J. Uporova, A. Karlsson, R. Sutherland and L. Burns

AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2017:
Findings from the Ecstasy and Related Drugs Reporting System (EDRS)

Australian Drug Trends Series No. 190

The EDRS Project is supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund

AUSTRALIAN TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2017

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

Julia Uporova, Antonia Karlsson, Rachel Sutherland and Lucinda Burns

AUSTRALIAN DRUG TRENDS SERIES No. 190

ISBN 978-0-7334-3787-8

Suggested citation: Uporova, J., Karlsson, A., Sutherland, R. & Burns, L. (2018). Australian Trends in Ecstasy and related Drug Markets 2017. Findings from the Ecstasy and Related Drugs Reporting System (EDRS). *Australian Drug Trends Series No. 190*. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

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

TABLE OF CONTENTS

List of Tables

List of Figures

ACKNOWLEDGEMENTS

This is the fifteenth year the Ecstasy and Related Drugs Reporting System (EDRS, formerly known as the Party Drugs Initiative or PDI) has been conducted nationally. In 2017, the EDRS project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The EDRS team would like to thank the Australian Government Department of Health for their continued assistance and support of the EDRS.

The authors of *Australian Trends in Ecstasy and Related Drug Markets 2017* would like to thank the researchers and research institutions that contributed to the information presented in this report. In 2017, the EDRS team (in addition to the authors) included:

- Ms Kerryn Butler, Ms Courtney O'Donnell, Dr Courtney Breen, and Professor Alison Ritter, National Drug and Alcohol Research Centre, University of New South Wales;
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland;
- Ms Bethany Lusk, Dr Allison Matthews, Dr Amy Peacock and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Mr Arthur Truong and Professor Paul Dietze, Burnet Institute, Victoria; and
- Ms Marina Nelson and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia.

In addition to the research personnel listed above, a wide range of other individuals and organisations, past and present, have also contributed to the EDRS. We would like to extend our sincerest thanks to each of these, including:

- all participants who were interviewed for the EDRS survey component of the present and previous years of the EDRS. We could not provide the information in this report without their assistance and willingness to share their experiences;
- individuals who assisted with the collection and input of data at a jurisdictional and national level; and
- all those who have been involved in the EDRS in previous years, including the past national co-ordinators and the many other research personnel around the country who contributed greatly to the EDRS in previous years.

ABBREVIATIONS

5-MEO-DMT	5-methoxy-dimethyltryptamine
1,4B	1,4 butanediol
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
ACT	Australian Capital Territory
ADHD	Attention Deficit Hyperactivity Disorder
AGDH	Australian Government Department of Health
AUDIT	Alcohol Use Disorders Identification Test
BZP	1-Benzylpiperazine(s)
CNS	Central nervous system
DMT	Dimethyl tryptamine
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition
EDRS	Ecstasy and Related Drugs Reporting System
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
KE	Key expert(s)
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MXE	Methoxetamine
N	(or n) Number of participants
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OCD	Obsessive Compulsive Disorder
OTC	Over the counter
PDI	Party Drugs Initiative
PMA	Para-methoxyamphetamine
PPA	Price, purity and availability
QLD	Queensland
ROA	Route of administration
SA	South Australia
SCID	Structured Clinical Interview for DSM-IV
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
TAS	Tasmania
VIC	Victoria
WA	Western Australia

GLOSSARY OF TERMS

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

Guide to days of use/injection

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

EXECUTIVE SUMMARY

The *Australian Drug Trends in Ecstasy and Related Drug Markets 2017* report presents the findings from the fifteenth year in which data have been collected in all states and territories in Australia on the markets for ecstasy and related drugs (ERD). The Ecstasy and Related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of ecstasy and related drugs (ERD) markets in Australia.

Using a similar methodology to the Illicit Drug Reporting System (IDRS; Karlsson and Burns, 2018), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylendioxymethamphetamine; MDMA) and other drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), *d*-lysergic acid (LSD), 3,4-methylendioxyamphetamine (MDA) and ketamine. It also examines trends in the use and harms of these drugs. It does this by conducting annual surveys with people who use stimulants (primarily ecstasy) regularly[1]. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

It is important to note that the results from the EDRS surveys are not representative of consumers and drug use in the general population, but this is not the aim of these data. These data are intended to provide evidence that is indicative of emerging issues that warrant further monitoring. The EDRS sample is a sentinel group that provides information on patterns of drug use and market trends.

The findings from each year not only provide a snapshot of the ERD market in Australia, but also help 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 Australia adds to our understanding of the use of these drugs; the price, purity and availability of these drugs; and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

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

Demographics of EDRS participants

- EDRS participants in 2017 had a mean age of 21 years, and were predominantly male (64%).
- The mean weekly income was $660, with the main source of income being salary/wages (70%).
- Forty-six per cent reported renting a house/flat, with a significant increase in the percentage living in a parental/family home (47% vs. 41% in 2016, $p<0.05$).
- Significantly fewer participants reported being current students (34% vs. 39% in 2016, $p<0.05$), and fewer reported completing a post-secondary qualification (36% vs. 44% in 2016, $p<0.01$).
- A small percentage reported current drug treatment (3%), mainly comprising drug counselling.
- In 2017, participants were recruited primarily through the internet (59%) or word-of-mouth (30%).

[1] In 2017, key expert interviews were not conducted, and secondary indicator data has not been presented.

Consumption patterns and drug market perceptions

Current drug use

- Ecstasy remained the main drug of choice (36%), although endorsement of cannabis increased (28% vs. 21% in 2016, $p<0.01$).
- The substances most commonly used in the preceding six months were ecstasy (99%), alcohol (97%), cannabis (89%), and tobacco (87%).
- Recent use of tobacco, MDMA crystal/rock, ecstasy capsules, ecstasy powder, ketamine, magic mushrooms, nitrous oxide, licit benzodiazepines, illicit pharmaceutical stimulants, licit 'other' opiates and unknown capsules increased significantly from 2016 to 2017, whilst past six month use of crystal methamphetamine and ecstasy pills significantly decreased.
- Two-fifths (42%) of the sample reported weekly or more frequent use of any psychostimulant in the past month. One-third reported fortnightly use (36% vs. 37% in 2016), and one-fifth reported monthly use (18% vs. 19% in 2016).
- One-third (33%) reported that they had binged on a stimulant drug (i.e. used continuously for 48 hours or more without sleep) on a median of two occasions in the past six months.

Ecstasy

- Most (99%) participants reported recent ecstasy use, with use occurring fortnightly (median 14 days).
- Pills were the main form used, although recent use had declined (82% vs. 78% in 2016; $p<0.05$). Conversely, there were significant increases in recent use of ecstasy capsules (71% vs. 60% in 2016; $p<0.001$), powder (30% vs. 21% in 2016; $p<0.01$) and MDMA crystal (67% vs. 57% in 2016; $p<0.01$).
- Oral ingestion was the main route of administration for pills (98%), capsules (95%), and MDMA crystal/rock (82%), while snorting was the main route of administration for ecstasy powder (80%).
- Median use in a typical session for pills, powder, capsules and MDMA crystal was two pills, 0.5 grams, two capsules and two capsules, respectively.
- Median use in the heaviest session for pills, powder, capsules and MDMA crystal was four pills, one gram, three capsules and three capsules, respectively.

Price, perceived purity and availability

- The median price of an ecstasy tablet and capsule was $25, whilst ecstasy powder and MDMA crystal/rock were the same price at $200 per gram or $25 per point. Price was mostly reported to have remained 'stable' in the preceding six months.
- Fewer participants reported the purity of pills to be 'high' (18%) compared to MDMA crystal/rock (50%), ecstasy capsules (34%) and ecstasy powder (27%).
- All ecstasy forms were considered 'very easy' or 'easy' to obtain; however, the percentage reporting access as 'very easy' declined for pills (50% vs. 57% in 2016; $p<0.05$) and powder (30% vs. 61% in 2016; $p<0.01$). In addition, there was a significant increase in reports of ecstasy powder (27% vs. 3% in 2016; $p<0.01$) and ecstasy capsules (13% vs. 7% in 2016; $p<0.05$) being 'difficult' to obtain. The majority reported that availability had remained 'stable' in the preceding six months.
- These indicators support the idea of a diversifying ecstasy market, with more potent forms becoming more readily available and consumed.

Methamphetamine

- The percentage who reported recent use declined in 2017 (31% vs. 38% in 2016, $p<0.01$).
- Methamphetamine use was sporadic (median 3 days), and daily use uncommon (n=2).
- The most common form used in the preceding six months was speed (22%), followed by crystal (13%; 19% in 2016; $p<0.01$) and base (3%).
- Smoking was the main route of administration for crystal (90%) and base (55%), while snorting was the main route of administration for speed (69%).

