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NSW TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2015

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

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NEW SOUTH WALES TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2015



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

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National Drug and Alcohol Research Centre

University of New South Wales

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ABBREVIATIONS

1,4-B	1,4-butanediol
25I-NBOMe	2-4-iodo-2,5-dimethoxyphenyl-*N*-2-methoxyphenylmethylethanamine
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2,5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
5-IAI	5-Iodo-2-aminoindane
5-MeO-DMT	5-methyoxy-dimethyltryptamine
ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACON	AIDS Council of NSW
ACPR	Australasian Centre for Policing Research
ACT	Australian Capital Territory
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
Health	Australian Government Department of Health
AIHW	Australian Institute of Health and Welfare
ATS	Amphetamine type stimulant
ATSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BBVI	Blood-borne viral infections
BOCSAR	Bureau of Crime Statistics and Research
BZP	1-benzylpiperazine
CNS	Central nervous system
DASSA	Drug and Alcohol Services South Australia
DMT	Dimethyl tryptamine
DOB	2,5-dimethoxy-4-bromoamphetamine
DOI	Death on impact; 2,5-dimethoxy-4-iodoamphetamine
DOM	2,5-dimethoxy-4-methylamphetamine
DXM	Dextromethorphan
EDRS	Ecstasy and Related Drug Reporting System
ERD	Ecstasy and related drugs
FDS	Family Drug Support
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GLBT	Gay/lesbian/bisexual/transgender

GP	General practitioner
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
HPV	Human papillomavirus
IDRS	Illicit Drug Reporting System
IDU	Injecting drug user(s)
IPS	Illicit psychostimulant
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LBQ	Lesbian, bisexual and queer
LSD	*d*-lysergic acid diethylamide
Md	Median
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-methylenedioxy-2aminoindane
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	3,4-methylenedioxypyrovalerone; ivory wave
MDS AODTS	Minimum Data Set for Alcohol and Other Drug Treatment Services
MPTP	1-methyl-4-phenyl-1,2,5,6-tetrahydropyridine
MXE	Methoxetamine
N	(or n) Number of participants
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NDSHS	National Drug Strategy Household Survey
NHMD	National Hospital Morbidity Database
NIDIP	National Illicit Drug Indicators Project
NNDSS	National Notifiable Diseases Surveillance System
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OD	Overdose
OCD	Obsessive compulsive disorder
OTC	Over the counter
PASW	Predictive Analytics Software
PDI	Party Drugs Initiative

PIED	Performance and image enhancing drugs
PMA	Para-methoxyamphetamine
PNS	Peripheral nervous system
PPA	Price, purity and availability
QLD	Queensland
QOL	Quality of life
RBT	Random breath test
REU	Regular ecstasy users
ROA	Route of administration
RPU	Regular psychostimulant user(s)
SA	South Australia
SDS	Severity of Dependence Scale
SNOMED CT	Systematized Nomenclature of Medicine Clinical Terms
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection(s)
SWASH	Sydney Women and Sexual Health Survey
TAS	Tasmania
THC	Delta-9-tetrahydro-cannabinol
TMA	3,4,5-trimethoxyamphetamine
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

GLOSSARY OF TERMS

25I-NBOMe	A psychedelic drug and derivative of the substituted phenethylamine psychedelic 2C-I
2C-B	Street term for 4-bromo-2,5-dimethoxyphenethylamine. It is a synthetic psychedelic of moderate duration
2C-I	Street term for 2,5-dimethoxy-4-iodophenethylamine. It is a short-acting synthetic psychedelic
Binge	Use over 48 hours without sleep
Bump	A bump refers to a small amount of powder, typically measured and snorted from the end of a key, the corner of a plastic card or a 'bumper'
Bumper	A bumper is a small glass nasal inhaler, purchased from tobacconists, used to store and administer powdered substances such as ketamine
Cap	Capsule
Cocaine	A central nervous system stimulant, obtained from the cocoa plant. Cocaine hydrochloride, the salt, is the more common form used in Australia. The freebase form is called 'crack'; little or no crack is available or used in Australia
Crystal	Street term for crystal methamphetamine, a potent form of methamphetamine. Also known as 'ice'
Daily use	Use occurring on each day in the past six months, based on a maximum of 180 days
Ecstasy	Street term for MDMA (3,4-methylenedioxymethamphetamine), which may contain a range of other substances. It is a hallucinogenic amphetamine
Eightball	3.5 grams
GBL	Acronym for gamma-butyrolactone. It is a GHB precursor and substitute, which metabolises into GHB in the stomach
GHB	Acronym for gamma-hydroxy butyrate. It is a central nervous system depressant. Other known terms include 'GBH' and 'liquid ecstasy'; however, the latter is misleading as GHB is a depressant, not a stimulant
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)

Ketamine	It is a dissociative psychedelic used as a veterinary and human anaesthetic
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: inject; smoke; snort; swallow; and/or shaft/shelve
LSD	Acronym for *d*-lysergic acid diethylamide. It is a powerful hallucinogen
MDA	Acronym for 3,4-methylenedioxyamphetamine. It is classed as a stimulant hallucinogen. It is closely related to MDMA (and is sometimes found in ecstasy pills); however, its effects are said to be slightly more psychedelic
Mephedrone	Mephedrone (2-methylamino-1-p-tolylpropane-1-one), also known as 4-methylmethcathinone (4-MMC) or 4-methylephedrone, is a stimulant and entactogen drug of the amphetamine and cathinone classes
Methamphetamine	An analogue of amphetamine, it is a central nervous system stimulant. The three main forms of methamphetamine in Australia are methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal', 'ice')
Opiates	Opiates are derived directly from the opium poppy by extracting 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
PMA	Acronym for para-methoxyamphetamine. It is an amphetamine-type drug with both stimulant and hallucinogenic properties
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 last six months
Recent use	Use in the last six months via one or more of the following routes of administration: inject; smoke; snort; swallow; and/or shaft/shelve

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; shafting/shelving and/or swallowing

Guide to days of use

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

EXECUTIVE SUMMARY

The 2015 NSW Trends in Ecstasy and Related Drug Markets report represents the sixteenth year in which data has been collected in NSW on the markets for ecstasy and related drugs (ERD). The Ecstasy and related Drugs Reporting System (EDRS; formerly the Party Drugs Initiative) is the most comprehensive and detailed study of ERD markets in NSW.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylenedioxymethamphetamine; MDMA) and other related drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), d-lysergic acid diethylamide (LSD) 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 ecstasy and other drugs. RPU are recruited because they are considered a sentinel group to detect illicit drug trends. The information from RPU is, therefore, not representative of ecstasy and other drug users in the general population, but is indicative of emerging trends that may warrant further monitoring.

The findings from each year not only provide a snapshot of the drug markets in NSW, but also help to provide an evidence base for policy decisions, inform harm reduction messages, and provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERD markets in NSW will help add 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.

Executive Summary Snapshot

Demographics

- 100 RPU were sampled in the 2015 EDRS (71 male and 29 female).
- Participants were young (mean age = 23 years), with half (50%) holding a tertiary qualification.
- About one-fifth (22%) identified as GLBT.
- These demographics have remained relatively stable over time, with the exception of a decrease in full-time students and an increase in weekly income.

Drug use history and current drug use

- Participants had experience with a wide range of drugs, having used a median of 11 different drug types during their lifetime and 8 different drug types in the past six months.
- Ecstasy (34%) and cannabis (33%) were the main drugs of choice among RPU.
- Eight percent reported having ever injected a drug.
- Thirty-one percent of the group had recently binged on ERD. Those who had recently binged had done so on a median of two times in the past six months.

Ecstasy use

- Ecstasy was used on a median of 12 days over the past six months (i.e. fortnightly).

- Participants had used a median of 2 pills, 2.5 crystal MDMA caps and 2 non-descriptive ecstasy caps during a 'typical' occasion of use.
- Swallowing was the main route of administration (95%).
- There was a decrease in the recent use of pills and a slight increase in the recent use of the crystalline form from 2014 to 2015.
- The majority of RPU (90%) reported using other drugs in combination with ecstasy the last time they used it, most commonly tobacco, cannabis, alcohol, energy drinks and cocaine.
- Sixty-eight percent of participants used other drugs to help them come down from ecstasy the last time they used it (most commonly cannabis).
- Ecstasy was most commonly last used at a nightclub (50%) and other public venues.
- The use of ecstasy in the NSW general population has decreased from 2010 (3.0%) to 2013 (2.5%).
- KE confirmed the NSW data relating to the change in ecstasy forms.

Methamphetamine use

Speed

- Fifty-four percent of RPU had ever used speed and 27% had done so recently.
- Speed was used on a median of 3 days over the preceding six months and was primarily swallowed (63%).
- The frequency and quantity of use was stable from 2014 to 2015.

Base

- One-quarter of the sample had ever used base and 4% had done so recently.
- Base was used on a median of 3.5 days over the preceding six months.
- The frequency of use was stable from 2014 to 2015.

Crystal

- One-quarter of the sample had ever used crystal and 12% had done so recently.
- Crystal was used on a median of 3.5 days over the preceding six months and was primarily smoked (n=8).
- The frequency and quantity of use was stable from 2014 to 2015.
- The use of methamphetamine among the NSW general population remained stable from 2010 (2.1%) to 2013 (2.1%).
- KE reported an increase in the availability and purity of crystal methamphetamine, a lower or stable price and an increase in the number of users generally.

Cocaine use

- The majority of the group (85%) had tried cocaine at least once, and 61% had used it recently.
- Cocaine was used on a median of 4 days over the preceding six months and the main route of administration was snorting (54%).
- Recent use of cocaine among the general population remained stable at 2.1% in 2013.
- KE noticed an increase in the prevalence of cocaine users in the last 12 months.

LSD use

- Seventy-seven percent of the sample had tried LSD at least once and three-fifths (60%) had used it recently.
- LSD was used on a median of 2 days over the preceding six months.
- LSD was often used in outdoor settings.
- The use of LSD among the sample increased from 2008 (18%) to 2015 (60%).
- KE reported an increase in the use and potency of hallucinogens in the last 12 months.

Ketamine use

- Forty-seven percent of the sample had tried ketamine at least once and one-quarter (24%) had used it recently.
- Ketamine was used on a median of 1.5 days over the preceding six months and the main route of administration was snorting (71%).
- Lifetime and recent use of ketamine among the NSW general population has remained stable from 2010 to 2013.

GHB use

- Twenty-two percent of the sample had tried GHB at least once and over one-tenth (11%) had used it recently.
- GHB was used on a median of 3 days over the preceding six months.
- The frequency and quantity of use of GHB remained stable from 2014 to 2015.
- Recent use of GHB among the general population significantly decreased to under 0.1%.
- KE reported use of GHB and alcohol is a risky combination which is common at LGBTI events.

Cannabis use

- Every participant had tried cannabis at least once and the vast majority (91%) had used it recently.
- Cannabis was used on a median of 48 days (i.e. twice weekly) over the preceding six months.
- The use of cannabis remained relatively stable over time.
- The use of cannabis among the general population remained stable at 10.2% in 2013.
- KE reported people who initiated the use of cannabis at a younger age or didn't reduce use at an older age were more prone to mental and physical health risks.

Other drug use

Alcohol

- All of the 2015 NSW RPU reported lifetime use of alcohol and 96% used it recently.
- Many KEs reported alcohol to be the main drug of concern.

Tobacco

- Ninety-six percent of RPU had used tobacco at least once in their lifetime and 85% had smoked within the past six months.

Inhalants

- Amyl nitrite was used more commonly among RPU (50%) than nitrous oxide (37%) over the six months preceding interview.
- The recent use of nitrous oxide has risen from 2012 (12%) to 2015 (37%).

Heroin and other opiates

- Two RPU reported recent heroin use. Three participants reported recent use of illicitly obtained other opiates.

Pharmaceutical stimulants

- Sixty-two percent of the sample reported using pharmaceutical stimulants in their lifetime and under two-fifths (39%) reported doing so recently.

Over the counter drugs

- Six percent of the sample reported lifetime use of over the counter simulants and 17% reported using over the counter codeine recently.

Benzodiazepines

- Thirty-five percent of the group had recently used benzodiazepines. Illicit use (recent use 29%) was more common than licit use (recent use, 7%).

Antidepressants

- One-tenth of RPU had recently used antidepressants. No participants reported recent illicit use of antidepressants.

Psilocybin mushrooms

- Thirty-seven percent of the sample reported using mushrooms recently.

MDA

- Fifteen percent of the sample reported using MDA in the past six months.

New psychoactive substance (NPS) use

- In 2015, 39% of EDRS participants reported recent NPS use.
- Only 5% reported using a synthetic cannabinoid in the last six months.
- The most commonly used psychoactive substances were 2C-B, DMT and DXM.
- KE reported that NPS detections have decreased substantially since 2013.

Ecstasy/MDMA PPA

Pills, powder and capsules:

- *Price*: $25 per tablet.
- *Purity*: Currently medium and stable.
- *Availability*: Currently easy to very easy to obtain and stable.

Crystal MDMA

- *Price:* $25 per point, $30 per cap
- *Purity:* Currently high and stable.
- *Availability:* Currently easy to obtain and stable.

Methamphetamine PPA

Speed

- *Price*: $175 per gram.
- *Purity*: Currently low-medium, appeared to be stable.
- *Availability*: Variable reports.

Base

- *Price*: $200 per gram.

Crystal

- *Price*: $50 per point.
- *Purity*: High-medium purity.
- *Availability*: Very easy to obtain.

Cocaine PPA

- *Price*: $300 per gram, stable.
- *Purity*: Variable reports
- *Availability*: Variable reports.

LSD PPA

- *Price*: $25 per tab, stable.
- *Purity*: Medium-high, stable.
- *Availability*: Currently difficult to obtain.

Ketamine PPA

- *Price*: $220 per gram.
- *Purity*: Medium-high. Variable reports of purity change.
- *Availability*: Difficult-very difficult to obtain.

GHB PPA

- *Price*: $17.5 per mL.
- *Purity*: Medium-high.
- *Availability*: Variable reports.

Cannabis PPA

Hydro

- *Price*: $20 per gram; $300 per ounce, stable.
- *Potency*: Currently medium-high, stable.
- *Availability*: Currently very easy to obtain, stable.

Bush

- *Price*: $20 per gram; $280 per ounce, stable.
- *Potency*: Currently medium, stable.
- *Availability*: Variable reports.

Health-related issues

Stimulant dependence

- Over a quarter (27%) of RPU scored 3 or above on the ecstasy severity of dependence scale (SDS); these are levels which may be considered indicative of problematic dependent ecstasy use.
- Five participants obtained a score of 4 or above on the methamphetamine SDS, indicative of amphetamine dependence.

Overdose, deaths and hospital admissions

- Two-fifths (41%) of participants reported having overdosed on a stimulant drug throughout their lifetime.
- One-third (32%) reported having ever overdosed on a depressant drug.
- There has been an upward trend in deaths where ecstasy, methamphetamine, and cocaine were detected post mortem in 2014/15.
- Hospital admissions in which methamphetamine, cocaine and cannabis were the principal diagnosis appear to be increasing over time in NSW.

Service usage

- Six percent of respondents reported that they had recently accessed a medical or health service in relation to their drug use, a downward trend since 2010.
- There has been an upward trend in calls to helplines in 2014/15 relating to crystal methamphetamine and cocaine.

Mental health

- Thirty-five percent of RPU had recently experienced a mental health problem. Mood and anxiety disorders were most commonly reported.
- Thirty-six percent of the group reported high to very high psychological distress as measured by the Kessler Psychological Distress Scale (K10).

Risk behaviour

- Seventy-eight percent of RPU reported that they had driven a vehicle in the preceding six months, and of these, 32% had driven while over the BAC limit.
- Among those who had driven recently, 57% had done so while under the influence of drugs. The drugs most commonly used prior to driving were cannabis and ecstasy.

- Eight participants had ever injected a drug and five had done so recently.
- Over three-fifths (61%) of the sample had recently had penetrative sex with a casual partner. Forty percent of participants did not use a sexual barrier on the last occasion, when intoxicated, and 48% did not when sober. The main reasons were either that they did not want to use a barrier, they were using a contraceptive pill or a barrier was not available.
- The majority (70%) of participants reported harmful alcohol consumption as measured by the Alcohol Use Disorders Identification Test (AUDIT).

Law enforcement-related issues

- Thirty-six percent of RPU had committed a crime within the past month; most commonly drug dealing and property crimes.
- Eight participants had reportedly been arrested over the past year.
- Data from the Bureau of Crime Statistics and Research indicate the number of arrests for methamphetamines and cocaine has increased in the last two years.

Special topic of interest

NPS Policy

- Participants were asked questions regarding the legality of 2CB, 2CI, DMT, Mephedrone and NBOMe.
- The majority of participants were able to correctly identify the possession of these substances as illegal.
- Large proportions of the sample were unsure of the legality of these substances.

Cognitive enhancers (CEs)

- Fifty-three percent of the sample reported using CEs in the last six months for the purposes of enhancement.
- The highest proportions reported using energy drinks, coffee, non-prescribed methylphenidate and other caffeine products.

Implications

The NSW branch of the EDRS aims ultimately to monitor trends in the Sydney ERD markets and to investigate harms associated with ERD use. The 2015 NSW EDRS revealed ongoing changes in drug markets and indications of drug related harms.

Shifting of ecstasy forms

In 2008 the Australian Federal Police assisted Cambodian authorities in destroying a safrole stockpile, leading to a global shortage of ecstasy. Data from customs and reports from RPU supported the claim that although MDMA in Australia after 2008 widely available, its purity had decreased.

Data from the Australian Crime Commission, as well as the EDRS, have suggested that the purity of ecstasy has returned to pre-2008 levels. However, over the past three years there has been a change in the forms which are being used.

Questions on crystal MDMA were first included in the EDRS 2013 survey after participants mentioned this new form in the preceding survey. Previously the ecstasy market was dominated by ecstasy pills; however, data from 2015 indicates a significant decrease in the use of pills and an increase in the use of crystal MDMA and capsules.

It is unclear whether participants are indeed obtaining a crystalline version of the substance or mistakenly identifying powder as crystal. Nonetheless, data from the AFP purity tests of phenethylamines (of which MDMA is classed) in NSW have indicated a rising median purity level which is higher than pre-2008 ecstasy.

New psychoactive substance use and the impact of policy in NSW

In October 2013, the NSW parliament passed the Drugs and Poisons Legislation Amendment (New Psychoactive and Other Substances) Act 2013. As a result of this act, it has become illegal in NSW to possess any NPS other than those manufactured by licenced or authorised manufacturers.

Given that the EDRS focuses on a population with high rates of NPS use, it would be important to monitor the impact of this amendment on use among RPU. In NSW, the proportion of participants reporting use of any NPS has not changed significantly since 2011. It is not surprising that the passed amendment did not significantly change rates of NPS use among an already illicit drug using population. However, it is interesting to see that in 2015, a narrower scope of NPS were used by RPU, specifically the 2C group of phenethylamines, DMT, NBOMe and other hallucinogenic NPS. Additionally, the substances RPU were reporting using were largely established substances, most commonly DMT and the 2C-X class of phenethylamines.

1 INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS) is an ongoing monitoring system funded in 2015 by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. It is run in a similar manner to the Illicit Drug Reporting System (IDRS), another ongoing data collection system funded by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The IDRS provides a coordinated approach to the monitoring of the markets of heroin, methamphetamine, cannabis and cocaine. It was identified that the IDRS did not capture the use of ERD, as these were used infrequently among the target population of the IDRS – people who inject drugs (PWID).

In June 2000, the National Drug Law Enforcement Research Fund (NDLERF), administered by the Australasian Centre for Policing Research (ACPR), funded a two-year, two state trial in New South Wales (NSW) and Queensland (QLD) of the feasibility of monitoring emerging trends in the markets for ecstasy and other related drugs using the extant IDRS methodology. In addition, Drug and Alcohol Services South Australia (DASSA) (formerly known as the Drug and Alcohol Services Council) agreed to provide funding for two years to allow the trial to proceed in this state. The results of this trial are presented elsewhere (see Topp et al., 2004). In 2002, the National Drug and Alcohol Research Centre (NDARC) provided funding for the Party Drugs Module to be conducted in NSW, as did DASSA in South Australia. In 2003, NDLERF provided funding for it to be conducted in all jurisdictions across Australia, under the title of the Party Drugs Initiative (PDI), representing the first year that data for this project had been collected nationally. Funding was again provided by NDLERF in 2004. In 2005, the Australian Government Department of Health (AGDH) and the Ministerial Council on Drug Strategy provided funding, as a project under the cost shared funding arrangement. In 2006, the AGDH provided funding for the project to be continued nationally. In 2006, the PDI was renamed and is now known as the Ecstasy and Related Drugs Reporting System (EDRS).

Regular ecstasy users (REU) were identified as an appropriate sentinel population to investigate ERD markets. In 2012, it became apparent that the ecstasy market was changing with a greater representation of illicit psychostimulant users who didn't necessarily use ecstasy. Therefore the criteria were broadened to include regular 'psychostimulant' users (RPU).

The term 'ecstasy and related drugs' includes any drug routinely used in the context of entertainment venues such as nightclubs or dance parties, however this may also include private parties or outdoor areas. ERD refers to drugs such as ecstasy (3,4-methylenedioxymethamphetamine – MDMA), methamphetamine, LSD (*d*-lysergic acid diethylamide), ketamine, MDA (3,4-methylenedioxyamphetamine) and GHB (gamma-hydroxybutyrate).

As with the IDRS, the EDRS involves the collection and analysis of three data components: a) a survey of current regular psychostimulant users (RPU), who represent a sentinel population of regular psychostimulant users likely to be aware of trends in illicit drug markets; b) interviews with key experts (KE) – professionals and volunteers who work with, or have regular contact with, regular psychostimulant users; and c) the analysis of secondary indicator data sources, such as existing databases of customs seizures, police drug-related arrests, and drug information telephone services. The three data sources are triangulated

against each other in order to minimise the biases and weaknesses inherent in each one, ensuring that only valid emerging trends are documented.

The 2015 NSW Trends in Ecstasy and Related Drug Markets report provides information regarding ecstasy and related drug trends in Sydney.

1.1 Aims

The aims of the 2015 NSW EDRS were:

1. to describe the demographic characteristics of a sample of regular psychostimulant users interviewed in Sydney in 2015;

2. to examine the patterns of ecstasy and related drug use of this sample, including lifetime and recent use of over 20 licit and illicit drugs;

3. to document the current price, purity and availability of ecstasy and related drugs in Sydney, including locations and persons scored from and locations of use;

4. to examine the incidence and nature of ecstasy and other drug-related harms, including physical and mental health-related harms, stimulant and depressant overdose rates and sexual risk behaviours;

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

6. to compare key findings of this study with those reported in previous years (2010-2014).

2 METHOD

The 2015 EDRS used the methodology trialled in the feasibility study (Topp et al., 2004) 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 Sydney;

2. telephone interviews with KE who, through the nature of their work, have regular contact with users of ecstasy and/or other related drugs, or knowledge of the markets for these drugs in Sydney; and

3. indicator data sources such as the purity of seizures of ecstasy analysed in NSW, calls to drug support and information lines, and treatment services data.

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

2.1 Survey of regular psychostimulant users (RPU)

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of 'ecstasy' or other related drugs. Although a range of drugs fall into the category 'ecstasy and related drugs', ecstasy is a drug that can be considered one of the main illicit drugs used in Australia. It is the second most widely used illicit drug after cannabis, with 3% of the population aged 14 years or older reporting past year use of ecstasy in the 2013 National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2014).

The ecstasy (pills/powder/capsules sold purporting to contain MDMA) market has existed in Australia for more than two decades. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. MDA), have fluctuated widely in availability (e.g. ketamine and LSD), or are relatively new in the market and are not as widely used as ecstasy (e.g. GHB). It has been suggested that it would be difficult to identify a regular user of GHB or ketamine who was not also an experienced user of ecstasy, whereas the reverse will often be the case (Topp & Darke, 2001).

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population – regular ecstasy users (REU, Topp and Darke, 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that were sought. However, as will become evident in the report, it is apparent that the ecstasy market and the regularity of its consumption and type of consumers may be changing. More discussion on this issue is in section 4.10: New psychoactive substance use. Beginning in 2012, due to difficulty in smaller jurisdictions in recruiting REU, regular psychostimulant users (RPU) were also recruited to provide information on ERD markets. In 2013, the RPU criteria were adopted for all states. Interestingly, 11% of the NSW 2015 sample were not REU, suggesting that EDRS results still comprise a large amount of data from regular ecstasy users.

A total of 100 RPU residing in the Sydney metropolitan region were interviewed for the 2015 NSW EDRS. Participants were recruited through a purposive sampling strategy (Kerlinger,

1986), which included advertisements in entertainment street press, gay and lesbian newspapers, university campuses, social media, interviewer contacts, and 'snowball' procedures (Biernacki & Waldorf, 1981). 'Snowballing' is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Boys, Lenton & Norcoss, 1997; Ovendon & Loxley, 1996; Solowij, Hall & Lee, 1992) and international studies (Dalgarno & Shewan, 1996; Forsyth, 1996; Peters, Davies & Richardson, 1997). Initial contact was established through press advertisements or interviewers' personal contacts. On completion of the interview, participants were requested to mention the study to friends who might be willing and able to participate and were handed cards containing the researcher's contact details to distribute to their peers.

2.1.1 Procedure

Participants contacted the researchers by telephone and were screened for eligibility. To meet entry criteria, they had to be at least 17 years of age (due to ethical constraints), have used psychostimulants at least six times during the preceding six months, and have been a resident of the Sydney metropolitan region for the past 12 months. The focus was on the capital city, as new trends in illicit drug markets are more likely to emerge in urban rather than in remote or regional areas.

Participants were informed that all information provided was confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately one hour. All respondents were volunteers who were reimbursed $40 for their participation. Interviews took place in a location negotiated with participants, predominantly at the National Drug and Alcohol Research Centre (NDARC) or in coffee shops or other discrete public places, and were conducted by the NSW coordinator and a small group of casual interviewers. The nature and purpose of the study was explained to participants before informed consent was obtained.

2.1.2 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;
- specific behaviours associated with ERD use including: ecstasy purchasing behaviours, bingeing, and use of drugs with ecstasy and during a comedown ;
- drug market characteristics: the price, purity and availability of different ERD;
- risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- 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 marketplaces, the health effects of NPS, awareness of NPS policy and the use of cognitive enhancing drugs.

2.1.3 Data Analysis

The EDRS participant survey results are used as the primary basis on which to estimate drug trends. The participants provide the most comparable information on drug price, availability and use patterns in all jurisdictions and over time. In addition to the purity information provided by RPU, drug seizures data provided by the Australian Crime Commission (ACC) provide 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. Key expert 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 & Castellan, 1988), was employed. Categorical variables were analysed using χ^2. All analyses were conducted using SPSS for Windows, Version 20.0 (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 NDARC and Drug trends websites:

http://www.drugtrends.org.au/
https://ndarc.med.unsw.edu.au/group/drug-trends

2.2 Survey of key experts (KE)

The main eligibility criterion for KE participation in the EDRS was regular contact with a range of RPU in the preceding six months. A small number of KE who did not have regular contact with RPU were also included because they had a special area of expertise. Regular contact was defined as average weekly contact and/or contact with 10 or more RPU throughout the past six months. KE were recruited either through professional networks of project staff or recommendations, and in some instances through ‘cold calls’.

A total of 20 KE were interviewed in 2015. KE were administered a qualitative interview schedule derived from a previous study of cocaine use (Hando, Flaherty & Rutter, 1997), with the focus dependent on the KE’s area of expertise. In general, KE were interviewed on topics relating to patterns of illicit drug use among the RPU they had had contact with in the past six months. The KE interviewed represented a wide range of occupations which fell into three major categories: law enforcement; health care provision; and hospitality industry workers.

2.3 Other indicators

To complement and validate data collected from RPU surveys and KE interviews, a range of secondary data sources were examined. These included health and law enforcement data. The pilot study for the IDRS recommended that such data should be available at least annually, include 50 or more cases, be brief, and be collected in the main study site (i.e. Sydney or NSW) (Hando et al., 1997).

Data sources that have been included in this report are:

- National Drug Strategy Household Survey;
- Australian Crime Commission – purity data from police seizures;
- Australian Institute of Health and Welfare – inpatient hospital admissions;
- NSW Ministry of Health – drug-related visits to emergency departments, number of treatment episodes by drug type and gender, overdoses and toxicology data from suspected drug users in which drugs were detected;
- NSW Bureau of Crime Statistics and Research – drug possession/use and deal/traffic incidents;
- Alcohol and Drug Information Service – calls regarding problematic drug use;
- Family Drug Support – telephone support service for family members affected by problematic drug use and for users themselves;
- Sydney Gay Community Periodic Survey;
- Sydney Women and Sexual Health Survey; and
- NSW Police Force – clandestine methamphetamine and MDMA laboratories. Number and weight of seizures.

3 DEMOGRAPHICS

Summary:

- 100 RPU were sampled in the 2015 EDRS (71 male and 29 female).
- Participants were young (mean age = 23 years), with half (50%) holding a tertiary qualification.
- About one-fifth (22%) identified as GLBT.
- These demographics have remained relatively stable over time, with the exception of a decrease in full-time students and an increase in weekly income.

3.1 Overview of the EDRS participant sample

There were 100 RPU sampled in the 2015 NSW EDRS. Table 1 presents the demographics of the sample across time. The mean age of the 2015 sample was 23 years (median 21, range 17-50). A majority (71%) of the participants interviewed were male; however, there were no significant differences in age when comparing males and females.

The vast majority (96%) spoke English as their first language and were born in Australia (78%). A minority (2%) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. Most participants identified as heterosexual (78%), followed by 11% as a gay man, 2% as a lesbian and 6% as a bisexual. Most participants reported being currently single (62%) and were residing in their parents' or family's house (52%) or rental accommodation (41%).

The median number of years of school education completed was 12 years (range 3-12), and 83% had completed high school education (year 12 or above). Many had completed either a trade or technical qualification (23%) or a university or college degree (27%), and 40% were currently engaged in some form of study. One-quarter (24%) of the sample reported being currently employed on a full-time basis, while 8% of participants were currently unemployed. Median weekly income for this group was $500 per week (range $10-$4,500), and wage or salary was reported as the main source of income in the last month for the majority of participants (72%). None of the participants in 2015 reported that there were currently in any form of drug treatment.

Significant demographical differences from 2014 to 2015 were a:

- Decrease in the proportion of full time students (38% to 20%; $p < .01$)
- Increase in the median weekly income ($400 to $500; $p < .01$)

These two differences can be explained by increases in full-time and part-time workers and those who reported both working and studying. The NSW 2015 sample contains a higher proportion of employed participants and a larger median weekly income.

Table 1: Demographic characteristics of RPU, NSW 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Mean age (years)	26	24	25	23	24	**23**
% Male	74	77	64	75	71	**71**
% English speaking background	91	98	98	96	97	**96**
% Aboriginal and/or Torres Strait Islander	1	1	2	1	2	**2**
% Sexual Identity						
Heterosexual	78	76	82	78	85	**78**
Gay male	14	9	8	10	6	**11**
Lesbian	4	7	5	1	2	**2**
Bisexual	4	7	4	9	7	**6**
Other	-	1	1	2	-	**3**
Mean years of school education	12	12	12	12	12	**12**
% Tertiary qualifications	51	40	39	33	39	**50**
% Employment						
Full-time	29	26	27	19	21	**24**
Part-time/casual	23	19	21	19	22	**27**
Full-time student	6	11	10	40	38	**20↓**
Part-time student	-	4	2	4	1	**2**
Work and Study	26	15	22	1	12	**18**
No income	-	-	-	1	-	**1**
Not employed	16	25	17	16	6	**8**
Median weekly income ($)	500 (0-4,231)	350 (67-2,400)	350 (0-1,700)	300 (0-2,500)	400 (0-2,500)	**500 (10-4,500)↑**
% Accommodation						
Own house/flat	7	4	4	3	5	**2**
Rented house/flat	64	49	49	40	38	**41**
Family home	26	31	45	54	53	**52**
Boarding house/hostel	1	6	1	-	1	**2**
Shelter/refuge	-	-	1	1	-	**1**
Other	2	-	-	2	3	**2**
% Prison history	6	-	4	1	3	**2**
% Currently in drug treatment	5	3	3	1	3	**-**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
↑ Significant increase ($p < .05$)
↓Significant decrease ($p < .05$)

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

Summary:

- Participants had experience with a wide range of drugs, having used a median of 11 different drug types during their lifetime and 8 different drug types in the past six months.
- Ecstasy (34%) and cannabis (33%) were the main drugs of choice among RPU.
- Eight percent reported having ever injected a drug.
- Thirty-one percent of the group had recently binged on ERD. Those who had recently binged had done so on a median of two times in the past six months.

Participants of the NSW 2015 sample were asked about their lifetime (i.e. having ever used) and recent (i.e. use in the last months) use of a broad range of illicit drugs, alcohol, and tobacco (Table 2). The drugs most likely to have 'ever' been used and to have been used in the preceding six months were alcohol (lifetime 100%, recent 96%), cannabis (lifetime 100%, recent 91%), tobacco (lifetime 96%, recent 85%), ecstasy pills (lifetime 96%, recent 69%) and crystal MDMA (lifetime 75%, recent 68%). This has remained relatively constant over the past five years.

Polydrug use is common in this sample. Participants reported having using a wide range of substances at least once in their lifetime (Median [*Md*] = 11) and a large number of drug types recently (*Md* = 8). These values have remained stable over time.

Table 2: Lifetime and recent (last six months) use and frequency of drug use for RPU, NSW 2010-2015

Variable	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Median no. drug types ever used	13	12	12	10	10	**11**
Median no. drug types used recently	8	8	7	7	7	**8**
% Ever injected a drug	22	13	20	8	11	**8**
% Injected drug recently	15	8	13	6	5	**5**
Alcohol						
% ever used	100	100	98	100	100	**100**
% recent use	97	99	95	94	100	**96**
Days recent use	55	48	48	43	48	**39**
(*Md*; range)	(2-180)	(5-180)	(2-180)	(1-180)	(1-174)	**(2-180)**
Cannabis						
% ever used	98	97	99	97	98	**100**
% recent use	78	83	86	90	85	**91**
Days recent use	49	48	48	40	30	**48**
(*Md*; range)	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	**(1-180)**
Tobacco						
% ever used	92	95	96	95	92	**96**
% recent use	76	92	91	84	80	**85**
Days recent use	171	180	180	72	78	**90**
(*Md*; range)	(1-180)	(1-180)	(4-180)	(1-180)	(1-180)	**(1-180)**
E-cigarettes						
% ever used					48	**64**
% recent use					34	**41**
Days recent use					3	**3**
(*Md*; range)		Data not available until 2014			(1-180)	**(1-180)**
Ecstasy pills						
% ever used	100	100	100	100	100	**96**
% recent use	99	99	99	99	89	**69↓**
Days recent use	12	12	12	12	9	**9**
(*Md*; range)	(1-72)	(1-72)	(3-120)	(2-50)	(1-50)	**(1-48)**
Ecstasy powder						
% ever used	32	35	42	42	27	**33**
% recent use	7	21	20	29	15	**19**
Days recent use	5	4	5	2	4	**3**
(*Md*; range)	(1-20)	(1-24)	(1-24)	(1-12)	(2-72)	**(1-24)**
Crystal MDMA						
% ever used				37	69	**75**
% recent use				28	61	**68**
Days recent use				1	5	**7**
(*Md*; range)		Data not available until 2013		(1-12)	(1-70)	**(1-52)**
Ecstasy caps						
% ever used	72	78	78	73	86	**77**
% recent use	35	55	57	59	76	**64**
Days recent use	2	2	4	3	5	**6**
(*Md*; range)	(1-72)	(1-120)	(1-24)	(1-30)	(1-53)	**(1-24)**

Table 2: Lifetime and recent (last six months) use and frequency of drug use for RPU, NSW 2010-2015 (cont.)

Variable	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Methamphetamine powder (speed)						
% ever used	79	67	67	56	48	**54**
% recent use	29	32	31	25	21	**27**
Days recent use	2	3	2	2	2	**3**
(*Md*; range)	(1-30)	(1-40)	(1-180)	(1-12)	(1-15)	**(1-15)**
Methamphetamine base						
% ever used	53	41	38	21	25	**25**
% recent use	18	16	9	4	6	**4**
Days recent use	2	2	2	1	5	**3.5**
(*Md*; range)	(1-18)	(1-20)	(1-30)	(1-5)	(1-10)	**(1-9)**
Methamphetamine crystal (ice)						
% ever used	44	37	32	21	23	**25**
% recent use	21	19	18	11	13	**12**
Days recent use	3	6	8	4	10	**3.5**
(*Md*; range)	(1-20)	(1-96)	(1-96)	(1-48)	(1-150)	**(1-96)**
Cocaine						
% ever used	88	84	81	64	89	**85**
% recent use	60	59	57	42	67	**61**
Days recent use	5	4	3	2	3	**4**
(*Md*; range)	(1-100)	(1-120)	(1-90)	(1-10)	(1-60)	**(1-50)**
LSD						
% ever used	77	75	84	71	67	**77**
% recent use	44	46	43	51	43	**60↑**
Days recent use	3	2	3	2	2	**2**
(*Md*; range)	(1-25)	(1-48)	(1-24)	(1-24)	(1-50)	**(1-20)**
Mushrooms						
% ever used	60	58	57	48	48	**67↑**
% recent use	10	25	21	25	21	**37↑**
Days recent use	1	2	2	2	2	**1**
(*Md*; range)	(1-6)	(1-16)	(1-5)	(1-7)	(1-20)	**(1-10)**
MDA						
% ever used	21	22	28	28	21	**28**
% recent use	2	8	16	23	12	**15**
Days recent use	3	3	3	3	3	**1**
(*Md*; range)	(2-4)	(1-12)	(1-24)	(1-15)	(1-30)	**(1-3)**
Ketamine						
% ever used	64	56	48	36	43	**47**
% recent use	24	39	24	24	23	**24**
Days recent use	3	2	3	2	2	**1.5**
(*Md*; range)	(1-30)	(1-100)	(1-12)	(1-10)	(1-32)	**(1-8)**

Table 2: Lifetime and recent (last six months) use and frequency of drug use for RPU, NSW 2010-2015 (cont.)

Variable	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
GHB						
% ever used	42	30	22	21	23	**22**
% recent use	17	16	11	11	12	**11**
Days recent use (*Md*; range)	3 (1-10)	2 (1-125)	2 (1-90)	3 (1-30)	2 (1-10)	**3 (1-24)**
Amyl nitrite						
% ever used	78	75	70	64	65	**72**
% recent use	46	40	37	45	46	**50**
Days recent use (*Md*; range)	5 (1-90)	3 (1-72)	3 (1-180)	5 (1-160)	3 (1-30)	**4 (1-48)**
Nitrous oxide						
% ever used	45	41	46	38	43	**50**
% recent use	15	13	12	20	26	**37**
Days recent use (*Md*; range)	1 (1-20)	3 (1-180)	4 (1-21)	3 (1-20)	3 (1-30)	**3 (1-60)**
Benzodiazepines*						
% ever used	64	57	57	45	50	**58**
% recent use	38	34	30	25	35	**35**
Days recent use (*Md*; range)	5 (1-180)	10 (1-180)	6 (1-180)	3 (1-30)	3 (1-49)	**2 (1-24)**
Antidepressants*						
% ever used	26	27	24	19	20	**22**
% recent use	12	9	11	9	8	**10**
Days recent use (*Md*; range)	42 (1-180)	36 (1-180)	60 (1-180)	3 (1-180)	180) (1-50)	**120 (2-180)**
Antipsychotics*						
% ever used				6	8	**11**
% recent use				2	1	**3**
Days recent use (*Md*; range)	Data not available until 2013			12 (1-22)	7 (7)	**1 (1)**
Pharmaceutical stimulants*						
% ever used	48	50	62	59	54	**62**
% recent use	16	20	25	35	24	**39↑**
Days recent use (*Md*; range)	3 (1-95)	5 (1-180)	2 (1-102)	4 (1-180)	3 (1-180)	**3 (1-48)**
Heroin						
% ever used	23	13	14	9	8	**8**
% recent use	12	2	9	3	2	**2**
Days recent use (*Md*; range)	8 (1-180)	76 (1-150)	53 (2-180)	12 (2-24)	5 (2-8)	**1 (1)**
Methadone						
% ever used	8	5	11	6	2	**2**
% recent use	4	1	8	4	-	**-**
Days recent use (*Md*; range)	180 (2-180)	4 (4)	53 (2-180)	7 (1-24)	- -	**- -**

Table 2: Lifetime and recent (last six months) use and frequency of drug use for RPU, NSW 2010-2015 (cont.)

Variable	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Buprenorphine						
% ever used	4	3	4	2	2	**3**
% recent use	2	1	2	1	1	**-**
Days recent use	91	30	11	30	80	**-**
(*Md*; range)	(2-180)	(30)	(6-15)	(30)	(80)	**-**
OTC codeine[&]						
% ever used	69	57	26	18	19	**27**
% recent use	46	39	12	9	11	**17**
Days recent use	5	6	5	1	1	**2**
(*Md*; range)	(2-80)	(1-177)	(2-15)	(1-30)	(1-20)	**(1-30)**
OTC stimulants[&]						
% ever used	50	43	18	12	6	**16**
% recent use	27	27	4	3	2	**6**
Days recent use	4	5	5	11	3	**3**
(*Md*; range)	(1-20)	(1-20)	(2-15)	(4-11)	(2-3)	**(1-5)**
Other opiates[*]						
% ever used	39	34	17	26	25	**29**
% recent use	8	14	5	11	12	**14**
Days recent use	3	3	12	5	2	**1**
(*Md*; range)	(1-15)	(1-30)	(1-30)	(1-180)	(2-3)	**(1-3)**
Steroids						
% ever used	2	5	1	4	6	**8**
% recent use	-	1	-	1	2	**3**
Days recent use	-	60	-	20	102	**48**
(*Md*; range)	-	(60)	-	(20)	(24-180)	**(6-48)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
Note: OTC – 'over the counter'
[*] Includes licitly and illicitly obtained
[&] Non-medicinal/non-pain use
↑ Significant increase ($p < .05$)
↓Significant decrease ($p < .05$)

Drug of Choice and Drug Used Most Often

Participants were asked their drug of choice, i.e. their favourite or preferred drug. Proportions in 2015 remained similar to 2014, with over one-third reporting ecstasy (34%) as their main drug of choice, another third reporting cannabis (33%) and one-tenth reporting alcohol (10%). Smaller proportions of the sample nominated other drugs such as cocaine and LSD (9% respectively), ketamine and mushrooms (2% respectively) as their drug of choice.

They were also asked what drug they used most often in the last month. These results were noticeably different to drug of choice with 46% reporting cannabis as the drug used most often in the last month, 31% reporting alcohol and 17% reporting ecstasy. Smaller proportions nominated cocaine (4%), LSD, and crystal methamphetamine (1% respectively).

Bingeing Behaviour

The EDRS defines bingeing as the use of one or multiple drugs for 48 hours or more on a continuous basis without sleep. Thirty-one percent of the NSW sample reported bingeing on

psychostimulants in the last six months and had done so on a median of 2 occasions during that time period. The median length of the longest binge was 52 hours (range 48-168). Among participants that reported bingeing, the majority had used ecstasy or tobacco during a binge episode (74% respectively). Large proportions had used cannabis (65%) or more than five standard drinks of alcohol (52%). Other drugs used during binge episodes included cocaine (32%), speed (29%), crystal methamphetamine (23%), LSD (19%), nitrous oxide and energy drinks (16% respectively).

Injecting Drug Use

Eight percent of the sample reported having ever injected a drug and 5% had done so in the last six months. These proportions have remained low and stable from 2013-2015, relative to the previous three-year period. Further information about intravenous use of drugs in the current sample can be found in Section 7.2, Injecting risk behaviour.

