 2015 continue to be a group that are aged in their mid-20s (mean age of 23 years), predominantly male (62%), the majority identifying as heterosexual (87%) and being single (62%). Small proportions (2%) reported currently being in drug treatment which was mainly drug counselling.
- The participants interviewed were well educated: 46% had obtained post-secondary qualifications; while 12% were full-time students.
- One quarter (24%) of the national sample was currently in full-time employment. The mean weekly income was $565 (a decrease from $601 in 2014). The main source of income was salary/wages (68%). Half were renting (53%) or living in the parental/family home (42%).
- In 2015, participants were recruited primarily through the internet a method increasingly being used.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

Consumption pattern results

- Ecstasy was the drug of choice for 30% of the sample with similar proportions reporting cannabis as their drug of choice (29%).
- The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco.
- Around one-third had binged on any stimulant in the last six months.
- Polydrug use was reported to occur weekly to fortnightly.
- Half of the sample commented on changes in the drug market in the six months preceding interview, the main themes included the increased use of caps (capsules sold as containing ecstasy), MDMA crystal/rock and DMT.

Ecstasy

- Ecstasy was used by 99% of participants.
- The median age at which ecstasy was first used was 18 years, and was used regularly (at least monthly) at a median age of 18 years. No sex differences were found.
- Ecstasy tablets were used on a median of 10 days in the six months prior to interview, i.e. approximately fortnightly. Nine percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was used in a variety of forms. Ecstasy was used in a variety of forms including; pills/tablets, capsules, crystal/rock and powder. Ecstasy pill/tablet form, the form used by the majority, was reported to significantly decrease to 85% in 2015 from 92% in 2014. There was a significant increase in the recent use of capsules from 53% in 2014 to 60% in 2015. Over half (52%) of the 2015 sample reported recent use of crystal/rock.
- Participants reported using a median of 2 tablets, two lines, or two capsules in typical sessions of use.
- Ecstasy remained to be seen as a ‘social’ drug with 43% of participants reporting ‘most’ of their friends have consumed it.
- The median price of a tablet of ecstasy nationally was $25, a capsule nationally was a median of $30 and ecstasy (MDMA) powder was reported at a median price of $250 per gram consistent with 2014 figures. MDMA crystal/rock was $250 per gram. The majority of the participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- Ecstasy was reported to be of ‘medium’ purity by 35% of the sample and as ‘high’ by 20%. A further 29% reported purity ‘fluctuates’.
- The majority continued to report that ecstasy was ‘easy’ to ‘very easy’ to obtain (93%). The majority in all jurisdictions reported that availability had remained ‘stable’ in the six months prior to interview.
- Ecstasy was also used in a range of locations, most commonly in nightclubs.

- For MDMA crystal/rock 56% reported purity as being 'high' and 66% reported that it was 'easy' to 'very easy' to obtain.

Methamphetamine

Speed powder

- The median age of first use of speed powder was 18 years.
- One-quarter (25%) of the sample reported the use of speed in the six months prior to interview, this was a significant decrease to the level reported in 2014 (36%). The median days of use was two days.
- Among recent speed users, snorting (71%) and swallowing (33%) were the most common routes of recent (last six months) administration. The amount used in an both an average and heavy session was 0.5 gram.
- Price (median) of a gram of speed nationally was $260 with 75% reporting that prices were stable.
- Purity reports of speed were considered 'medium' 48%. Most reported purity of speed had remained stable.
- Availability was considered to be 'easy' to 'very easy' to obtain (59%). The majority considered speed availability to have remained 'stable' in the past six months.

Base

- Base is the least common form of methamphetamine used by participants with 3% of the national sample reporting using base in the six months prior to interview (8% in 2014). The median day of use was two days.
- The median age of first use of base was 20 years.
- Among recent base users, swallowing was the most commonly nominated ROA (56%) followed by smoking (40%). The average amount used in a typical session was one point and a heavy session was 1.5 points.
- Small numbers were able to comment on the price of base. Price (median) of base was was $75 per point nationally (an increase from $60 in 2014). Most participants reported that this had remained 'stable'.
- Purity was reported to be 'medium' for base, and this was considered to have remained 'stable'.
- Base was considered to be 'easy' to 'very easy' to obtain by about half of those that commented (53%) and 41% reported it as 'difficult'. This was reported to have remained 'stable' (60%) or become 'more difficult' (27%) over the past six months.

Crystal

- Nineteen percent of the national sample reported recent crystal/ice use. The median days of use among those who had recently used was six days (approximately monthly).
- The median age of first use was 20 years.
- The most common ROA for crystal/ice was smoking (80%). The average amount used in a typical session was one point and for a heavy session two points.
- Price (median) of crystal/ice was commonly reported in points, nationally reported to be $100 per point. Most participants reported that this had remained 'stable'.
- The largest proportion reported that crystal/ice purity was 'high' and that this had remained 'stable'.
- The majority of participants commenting reported that crystal/ice was 'easy' to 'very easy' to obtain (97%), a significant increase from 86% in 2014. Over half (61%) reported that availability had remained 'stable' and a third (32%) reported it had become 'easier' to obtain in the preceding six months.

Cocaine

- Two-fifths (42%) of the national sample reported cocaine use in the six months prior to interview. NSW (61%) and the NT (52%) were the jurisdictions that reported the most amount of recent use.
- Among recent users, cocaine had typically been snorted (93%), or swallowed (10%). The median age of first use was 19 years.

- Frequency of cocaine use remained low at a median of three days (sporadic use) during the six months prior to interview. The majority (76%) had used less than once per month. There were no reports of daily use.
- Price per gram was reported to be $300 nationally.
- Cocaine purity was reported as mixed between 'medium' (34%) and 'low' (33%). Purity was reported as remaining 'stable' over the preceding six months.
- Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (61%) of the sample, although a third (32%) reported it as 'difficult' to obtain. Most (63%) considered availability to have remained 'stable' in the six months prior to interview.
- Cocaine was predominantly purchased from private sources, i.e. friends at friend's home, and was most reportedly last used in both public locations (nightclubs) and private locations (friend's home and parties).

Ketamine

- One-third (34%) of the national sample reported lifetime use of ketamine, and 15% reported using ketamine recently.
- The median age of first use was 20 years.
- Among recent ketamine users, the majority (76%) snorted, while one-fifth (18%) had swallowed it.
- Among users, ketamine had been used on a median of two days in the past six months; over half (65%) had used ketamine less than once per month. There were four reports of more than weekly use.
- Small numbers commented on the price purity and availability of ketamine.
- Price of a gram (median) of ketamine was $200 nationally. The price was reported as stable by 69% of the participants that commented.
- The current purity of ketamine has continued to be reported as 'high' (65%), and this was reported to have remained 'stable' by the majority that commented.
- Ketamine availability reports were mixed between being 'difficult' to 'very difficult' (53%) and 'easy' to 'very easy' (47%). Half reported availability as having remained stable in the preceding six months.
- Ketamine continued to be predominantly obtained from friends; purchase typically occurred in private locations, such as friend's home. Locations of last use were divided between public locations (nightclubs) and private locations (friend's home).

GHB

- Twelve percent of the national sample reported lifetime use of GHB, with 5% reporting recent use.
- The median age of first use was 21 years.
- Recent use occurred on a median of two days in the six months preceding interview; 61% reported using less than once per month.
- Recent GHB users reported using a median of 5mls in a typical episode of use and a median of 5 ml in the heaviest recent episode of use. GHB was only consumed orally.
- Six participants were able to comment on the median price of a millilitre of GHB which was $12.50 nationally (range $2 to $20). Most reported that the price had remained stable.
- Purity was reported as 'high' (72%) and considered stable (67%).
- Of those who commented on GHB availability, reports were also mixed between being 'difficult' to 'very difficult' (60%) and 'easy' to 'very easy' (40%) to obtain. Availability was reported as 'stable' over the six month preceding interview.
- GHB was obtained from friends and known dealers in both public and private locations.

LSD

- Sixty-six percent of the national sample reported lifetime use of LSD; with recent use of LSD at 40%. The median age of first use was 18 years.
- Recent users of LSD used on a median of two days in the past six months. Recent users reported using a median of one tab in a typical session and 1.5 tabs in the heaviest recent session of use.

- The median price per tab of LSD was $25 nationally. Seventy-two percent of those commenting reported that the price had remained stable in the six months prior to interview.
- Around half reported the current purity of LSD as 'high' (54%). Most of those who commented reported that purity had remained 'stable', in the six months preceding interview.
- Overall LSD was reported to have remained 'very easy' or 'easy' (57%) to obtain and this had remained 'stable' (64%) in the last six months.
- LSD was mostly reported to have been obtained from friends and used in private locations such as the participant's own homes or friend's homes.

Cannabis

- Cannabis was the second most used drug by the EDRS sample recently (87%).
- Among recent (six month) users, cannabis had typically been smoked (93%), and swallowed (26%).
- The median age of first use by regular users was 15 years.
- Among those who had used cannabis in the six months preceding interview, use occurred on a median of 50 days during this time, i.e. approximately twice per week.
- Cannabis was the drug of choice for 29% of the sample.
- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally the median last price for quarter ounces were $90 for hydro (range $9-$180) and $90 (range $25-$130) for bush.
- Prices were reported to have remained 'stable' over the preceding six months.
- The potency of hydro was reported to be 'high' by 39% of the national sample (51% in 2014) and bush was reported to be 'medium' potency by 52%. The potency for both forms was reported to have remained stable over the last six months.
- Hydro and bush were reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Hydro and bush cannabis were most commonly bought from friends, and used in private locations.

Other drugs

- **MDA** lifetime use was 24% of the national sample, with 13% reporting recent use on a median of two days and a median of one cap of use in an average session.
- Over 99% of participants reported lifetime use of **alcohol**, and 97% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. Alcohol was used on a median of 48 days (twice weekly). Daily drinking was reported by 5% of the sample. Fifteen percent nominated alcohol as their drug of choice.
- Ninety-two percent reported lifetime **tobacco** use and 82% had used tobacco in the six months preceding interview. Half (48%) of recent tobacco users were daily smokers, with median days use being 166 (i.e. almost daily).
- Half (49%) of the sample reported lifetime **benzodiazepine** (both licitly and illicitly obtained) and one-quarter (27%) reported recent illicit use. Injecting and snorting were reported as routes of administration for illicit use. Daily use of illicit and licit benzodiazepine use was not reported. The type most used was diazepam.
- Eight percent of the national sample reported recent licit use and one percent reported illicit use of **antidepressants**. Licit use has always been higher than illicit use. ROA was mainly swallowing for both forms.
- One-quarter (26%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days, comparable with 2014 results.
- Recent use of **amyl nitrite** (nationally) was reported at (21%) a significant increase from 17% in 2014. Use was occasional on a median of three days.
- Twenty-four percent of the national sample reported recent **mushroom** use, comparable to 2014. Use occurred on a median of two days, and 88% of recent users had used less than once per month.

- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **Over the counter (OTC) codeine**, **OTC stimulants** and **steroid use**.

New psychoactive substances (NPS)

- Terminology has changed in the EDRS from Emerging Psychoactive Substances (EPS) to New Psychoactive Substances (NPS) to relate to this drug class given the universal reference to NPS.
- In 2015, the number of EDRS participants that have consumed an NPS in the previous six month period was 35% stable from 2014, and 6% for synthetic cannabis, stable from 7% in 2014 (16% in 2013).
- Reports of NPS use occurs in all states with synthetic cannabis highest in the NT and QLD.
- Drugs most used in this class (second year running) included: DMT, NBOMe and 2C-B.

Health-Related Trends Associated with ERD use

- Of the national sample, 45% had ever experienced a non-fatal drug overdose. Twenty-nine percent reported having ever **overdosed** on a **stimulant** drug, and 20% had done so in the preceding 12 months.
- Ecstasy was the main drug to which participants attributed the stimulant overdose (OD). Most stimulant OD occurred in public locations such as nightclubs and music events. The most common overdose symptoms reported were increased body temperature and heart rate. Most OD reported occurred during a heavy session of use.
- Twenty-six percent of the national sample reported having ever **overdosed** on a **depressant** drug and 24% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (83%). Most depressant OD occurred in private locations. The most commonly reported symptom was vomiting and losing consciousness. Of those that sought treatment, most were attended to by friends who were monitoring them.
- Of the national sample 9% had **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. GPs (85%) were the service most accessed by this group for any reason, followed by dentists (40%) and Emergency Departments (EDs) (16%). Of those that did access GPs to discuss drug use, cannabis and alcohol were the primary drugs of concern in most cases.
- In 2013/14, **treatment seeking** for ecstasy use (as the principal drug of concern and additional) remained low in the general population at 2.1% of closed treatment episodes.
- A substantial proportion of participants were classified as currently experiencing 'high' (18%) to 'very high' (6%) psychological distress compared to 7.2% (high) and 2.8% (very high) of the Australian population on the **Kessler Psychological Distress Scale (K10).**
- Around one-third (36%) of the sample reported **experiencing a mental health problem** in the preceding six months; anxiety and depression were the most commonly reported.

Risk Behaviour

- Eight percent of the national sample reported having **injected** at some time in their lives; 5% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 20 years of age.
- Among those who had injected in the preceding six months, the last drug injected was steroids (31%) followed by ice/crystal (28%).
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (44%) with one-quarter reporting chemists (25%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Two-thirds (65%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. The majority (89%) had casual sex under the

influence of drugs including alcohol, ecstasy and cannabis. About half had used protection on the last occasion.

- Seventy-nine percent of the national sample obtained eight or more on the AUDIT scale; these are levels at which **alcohol** intake may be considered **hazardous.**
- Eighty-two percent of the national sample reported having **driven** a vehicle in the six months preceding interview.
- Forty-percent of those who had driven in the last six months had driven while over the limit of alcohol, while over half had driven after taking an illicit drug (aminly cannabis and ecstasy).
- Of those who recently used ecstasy, the medican **ecstasy Severity of Dependence Scale (SDS)** score was one, with 25% scoring three or above (indicating dependence).
- Of those who recently used methamphetamine, the median **methamphetamine SDS** score was zero, with 21% scoring four or above (indicating dependence).

Law Enforcement-Related Trends associated with ERD use

- One-third (38%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were again the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Ten percent of the national sample had been arrested in the past year, compared with 12% in 2014. The most common charges reported were public disorder and violent offences.
- Consumer and provider arrests appeared to have increased across ATS, cocaine, hallucinogens and cannabis.

Special Topics of Interest

- **Online purchasing and NPS**
  Ten percent of the national sample had purchased a drug online in the previous 12 month period occurring between once and more than five times. The main substances purchased were ecstasy and LSD. Purchases were made from either International webstores or dark net marketplaces. Of those who recently reported NPS use, the main adverse effect experienced was paranoia followed by restlessness or feeling anxious.
- **NPS health policy**
  Particpants were asked about their understanding of the legal status of the NPS. About a half correctly reported that 2CB, 2CI, Mephedrone and NBOMe were illegal and almost three quarters (73%) reported DMT was illegal. Substantial proportions (24-47%) reported being ‘unsure’.

- **Cognitive Enhancing substance (CEs)** are drugs that have the potential to improve intellectual ability across various cognitive domains. Fifty one percent of the 2015 sample reported using CEs in the last six months mainly coffee and energy drinks. The main motivations for using these substances were to decrease fatigue and to complete an assignment on time. Just under one-third reported experiencing negative side effects on the last occasion of use, mainly anxiety.

1 INTRODUCTION

This report provides a national summary of trends from the twelfth year of monitoring ecstasy and related drug (ERD) markets across Australia. These trends have been extrapolated from the three data sources: interviews with current RPU; interviews with professionals who have contact with ecstasy users (key experts, or KE); and the collation of indicator data. The data sources are triangulated in order to minimise the biases and weaknesses inherent to each, and ensure that only valid emerging trends are documented.

The term 'ecstasy and related drugs' or 'psychostimulants' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine), EPS (e.g. 2C-B, DMT, synthetic cannabis) and GHB (gamma-hydroxybutyrate).

In 2015, the Ecstasy and Related Drugs Reporting System (EDRS) was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004).

The focus is on the capital city in each state/territory because trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the Drug Trends and NDARC websites. This report focuses on the 2015 data collection in all states/territories; reports from this and all previous years are available on the NDARC website[1]. The reader should refer to the jurisdictional reports for more detailed trend information available.

Please note that as with all statistical reports there is the potential for minor revisions of data in this report over its life. Please refer to the online version at www.drugtrends.org.au or www.ndarc.med.unsw.edu.au

1.1 Study aims

In 2015, the specific aims of the EDRS were to:

1. describe the characteristics of a sample of current RPU interviewed in each capital city of Australia;
2. examine the patterns of ERD use of these samples;
3. document the current price, purity and availability of ERD across Australia;
4. examine participants' reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. identify emerging trends in the ERD market that may require further investigation.

[1] See www.ndarc.med.unsw.edu.au for details.

2 METHOD

The EDRS used the methodology trialled in the feasibility study (Topp et al., 2004, Breen et al., 2002) to monitor trends in the markets for ERD. The three main sources of information used to document trends were:

1. face-to-face interviews with current RPU recruited in each capital city across Australia;
2. face-to-face and telephone interviews with KE who, through the nature of their work, have regular contact with RPU; and
3. indicator data sources such as the purity of seizures of ecstasy analysed and prevalence of use data drawn from the National Drug Strategy Household Surveys (NDSHS).

These data were used to provide an indication of emerging trends in ERD use, ERD markets and related issues. Comparisons of data sources were used to determine convergent validity of trends. The data sources were also used in a supplementary fashion, in which KE reports served to validate and contextualise the quantitative information obtained through the REU survey and/or trends suggested by indicator data. Comparable methodology was followed in each site for individual components of the EDRS. Further information on methodology in each jurisdiction in 2015 can be found in the jurisdictional reports, available from the Drug Trends and NDARC websites (drugtrends.org.au and www.ndarc.med.unsw.edu.au).

2.1 Survey of RPU

Since 2003, the sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy was considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis with 2.5% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2014).

Beginning in 2012, due to difficulty in smaller jurisdictions in recruiting REU, the eligibility criteria were expanded to include other regular psychostimulant users (RPU) to provide information on ERD markets. Since 2013, the RPU criteria was adopted for all states. Interestingly in 2015, there were only a limited number of participants who had not used ecstasy (n=7) or had not used ecstasy regularly (i.e. at least monthly use over a six month period) criteria (n=69).

Numbers for EDRS recruitment are as follows: National RPU n=763; including NSW n=100; ACT n=99; VIC n=100; TAS n=78; SA n=100; WA n=100; NT n=101; QLD n=85.

Each jurisdiction obtained ethics approval to conduct the study from the appropriate Ethics Committees in their jurisdiction.

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements in entertainment street press, music and clothing stores, via internet websites (including drug information sites and forums as well as social media), gay and lesbian newspapers, on radio and at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to

access illicit drug users both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants contacted the researchers by telephone (call or text) or email and were screened for eligibility. To meet entry criteria they had to be:

- at least 16 years of age (due to ethical constraints);
- have used ecstasy or other illicit psychoactive substances/stimulants including: MDA, methamphetamine, cocaine, ketamine, GHB, LSD, mephedrone or other NPS on at least six times during the preceding six months (equating to monthly use); and
- have been a resident of the capital city in which the interview took place for the past year. As in the main IDRS, the focus was on the capital city because new trends in illicit drug markets are more likely to emerge in urban areas rather than in remote or regional areas.

All information provided was confidential and anonymous, and the study involved a face-to-face interview that took approximately 45-60 minutes. All respondents were volunteers who were reimbursed $40 for time and expenses incurred. Informed consent to participate was obtained prior to the interview. All participants were assured that all information they provided would remain confidential and anonymous. The nature and purpose of the study was explained to participants before informed consent was obtained. Interviews took place in varied locations negotiated with participants, including the research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule.

2.1.3 Measures

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp et al., 1998, Topp et al., 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke et al., 1994, Hando and Hall, 1993, Hando et al., 1997). The interview focused primarily on the preceding six months, and assessed:

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;
- drug market characteristics: the price, purity and availability of different ERDS;
- risk behaviours (such as injecting and sexual behaviour);
- Severity of Dependence Scales and the Alcohol Use Disorders Identification Test (AUDIT);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- general trends in ERD markets, such as new drug types, new drug users and perceptions of police activity; and
- areas of special interest including online purchasing patterns and NPS health effects, NPS legality perception and the use of cognitive enhancer drugs.

2.1.4 Data analysis

The EDRS participant survey results are used as the primary basis on which to examine drug trends. These participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. However, purity of drug seizures data provided by the Australian Crime Commission (ACC) are an objective indicator of drug purity, and data are also presented in this report. Other indicator data are reported to provide a broader overview and a basis against which trends in EDRS participant data may be contextualised. KE data are discussed within the individual jurisdictional reports to provide a context around the quantitative data from the EDRS surveys.

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan, 1988), was employed. Categorical variables were analysed using χ^2. To investigate differences between states/territories, dummy variables were created and an individual state/territory was compared against all the other states/territories combined. All analyses were conducted using SPSS for Windows, Version 22.0 SPSS Inc, 2011). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the Drug Trends and NDARC website[2].

2.2 Survey of KE

To maintain consistency with the main IDRS, it was decided that the eligibility criterion for KE participation in the EDRS would be regular contact, in the course of employment, with a range of ERD users throughout the preceding six months.

The interview schedule was a semi-structured instrument that included sections on drug use patterns, drug availability, criminal behaviour, health issues and police activity. The majority of interviews took approximately 45 minutes to one hour to conduct. Notes were taken during the interview and the responses were analysed and sorted for recurring themes. Interviews were conducted either in person or via telephone between July and October 2015.

One-hundred and three KE across the country participated in the 2015 EDRS. These included law enforcement personnel, drug treatment staff, harm reduction workers (including needle and syringe program (NSP) workers), emergency workers, ambulance services, first aid workers/'drug rovers', forensic scientists, counsellors, health promotion officers, peer educators, youth workers, DJs, party promoters/event organisers, policy officers, researchers, dealers/users and venue managers/staff. Many KE reported they had contact with a range of RPU, although several also reported having contact with specific groups such as youth, people who regularly inject drugs, human immunodeficiency virus (HIV) -positive people, and the gay and lesbian community.

KE reports are critical in providing a context within which the EDRS participant data may be understood, e.g. in providing an indication of the extent to which trends may be extending to groups of users in other areas. Detailed reports of key findings arising from KE interviews may be found in each jurisdictional report available on the Drug Trends and NDARC websites: www.drugtrends.org.au and www.ndarc.med.unsw.edu.au.

[2] See www.drugtrends.org.au or www.ndarc.med.unsw.edu.au for details (click on 'Drug Trends').

2.3 Other indicators

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

Data sources that are included in the national EDRS report were obtained as part of the National Illicit Drug Indicators Project (NIDIP) and include:

- the 2013 NDSHS (AIHW, 2014);
- drug purity data provided by the ACC. These data include the number and median purity of seizures of illicit drugs made by state/territory and federal law enforcement agencies that were analysed in Australia;
- data on consumer and provider arrests by drug type provided by the ACC;
- data from the National Hospital Morbidity Database (NHMD) provided by the AIHW (the ACT, TAS, NT, QLD, SA, NSW, VIC and WA health departments contribute to this database);
- data from the Alcohol and Other Drug Treatment Services-National Minimum Dataset (AODTS-NMDS) provided by the AIHW;
- national notifiable diseases surveillance data provided by the AGDH&A National Notifiable Disease Surveillance System (NNDSS);
- cocaine and amphetamine-related overdose fatalities provided by the Australian Bureau of Statistics (ABS); and
- data on the number and weight of seizures of illicit drugs made at the border provided by the Australian Border Force (ABF).

3 DEMOGRAPHICS

- EDRS participants in 2015 continue to be a group that are aged in their mid-20s (mean age of 23 years), predominantly male (62%), the majority identifying as heterosexual (87%) and being single (62%). Small proportions reported currently being in drug treatment (2%) which was mainly drug counselling.
- The participants interviewed were well educated: 46% had obtained post-secondary qualifications; while 12% were full-time students.
- One quarter (24%) of the national sample was currently in full-time employment. The mean weekly income was $565. The main source of income was salary/wages (68%). Half were renting (53%) or living in the parental/family home (42%).
- In 2015, participants were recruited primarily through word-of-mouth or the internet.
- Data across time show that key demographic characteristics of the sample have remained relatively stable.

In the 2015 EDRS, 763 participants were interviewed. RPU criteria was used to include regular psychostimulant use (i.e. six separate occasions over the last six months of any ERD). The sample size was predetermined, with each state/territory aiming to interview 100 RPU. The national sample comprised 100 participants from Sydney (NSW), 100 participants from Melbourne (VIC), 100 participants from Adelaide (SA), 100 participants from Perth (WA), 100 participants from Darwin (NT), 99 participants Canberra (ACT), 85 participants in Brisbane and the Gold Coast (QLD), and; 78 participants in Hobart (TAS). From 2013 the eligibility for NT EDRS participation has been based on regular psychostimulant use, that is, used on at least six occasions within Australia (not necessarily in the NT) in the six months prior to interview. Further to this, eligible participants were required to have purchased at least one psychostimulant in the NT (that is, been able to complete a Price, Purity and Availability (PPA) section based on the Darwin market). Unlike other jurisdictions, no restrictions were placed on the length of time participants had resided in the NT due to the transient nature of Darwin residents.

3.1 Overview of the EDRS participant sample

Two-thirds (62%) of the national sample interviewed in 2015 were male. The mean age of the sample was 23 years (SD 6.90). There were no significant differences between gender and age. Most participants identified as heterosexual (87%) and nominated English as the main language spoken at home (96%). The majority of participants were also born in Australia (81%), with 4% born in the United Kingdom and 2% born in New Zealand. A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. Over half reported that they lived in either their own premises (purchased or rented; 53%) or in their parents' or family's house (42%;
Table 1).

The mean number of years of school education completed by the sample was 12 years (SD=0.79, range=3-12), and 78% had completed high school education (year 12 or above). Almost half had completed courses after school, with 27% having completed a trade or technical qualification and 20% having completed a university degree or college course. Main source of income for this sample was wages or salary (68%) followed by government benefits (20%), parental allowance (6%), criminal activity (1%), other means (1%) and a small percentage reported that they had no income (3%). Mean weekly income nationally was $565 with variations across jurisdictions (
Table 1).

Over half (62%) of the national sample reported that they were of single status and one-third (32%) had a regular partner. Five percent reported being married or living in a de facto relationship, and 1% reported that they were separated, divorced or widowed respectively.

Two percent (n=16) of the national sample reported that they were currently in drug treatment (
Table 1). Of those that were in treatment, drug counselling was reported as their main form of treatment (n=9), with small numbers (n<10) reporting other treatments including methadone and buprenorphine (Subutex or Suboxone) treatment.

Table 1: Demographic characteristics EDRS participants, 2015

	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
Mean age (years)	23	**23**	23	20	24	24	22	22	24	24
% Male	66	**62**	71	67	59	63	58	64	59	58
% English speaking background	97	**96**	96	98	89	97	96	99	96	94
% Aboriginal and/or Torres Strait Islander	2	**2**	2	3	0	4	2	0	7	1
% Sexual identity										
Heterosexual	87	**87**	78	94	84	85	89	95	92	79
Gay male	3	**3**	11	1	3	3	0	0	2	4
Lesbian	2	**2**	2	0	0	4	3	2	1	5
Bisexual	6	**7**	6	5	11	9	5	3	5	12
Other	<1	**1**	3	0	2	0	3	0	0	1
Mean years of school education (n)	12	**12**	12	12	12	12	12	12	11	12
% Tertiary qualifications	46	**46**	50	32	49	45	44	38	67	45
% Employed full time	25	**24**	24	24	14	23	17	22	55	7
% Students[#]	14	**12**	20	15	13	19	7	8	1	18
% Unemployed	15	**12**	8	7	16	12	17	12	14	14
Mean weekly income $	(N=764) $601	**(N=728) $565**	(n=93) $725	(n=95) $468	(n=92) $446	(n=77) $507	(n=97) $505	(n=94) $503	(n=97) $906	(n=83) $420
% Accommodation										
Own house/flat	5	**4**	2	4	0	6	0	3	5	9
Rented house/flat	50	**49**	41	43	58	59	46	27	45	77
Family home	41	**42**	52	49	40	33	52	69	22	9
Boarding House/hostel	3	**5**	2	2	0	0	1	0	27	2
Shelter /refuge	0	**<1**	1	0	0	0	0	0	0	1
No fixed address	1	**<1**	1	1	1	1	1	0	0	0
Other	<1	**<1**	1	1	1	0	0	0	2	1
% Currently in drug treatment	2	**2**	0	1	3	1	4	1	2	5

Source: EDRS participant interviews
[#] Question wording changed in 2007 to include only full-time students
Note: Mean weekly income first included in 2009

The demographic characteristics of the EDRS participants recruited were generally consistent across jurisdictions. Table 2 presents key demographic characteristics across time. The EDRS participants in the national sample have consistently been in their early to mid-20s, well educated and largely employed. The proportions reporting a prison history and/or current engagement in drug treatment have remained low, supporting previous findings that RPU are a group with little contact with law enforcement and drug treatment services.

Table 2: Demographic characteristics of REU/RPU, 2003-2015

%	2004 N=852	2005 N=810	2006 N=752	2007 N=741	2008 N=678	2009 N=756	2010 N=693	2011 N=574	2012 N=607	2013 N=686	2014 N=80(	2015 N=763
Mean age (n; range)	24 (16-61)	24 (16-61)	25 (16-71)	25 (16-54)	25 (17-59)	24 (16-54)	24 (16-59)	24 (16-57)	25 (17-57)	23 (16-53)	23 (16-64	**23 (16-55)**
% Male	62	59	63	58	57	64	58	69	65	67	66	**62**
% English speaking background	98	98	98	98	98	98	98	98	98	97	97	**96**
% Heterosexual	83	84	84	81	81	86	86	88	87	88	89	**87**
% Tertiary qualifications	50	50	45	56	53	43	47	46	50	44	46	**46**
% Employed full time	37	35	37	33	41	29	29	25	27	26	25	**24**
% Unemployed	16	14	16	16	11	18	14	22	16	16	15	**12**
% Prison history	7	8	7	6	4	6	4	n.a.	5	3	4	**3**
% Currently in drug treatment	3	3	4	4	3	3	4	5	5	3	2	**2**

Source: EDRS participant interviews

3.1.1 Recruitment of the participant sample, 2015

Participation in the EDRS and/or IDRS study in previous years has continued to be reported by a minimal number of participants. Participants that meet criteria for the IDRS, that is regular injectors of illicit drugs, are purposefully screened out of the EDRS as they become a sentinel group able to provide information of a different nature for the IDRS study. This year, the internet was the medium by which most participants were recruited followed closely by word-of-mouth (Table 3). There has been a change in the proportion of the sample recruited by various methods with an increase in the internet as a recruitment method over time (see Appendix A2). A third of the national sample was recruited over the internet in 2015.

Table 3: Previous participation in the EDRS and IDRS and source of participant recruitment, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=673)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Previously participated in EDRS	10	**11**	5	6	9	27	18	5	12	8
% EDRS survey recruitment										
Internet	30↑	**33**	22	34	26	5	52	50	56	5
Word of mouth	27	**37**	52	35	27	53	31	33	39	26
Advert in street press	22	**12**	13	9	40	4	0	15	2	10
Fliers	10	**11**	5	0	1	34	4	0	2	57
Other	12	**8**	8	22	6	4	13	2	1	2
% Previously participated in IDRS	<1	**<1**	0	0	1	1	0	0	0	0

Source: EDRS participant interviews

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

- Ecstasy remained the most commonly reported drug of choice (30% in 2015). However cannabis experienced a significant increase to 29% putting it almost on par with preference for ecstasy in this sample.
- The drugs most likely to have ever been used, and to have been used, in the preceding six months were ecstasy, alcohol, and cannabis.
- Cannabis saw a significant increase in recent use in 2015, as did tobacco and amyl nitrite.
- The recent use of any form of methamphetamine (speed, base or crystal) significantly decreased.
- Polydrug use was reported by this sample on a weekly to fortnightly frequency.
- Almost half of the sample commented on changes in the drug market over the preceding six months to interview, the main themes included: increased use of caps (capsules sold as containing ecstasy), MDMA crystal/rock and DMT

In 2015, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including licit substances such as alcohol and tobacco.

The participants recruited for the EDRS were well placed to comment on the market characteristics of the main drugs focused on in the EDRS, namely ecstasy, methamphetamine, cocaine, ketamine, GHB and LSD.

Participants reported the use of a wide range of other drugs in their lifetime (Table 4). A small proportion of participants reported the use of less commonly used substances, including many of the synthetic analogues known as 'new psychoactive substances' including DMT and NBOMe (hallucinogens); synthetic drugs such as 2C-I, 2C-B and benzylpiperizines (BZP), and naturally occurring drugs, such as kava (data not shown). First included in 2010 and continued until 2015, the EDRS included a section investigating the prevalence of use of these substances in this sample. Results can be found in the section *4.10: New psychoactive substance use*. Jurisdictional reports also provide a more detailed overview of the use of these drugs in those areas.

The drugs most likely to have ever been used and to have been used in the preceding six months were alcohol, followed by cannabis and tobacco (Table 4). Eight percent of the national sample reported having ever injected a drug in 2015 which was similar to the 10% reported in 2014. As in 2014, five percent of the sample had injected a drug in the six months preceding interview.

Table 4: Lifetime and recent (last six months) drug use among RPU, 2015

	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever injected a drug	10	**8**	8	5	8	10	5	4	16	11
% Injected drug recently	*5*	***5***	5	2	7	10	2	1	9	2
Alcohol										
% ever used	99	**99.6**	100	100	100	100	100	98	99	100
% recent use	98	**97**	96	98	96	100	100	97	97	95
median days recent use (n; range)	48 (1-180)	**48 (1-180)**	39 (2-180)	30 (1-180)	32.5 (1-180)	72 (10-180)	33 (2-180)	24 (1-180)	65 (3-180)	48 (1-180)
Cannabis										
% ever used	97	**98**	100	98	98	100	99	97	92	98
% recent use	83	**87↑**	91	82	90	80	92	86	82	93
median days recent use (n; range)	32 (1-180)	**50 (1-180)**	48 (1-180)	40 (1-180)	65 (1-180)	80 (1-180)	48 (1-180)	48 (1-180)	90 (1-180)	48 (1-180)
Tobacco										
% ever used	91	**92**	96	90	96	99	94	91	85	87
% recent use	77	**82 ↑**	85	79	87	85	86	82	79	77
median days recent use (n; range)	170 (1-180)	**166 (1-180)**	90 (1-180)	90 (1-180)	166 (1-180)	180 (2-180)	180 (2-180)	48 (1-180)	180 (2-180)	150 (1-180)
E-cigarettes										
% ever used	51	**57**	64	42	74	35	74	63	46	53
% recent use	34	**34**	41	20	45	23	50	34	27	26
Median days recent use (n; range)	3 (1-180)	**3 (1-180)**	3 (1-180)	1 (1-180)	2 (1-30)	3 (1-120)	5.5 (1-180)	4.5 (1-90)	5 (1-180)	3 (1-180)
Meth. powder (speed)										
% ever used	62	**52**	54	61	78	77	30	23	58	40
% recent use	36	**25↓**	27	31	45	39	11	6	31	11
median days recent use (n; range)	3 (1-180)	**2 (1-90)**	3 (1-15)	2 (1-90)	2 (1-40)	2 (1-14)	1 (1-24)	1 (1-40)	2 (1-40)	2 (1-10)
Meth. base										
% ever used	19	**18**	25	4	22	39	15	2	19	21
% recent use	8	**3↓**	4	2	5	5	6	0	3	2
median days recent use (n; range)	5 (1-100)	**2 (1-24)**	3.5^ (1-9)	5.5^ (1-10)	1^ (-)	1.5^ (1-5)	5^ (1-24)	- (-)	2^ (1-2)	1.5^ (1-2)
Crystal meth. (crystal)										
% ever used	32	**31**	25	13	33	26	37	31	48	34
% recent use	20	**19**	12	7	19	13	26	16	36	20
median days recent use (n; range)	6 (1-180)	**6 (1-180)**	3.5 (1-96)	4^ (1-30)	10 (1-96)	8 (1-50)	12 (1-120)	2 (1-180)	6 (1-120)	6 (1-180)
Meth. (any form)#										
% ever used	*68*	***63***	*58*	*62*	*82*	*85*	*53*	*40*	*71*	*55*
% recent use	*47*	***38↓***	*33*	*35*	*55*	*45*	*33*	*20*	*49*	*31*
median days recent use (n; range)	*4 (1-180)*	***3 (1-180)***	*3 (1-100)*	*2 (1-90)*	*3 (1-96)*	*2 (1-50)*	*7 (1-120)*	*2 (1-180)*	*6 (1-120)*	*3.5 (1-180)*
Cocaine										
% ever used	72	**67**	85	62	71	56	65	58	72	66
% recent use	44	**42**	61	41	46	17	45	29	52	39
median days recent use (n; range)	2 (1-170)	**3 (1-72)**	4 (1-50)	3 (1-16)	2.5 (1-30)	1 (1-8)	3 (1-12)	1 (1-20)	2 (1-50)	3 (1-72)
LSD										
% ever used	66	**66**	77	54	85	71	51	58	64	66
% recent use	41	**40**	60	37	46	41	37	24	32	41
median days recent use (n; range)	2 (1-60)	**2 (1-96)**	2 (1-20)	2 (1-48)	3 (1-40)	3 (1-45)	3 (1-96)	2 (1-6)	2 (1-14)	3 (1-24)

Source: EDRS participant interviews
^ Small numbers interpret with caution
# Meth. (any form) includes speed powder, base and crystal

Table 4: Lifetime and recent (last six months) drug use of RPU, 2015 (continued)

%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
MDA										
% ever used	22	**24**	28	16	35	14	17	20	21	37
% recent use	12	**13**	15	10	20	4	8	11	10	22
median days recent use (n; range)	2 (1-72)	**2 (1-25)**	1 (1-3)	2.5 (1-20)	1 (1-12)	2^ (1-5)	2^ (1-7)	2 (1-12)	4.5 (1-10)	1 (1-25)
Ketamine										
% ever used	36	**34**	47	22	73	26	22	16	42	17
% recent use	18	**15**	24	9	50	5	4	4	18	4
median days recent use (n; range)	2 (1-70)	**2 (1-35)**	1.5 (1-8)	1^ (1-6)	4 (1-35)	1.5^ (1-3)	1^ (1-3)	3.5^ (1-12)	3 (1-30)	2^ (1-2)
GHB/1,4B/GBL										
% ever used	14	**12**	22	5	23	4	7	6	15	12
% recent use	5	**5**	11	4	9	0	4	2	3	2
median days recent use (n; range)	2 (1-40)	**2 (1-25)**	3 (1-24)	1.5^ (1-4)	3^ (1-25)	- (-)	1^ (1-2)	1.5^ (1-2)	3^ (1-5)	1^ (-)
Amyl nitrite										
% ever used	36	**42**	72	26	67	33	46	20	31	42
% recent use	17	**21 ↑**	50	9	28	12	29	11	8	19
median days recent use (n; range)	3 (1-100)	**3 (1-180)**	4 (1-48)	1^ (1-10)	2 (1-24)	1^ (1-10)	6 (1-48)	3 (1-30)	4^ (1-15)	3^ (1-180)
Nitrous oxide										
% ever used	45	**48**	50	41	79	65	33	49	33	38
% recent use	23	**26**	37	26	53	6	16	37	13	15
median days recent use (n; range)	3 (1-100)	**4 (1-72)**	3 (1-60)	9 (1-48)	3 (1-30)	1^ (-)	6 (1-72)	4 (1-72)	4 (1-10)	6 (1-30)
Licit benzodiazepines										
% ever used	15	**14**	12	8	18	21	13	12	10	18
% recent use	9	**7**	7	5	8	8	7	8	5	5
median days recent use (n; range)	24 (1-180)	**10 (1-180)**	2^ (1-16)	12^ (7-48)	16.5^ (3-180)	79^ (2-180)	10^ (6-180)	36^ (4-176)	3^ (1-4)	5^ (1-96)
Illicit benzodiazepines										
% ever used	45	**43**	51	25	57	23	54	49	27	53
% recent use	29	**27**	29	15	29	17	34	38	17	33
median days recent use (n; range)	4 (1-180)	**4 (1-90)**	3 (1-24)	2 (1-56)	3 (1-30)	8 (2-19)	3 (1-24)	6 (1-60)	4 (1-48)	3.5 (1-90)
Any benzodiazepines (licit/illicit)										
% ever used	*50*	***49***	*58*	*30*	*59*	*41*	*58*	*54*	*32*	*60*
% recent use	*34*	***32***	*35*	*20*	*34*	*23*	*37*	*45*	*21*	*37*
median days recent use (n; range)	*5 (1-180)*	***4 (1-180)***	*2 (1-24)*	*6 (1-56)*	*4 (1-180)*	*9 (2-180)*	*4 (1-180)*	*6 (1-176)*	*3 (1-48)*	*4 (1-98)*

Source: EDRS participant interviews
^ Small numbers interpret with caution
Note: Median days have been rounded to whole numbers

Table 4: Lifetime and recent (last six months) drug use of RPU, 2015 continued

%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
Licit pharm. stimulants										
% ever used	7	**7**	6	8	6	5	6	10	6	9
% recent use	3	**3**	2	4	3	0	1	5	3	5
median days recent use (n; range)	26 (1-180)	**39 (1-180)**	5.5^ (1-10)	75^ (3-180)	30^ (3-60)	- (-)	12^ (-)	120^ (20-130)	2^ (1-180)	114^ (4-180)
Illicit pharm. stimulants										
% ever used	49	**52**	58	36	52	51	43	87	31	62
% recent use	26	**31**	37	18	30	13	25	75	13	31
median days recent use (n; range)	4 (1-180)	**3 (1-180)**	3 (1-48)	2.5 (1-30)	2 (1-18)	2 (1-14)	2 (1-180)	6 (1-144)	3 (1-48)	5.5 (1-96)
Any pharm. stimulants (licit/illicit)										
% ever used	*52*	***56***	*62*	*38*	*54*	*53*	*45*	*91*	*36*	*67*
% recent use	*28*	***33***	*39*	*20*	*33*	*13*	*26*	*78*	*16*	*34*
median days recent use (n; range)	*4 (1-180)*	***4 (1-180)***	*3 (1-48)*	*3 (1-180)*	*2 (1-60)*	*2 (1-14)*	*2 (1-180)*	*10 (1-144)*	*2.5 (1-180)*	*8 (1-180)*
Licit antidepressants										
% ever used	18	**17**	20	9	20	15	25	16	11	21
% recent use	6	**8**	10	7	7	3	16	8	3	7
median days recent use (n; range)	180 (1-180)	**150 (2-180)**	120 (2-180)	180^ (120-180)	150^ (7-180)	53^ (6-100)	180 (2-180)	140^ (30-180)	4^ (1-135)	135^ (15-180)
Illicit antidepressants										
% ever used	6	**5**	5	3	8	5	9	2	3	7
% recent use	2	**1**	0	1	1	3	4	1	1	1
median days recent use (n; range)	6 (1-180)	**3 (1-24)**	- (-)	1^ (-)	3^ (-)	3.5^ (1-6)	3.5^ (1-4)	24^ (-)	2^ (-)	1^ (-)
Any antidepressants (licit/illicit)										
% ever used	*23*	***20***	*22*	*11*	*23*	*18*	*32*	*18*	*13*	*25*
% recent use	*8*	***9***	*10*	*8*	*8*	*4*	*20*	*9*	*3*	*8*
median days recent use (n; range)	*179 (1-180)*	***110 (1-180)***	*120 (2-180)*	*180^ (1-180)*	*112.5^ (3-180)*	*12^ (1-100)*	*138 (1-180)*	*56^ (11-180)*	*6^ (1-135)*	*90^ (1-180)*
Magic mushrooms										
% ever used	59	**59**	67	49	81	54	57	57	51	55
% recent use	21	**24**	37	24	40	15	19	21	12	24
median days recent use (n; range)	2 (1-20)	**2 (1-48)**	1 (1-10)	1 (1-48)	2.5 (1-25)	3 (1-20)	2 (1-5)	2 (1-8)	3 (1-10)	2 (1-5)

Source: EDRS participant interviews
^ Small numbers interpret with caution

Table 4: Lifetime and recent (last six months) drug use of RPU, 2015 continued

%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
Heroin										
% ever used	9	**7**	8	5	11	5	3	3	8	9
% recent use	2	**2**	2	2	5	1	1	1	2	2
median days	2	**5**	1^	25^	15^	3^	72^	3^	16.5^	2^
recent use (n; range)	(1-30)	**(1-179)**	(-)	(1-49)	(3-179)	(-)	(-)	(-)	(8-25)	(1-3)
Methadone										
% ever used	5	**3**	2	0	4	9	0	3	3	4
% recent use	1	**<1**	0	0	1	4	0	2	0	0
median days	2^	**2.5^**	-	-	13^	3^	-	2^	-	-
recent use (n; range)	(1-30)	**(2-180)**	(-)	(-)	(-)	(2-180)	(-)	(-)	(-)	(-)
Buprenorphine										
% ever used	4	**1**	3	1	3	0	0	2	0	1
% recent use	1	**<1**	0	0	0	0	0	2	0	0
median days	3^	**3^**	-	-	-	-	-	3^	-	-
recent use (n; range)	(1-80)	**(1-5)**	(-)	(-)	(-)	(-)	(-)	(1-5)	(-)	(-)
Other opiates licit										
% ever used	13	**15**	11	11	16	8	24	14	9	24
% recent use	5	**5**	3	4	6	4	11	5	2	7
median days	7	**5.5**	3^	2.5^	10.5^	14^	5	21^	14^	4.5^
recent use (n; range)	(1-180)	**(1-180)**	(1-3)	(1-45)	(2-60)	(1-30)	(1-180)	(12-72)	(5-23)	(1-12)
Other opiates illicit										
% ever used	22	**20**	21	11	33	13	20	24	9	28
% recent use	10	**10**	11	5	19	6	14	13	3	11
median days	3	**2**	1	1^	1	3^	3	4	8^	4^
recent use (n; range)	(1-90)	**(1-140)**	(1-3)	(1-10)	(1-5)	(1-20)	(1-18)	(1-140)	(1-12)	(2-24)
Any other opiates										
% ever used	31	**30**	29	20	42	18	37	33	15	42
% recent use	14	**14**	14	8	24	10	21	16	5	15
median days	3	**3**	1	1^	2	7.5^	5	5	6^	4
(n; range)	(1-180)	**(1-180)**	(1-3)	(1-55)	(1-60)	(1-30)	(1-180)	(1-140)	(1-20)	(2-36)
OTC codeine (for non-pain use)										
% ever used	21	**24**	27	25	28	15	26	26	17	28
% recent use	11	**16**	17	17	13	10	16	20	16	15
median days	2	**3**	2	2	3	15^	2	6.5	2.5	4
(n; range)	(1-180)	**(1-180)**	(1-30)	(1-30)	(1-72)	(1-72)	(1-48)	(1-130)	(1-180)	(1-18)
OTC stimulants										
% ever used	10	**13**	16	10	13	8	12	19	7	19
% recent use	3	**5**	6	6	5	1	4	9	4	7
median days	2	**3**	3^	3.5^	2^	5^	3^	5.5^	7.5^	2^
recent use (n; range)	(1-10)	**(1-24)**	(1-5)	(1-12)	(1-6)	(-)	(1-10)	(1-6)	(1-24)	(1-6)
Steroids										
% ever used	4	**4**	8	2	1	4	4	4	8	4
% recent use	2	**1**	3	0	0	4	2	0	2	0
median days	21	**45**	48^	-	-	48^	14^	-	29^	-
recent use (n; range)	(1-180)	**(4-48)**	(6-48)	(-)	(-)	(-)	(4-24)	(-)	(16-42)	(-)

Source: EDRS participant interviews
^ Small numbers interpret with caution
Note: Median days have been rounded to whole numbers

Increasing and decreasing trends are evident across time in relation to lifetime and recent use of ecstasy and other substances (Table 5). In 2015, of interest is the decreasing trend of lifetime and recent use of any form methamphetamine, driven by the decrease in methamphetamine powder (speed) and base use.

Table 5: Lifetime and recent (last six months) drug use among RPU, 2004-2015

%	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Alcohol												
% ever used	99	99	99	100	99	99	99	100	99	99.9	99	**99.6**
% used last six months	95	97	96	98	97	97	97	98	96	97	98	**97**
Cannabis												
% ever used	96	97	98	100	97	98	99	98	98	97	99	**98**
% used last six months	81	84	83	87	76	82	80	85	82	85	83	**87↑**
Meth. powder (speed)												
% ever used	85	89	86	82	77	74	76	77	76	63	62	**52**
% used last six months	68	74	64	57	46	45	47	49	48	37	36	**25↓**
Meth. base												
% ever used	53	52	52	45	39	33	30	36	32	20	19	**18**
% used last six months	39	38	34	26	18	15	13	16	15	6	8	**3 ↓**
Crystal meth. (crystal)												
% ever used	63	60	65	54	47	36	38	43	48	35	32	**31**
% used last six months	45	38	49	33	24	15	17	26	29	24	20	**19**
Meth. (any form)^												
% ever used	91	94	93	89	83	79	81	83	84	70	68	**63**
% used last six months	83	84	82	71	59	54	56	60	61	49	47	**38↓**
Cocaine												
% ever used	54	61	63	66	68	63	73	79	73	62	72	**67**
% used last six months	27	41	37	40	36	39	48	46	40	36	44	**42**
LSD												
% ever used	60	64	61	61	58	61	63	73	68	70	66	**66**
% used last six months	26	32	29	28	30	34	38	46	34	43	41	**40**
MDA												
% Ever used	32	20	23	24	21	14	17	25	25	20	22	**24**
% Used last six months	15	9	7	6	4	5	7	12	10	12	12	**13**
Ketamine												
% Ever used	40	38	35	39	35	29	36	42	39	36	36	**34**
% Used last six months	23	21	14	16	12	10	12	16	14	19	18	**15**
GHB+												
% Ever used	23	21	20	20	17	14	18	22	21	14	14	**12**
% Used last six months	11	10	9	7	7	4	6	7	7	6	5	**5**

Source: EDRS participant interviews

+ GHB category also includes 1,4 butanediol (1,4B) and GBL

^ Refers to participants who nominated one or more of the following drugs: speed, base and/or crystal

4.1.1 Injecting drug use

Eight percent of the national sample reported that they had injected a drug in their lifetime. Five percent of the sample had injected in the preceding six months. Among those who had recently injected (n=36): steroids (n=11) and crystal methamphetamine (n=10) were most commonly reported as the last drug injected drug in the preceding six months, followed by heroin (n=8). For further details, please refer to section *7.1: Injecting Risk Behaviour*.

4.1.2 Drug of choice and binge drug use

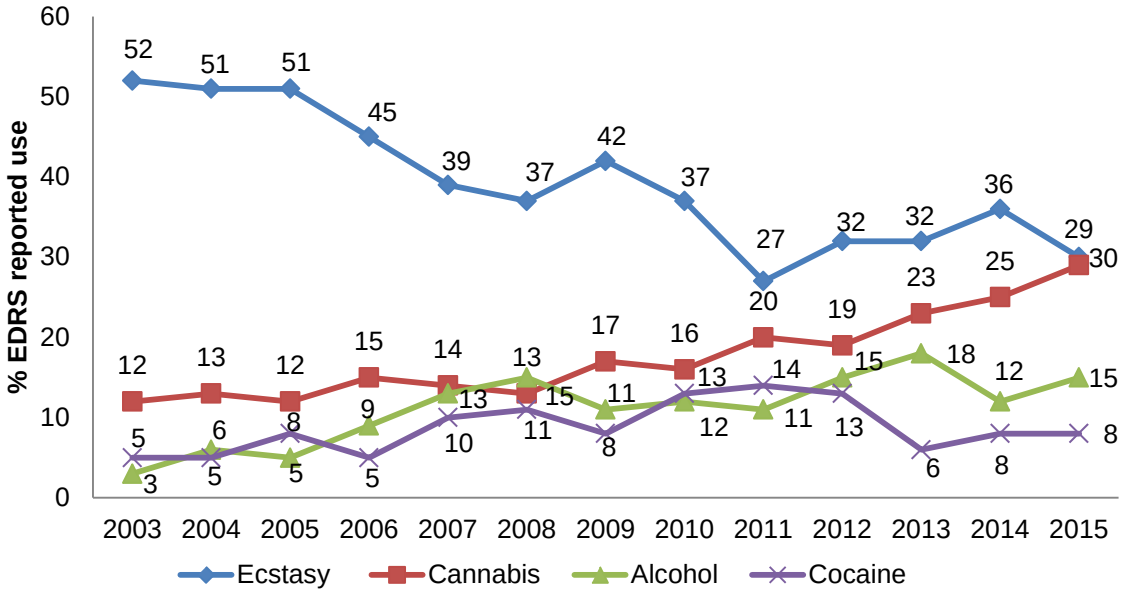
Preference for ecstasy as the participants' drug of choice (i.e. preferred drug) experienced a significant decline from 36% in 2014 to 30% in 2015 *p=0.02*, see Table 6). Cannabis has steadily increase since 2008 with a significant increase from 25% in 2014 to 29% in 2015, *p=0.04*. This is the first year since monitoring began by which ecstasy and cannabis have been almost on par in relation to preference.