- Median use in a typical session for speed, crystal and base was 0.5 grams, one point and two points, respectively.
- Median use in the heaviest session for speed, crystal and base was one gram, two points and two points, respectively.

Price, perceived purity and availability

Speed powder

- Median price of a gram of speed was $180; 69% reported that prices were 'stable'.
- The purity of speed was largely perceived as 'high' (45%), and 'stable' (58%) in the past six months.
- Speed was considered 'easy' or 'very easy' to obtain (65%) and availability remained 'stable' (60%).

Base

- Few participants were able to report on the price of base methamphetamine.
- Perceived purity was reported as 'high' (40%), with most reporting purity as 'stable' (33%) or 'decreasing' (27%) over the last six months.
- Base was considered 'easy' or 'very easy' to obtain (74%), and availability remained 'stable' (74%).

Crystal

- Median price of crystal was $50 per point; most participants (53%) reported that prices were 'stable'.
- Perceived purity of crystal was 'high' (45%), although the percentage who perceived purity as 'low' increased (18% vs. 2% in 2016; $p<0.01$).
- Crystal was considered 'easy' or 'very easy' to obtain (90%), and availability remained 'stable' (61%).

Cocaine

- Cocaine remained the second most commonly used stimulant drug (48% reporting recent use), although use varied substantially by jurisdiction (24% in TAS vs. 62% in NSW and 60% in SA).
- Cocaine use was sporadic (median 3 days in the past six months), with no reports of daily use.
- Among recent consumers, cocaine had typically been snorted (97%), or swallowed (14%).
- The median amount used in a typical and heavy session was 0.5 grams and 1 gram, respectively.

Price, perceived purity and availability

- The price of cocaine remained 'stable' at $300 per gram.
- Reports of perceived cocaine purity were mixed (38% 'medium', 30% 'low' and 24% 'high'), yet purity was mainly perceived as 'stable' over the preceding six months (57%).
- Cocaine was considered 'easy' or 'very easy' to obtain (55%), although one-third (34%) reported that it was 'difficult' to obtain. Most (61%) reported that availability had remained 'stable'.

Ketamine

- Recent ketamine use increased in 2017 (37% vs. 26% in 2016; $p<0.001$), with use highest in VIC (80%).
- Frequency of use remained low, at a median of three days in the past six months.
- Among recent ketamine consumers, the majority (93%) snorted it and 10% had swallowed it.
- Median use was 0.5 grams in typical and heaviest episodes of use, respectively.

Price, perceived purity and availability

- Reported median price of ketamine was $200 per gram, with most (81%) reporting price as 'stable'.
- Perceived purity was 'high' (58%) and 'stable' (71%) over the past six months.
- Ketamine was considered 'very easy' or 'easy' to obtain (64%), and availability had remained 'stable' (60%).

GHB

- Seven per cent reported recent use in 2017, with use highest in VIC (15%) and NSW (12%).
- Recent use occurred on a median of two days.
- GHB was consumed orally by those who reported recent use.
- Median use was 2.5mls and 4mls in typical and heaviest episodes of use, respectively.

Price, perceived purity and availability

- Few participants could comment on the price of GHB.
- Perceived purity was reported as 'high' (61%), and was considered to have remained 'stable' (64%).
- Reports on availability were mixed (35% 'easy' and 29% 'difficult' to obtain), yet availability was considered 'stable' in the past six months by most participants (75%).

LSD

- Half (50%) the sample reported recent LSD use in 2017, with use highest in NSW (73%) and lowest in WA (33%).
- Frequency of use remained low at a median of three days in the six months prior to interview.
- LSD was mainly consumed orally (99% of consumers).
- Median use was one and two tabs in a typical and heaviest session, respectively.

Price, perceived purity and availability

- Median price per tab was $20, and prices reportedly remained 'stable' over the past six months (68%).
- Half (54%) reported current purity as 'high', and 60% as 'stable' in the past six months.
- LSD was considered 'very easy' or 'easy' (62%) to obtain and this was considered 'stable' (62%).

Cannabis

- Cannabis was the second most common recently used illicit drug (89%).
- Frequency of use remained stable at a median of 60 days during the last six months (i.e. approximately 2.5 times per week). Reported daily use also remained stable at 24%.
- Cannabis was typically smoked by those reporting recent use (98%).
- The median amount used on the last occasion of use in the preceding six months was three cones.

Price, perceived potency and availability

- Median last price for an ounce was $280 for hydro and $250 for bush, and prices had remained 'stable' for both forms (75% and 79%) over the preceding six months.
- The perceived potency of hydro was 'high' (52%) or 'medium' (27% vs. 39% in 2016; $p<0.01$), whilst the perceived potency of bush was 'medium' (52%) or 'low' (25%). The perceived potency of both forms had remained 'stable' over the last six months (55% and 72%).
- Hydro and bush were considered 'easy' or 'very easy' to obtain (94% and 76%), and the availability of both forms was reported to have remained 'stable' (80% and 76%).

Other drugs

- Over one-tenth (14%) reported recent use of MDA at a median frequency of two days.
- The majority (97%) reported recent alcohol use at a median frequency of 40 days (i.e. less than twice weekly), with three per cent of consumers reporting daily drinking.
- The majority (87%) reported recent tobacco use (increase relative to 2016; 83%, $p<0.05$) at a median frequency of 144 days, with 43% of consumers reporting daily use.
- Over one-quarter (28%) reported recent use of e-cigarettes at a median frequency of three days.
- Two-fifths (37%) reported recent use of illicit benzodiazepines at a median frequency of four days.
- Three per cent reported recent use of illicit antidepressants at a median frequency of three days.
- Five per cent of the sample reported recent illicit antipsychotic use on a median of two days.
- One-fifth (21%) reported recent use of OTC codeine (for non-pain use) at a median frequency of three days.
- Over two-fifths (42%) reported recent nitrous oxide use (increase relative to 2016; 36%, $p<0.01$) at a median frequency of five days.
- Recent use of amyl nitrite was reported by 25% of the sample, with use being occasional (median three days).
- Twenty-seven per cent reported recent magic mushroom use (increase from 2016; 22%, $p<0.05$) at a median frequency of two days.

- One-fifth (20%) reported recent use of capsules with unknown contents (increase from 2016; 14%, $p<0.01$) at a median frequency of one day.

New psychoactive substances (NPS)

- One-third (33%) had recently consumed an NPS in the previous six months (36% in 2016).
- The most commonly used NPS were DMT (18%) and 2C-x (9%).
- However, NPS use was infrequent, with participants reporting use on a median of 1-2 days in the past six months.
- Synthetic cannabinoid use remained low, at two per cent. Despite an increase in the percentage reporting cannabis as their drug of choice, there has been no attendant increase in synthetic cannabinoid use.

Health-Related Trends Associated with ERD use

Overdose

- One-quarter (26%) had overdosed on a stimulant drug in the preceding 12 months (a significant increase from 19% in 2016; $p<0.01$). Most participants attributed their most recent stimulant overdose in the past 12 months to ecstasy (58%), typically occurring in nightclubs (24%) and at home (23%). One-third (36%) reported no medical treatment or assistance.
- Seventeen per cent reported a past 12 month overdose on a depressant drug. Most participants attributed their most recent depressant overdose in the past 12 months to alcohol (77%), typically occurring in private locations such as their own home (29%) or at a friend's home (29%), and with most participants (71%) monitored by friends.

Help-seeking behaviour

- One-quarter (24%) reported recently accessing a medical or health service regarding their drug and/or alcohol use, and 19% had thought about accessing help.
- Eighty-seven per cent of the sample had accessed help for any reason in the preceding six months, with significant reductions in those who reported to have accessed a GP (71%) and 'other health professional' (13%) compared to 2016 (87% and 20%, $p<0.01$, respectively). In addition, there was a significant increase in reports of psychologist visits in 2017 (22%) compared to 2016 (16%; $p<0.01$).

Mental health problems

- A substantial percentage of participants were classified as currently experiencing 'high' (24%) or 'very high' (14%) psychological distress on the Kessler Psychological Distress Scale (K10), the latter percentage representing a significant increase relative to 2016 (9%; $p<0.01$).
- Almost half (46%) of the sample reported experiencing a mental health problem in the preceding six months, a significant increase from 38% in 2016 ($p<0.01$). Anxiety (33%) and depression (31%) were the most commonly reported and were both significantly higher than in 2016 (25% and 24%, $p<0.01$, respectively). Twenty-eight per cent reported visiting a mental health professional for a mental health problem in the last six months which was also significantly higher than 22% in 2016 ($p<0.05$).

Risk Behaviour

Injecting risk behaviour

- Eight per cent reported having ever injected drugs, and two per cent reported injecting in the last month.