New Psychoactive Substance Use

A significant proportion of participants reported using drugs from the class of 'new psychoactive substances' such as 2C-B (4-bromo-2,5-dimethoxyphenethylamine), DMT (dimethyl tryptamine) and synthetic cannabinoids. First included in 2010 and continued in 2015, the EDRS included a separate section which investigates the prevalence rates and consumption of these substances in this sample. Results can be found in section 4.10, New psychoactive substance (NPS) use.

Key expert comments

Six health key experts commented on general consumption patterns associated with illicit drug using populations with a focus on ecstasy and related drugs.

Almost all KEs reported polydrug use as common. Certain combinations of drugs were associated with different groups of illicit drug users (e.g. the use of cannabis, alcohol and ecstasy in a single session amongst younger individuals; the use of GHB with alcohol in GLBTI communities; and hallucinogenic use with cannabis for frequent hallucinogen users). Poly drug use was identified as an area of concern due to associated health and overdose risks.

Another KE working in psychological services notes that there was concern among younger clients regarding crystal methamphetamine. Despite increased concern regarding crystal methamphetamine, the KE noted that the three most widely used drugs among younger individuals were cannabis, alcohol and ecstasy.

KEs noted that younger RPU they had contact with engaged in drug use for a number of reasons including, boredom, loneliness and peer pressure. However, these RPU had little knowledge of the risks associated with using specific drugs and sometimes saw themselves as being 'invincible'. KEs also noted that often, illicit drug use is normalised across peer groups.

4.2 Ecstasy use

Summary:

- Ecstasy was used on a median of 12 days over the past six months (i.e. fortnightly).
- Participants had used a median of 2 pills, 2.5 crystal MDMA caps and 2 non-descriptive ecstasy caps during a 'typical' occasion of use.
- Swallowing was the main route of administration (95%).
- There was a decrease in the recent use of pills and a slight increase in the recent use of the crystalline form from 2014 to 2015.
- The majority of RPU (90%) reported using other drugs in combination with ecstasy the last time they used it, most commonly tobacco, cannabis, alcohol, energy drinks and cocaine.
- Sixty-eight percent of participants used other drugs to help them come down from ecstasy the last time they used it (most commonly cannabis).
- Ecstasy was most commonly last used at a nightclub (50%) and other public venues.
- The use of ecstasy in the NSW general population has decreased from 2010 (3.0%) to 2013 (2.5%).
- KE confirmed the NSW data relating to the change in ecstasy forms.

'Ecstasy' refers to a number of substances related to MDMA or 3,4-methylenedioxymethamphetamine. MDMA is classed as a hallucinogenic amphetamine intended to produce euphoric and empathogenic effects. The results presented in this section relate to the participants' use and knowledge of 'ecstasy' or MDMA. Although ecstasy users generally prefer/ intend to obtain MDMA, the pills/tablets, powder, and caps sold as ecstasy may contain a range of substances that do not include MDMA. They may contain methamphetamine, perhaps in combination with a hallucinogenic such as ketamine; they may also contain illegal chemicals like 3,4-methylenedioxyamphetamine (MDA), para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA) or substances such as caffeine or paracetamol or nothing at all.

The EDRS collects data on ecstasy in four forms: pills, powder, crystal and caps (Table 3).

Table 3: The four forms of ecstasy reported in the EDRS

Pills	Ecstasy powder pressed into a tablet form, often with a logo or picture imprint on one or both sides.
Powder	Loose powder MDMA or similar substances.
Crystal	The crystalline form of MDMA which is considered more potent and 'cleaner' than pills or powder.
Caps	Hard-shelled capsules containing ecstasy powder or crystal MDMA.

4.2.1 Ecstasy use among RPU

Table 4 outlines the general use of ecstasy among RPU. All participants in the 2015 NSW EDRS sample had ever used ecstasy, and all except for one had used ecstasy in the six months prior to survey. The vast majority (90%) had used ecstasy regularly (6 times; roughly monthly usage) in the prior six months. Participants had used ecstasy for the first time at 18 years of age (range 12-36) and reported first using ecstasy regularly (roughly monthly usage) at a median age of 19 years (range 14-40).

Ecstasy was used on a median of 12 days (range 1-72) over the preceding six months. Ten percent of those who reported using ecstasy had done so less than monthly, 32% reported using ecstasy between monthly and fortnightly, 35% between fortnightly and weekly and 22% had used weekly or more over the preceding six months.

Table 4: General patterns of ecstasy use among RPU, NSW 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Median age first used ecstasy	17	17	17	18	18	**18**
Median age started using regularly	18	18	18	18	19	**19**
Median days used ecstasy last 6 mths	12	13	12.5	13	16	**12**
Use ecstasy weekly or more (%)	18	26	18	21	26	**22**
Ecstasy 'favourite' drug (%)	32	32	38	34	39	**34**
Recently binged on ecstasy (%)	26	31	24	25	14	**23**
Use other drugs with ecstasy (%)	94	90	86	89	92	**90**
Use other drugs to come down from ecstasy (%)	56	69	61	58	62	**68**
Mainly swallowed ecstasy (%)	92	93	92	97	93	**95**
Mainly snorted ecstasy (%)	7	7	7	3	6	**4**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

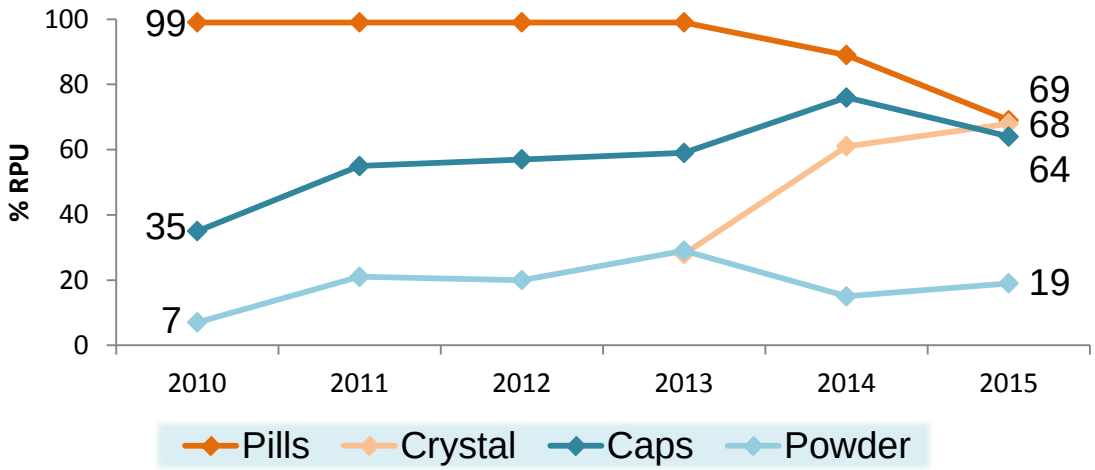
The vast majority of RPU (90%) reported using other drugs in combination with ecstasy the last time they used it. The drugs most commonly used with ecstasy were tobacco (69%), alcohol (more than five standard drinks, 56%; less than five standard drinks, 23%) cannabis (54%) energy drinks (17%) and cocaine (16%).

Over two-thirds (68%) of RPU reported using other drugs to come down from ecstasy the last time they used it. The drug most commonly used to come down from ecstasy was cannabis (84%), with smaller proportions reporting the use of alcohol to come down from ecstasy (more than five standard drinks, 3%; less than five standard drinks, 6%).

Thirteen percent of the group reported that all of their friends had use ecstasy recently. Fifty-two percent reported that most of their friends had used ecstasy recently, over one-quarter (26%) reported that about half of their friends used ecstasy and 8% reported that 'a few' of their friends used ecstasy. One person in 2015 reported that they were the only person in their social network that had recently used ecstasy.

Participants were asked about their use of the different forms of ecstasy (pills, powder, capsules and crystals; Figure 1). From 2010 to 2013, the use of ecstasy forms remained stable; however, from 2013 to 2015, the proportion of those reporting the use of pills decreased from 99% to 69%, with a significant decrease from 2014 (2014 89%; 2015 69%; $p < .001$). During the same time period, and since the introduction of crystal MDMA in the 2013 survey, there has been a notable increase in the use of this form, from 28% in 2013 to 68% in 2015. The proportion of those using ecstasy capsules has slowly increased from 35% in 2010 to 64% in 2015.

Figure 1: Recent use of ecstasy forms, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Table 5 provides data for the use of ecstasy pills in the NSW 2015 sample. Other than a significant decrease in the proportion reporting recent pill use, all other variables have remained stable.

Table 5: Ecstasy pill use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	100	100	100	100	100	**96**
Age of initiation (*Md*)	17	17	17	18	18	**18**
% used recently	99	99	99	99	89	**69↓**
Days recent use (*Md*; range)	12 (1-72)	12 (1-72)	12 (3-120)	12 (2-50)	9 (1-50)	**9 (1-48)**
Pills used in an average session (*Md*; range)	2 (1-10)	2 (1-12)	2 (1-15)	2 (1-6)	2 (1-8)	**2 (0.5-11)**
Pills used in a heavy session (*Md*; range)	4 (1-30)	5 (1-23)	4 (1-20)	4 (1-12)	4 (1-15)	**4 (1-20)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
↓Significant decrease ($p < .05$)

Table 6 provides data for the use of ecstasy powder in NSW. Use of powder has remained stable over the preceding six years.

Table 6: Ecstasy powder use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	32	35	42	42	27	**33**
Age of initiation (*Md*)	19	20	20	19	20	**20**
% used recently	7	21	20	29	15	**19**
Days recent use (*Md*; range)	5 (1-20)	4 (1-24)	5 (1-24)	2 (1-12)	4 (2-72)	**3 (1-24)**
Grams used in an average session (*Md*; range)	-	-	-	0.5 (0.1-3)	0.65^ (0.1-2)	**0.35^ (0.1-3)**
Grams used in a heavy session (*Md*; range)	-	-	-	0.5 (0.25-4.5)	1^ (0.2-4)	**0.5^ (0.2-5)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ n<10 interpret with caution

Table 7 provides data for the use of crystal MDMA in NSW. Since the addition of questions on crystal MDMA in the 2013 survey, there has been a notable increase in both the lifetime and recent use of this substance. Additionally, in 2015, participants reported using a median of 4 caps in a heavy session, an increase from 2.5 caps in 2014. All other variables remained stable.

Table 7: Crystal MDMA/Ecstasy Rock use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used				37	69	**75**
Age of initiation (*Md*)				20	20	**19**
% used recently				28	61	**68**
Days recent use (*Md*; range)				1 (1-12)	5 (1-70)	**7 (1-52)**
Caps used in an average session (*Md*; range)				1 (1-2)	2 (0.1-4)	**2.5 (1-9)**
Caps used in a heavy session (*Md*; range)	Data not available until 2013			2 (1-2)	2.5 (0.1-9)	**4 (1-18)**
Grams used in an average session (*Md*; range)				0.5^ (0.15-1)	0.35 (0.1-1)	**0.45 (0.1-3.5)**
Grams used in a heavy session (*Md*; range)				0.5^ (0.15-2)	0.7 (0.2-1.5)	**0.85 (0.2-6)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ n<10 interpret with caution

Table 8 provides data for the use of ecstasy caps in NSW. As mentioned above, the recent use of caps have slowly increased from 2010 to 2015. All other variables have remained stable.

Table 8: Ecstasy capsule use among RPU, NSW, 2010-2015

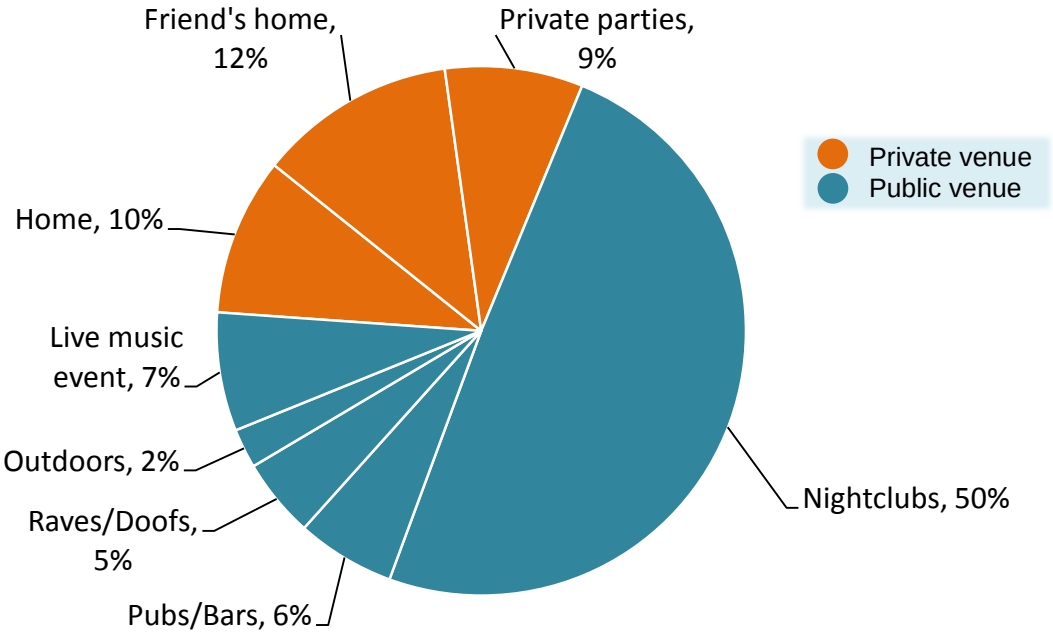
	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	72	78	78	73	86	**77**
Age of initiation (*Md*)	19	19	19	19	19	**19**
% used recently	35	55	57	59	76	**64**
Days recent use (*Md*; range)	2 (1-72)	2 (1-120)	4 (1-24)	3 (1-30)	5 (1-53)	**6 (1-24)**
Capsules used in an average session (*Md*; range)	1 (1-3)	1 (0.33-6)	1 (0.5-6)	1 (1-4)	2 (0.75-5)	**2 (1-5)**
Capsules used in a heavy session (*Md*; range)	2 (1-6)	2 (0.33-16)	2 (1-9)	2 (1-5)	2 (1-8)	**3 (1-30)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

4.2.2 Locations of ecstasy use

Participants were asked where they spent the most time while intoxicated the last time they used ecstasy pills, powder or capsules (Figure 2). Ecstasy was most commonly last used in public venues (71%) although 30% of participants reported last using ecstasy in private venues. Half of the participants last used ecstasy at a nightclub.

Figure 2: Location of last ecstasy use among RPU, NSW 2015



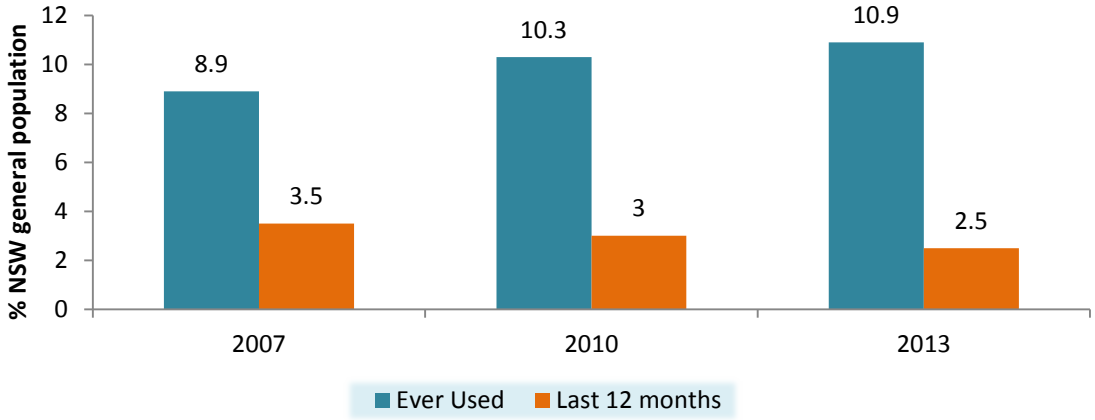
Source: NSW EDRS regular psychostimulant user interviews 2015

4.2.3 Use of ecstasy in other populations

General Population

Figure 3 presents data collected for the National Drug Strategy Household Survey (NDSHS) from 2007 to 2013. Over this time, the reported lifetime prevalence of ecstasy use among the general Australian population (aged 14 years and over) increased from 8.9% to 10.9%. The 2013 NDSHS recorded a significant decline in the proportion of the general Australian population who reported having used ecstasy within the past year (Australian Institute of Health and Welfare, 2014). Data for recent use of ecstasy in NSW (2.4%) was comparable with the national figure.

Figure 3: Percentage of sample reporting lifetime and last-12-month use of ecstasy in the NSW general population, 2007-2013



Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

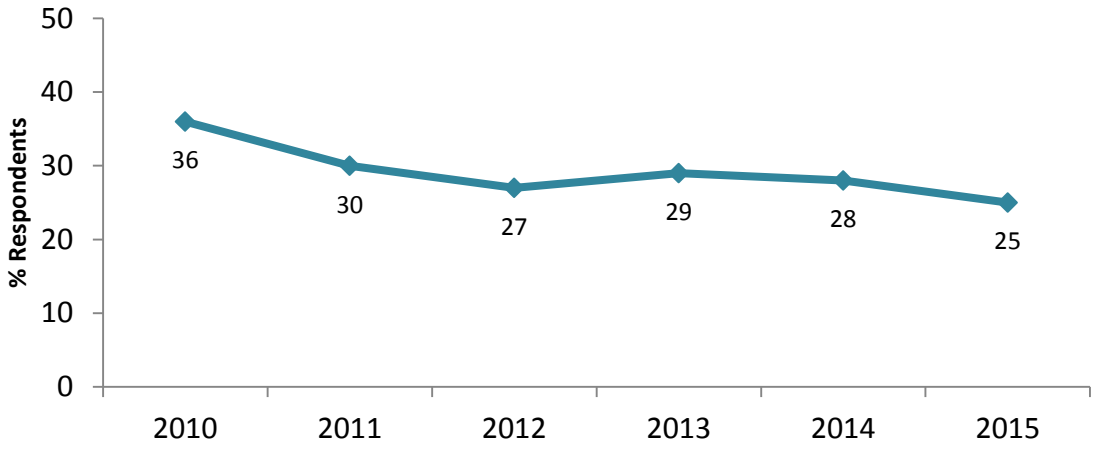
Sydney Gay Community Periodic Survey

The Sydney Gay Community Periodic Survey is an annual cross-sectional survey of gay and homosexually active men. The first survey was conducted in February 1996 and the most

recently published survey was completed in 2015, with 2,846 men participating. The major aim of the survey is to provide data on levels of sexual-, STI- and HIV-related practices, though the survey also asks about drug use in the past six months.

Figure 4 shows the proportion of men surveyed who had used ecstasy in the past six months. In 2015, one-quarter (25%) of the sample reported having recently used ecstasy. The authors reported that, since the 2010 survey, there had been a significant decline in the reported use of ecstasy; however, there was not a significant difference between 2014 and 2015 (Hull et al., 2015).

Figure 4: Proportion of gay men in Sydney reporting last six month use of ecstasy, 2010-2015

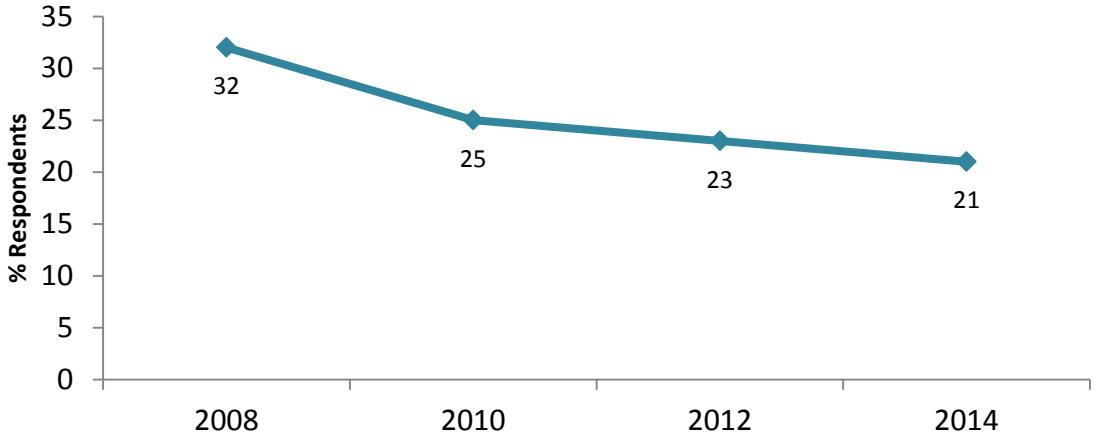


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Women and Sexual Health Survey

First conducted in Sydney in 1996 and run every two years since, the Sydney Women and Sexual Health survey (SWASH) is the longest running and only regular survey of lesbian, bisexual and queer (LBQ) women's health and well-being in Australia (Mooney-Somers, Deacon, Richters & Parkhill, 2015). SWASH is a unique and important source of health-related information pertaining to Australian LBQ women. The most recently published survey was completed in 2014 with 1100 women participating. Figure 5 shows the proportion of women surveyed who had used ecstasy in the past six months. In 2014, one-fifth (21%) of the sample reported having recently used ecstasy. There has been a downward trend in ecstasy use from 2008 to 2014.

Figure 5: Proportion of LBQ women in Sydney reporting last six month ecstasy use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Illicit Drug Reporting System

A separate monitoring system investigating trends in the use of ecstasy in people who inject drugs (PWID) has been conducted in NSW since 1996, in Victoria (VIC) and South Australia (SA) since 1997 and nationally since 2000. This is called the Illicit Drug Reporting System, or IDRS, and reports and bulletins are available from the NDARC or Drug Trends websites (http://www.drugtrends.org.au/;http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs).

Key expert comments

Two KEs from law enforcement were able to comment on ecstasy use. People caught in possession of ecstasy from 2014-2015 had an average age of 24 and were located around the Sydney CBD, Kings Cross, and North Coast.

Four of the five health KEs interviewed confirmed our data in relation to the change of ecstasy forms seen in Sydney. Two KEs reported an increase in the use of ecstasy capsules and the remaining two noted an increase in the use of crystal MDMA.

4.3 Methamphetamine use

Summary:

Speed

- Fifty-four percent of RPU had ever used speed and 27% had done so recently.
- Speed was used on a median of 3 days over the preceding six months and was primarily swallowed (63%).
- The frequency and quantity of use was stable from 2014 to 2015.

Base

- One-quarter of the sample had ever used base and 4% had done so recently.
- Base was used on a median of 3.5 days over the preceding six months.
- The frequency of use was stable from 2014 to 2015.

Crystal

- One-quarter of the sample had ever used crystal and 12% had done so recently.
- Crystal was used on a median of 3.5 days over the preceding six months and was primarily smoked (n=8).
- The frequency and quantity of use was relatively stable from 2014 to 2015.
- The use of methamphetamine among the NSW general population remained stable from 2010 (2.1%) to 2013 (2.1%).
- KE reported an increase in the availability and purity of crystal methamphetamine, a lower or stable price and an increase in the number of users (particularly younger users).

Amphetamine is a potent central nervous system stimulant which can be used for a number of reasons such as the treatment of attention deficit hyperactivity disorder (ADHD), narcolepsy and obesity, as a cognitive enhancer and as a recreational stimulant. The physiological effects of amphetamines include confidence, alertness, euphoria and excitability, but can also include restlessness, tenseness and aggressiveness.

Methamphetamine is structurally similar but unique to amphetamine. Amphetamine is a phenethylamine molecule with an added methyl group; methamphetamine has an additional methyl group to amphetamine. It is this ‘double-methylation’, a result of a different manufacturing process, which gives methamphetamine its stronger effect on the body.

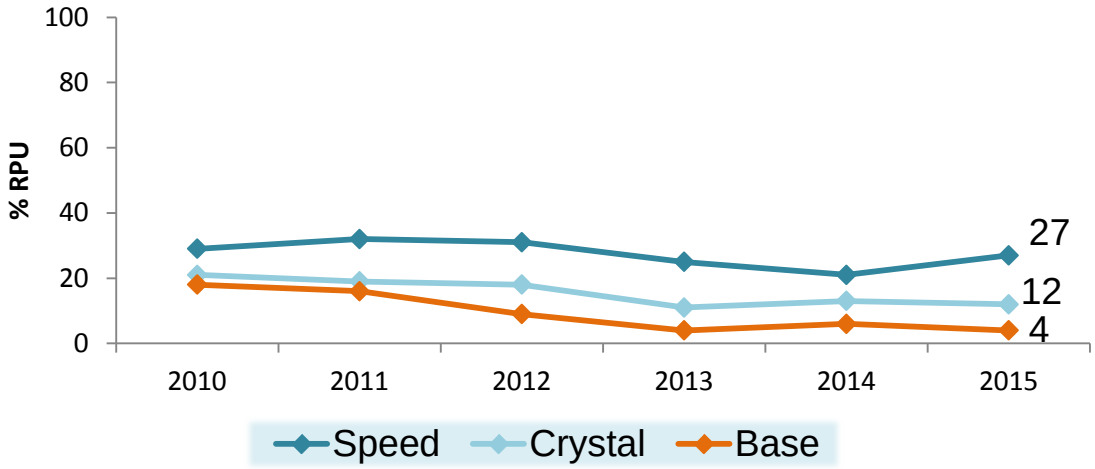
In the EDRS, methamphetamine is used synonymously for both methamphetamine and amphetamine use. Although methamphetamine can be found in a variety of forms, the most common are speed, base and crystal methamphetamine (Table 9).

Table 9: The three forms of methamphetamine reported in the EDRS

Speed	Usually found as white powder but can be bought as pills. Most frequently snorted or swallowed.
Base	A brown oily or gluggy like substance more pure than powder. Mainly used for swallowing or injecting.
Crystal	The crystalline form of methamphetamine and the most potent. Most commonly smoked or injected.

Over time, the use of all forms of methamphetamine has remained stable. Participants report speed to be the most commonly used form, followed by crystal and base (Figure 6).

Figure 6: Recent use of meth forms, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Methamphetamine powder (speed)

Table 10 provides data for the use of speed in the EDRS NSW samples from 2010-2015. The proportion of participants reporting lifetime use of speed has decreased from 79% in 2010 to 54% in 2015. The proportion reporting recent use has remained stable at 27% in 2015. The age at which participants first used speed has also remained stable at a median of 18 years in 2015. Of those who recently used, participants reported using speed on a median of 3 days in the last six months (range 1-15); two-thirds (67%) reported using speed less than monthly, 31% reported using between monthly and fortnightly and one individual reporting between fortnightly and weekly.

Most recent users quantified their 'typical' use in terms of 'grams' (n=9) or 'points' (n=5). The median amount used in a typical or average use episode in the preceding six months was either 1.5 grams (range 0.2-3) or 2 points (range 1-3). Eleven users quantified their 'heavy' use in 'grams', and four users in 'points'. The median amount used in the heaviest use episode was either 0.5 grams (range 0.2-5.5) or 3 points (range 2-5). The most common route of administration for speed users in the preceding six months was swallowing (63%); however, other routes of administration included snorting (52%) and smoking (11%).

Table 10: Methamphetamine powder use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	79	67	67	56	48	**54**
Age of initiation (*Md*)	18	18	18	18	19	**18**
% used recently	29	32	31	25	21	**27**
Days recent use (*Md*; range)	2 (1-30)	3 (1-40)	2 (1-180)	2 (1-12)	2 (1-15)	**3 (1-15)**
Grams used in an average session (*Md*; range)	1 (0.3-2)	0.5 (0.2-1.5)	1 (0.25-2)	0.5^ (0.05-1)	1^ (0.25-2)	**1.5^ (0.2-3)**
Grams used in a heavy session (*Md*; range)	1 (0.3-7)	0.6 (0.25-4)	1.25 (0.25-4)	1^ (0.5-3)	2^ (0.25-3.5)	**0.5 (0.2-5.5)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ n<10 interpret with caution

Methamphetamine base

Table 11 provides data for the use of base in the EDRS NSW samples from 2010-2015. The proportion of participants reporting lifetime use of base decreased from 53% in 2010 to over one-fifth (21%) in 2013, which has remained stable at one-quarter (25%) in 2015. Recent use of base has also dropped from 18% in 2010 to 4 participants in 2015. The age at which participants first used base has remained stable at a median of 19 years in 2015. Of those who recently used, participants reported using base on a median of 3.5 days in the last six months (range 1-9); three participants reported using base less than monthly and the remaining participant reported using base between monthly and fortnightly.

Due to low numbers (n<5), average use in a session is not reported.

Table 11: Methamphetamine base use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	53	41	38	21	25	**25**
Age of initiation (*Md*)	19	19	20	21	19	**19**
% used recently	18	16	9	4	6	**4**
Days recent use (*Md*; range)	2 (1-18)	2 (1-20)	2^ (1-30)	1^ (1-5)	4.5^ (1-10)	**3.5^ (1-9)**
Points used in an average session (*Md*; range)	1 (0.5-2)	2^ (0.1-5)	1^ (0.1-2)	N/A*	N/A*	**N/A***
Points used in a heavy session (*Md*; range)	1.25 (0.5-3)	2^ (0.1-10)	2^ (0.5-3)	N/A*	N/A*	**N/A***

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ n<10 interpret with caution
*Data not reported as n<5.

Crystal methamphetamine

Table 12 provides data for the use of crystal in the EDRS NSW samples from 2010-2015. The proportion of participants reporting lifetime of crystal decreased from 44% in 2010 to over one-fifth (21%) in 2013, which has remained stable at one-quarter (25%) in 2015. Recent use of crystal has remained stable at 12% in the current survey. The age at which participants first used crystal has also remained stable at a median of 19 years in 2015. Of those who recently used, participants reported using crystal on a median of 3.5 days in the

last six months (range 1-96); seven participants reported using crystal less than monthly, two reported monthly use and the remaining three used crystal weekly or more.

Recent users quantified their 'typical' use in terms of 'points' (n=9) or 'grams' (n=2). The median amount used in a typical or average use episode in the preceding six months was either 2 points (range 1-3) or 0.275 grams (range 0.25-0.3). Seven users quantified their 'heavy' use in 'points' and four users in 'grams'. The median amount used in the heaviest use episode was either 2 points (range 0.5-3) or 0.5 grams (range 0.3-1). The most common route of administration for speed users in the preceding six months was smoking (n=8); however, other routes of administration included swallowing (n=3) and injecting (n=1).

Table 12: Crystal methamphetamine use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	44	37	32	21	23	**25**
Age of initiation (*Md*)	23	21	22	24	20	**19**
% used recently	21	19	18	11	13	**12**
Days recent use (*Md*; range)	3 (1-20)	6 (1-96)	8 (1-96)	4 (1-48)	10 (1-150)	**3.5 (1-96)**
Points used in an average session (*Md*; range)	1 (0.5-7)	2 (0.5-6)	1.25 (0.25-3)	2 (0.5-4)	1 (0.4-2)	**2^ (1-3)**
Points used in a heavy session (*Md*; range)	3 (0.5-10)	3 (0.5-12)	3 (0.3-5)	2 (0.5-4)	2^ (0.5-5)	**2^ (0.5-3)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ n<10 interpret with caution

4.3.1 Locations of methamphetamine use

Participants were asked what venue they spent their most time intoxicated during the last session of use. Of the sixteen participants who commented on speed, three reported using it at a friend's home, three at pubs/bars, two at their own home, two in a nightclub and two at a live music event. Single participants reported using speed at a private party, a dance party, outdoors and at a casino.

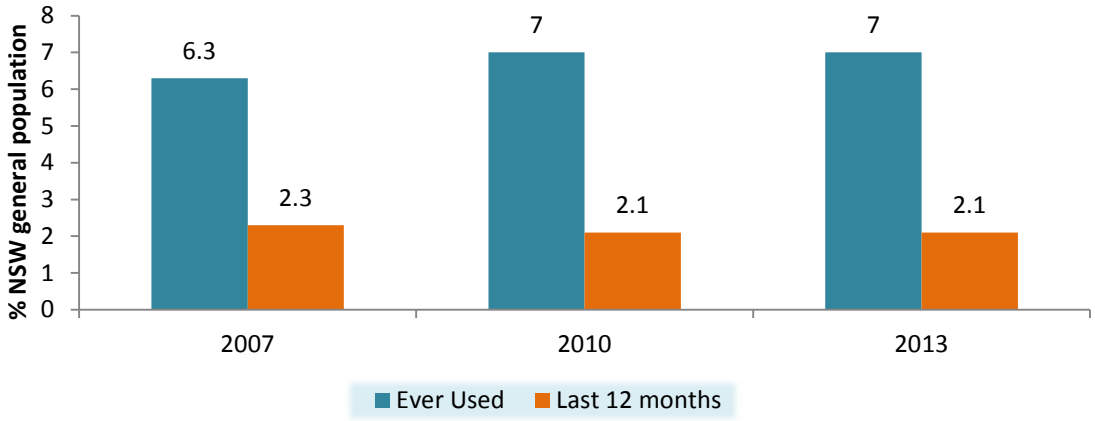
Comments on the location of methamphetamine base (n=4) and crystal (n=8) were quite low, thus data was not reported for 2015.

4.3.2 Methamphetamine use in other populations

General population

Figure 7 shows the proportion of the general population in NSW (aged 14 years and over) who reported having recently used any form of methamphetamine. There were no significant differences in the proportion of the NSW population who had ever used methamphetamines from 2010 to 2013 (Australian Institute of Health and Welfare, 2014).

Figure 7: Percentage of sample reporting lifetime and last-12-month use of methamphetamines in the NSW general population, 2007-2013

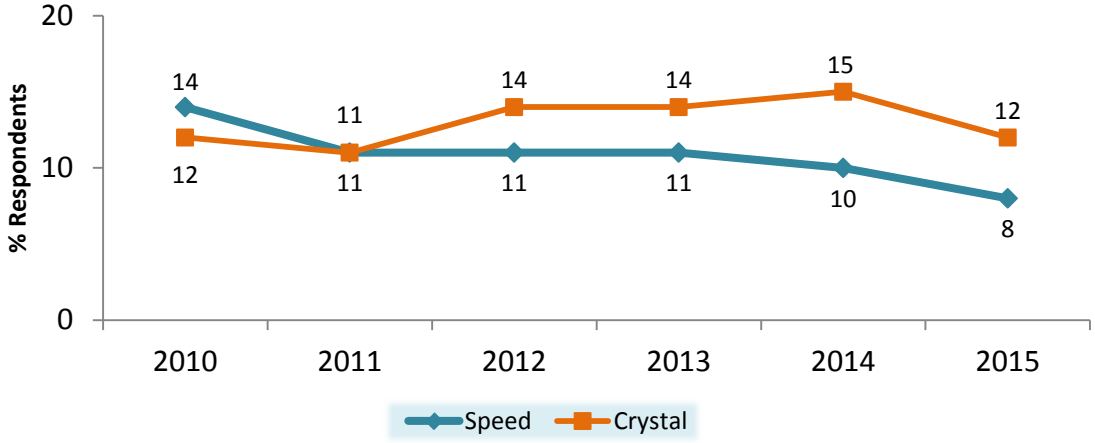


Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

Sydney Gay Community Periodic Survey

The Sydney Gay Community Periodic Survey shows the proportion of gay men surveyed who had used speed and crystal in the past six months (Figure 8). In 2015, 8% of men survey had used speed and 12% had used crystal. The authors reported a significant decrease in both speed and crystal use from 2014 to 2015 and a significant linear decrease in speed use from 2010-2015 (Hull et al., 2015).

Figure 8: Proportion of gay men in Sydney reporting last-6-month speed and crystal use, 2010-2015

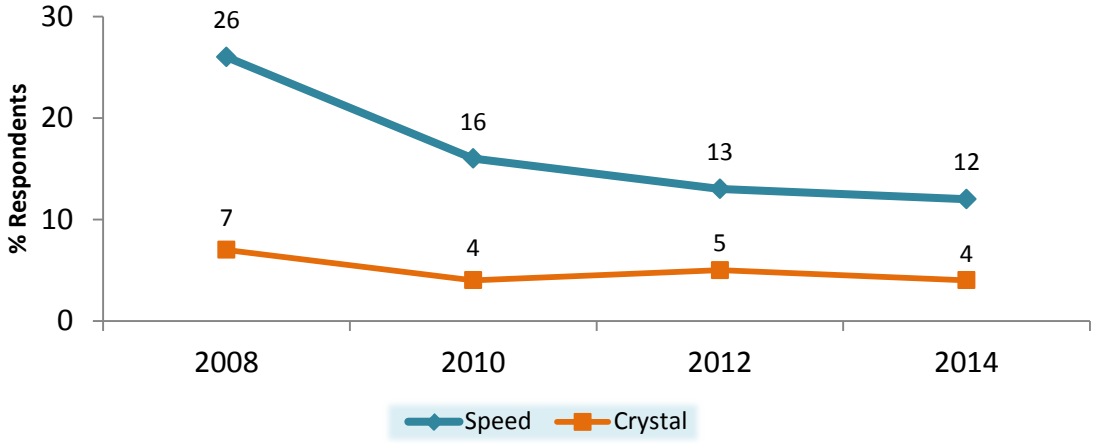


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Women and Sexual Health Survey

The Sydney Women and Sexual Health Survey (Figure 9) showed the proportion of LBQ women surveyed who had used speed and crystal in the past six months. In 2014, 12% of women interviewed had used speed and 4% had used crystal. Apart from a decrease in the use of speed from 2008-2010, these figures appear to have remained relatively stable since 2010 (Mooney-Somers, Deacon, Richters & Parkhill, 2015).

Figure 9: Proportion of LBQ women in Sydney reporting last-6-month speed and crystal use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Illicit Drug Reporting System

A separate monitoring system investigating trends in the use of methamphetamine in people who inject drugs (PWID) has been conducted in NSW since 1996, in Victoria (VIC) and South Australia (SA) since 1997 and nationally since 2000. This is called the Illicit Drug Reporting System, or IDRS, and reports and bulletins are available from the NDARC and Drug Trends websites (http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs; http://www.drugtrends.org.au/).

Key expert comments

Methamphetamine was considered a main problematic drug by many of the KE interviewed. The common themes were an increase in the normalisation and use of methamphetamine across all age groups.

Five KEs from law enforcement were able to comment on crystal methamphetamine over the last 12 months. Based on the information provided by these KEs, the number of police detections of methamphetamine in NSW were up 40% compared to the previous 12 months. The average age of a user is 33 years; although this has not changed, the range of ages using have broadened, from people in their early-20s to late 40s and even older. Smoking was considered the most common route of administration followed by injecting. It was noted that methamphetamine use was not restricted to a particular demographic, rather, anyone could be using it, from any nationality or socioeconomic status.

The largest number of health KE commented on methamphetamine compared to any other drug. Most of the KE reported methamphetamine use among young people (<25). Other demographical themes included a higher ratio of male to female users, lower chances of currently being at school and often a current or previous prison/juvenile detention. Furthermore, there were higher mental health concerns for those using crystal methamphetamine, with higher rates of anxiety, depression, and aggression.

KE health reports were consistent with law enforcement KE, noting that the most common route of administration is smoking, followed by injecting. Health KE reported methamphetamine users engage in higher risk taking including risky sexual behaviour, had poorer hygiene and self-care, and had a greater experience with other illicit substances. Older individuals tended to use more consistently and with larger amounts per session than their younger counterparts.

One KE working during weekend nightlife events noted that crystal use was sporadic, with only a handful of users compared to the numbers of users of other substances such as MDMA. Those who used methamphetamine were often socially isolated and ranged across all ages.

4.4 Cocaine use

Summary:

- The majority of the group (85%) had tried cocaine at least once, and 61% had used it recently.
- Cocaine was used on a median of 4 days over the preceding six months and the main route of administration was snorting (54%).
- Recent use of cocaine among the general population remained stable at 2.1% in 2013.
- KE noticed an increase in the prevalence of cocaine users in the last 12 months.

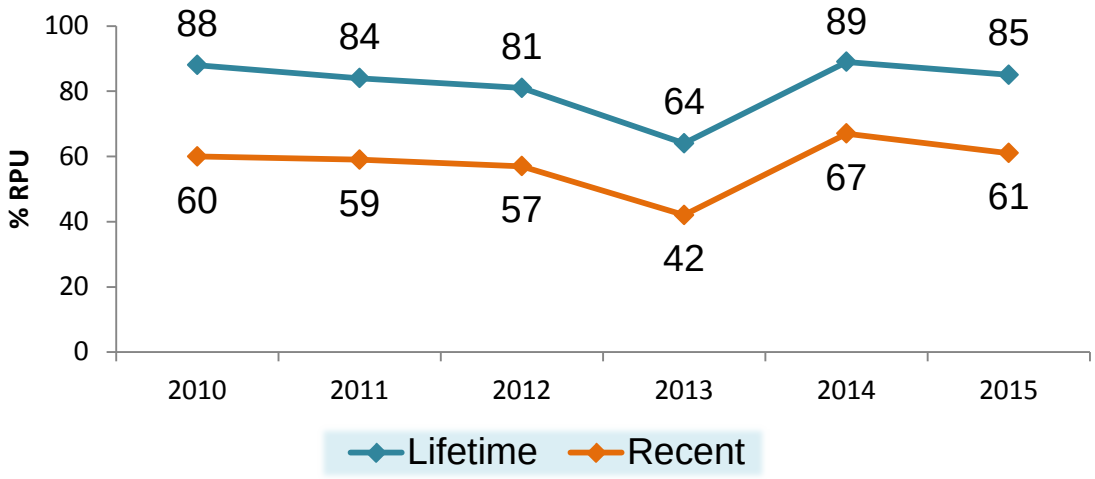
Cocaine is a colourless or white crystalline alkaloid which (similar to methamphetamine) acts as a stimulant. Cocaine hydrochloride, a salt derived from the cocoa plant, is the most common form of cocaine available in Australia. 'Crack' is a form of freebase cocaine (hydrochloride removed) which is particularly pure; however, it is infrequently encountered in this country (Australian Crime Commission, 2015).

Street cocaine is usually 'cut' or diluted with other substances, some of which mimic the taste or appearance of cocaine. There is not a great deal of information on the adulterants found in street cocaine, but law enforcement key experts note that lidocaine, glucose, lactose, baking soda and even talcum powder have been found in analysed seizures of cocaine.

4.4.1 Cocaine use among RPU

The majority (85%) of RPU in 2015 had ever used cocaine and over three-fifths (61%) had used it during the six months prior to interview (Figure 10).

Figure 10: Lifetime and recent use of cocaine, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Table 13 provides data for the use of cocaine in the EDRS NSW samples from 2010-2015. The age at which participants first used cocaine has remained stable at a median of 19

years in 2015. Those who had used cocaine over the preceding six months had done so on a median of 4 days (range 1-50); 64% reported using cocaine less than monthly, 23% had done so between monthly and fortnightly, and the remaining participants had used cocaine fortnightly or more.

Most recent users quantified their 'typical' use in terms of 'grams' (n=32) or 'lines' (n=22). The median amount used in a typical or average use episode in the preceding six months was either 0.5 grams (range 0.12-4) or 2.25 lines (range 1-6). Thirty-five users quantified their 'heavy' use in 'grams', and 19 in 'lines'. The median amount used in the heaviest use episode was either 1 gram (range 0.25-4) or 2.5 lines (range 1-12). The most common route of administration was snorting (54%) followed by swallowing (12%).