Table 6: Drug of choice among RPU, 2015

%	National (N=800)	National (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Drug of choice	2014	**2015**								
Ecstasy	36	**30**	34	30	26	22	32	39	19	38
Cannabis	25	**29**	33	31	27	13	35	33	28	31
Alcohol	12	**15**	10	21	19	15	16	12	15	11
Cocaine	8	**8**	9	7	4	18	7	4	12	8
LSD	6	**7**	9	5	6	14	4	5	7	5
Crystal	3	**3**	1	1	5	1	3	1	5	5
Speed	3	**2**	0	1	0	8	1	0	8	0
Heroin	1	**<1**	0	0	2	0	0	0	2	0
Base	<1	**<1**	0	0	0	0	0	0	0	1
Mushrooms	1	**2**	2	1	6	3	2	1	0	2
Ketamine	1	**1**	2	0	1	3	0	0	4	0
GHB	<1	**<1**	0	0	1	0	0	0	0	0
Pharm. Stimulant#	<1	**<1**	0	0	0	0	0	2	0	0
Pharm. Opioids#	<1	**<1**	0	1	1	0	0	1	0	0
Nitrous Oxide	<1	**<1**	0	0	1	0	0	0	0	0
MDA	<1	**<1**	0	1	0	0	0	0	0	0
Benzodiazepines#	<1	**0**	0	0	0	0	0	0	0	0
Steroids	0	**<1**	0	0	0	1	0	0	1	0
Other drugs	<1	**<1**	0	0	1	3	0	1	1	0

Source: EDRS participant interviews
includes licit and illicit forms

Figure 1: Drug of choice for EDRS participants, 2003-2015



Source: EDRS participant interviews

Participants were asked whether they had binged on any stimulant or related drug in the six months preceding interview. Bingeing was defined as using drugs on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). Around a third (32%) of the national sample had binged on one or more drugs in the preceding six months on a median of two occasions (range 1-45). The median number of hours was 60 hours (approximately 2.5 days) with the range between 48-216 hours.

Among those who had binged for over 48 hours, ecstasy (72%) was the drug most commonly reported being used in a binge session. Tobacco (64%) then alcohol (63% - more than five standard drinks), cannabis (56%) were reportedly used by over half in a binge session. Crystal methamphetamine (35%), speed (20%) and energy drinks (12%) were also frequently reported as being used in a binge session.

Table 7: Bingeing behaviour among RPU, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=763)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Binged on any stimulant	36	**32**	31	29	26	19	32	28	56	36
	(N=287)	**(N=247)**	(n=31)	(n=28)	(n=26)	(n=15)	(n=32)	(n=28)	(n=57)	(n=30)
% Ecstasy	67	**72**	74	75	77	73	69	75	70	63
% Alcohol >5 drinks	63	**63**	52	46	46	93	59	64	75	70
% Tobacco	56	**64**	74	32	58	87	66	71	61	73
% Cannabis	43	**56**	65	46	58	33	50	68	51	73
% Crystal	30	**35**	23	18	46	33	53	43	37	27
% Speed	25	**20**	29	43	27	13	16	4	21	7
% Energy drinks	19	**12**	16	29	4	13	6	29	2	7
% LSD	20	**17**	19	11	31	27	6	18	18	10
% Cocaine	18	**23**	32	39	27	0	22	14	23	17
% Pharmaceutical stimulants	8	**7**	10	0	0	7	3	29	0	13
%Benzodiazepines	8	**5**	3	4	4	13	3	18	0	7
% Alcohol <5 drinks	8	**10**	13	7	12	0	16	18	2	13
% Nitrous oxide	7	**8**	16	7	19	0	0	18	4	3
% Ketamine	9	**9**	10	7	31	8	0	4	11	0
% Amyl nitrite	2	**3**	13	7	4	0	0	4	0	0
% MDA	4	**3**	0	0	4	7	0	4	7	3
% GHB	2	**3**	3	4	12	0	0	0	4	0
% OTC codeine	<1	**2**	0	0	8	0	3	4	2	3
% Mushrooms	n.a.	**3**	3	4	4	0	0	4	2	7
% NPS	n.a.	**2**	3	0	4	0	3	0	2	0
% Base	5	**2**	7	0	4	0	3	0	0	3
% Other	12	**7**	3	4	8	27	9	11	2	10

Source: EDRS participant interviews
Note: 'Binged' was defined as the use of any stimulant for more than 48 hours continuously without sleep
n.a. data not available

In 2015, participants were asked which drug they had used most often in the month prior to interview (see Table 12). Once again, following the increase in proprtions reporting cannabis as their drug of choice, cannabis (41%) was the drug reportedly most used in the past month. It was followed by alcohol (34%) and ecstasy (17%).

Table 8: Drug used most often in the last month among RPU, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=761)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=99)	(n=101)	(n=85)
% Alcohol	30	**34**	31	24	38	59	38	27	31	28
% Cannabis	32	**41**	46	39	45	30	41	40	39	44
% Ecstasy	25	**17**	17	27	11	6	12	26	18	20
% Speed	2	**<1**	0	3	0	0	0	0	2	0
% Crystal	5	**3**	1	1	3	0	7	2	7	4
% LSD	1	**<1**	1	0	1	3	1	1	0	0
% Cocaine	3	**2**	4	3	1	0	0	0	3	2
% Mushrooms	<1	**<1**	0	1	0	0	0	0	0	0

Source: EDRS participant interviews
Note: Benzodiazepine, methadone, heroin, pharmaceutical opioids, pharmaceutical stimulants, MDA, nitrous oxide and steroids were all mentioned by n<5 participants each.

4.1.3 Frequency of ERD use

Participants were asked how often they used ERDs. In 2015 the majority of respondents reported between monthly and weekly use indicating that this sample of regular ecstasy/psychostimulant users are a polydrug using group (see Table 9).

Table 9: Frequency of ERD use in the RPU sample, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=761)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=99)	(n=101)	(n=85)
% Not in the last month	5	**6**	4	3	7	12	7	4	6	5
% Monthly	22	**23**	25	37	13	36	19	13	22	22
% Fortnightly	38	**36**	36	30	30	37	41	46	30	40
% Weekly	25	**22**	27	22	28	13	19	19	29	18
% More than once a week	9	**11**	6	6	20	3	14	15	14	12
% Once a day	1	**1**	2	1	1	0	0	3	0	2
% More than once a day	<1	**<1**	0	1	1	0	0	0	0	1

Source: EDRS participant interviews

4.1.4 Change in trends of ERD use

Participants were asked to report if they had experienced anything novel regarding drug use (new drugs, routes of administration, types of people using) in the last six months. Proportions (50%) that reported that there were changes in social drug use patterns are shown below in Table 10. Specific themes of change were endorsed with 38% reporting they had noticed an increase in drug use by particular groups, 18% reported they had noticed new drug types, and 5% reported that they had noticed different types of users. Two-fifths (41%) of those that had noticed a changed reported that it was another issue to the above mentioned.

Nationally, the common themes reported were:

- increase in drug use presence of many ERD including ecstasy, LSD and ketamine. Also noted was a reported increase in differing routes of administration i.e. smoking and injecting; and
- new drugs on the market and friends or participants seeing and using different drugs or different forms of drugs. The increased use of caps (capsules sold as containing ecstasy), MDMA crystal/rock and DMT were specifically mentioned.

Readers are directed to jurisdictional reports for further in depth analysis of these trends.

Table 10: Proportion that reported recent changes in social drug use patterns, 2015

	National 2014 (N=798)	National 2015 (N=756)	NSW (n=100)	ACT (n=98)	VIC (n=99)	TAS (n=77)	SA (n=100)	WA (n=98)	NT (n=101)	QLD (n=83)
% Changes in drug use	48	**50**	54	34	67	51	49	62	35	48

Source: EDRS participant interviews

4.2 Ecstasy use

- Ecstasy was used by 99% of participants.
- Ecstasy tablets were used on a median of 10 days in the six months prior to interview, i.e. approximately fortnightly. Nine percent of participants reported using ecstasy more than weekly (pills only).
- Ecstasy was used in a variety of forms including; pills/tablets, capsules, crystal/rock and powder. Ecstasy pill/tablet form, the form used by the majority, was reported to significantly decrease from 92% in 2014 to 85% in 2015. There was a significant increase in the recent use of capsules from 2014 (53%) to 2015 (60%).
- Participants reported using a median of 2 tablets, or two lines, or two capsules in typical sessions of use.
- Ecstasy was first used at a median age of 18 years, and was also used regularly (at least monthly) at a median age of 18 years. No sex differences were found.
- Swallowing remains the main route of administration for ecstasy.
- Ecstasy was seen to remain a 'social' drug with participants reporting 'most' (43%) of their friends have consumed it.
- Data from the National Drug Strategy Household Survey suggest 2.5% of the population have used ecstasy in the past year (3% in 2010).

4.2.1 Ecstasy use among RPU participants

The median age at which participants in the 2015 national sample first used ecstasy was 18 years (range 12-47 years) (Table 11). Participants reported that regular (at least monthly) ecstasy use occurred at a median of 19 years (range 13-42 years). The median length of time since participants reported first using regularly was two years (range 0-31 years).

Participants in the national sample had used some form of ecstasy on a median of 12 days (i.e. twice per month) in the preceding six months (range 1-180 days). There was no significant difference in median days of use in 2015 compared with 2014, $p>0.05$. Participants had used ecstasy pills/ tables on a median of 10 days (range 1-110). One fifth (20%) had used pills/tablets less than monthly, two-fifths (41%) of participants had used pills/tablets between monthly and fortnightly (inclusive), 15% had used between more than fortnightly and weekly and 9% had used ecstasy more than once per week[3].

The median number of ecstasy pills/tablets taken in a typical or average use episode in the preceding six months was two pills/tablets (range 0.5-11 tablets), over a quarter (27%) reported using over two pills/tablets per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of three pills/tablets (range 0.5-30 pills/tablets); (see Table 12).

The majority of participants (85%) continued to report using pills recently, even though this is a significant decrease from the level reported in 2014 (92%, $p=0.000$). The recent use of ecstasy in capsule form significantly increased from 53% in 2014 to 60% in 2015 ($p<0.05$), while ecstasy powder (22%) remained stable. MDMA crystal/rock also remained stable at 52% in 2015 (49% in 2014). MDMA crystal/rock is reportedly available in two main forms as crystals (crystalline form) or in capsules.
Similar proportions in 2015 (23% compared to 24% in 2014) reported having binged on ecstasy in the preceding six months; the longest binge session reported was a median of 60

[3] Considering ecstasy pills/tablets, powder, capsules and crystals together: 43% had used between monthly and fortnightly (inclusive); 29% had used between fortnightly and weekly; and 19% had used more than once per week and one participant had used ecstasy daily.

hours (range 48-216 hours). The ACT, VIC and the NT reported the longest binge sessions of a median of 70-72 hours (three days).

Table 11: Patterns of ecstasy use, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=763)	n=100	n=99	n=100	n=78	n=100	n=100	n=101	n=85
Median age first used ecstasy (years, range)	18 (13-59)	**18 (12-47)**	18 (13-36)	18 (13-21)	18 (13-27)	17 (14-29)	17 (13-35)	18 (14-34)	17 (12-36)	18 (14-47)
Median age first used ecstasy regularly (years; range)	19 (13-60)	**19 (13-42)**	19 (14-40)	18 (13-23)	19 (13-27)	19 (16-34)	18 (14-38)	18 (15-42)	18 (14-36)	19 (16-28)
Median days used any form ecstasy in the last six months ¥	13	**12**	12	10	14.5	11.5	13	13	15	12
Median days used ecstasy pills/tablets in the last six months#	10	**10**	9	6	12	10	12	12	10	8.5
% Used ecstasy weekly or more ¥	26	**24**	22	17	31	12	30	24	30	25
Median tablets in typical session#	2	**2**	2	2	2	1	2.75	2	2	2
% Typically use > 2 tablets #	28	**27**	32	13	24	4	48	34	28	28
% Forms used										
Pills	92	**85↓**	69	56	84	99	94	99	98	86
Capsules	53	**60↑**	64	69	76	50	49	65	44	62
Crystal/Rock	49	**52**	68	57	54	36	41	51	65	42
Powder	24	**22**	19	22	46	15	14	18	15	22
% Recently binged* on ecstasy	24	**23**	23	21	20	14	22	21	40	22
% Injected# ecstasy in the last 6 months	<1	**<1**	0	0	0	3	0	0	1	0
% Use other drugs with ecstasy	84	**89↑**	90	75	95	94	95	85	91	85
% Use other drugs to come down from ecstasy	54	**58**	69	42	56	65	64	52	55	68

Source: EDRS participant interviews
* Binged defined as the use of ecstasy for more than 48 hours continuously without sleep
# Refers to ecstasy 'pills' only; excludes MDMA crystal/rock, powder and capsules
¥ Includes pills, powder, capsules and MDMA crystals.

Participants reporting recent use of different forms of MDMA/ecstasy were asked how much of that form (quantity) they had taken on average in a session and the largest (most) amount they had taken of that form in a session (Table 12).

Table 12: Median quantity of average and heavy session use of ecstasy pills, crystal/rock, powder and capsules, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Median (range)	2013 (N=686)	2014 (N=800)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
Median pills used in a heavy session	3 (0.5-19)	**3 (0.5-30)**	4	2.75	3	2	5	4	4	3
Median crystal/ rock used in an average session (grams)	0.45 (0.1-5)	**0.5 (0.1-3.5)**	0.45	0.5	0.28^	1.2^	0.5^	0.7^	0.5	0.5^
Median crystal/ rock used in a heavy session (grams)	0.8 (0.1-40)	**1 (0.1-6)**	0.85	0.85	0.68^	1.5^	0.9	1^	1	0.6^
Median powder used in an average session (grams)	0.5 (0.1-2)	**0.5 (0.1-3)**	0.35^	0.8^	0.7^	1^	1.25^	1.25^	0.5^	0.5^
Median powder used in heavy session (grams)	1 (0.1-10)	**1 (0.1-5)**	0.5^	1^	2.5^	2.5^	1.25^	1.05^	1	0.5^
Median powder used in an average session (lines)	3 (1-8)	**2 (1-3)**	2^	2^	2^	-	1^	2.25^	3^	2^
Median powder used in heavy session (lines)	4 (2-12)	**2 (1-15)**	2^	8.5^	3^	-	1^	4^	3^	2^
Median capsules used in an average session	2 (0.1-10)	**2 (0.1-9)**	2	2	2	1	2	2	2	1.75
Median capsules used in a heavy session	2 (0.5-15)	**2 (0.5-30)**	3	2	2	2	2	2	2	2

Source: EDRS participant interviews
^ Small numbers so please interpret with caution

Participants were also asked what proportion of their friends used ecstasy (see Table 13). As ecstasy is considered to be a drug that is used in the company of others, usually at a public location where there is music, participants were asked what proportion of their friends also used ecstasy. Almost half (43%) reported that 'most' of their friends used ecstasy. Smaller proportions reported that all (9%) or a few (20%) of their friends used ecstasy. There was little to no variation in reports of proportions of friends that use ecstasy from 2014 to 2015.

Table 13: Proportions of friends that use ecstasy, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	**2015 (N=760)**	**(n=100)**	**(n=98)**	**(n=100)**	**(n=78)**	**(n=100)**	**(n=99)**	**(n=101)**	**(n=84)**
% All friends	9	**9**	13	7	5	5	5	9	12	13
% Most friends	41	**43**	52	25	43	27	48	51	52	45
% About half	31	**28**	26	32	31	51	30	22	17	19
% A few	19	**20**	8	37	21	15	16	18	20	21
% None	<1	**<1**	1	0	0	1	1	0	0	1

Source: EDRS participant interviews

4.2.2 Other drug use with ecstasy and when coming down from ecstasy

The majority, 89% of RPU interviewed, reported that on the last occasion they used other drugs with ecstasy (significant increase from 84% in 2014 (p=0.013)).

As in previous years alcohol (more than 5 standard drinks), tobacco and cannabis were the most commonly reported drugs used with ecstasy (see Table 14).

Table 14: Drugs last used in combination with ecstasy among those who used other drugs with ecstasy, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=673)	2015 (N=674)	(n=90)	(n=74)	(n=95)	(n=73)	(n=94)	(n=85)	(n=91)	(n=72)
% Alcohol >5 standard drinks	68	**64**	56	60	53	70	70	61	73	68
% Tobacco	55	**58**	69	28	63	70	64	45	57	63
% Cannabis	44	**47**	54	45	50	30	52	53	50	40
% Alcohol < 5 standard drinks	13	**20**	23	19	30	18	22	19	7	21
% Energy drinks	11	**9**	17	10	5	14	11	5	4	10
% Speed	7	**6**	7	8	11	6	3	0	10	1
% Cocaine	8	**9**	16	11	10	3	10	4	11	6
% LSD	6	**6**	8	8	12	4	2	5	4	8
% Pharmaceutical Stimulants	4	**5**	3	1	1	1	0	29	1	4
% Crystal	7	**6**	2	0	10	3	13	5	9	6
% Amyl nitrite	1	**3**	10	1	2	0	2	4	1	6
% Base	1	**<1**	1	0	0	0	0	0	0	0
% Benzodiazepines	3	**2**	0	1	2	3	0	7	0	1
% Ketamine	4	**4**	2	4	18	3	0	1	5	0
% Mushrooms	2	**2**	1	1	6	0	0	0	1	1
% Nitrous oxide	2	**5**	3	7	11	0	3	12	1	3
% GHB	1	**1**	6	1	2	0	0	0	0	0
% MDA	1	**1**	1	1	3	0	0	1	2	1
% NPS	n.a.	**1**	1	1	3	0	1	1	1	1
% OTC Codeine	<1	**<1**	0	1	1	0	1	1	1	1
% Other	3	**2**	1	3	3	6	3	1	1	1

Source: EDRS participant interviews
n.a. Data not available for that year

Over half (58%) of the sample also used other drugs to come down from ecstasy (see Table 15). There was a significant increase in those reporting that they used cannabis when they were coming down from ecstasy (77% in 2014 vs. 86% in 2015, *p*=0.001).

Table 15: Drugs used to come down from ecstasy last time used, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=754)	(n=99)	(n=96)	(n=100)	(n=78)	(n=99)	(n=100)	(n=101)	(n=81)
Used drugs to come down from ecstasy	54	**58**	68	42	56	65	64	52	55	68
Drugs used to come down:	(N=426)	**(N=439)**								
% Cannabis	77	**86↑**	84	90	84	77	94	83	89	87
% Alcohol >5 standard drinks	7	**4**	3	5	4	8	0	6	4	7
% Alcohol <5 standard drinks	6	**4**	6	3	4	10	0	2	2	7
% Tobacco	14	**16**	2	5	27	57	10	4	2	26
% Benzo-diazepines	12	**9**	4	5	6	8	8	33	2	11
% OTC Codeine	<1	**1**	0	0	2	0	3	2	2	0
% Speed	0	**<1**	0	0	2	0	0	0	0	0
% Crystal	<1	**0**	0	0	0	0	0	0	3	0
%Nitrous oxide	<1	**<1**	2	3	0	0	0	2	0	2
% Amyl nitrite	0	**<1**	0	0	0	0	0	0	0	2
% Ketamine	1	**<1**	0	3	0	0	0	0	6	0
% GHB	<1	**<1**	2	0	2	0	0	0	0	0
% Cocaine	1	**<1**	3	0	0	2	0	0	0	0
% Pharm. stimulants	1	**<1**	0	0	0	0	0	2	0	0
% Energy drinks	<1	**0**	0	0	0	0	0	0	0	0
% Other	8	**3**	3	0	4	2	2	4	7	2

Source: EDRS participant interviews

4.2.3 Route of administration

Table 16 presents the 'main' route of administration (ROA) by jurisdiction for all forms of ecstasy. The majority of participants (86%) nominated oral ingestion as their main route of administration, 13% mainly snorted the drug, and small numbers (<1%) mainly injected it.

Table 16: Main ROA of ecstasy in the last six months, 2015

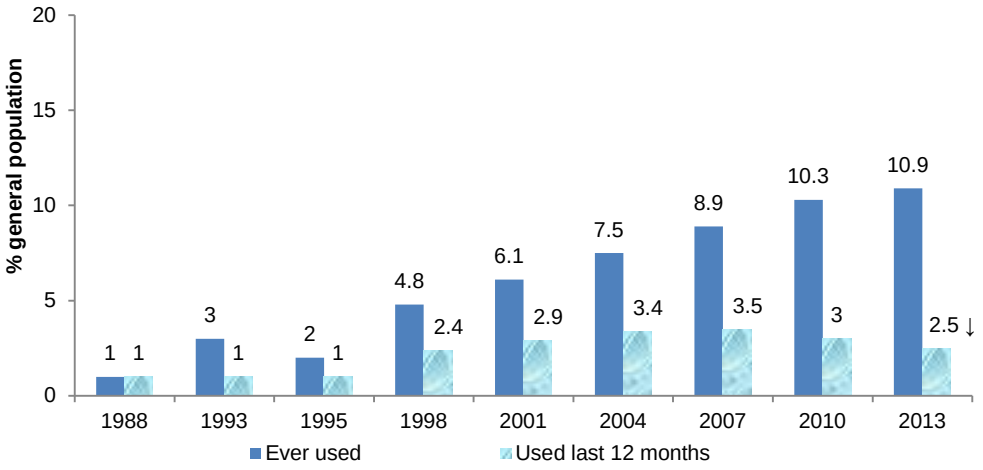
	National (N=790)	National (N=755)	NSW (n=99)	ACT (n=97)	VIC (n=100)	TAS (n=78)	SA (n=99)	WA (n=98)	NT (n=101)	QLD (n=83)
	2014	**2015**								
% Swallow	87	**86**	96	81	91	81	88	86	78	89
% Snort	13	**13**	4	19	9	18	11	13	21	11
% Inject	<1	**<1**	0	0	0	1	0	0	0	0
% Other	<1	**<1**	0	0	0	0	1	1	1	0

Source: EDRS participant interviews
Note: 'Other' includes methods of smoking and shelving/shafting

4.2.4 Use of ecstasy in the general population

Ecstasy remained the second most commonly used illicit drug in Australia, behind cannabis. Since ecstasy was first included in the NDSHS in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 years and above increased from 1% in 1988 to 8.9% in 2007. Recent use stabilised in 2007 (3.5%) and has declined to 2.5% in 2013 (Figure 2). This decrease was only significant for females (from 2.3% to 1.8%) and for people aged 30–39 (from 3.9% to 2.6%), particularly females in this age group (from 3.0% to 1.2%). There were no significant changes in use among any other age groups (AIHW, 2014a).

Figure 2: Prevalence of ecstasy use in Australia, 1988-2013



Source: NDSHS 1988-2013 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Commonwealth Department of Community Services and Health, 1988, Australian Institute of Health and Welfare, 2011a, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 1999)
Note: In the 2001 and earlier surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' not being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'

4.3 Methamphetamine use

Almost two thirds (63%) of participants reported lifetime use of one or more forms of methamphetamine (speed, base and/or crystal), and 38% reported use of one or more of these forms during the six months preceding interview indicating a significant decrease from 2014 (47%).

The median frequency of methamphetamine use (any form) among users was three days in the preceding six months indicating sporadic use. A third of the sample reported monthly or more frequent use. Daily use was very uncommon, with two participants reporting daily use (speed and crystal) in 2015.

Speed powder

- The median age of first use was 18 years.
- One-quarter (25%) of the sample reported the use of speed in the six months prior to interview, this was a significant decrease to the level reported in 2014 (36%). VIC (45%) and TAS (39%) reported the largest proportions using speed powder.
- The median days of use was two days.
- Among recent speed users, snorting (71%) and swallowing (33%) were the most common routes of recent (last six months) administration. The amount used in an average and heavy session was 0.5 gram.
- Speed is the most common form of methamphetamine for RPU.

Base

- Three percent of participants reported using base in the six months prior to interview. The median day of use was two days. SA (6%) was the jurisdiction with the highest reported base use. The median age of first use was 20 years.
- Among recent base users, swallowing was the most commonly nominated ROA (56%) followed by smoking (40%). The average amount used in a typical session was one point and a heavy session was 1.5 points.
- Base is the least common form of methamphetamine used by participants.

Crystal

- Nineteen percent of the national sample reported recent crystal use. The median days of use among those who had recently used was six days (approximately monthly). NT (36%) was the jurisdiction with the most recent crystal use reported. The median age of first use was 20 years.
- The most common ROA for crystal use was smoking (80%). The average amount used in a typical session was one point and for a heavy session two points.

4.3.1 Methamphetamine use among RPU

Sixty-three percent of the national sample reported having used one or more forms of methamphetamine (speed, base and/or crystal) at some stage during their lifetime (see

Table 17). Two-fifths (38%) of the national sample reported use during the preceding six months, with the highest use reported in VIC (55%) and the lowest in WA (20%). The proportion reporting any methamphetamine use (38%) decreased significantly from 2014 (47%, p=0.000) (Figure 3).

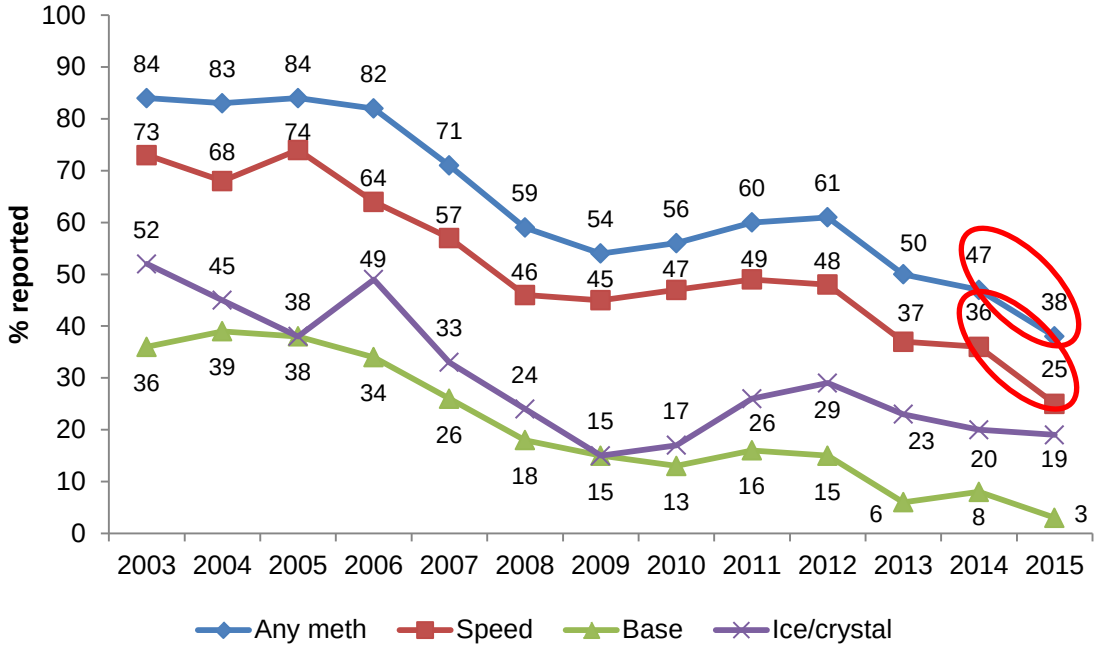
Frequency of use among recent users was sporadic with a median of three days (Table 17). Over half (61%) reported less than monthly use, 17% that used between monthy to forthnightly and 7% that used fortnightly to weekly and 16% that used weekly or more. Daily use of methamphetamine was uncommon in this group, only two participants of the national sample reported daily use.

Table 17: Patterns of methamphetamine (any form) use among RPU, 2015

%	National 2014 (N=800)	National 2015 (N=761)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	68	**63**	58	62	82	85	53	40	71	55
% Used last six months	47	**38↓**	33	35	55	45	33	20	49	31
Median days used* last six months (n; range)	4 (1-180)	**3 (1-180)**	3 (1-100)	2 (1-90)	3 (1-96)	2 (1-50)	7 (1-120)	2 (1-180)	6 (1-120)	3.5 (1-180)

Source: EDRS participant interviews
* Among those who had used recently.
Note: Includes speed, base and crystal. Medians may be rounded to nearest whole number.

Figure 3: Recent any methamphetamine, speed powder, base and crystal methamphetamine use, 2003-2015



Source: EDRS participant interviews

4.3.2 Methamphetamine powder (speed)

Over half (52%) of participants in the 2015 national sample reported lifetime speed use and one-quarter (25%) had used speed in the preceding six months (Table 18). There was a significant decrease from 36% in 2014 to 25% in 2015 (p=0.000). Those who had used speed recently reported first using it at median age of 18 years (range 12-30).

The most common ROA for speed was snorting followed by swallowing and smoking (Table 18).

Of those who recently used speed, the median number of days used was two, ranging from having used once to every second day use. The majority of recent users (75%) used less than once a month (66% in 2014), 17% used speed between monthly and fortnightly (18% in 2014), 4% between fortnightly and weekly (9% in 2014) and 4% used speed more than once a week (8% in 2014). Daily use was not reported in 2015.

Recent speed users reported using a median of half a gram in a typical session of use (range 0.05-3 grams) and half a gram in the heaviest recent session of use (range 0.05-12 grams).

Table 18: Patterns of methamphetamine powder (speed) use among RPU, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=763)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	62	**52**	54	61	78	77	30	23	58	40
% Used last six months	36	**25 ↓**	27	31	45	39	11	6	31	11
% Snorted*	66	**71**	52	77	89	90	40	67	55	56
% Swallowed*	43	**33**	63	39	16	13	50	33	32	56
% Injected*	7	**3**	0	0	0	10	0	0	10	0
% Smoked*	18	**11**	11	7	9	0	20	0	29	11
Median days used* last six months (n; range)	3 (1-180)	**2 (1-90)**	3 (1-15)	2 (1-90)	2 (1-40)	2 (1-14)	1 (1-24)	1 (1-40)	2 (1-40)	2 (1-10)
Average grams used (median; range)*	0.5 (0.05-6)	**0.5 (0.05-3)**	1.5^ (0.2-3)	0.25 (0.05-2)	0.75^ (0.1-1)	0.25^ (0.25-0.3)	0.5^ (-)	1^ (-)	0.5 (0.1-2)	0.2^ (0.1-2)
Heaviest grams used (median; range)*	1 (0.1-14)	**0.5 (0.05-12)**	0.5 (0.2-5.5)	0.3 (0.05-2)	1^ (0.1-1)	0.3^ (0.25-1)	1^ (-)	2.5^ (-)	0.5 (0.1-12)	1.1^ (0.2-2)
% Drug of choice	3	**2**	0	1	0	8	1	0	8	0
% Binged on speed**	25	**20**	29	43	27	13	16	4	21	7

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^ small numbers n<10 interpret with caution
Note: Medians rounded to nearest whole number

4.3.3 Methamphetamine base

Almost one-fifth (18%) of participants in the national sample reported lifetime use of base and 3% had used it in the six months preceding interview (Table 19). The median age of first use (among those who had recently used base) was 20 years (range 12-44 years).

Most recent base users reported swallowing (56%) followed by smoking (40%) as the most common ROAs. The median number of days used was two indicating sporadic use and ranged from 1 to 24 days (approximately weekly) (Table 19). There was no significant difference in median days used in 2015 compared to 2014 (p>0.05). The majority of recent base users (81%) had used less than monthly; 15% used base between monthly and fortnightly; one participant used between fortnightly and no participants used base more than once a week or daily.

Recent base users reported using a median of one point in a typical session of use (range 0.25-3.5 points) and 1.5 points in the heaviest recent session of use (range 0.25-3 points).

Table 19: Patterns of methamphetamine base use among RPU, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=761)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	19	**18**	25	4	22	39	15	2	19	21
% Used last six months	8	**3**	4	2	5	5	6	0	3	2
% Swallowed*	60	**56**	75	50	75	75	17	-	67	50
% Smoked*	37	**40**	25	50	0	25	100	-	0	50
% Snorted*	22	**20**	0	50	50	25	0	-	33	0
% Injected*	25	**4**	0	0	0	25	0	-	0	0
Median days used* last six months (n; range)	5 (1-100)	**2 (1-24)**	3.5^ (1-9)	5.5^ (1-10)	1^ (-)	1.5 (1-5)	5^ (1-24)	- (-)	2^ (1-2)	1.5^ (1-2)
Average points used (median; range)*	2 (0.05-5)	**1 (0.25-3.5)**	3^ (2-3)	2^ (1-3)	1^ (1-3)	1^ (1-2)	1^ (1-3.5)	- -	1.75^ (0.5-3)	0.25^ (-)
Heaviest points used (median; range)*	2 (0.5-25)	**1.5 (0.25-3)**	3^ (-)	3^ (-)	1^ (1-3)	1^ (1-2)	2^ (1-3)	- -	1.9^ (0.75-3)	0.25^ (-)
% Drug of choice	<1	**<1**	0	0	0	0	0	0	0	1
% Binged on base**	5	**2**	7	0	4	0	3	0	0	3

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
**Of those that had used stimulants for more than 48 hours
^ Small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number

4.3.4 Crystalline methamphetamine (crystal)

One-third (31%) of the participants in the 2015 national sample reported having ever used crystal and one-fifth (19%) had used crystal in the six months preceding interview (Table 20). The median age of first use, among those who reported using crystal recently, was 20 years (range 12-44 years).

Of those who reported recent use of crystal, the most common ROA was smoking (80%) and 18% reported swallowing the drug in the past six months.

Of those who reported recent use of crystal, the median number of days used was six, (monthly use) ranging from having used once in the preceding six months to approximately daily (180 days) (Table 20). There was no significant difference in median days use of crystal in 2013 compared with 2014 (p>0.05). Almost half (48%) of recent users reported using less than monthly, 18% between monthly and fortnightly, 10% participants reported between fortnightly and weekly use and 25% participants reported using more than weekly. There were two reports of daily crystal use in 2015.

The median amount of crystal used in a typical or average use episode in the preceding six months was one point (range 0.25-10 points). Recent crystal users reported using a median of two points (range 0.25-16 points) during the heaviest recent use episode.

Table 20: Patterns of crystalline methamphetamine (crystal) use among RPU, 2015

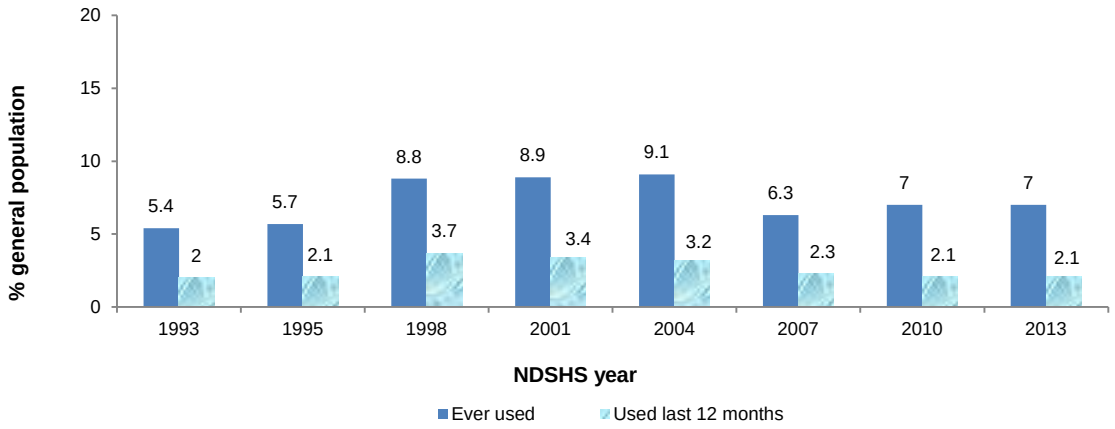
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=763)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	32	**31**	25	13	33	26	37	31	48	34
% Used last six months	20	**19**	12	7	19	13	26	16	36	20
% Snorted*	19	**10**	0	14	26	10	4	13	3	18
% Swallowed*	20	**18**	25	14	16	20	19	13	14	29
% Injected*	17	**11**	8	14	21	30	0	6	8	12
% Smoked*	86	**80**	67	57	84	80	96	88	72	82
Median days used* last six months (n; range)	6 (1-180)	**6 (1-180)**	3.5 (1-96)	4^ (1-30)	10 (1-96)	8 (1-50)	12 (1-120)	2 (1-180)	6 (1-120)	6 (1-180)
Average points used (median; range)*	1 (0.05-10)	**1 (0.25-10)**	2^ (0.33-3)	2^ (0.25-4)	1.5 (0.5-5)	1^ (0.25-2)	2 (0.25-5)	2^ (0.33-4)	1.5 (0.25-10)	1 (0.25-3)
Heaviest points used (median; range)*	2 (0.3-20)	**2 (0.25-16)**	2^ (0.33-3)	2.6^ (0.25-5)	2 (0.5-7)	1^ (0.25-2)	2 (0.25-12)	4^ (1-4)	2.5 (0.25-10)	1.75 (0.25-16)
% Drug of choice	3	**3**	1	1	5	1	3	1	5	5
% Binged on crystal**	30	**35**	23	18	46	33	53	43	37	27

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^ Small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number

4.3.5 Meth/amphetamine use in the general population

The NDSHS presents the proportion of the Australian general population who have ever used methamphetamine as well as the proportion that have used the drug in the past 12 months (see Figure 4). A noticeable increase in the lifetime use occurred between 1995 and 1998, with the proportion of the Australia general population having ever used methamphetamine remaining stable until 2007 at which time it began to decrease. In 2013, overall recent use was stable with 2010 results. There was a change in the form of methamphetamine used, with an increase in crystal methamphetamine and decrease in the traditional form of powder methamphetamine (speed). In terms of age of use, there was a significant decrease only for females (from 2.3% to 1.8%) and for people aged 30–39 (from 3.9% to 2.6%), particularly females in this age group (from 3.0% to 1.2%).

Figure 4: Prevalence of methamphetamine use in Australia, 1993-2013



Source: NDSHS 1993-2013 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2011a, Australian Institute of Health and Welfare, 2014)

4.4 Cocaine use

Current use

- Two-fifths (42%) of the national sample reported cocaine use in the six months prior to interview. NSW (61%) and the NT (52%) were the jurisdictions that reported the most recent use.
- Among recent users, cocaine had typically been snorted (93%), or swallowed (10%). The median age of first use was 19 years.
- Frequency of cocaine use remained low at a median of three days (sporadic use) during the six months prior to interview. The majority (76%) had used less than once per month. There were no reports of daily use.
- The median amount of cocaine used in a typical session of use was half a gram and in a heavy session it was one gram.
- Cocaine was the drug of choice for 8% of the EDRS sample, no change from 2014.

4.4.1 Cocaine use among RPU

Over half of the sample (67%) of the participants in the national sample reported having ever used cocaine and two-fifths (42%) had used cocaine in the six months preceding interview (Table 21). The majority of cocaine use continued to be reported in NSW (67%) and interestingly the NT (52%). The median age of first use, among those who reported having used cocaine recently, was 19 years (range 12-45 years).

Of those who had used cocaine, the median number of days of use was three, ranging from having used cocaine one day to 72 days (Table 21). There was no significant difference detected in median days of use between 2014 and 2015 (p>0.05). The majority (76%) had used less than monthly; 14% had used between monthly and fortnightly; 7% reported using between fortnightly and weekly and ten participants had used cocaine once a week or more. There was no reported daily use of cocaine.

Cocaine was predominantly snorted (93%), with smaller proportions also reporting swallowing (10%) as an ROA. A small number of participants reported injecting and smoking.

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range 0.1-4 grams). Recent cocaine users reported using a median of one gram (range 0.1-10 grams) during the heaviest use episode in the last six months (Table 21).

Table 21: Patterns of cocaine use, 2015

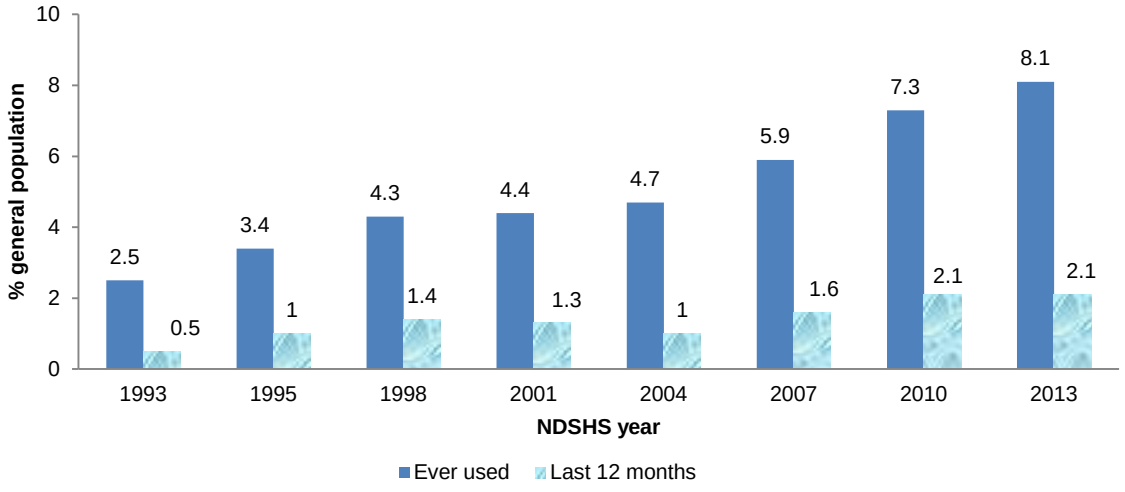
%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	72	**67**	85	62	71	56	65	58	72	66
% Used last six months	44	**42**	61	41	46	17	45	29	52	39
% Snorted*	95	**93**	89	93	98	85	100	97	83	97
% Swallowed*	16	**10**	20	7	7	23	7	7	8	6
% Injected*	2	**<1**	0	0	0	8	0	0	2	3
% Smoked*	2	**<1**	0	0	2	0	0	0	0	0
Median days used* last six months (n; range)	2 (1-170)	**3 (1-72)**	4 (1-50)	3 (1-16)	2.5 (1-30)	1 (1-8)	3 (1-12)	1 (1-20)	2 (1-50)	3 (1-72)
Average grams used (median; range)*	0.5 (0.03-4)	**0.5 (0.1-4)**	0.5 (0.12-4)	0.5 (0.25-2)	1^ (0.5-1)	2^ (0.1-3)	0.5 (0.1-1)	0.5 (0.25-2)	0.5 (0.1-4)	0.5 (0.1-1)
Heaviest grams used (median; range)*	1 (0.3-8)	**1 (0.1-10)**	1 (0.25-4)	1 (0.25-4)	1.5^ (1-3)	2^ (1-3)	1 (0.1-5)	0.5 (0.25-2)	1 (0.1-10)	0.75 (0.1-2)
% Drug of choice	8	**8**	9	7	4	18	7	4	12	8
% Binged on cocaine**	18	**23**	32	39	27	0	22	14	23	17

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^ Small numbers responded; interpret with caution
Note: Medians rounded to nearest whole number

4.4.2 Use of cocaine in the general population

Reports of lifetime cocaine use amongst the Australian general population has been gradually increasing since 2001, however, annual use has remained consistent since 2007.

Figure 5: Prevalence of cocaine use in Australia, 1993-2013



Source: NDSHS 1993-2013 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2011a, Australian Institute of Health and Welfare, 2014).

4.5 Ketamine use

Current use

- One-third (34%) of the national sample reported lifetime use of ketamine, and 15% reported using ketamine recently. The median age of first use was 20 years.
- Ketamine use was highest in VIC with half the sample reporting recent use.
- Amongst recent ketamine users, the majority (76%) snorted, while one-fifth (18%) had swallowed it.
- Among recent users, ketamine had been used on a median of two days in the past six months; over half (65%) had used ketamine less than once per month. There were four reports of more than weekly use.

4.5.1 Ketamine use among RPU

One-third (34%) of the 2015 national sample reported lifetime use of ketamine and one-tenth (15%) had used it in the six months preceding interview (Table 22).

Ketamine was first used at a median age of 20 years (range 15-33 years) by recent users.

In the six months preceding interview, snorting (76%) was the most common ROA of ketamine, followed by swallowing (18%). There was one report of smoking and injecting.

Of those who used ketamine, the median number of days used was two (range 1-35 days) (Table 22). The majority (65%) had used less than monthly; 21% had used between monthly and fortnightly; 7% used between fortnightly and weekly. Four participants reported more than weekly use, no reports of daily use were reported.

Ketamine use was commonly quantified in ‘bumps’. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range 0.1-7 bumps) for a typical or average use episode and two bumps (range 0.25-12 bumps) for the heaviest recent use episode.

Ketamine use was also quantified in lines and grams. Twelve participants reported using a median of two lines in a typical session (range 1-2 lines) and the heaviest recent session of use was 1.5 lines (range 1-3 lines). Eighteen participants reported using a median of half a gram (range 0.12-2 grams) in a typical session of use and reported using a median of 0.75 gram (range 0.15-3 grams) in the heaviest recent session of use.

Table 22: Patterns of ketamine use among RPU, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=762)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	36	**34**	47	22	73	26	22	16	42	17
% Used last six months	18	**15**	24	9	50	5	4	4	18	4
% Snorted*	88	**76**	71	44	92	25	50	100	72	33
% Swallowed*	16	**18**	8	44	10	75	25	0	22	67
% Injected*	4	**<1**	0	11	0	0	0	0	0	0
% Smoked*	2	**<1**	0	0	0	0	25	0	0	0
Median days used* last six months (n; range)	2 (1-70)	**2 (1-35)**	1.5 (1-8)	1^ (1-6)	4 (1-35)	1.5^ (1-3)	1^ (1-3)	3.5^ (1-12)	3 (1-30)	2^ (1-2)
Average bumps used (median; range)*	2 (1-15)	**2 (0.1-7)**	1 (0.1-5.5)	2^ (1-3)	1^ (1-7)	2^ (-)	- (-)	0.5^ (-)	3^ (2-5)	2.5^ (2-3)
Most bumps used heavy session (median; range)*	2 (1-20)	**2 (0.25-12)**	2 (0.25-10)	6.5^ (1-12)	1^ (1-10)	2^ (-)	- -	2.5^ (-)	4^ (2-10)	2.5^ (2-3)
% Drug of choice	1	**1**	2	0	1	3	0	0	4	0
% Binged on ketamine**	9	**9**	10	7	31	7	0	4	11	0

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^Small numbers responded; interpret with caution

4.5.2 Ketamine in the general population

The 2013 NSDSHS was the third time in which the prevalence of ketamine use in the general population was investigated. Use of ketamine in those aged 14 years and above was low – only 1.7% had ever used ketamine, however, this was a significant increase from 2010 (1.4%). A low percentage (0.3%) had used ketamine in the past year (Australian Institute of Health and Welfare, 2014).

4.6 GHB use

Current use

- Twelve percent of the national sample reported lifetime use of GHB, with 5% reporting recent use. The median age of first use was 21 years.
- NSW and VIC reported the highest proportion of recent use. There were no reports of recent use in TAS.
- Recent use occurred on a median of two days in the six months preceding interview; 61% reported using less than once per month.
- Recent GHB users reported using a median of 5 mls in a typical episode of use and a median of 5 mls in the heaviest recent episode of use. GHB was only consumed orally.

Trends in use

- Since monitoring began, GHB use has been reported by low numbers at around 10% of the national sample reporting lifetime use.
- The proportion of reported recent GHB use has declined in all jurisdictions from 2003-2009 and stayed stable from 2010-2014 at around 6%.

4.6.1 GHB use among EDRS participants

One-tenth (12%) of the 2015 national sample reported lifetime use of GHB and 5% had used it in the six months preceding interview (Table 23). There was no significant increase in recent use reported in 2015 compared with 2014.

GHB was first used at a median age of 21 years (range 17-38 years) by recent users. All recent GHB users reported swallowing GHB. There were no other ROA reported.

Of those who used GHB in the six months preceding interview, the median number of days used was two (Table 23). There was no significant difference found in median days of use in 2015 compared to 2014 ($p>0.05$). Fourteen participants reported using less than once per month; four participants between monthly and fortnightly; one participant reported using between fortnightly and weekly; one participant reported using more than once per week. No participants reported using GHB daily.

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was 5 mls (range 1-300 ml). Recent GHB users reported using a median of 5 mls (range 1-300 ml) during the heaviest recent use episode.

Table 23: Patterns of GHB use among EDRS participants, 2015

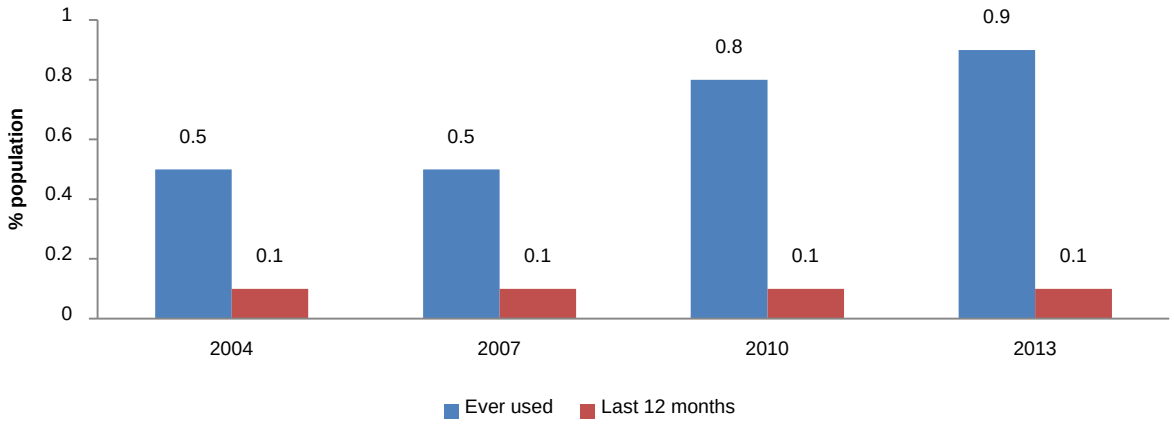
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=762)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	14	**12**	22	5	23	4	7	6	15	12
% Used last six months	5	**5**	11	4	9	0	4	2	3	2
Median days used* last six months (n; range)	2 (1-40)	**2 (1-25)**	3 (1-24)	1.5^ (1-4)	3^ (1-25)	-	1^ (1-2)	1.5^ (1-2)	3^ (1-5)	1^ (-)
Average mls used (median; range)*	4 (1-20)	**4.9 (1-300)**	4^ (1-5)	5.4^ (5-6)	4.25^ (2-20)	-	7.5^ (1-20)	-	300^ (-)	3^ (1-5)
Heaviest mls used (median; range)*	5 (1-45)	**5 (1-300)**	4^ (1-8)	8.4^ (4.8-12)	5.5^ (2-70)	-	7.5^ (1-50)	-	300^ (-)	5^ (-)
% Drug of choice	<1	**<1**	0	0	1	0	0	0	0	0
% Binged on GHB**	2	**3**	3	4	12	0	0	0	4	0

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^Small numbers responded; interpret with caution

4.6.2 GHB use in the general population

The prevalence of GHB use in the general population was first reported in the 2004 NDSHS and has remained low and stable. In 2013, results were similar to those reported in the 2010 NDSHS. Use of GHB in those aged 14 years and above was low, only 0.9% had ever used GHB, and 0.1% had used GHB in the past year (see Figure 7).

Figure 6: Prevalence of GHB use in Australia, 2004-2013



Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008)

4.7 LSD use

Current use

- Sixty-six percent of the national sample reported lifetime use of LSD; with recent use of LSD at 40%. The median age of first use was 18 years.
- The median days of LSD use amongst recent users was two. Recent users reported using a median of one tab in a typical session and 1.5 tabs in the heaviest recent session of use.

Trends in use

- Recent use has been steadily increasing from 28% in 2003 to 43% in 2013. Recent use levels appear relatively even across Australia's states and jurisdictions.
- LSD as drug of choice has been low and relatively stable from 4% in 2007 to 7% in 2015.

4.7.1 LSD use among EDRS participants

In 2015, 66% of the national sample reported lifetime use of LSD and 40% had used it in the six months preceding interview (Table 24). The median age of first use was 18 years (range 12-43 years).

The primary ROA was oral ingestion (93%). Three participants shelved/shafted and one participant reported having snorted it and one participant had smoked LSD in the last six months.

Seven percent of the 2015 national sample reported that LSD was their drug of choice. Of those who used LSD in the six months preceding interview, the median number of days used was two, ranging from having used once in the six months preceding interview to having used approximately four times per week during this same period (1-96 days). There was no significant difference found in median days use in 2015 compared with 2014 (p>0.05). The majority (78%) had used less than monthly; 12% used between monthly and fortnightly; 6% used between fortnightly and weekly; three participants used LSD more than weekly.

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range 0.25-9 tabs). The median amount used in the heaviest recent session was 1.5 tabs (range 0.5-16 tabs).

Table 24: Use of LSD in RPU, 2015

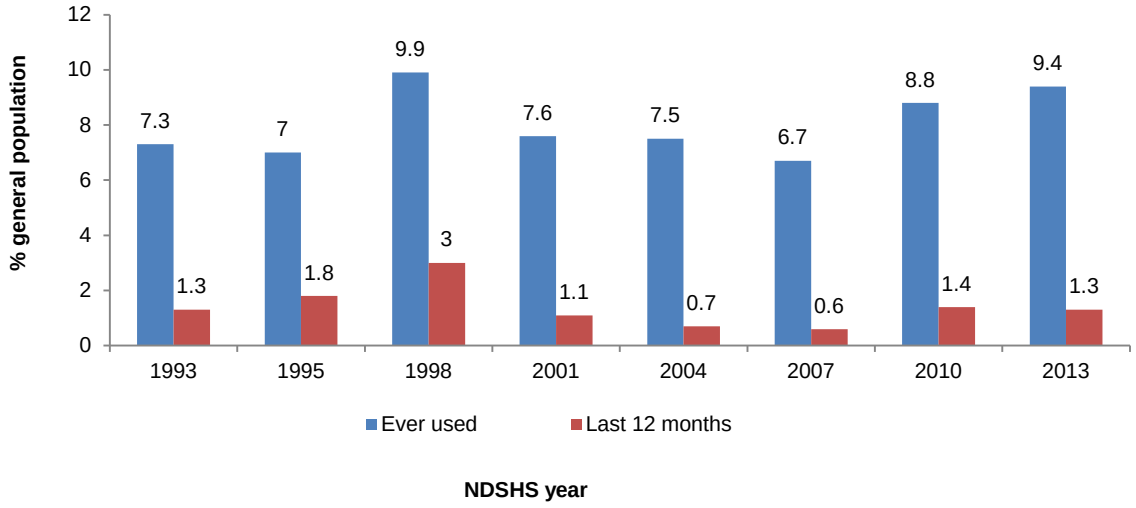
%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	66	**66**	77	54	85	71	51	58	64	66
% Used last six months	41	**40**	60	37	46	41	37	24	32	41
Median days used* last six months (n; range)	2 (1-60)	**2 (1-96)**	2 (1-20)	2 (1-48)	3 (1-40)	3 (1-45)	3 (1-96)	2 (1-6)	2 (1-14)	3 (1-24)
Average tabs used (n; range)*	1 (0.25-6)	**1 (0.25-9)**	1 (0.25-3)	1 (1-3)	1 (0.5-5)	1 (0.5-4)	1 (1-6)	1 (0.5-4)	1 (0.5-9)	1 (1-4)
Heaviest tabs used (n; range)*	1.5 (0.25-27)	**1.5 (0.5-16)**	1 (0.5-5)	1 (1-15)	2 (0.5-16)	2 (0.5-10)	1.75 (1-13)	1 (0.5-8)	2 (0.5-9)	2 (1-4)
% Drug of choice	6	**7**	9	5	6	14	4	5	7	5
% Binged on LSD**	20	**17**	19	11	31	27	6	18	18	10

Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
Note: Medians rounded to nearest whole number
^ Small numbers responded; interpret with caution

4.7.2 Hallucinogen use in the general population

Figure 7 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. The lifetime use of hallucinogens has remained relatively constant between 1993 and 2007, with a significant increase in 2010. Recent hallucinogen use has remained stable from 2010 at 1.3% (AIHW, 2014a).