Sexual risk behaviour

- Seventy per cent reported penetrative sex in the past six months with at least one casual partner.
- The majority (90%) of these participants had casual sex while under the influence of drugs (namely alcohol, ecstasy and cannabis) and 51% did not use a barrier for safe sex during their last casual sexual encounter while under the influence of drugs and/or alcohol.
- Just over half (51%) of the national sample reported having a sexual health check up in the last year, with a small percentage receiving a positive diagnosis for an STI in the past year (8%).

Driving risk behaviours

- The majority (81%) had recently driven a vehicle; 37% of these participants reported driving while over the legal limit of alcohol and 52% reported driving within three hours of consuming an illicit substance.

The Alcohol Use Disorders Identification Test

- Seventy-seven per cent of participants who had consumed alcohol obtained a score of eight or higher on the AUDIT, indicative of hazardous alcohol use.

Ecstasy and methamphetamine dependence

- Of those who recently used ecstasy, 20% scored three or higher on the severity of dependence scale (SDS; indicating possible dependence), a significant reduction relative to 2016 (26%; $p<0.01$).
- Of those who recently used methamphetamine, 20% scored four or higher on the SDS (indicating possible dependence).

Law Enforcement-Related Trends associated with ERD use

Criminal activity

- Over two-fifths (43%) reported engaging in some form of criminal activity in the past month.
- Drug dealing (34%) and property crime (17%) were again the most common crimes reported across all jurisdictions, with an increase in the former relative to 2016 (27%; $p<0.05$).
- Smaller percentages reported having committed fraud (2%) or a violent crime (3%) in the last month.

Arrests

- Ten per cent had been arrested in the past year, mainly for use/possession of drugs, property crime and violent offences.

Special Topics of Interest

Online purchasing

- Twenty-two per cent reported ever purchasing an illicit drug online; 16% had done so in the past year.
- Over half (53%) reported that less than 25% of their drugs were purchased online, with three per cent reporting that all of their drugs were purchased online.
- Of those purchasing from the internet, 29% were purchasing for the purposes of supplying to friends.
- Purchases were primarily made from international webstores or darknet marketplaces/cryptomarkets, similar to the now-closed Silk Road.
- Sixteen per cent of the sample reported buying traditional illicit substances online in the past year (mainly ecstasy and LSD), while two per cent reported purchasing NPS (mainly from the 2C-x family and DMT).

1 INTRODUCTION

The EDRS evolved from the Illicit Drug Reporting System (IDRS), an annual data collection that monitors trends in illicit drug markets and has been conducted in all states and territories of Australia since 2000. In June 2000, the National Drug Law Enforcement Research Fund (NDLERF) funded a two-year trial in New South Wales and Queensland to examine the feasibility of monitoring emerging trends in the ecstasy and related drugs (ERD) market using the extant IDRS methodology. In addition, Drug and Alcohol Services Council (DASC), now known as Drug and Alcohol Services of South Australia (DASSA), funded a trial in SA. This component of the IDRS was known as the Party Drugs Module and the term 'party drug' included any drug that was routinely used in the context of entertainment venues such as nightclubs or dance parties, and by a population of consumers different to those surveyed by the main IDRS which focuses on injecting drug use.

In 2002, the National Drug and Alcohol Research Centre (NDARC) and DASSA funded the Party Drugs Module in NSW and SA respectively. In 2003, NDLERF provided funding for a feasibility trial 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. From 2005 the Australian Government Department of Health (AGDH) and the Ministerial Council on Drug Strategy provided funding. In 2006, the PDI was renamed the Ecstasy and Related Drugs Reporting System (EDRS) and has since been conducted annually across capital cities in Australia.

This report provides a national summary of trends from the fifteenth year of monitoring ecstasy and related drug (ERD) markets across Australia. These trends have been extrapolated from 786 interviews with people who use stimulant drugs (primarily ecstasy) regularly.

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

In 2017, the EDRS was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp et al., 2004).

The focus is on the capital city in each state/territory because trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. Detailed information from each state and territory is presented in individual jurisdictional reports which are available from the Drug Trends and NDARC websites. This report focuses on the 2017 data collection in all states/territories; reports from this and all previous years are available on the drug trends and NDARC website[2]. The reader should refer to the jurisdictional reports for more detailed trend information at the state/territory level.

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

[2] See www.drugtrends.org.au or www.ndarc.med.unsw.edu.au for details.

1.1 Study aims

In 2017, the specific aims of the EDRS were to:

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

2 METHOD

In 2017, face-to-face interviews with people who regularly use ecstasy and/or other stimulant drugs (recruited in each capital city across Australia) was the main source of information used to document trends. These data were used to provide an indication of emerging trends in ERD use, ERD markets and related issues. In 2017, secondary indicator data were not presented in the national EDRS or IDRS reports, and data from key expert interviews were not included in the jurisdictional reports.

Further information on methodology in each jurisdiction in 2017 can be found in the jurisdictional reports, available from the Drug Trends website drugtrends.org.au.

2.1 Survey of people who regularly use ecstasy and other psychostimulants

Since 2003, the sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy is considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug, after cannabis and cocaine, with two per cent of the population aged 14 years or older reporting past year use of ecstasy in the Australian Institute of Health and Welfare's National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2017).

Due to difficulty in smaller jurisdictions in recruiting people who regularly use ecstasy, the eligibility criterion was expanded from 2012 to include people who regularly use psychostimulants to provide information on ERD markets. Since 2013, this criterion was adopted for all states. In 2017, there were six participants who had not used ecstasy at all in the past six months, and an additional 105 participants who had used it less than monthly.

Numbers recruited for the 2017 EDRS comprised: NSW n=100; ACT n=100; VIC n=100; TAS n=100; SA n=100; WA n=100; NT n=86; QLD n=100. See Appendix A, Figure A1 and Figure A2 for recruitment numbers and method patterns over time.

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

2.1.1 Recruitment

Participants were recruited through a purposive sampling strategy (Kerlinger, 1986), which included advertisements primarily via internet websites (including drug information sites and forums as well as social media), as well as print advertisements primarily at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf, 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug consumers both in Australian (Boys et al., 1997, Ovendon and Loxley, 1996, Solowij et al., 1992) and international (Solowij et al., 1992, Dalgarno and Shewan, 1996, Forsyth, 1996, Peters et al., 1997) studies. Initial contact was established through advertisements on Facebook, or, less commonly, through interviewers' personal contacts. On completion of the interview, participants were asked if they would be willing to discuss the study with friends who might be willing and able to participate.

2.1.2 Procedure

Participants who viewed the advertisements, and were interested in participating, contacted the researchers by telephone (call or text) or email and were screened for eligibility. To meet entry criteria, they had to:

- be at least 16 years of age (due to ethical constraints);
- have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other NPS) on at least six times during the preceding six months (equating to monthly use); and
- have been a resident of the capital city in which the interview took place for the past 12 months.

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

2.1.3 Measures

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

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and routes of administration;
- drug market characteristics (i.e., price, perceived purity and perceived availability of ERD);
- risk behaviours (such as injecting and sexual behaviour);
- Severity of Dependence Scales and the Alcohol Use Disorders Identification Test;
- 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 and new drug consumers; and
- areas of special interest including online purchasing patterns.

2.1.4 Data analysis

All data were analysed using the IBM SPSS Statistical Package for Windows, Version 24.0 (IBM, 2016). Percentages are calculated for categorical data (valid percent where data are missing); mean and standard deviation for continuous data; and median for skewed or count data. Between-group comparisons of categorical variables (e.g. gender and ecstasy dependence) were analysed using chi-squared tests (χ^2), whilst confidence intervals were calculated using an excel spreadsheet available at http://www.cebm.net/index.aspx?o=1023 (Tandberg) to identify differences between 2016 and 2017 data for categorical variables. Higher and lower confidence interval results which crossed over the value of zero were not significant. This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe, 1998). The Mann-Whitney U test was run to identify differences between 2016 and 2017 for count data. For individual jurisdictional significance testing results, please refer to jurisdictional reports.

More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the Drug trends website www.drugtrends.org.au.

3 DEMOGRAPHICS

Key points

- EDRS participants in 2017 had a mean age of 21 years, and were predominantly male (64%).
- The mean weekly income was $660, with the main source of income being salary/wages (70%).
- Forty-six per cent reported renting a house/flat, with a significant increase in the percentage living in a parental/family home (47% vs. 41% in 2016, $p<0.05$).
- Significantly fewer participants reported being current students (34% vs. 39% in 2016, $p<0.05$), and fewer reported completing a post-secondary qualification (36% vs. 44% in 2016, $p<0.01$).
- A small percentage reported current drug treatment (3%), mainly comprising drug counselling.
- In 2017, participants were recruited primarily through the internet (59%) or word-of-mouth (30%).