Table 13: Cocaine use among RPU, NSW, 2010-2015

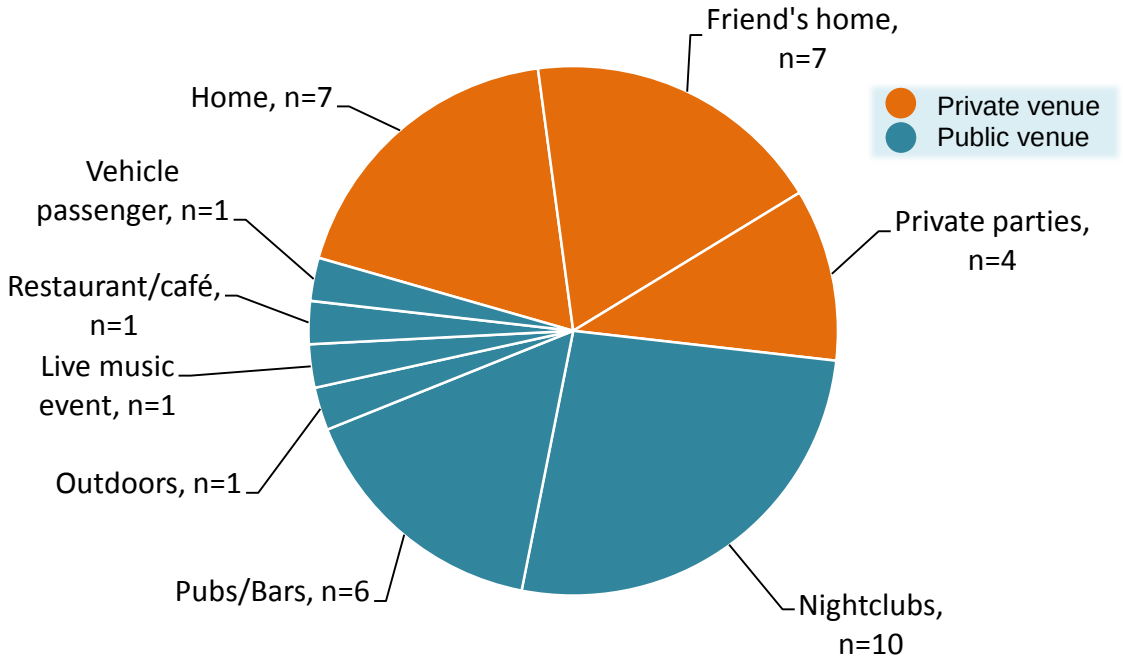
	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	88	84	81	64	89	**85**
Age of initiation (*Md*)	19.5	18	19	19	19	**19**
% used recently	60	59	57	42	67	**61**
Days recent use (*Md*; range)	5 (1-100)	4 (1-120)	3 (1-90)	2 (1-10)	3 (1-60)	**4 (1-50)**
Grams used in an average session (*Md*; range)	0.5 (0.2-3)	0.5 (0.1-3)	0.5 (0.1-1)	0.5 (0.1-2)	0.65 (0.05-1.5)	**0.5 (0.12-4)**
Grams used in a heavy session (*Md*; range)	1 (0.25-7)	1 (0.1-6.5)	1 (0.1-5)	0.5 (0.1-6)	1 (0.05-4)	**1 (0.25-4)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

4.4.2 Locations of cocaine use

Participants were asked where they spent the most time while intoxicated the last time they used cocaine (Figure 11). More than half the participants (53%) had used cocaine in a public venue, and the largest proportion reported using cocaine in a nightclub (n=10).

Figure 11: Location of last cocaine use among RPU, NSW 2015



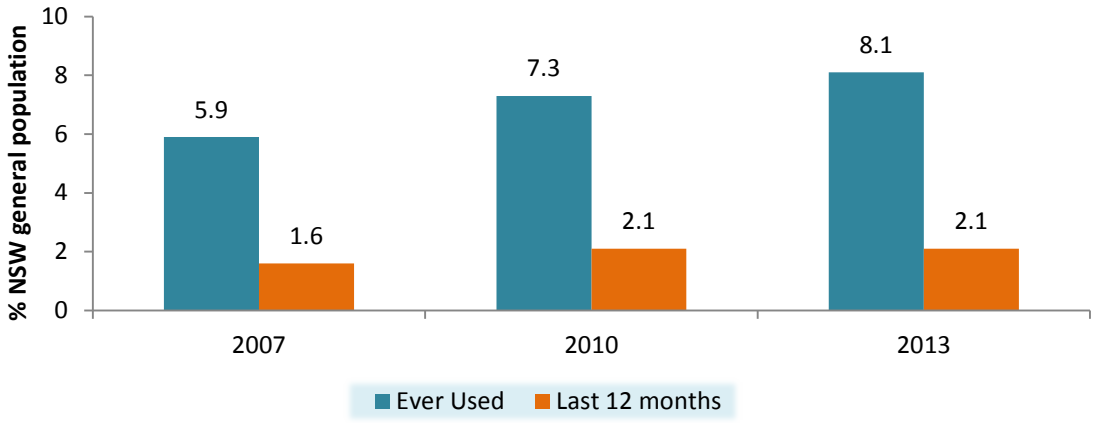
Source: NSW EDRS regular psychostimulant user interviews 2015

4.4.3 Cocaine use in other populations

General population

Reported lifetime use of cocaine among the NSW general population trended upward from 2007 to 2013 (Figure 12). However, the proportion of individuals who had reported past 12 month use of cocaine has remained stable (Australian Institute of Health and Welfare, 2014).

Figure 12: Percentage of sample reporting lifetime and last-12-month use of cocaine in the NSW general population, 2007-2013

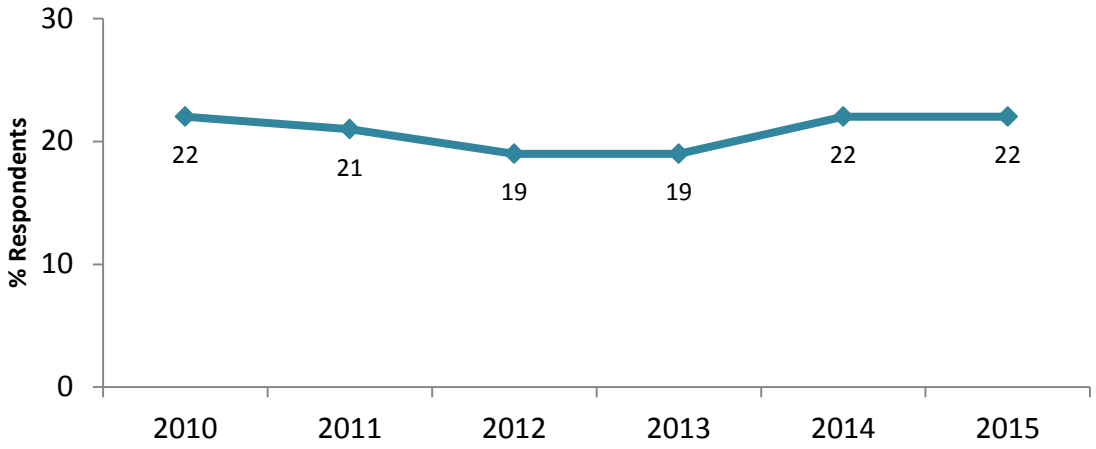


Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

Sydney Gay Community Periodic Survey

In 2015, over one-fifth of gay men interviewed for the survey reported the recent use of cocaine (Figure 13). The authors reported no significant change in the proportion of participants that used cocaine from 2014 to 2015 and no significant linear trend since 2011 (Hull et al., 2015).

Figure 13: Proportion of gay men in Sydney reporting last-6-month use of cocaine, 2010-2015

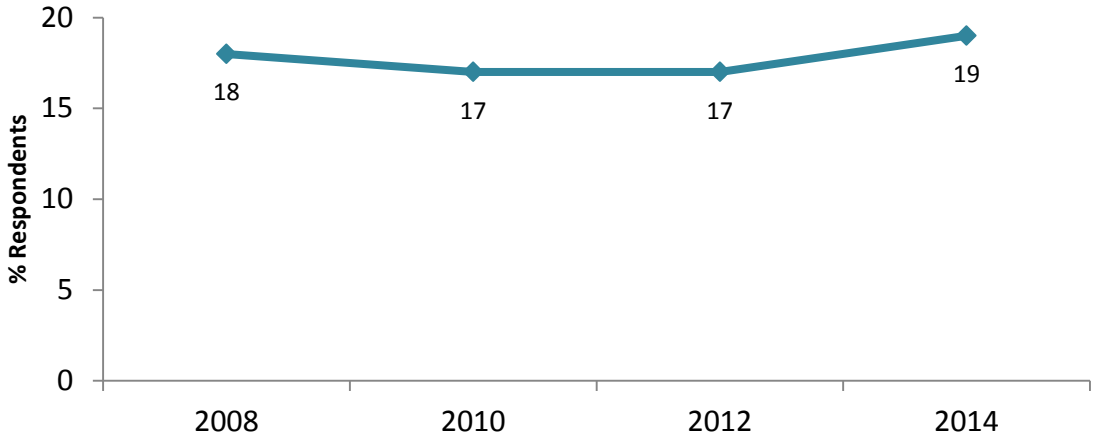


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Women and Sexual Health Survey

The Sydney Women and Sexual Health Survey (Figure 14) reports the proportion of LBQ women surveyed who had used cocaine in the past six months. In 2014, one-fifth of LBQ women had recently used cocaine (Mooney-Somers, Deacon, Richters & Parkhill, 2015). Since 2008, cocaine use has remained stable.

Figure 14: Proportion of LBQ women in Sydney reporting last-6-month cocaine use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Illicit Drug Reporting System

A separate monitoring system investigating trends in the use of cocaine in PWID has been conducted in NSW since 1996, in Victoria (VIC) and South Australia (SA) since 1997 and nationally since 2000. This is called the Illicit Drug Reporting System, or IDRS, and reports and bulletins are available from the NDARC website (http://www.drugtrends.org.au/; http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs).

Key expert comments

The two KE from law enforcement who commented noted that cocaine was currently prevalent, with the number of detections increasing.

This information was supported by three of the six health KEs who commented they had noticed an increase in prevalence among RPU they had contact with.

KEs reported that younger RPU rarely use cocaine, due to its expense and cocaine use was more commonly seen in older individuals who could afford it.

4.5 LSD use

Summary:

- Seventy-seven percent of the sample had tried LSD at least once and three-fifths (60%) had used it recently.
- LSD was used on a median of 2 days over the preceding six months.
- LSD was often used in outdoor settings compared to other psychostimulants
- The use of LSD among the sample has increase slightly from 2010 (44%) to 2015 (60%; $p < .05$)
- KE reported an increase in the use and potency of hallucinogens in the last 12 months.

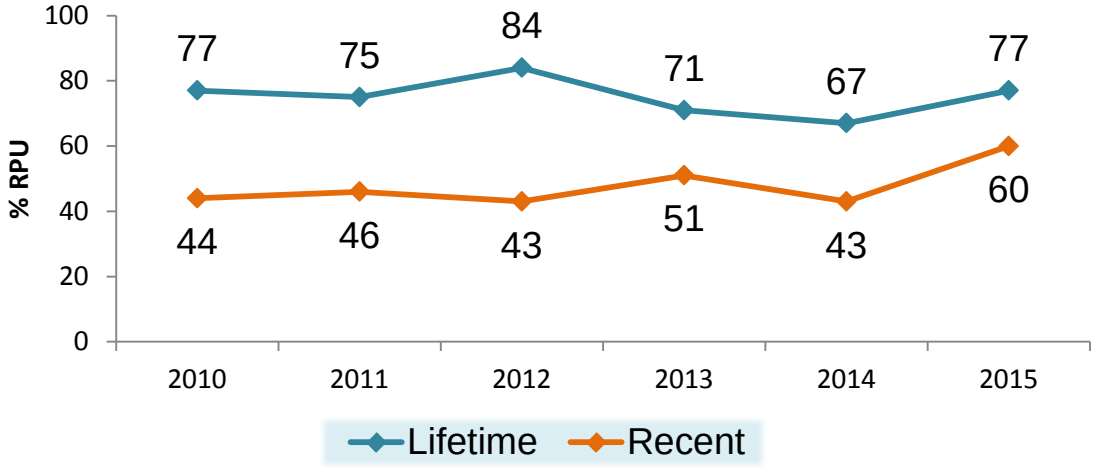
Lysergic acid diethylamide is commonly known as LSD, 'trips' or 'acid'. It is a powerful hallucinogen which can produce significant changes in perception, mood and thought. Only a small amount is needed to cause visual hallucinations and distortions. These experiences are known as 'trips'. Unpleasant reactions to LSD include fear, anxiety and depression. LSD is manufactured in illicit laboratories and the majority of LSD is believed to be imported from overseas.

LSD is usually adhered to perforated sheets. Small paper squares ('tabs') are detached from these sheets and usually decorated with designs which can often be culturally specific to the user groups. LSD is potent, so trips are often cut into halves or quarters and shared with others.

4.5.1 LSD use among RPU

The lifetime use of LSD among RPU has remained stable since 2010. Recent use of LSD has increased from 2014 (43%; $p < .05$), with three-fifths (60%) reporting recent use in 2015. 2015 saw the highest proportion of recent LSD users since the EDRS commenced (Figure 15).

Figure 15: Lifetime and recent use of LSD, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Table 14 provides data for the use of LSD in the EDRS NSW samples from 2010-2015. The age at which participants first used LSD has remained stable at a median of 18 years in 2015. Those who had used LSD over the preceding six months had done so on a median of 2 days (range 1-20); the vast majority (90%) reported using LSD less than monthly and the remaining 10% had done so less than weekly.

All but one recent user quantified their 'typical' use in terms of 'tabs' (n=59). The median amount used in a typical or average use episode in the preceding six months was 1 tab (range 0.25-3). The same number of users quantified their 'heavy' use in 'tabs'. The median amount used in the heaviest use episode was 1 tab (range 0.5-5). Swallowing was the only route of administration reported by recent LSD users.

Table 14: LSD use among RPU, NSW, 2010-2015

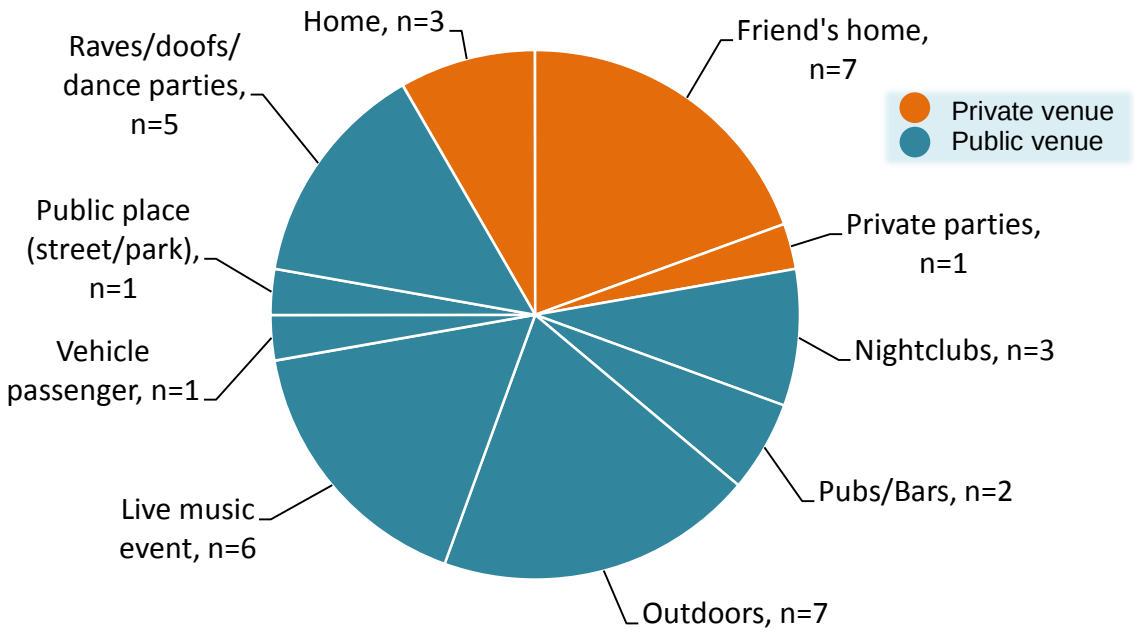
	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	77	75	84	71	67	**77**
Age of initiation (*Md*)	18	18	18	18	19	**18**
% used recently	44	46	43	51	43	**60↑**
Days recent use (*Md*; range)	3 (1-25)	2 (1-48)	3 (1-24)	2 (1-24)	2 (1-50)	**2 (1-20)**
Tabs used in an average session (*Md*; range)	1 (0.25-2.5)	1 (0.25-5)	1 (0.5-2)	1 (0.25-7.5)	1 (0.5-4)	**1 (0.25-3)**
Tabs used in a heavy session (*Md*; range)	1.75 (0.5-3)	1 (0.25-20)	1 (0.5-5)	1.5 (0.5-10)	1 (0.5-5)	**1 (0.5-5)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

4.5.2 Locations of LSD use

Participants were asked where they spent the most time while intoxicated the last time they used LSD (Figure 16). Over two-thirds (68%) of those that commented (n=37) had used LSD in a public venue; lower numbers reported using LSD at a friend's home (n=7) or outdoors (n=7).

Figure 16: Location of last LSD use among RPU, NSW 2015



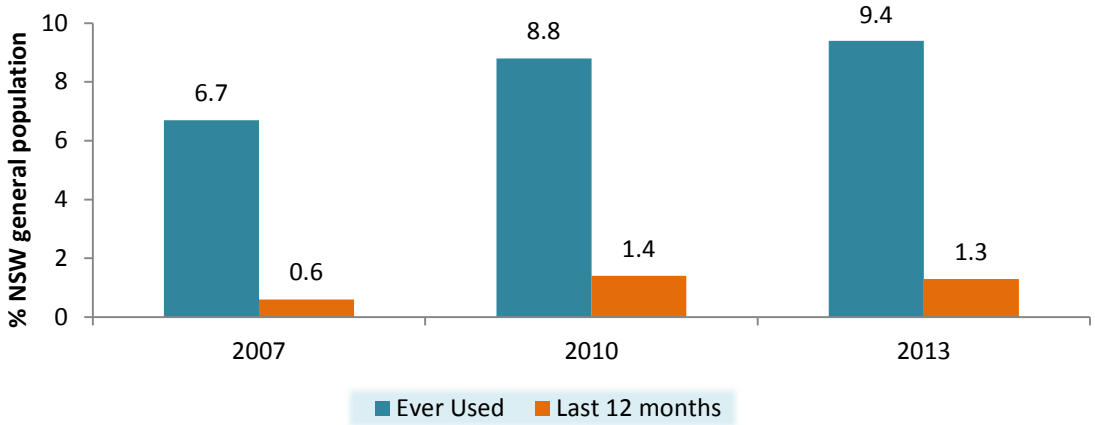
Source: NSW EDRS regular psychostimulant user interviews 2015

4.5.3 LSD use in other populations

General population

Figure 17 presents data across time on the lifetime and past 12 month use of hallucinogens in the Australian general population among participants aged 14 years or over. There were no significant differences in the proportions reporting both lifetime and past year use of hallucinogens from 2010 to 2013 (Australian Institute of Health and Welfare, 2014).

Figure 17: Percentage of sample reporting lifetime and last-12-month use of hallucinogens in the general population, 2007-2013



Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

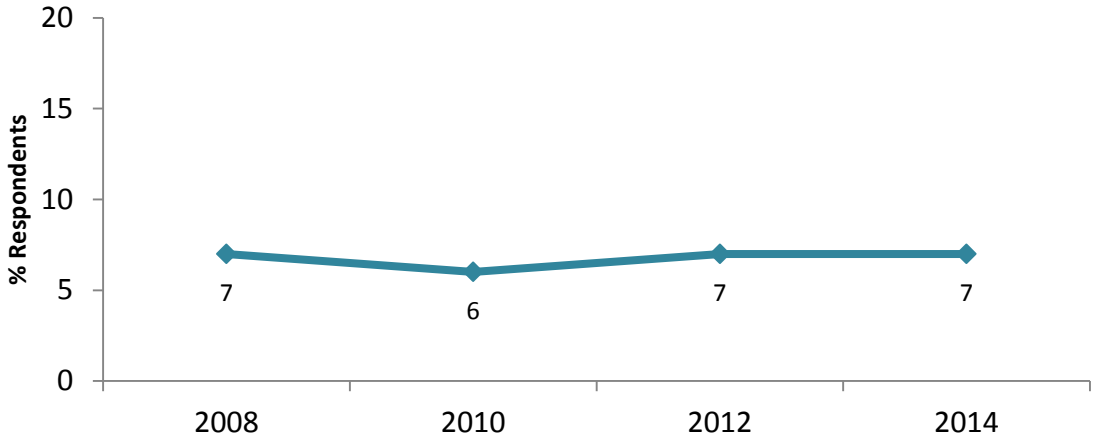
Sydney Gay Community Periodic Survey

LSD was omitted from the questionnaire for the Sydney Gay Community Periodic Survey from 2011 onwards. The most recent data available is from 2010 where 6% reported recently using LSD/trips.

Sydney Women and Sexual Health Survey

Figure 18 shows the proportion of women surveyed who had used LSD in the past six months. This figure had remained relatively stable since 2008, with 7% of the group reporting recent LSD use in 2015 (Mooney-Somers, Deacon, Richters & Parkhill, 2015).

Figure 18: Proportion of LBQ women in Sydney reporting last-6-month LSD use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Illicit Drug Reporting System

A separate monitoring system investigating trends in the use of hallucinogens in PWID has been conducted in NSW since 1996, in Victoria (VIC) and South Australia (SA) since 1997 and nationally since 2000. This is called the Illicit Drug Reporting System, or IDRS, and reports and bulletins are available from the NDARC website (http://www.drugtrends.org.au/; http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs).

Key expert comments

One KE working in a nightlife health service reported that they had heard of stronger batches of 'acid' (most likely LSD) in the last 12 months.

Another working in psychological services noted that hallucinogen use had increased among young illicit drug users and was concerned about the health risks associated with their use. This KE noted at hallucinogen users were more likely to experience extreme mental health problems with a greater intensity and symptomatology, suicidally, and self-harm.

4.6 Ketamine use

Summary:

- Forty-seven percent of the sample had tried ketamine during their lifetime and about a quarter (24%) had used it recently.
- Ketamine was used on a median of 1.5 days over the preceding six months and the majority of users reported snorting as the route of administration (71%).
- Lifetime and recent use of ketamine among the NSW general population has remained stable from 2010 to 2013.

Ketamine is a rapid acting, dissociative anaesthetic that is used in veterinary surgery and less commonly in human surgery. Ketamine is a liquid that can be injected for legitimate use. When used recreationally, it is typically converted into a fine powder through evaporation, and is typically snorted. Ketamine can also be made into tablets, capsules and tabs (liquid-soaked blotter paper) which are usually swallowed. Common names for ketamine include K, special K or vitamin K.

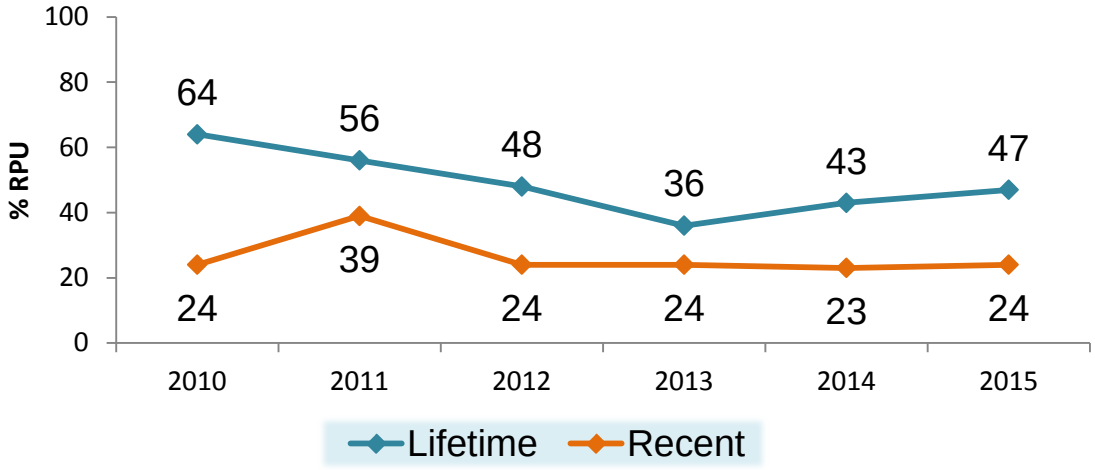
Ketamine produces a dissociative state in the user, commonly eliciting an out-of-body experience. It has a combination of stimulant, depressant, hallucinogenic and analgesic properties. Too much ketamine can result in the user having a 'near death experience' or falling into a 'K hole'.

As ketamine is complicated to manufacture, and precursor chemicals are difficult to obtain, it is unlikely that it is produced in clandestine laboratories. The majority of ketamine used by RPU is probably diverted from veterinary sources or imported from overseas, making supply irregular compared with other illicit substances (Australian Crime Commission, 2008, 2009, 2010).

4.6.1 Ketamine use among RPU

Lifetime use of ketamine trended downward from 2010 to 2013, after which point it increased to 47% of the sample in 2015. Despite these changes to lifetime use, recent use of ketamine by RPU has remained stable since 2012 with under one-quarter (24%) reporting its use in 2015. Figure 19 shows the lifetime and recent use of ketamine during this period.

Figure 19: Lifetime and recent use of ketamine, RPU, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Table 15 provides data for the use of ketamine in the EDRS NSW samples from 2010-2015 The age at which participants first used ketamine has remained stable at a median of 19 years in 2015. Those who had used ketamine over the preceding six months had done so on a median of 1.5 days (range 1-8); the vast majority (96%) reported using ketamine less than monthly and the remaining participant reported using between monthly and fortnightly.

Most recent users quantified their 'typical' use in terms of 'bumps' (n=11) or 'lines' (n=5). The median amount used in a typical or average use episode in the preceding six months was either 1 bump (range 0.1-5.5) or 1 line (range 1-2). The same proportion of participants reported in 'bumps' and 'lines' for their 'heavy' use. The median amount used in the heaviest use episode was either 2 bumps (range 0.25-10) or 2 lines (range 1-2). The most common route of administration was snorting (71%) whilst two participants also reported swallowing ketamine in the last 6 months.

Table 15: Ketamine use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	64	56	48	36	43	**47**
Age of initiation (*Md*)	21	19.5	20	21	20	**19**
% used recently	24	39	24	24	23	**24**
Days recent use (*Md*; range)	2.5 (1-30)	2 (1-100)	3 (1-12)	2 (1-10)	2 (1-32)	**1.5 (1-8)**
Bumps used in an average session (*Md*; range)	3 (1-12)	2 (1-10)	2 (1-10)	2 (1-5)	2 (1-5)	**1 (0.1-5.5)**
Bumps used in a heavy session (*Md*; range)	3 (1-12)	3 (1-10)	2 (1-12)	2 (1-10)	2 (1-6)	**2 (0.25-10)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

4.6.2 Locations of ketamine use

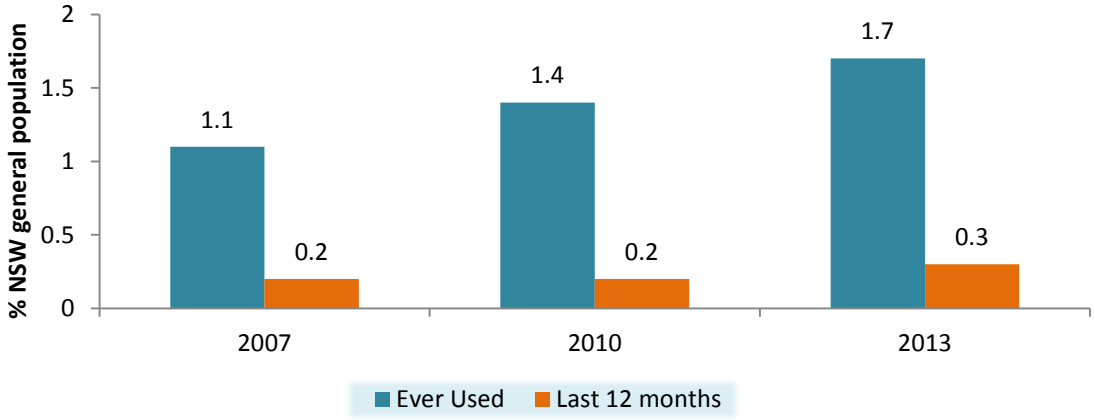
Comments on the location of ketamine use were quite low (n=9), thus data was not reported for 2015.

4.6.3 Ketamine use in other populations

General population

Ketamine was first included in the National Drug Strategy Household Survey in 2004 (Australian Institute of Health and Welfare, 2005). While there was a significant increase in the proportion reporting lifetime ketamine use in 2015, the proportion reporting use within the past year remained low and stable (Australian Institute of Health and Welfare, 2014; Figure 20).

Figure 20: Percentage of sample reporting lifetime and last-12-month use of ketamine in the Australian general population, 2007-2013

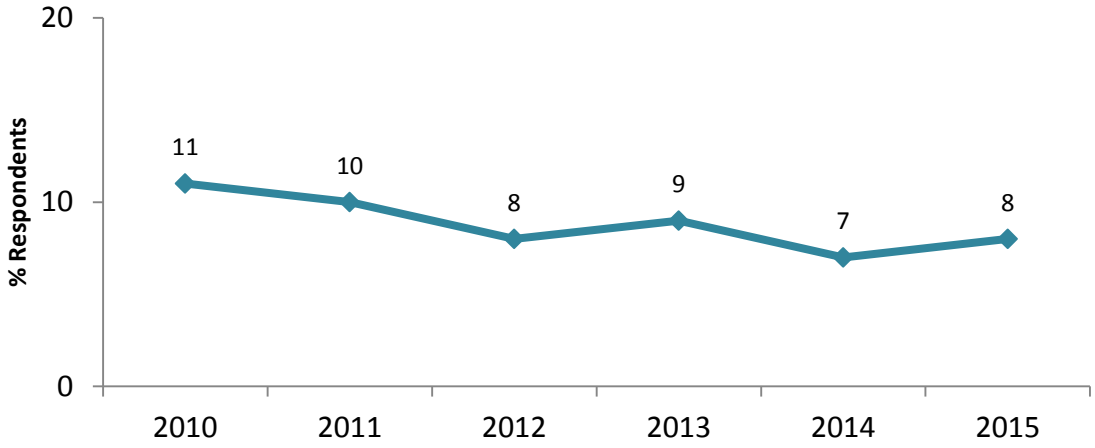


Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

Sydney Gay Periodic Survey

Figure 21 shows the proportion of men surveyed who had used ketamine in the past six months. This figure has remained relatively stable from 2014 to 2015 at 8% of the group. The authors reported a significant decline in the use of ketamine among their sample from 2011 to 2015 (Hull et al., 2015).

Figure 21: Proportion of gay men in Sydney reporting last-6-month ketamine use, 2010-2015

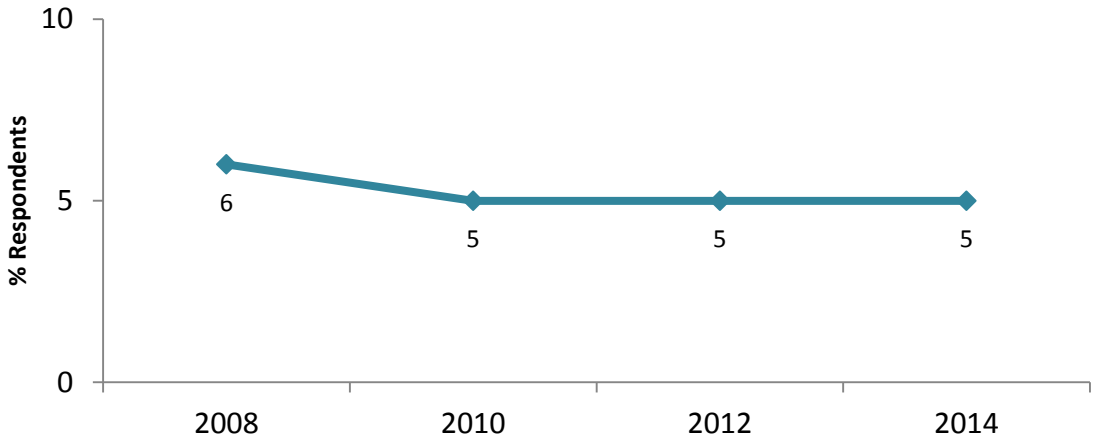


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Women and Sexual Health Survey

Figure 22 shows the proportion of women surveyed who had used ketamine in the past six months. In 2014, 5% of this group reported recent use of ketamine, which has remained relatively stable since 2008 (Mooney-Somers, Deacon, Richters & Parkhill, 2015).

Figure 22: Proportion of LBQ women in Sydney reporting last-6-month ketamine use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Key expert comments

Only two KEs could comment on ketamine availability, but could not provide any information beyond hearing of its occasional use.

4.7 GHB use

Summary:

- Twenty-two percent of the sample had tried GHB at least once and over one-tenth (11%) had used it recently.
- GHB was used on a median of 3 days over the preceding six months.
- The frequency and quantity of use of GHB remained stable from 2014 to 2015.
- Recent use of GHB among the general population significantly decreased to under 0.1%.
- KE reported use of GHB and alcohol is a risky combination which is common at LGBTI events.

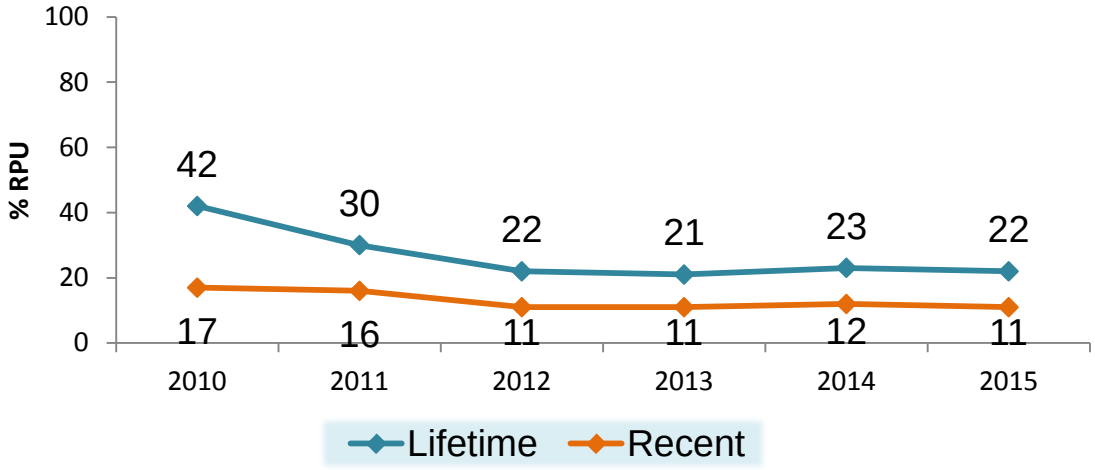
Gamma-hydroxybutyrate (GHB) has been researched and used for a number of clinical purposes including as an anaesthetic (Kam & Yoong, 1998; Nicholson & Balster, 2001). In 1964, GHB was introduced in Europe as an anaesthetic agent particularly for children (Laborit, 1964; Vickers, 1968) but was not widely used due to the incidence of vomiting and seizures (Hunter, Long & Ryrie, 1971). Research has also examined the effectiveness of GHB as a treatment for narcolepsy (Chin, Kreutzer & Dyer, 1992; Mack, 1993; Mamelak, 1989) and for alcohol dependence and opioid withdrawal (Kam & Yoong, 1998; Nicholson & Balster, 2001).

In recent years, there has been documentation of the use of GHB as a recreational drug, in a range of countries around the world. Common street names for GHB in Australia include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro'. Following restrictions on the availability of GHB, there have been reports of the production of GHB from its precursor, gamma-butyrolactone (GBL). The use of GBL, and a similar chemical, 1,4-butanediol (1,4-B), has also been documented (Ingels et al., 2000). GBL and 1,4-B are metabolised into GHB in the body. They may be used as substitutes for GHB, but are known to be pharmacologically different.

4.7.1 GHB use among RPU

From 2010 to 2012 there was a notable drop in lifetime use and a small decrease in recent GHB use. Since this time point, the use of GHB has remained stable with 22% reporting lifetime use and over one-tenth (11%) reporting recent use in 2015 (Figure 23).

Figure 23: Lifetime and recent use of GHB, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Table 16 provides data for the use of GHB in the EDRS NSW samples from 2010-2015. The age at which participants first used GHB followed no discernible trend with participants in 2015 first reporting its use at a median of 21.5 years of age. Those who had used GHB over the preceding six months had done so on a median of 3 days (range 1-24); eight participants had used GHB less than monthly and the remaining three participants reported using between monthly and weekly.

Nine of the eleven participants quantified their 'average' and 'heavy' use in terms of 'mLs'. The median amount used in a typical or average use episode in the preceding six months was 4 mL (range 1.2-5) and the median amount used in a heavy use episode was 4 mL (range 1.2-8). As these numbers are below 10, the authors recommend caution in interpreting this data.

Table 16: GHB use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	42	30	22	21	23	**22**
Age of initiation (*Md*)	23	21	26	21	24	**21.5**
% used recently	17	16	11	11	12	**11**
Days recent use (*Md*; range)	3 (1-10)	2 (1-4)	2 (1-90)	1 (1-30)	1.5 (1-10)	**3 (1-24)**
mL used in an average session (*Md*; range)	3.5 (1-10)	2^ (1-4)	2^ (2-30)	4^ (2-8)	2^ (1-5)	**4^ (1.2-5)**
mL used in a heavy session (*Md*; range)	5 (1-50)	4^ (1-10)	4.5^ (2-80)	4.5^ (2-10)	2^ (1.5-6)	**4^ (1.2-8)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ n<10 interpret with caution

4.7.2 Locations of GHB use

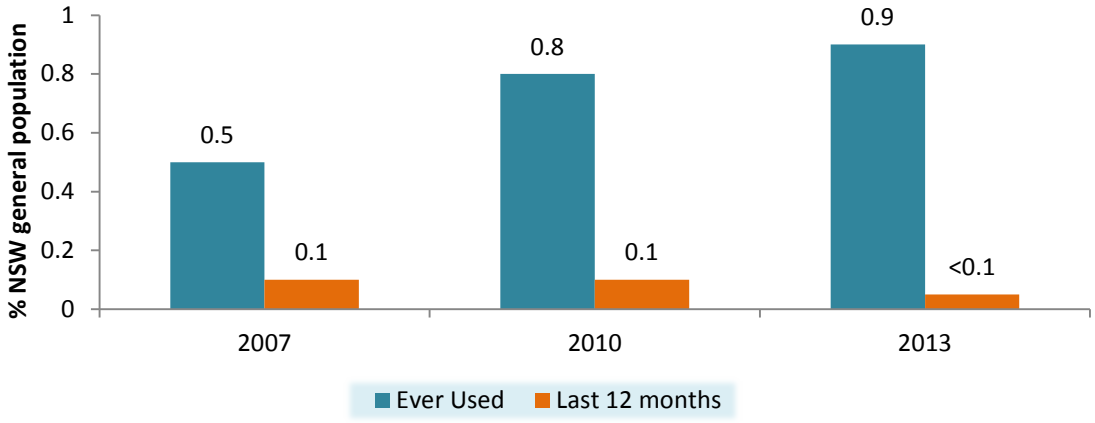
Comments on the location of GHB use were quite low (n=6), thus data was not reported for 2015.

4.7.3 GHB use in other populations

General population

From 2010 to 2013 the recent use of GHB among the general population aged 14 years and over significantly decreased to under 0.1%. The proportions reporting lifetime use remained stable at 0.9% (Figure 24; Australian Institute of Health and Welfare, 2014).

Figure 24: Percentage of sample reporting lifetime and last-12-month use of GHB in the Australian general population, 2007-2013

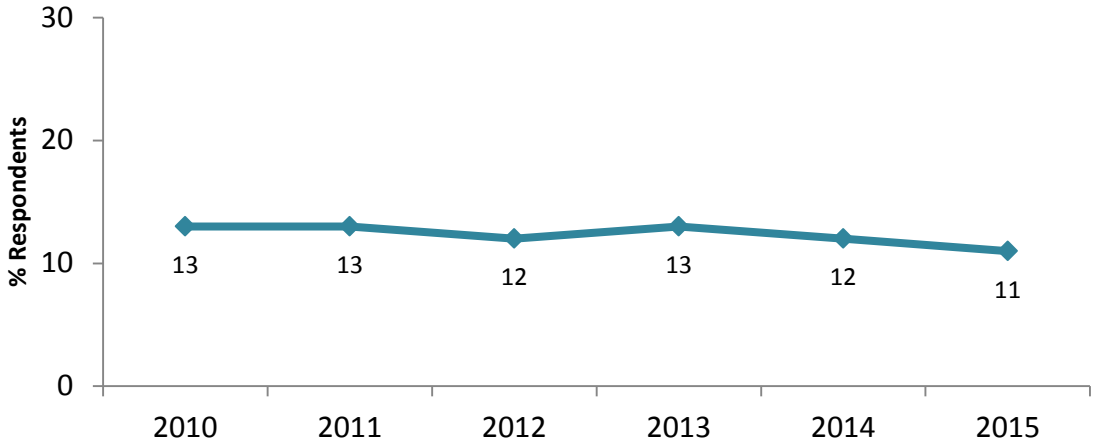


Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

Sydney Gay Community Periodic Survey

In 2015, over one-tenth of gay men interviewed for the survey reported the recent use of GHB (Figure 25). The authors reported a significant decrease in the proportion of participants that used GHB from 2014 to 2015 and no significant linear trend since 2011 (Hull et al., 2015).

Figure 25: Proportion of gay men in Sydney reporting last-6-month use of GHB, 2010-2015

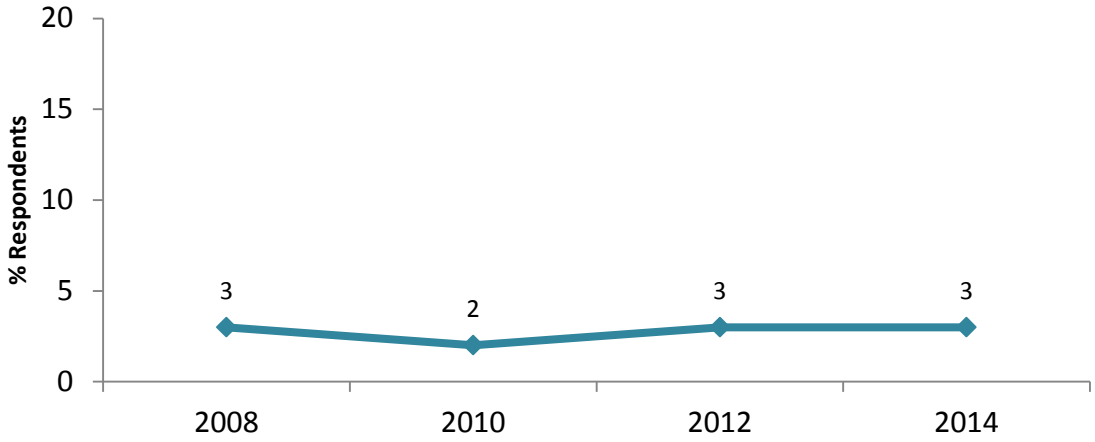


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Women and Sexual Health Survey

The Sydney Women and Sexual Health Survey (Figure 26) reports the proportion of LBQ women surveyed who had used GHB in the past six months. This figure has remained relatively stable across time with 3% reporting recent GHB use in 2014 (Mooney-Somers, Deacon, Richters & Parkhill, 2015).

Figure 26: Proportion of LBQ women in Sydney reporting last-6-month GHB use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Key expert comments

One KE working with GLBTI communities noted that GHB use was very prevalent among these groups. At the same time, use with alcohol is common and leads to many problems, most notably a loss of consciousness.

Another KE working with youth on the street reported GHB being more accessible with many people using the colloquial term ‘fantasy’.

The final KE reported that they did not hear of GHB use during the festival season of 2013/14, a decrease from previous years.

4.8 Cannabis Use

Summary:

- Every participant had tried cannabis at least once during their lifetime and the vast majority (91%) had used it recently.
- Cannabis was used on a median of 48 days (i.e. twice weekly) over the preceding six months.
- The use of cannabis remained relatively stable over time.
- The use of cannabis among the general population remained stable at 10.2% in 2013.
- KE reported people who initiated the use of cannabis at a younger age or did not reduce use at an older age were more prone to mental and physical health risks.