Figure 7: Prevalence of hallucinogen use in Australia, 1993-2013



Source: NDSHS 1993-2007 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008)

4.8 Cannabis use

Current use

- Cannabis was the second most recently used drug by the EDRS sample (87%) with a significant increase reported in 2015 (from 83% in 2014).
- Cannabis was the drug of choice for 29% of the sample.
- Among those who had used cannabis in the six months preceding interview, cannabis had typically been smoked (93%), and swallowed (26%).
- The median age of first use by recent users was 15 years.
- Among recent users, use occurred on a median of 50 days during this time, i.e. approximately twice per week. Reported daily use remained stable at 23%.

Trends in use

- The cannabis market has remained relatively stable over time with large proporationss reporting recent use. In 2015 we see a rise in recent use, a rise in those reporting using cannabis when coming down off ecstasy and an increase in cannabis as the drug of choice to be on par with ecstasy at 29%.

Participants were asked to differentiate between hydro and bush cannabis in terms of price, potency and availability. Fifty-nine percent of those that used cannabis were able to distinguish between hydro and bush cannabis.

This section contains information about cannabis use by the EDRS sample. Information on harms (health and law enforcement-related) associated with cannabis use, including indicator data on treatment and toxicity, are discussed in the relevant sections later in this report. Further information about cannabis trends in Australia may be found in reports produced as part of the IDRS, and are available from the Drug Trends and NDARC websites[4].

4.8.1 Cannabis use among EDRS participants

Almost all (98%) of the 2015 national sample reported lifetime use of cannabis, with the majority (87%) of the sample having used cannabis in the six months prior to interview. This was a significant increase from 2014 (p=0.02; Table 25). The median age of first use of cannabis was 15 years (range 8-31 years) of recent users. Cannabis was the drug of choice for 29% of the sample, which was a significant increase from 25% in 2014 (p=0.04).

Almost all (93%) of those who had recently used cannabis had smoked it, almost one-third (26%) had recently swallowed it and one-quarter (24%) had inhaled it. Cannabis had been used on median of 50 days (range 1-180 days) in the six months preceding interview, which equates to twice per week (see Figure 8).

Among recent users, 16% reported using less than once per month; 7% reported using between monthly and fortnightly; 9% reported using between fortnightly and weekly; and 63% reported using more than once per week. This included 23% of recent cannabis users (19% of the entire sample) that reported daily cannabis use.

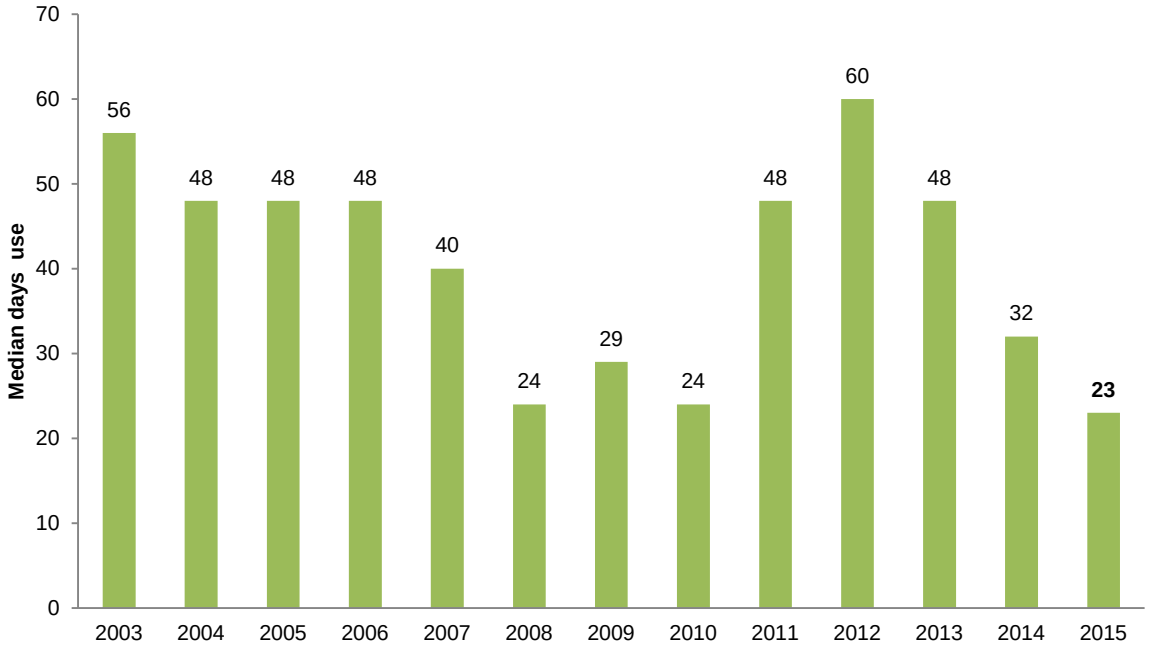
[4] See www.drugtrends.org.au or www.ndarc.med.unsw.edu.au

Table 25: Patterns of cannabis use among EDRS participants, 2015

%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	97	**98**	100	98	98	100	99	97	92	98
% Used last six months	83	**87†**	91	82	90	80	92	86	82	93
% Smoked*	96	**93**	80	98	99	97	98	93	81	100
% Swallowed*	29	**26**	36	11	24	30	35	23	11	38
% Inhaled	26	**24**	39	19	16	10	32	28	5	39
Median days used* last six months (n; range)	32 (1-180)	**50 (1-180)**	48 (1-180)	40 (1-180)	65 (1-180)	80 (1-180)	48 (1-180)	48 (1-180)	90 (1-180)	48 (1-180)
% Drug of choice	25	**29**	33	31	27	13	35	33	28	31
% Binged on Cannabis**	43	**56**	65	46	58	33	50	68	51	73

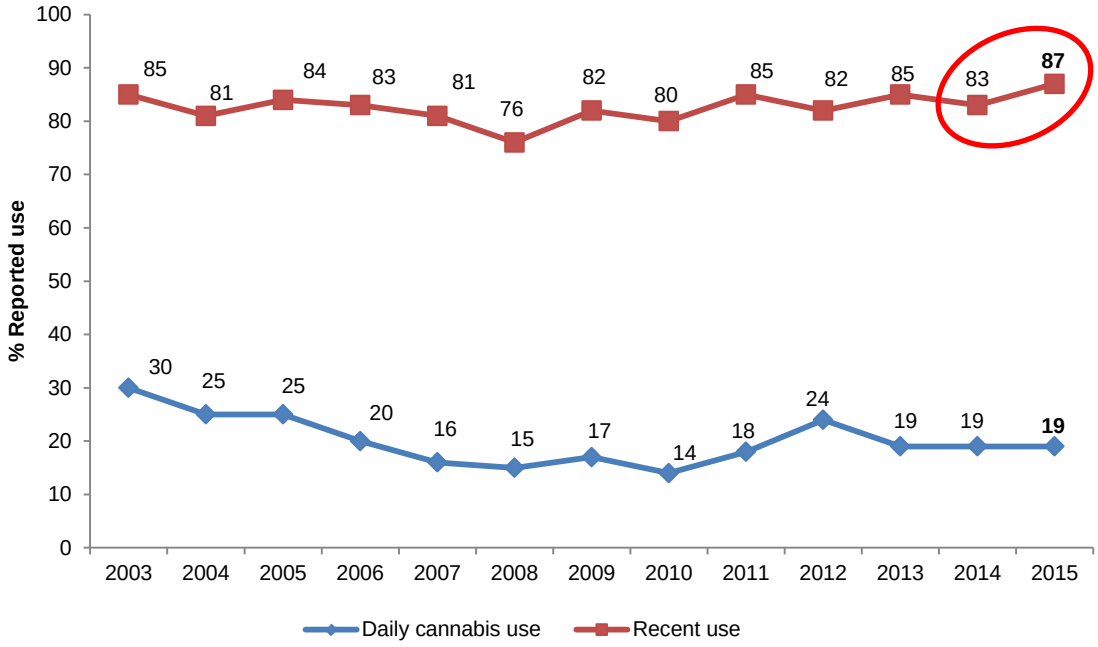
Source: EDRS participant interviews
* Of those who used in the six months preceding interview
** Of those that had used stimulants for more than 48 hours
^Small numbers responded; interpret with caution
n.a. Data not available ('inhaled' as an option was added in 2013)

Figure 8: Median days used cannabis among national EDRS participants, 2003- 2015



Source: EDRS participant interviews

Figure 9: Patterns of recent and daily cannabis use among national REU/RPU, 2003- 2015

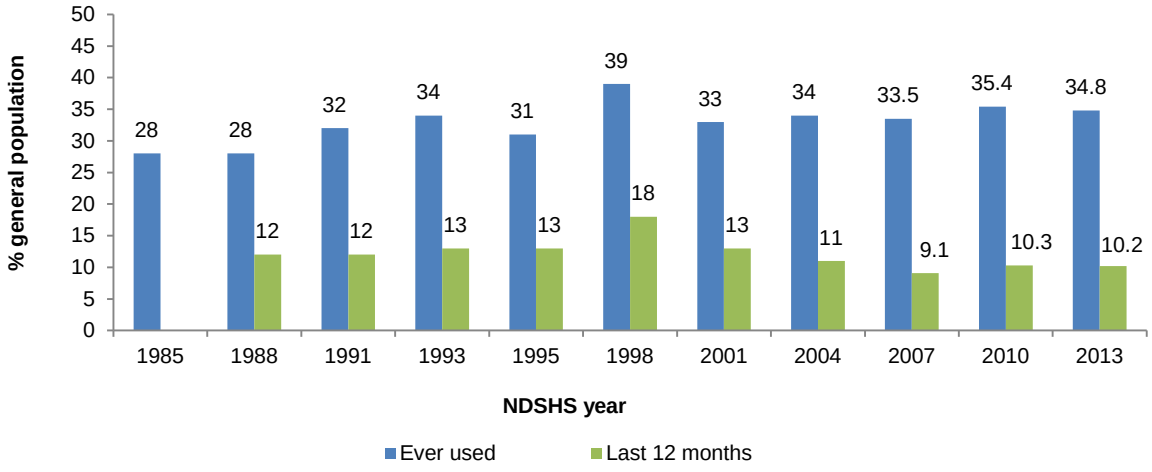


Source: EDRS participant interviews

4.8.2 Cannabis use in the general population

As can be seen in Figure 10, the prevalence of lifetime and recent cannabis use in the Australian general population aged 14 years and above has remained relatively stable in recent years. The most recent survey was conducted in 2013 and found that one-third (34.8%) of the Australian population aged 14 years and above had ever used cannabis, while 10.2% had used cannabis in the 12 months prior to interview. This has been relatively stable over time.

Figure 10: Lifetime and past year prevalence of cannabis use by Australians,1985-2013



Source: NDSHS 1988-2014 (Australian Institute of Health and Welfare, 2005, Commonwealth Department of Community Services and Health, 1988)2008, 2011b, 2014a)
Note: Caution should be exercised when interpreting prevalence of cannabis use between 1985 and 1993 due to major changes in sampling and methodology of the surveys

4.9 Other drug use

Current use

- **MDA** lifetime use was 24% of the national sample, with 13% reporting recent use on a median of two days and a median of one cap of use in an average session.

- Almost the entire sample (over 99%) reported lifetime use of **alcohol**, and 97% reported alcohol use in the six months preceding interview. The median age of first use was 14 years. The median days of alcohol use was 48 days (twice weekly). Daily drinking was reported by 5% of the sample. Fifteen percent nominated alcohol as their drug of choice.

- Ninety-two percent reported lifetime **tobacco** use and 82% had used tobacco in the six months preceding interview. Half (48%) of recent tobacco users were daily smokers, with median days use being 166 (i.e. almost daily).

- Half (49%) of the sample reported lifetime **benzodiazepine** use (both licitly and illicitly obtained) and quarter (27%) reported recent illicit use. Swallowing was the main roa reported for illicit use. Daily use of illicit and licit benzodiazepine use was not reported. The type most used was diazepam.

- Eight percent of the national sample reported recent licit use and 1% reported illicit use of **antidepressants**. Licit use has always been higher than illicit use. ROA was mainly swallowing for both forms.

- One-quarter (26%) of the EDRS sample reported recent **nitrous oxide** use in the six months preceding interview on a median of four days, comparable with 2014 results. Use continued to be highest in VIC (53%).

- Recent use of **amyl nitrite** (nationally) was reported at 21% a significant increase from 17% in 2014. Use was occasional on a median of three days mostly in NSW (50%).

- Twenty-four percent of the national sample reported recent **mushroom** use, comparable to 2014. Use occurred on a median of two days, and 88% of recent users had used less than once per month.

- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **OTC codeine**, **OTC stimulants** and **steroid use**.

4.9.1 MDA use

MDA (3,4-methylenedioxyamphetamine), is mainly used as a recreational drug. The duration of the drug's effects is around 5–6 hours, slightly longer than that of its well-known cousin, MDMA. MDA is said to share the entactogenic effects of MDMA. Yet while it is generally similar to MDMA, users report that MDA has more stimulant and psychedelic qualities and slightly less intense entactogenic effects than MDMA. MDA is also considered less predictable than MDMA, with effects varying greatly from person to person.

Twenty-four percent of the national sample reported the lifetime use of MDA. The median age of first use was 19 years (range 15-38 years) for recent users. Thirteen percent of the national sample reported using it in the six months preceding interview (12% of recent use reported in 2014). Reports of recent use was highest in QLD (22%) and VIC (20%). In he national sample, use occurred on a median of two days (range 1-25), with the majority (88%) of recent users reporting that use had occurred less than once per month. Swallowing (83%) was the most frequently nominated ROA, followed smoking (23%). There were no other ROA reports.

A median of one capsules (range 0. 5-5 capsules) or 1.75 tablets (0.5-6 tablets) were used in a typical session of use and a median of two capsules (range 0.1-10 capsules) or two tablets (0.5-8 tablets) were used in the heaviest session of use over the preceding six months.

4.9.2 Alcohol

Fifteen percent of the 2015 national sample nominated alcohol as their drug of choice. Almost the entire national sample reported they had used alcohol in their lifetime (99.6%) and in the six months preceding interview (97%, see Table 4). The median age of first use in recent alcohol users was 14 years (range 3-27 years).

Among those who had used alcohol, use had occurred on a median of 48 days (approximately twice weekly use) in the past six months (range 1-180 days). Fifty-eight percent of recent alcohol users reported using alcohol more than once per week. Five percent of recent users reported daily drinking (consistent with 2014 data).

Of the sample, those that reported using drugs in combination with ecstasy, 64% reported that they usually consumed more than five standard alcoholic drinks.

The Alcohol Use Disorders Inventory Test (AUDIT) was administered to participants. Detailed information regarding the AUDIT in the 2015 EDRS can be found in chapter 7: *Risk Behaviour*.

4.9.3 Tobacco

Ninety-two percent of the national sample reported they had used tobacco in their lifetime and 82% had used tobacco in the six months prior to interview. Median days used was reported at 166 days, i.e. almost daily (range 1-180 days). Tobacco was first used at a median age of 15 years (range 7-27 years) by recent users. Forty-eight percent of those who reported recent tobacco use were daily smokers (51% in 2014).

4.9.4 E-cigarettes

Fifty-seven percent of the national sample reported they had used e-cigarettes in their lifetime and 34% had used e-cigarettes in the six months prior to interview. Median days used was reported at three days, i.e. sporadically (range 1-180 days). Median age of first use is 20 years (range 10-45 years). This was the second year data was collected on e-cigarettes.

4.9.5 Benzodiazepines

Half (49%) of the 2015 sample reported the lifetime use of any benzodiazepine. Almost one-third (32%) reported the recent use of any benzodiazepine on a median of four days (i.e. approximately monthly). Two percent (n=4) of recent users reported daily use. Twelve participants (2%) in the sample reported usually using benzodiazepines with ecstasy; 9% reported usually using benzodiazepines to come down from ecstasy (of those that use drugs to come down off ecstasy N=439); and 5% reported bingeing on benzodiazepines (of those that binged on stimulants N=247). Since 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below). Brand of benzodiazepine was not specified.

4.9.4.1 Licitly obtained (prescribed) benzodiazepines

Fourteen percent of the 2015 sample reported having ever used licitly obtained benzodiazepines and 7% reported their use in the six months preceding interview. The median age of first use was 19 years (range 14-35 years). Licit benzodiazepines had been used on a median of 10 days (range 1-180 days) in the preceding six months. Eight percent of recent users reported daily use (13% in 2014). The majority (88%) of recent licit benzodiazepine users reported swallowing in the preceding six months, with two reports of snorting benzodiazepine use.

The main type of benzodiazepine used by these users were: diazepam (56%; including brand names Valium and generic) and alprazolam (14%; including brand names Xanax).

4.9.4.2 Illicitly obtained (non-prescribed) benzodiazepines

Two fifths (43%) of the 2015 sample reported having ever used illicitly obtained benzodiazepines and one-quarter (27%) reported their use in the six months preceding interview (Table 26). The median age of first use was 20 years (range 14-30 years) in recent users. Illicit benzodiazepines had been used on a median of four days (range 1-90 days) in the preceding six months. Amongst recent users, over half (63%) reported using illicit benzodiazepines less than monthly, there were no reports of daily use. Swallowing was the most common ROA in the six months preceding interview (94%), 6% of recent users reported snorting and one participant reported smoking.

The main type of benzodiazepine used by these users were diazepam (60%; including brand names Valium, Valpam and generic) and alprazolam (27%; including brand names Xanax and Alprax).

Table 26: Use of illicitly obtained benzodiazepines, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=800)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	45	**43**	51	25	57	23	54	49	27	53
% Used last 6 months	29	**27**	29	15	29	17	34	38	17	33
Median days use* (n; range)	4 (1-180)	**4 (1-90)**	3 (1-24)	2 (1-56)	3 (1-30)	8 (2-19)	3 (1-24)	6 (1-60)	4 (1-48)	3.5 (1-90)

Source: EDRS participant interviews
* Of those who had used illicit benzodiazepines in the past six months
^ Small numbers responded; interpret with caution

4.9.6 Antidepressants

4.9.6.1 Licitly obtained (prescribed) antidepressants

Seventeen percent of the national sample reported using licit antidepressants in their lifetime and 8% reported recent use (

Table 27). The median age of first using licit antidepressants was 18 years (range 13-43 years) amongst recent users. The median day of use was 150 days (range 2-180) among those who recently used licit antidepressants. One participant reported using them daily.

Table 27: Use of licitly obtained antidepressants, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800))	2015 (N=763)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	18	**17**	20	9	20	15	25	16	11	21
% Used last 6 months	6	**8**	10	7	7	3	16	8	3	7
Median days use (n; range)*	180 (1-180)	**150 (2-180)**	120 (2-180)	180^ (120-180)	150^ (7-180)	53^ (6-100)	180 (2-180)	140^ (30-180)	4^ (1-135)	135^ (15-180)
% ROA*										
Swallowing	96	**92**	70	100^	100^	100^	100	100^	33^	100^

Source: EDRS participant interviews
* Of those who had used licit antidepressants in the past six months
^ Small numbers responded; interpret with caution

4.9.6.2 Illicitly obtained (non-prescribed) antidepressants

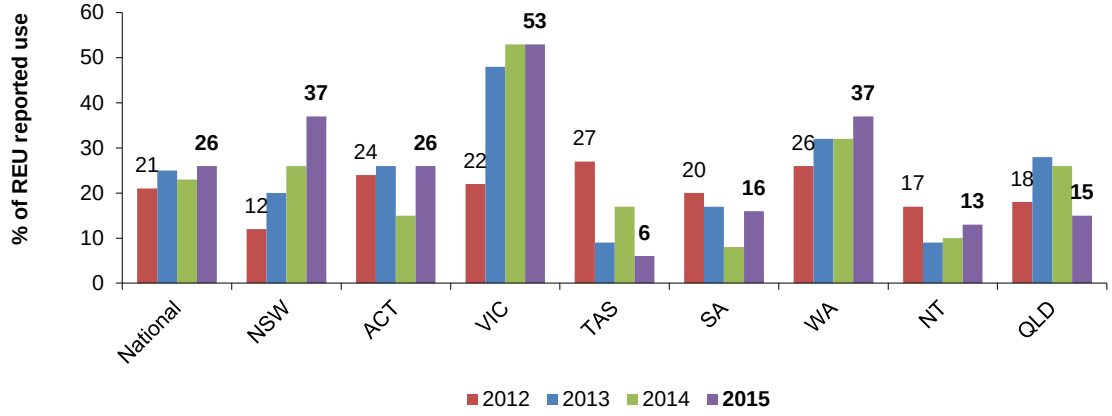
Five percent of the national sample reported using illicit antidepressants in their lifetime and 1% reported recent use. The median age of first using licit antidepressants was 19 years (range 13-23 years) among recent users. The median days of use was three days (approximately monthly, range 2-180 days) among those who recently used illicit antidepressants. No daily illicit use was reported. The main ROA was swallowing (91%) by recent consumers, with two participants having reported snorting and one participant having reported smoking.

4.9.7 Inhalants use

4.9.7.1 Nitrous oxide

Half (48%) of the national sample reported lifetime use of nitrous oxide and one-quarter (26%) had used nitrous oxide in the six months preceding interview (Figure 11). VIC continued to be the state with the highest recent use reported (53%). Recent users reported first using nitrous oxide in their late teens, median is 18 years (range 13-41 years). Nitrous oxide was used on a median of four days in the preceding six months (range 1-72 days). No daily use was reported. Over half (60%) reported using nitrous oxide less than once per month in the preceding six months. Nitrous oxide was nominated by one participant as their drug of choice. The average number of bulbs consumed in an average session was 5 (range 1-250) and the most number of bulbs consumed in a heavy session was 8 (range 1-1000).

Figure 11: Recent use of nitrous oxide, 2012-2015



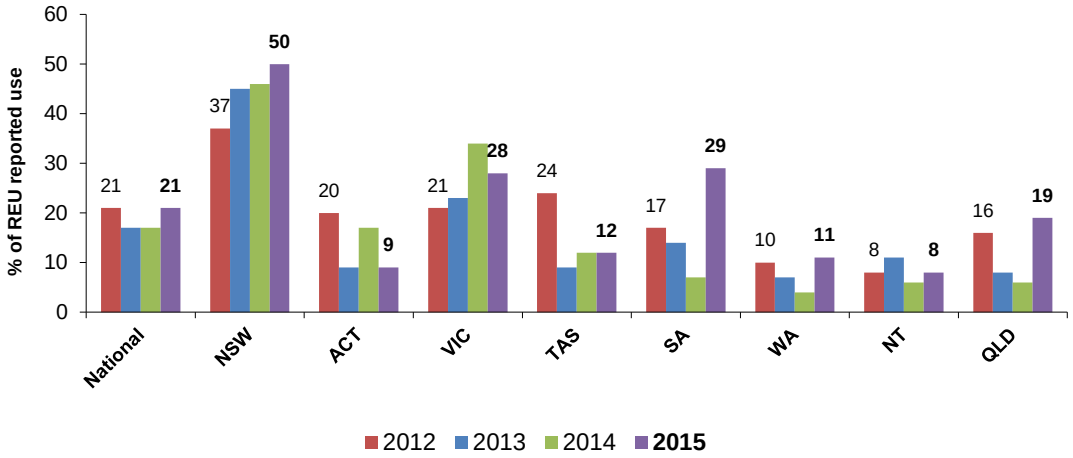
Source: EDRS participant interviews

4.9.7.2 Amyl nitrite

Forty-two percent of the sample reported having used amyl nitrite (a vasodilator) in their lifetime and 21% had used amyl nitrite in the six months preceding interview (Figure 12). Recent use was reported at a significantly higher level in 2015 (21%) than in 2014 (17%, $p<0.03$). NSW continued to be the state with the highest recent amyl nitrite use (50%).

Participants first used amyl nitrite at a median age of 18 years (range 11-28 years) by recent users. Frequency of amyl nitrite use was generally low, with users reporting a median of three days of use in the last six months (range 1-180 days). Sixty-seven percent of recent users had used less than once per month in the preceding six months. One participant reported daily use.

Figure 12: Recent use of amyl nitrite, 2012-2015



Source: EDRS participant interviews

4.9.7.3 Psilocybin Mushrooms

Over half of the national sample (59%) had reported lifetime use of mushrooms and 24% had used mushrooms in the six months preceding interview. Recent use was highest in VIC (40%) and NSW (37%) (see Table 4). Participants first used mushrooms at a median age of 19 years (range 13-29 years). Of those who used mushrooms in the preceding six months, oral consumption was the most common ROA (94%), two participants reported smoking it. Mushrooms were used on a median of two days (range 1-48 days) indicating sporadic or very occasional use. The majority of all recent mushroom users (88%) had used mushrooms

less than monthly. Two percent of the national sample nominated mushrooms as their drug of choice.

4.9.8 Heroin

Seven percent reported they had used heroin in their lifetime. Two percent of the whole sample reported recently using heroin in the six months prior to interview (Table 4). The median age of first use of heroin was 21 years (range 15-40 years) in recent users. Heroin had been used on a median of five days (range 1-179 days) in the preceding six months by recent users. Half of recent users (50%) had used heroin less than monthly. Majority of recent heroin users had injected heroin (69%) in the preceding six months with smaller proportions reporting smoking (38%) and snorting (31%) heroin during this time. Four participants nominated heroin as their drug of choice.

4.9.9 Methadone

Methadone is a medication used for the treatment of opioid dependence, had been used 3% of the entire sample in their lifetime, less than 1% (n=6) of the national sample had used methadone in the last six months (Table 4). Methadone was only reported as being taken orally. Methadone was used on a median of three days (i.e. sporadically) in the six months preceding interview (range 1-5 days). There was no reported daily methadone use.

4.9.10 Buprenorphine

Ten participants (1%) of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Two participants reported recent use of buprenorphine (Table 4). The frequency of use was 3 days (range 1-5 days).

4.9.11 Other opioids

4.9.11.1 Licitly (prescribed) other opioids

Lifetime use of licit other opioids was 15% of the national sample and 5% had used at least once in the last six months prior to interview (Table 28). Median days of licit opioid use was 5.5 days (range 1-180 days) (Table 4). The median age of first use for recent licit users was 18 years (range 9-38 years). ROA was mainly swallowing (100%), two reports of snorting, one report of smoking and no reports of injecting. Examples of other opioids include pethidine and opium, the main brand that was specified was Endone and Panadeine Forte.

Table 28: Use of licit opioids, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=763)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	13	**15**	11	11	16	8	24	14	9	24
% Used last 6 months	5	**5**	3	4	6	4	11	5	2	7

Source: EDRS participant interviews

4.9.11.2 Illicitly obtained (non-prescribed) other opioids

Lifetime use of illicit other opioids was reported by 15% of the national sample, and 10% of the national sample had used other illicit opioids in the previous six months prior to interview (see Table 29). The median age of first use for recent illicit users was 19 years (range 13-38 years). Median days of illicit opiate use was two days (range 1-140 days). The main ROA was swallowing (84%), followed by snorting (11%), injecting (8%), smoking (9%), and no reports of shelving/shafting. Examples of other opioids include pethidine and opium, the main brand used was Endone.

Table 29: Use of illicit opioids, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (n=800)	2015 (n=763)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	22	**20**	21	11	33	13	20	24	9	28
% Used last 6 months	10	**10**	11	5	19	6	14	13	3	11

Source: EDRS participant interviews

4.9.12 Pharmaceutical stimulants

4.9.12.1 Licitly obtained (prescribed) pharmaceutical stimulants

Seven percent of the national sample reported licit lifetime use of pharmaceutical stimulants, 3% reported recent use (see Table 30). Median age of first use by recent users was 19 years (range 7-40 years). The median days of use was 39 days (range 1-180 days). Swallowing was the ROA reported by most participants (96%) with small proportions reporting snorting (14%). Median amount used in an average session was two tablets (range 1-7 tablets). The median amount reported for most tablets taken in a session was two tablets (range 1-10 tablets). Main brand was not specified for pharmaceutical stimulants but they included Dexamphetamines and Ritalin.

Sixty-eight percent of recent licit pharmaceutic stimulant users reported taking their medication as prescribed.

Table 30: Use of licit (prescribed) pharmaceutical stimulants, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=763)	(n=100)	(n=99)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	7	**7**	6	8	6	5	6	10	6	9
% Used last 6 months	3	**3**	2	4	3	0	1	5	3	5

Source: EDRS participant interviews

4.9.12.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Half (52%) of the national sample reported illicit lifetime use of pharmaceutical stimulants, 31% reported recent use (see Table 31). Median age of first use by recent users was 18 years (range 13-44 years). Illicit use accounts for the majority of pharmaceutical stimulant use in this sample of EDRS participants. The majority of recent use occurred in WA (87%). The median days of use was three days (sporadic use, range 1-180 days) (Table 4). Swallowing was the ROA reported by most participants (87%) followed by snorting (31%) and small numbers n<5 reporting injecting, smoking and shelve/shafting. The median amount used in an average session was two tablets (range 0.25-20 tablets). The median amount reported for most tablets taken in a session was three (range 0.5-40 tablets).

Table 31: Use of illicit pharmaceutical stimulants, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=762)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	49	**52**	58	36	52	51	43	87	31	62
% Used last 6 months	26	**31**	37	18	30	13	25	75	13	31

Source: EDRS participant interviews

4.9.13 Over the counter (OTC) codeine (not related to pain use)

One-quarter (24%) of the 2015 sample reported lifetime use of over the counter codeine for non-pain use and 16% reported recent use (see Table 32). OTC codeine were first used by recent users at a median age of 18 years (range 11-43 years). Median days of OTC codeine for purposes unrelated to pain (i.e. recreational use) was three days in the previous six months (range 1-180 days) (Table 4). Swallowing was the most commonly reported ROA by most recent users (90%), with snorting (3%) and smoking (n=1) reported by fewer participants.

Table 32: Use of OTC codeine, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=800)	2015 (N=762)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=101)	(n=85)
% Ever used	21	**24**	27	25	28	15	26	26	17	28
% Used last 6 months	11	**16**	17	17	13	10	16	20	16	15

Source: EDRS participant interviews

4.9.14 Over the counter (OTC) stimulants

Thirteen percent of the 2015 sample reported the lifetime use of OTC stimulants and 5% reported recent use. Recent use was spread across all states (Table 4). OTC stimulants were first used at a median age of 19 years (range 15-31 years) for recent users. In the six months preceding interview, use occurred on a median of three days (range 1-24 days); the majority (91%) reported monthly use or less. Swallowing was the most commonly reported ROA (88%), with four reports of snorting and two reports of smoking. No main brand was specified.

4.9.15 Steroid use

Four percent of the 2015 sample reported the lifetime use of steroids and one percent (n=10) reported using steroids recently (Table 4). The median age of first use for steroids was 18.5 years (range 17-24 years). Of those that had used steroids recently, 90% had injected steroids and one report was swallowed steroids. No other ROA was reported. Median days used by recent steroid users was 45 days (range 4-48 days). No main brand was reported.

4.9.16 Other drugs

4.9.16.1 Capsules Unknown

The EDRS monitors the use of taking ‘caps’ without any knowledge of what substance the capsule contains. This is reported as ‘capsules of unknown content’. Lifetime use was at 18% (17% in 2014) and recent use was 7% (8% in 2014). The capsules were mostly swallowed (87%), followed by snorted (15%). Median days over the past six months was two days (range 1-6 days). Capsules were mostly obtained through friends (48%), followed by dealers (25%), other (19%) or were gifts (6%). It was offered in the majority of cases (74%). Ten percent reported that the capsules were sold in a packet, however, there no reports that the packet was branded.

See Table 4 for ERD use regarding drugs not mentioned.

4.10 New psychoactive substance use

- In 2015, the number of EDRS participants that have consumed an NPS in the previous six month period was 35% (36% in 2014), and 6% for synthetic cannabis, stable from 7% in 2014 (16% in 2013).
- Population estimates for these drugs suggest 1.4% of the population having reported having used synthetic cannabis in the past 12 months and 0.4% having used an NPS.
- Reports of NPS use occurs in all states with synthetic cannabis highest in the NT and QLD.
- The most used NPS included: DMT, NBOMe and 2C-B.
- In 2015 participants were asked if the NPS was offered to them or whether they sought it specifically to assess drug preference.
- Participants were also asked whether the NPS they used was obtained in a marked packet.

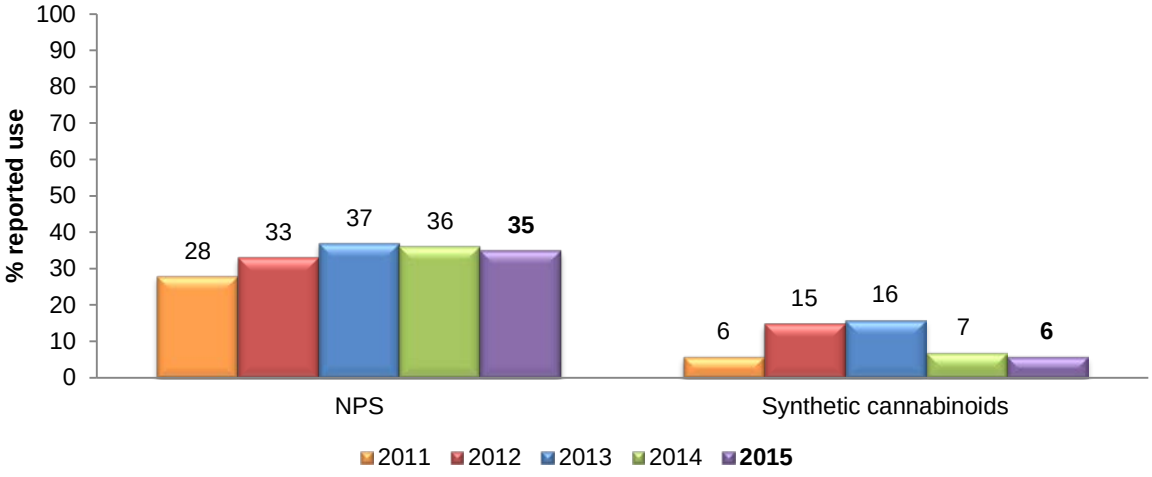
4.10.1 NPS class

New psychoactive substances (NPS, previously termed 'Emerging psychoactive substances or EPS') were noticed to have entered the Australian drug market when use, availability and purity of ecstasy decreased in 2010-2011. In 2010, EDRS participants were beginning to report use of 'other' substances not traditionally asked about in the annual survey. In 2011, these 'other' drugs were found to belong to the NPS category and data has been collected on them in subsequent EDRS surveys. See Appendix C for a brief description of NPS included in the EDRS survey.

Population estimates from the NDSHS for NPS and synthetic cannabis indicate that 1.2% of the population (approximately 230,000 people) had used synthetic cannabinoids in the last 12 months, and 0.4% (approximately about 80,000 people) had used another psychoactive substance such as mephedrone (AIHW, 2014a).

As is evident in Figure 13, recent use of NPS use among RPU was reported by a third or more of the sample since 2012. Synthetic cannabis use remains stable from 7% in 2014 to 6% in 2015.

Figure 13: Recent use of NPS and synthetic cannabis by RPU, 2011-2015



Source: EDRS participant interviews

As is evident, recent use of NPS is spread across the states whereas use of synthetic cannabis is lower and appears to be mostly in QLD and the NT (see Table 33).

Table 33: Recent use of NPS and synthetic cannabis, 2015

%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Used an NPS* #	36	**35**	39	34	44	21	51	33	30	32
% Synthetic Cannabinoid#	7	**6**	5	1	8	1	5	6	11	14
% Used an NPS# (including synthetic cannabinoids)	40	**39**	43	34	47	22	52	36	37	39

Source: EDRS participant interviews
* Does not include synthetic cannabinoids
# Does not include herbal highs, unknown capsule or other

4.10.1.1 Mescaline

Recent use was reported by 2% of the national sample (see Table 34). Swallowing was reported by all (100%) of recent users with no other ROA reports. Median days used is one day (range 1-18 days) over the last six months. The predominant source for obtaining mescaline is through friends (44%), internet (17%) and other (17%). There were single reports of obtaining from a shop and dealer. Median price for one gram of mescaline was $60 (range $60-$180). Forty percent of recent users sought out[5] mescaline (as opposed to opportuinistic use).

Table 34: Use of Mescaline, 2015

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	8	**9**	4	10	12	22	9	4	6	5
% Used last 6 months	2	**2**	1	3	5	5	3	0	0	2

Source: EDRS participant interviews

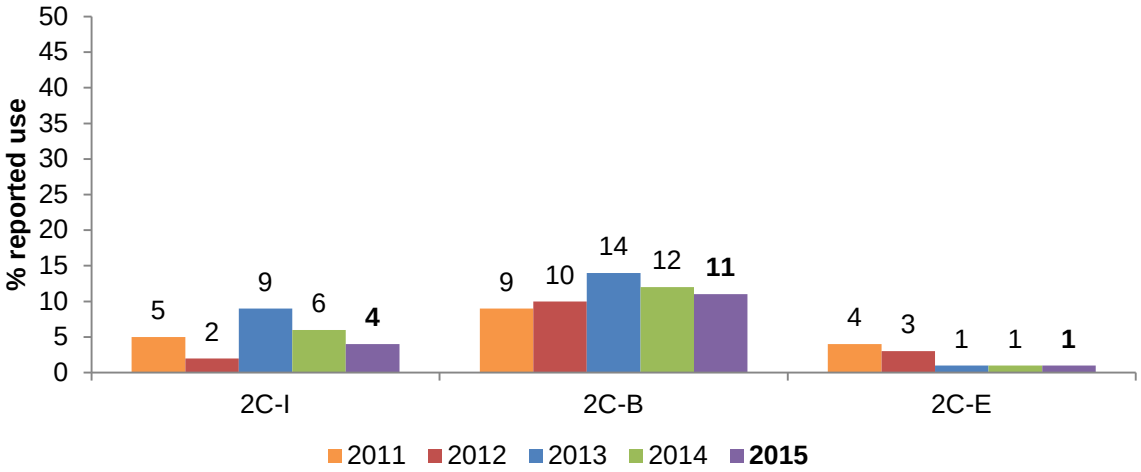
4.10.2 Phenethylamines 2C-X class

4.10.2.1 2C-I, 2C-B and 2C-E

Eleven percent of participants that answered the section reported lifetime use of 2C-I and 4% of the sample reported past six month use of 2C-I (see Figure 14). Median days of use was one day (range 1-30 days). ROA reported was swallowing (93%) and two reports of snorting. There were no reports of smoking or injecting the drug. Of those that used 2C-I recently, the primary sources were friends (46%), followed by dealers (32%) and two reports of the internet, as a gift and 'other'. Median last amount bought was 2 pills (range 0-200 pills/tablets). Median last price paid per pill was $25 (caution small numbers) (range $25-$30), median price for two pills was $25 (approximately $12.50 each) (range $25-30). Thirty-nine percent of recent users reported that they had sought out the drug 2C-I.

[5] In 2014 a question was added to determine whether participants sought out the drug or had used the drug opportunistically.

Figure 14: Recent use 2C-I, 2C-B and 2C-E, 2011-2015



Source: EDRS participant interviews

Closely related to 2CI, is the psychedelic phenethylamine 2C-B (2,5-dimethoxy-4-bromophenethylamine). One-fifth of the national sample had lifetime experience of consuming 2C-B, 11% had consumed the drug in the past six months (Table 35). SA and the ACT reported the most recent use. Median days of use nationally was one day (range 1-7 days). Swallowing was the most common ROA reported (88%), 11% reported having snorted the drug and one report of smoking. Of those that used 2C-B recently, the primary sources were friends (49%) and dealers (37%) with 7% reporting online and two reports of it being given as a gift and three reports of 'other'. Median last amount bought was 2 caps at a median $45 ($22.50 each; range $0-$60). Thirty-four percent of recent users reported that they had sought out the drug 2C-I.

2C-E is another psychedelic NPS. Of the three related psychedelic phethylamines, 2C-E is the drug least used in the lifetime (4%) and recently (1%, n=10) of participants (Table 35). Most commonly reported ROA nationally was swallowing (80%) and two participants reported snorting. Median days used 2C-E was one day (range 1-2 days). Of those that used 2C-E recently, the primary sources were dealers (40%), friends (30%), two reports of a gift and one report of online. Median last amount bought was 1 pill/tab at a median $12.50 ($0-$25). Twenty-two percent (n=2) of recent users reported that they had sought out the drug 2C-I.

Table 35: Use of 2C-I, 2C-B, 2C-E, 2015

% Ever used	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% 2C-I	16	**11**	9	8	12	18	11	13	7	8
% 2C-B	26	**23**	31	22	24	18	34	15	20	20
% 2C-E	6	**4**	7	3	7	3	1	4	3	2
% Used last 6 months	**National 2014 (N=800)**	**National 2015 (N=762)**	**NSW (n=100)**	**ACT (n=98)**	**VIC (n=100)**	**TAS (n=78)**	**SA (n=100)**	**WA (n=100)**	**NT (n=101)**	**QLD (n=85)**
% 2C-I	6	**4**	4	3	3	3	8	4	1	4
% 2C-B	12	**11**	13	18	5	1	22	3	11	11
% 2C-E	1	**1**	4	1	1	0	0	2	0	2

Source: EDRS participant interviews

4.10.2.2 *2C-Other*

The 2C-class contains numerous drugs, and therefore participants in 2015 were asked if they had tried any 'other 2C-class' drugs. Three percent (n=24) reported that they had tried a 2C-class drug (outside of those mentioned above). Six participants had used these drugs recently including 2C-C, 2C-P. Of recent users the only ROA reported was swallowing. Median days of use was one day (range 1-10 days). There were three reports of sourcing 2C-Other from friends and as a gift and one report sourcing from a dealer.

4.10.2.3 *NBOMe*

Lifetime use of NBOMe was 14% and last recent (i.e. six monthly use) was 7%. The majority of participants reported swallowing (90%) and two participants reported snorting. Median days of you of use was two days (1-100 days). Particpants obtained NBOMe from friends (45%), followed by dealers (36%), internet (9%) and three people reported receiving it as a gift. Median amount used and the price purchased was 1 pill/tablet for $20 (range $10-$35). Twenty-eight percent reported that NBOMe was sold in a packet, and of those, four participants reported the packet was branded. Fifty-two percent of recent users reported having sought out the drug NBOMe.

Table 36: Use of NBOMe, 2014

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	13	**14**	20	13	19	6	20	14	5	9
% Used last 6 months	9	**7**	6	5	7	5	18	4	2	8

Source: EDRS participant interviews
n.a. Data not collected in 2013

4.10.2.4 *6-APB Benzo Fury*

Lifetime use was <1% (n=5) and recent use was reported by one participant.

4.10.2.5 *5-IAI (5-Iodo-2-aminoindane)*

5-IAI is a drug which acts as a releasing agent of serotonin, norepinephrine and dopamine. Lifetime use was reported by one participant with no recent use reported.

4.10.3 Phenethylamines Psychedelic class

4.10.3.1 DOI (2,5-dimethoxy-4-iodoamphetamine, Death on Impact,))

DOI (2,5-dimethoxy-4-iodoamphetamine) is also a psychedelic phenethylamine. Lifetime use was reported by two participants with no reports of recent use.

4.10.4 Phenethylamines β– ketones

4.10.4.1 Mephedrone (4-methyl-methcathinone)

Lifetime use of mephedrone was reported by 14% of the national sample. Recent use in the national sample is low (3%) with highest reports in TAS (9%) and VIC (7%). Snorting and swallowing were the most common ROAs reported in the last six months (see Table 37). Median days use in the last six months is one day (range 1-20 days). Mephedrone was predominantly last sourced from friends (58%) followed by dealers (19%), small numbers reported the internet (n=2), a gift (n=3) or other (n=1). The median amount used and price purchased was one gram at $90 (range $0-$180). In 25% of cases, mephedrone was sold in a packet and there were no reports the packet was branded. Mephedrone was sought by 29% of recent users.

Table 37: Use of mephedrone, 2015

%	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	17	**14**	12	5	21	39	2	7	21	6
% Used last 6 months	5	**3**	2	2	7	9	0	3	3	2
% ROA*										
Snorted	67	**69**	100	100	57	57	-	100	67	50
Swallowed	44	**42**	100	0	43	71	-	0	0	50

Source: EDRS participant interviews
* Of those who had used recently

4.10.4.2 *Methylone (3,4-methylenedioxy-N-methylcathinone, bk-MDMA)*

Seven percent of the national EDRS sample reported lifetime use of methylone. Four percent of the sample (n=29) reported recent use. Median days use was two (range 1-24). Most recent users reported swallowing (69%) methylone, followed by snorting (10%). It was primarily obtained from friends (68%) or dealers (25%) with one report of either a gift and other source. The median amount used and price purchased was one cap at $30 (range $0-$40). Twenty-nine percent reported that it was sold to them in a packet and of those there was one report that the packet was branded. Methylone was sought in 43% of cases.

4.10.4.3 *MDPV (methylenedioxypyrovalerone, Bath salts)*

MDPV use in the 2015 national sample was small at about 2% for lifetime and <1% (n=6) for recent use (Table 38). Swallowing (67%) was the main ROA reported by recent users followed by two reports of snorting. MDPV was used on a median of one day (range 1-3 days). MDVP was obtained from friends (67%) mostly followed by single reports by a gift and online. It was sold in a packet in two out of six cases. The packet was not branded. One out of five cases sought out MDPV.

Table 38: Use of MDPV, 2015

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	**3**	**2**	0	1	3	1	2	0	4	2
% Used last 6 months	**<1**	**<1**	0	1	0	1	1	0	2	1

Source: EDRS participant interviews

4.10.4.4 *Other substituted Cathinones*

Lifetime use of other cathinones was reported by 1% of participants (n=7) RPU reported lifetime use of methcathinone, 4-MEC, Khat, flephedrone and butylone. Two RPU reported recent use.

4.10.5 Phenethylamines cyclised amphetamines (related to MDMA & amphetamines) class

4.10.5.1 *MDAI*

Lifetime use was reported by 1% (n=6) of EDRS participants, with recent use reported by three participants.

4.10.6 Tryptamines class (3'- Substituted, 5'-Substituted)

4.10.6.1 *DMT*

DMT (chemical name dimethyltriptamine) is a hallucinogenic drug in the tryptamine family, which is similar to LSD though its effects are said to be more powerful. Pure DMT is reportedly found in crystal form but has been reportedly sold in powder form. It can be injected, smoked or sniffed and the effects rarely last more than two hours (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt).

Twenty-four percent of the national sample reported lifetime use of DMT. Eleven percent of the national sample reported using it recently. DMT was the most used NPS reported in this sample (see Table 39). The main route of administration reported by users was smoking (93%) followed by swallowing (5%). Median days of use was one day (range 1-24 days) among recent users. Friends (59%) were the source most commonly reported for obtaining DMT, followed by given as a gift (19%), dealer (17%), two reports from the internet, and two reports of 'other'. The median cost per gram was $70 (range $0-$300). Twenty-four percent report that DMT was sold to them in a packet, only one participant reported that it was branded. It was sought by 45% of recent users.

Table 39: Use of DMT, 2015

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	27	**24**	22	16	42	23	21	24	21	18
% Used last 6 months	14	**11**	10	6	25	4	11	13	6	9

Source: EDRS participant interviews

4.10.6.2 MXE (3'-Substituted)

Lifetime use of MXE was 6%, with seventeen participants (2%) consuming it in the previous six months. The main ROA reported was snorting (77%), followed by swallowing (29%) with no other ROA reported. Median days used was three days (range 1-12 days). MXE was recently obtained from a dealer (41%), friends (35%) and online (12%) with one report of it being given as a gift and one obtained 'other' source. The minority (29%) reported that it was sought rather than offered. Two participants reported buying MXE in a packet, to which one reported that it was branded.

4.10.6.3 5-MEO-DMT (5'-Substituted)

5-MeO-DMT (5-methoxy-dimethyltryptamine) is a psychedelic tryptamine. It is a naturally occurring psychedelic present in numerous plants and in the venom of the *Bufo alvarius* toad. It is found in some traditional South American shamanic snuffs and sometimes in ayahuasca brews. It is somewhat comparable in effects to DMT; however, it is substantially more potent and should not be confused with DMT. 5-MeO-DMT is mostly encountered as a crystalline chemical and smoked, snorted, or swallowed for recreation and/or insight. The standard dosage range for smoked 5-MeO-DMT is between 2-15 mg (Erowid: www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml).

Two percent of the national sample reported lifetime use and two participants consumed 5-MeO-DMT in the previous six months. The ROAs reported were smoking and swallowing. Median days used was one day (no range). 5-Meo-DMT was sought by one participant and offered to the other.

4.10.7 Piperazines class

4.10.7.1 BZP

BZP (1-benzylpiperazine) is a piperazine and a central nervous system (CNS) stimulant which gained popularity in some countries in the early 2000s as a legal alternative to amphetamine, methamphetamine and MDMA. It is one of the more commonly used piperazines, providing stimulant effects which people describe as a noticeably different than those of amphetamines. It is not particularly popular because many people find that it has more side effects than amphetamines. BZP is used orally at doses of between 70-150 mg and effects are reported to last 6-8 hours.
(www.erowid.org/chemicals/bzp/bzp_basics.shtml).

Lifetime use was at 1% (n=8) of the sample. There was no recent use of BZP in the sample.

4.10.8 Natural occurring substances

4.10.8.1 Datura/Angel's Trumpet

There are many different species in the Datura genus. Probably the two most well-known are the devil's weed (*Datura inoxia*) and the thornapple or jimson weed (*Datura strammonium*). The plant's effects are mainly stupefying, i.e. they make the user feel drowsy, drunk-like and detached from things around them. They can also bring on hallucinations**.** Doses are difficult to judge and can easily cause unconsciousness and death.
(www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura).

Recent use was reported by two participants who reported swallowing and smoking it. Median days of recent use was one day (no range; Table 40).

Table 40: Use of Datura, 2015

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	3	**3**	4	0	3	15	2	1	1	2
% Used last 6 months	<1	**<1**	2	0	0	0	0	0	0	0

Source: EDRS participant interviews

4.10.8.2 Salvia divinorum

Salvia divinorum is a psychedelic native Mexican plant. Nine percent reported using Salvia divinorum in their lifetime, eleven participants across jurisdictions reported using recently. Salvia was smoked by 73% of recent users in the last six months, and swallowed (most likely in tea) by two participants. Median days of recent use was one day (range 1-19 days) in the last six months. Of those that used salvia recently, the primary source was friends (73%) followed by single reports of internet, shops and a gift. It was offered to the participant 60% of cases. Forty percent reported that it was sold in a packet and of those, all reported that the packet was branded.

4.10.8.3 LSA

LSA (d-lysergic acid amide) is a naturally occurring psychedelic found in plants such as morning glory and hawaiian baby woodrose seeds (https://www.erowid.org/chemicals/lsa/lsa.shtml. Five percent reported using LSA in their lifetime, 1% (n=9) reported using LSA recently. LSA was swallowed by 78% of recent users in the last six months, no other reports of ROA. Median days of recent use was two days (range 1-2 days) in the last six months. Of those that used LSA recently, the primary sources was the internet (44%) then friends (22%), followed by single reports of shop, dealer and other. LSA was sought by 75% of recent users, as opposed to being offered. Forty-four percent reported that it was sold in a packet, and of those all reported that the packet was branded.

4.10.9 Other drugs

4.10.9.1 DXM

Dextromethorphan (DXM) is a semisynthetic opiate derivative. It is most commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is almost always used orally, although pure DXM powder is occasionally snorted. The effects of DXM generally fall into the category of dissociatives, along with ketamine, PCP, and nitrous oxide. As with many psychoactive substances, dosages of DXM vary greatly, depending on the individual and the desired level of effects. Recreational doses range from 100 mg to 1,200 mg or more (Erowid: www.erowid.org/chemicals/dxm/dxm_basics.shtml).

Twelve percent reported using DXM in their lifetime, five percent reported using DXM recently (Table 41). DXM was swallowed by 90% of recent users in the last six months. Median days of recent use was two days (range 1-24 days) in the last six months. Of those that used DXM recently, the primary sources were shops (73%) followed by friends (20%), and single reports of internet, gift and 'other'.

Table 41: Use of DXM, 2015

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	9	**12**	13	14	17	4	7	16	9	14
% Used last 6 months	3	**5**	8	7	4	1	1	7	6	8

Source: EDRS participant interviews

4.10.9.2 PMA

Para-methoxyamphetamine (PMA) has been used as a recreational psychoactive drug, first coming into circulation in the 1970s as a substitute for LSD. More recently, it has been sold as MDA or MDMA (ecstasy) and is usually made pressed into pills. Pure PMA is a white powder, but street products can also be beige, pink or yellowish.

The effects of PMA include increase in energy, visual distortions and a general change in consciousness. Symptoms after ingestions can be pupil dilation, erratic eye movements, muscles spasms, increase in body temperature, nausea and vomiting. In some cases ingestion can lead to convulsions, coma and death. Reports of PMA have been recorded in Australia since the mid 1990s when it was implicated in a number of deaths(Galloway and Forrest, September 2002, Lamberth et al., April 2008). Most PMA deaths have been in users who have taken tablets sold as 'ecstasy'. (Drugscope: www.drugscope.org.uk/resources/drugsearch/drugsearchpages/pma).