3.1 Overview of the EDRS participant sample

Similar to 2016, almost two-thirds (64%) of the national sample interviewed in 2017 were male and the mean age of the sample was 21 years (range: 16–50 years). Most participants identified as heterosexual (84%), though this was a significant decrease from 2016 (88%; $p<0.05$). Additionally, significantly more participants identified as being bisexual in 2017 (12% vs. 8% in 2016; $p<0.01$). Ninety-seven per cent of the sample nominated English as the main language spoken at home. A minority (3%) identified as being of Aboriginal and/or Torres Strait Islander descent. Forty-seven per cent reported that they lived in their parent's or family's house, a significant increase from 2016 (41%; $p<0.05$), and almost half (49%) reported that they lived in their own premises (purchased or rented).

The mean number of years of school education completed by the sample was 12 years (range: 7–12 years), and 75% had completed higher school education (year 12 or above). Over one-third had completed courses after school, with 24% having completed a trade or technical qualification and 13% having completed a university degree or college course. Combined, significantly less participants had completed a tertiary qualification in 2017 (36% vs. 44% in 2016; $p<0.01$), and significantly fewer participants reported being employed full-time in 2017 (19% vs. 24% in 2016; $p<0.05$). The main source of income for this sample was a wage or salary (70%), followed by government benefits (16%), parental allowance (7%), criminal activity (2%) and 'other' means (1%). A small percentage reported that they had no income (2%). The mean weekly income nationally was $660, with variation across jurisdictions.

Three-fifths (60%) of the national sample reported that they were of single relationship status and over one-third (34%) had a regular partner. Five per cent reported being married or living in a de facto relationship, and less than one per cent reported that they were separated or divorced.

Three per cent (n=27) of the national sample reported that they were currently in drug treatment (Table 1). Of those that were in treatment, drug counselling was reported as their main form of treatment (n=15), with small numbers (n<10) reporting other treatments including methadone/biodone syrup. Appendix A, Table A1 presents key demographic characteristics across time.

Table 1: Demographic characteristics EDRS participants, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
Mean age (years)	23	**21**	21	21	21	23	21	20	23	20
% Male	61	**64**	69	64	57	65	60	69	64	62
% English speaking background	96	**97**	96	94	94	100	98	98	95	99
% Aboriginal and/or Torres Strait Islander	4	**3**	1	1	0	1	4	1	18	4
% Sexual identity										
Heterosexual	88	**84***	81	82	79	85	87	87	88	83
Gay male	2	**2**	5	2	3	2	1	3	0	1
Lesbian	1	**1**	0	0	1	0	1	0	1	2
Bisexual	8	**12****	11	13	17	13	11	10	11	13
Other	1	**1**	3	3	0	0	0	0	0	1
% Single	56	**60**	61	63	61	53	65	57	62	62
Mean years of school education (n)	12	**12**	12	12	12	12	12	12	11	12
% Tertiary qualifications	44	**36****	37	27	42	40	40	30	49	25
% Employed full time	24	**19***	19	12	16	21	18	24	35	13
% Students[#]	39	**34***	15	17	49	36	52	40	8	49
% Unemployed	11	**13**	13	13	17	15	7	8	28	8
Mean weekly income $	(N=755) $589	**(N=757) $660**	(n=96) $564	(n=100) $950	(n=95) $435	(n=98) $486	(n=98) $1,118	(n=94) $457	(n=82) $826	(n=94) $439
% Accommodation										
Own house/flat	4	**3**	1	4	0	7	5	1	6	3
Rented house/flat	51	**46**	38	58	36	56	39	26	51	64
Family home	41	**47***	58	32	62	36	53	71	35	26
Boarding House/hostel	2	**1**	1	1	0	0	0	1	4	5
No fixed address	1	**<1**	1	0	1	0	0	1	0	0
Other	3	**2**	1	5	1	1	3	0	2	2
% Currently in drug treatment	2	**3**	3	1	1	7	6	4	1	4

Source: EDRS participant interviews
[#] Includes full-time students, part-time students and participants who both work and study
*p<0.05; **p<0.01.

3.1.1 Recruitment of the participant sample

Participation in annual EDRS interviews in previous years by current participants remains infrequently reported (14% previous participation). This year, the internet was the medium by which most participants were recruited (64%), followed by word-of-mouth (30%) (Table 2).

Table 2: Previous participation in the EDRS and source of participant recruitment, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Previously participated in EDRS	13	**14**	10	18	10	11	24	4	22	12
% EDRS survey recruitment										
Internet	58	**64**	69	46	71	55	78	64	76	52
Word-of-mouth	30	**30**	21	46	27	22	21	33	23	42
Advert in street press	5	**1**	1	0	1	1	1	0	0	0
Fliers	4	**6**	6	8	1	21	0	2	1	6
Other	3	**1**	3	0	0	1	0	1	0	0

Source: EDRS participant interviews

4 CONSUMPTION PATTERN RESULTS

4.1 Drug use history and current drug use

Key points

- Ecstasy remained the most commonly reported drug of choice for 36% of the sample, although there was a significant increase in the percentage who reported cannabis as their drug of choice (28% vs. 21% in 2016, $p<0.01$).
- The substances most commonly used in the preceding six months were ecstasy (99%), alcohol (97%), cannabis (89%), and tobacco (87%).
- Recent use of tobacco, MDMA crystal/rock, ecstasy capsules, ecstasy powder, ketamine, magic mushrooms, nitrous oxide, licit benzodiazepines, illicit pharmaceutical stimulants, licit 'other' opiates and unknown capsules all increased significantly in 2017, whilst past six month use of crystal methamphetamine and ecstasy pills significantly decreased.
- Two-fifths (42%) of the sample reported weekly or more frequent use of any psychostimulant in the past month. One-third reported fortnightly use (36% vs. 37% in 2016), and one-fifth reported monthly use (18% vs. 19% in 2016).
- One-third (33%) of the sample reported that they had binged on a stimulant drug (i.e. used continuously for 48 hours or more without sleep) on a median of two occasions in the past six months.

In 2017, participants were asked about lifetime (i.e. ever having used) and recent (last six months) use of a broad range of drug types, including licit substances such as alcohol and tobacco.

Participants reported the use of a wide range of other drugs in their lifetime (Table 3). A small percentage of participants reported the use of less commonly used substances, including many of the synthetic analogues known as 'new psychoactive substances' (NPS) including DMT and NBOMe (hallucinogens); synthetic drugs such as 2C-I, 2C-B, and naturally occurring drugs, such as kava (data not shown). First included in 2010, the EDRS included a section investigating the prevalence of use of these substances in this sample. Results can be found in the section 4.10: New psychoactive substance use. Jurisdictional reports also provide a more detailed overview of the use of these drugs in each jurisdiction.

Table 3 presents data on the lifetime and recent use of drugs among the national sample and jurisdictions. The drugs most likely to have ever been used and to have been used in the preceding six months were ecstasy (100%; 99%), alcohol (99%; 97%), cannabis (98%; 89%) and tobacco (94%; 87%). In 2017, there were a number of significant changes in the lifetime use of certain drugs. Significant increases in lifetime use were found for ecstasy powder (46% vs. 37% in 2016, $p<0.01$), ecstasy capsules (82% vs. 77% in 2016, $p<0.05$), MDA (27% vs. 23% in 2016, $p<0.05$), ketamine (50% vs. 42% in 2016; $p<0.01$) and OTC codeine (35% vs. 28% in 2016, $p<0.01$). Conversely, significant decreases in lifetime use were found for methamphetamine base (14% vs. 21% in 2016, $p<0.001$), cocaine (68% vs. 74% in 2016, $p<0.01$) and GHB (13% vs. 17% in 2016, $p<0.05$).

With regard to recent use, significant increases were found for ecstasy powder (30% vs. 21% in 2016; $p<0.01$), ecstasy capsules (71% vs. 60% in 2016; $p<0.001$), MDMA crystal/rock (67% vs. 57% in 2016; $p<0.01$), ketamine (37% vs. 26% in 2016; $p<0.001$), tobacco (87% vs. 83% in 2016; $p<0.05$), magic mushrooms (27% vs. 22% in 2016; $p<0.05$), nitrous oxide (42% vs. 36% in 2016, $p<0.01$), licit benzodiazepines (11% vs. 7% in 2016, $p<0.05$), illicit pharmaceutical stimulants (42% vs. 35% in 2016, $p<0.01$), any pharmaceutical stimulants (44% vs. 37% in 2016, $p<0.01$), capsule with unknown content (20% vs. 14% in 2016, $p<0.01$) and licit other opiates (10% vs. 7% in 2016, $p<0.05$). On the other hand, significant decreases were found for ecstasy pills (78% vs. 82% in 2016, $p<0.05$), crystal methamphetamine (13% vs. 19% in 2016, $p<0.01$) and any methamphetamine (31% vs. 38% in 2016, $p<0.01$).