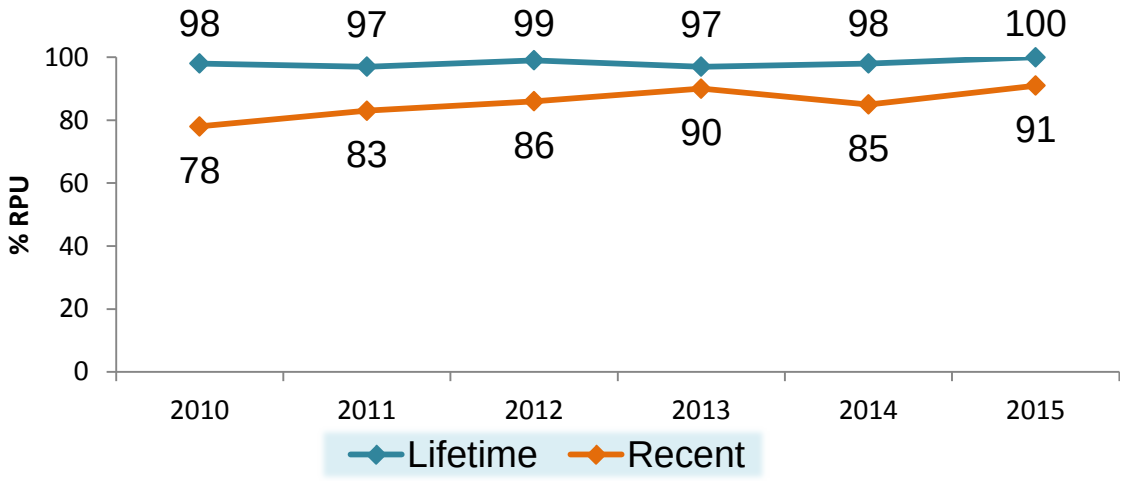
The most commonly recognised active chemicals found in cannabis are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD); however, according to Russo (2013), 483 active substances have been identified from the cannabis plant.

Cannabis in Australia is mainly harvested from two common types of plant, *Cannabis sativa* and *Cannabis Indica* (Australian Crime Commission, 2015). While cannabis can be grown in almost any climate, it is being increasingly cultivated by means of indoor hydroponic technology. In Australia the most commonly used form of cannabis is marijuana: hydroponic (hydro) and bush-grown (bush) plants. Other forms of cannabis include hashish (hash) and hash oil (National Drug and Alcohol Research Centre, 2008), although, there are less widely used. Cannabis remains the dominant illicit drug in Australia in terms of arrests, seizures and use (Australian Crime Commission, 2015).

4.8.1 Cannabis use among RPU

The lifetime and recent use of cannabis has remained high and relatively stable from 2010 to 2015. In the current year, the largest proportion of NSW participants reported the recent use of cannabis (Figure 27).

Figure 27: Lifetime and last-6-month use of cannabis, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Table 17 provides data for the use of cannabis in the EDRS NSW samples from 2010-2015. The age at which participants first used cannabis has remained stable at a median of 16 years in 2015. Those who had used cannabis over the preceding six months had done so on a median of 48 days (range 1-180); one-fifth of participants (20%) reported using cannabis less than monthly, 14% had done so between monthly and weekly, 36% had done so one-to-four times a week and 18% reported daily use.

Participants were asked how much they smoked in their last episode of use. Thirty-three participants quantified their use in terms of cones, 23 in terms of joints and 30 in terms of grams. The median amount used in the last episode was either 3 cones (range 0.5-12), 1 joint (range 0.25-4) or 1 gram (range 0.1-4).

Table 17: Cannabis use among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
% ever used	98	97	99	97	98	**100**
Age of initiation (*Md*)	15	15	15	16	16	**16**
% used recently	78	83	86	90	85	**91**
Days recent use (*Md*; range)	49 (1-180)	48 (1-180)	48 (1-180)	40 (1-180)	30 (1-180)	**48 (1-180)**
Cones used in last session (*Md*; range)	5 (1-35)	4 (1-34)	5 (1-30)	4 (1-35)	2 (1-40)	**3 (0.5-12)**
Joints used in last session (*Md*; range)	1 (0.1-4)	1 (0.1-5)	1 (0.25-5)	1 (0.25-7)	1 (0.5-4)	**1 (0.25-4)**
Grams used in last session (*Md*; range)	Data not available until 2014				1 (0.1-4)	**1 (0.1-4)**

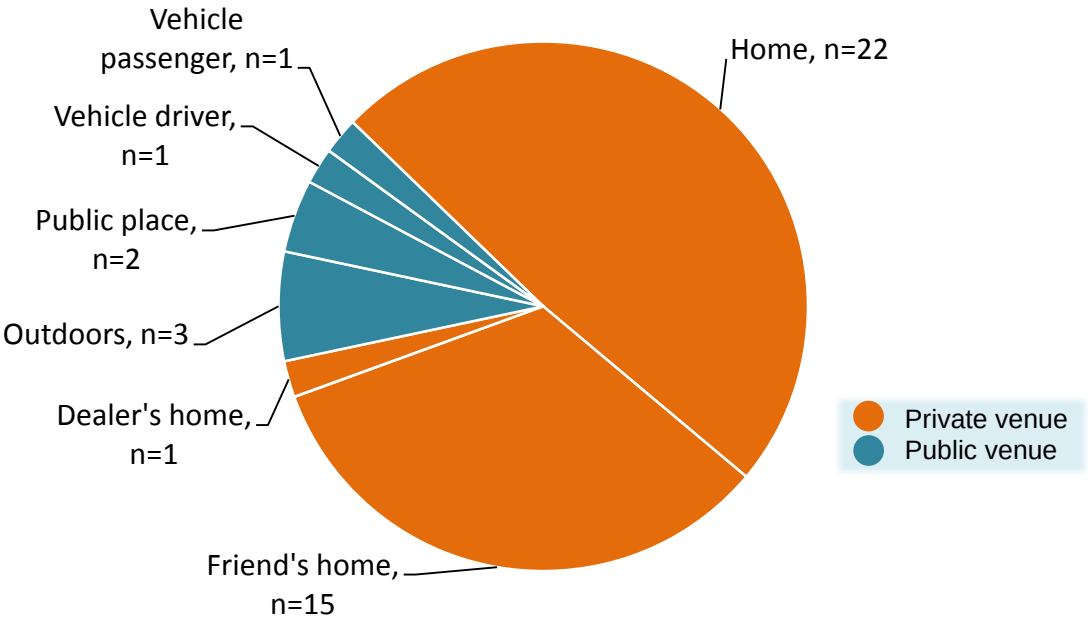
Source: NSW EDRS regular psychostimulant user interviews 2010-2015

4.8.2 Locations of cannabis use

Participants were asked where they spent the most time while intoxicated the last time they used cannabis, separated into hydroponic (Figure 28) and bush-grown (Figure 29) cannabis.

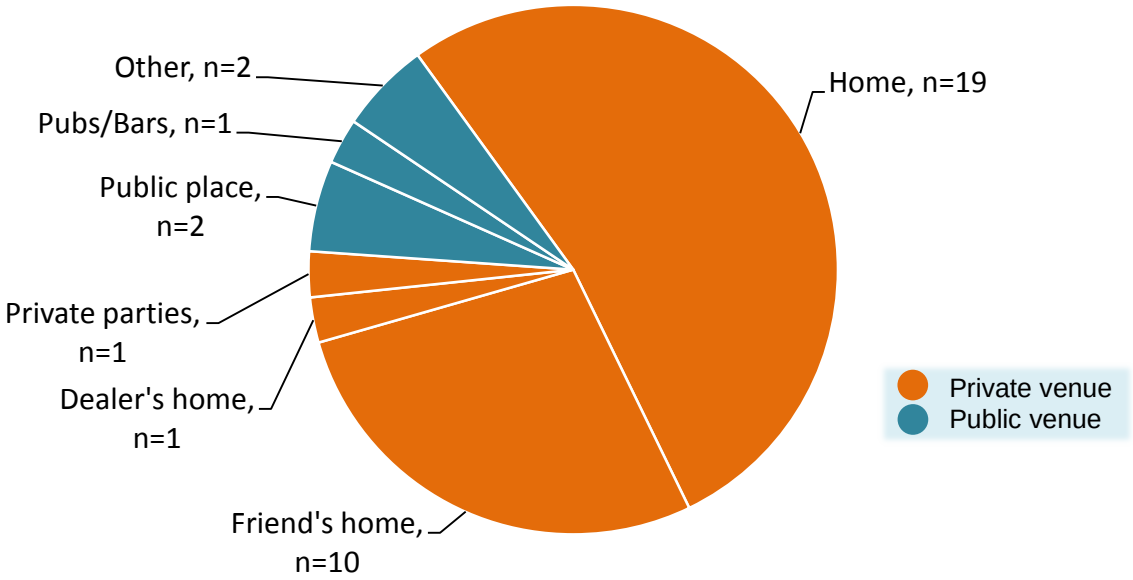
Most users of both hydro and bush had used cannabis at a private venue and there were minimal differences between the two forms.

Figure 28: Location of last hydroponic cannabis use among RPU, NSW, 2015



Source: NSW EDRS regular psychostimulant user interviews 2015

Figure 29: Location of last bush-grown cannabis use among RPU, NSW, 2015



Source: NSW EDRS regular psychostimulant user interviews 2015

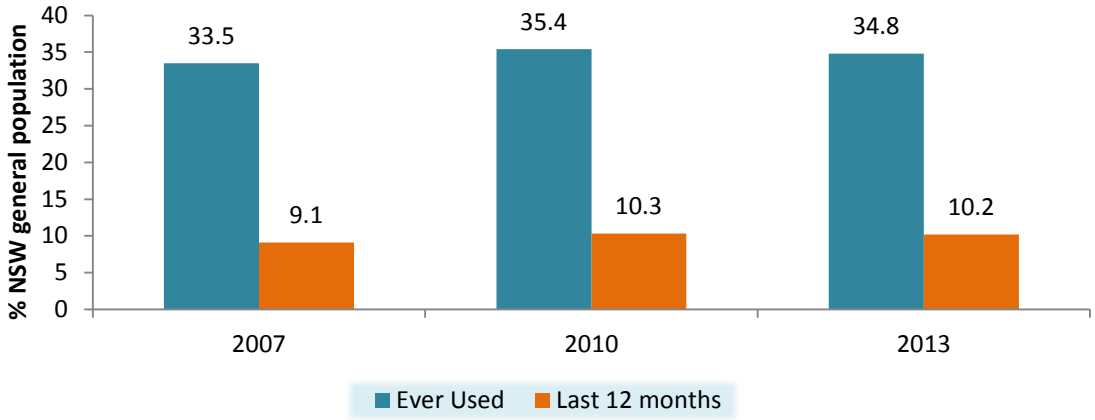
4.8.3 Cannabis use in other populations

General population

The proportion of the general population aged 14 years or over reporting past year use of cannabis remained stable at 10.2% in 2013 and the proportions reporting lifetime use has

also remained stable at 34.8% in 2013 (Figure 30; Australian Institute of Health and Welfare, 2014).

Figure 30: Percentage of sample reporting lifetime and last-12-month use of cannabis in the Australian general population, 2007-2013

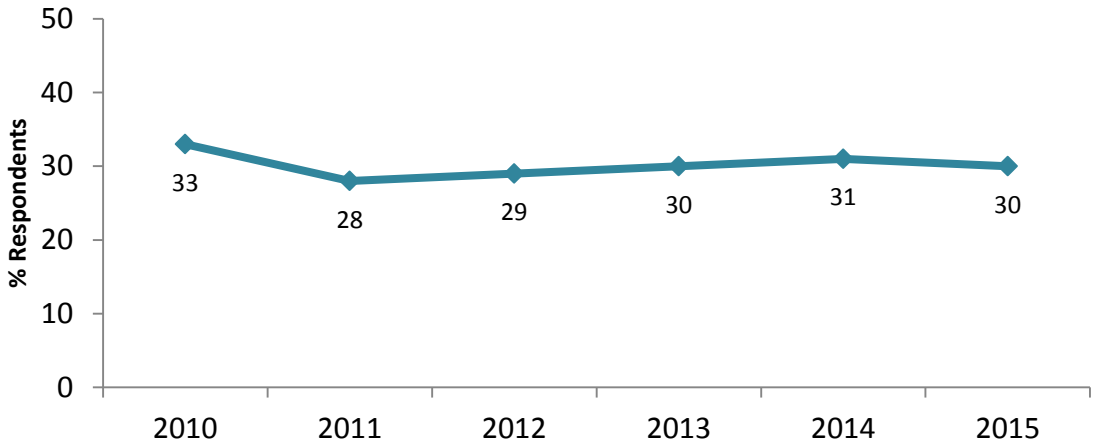


Source: Australian Institute of Health and Welfare (2008, 2011, 2014)

Sydney Gay Community Periodic Survey

In 2015, 30% of gay men interviewed for the survey reported the recent use of cannabis (Figure 31). The authors reported no significant change in the proportion of participants that used cannabis from 2014 to 2015; however, they did report a significant linear increase since 2011 (Hull et al., 2015).

Figure 31: Proportion of gay men in Sydney reporting last-6-month use of cannabis, 2010-2015

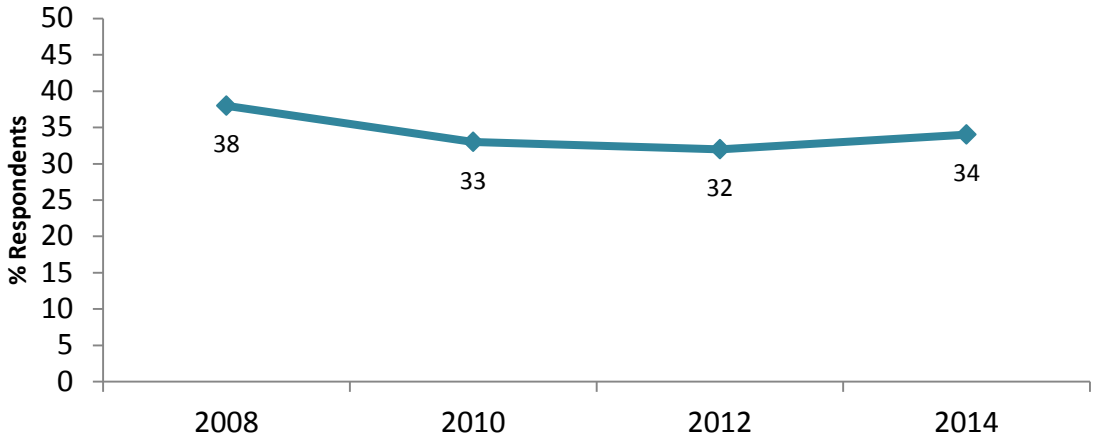


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Women and Sexual Health Survey

Figure 32 shows the proportion of women surveyed who had used cannabis in the past six months. This figure had remained relatively stable over time at approximately one-third of the group (Mooney-Somers, Deacon, Richters & Parkhill, 2015).

Figure 32: Proportion of LBQ women in Sydney reporting last-6-month cannabis use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

Illicit Drug Reporting System

A separate monitoring system investigating trends in the use of cannabis in PWID has been conducted in NSW since 1996, in Victoria (VIC) and South Australia (SA) since 1997 and nationally since 2000. This is called the Illicit Drug Reporting System, or IDRS, and reports and bulletins are available from the NDARC website (http://www.drugtrends.org.au/; http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs).

Key expert comments

One law enforcement KE and six health KE commented on cannabis use. The law KE reported the average age of use to be 30 years, and a range of 30-50 years for those who were caught with a cannabis plant.

The health KE interviewed for the 2015 EDRS had more of a focus on younger individuals and reported users to be 13-25 years of age. Cannabis was reportedly used by people of many nationalities. Similar proportions of males and females used cannabis.

It was noted that those who have an earlier age of initiation or have not 'outgrown' their cannabis use were less likely attend school (or complete their education), had greater mental health and interpersonal problems and a greater likelihood for involvement in crime.

One KE noted that younger users become isolated, demotivated, have a tendency for weight loss, eating and sleeping problems and poor hygiene.

4.9 Other drug use

Summary:

Alcohol

- All of the 2015 NSW RPU reported lifetime use of alcohol and 96% used it recently
- Many KEs reported alcohol to be the main drug of concern.

Tobacco

- Ninety-six percent of RPU had used tobacco at least once in their lifetime and 85% had smoked within the past six months.

Inhalants

- Amyl nitrite was used more commonly among RPU (50%) than nitrous oxide (37%) over the six months preceding interview.
- The recent use of nitrous oxide has risen from 2012 (12%) to 2015 (37%).

Heroin and other opiates

- Two RPU reported recent heroin use. Eleven participants reported recent use of illicitly obtained other opiates, and three participants reported recent use of licitly obtained other opiates.

Pharmaceutical stimulants

- Sixty-two percent of the sample reported using pharmaceutical stimulants in their lifetime and under two-fifths (39%) reported doing so recently.

Over the counter drugs

- Six percent of the sample reported recent use of over the counter simulants and 17% reported using over the counter codeine recently.

Benzodiazepines

- Thirty-five percent of the group had recently used benzodiazepines. Illicit use (recent use, 29%) was more common than licit use (recent use, 7%).

Antidepressants

- One-tenth of RPU had recently used antidepressants. No participants reported recent illicit use of antidepressants.

Psilocybin mushrooms

- Thirty-seven percent of the sample reported using mushrooms recently.

MDA

- Fifteen percent of the sample reported using MDA in the past six months.

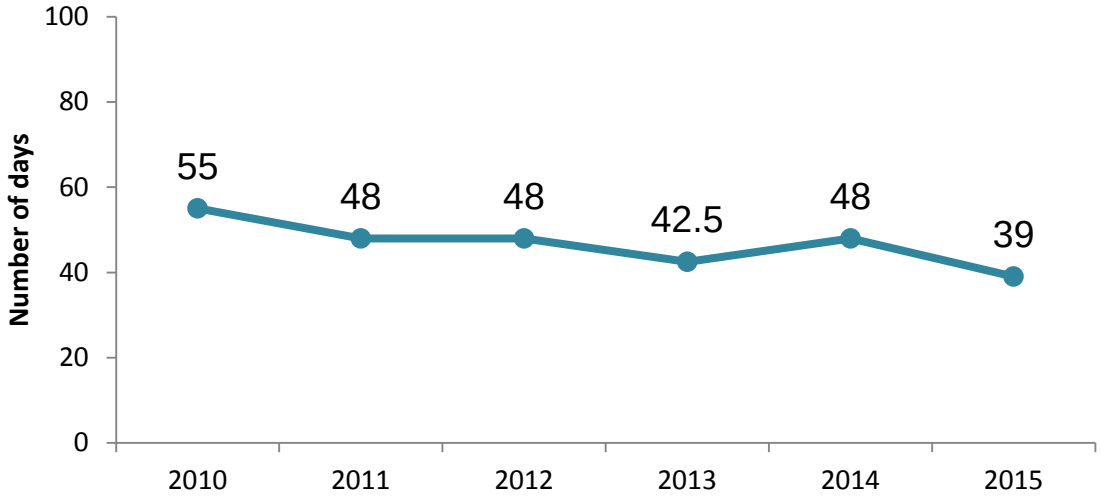
4.9.1 Licit drug use

Alcohol

The entire NSW sample reported lifetime use of alcohol and the vast majority reported using alcohol in the last six months (96%). Participants had first used alcohol at a median age of 14 years (range 5-27). The median number of days participants reported using alcohol in the last six months was 39 days (range 2-180); 28% reported using alcohol less than weekly, 26% between one-and-two times a week, 35% between two-and-three times a week and the remaining 10% three-or-more times a week.

Figure 33 presents the median days of use of alcohol by NSW RPU.
See section 7.4 'Problematic alcohol use among RPU' for a discussion of harmful alcohol use among RPU in NSW.

Figure 33: Median days of alcohol use in the last six months, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

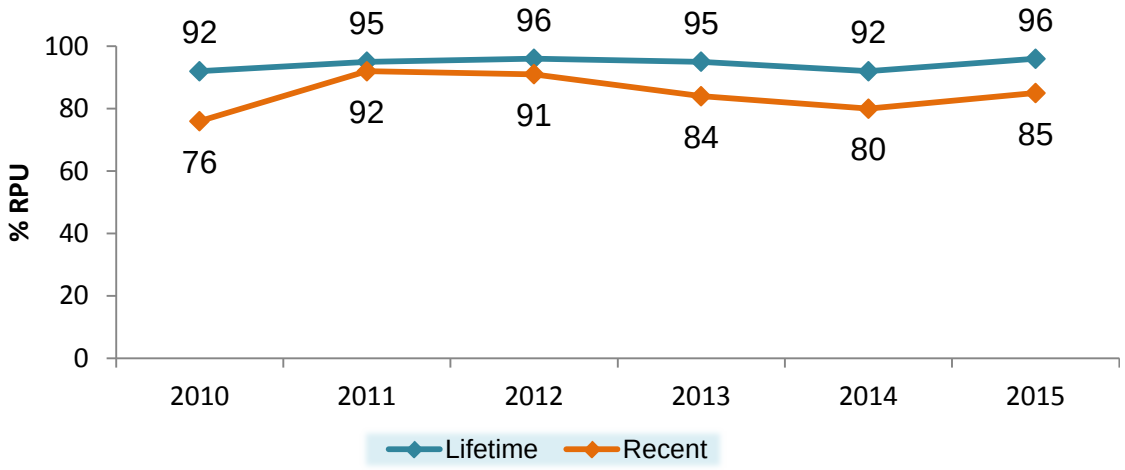
Key expert comments

Almost all KEs interviewed mentioned alcohol as a drug of concern for RPU. Issues discussed included the normalisation of alcohol use, high levels of intoxication, underage consumption and the association of alcohol with crime.

Tobacco

The vast majority (96%) of RPU interviewed in 2015 reported lifetime tobacco use and most (85%) reported recent use. Tobacco was first used at a median age of 15 (range 10-24). Tobacco had been used on a median of 90 days (range 1-180) over the preceding six months and 41% were daily smokers. The proportion of RPU using tobacco in their lifetime has remained relatively stable over time with minor fluctuations (Figure 34).

Figure 34: Lifetime and last-6-month use of tobacco, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

4.9.2 Inhalants

Amyl nitrite

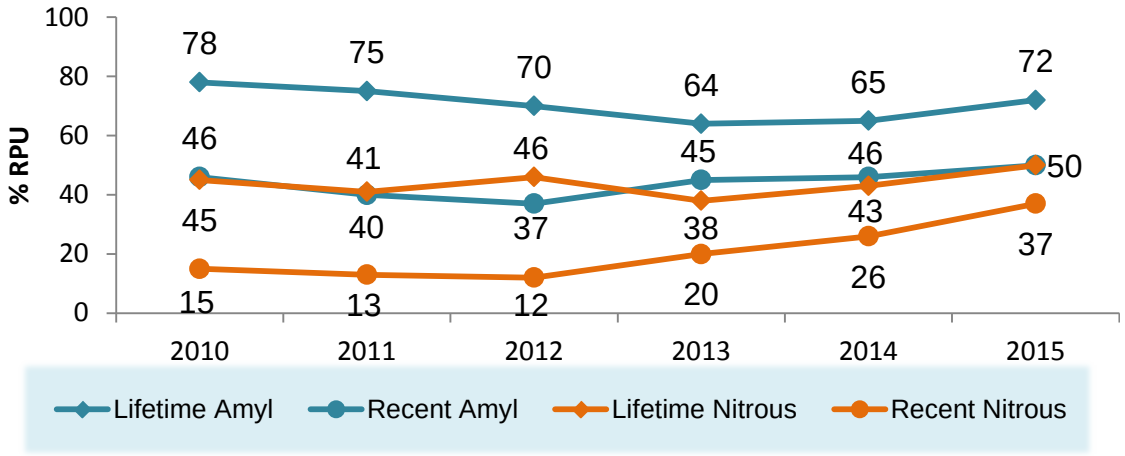
Seventy-two percent of RPU interviewed had ever used amyl nitrite and half of the sample (50%) had used it over the preceding six months. Amyl nitrite was first used at a median age of 18 years (range 11-36). Those who had recently used it had done so on a median of 4 days (range 1-48) over the preceding six months. The majority of recent users of amyl nitrite either used it on a less than monthly basis (64%) or between monthly and fortnightly (22%).

Nitrous oxide

Half of the sample (50%) reported having ever used nitrous oxide and 37% had done so recently. Nitrous oxide was first used at a median age of 19 years (range 13-41). Among those who had used it over the last six months, nitrous oxide had been used on a median of 3 days (range 1-60) during this time, with the majority reporting that they used it on a less than monthly basis (70%).

There has been an upward trend in the recent use of nitrous oxide from 2012 to 2015 (Figure 35). All other usage patterns have remained relatively stable.

Figure 35: Lifetime and last-6-month use of amyl nitrite and nitrous oxide, RPU, NSW, 2010-2015



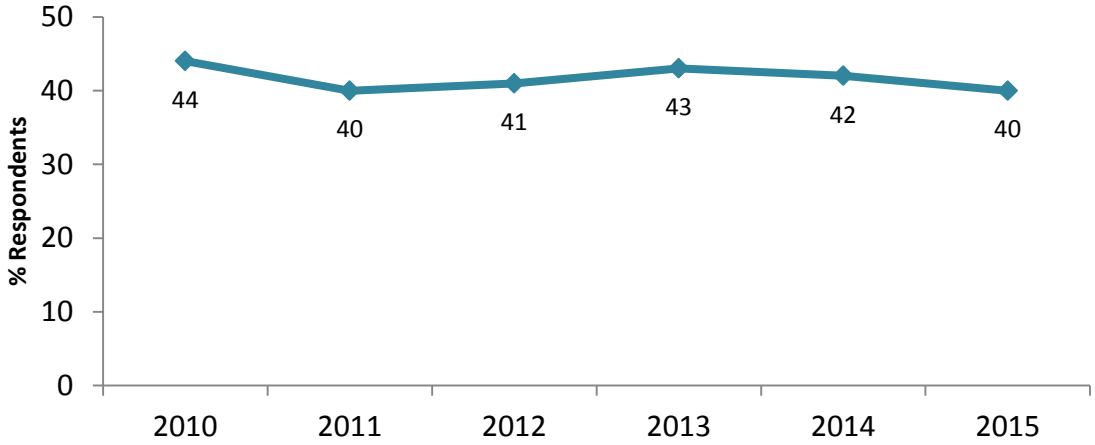
Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Inhalant use in other populations

The past year use of inhalants in the general population aged 14 years and older has remained low at 0.8% in 2013, and lifetime use has remained stable at 3.8% in 2013 (Australian Institute of Health and Welfare, 2014).

Data collected across time from the Sydney Gay Community Periodic Survey has shown that large proportions of men reported the use of amyl nitrite in the past six months (Figure 36). Two-fifths (40%) of participants in 2015 reported recently using amyl nitrite, which has remained stable across time (Hull et al., 2015).

Figure 36: Proportion of gay men in Sydney reporting last-6-month use of amyl nitrite, 2010-2015



Source: Sydney Gay Community Periodic Survey 2010-2015

4.9.3 Heroin and other opiates

Heroin

Eight participants reported that they had ever used heroin and two reported using it in the preceding six months. The median age that heroin was first used was 19.5 years (range 13-40). Given such a small sample of recent users, details regarding frequency and quantity of use are not presented.

Methadone and buprenorphine

Two participants reported the lifetime use of methadone and none had reported using it over the preceding six months. Three participants reported lifetime use of buprenorphine and none had used it within the past six-months.

Other opiates

While over one-tenth (11%) of respondents had ever used a licitly obtained opiate (other than heroin, methadone or buprenorphine), only 3 participants had used a licitly obtained opiate recently. Over one-fifth (21%) of the sample reported having ever used other illicitly obtained opiates and over one-tenth (11%) had used them over the six months prior to the interview.

Illicit Drug Reporting System

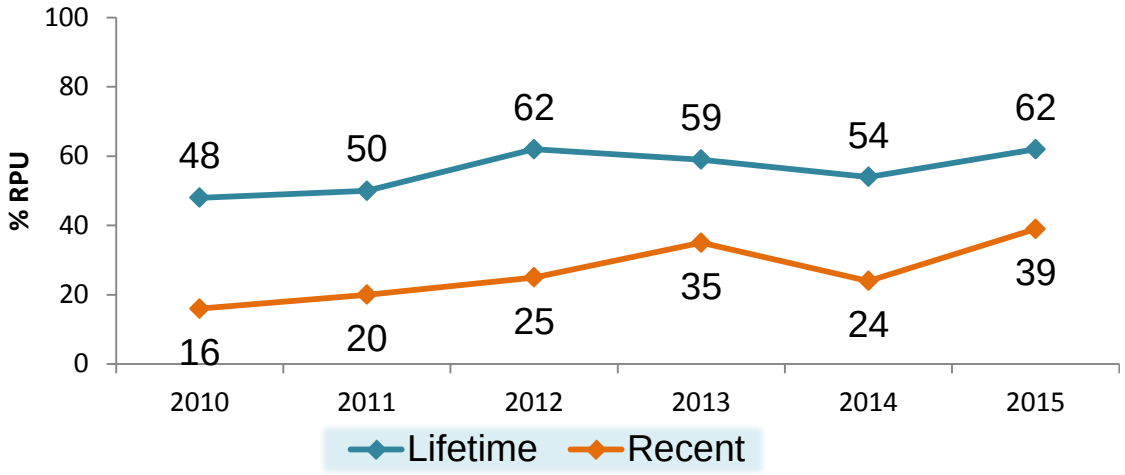
A separate monitoring system investigating trends in the use of heroin and other opiates in PWID has been conducted in NSW since 1996, in Victoria (VIC) and South Australia (SA) since 1997 and nationally since 2000. This is called the Illicit Drug Reporting System, or IDRS, and reports and bulletins are available from the NDARC website (http://www.drugtrends.org.au/; http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs).

4.9.4 Pharmaceutical drugs

Prescription pharmaceutical stimulants

Sixty-two percent of the participants in 2015 reported having ever used pharmaceutical stimulants and under two-fifths (39%) had done so within the six months preceding the interview, a significant increase from 24% in 2014 ($p < .05$). Lifetime use of pharmaceutical stimulants has remained relatively stable from 2010 to 2015; recent use has slowly increased across the same time period with the exception of a drop in recent use in 2014 (Figure 37).

Figure 37: Lifetime and last-6-month use of pharmaceutical stimulants, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Licit pharmaceutical stimulants

Six participants had reported using licitly obtained pharmaceutical stimulants in their lifetime and only two had done so in the last six months. These drugs were first used at a median age of 17 (range 8-26).

Illicit pharmaceutical stimulants

Fifty-eight percent of participants had ever used illicitly obtained pharmaceuticals and 37% had done so over the preceding six months. Illicit pharmaceutical stimulants were first used at a median age of 18 years (range 14-32). Those who had recently used them had done so on a median of 3 days (range 1-48) over the preceding six months. While the majority of those who had recently used illicitly obtained pharmaceutical stimulants had swallowed them (78%), 27% had also recently snorted them.

Over the counter stimulants

Sixteen participants reported having ever used over the counter stimulants (such as Sudafed and Codral) for non-medicinal use and only six participants had used them recently.

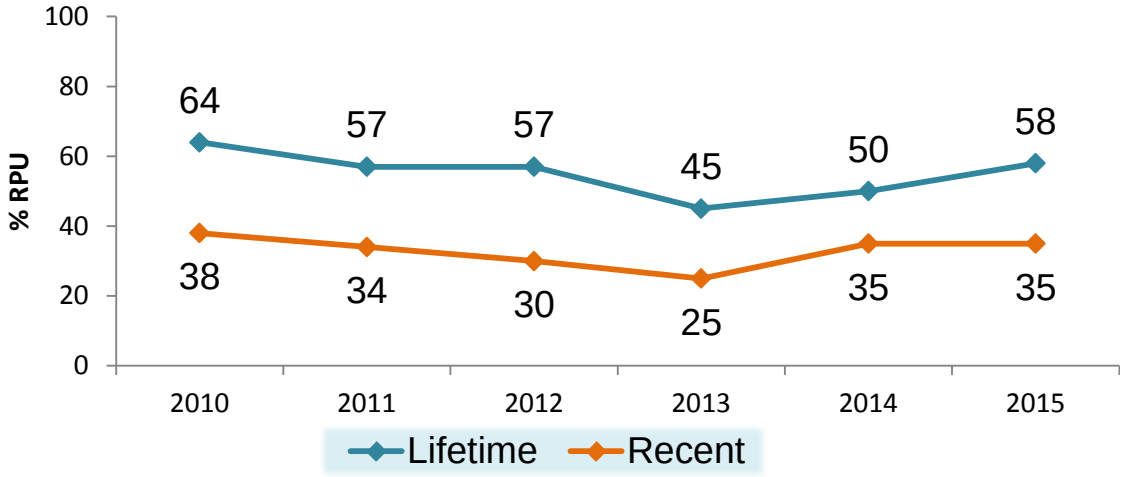
Over the counter codeine

Twenty-seven percent of the sample reported having ever used over the counter codeine-containing products for non-pain use and 17% reported having done so over the preceding six months. These products were first used at a median age of 18 years (range 14-28).

Benzodiazepines

Fifty-eight percent of the sample reported having ever used any benzodiazepines and 35% reported having done so recently. Lifetime and recent use of benzodiazepines remained relatively stable from 2014 to 2015 (Figure 38).

Figure 38: Lifetime and last-6-month use of benzodiazepines, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Licit benzodiazepines

Twelve percent of RPU reported having ever used licitly obtained benzodiazepines and 7% had done so recently. Licit benzodiazepines were first used at a median age of 21 years (range 17-35). They had been used on a median of 2 days (range 1-16) over the six months prior to the interview. All seven participants reported swallowing as the route of administration of licitly obtained benzodiazepines over this period.

Illicit benzodiazepines

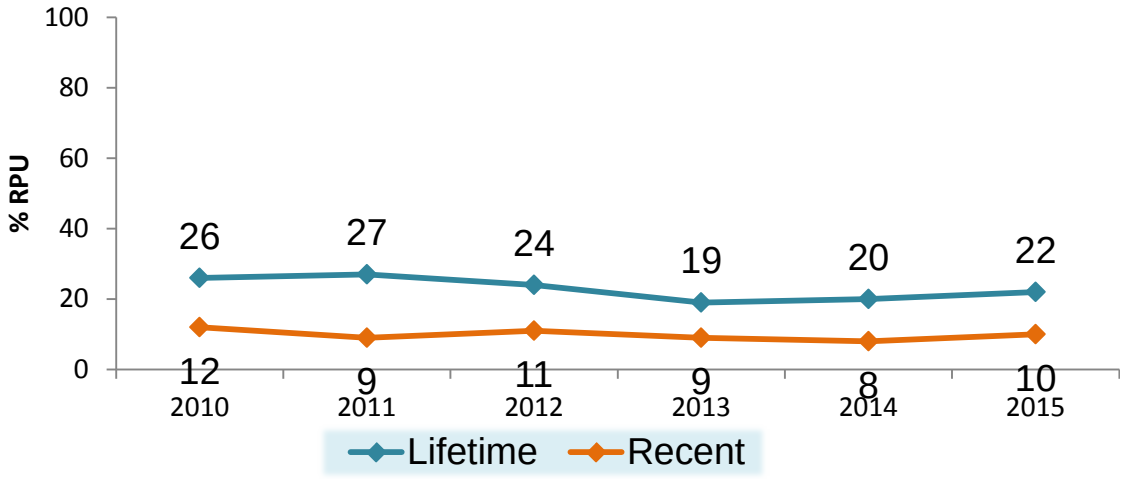
Over half (51%) the sample of RPU had ever used illicitly obtained benzodiazepinesand 29% had done so over the preceding six months. They were first used at a median age of 19 years (range 12-25) and were reported by all RPU as being swallowed; however, two participants also reported snorting illicit benzodiazepines in the last six months. Illicit benzodiazepines had been used on a median of 3 days (range 1-24) by recent users, with

the majority (76%) reporting that they had used illicitly obtained benzodiazepines on a less than monthly basis.

Antidepressants

Twenty-two percent of participants reported having ever used antidepressants and one-tenth (10%) had done so over the preceding six months. Lifetime and recent use of antidepressants remained stable from 2014 to 2015 and since 2010 (Figure 39).

Figure 39: Lifetime and last-6-month use of antidepressants, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Licit antidepressants

One-fifth (20%) of the sample had ever used licitly obtained antidepressants and one-tenth (10%) had done so over the preceding six months. Licit antidepressants were first used at a median age of 20 years (range 15-43).

Illicit antidepressants

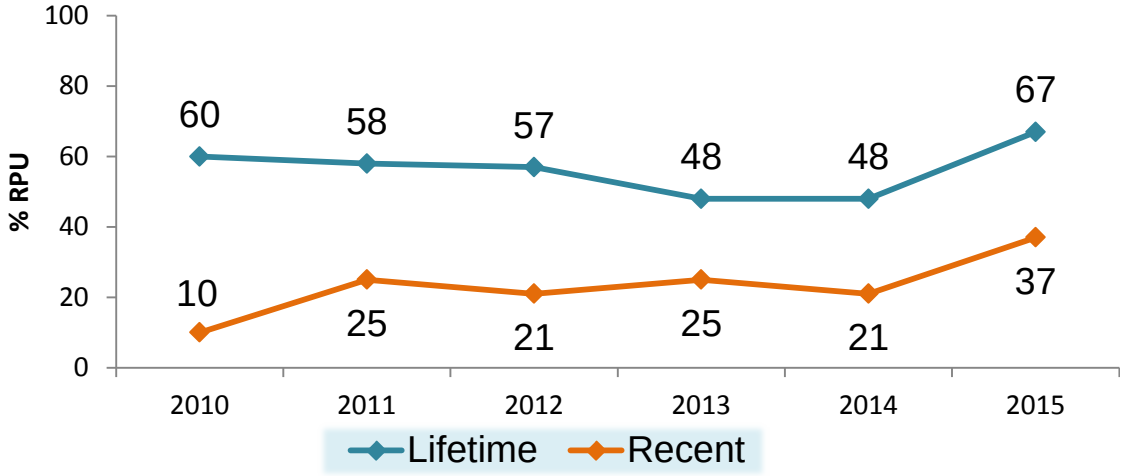
Five participants reported having ever used illicit antidepressants and none reported having used them over the past six months.

4.9.5 Other illicit drugs

Psilocybin mushrooms

Two-thirds (67%) of the RPU interviewed in 2015 reported having ever used mushrooms and 37% had done so over the preceding six months; both these figures were significantly higher than 2014 proportions ($p < .05$). Mushrooms were first used at a median age of 19 years (range 14-26). The majority (97%) of participants who had recently used mushrooms had done so on a less than monthly basis. All participants reported swallowing as the main route of administration. Recent use of mushrooms appears to have increased since 2010, however, use remained stable from 2011 to 2014 (Figure 40).

Figure 40: Lifetime and last-6-month use of psilocybin mushrooms, RPU, NSW, 2010-2015

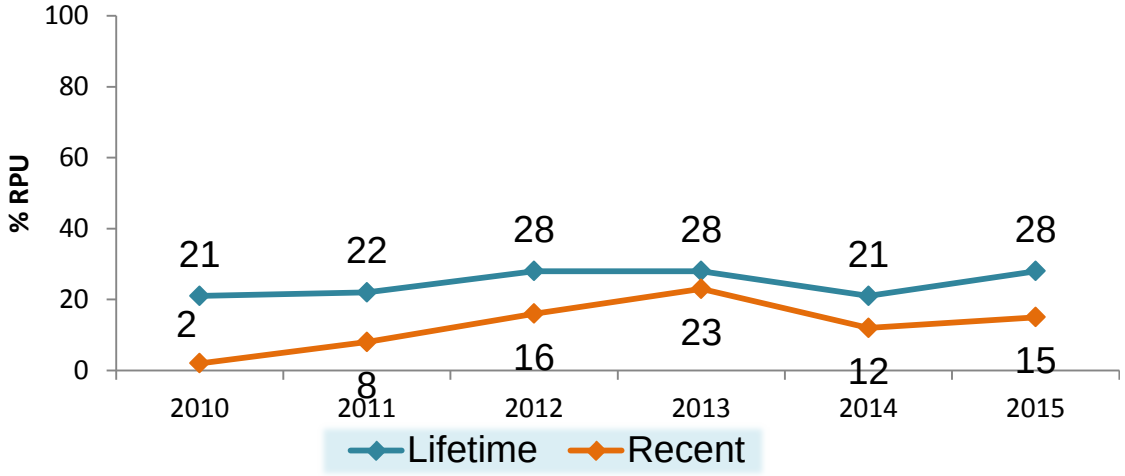


Source: NSW EDRS regular psychostimulant user interviews 2010-2015

MDA

Twenty-eight percent of participants in the 2015 EDRS reported having ever used MDA, and 15% reported they had used it over the preceding six months. MDA was first used at a median age of 18.5 years (range 15-40). Recent users reported using MDA on a median of 1 day (range 1-3). The proportion of individuals reporting using MDA in the six months prior to interview has remained relatively stable over time (Figure 41).

Figure 41: Lifetime and last-6-month use of MDA, RPU, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Performance and image enhancing drugs (PIEDs)

In the 2015 NSW RPU sample, eight participants reported lifetime use of steroids and only three reported steroid use in the preceding six months.

Key expert comments

Only two KE could comment on steroid use in NSW.

One health KE noted its use in young people living on the street and reported the price to be $100-150 for a 10mL bottle and $20-50 for 1mL.

The other KE, working in law enforcement reported an increase in the average age of individuals using steroids compared to the previous 5 years and reported an overall decrease in their use. Detections often occur in Sydney city and surrounding suburbs such as Kings Cross and Redfern.

4.10 New psychoactive substance (NPS) use

Summary:

- In 2015, 39% of EDRS participants reported recent NPS use.
- Only 5% reported using a synthetic cannabinoid in the last six months.
- The most commonly used psychoactive substances were 2C-B, DMT and DXM.
- KE reported that NPS detections have decreased substantially since 2013.

From 2010 onward, the EDRS began to systematically investigate a group of drugs known as 'new psychoactive substances' (NPS; also known as research chemicals, analogues, legal highs, herbal highs, party pills). This class of drugs includes illegally synthesised chemicals, pharmaceuticals, naturally occurring chemicals, plant-based substances, and synthetic cannabinoids. Although the term 'new' is used to define this group of drugs, they are more so non-traditional or non-established substances. These drugs can be classified as outlined in Figure 42.

Figure 42: New psychoactive substances investigated by the EDRS

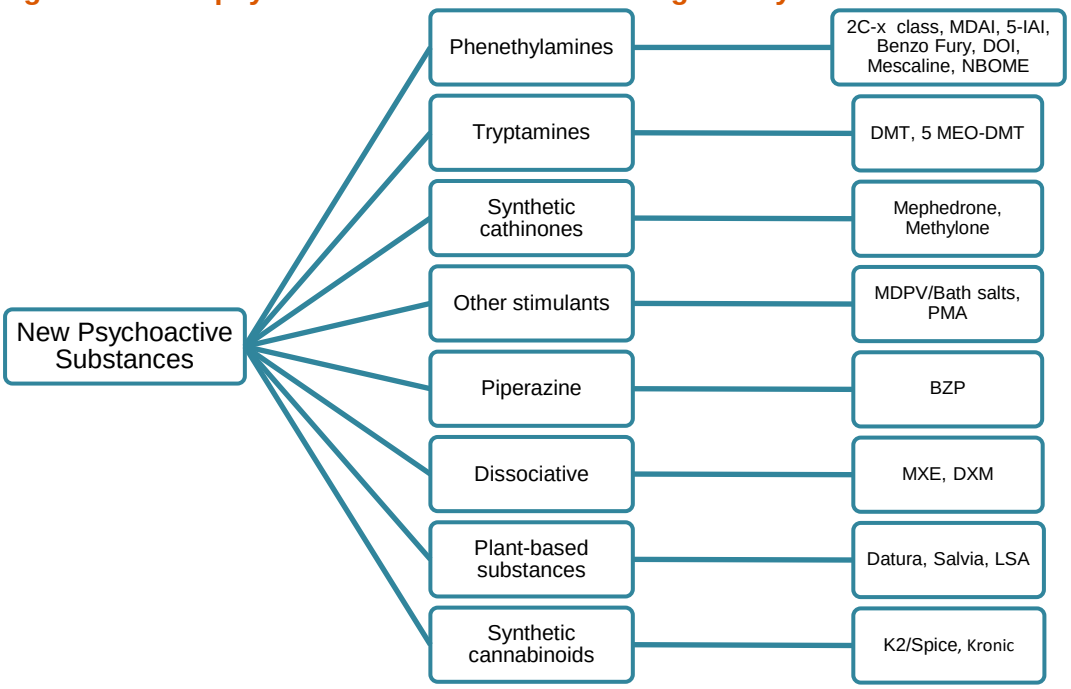


Table 18 provides a very brief introduction to these drugs. Interested readers are directed toward online sources such as Erowid (http://www.erowid.org/splash.php) and Drugscope (http://www.drugscope.org.uk/) for more comprehensive information on these drugs.