Nine participants reported using PMA recently. For recent users, swallowing (75%) was the main ROA reported, with single reports of snorting only. Median days used PMA recently was 1.5 days (range 1-4 days) (Table 42). PMA was reportedly obtained from dealers (78%) and friends (22%). For the majority of participants it was offered (78%) rather than sought.

Table 42: Use of PMA, 2015

%	National 2014 (N=800)	National 2015 (N=762)	NSW (n=100)	ACT (n=98)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
% Ever used	4	**3**	4	3	3	3	6	2	4	2
% Used last 6 months	2	**1**	3	1	1	0	1	1	0	2

Source: EDRS participant interviews

4.10.10 Cannabinoids

4.10.10.1 Synthetic cannabinoids

Synthetic cannabinoids are substances that are functionally similar to delta-9-tetrahydrocannabinol (∆9-THC), the primary substance responsible for the psychoactive effects of cannabis. They are generally sold in foil sachets and typically contain 1-3 grams of dried plant matter onto which the synthetic cannabinoid has been sprayed. (http://www.emcdda.europa.eu/topics/pods/synthetic-cannabinoids).

Lifetime use of synthetic cannabinoids was 28% (29% in 2014), and recent use was 6%. Recent use was reported across all states with highest proportions in QLD (14%), NT (11%) and VIC (8%).

K2/Spice

Five percent of the sample had used K2/Spice in their lifetime, and <1% percent of the national sample (n=6) had used it recently. Median days of use was one day (no range). Synthetic cannabis was only smoked (83%). The main sources it was obtained from were friends (83%) and a single report was from a shop. K2/Spice was offered (67%) rather than sought in over half of cases. It was also sold primarily in a packet (100%) which was branded (80%).

Kronic

Eighteen percent of the sample had used Kronic in their lifetime, and 3% percent of the national sample had used it recently. Median days of use was two days (range 1-60 days). Synthetic cannabis was smoked by 80% of participants, with two participants reporting swallowing. The main sources it was obtained from were friends (50%), the shop (20%) and dealers (20%). There were two reports of Kronic being given as a gift. Kronic was primarily offered (62%) rather than being sought. It was sold in a packet to most of the participants (70%, n=14) and of those, the majority reported that the packet was branded (69%, n=9).

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

- The median price of a tablet of ecstasy nationally was $25 ranging from $20 in SA to $40 in the NT. A capsule of ecstasy was a median of $30 and ecstasy (MDMA) powder was reported at a median of $250 per gram. MDMA crystal/rock was $250 per gram. Thehighest proportions of participants in all jurisdictions reported that the price of ecstasy had remained stable in the preceding six months.
- Ecstasy was reported to be of 'medium' purity by 35% of the sample and as 'high' by 20%. A further 29% reported purity 'fluctuates'.
- The majority continued to report that ecstasy was 'easy' to 'very easy' to obtain (93%). The majority in all jurisdictions reported that availability had remained 'stable' in the six months prior to interview.
- Ecstasy was also used in a range of locations, most commonly in nightclubs.
- For MDMA crystal/rock 56% reported purity as being 'high' and 66% reported that it was 'easy' to 'very easy' to obtain.
- The weight of MDMA seizures detected at the border increased dramatically to 2,002 kilograms in 2014/15, the seond highest weight recorded over the past 14 years.

5.1.1 Price

The median price of ecstasy pills nationally was $25 (range $8-$70) ranging from $20 in SA to $40 in the NT. The price was generally consistent across the jurisdictions. The median price per cap (i.e. capsule which may have consisted of powder or crystal) was similar to a pill/tablet at $30 (range $15-$60). The median price of powder per gram varied across jurisdictions with a national median price of $250 per gram which was less than the $300 reported in TAS and WA but more than the $151 in the ACT (caution advised as small numbers reporting across jurisdictions; Table 43). Finally, for MDMA crystal/rock, a relatively new form to appear on the market, the median price for a gram was $250 (range $10-$450). The majority of ecstasy users in all jurisdictions reported that the price of ecstasy had remained 'stable' in the preceding six months (Table 44).

Table 43: Median last price paid for ecstasy tablet and participants' reports of price change, 2015

	National 2014 (N=800)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
Median price $ per tablet (range)	(N=687) 25 (5-60)	**(N=584)** **25** **(8-70)**	25 (10-70)	25 (18-35)	25 (15-45)	35 (10-50)	20 (8-30)	30 (16-40)	40 (15-67)	25 (8-35)
Median price $ per capsule (range)	(N=367) 30 (10-70)	**(N=352)** **30** **(3-300)**	30 (15-300)	26 (20-30)	25 (15-40)	30 (5-40)	25 (17-45)	35 (20-50)	45 (20-60)	27 (3-40)
Median price $ per gram powder (range)	(N=96) 250 (25-600)	**(N=52)** **250** **(20-400)**	275^ (150-314)	151^ (25-275)	220 (20-300)	300^ (40-350)	210^ (130-350)	300^ (40-400)	250^ (60-400)	270^ (40-300)
Median price $ per gram crystals (range)	(N=51) 250 (30-600)	**(N=139)** **250** **(10-450)**	275 (35-350)	200 (30-300)	250 (10-300)	225 (80-350)	170 (50-450)	300 (40-400)	300 (20-450)	300 (200-450)

Source: EDRS participant interviews
^ Small numbers interpret with caution

Table 44: Price changes reported for ecstasy pills, powder and capsules, by RPU, 2015

%	National 2014 (N=683)	National 2015 (N=654)	NSW (n=77)	ACT (n=72)	VIC (n=87)	TAS (n=75)	SA (n=94)	WA (n=97)	NT (n=75)	QLD (n=77)
Price change										
% Increased	14	**10**	20	10	8	9	6	9	15	8
% Stable	68	**62**	58	74	66	63	61	58	48	66
% Decreased	6	**10**	8	3	9	5	18	19	9	5
% Fluctuated	12	**18**	14	14	17	23	15	14	28	21

Source: EDRS participant interviews
Note: Response 'don't know' has been excluded from analysis.

Table 45: Price changes reported for MDMA crystal/rock, by RPU, 2015

%	National 2014 (N=257)	National 2015 (N=258)	NSW (n=28)	ACT (n=44)	VIC (n=44)	TAS (n=19)	SA (n=21)	WA (n=48)	NT (n=17)	QLD (n=36)
Price change										
% Increased	17	**11**	11	14	4	20	20	12	3	11
% Stable	68	**69**	54	72	86	67	64	73	69	77
% Decreased	6	**11**	23	11	11	0	4	5	10	7
% Fluctuated	9	**9**	13	3	0	13	12	10	17	4

Source: EDRS participant interviews
Note: 2014 is the first year data on MDMA crystal/rock was collected

Table 46 presents the median price of ecstasy across time. Although ecstasy prices vary across jurisdictions, the price appears to be higher in more remote jurisdictions, such as the NT. Larger jurisdictions such as NSW and VIC have traditionally reported lower prices. In most jurisdictions, the price of ecstasy has steadily declined across time.

Table 46: Median price of ecstasy per tablet, 2000-2015

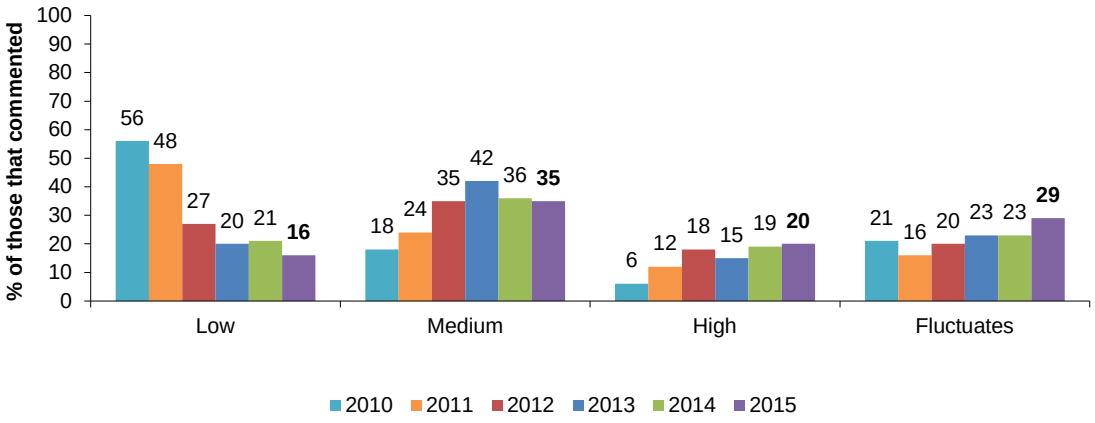
	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	n.a.	n.a.	n.a.	45	n.a.	n.a.	40
2001	35	n.a.	n.a.	n.a.	40	n.a.	n.a.	40
2002	35	n.a.	n.a.	n.a.	35	n.a.	n.a.	n.a.
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30
2008	30	30	27.50	35	25	40	50	25
2009	20	25	25	35	20	35	50	20
2010	25	25	25	35	23	35	35	25
2011	25	30	25	30	20	30	35	25
2012	25	25	30	30	20	35	40	25
2013	25	25	25	30	20	35	35	25
2014	25	25	25	30	20	35	40	25
2015	**25**	**25**	**25**	**35**	**20**	**30**	**40**	**25**

Source: EDRS participant interviews
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD for 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. From 2009, participants reported last price paid for ecstasy tablet not market price

5.1.2 Purity - RPU reports

About a third (35%) of participants' that commented perceive ecstasy to be of 'medium' purity, with 29% reporting that it 'fluctuates' (29%), or that it is 'high' purity (20%). Over time decreasing proportions have reported purity as low (56% in 2010 to 16% in 2015) (see Figure 15).

Figure 15: National RPU reports of current ecstasy purity, 2010-2015



Source: EDRS participant interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

In 2015, the highest proportion of RPU (35%) reported that ecstasy purity was 'medium' for pills, powder and tablets (Table 47). For MDMA crystal/rock, purity was considered 'high' by over half of the sample (56%) that commented (Table 48).

Table 47: Participant reports of current ecstasy pills, powder and tablets purity, 2015

% Current purity	National 2014 (N=735)	National 2015 (N=686)	NSW (n=77)	ACT (n=76)	VIC (n=89)	TAS (n=78)	SA (n=97)	WA (n=100)	NT (n=96)	QLD (n=73)
% Low	21	**16**	22	11	8	9	25	17	17	22
% Medium	36	**35**	40	36	34	31	43	31	43	21
% High	19	**20**	14	33	32	8	12	19	15	26
% Fluctuates	23	**29**	23	21	27	53	20	33	26	32

Source: EDRS participant interviews

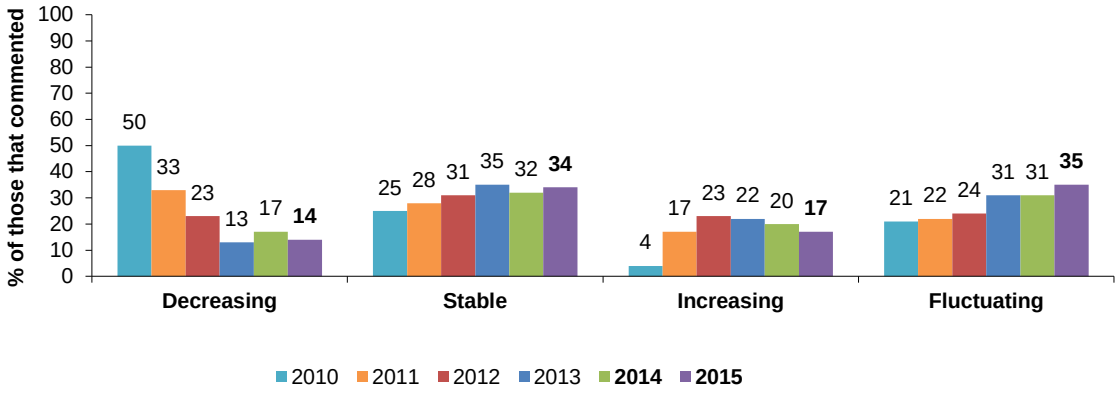
Table 48: Participant reports of current MDMA crystal/rock purity, 2015

% Current purity	National 2014 (N=313)	National 2015 (N=304)	NSW (n=61)	ACT (n=40)	VIC (n=32)	TAS (n=23)	SA (n=33)	WA (n=47)	NT (n=37)	QLD (n=31)
% Low	9	**6**	2	3	0	4	9	9	19	0
% Medium	26	**27**	38	25	34	26	33	21	19	16
% High	58	**56**	46	58	63	52	55	61	46	74
% Fluctuates	8	**11**	15	15	3	17	3	9	16	10

Source: EDRS participant interviews
Note: 2014 was the first year PPA data on MDMA crystal/rock was collected

Participants were asked to comment on the change of ecstasy pills, powder and capsule purity in the preceding six months. The results were mixed but generally the purity of ecstasy was considered to be 'fluctuating' (35%) or 'stable' (34%) (Figure 16).

Figure 16: National RPU reports of recent purity (last six months) change in ecstasy pills, powder and capsules, 2010-2015



Source: EDRS participant interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 49 presents jurisdictions' reports and variability of perceived purity change of ecstasy in the six months preceding interview. For MDMA crystal/rock, two thirds (65%) of the participants that commented reported purity to be 'stable' (65%, see Table 50).

Table 49: Participant reports of changes in ecstasy pills, powder and capsule purity in the past six months, 2015

% Current purity change	National 2014 (N=678)	National 2015 (N=641)	NSW (n=69)	ACT (n=72)	VIC (n=86)	TAS (n=76)	SA (n=95)	WA (n=93)	NT (n=78)	QLD (n=72)
% Increasing	17	**14**	12	17	19	4	18	19	10	14
% Stable	32	**34**	36	42	36	25	40	31	24	35
% Decreasing	20	**17**	23	14	11	8	25	20	18	11
% Fluctuating	31	**35**	29	28	35	63	17	29	47	40

Source: EDRS participant interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

Table 50: Participant reports of changes in MDMA crystal/rock purity in the past six months, 2015

% Current purity change	National 2014 (N=270)	National 2015 (N=265)	NSW (n=55)	ACT (n=37)	VIC (n=31)	TAS (n=18)	SA (n=26)	WA (n=41)	NT (n=30)	QLD (n=27)
% Increasing	17	**13**	11	19	10	17	23	10	10	7
% Stable	55	**65**	58	51	65	67	54	78	70	78
% Decreasing	13	**6**	11	5	10	0	8	5	0	4
% Fluctuating	15	**17**	20	24	16	17	15	7	20	11

Source: EDRS participant interviews
Note: 2014 is the first year data on MDMA crystal/rock was collected

5.1.3 Purity – seizure data

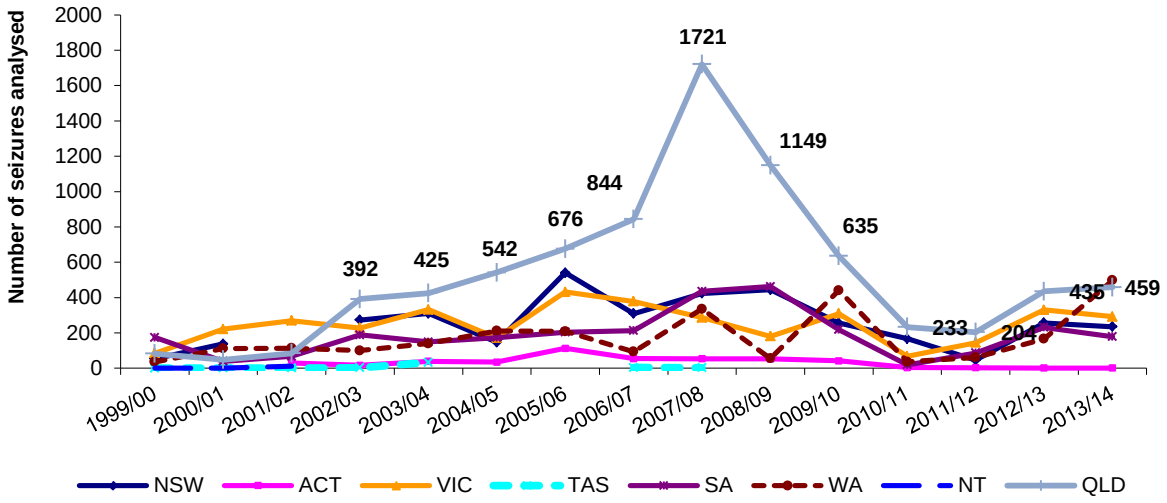
Estimates of purity by users are necessarily subjective and depend, among other factors, on users' tolerance to the drug. Laboratory analyses of the purity of seizures provide more objective evidence regarding purity changes, and therefore should be considered in addition to the subjective reports of users. It is also important to note the limitation of the average purity figures – namely, that **not all illicit drugs seized by Australia's law enforcement agencies are analysed for purity**. In some instances, seized drugs will be analysed only in a contested court matter. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia. Notwithstanding this limitation, the purity figures provided remain the most objective measure of changes in purity levels available in Australia.

The purity data presented in this report are provided by the ACC and the former Australian Bureau of Criminal Intelligence (ABCI). The ACC provide data on state/territory police and Australian Federal Police (AFP) seizure data, including the number and weight of seizures. In 1999/00, the purity was reported as 'ecstasy' seizures. Since 2000/01, ecstasy seizures have been reported under 'phenethylamines' as ecstasy belongs to the phenethylamine family of drugs. Other drugs such as 4-bromo-2,5-dimethoxyamphetamine (DOB), 2,5-dimethoxy-4-methylamphetamine (DOM), MDA, 3,4-methylenedioxyethylamphetamine (MDEA), Paramethoxyamphetamine (PMA), and 4-methylthioamphetamine (4-MTA) also belong to the phenethylamine family and seizures of these drugs are included in the seizure data from 1999/00.

The following caveat applies to Figure 17 through to 21 below: Figures do not represent the purity levels of all phenethylamine seizures – only those that have been analysed at a forensic laboratory. Figures for South Australia, Western Australia, Tasmania represent the purity levels of methylamphetamine received at the laboratory in the relevant quarter. Figures for all other jurisdictions represent the purity levels of phenethylamines *seized by police* in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly. In addition, no adjustment has been made to account for double counting of joint operations between the AFP and state/territory police.

In 2013/14, the number of state seizures analysed increased across many jurisdictions, with WA reporting a large increase from 166 to 498 seizures. There were no seizures analysed in the NT or TAS in 2013/14 (Figure 17).

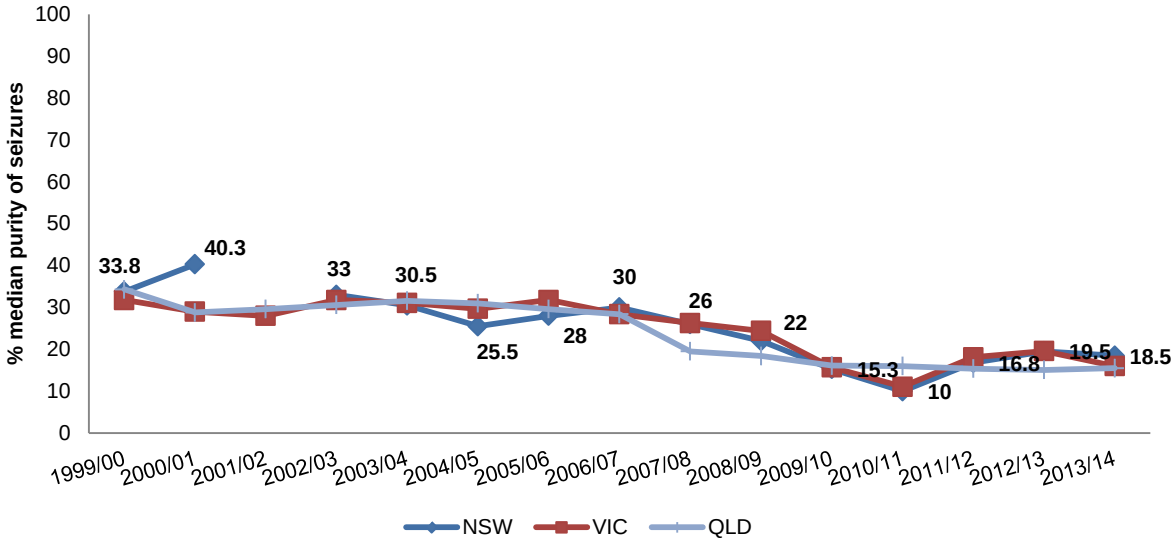
Figure 17: Number of phenethylamine state police seizures, 1999/00-2013/14



Source: (Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

The analysed median purity of the state police seizures indicates that, generally, purity of phenylethylamine seizures in the eastern states with the larger populations has been on a slight declining trend since 1999/00. The median purity level in 2013/14 appears to be similar to figures in 2012/13 (Figure 18).

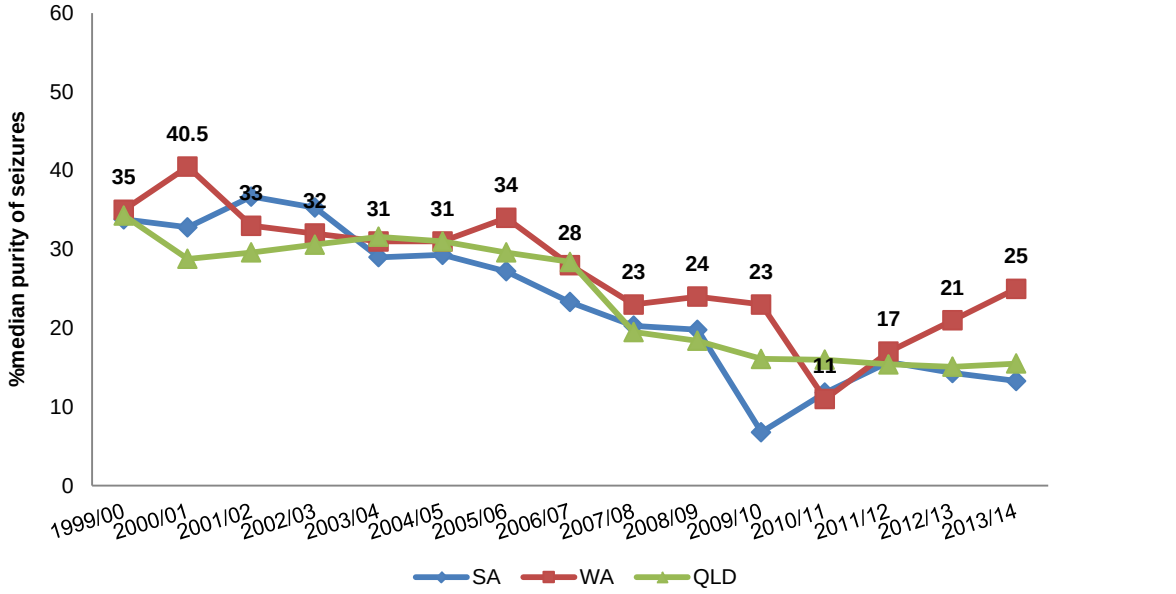
Figure 18: Median purity of state police phenethylamine seizures, eastern jurisdictions, 1999/00-2013/14



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

In smaller jurisdictions, the analysed median purity of the state police seizures are at similar levels to the larger jurisdictions above. TAS and the NT did not have any data recorded in 2013/14 (Figure 19).

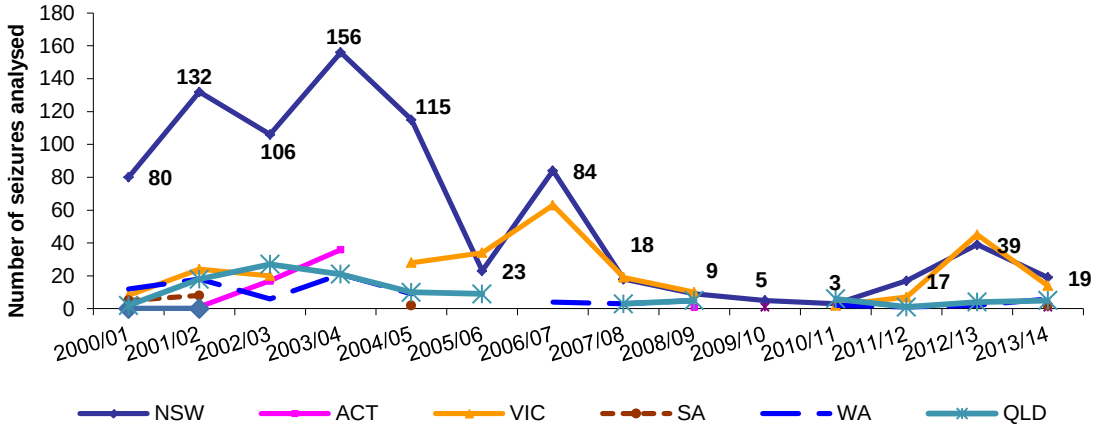
Figure 19: Median purity of state police phenethylamine seizures, smaller jurisdictions, 1999/00-2013/14



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

In 2013/14, all jurisdications except the NT recorded any AFP phenethylamine seizures that were analysed, and numbers were much lower than for state police seizures (Figure 20). TAS and NT are not shown due to low or no seizures.

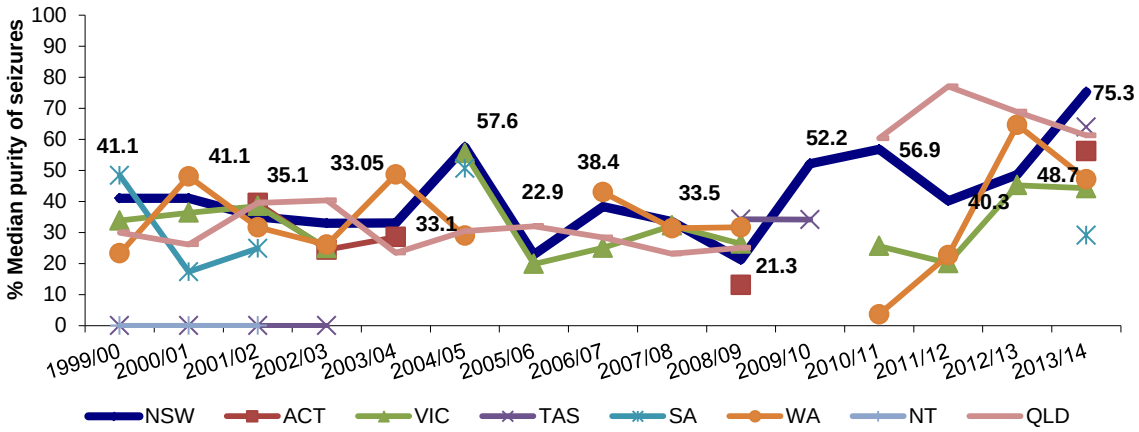
Figure 20: Number of AFP phenethylamine seizures, by jurisdiction, 2000/01-2013/14



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

The median purity of AFP phenethylamine seizures show fluctuations across time (Figure 21).

Figure 21: Median purity of AFP phenethylamine seizures, by jurisdiction, 1999/00-2013/14



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

5.1.4 Availability – RPU reports

The majority of the EDRS national sample continued to report ecstasy as being 'easy to very easy' to obtain (93%), and that this had remained 'stable' in previous six month period (Table 51).

Table 51: EDRS reports of availability of ecstasy pills, powder and capsules in the preceding six months, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability of ecstasy	2014 (N=740)	2015 (N=702)	(n=83)	(n=79)	(n=90)	(n=78)	(n=98)	(n=99)	(n=97)	(n=78)
% Very easy	42	**50**	34	57	62	28	56	63	44	49
% Easy	47	**43**	49	38	36	68	38	30	43	42
% Difficult	10	**8**	17	5	2	4	5	7	11	9
% Very difficult	1	**<1**	0	0	0	0	1	0	1	0
Change in availability	(N=701)	(N=673)	(n=80)	(n=75)	(n=89)	(n=77)	(n=97)	(n=100)	(n=79)	(n=76)
% More difficult	16	**7**	14	4	6	3	10	7	9	7
% Stable	58	**64**	63	72	73	68	66	61	58	53
% Easier	19	**20**	19	20	21	14	14	26	17	24
% Fluctuates	7	**9**	5	4	0	16	9	6	17	17

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Two-thirds (66%) of those that commented on MDMA crystal/rock purity changes reported that it was 'easy to very easy' to obtain and that this had remained 'stable' (59%) (see Table 52).

Table 52: EDRS reports of availability of MDMA crystal/rock in the preceding six months, 2015

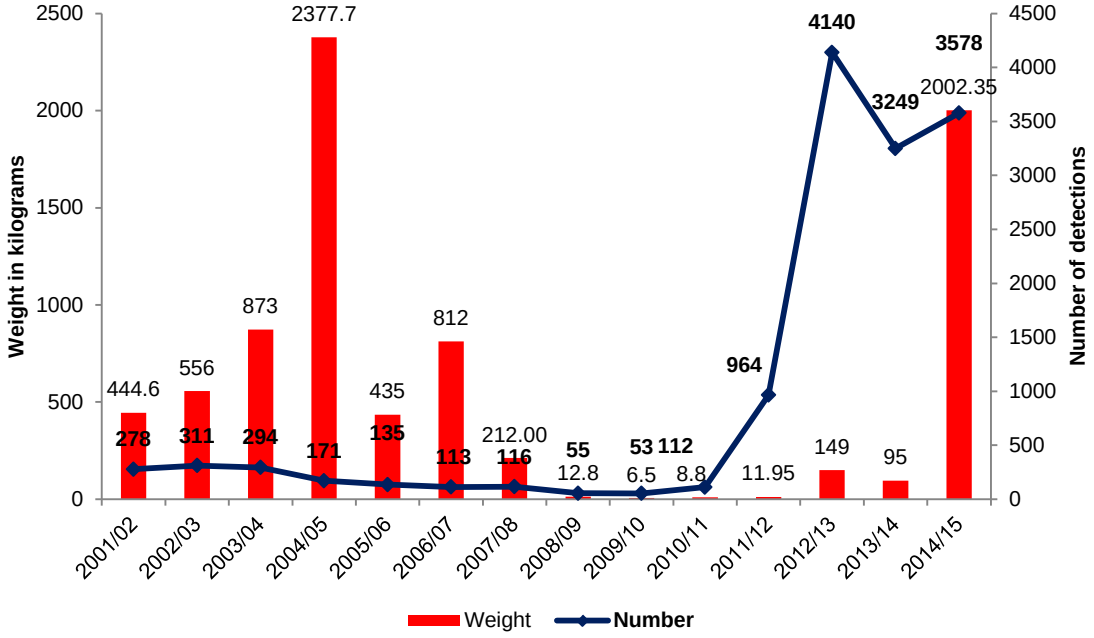
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability of ecstasy	2014 (N=315)	2015 (N=311)	(n=65)	(n=41)	(n=32)	(n=24)	(n=36)	(n=45)	(n=37)	(n=31)
% Very easy	27	**30**	43	29	44	8	17	29	35	19
% Easy	41	**36**	37	49	31	29	42	27	32	42
% Difficult	28	**30**	18	22	25	42	39	40	32	36
% Very difficult	4	**3**	2	0	0	21	3	4	0	3
% Change in availability	2014 (N=295)	2015 (N=288)	(n=62)	(n=39)	(n=31)	(n=22)	(n=31)	(n=43)	(n=31)	(n=29)
% More difficult	20	**14**	5	10	10	14	32	23	10	10
% Stable	55	**59**	61	59	74	55	32	65	55	62
% Easier	17	**20**	27	23	16	27	16	12	19	17
% Fluctuates	8	**8**	7	8	0	5	19	0	16	10

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards
Note: 2014 is the first year data on MDMA crystal/rock was collected

5.1.4.1 Ecstasy detected at the Australian border

The weight of MDMA presented here is the weight of the tablets, not the weight of the active drug. In 2014/15 the weight of MDMA seizures detected increased dramatically (to 2,002 kilograms) and was primarily due to one combined seizure of methamphetamine and MDMA weighing 2.8 tonnes (Australian Customs Border and Protection Service, 2015) (Figure 22). This was the second largest seizure of MDMA to be detected at the Australian border.

Figure 22: Number and weight of detections of MDMA detected at the border by the Australian Customs and Border Protection Service, 1997/98-2014/15



Source: (Australian Customs Border and Protection Service, 2015)

5.1.5 Supply: Purchasing patterns and locations of use

Ecstasy was reportedly purchased from a median of three people (range 0-40 people) in the past six months, and the vast majority (97%) reported typically purchasing for themselves and friends on those occasions. Frequency of purchase data were comparable to those reported in 2014, with half (52%) of the sample reporting purchasing ecstasy monthly or less. The median number of ecstasy pills purchased at a time was four tablets/pills, as was the median number of MDMA crystal caps purchased (Table 53).

Table 53: Purchasing patterns related to ecstasy use, 2015

%	National 2014 (N=743)	National 2015 (N=763)	NSW (n=100)	ACT (n=99)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
Median no. people bought ecstasy from (n; range)	3 (0-25)	**3 (0-40)**	3 (1-15)	2 (0-8)	4 (0-20)	3 (0-7)	3 (0-40)	4 (0-30)	3 (0-16)	3 (0-25)
Last time purchased ecstasy for:										
% Yourself	35	**40**	30	42	37	1	37	41	38	44
% Yourself and others	62	**57**	67	54	56	55	58	57	62	54
% Others only	1	**1**	2	0	1	42	2	1	0	0
% Didn't purchase	2	**3**	2	4	6	1	3	1	0	3
Frequency of purchase:										
% Monthly or less (1-6 times)	51	**52**	46	73	45	53	47	44	53	53
% Fortnightly or less (7-12 times)	33	**31**	31	17	27	38	36	33	29	34
% Weekly or less	15	**16**	19	9	24	9	14	21	15	11
% Three times per week or more (25-180)	2	**2**	5	0	4	0	2	1	3	1
Median no. pills/tabs purchased (n)	4	**4**	4	4	4	2	6	4	4	3
Median no. caps (crystal) purchased (n)	n.a.	**4**	8	2.5^	5	0	3^	0	0	0
Median no. grams (crystal) purchased (n)	n.a.	**1**	1	1^	1.75	1	1.5^	1^	1.25^	1^

Source: EDRS participant interviews
n.a.data not available
^small numbers interpret with caution

Ecstasy was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (60%) (Table 54). The most common location for purchasing ecstasy was private locations such as friend's home (28%), followed by public locations such as nightclubs (14%).

Ecstasy was reportedly most commonly used in a nightclub setting (46%) followed by live music/concert events (9%) then private settings such as private parties (12%) and friend's home (9%) (Table 54).

Table 54: Last source, purchase location and use location of ecstasy pills, powder and capsules, 2015

% Source (among those who commented)	National 2014 (N=751)	National 2015 (N=704)	NSW (n=84)	ACT (n=78)	VIC (n=91)	TAS (n=78)	SA (n=98)	WA (n=100)	NT (n=97)	QLD (n=78)
% Friends	64	**60**	58	60	58	54	61	74	58	54
% Known dealers	17	**18**	21	24	11	14	20	12	23	21
% Acquaintances	8	**11**	7	6	21	9	8	7	7	21
% Unknown dealers	5	**6**	7	5	7	9	7	3	5	5
% Workmates	2	**2**	4	0	1	8	0	2	2	0
% Other	<1	**<1**	0	0	0	3	0	0	0	0
% Street dealers	1	**<1**	1	3	0	0	0	0	3	0
% Relatives	1	**1**	0	0	1	4	1	1	1	0
% Online	1	**<1**	1	1	1	0	1	1	0	0
% Location obtained (among those who commented)	**2014 (N=749)**	**2015 (N=699)**	**NSW (n=84)**	**ACT (n=76)**	**VIC (n=91)**	**TAS (n=78)**	**SA (n=97)**	**WA (n=98)**	**NT (n=97)**	**QLD (n=78)**
% Friend's home	33	**28**	29	34	30	22	26	41	18	24
% Nightclub	14	**14**	13	9	17	15	22	12	17	8
% Dealer's home	9	**9**	10	8	7	9	8	5	13	12
% Home delivered	13	**13**	10	16	8	14	11	13	17	21
% Agreed public location	9	**12**	18	15	12	4	14	5	7	21
% Raves*	2	**2**	2	0	8	5	0	0	1	0
% Private party	5	**5**	2	9	4	8	5	6	2	5
% Pubs	5	**4**	4	1	8	12	1	0	7	3
% Acquaintance's home	<1	**1**	0	0	2	3	1	0	1	3
% Street	2	**5**	6	4	1	1	7	6	10	3
% Work	1	**1**	2	1	0	6	0	2	0	0
% Live music event/festival	4	**2**	1	1	2	0	1	5	5	1
% Online	<1	**<1**	1	0	1	0	0	1	0	0
% Other (include. Day club, educational institution etc.)	<1	**<1**	1	0	0	1	0	1	0	1
% Last use venue (among those who commented)	**2014 (N=747)**	**2015 (N=705)**	**NSW (n=84)**	**ACT (n=78)**	**VIC (n=91)**	**TAS (n=78)**	**SA (n=98)**	**WA (n=100)**	**NT (n=97)**	**QLD (n=79)**
% Nightclub	40	**46**	49	42	39	37	60	49	42	49
% Home	7	**9**	10	6	9	1	7	6	20	9
% Friend's home	10	**9**	12	5	6	5	10	11	11	10
% Live music event/festival	15	**9**	7	14	7	3	7	18	6	9
% Private party	12	**12**	8	19	11	18	6	10	6	18
% Raves*	5	**6**	5	0	24	10	1	2	4	0
% Pub	7	**6**	6	9	4	21	4	1	4	4
% Outdoors◊	2	**2**	2	1	0	4	2	2	2	0
% Public place	1	**<1**	0	3	0	0	0	1	2	0
% Other (includes car and day club)	1	**1**	0	0	1	2	0	0	1	1

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
◊ Examples include at a beach, bushwalking, camping
Note: 'Haven't obtained' excluded from analysis

MDMA crystal/rock was purchased from a range of sources and from a variety of public and private locations, with the most common sources at the national level being friends (55%) followed by known dealers (24%) (Table 55).

MDMA crystal/rock was purchased in private locations such as friend's home (33%) or dealers home (12%) or home delivered (12%). Nightclubs were the locations MDMA crystal/rock was most used, which is the same for ecstasy pills, powder and capsules.

Table 55: Last source, purchase location and use location of MDMA crystal/rock, 2015

% Source (among those who commented)	National 2014 (N=320)	National 2015 (N=318)	NSW (n=68)	ACT (n=42)	VIC (n=32)	TAS (n=24)	SA (n=35)	WA (n=47)	NT (n=38)	QLD (n=32)
% Friends	58	**55**	52	36	47	67	54	70	63	53
% Known dealers	19	**24**	27	38	28	25	14	13	24	19
% Acquaintances	10	**9**	10	10	13	4	11	4	0	19
% Unknown dealers	6	**6**	6	6	13	0	3	4	8	6
% Workmates	1	**2**	2	5	0	0	3	4	0	3
% Online	5	**3**	2	5	0	0	6	4	3	0
% Street dealers	1	**<1**	2	2	0	0	3	0	0	0
% Other	0	**<1**	0	0	0	4	6	1	2	0
% Location obtained (among those who commented)	**2014 (N=320)**	**2015 (N=318)**	**NSW (n=68)**	**ACT (n=42)**	**VIC (n=32)**	**TAS (n=24)**	**SA (n=35)**	**WA (n=47)**	**Nt (n=38)**	**QLD (n=32)**
% Friend's home	42	**33**	28	17	31	38	31	47	32	44
% Nightclub	5	**8**	9	14	13	8	11	2	5	3
% Dealer's home	13	**12**	13	21	13	4	6	15	5	13
% Home delivered	9	**12**	9	14	6	13	6	6	29	19
% Agreed public location	8	**9**	15	7	9	8	6	9	8	3
% Raves*	4	**4**	2	5	19	4	3	2	0	0
% Private party	4	**4**	6	7	3	0	3	6	0	3
% Pubs/Bars	3	**4**	0	0	3	13	6	2	5	6
% Acquaintance's home	2	**<1**	0	0	0	0	3	0	0	3
% Street market	2	**4**	2	5	0	0	11	2	13	0
% Work	<1	**<1**	2	0	0	0	0	2	0	3
% Live music event/festival	4	**5**	10	5	3	8	6	2	0	0
% Online	3	**2**	2	2	0	0	6	4	3	0
% Other	0	**2**	2	3	0	4	2	3	0	3
% Last use venue (among those who commented)	**2014 (N=321)**	**2015 (N=315)**	**NSW (n=68)**	**ACT (n=42)**	**VIC (n=33)**	**TAS (n=24)**	**SA (n=32)**	**WA (n=47)**	**NT (n=37)**	**QLD (n=32)**
% Nightclub	32	**35**	31	33	33	42	44	32	30	47
% Home	7	**9**	10	2	6	4	5	11	24	3
% Friend's home	16	**15**	15	10	3	13	19	13	24	22
% Live music event/festival	17	**15**	16	21	12	17	19	17	0	16
% Private party	12	**9**	12	19	6	0	3	11	5	3
% Raves*	7	**9**	6	5	30	4	6	13	5	0
% Pubs/Bars	5	**5**	9	2	6	17	0	4	3	3
% Outdoors◊	2	**2**	2	2	0	4	3	0	3	3
% Dealers home	<1	**<1**	0	2	0	0	0	0	0	0
% Public place	1	**1**	0	2	3	0	0	0	3	3
% Other (includes car and day club)	0	**<1**	0	2	1	0	1	0	3	0

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
◊ Examples include at a beach, bushwalking, camping
Note: 'Haven't obtained' excluded from analysis

5.2 Methamphetamine

Speed powder

- Price (median) of a gram of speed nationally was $260 with 75% reporting that prices were stable.
- Purity reports of speed were considered 'medium' 48%. Most reported purity of speed had remained stable.
- Speed was considered to be 'easy' to 'very easy' to obtain (59%). The majority considered speed availability to have remained 'stable' in the past six months.

Base

- Price (median) of base was commonly reported in pointsand was $75 per point nationally (an increase from $60 in 2014). Most participants reported that this had remained 'stable'.
- Purity was reported to be 'medium' for base, and this was considered to have remained 'stable'.
- Base was considered to be 'easy' to 'very easy' to obtain by about half of those that commented (53%) and 41% reported it as 'difficult'. This was reported to have remained 'stable' (60%) or become 'more difficult' (27%) over the past six months.

Crystal

- Price (median) of crystal/ice was commonly reported in points, and was $100 per point nationally. Most participants reported that this had remained 'stable'.
- The largest proportion reported that crystal/ice purity was 'high' and that this had remained 'stable'.
- The majority of participants commenting reported that crystal/ice was 'easy' to 'very easy' to obtain (97%), a significant increase from 86% in 2014. Over half (61%) reported that availability had remained 'stable' and a third (32%) reported it had become 'easier' to obtain in the preceding six months.
- ATS (predominantly crystalline methamphetamine) seizures detected at the Australian border dominated all illicit drug seizures in 2014/15. The numbers and weights of crystalline methamphetamine seizures are the highest on record.

5.2.1 Price

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. A degree of caution should be exercised when considering these figures, as fewer than 10 participants in each jurisdiction reported recent purchase of different forms of methamphetamine. The median prices, by jurisdiction, are presented in Table 56 and perceptions of price changes are shown in Table 57.

The price of speed was recorded in terms of a gram and a point (0.1 gram). The median price of a gram of speed nationally was $260 ranging from $175 in NSW to $400 in QLD and the NT slightly lower than 2014 figures. Prices reported were considered to have remained 'stable' over the six months prior to interview by the majority of participants that commented.

Very few participants were able to comment on base. The price of base was reported in points and the last purchased price of a point of base was between $25 per point in NSW to

$115 per point in the NT. The majority of those commenting in the national sample reported that the price of base had remained 'stable' in the six months prior to interview.

The median price for a point of crystal nationally was $100 ranging from $50 in NSW to $150 in the NT. These figures are mixed across jurisdictions (see Table 56). The price per gram was typically higher for crystal than for speed or base. Participants reported that price had remained 'stable' (57%) six months prior to interview (see Table 58).

Table 56: Median of last price paid of various forms of methamphetamine, 2015

	Median price $ per point						Median price $ per gram					
	Speed powder		Base		Crystal		Speed powder		Base		Crystal	
	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015	2014	2015
National	50^	**50**	60	**75^**	100	**100**	250	**260**	200^	**350^**	500	**500**
NSW	50	**27.50^**	-	**25^**	50^	**50^**	150^	**175^**	100^	**200^**	450^	**-**
ACT	35^	**22.50^**	30^	**-**	100^	**80^**	200	**220^**	120^	**-**	375^	**500^**
VIC	20	**20^**	20^	**-**	70	**50**	200	**200^**	200^	**-**	550	**400^**
TAS	42.50^	**50**	30^	**65^**	100^	**100^**	300	**300^**	300^	**-**	500^	**600^**
SA	50^	**50^**	100^	**90^**	90	**65**	-	**185^**	-	**425^**	450^	**450^**
WA	100^	**-**	-	**-**	100	**100^**	200^	**300^**	-	**-**	800^	**700^**
NT	100^	**100^**	150^	**115^**	150	**150**	350	**400^**	200^	**-**	850	**800^**
QLD	55^	**35^**	60^	**-**	100	**80^**	650^	**400^**	-	**-**	650^	**500^**

Source: EDRS participant interviews
^ Small numbers (n<10); interpret with caution

Table 57: Methamphetamine price changes, 2015

% Speed price changes (among those who commented)	National 2014 (N=110)	National 2015 (N=87)	NSW (n=12)	ACT (n=14)	VIC (n=13)	TAS (n=20)	SA (n=7^)	WA (n=3^)	NT (n=13)	QLD (n=5^)
% Increased	12	**13**	8	14	8	15	29	0	15	0
% Stable	79	**75**	75	79	85	85	29	100	62	80
% Decreased	6	**3**	0	0	8	0	14	0	8	0
% Fluctuated	4	**9**	17	7	0	0	29	0	15	20
% Base price changes (among those who commented)	**National 2014 (N=33)**	**National 2015 (N=13)**	**NSW (n=2^)**	**ACT (n=0)**	**VIC (n=0^)**	**TAS (n=4^)**	**SA (n=5^)**	**WA (n=0)**	**NT (n=1^)**	**QLD (n=1^)**
% Increased	6	**8**	50	-	-	0	0	-	0	0
% Stable	82	**69**	50	-	-	75	60	-	100	100
% Decreased	6	**0**	0	-	-	0	0	-	0	0
% Fluctuated	6	**23**	0	-	-	25	40	-	0	0
% Crystal price changes) (among those who commented)	**National 2014 (N=97)**	**National 2015 (N=102)**	**NSW (n=7^)**	**ACT (n=4^)**	**VIC (n=13)**	**TAS (n=9^)**	**SA (n=22)**	**WA (n=11)**	**NT (n=25)**	**QLD (n=11)**
% Increased	14	**10**	14	25	8	0	9	0	20	0
% Stable	57	**57**	57	25	31	100	41	91	60	55
% Decreased	18	**27**	29	25	62	0	32	9	20	27
% Fluctuated	11	**7**	0	25	0	0	18	0	0	18

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

The median price per gram of speed has been substantially lower in NSW compared to other jurisdictions over time. In 2013 there was an increase in price for speed in NSW to $150 per gram, the highest reported since monitoring began in 2000 and this has remained closer to the price in other states in 2015 ($175 per gram). It should be noted that small numbers have commented on price in NSW since 2012 (Table 58).

Table 58: Median price per gram of methamphetamine powder (speed), 2000-2015

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	60
2001	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
2002	n.a.	60	n.a.	n.a.	n.a.	43	n.a.	n.a.	n.a.
2003	n.a.	55	175	180	200	40	200	60	200
2004	100	60	80	180	300	50	300	100	180
2005	150	60	80	180	325	65	300	200	180
2006	180	60	200	200	325	50	300	122.75	150
2007	200	50	200	195	300	200	350	250	200
2008	180	50	225	200	300	200^	100	300^	165
2009	200	47.50	200	190	255	350	275	300	180
2010	200	55	200	200	250	200^	300^	350	200
2011	200	80	200	200	250^	300^	475^	300^	200
2012	200	75^	200	200	300	225^	400^	200^	200^
2013	200	150^	200	200	300	280^	700^	300^	200^
2014	250	150^	200	200	300	-	200^	350	650^
2015	**260**	**175^**	**220^**	**200^**	**300^**	**185^**	**300^**	**400^**	**400^**

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000, in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here; no participants reported on the price of speed in QLD in 2001. In 2009 onward, only last price paid for gram of speed was reported.

Very few participants in 2014 across jurisdictions were able to comment on the price per point of base (Table 59).

Table 59: Median price per point of methamphetamine base (base), 2000-2015

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	30
2001	n.a.	50	n.a.	n.a.	n.a.	30	n.a.	n.a.	30
2002	n.a.	40	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	n.a.	40	40	32.5	50	25	50	50	25
2004	30	37.5	40	29	50	25	50	50	27.5
2005	30	30	40	22.5	50	25	50	75	25
2006	40	37.5	42.5	*(no purchases)*	40	22.5	50	80^	25
2007	40	40^	50^	50^	40	40	50^	35^	25
2008	40	42.5^	30	30^	40^	50	50^	*(no purchases)*	25
2009	50	30^	40^	*(no purchases)*	60^	50^	50^	55^	40^
2010	50	35^	25^	*(no purchases)*	50^	50^	*(no purchases)*	50^	35^
2011	50	*(no purchases)*	22.50^	40^	50^	50^	*(no purchases)*	*(no purchases)*	40^
2012	50	50^	50^	100^	50	85	-	-	65^
2013	80^	*(no purchases)*	*(no purchases)*	80^	*(no purchases)*	90^	*(no purchases)*	*(no purchases)*	*(no purchases)*
2014	60	-	30^	20^	30^	100^	-	150^	60^
2015	**75^**	**25^**	**-**	**-**	**65^**	**90^**	**-**	**115^**	**-**

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution.
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. No participant commented on the price of a point of base in VIC in 2006. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009 onward, only last price paid for point of base was reported

In 2015, the median price for a point of crystal was $100. NSW and VIC reported the lowest price for a point of crystal methamphetamine ($50). Please interpret with caution as small numbers in most jurisdictions (Table 60).

Table 60: Median price per point of crystalline methamphetamine (crystal), 2000-2015

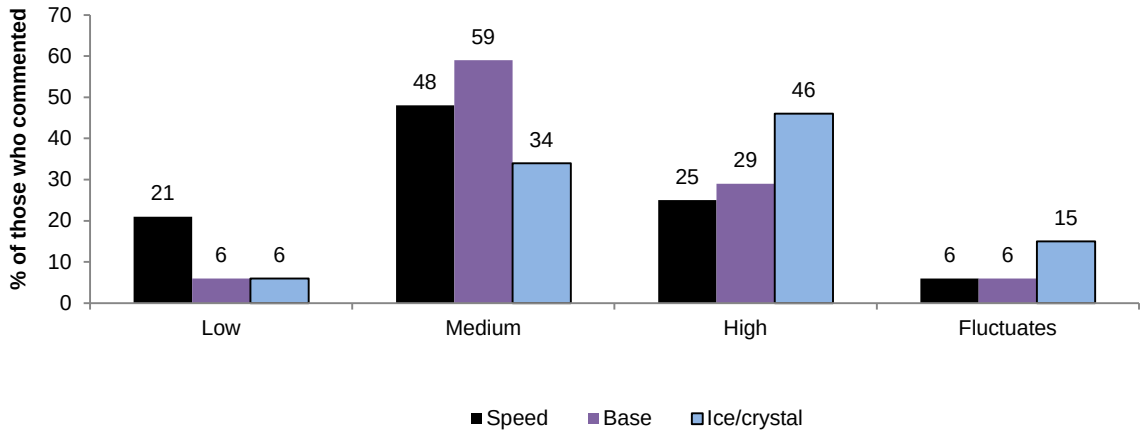
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	35
2001	n.a.	50	n.a.	n.a.	n.a.	35	n.a.	n.a.	40
2002	n.a.	50	n.a.	n.a.	n.a.	25	n.a.	n.a.	n.a.
2003	n.a.	50	45	40	50^	25	50	65	40
2004	40	40	47.5	40	50^	25	50	50	40
2005	50	50	35	40	50^	25	50	80	47.5
2006	50	50	50	47.5	50^	50	50	80^	50
2007	50	50	50^	40^	50^	50	50	50^	50
2008	50	50	50	50^	40^	50	50	*(no purchases)*	50
2009	50	50^	50^	50^	50^	50	50^	100^	50
2010	50	50	70^	85^	*(no purchases)*	75^	50^	100^	50^
2011	90	60	80^	100	50^	95	100^	*(no purchases)*	100
2012	100	50	100^	100	60	100	100	150^	95
2013	100	50^	80^	80	100^	100	100	200^	100^
2014	100	50^	100^	70	100^	90	100	150	100
2015	**100**	**50^**	**80^**	**50**	**100^**	**65**	**100^**	**150**	**80^**

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: Data not collected in QLD in 2002; data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2000 in NSW and SA, price was reported for 'methamphetamine' with no differentiation between forms, and as such is not reported here. In 2009, only last price paid for point of crystal was reported.

5.2.2 Purity – RPU reports

Participants were asked about their perceptions of speed, base and crystal purity currently and, also, whether this had changed over the last six months. Crystal was most commonly perceived to be of 'high' purity while speed and base were mostly perceived as 'medium' purity (Figure 23).

Figure 23: National RPU reports of current methamphetamine purity, 2015



Source: EDRS participant interviews
Note: Among those who commented

In 2015 fewer RPU were able to comment on market characteristics across all three forms (Table 61).