4.1.1 Injecting drug use

Eight per cent of the national sample reported that they had injected a drug in their lifetime. The median age first injected was 19 years. Among those who had ever injected (n=65), the main drug first injected was speed (24%; n=15), followed by crystal methamphetamine (19%; n=12). Two per cent (n=18) of the

sample reported injecting in the past month. For further details, please refer to section *7.1: Injecting Risk Behaviour*.

Table 3: Lifetime and recent (last six months) drug use among national sample, 2017

	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever injected a drug	10	**8**	9	4	3	16	10	4	14	7
% Injected past month	4	**2**	1	0	2	8	2	1	4	1
Ecstasy pills										
% ever used	96	**95**	89	95	96	100	93	100	98	93
% recent use	82	**78***	42	79	83	93	71	93	86	78
median days used	10	**8**	2.5	4	5	10	12	12	7	12
(range)	(1–72)	**(1-96)**	(1-90)	(1-62)	(1-72)	(1-96)	(1-90)	(1-96)	(1-80)	(1-54)
Ecstasy powder										
% ever used	37	**46****	48	41	52	38	59	47	40	38
% recent use	21	**30****	21	32	34	24	44	36	20	28
median days used	4	**5**	2	5	4.5	3	10	6	2	5
(range)	(1–72)	**(1-72)**	(1-20)	(1-62)	(1-24)	(1-12)	(1-48)	(1-72)	(1-13)	(1-27)
Ecstasy capsules										
% ever used	77	**82***	89	76	94	79	92	68	77	80
% recent use	60	**71*****	76	67	90	60	81	61	57	72
median days used	5	**6**	6	5	9.5	3	6	5	4	6
(range)	(1–96)	**(1-96)**	(1-72)	(1-70)	(1-72)	(1-20)	(1-72)	(1-96)	(1-24)	(1-50)
MDMA crystal/rock										
% ever used	74	**77**	87	82	52	62	80	82	84	84
% recent use	57	**67****	75	75	43	47	69	78	71	78
median days used	6	**6**	5	5	5	3	8	6	4.5	6
(range)	(1–96)	**(1-90)**	(1-90)	(1-90)	(1-30)	(1-21)	(1-72)	(1-72)	(1-48)	(1-54)
Ecstasy (any form@)										
% ever used	*100*	***100***	*100*	*100*	*100*	*100*	*100*	*100*	*100*	*99*
% recent use	*99*	***99***	*100*	*100*	*98*	*100*	*99*	*100*	*99*	*98*
median days used	*13*	***14***	*10*	*10.5*	*15*	*13*	*18*	*15*	*12*	*16*
(range)	*(1–113)*	***(1-160)***	*(1-90)*	*(1-153)*	*(1-96)*	*(2-100)*	*(1-160)*	*(1-102)*	*(1-122)*	*(1-84)*
Alcohol										
% ever used	100	**99**	99	98	100	100	100	99	100	99
% recent use	97	**97**	97	95	96	98	99	96	99	99
median days used	48	**40**	30	38	30	49	40	48	44	48
(range)	(1–180)	**(1-180)**	(1-180)	(2-180)	(1-160)	(1-180)	(2-180)	(1-180)	(3-180)	(3-180)
Cannabis										
% ever used	99	**98**	99	99	98	99	100	95	96	97
% recent use	86	**89**	93	95	88	84	89	82	88	93
median days used	49	**60**	60	50	30	60	72	48	96	87.5
(range)	(1–180)	**(1-180)**	(1-180)	(2-180)	(1-180)	(2-180)	(1-180)	(1-180)	(1-180)	(1-180)
Tobacco										
% ever used	93	**94**	98	96	95	97	94	93	92	87
% recent use	83	**87***	86	92	86	86	87	90	86	79
median days used	155	**144**	95	170	110	168	180	90	180	90
(range)	(1–180)	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-180)	(2-180)	(3-180)	(2-180)
E-cigarettes										
% ever used	53	**56**	59	51	60	62	84	40	58	35
% recent use	26	**28**	25	26	27	31	49	24	26	17
median days used	3	**3**	2	2.5	2	2	3	5.5	3	12
(range)	(1–180)	**(1-180)**	(1-180)	(1-180)	(1-24)	(1-180)	(1-90)	(1-100)	(1-90)	(2-180)
Meth. powder (speed)										
% ever used	59	**47**	53	54	70	62	41	16	59	24
% recent use	25	**22**	18	32	43	29	19	7	20	9
median days used	2	**2**	2	2.5	3	2	2	-	2	-
(range)	(1–180)	**(1-180)**	(1-12)	(1-26)	(1-180)	(1-30)	(1-21)	-	(1-14)	-
Meth. base										
% ever used	21	**14*****	19	10	14	15	24	6	15	7
% recent use	4	**3**	5	1	0	1	11	2	1	1
median days used	2	**2**	-	-	-	-	7	-	-	-
(range)	(1–96)	**(1-90)**	-	-	-	-	(1-90)	-	-	-
Crystal meth. (crystal)										
% ever used	34	**25**	21	16	18	27	37	15	48	20
% recent use	19	**13****	12	8	10	14	26	6	24	7
median days used	8	**4**	2	-	2.5	5.5	6.5	-	5	-
(range)	(1–180)	**(1-180)**	(1-15)	-	(1-100)	(1-140)	(1-48)	-	(1-180)	-
Meth. (any form)#										
% ever used	*67*	***54***	*59*	*57*	*73*	*67*	*56*	*25*	*67*	*34*
% recent use	*38*	***31****	*30*	*33*	*46*	*40*	*37*	*12*	*35*	*14*
median days used	*4*	***3***	*2*	*2*	*3*	*2*	*5*	*1*	*4*	*6*
(range)	*(1–180)*	***(1-180)***	*(1-28)*	*(1-60)*	*(1-180)*	*(1-140)*	*(1-96)*	*(1-72)*	*(1-180)*	*(1-76)*

Table 3: Lifetime and recent drug use among among national sample, 2017 (continued)