Table 18: An introduction to then new psychoactive substances reported in the EDRS

Street name	Chemical name	Information on drug	Information on use and effects
		Phenethylamines	
2C-I	2,5-dimethoxy-	A psychedelic drug with	Recent reports suggest that 2C-I is

	4-iodophenethylamine	stimulant effects	slightly more potent than the closely related 2C-B. A standard oral dose of 2C-I is between 10-25mg.
2C-B	4-Bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2C-B is sold as a white powder sometimes pressed in tablets or gel caps. The dosage range is listed as 16-24mg. Commonly taken orally but can also be snorted.
2C-E	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects	Mostly taken orally and is highly dose-sensitive. 2C-E is commonly active in the 10-20mg range.
NBOMe	2,5-dimethoxy-N-2-methoxybenzylphenethylamine	A psychedelic drug with stimulant effects. Similar to the 2C-X family, NBOMe has common variants including 25I-, 25B- and 25C-.	Chemically related to 2C-I, 25I-NBOMe is a potent psychedelic available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic drug with stimulant effects	Requires only very small doses to produce full effects. It is uncommon as a substance for human ingestion but common in research. Has been found on blotting paper and may be sold as LSD.
Mescaline	3,4,5-trimethoxyphene-thylamine	A hallucinogenic alkaloid	First isolated in 1896 from the peyote cactus of northern Mexico. A standard dose for oral mescaline use ranges from 200-500mg.
5-IAI	5-iodo-2-aminoindan	A psychedelic drug with stimulant effects	Not much is known about 5-IAI other than it is a substitute for MDMA.
Benzo Fury	6-2-aminopropylbenzofuran; 1-1-benzofuran-6-ylpropan-2-amine	A psychedelic drug with stimulant effects	6-APB is a synthetic chemical that became available via online vendors in 2010. Little is known about its effects, which are presumed to include stimulation and euphoria, though not enough reliable human data has been recorded to say much with certainty.
		Tryptamines	
DMT	Dimethyl tryptamine	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.
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. It can be injected, smoked or sniffed and the effects rarely last more than two hours. 5-MeO-DMT is mostly seen in crystalline form but has been reportedly sold in powder form.
		Synthetic cathinones	

Mephedrone	4-methyl-methcathinone	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. Mephedrone is probably the most well known of a group of drugs derived from cathinone (a chemical found in the plant called khat).
Methylone	3,4-methylenedioxy-*N*-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes	Reported dosages range from 100-250mg orally. Effects are primarily psychostimulant in nature.
		Other stimulants	
Ivory wave/ MDPV	Methylenedioxy pyrovalerone (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).
PMA	Paramethoxyamphetamine; 4-methoxy-amphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of less than 50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses over 50mg are considered potentially lethal (due to the risk of overheating). Pure PMA is a white powder, but street products can also be beige, pink or yellowish. Today it is usually made into pressed pills.
		Piperazine	
BZP	1-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. BZP is used orally at doses of between 70-150mg and effects are reported to last 6-8 hours.
		Dissociative	
MXE	Methoxetamine	Chemical analog of ketamine. Dissociative with sedative properties	The use of methoxetamine was first publicly reported in 2010. Its effects are described by some as similar to ketamine or high-dose DXM while

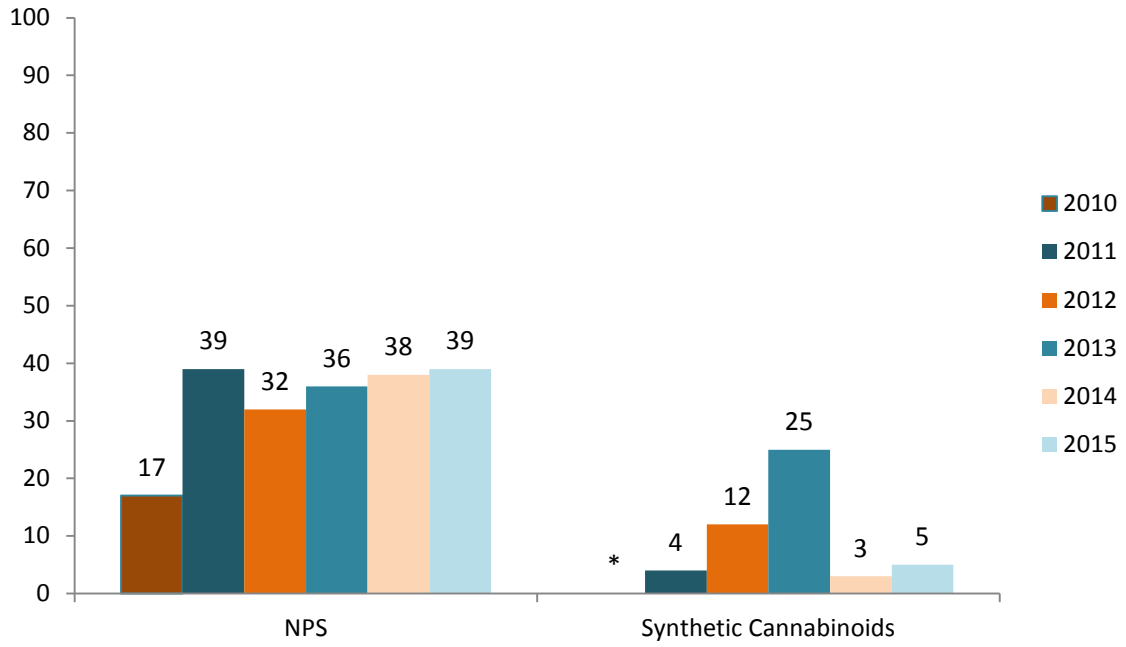
			others report not finding it similar to those substances.
DXM	Dextromethorphan	A semisynthetic opiate derivative which is legally available over the counter in the US	Commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is a dissociative drug that is almost always used orally, although pure DXM powder is occasionally snorted. Recreational doses range from 100-1200mg or more.
Plant based 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.
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.
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.
Synthetic cannabinoids			
Kronic	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.
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.

Note: the information contained in the above table was sourced from http://www.erowid.org/splash.php and http://www.drugscope.org.uk/

Among the 2015 NSW EDRS sample, 61% reported having ever used NPS and 39% reported having ever used a synthetic cannabinoid. Figure 43 shows the recent use of NPS and synthetic cannabinoids across the last six years.. Two-fifths of RPU (39%) reported using NPS in the last six months, which has remained stable since 2011. The most common psychoactive substances used among Sydney RPU in the preceding six months were 2C-B (13%), DMT (10%) and DXM (8%). Five percent of the sample reported using synthetic

cannabinoids in the last 6 months, a stable figure from 2014, which decreased significantly from 2013 ($p < .05$).

Figure 43: Last-6-month use of NPS and synthetic cannabinoids, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015
*Participants were not asked about synthetic cannabinoids in the 2010 survey.

Table 19 presents the proportion of RPU reporting lifetime and recent NPS use across time.

Table 19: New psychoactive substance use among RPU, NSW, 2010-2015

New psychoactive substances	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	**2015 (N=100)**
Phenethylamines						
2C-I						
% ever used	4	5	4	11	9	**9**
% recent use	1	1	1	6	3	**4**
2C-B						
% ever used	16	22	35	37	40	**31**
% recent use	2	9	17	25	21	**13**
2C-E						
% ever used	2	10	2	3	6	**7**
% recent use	2	8	2	1	1	**4**
NBOMe						
% ever used	Data not available until 2013			5*	10	**20**
% recent use				4*	9	**6**
DOI (death on impact)						
% ever used	-	1	-	-	-	**-**
% recent use	-	1	-	-	-	**-**
Mescaline						
% ever used	8	13	8	10	4	**4**
% recent use	1	4	1	2	-	**1**

5-IAI						
% ever used	Data not available until 2012		1	-	-	**-**
% recent use			-	-	-	**-**
Benzo Fury / 6-APB						
% ever used	Data not available until 2012		1	3	-	**1**
% recent use			1	1	-	**-**
MDAI						
% ever used	Data not available until 2012		2	2	-	**1**
% recent use			-	-	-	**1**
Tryptamines						
DMT						
% ever used	18	21	15	16	21	**22**
% recent use	7	8	11	9	11	**10**
5-MeO-DMT						
% ever used	1	4	-	2	1	**3**
% recent use	-	1	-	1	1	**1**
Synthetic cathinones						
Mephedrone						
% ever used	4	17	4	11	7	**12**
% recent use	4	4	-	1	-	**2**
Methylone						
% ever used	Data not available until 2011	4	10	3	8	**3**
% recent use		3	8	1	3	**1**
Other stimulants						
MDPV / Ivory Wave						
% ever used	-	-	-	1	1	**-**
% recent use	-	-	-	-	1	**-**
PMA						
% ever used	2	5	3	2	4	**4**
% recent use	-	2	-	-	3	**3**
Piperazine						
BZP						
% ever used	2	11	4	5	-	**-**
% recent use	-	2	-	-	-	**-**
Dissociatives						
Methoxetamine / MXE						
% ever used	Data not available until 2012		2	-	1	**3**
% recent use			2	-	-	**2**
DXM						
% ever used	2	13	10	11	1	**13**
% recent use	-	6	2	7	-	**8**
Plant-based substances						
Datura						
% ever used	1	9	6	3	1	**4**
% recent use	-	1	-	1	-	**2**

Salvia	Data not available					
% ever used	until	15	10	7	5	**6**
% recent use	2011	1	1	1	-	**2**
LSA	Data not available					
% ever used	until	5	3	10	2	**6**
% recent use	2011	1	-	2	1	**3**
Synthetic cannabinoids						
Kronic						
% ever used				19	14	**17**
% recent use	Data not available until 2013			8	2	**2**
K2 / Spice	Data not available					
% ever used	until	1	Data not	17	9	**10**
% recent use	2011	1	available	8	1	**2**
Other synthetic cannabinoids	Data not available					
% ever used	until	3	23	46	12	**19**
% recent use	2011	3	12	25	-	**2**
Other						
Capsule (contents unknown)						
% ever used	Data not available		14	27	14	**16**
% recent use	until 2012		8	9	5	**4**
Herbal high						
% ever used	Data not available		26	35	16	**25**
% recent use	until 2012		13	13	4	**8**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

* Numbers of NBOMe in 2013 were tallied from individuals who marked NBOMe in the 'other' NPS category. NBOMe was introduced as a separate category in the 2014 survey.

In 2011, 'K2 / Spice' and 'Other synthetic cannabinoids' were separate categories. In 2012, 'synthetic cannabinoids' incorporated both 'K2 / Spice' and 'Other synthetic cannabinoids' categories. In 2013, 'Synthetic cannabinoids' incorporated 'Kronic', 'K2 / Spice' and 'Other synthetic cannabinoids' categories. Kronic and K2 / Spice were coded separately in 2013.

Key expert comments

Three KEs from law enforcement noted that there were spikes in detections of NPS and synthetic cannabis before the change in legislation in October 2013 concerning these substances. However, since the Poisons and legislation amendment, the use of both NPS and synthetic cannabis have 'died out'.

That being said, one KE noted a rise in the manufacture of PMMA in NSW, a chemical closely related to PMA.

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND SUPPLY

5.1 Ecstasy/MDMA

Summary:

Pills, powder and capsules:

- *Price*: $25 per tablet.
- *Purity*: Currently medium and stable.
- *Availability*: Currently easy to very easy to obtain and stable.

Crystal MDMA

- *Price:* $25 per point, $30 per cap
- *Purity:* Currently high and stable.
- *Availability:* Currently easy to obtain and stable.

5.1.1 Price

Ecstasy pills, powder and caps

Two-thirds (66%) of the sample were able to comment on the price of ecstasy pills in Sydney. The median price was reported by users to be $25 per tablet (range 10-70). Fifty-five percent of the sample was able to comment on the price of ecstasy capsules (commonly referred to as caps). The median price of caps reported was $30 each (range $15-60).

Over half (58%) reported that the price of ecstasy pills, powder and caps had remained stable; however, 19% reported that this price had increased over the six months preceding the interview and 14% reported that the price had fluctuated (Table 20).

Table 20: Price of ecstasy purchased by RPU, NSW, 2010-2015

	2010 (n=95)	2011 (n=97)	2012 (n=96)	2013 (n=96)	2014 (n=83)	**2015 (n=84)**
***Md* price per tablet**						
($)	25	25	25	25	25	25
(range)	(10-50)	(7-50)	(5-50)	(20-50)	(11-60)	(10-70)
Price change (%)***:***						
Increased	20	28	24	-	12	19
Stable	61	58	56	91	63	58
Decreased	15	8	8	5	7	8
Fluctuated	4	6	11	5	18	14

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
Note: Response option 'don't know' was removed from analyses

Crystal/Rock MDMA

Over-two-thirds of participants (68%) were able to comment on the price of crystal MDMA in Sydney. The median price was reported by users to be $275 per gram (range 35-350; n=24), $25 per point (range 20-40; n=12) or $30 per cap (range 17-50; n=44). Fifty-four percent reported that the price of crystal MDMA had remained stable; however, 23% reported that the price had increased over the six months preceding interview.

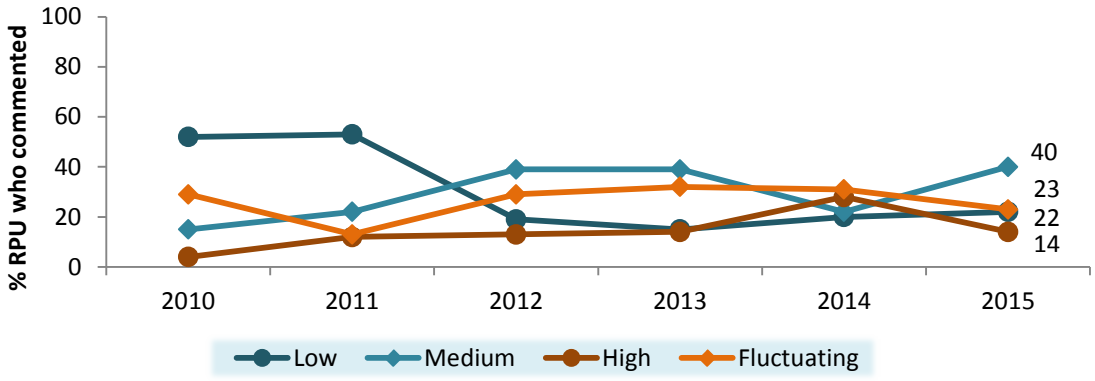
5.1.2 Purity

RPU Reports

Ecstasy pills, powder and caps

Figure 44 presents RPU reports of ecstasy purity across time. In 2015, the majority of the sample reported that the current purity of ecstasy either was 'medium' (40%) or that it 'fluctuated' (23%). Comparable proportions reported ecstasy purity as being 'low' (22%) or 'high' (14%). These figures have remained relatively stable since 2012.

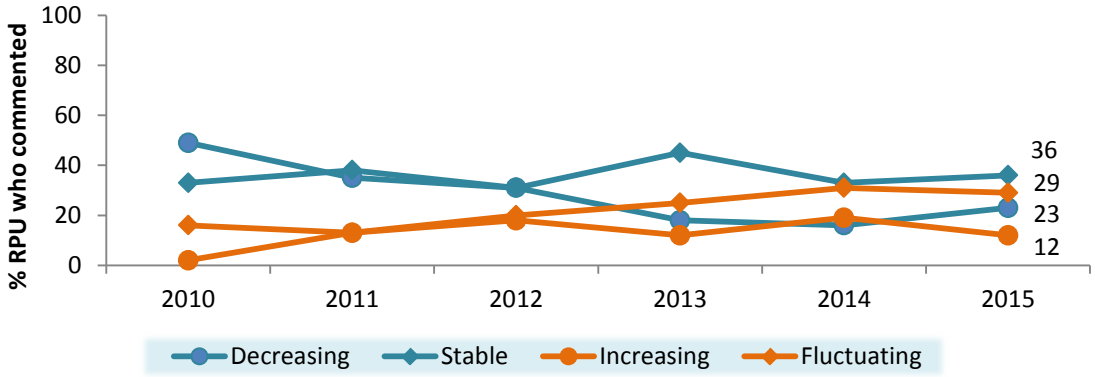
Figure 44: RPU reports of current ecstasy pills, powder and capsule purity, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Figure 45 presents RPU reports of changes in the purity of ecstasy over the six months prior to the interview. Thirty-six percent of the sample reported that the purity of ecstasy remained stable and 29% had reported that the purity of ecstasy has fluctuated. An additional 23% reported that purity of ecstasy had decreased, and the remaining 12% reported that purity had increased. These figures have remained relatively stable since 2010.

Figure 45: RPU reports of change in ecstasy pills, powder and capsule purity, NSW, 2010-2015



Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Crystal/Rock MDMA

In 2015, the majority of the sixty-one participants who were able to answer reported that the current purity of crystal MDMA was either 'high' (46%) or 'medium' (38%). Fifty-five participants commented on the change of crystal MDMA purity over the six months prior to interview. Of these, 58% reported the purity as remaining 'stable' and one-fifth (20%) reported it as 'fluctuating'.

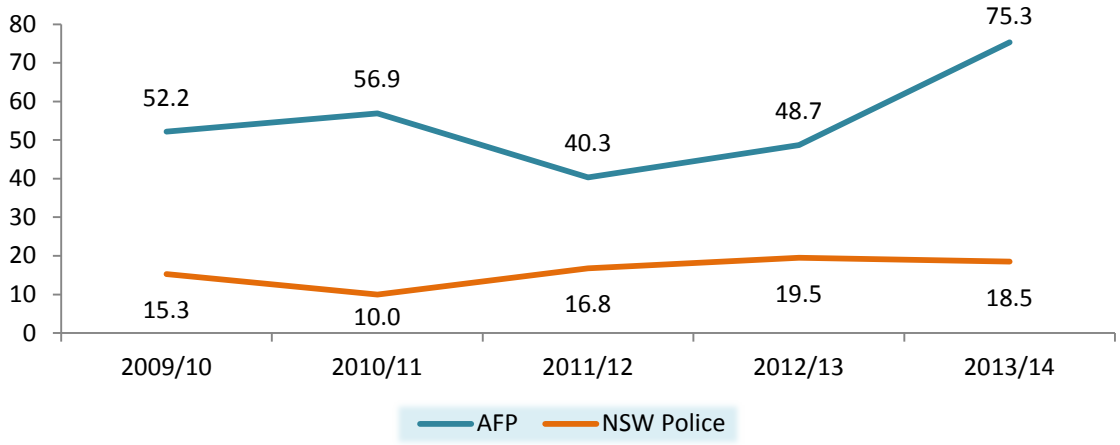
Seizure data

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

The purity data presented in this report were provided by the Australian Crime Commission (ACC), formerly the Australian Bureau of Criminal Intelligence (ABCI). The ACC reports both federal and state police seizure data, including number and weight of seizures. In 1999/00, the purity was reported as 'ecstasy' seizures. Since 2000/01, ecstasy seizures have been reported under phenethylamines. Ecstasy belongs to the phenethylamine family of drugs. Other drugs such as DOB (2,5-dimethoxy-4-bromoamphetamine), DOM (2,5-dimethoxy-4-methylamphetamine), MDA, MDEA, mescaline, PMA and TMA (3,4,5-trimethoxyamphetamine) also belong to the phenethylamine family (Australian Crime Commission, 2003) and seizures of these drugs are included in the seizure data from 2000/01. The majority of phenethylamine seizures presented by the ACC relate to ecstasy.

The median purity of phenethylamine seizures analysed by the Australian Federal Police (AFP) has increased since 2011/12, while purity of seizures analysed by NSW Police have remained stable at a lower level. In 2013/14, phenethylamine purity levels were based on 235 seizures analysed by NSW Police, and 19 seizures analysed by the AFP. Purity data was not available for 2014/15.

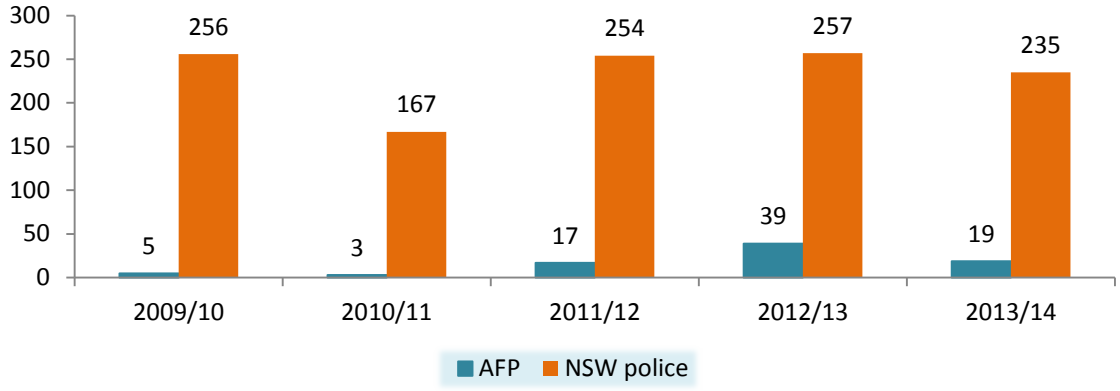
Figure 46: Median purity of phenethylamine seizures analysed in NSW, 2009/10-2013/14



Source: Australian Crime Commission (2011, 2012, 2013, 2014, 2015)
NB: The majority of phenethylamine seizures relate to ecstasy. Purity levels are only representative of seizures which are analysed

Since the 2009/10 period, the number of phenethylamine seizures analysed by NSW Police and the AFP has remained stable (Figure 47). In 2014/15, there were a total of 2,598 MDMA seizures detected by NSW Police, with a total weight of 3,935 kilograms (data not shown).

Figure 47: Number of phenethylamine seizures analysed in NSW, 2009/10-2013/14



Source: Australian Crime Commission (2011, 2012, 2013, 2014, 2015)

5.1.3 Availability

Ecstasy pills, powder and capsules

The majority (83%) of RPU interviewed in 2015 reported that it was currently 'easy' (49%) or 'very easy' (34%) to obtain ecstasy pills, powder or caps (Table 21). Sixty-three percent of respondents indicated that the availability of ecstasy had remained 'stable' over the preceding six months. These reports are relatively stable over time.

Table 21: Reports of availability of ecstasy pills, powder and caps in the past six months by RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	**2015 (N=100)**
Current availability:						
% very easy	41	51	42	50	46	**34**
% easy	41	37	46	41	47	**49**
Availability change:						
% stable	59	72	62	58	61	**63**
% easier	10	13	18	32	18	**19**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Crystal/Rock MDMA

Of those who commented on the current availability of crystal MDMA (65%), four-fifths (80%) reported it was 'easy' or 'very easy' to obtain. Finally, of those who could comment on the changing availability of crystal MDMA in the last six months (62%), over three-fifths (61%) reported that availability had remained 'stable', and 27% reported it as being 'easier' to obtain.

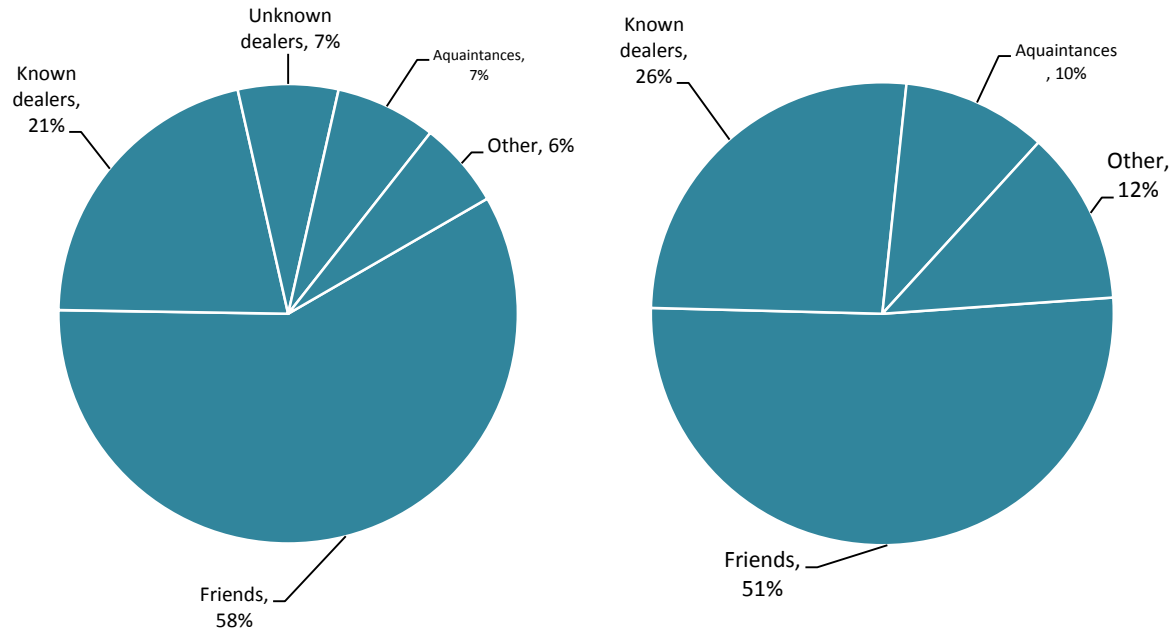
5.1.4 Supply

Participants were asked questions regarding their purchasing of ecstasy over the last six months. Participants reported that they had purchased ecstasy from a median of 3 people (range 0-15). While 30% of the sample usually purchased ecstasy for themselves only, 65% of the sample had purchased ecstasy for themselves and others. When asked about how frequently they purchased ecstasy, the majority of participants reported that they had bought ecstasy monthly or less (46%) or fortnightly or less (31%). A smaller proportion reported that they purchased ecstasy between fortnightly and weekly (19%) or more than weekly (5%). Over one-third (34%) of participants purchased pills in their last transaction, with a median of 4 pills purchased (range 1-50). Over one-quarter (26%) of participants purchased caps in their last transaction, with a median of 3 caps purchased (range 1-40).

Participants were asked to nominate who they had last purchased ecstasy from (Figure 48). The proportion breakdown was similar for people reporting pills, powder and caps and those reporting crystal/rock MDMA with the majority in each group purchasing ecstasy from friends or known dealers.

Figure 48: People from whom ecstasy was last purchased by RPU, NSW 2015

Pills, powder and caps ***Crystal/Rock MDMA***

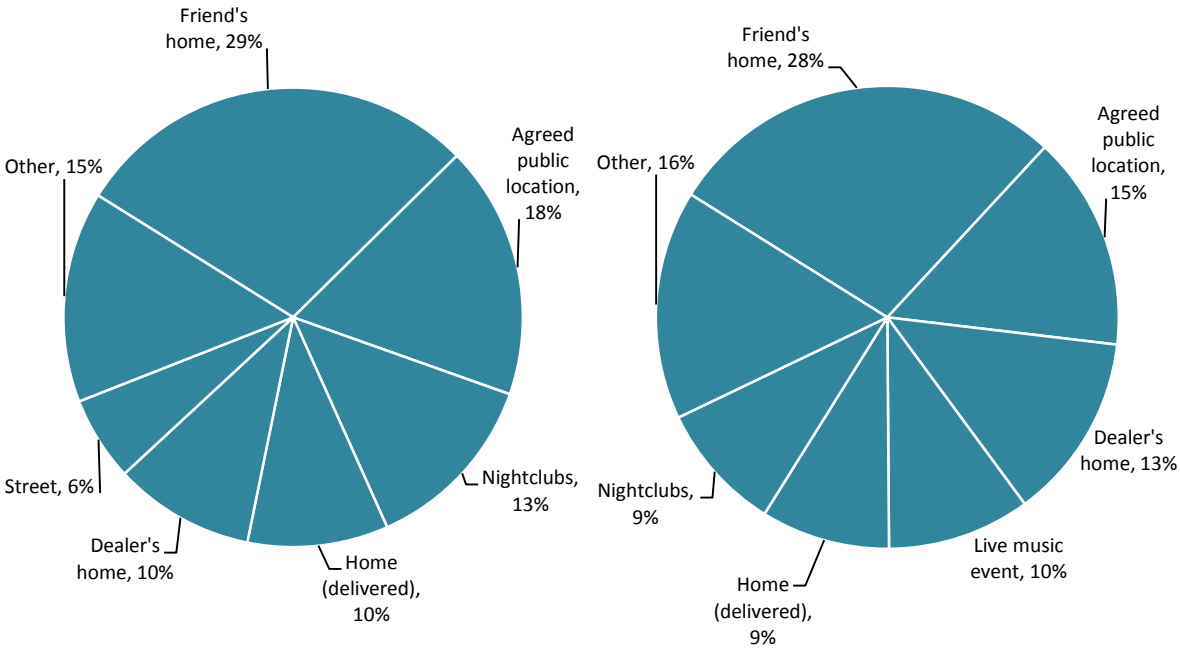


Source: NSW EDRS regular psychostimulant user interviews 2015

Participants were also asked to nominate the location or venue where they last purchased ecstasy (Figure 49). The largest proportions of participants obtained ecstasy pills, powder and caps or crystal/rock MDMA at a friend's home or an agreed public location. The 'other' category labelled in the graphs below include pubs/bars, private parties, dance parties such as raves or doofs, work and online.

Figure 49: Locations at which ecstasy was last purchased among RPU, NSW 2015

Pills, powder and caps ***Crystal/Rock MDMA***



Source: NSW EDRS regular psychostimulant user interviews 2015

Key expert comments

One KE from law enforcement noted an increase in MDMA and MDA lab detections and an overall increase in purity of 20% since 2011, supporting RPU data that MDMA has returned to levels seen pre-2008. According to this KE, the majority of MDMA detections come from overseas, namely the Netherlands, known for its very high purity.

One health KE noted that there have been a few strong batches of MDMA recently. This person reported hearing that dealers often buy MDMA in bulk, making capsules themselves.

KE reports on price were similar to RPU reports ranging from $20-50 per tablet or capsule.

5.2 Methamphetamine

Summary:

Small numbers commented on the price, purity and availability of all forms of methamphetamine

Speed

- *Price*: $175 per gram.
- *Purity*: Currently low-medium, appeared to be stable.
- *Availability*: Variable reports.

Base

- *Price*: $200 per gram.

Crystal

- *Price*: $50 per point.
- *Purity*: High-medium purity.
- *Availability*: Very easy to obtain.

Given the low proportion of methamphetamine users in the 2015 sample, only a small proportion were confident in answering questions on price, purity and availability for each of the three forms — speed, base and crystal (Table 22).

Historically, methamphetamine has predominantly been imported into Australia (Topp & Churchill, 2002). However, in the last decade the number of clandestine laboratories (most of which manufacture ATS) detected nationally has increased 95%, from 381 in 2004-05 to 744 in 2013-14 (ACC, 2015). NSW accounted for 98 clandestine laboratory detections in 2013-14.

5.2.1 Price

Speed

Six participants reported on the price of speed over the six months prior to the interview. The median price reported the last time speed was purchased was $27.5 per point (range 10-70) or $175 per gram (range 25-300). It should be noted that the lowest number of participants reported the price of speed in the most recent years (2013-2015) and thus these numbers should be interpreted with caution.

Of the participants who commented (n=12), nine participants reported the price as stable over the preceding six months.

Base

Only two participants were able to report on the price of base and these figures must be interpreted with caution. The participants had last purchased base for $25 per point (range 15-35) and $200 per gram (range N/A).

Given small numbers, data is not included for the change in base price over the preceding six months.

Crystal methamphetamine

Seven participants were able to comment on the price of crystal over the preceding six months. The median price for a point of crystal was $50 (range 50-70). No one commented on the price of a gram of crystal.

Of those who commented (n=7), four individuals reported that the price of crystal has remained stable over the last 6 months whilst two individuals reported that it was decreasing.

Table 22: Price of speed, base and crystal purchased by RPU, NSW, 2010-2015

	2010	2011	2012	2013	2014	**2015**
Speed	n=14	n=27	n=21	n=6	n=6	**n=6**
***Md* price per point**						
($)	-	32.5^	35^	50^	50^	**27.5^**
(range)	-	(15-50)	(20-50)	(-)	(-)	**(10-70)**
***Md* price per gram**						
($)	55	80	75^	150^	150^	**175^**
(range)	(30-150)	(20-280)	(20-450)	(50-300)	(30-500)	**(25-300)**
Base	n=16	n=12	n=7	n=2	n=1	**n=2**
***Md* price per point**						
($)	20^	-	50^	-	-	**25^**
(range)	(10-50)	-	(40-60)	-	-	**(15-35)**
***Md* price per gram**						
($)	200^	100^	170^	70^	100^	**200^**
(range)	(60-450)	(60-150)	(160-180)	(60-80)	(-)	**(-)**
Crystal	n=18	n=16	n=15	n=7	n=7	**n=7**
***Md* price per point**						
($)	50	60	50	50	50^	**50**
(range)	(40-90)	(16-100)	(40-100)	(40-100)	(50-75)	**(50-70)**
***Md* price per gram**						
($)	-	-	500^	500^	400^	**-**
(range)	-	-	(-)	(-)	(300-500)	**-**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^Small numbers, interpret with caution.

5.2.2 Purity

RPU Reports

Speed

Fifteen individuals commented on the current purity of speed, six of which rated it as having a 'medium' purity and six rating it as having a 'low' purity. Ten participants reported on the change in speed purity over the last 12 months, five of which reported the purity as 'stable' and four of which reported it as 'decreasing'.

Base

Given the low numbers of commenters (n=4), ratings of the purity of base are not included.

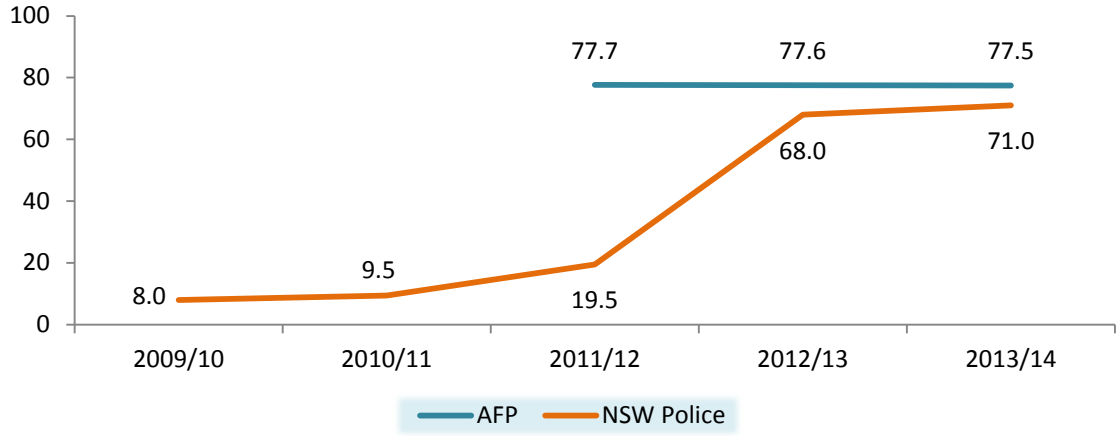
Crystal

Eight participants commented on the current purity of crystal, four of which rated it as having a 'high' purity and three of which rated the purity as 'medium'. Of the seven participants that commented on the change in crystal purity over the preceding 12 months, three reported the purity to be 'increasing' and 'stable' respectively.

Seizure Data

Figure 50 shows the median purity of methamphetamine seizures analysed in NSW for the period July 2009 to June 2014. The median purity of methamphetamine seizures analysed by NSW Police rose from 19.5% in 2011/12 to 71% in 2013/14, which is close to the purity levels reported by the AFP. The AFP reported a median purity of 77.5% across the 2013/14 period which has remained stable since the 2011/12 period. Purity figures for 2013/14 are based on 655 methamphetamine seizures analysed by NSW Police (representing 9% of all methamphetamine seizures detected by NSW Police – Figure 51) and 88 seizures analysed by the AFP (2% of all methamphetamine seizures detected by the AFP). Purity data was not available for 2014/15.

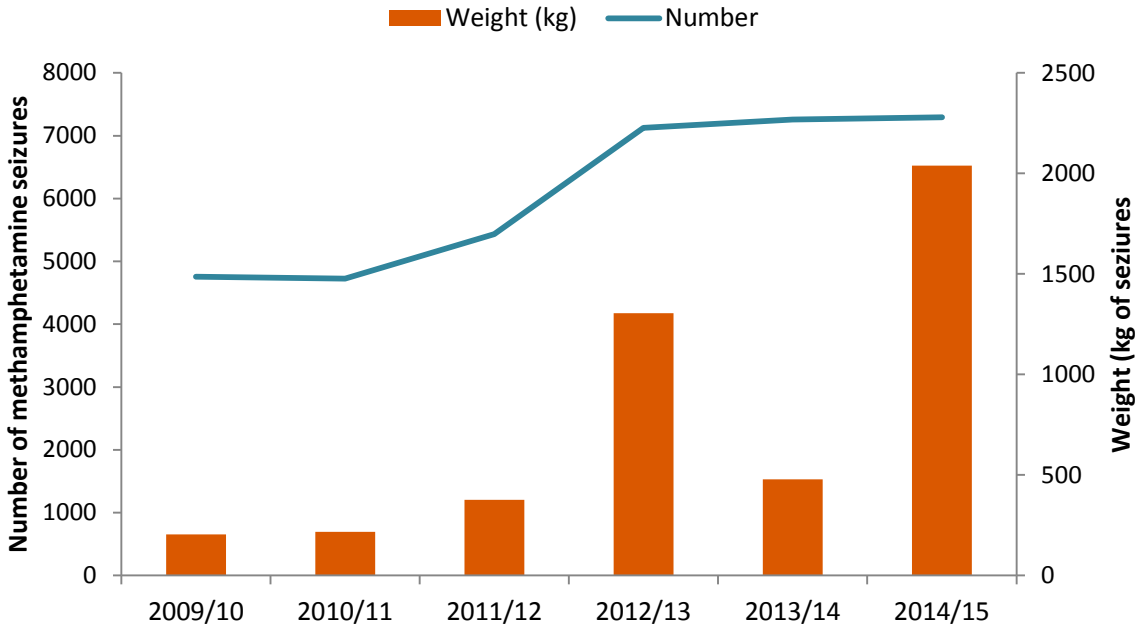
Figure 50: Median purity of methamphetamine seizures analysed in NSW, 2009/10-2013/14



Source: Australian Crime Commission (2011, 2012, 2013, 2014, 2015)
NB: Gaps in the series represent data that wasn't available. Purity levels are only representative of seizures which are analysed.

Both the number and weight of methamphetamine seizures has been relatively high in the past 3 years (Figure 51).

Figure 51: Number and weight of methamphetamine seizures detected by NSW Police, 2009/10-2014/15



Source: Australian Crime Commission (2011, 2012, 2013, 2014, 2015)
Note: 2014/15 data was provided by NSW Police, while earlier data is extracted from the Illicit Drug Data Reports produced by the ACC

5.2.3 Availability

Speed

Of the fifteen participants that commented on the current availability of speed, two reported it as being 'very easy' to obtain, six respondents reported it as being 'easy', six reported it as 'difficult' to obtain and the remaining participant reported it as being 'very difficult'. Most participants who commented (69%) believed that the availability of speed had remained stable.

Base

All four participants that commented on base reported it to be 'difficult' to obtain. Two (50%) reported that the availability had remained stable.

Crystal

Seven of the eight participants that reported crystal availability reported it as being 'very easy' to obtain and the remaining participant reported it as 'easy'. Five participants reported that the availability of crystal had remained stable.

5.2.4 Supply

Participants were asked who and where they obtained their methamphetamines from they last time they obtained them.

Speed

Of the sixteen individuals that commented on speed supply, eight obtained speed from a friend, six obtained speed from a known dealer and two obtained it from an unknown dealer.

When asked about the venue in which they obtained speed, the largest proportion reported obtaining it at a friend's home (n=8). Two participants reported obtaining speed at a dealer's home and two participants from an agreed public location.

Base

Of the four participants that commented on base supply, three obtained base from friends and the remaining participant obtained it through a known dealer.

Two of the four participants reported obtaining base at an agreed public location whilst the remaining two obtained base at either a friend's home, or had it delivered to their own home.

Crystal

Eight participants commented on the supply of crystal methamphetamine. Three participants reported obtaining crystal from friends or known dealers respectively. The remaining two obtained crystal either through an acquaintance or an unknown dealer.

When asked where they obtained crystal methamphetamine from, three reported home delivery, two reported obtaining crystal from a friend's home, two from an agreed public location and the remaining participant obtained crystal in a car.

Key expert comments

Four health KE could comment on the PPA of methamphetamine; two reported the price to be $50 per point. Two reported an increase in availability over the last 12 months, one reported that availability was stable and the remaining KE said that it had decreased. There was some consensus over purity, with KEs reporting either a higher or fluctuating purity over the last 12 months.

Six KEs from law enforcement could comment on methamphetamine PPA. The consensus across all law KE were that methamphetamine detections are increasing, and availability and purity are up. One KE reported the price to be $50-150 per point, a price that has remained stable. Another KE noted that the price per kg dropped from $180,000-220,000 to $50,000-$150,000, suggesting that high end suppliers are producing cheaper products, but these are being sold on the street at the same price. It was the opinion of most law KEs that the supply met market demand.

A common theme among law enforcement KE was that large scale production was becoming more prominent, with a broader demographic of traffickers, not just bikie gangs. The majority of crystal methamphetamine is manufactured in Australia.

According to the law enforcement KE, suppliers are all male, ranging from 40-60 years of age.

5.3 Cocaine

Summary:

- *Price*: $300 per gram, stable.
- *Purity*: Variable reports.
- *Availability*: Variable reports.

5.3.1 Price

Thirty-one participants were able to comment on the price of cocaine. The median price per gram was $300 (range $200-450). This figure has continued to remain stable for the past six years (Table 23).

Two-thirds (66%) of those who commented on the price of cocaine believed it had remained stable over the preceding six months. This figure has not significantly changed since 2010.

Table 23: Price of cocaine purchased by RPU, NSW, 2010-2015

	2010 (n=44)	2011 (n=42)	2012 (n=36)	2013 (n=28)	2014 (n=39)	**2015 (n=38)**
***Md* price per gram** ($) (range)	300 (200-450)	300 (80-1000)	300 (220-350)	300 (200-370)	300 (40-400)	**300 (200-450)**
***Price change* (%):**						
Increased	16	19	14	-	15	**6**
Stable	66	69	70	91	69	**66**
Decreased	11	10	8	5	5	**16**
Fluctuated	7	2	8	5	10	**13**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

5.3.2 Purity

RPU Reports

Thirty-two RPU were able to comment on the purity of cocaine (Table 24). Reports on current purity were quite heterogeneous, with 31% reporting 'low' purity, about one-fifth (19%) reporting 'medium' purity and one-third (33%) reporting 'high' purity. These data suggest that the current purity of cocaine is variable.

Ratings of the change in cocaine purity over the preceding six months have remained relatively stable from 2014 to 2015, with slightly more individuals reporting an increase in purity and slightly less reporting fluctuating purity. The largest proportion of participants reported the purity of cocaine as remaining 'stable' in the last six months (43%).