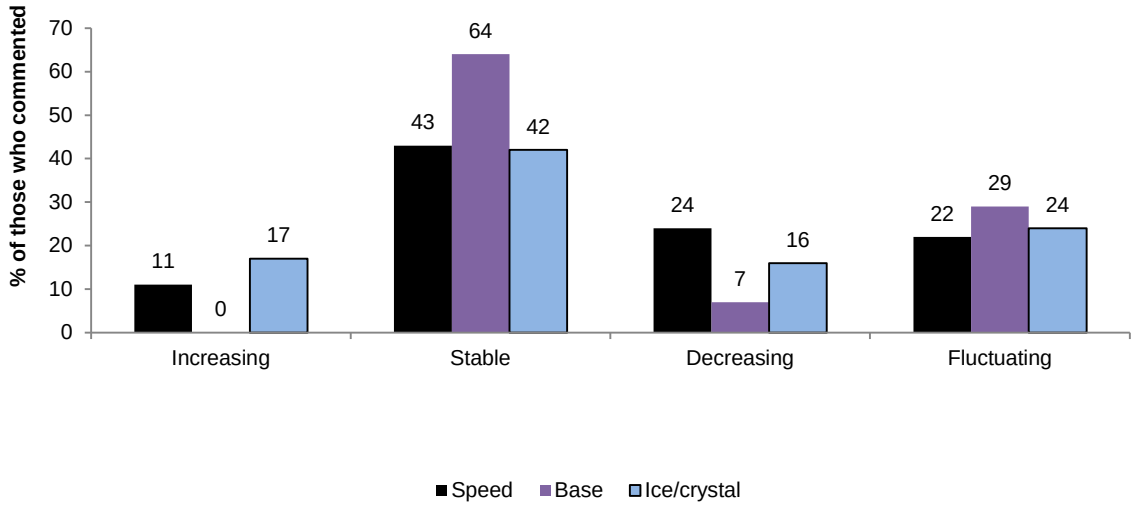
Table 61: Participant reports of current methamphetamine purity, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Current purity Speed	2014 (N=146)	2015 (N=98)	(n=15)	(n=16)	(n=13)	(n=22)	(n=5^)	(n=3^)	(n=17)	(n=7^)
% Low	17	**21**	40	6	15	41	0	0	18	0
% Medium	40	**48**	40	56	46	46	60	67	53	29
% High	30	**25**	20	38	23	0	40	33	24	71
% Fluctuates	12	**6**	0	0	15	14	0	0	6	0
% Current purity Base	2014 (N=37)	2015 (N=17)	(n=4^)	(n=0)	(n=0)	(n=4^)	(n=6^)	(n=0)	(n=2^)	(n=1^)
% Low	16	**6**	25	-	-	0	0	-	0	0
% Medium	27	**59**	25	-	-	75	67	-	100	0
% High	43	**29**	50	-	-	0	33	-	0	100
% Fluctuates	14	**6**	0	-	-	25	0	-	0	0
% Current purity Crystal	2014 (N=110)	2014 (N=103)	(n=8^)	(n=3^)	(n=14)	(n=9^)	(n=23)	(n=12)	(n=24)	(n=10)
% Low	7	**6**	0	0	0	0	9	0	13	10
% Medium	29	**34**	38	0	21	44	39	33	46	10
% High	49	**46**	50	100	43	33	39	58	42	50
% Fluctuates	15	**15**	13	0	36	22	13	8	0	30

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards
^ Small numbers commenting (n<10); interpret with caution

The largest proportion of users of all forms of methamphetamine reported that the purity remained 'stable' in the six months preceding interview (Figure 24) (Table 62).

Figure 24: National RPU reports of recent (last six months) change in methamphetamine purity, 2015



Source: EDRS participant interviews
Note: Among those who commented

Table 62: Participant reports of methamphetamine purity change, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Current purity Speed	2014 (N=111)	2015 (N=82)	(n=10)	(n=16)	(n=11)	(n=20)	(n=5^)	(n=3^)	(n=11)	(n=6^)
% Increasing	6	**11**	0	25	18	5	20	0	0	17
% Stable	60	**43**	50	50	36	35	40	0	46	67
% Decreasing	13	**24**	40	19	18	15	20	100	27	17
% Fluctuating	21	**22**	10	6	27	45	20	0	27	0
Base	**2014 (N=32)**	**2015 (N=14)**	**(n=3^)**	**(n=0)**	**(n=0)**	**(n=4^)**	**(n=4^)**	**(n=0)**	**(n=2^)**	**(n=1^)**
% Increasing	0	**0**	0	-	-	0	0	-	0	0
% Stable	69	**69**	67	-	-	25	100	-	50	100
% Decreasing	9	**9**	33	-	-	0	0	-	0	0
% Fluctuating	22	**22**	0	-	-	75	0	-	50	0
Crystal	**2014 (N=96)**	**2015 (N=92)**	**(n=7^)**	**(n=3^)**	**(n=13)**	**(n=8^)**	**(n=21)**	**(n=9^)**	**(n=22)**	**(n=9^)**
% Increasing	13	**17**	43	0	23	13	19	11	18	0
% Stable	37	**42**	43	100	39	25	48	44	36	44
% Decreasing	18	**16**	0	0	0	13	24	22	23	22
% Fluctuating	33	**24**	14	0	39	50	10	22	23	33

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.2.3 Purity – seizure data

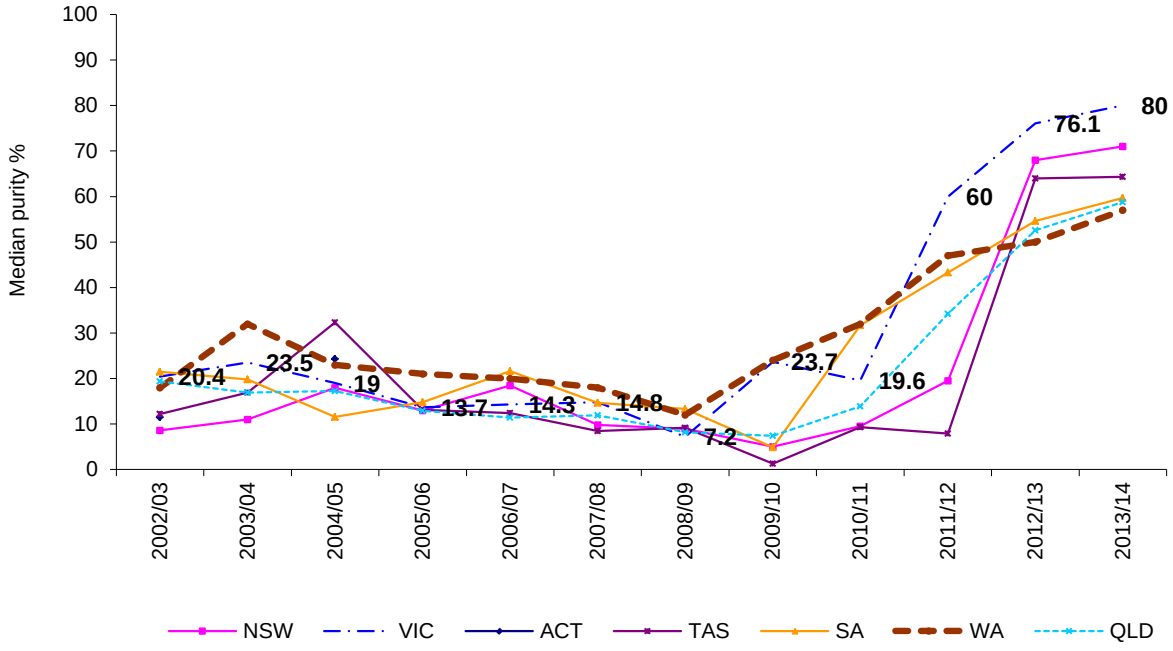
As mentioned previously, user reports of purity are subjective and depend on a number of factors including the user's tolerance to the drug. An objective measure of purity is provided by examination of seizures analysed. There are important caveats to consider when interpreting the methylamphetamine purity data. The ACC has provided the purity figures for state police and AFP seizures.

Secondly, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia (Australian Crime Commission, 2015).

Finally, the purity of methylamphetamine fluctuates widely in Australia as a result of a number of factors, including the type and quality of chemicals used in the production process, the expertise of the 'cooks' involved, as well as whether the seizure was locally manufactured or imported.

Figure 25 shows the median purity across jurisdictions of methylamphetamine seizures by year from 2002/03. As there were few AFP seizures analysed in most jurisdictions, only state/territory police seizures are shown. There is a clear upward trend across all states from 2009/10 in the purity of methylamphetamine seizures analysed. No methylamphetamine seizures were analysed for purity in the ACT in 2013/14 (Australian Crime Commission, 2015).

Figure 25: Median purity of methylamphetamine seizures analysed by state/territory police, by jurisdiction, 2002/03-2013/14



Source: (Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)
Note: Data for 2014/15 were unavailable at time of publication.

5.2.4 Availability

Thirteen percent of the national sample commented on the current availability of speed and whether this had changed in the preceding six months. As in 2014, the largest proportion (79%) reported that speed was 'easy' to 'very easy' to obtain. The majority of participants reported that availability of speed had remained 'stable' in the six month prior to interview (65%) (Table 63).

Table 63: Availability of methamphetamine powder (speed), 2015

% Availability (among those who commented)	National 2014 (N=149)	National 2015 (N=103)	NSW (n=15)	ACT (n=16)	VIC (n=14)	TAS (n=24)	SA (n=8^)	WA (n=3^)	NT (n=16)	QLD (n=7^)
% Very easy	31	**25**	13	19	36	21	50	0	31	29
% Easy	42	**34**	40	38	36	29	50	33	19	43
% Difficult	23	**34**	40	44	29	38	0	0	44	29
% Very difficult	4	**7**	7	0	0	13	0	67	6	0
% Availability changes (among those who commented)	**2014 (N=134)**	**2015 (N=95)**	**NSW (n=13)**	**ACT (n=16)**	**VIC (n=12)**	**TAS (n=23)**	**SA (n=7^)**	**WA (n=3^)**	**NT (n=14)**	**QLD (n=7^)**
% More difficult	22	**24**	23	19	17	48	0	33	21	0
% Stable	61	**65**	69	75	58	52	71	67	71	71
% Easier	13	**6**	0	6	25	0	14	0	0	14
% Fluctuates	4	**4**	8	0	0	0	14	0	7	14

Source: EDRS participant interviews
Note: the response option 'don't know' was excluded from analysis from 2009 onwards
^Small numbers commenting (n<10); interpret with caution

Very few of the national sample commented on the current availability of base and whether this had changed over the past six months. Reports on the availability of obtaining base had about half reporting base was 'easy' to 'very easy' (53%) to obtain and 41% reporting it as difficult. This was reported to have remained 'stable' (60%) or become more difficult (27%) (Table 64).

Table 64: Availability of methamphetamine base, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2014 (N=36)	2015 (N=17)	(n=4^)	(n=0)	(n=0)	(n=4^)	(n=6^)	(n=0)	(n=2^)	(n=1^)
% Very easy	19	**24**	0	-	-	25	50	-	0	0
% Easy	53	**29**	0	-	-	25	50	-	50	0
% Difficult	22	**41**	100	-	-	50	0	-	0	100
% Very difficult	6	**6**	0	-	-	0	0	-	50	0
Availability changes (among those who commented)	2014 (N=34)	2015 (N=15)	NSW (n=2^)	ACT (n=0)	VIC (n=0)	TAS (n=4^)	SA (n=6^)	WA (n=0)	NT (n=2^)	QLD (n=1^)
% More difficult	18	**27**	50	-	-	50	0	-	0	100
% Stable	71	**60**	50	-	-	25	83	-	100	0
% Easier	6	**0**	0	-	-	0	0	-	0	0
% Fluctuates	6	**13**	0	-	-	25	17	-	0	0

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards
^ Small numbers (n<10); interpret with caution

Fifteen percent of the national sample commented on the availability of crystal. The majority of participants considered it 'easy' or 'very easy' to obtain (97%). Over half (61%) reported that availability had remained 'stable' over the preceding six months and a third (32%) reported it had become easier to obtain (Table 65).

Table 65: Availability of crystalline methamphetamine (crystal), 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Availability (among those who commented)	2014 (N=112)	2015 (N=111)	(n=8^)	(n=4^)	(n=16)	(n=9^)	(n=23)	(n=13)	(n=25)	(n=13)
% Very easy	52	**67**	88	0	50	67	65	77	84	54
% Easy	34	**30**	13	75	44	33	30	23	16	39
% Difficult	12	**2**	0	25	0	0	4	0	0	0
% Very difficult	3	**2**	0	0	6	0	0	0	0	8
% Availability changes (among those who commented)	2014 (N=103)	2015 (N=106)	NSW (n=8^)	ACT (n=4^)	VIC (n=15)	TAS (n=9^)	SA (n=22)	WA (n=13)	NT (n=23)	QLD (n=12)
% More difficult	8	**3**	0	25	13	0	0	0	0	0
% Stable	64	**61**	63	50	53	44	64	69	70	58
% Easier	21	**32**	38	25	33	56	27	23	30	33
% Fluctuates	7	**4**	0	0	0	0	9	8	0	8

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards
^ Small numbers (n<10); interpret with caution

As with ecstasy, speed use was reported most commonly to have been bought from friends and known dealers, and obtained from friends' homes and used in nightclubs (Table 66).

Table 66: Last source, purchase location and use location of methamphetamine powder (speed), 2015

% Obtained from (among those who commented)	National 2014 (N=152)	National 2015 (N=102)	NSW (n=16)	ACT (n=16)	VIC (n=14)	TAS (n=24)	SA (n=7^)	WA (n=2^)	NT (n=17)	QLD n=6^)
% Friends	65	**57**	50	69	79	50	86	0	47	33
% Known dealers	17	**18**	38	25	7	8	0	50	24	0
% Acquaintances	7	**6**	0	6	7	8	0	0	6	17
% Unknown dealers	4	**10**	13	0	7	13	0	0	12	33
% Workmates	1	**3**	0	0	0	4	0	50	6	0
% Street dealers	3	**1**	0	0	0	0	0	0	0	17
% Mobile dealers	0	**1**	0	0	0	0	14	0	0	0
% Relative	n.a.	**4**	0	0	0	13	0	0	6	0
% Other	3	**<1**	0	0	0	4	0	0	0	0
% Locations obtained (among those who commented)	**2014 (N=154)**	**2015 (N=102)**	**NSW (n=16)**	**ACT (n=16)**	**VIC (n=14)**	**TAS (n=24)**	**SA (n=7^)**	**WA (n=2^)**	**NT (n=17)**	**QLD n=6^)**
% Friend's home	38	**35**	50	44	43	25	43	0	24	33
% Dealer's home	15	**10**	13	19	7	8	0	50	6	0
% Home delivered	8	**9**	0	6	7	4	29	0	18	17
% Nightclub	9	**9**	0	6	29	4	0	50	6	17
% Public place	5	**10**	13	13	0	4	14	0	12	33
% Raves*	3	**3**	6	0	0	8	0	0	0	0
% Private party	3	**7**	0	6	7	17	14	0	0	0
% Pubs/Bars	5	**6**	6	6	0	17	0	0	0	0
% Street market	2	**3**	0	0	0	0	0	0	18	0
% Live music events	5	**3**	6	0	7	0	0	0	6	0
% Other	7	**5**	6	0	0	13	0	0	12	0
% Last use venue (among those who commented)	**2014 (N=153)**	**2015 (N=101)**	**NSW (n=16)**	**ACT (n=16)**	**VIC (n=14)**	**TAS (n=24)**	**SA (n=7^)**	**WA (n=1^)**	**NT (n=16)**	**QLD n=7^)**
% Nightclub	31	**28**	13	31	50	17	43	0	25	43
% Dealers home	1	**0**	0	0	0	0	0	0	0	0
% Home	13	**13**	13	25	0	8	14	0	19	14
% Friend's home	16	**17**	19	13	14	13	14	100	25	14
% Private party	6	**15**	6	13	21	29	14	0	6	0
% Live music event	10	**5**	13	6	0	0	0	0	6	14
% Raves*	4	**5**	6	0	14	8	0	0	0	0
% Pubs	11	**11**	19	6	0	25	0	0	6	0
% Work	1	**1**	0	6	0	0	0	0	0	0
% Outdoors	1	**1**	6	0	0	0	0	0	0	0
% Other	6	**4**	5	0	0	0	15	0	13	14

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
^Small numbers commenting (n<10); interpret with caution
Note: 'Haven't obtained' excluded from analysis

Base was also most commonly reported to have been bought from known dealers and most commonly home delivered. Base is the least common form reportedly used by EDRS participants. Base continued to be reportedly last used in private locations (own home and friend's home) (Table 67). Jurisdictional differences should be interpreted with caution due to small numbers.

Table 67: Last source, purchase location and use location of methamphetamine base, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Obtained from (among those who commented)	2014 (N=39)	2014 (N=15)	(n=4^)	(n=0)	(n=0)	(n=4^)	(n=4^)	(n=0)	(n=2^)	(n=1^)
% Friends	69	**27**	75	-	-	25	0	-	0	0
% Known dealers	15	**60**	25	-	-	25	100	-	100	100
% Acquaintances	8	**7**	0	-	-	25	0	-	0	0
% Workmates	0	**7**	0	-	-	25	0	-	0	0
% Other	8	**0**	0	-	-	0	0	-	0	0
% Locations obtained (among those who commented)	2014 (N=39)	2015 (N=15)	NSW (n=4^)	ACT (n=0)	VIC (n=0)	TAS (n=4^)	SA (n=4^)	WA (n=0)	NT (n=2^)	QLD (n=1^)
% Friend's home	51	**13**	25	-	-	25	0	-	0	0
% Dealer's home	5	**7**	0	-	-	0	25	-	0	0
% Own home	15	**47**	25	-	-	50	50	-	50	100
% Public place	5	**27**	50	-	-	25	25	-	0	0
% Street market	3	**7**	0	-	-	0	0	-	50	0
% Other	21	**0**	0	-	-	0	0	-	0	0
% Last use venue (among those who commented)	2014 (N=39)	2014 (N=14)	NSW (n=4^)	ACT (n=0)	VIC (n=0)	TAS (n=4^)	SA (n=3^)	WA (n=0)	NT (n=2^)	QLD (n=1^)
% Home	15	**29**	0	-	-	25	67	-	50	0
% Friend's home	21	**36**	50	-	-	50	0	-	50	0
% Pub	8	**7**	25	-	-	0	0	-	0	0
% Nightclub	23	**14**	25	-	-	0	0	-	0	100
% Private party	5	**14**	0	-	-	25	33	-	0	0
% Other	28	**0**	0	-	-	0	0	-	0	0

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
^ Small numbers commenting (n<10); interpret with caution
Note: 'Haven't obtained' excluded from analysis

As with the other forms of methamphetamine, friends and known dealers were the most common sources of crystal. It was most commonly obtained and used in private locations, including at friend's home, dealer's home and at the participant's own home (Table 68).

Table 68: Last source, purchase location and use location of crystalline methamphetamine (crystal), 2015

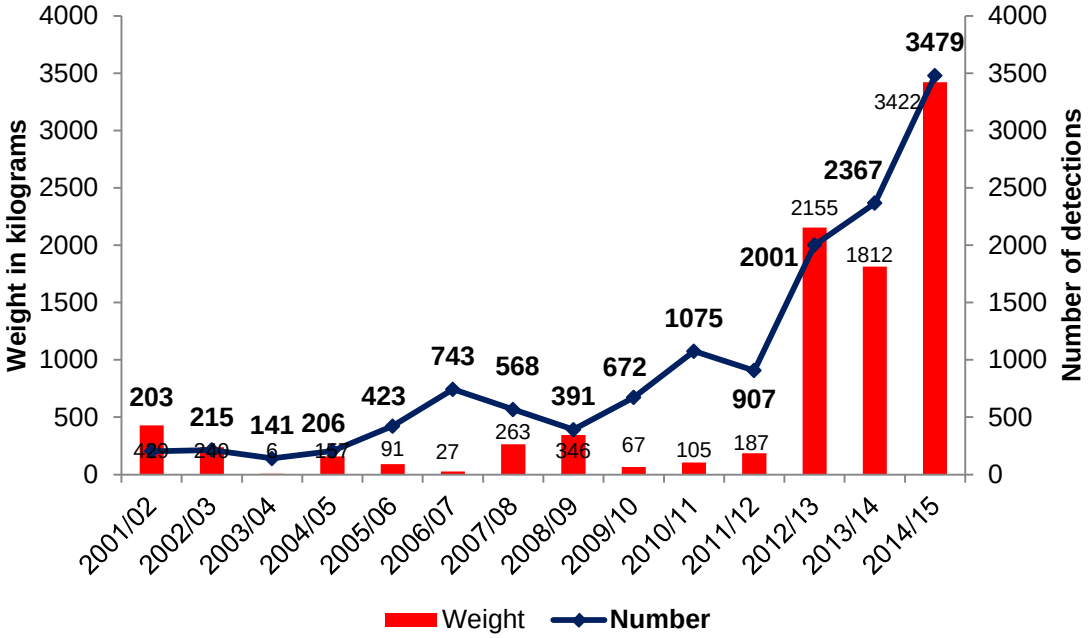
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Obtained from (among those who commented)	2014 (N=114)	2015 (N=106)	(n=8^)	(n=3^)	(n=15)	(n=9^)	(n=20)	(n=13)	(n=25)	(n=13)
% Friends	60	**52**	38	0	67	44	70	54	48	39
% Known dealers	23	**32**	38	100	13	33	20	39	40	31
% Acquaintances	9	**7**	12	0	13	11	0	8	4	8
% Unknown dealers	4	**9**	12	0	7	11	10	0	4	23
% Street dealers	3	**0**	0	0	0	0	0	0	0	0
% Other	1	**<1**	0	0	0	0	0	0	4	0
% Locations obtained (among those who commented)	2014 (N=113)	2015 (N=106)	NSW (n=8^)	ACT (n=3^)	VIC (n=15)	TAS (n=9^)	SA (n=20)	WA (n=13)	NT (n=25)	QLD (n=13)
% Friend's home	43	**33**	25	0	60	11	45	31	24	31
% Dealer's home	18	**18**	0	0	7	22	20	39	8	39
% Own home	19	**19**	38	0	7	33	10	15	32	8
% Agreed public location	14	**20**	25	67	20	22	20	0	20	23
% Nightclub	1	**<1**	0	0	0	0	0	0	4	0
% Private parties	1	**2**	0	0	0	11	0	0	4	0
% Pubs/bars	1	**2**	0	0	0	0	5	0	4	0
% Other	3	**6**	13	33	7	0	0	8	0	0
% Last use venue (among those who commented)	2014 (N=112)	2015 (N=106)	NSW (n=8^)	ACT (n=3^)	VIC (n=15)	TAS (n=9^)	SA (n=20)	WA (n=13)	NT (n=25)	QLD (n=13)
% Home	29	**37**	50	33	47	33	25	23	48	46
% Friend's home	36	**35**	13	0	33	33	50	62	32	15
% Nightclub	11	**9**	13	33	0	0	15	8	8	15
% Dealer's home	2	**2**	0	0	0	0	0	0	4	8
% Private party	2	**6**	0	0	7	33	5	0	4	0
% Raves/doofs	4	**<1**	0	0	0	0	5	0	0	0
% Outdoors	4	**4**	13	33	7	0	0	0	4	0
% Pub/Bars	4	**<1**	0	0	0	0	0	0	0	8
% Other	8	**5**	11	0	6	0	0	7	0	8

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: 'Haven't obtained' excluded from analysis

5.2.5 Amphetamine-type stimulants detected at the Australian border

Figure 26 shows the weight and number of amphetamine-type stimulants (ATS) detected at the Australian border by the Australian Customs and Border Protection Service. In 2014/15, ATS detections (3,479 in number) dominated illicit drug detections at the border. The total weight of detections (3422 kg) represented more than half the weight of all illicit drug detections during this period. ATS detections have steadily increased in both number and size over the past three years (Australian Customs Border and Protection Service, 2015).

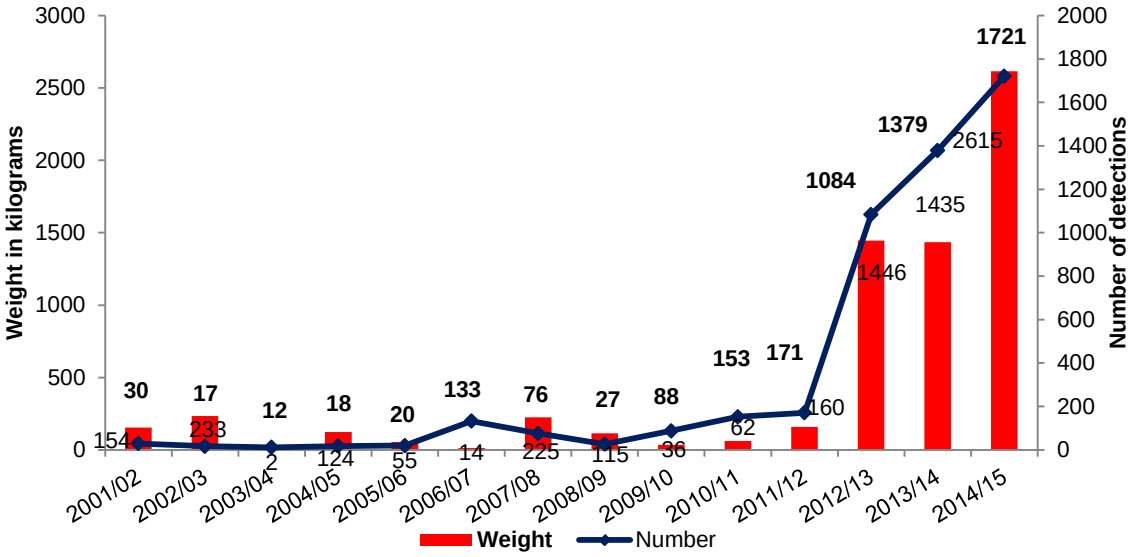
Figure 26: Total weight and number of ATS detected by the Australian Customs and Border Protection Service, 2001/02-2014/15



Source: (Australian Customs and Border Protection Service, 2015)
Note: Includes amphetamine detections, methamphetamine and methamphetamine (ice) detections, excluding MDMA.

Separating out the number of crystal methamphetamine seizures detected at the Australian border, these seizures comprised approximately 50% (1,721 detections) of the total number of ATS (3,479) seizures in 2014/15. The weight of crystal methamphetamine seizures (2,615 kg) comprised three quartes of the total weight (3,422 kg) of ATS seizures. There have been marked increases in both the number and size of crystal methamphetamine seizures in the past three years (Australian Customs Border and Protection Service, 2015).

Figure 27: Total number and weight of crystalline methamphetamine detected by the Australian Customs and Border Protection Service, 2001/02-2014/15



Source: (Australian Customs and Border Protection Service, 2015)

5.3 Cocaine

- The price of cocaine remained stable nationally and in NSW, ACT, VIC, the NT and QLD at $300 per gram.
- Cocaine purity was reported as mixed between 'medium' (34%) and 'low' (33%). Purity was reported as remaining 'stable' over the preceding six months.
- Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (61%) of the sample, although a third (32%) reported it as 'difficult'. Most (63%) considered availability to have remained 'stable' in the six months prior to interview.
- Cocaine was predominantly purchased from private sources, i.e. friends at friend's home, and was most reportedly last used in public locations such as nightclubs and private locations such as friend's home and private parties.
- The number of cocaine seizures detected at the border has remained relatively high over the past few years.

5.3.1 Price

Cocaine was most commonly purchased in grams and ranged from a median of $300 in most eastern jurisdictions to $400 in WA (Table 69).

Table 69: Median price per gram of cocaine, 2015

Median $	National 2014 (N=160)	National 2015 (N=115)	NSW (n=31)	ACT (n=20)	VIC (n=11)	TAS (n=2^)	SA (n=18)	WA (n=8^)	NT (n=14)	QLD (n=11)
Gram $ (range)	300 (40-800)	**300 (50-600)**	300 (200-450)	300 (200-500)	300 (280-400)	287.50^ (275-300)	350 (100-600)	375^ (100-500)	300 (50-450)	300 (250-450)

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution

Most of those commenting on cocaine considered that the price had remained 'stable' over the preceding six months (Table 70).

Table 70: Price changes of cocaine, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Cocaine price changes	2014	2015								
(Of those who responded)	(N=166)	(N=133)	(n=32)	(n=21)	(n=13)	(n=3^)	(n=30)	(n=14)	(n=9^)	(n=11)
% Increased	17	**14**	6	33	15	0	13	21	11	0
% Stable	68	**64**	66	38	77	33	73	64	56	82
% Decreased	5	**8**	16	5	0	0	10	0	11	9
% Fluctuated	10	**14**	13	24	8	67	3	14	22	9

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

The majority of jurisdictions reported stability of the median last price per gram at $300 with variations across jurisdictions up to $375 in WA (Table 71).

Table 71: Median price of cocaine, 2003-2015

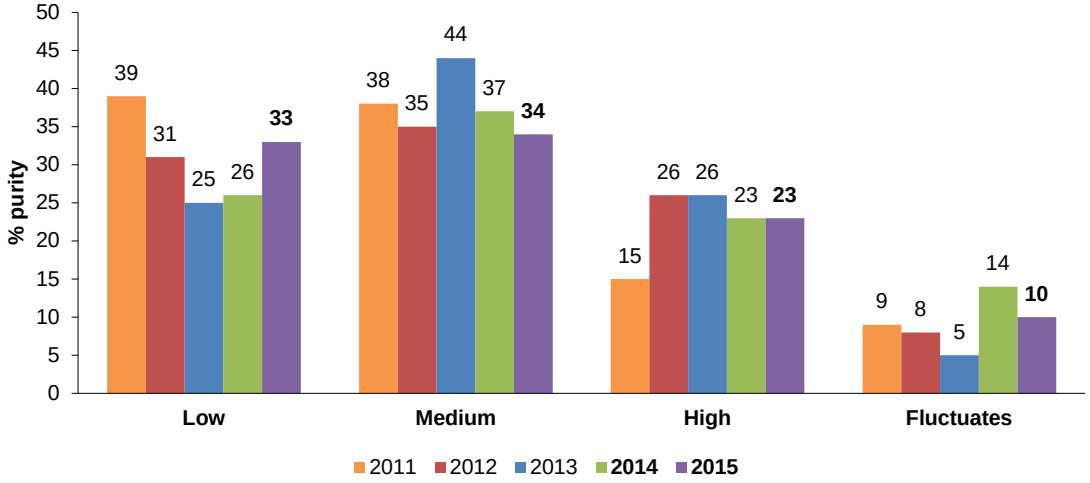
Median price per gram $	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	n.a.	200	250	250	250	210	325	280	250
2004	250	200	250	277.50	325^	250	400	250	237.50
2005	270	270	250	300	350	300	350	375	300
2006	300	300	300	300	350	300^	350	275^	300
2007	300	300	300	300	350	337.5	400	350^	300
2008	300	300	300	300	350	375	325	450	300
2009	300	300	300	300	300	350	375	325	300
2010	300	300	300	300	350	350	365^	400^	300
2011	300	300	300	300	300	375	350^	350^	350
2012	300	300	300^	350	300^	350	325	-	300
2013	300	300	300	300	300	325	400	350^	300^
2014	300	300	300	300	350	300	400	350	300
2015	**300**	**300**	**300**	**300**	**287.50^**	**350**	**375^**	**300**	**300**

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
n.a. data not available

5.3.2 Purity – RPU reports

Participants were asked what the current purity or strength of cocaine was and if the purity had changed in the six months preceding interview (see Figure 28). Of those who commented, responses were mixed with a third reporting 'medium' (34%) and 'low' (33%).

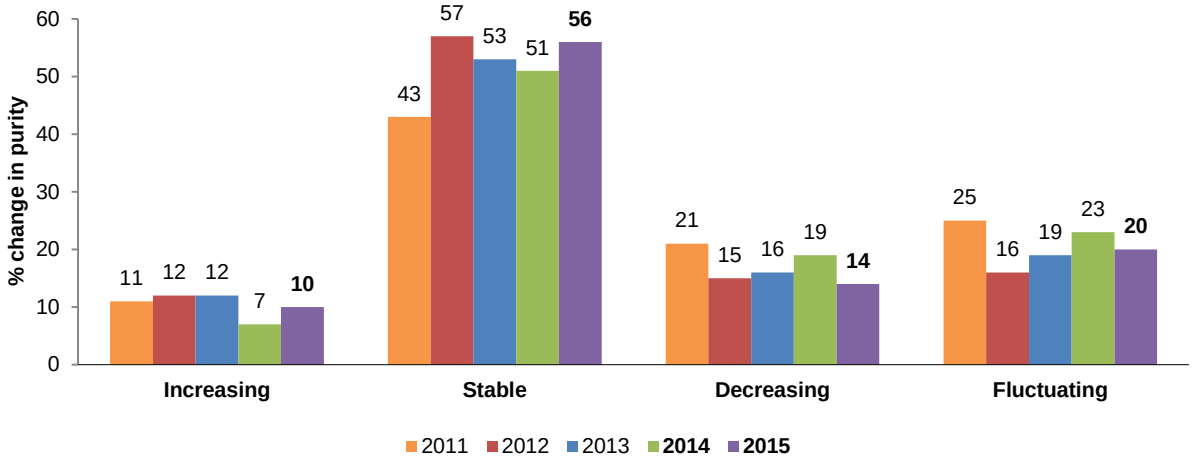
Figure 28: National EDRS reports of current cocaine purity, 2011-2015



Source: EDRS participant interviews
Note: Among those who commented
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the largest proportion of the sample reported that it had remained 'stable' (Figure 29).

Figure 29: National RPU reports of recent (last six months) change in cocaine purity, 2011-2015

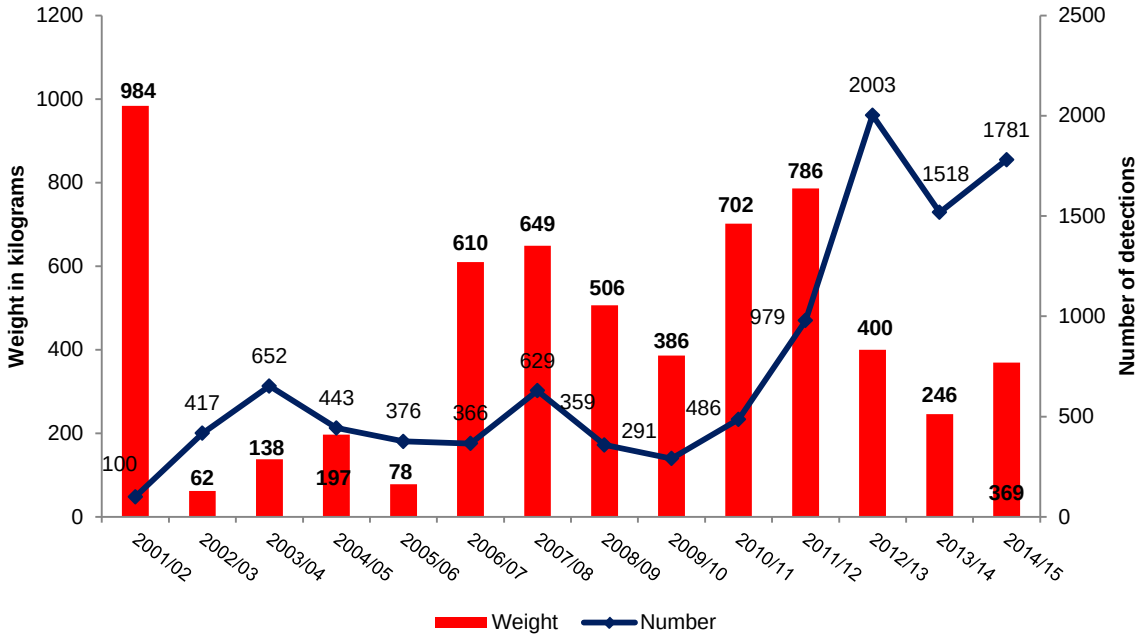


Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.3.3 Cocaine seized at the Australian border

During 2014/15, the Australian Customs and Border Protection Service made 1,781 detections of cocaine at the Australian border, with a total weight of 369 kilograms (Figure 30). The number of seizures remain high across the 14 year period, suggesting that there continues to be a lucrative market for importing cocaine into the country.

Figure 30: Number and weight of detections of cocaine detected at the border by the Australian Customs and Border Protection Service, financial years 2001/02-2014/15



Source: (Australian Customs Border and Protection Service, 2015)

5.3.4 Purity – seizure data

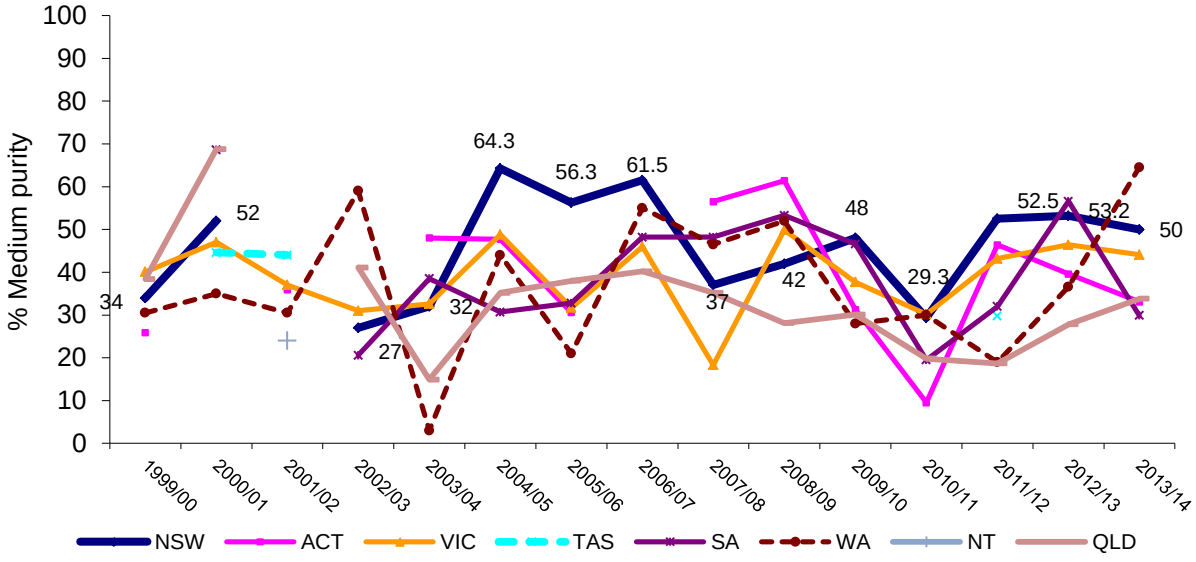
As user reports are subjective and depend on a number of factors, including the tolerance of the individual, objective data from forensic analysis of seizures are also presented. The purity data are provided by the ACC.

As previously mentioned, not all illicit drugs seized by Australia's law enforcement agencies are subjected to forensic analysis. In some instances, the seized drug will be analysed only in a contested court matter, or where the seizure is of a certain size. The purity figures, therefore, relate to an unrepresentative sample of the illicit drugs available in Australia, and drawing meaningful conclusions from purity data remains difficult (Australian Crime Commission, 2015).

Figures reported include seizures ≤2 grams and >2 grams, reflecting both street and larger seizures. The following caveat applies to Figure 31: these do not represent the purity levels of all cocaine seizures – only those that have been analysed at a forensic laboratory. Figures for SA, WA (and TAS), and those supplied by the Australian Forensic Drug Laboratory, represent the purity levels of cocaine received at the laboratory in the relevant quarter; figures for all other jurisdictions represent the purity levels of cocaine seized by police in the relevant quarter. The period between the date of seizure by state police and the date of receipt at the laboratory can vary greatly. No adjustment has been made to account for double counting joint operations between the AFP and state/territory police.

Over time cocaine purity has fluctuated, and has remained below 70% across all jurisdictions (Figure 31).

Figure 31: Median purity of state/territory police cocaine seizures, by jurisdiction, 1999/00-2013/14



Source: (Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015).
Note: Data for 2014/15 were unavailable at time of publication.

5.3.5 Availability

Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (61%) of the sample, although a third (32%) reported it as difficult to obtain. Most participants considered the ease of access to cocaine to have remained 'stable' (63%) in the six months prior to interview (Table 72).

Table 72: Availability of cocaine, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2014 (N=208)	2015 (N=170)	(n=37)	(n=25)	(n=15)	(n=6^)	(n=36)	(n=19)	(n=15)	(n=17)
% Very easy	17	**19**	30	20	47	0	19	5	7	0
% Easy	40	**42**	43	52	27	17	44	37	33	59
% Difficult	37	**32**	27	24	27	33	31	47	40	35
% Very difficult	6	**7**	0	4	0	50	6	11	20	6
% Availability changes (among those who commented)	2014 (N=183)	2015 (N=156)	NSW (n=35)	ACT (n=25)	VIC (n=15)	TAS (n=6^)	SA (n=34)	WA (n=15)	NT (n=10)	QLD (n=16)
% More difficult	12	**10**	11	8	0	17	12	20	0	13
% Stable	69	**63**	51	56	60	67	65	73	90	69
% Easier	12	**21**	31	24	40	17	18	0	10	6
% Fluctuates	7	**6**	6	12	0	0	6	7	0	13

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Cocaine was most commonly acquired through friends. It was most commonly obtained in private locations, (friend's home, and/or participant's own home) and used equally in public locations (nightclubs, pubs and raves) versus private locations (Table 73).

Table 73: Last source, purchase location and use location of cocaine, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (among those who commented)	2014 (N=199)	2015 (N=161)	NSW (n=37)	ACT (n=25)	VIC (n=15)	TAS (n=6^)	SA (n=32)	WA (n=16)	NT (n=15)	QLD (n=15)
% Friends	58	**65**	70	76	40	50	69	63	67	60
% Known dealers	24	**18**	24	8	40	17	13	13	20	13
% Acquaintances	7	**9**	0	4	13	17	16	13	0	20
% Unknown dealers	5	**1**	0	0	7	0	0	0	0	7
% Workmates	3	**2**	3	4	0	0	3	0	0	0
% Online	1	**2**	0	0	0	0	0	6	13	0
% Relative	1	**1**	0	4	0	17	0	0	0	0
% Street dealer	1	**1**	0	4	0	0	0	6	0	0
% Other	0	**1**	3	0	0	0	0	0	0	0
% Locations obtained (among those who commented)	2014 (N=198)	2015 (N=160))	NSW (n=37)	ACT (n=25	VIC (n=15)	TAS (n=6^)	SA (n=32)	WA (n=16)	NT (n=15)	QLD (n=14)
% Friend's home	32	**34**	35	44	20	50	31	38	33	29
% Dealer's home	12	**8**	11	8	20	0	3	0	13	7
% Own home	11	**16**	27	12	7	17	6	6	27	21
% Agreed public location	9	**11**	11	4	20	0	16	13	0	14
% Acquaintance's home	1	**<1**	0	0	0	0	0	0	0	7
% Private party	6	**4**	0	4	0	17	6	6	0	7
% Nightclub	12	**9**	8	8	13	0	16	0	7	7
% Pubs	8	**5**	5	0	13	0	3	13	7	0
% Live music event	5	**3**	3	8	0	0	3	0	0	0
% Work	2	**<1**	0	4	0	0	0	0	0	0
% Online	2	**3**	0	8	0	0	0	6	7	0
% Other	0	**5**	0	0	7	16	16	18	6	8
% Last use venue (among those who commented)	2014 (N=198)	2015 (N=160))	NSW (n=37)	ACT (n=25	VIC (n=15)	TAS (n=6^)	SA (n=32)	WA (n=16)	NT (n=15)	QLD (n=14)
% Nightclub	30	**26**	26	24	36	17	43	0	27	13
% Friends home	20	**25**	18	36	7	33	17	31	40	31
% Private party	12	**10**	11	8	0	17	10	13	7	19
% Home	9	**12**	18	8	21	0	3	13	20	6
% Raves*	3	**<1**	0	0	7	0	0	0	0	0
% Pub	13	**11**	16	0	21	17	8	13	7	13
%Live music event	7	**7**	3	20	0	0	10	13	0	0
% Public place (street/park)	<1	**2**	0	4	7	0	0	6	0	0
% Other	5	**6**	8	0	0	16	9	11	0	18

Source: EDRS participant interviews
* Includes 'doofs' and dance parties ^Small numbers commenting (n<10); interpret with caution
Note: 'Haven't obtained' excluded from analysis

5.4 Ketamine

- Small numbers commented on ketamine.
- Price of a gram of ketamine had a median national price of $200 and ranged from $175 in WA to $250 in the NT. The price was reported as 'stable' by 69% of the participants that commented.
- The purity of ketamine has continued to be reported as 'high' (65%), and this was reported to have remained 'stable' by the majority that commented.
- Ketamine availability reports were mixed between being 'difficult' to 'very difficult' (53%) and 'easy' to 'very easy' (47%). Half (51%) reported availability as having remained stable in the preceding six months.
- Ketamine continued to be predominantly obtained from friends; purchase typically occurred in private locations, such as friend's home. Locations of last use were divided between public locations (nightclubs) and private locations (friend's home).

5.4.1 Price

Only a small proportion of the national EDRS sample (3%) were able to comment on the price of a gram of ketamine. Not all jurisdictions could comment therefore, the results should be interpreted with caution. The median last price paid for a gram of ketamine nationally was high at $200 (range $50-$300) ranging from $175 in WA to $250 in the NT (Table 74).

Table 74: Median price of ketamine, 2015

Median price $	National 2014 (n=44)	National 2015 (n=19)	NSW (n=3^)	ACT (n=1^)	VIC (n=10)	TAS (n=0)	SA (n=0)	WA (n=2^)	NT (n=3^)	QLD (n=0)
Gram	200	**200**	220^	200^	200	-	-	175^	250^	-
$ (range)	(10-200)	**(50-300)**	(180-250)	(-)	(150-230)	-	-	(50-300)	(200-250)	-

Source: EDRS participant interviews
^ Small numbers commenting (n<10), interpret with caution

Five percent (n=35) of the national sample, commented on whether the price of ketamine had changed in the preceding six months. The majority of participants commenting reported that the price had remained stable (Table 75).

Table 75: Price changes of ketamine, 2015

(%) Ketamine price changes (among those who commented)	National 2014 (n=47)	National 2015 (n=35)	NSW (n=5^)	ACT (n=3^)	VIC (n=19)	TAS (n=1^)	SA (n=1^)	WA (n=2^)	NT (n=4^)	QLD (n=0)
% Increased	17	**20**	0	0	26	100	0	50	0	-
% Stable	66	**69**	80	100	63	0	100	50	75	-
% Decreased	13	**9**	20	0	5	0	0	0	25	-
% Fluctuated	4	**3**	0	0	5	0	0	0	0	-

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution.
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Table 76 presents data across time regarding the price of a gram of ketamine. In most jurisdictions across years, the proportion of EDRS participants able to comment on the price of ketamine has been low, so caution should be made when interpreting results. Half of the sample in VIC reported recent use in 2015 where the price has remained around $200 per gram.

Table 76: Median price of ketamine, 2000-2015

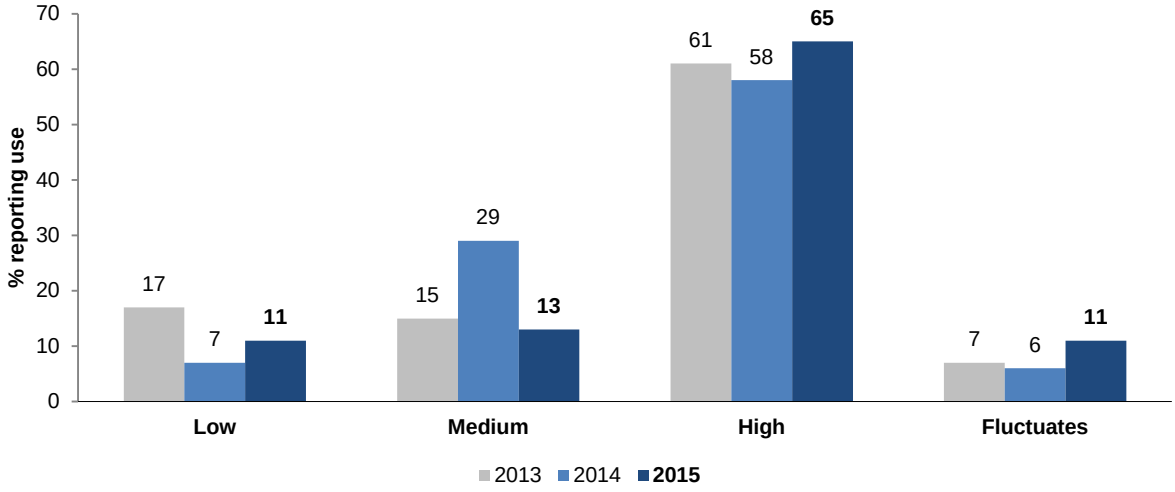
Median price per gram ($)	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	n.a.	200	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	50
2001	n.a.	150	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	142.50
2002	n.a.	160	n.a.	n.a.	n.a.	40	n.a.	n.a.	n.a.
2003	n.a	150	n.a.	200	100^	200	n.a.	n.a.	180
2004	180	200	200^	195	50^	200	n.a.	200^	n.a.
2005	150	100	65^	180	190^	200	150	80^	150^
2006	135	175^	40^	100^	180^	300^	160^	50^	180^
2007	180	150	172.5^	200^	300^	200	n.a.	n.a.	n.a.
2008	155	150	n.a.	200	300^	225^	n.a.	n.a.	n.a.
2009	200	150^	n.a.	200^	300^	200^	n.a.	400^	200^
2010	160	150^	170^	220^	n.a.	125^	250^	350^	150^
2011	170	150	170^	200	n.a.	250^	250^	n.a.	150^
2012	180	150^	n.a.	200^	200^	57.50^	n.a.	n.a.	n.a.
2013	180	200^	80^	200^	180^	100^	47.50^	n.a.	n.a.
2014	200	180^	600^	200	240^	-	200^	250^	250^
2015	**200**	**220^**	**200^**	**200**	**-**	**-**	**175^**	**250^**	**-**

Source: EDRS participant interviews
^ Small number of participants commented; interpret with caution.
Note: Data first collected in NSW, SA and QLD in 2000; data not collected in QLD in 2002, data first collected in ACT, VIC, TAS, WA and NT in 2003. In 2009, only the last price paid for ketamine was collected
n.a. Means data not available

5.4.2 Purity

Participants were asked what the current purity or strength of ketamine was, and if the purity had changed in the six months preceding interview. Six percent (n=46) of the national sample commented on the purity of ketamine. Over half (65%) of those that commented reported ketamine purity to be 'high' and this is consistent with data from previous years (Figure 32).

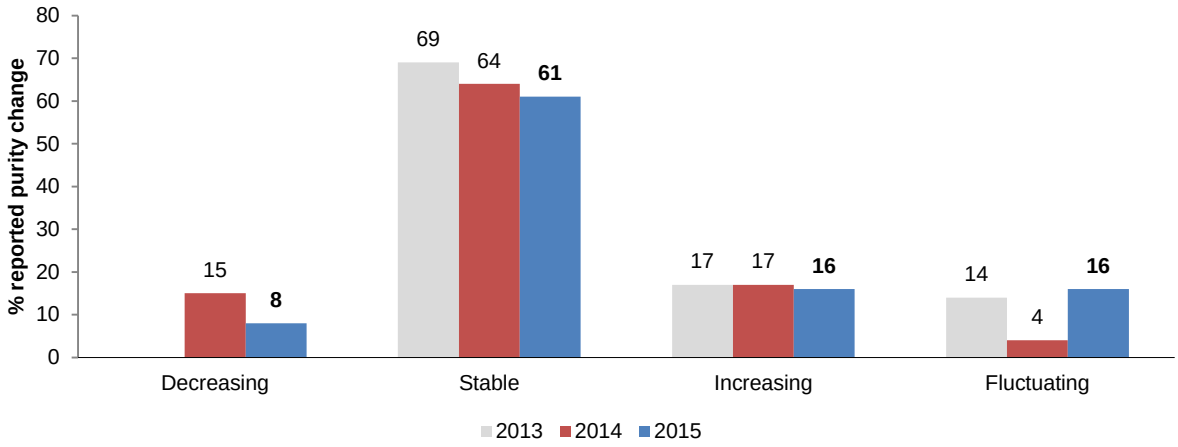
Figure 32: National EDRS reports of current ketamine purity, 2013-2015



Source: EDRS participant interviews
Note: Among those who commented (n=54 in 2013, n=55 in 2014, n=46 in 2015)
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of ketamine had changed in the six months preceding interview, 61% reported that the purity of ketamine had remained 'stable' (Figure 33).

Figure 33: National EDRS reports of recent (last six months) change in ketamine purity, 2013-2015



Source: EDRS participant interviews
Note: Among those who commented (n=35 in 2013, n=47 in 2014, n=38 in 2015)
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.4.3 Availability

Seven percent of the national sample commented on the recent availability of ketamine. Availability reports were mixed with 53% reporting ketamine as 'difficult' to 'very difficult' to obtain and 47% reporting it as 'easy' to 'very easy' to obtain (Table 77).

Of those who commented on recent changes in availability, half (51%) reported that the availability of ketamine had remained 'stable' over the preceding six months (Table 77).

Table 77: Availability of ketamine, 2015

% Availability (among those who commented)	National 2014 (N=58)	National 2015 (N=47)	NSW (n=8^)	ACT (n=5^)	VIC (n=23)	TAS (n=3^)	SA (n=1^)	WA (n=2^)	NT (n=4^)	QLD (n=1^)
% Very easy	12	**21**	0	20	22	0	0	100	50	0
% Easy	36	**26**	25	20	35	0	100	0	0	0
% Difficult	35	**40**	63	40	26	100	0	0	50	100
% Very difficult	17	**13**	13	20	17	0	0	0	0	0
% Availability changes (among those who commented)	**National 2014 (n=52)**	**National 2015 (n=43)**	**NSW (n=5^)**	**ACT (n=5^)**	**VIC (n=23)**	**TAS (n=2^)**	**SA (n=1^)**	**WA (n=2^)**	**NT (n=4^)**	**QLD (n=1^)**
% Easier	14	**19**	0	40	17	0	0	50	25	0
% Stable	54	**51**	100	40	35	100	100	50	50	100
% More difficult	29	**21**	0	0	39	0	0	0	0	0
% Fluctuates	4	**9**	0	20	9	0	0	0	25	0

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution

Ketamine was predominantly obtained from friends (54%). It was obtained from private locations, such as friend's home (24%) and dealer's home (8%) or public locations such as nightclubs (22%). Reports of the venue where participants reported last use of ketamine were mixed including private venues (friend's home (18%) and private parties (14%)) and public venues (nightclubs (28%) and rave/doofs/dance parties (14%))(see Table 78).