	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
Cocaine										
% ever used	74	**68****	84	67	70	49	77	52	77	68
% recent use	47	**48**	62	48	53	24	60	31	57	50
median days used	3	**3**	3	4	3	2	3.5	2	2	2
(range)	(1–72)	**(1-120)**	(1-35)	(1-90)	(1-20)	(1-120)	(1-72)	(1-48)	(1-40)	(1-50)
LSD										
% ever used	71	**70**	91	77	72	68	56	53	76	68
% recent use	45	**50**	73	64	52	39	36	33	47	52
median days used	3	**3**	3	3	3	2	3	3	2	3
(range)	(1–60)	**(1-180)**	(1-60)	(1-35)	(1-180)	(1-26)	(1-33)	(1-48)	(1-48)	(1-30)
MDA										
% ever used	23	**27***	41	20	29	24	30	29	14	29
% recent use	11	**14**	11	8	16	13	14	24	6	15
median days used	2	**2**	2	-	1	2	2.5	2	-	2
(range)	(1–150)	**(1-27)**	(1-10)	-	(1-4)	(1-12)	(1-10)	(1-24)	-	(1-27)
Magic Mushrooms										
% ever used	55	**59**	67	70	66	60	61	47	47	53
% recent use	22	**27***	36	38	36	25	26	14	8	30
median days used	2	**2**	2	2	2	2	2	2	-	1.5
(range)	(1-24)	**(1-24)**	(1-7)	(1-12)	(1-24)	(1-11)	(1-15)	(1-6)	-	(1-6)
Ketamine										
% ever used	42	**50****	67	59	83	40	60	21	33	33
% recent use	26	**37*****	50	49	80	17	48	16	11	21
median days used	3	**3**	3	2	5	2	2	2.5	-	2
(range)	(1–72)	**(1-60)**	(1-50)	(1-50)	(1-60)	(1-7)	(1-48)	(1-12)	-	(1-54)
GHB/1,4B/GBL										
% ever used	17	**13***	24	10	17	5	20	5	15	9
% recent use	8	**7**	12	5	15	3	9	3	7	4
median days used	3	**2**	1.5	-	5	-	-	-	-	-
(range)	(1–80)	**(1-100)**	(1-52)	-	(1-100)	-	-	-	-	-
Amyl nitrite										
% ever used	44	**39**	62	38	61	35	61	10	19	22
% recent use	27	**25**	39	30	44	16	42	9	8	10
median days used	3	**3**	5	4	2	2	5	-	-	2
(range)	(1–90)	**(1-100)**	(1-60)	(1-100)	(1-48)	(1-20)	(1-96)	-	-	(1-50)
Nitrous oxide										
% ever used	59	**58**	72	62	80	52	61	58	37	42
% recent use	36	**42****	55	53	73	29	45	46	5	26
median days used	4	**5**	5	4	5	4	6	6	-	3
(range)	(1–180)	**(1-180)**	(1-70)	(1-119)	(1-100)	(1-60)	(1-48)	(1-180)	-	(1-20)
Licit benzodiazepines										
% ever used	14	**15**	17	14	8	24	23	11	11	11
% recent use	7	**11***	12	7	7	15	20	10	6	9
median days used	12	**14**	9	-	-	10	24	25	-	-
(range)	(1–180)	**((1-180)**	(1-52)	-	-	(2-180)	(1-180)	(1-180)	-	-
Illicit benzodiazepines										
% ever used	47	**48**	45	41	56	48	66	38	37	53
% recent use	34	**37**	37	32	43	35	48	33	18	48
median days used	4	**4**	3	4.5	5	4	4	5	4	3
(range)	(1–90)	**(1-180)**	(1-90)	(1-30)	(1-170)	(1-60)	(1-180)	(1-90)	(1-10)	(1-16)
Any benzodiazepines (licit/illicit)										
% ever used	*52*	***53***	*52*	*45*	*60*	*55*	*71*	*42*	*41*	*55*
% recent use	*38*	***42***	*44*	*36*	*47*	*41*	*55*	*37*	*21*	*50*
median days used	*5*	***5***	*4*	*8.5*	*5*	*6*	*6*	*6*	*3.5*	*4.5*
(range)	*(1–180)*	**(1-180)**	*(1-104)*	*(1-30)*	*(1-180)*	*(1-180)*	*(1-180)*	*(1-180)*	*(1-78)*	*(1-94)*
Licit pharm. stimulants										
% ever used	8	**9**	14	15	8	6	5	6	7	9
% recent use	3	**4**	6	6	2	1	2	4	2	6
median days used	96	**67.5**	-	-	-	-	-	-	-	-
(range)	(1–180)	**(1-180)**	-	-	-	-	-	-	-	-
Illicit pharm. stimulants										
% ever used	55	**58**	70	49	42	53	64	82	33	68
% recent use	35	**42****	43	38	24	35	45	76	14	58
median days used	4	**5**	5	10	2	3	3	6	1.5	5
(range)	(1–180)	**(1-180)**	(1-30)	(1-150)	(1-60)	(1-60)	(1-120)	(1-180)	(1-12)	(1-180)
Any pharm. stimulants (licit/illicit)										
% ever used	*58*	**61**	74	54	46	57	66	84	36	70
% recent use	*37*	**44****	46	41	26	36	47	78	16	60
median days used	*5*	**6**	5	10	2.5	3.5	4	10	2	6
(range)	*(1–180)*	**(1-180)**	(1-180)	(1-180)	(1-180)	(1-180)	(1-120)	(1-180)	(1-90)	(1-180)

Table 3: Lifetime and recent (last six months) drug use among national sample, 2017 (continued)

	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
Illicit antidepressants										
% ever used	7	**7**	7	6	3	9	13	3	7	11
% recent use	2	**3**	2	3	1	3	6	0	1	7
median days used	3	**3**	-	-	-	-	-	0	-	-
(range)	(1–180)	**(1-72)**	-	-	-	-	-	0	-	-
Illicit antipsychotics										
% ever used	7	**8**	4	11	11	11	12	3	6	9
% recent use	4	**5**	3	5	4	5	8	2	2	6
median days used	2	**2**	-	-	-	-	-	-	-	-
(range)	(1–40)	**(1-72)**	-	-	-	-	-	-	-	-
Heroin										
% ever used	8	**7**	11	7	7	12	7	1	6	8
% recent use	2	**2**	1	2	2	2	3	0	0	4
median days used	3	**2**	-	-	-	-	-	0	0	-
(range)	(1–160)	**(1-180)**	-	-	-	-	-	0	0	-
Methadone										
% ever used	5	**3**	2	1	2	10	5	1	0	3
% recent use	1	**1**	0	0	0	6	2	1	0	1
median days used	–	**3**	0	0	0	-	-	-	0	-
(range)	–	**(1-180)**	0	0	0	-	-	-	0	-
Buprenorphine										
% ever used	3	**2**	2	0	2	6	3	1	1	0
% recent use	1	**1**	0	0	1	1	1	1	1	0
median days used	–	**-**	0	0	-	-	-	-	-	0
(range)	–	**-**	0	0	-	-	-	-	-	0
Other opiates licit										
% ever used	16	**20**	13	13	22	24	33	6	18	27
% recent use	7	**10***	8	6	12	10	20	5	9	13
median days used	10	**6**	-	-	5.5	4.5	8.5	-	-	7
(range)	(1–180)	**(1-180)**	-	-	(1-180)	(1-68)	(2-90)	-	-	(3-50)
Other opiates illicit										
% ever used	27	**27**	18	26	23	39	47	12	19	34
% recent use	15	**16**	12	13	12	24	32	3	7	27
median days used	3	**3**	2.5	2	2	5.5	3.5	-	-	3
(range)	(1–49)	**(1-105)**	(1-10)	(1-45)	(1-90)	(1-105)	(1-48)	-	-	(1-72)
Any other opiates										
% ever used	38	**39**	26	34	36	53	65	16	33	46
% recent use	21	**24**	18	17	21	29	47	8	15	33
median days used	3	**5**	3.5	2	2	6	6	-	1	5
(range)	(1–180)	**(1-180)**	(1-180)	(1-45)	(1-180)	(1-180)	(1-90)	-	(1-27)	(1-72)
OTC codeine (for non-pain use)										
% ever used	28	**35****	33	42	29	39	41	34	27	36
% recent use	18	**21**	20	25	13	27	24	20	13	26
median days used	3	**3**	3	2	2	5	4	4	2	3.5
(range)	(1–180)	**(1-50)**	(1-36)	(1-30)	(1-8)	(1-15)	(1-48)	(1-24)	(1-45)	(1-50)
OTC stimulants										
% ever used	12	**13**	17	8	8	18	21	10	13	10
% recent use	6	**6**	8	4	3	7	9	3	4	7
median days used	3	**3**	-	-	-	-	-	-	-	-
(range)	(1–48)	**(1-21)**	-	-	-	-	-	-	-	-
Steroids										
% ever used	3	**3**	4	6	2	3	4	0	4	2
% recent use	1	**1**	2	3	0	0	1	0	1	1
median days used	–	**-**	-	-	0	0	-	0	-	-
(range)	–	**-**	-	-	0	0	-	0	-	-
Unknown Capsule										
% ever used	30	**35**	20	36	41	44	26	24	45	44
% recent use	14	**20****	8	23	23	25	11	19	19	31
median days used	1	**2**	1	2	1	2	1	1	1	2
(range)	(1-24)	**(1-32)**	(1-4)	(1-32)	(1-20)	(1-8)	(1-10)	(1-24)	(1-5)	(1-12)

Source: EDRS participant interviews
– Not published due to small number reported (n<10)
[@] Ecstasy (any form) includes pills, powers, capsules & MDMA crystal/rock
[#] Meth. (any form) includes speed powder, base and crystal
* $p<0.05$; ** $p<0.01$; *** $p<0.001$.

4.1.2 Drug of choice

Ecstasy remained the drug of choice for 36% of the national sample, stable from 2016 (36%). Cannabis experienced a significant increase from 21% in 2016 to 28% in 2017 (p<0.01), whereas alcohol as the drug of choice significantly decreased from 15% in 2016 to 11% in 2017 (p<0.05). Crystal methamphetamine also decreased, from four per cent in 2016 to one per cent in 2017 (p<0.001) (Table 4; see Appendix B, Figure B1 for 'drug of choice' over time).

Table 4: Drug of choice among national sample, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	(N=795)	(N=786)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=86)	(n=100)
% Drug of choice	2016	**2017**								
Ecstasy	36	**36**	32	29	40	31	43	51	34	25
Cannabis	21	**28****	31	23	24	27	24	23	36	34
Alcohol	15	**11***	5	13	4	15	7	18	9	16
Cocaine	8	**6**	6	8	3	6	3	1	12	10
LSD	7	**9**	13	15	11	10	7	4	5	6
Crystal	4	**1*****	1	0	0	3	2	1	1	1
Speed	2	**1**	0	0	5	1	0	0	0	0
Heroin	1	**1**	0	0	2	1	0	0	0	1
Base	0	**0**	0	0	0	0	0	0	0	0
Magic mushrooms	2	**2**	4	3	2	2	3	0	0	3
Ketamine	1	**2**	2	4	5	1	4	0	0	2
GHB	1	**<1**	2	0	0	0	1	0	0	0
Pharm. Stimulant#	<1	**<1**	3	0	0	0	0	0	0	0
MDA	<1	**<1**	0	0	0	1	0	0	0	2
Benzodiazepines#	<1	**1**	0	1	1	1	5	1	0	0
NPS^	1	**1**	1	0	1	0	0	1	1	0
Other drugs	1	**1**	0	3	1	0	0	0	2	0

Source: EDRS participant interviews
includes licit and illicit forms
^NPS – New Psychoactive Substances
*p<0.05; **p<0.01; ***p<0.001.