Table 24: RPU reports of cocaine purity, NSW, 2010-2015

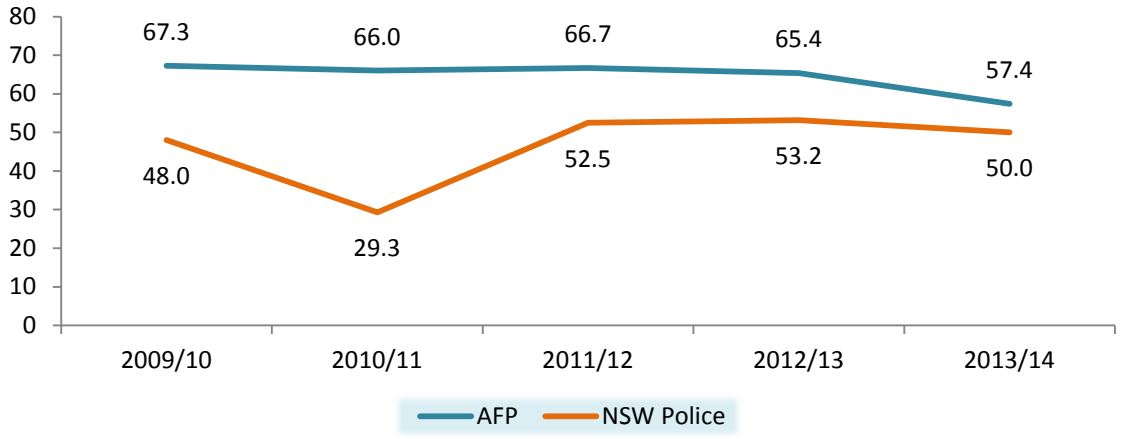
	2010 (N=45)	2011 (N=47)	2012 (N=46)	2013 (N=29)	2014 (N=49)	**2015 (n=32)**
Current purity (%)**:**						
Low	20	36	26	20	26	**31**
Medium	27	36	35	52	32	**19**
High	22	19	28	16	21	**33**
Fluctuates	31	9	11	12	21	**17**
Purity change (%)**:**						
Increased	7	12	12	5	6	**17**
Stable	60	37	61	52	45	**43**
Decreased	12	34	15	19	16	**13**
Fluctuated	21	17	12	24	32	**27**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

Seizure Data

The purity of cocaine samples analysed by both NSW Police and the AFP has remained relatively stable over the past 3 years. Purity figures for 2013/14 are based on 169 seizures analysed by the NSW Police (representing 16% of all cocaine seizures detected by NSW Police) and 45 seizures analysed by the AFP (representing 4% of all seizures detected by the AFP). Purity data was not available for 2014/15.

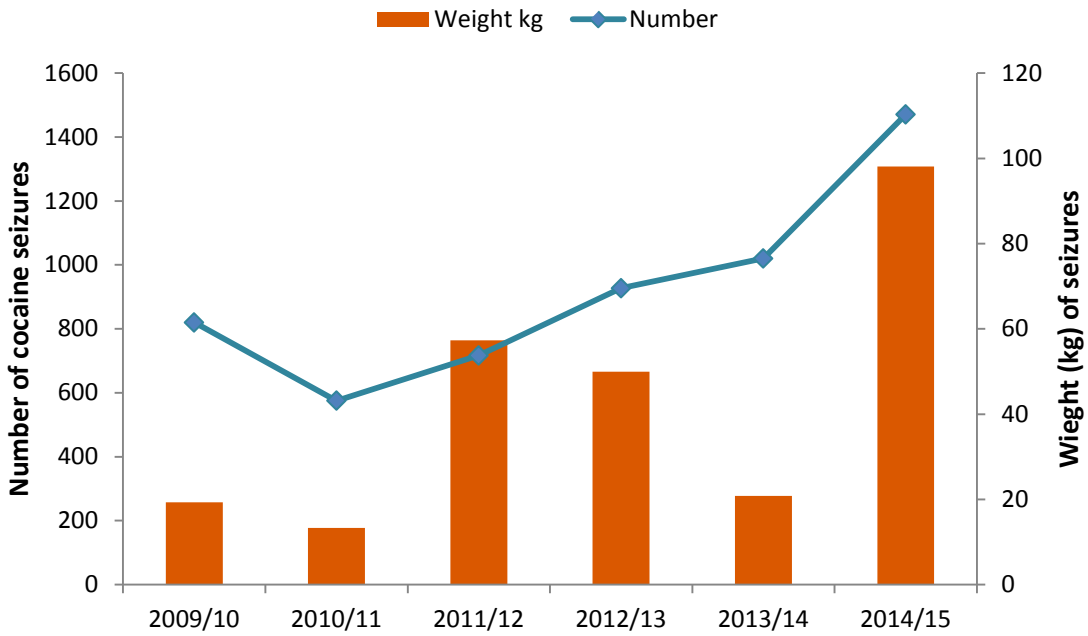
Figure 52: Median purity of cocaine seizures analysed in NSW, 2009/10-2013/14



Source: Australian Crime Commission (2011, 2012, 2013, 2014, 2015)
NB: Purity levels are only representative of seizures which are analysed

The number of cocaine seizures detected by NSW Police has increased since 2010/11, and the total weight of these seizures in 2014/15 was relatively high (Figure 53).

Figure 53: Number and weight of cocaine seizures detected by NSW Police, 2009/10-2014/15



Source: Australian Crime Commission (2011, 2012, 2013, 2014, 2015)
Note: 2014/15 data was provided by NSW Police, while earlier data is extracted from the Illicit Drug Data Reports produced by the ACC

5.3.3 Availability

Thirty-seven participants were able to comment on the availability of cocaine (Table 25). Of these, the majority (73%) believed cocaine was currently either 'easy' or 'very easy' to obtain. Over a quarter (27%) reported that it was currently 'difficult' to obtain. These figures are comparable with those from 2014.

About half (51%) of those who commented stated that the availability of cocaine had remained stable over the preceding six months, with lower proportions reporting cocaine as being 'easier' (31%) or 'more difficult' to obtain (11%) over the preceding six months. Compared to 2014, slightly more individuals reported cocaine as being 'easier' to obtain and slightly less reported cocaine availability as being 'stable'.

Table 25: RPU reports of cocaine availability, NSW, 2010-2015

	2010 (N=47)	2011 (N=49)	2012 (N=44)	2013 (N=29)	2014 (N=44)	**2015 (N=36)**
Current availability:						
Very easy (%)	40	31	25	21	30	**30**
Easy (%)	38	35	41	52	55	**43**
Difficult (%)	21	35	34	28	14	**27**
Very difficult (%)	-	-	-	-	2	**-**
Availability change:						
Easier (%)	18	15	21	22	16	**31**
Stable (%)	71	74	69	61	66	**51**
More difficult (%)	9	11	10	17	13	**11**
Fluctuated (%)	2	-	-	-	5	**6**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

5.3.4 Supply

Of those who commented on purchasing cocaine over the preceding six months (n=37), the majority had purchased it from a friend (70%) or a known dealer (24%). Single participants reported purchasing from workmates or a client.

The most common location of last purchase was at a friend's home (35%), followed by their own home (27%). Smaller proportions purchased cocaine at a dealer's home or an agreed public location (n=4, respectively), at a nightclub (n=3), pubs/bars (n=2) and one participant reported obtaining cocaine at a live music event.

Key expert comments

Three KEs were able to report on cocaine PPA and their estimation for the price of a gram ranged from $250-400.

5.4 LSD

Summary:

- *Price*: $25 per tab, stable.
- *Purity*: Medium-high, stable.
- *Availability*: Currently difficult to obtain.

5.4.1 Price

Thirty-six participants reported on the price of LSD (Table 26). The median price last paid for a tab of LSD was $25 (range 5-100), which has remained stable over the last six years. The majority of those who commented (74%) reported that the price had remained stable over the preceding six months, with only a small portion reporting that the price was 'increasing' (3%), 'decreasing' (10%), or 'fluctuating' (13%). These figures have remained relatively stable compared to 2014, with a slight increase in those reporting the price as 'decreasing' or 'fluctuating'.

Table 26: Price of LSD purchased by RPU, NSW, 2010-2015

	2010 (n=31)	2011 (n=34)	2012 (n=37)	2013 (n=52)	2014 (n=38)	**2015 (n=36)**
***Md* price per tab**						
($)	20	20	20	20	25	**25**
(range)	(2-30)	(6-30)	(12-40)	(8-50)	(8-40)	**(5-100)**
***Price change* (%):**						
Increased	14	24	5	9	21	**3**
Stable	79	67	86	76	71	**74**
Decreased	3	3	5	13	4	**10**
Fluctuated	3	6	3	2	4	**13**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

5.4.2 Purity

Thirty-two participants commented on the current purity of LSD (Table 27). The largest proportion of participants (48%) reported that LSD was currently of 'high' purity. Compared to 2014, there were slightly more participants reporting current LSD purity as being 'medium' or 'low'.

Participants who commented on the change in LSD purity across the last 6-12 months reported similar responses to previous years with the majority (52%) reporting a 'stable' purity and smaller numbers reporting LSD purity as 'increasing' (8%), 'decreasing' (12%) or 'fluctuating' (28%).

Table 27: RPU reports of LSD purity, NSW, 2010-2015

	2010 (n=31)	2011 (n=39)	2012 (n=42)	2013 (n=46)	2014 (n=34)	**2015 (n=32)**
Current purity (%)***:***						
Low	3	3	2	11	3	**12**
Medium	26	13	38	39	21	**27**
High	61	79	50	33	65	**48**
Fluctuates	10	5	10	33	12	**12**
Purity change (%)***:***						
Increased	17	16	11	9	18	**8**
Stable	67	71	64	44	54	**52**
Decreased	10	3	8	16	14	**12**
Fluctuated	7	10	17	30	14	**28**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

5.4.3 Availability

Thirty-four participants commented on the availability of LSD (Table 28). Over half (56%) reported LSD was 'difficult' to obtain and 42% reported LSD to be 'easy' or 'very easy' to obtain. Compared to 2014, there was a notable decrease in those reporting that LSD was 'easy' to obtain and an increase in those reporting it as 'difficult'.

Compared to 2014, slightly more participants reported that LSD was 'easier' to obtain and fewer individuals reported purity to be 'stable' over the last six months.

Table 28: RPU reports of LSD availability, NSW, 2010-2015

	2010 (n=32)	2011 (n=38)	2012 (n=45)	2013 (n=51)	2014 (n=40)	**2015 (n=34)**
Current availability:						
Very easy (%)	31	34	22	14	20	**18**
Easy (%)	38	34	38	49	40	**24**
Difficult (%)	22	32	38	29	33	**56**
Very difficult (%)	9	-	2	8	8	**3**
Availability change:						
Easier (%)	23	22	15	11	10	**21**
Stable (%)	67	59	61	58	67	**45**
More difficult (%)	7	16	20	31	20	**21**
Fluctuated (%)	3	3	5	-	3	**12**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

5.4.4 Supply

Of those who commented on purchasing LSD over the preceding six months (n=36), the majority had purchased it from a friend (56%) or a known dealer (25%). Three participants reported purchasing from acquaintances and online respectively.

The most common location of last purchase was at a friend's home (28%), followed by their own home (17%). Four participants reported purchasing LSD at an agreed public location and three participants from dance parties, live music events and online respectively.

5.5 Ketamine

Summary:

- *Price*: $220 per gram.
- *Purity*: Medium to high.
- *Availability*: Difficult-very difficult to obtain.

5.5.1 Price

Three participants reported on the price of ketamine with a median of $220 per gram (range 180-250; Table 29). Five participants commented on the change in ketamine price. Four participants reported the price as 'stable' and the remaining participant reported the price as 'decreasing'.

Table 29: Price of ketamine purchased by RPU, NSW, 2010-2015

	2010 (n=7)^	2011 (n=14)	2012 (n=8)^	2013 (n=5)^	2014 (n=7)^	**2015 (n=3)^**
***Md* price per gram** ($) (range)	150 (100-280)	150 (50-200)	150 (20-180)	200 (15-200)	180 (10-230)	**220 (180-250)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^n<10 interpret with caution

5.5.2 Purity

Of the six participants who commented on current ketamine purity, three reported it as 'medium' and the remaining three reported it as 'high'.

Due to the low numbers reporting on the change in ketamine purity over the last six months (n=3), responses are not recorded.

5.5.3 Availability

Of the eight participants who commented on the current availability of ketamine, two participants reported that ketamine was 'easy' to obtain and six reported that it was 'difficult' or 'very difficult' to obtain.

All five participants that commented on the change in ketamine availability over the previous six months reported that ketamine availability was 'stable'.

5.5.4 Supply

Participants were asked who they obtained ketamine from at the time of their last purchase. Of the nine individuals who commented, six reported obtaining ketamine from friends, two from known dealers and one reported obtaining ketamine from an acquaintance.

RPU were also asked where they obtained ketamine from at the time of their last purchase. Two participants respectively reported obtaining ketamine from a dealer's home or a friend's home. The remaining participants reported obtaining ketamine from various private and public venues.

5.6 GHB

Summary:

- *Price*: $17.5 per mL.
- *Purity*: Medium-high.
- *Availability*: Variable reports.

5.6.1 Price

Six participants reported on the price of GHB with a median of $17.5 per mL (range 10-100; Table 30).

Five participants commented on the change in GHB price, of which four reported the price as 'stable' and the remaining participant reporting the price as 'fluctuating'.

Table 30: Price of GHB purchased by RPU, NSW, 2010-2015

	2010 (n=5)^	2011 (n=7) ^	2012 (n=4) ^	2013 (n=6) ^	2014 (n=3) ^	**2015 (n=6) ^**
***Md* price per mL** ($) (range)	10 (5-50)	10 (4.8-10)	9 (7-20)	11.5 (4-25)	10 (8-35)	**17.5 (10-100)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^n<10 interpret with caution

5.6.2 Purity

Of the five participants who commented on current GHB purity, two reported it as 'medium' and two reported it as 'high'. The remaining participant commented that the current purity was 'fluctuating'.

Four individuals commented on the change in GHB purity over the last six months. Two participants believed that the purity had remained 'stable' and two believed it to have 'decreased'.

5.6.3 Availability

Of the six participants who commented on the current availability of GHB, four participants reported that GHB was 'very easy' to obtain. The remaining two reported that it was 'difficult' of 'very difficult' to obtain.

Five individuals commented on the change in GHB availability over the previous six months. Two reported it as 'easier', two as 'stable' and the remaining participant as 'more difficult' to obtain.

5.6.4 Supply

Participants were asked who they obtained GHB from at the time of their last purchase. Of the six individuals who commented, five reported obtaining GHB from friends and one participant reported obtaining it from a known dealer.

RPU were also asked where they obtained GHB from at the time of their last purchase. Five participants reported obtaining GHB from a friend's house and the remaining individual from an agreed public location.

5.7 Cannabis

Summary:

Hydro

- *Price*: $20 per gram; $300 per ounce, stable.
- *Potency*: Currently medium-high, stable.
- *Availability*: Currently very easy to obtain, stable.

Bush

- *Price*: $20 per gram; $280 per ounce, stable.
- *Potency*: Currently medium, stable.
- *Availability*: Variable reports.

From 2006, the EDRS included a more detailed section about cannabis and made a distinction between indoor-cultivated 'hydroponic' cannabis (hydro) and outdoor-cultivated 'bush' cannabis for price, potency and availability. In 2015, only participants who were able to distinguish between hydro and bush provided information about the price, potency and availability of cannabis.

5.7.1 Price

Table 31 presents the reported price for one ounce and one gram of hydro and bush cannabis. Prices for hydro and bushremained relatively stable from 2014 to 2015.

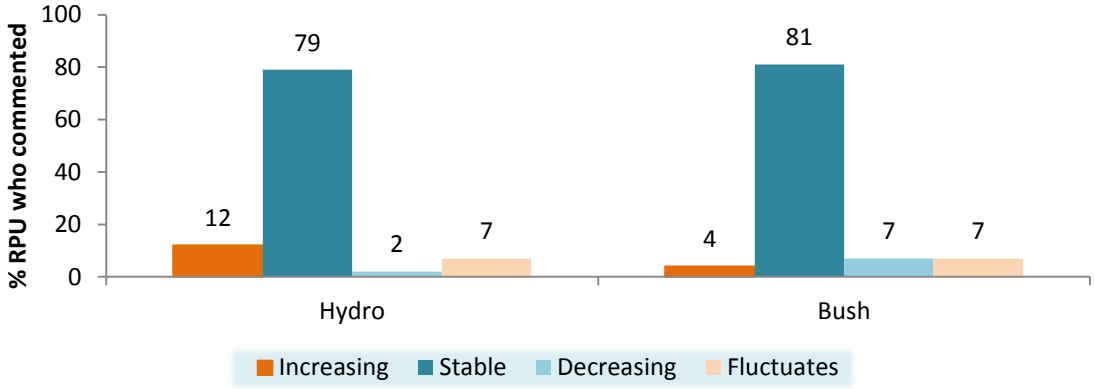
Table 31: Price of hydroponic and bush grown cannabis purchased by RPU, NSW, 2010-2015

	2010	2011	2012	2013	2014	**2015**
Hydro	n=40	n=46	n=39	n=37	n=31	**n=24**
Md price per ounce ($) (range)	300 (150-450)	300 (230-400)	290 (160-350)	300 (250-450)	300 (250-320)	**300 (250-350)**
Md price per gram ($) (range)	20 (20)	20 (10-20)	20 (10-25)	20 (10-100)	20 (10-20)	**20 (5-20)**
Bush	n=19	n=19	n=27	n=16	n=29	**n=16**
Md price per ounce ($) (range)	235^ (150-300)	290^ (200-300)	265^ (150-300)	300 (200-400)	280 (200-360)	**280 (200-350)**
Md price per gram ($) (range)	20 (5-25)	20 (10-20)	20 (10-20)	20 (10-25)	20 (10-25)	**20 (10-20)**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
^ Small numbers, interpret with caution

Participants were asked about changes to the price of hydro and bush over the preceding six months (Figure 54). The majority reported that it had been stable both for hydro (79%) and bush (81%).

Figure 54: RPU reports of the price change of hydro and bush cannabis, NSW, 2015

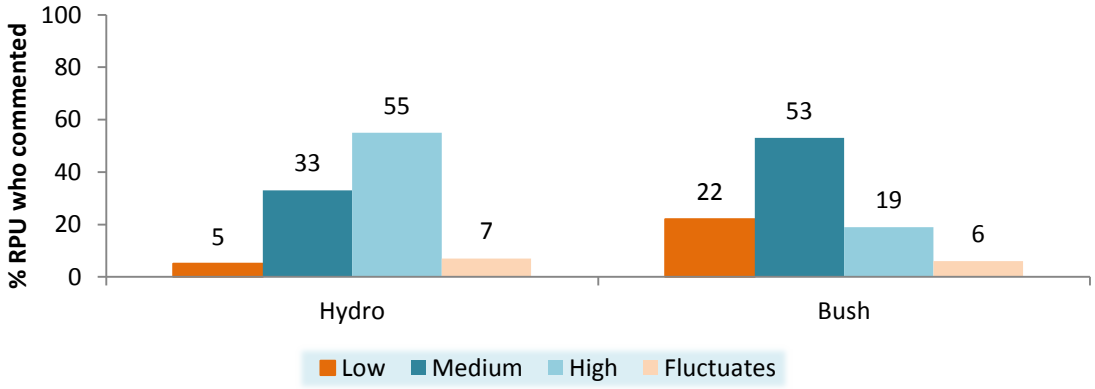


Source: NSW EDRS regular psychostimulant user interviews 2015
Note: Of those who commented: n=43 for hydro, n=27 for bush.

5.7.2 Potency

Figure 55 presents participants' perceptions of the current potency of hydro and bush cannabis. Fifty-five percent of those who commented reported that hydro was currently of 'high' potency, which is higher compared to 2014 in which the largest group of commenters reported the potency as being 'medium'. Fifty-three percent of those who commented rated bush as having a 'medium' potency, similar to 2014 proportions.

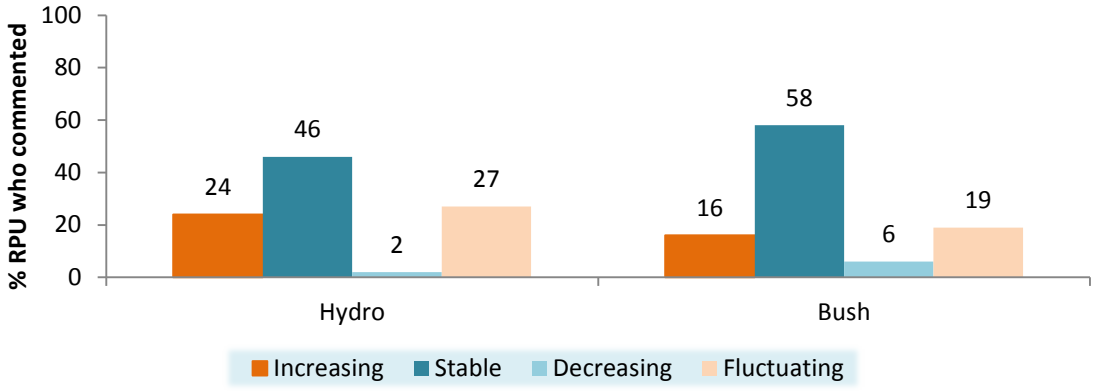
Figure 55: RPU reports of current potency of hydro and bush cannabis, NSW, 2015



Source: NSW EDRS regular psychostimulant user interviews 2015
Note: Of those who commented: n=42 for hydro, n=36 for bush.

Figure 56 presents participants' perceptions of the change in potency of hydro and bush cannabis over the last six months. Forty-six percent of those who commented reported that hydro potency was stable (77% in 2014). Notable proportions reported the potency of hydro as increasing (24%) or decreasing (27%). Reports of the change in bush potency has remained stable (58%) compared to 2014 (53%)

Figure 56: RPU reports of change in potency of hydro and bush cannabis over the last six months, NSW, 2015

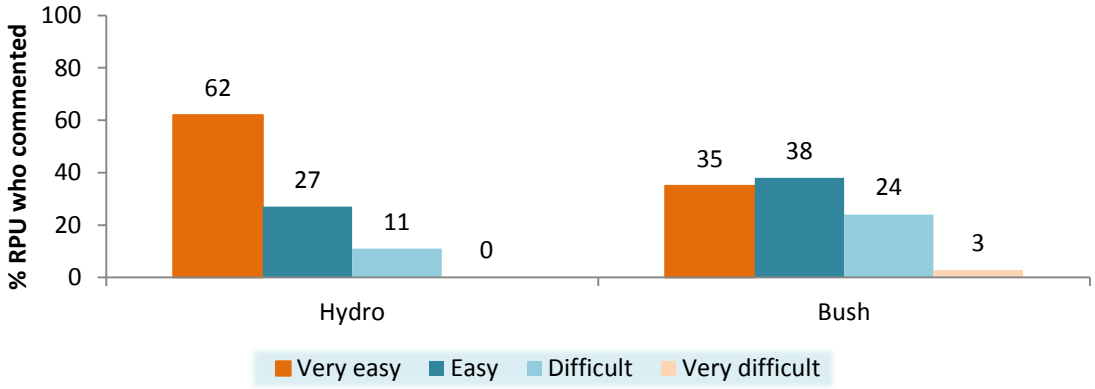


Source: NSW EDRS regular psychostimulant user interviews 2015
Note: Of those who commented: n=41 for hydro, n=31 for bush.

5.7.3 Availability

Figure 57 reports RPU perceptions of current hydro and bush availability; there were no significant differences between 2014 and 2015. Sixty-two percent of participants who commented reported hydro to be very easy to obtain. There was no consensus on bush availability with 35% reporting it to be very easy, 38% easy and 24% difficult to obtain.

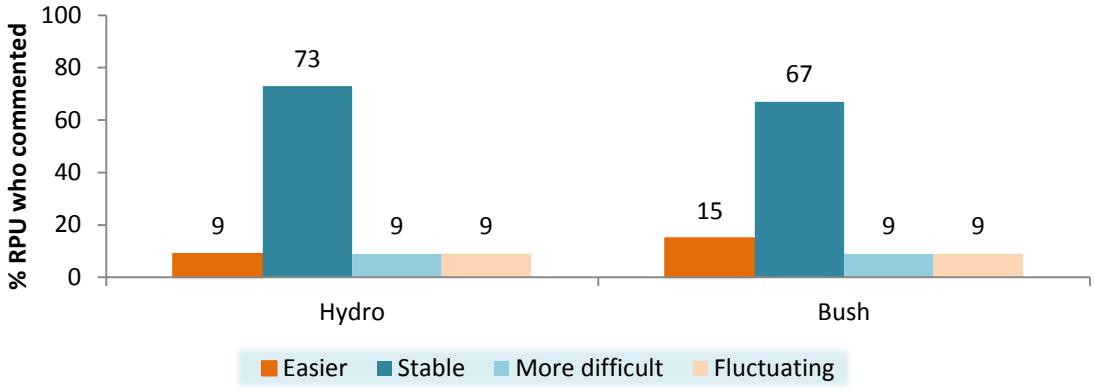
Figure 57: RPU reports of current availability of hydro and bush cannabis, NSW, 2015



Source: NSW EDRS regular psychostimulant user interviews 2015
Note: Of those who commented: n=45 for hydro, n=34 for bush.

Reports on the change in cannabis availability in 2015 were similar to 2014 data. Most participants who commented reported both hydro (73%) and bush (67%) availability as stable over the last six months (Figure 58).

Figure 58: RPU reports of change in availability of hydro and bush cannabis over the last six months, NSW, 2015



Source: NSW EDRS regular psychostimulant user interviews 2015
Note: Of those who commented: n=44 for hydro, n=33 for bush.

5.7.4 Supply

Hydro

Most individuals who reported purchasing hydro in the last six months obtained it from either friends (47%) or known dealers (42%) during their last purchase. When asked where they obtained hydro the last time, 33% reported obtaining hydro from a friend's home, 24% from a dealer's home, 22% from an agreed public location and 18% from home delivery.

Bush

Most individuals who reported purchasing bush in the last six months obtained it from either friends (42%) or known dealers (33%) during their last purchase. When asked where they obtained bush the last time, 39% reported obtaining bush from a friend's home, 28% from a dealer's home and 17% from an agreed public location.

Key expert comments

KE who commented reported the price and potency of cannabis to be stable at $15-20 per gram and $50 for 3 grams and a high potency.

One law KE reported the price to have decreased with a stable purity.

The remaining law enforcement KE reported the price to be $12-30 per gram, $200-400 per ounce, $2000-5000 for single indoor plants and $1000-1200 for a single outdoor plant. Cannabis in NSW predominantly derives from far northern and southern coastal regions.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

Summary:

Stimulant dependence

- Over a quarter (27%) of RPU scored 3 or above on the ecstasy severity of dependence scale (SDS), indicative of problematic dependent ecstasy use.
- Five participants obtained a score of 4 or above indicative of amphetamine dependence.

Overdose, deaths and hospital admissions

- Two-fifths (41%) of participants reported having overdosed on a stimulant drug throughout their lifetime.
- One-third (32%) reported having ever overdosed on a depressant drug.
- There has been an upward trend in deaths where ecstasy, methamphetamine, and cocaine were detected post mortem in 2014/15.
- Hospital admissions in which methamphetamine, cocaine and cannabis were the principal diagnosis appear to be increasing over time in NSW.

Health Service usage

- Six percent of respondents reported that they had recently accessed a medical or health service in relation to their drug use, a downward trend since 2010.
- There has been an upward trend in calls to helplines in 2014/15 relating to crystal methamphetamine and cocaine.

Mental health

- Thirty-five percent of RPU had recently experienced a mental health problem. Mood and anxiety disorders were most commonly reported.
- Participants completed the K10. Thirty-six percent of the group reported high to very high psychological distress as measured by the Kessler Psychological Distress Scale (K10).

6.1 Stimulant dependence

It has been traditionally believed that dependence on MDMA (the active ingredient in ecstasy) is unlikely given the relatively infrequent use patterns exhibited by ecstasy users (i.e. fortnightly or weekly). There is evidence from animal research of a dependence potential for MDMA which is relatively attenuated and displays unique characteristics compared with

other drugs. Little work has been done to characterise a dependence syndrome among ecstasy users (Bruno et al., 2009).

Up until 2014, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy 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 appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine and methadone maintenance patients across five samples in Sydney and London (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.

In 2015, participants were asked two separate SDS scales, to provide information on ecstasy and methamphetamine dependence separately. This provided data on methamphetamine dependence among RPU to complement dependence data from PWID obtained in the Illicit Drug Reporting System (IDRS: http://ndarc.med.unsw.edu.au/project/illicit-drug-reporting-system-idrs).

6.1.1 Ecstasy dependence

Two cut-off scores are presented. A cut-off score of 3 or more was used as these scores have been recently found in the literature to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno, Gomez & Matthews, 2011). Twenty-seven percent of RPU recorded a score of 3 and above. The cut off of 4 and above is a more conservative estimate which has been used previously in the literature as a validated cut-off for methamphetamine dependence (Topp & Mattick, 1997; Bruno et al., 2009). Nineteen percent of EDRS participants scored 4 or above.

Of those who answered the ecstasy SDS (99%), the median SDS score was 1 (range 0-9). Twenty-nine percent of these participants obtained a score of zero on the SDS and under one-quarter (24%) obtained a score of 1 on the scale; that is, over half of the respondents reported no or few symptoms of dependence in relation to ecstasy use. These findings are supported by responses of the majority of these participants (60%) reporting ‘never or almost never’ thinking that their use of ecstasy was out of control and 77% reporting that they would find it ‘not difficult to stop or miss a prospective dose of ecstasy’.

6.1.2 Methamphetamine dependence

Thirty-three percent of the sample reported using any form of methamphetamine in the last six months and all but three of these participants answered the methamphetamine SDS.

A cut-off score of 4 or more has been shown to be a good indicator of amphetamine dependence as defined by the DSM-IV (Topp & Mattick, 1997). Of the thirty individuals who answered the questions in relation to methamphetamine, five participants reported a cut-off score of 4 or more.

The median methamphetamine SDS score was 1 (range 0-12). Fourteen of the thirty participants obtained a score of zero on the SDS and eight obtained a score of 1 on the scale. Furthermore, when asked if they thought their use of methamphetamine was out of control twenty-five participants (83%) reported ‘never or almost never’ and the same proportion of participants answered that they would not find it difficult to ‘stop or miss a prospective methamphetamine dose’.

6.2 Overdose and drug-related fatalities

Participants were asked if they had ever overdosed on a stimulant drug or a depressant drug. In both instances, 'overdose' was defined as presenting with symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety, panic or agitation, hallucinations, excited delirium) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing). As such, the following sections are based on participants' understanding of these definitions and their opinions as to whether they had overdosed.

6.2.1 Stimulant overdose

Over two-fifths (41%) of participants reported having overdosed on a stimulant drug throughout their lifetime. Participants reported having experienced a median of 1 overdose (range 1-20), and that their last overdose had occurred a median of 9 months ago (range 1-168). Under one-quarter (24%) of participants reported having overdosed on a stimulant drug within the preceding 12 months. Among these, the most common location of their last overdose was at a live music event (42%) or at a friend's home (21%). Smaller proportions reported having overdosed at other locations. Overall, stimulant overdoses occurred more frequently in public (63%) than private (33%) settings. The majority of participants (63%) believed that they did not have a sober person present to assist them the last time they overdosed on a stimulant drug.

Those who had recently (i.e. within the last year) overdosed were asked to identify the main drug to which they attributed their last overdose and also to identify other drugs they had used. Ecstasy was the drug most commonly reported to have caused the overdose (83%), with smaller proportions reporting cocaine (n=2) or LSD (n=1). Most participants (89%) who had recently experienced a stimulant overdose had been using multiple drugs on that occasion. The most common additional drug used was alcohol (n=11), followed by cannabis (n=7), speed (n=3) and LSD (n=3).

Among those who overdosed within the preceding year, the most common symptoms reported included increased heart rate (n=12), increased body temperature (n=10), nausea (n=9) and auditory hallucinations (n=9). Eleven of the twenty-four participants (46%) who had recently overdosed on a stimulant drug did not receive any treatment. The remaining participants were watched or monitored by their friends (n=13) and one participant also attended an emergency department. Only two participants reported seeking information about stimulant overdose or treatment after their most recent stimulant overdose and received information from pill reports or another website.

Participants were asked how long they had been partying prior to overdosing on the last occasion. The median number of hours participants had been partying was 6 (range 1-72). The majority of participants reported that the overdose had occurred on a heavy session (67%) rather than during a normal night out.

6.2.2 Depressant overdose

Thirty-two percent of the current sample of RPU reported having ever overdosed on a depressant drug. Those who had overdosed reported having done so on a median of 2 occasions (range 1-10) with the most recent overdose having occurred a median of 15 months prior to the interview (range 1-300). Fourteen participants reported having overdosed on a depressant drug within the year preceding the interview.

Of those who overdosed on a depressant drug within the 12 months prior to being interviewed, thirteen participants attributed their most recent overdose to alcohol and the remaining participant attributed their overdose to GHB. Half of those who reported a recent overdose reported having used other drugs on that occasion; three participants reported cannabis use, two reported benzodiazepine use and two reported cocaine use.

Participants were asked where they were when they last overdosed within the past 12 months. Participants had overdosed at home (n=5), a pub (n=2) or a public place such as a street or park (n=2). Six of the fourteen participants reported that there had not been a sober person present at the time of overdose who was able to assist them.

The most commonly reported symptoms of a depressant overdose among this group were losing consciousness (n=4), collapsing (n=4) and vomiting (n=4). Most participants that had recently experienced a depressant overdose reported that they did not receive any formal treatment or care on the last occasion (n=9). Those who had received assistance were monitored or watched by friends (n=5), treated at a hospital emergency department (n=3) andattended to by an ambulance (n=2). None of the participants sought information about drug overdose or treatment following their depressant overdose.

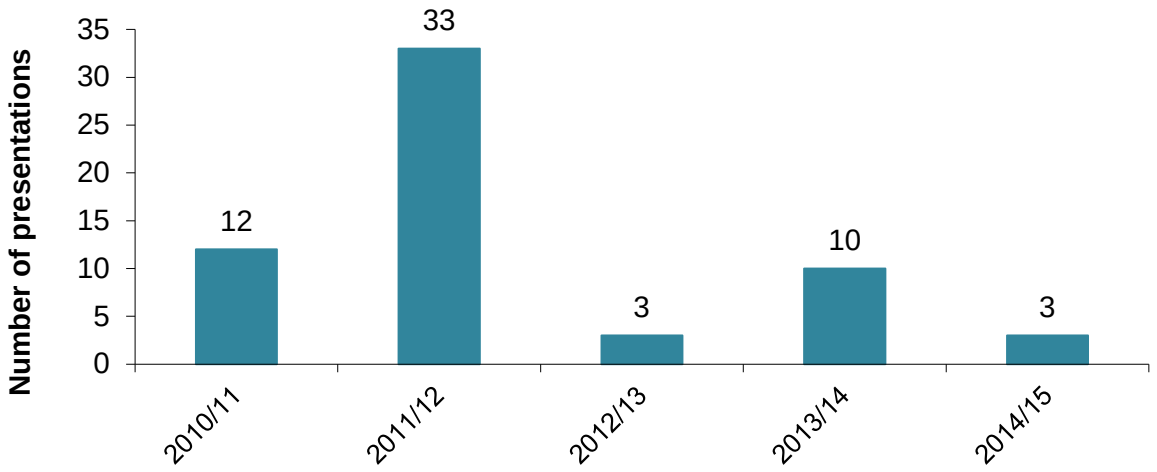
Participants reported that on their last occasion of overdosing on a depressant drug, they had been partying for a median of 5 hours (range 1-24). A majority of the participants who commented reported that the overdose had occurred on a heavy session (n=9) rather than on a normal night out (n=5).

6.2.3 Ecstasy

Since the introduction of the Systematized Nomenclature of Medicine Clinical Terms (SNOMED CT) coding structure in Australia, it is now possible to extract the number of emergency department presentations for ecstasy poisonings in NSW. These would previously have been coded under amphetamine type stimulants presentations. In 2014/15, there were 3 emergency department presentations for ecstasy poisonings.

The total number of ecstasy overdose presentations to NSW emergency departments has fluctuated over time, with 2011/12 recording the highest number of presentations (33) in the past 5 years (Figure 59).

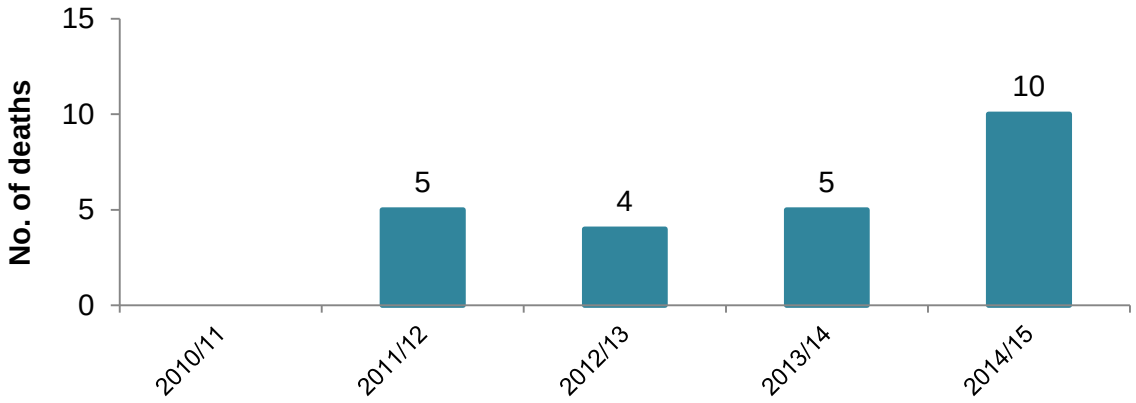
Figure 59: Ecstasy overdose presentations to NSW emergency departments, July 2010 to June 2015



Source: Emergency Department Information System, NSW Ministry of Health
Note: Figures refer to overdose only and do not include presentations for use disorders

The number of suspected drug-related deaths where ecstasy was detected post-mortem was low and appeared to have remained relatively stable over time until 2014/15, when there were 10 detections of MDMA post-mortem (Figure 60). The detection of MDMA, however, does not imply that MDMA was causally related to the death, as there may have been other drugs present post-mortem.

Figure 60: Number of deaths of individuals suspected of drug use, in which MDMA was detected post-mortem, July 2010 to June 2015

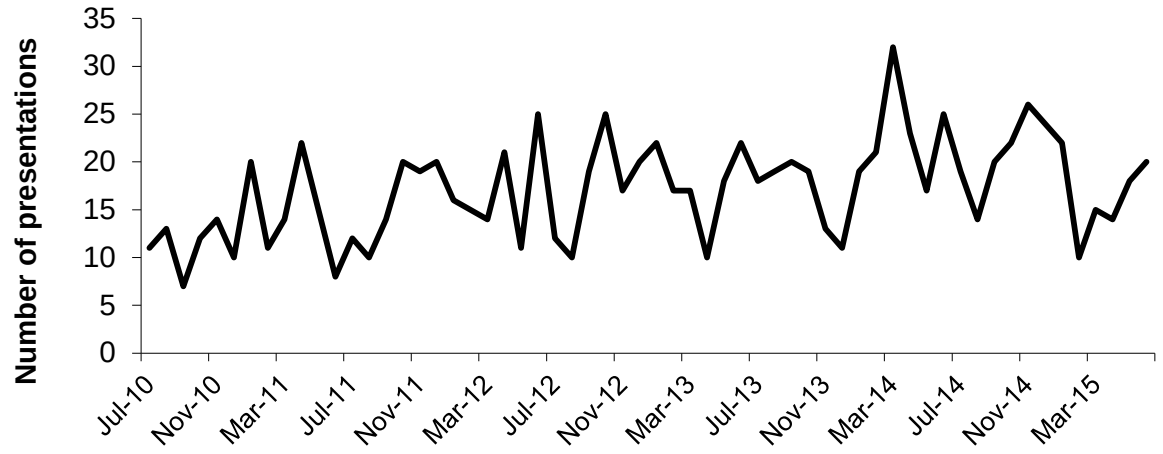


Source: Forensic Toxicology Laboratory, NSW Forensic and Analytical Science Service, NSW Ministry of Health
Note: These numbers relate to deaths in which ecstasy was detected; however, there may have also been other drugs present. 2010/11 data not published in order to protect confidentiality

6.2.4 Methamphetamine

The total number of amphetamine overdose presentations to NSW emergency departments has fluctuated over time (Figure 61).

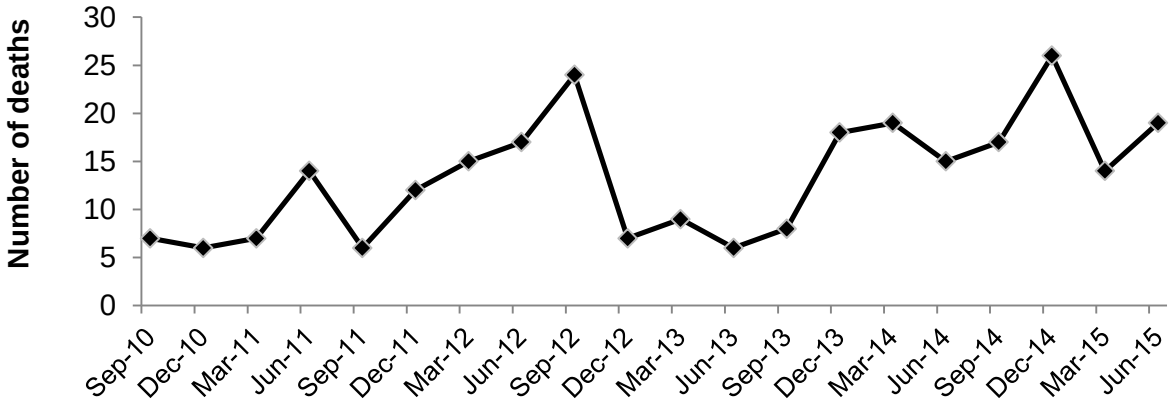
Figure 61: Amphetamine overdose presentations to NSW emergency departments, July 2010 to June 2015



Source: Emergency Department Information System, NSW Ministry of Health
Note: Figures refer to overdose only and do not include presentations for use disorders

The number of suspected drug related deaths where amphetamines were detected post-mortem in NSW appears to have increased from mid-2014 onward; data remains under 20 per quarter with the exception of mid-to-late 2012 and late-2014 (Figure 62). These figures do not include methylenedioxymethamphetamine (MDMA), methylenedioxyamphetamine (MDA), or p-methoxyamphetamine (PMA). Also excluded are pseudoephedrine and ephedrine, as only deaths related to illicit amphetamines are presented.

Figure 62: Number of deaths of individuals suspected of drug use, in which illicit amphetamines were detected post-mortem, September 2010 to June 2015

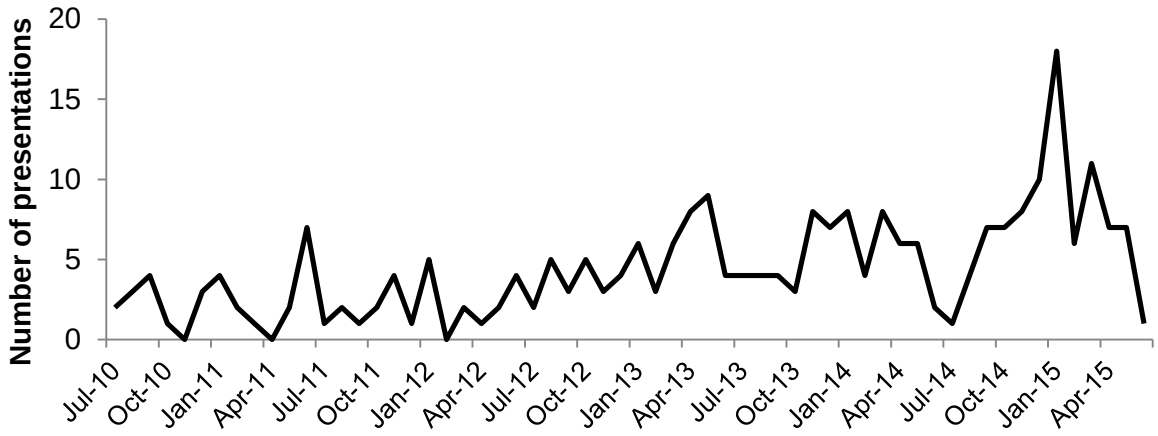


Source: Forensic Toxicology Laboratory, NSW Forensic and Analytical Science Service, NSW Ministry of Health
Note: These numbers relate to deaths in which amphetamines, including methamphetamine, were detected; however, there may have also been other drugs present

6.2.5 Cocaine

The number of cocaine overdose presentations to NSW emergency departments has become more variable since early-2013. During 2014/15, there were a total of 87 overdose presentations to NSW emergency departments (Figure 63).