Table 78: Last source, purchase location and use location of ketamine, 2015

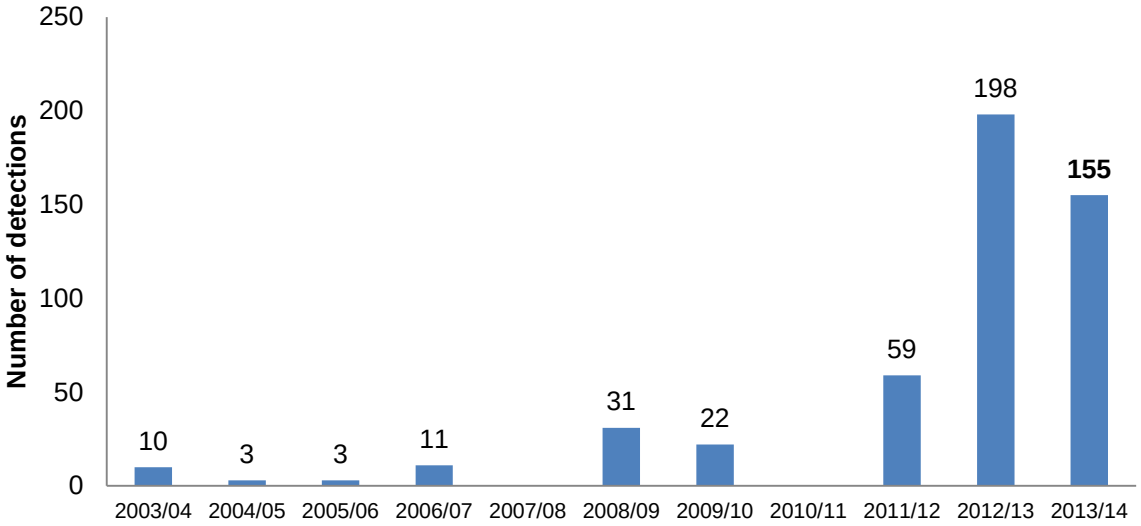
% Obtained from	National 2014	National 2015	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
(among those who commented)	(N=62)	(N=49)	(n=9^)	(n=5^)	(n=25)	(n=3^)	(n=0)	(n=2^)	(n=4^)	(n=1^)
% Friends	63	**55**	67	60	44	100	-	100	25	100
% Known dealers	16	**18**	22	20	16	0	-	0	50	0
% Acquaintances	11	**10**	11	0	16	0	-	0	0	0
% Unknown dealers	5	**6**	0	0	12	0	-	0	0	0
% Online	2	**4**	0	20	0	0	-	0	25	0
% Other	3	**7**	0	0	12	0	-	0	0	0
% Locations obtained	**2014**	**2015**	**NSW**	**ACT**	**VIC**	**TAS**	**SA**	**WA**	**NT**	**QLD**
(among those who commented)	(N=60)	(N=49)	(n=9^)	(n=5^)	(n=25)	(n=3^)	(n=0)	(n=2^)	(n=4^)	(n=1^)
% Friend's home	28	**25**	22	20	24	0	-	50	25	100
% Nightclub	20	**22**	11	0	36	33	-	0	0	0
% Dealer's home	10	**8**	22	20	0	0	-	0	25	0
% Own home	8	**6**	0	0	4	0	-	50	25	0
% Agreed public location	12	**8**	0	0	16	0	-	0	0	0
% Private party	5	**4**	11	20	0	0	-	0	0	0
% Pubs	2	**4**	11	0	4	0	-	0	0	0
% Live music event	5	**6**	11	0	0	67	-	0	0	0
% Raves/doofs/ dance parties	8	**8**	0	0	16	0	-	0	0	0
% Online	2	**6**	0	40	0	0	-	0	25	0
% Other	0	**3**	11	0	0	0	-	0	0	0
% Last use venue	**2014**	**2015**	**NSW**	**ACT**	**VIC**	**TAS**	**SA**	**WA**	**NT**	**QLD**
(among those who commented)	(N=61)	(N=49)	(n=9^)	(n=5^)	(n=25)	(n=3^)	(n=0)	(n=2^)	(n=4^)	(n=1^)
% Home	25	**8**	0	0	8	0	-	0	50	0
% Nightclub	23	**29**	22	0	40	33	-	0	0	100
% Friends home	18	**18**	22	60	8	0	-	0	50	0
% Dealer's home	0	**2**	11	0	0	0	-	0	0	0
% Private party	8	**14**	11	20	12	0	-	100	0	0
% Pubs	2	**2**	11	0	0	0	-	0	0	0
% Live music event	12	**8**	11	20	0	67	-	0	0	0
% Raves/doofs/ dance parties	8	**14**	0	0	28	0	-	0	0	0
% Others	4	**9**	22	0	4	0	-	0	0	0

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: 'Haven't obtained' excluded from analysis

5.4.4 Ketamine detected at the Australian border

As mentioned previously, diversion from legitimate sources is an issue for ketamine. Border controls for ketamine were introduced in March 2002; prior to this, suspected ketamine importations were referred to police for investigation under state and territory laws. Given that ketamine is available in various forms such as powder, liquid or pharmaceutical preparations, it is difficult to provide accurate data on the weights of seizures detected. There were 155 seizures detected in 2013/14, representing a slight decrease from the 198 detections reported in 2012/13 (Figure 34). Data for 2014/15 were unavailable at the time of publication.

Figure 34: Number of detections of ketamine detected at the border by the Australian Customs and Border Protection Service, 2003/04-2013/14



Source: (Australian Customs Border and Protection Service, 2014)
Note: Data for 2014/15 were unavailable at the time of publication.

5.5 GHB

- Small numbers (n=6) were able to comment on the price of a millilitre of GHB. Reports ranged from $2 to $20. Most participants reported that the price had remained 'stable'.
- Purity was reported as 'high' (72%) and considered stable (67%).
- Of those who commented on GHB availability, reports were also mixed between being 'difficult' to 'very difficult' (60%) and 'easy' to 'very easy' (40%) to obtain. Availability change was reported as 'stable'.
- GHB was obtained from friends and known dealers in both public and private locations.

5.5.1 Price

The median price per millilitre in each jurisdiction is presented in Table 79. Six participants from the national sample were able to comment on the current price per millilitre of GHB and, as such, the results should be interpreted with caution.

Table 79: Median price per ml of GHB, 2015

Median Price $	National 2014 (N=16)	National 2015 (N=6^)	NSW (n=3^)	ACT (n=1^)	VIC (n=2^)	TAS (n=0)	SA (n=0)	WA (n=0)	NT (n=0)	QLD (n=0)
Per ml (range)	4.50 (2-35)	**12.50^ (2-20)**	15^ (15-20)	10^ (-)	2.50^ (2-3)	-.	-	-	-	-

Source: EDRS participant interviews
^ Small numbers commenting (n<10), interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Nine participants were able to comment on whether the price of GHB had changed. The majority of participants reported that the price had remained 'stable' (89%) (see Table 80).

Table 80: Price changes of GHB, 2015

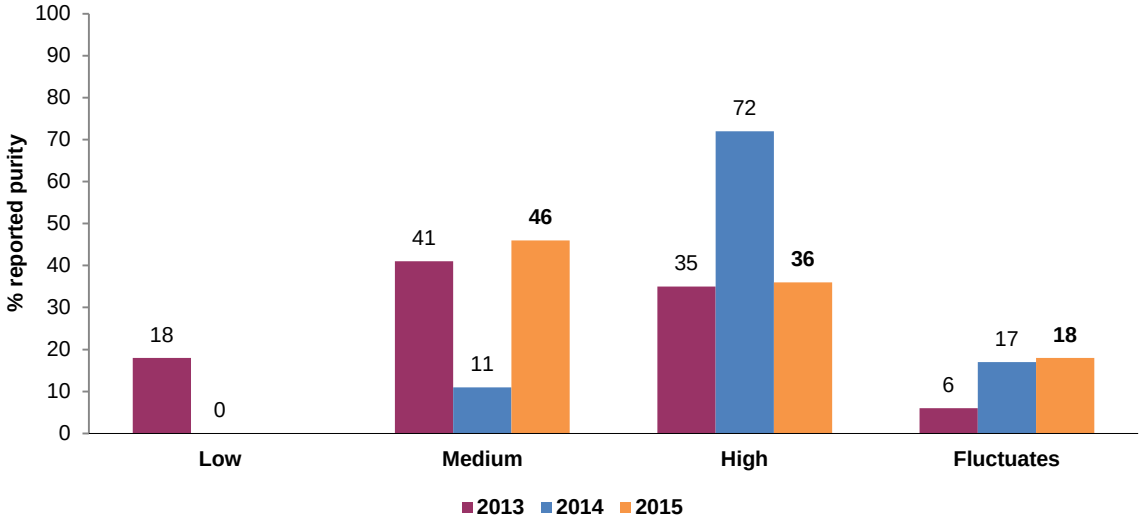
% GHB price changes (among those who commented)	National 2014 (n=15)	National 2015 (n=9^)	NSW (n=5^)	ACT (n=1^)	VIC (n=3^)	TAS (n=0)	SA (n=0^)	WA (n=0)	NT (n=0)	QLD (n=0)
% Increased	27	**0**	0	0	0	-	-	-	-	-
% Stable	53	**89**	80	100	100	-	-	-	-	-
% Decreased	7	**0**	0	0	0	-	-	-	-	-
% Fluctuates	13	**11**	20	0	0	-	-	-	-	-

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.5.2 Purity

Participants were asked what the current purity or strength of GHB was, and if the purity had changed in the six months preceding interview. Eleven participants commented on the purity of GHB. Purity was considered to be 'medium' (46%) by about half of participants who commented (Figure 35).

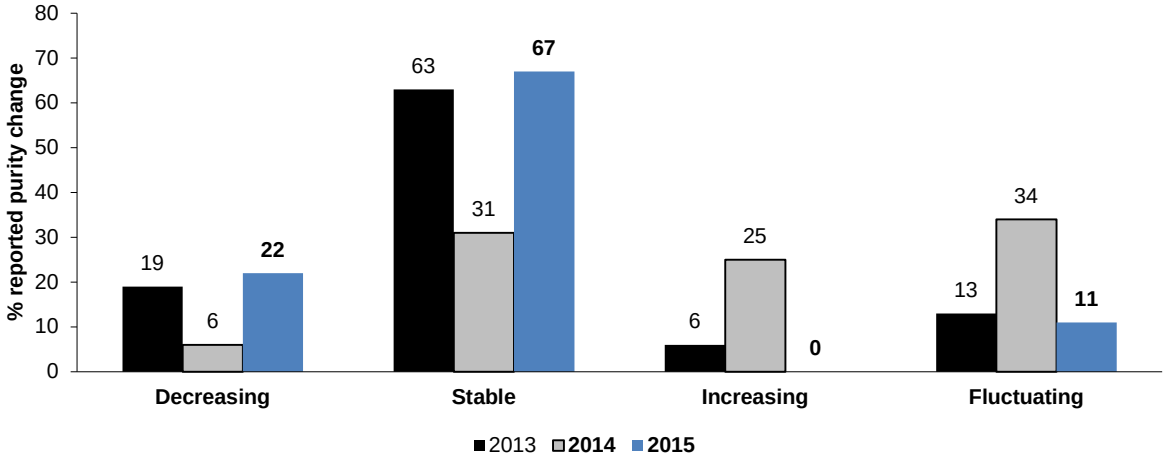
Figure 35: National RPU reports of current GHB purity, 2013-2015



Source: EDRS participant interviews
Note: Among those who commented (n=17 in 2013, n=18 in 2014, n=11 in 2015).
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented (n=9^) on whether the purity of GHB had changed in the six months preceding interview, the majority of participants reported that the purity was 'stable' (67%); Figure 36).

Figure 36: National RPU reports of recent (last six months) change in GHB purity, 2013-2015



Source: EDRS participant interviews
Note: Among those who commented (n=16 in 2013, n=16 in 2014, n=9^ in 2015). The response option 'don't know' was excluded from analysis from 2009 onwards.
Note: ^ means small numbers interpret with caution.

5.5.3 Availability

Ten participants of the national sample commented on the recent availability of GHB. Again, small numbers were reported in all states/territories, and these data should be interpreted with caution.

Nationally, reports on availability of GHB were generally split between being considered 'difficult' to 'very difficult' (40%) and being 'easy' to 'very easy' (60%).

Over half (56%) reported that availability of GHB had remained 'stable' in the six months preceding interview (Table 81).

Table 81: Availability of GHB, 2015

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2014 (N=20)	2015 (N=10)	(n=6^)	(n=1^)	(n=3^)	(n=0)	(n=0)	(n=0)	(n=0)	(n=0)
% Very easy	5	**50**	67	0	33	-	-	-	-	-
% Easy	40	**10**	0	0	33	-	-	-	-	-
% Difficult	45	**20**	17	0	33	-	-	-	-	-
% Very difficult	10	**20**	17	100	0	-	-	-	-	-
% Availability changes (among those who commented)	2014 (N=17)	2015 (N=9^)	NSW (n=5^)	ACT (n=1^)	VIC (n=3^)	TAS (n=0)	SA (n=0)	WA (n=0)	NT (n=0)	QLD (n=0)
% More difficult	18	**11**	20	0	0	-	-	-	-	-
% Stable	65	**56**	40	100	67	-	-	-	-	-
% Easier	6	**40**	40	0	33	-	-	-	-	-
% Fluctuates	12	**0**	0	0	0	-	-	-	-	-

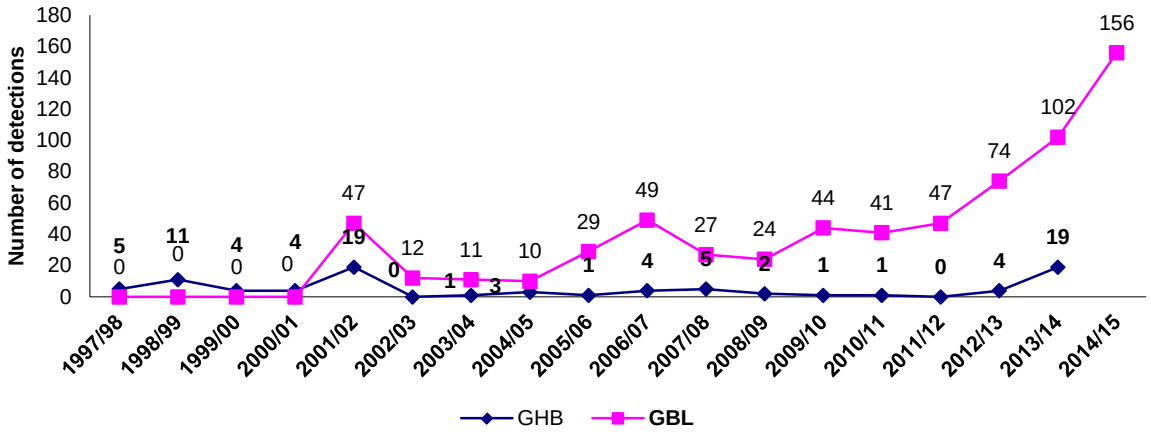
Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution

In all jurisdictions fewer than 10 participants were able to comment on the source, purchase location of GHB and last use venue. GHB was obtained from friends (67%) and known dealers (17%), and there were single reports of unknown dealer and acquaintances. Over half (58%) of the purchase locations reported were public locations (50%) including nightclubs and live music events, while 42% were in private locations (friend's homes). The last venue of intoxication was reported in public locations such as nightclubs and live music events (83%), with 17% reporting a private location (friend's home).

5.5.4 GHB and GBL detected at the Australian border

Although the number of detections for GHB and GBL are relatively low compared to other drugs, Figure 37 indicates an increase in recent years in the number of detections of GBL at the Australian border, and these continue to outnumber seizures for GHB. GBL detections have continued to increase over time with 156 seizures recorded in 2014/15. The higher number of GBL detections may be an indication that it is being imported for production of GHB in Australia, and/or that it is being imported for use as a substitute for GHB itself. Nineteen seizures for GHB were reported in 2013/14 (four in 2012/13). Data for GHB seizures in 2014/15 were not available at the time of publication.

Figure 37: Number of GHB and GBL detections at the border by Australian Customs and Border Protection Service, financial years 1997/98-2014/15



Source: (Australian Customs Border and Protection Service, 2014)

5.6 LSD

- The median price per tab of LSD was $25 nationally ranging from $15 in VIC and TAS to $25 in NSW, the ACT, WA and the NT. Seventy-two percent of those commenting reported that the price had remained stable in the six months prior to interview.
- Around half reported the current purity of LSD as 'high' (54%) and 63% reported that purity had remained 'stable' in the six months preceding interview.
- Overall LSD was reported to have remained 'very easy' or 'easy' (57%) to obtain and this had remained 'stable' (64%) in the last six months.
- LSD was reported to have been obtained from friends and used in private locations such as the participant's own homes or friend's homes.

5.6.1 Price

Twenty-nine percent of the national sample commented on the price of a tab of LSD. The national median price of a tab of LSD was $25 but ranged from $15 in VIC and TAS to $25 in NSW, the ACT, WA and the NT (Table 82). Prices across time have remained relatively stable across jurisdictions with minor fluctuations of up to $10 or less.

Table 82: Median price per tab of LSD, 2015

Median price $ (range)	National 2014 (N=239)	National 2015 (N=225)	NSW (n=36)	ACT (n=24)	VIC (n=35)	TAS (n=30)	SA (n=27)	WA (n=20)	NT (n=21)	QLD (n=32)
$ Per tab (range)	20 (1-50)	**25 (5-100)**	25 (5-100)	25 (10-75)	15 (10-30)	15 (5-30)	20 (8-40)	25 (10-80)	25 (8-50)	20 (10-30)

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution

The price of LSD was generally considered to be 'stable' (72%) in the preceding six months. This has been a consistent trend for the past few years (Table 83).

Table 83: Price changes of LSD, 2015

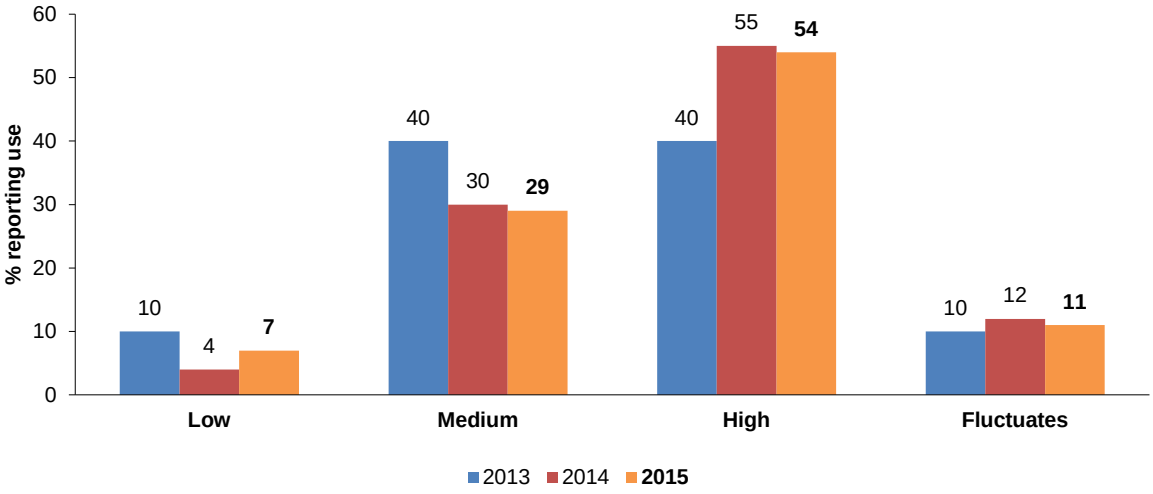
% LSD price changes (among those who commented)	National 2014 (N=218)	National 2015 (N=203)	NSW (n=31)	ACT (n=16)	VIC (n=34)	TAS (n=28)	SA (n=31)	WA (n=18)	NT (n=15)	QLD (n=30)
% Increased	12	**8**	3	6	3	7	26	6	13	0
% Stable	70	**72**	74	94	85	71	52	83	47	70
% Decreased	7	**9**	10	0	3	11	13	11	13	10
% Fluctuated	11	**11**	13	0	9	11	10	0	27	20

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.6.2 Purity

Participants were asked what was the current purity or strength of LSD, and if the purity had changed in the six months preceding interview. In 2015, participants reported that LSD purity was 'high' (54%), followed by 'medium' (29%) and fluctuates (11%) (see Figure 38).

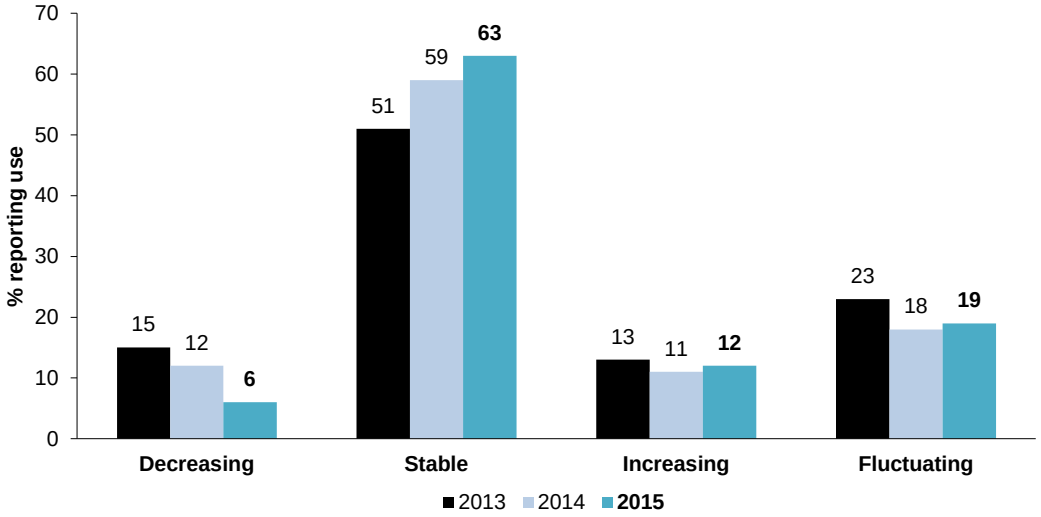
Figure 38: National RPU reports of current LSD purity, 2013-2015



Source: EDRS participant interviews
Note: Among those who commented (n=238 in 2013, n=244 in 2014, n=226 in 2015)
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Of those who commented on whether the purity of LSD had changed in the six months preceding interview, 63% reported that it had remained stable (Figure 39).

Figure 39: National RPU reports of recent (last six months) change in LSD purity, 2013-2015



Source: EDRS participant interviews
Note: Among those who commented
Note: the response option 'don't know' was excluded from analysis from 2009 onwards

5.6.3 Availability

Thirty percent of the national sample commented on the recent availability of LSD; the majority reported LSD to be 'easy' to 'very easy' (57%) to obtain. Of those who commented, the availability of LSD was reported to have remained 'stable' (64%) in the six months preceding interview (Table 84).

Table 84: Availability of LSD, 2014-2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Availability (among those who commented)	**2014** (n=254)	**2015** (n=231)	(n=34)	(n=27)	(n=33)	(n=31)	(n=33)	(n=19)	(n=20)	(n=34)
% Very easy	26	**20**	18	22	15	29	21	32	15	9
% Easy	40	**37**	24	26	39	55	27	47	20	53
% Difficult	29	**38**	56	44	39	13	42	21	60	29
% Very difficult	5	**6**	3	7	6	3	9	0	5	9
% Availability changes (among those who commented)	**2014** (n=229)	**2015** (n=210)	**NSW** (n=33)	**ACT** (n=22)	**VIC** (n=31)	**TAS** (n=29)	**SA** (n=29)	**WA** (n=18)	**NT** (n=17)	**QLD** (n=31)
% Easier	14	**13**	21	9	7	10	7	39	0	16
% Stable	66	**64**	46	77	84	76	62	56	65	48
% More difficult	15	**14**	21	9	10	10	21	6	18	13
% Fluctuates	5	**9**	12	5	0	3	10	0	18	23

Source: EDRS participant interviews
^ Small numbers commenting (n<10); interpret with caution
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

5.6.4 Source and locations of use

LSD had been obtained from friends (59%), followed by known dealers (19%). LSD source venue was in private locations such as friends' homes (34%) and own home (13%). LSD was used in private locations and public locations (Table 85).

Table 85: Last source, purchase location and use location of LSD, 2015

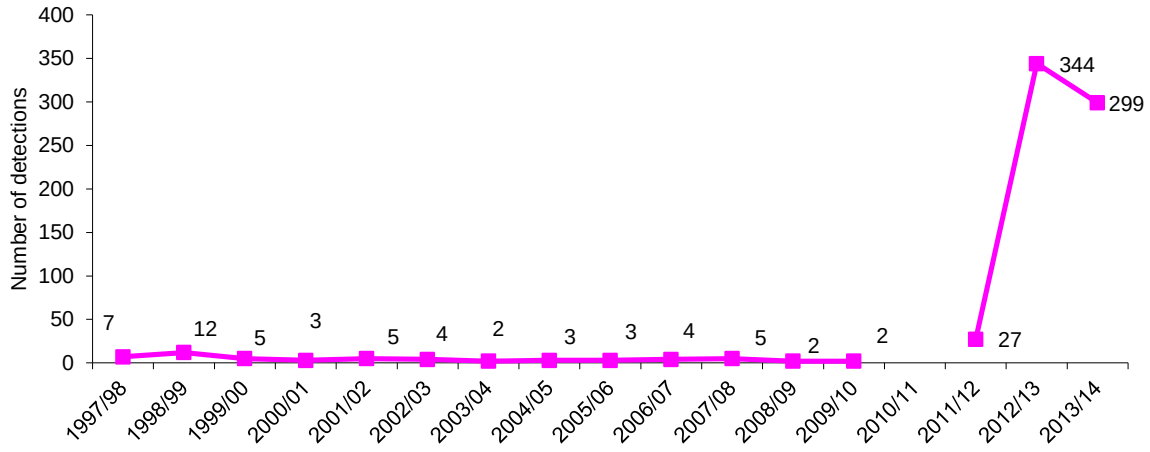
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Obtained from (of those who commented)	2014 (N=252)	2015 (N=234)	(n=36)	(n=26)	(n=35)	(n=31)	(n=31)	(n=20)	(n=21)	(n=34)
% Friends	61	**59**	56	46	60	68	68	55	71	47
% Known dealers	14	**19**	25	27	17	7	7	30	10	29
% Acquaintances	7	**7**	8	4	9	16	0	5	0	12
% Unknown dealers	9	**7**	0	15	11	3	7	5	5	9
% Online	4	**7**	8	4	3	3	19	0	14	3
% Other	5	**1**	3	4	0	3	0	5	0	0
Locations obtained *(of those who commented)*	2014 (n=251)	2015 (N=234)	NSW (n=36)	ACT (n=26)	VIC (n=35)	TAS (n=31)	SA (n=31)	WA (n=20)	NT (n=21)	QLD (n=34)
% Friend's home	32	**34**	28	23	29	36	39	35	52	35
% Own home	11	**13**	17	12	9	13	16	5	24	12
% Dealer's home	11	**9**	6	8	9	3	3	10	5	27
% Raves*	6	**8**	8	8	23	7	7	10	0	0
% Agreed public location	12	**12**	11	27	6	7	10	15	0	18
% Private party	5	**5**	6	0	0	13	3	5	10	3
% Nightclub	5	**<1**	0	0	0	0	0	0	5	0
% Pubs	3	**1**	3	0	0	0	3	0	0	0
% Live music event	8	**9**	8	12	22	16	0	5	0	6
% Online	2	**5**	8	4	3	0	16	0	5	0
% Other	5	**3**	5	6	0	5	3	15	0	0
Last use venue *(of those who commented)*	2014 (n=250)	2015 (N=232)	NSW (n=36)	ACT (n=26)	VIC (n=35)	TAS (n=31)	SA (n=30)	WA (n=20)	NT (n=21)	QLD (n=33)
% Own home	20	**18**	8	23	9	7	27	20	33	24
% Friend's home	20	**22**	19	27	6	16	20	20	33	36
% Live music event	16	**14**	17	15	29	16	7	10	5	6
% Raves*	8	**15**	14	8	43	19	7	10	5	3
% Outdoors	11	**14**	19	8	9	13	23	20	14	6
% Private party	7	**6**	3	4	3	19	3	5	5	3
% Public place	10	**6**	3	12	2	0	10	15	0	6
% Nightclub	2	**4**	8	4	0	7	0	0	5	9
% Pub	2	**2**	6	0	0	3	3	0	0	0
% Other	4	**0**	3	0	0	0	0	0	0	7

Source: EDRS participant interviews
* Includes 'doofs' and dance parties
Note: 'Haven't obtained' excluded from analysis

5.6.5.1 LSD detected at the Australian border

Until 2011/12 there had only been a small number of seizures of LSD, however in recent years, there has been an exponential growth in LSD seizures recorded with 344 in 2012/13 and 299 in 2013/14 (Figure 40). Data for 2014/15 were not available at the time of publication.

Figure 40: Number of LSD detections at the border by the Australian Customs and Border Protection Service, 1997/98-2013/14



Source: (Australian Customs Border and Protection Service, 2014)
Note: Data for 2014/15 were not available at the time of publication.

5.7 Cannabis

- The majority of respondents were able to differentiate between hydro and bush cannabis when being asked about cannabis market characteristics.
- Nationally the median last price for quarter ounces were $90 for hydro (range $9-$180) and $90 (range $25-$130) for bush.
- Prices were reported to have remained 'stable' over the preceding six months.
- The potency of hydro was reported to be 'high' by 39% of the national sample (51% in 2014) and bush was reported to be 'medium' potency by 52%. The potency for both forms was reported to have remained stable over the last six months.
- Hydro and bush were reported by the majority to be 'easy' or 'very easy' to obtain, and the availability of both forms was reported to have remained 'stable'.
- Hydro and bush cannabis were most commonly bought from friends, and used in private locations.

Of those who commented, two-fifths of participants reported that the current potency of hydro cannabis was 'high' (39%) which is a significant decrease from the proportion who reported hydro as 'high' in 2014 (51%; $p<0.05$, Table 89). In contrast, bush cannabis was most commonly reported to be of 'medium' potency (Table 90). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained 'stable' in the preceding six months (Table 89 and Table 90).

5.7.1 Price

Prices in Table 86 represent the median last price paid for the most commonly reported purchase amounts (quarter-ounces and ounces) of bush and hydro by jurisdiction. Nationally, 199 participants reported having purchased an ounce of hydro in the preceding six months (N=144 purchased an ounce of bush), while 184 reported purchase of a quarter-ounce of hydro (N=127 purchased a quarter-ounce of bush). Median last price for quarter ounces remained at $90 nationally (range $9-$180) for hydro and $90 nationally (range $25-$130) for bush. The median last price paid per ounce of hydro nationally was $290 (range $97-$500) and the last price paid per ounce of bush nationally was $250 (range $99-$450). Both were stable from 2014 (Table 86).

Table 86: Median last price paid per quarter ounce and ounce of hydroponically and outdoor grown cannabis, 2015

	Median last price $ per quarter ounce (range)				Median last price $ per ounce (range)			
	Hydro		Bush		Hydro		Bush	
	2014	2015	2014	2015	2014	2015	2014	2015
National	90 (50-250)	**90 (9-180)**	80 (2-180)	**90 (25-130)**	300 (40-500)	**290 (97-500)**	250 (70-450)	**250 (99-450)**
NSW	90 (50-110)	**100 (70-170)**	90 (60-100)	**90 (25-100)**	300 (250-320)	**300 (250-350)**	280 (200-360)	**280 (200-350)**
ACT	90 (50-100)	**90 (70-120)**	80 (50-100)	**100^ (70-100)**	280 (240-320)	**280^ (250-340)**	280 (70-350)	**270^ (160-300)**
VIC	70 (60-80)	**77.50 (40-90)**	70 (60-90)	**70 (60-90)**	230 (200-300)	**245 (150-300)**	220 (180-300)	**210^ (150-250)**
TAS	90 (65-120)	**90 (60-100)**	70 (50-100)	**70 (50-100)**	300 (250-350)	**300 (180-330)**	225 (100-290)	**99 (200-300)**
SA	60 (60-120)	**60 (50-80)**	60 (40-120)	**60 (50-75)**	220 (40-260)	**220 (180-370)**	220 (150-250)	**240 (180-370)**
WA	90 (70-125)	**100 (75-120)**	95 (70-150)	**100 (75-100)**	350 (105-380)	**350 (250-400)**	350 (200-400)	**350 (100-370)**
NT	125 (100-250)	**120 (100-150)**	127.5^ (2-150)	**100^ (80-130)**	450 (280-500)	**450 (200-500)**	400 (100-450)	**400^ (250-450)**
QLD	90 (70-90)	**85 (9-180)**	80 (70-180)	**90 (65-100)**	280 (250-350)	**280 (100-300)**	275^ (200-300)	**250 (100-320)**

Source: EDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution

Consistent with the reporting of other drug types, participants were asked whether the price of cannabis had changed in the six months preceding interview, again making the distinction between hydro and bush cannabis. Prices for both were largely reported to have remained 'stable' over the preceding six months (Table 87) and (Table 88).

Table 87: Hydro Cannabis price changes, 2015

% Hydro price changes Of those who responded	National 2014 (N=338)	National 2015 (N=370)	NSW (n=43)	ACT (n=38)	VIC (n=36)	TAS (n=47)	SA (n=45)	WA (n=54)	NT (n=51)	QLD (n=56)
% Increased	12	**10**	12	3	8	6	16	4	18	13
% Stable	78	**81**	79	82	81	89	76	89	78	73
% Decreased	2	**2**	2	13	3	0	0	2	0	0
% Fluctuated	8	**7**	7	3	8	4	9	6	4	14

Source: EDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution

Table 88: Bush Cannabis price changes continued, 2014

% Bush price changes Of those who responded	2013 (N=279)	2014 (N=261)	NSW (n=27)	ACT (n=23)	VIC (n=20)	TAS (n=38)	SA (n=46)	WA (n=41)	NT (n=29)	QLD (n=37)
% Increased	7	**5**	4	4	10	5	9	2	3	5
% Stable	78	**81**	82	78	80	87	80	85	69	78
% Decreased	5	**6**	7	13	10	8	0	5	7	5
% Fluctuated	9	**8**	7	4	0	0	11	7	21	11

Source: EDRS participant interviews
^ Small numbers reporting (n<10); interpret with caution

5.7.2 Potency

Of those who commented, two-fifths of participants reported that the current potency of hydro cannabis was 'high' (39%) which is a significant decrease from the proportion who reported hydro as 'high' in 2014 (51%; $p<0.05$). In contrast, bush cannabis was reported to be of 'medium' potency by half of participants (Table 89). Reports on whether potency had changed were similar for both hydro and bush, with the majority reporting that they had remained 'stable' in the preceding six months (Table 90).

Table 89: Perceived potency of hydroponic cannabis, by jurisdiction, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
%Current Potency (n)	2014 (N=352)	2015 (N=381)	(n=42)	(n=36)	(n=37)	(n=48)	(n=46)	(n=57)	(n=55)	(n=60)
High	51	**39↓**	55	53	62	0	54	2	60	38
Medium	31	**36**	33	39	30	42	22	51	27	40
Low	5	**13**	5	0	3	31	7	44	2	2
Fluctuates	13	**13**	7	8	5	27	17	4	11	20
% Potency changes (n)	**(N=333)**	**(N=365)**	**(n=41)**	**(n=35)**	**(n=37)**	**(n=46)**	**(n=47)**	**(n=52)**	**(n=49)**	**(n=58)**
Increasing	12	**14**	24	20	5	4	17	15	16	9
Stable	58	**53**	46	54	70	52	51	60	51	47
Decreasing	7	**6**	2	9	5	0	11	8	4	7
Fluctuating	23	**27**	27	17	19	44	21	17	29	40

Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

Table 90: Perceived potency of outdoor-grown 'bush' cannabis, by jurisdiction, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Current Potency (n)	2014 (N=310)	2015 (N=291)	(n=36)	(n=25)	(n=21)	(n=43)	(n=49)	(n=42)	(n=34)	(n=41)
High	21	**21**	19	32	24	16	33	17	6	24
Medium	49	**52**	53	56	52	63	41	43	56	54
Low	18	**20**	22	8	24	7	14	33	38	15
Fluctuates	11	**7**	6	4	0	14	12	7	0	7
% Potency changes (n)	**(N=282)**	**(N=269)**	**(n=31)**	**(n=21)**	**(n=20)**	**(n=42)**	**(n=46)**	**(n=41)**	**(n=29)**	**(n=39)**
Increasing	8	**10**	16	10	5	5	9	15	3	13
Stable	66	**66**	58	81	85	64	63	68	62	62
Decreasing	5	**6**	7	10	0	5	13	2	3	3
Fluctuating	21	**19**	19	0	10	26	15	15	31	23

Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.7.3 Availability

Participants were asked to comment on the current availability of hydro, and whether this had changed in the six months preceding interview. Hydro was commonly reported to be 'easy' or 'very easy' to obtain (91%). Over half of the sample that commented reported access to hydro cannabis had remained 'stable' (72%, Table 91).

Table 91: Availability of hydro, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Availability (among those who commented)	2014 (N=310)	2015 (N=390)	(n=45)	(n=39)	(n=37)	(n=49)	(n=48)	(n=56)	(n=56)	(n=60)
% Very easy	57	**66**	62	51	60	80	60	75	70	62
% Easy	35	**25**	27	44	24	18	23	20	18	32
% Difficult	7	**9**	11	5	16	2	17	4	13	7
% Very difficult	1	**<1**	0	0	0	0	0	2	0	0
% Availability changes (among those who commented)	2014 (N=340)	2015 (N=378)	NSW (n=44)	ACT (n=38)	VIC (n=37)	TAS (n=49)	SA (n=48)	WA (n=56)	NT (n=47)	QLD (n=59)
% More difficult	12	**10**	9	3	8	8	17	11	11	12
% Stable	69	**72**	73	87	70	82	69	66	64	68
% Easier	12	**10**	9	11	11	8	13	13	6	12
% Fluctuates	7	**8**	9	0	11	2	2	11	19	9

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards

Reports of bush availability also indicated that bush tended to be 'easy' or 'very easy' to obtain (79%), with one-fifth of the commenting sample considering it to be 'difficult' to obtain. QLD had the highest proportion (33%) that reported bush as being 'difficult' to obtain. Availability was most commonly reported to have remained 'stable' in the past six months by the national sample (72%; Table 92).

Table 92: Availability of bush, 2015

% Availability (among those who commented)	National 2014 (N=310)	National 2015 (N=289)	NSW (n=34)	ACT (n=24)	VIC (n=19)	TAS (n=43)	SA (n=49)	WA (n=42)	NT (n=35)	QLD (n=43)
% Very easy	41	**46**	35	50	32	72	39	55	54	26
% Easy	38	**33**	38	29	42	19	41	24	31	40
% Difficult	17	**20**	24	21	26	9	18	21	14	33
% Very difficult	4	**1**	3	0	0	0	2	0	0	2
% Availability changes (among those who commented)	**National 2014 (N=295)**	**National 2015 (N=277)**	**NSW (n=33)**	**ACT (n=22)**	**VIC (n=20)**	**TAS (n=43)**	**SA (n=49)**	**WA (n=41)**	**NT (n=28)**	**QLD (n=41)**
% More difficult	12	**10**	9	14	20	7	12	7	7	10
% Stable	63	**72**	67	68	65	84	63	83	75	66
% Easier	18	**11**	15	14	10	9	12	10	4	12
% Fluctuates	8	**7**	9	5	5	0	12	0	14	12

Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis from 2009 onwards
^ Small numbers reporting (n<10); interpret with caution

Hydro was most commonly reported to have been obtained from friends and known dealers and reported to have been obtained at friend's, dealers and own homes. Participant's own homes and friend's homes were most frequently reported as last locations of use (Table 93).

Table 93: Last source person and purchase locations and use locations of hydro, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Obtained from (among those who commented)	2014 (N=356)	2015 (N=388)	(n=45)	(n=37)	(n=37)	(n=49)	(n=48)	(n=55)	(n=56)	(n=61)
% Friends	45	**55**	47	65	46	47	52	73	59	53
% Known dealers	39	**30**	42	30	35	37	33	18	36	18
% Acquaintances	9	**6**	4	0	8	0	8	0	4	18
% Unknown dealers	3	**2**	4	0	5	0	2	2	0	3
% Street dealer	1	**1**	0	5	0	0	2	0	0	2
% Relatives	1	**2**	2	0	3	10	2	0	0	2
% Workmates	1	**3**	0	0	0	4	0	7	2	5
% Other	1	**1**	1	0	3	2	0	0	0	0
% Locations obtained (among those who commented)	2014 (N=354)	2015 (N=387)	NSW (n=45)	ACT (n=37)	VIC (n=37)	TAS (n=48)	SA (n=48)	WA (n=55)	NT (n=56)	QLD (n=61)
% Friend's home	41	**40**	33	49	30	31	40	58	41	34
% Dealer's home	25	**17**	24	14	19	17	23	15	14	12
% Home (delivered)	18	**23**	18	24	22	29	17	13	34	25
% Agreed public location	9	**12**	22	5	22	15	10	0	7	16
% Acquaintance's home	3	**2**	0	0	0	0	2	2	0	8
% Work	1	**1**	0	0	0	2	2	4	0	0
% Street market	<1	**2**	2	5	0	0	4	0	2	2
% Pubs/Bars	1	**1**	0	0	5	2	0	0	0	2
% Other	1	**2**	1	3	2	4	2	8	2	0
% Last use venue (among those who commented)	2014 (N=354)	2015 (N=386)	NSW (n=45)	ACT (n=37)	VIC (n=37)	TAS (n=49)	SA (n=47)	WA (n=54)	NT (n=56)	QLD (n=61)
% Friend's home	29	**30**	33	41	19	16	40	50	16	23
% Own home	57	**59**	49	43	68	76	49	37	77	67
% Dealer's home	1	**1**	2	3	0	2	0	2	0	0
% Public place	3	**2**	4	0	5	0	0	2	4	0
% Pub	1	**<1**	0	0	0	2	0	0	0	2
% Outdoors	3	**2**	7	3	3	0	4	0	0	3
% Raves/doofs	0	**<1**	0	0	3	0	0	0	0	0
% Private party	1	**<1**	0	3	0	0	2	0	0	0
% Other	5	**3**	5	7	2	4	5	9	3	5

Source: EDRS participant interviews
Note: 'Haven't obtained' excluded from analysis

EDRS participants most commonly reported obtaining bush from friends (54%) and this most commonly occurred in private locations (at friend's homes (41%) and at their own homes (20%). Participant's own homes (55%) followed by friend's homes (27%) were most commonly reported as last use venues (Table 94).

Table 94: Last source person, purchase location and use location of bush, 2015

% Obtained from (among those who commented)	National 2014 (N=310)	National 2015 (N=288)	NSW (n=36)	ACT (n=24)	VIC (n=21)	TAS (n=42)	SA (n=48)	WA (n=42)	NT (n=35)	QLD (n=40)
% Friends	48	**54**	42	50	52	43	65	74	57	45
% Known dealers	34	**26**	33	29	29	33	25	21	23	20
% Acquaintances	7	**6**	6	8	10	5	4	0	6	13
% Unknown dealers	5	**5**	14	0	10	0	2	2	9	5
% Street dealer	1	**2**	3	4	0	0	0	0	3	10
% Workmates	2	**2**	0	0	0	7	0	0	3	3
% Relatives	2	**4**	3	8	0	10	2	2	0	3
% Other	1	**1**	0	1	0	2	2	0	0	1
% Locations obtained (among those who commented)	**2014 (N=308)**	**2015 (N=291)**	**NSW (n=36)**	**ACT (n=24)**	**VIC (n=21)**	**TAS (n=42)**	**SA (n=48)**	**WA (n=42)**	**NT (n=35)**	**QLD (n=43)**
% Friend's home	47	**41**	39	38	33	38	52	60	34	26
% Home delivery	16	**20**	6	13	14	21	15	19	34	30
% Dealer's home	18	**16**	28	21	24	17	15	7	17	5
% Agreed public location	9	**12**	17	4	5	14	13	5	6	23
% Acquaintance's home	1	**2**	0	4	5	2	0	0	0	5
% Street market	1	**3**	6	4	0	0	2	0	6	7
% Nightclubs	<1	**1**	0	0	5	2	0	0	0	0
% Private parties	2	**<1**	0	4	0	0	0	0	0	0
% Other	5	**4**	4	12	14	6	4	9	3	4
% Last use venue (among those who commented)	**2014 (N=307)**	**2015 (N=291)**	**NSW (n=36)**	**ACT (n=24)**	**VIC (n=21)**	**TAS (n=42)**	**SA (n=48)**	**WA (n=42)**	**NT (n=35)**	**QLD (n=43)**
% Own home	53	**55**	53	38	71	57	48	43	71	65
% Friend's home	32	**27**	28	29	5	24	44	38	14	21
% Dealer's home	<1	**1**	3	0	5	0	0	2	3	0
% Private party	1	**1**	3	8	0	0	0	0	0	2
% Pub	1	**2**	3	0	5	2	0	2	0	2
% Outdoors	4	**4**	0	8	14	2	2	2	3	5
% Public place	1	**3**	6	4	0	2	2	0	9	0
% Live music event	<1	**1**	0	4	0	0	0	0	0	2
% Other	6	**6**	4	9	0	13	4	13	0	3

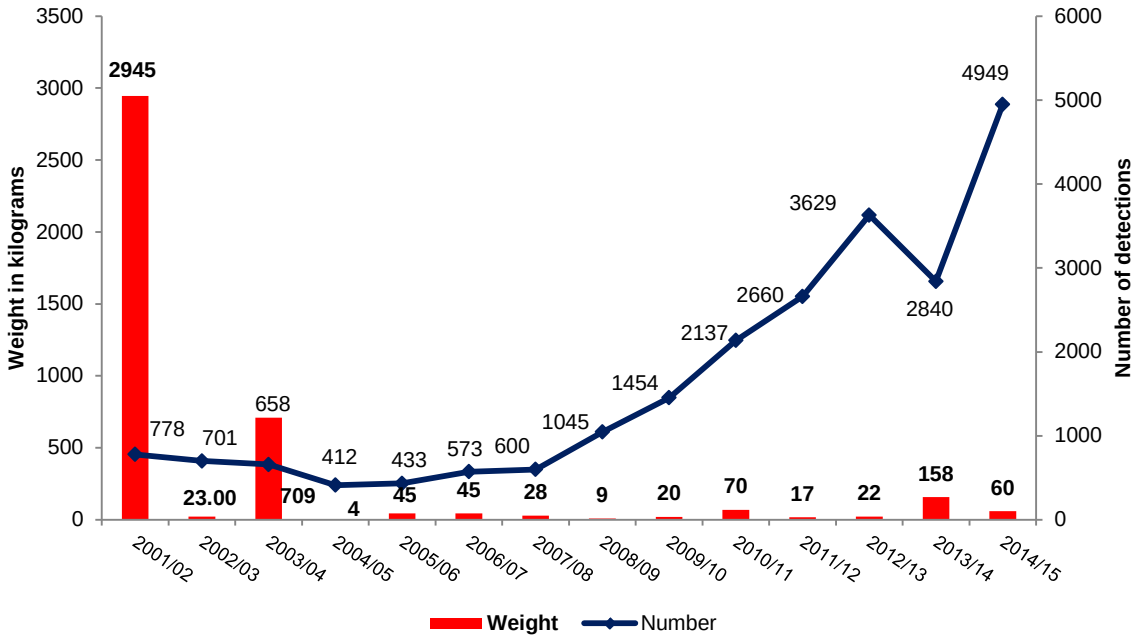
Source: EDRS participant interviews
Note: 'Haven't obtained' excluded from analysis

5.7.4 Cannabis detected at the Australian border

Cannabis production occurs in many parts of Australia and much of the cannabis consumed in Australia is believed to be domestically produced. However, there are also numerous cannabis detections made by the Australian Customs and Border Protection Service each year.

The number of cannabise detections has increased markedly since 2007/08, while weights remain relatively low (Figure 41). This may suggest high numbers of seizures coming through in small quantities through the post.

Figure 41: Weight and number of detections of cannabis made at the border by the Australian Customs and Border Protection Service, financial years 1997/98-2014/15



Source: (Australian Customs Border and Protection Service, 2015)

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

- Twenty-nine percent reported having ever **overdosed** on a **stimulant** drug and 20% had done so in the preceding 12 months. Ecstasy was the main drug to which participants attributed the stimulant overdose. Public places such as live music events and nightclubs are where most stimulant OD occurred. The most common symptoms reported were increased body temperature and heart rate. Most reported this stimulant OD occurred on a heavy night out and a median of 6 hours into partying.
- Twenty-six percent of the national sample reported having ever **overdosed** on a **depressant** drug and 24% reported recent (last 12 months) overdose. Recent overdoses were most commonly attributed to alcohol (83%). Most depressant OD occurred in private locations. The most commonly reported symptoms were vomiting and losing consciousness. Of those that sought treatment, most were attended to by friends who were monitoring them.
- Of the national sample 9% had reported having **accessed either a medical or health service** in relation to their drug use during the six months preceding interview. GPs (85%) were the service most accessed by this group for any reason, followed by dentists (40%) and EDs (16%). Of those accessed GPs to discuss drug use, cannabis and alcohol were the primary drugs of concern in most cases.
- Ecstasy was a drug of concern (principal or additional) in 2.1% of closed **treatment seeking** episodes in 2013/14 and was the principal drug in just 0.5% of cases. Proportionately, amphetamines consisted of 16% of all closed treatment episodes across Australia.
- A substantial proportion of participants were classified as currently experiencing 'high' (23%) to 'very high' (9%) psychological on the **Kessler Psychological Distress Scale (K10).**
- Around one-third (36%) of the sample reported **experiencing a mental health problem** in the preceding six months; anxiety and depression were the most commonly reported.

6.1 Overdose and drug-related fatalities

As in previous years[6], participants were surveyed regarding their experience of overdose. 'Overdose' was defined as experiencing symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety or panic, hallucinations) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnoses. Forty-five percent of the national sample that commented (N=763) reported having ever experienced either a stimulant and/or a depressant overdose[7].

[6] Note: In 2007 a distinction was drawn between self-reported overdose of stimulant drugs and of depressant drugs (in previous years these drug types were combined).

[7] Comparisons with previous years should be undertaken with caution due to changes in survey items on overdose.

6.1.1 Non-fatal stimulant overdose among RPU

Twenty-nine percent of the national sample reported having ever overdosed on a stimulant drug on a median of one occasion (range 1-40 occasions). Twenty percent of the sample reported they had experienced a stimulant overdose in the last 12 months.

Participants reporting an overdose in the last 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy (65%), with small proportions nominating LSD (8%) and crystal (6%) (Table 95). Polydrug use was common, with 79% reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (73%) and cannabis (36%), with smaller numbers reporting crystal, speed, cocaine and LSD.

Live music events were the venue that most people reported the stimulant overdose occurred (Table 95).

Among particpants who commented (N=150), the main symptoms reported on their last stimulant overdose occasion (if it occurred within the last 12 months) included increased body temperature (42%), increased heart rate (39%), extreme anxiety (32%), panic (28%), dizziness (27%), nausea (25%), irregular rapid breathing (25%), tremors (21%), paranoia (20%), headache (20%), delirium/confusion (18%), hallucinations – visual (18%), chest pain (17%), vomiting (16%), hallucination – auditory (15%), agitation (15%) and irregular shallow breathing (10%). These symptoms were experienced outside the 'normal experience' of the drug.

At their last occasion of overdose (of those who had overdosed in the preceding 12 months; N=150), 45% did not receive any medical treatment. Of those that received treatment (n=83), small numbers reported the following forms of treatment: attended an ambulance (6%); attended the emergency department (5%), got oxygen (2%) and saw a GP (1%). Seventy percent reported another form of treatment such as being monitored by friends. Participants were asked if after their stimulant overdose they received, or sought out, any information, to which 20% reported that they had. Most of those participants who sought out information consulted the internet/website information (43%), pill reports website (30%), consulted their friends (3%), their GP (10%) or dealer/person they obtained the pill from (7%).

Of those that had a stimulant overdose in the last 12 months, participants reported having been partying for a median of 6 hours (range <1 hour to 192 hours). The majority (64%) reported that the last stimulant OD had occurred during a heavy session, while 36% reported the stimulant OD occurred on a normal night out.

Table 95: Stimulant overdose in the last twelve months among EDRS participants, 2015

%	National 2014 (N=799)	National 2015 (N=760)	NSW (n=100)	ACT (n=97)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=99)	NT (n=101)	QLD (n=85)
% Ever overdosed on stimulant drug	28	**29**	41	22	18	21	43	27	31	28
Median number times ever overdosed* (n)	2	**1**	1	1	1	1.5	2	2	2	1
% Overdosed last 12 months	20	**20**	24	16	14	12	30	21	19	19
% Main drug**	(N=146)	**(N=144)**	(n=24)	(n=14)	(n=12)	(n=9^)	(n=28)	(n=22)	(n=19)	(n=16)
Ecstasy	56	**65**	83	57	67	44	75	50	63	63
Crystal	9	**6**	0	0	0	0	7	9	16	13
Speed	3	**3**	0	14	0	0	0	0	11	0
Cocaine	3	**4**	8	0	8	0	4	4	0	0
LSD	7	**8**	4	7	8	44	4	9	0	6
Pharmaceutical stimulants	3	**4**	0	14	0	0	0	9	0	6
Ketamine	n.a.	**2**	0	7	0	0	0	4	5	0
Other	19	**13**	4	0	16	11	11	14	5	13
% More than one drug in last OD**	83	**79**	83	73	93	89	81	73	75	75
% Last OD location**	(N=146)	**(N=149)**	(n=24)	(n=15)	(n=13)	(n=9^)	(n=30)	(n=22)	(n=20)	(n=16)
Nightclub	16	**18**	4	13	46	0	27	9	20	25
Own home	19	**17**	13	20	0	22	20	18	30	13
Friend's home	17	**18**	21	7	8	22	13	32	30	6
Outdoors	3	**3**	0	0	0	0	10	0	5	0
Live music event	23	**22**	42	13	31	22	20	14	0	31
Rave/dance party	6	**7**	13	13	0	22	0	5	10	0
Private party	4	**5**	0	13	15	0	3	9	5	0
Public place	1	**2**	0	7	0	0	0	0	0	13
Other	12	**8**	7	14	0	12	7	13	0	12

Source: EDRS participant interviews
* Of those who ever overdosed
** Of those who had overdosed in the past 12 months
^ Small numbers n<10; interpret with caution

6.1.2 Non-fatal depressant overdose among RPU

Twenty-six percent of the national sample reported having ever overdosed on a depressant drug on a median of three occasions (range 1-400 occasions). Fifteen percent reported that their last depressant overdose had occurred in the last 12 months (see Table 96).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The majority reported the main drug was alcohol (83%); smaller proportions reported benzodiazepines (4%). Polydrug use was common, with over half (57%) reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last depressant overdose. These were typically cannabis (44%), ecstasy (23%), alcohol (16%) and benzodiazepines (8%) with smaller numbers reporting cocaine, mushrooms, nitrous oxide and pharmaceutical stimulants.