4.1.3 Drugs used most in last month

In 2017, participants were asked which drug they had used most often in the month prior to interview (Table 5). Cannabis (43%), followed by alcohol (33%) and ecstasy (16%) were the drugs reportedly most used in the past month. Ecstasy and crystal methamphetamine as drugs used most in the preceding month both decreased significantly from 2016 to 2017 (20% vs 16%, p<0.05 and 3% vs. 1%, p<0.01, respectively).

Table 5: Drug used most often in the last month among national EDRS sample, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Alcohol	35	**33**	18	30	43	51	18	41	40	25
% Cannabis	33	**43**	49	44	32	34	46	35	47	54
% Ecstasy	20	**16***	21	14	16	8	25	22	8	13
% Speed	1	**0**	0	0	0	0	0	0	0	0
% Crystal	3	**1****	1	1	0	2	1	1	4	1
% LSD	2	**2**	3	4	2	2	1	1	0	0
% Cocaine	1	**2**	6	4	2	0	4	0	1	1
% Magic mushrooms	<1	**<1**	0	0	0	0	0	0	0	1

Source: EDRS participant interviews
Note: Benzodiazepines, heroin, pharmaceutical stimulants, ketamine and MDA were all mentioned by n<5 participants in each jurisdiction.
*p<0.05; **p<0.01.

4.1.4 Polydrug use among the national sample

In 2017, participants were asked if the last time they used a psychostimulant they had used other drugs at the same time. Nearly the entire national sample (94%) reported the last time they used a psychostimulant they had used other drug(s) at the same time. The main drugs reported were ecstasy (70%), tobacco (62%), alcohol (58%) (more than 5 standard drinks), cannabis (55%) and alcohol (21%) (less than 5 standard drinks).

Table 6: Polydrug use among the national sample, by jurisdiction, 2017

%	National N=791	National N=735	NSW n=98	ACT n=89	VIC n=87	TAS n=96	SA n=97	WA n=92	NT n=80	QLD n=96
	2016	**2017**								
% Alcohol (> 5 standard drinks)	56	**58**	59	49	41	76	55	62	64	59
% Ecstasy	68	**70**	60	62	53	75	81	78	76	73
% Tobacco	56	**62**	63	42	68	62	70	62	70	63
% Cannabis	48	**55**	58	67	39	56	52	52	55	62
% Alcohol (< 5 standard drinks)	19	**21**	15	21	25	16	28	20	14	25
% LSD	11	**11**	22	20	1	5	5	5	13	17
% Cocaine	10	**14**	22	15	10	6	17	9	18	12
% Crystal	9	**5**	4	3	2	6	8	2	11	4
% Energy drinks	8	**9**	0	0	10	18	6	10	15	14
% Ketamine	7	**14**	26	24	30	2	13	3	3	10
% Benzodiazepines	5	**4**	2	2	2	5	8	8	1	1
% Pharmaceutical stimulants	5	**5**	5	6	0	6	2	17	1	5
% Speed	4	**4**	3	7	8	8	3	1	1	0
% Amyl nitrate	3	**2**	5	1	5	0	2	0	0	1
% Nitrous oxide	3	**7**	11	9	6	4	6	9	1	6
% GHB	2	**1**	1	0	3	0	1	0	0	1
% Magic mushrooms	1	**3**	6	3	6	4	2	1	0	2
% MDA	1	**2**	0	0	3	2	2	4	0	3
% NPS	1	**1**	1	0	1	1	1	2	0	0
% Base	<1	**<1**	0	0	0	0	2	0	0	0
% OTC codeine	<1	**<1**	1	0	0	1	0	0	0	0
% Other	4	**4**	4	8	3	1	3	2	5	5

Source: EDRS participant interviews
Note: Multiple responses allowed

4.1.5 Frequency of ERD use

Participants were asked how often they had used ERDs. In 2017, the majority of respondents reported weekly (26%) or fortnightly (36%) use (Table 7).

Table 7: Frequency of ERD use among the national sample, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Not in the last month	4	**5**	9	6	7	7	1	2	4	2
% Monthly	19	**18**	20	15	11	20	19	15	19	21
% Fortnightly	37	**36**	32	36	23	37	38	42	44	33
% Weekly	26	**26**	25	33	26	23	31	24	23	24
% More than once a week	12	**14**	14	10	23	13	11	12	8	19
% Once a day	1	**1**	0	0	7	0	0	2	0	1
% More than once a day	1	**1**	0	0	3	0	0	2	2	0

Source: EDRS participant interviews

4.1.6 Binge drug use

Participants were asked whether they had binged on any stimulant or related drug in the six months preceding interview. Bingeing was defined as using drugs on a continuous basis for more than 48 hours without sleep (Ovendon and Loxley, 1996). One-third (33%) of the national sample had binged on one or more drugs in the preceding six months on a median of two occasions (range: 1–48 occasions). The median number of hours was 60 hours (approximately two and a half days) with the range between 48 and 392 hours.

Among those who had binged for 48 hours or more, significantly fewer participants had binged on crystal methamphetamine in 2017 compared to 2016 (26% vs. 35% in 2016, $p<0.05$). In contrast, significantly more participants had binged on nitrous oxide in 2017 compared to 2016 (14% vs. 8% in 2016, $p<0.05$). Aside from these differences, ecstasy (73%) was the drug most commonly reported being used in a binge session. Tobacco (72%), cannabis (65%) and alcohol (63%) (more than five standard drinks) were reportedly used by over half in a binge session. Cocaine (29%), crystal methamphetamine (26%), energy drinks (22%), LSD (19%) and speed (18%) were also frequently reported as being used in a binge session (Table 8).

Table 8: Bingeing behaviour among national EDRS sample, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Binged on any stimulant	37	**33**	33	25	30	25	41	29	44	35
	(n=291)	**(n=255)**	(n=32)	(n=25)	(n=30)	(n=25)	(n=41)	(n=29)	(n=38)	(n=35)
% Ecstasy	74	**73**	72	76	77	64	71	83	74	66
% Alcohol >5 drinks	64	**63**	59	60	53	64	66	62	76	60
% Tobacco	69	**72**	72	60	73	76	85	59	68	74
% Cannabis	57	**65**	63	68	70	60	63	62	71	63
% Crystal	35	**26***	28	16	20	32	46	7	32	20
% Speed	21	**18**	16	32	33	24	17	3	13	9
% Energy drinks	18	**22**	0	8	33	36	17	24	32	23
% LSD	18	**19**	22	32	30	16	7	21	5	260
% Cocaine	28	**29**	31	48	20	12	42	10	26	34
% Pharmaceutical stimulants	10	**9**	16	4	3	8	0	35	0	14
% Benzodiazepines	8	**9**	9	12	3	16	15	7	5	3
% Alcohol <5 drinks	11	**11**	22	4	7	8	20	10	3	14
% Nitrous oxide	8	**14***	16	8	23	8	22	21	0	11
% Ketamine	15	**16**	22	20	50	0	22	3	3	6
% Amyl nitrite	2	**4**	3	4	3	0	7	0	3	6
% MDA	2	**4**	0	4	0	0	5	7	0	11
% GHB	5	**4**	13	0	13	0	5	0	0	3
% OTC codeine	1	**2**	0	0	0	4	2	0	0	9
% Magic mushrooms	3	**3**	6	8	0	8	2	3	0	0
% NPS	2	**1**	0	0	0	4	0	3	0	0
% Base	1	**<1**	3	0	0	0	0	0	0	0
% Other	7	**10**	19	16	13	20	5	0	3	9

Source: EDRS participant interviews
Note: 'Binged' was defined as the use of any stimulant for more than 48 hours continuously without sleep
*$p<0.05$

4.2 Ecstasy use

Key Points

- Most (99%) participants reported recent ecstasy use, with use occurring fortnightly (median 14 days).
- Pills were the main form used, although recent use had declined (82% vs. 78% in 2016; $p<0.05$). Conversely, there were significant increases in recent use of ecstasy capsules (71% vs. 60% in 2016; $p<0.001$), powder (30% vs. 21% in 2016; $p<0.01$) and MDMA crystal (67% vs. 57% in 2016; $p<0.01$).
- Oral ingestion was the main route of administration for pills (98%), capsules (95%), and MDMA crystal/rock (82%), while snorting was the main route of administration for ecstasy powder (80%).
- Median use in a typical session for pills, powder, capsules and MDMA crystal was two pills, 0.5 grams, two capsules and two capsules, respectively.
- Median use in the heaviest session for pills, powder, capsules and MDMA crystal was four pills, one gram, three capsules and three capsules, respectively.