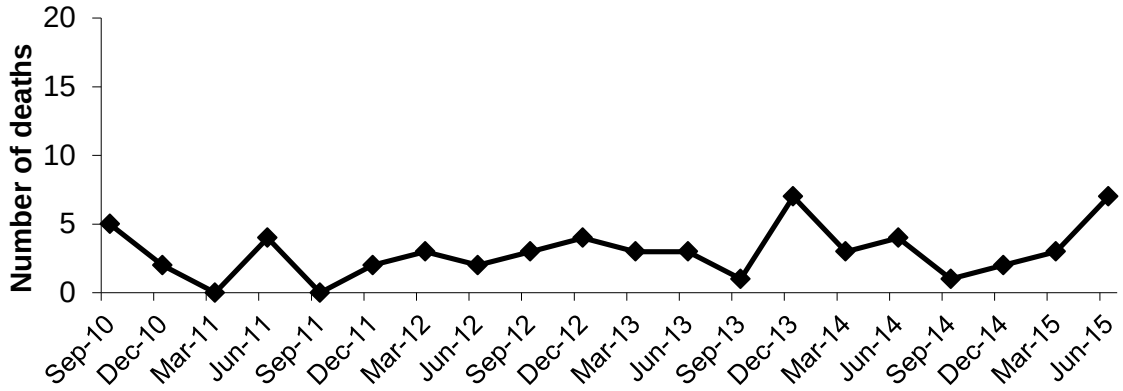
Figure 63: Cocaine overdose presentations to NSW emergency departments, July 2010 to June 2015



Source: Emergency Department Information System, NSW Ministry of Health
Note: Figures refer to overdose only and do not include presentations for use disorders

The number of suspected drug related deaths where cocaine was detected post-mortem has remained low over time (Figure 64).

Figure 64: Number of deaths of individuals suspected of drug use, in which cocaine was detected post-mortem, September 2010 to June 2015



Source: Forensic Toxicology Laboratory, NSW Forensic and Analytical Science Service, NSW Ministry of Health
Note: These numbers relate to deaths in which cocaine was detected; however, there may have also been other drugs present

6.2.6 Ketamine

Deaths of suspected drug users where ketamine was detected post-mortem remain very low. Data from the Forensic Toxicology Laboratory, NSW Forensic and Analytical Science Service (NSW Ministry of Health) recorded 8 deaths between July 2010 and June 2015.

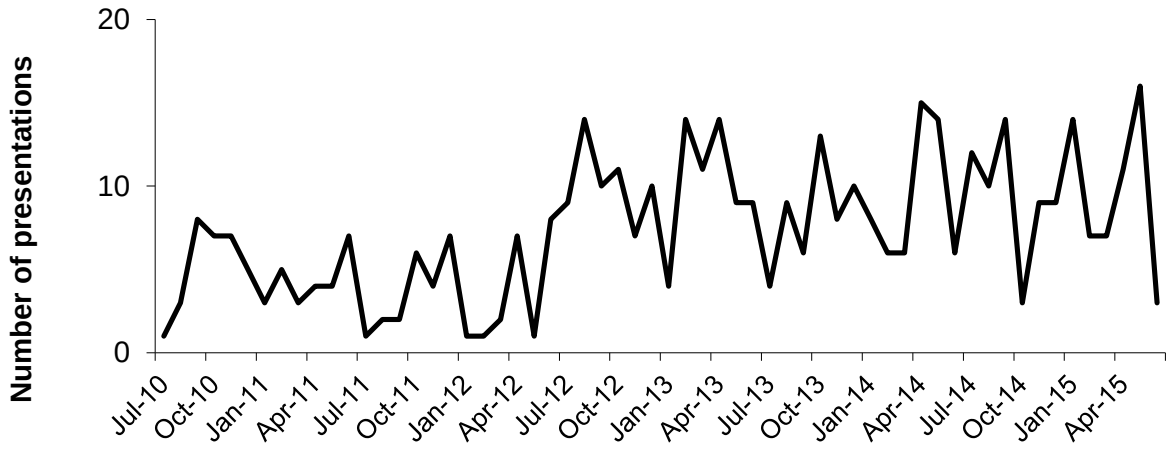
6.2.7 GHB

Data from the Forensic Toxicology Laboratory, NSW Forensic and Analytical Science Service (NSW Ministry of Health) showed that there were no deaths where GHB was detected post-mortem between July 2010 and June 2015.

6.2.8 Cannabis

The number of cannabis toxicity presentations to emergency departments has remained relatively low; however, since mid-2012, presentations fluctuated at higher levels (Figure 65).

Figure 65: Cannabis toxicity presentations to NSW emergency departments, July 2010 to June 2015

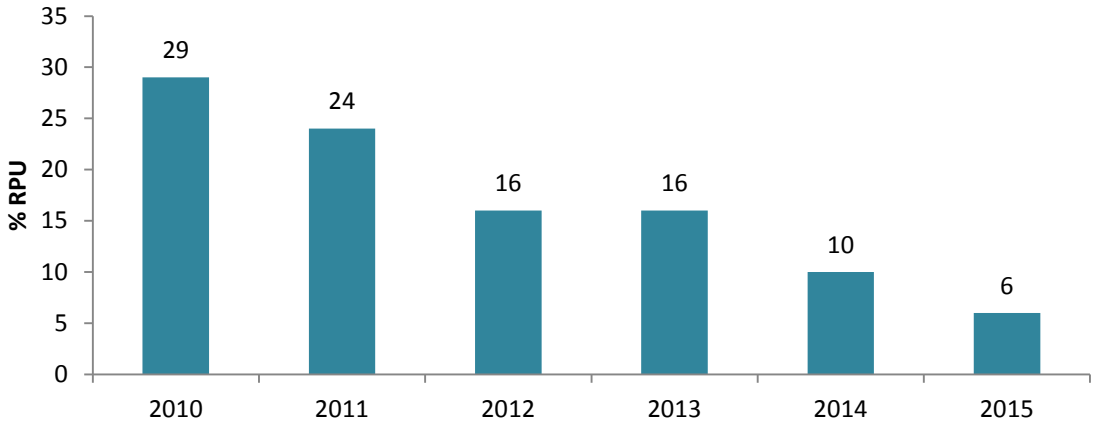


Source: Emergency Department Information System, NSW Ministry of Health
Note: Figures refer to overdose only and do not include presentations for use disorders

6.3 Help-seeking behaviour

Participants were asked if they had accessed any medical or health services in relation to their alcohol and/or drug use in the last six months. Six of the participants interviewed in 2015 reported that they had done so. The 2015 sample had the lowest recorded proportion of RPU who recently accessed medical or health services in relation to their drug use in the last six years (Figure 66).

Figure 66: Proportion of RPU who recently accessed a medical/health service in relation to drug use, NSW 2010-2015



Source: EDRS regular psychostimulant user interviews 2010-2015

Fifteen individuals reported they had thought about contacting services or health professionals for reasons related to drug use. When asked why they did not contact a service or health professional, there were a variety of different responses. The most commonly reported reasons were that participants didn't see it as a priority (n=2), worked it out on their own (n=4) or didn't want to stop their drug taking behaviour (n=2).

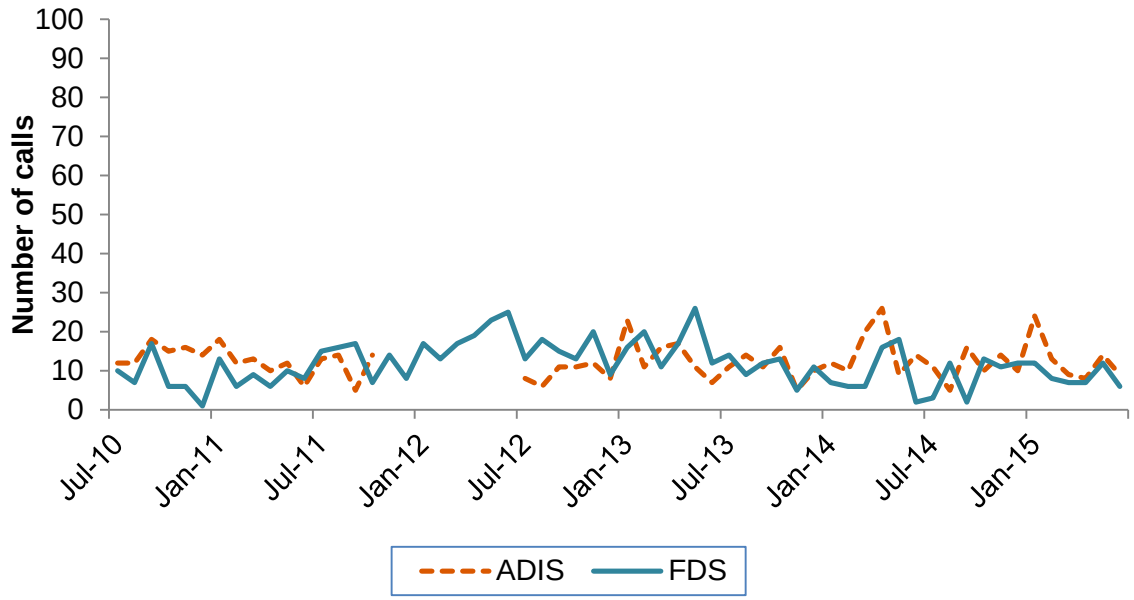
For those who attended a health service for any reasons related to their drug use (e.g. broken leg due to fall while intoxicated), the most frequent drugs of concern were ecstasy (n=13) and alcohol (n=13). Lower numbers were reported for cannabis (n=9), cocaine (n=3) and crystal methamphetamine (n=2).

6.4 Drug treatment

The NSW Alcohol and Drug Information Service (ADIS) provides a telephone information and referral service in NSW. ADIS data reflect calls in which ecstasy was the primary drug of concern. Similarly, the NSW Family Drug Support (FDS) provides over-the-phone support and referrals. FDS data represent all calls in which ecstasy was mentioned.

Figure 67 shows the number of calls received by ADIS and FDS regarding ecstasy from July 2010. These calls hare remained low and stable.

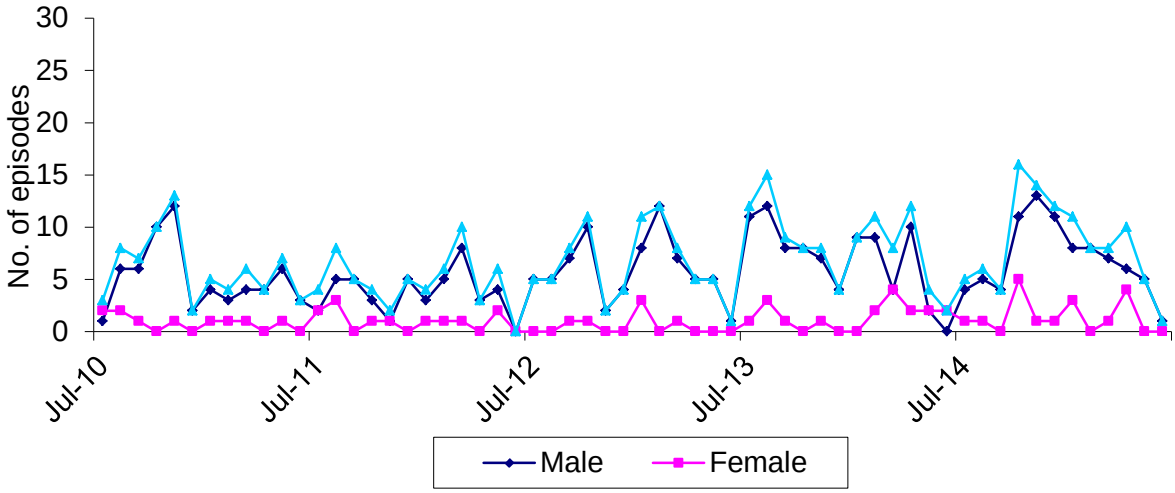
Figure 67: Number of inquiries regarding ecstasy received by ADIS and FDS, July 2010 to June 2015



Source: NSW Alcohol and Drug Information Service and NSW Family Drug Support
Note: FDS data refer to calls where any mention of ecstasy was made. ADIS data refer to the number of calls where ecstasy were mentioned as any drug of concern. Breaks in the data series represent time periods where data was unavailable. FDS data in 2012/13 has been estimated as only national totals were available.

The number of closed treatment episodes based on the date of commencement where the principal drug of concern was ecstasy has remained stable since mid-2010 (Figure 68). Men accounted for most of the treatment episodes.

Figure 68: Number of ecstasy treatment episodes by gender, NSW July 2010 to June 2015



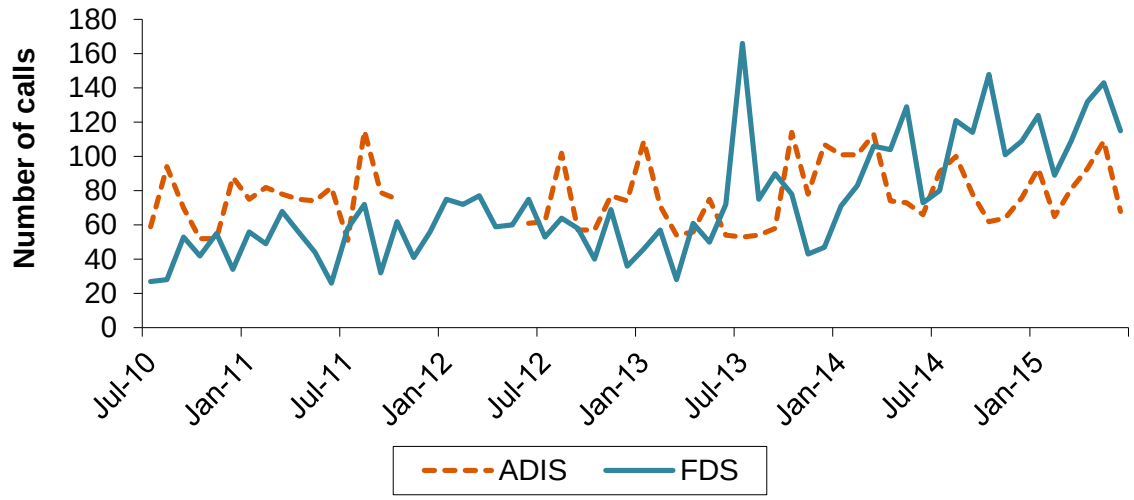
Source: NSW MDS AODTS, NSW Department of Health
Note: The NSW MDS AODTS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Figures are presented by the commencement date for treatment.

6.4.1 Methamphetamine

Figure 69 shows the number of calls to the ADIS and FDS lines regarding methamphetamines. The number of enquiries to ADIS has fluctuated over the past 12

months to June 2015. Calls to FDS have steadily increased over the past 2 years, likely reflecting the fact that these calls include crystal methamphetamine, which in the past 12 months comprised the majority of calls for meth/amphetamine.

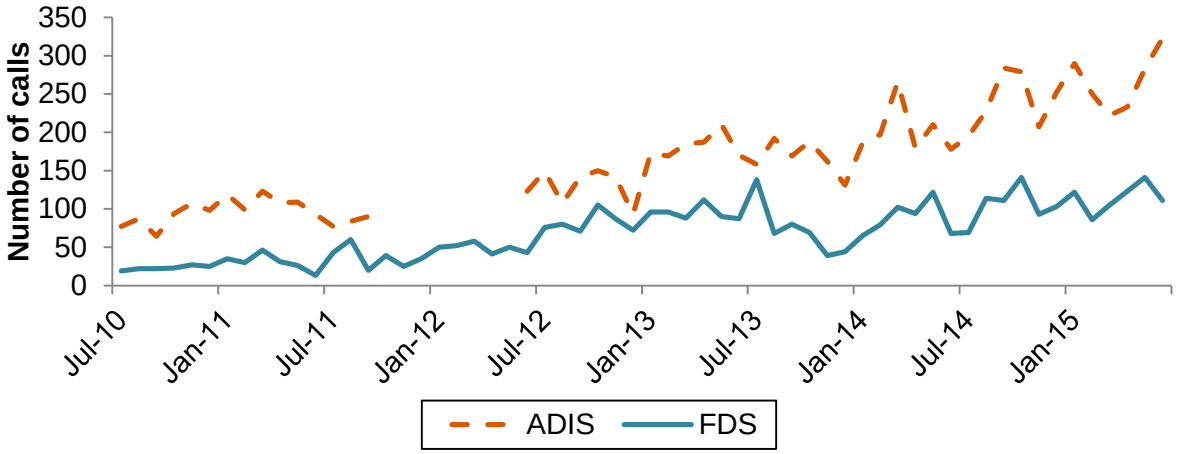
Figure 69: Number of enquiries to ADIS and FDS regarding amphetamines, July 2010 to June 2015



Source: NSW Alcohol and Drug Information Service and NSW Family Drug Support
Note: FDS data refer to calls where any mention of amphetamines was made. ADIS data refer to the number of calls where amphetamines were mentioned as any drug of concern. Breaks in the data series represent time periods where data was unavailable. FDS data in 2012/13 has been estimated as only national totals were available.

Figure 70 presents calls to ADIS and FDS regarding crystal methamphetamine. These calls have been steadily increasing across both services since 2010.

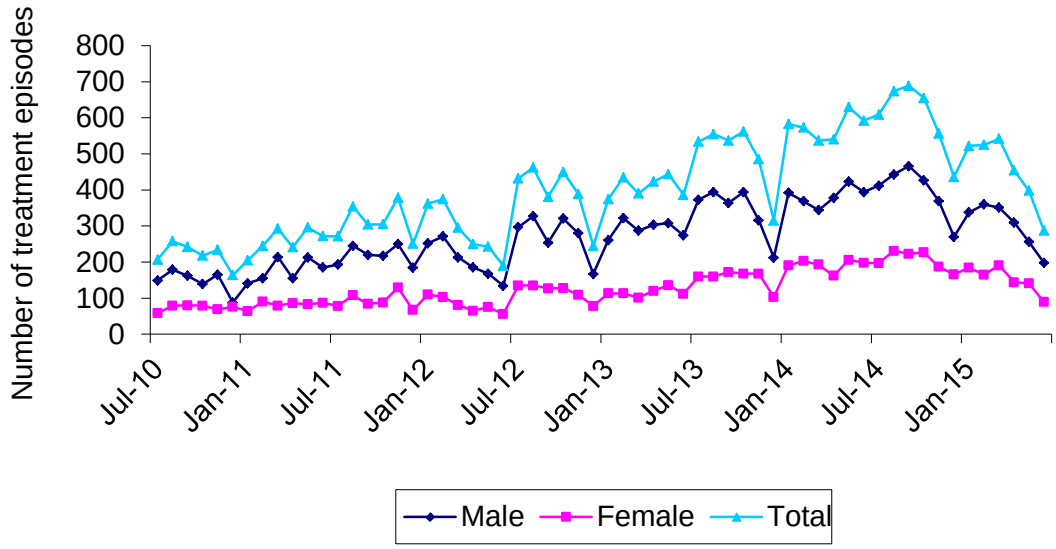
Figure 70: Number of enquiries to ADIS and FDS regarding crystal methamphetamine, July 2010 to June 2015



Source: NSW Alcohol and Drug Information Service and NSW Family Drug Support
Note: Data is presented on calls coded as relating to crystal. Calls may not fall exclusively into either category and it is possible that there is some overlap. Breaks in the data series represent time periods where data was unavailable. FDS data in 2012/13 has been estimated as only national totals were available.

The number of closed treatment episodes based on date of commencement where amphetamine was the principal drug of concern has increased from mid-2010 onward (Figure 71). Men continued to account for a greater proportion of these treatment episodes compared to women.

Figure 71: Number of ATS treatment episodes by gender, NSW July 2010 to June 2015

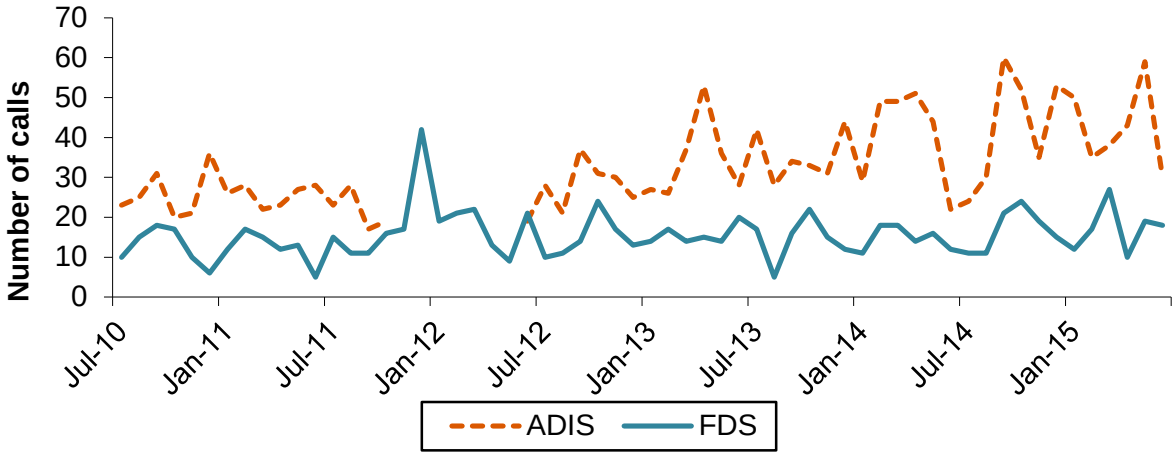


Source: NSW MDS AODTS, NSW Department of Health
Note: The NSW MDS AODTS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Figures are presented by the commencement date for treatment.

6.4.2 Cocaine

Figure 72 shows the number of calls to the ADIS and FDS lines regarding cocaine. Calls to both ADIS and FDS appear to have remained relatively stable from mid-2010; however, there has been an upward trend in the number of ADIS calls from mid-2012.

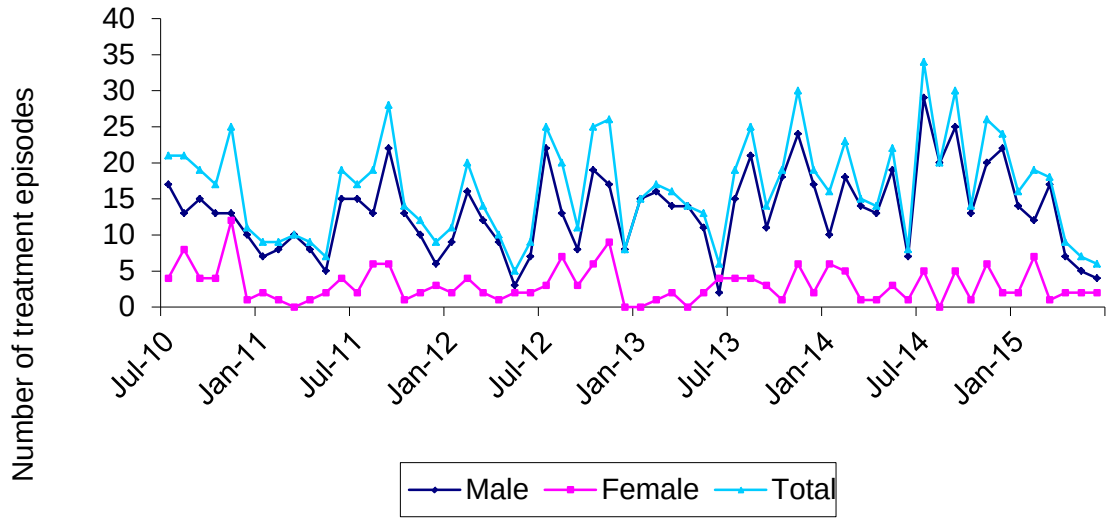
Figure 72: Number of enquiries to ADIS and FDS regarding cocaine, July 2010 to June 2015



Source: NSW Alcohol and Drug Information Service and NSW Family Drug Support
Note: FDS data refer to calls where any mention of cocaine was made. FDS is based in NSW but data may include some calls from interstate. ADIS data include calls made in NSW and ACT and refer to the number of calls where cocaine was mentioned as any drug of concern. Breaks in the data series represent time periods where data was unavailable. FDS data in 2012/13 has been estimated as only national totals were available.

The number of closed treatment episodes based on date of commencement where cocaine was the principal drug of concern has fluctuated since mid-2010 (Figure 73). Males continued to account for the vast majority of all treatment episodes.

Figure 73: Number of cocaine treatment episodes by gender, NSW July 2010 to June 2015



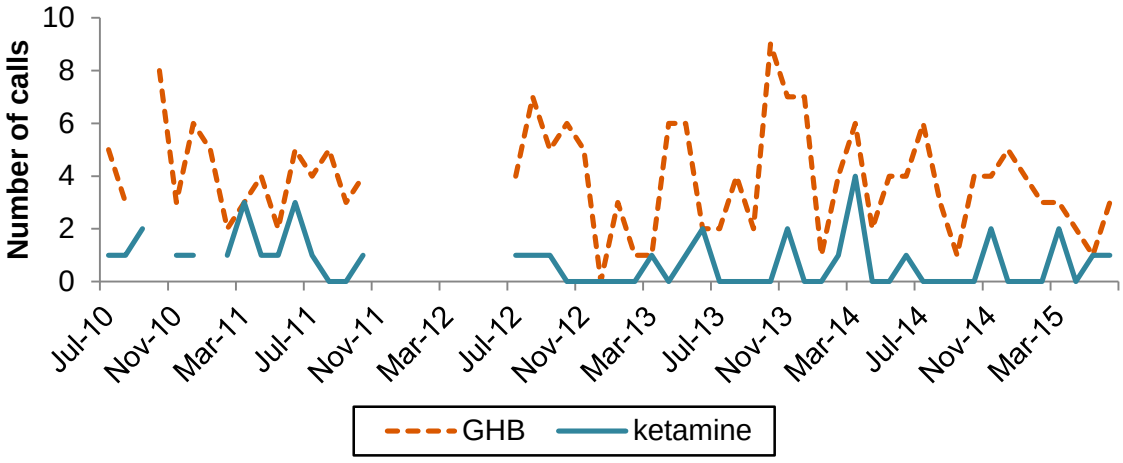
Source: NSW MDS AODTS, NSW Department of Health
Note: The NSW MDS AODTS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Figures are presented by the commencement date for treatment.

6.4.3 Ketamine

Treatment-seeking for problems with ketamine use is low compared to other drugs. Data from the NSW Minimum Dataset show during the period 2002-2015 there were twenty three closed treatment episodes based on the date of commencement where the principal drug of concern was ketamine (NSW MDS AODTS, NSW Department of Health). The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

The number of calls to ADIS where ketamine was mentioned as a drug of concern continued to be low at less than 5 calls per month (Figure 74).

Figure 74: Number of enquiries to ADIS regarding ketamine and GHB, July 2010 to June 2015

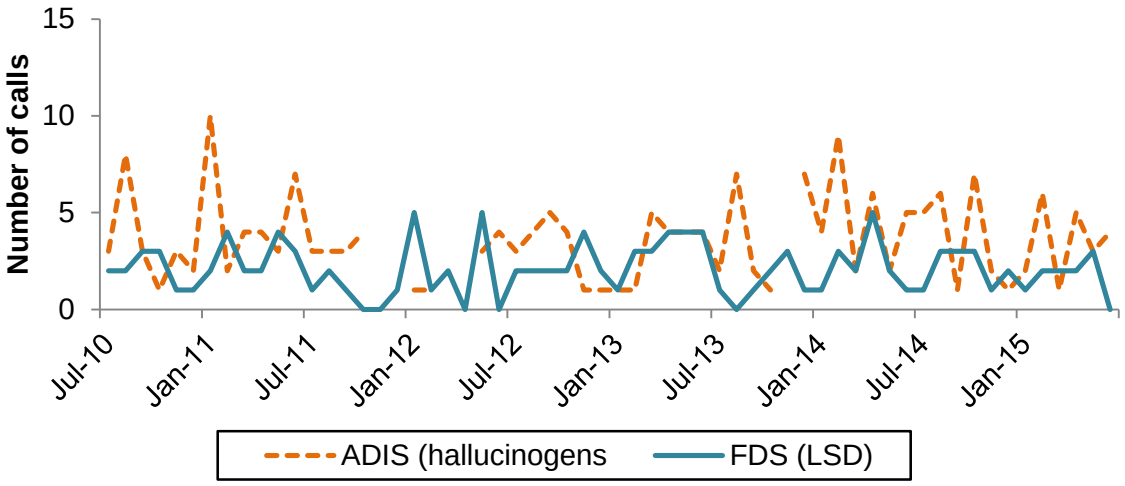


Source: NSW Alcohol and Drug Information Service
Note: ADIS data include calls made in NSW and ACT and refer to the number of calls where ketamine or GHB was mentioned as any drug of concern.

6.4.4 LSD

Calls to ADIS and FDS where hallucinogens were mentioned as a drug of concern has fluctuated over time, although these figures have remained low at generally less than ten calls per month (Figure 75).

Figure 75: Number of enquiries to ADIS and FDS regarding hallucinogens, July 2010 to June 2015



Source: NSW Alcohol and Drug Information Service and NSW Family Drug Support

Note: FDS data refer to calls where any mention of hallucinogens was made. ADIS data include calls made in NSW and ACT and refer to the number of calls where hallucinogens were mentioned as any drug of concern. FDS data in 2012/13 has been estimated as only national totals were available.

6.4.5 GHB

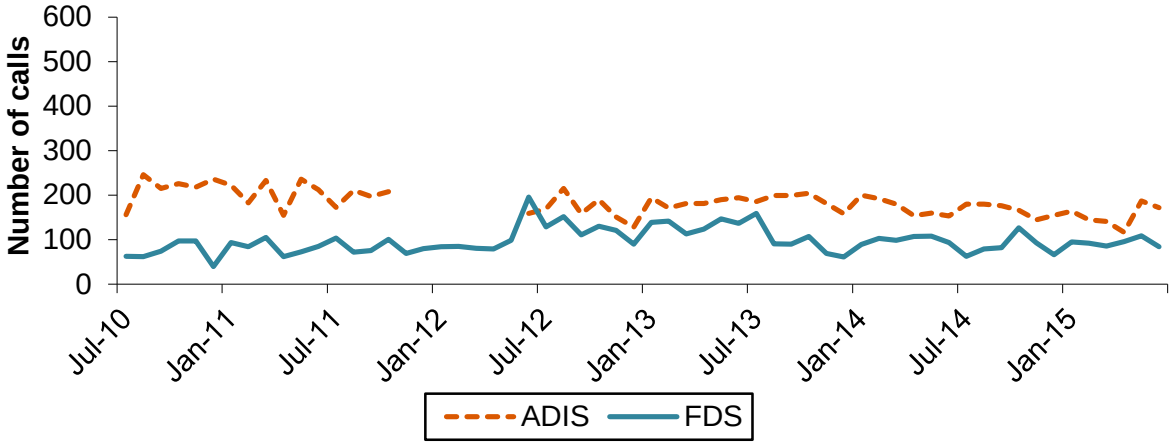
Data from the NSW Minimum Dataset show that during the period 2002-2015 there have been sixty-four treatment episodes where GHB was the principal drug of concern (NSW MDS DATS, NSW Department of Health). There were six GHB episodes recorded in the 2014/15 period. The NSW MDS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period.

The number of calls to ADIS where GHB was mentioned as a drug of concern continued to be low but variable with no more than 9 calls in any given months since mid-2010 (Figure 74).

6.4.6 Cannabis

Figure 76 presents data on calls to the ADIS and FDS services where cannabis was mentioned as a drug of concern. The numbers of calls to ADIS and FDS have remained fairly stable since 2010.

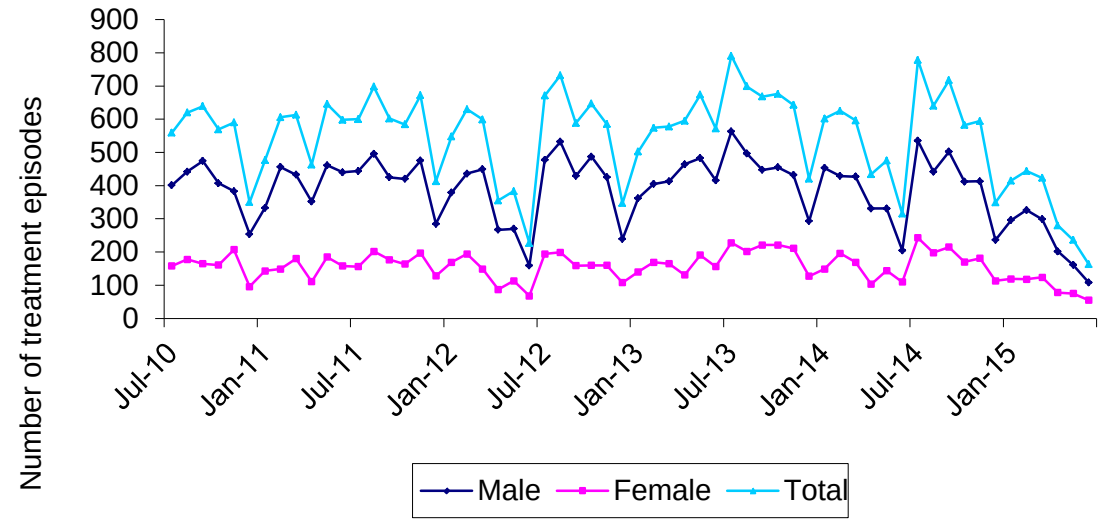
Figure 76: Number of enquiries to ADIS and FDS regarding cannabis, July 2010 to June 2015



Source: NSW Alcohol and Drug Information Service and NSW Family Drug Support
Note: FDS data refer to calls where any mention of cannabis was made. FDS is based in NSW but data may include some calls from interstate. ADIS data include calls made in NSW and ACT and refer to the number of calls where cannabis was mentioned as any drug of concern. Breaks in data represent time periods where data was unavailable. FDS data in 2012/13 has been estimated as only national totals were available.

Figure 77 shows the number of closed treatment episodes based on the date of commencement where the principal drug of concern was cannabis, by gender. Treatment episodes were relatively high in 2013/14, declining again in 2014/15.

Figure 77: Number of cannabis treatment episodes by treatment type, NSW July 2010 to June 2015



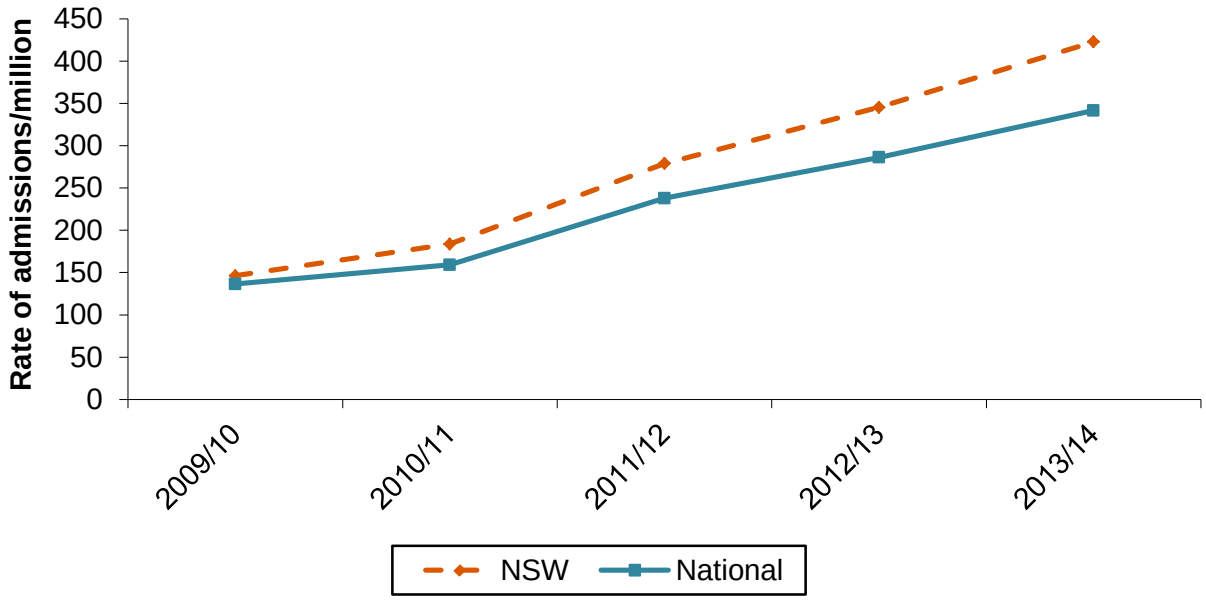
Source: NSW MDS AODTS, NSW Department of Health
Note: The NSW MDS AODTS is based on closed treatment episodes and so some episodes may be excluded if they did not finish in the given period. Figures are presented by the commencement date for treatment.

6.5 Hospital admissions

6.5.1 Methamphetamine

The rate per million of inpatient hospital admissions among persons aged 15-54 years in which amphetamines were the principal diagnosis is shown below (Figure 78). A principal diagnosis is defined as having been chiefly responsible for occasioning the patient's episode of care in hospital. Both NSW and national rates have increased from 2009/10 to 2013/14.

Figure 78: Number per million persons of principal amphetamine-related hospital admissions among persons aged 15-54, NSW and nationally, 2009/10-2013/14

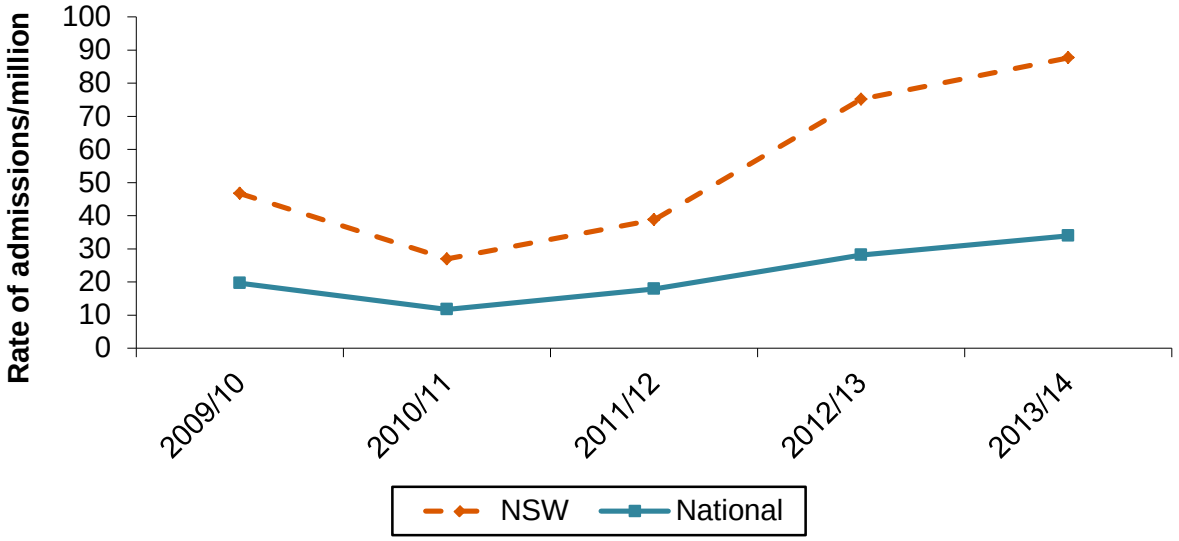


Source: National Hospital Morbidity Database, AIHW; Roxburgh & Burns (in press)

6.5.2 Cocaine

The rates of inpatient hospital admissions where cocaine was the principal diagnosis per million people aged 15-54 years are shown in Figure 79. National rates appear to have increased since 2010/11; however, NSW rates appear to have remained stable across the same time period.

Figure 79: Number per million persons of principal cocaine-related hospital admissions among persons aged 15-54, NSW and nationally, 2009/10-2013/14

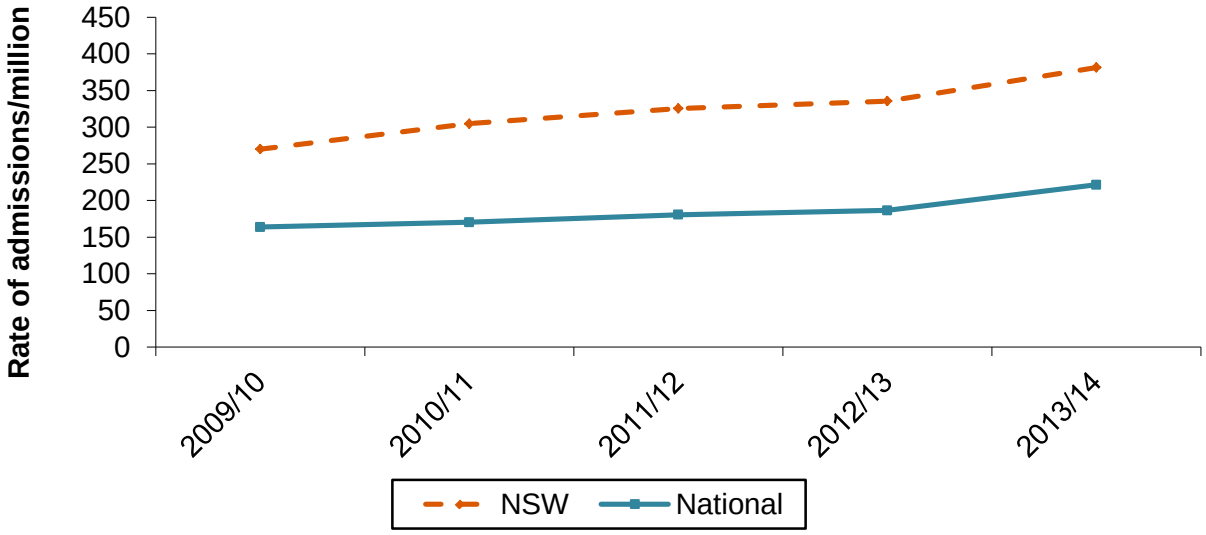


Source: National Hospital Morbidity Database, AIHW; Roxburgh & Burns (in press)

6.5.3 Cannabis

Figure 80 shows the rates of hospital admissions where cannabis was the principal diagnosis per million people aged 15-54 years. Rates in NSW remained higher than nationally, and had been so for the duration of the study. These rates appear to be rising over time.

Figure 80: Number per million persons of inpatient hospital admissions where cannabis was the principal diagnosis aged 15-54 years, NSW and nationally, 2009/10-2013/14



Source: National Hospital Morbidity Database, AIHW; Roxburgh & Burns (in press)

6.6 Mental health and psychological distress

6.6.1 Self-reported mental health

Participants were asked whether they had experienced any mental health problems over the previous six months (Table 32). Over one-third (35%) of the group had recently experienced a mental health problem, a figure which is slightly higher than that recorded among the

general population of a similar age range (26.4% for individuals aged 16-24; Slade et al. 2008). Mood and anxiety disorders were those most commonly reported. Seventy-seven percent of those who experienced a mental health problem sought assistance from a health professional, and over one-third (34%) had been prescribed medication (most commonly antidepressants).

Trends over time in self-reported mental health problems and help-seeking behaviours around these are also presented in Table 32. Overall, these figures appear relatively stable from 2014 to 2015; however there are two points worth noting. Firstly, in 2015 we have seen the highest proportion of respondents reporting having a mental health problem in the last 6 months. Secondly, in 2015, we also saw the highest proportion of respondents seeking help form a health professional for their self-reported mental health problem.