As with stimulant overdose, of those that had had a depressant overdose in the past twelve months (N=113), locations of last overdose reported were mixed between private and public locations such as private party (19%), own home (18%), friends home (15%) and nightclubs (19%). Symptoms which participants reported on their last overdose occasion included vomiting (49%) and losing consciousness (35%) (see Table 96).

At their last occasion of overdose (of those who had overdosed in the preceding twelve months), 60% reported that there was a sober person who was able to assist at the time. On the occasion of depressant overdose, immediate attention/care reported was monitoring by friends (70%), ambulance attendance (10%), emergency department attendance (7%), got oxygen (1%) and other (15%).

The majority of those that had recently overdosed on a depressant reported that it had occurred on a night of 'heavy session' use (69%) as opposed to a normal night out (31%). The depressant OD was reported to have occurred a median of five hours (range 0-72 hours) after being out partying.

Table 96: Depressant overdose in the last 12 months among RPU, 2015

	National 2014 (N=799)	National 2015 (N=759)	NSW (n=100)	ACT (n=97)	VIC (n=100)	TAS (n=77)	SA (n=100)	WA (n=99)	NT (n=101)	QLD (n=85)
% Ever overdosed on depressant drug	25	**26**	32	43	30	14	25	28	14	20
Median number times ever overdosed* (n)	2	**3**	2	5	3	2	2	4	3	3
% Overdosed last 12 months	13	**15**	14	30	15	6	13	19	9	11
% Main drug **	(N=106)	**(N=112)**	(n=14)	(n=30)	(n=15)	(n=5^)	(n=13)	(n=17)	(n=9^)	(n=9^)
Alcohol	75	**83**	93	87	67	60	92	94	89	56
Heroin	3	**2**	0	3	0	0	0	0	11	0
GHB	4	**2**	7	0	7	0	0	0	0	0
Benzodiazepines	4	**4**	0	0	7	20	8	0	0	11
Other opiates	3	**2**	0	0	7	0	0	6	0	0
Other	12	**8**	0	10	13	20	0	0	0	33
% Last OD location**	(N=106)	**(N=113)**	(n=14)	(n=30)	(n=15)	(n=5^)	(n=13)	(n=18)	(n=9^)	(n=9^)
Friends home	19	**15**	7	23	13	20	0	11	33	11
Own home	18	**18**	36	27	7	20	8	0	22	22
Nightclub	18	**19**	7	10	27	0	54	22	11	11
Private party	19	**19**	7	17	20	20	15	39	11	11
Pub	9	**5**	14	0	13	0	8	0	11	0
Public place (street/park)	4	**4**	14	3	0	0	0	0	11	11
Other	12	**20**	15	20	20	40	15	28	4	34
% More than one drug in last OD**	46	**57**	50	48	60	80	62	37	78	89
% Symptoms experienced last OD**	(N=105)	**(n=113)**	(n=14)	(n=30)	(n=15)	(n=5^)	(n=13)	(n=19^)	(n=9^)	(n=8^)
Vomiting	46	**49**	43	70	33	60	62	32	22	50
Losing consciousness	36	**35**	43	17	53	0	23	53	67	25
Collapsing	8	**6**	7	7	7	20	0	5	11	0
Other	9	**10**	7	7	7	20	15	11	0	25

Source: EDRS participant interviews
* Of those who ever overdosed
** Of those who had overdosed in the past 12 months
^ Small numbers interpret with caution

6.1.3 Drug related fatalities – population data

The ABS has changed the way it collates deaths data, making comparisons to earlier overdose bulletins published by NDARC difficult. Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006 that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. This is likely to have an impact on the number of opioid-related deaths recorded at a national level in 2006, The ABS now release preliminary, revised and final deaths data for each year. The figures in this report relate to final data for 2011. These data should be interpreted in conjunction with the ABS Technical Note 2: Coroner Certified Deaths, 3303.0 2011.
http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3303.0Technical+Note32013

6.1.3.1 Methamphetamine-related fatalities

There are fewer deaths attributable to methamphetamine than are attributable to opioids. There is a limited understanding of the role of methamphetamine in death, and, therefore, mortality data may under-represent cases where methamphetamine has contributed to death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

In 2011, there were a total of 101 'drug induced' deaths in which methamphetamine was mentioned among those aged 15 to 54 years (the ages when most drug related deaths occur) and 105 deaths across all ages. The rate of methamphetamine related deaths among those aged 15 to 54 years in 2011 was 8.1 per million persons, and remains relatively unchanged from 7.1 in 2010 (Roxburgh and Burns, 2015).

6.1.3.2 Cocaine related fatalities

In 2011, there were 12 'drug induced' deaths in which cocaine was mentioned among those aged 15–54 years of age and 13 deaths across all ages. Cocaine was determined to be the underlying cause of death in 9 of all cocaine related deaths in 2011 among Australians aged 15 to 54 (Roxburgh and Burns, 2015).

6.2 Help-seeking behaviour among RPU

Participants were asked if they had accessed any medical or health services in relation to their ERD or alcohol use in the last six months to which 9% responded that they had. In addition, 12% (n=79) 'thought about' contacting a service but had not done so and the reasons given were: 'worked it out on my own' (25%), 'could not be bothered' (15%), 'not a priority' (15%), 'did not want to abstain from drug use' (14%), 'don't know what services are available' (8%), 'won't be able to help me' (4%), peer influence/social stigma (3%) and 'not sure' (3%).

In 2015, all participants were asked which of the following health services and professionals they had accessed over the past six months, how many visits with each health professional they had had and of those visits how many were related to drug and alcohol. As expected, doctors (General Practitioners) were seen by the majority of the sample (85%). Smaller proportions of the sample reported attending dentists (40%) and emergency departments (16%) see Table 97.

Table 97: Proportion of RPU who accessed a medical or health service, 2015

Service accessed	National 2014 (N=619)	National 2015 (N=645)	NSW (n=92)	ACT (n=80)	VIC (n=92)	TAS (n=51)	SA (n=95)	WA (n=92)	NT (n=70)	QLD (n=73)
% Doctor (GP)	85	**85**	90	84	82	86	91	82	79	82
% Dentist	39	**40**	46	41	39	41	42	50	24	43
% Other health professional	24	**21**	15	28	21	14	31	25	7	23
% Emergency Department	19	**16**	12	20	12	10	18	17	21	21
% Psychologist	12	**17**	23	20	12	16	13	20	7	29
% Specialist doctors (not psychiatrists)	12	**11**	5	10	8	10	15	13	10	19
% Social Welfare workers	5	**5**	5	3	7	14	8	1	0	8
% Hospital admissions	12	**9**	3	10	8	8	13	8	7	12
% Medical tent	7	**8**	10	10	13	12	8	4	0	3
% Outpatient	5	**5**	3	4	4	6	4	3	4	8
% Psychiatrist	6	**7**	8	5	7	6	8	10	1	10
% Drug and alcohol counsellor	5	**4**	1	3	2	4	4	5	4	11
% Ambulance	4	**4**	4	5	3	0	5	3	3	7

Source: EDRS participant interviews
Note: Medical tent, outpatient hospital service, ambulance, inpatient treatment were reported by n<5 participants nationally.

Of those that had seen a Doctor (GP), participants went to the doctor a median of two times (range 1-96) for any reason. The marjority of participants (90%) had been to the GP monthly or less and most visits (90%) were not related to the participants drug use. Ten percent of the visits were for drug or alcohol related issues and the main drugs reported were cannabis (27%), alcohol (20%), crystal methamphetamine (18%) and ecstasy (16%).

6.3 Drug treatment – population data

There were 180,713 closed treatment episodes recorded nationally in 2013/14 of which 40% comprised of alcohol closed treatment episodes, 24% comprised of cannabis and 18.8% of stimulants and hallucinogens.

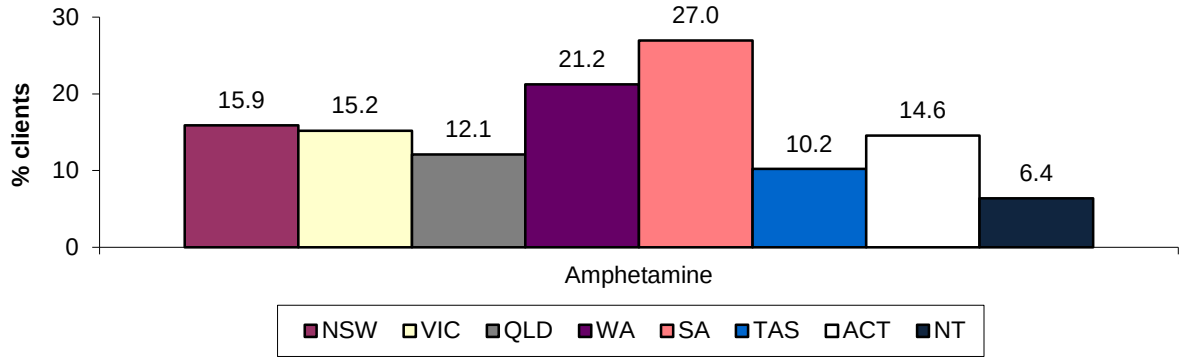
6.3.1 Ecstasy

Ecstasy was a drug of concern (principal or additional) in 3% of closed episodes in 2013–14 and was the principal drug in just 0.5% of cases (Australian Institute of Health and Welfare, 2015).

6.3.2 Meth/amphetamine

Amphetamines (including methamphetamine) were the principal drug of concern in 17% of all closed treatment episodes in 2013/14. SA had the highest proportion of closed treatment episodes where amphetamine was the principal drug of concern (27%), followed by WA (21.2%) (Figure 42) (Australian Institute of Health and Welfare, 2015).

Figure 42: Proportion of closed treatment episodes for clients who identified amphetamine as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2013/14*



Source: AODTS-NMDS (Australian Institute of Health and Welfare, 2015)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

6.3.3 Cocaine

A small proportion (0.3%) of closed treatment episodes for clients who identified cocaine as the principle drug of concern were recorded in Australia in 2013/14. NSW recorded the highest proportion (0.6%) across the jurisdictions (Australian Institute of Health and Welfare, 2015).

6.3.4 Ketamine

There were only 6 closed treatment episodes for clients who identified ketamine as the principal drug of concern in 2013/14 (Source: AIHW Alcohol and Other Drug Treatment National Minimum Data Set).

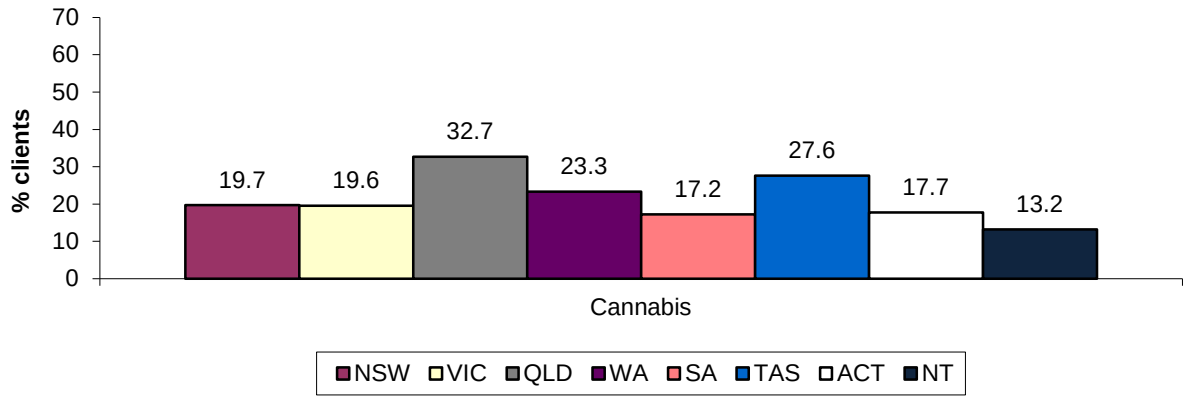
6.3.5 GHB

There were 21 closed treatment episodes for clients who identified GHB as the principal drug of concern in 2013/14 (Source: AIHW Alcohol and Other Drug Treatment National Minimum Data Set).

6.3.6 Cannabis

VIC had the highest proportion of closed treatment episodes where cannabis was the principal drug of concern in 2013/14 (32.7%), followed by TAS (27.6%) (Figure 43) (Australian Institute of Health and Welfare, 2015).

Figure 43: Proportion of closed treatment episodes for clients who identified cannabis as their principal drug of concern (excluding pharmacotherapy), by jurisdiction, 2013/14*



Source: AODTS-NMDS(Australian Institute of Health and Welfare, 2015)
* Excludes closed treatment episodes for clients seeking treatment for the drug use of others
Note: Agencies whose sole activity is to prescribe and/or dose methadone or other opioid pharmacotherapies are currently excluded from the AODTS-NMDS.

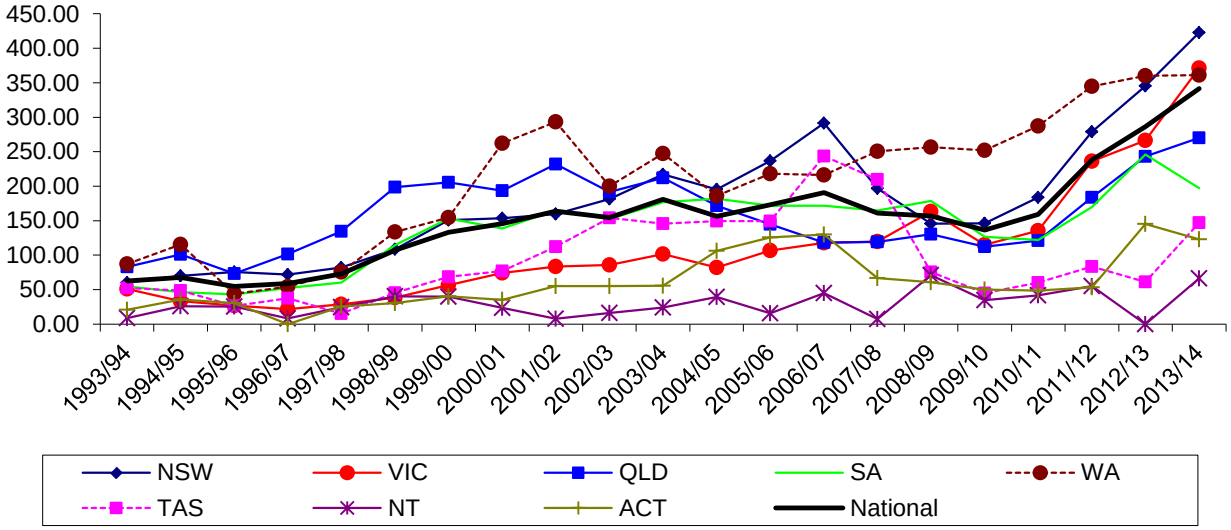
6.4 Hospital admissions

Data was unavailable for the 2014/15 period.

6.4.1 Methamphetamine

Figure 44: Rates per million persons of principal amphetamine-related hospital separations in Australia among persons aged 15-54, 1993-2014 shows the number of inpatient hospital admissions per million persons, since 1999/00, with a principal diagnosis relating to amphetamines among persons aged 15-54 years (Roxburgh and Breen, 2016). Figures have steadily increased at a national level since 1999/00, peaking at 341 admissions per million persons in 2013/14. NSW recorded the highest number of amphetamine-related hospital admissions in 2013/14 at 422 admissions per million persons. The majority of the jurisdictions (except the ACT and SA) reported an increase in amphetamine-related hospital admissions in 2013/14 (Figure 44). Data for 2014/15 was unavailable at time of printing.

Figure 44: Rates per million persons of principal amphetamine-related hospital separations in Australia among persons aged 15-54, 1993-2014

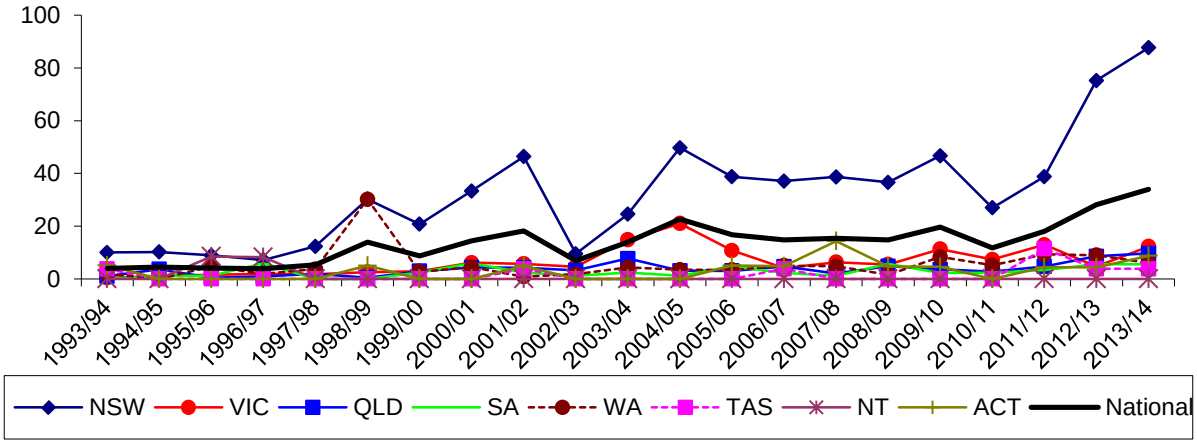


Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2016)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.
Note: This graph does not include admissions for amphetamine withdrawal or psychosis.

6.4.2 Cocaine

Figure 45 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine (Roxburgh and Breen, 2016). In 2013/14, the number of cocaine-related hospital admissions was 34 admissions per million persons (an increase from 28 in 2012/13). It should be noted, however, that relative to opioids and amphetamines, these figures are small. NSW has consistently had the highest number of cocaine-related hospital admissions, which reached a peak of 87 admissions per million persons in 2013/14 (Figure 45). Figures were relatively lower in all other jurisdictions. Data for 2014/15 was unavailable at time of printing.

Figure 45: Rates per million persons of principal cocaine-related hospital separations in Australia among persons aged 15-54, 1993-2014

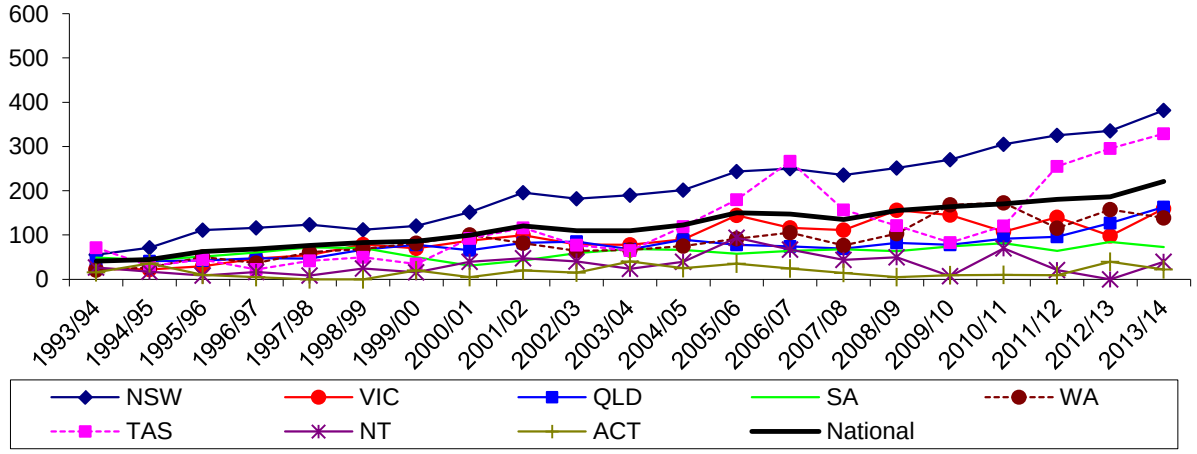


Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2016)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.
Note: This graph does not include admissions for withdrawal or psychosis.

6.4.3 Cannabis

Figure 46 shows the number of inpatient hospital admissions per million persons (among those aged 15-54 years) with a principal diagnosis related to cannabis (Roxburgh and Breen, 2016). At a national level, these figures have steadily increased over time from 85 admissions per million persons in 1999/00 to 221 per million persons in 2013/14. NSW recorded the highest number of cannabis-related admissions per million persons among people aged 15-54 years in 2013/14 (381 admissions per million persons; Figure 46). Data for 2014/15 was unavailable at time of printing.

Figure 46: Rates per million persons of principal cannabis-related hospital separations in Australia among persons aged 15-54, 1993-2014



Source: AIHW and ACT, TAS, NT, QLD, SA, NSW, VIC and WA Health Departments, (Roxburgh and Breen, 2016)
* From 2001, numbers in TAS included admissions from an additional drug withdrawal unit. From 2010/11, numbers in WA included admissions from an additional unit.
Note: This graph does not include admissions for cannabis withdrawal or psychosis.

6.5 Mental and physical health problems

6.5.1 Mental health problems and psychological distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV)/the Structured Clinical Interview for DSM disorders (Kessler, 2002, SCID; Andrews and Slade, 2001).

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003), and research suggests that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[8]. Almost one in ten (9%) EDRS participants had a score of 30 or more (Table 98).

The 2013 NDSHS (Australian Institute of Health and Welfare, 2011b) provides the most recent Australian population data available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be 'low'; 16-21 as 'moderate'; 22-29 as 'high'; and 30-50 as 'very high'. Using these categories, larger proportions of EDRS participants reported levels of 'moderate', 'high' and 'very high' distress compared to the general population (Australian Institute of Health and Welfare, 2014) (Table 98).

Table 98: Kessler Psychological Distress Scale 10 (K10) scores for RPU 2015

%	NDSHS	% EDRS									
K10 category	National AIHW 2013	National 2014 (N=776)	National 2015 (N=754)	NSW (n=100)	ACT (n=98)	VIC (n=95)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=99)	QLD (n=84)
% reporting no or low distress (score 10-15)	**69.3**	**40**	**33**	26	54	35	19	27	32	39	31
% reporting moderate distress (score 16-21)	**20.6**	**36**	**35**	38	26	39	28	31	42	34	41
% reporting high distress (score 22-29)	**7.2**	18	23	20	16	14	45	25	23	19	25
% reporting very high distress (score 30-50)	**2.8**	**6**	**9**	16	4	13	8	17	3	7	4

Source: EDRS participant interviews; NDSHS (Australian Institute of Health and Welfare, 2014)
Note: The extent to which cut-offs derived from population samples can be applied to the RPU population is yet to be established and, therefore, these findings should be taken as a guide only

Participants were also asked if the feelings experienced in this four week period were usual or experienced more or less often, the highest proportion reported that these feelings of psychological distress were the same as experienced usually (60%), followed by more often than usual (25%) then less often than usual (14%).

[8] See www.crufad.unsw.edu.au/k10/k10info.htm for details.

6.5.2 Self-reported mental problems and medication

About one-third (36%) of national participants reported experiencing a mental health problem in the six months preceding interview. Of these, the primary issue of concern was depression (68%), followed by anxiety (62%) and paranoia (10%). For jurisdictional breakdowns, see Table 99.

Table 99: Self-reported mental health problem in the last six months, 2015

%	National		NSW (n=100)	ACT (n=97)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=101)	QLD (n=85)
	2014 (N=797)	2015 (N=761)								
Experienced a mental health problem	28	**36**	35	34	37	45	41	33	20	44
Of those that had mental health problem	(N=218)	**(N=271)**	(n=35)	(n=33)	(n=37)	(n=35)	(n=41)	(n=33)	(n=20)	(n=37)
Depression	65	**68**	66	61	60	74	71	73	80	62
Anxiety	70	**62**	49	58	78	66	71	67	70	43
Paranoia	9	**10**	0	0	16	26	7	3	25	5
Panic	7	**8**	6	6	11	3	7	3	20	11
Posttraumatic stress disorder	4	**6**	9	0	5	6	10	3	5	5
Obsessive compossive disorder (OCD)	6	**7**	3	6	8	0	12	3	10	11
Manic-depression/Bipolar disorder	5	**6**	6	9	5	9	7	6	0	5
Phobias	4	**<1**	0	0	0	0	2	0	0	3
Mania	n.a.	**2**	3	3	0	0	0	0	0	5
Drug induced psychosis	2	**3**	3	0	5	6	0	0	0	5
Other psychosis	n.a.	**2**	6	0	3	0	0	0	0	5
Schizophrenia	1	**2**	0	3	5	0	2	0	0	3
Any personality disorder	n.a.	**3**	0	0	3	6	5	0	0	8

Source: EDRS participant interviews

Participants were also asked whether they had visited a mental health professional for a mental health problem in the last six months, to which 20% participants reported doing so. Of those that had seen a health professional recently, 27% had medication prescribed, primarily antidepressants (Table 100). The most common antidepressants prescribed were: Lexapro (escitalopram) (23%), and Lovan/Prozac (fluoxetine) (11%). Benozodiazepines were prescribed to 28% of the medicated sample with Valium (diazepam) (35%) reported by most that commented. Antipsychotics were prescribed to 14% of this sample, with Seroquel (30%) and Risperidone (30%) prescribed to equal proportions (30%). Mood stabilizers were prescribed to 6% of this sample with no specific type/brand more common though Epilium, Lamotrigine and Quilonum were mentioned.

Table 100: Mental health assistance and medication, 2015

	National 2014 (N=800)	National 2015 (N=761)
% Attend a mental health professional	15	**20**
% Had medication prescribed	(N=217) 32	**(N=270)** **27**
% Antidepressants	(N=67) 73	**(N=73)** **70**
% Benzodiazepines	48	**28**
% Antipsychotics	19	**14**
% Mood stabiliser	6	**8**

Source: EDRS participant interviews

7 RISK BEHAVIOUR

- Eight percent of the national sample reported having **injected** at some time in their lives; 5% of the national sample reported injecting in the six months preceding interview. The median age of first injection was 20 years of age.
- Among those who had injected in the preceding six months, the last drug injected was steroids (31%) followed by crystal/ice (28%).
- Syringes were typically obtained from a Needle and Syringe Program (NSP) (44%) with one-quarter reporting chemists (25%). Of those who had injected in the preceding six months very few respondents reported using a needle after someone else in the month preceding interview.
- Two-thirds (65%) of participants reported penetrative sex in the six months preceding interview with at least one **casual partner**. A large majority had casual sex the last time under the influence of drugs including alcohol, ecstasy and cannabis. Over half had used protection on this occasion.
- Seventy-nine percent of the national sample obtained eight or more on the AUDIT scale; these are levels at which alcohol intake may be considered hazardous.
- Eighty-two percent of the national sample reported having driven a vehicle in the six months preceding interview.
- Forty-percent of those who had driven in the last six months had driven while over the limit of alcohol on a median of two occasions, while over half had driven after taking an illicit drug on a median of five occasions in the preceding six months.
- Cannabis and ecstasy were the drugs most frequently nominated as having been consumed prior to driving a vehicle in the preceding six months.
- Of those who recently used ecstasy, the medican SDS score was one, with 25% scoring three or above (indicating dependence).
- Of those who recently used methamphetamine, the median SDS score was zero, with 21% scoring four or above (indicating dependence).

7.1 Injecting risk behaviour

As in previous years, the EDRS asked participants about injecting and associated risk behaviours. Previous research has shown that RPU who had ever injected a drug were significantly older, more likely to be unemployed and have a prison history, while participants who had completed high school and those who identified as heterosexual were less likely to have injected. Participants in the EDRS have been found to be demographically different to other samples of people who inject drugs (White et al., 2006).

In the 2015 EDRS, 8% of the national sample reported having injected at some time in their lives and, 5% (n=36) reported injecting in the six months preceding interview (Table 101).

Table 101: Injecting risk behaviour among EDRS participants, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=798)	2015 (N=761)	(n=100)	(n=98)	(n=100)	(n=78)	(n=100)	(n=100)	(n=100)	(n=85)
% Ever injected	**10**	**8**	8	5	8	10	5	4	16	11
Median age first injected any drug (range)	**20 (14-41)**	**19 (13-31)**	21^ (16-31)	19^ (13-22)	21^ (14-26)	20^ (16-23)	16^ (15-23)	18^ (16-22)	20 (14-28)	19 (17-28)
% Injected last six months	**5**	**5**	5	2	7	10	2	1	9	2

Source: EDRS participant interviews
^ Small numbers interpret with caution

7.1.1 Recent injectors

Participants who had injected in the last six months reported having injected a median of 18 times (range 1-330 times), an increase from 12 times in 2014. Steriods (31%), crystal (28%) and heroin (22%) were the last injected drug in the preceding six months (Table 102). Own home (69%), followed by a friend's home (22%) were the main locations participants last injected.

Thirty percent of recent injectors had injected under the influence of ERD in the past six months a median of five and half times (range 1-10 times).

Table 102: Recent injecting drug use patterns among those who had recently injected, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=43)	2015 (N=36)	(n=5^)	(n=2^)	(n=7^)	(n=8^)	(n=2^)	(n=1^)	(n=9^)	(n=2^)
Median number of times injected last 6 months (range)	12 (1-180)	**18 (1-330)**	6^ (1-48)	37.5^ (3-72)	8^ (1-330)	25^ (9-100)	26^ (4-48)	50^ (-)	20^ (2-38)	3.5^ (1-6)
Last drug injected	(N=43)	**(N=36)**	(n=5^)	(n=2^)	(n=7^)	(n=8^)	(n=2^)	(n=1^)	(n=9^)	(n=2^)
% Crystal	28	**28**	20	0	29	25	0	100	22	100
% Heroin	7	**22**	20	100	43	0	50	0	11	0
% Speed	16	**6**	0	0	0	0	0	0	22	0
% Other opiates	5	**3**	0	0	14	0	0	0	0	0
% Cocaine	2	**3**	0	0	0	13	0	0	0	0
% Steroids	16	**31**	60	0	0	38	50	0	44	0
% Other	25	**7**	0	0	14	24	0	0	1	0
Injected while under influence/ coming down*	(N=43)	**(N=36)**	(n=5^)	(n=2^)	(n=7^)	(n=8^)	(n=2^)	(n=1^)	(n=9^)	(n=2^)
% Neither	61	**69**	100	50	86	50	50	0	67	100
% Under the influence	12	**8**	0	0	0	0	50	100	11	0
% Coming down	12	**8**	0	50	0	13	0	0	11	0
% Both	16	**14**	0	0	14	38	0	0	11	0

Source: EDRS participant interviews
* Of those who had injected each drug in the preceding six months
** Of those who had injected whilst under the influence and/or coming down
^ Small numbers; interpret with caution

7.1.1.1 Context of injecting

Participants obtained their needles for injecting from an NSP (44%), a chemist (25%), outreach program (17%) or friend (14%). Most participants reported injecting in their own home (69%) or friend's homes (22%) (see Table 103). Over a third (37%) report injecting alone.

7.1.1.2 Sharing of needles/syringes and other injecting equipment

Of those who injected in the preceding six months (n=36), no respondents reported the practice of borrowing or lending a needle in the month preceding interview.

Sharing of other injecting equipment (including spoons/ mixes, tourniquets, water, filters, or swabs) in the preceding month was reported by 35% of recent (past six months) injectors. Of those who reported sharing any equipment, 18% reported sharing spoons and mixes, 9% tourniquets, 9% water, 6% filters, 6% swabs and 3% reported sharing other injecting equipment.

Table 103: Context and patterns of recent (last six months) injection, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=43)	2015 (N=36)	(n=5^)	(n=2^)	(n=7^)	(n=8^)	(n=2^)	(n=1^)	(n=9^)	(n=2^)
Needle sources										
% NSP	51	**44**	60	50	57	63	50	0	22	0
% Chemist	42	**25**	0	100	29	0	0	100	33	50
% Friend	16	**14**	20	0	14	25	0	0	11	0
% Hospital	0	**6**	0	0	0	0	50	0	11	0
% Vending machines	16	**8**	0	50	0	25	0	0	0	0
% Outreach program	2	**17**	0	0	43	38	0	0	0	0
% Dealer	0	**3**	0	0	14	0	0	0	0	0
% Partner	2	**3**	0	0	0	13	0	0	0	0
People usually inject with*	(N=43)	**(N=35)**	(n=5^)	(n=2^)	(n=7^)	(n=8^)	(n=2^)	(n=0)	(n=9^)	(n=2^)
% Close friends	56	**34**	20	0	57	63	0	0	22	0
% Regular sex partner	9	**14**	20	50	14	0	50	0	11	0
% Acquaintances	5	**9**	20	0	14	13	0	0	0	0
% Casual sex partner	2	**9**	0	50	0	13	0	0	0	50
% No one	35	**37**	40	0	14	38	50	0	56	50
Locations injected last 6 months*	(N=43)	**(N=36)**	(n=5^)	(n=2^)	(n=7^)	(n=8^)	(n=2^)	(n=1^)	(n=9^)	(n=2^)
% Own home	51	**69**	80	0	57	63	100	0	89	100
% Friend's home	26	**22**	20	50	29	38	0	100	0	0
% Dealer's home	5	**0**	0	0	0	0	0	0	0	0
% Car	2	**3**	0	50	0	0	0	0	0	0
% Public toilet/Venue toilet	12	**0**	0	0	0	0	0	0	0	
% Other	5	**6**	0	0	14	0	0	0	11	0

Source: EDRS participant interviews
* Multiple responses allowed therefore columns may not add up to 100%
^ Small numbers; interpret with caution

7.1.2 Injecting drug use in the general population

It has been estimated that a very low proportion of the Australian general population aged 14 years and over have ever injected or recently injected drugs. In 2013, 1.5% of the population had ever injected a drug (a significant decrease from 1.8% in 2010), with 0.3% having injected a drug in the past year (0.4% in 2010) (Australian Institute of Health and Welfare, 2014).

7.2 Sexual risk behaviour

7.2.1 Recent sexual activity

Two-thirds (65%) of the national sample reported having casual sex with at least one casual partner in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. Sixteen percent reported having one casual partner, and 49% reported having more than one partner (2 - more than 10 partners, Table 104).

Table 104: Number of sexual partners in the preceding six months, 2015

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=790)	2015 (N=755)	(n=100)	(n=97)	(n=100)	(n=78)	(n=100)	(n=96)	(n=100)	(n=84)
No. casual sexual partners										
% No casual partner	36	**35**	39	36	46	37	33	39	20	29
% 1 person	16	**16**	14	26	9	10	16	18	10	29
% 2 people	16	**15**	13	14	15	18	13	13	21	13
% 3-5 people	20	**23**	21	17	21	24	29	26	27	19
% 6-10 people	8	**8**	11	6	5	10	5	5	13	8
% 10 or more	4	**3**	2	1	4	0	4	0	9	2

Source: EDRS participant interviews

7.2.2 Drug use during sex

The majority (89%) of those reporting recent penetrative sex with a casual partner reported using drugs during sex in the previous six months. Most participants reported that drug use during sex with a casual partner had occurred between three and five times (31%) and more than 10 times (20%) in the preceding six months (Table 105).

The most commonly used drugs used during sex were alcohol (80%), ecstasy (52%) and cannabis (43%). Other drugs nominated can be seen in Table 105.

Table 105: Drug use during sex with a casual partner in the preceding six months, 2015

%	National 2014 (N=484)	National 2015 (N=492)	NSW (n=61)	ACT (n=60)	VIC (n=54)	TAS (n=49)	SA (n=67)	WA (n=59)	NT (n=81)	QLD (n=61)
% Penetrative sex with casual partner while on drugs *	88	**89**	90	73	94	90	88	88	96	93
No. times had sex while on drugs with casual partner	(N=421)	**(N=438)**	(n=55)	(n=43)	(n=50)	(n=44)	(n=59)	(n=52)	(n=78)	(n=57)
% Once	13	**13**	18	21	12	2	19	12	8	14
% Twice	19	**19**	15	16	16	32	25	15	17	18
% 3-5 times	30	**31**	36	44	26	34	27	33	26	25
% 6-10 times	19	**17**	15	14	18	23	14	27	12	21
% 10+ times	20	**20**	16	5	28	9	15	14	39	23
Drug used last time*	(N=422)	**(N=440)**	(n=55)	(n=44)	(n=51)	(n=44)	(n=59)	(n=52)	(n=78)	(n=57)
% Ecstasy	50	**52**	40	50	51	59	58	56	53	53
% Alcohol	83	**80**	71	73	73	96	76	83	86	83
% Cannabis	32	**43**	40	43	33	16	39	46	51	67
% Speed	9	**4**	0	5	10	2	2	0	9	4
% Crystal	9	**10**	4	2	8	5	14	12	19	9
% Cocaine	10	**9**	7	18	10	0	5	8	13	12
% Base	1	**0**	0	0	0	0	0	0	0	0
% LSD	5	**5**	0	5	8	9	3	10	4	5
% Ketamine	<1	**3**	2	5	10	0	0	0	5	2
% Amyl nitrite	1	**2**	2	0	2	0	0	4	1	9
% Nitrous oxide	1	**1**	0	5	2	0	0	4	1	0
% GHB	<1	**1**	4	0	2	0	0	0	3	2
% Benzodiazepines	2	**3**	4	0	0	2	2	12	0	5
% Pharmaceutical stimulants	3	**3**	2	0	0	2	0	21	0	4
% Mushrooms	2	**<1**	0	2	0	0	0	2	0	2
% MDA	3	**<1**	0	0	2	0	0	2	0	2
% Methadone	<1	**0**	0	0	0	0	0	0	0	0
% Heroin	<1	**<1**	0	2	2	0	0	0	1	0
% Other opiates	<1	**<1**	0	0	0	0	0	2	0	0
% Other	3	**2**	0	7	0	2	2	0	1	5

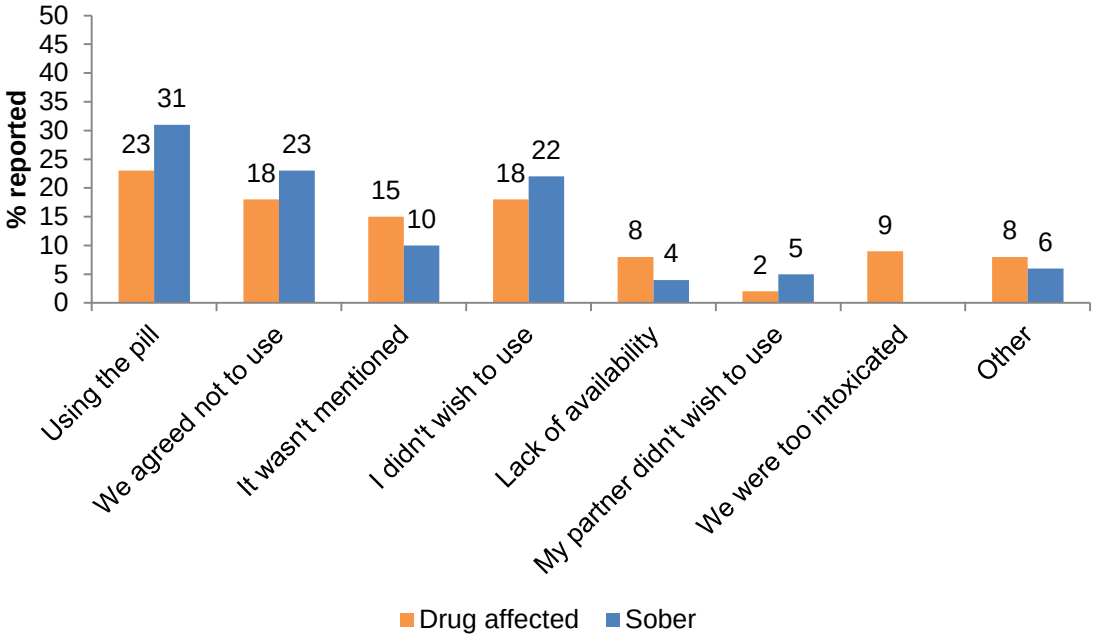
Source: EDRS participant interviews
* Of those who had a casual partner

Participants were asked if they had used a barrier for safe sex during their last sexual encounter that was under the influence of drugs and/or alcohol which 48% (of n=439) reported that they had not. Response options reported for not using a barrier on this occasion when under the influence of drugs/and or alcohol included: 'Using the pill' (23%), 'It was not mentioned' (15%), 'We agreed not to use any' (18%)', 'I did not wish to use it' (18%), 'We were too intoxicated' (9%), 'lack of availability' (8%), 'My partner did not wish to use' (2%)' and 'other' (8%) (see Figure 47). 'Other' responses were themed around knowing the person, being pregnant, and having other forms of contraception such as implanon or cervical implant.

Participants were also asked how often they used barrier/protection by way of condoms and gloves when having sex with a casual partner in the last six months. About a third (30%) responded with 'every time', 19% reported 'sometimes' and 24% responded with 'never'. Smaller proportions reported that they 'often' (16%) or 'rarely' (11%) use protection when having sex with a casual partner.

Participants were asked whether the last time they had sex with a casual partner when they were sober, whether they had used any form of protection/barrier to which 37% reported that they had not used protection, and 18% reported 'not applicable' as they had not engaged in sex with a casual partner while sober. Reasons for not using protection/barriers are shown below (Figure 47).

Figure 47: Reasons reported for not using barriers/protection during casual sex last time under the influence (drug affected) versus sober, 2015



Source: EDRS participant interviews

7.2.3 Sexual Health check up

Just under half (46%) of the national sample reported having a sexual health check up in the last year, 18% reported they had done so more than one year ago, 36% reported that they had not and a small percentage (<1%) reported that they were unsure. The majority of the sample (86%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI). A small percentage reported that they had received a positive diagnosis for an STI in the past year (4%) and 10% reported that they had received a positive diagnosis for an STI over a year ago. Chlamydia (83%), Gonorrhoea (14%) and HPV (7%) were the three diagnoses reported by those who had received a diagnosis in the past year.

7.3 The Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al., 1993) was completed by RPU participants in the EDRS. The AUDIT was designed by the World Health Organisation (WHO) 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 eight or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor et al., 1992). 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 (Babor and Higgins-Biddle, 2000).

The overall mean score on the AUDIT was 13.14 (SD 6.3). There was no significant difference in gender for AUDIT scores. Seventy-nine percent of the national sample obtained a score of eight or more; these are levels at which alcohol intake may be considered hazardous. Over two thirds of the participants in each state/territory reported scores of eight or more indicating hazardous use (Table 106).

The total AUDIT score places respondents into one of four 'zones' or risk levels. At a national level, 21% percent in 2015 scored in Zone 1 (low-risk drinking or abstinence), 45% scored in Zone 2 (alcohol use in excess of low-risk guidelines),18% scored in Zone 3 (harmful or hazardous drinking) and 17% scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional overviews for the four zones are presented in Table 106.

Table 106: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, 2015

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2014 (N=797)	2015 (N=759)	(n=100)	(n=98)	(n=99)	(n=78)	(n=100)	(n=98)	(n=101)	(n=85)
Mean AUDIT total score	13.3	**13.1**	11.3	11.6	11.0	16.1	13.1	12.8	15.4	14.4
SD	6.5	**6.3**	5.9	4.7	6.5	5.2	5.3	5.6	7.6	7.4
(range)	(0-38)	**(0-34)**	(0-28)	(1-23)	(0-27)	(5-29)	(3-27)	(3-29)	(2-34)	(0-33)
Score 8 or above %	82	**79**	70	82	68	96	81	81	82	79
% Zone 1	18	**21**	30	18	32	4	19	19	18	21
% Zone 2	48	**45**	42	59	46	44	48	48	38	37
% Zone 3	17	**18**	19	17	12	23	23	20	12	15
% Zone 4	17	**17**	9	5	10	30	10	12	33	27

Source: EDRS participant interviews
Note: Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence

7.4 Driving risk behaviour

Every second year, participants are asked a series of questions regarding their driving behaviour. Eighty-two percent of the national sample reported having driven a vehicle in the six months preceding interview, which was a significant increase from 2013 ($p<0.001$). Of these, 40% had driven while over the limit of alcohol (vs. 34% in 2013, $p<0.05$) and they had done so on a median of two occasions (range: 1-96) (see Table 107).

Table 107: RPU reports of alcohol driving risk behaviour in the last six months, 2015

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2013 N=684	2015 N=762	n=100	n=98	n=100	n=78	n=100	n=100	n=101	n=85
Driven a vehicle in the last six months	74	**82*** **	78	90	66	76	89	87	87	85
Driven over limit of alcohol[#]	n=507 34	**n=613 40***	n=76 32	n=85 31	n=66 44	n=57 40	n=86 36	n=87 44	n=85 59	n=71 34
Median number of times driven over limit of alcohol[##] (n; range)	2 (1-96)	**2 (1-96)**	2 (1-10)	2 (1-90)	2 (1-20)	4 (1-28)	2 (1-96)	3 (1-96)	4 (1-48)	2 (1-51)

Source: EDRS participant interviews
***$p<0.001$; *$p<0.05$
[#] Among those who had driven a vehicle in the last six months
[##] Among those who had driven over the limit of alcohol in the last six months

Experiences of random breath testing in the preceding six months were also recorded. Almost half (48%) of those who had driven a car in the last six months had been required to perform a RBT during that time. Of those, 3% had been found to be over the legal alcohol limit (Table 108).

Table 108: Random breath testing among those who had driven in the preceding six months, 2015

(%)	National 2013 N=507	National 2015 N=624	NSW n=77	ACT n=88	VIC n=66	TAS n=59	SA n=89	WA n=87	NT n=86	QLD n=72
Random breath test (RBT) last six months*	42	**48**	44	56	46	44	45	59	34	54
RBT positive result over the legal alcohol limit†	N=212 4	**N=295 3**	-	-	-	-	-	-	-	-

Source: EDRS participant interviews
* Among those who had driven a vehicle in the last six months
† Among those who had been random breath tested. Participants may not necessarily have been under the influence of alcohol when they were tested
Note: where national figures n<10, jurisdictional figures are not reported

Over half (58%) of those who had driven in the previous six months had driven after taking an illicit drug and had done so on a median of five occasions in the preceding six months (range 1-180 times). The median time between drug consumption and driving a vehicle was 60 minutes (range 0-2880 minutes). Cannabis and ecstasy were the drugs most frequently nominated as having been consumed prior to driving a vehicle in the preceding six months; such findings are likely, at least in part, a reflection of the relative prevalence of the use of these drugs amongst this group (Table 109). Cannabis was the drug most reported to have been used prior to their last occasion of drug driving.

Table 109: RPU reports of drug driving risk behaviour in the last six months, 2015

(%)	National 2013 N=506	National 2015 N=625	NSW n=77	ACT n=88	VIC n=66	TAS n=59	SA n=89	WA n=87	NT n=87	QLD n=72
Driven soon after taking an illicit drug*	57	**58**	57	44	53	51	60	68	62	65
Median number of times driven after taking an illicit drug (n; range)**	5 (1-180)	**5 (1-180)**	5 (1-180)	5 (1-180)	4 (1-180)	6 (1-100)	5 (1-180)	4 (1-180)	5 (1-180)	8 (1-180)
Drugs used prior to driving in last 6 months**	(n=287)	**(n=361)**	(n=44)	(n=39)	(n=35)	(n=30)	(n=53)	(n=59)	(n=54)	(n=47)
Heroin	<1	**<1**	-	-	-	-	-	-	-	-
Oxycodone	n/a	**1**	-	-	-	-	-	-	-	-
Other opiates	1	**<1**	-	-	-	-	-	-	-	-
Cannabis	69	**72**	80	67	69	77	64	75	72	72
Ecstasy	45	**45**	57	44	37	37	40	61	46	30
Speed	13	**5**	2	13	9	3	6	0	9	2
Base	<1	**<1**	-	-	-	-	-	-	-	-
Ice/crystal	12	**11**	5	5	14	0	19	7	13	17
LSD	8	**6**	7	5	3	17	4	5	7	0
Cocaine	5	**10**	18	18	14	3	4	5	13	4
Inhalants	n/a	**<1**	-	-	-	-	-	-	-	-
Benzodiazepines	<1	**3**	0	3	0	0	4	7	2	4
Other	6	**7**	0	3	6	3	8	25	2	4
Drugs used on *last* occasion of drug driving**	N=287	N=358	n=44	n=39	n=34	n=30	n=53	n=58	n=54	n=46
Cannabis	61	**67**	68	64	68	73	59	69	67	70
Ecstasy	29	**27**	27	23	27	27	25	40	32	15
Speed	8	**2**	-	-	-	-	-	-	-	-
Ice/crystal	6	**8**	2	3	15	0	17	3	7	11
Cocaine	2	**6**	18	8	3	0	4	0	7	4
LSD	3	**2**	-	-	-	-	-	-	-	-
Benzodiazepines	<1	**<1**	-	-	-	-	-	-	-	-
Inhalants	n/a	**<1**	-	-	-	-	-	-	-	-
Other opiates	<1	**<1**	-	-	-	-	-	-	-	-
Other	8	**4**	0	3	3	0	6	12	2	0

Source: EDRS participant interviews
* Among those who had driven a vehicle in the last six months
** Among those that had driven soon after taking an illicit drug
n/a=not asked about in 2013. Note: where national figures n<10, jurisdictional figures are not reported.

One-tenth (11%) of those who had driven a car in the last six months had had been tested for drug driving in the six months prior to interview. Of those, 6% tested positive to their most recent drug driving test.

Table 110: Roadside drug testing among those who had driven in the preceding six months, 2015

(%)	National 2013 N=507	National 2015 N=624	NSW n=77	ACT n=88	VIC n=66	TAS n=59	SA n=89	WA n=87	NT n=86	QLD n=72
Roadside drug tested (saliva test) last six months*	9	**11**	8	18	6	5	25	6	5	**8**
Positive roadside drug testing result†	N=60 15	**N=67 6**	-	-	-	-	-	-	-	**-**

Source: EDRS participant interviews
* Among those who had driven a vehicle in the last six months
† Among those who had roadside drug tested. Participants may not necessarily have been under the influence of illicit drugs when they were tested
Note: where national figures n<10, jurisdictional figures are not reported.

7.5 Ecstasy and methamphetamine dependence

In 2015, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. The SDS is a reliable measure of the dependence construct with demonstrated psychometric properties for heroin, cocaine, amphetamine and methadone maintenance patients (Dawe et al., 2002). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno et al., 2011). Twenty-five per cent of the national sample who commented (N=754) recorded a score of three and above. The median ecstasy SDS score was one (range 0-14). Nearly half of the participants (41%) obtained a score of zero on the ecstasy SDS and a further 20% obtained a score of one on the scale, indicating the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use. The majority of participants who scored three or more were male (58%).

To assess methamphetamine dependence, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence (Bruno et al., 2009, Topp and Mattick, 1997). Of the 262 participants nationally who completed this section, 21% per cent scored four or above. The median methamphetamine SDS score was zero (range 0-15). Half of participants (51%) obtained a score of zero on the methamphetamine SDS and a further 14% obtained a score of one on the scale, indicating the majority of respondents reported no or few symptoms of dependence in relation to methamphetamine use. The majority of participants who scored four or more (N=56) were male (63%).

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

- One-third (38%) of the sample reported engaging in some form of **criminal activity** in the month prior to interview.
- Drug dealing and property crime were again the most common crime reported across all jurisdictions, with smaller proportions reported having committed fraud or a violent crime in the last month.
- Ten percent of the national sample had been arrested in the past year, compared with 12% in 2014. The most common charges reported were public disorder and violent offences.
- Consumer and provider arrests appeared to have increased across ATS, cocaine, hallucinogens and cannabis.

8.1 Reports of criminal activity among RPU

One-third (38%) of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 111). Around one-quarter (26%) of the national sample reported that they had dealt drugs in the last month and, of these, over half (63%) reported doing so less than once per week, 17% once per week, 15% more than once per week but less than daily, and 5% reported dealing on a daily basis. Fifteen percent of the national sample reported that they had committed a property crime in the last month and, of those, the majority (66%) reported doing so less than once per week, 20% once per week, 10% more than once per week but less than daily, and 4% reported property crime on a daily basis. Three percent (n=22) reported having committed fraud in the month prior to interview. Three percent (n=23) reported committing a violent crime in the past month and 7% reported being a victim of a violent crime in the last month (Table 111).

Table 111: Criminal activity among RPU, 2015

%	National 2014 (N=800)	National 2015 (N=757)	NSW (n=100)	ACT (n=97)	VIC (n=100)	TAS (n=78)	SA (n=99)	WA (n=100)	NT (n=99)	QLD (n=84)
In the last month										
% Any crime	37	**38**	36	34	45	33	37	45	32	38
% Drug dealing	26	**26**	23	21	27	21	32	38	26	21
% Property crime	14	**15**	14	14	27	17	10	11	11	17
% Violent crime	4	**3**	4	1	1	3	5	3	6	1
% Fraud	3	**3**	1	2	5	3	2	4	1	6
% Victim of a violent crime	n.a.	**7**	3	3	5	12	11	7	11	4

Source: EDRS participant interviews
n.a – not available

Ten percent of the national EDRS 2015 sample reported that they had been arrested in the past year (Table 112). Of those arrested in the past year, the charges most commonly reported in this sample were public order charges and violent crime (Table 113).

Participants were also asked if they had been a victim of violent crime in the last month. The majority (93%) had not, however 6% (n=46) reported that they had been a victim less than once per week and four participants reported they had been a victim more than once a week. Of those that had been a victim of crime in the past month (n=50), they were asked whether the perpetrator had been under the influence to which 26% reported that it was alcohol, 24% reported that it was drugs, 42% reported that it was both alcohol and drugs and 8% reported the perpetrator had not been under the influence.

Table 112: Proportion of RPU reporting arrest in the past year, 2015

%	National 2014 (N=800)	National 2015 (N=752)	NSW (n=100)	ACT (n=90)	VIC (n=100)	TAS (n=78)	SA (n=100)	WA (n=100)	NT (n=99)	QLD (n=85)
% Arrested last 12 months	12	**10**	8	11	7	13	12	6	14	11

Source: EDRS participant interviews

Table 113: Arrest charges for last 12 months, 2015

	National 2014 (N=97)	National 2015 (N=75)
% Charge arrested for last 12 months	**%**	**%**
Public order* (drunk and disorderly)	23	**27**
Alcohol and driving offences	17	**13**
Use/possession drugs	25	**15**
Violent crime	17	**23**
Property crime	17	**16**
Other driving offences	7	**7**
Use/possession weapons	5	**5**
Dealing	3	**5**
Fraud	3	**3**
Other offences	11	**11**

Source: EDRS participant interviews
* 'Public orders' included: (failure to vacate premises, failure to dispose of needles, public urination)

8.2 Arrests from routinely collected data

In addition to EDRS RPU participant data on arrest over the past year, population level statistics related to drug use are also available from the ACC (latest available year 2013/14). These are reported in the following sub-sections by drug type.

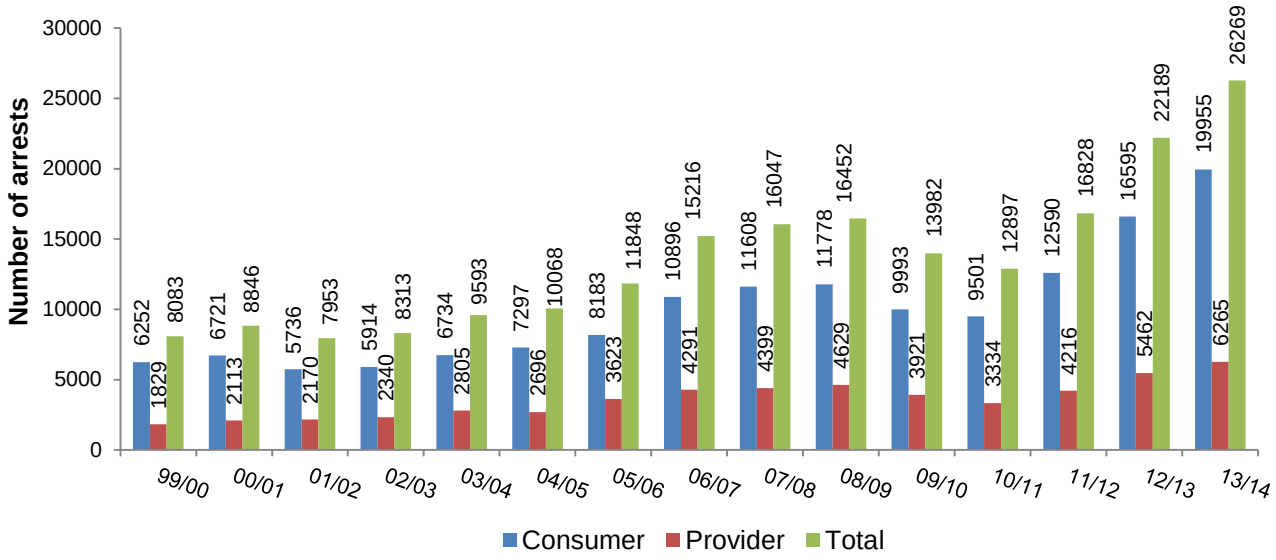
8.2.1 Ecstasy

A number of jurisdictions do not differentiate between arrests associated with ATS and phenylethylamines, the class of drug to which ecstasy belongs; ecstasy arrests are, therefore, included under ATS. These data are presented below in the methamphetamine section.

8.2.2 Methamphetamine

The number of national ATS arrests has increased over the last decade, accounting for 23.4% of national illicit drug arrests in 2013–14, second only to cannabis (Figure 48).

Figure 48: Amphetamine-type stimulants: consumer and provider arrests, 1999/00-2013/14

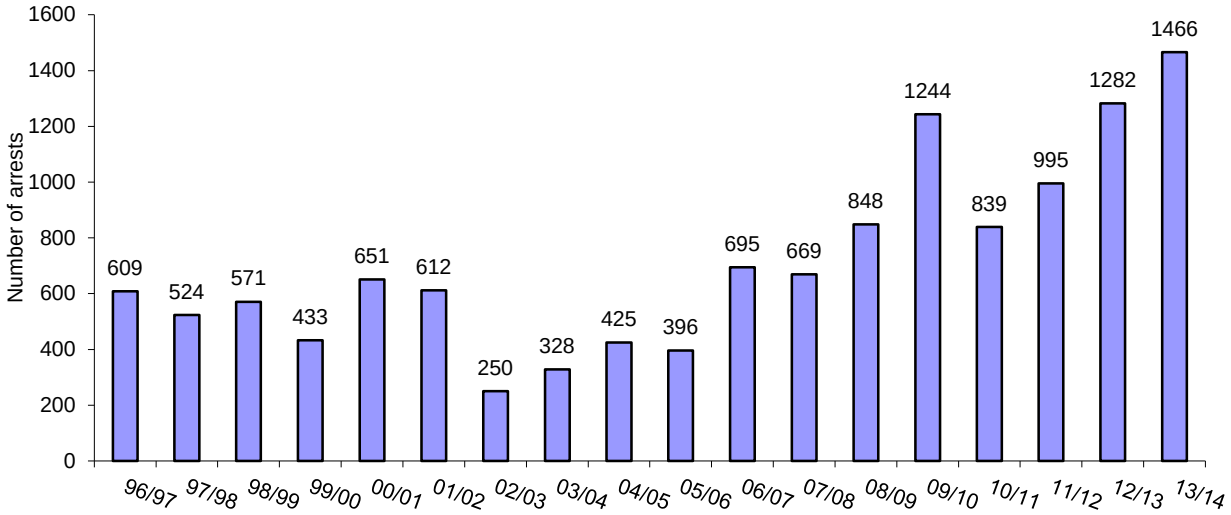


Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

8.2.3 Cocaine

The number of cocaine arrests in Australia for 2013/14 is at a record high (1,466 arrests). (Figure 49). The majority of these arrests continued to occur in NSW (data not shown). National cocaine arrests have accounted for less than 1.3% of national illicit drug arrests in the last decade.

Figure 49: Total number of cocaine consumer and provider arrests, 1996/97- 2013/14



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)
Note: The arrest data for each state and territory include AFP data.

8.2.4 Ketamine

Ketamine is scheduled differently in jurisdictions across Australia. Some jurisdictions (such as NSW) have recently attempted to make ketamine a more tightly scheduled substance. Although it is an offence in jurisdictions such as NSW and VIC to be in the possession of ketamine for personal use or in amounts suggesting an individual is supplying others, ketamine is not separately recorded in police databases. Therefore, no data are available on the number of police apprehensions for possession or supply of this controlled substance.

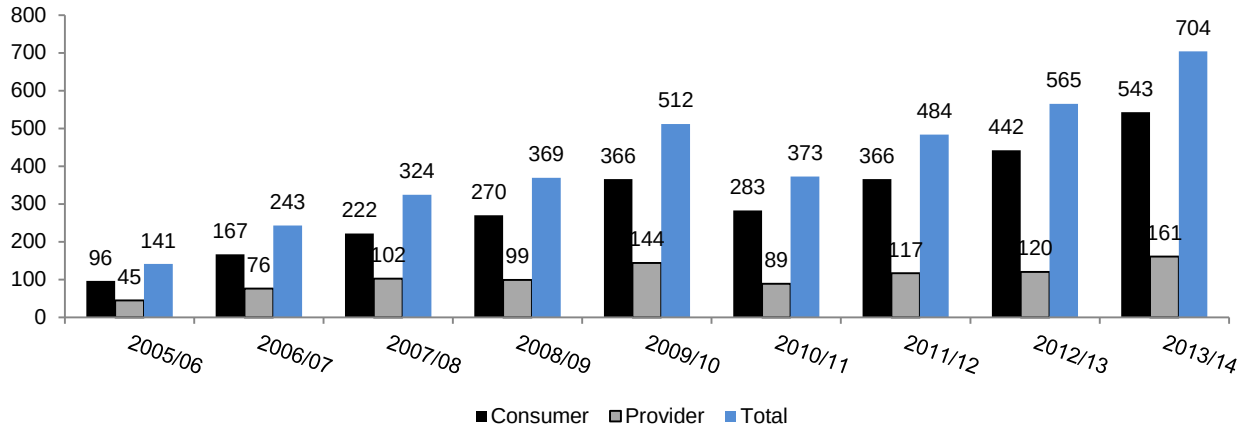
8.2.5 GHB

GHB is a controlled substance in Australia, and possession of GHB is an offence. It is not currently possible to obtain data on any police apprehensions of persons caught supplying, manufacturing or in the possession of GHB, because GHB is not separately recorded in police databases.

8.2.6 LSD

Nationally, a total of 704 total arrests were made in relation to hallucinogens including LSD and psilocybin (mushrooms). Consumer and provider arrests increased from 2012/13 (Figure 50). The majority of these arrests continued to be recorded in QLD, followed by WA.

Figure 50: Number of hallucinogen consumer and provider arrests, 2005/06-2013/14

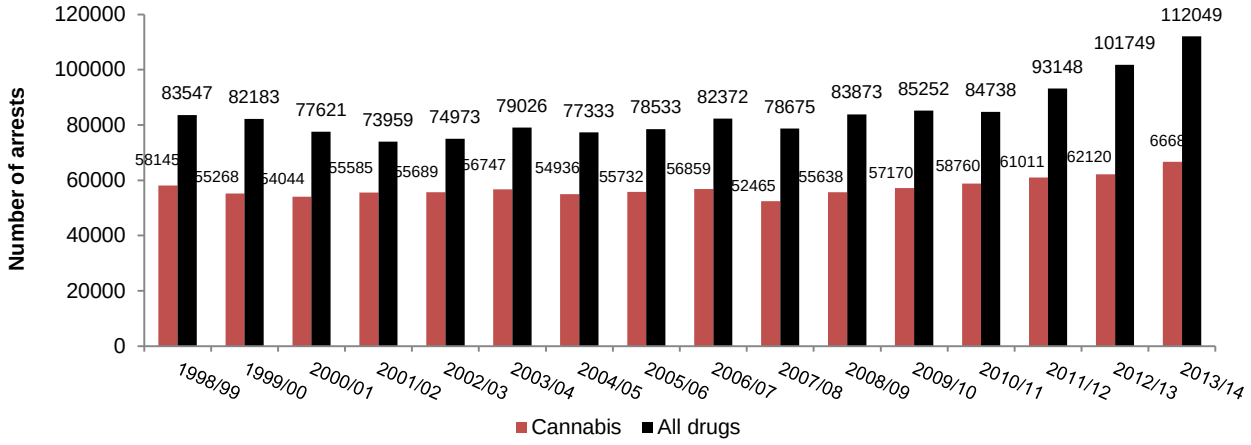


Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

8.2.7 Cannabis

Cannabis arrests continue to account for the majority (60%) of all drug-related arrests in Australia. Numbers have remained relatively stable in the past ten years, indicating little change in enforcement of cannabis-related offences during this period (Figure 51).

Figure 51: Number of cannabis and all drug consumer and provider arrests, 1998/99-2013/14



Source:(Australian Bureau of Criminal Intelligence, 2000, Australian Bureau of Criminal Intelligence, 2001, Australian Bureau of Criminal Intelligence, 2002, Australian Crime Commission, 2003, Australian Crime Commission, 2004, Australian Crime Commission, 2005, Australian Crime Commission, 2006, Australian Crime Commission, 2007, Australian Crime Commission, 2008, Australian Crime Commission, 2009, Australian Crime Commission, 2010, Australian Crime Commission, 2015)

9 SPECIAL TOPICS OF INTEREST

- **Online purchasing and NPS**
  Ten percent of the national sample had purchased a drug online in the previous 12 month period occurring between once and more than five times. The main substances purchased were ecstasy and LSD. Purchases were made from either International webstores or dark net marketplaces. Of those who recently reported NPS use, the main adverse effect experienced was paranoia followed by restlessness or feeling anxious.

- **NPS health policy**
  Particpants were asked about their understanding of the legal status of the NPS. About a half correctly reported that 2CB, 2CI, Mephedrone and NBOMe were illegal and almost three quarters (73%) reported DMT was illegal. Substantial proportions (24-47%) reported being 'unsure'.

- **Cognitive Enhancing substance (CEs)** are drugs that have the potential to improve intellectual ability across various cognitive domains. Fifty one percent of the 2015 sample reported using CEs in the last six months mainly coffee and energy drinks. The main motivations for using these substances were to decrease fatigue and to complete an assignment on time. Just under one-third reported experiencing negative side effects on the last occasion of use, mainly anxiety.

9.1 Online purchasing and NPS use

In 2015, the EDRS continued to investigate and monitor the practice of purchasing drugs online among recreational drug users in Australia. Of particular interest was the use of 'dark web' market places that are only accessible using a specially routed, anonymous connection, making it possible for people around the world to get illicit drugs like MDMA and cocaine delivered to their door (Burns and Van Buskirk, 2013)There is particular focus, given the changes in legislation and negative effects of particular NPS (such as NBOMe and synthetic cannabis), on the attainment of NPS online. The EDRS collected data to obtain: (1) prevalence of online drug purchasing and (2) patterns of online drug purchasing, with a focus on NPS.

In 2015, 69% of national EDRS participants reported that their friends had purchased an illicit drug online (a few 62%, about half 5% and most 1%). Participants were then asked about their personal lifetime purchase of an illicit drug online to which 14% of the national EDRS reported that they had. Ten percent of the national sample reported that they had purchased an illicit drug online in the past 12 months. These recent purchases occurred between once and more than five times (see Table 114).

Table 114: Number of times recently purchased illicit drugs online, 2015

How many online purchases of illicit drugs in the past 12 months?	% (N=74)
Once	26% (n=19)
Twice	27% (n=20)
3-5 times	22% (n=16)
More than 5 times	26% (n=19)

Source: EDRS participant interviews

Purchases of illicit drugs were made from either International webstores ('surface web'; 20%, n=15) or dark net marketplaces such as the Silk Road (35%, n=26) or other dark net marketplaces (not specified) (51%, n=38). If participants had purchased from a dark net marketplace, they were asked to specify whether the retailer they purchased from was Australian (31%, n=15), International (34%, n=17) or both (35%, n=17).

Illicit substances recently purchased online were specified, see Table 115. Eight participants reported buying a traditional illicit substance online, of which most reported this was LSD (75%) followed by ecstasy (any form) (63%) and cannabis (25%). Three participants reported purchasing an NPS online including from the 2C-X family (67%), 5-MeO-DMT (33%) and LSA (33%).

Table 115: Illicit substances reportedly purchased online recently, 2015

Online substance purchased	%
Traditional illicit substances	**% (N=73)**
Ecstasy (any form)	55% (n=40)
LSD	43% (n=31)
Cannabis	14% (n=10)
Methamphetamine (any form)	10% (n=7^)
Cocaine	12% (n=9^)
Benzodiazepines	10% (n=7^)
Steroids	10% (n=5^)
Ketamine	7% (n=5^)
MDA	4% (n=3^)
Pharmaceutical opioids	4% (n=3^)
Mushrooms	3% (n=2^)
NPS illicit substances	**% (N=21)**
2C-X family	46% (n=10)
DMT	32% (n=7^)
NBOMe	23% (n=5^)
Mephedrone	14% (n=3^)
MXE	14% (n=3^)
Mescaline	14% (n=3^)
5-MeO-DMT	9% (n=2^)
LSA	5% (n=1^)
Benzo Fury	4% (n=1^)

Source: EDRS participant interviews
Note: ^ = small numbers interpret with caution

Participants were asked how long ago they had used an NPS and which NPS was used (Table 116). The median number of days ago people reported using an NPS was 216 days (range 36-4320 days) and the NPS most reportedly used were the 2C-X family (20%), DMT (20%), synthetic cannabis (15%) and NBOMe (10%). Participants were asked if the NPS they had last taken was personally purchased online (N=432), to which 7% (n=31) reported that it had been. The remainder of participants (N=241) were asked if the person from whom they last purchased an NPS had purchased it online, to which 24% (n=57) reported that it had been.

All participants that reported NPS use (N=63) were asked about their last occasion of use and whether any adverse unexpected effects were experienced see Table 116. The most common adverse effect experienced by EDRS participants was paranoia (13%), followed by being restless or anxious (12%) and panic (11%).

Table 116: Unexpected adverse NPS effects experienced on last occasion of use, 2015

Unexpected adverse effect	% (N=411)
Paranoia	13% (n=55)
Restless or anxious	12% (n=50)
Panicky	11% (n=45)
Heart racing	11% (n=43)
Overheating	8% (n=33)
Nausea/vomiting	8% (n=34)
Seeing things that were not there	8% (n=32)
Shaky hands	8% (n=31)
Hearing things that were not there	5% (n=19)
Shortness of breath	5% (n=22)
Fingers/ toes cold or numb	3% (n=13)
Chest pain	3% (n=11)
Skin discoloured (blue/red)	2% (n=10)
Skin rash	2% (n=9^)
Angry or aggressive	1% (n=5^)
Other effects	15% (n=61)

Source: EDRS participant interviews
Note: ^ = small numbers interpret with caution
Other effects included: confusion, drowsy, headache, seizure and paralysed locked jaw

9.2 NPS Policy

The laws about selling and possessing new psychoactive substances are complex. We are interested in finding out what people understand the laws to be at the moment. The drugs we include below are ones that were most commonly reported in last year's EDRS.

All participants were asked about their understanding of the legal status of the following NPS: 2CB, 2CI, DMT, Mephedrone and NBOMe. About half to three quarters of participants were able to correctly identify that these five substances were illegal (See Table 117). Substantial proportions were 'unsure' of the legal status of these illicit substances.

Table 117: Perceptions of the legal status of particular NPS, 2015

Substance and legal status	% (N=759)
2CB	
Legal	2%
Illegal	56%
Unsure	43%
2CI	
Legal	1%
Illegal	48%
Unsure	51%
DMT	
Legal	3%
Illegal	73%
Unsure	24%
Mephedrone	
Legal	8%
Illegal	52%
Unsure	41%
NBOMe	
Legal	2%
Illegal	41%
Unsure	57%

Source: EDRS participant interviews

9.3 Cognitive Enhancing substances

Cognitive enhancing substances (CEs) are drugs that have the potential to improve intellectual ability across various cognitive domains (Smith et al., 2014). There is some evidence that at least some CEs improve cognitive performance in limited cognitive domains (Farah et al., 2014); whether these results are applicable to real-world settings remains unknown. Despite mixed evidence of their efficacy, users may perceive them as effective (Ragan et al., 2013).

Only two studies have examined the prevalence of CE use in Australia. Both studies used university samples, with estimates varying from 4% to 8.5% (Joshi, 2011, Mazanov et al.). Despite these varying estimates, it is clear that CE use, at least amongst Australian university students, is not insignificant.

All CEs are associated with a risk of harm, to varying degrees of severity. Case studies have documented adverse physical and/or psychiatric harms associated with CEs, some of which may be severe and/or permanent (Berman et al., 2008, Oskooilar, 2005). Harms may also occur when CEs are illicitly obtained online or via others' prescriptions (Ragan et al., 2013).

At present, very little is known about the prevalence of CE use in Australia or how they are being used. EDRS participants are a recreational drug using sample, many of whom have performance demands from study or fulltime work placed upon them. There is some evidence that use of CEs may be more prevalent among illicit drug users (Mazanov et al., 2013). The EDRS project therefore investigated the prevalence of CE, along with their motivations for use and associated potential harms in order to better inform future harm reduction initiatives.

Fifty one percent of the present sample reported using CEs in the last six months. These participants were asked to indicate which CEs they had used in the preceding six months (see Table 118). The majority reported using coffee (70%, n=48), followed by non-prescribed dexamphetamine (57%, n=39), energy drinks (48%, n=33), non-prescribed methylphenidate (26%, n=18), omega 3 fish oil (20%, n=14), other caffeine products (17%, n=12), non-prescribed modafinil (13%, n=9), gingko biloba (9%, n=6), prescribed methylphenidate, non-prescribed racetams and ginseng (each 3%, n=2) and prescribed modafinil (1%, n=1).

Table 118: Cognitive Enhancer use in the last six months, among EDRS participants

Substance %	% (N=384)
Methylphenidate	
Prescribed	1
Non-prescribed	17
Any methylphenidate (prescribed or non-prescribed)	18
Modafinil	
Prescribed	<1
Non-prescribed	12
Any modafinil (prescribed or non-prescribed)	12
Dexamphetamine	
Prescribed	2
Non-prescribed	20
Any dexamphetamine (prescribed or non-prescribed)	21
Racetams	
Prescribed	0
Non-prescribed	3
Any racetams (prescribed or non-prescribed)	3
Anti-dementia drugs	
Prescribed	0
Non-prescribed	0
Any anti-dementia drugs (prescribed or non-prescribed)	-
Energy drinks	54
Coffee	73
Other caffeine products (caffeine tablets, caffeine sublingual strips)	17
Gingko Biloba	6
Ginseng	3
Omega 3 fish oil	15
Other[#]	6

Source: EDRS participant interviews
[#]Other reported CEs were 'tea', 'tarine' 'noopepte' and 'hydroxycut hardcore'.

Participants who had used CEs in the previous six months (N=69) were also asked to report the last CE that they had used. The most commonly last reported CE used was coffee (n=159, 43%), followed by energy drinks (n=89, 24%) and dexamphetamine (n=31, 8%).

Main motivations for using these substances on the last occasion for use were also explored (See Table 119). Participants most commonly reported using CEs to decrease fatigue (46%) whilst one-third had used them to offset sleep deprivation (38%) and improve concentration (36%) and one-quarter (24%) to complete an assignment on time. Smaller proportions reported using them to improve motivation for study (21%), to improve academic performance (20%), to enhance mood (19%), to improve memory (9%) and curiosity (5%).

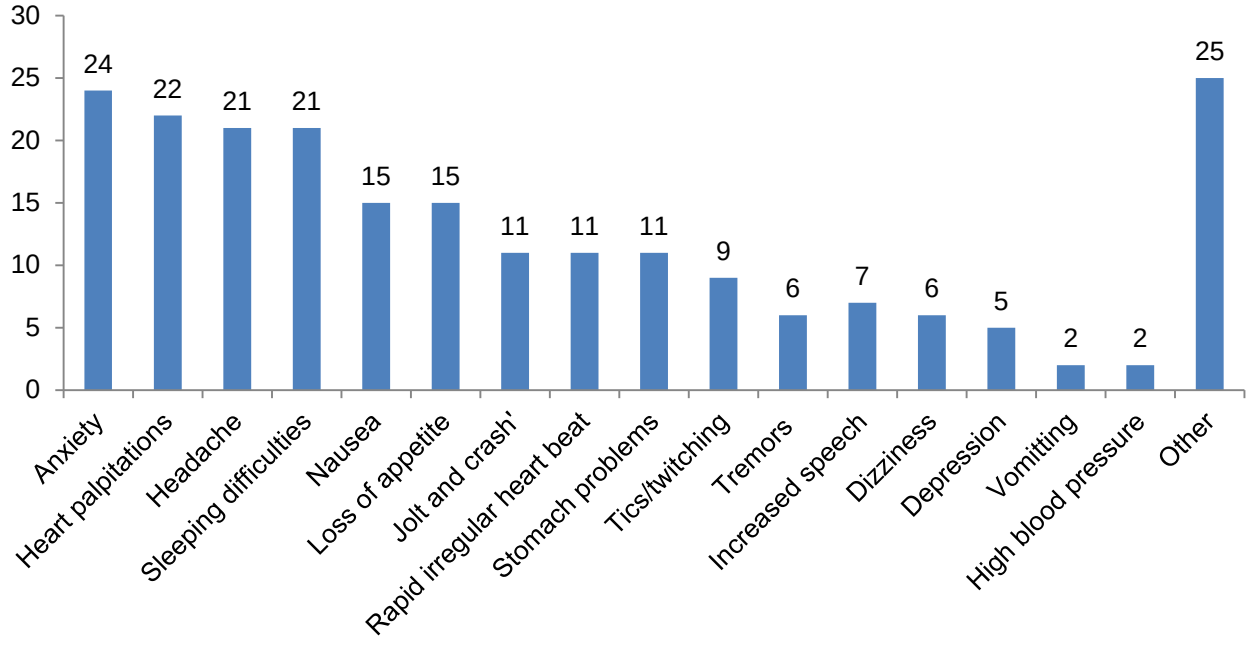
Table 119: Main motivations for CE use in the last six months, among RPU

Motivations %	%(N=377)
To decrease fatigue	46
To offset sleep deprivation	38
To improve concentration	36
To complete an assignment or task on time	24
To improve motivation for study	21
To improve academic performance	20
To enhance mood	19
To improve memory	9
Curiosity	5
Other reasons[#]	11

Source: EDRS participant interviews
[#]Other reasons were: 'to be more awake', 'to be more alert' and 'to increase energy'.

Of those participants who had used CEs in the preceding six months (n=384), just under one third (n=117, 30%) reported experiencing negative side effects on the last occasion of use. The most commonly reported negative side effects were anxiety (n=28, 24%), heart palpitations (n=26, 22%), headache (n=25, 21%), sleeping difficulties (n=25, 21%), increased speech (n=8, 7%), dizziness (6%, n=7), nausea (n=18,15%), loss of appetite (n=17, 15%), followed by depression (5%, n=6), 'jolt and crash' (n=13,11%), rapid and/or irregular heartbeat (n=13, 11%), stomach problems (n=13, 11%), tics and/or twitching (n=11, 9%), tremors (n=7, 6%), vomiting and high blood pressure (both n=2, 2%) and vision problems, seizure, hallucinations (each n=1) (see Figure 52). Twenty-five percent of participants who had used CEs in the preceding six months (n=29) reported an 'other' negative side effect that was not listed. These were 'agitation' 'bruxism' 'fatigue' 'being fidgety and having fuzzy thinking' 'overheating and dry mouth' 'scattered thoughts' and 'sweating'

Figure 52: Negative effects of cognitive enhancers, 2015



Source: EDRS participant interviews

Of the participants who had used CEs recently, just under one fifth (19%) reported using other licit or illicit drugs in conjunction with the CE substance(s) they took on the last occasion. There were single reports of cocaine, crystal methamphetamine and nitrous oxide. Table 120 outlines the substances used in conjunction with CEs on the last occasion.

Table 120: Other substances (licit or illicit) consumed with CEs on the last occasion, among EDRS participants

Other substances %	% (N= 72)
Cannabis	43
Tobacco	40
Alcohol (less than 5 standard drinks)	14
Alcohol (more than 5 standard drinks)	13
Ecstasy	4
Pharmaceutical stimulants	3
Other	11

Source: EDRS participant interviews

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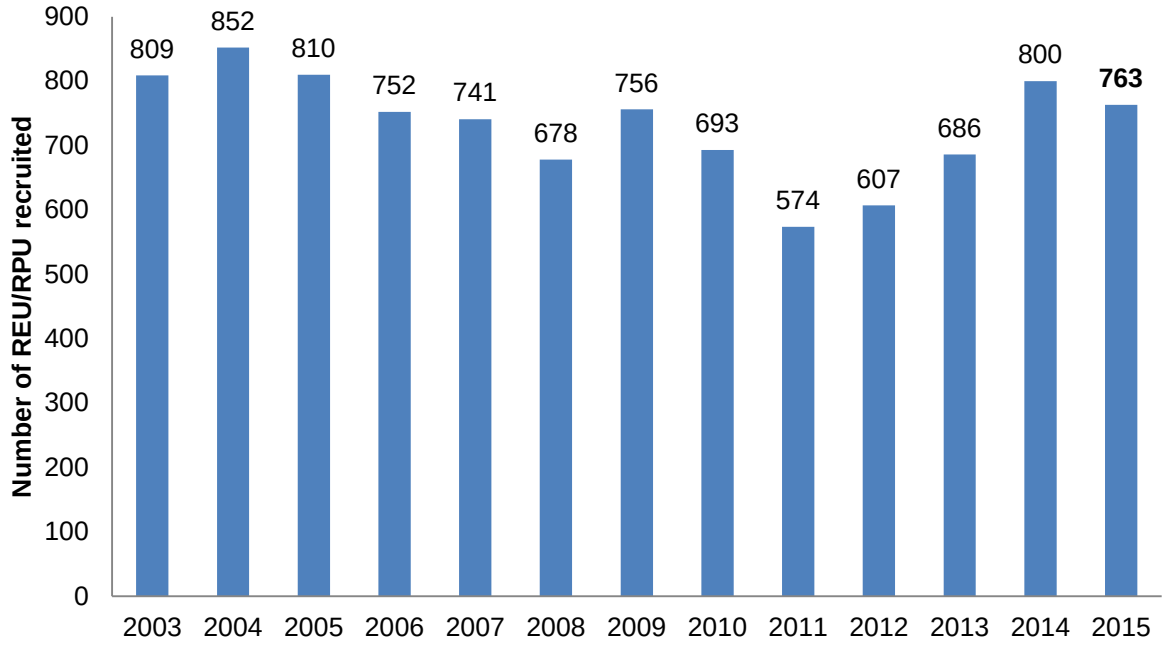
APPENDICES

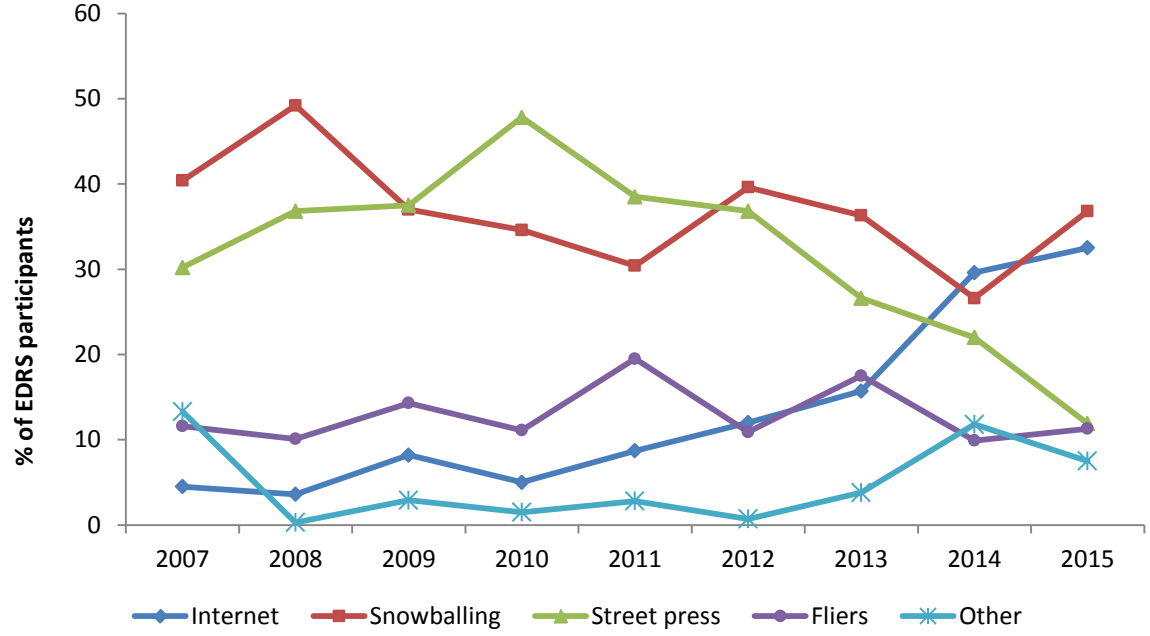
Appendix A: Recruitment of EDRS participants over time, 2003-2015

Figure A1: Recruitment of EDRS participants over time, 2003-2015



Source: EDRS participant interviews, 2003-2015

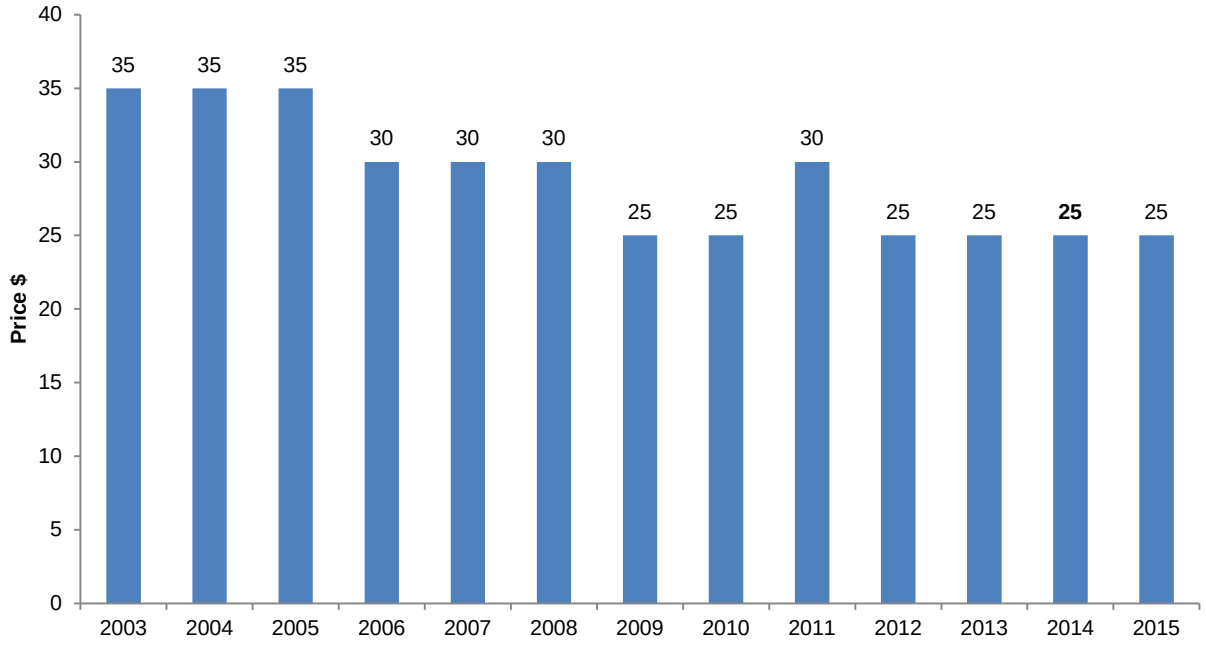
Figure A2: Recruitment method of EDRS participants over time, 2007-2015



Source: EDRS participant interviews, 2003-2015

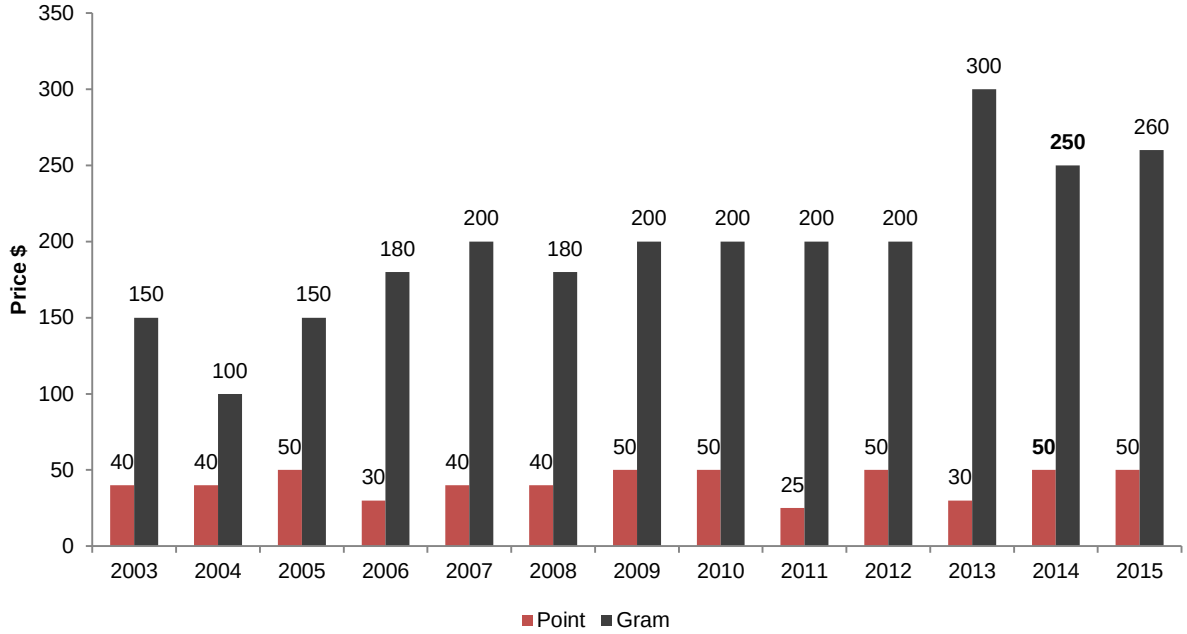
Appendix B: Price trends of ecstasy and related drugs, 2003-2015

Figure B1: Median price of an ecstasy pill, 2003-2015



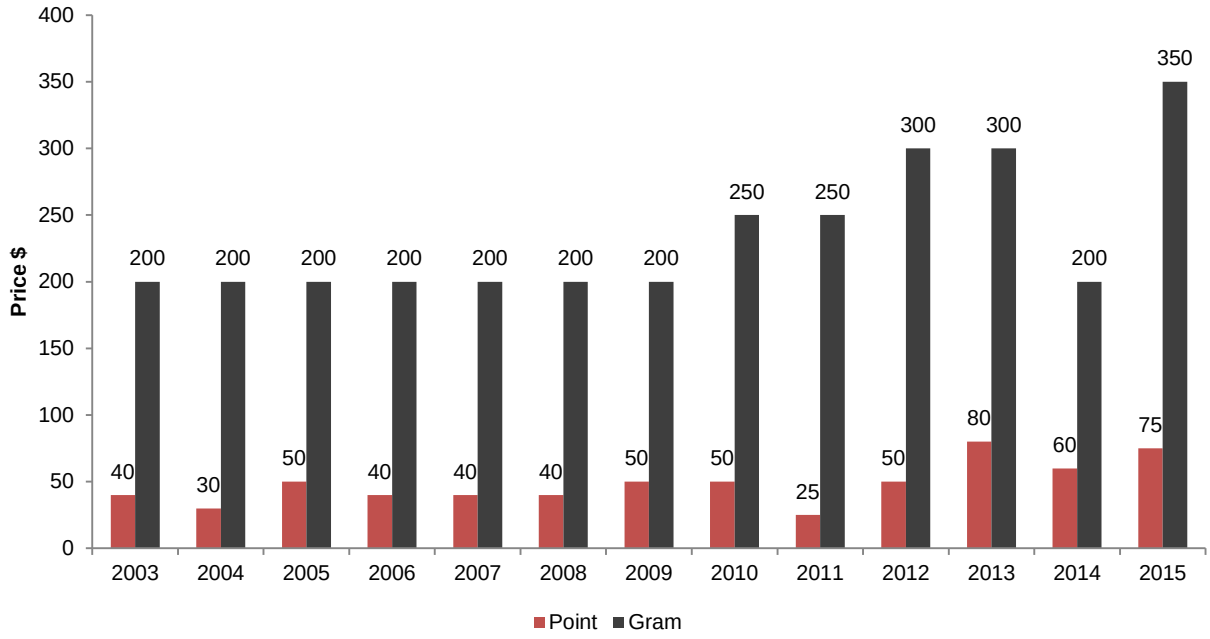
Source: EDRS participant interviews, 2003-2015

Figure B2: Median price of methamphetamine powder (speed), 2003-2015



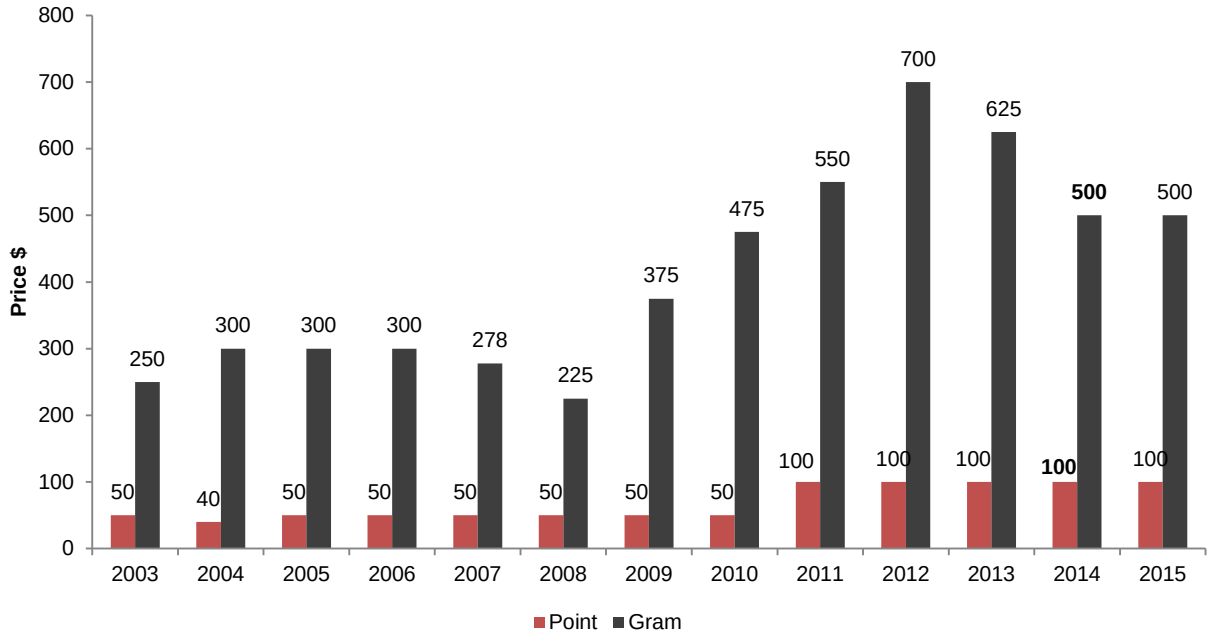
Source: EDRS participant interviews, 2003-2015

Figure B3: Median price of methamphetamine base, 2003-2015



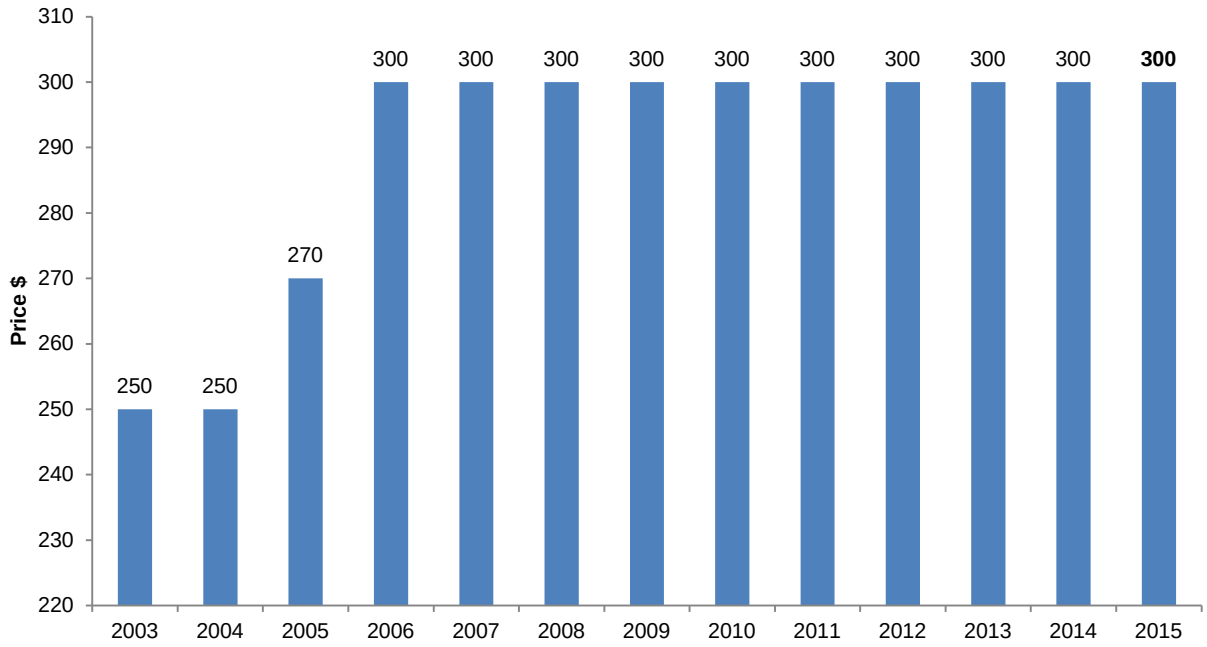
Source: EDRS participant interviews, 2003-2015

Figure B4: Median price of crystal, 2003-2015



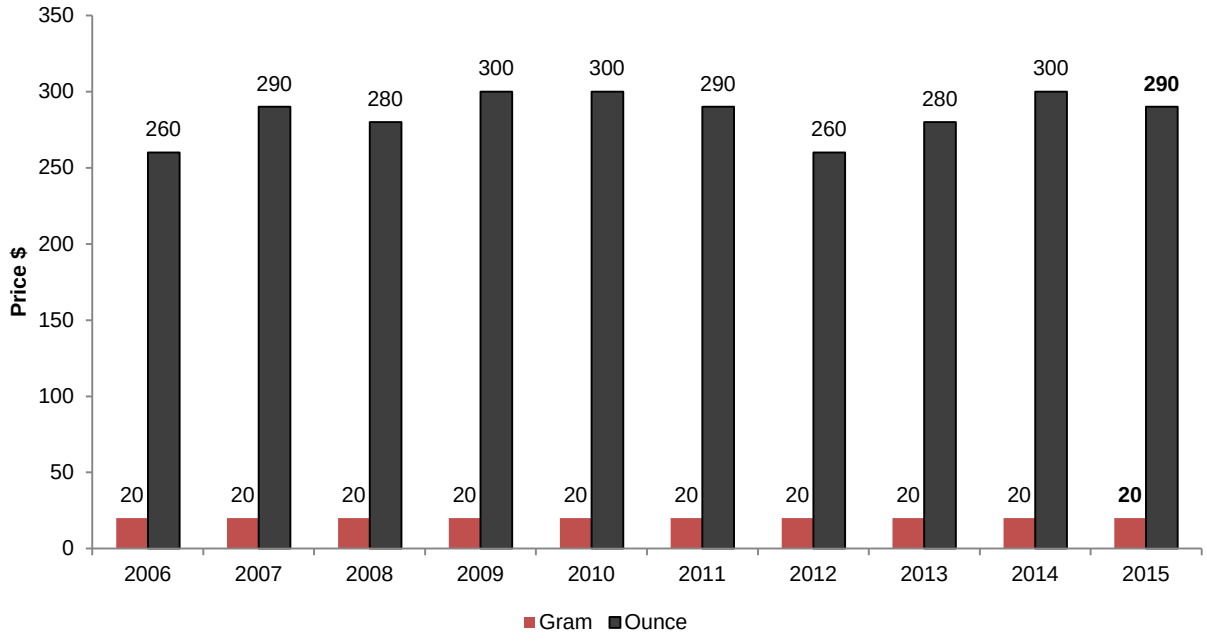
Source: EDRS participant interviews, 2003-2015

Figure B5: Median price of one gram of cocaine, 2003-2015



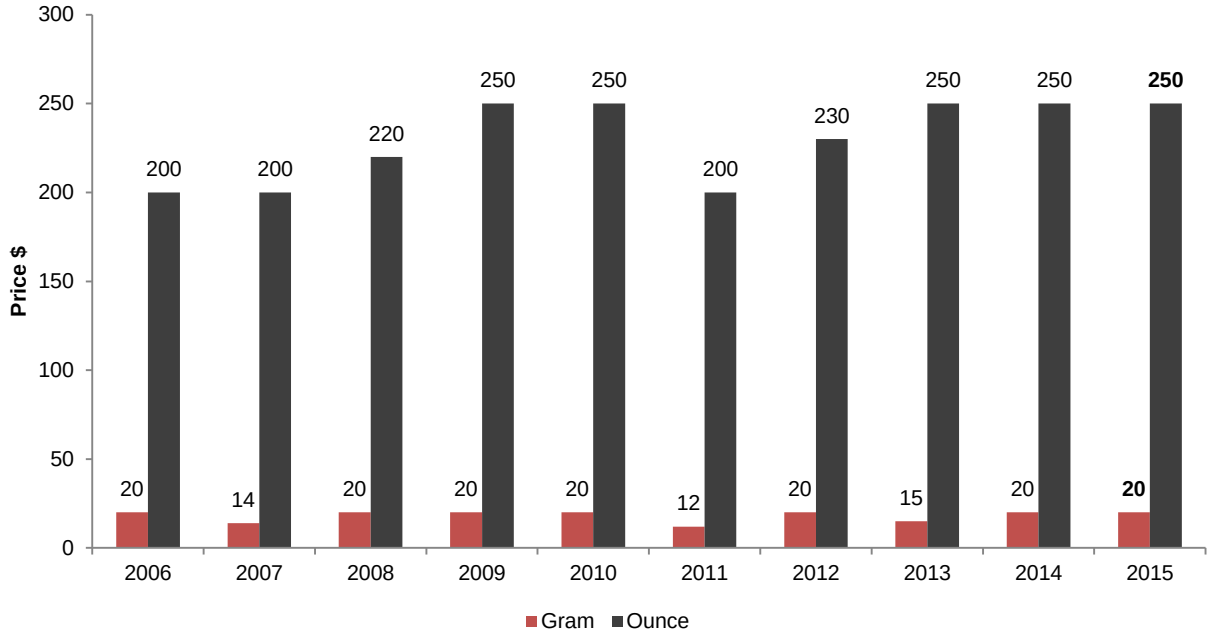
Source: EDRS participant interviews, 2003-2015

Figure B6: Median price of hydroponic cannabis, 2006-2015



Source: EDRS participant interviews, 2006-2015

Figure B7: Median price of bush cannabis, 2006-2015



Source: EDRS participant interviews, 2006-2015

Appendix C: New Psychoactive Substances

Table 121: New psychoactive substances

Street name	Chemical name	Information on drug	Information on use and effects
Phenethylamines			
2CI	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2CI is slightly more potent than the closely related 2CB.
2CB	4-bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2CB is sold as a white powder sometimes pressed in tablets or gel caps. Commonly taken orally but can also be snorted.
2CE	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects	Commonly taken orally and highly dose-sensitive.
NBOMe	N-methoxybenzyl	Psychedelic drugs with stimulant effects	NBOMe includes a series of drugs that contain an N-methoxybenzyl group. The most common NBOMes that are used recreationally are extensions of the 2C family of phenethylamine psychedelics, and include 25B-NBOMe, 25I-NBOMe and 25C-NBOMe. Available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic phenethylamine	Requires only very small doses to produce full effects. Has been found on blotting paper and may be sold as LSD.[9]
PMA	Paramethoxyamphetamine; 4-methoxy-amphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of <50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses >50mg are considered potentially lethal (due to the risk of overheating).
Tryptamines			
DMT	Dimethyltryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form.[10]
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad	5-MeO-DMT is comparable in effects to DMT; however, it is substantially more potent. 5-MeO-DMT is mostly seen in crystalline form[11] but has been reportedly sold in powder form.
Synthetic cathinones			
Mephedrone	4-methyl-methcathin-one	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form.
Methylone	3,4-methylenedioxy-*N*-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes	Effects are primarily psychostimulant in nature.

[9] Erowid: http://www.erowid.org/chemicals/doi/doi.shtml

[10] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt

[11] Erowid: http://www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml

Table C1: New psychoactive substances (continued)

Street name	Chemical name	Information on drug	Information on use and effects
Ivory wave/MDPV	Methylenedioxypyrovalerone (3,4-methylenedioxy)	A cathinone derivative	More potent than other cathinones. Lidocaine (a common local anesthetic) is frequently used as a cutting agent, to give users the numbing sensation in the mouth or nose which is associated with drugs of high purity (e.g. high-purity cocaine).[12]
Piperazines			
BZP	Benzylpiperazine	A piperazine; a CNS stimulant	Gained popularity in some countries in the early 2000s as a legal alternative to amphetamines and ecstasy. One of the more common piperazines, providing stimulant effects which people describe as noticeably different than those of amphetamines. Not particularly popular as many people find that it has more unpleasant side effects than amphetamines.
Dissociative			
DXM	Dextromethorphan	A semisynthetic opiate derivative which is legally available over the counter in the US	Commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is a dissociative drug that is almost always used orally, although pure DXM powder is occasionally snorted.
Naturally occurring substances			
Datura	Commonly *Datura inoxia* and *Datura strammonium.* Contains Atropine and Scopolamine. Also known as Angel's Trumpet	Atropine is a potent anticholinergic agent. Scopolamine is a CNS depressant and has antimuscarinic properties	The plant's effects make the user feel drowsy, drunk-like and detached from things around them. They can also bring on **hallucinations**. Doses are difficult to judge and can cause unconsciousness and death.[13]
Salvia	*Salvia divinorum* (contains Salvinorin A)	Salvia is derived from the American plant *Salvia divinorum*, a member of the mint family	At low doses (200−500mcg) salvia produces profound hallucinations that last from 30 minutes to an hour or so. In higher doses the hallucinations last longer and are more intense.[14]
LSA	*d*-lysergic acid amide	A naturally occurring psychedelic found in plants such as Morning Glory and Hawaiian Baby Woodrose seeds	LSA has some similarities in effect to LSD, but is generally considered much less stimulating and can be sedating in larger doses.
Mescaline[#]	3,4,5-trimethoxyphene-thylamine	A hallucinogenic alkaloid	First isolated in 1896 from the peyote cactus of northern Mexico.
Synthetic cannabis			
K2/Spice	Synthetic cannabinoid	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)	A psychoactive herbal and chemical product that, when consumed, mimics the effects of cannabis.

[12] Drugscope: http://www.drugscope.org.uk/Media/Press+office/pressreleases/ivory_wave_MDPV

[13] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura

[14] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/salvia

[#]Mescaline is a naturally occurring phenethylamine, so could also be classified under the phenethylamine heading