Table 32: Mental health problems among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Any mental health problem recently (%)	22	26	30	30	29	**35**
Of these (%):						
Depression	55	73	53	67	69	**66**
Anxiety	46	46	47	70	79	**49**
Panic	-	4	7	10	-	**6**
Bipolar	9	8	7	-	-	**6**
Mania	-	-	7	-	-	**3**
Paranoia	-	8	3	23	7	**-**
Personality disorder	-	-	3	-	-	**-**
Schizophrenia	-	4	-	-	-	**-**
Drug-induced psychosis	-	4	-	3	-	**3**
OCD	5	-	-	-	3	**3**
Sought help from health professional^ (%)	62	62	67	63	55	**77**
Prescribed medication^ (%)	45	35	73	32	38	**34**

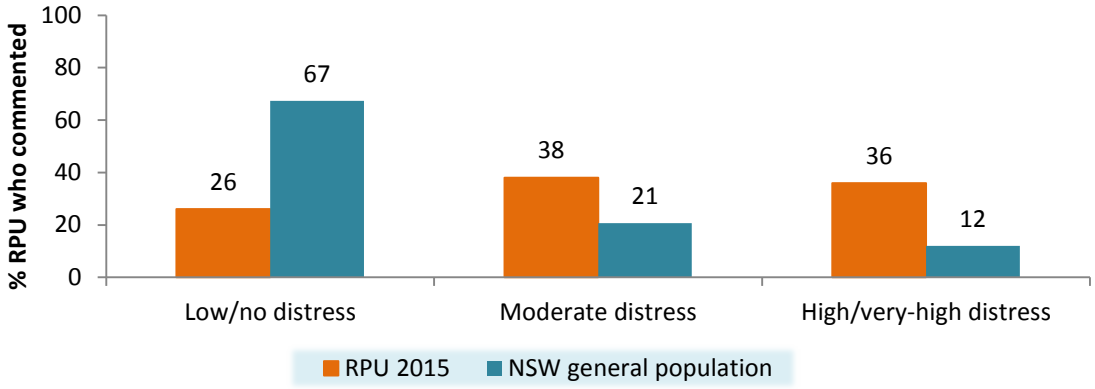
Source: EDRS regular psychostimulant user interviews 2010-2015
^Percentage of all those who had recently experienced a mental health problem

6.6.2 Kessler Psychological Distress Scale (K10)

From 2006, the EDRS has included the 10-item Kessler Psychological Distress Scale (K10; Kessler et al., 2002), which is a questionnaire designed for the general population to measure the level of distress and severity associated with psychological symptoms. The minimum score is 10 and the maximum is 50. Scores ranging from 10-15 are classified as 'low/no distress', 16-21 'moderate distress', 22-29 'high distress' and 30-50 'very high distress' (Australian Bureau of Statistics, 2012).

The median score for participants was 18 (range 10-41). The lowest proportion of participants reported scores indicative of 'low/no distress' (26%), with higher proportions indicating 'moderate'' (38%) and 'high/very-high' distress (36%). The opposite pattern of results was seen in the NSW general population, with 67% falling into the lowest distress category and smaller proportions classed in higher distress categories (Figure 81). Overall, RPU appear to experience a higher level of psychological distress than the wider Australian public.

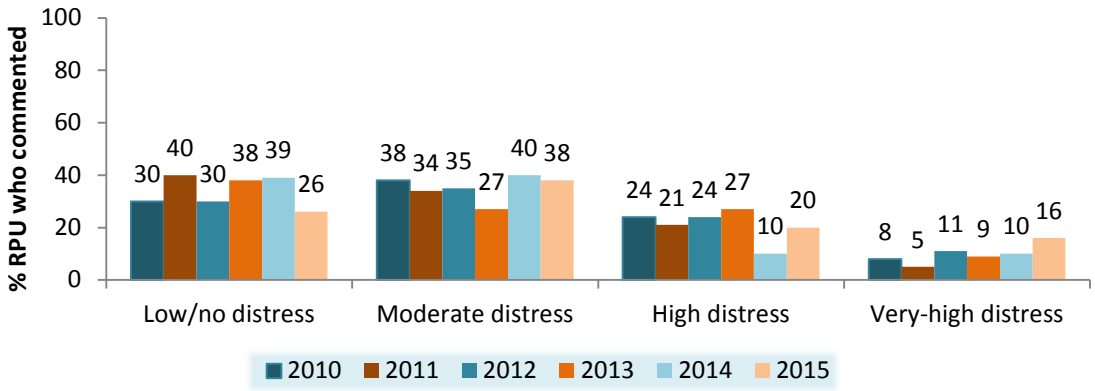
Figure 81: K10 scores for RPU compared with the general population (aged 18 and older), NSW, 2015



Source: EDRS regular psychostimulant user interviews 2015; Australian Bureau of Statistics (2013)

Figure 82 presents data across time on the proportions of each sample from 2010 to 2015 that fell into each distress category. While data appear to have remained relatively stable over time, there was a small increase in the proportion of responders scoring in the 'very-high distress' range.

Figure 82: K10 scores across time for RPU, NSW 2010-2015



Source: EDRS regular psychostimulant user interviews 2010-2015

7 RISK BEHAVIOUR

Summary:

- Seventy-eight percent of RPU reported that they had driven a vehicle in the preceding six months, and of these, 32% had driven while over the BAC limit.
- Among those who had driven recently, 57% had done so while under the influence of drugs. The drugs most commonly used prior to driving were cannabis and ecstasy.
- Eight participants had ever injected a drug and five had done so recently.
- Over three-fifths (61%) of the sample had recently had penetrative sex with a casual partner. Forty percent of participants did not use a sexual barrier on the last occasion, when intoxicated, and 48% did not when sober. The main reasons were either that they did not want to use a barrier, they were using a contraceptive pill or a barrier was not available.
- The majority (70%) of participants reported harmful alcohol consumption as measured by the Alcohol Use Disorders Identification Test (AUDIT).

7.1 Driving risk behaviour

Every second year, participants are asked a series of questions regarding their driving behaviour. Seventy-eight percent of the NSW sample reported having driven a vehicle in the six months preceding interview. Of these, 32% had driven while over the limit of alcohol and they had done so on a median of two occasions (range 1-10). These statistics have remained stable compared to 2013 (Table 33).

Table 33: RPU reports of alcohol driving risk behaviour in the last six months, NSW, 2015

	2013 (N=100)	2015 (N=100)
Driven a vehicle in the last six months	62	**78**
Driven over limit of alcohol (%)	n=62 24	**n=76** **32**
Median number of times driven over limit of alcohol (*Md*; range)	2 (1-10)	**2** **(1-10)**

Source: EDRS regular psychostimulant user interviews 2013, 2015

Experiences of random breath testing in the preceding six months were also recorded. Over two-fifths (44%) of those who had driven a vehicle in the last six months had been required to perform a RBT during that time. No participants had been found to be over the legal alcohol limit (Table 34).

Table 34: Random breath testing among those who had driven in the preceding six months, NSW, 2015

	2013 (N=100)	2015 (N=100)
Random breath test (RBT) last six months (%)	n=62 50	**n=77** **44**
RBT positive result over the legal alcohol limit (%)		**-**

Source: EDRS regular psychostimulant user interviews 2013, 2015

Over half (57%) 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). The median time between drug consumption and driving a vehicle was 1 hour (range .02-12 hours). 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 35). Cannabis was the drug most reported to have been used prior to their last occasion of drug driving.

Table 35: RPU reports of drug driving risk behaviour in the last six months, NSW, 2015

	2013 (N=100)	2015 (N=100)
Driven soon after taking an illicit drug (%)	n=62 45	**n=77** **57**
Median number of times driven after taking an illicit drug (*Md*; range)	4.5 (1-60)	**5** **(1-180)**
Drugs used prior to driving in last 6 months	n=28	**n=44**
Heroin	-	**-**
Morphine	-	**-**
Oxycodone	-	**-**
Other opiates	-	**-**
Cannabis	86	**80**
Ecstasy	43	**57**
Speed	-	**2**
Base	-	**-**
Crystal meth	-	**5**
LSD	7	**7**
Cocaine	-	**18**
Inhalants	-	**-**
Benzodiazepines	4	**-**
Other	14.3	**-**
Drugs used on last occasion of drug driving	n=28	**n=44**
Cannabis	68	**68**
Ecstasy	39	**27**
Speed	-	**-**
Crystal meth	-	**2**
Cocaine	-	**18**
LSD	7	**-**
Benzodiazepines	-	**-**
Inhalants	-	**-**
Other opiates	-	**-**
Other	7.2	**-**

Source: EDRS regular psychostimulant user interviews 2013, 2015

Eight percent 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, one participant tested positive to their most recent drug driving test (Table 36).

Table 36: Roadside drug testing among those who had driven in the preceding six months, NSW, 2015

	2013 (N=100)	2015 (N=100)
Roadside drug tested (saliva test) last six months (%)	n=62 5	**n=77** **8**
Positive roadside drug testing result	n=1	**n=1**

Source: EDRS regular psychostimulant user interviews 2013, 2015

7.2 Injecting risk behaviour

Eight participants had ever injected a drug and five injected within the past six months (Table 37).

Table 37: Injecting risk beahviour among RPU, NSW, 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)
Ever injected (%)	22	13	20	8	11	**8**
Injected last 6 months (%)	15	8	13	6	5	**5**

Source: EDRS regular psychostimulant user interviews 2010-2015

7.2.1 Lifetime injectors

The median age of initiation for respondents who had ever injected was 21 (range 16-31). Of those who reported ever injecting (n=8), 3 reported first injecting steroids, 2 participants reported heroin, two reported crystal methamphetamine and one participant reported first injecting speed.

7.2.2 Recent injectors

Patterns of recent injecting drug use

Participants who had injected a drug in the six months prior to the interview (n=5) reported having injected any drug a median of 6 times (range 1-48) over this period. Participants were asked about the last time they had injected a drug. Three reported last injecting steroids, one injected heroin and one last injected crystal methamphetamine. Four participants reported last injecting in their own home and one reported injecting at a friend's home.

Injecting risk behaviour

No respondents reported having used a needle after someone else in the past six months. One participant had used spoons/mixing containers after someone else.

Context of injecting

Two participants reported injecting with other people, one injected with a regular sex partner and the other injected with close friends and acquaintances.

Obtaining needles

Respondents were asked to identify where they had obtained needles from over the preceding six months. Needles were obtained from needle syringe programs (n=3), friends (n=1) or from methadone clinics (n=1).

7.2.3 Injecting drug use in other populations

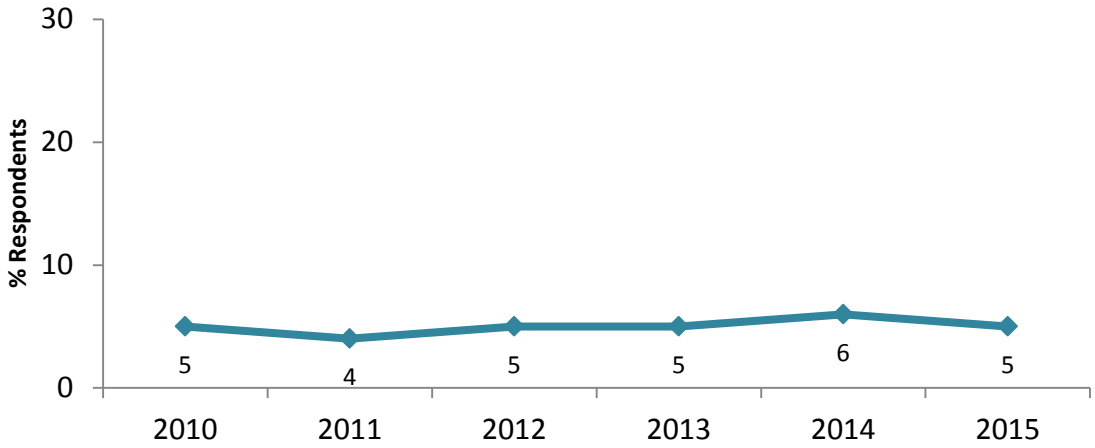
General population

The 2013 National Drug Strategy Household Survey report indicates that the proportion of the general population aged 14 years or over who had injected a drug in the past 12 months had significantly dropped to 0.3% in 2013 (versus 0.4% in 2010; Australian Institute of Health and Welfare, 2014).

Sydney Gay Community Periodic Survey

Data collected from the Sydney Gay Community Periodic Survey showed that, across sampling years, less than one-in-ten had injected any drug in the six months prior to interview (Figure 83). In 2015, 5% of the sample had recently injected any drug. According to the authors, this was a significant decrease from 2014 (Hull et al., 2015).

Figure 83: Proportion of gay men in Sydney reporting recent injecting drug use, 2010-2015

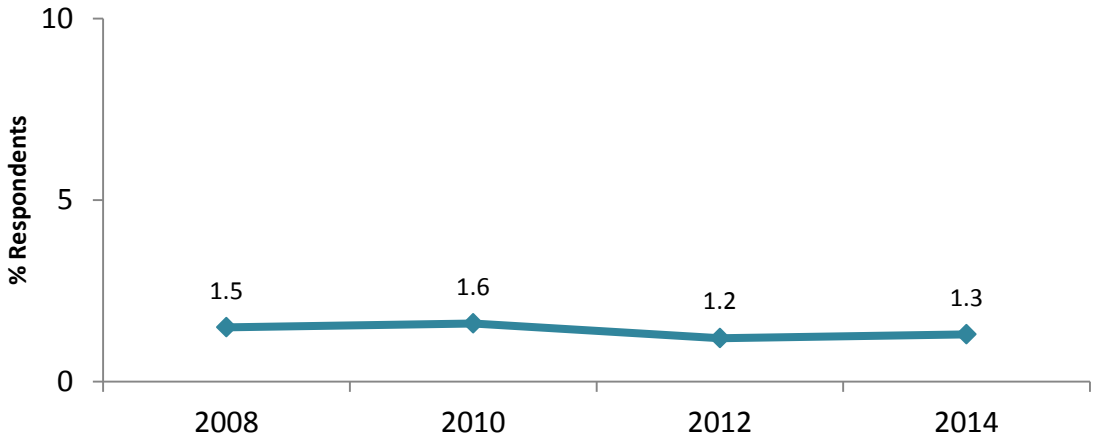


Source: Sydney Gay Community Periodic Survey 2010-2015

Sydney Woman and Sexual Health Survey

Data collected from the Sydney Women and Sexual Health Survey showed that recent injecting drug use is relatively low and stable among this group, with 1.3% of the sample injecting any drug in the six months prior to interview in 2014 (Figure 84; Mooney-Somers, Deacon, Richters & Parkhill, 2015).

Figure 84: Proportion of LBQ women in Sydney reporting recent injecting drug use, 2008-2014



Source: Sydney Women and Sexual Health Survey 2008-2014

7.3 Sexual risk behaviour

Participants were asked questions about their recent sexual activity, particularly with regards to penetrative sex. This 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.

Over three-fifths (61%) of the sample reported having had penetrative sex with at least one causal partner (i.e. someone who was not a regular partner) over the preceding six months. Of the 61 participants who reported penetrative sex with a casual partner, 55 participants (90%) reported having done so while under the influence of alcohol or drugs (Table 38). The drugs most commonly used were alcohol, ecstasy and cannabis.

Table 38: Trends in sexual activity with casual partners in the past six months among RPU, NSW 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	**2015 (N=100)**
Casual penetrative sex (%)	60	73	71	57	52	**61**
No. of sexual partners (%)*						
1 person	35	18	19	30	27	**23**
2 people	10	19	17	18	35	**21**
3-5 people	37	41	24	33	21	**34**
6-10 people	12	12	7	16	13	**18**
10+ people	7	8	4	4	4	**3**
Penetrative sex with casual partner while on drugs	n=45	n=64	n=65	n=46	n=45	**n=55**

Drugs used (%)						
Ecstasy	53	48	63	63	44	**40**
Alcohol	69	81	48	57	78	**71**
Cannabis	47	48	43	35	24	**40**
Cocaine	11	23	17	9	18	**7**
Crystal meth	4	14	9	-	7	**4**
LSD	7	9	3	11	-	**-**
Amyl nitrite	7	5	6	13	4	**2**
Ketamine	7	5	6	4	2	**2**
Speed	-	5	6	2	9	**-**
GHB	9	3	5	2	-	**4**
Base	9	2	-	-	2	**-**
Benzodiazepines	2	2	5	-	2	**4**
Pharmaceutical stimulants	-	-	5	-	2	**2**
Heroin	7	2	2	-	-	**-**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015
* Of those who had penetrative sex in the last 6 months

Participants were also asked whether they had used a protective sexual barrier the last time they had penetrative sex with a casual partner. The majority of the sample had done so when they were sober (52%) and while under the influence of drugs or alcohol (60%). The major reasons for not using protection were that participants did not wish to use, they were using the contraceptive pill or lack of availability.

7.4 Problematic alcohol use among RPU

7.4.1 Alcohol Use Disorders Identification Test (AUDIT)

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

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (Babor et al. 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; higher scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment.

The mean score on the AUDIT for the NSW 2015 sample was 11.3 (SD 6.0). The majority (70%) of RPU scored in the harmful range (i.e. total score of 8 or more). There was no significant difference between male and female mean scores (11.0 versus 12.0). The AUDIT guidelines (Babor et al. 2001) indicate four ‘zones’ into which total scores on the test can be divided. In the current sample (Table 39), 30% scored in zone 1 (low risk drinking or abstinence), 42% scored in zone 2 (alcohol in excess of low-risk guidelines), 19% scored in zone 3 (harmful or hazardous drinking) and the remaining 9% scored in zone 4 (possible alcohol dependence and may require referral for evaluation and possible treatment).

Table 39: AUDIT total scores and proportion of RPU scoring above recommended levels indicative of hazardous alcohol intake, NSW 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	**2015 (N=100)**
Mean AUDIT total score (SD)	14.35 (7.9)	14.33 (7.2)	13.3 (7.2)	10.6 (6.1)	11.6 (6.4)	**11.3 (6.0)**
Score 8 or above (%)	81	80	78	66	69	**70**
Zone 1	18	20	21	34	31	**30**
Zone 2	38	39	42	48	42	**42**
Zone 3	17	17	19	10	14	**19**
Zone 4	24	24	17	8	13	**9**

Source: NSW EDRS regular psychostimulant user interviews 2010-2015

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.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

Summary:

- Thirty-six percent of RPU had committed a crime within the past month; most commonly drug dealing and property crimes.
- Eight participants had reportedly been arrested over the past year.
- Data from the Bureau of Crime Statistics and Research indicate the number of arrests for methamphetamines and cocaine has increased in NSW over the last two years.

8.1 Reports of criminal activity among RPU

Eight participants interviewed in 2015 had reportedly been arrested over the preceding 12 months. Only three participants reported the reason for arrest: violent crime, not leaving premises and resisting arrest.

One-third (33%) of participants reported drug dealing in the month leading up to the interview. Of these, the majority of respondents (n=12) had done so less than once a week. Fourteen percent of RPU had committed a property crime over the last month; again, mostly less than once per week (n=13). Those reporting fraud and violent crime (n=5) did so less than once per month.

Table 40 presents data across time on both self-reported criminal activity and arrests among samples of RPU. In 2015, 36% of participants reported having committed any crime in the month preceding the interview. Drug dealing has been the most commonly reported crime, consistently across time (with the exception of 2013), followed by property crime.

Table 40: Criminal activity reported by RPU, NSW 2010-2015

	2010 (N=100)	2011 (N=100)	2012 (N=100)	2013 (N=100)	2014 (N=100)	**2015 (N=100)**
Any criminal activity in the last month	35	44	33	27	37	**36**
Drug dealing	26	26	20	18	29	**33**
Property crime	18	26	18	22	12	**14**
Fraud	4	1	4	-	4	**1**
Violent crime	4	5	4	3	2	**4**
Arrested last 12 months	24	14	14	8	11	**8**

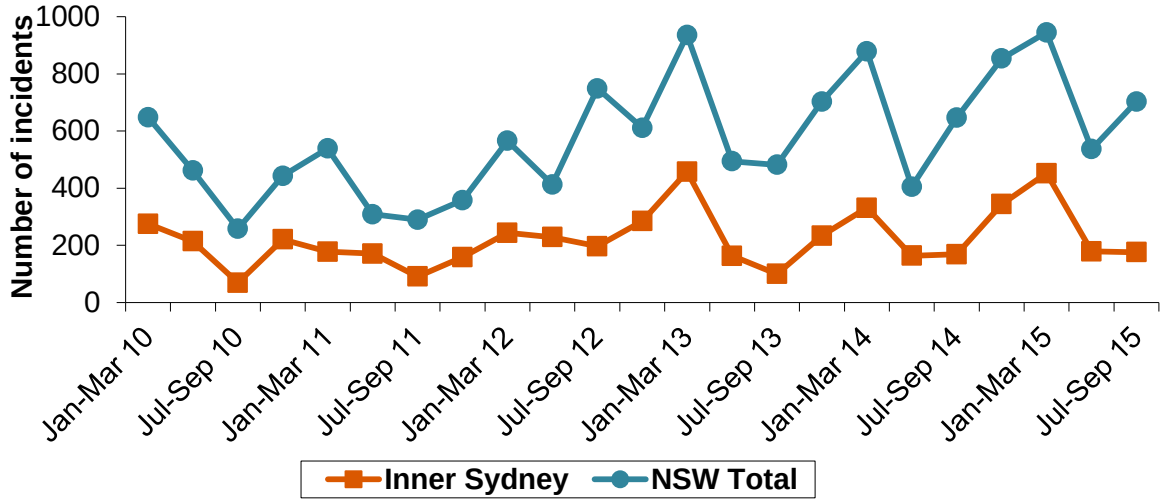
Source: NSW EDRS regular psychostimulant user interviews 2010-2015

8.2 Arrests

8.2.1 Ecstasy

Figure 85 presents the number of police-recorded criminal incidents for ecstasy possession and use in inner Sydney and NSW. The number of incidents per month was highly variable over the previous 4 years.

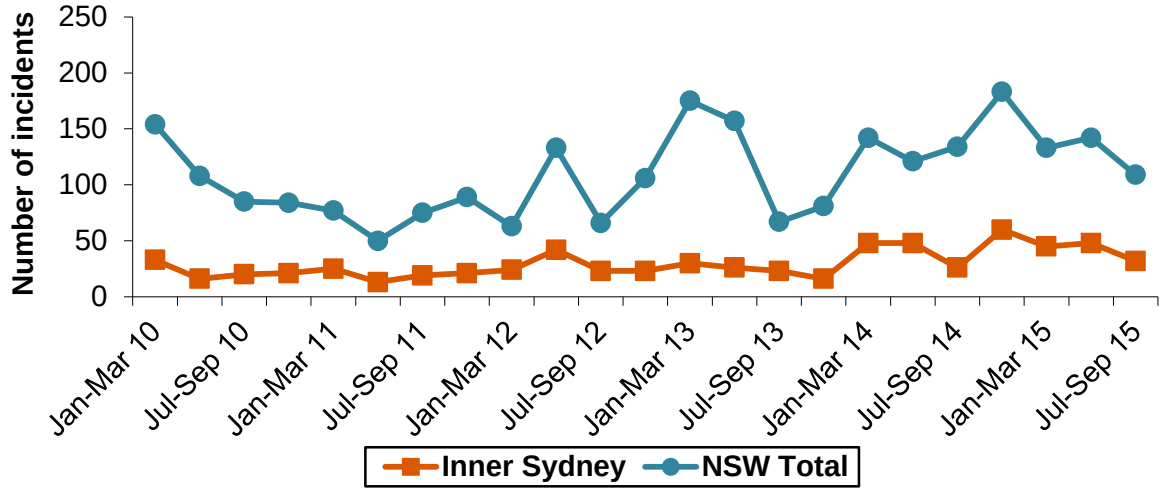
Figure 85: Number of police incidents recorded for ecstasy possession/use per quarter, inner Sydney and NSW, January 2010 to September 2015



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

Figure 86 presents the number of police-recorded incidents for ecstasy dealing and trafficking for inner Sydney and NSW. The number of incidents involving dealing or trafficking of ecstasy has been fluctuating and no noticeable trends can be seen in the past six years.

Figure 86: Number of police incidents recorded for ecstasy deal/traffic per quarter, inner Sydney and NSW, January 2010 to September 2015

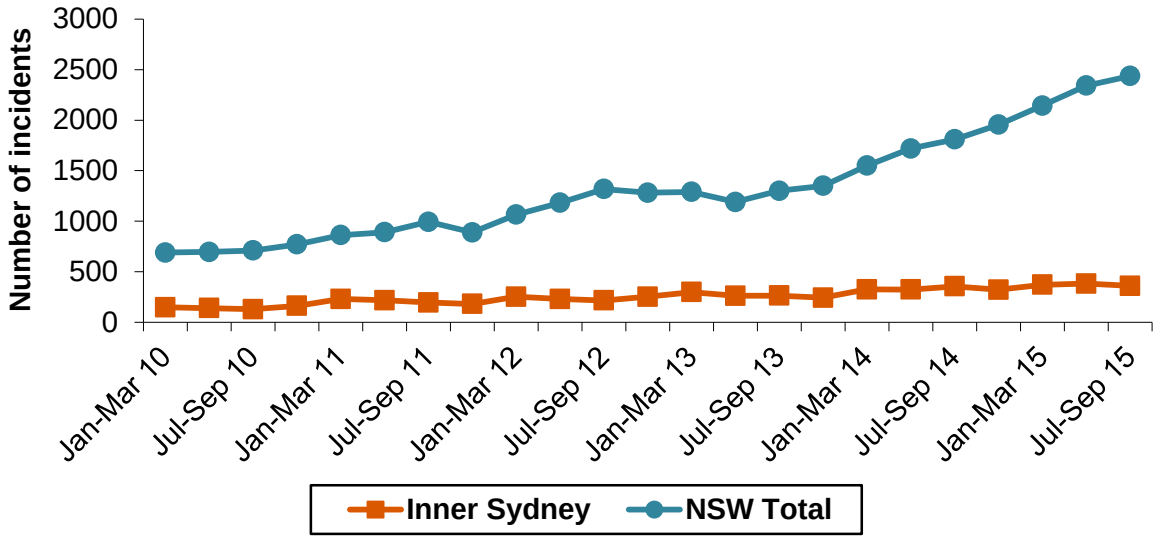


Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

8.2.2 Methamphetamine

Figure 87 shows the recorded incidents of amphetamine possession or use for inner Sydney and NSW. It is clear that there has been an increase in the number of arrests in NSW from late 2012 onward.

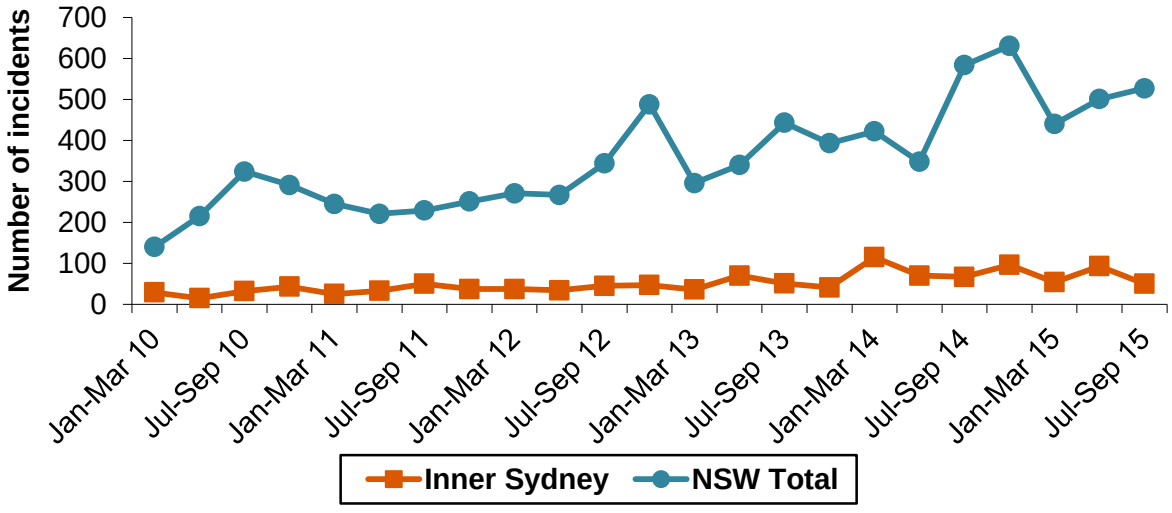
Figure 87: Recorded incidents of amphetamine possession/use per quarter, inner Sydney and NSW, January 2010 to September 2015



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

Figure 88 shows the number of police-recorded criminal incidents for amphetamine dealing or trafficking in inner Sydney and NSW. Since Jul-Sep 12, the number of reported incidents has been highly variable, but overall there seems to be an increasing trend in NSW and possibly a small increase in the inner city.

Figure 88: Recorded incidents of amphetamine deal/traffic per quarter, inner Sydney and NSW, January 2010 to September 2015

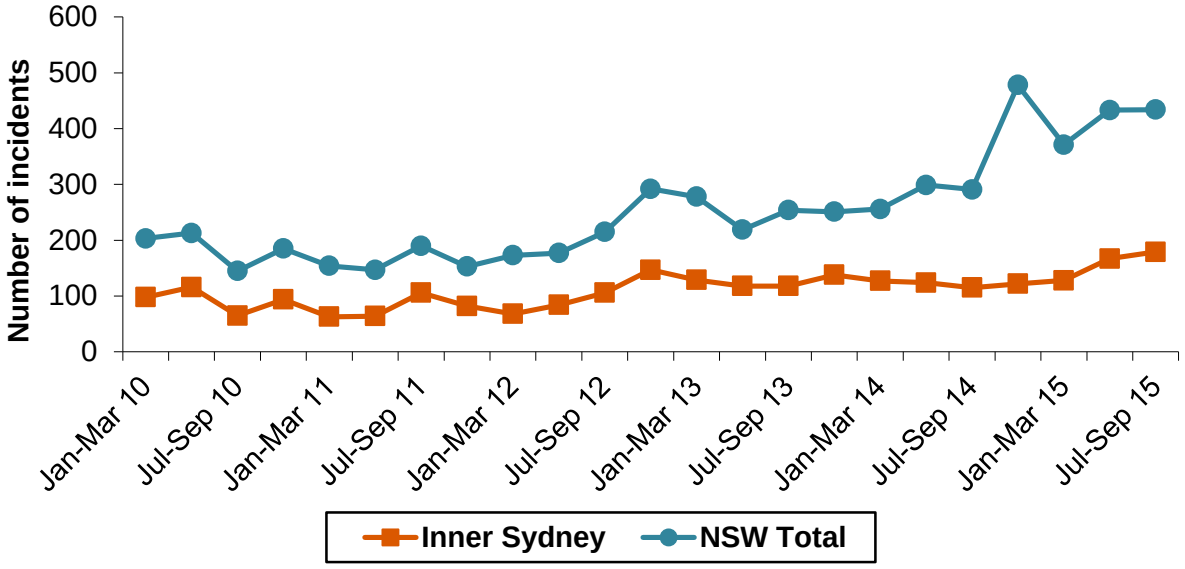


Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

8.2.3 Cocaine

The number of police-recorded incidents for cocaine possession/use has been increasing since Jul-Sep 2012 (Figure 89). Incidents reported in inner Sydney represent approximately half of all incidents recorded in NSW, and have continued to do so until late 2015.

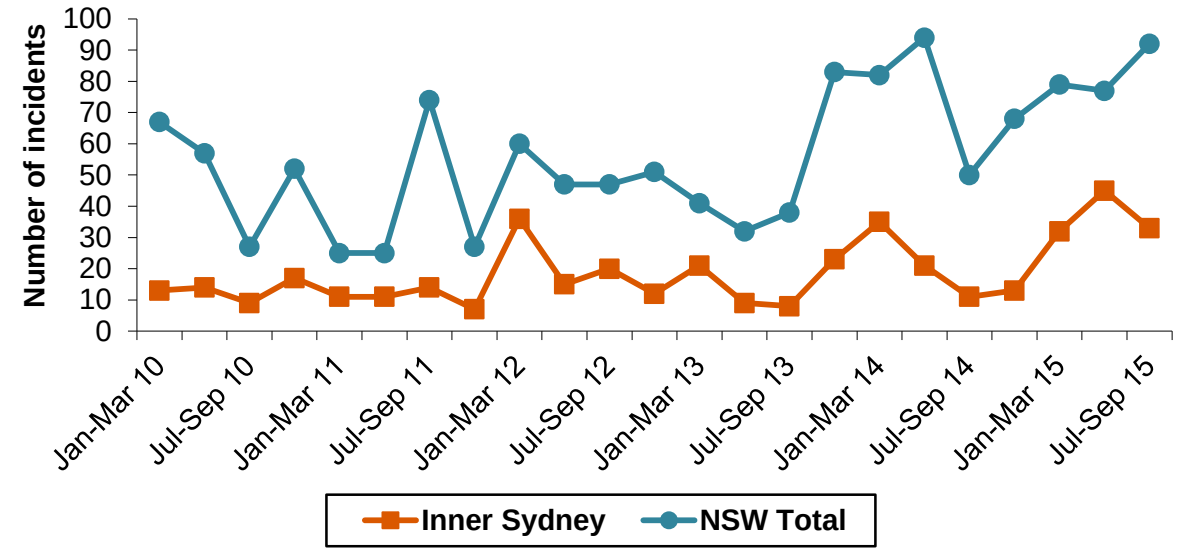
Figure 89: Recorded incidents of cocaine possession/use per quarter, inner Sydney and NSW, January 2010 to September 2015



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

Figure 90 shows the number of police-recorded criminal incidents for cocaine dealing or trafficking in the inner Sydney region and NSW. There appeared to be spikes in the number of arrests made in NSW in late-2011, during all of 2014 and mid-to-late 2015. Overall there seems to be an increasing trend in incidents over time since 2013.

Figure 90: Recorded incidents of cocaine deal/traffic per quarter, inner Sydney and NSW, January 2010 to September 2015



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

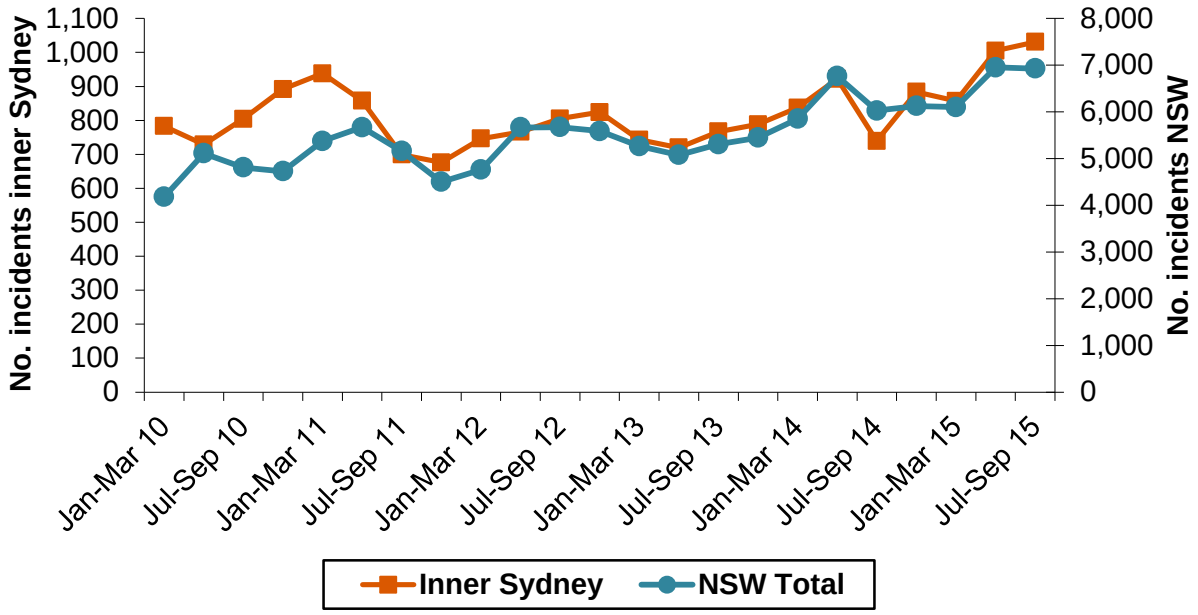
8.2.4 Ketamine

Although it is an offence in jurisdictions such as NSW to be in 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 were available on the number of police apprehensions for possession or supply of this controlled substance.

8.2.5 Cannabis

Figure 91 shows the number of police-recorded incidents of cannabis possession/use per quarter in the inner Sydney region and NSW. The number of incidents reported in inner Sydney appeared to increase from late-2012 to late-2015, reflecting a general increase noted across the same timeframe in NSW as a whole.

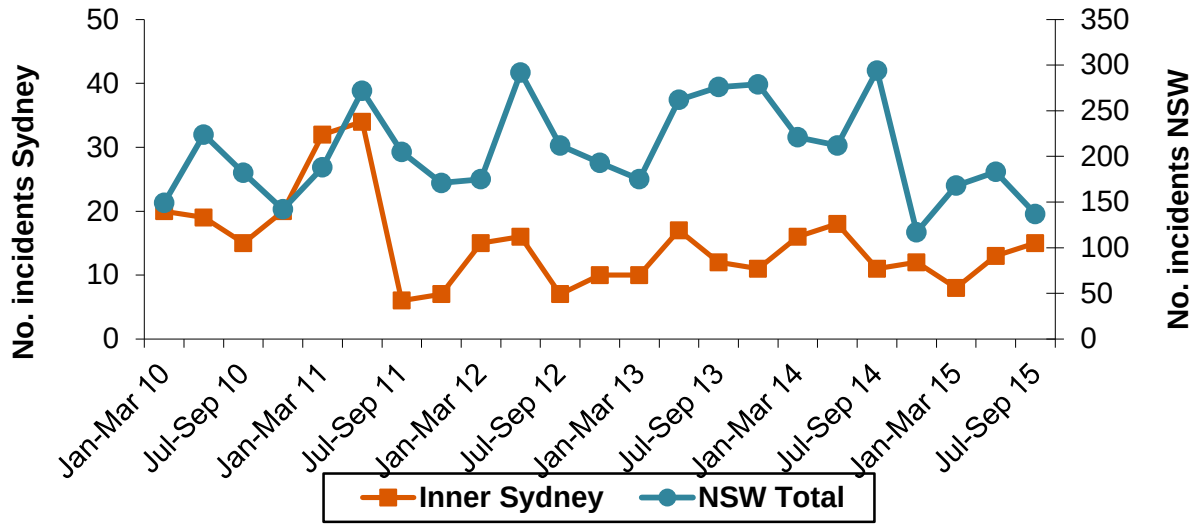
Figure 91: Recorded incidents of cannabis possession/use per quarter, inner Sydney and NSW, January 2010 to September 2015



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

Figure 92 shows the number of police-recorded criminal incidents for cannabis dealing or trafficking in the inner Sydney region and NSW. The number of incidents of trafficking in the inner Sydney region has remained low and stable. Incidents in NSW have remained stable, with seasonal variation.

Figure 92: Recorded incidents of cannabis deal/traffic per quarter, inner Sydney and NSW, January 2010 to September 2015



Source: NSW Bureau of Crime Statistics and Research (BOCSAR)

9 SPECIAL TOPS OF INTEREST

Summary:

NPS Policy

- Participants were asked questions regarding the legality of 2CB, 2CI, DMT, Mephedrone and NBOMe.
- The majority of participants were able to correctly identify the possession of these substances as illegal.
- However, large proportions of the sample were unsure of the legality of these substances.

Cognitive enhancers

- Fifty-three percent of the sample reported using CEs in the last six months for the purposes of enhancement.
- The highest proportions reported using energy drinks, coffee, non-prescribed methylphenidate and other caffeine products.

9.1 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. The majority of participants were able to correctly identify that these five substances were in fact illegal (Table 41). Of slight concern is the minor proportion that reported that the substances were legal: 8% Mephedrone, 2% NBOMe, 2% DMT, 1% 2CB.. Substantial proportions reported that they were 'unsure' of the legal status of these illicit substances. This is a clear area where education and harm reduction messages could be further targeted and clarified.

Table 41: Perceptions of the legal status of particular NPS, NSW, 2015

	2015 (N=100)
2C-B %	
Legal	1
Illegal	68
Unsure	31
2C-I %	
Legal	-
Illegal	60
Unsure	40
DMT %	
Legal	2
Illegal	85
Unsure	13
Mephedrone %	
Legal	8
Illegal	57
Unsure	35
NBOMe %	
Legal	2
Illegal	58
Unsure	40

Source: NSW regular psychostimulant users 2015

9.2 Cognitive enhancers

Cognitive enhancing substances (CEs) are drugs that have the potential to improve intellectual ability across various cognitive domains.

Whether CEs actually improve cognitive performance remains unclear. There is some evidence that at least some CEs likely improve cognitive performance in limited cognitive domains (Farah, Smith, Ilieva, & Hamilton, 2014), but it is not clear if these results are applicable to real-world settings. Despite mixed evidence of their efficacy, users may perceive them as effective (Ragan, Bard, & Singh, 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, Dunn, Connor, & Fielding, 2013). Despite these varying estimates, it is clear that CE use, at least among 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, Kuczenski, McCracken, & London, 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 aims to investigate the prevalence of CE use in this group, along with their motivations for use and associated potential harms in order to better inform future harm reduction initiatives.

Fifty-three 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 (Table 42). The highest proportions reported using energy drinks (53%, n=28) and coffee (53%, n=28), followed by non-prescribed methylphenidate (26%, n=14), other caffeine products (tablets/sublingual strips, 21%, n=11), omega 3 fish oil (19%, n=10) and non-prescribed dexamphetamine (17%, n=9).

Table 42: Cognitive enhancer use in the last six months, among EDRS participants, NSW, 2015

	2015 (n=53)
% Methylphenidate	**26**
% Prescribed	**2**
% Non-prescribed	**26**
% Modafinil	**11**
% Prescribed	**-**
% Non-prescribed	**11**
% Dexamphetamine	**17**
% Prescribed	**-**
% Non-prescribed	**17**
% Racetams	**4**
% Prescribed	**-**
% Non-prescribed	**4**
% Anti-dementia drugs	**-**
% Prescribed	**-**
% Non-prescribed	**-**
% Energy drinks	**53**
% Coffee	**53**
% Other caffeine products (caffeine tablets/sublingual strips)	**21**
% Gingko Biloba	**8**
% Ginseng	**2**
% Omega 3 fish oil	**19**
% Other	**4**

Source: NSW regular psychostimulant users 2015

Participants who had used CEs in the previous six months (n=53) were also asked to report the last CE that they had used. The most commonly last reported CE used was coffee (40%, n=21), followed by energy drinks (17%, n=9), methylphenidate (11%, n=6) and omega 3 fish oil (9%, n=5). Two participants each reported using modafinil, dexamphetamine and other caffeine products (tablets/sublingual strips). One participant reported last using racetams and another reported ginko biloba.

Main motivations for using these substances on the last occasion for use were also explored (Table 43). Participants most commonly reported using CEs to complete an assignment or task on time (43%, n=23), to improve concentration (43%, n=23), to offset sleep deprivation (42%, n=22) or to decrease fatigue (40%, n=21). Smaller proportions reported using CEs to improve motivation for study, improve academic performance, to enhance mood and to improve memory.

Table 43: Main motivations for CE use in the last six months, among RPU, NSW, 2015

	2015 (n=53)
To decrease fatigue %	**40**
To complete an assignment or task on time %	**43**
To improve concentration %	**43**
To offset sleep deprivation %	**42**
To improve motivation for study %	**28**
To improve academic performance %	**21**
To enhance mood %	**17**
To improve memory %	**15**
Curiosity %	**6**
Other reasons %	**6**

Source: NSW regular psychostimulant users 2015

Of those participants who had used CEs in the preceding six months (n=53), 10 people reported negative side effects which included sleeping difficulties or insomnia (n=3), anxiety (n=2), dizziness (n=2), headache (n=2), heart palpitations (n=2), nausea (n=2), rapid or irregular heartbeat (n=2), vomiting (n=2), depression (n=1), a 'jolt and crash' episode (n=1), loss of appetite (n=1), stomach problems (n=1), tremor (n=1), and urination problems (n=1).

Of the participants who had used CEs recently (n=53), 9 participants reported using other licit or illicit drugs in conjunction with the CE substance(s) they took on the last occasion. Six participants used cannabis, one reported > 5 standard drinks of alcohol, one reported <5 standard drinks and one participant used tobacco.

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