4.2.1 Ecstasy use among EDRS participants

Participants were asked about their use of a range of forms of ecstasy including; ecstasy pills (pills sold purporting to contain MDMA), ecstasy capsules (capsules sold purporting to contain MDMA), ecstasy powder (often sold in sachets) and crystal ecstasy. In addition, participants were asked about their use of capsules of 'unknown content' (see Section 4.9.17).

One hundred per cent of participants reported lifetime use of any form of ecstasy. Ninety-nine per cent reported recent use of ecstasy (any form) on a median of 14 days (i.e. twice per month; range: 1–160 days). There was no significant difference in median days of use of any form of ecstasy between 2016 and 2017. See Appendix B, Figure B2 and Figure B3 for ecstasy trends over time.

4.2.1.1 Ecstasy pills

Nearly the entire EDRS sample reported a lifetime use of ecstasy pills (95%). The median age of first use was 17 years (range: 12–45 years). Seventy-eight per cent of the national sample reported using ecstasy pills in the last six months, a significant decrease from 2016 (82%; $p<0.05$), on a median of eight days (range:1–96 days) (Table 9). The majority of participants nominated oral ingestion as their main ROA for pills (98%) (Table 11).

Of those who commented (n=610), one-third (33%) had used ecstasy pills less than monthly, 39% of participants had used pills between monthly and fortnightly (inclusive), 11% had used more than fortnightly (but less than weekly) and 17% had used ecstasy weekly or more.

The median number of ecstasy pills taken in a typical or average use episode in the preceding six months was two pills (range: 0.5-40 pills). One third (33%) reported using more than two pills per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of four pills (range: 0.5-42 pills) (Table 10).

4.2.1.2 Ecstasy powder

Forty-six per cent of the national sample reported lifetime use of ecstasy powder, a significant increase from 2016 (37%; $p<0.01$). The median age of first use was 18 years (range: 10–40 years). Almost one-third of participants (30%) reported recently using ecstasy powder (Table 9), which was a significant increase from 21% in 2016 ($p<0.01$). Median frequency of use was five days (range: 1-72 days). The main ROA reported for powder was snorting (80%) (Table 11).

Of those who commented (n=235), over half (53%) had used ecstasy powder less than monthly, 34% of participants had used powder between monthly and fortnightly (inclusive), five per cent had used more than fortnightly (but less than weekly) and nine per cent had used ecstasy powder weekly or more.

Ecstasy powder was mainly used in grams (n=79). The median amount of ecstasy powder typically used in an episode was half a gram (range: 0.1-28 grams) in the preceding six months. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of one gram (range: 0.1-38 grams) (Table 10).

4.2.1.3 Ecstasy capsules

Over four-fifths (82%) of the national sample reported a lifetime use of ecstasy capsules, a significant increase from 2016 (77%; $p<0.05$). The median age of first use was 18 years (range: 12–47 years). Seventy-one per cent reported past six month use of ecstasy capsules, which was a significant increase from 2016 (60%; $p<0.001$). Frequency of use remained stable at a median of six days in the last six months (range: 1-96 days) (Table 9). The majority of participants nominated oral ingestion as their main ROA for capsules (95%) (Table 11).

Of those who commented (n=553), 46% had used ecstasy capsules less than monthly, 33% of participants had used capsules between monthly and fortnightly (inclusive), 10% had used more than fortnightly (but less than weekly) and 11% had used ecstasy capsules weekly or more.

The median number of ecstasy capsules taken in a typical or average use episode in the preceding six months was two capsules (range: 0.5–30 capsules); thirty-two per cent of those who commented (n=544) reported using over two capsules per session. During the heaviest use episode in the preceding six months, participants in the national sample reported a median of three capsules (range: 0.5–40 capsules) (Table 10).

4.2.1.4 MDMA crystal/rock

Seventy-seven per cent of the national sample reported a lifetime use of MDMA crystal/rock. The median age of first use was 18 years (range: 12–47 years). Two-thirds of the national sample (67%) reported recently using MDMA crystal/rock, a significant increase from 57% in 2016 ($p<0.01$) (Table 9). Median frequency of use was six days (range: 1-90 days). The majority of participants nominated oral ingestion as their main ROA for MDMA crystal/rock (82%) (Table 11).

Of those who commented (n=523), nearly half (49%) had used MDMA crystal/rock less than monthly, 33% of participants had used MDMA crystal/rock between monthly and fortnightly (inclusive), eight per cent had used more than fortnightly (but less than weekly) and 10% had used MDMA crystal/rock weekly or more.

MDMA crystal/rock was mostly reported in capsules (n=166). The median amount of MDMA crystal/rock used in an average use episode was two capsules (range: 0.5-20 capsules) in the preceding six months. During the heaviest use episode in the preceding six months, participants reported a median of three capsules (range: 0.5-30 capsules) (Table 9).

Table 9: Patterns of ecstasy use, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Recently used:										
Pills	82	**78***	42	79	83	93	71	93	86	78
Powder	21	**30****	21	32	34	24	44	36	20	28
Capsules	60	**71*****	76	67	90	60	81	61	57	72
MDMA crystal/rock	57	**67****	75	75	43	47	69	78	71	78
Any form[#]	99	**99**	*100*	*100*	*98*	*100*	*99*	*100*	*99*	*98*
Median age first used ecstasy^:										
Pills (range)	18 (12–43)	**17 (12-45)**	17 (13-29)	18 (13-32)	17 (14-28)	18 (14-37)	17 (12-24)	17 (14-21)	17 (13-45)	17 (13-31)
Powder (range)	18 (13–48)	**18 (10-40)**	18 (14-30)	18 (13-40)	18 (14-29)	18 (16-32)	18 (14-24)	18 (10-34)	18 (15-30)	18 (14-21)
Capsules (range)	18 (6–44)	**18 (12-47)**	17 (12-26)	18 (14-38)	18 (14-30)	18 (16-35)	18 (15-24)	18 (14-30)	18 (13-47)	17 (14-31)
MDMA crystal/rock (range)	19 (13–44)	**18 (12-47)**	17 (13-31)	18 (12-45)	18 (14-30)	18 (16-34)	18 (13-26)	18 (15-27)	18 (14-47)	18 (15-32)
Median days used ecstasy last six months^:										
Pills (range)	10 (1–72)	**8 (1-96)**	2.5 (1-90)	4 (1-62)	5 (1-72)	10 (1-96)	12 (1-90)	12 (1-96)	7 (1-80)	12 (1-54)
Powder (range)	4 (1–72)	**5 (1-72)**	2 (1-20)	5 (1-62)	4.5 (1-24)	3 (1-12)	10 (1-48)	6 (1-72)	2 (1-13)	5 (1-27)
Capsules (range)	5 (1–96)	**6 (1-96)**	6 (1-72)	5 (1-70)	9.5 (1-72)	3 (1-20)	6 (1-72)	5 (1-96)	4 (1-24)	6 (1-50)
MDMA crystal/rock (range)	6 (1–96)	**6 (1-90)**	5 (1-90)	5 (1-90)	5 (1-30)	3 (1-21)	8 (1-72)	6 (1-72)	4.5 (1-48)	6 (1-54)
Any form[#] **(range)**	13 (1–113)	**14 (1-160)**	10 (1-90)	10.5 (1-153)	15 (1-96)	13 (2-100)	18 (1-160)	15 (1-102)	12 (1-122)	16 (1-84)

Source: EDRS participant interviews
^Among those who recently used
[#] Includes all forms (pills, powder, capsules and MDMA crystal/rock)
*p<0.05; **p<0.01

Table 10: Median quantity of average and heavy session use of ecstasy pills, crystal/rock, powder and capsules, 2017

Median (range)	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
Median amount used in a typical session (range):										
Ecstasy pills	2 (0.5–10)	**2 (0.5-40)**	2 (1-12)	2 (0.5-10)	2 (1-15)	2 (1-5)	2.5 (1-30)	3 (1-10)	2 (1-10)	2 (1-40)
Ecstasy powder – grams	0.5 (0.1–3)	**0.5 (0.1-28)**	- -	- -	- -	- -	0.5 (0.2-10)	0.5 (0.1-10)	0.5 (0.1-1.5)	0.5 (0.2-3)
Ecstasy capsules	2 (1–10)	**2 (0.5-30)**	3 (1-10)	2 (0.5-12)	2 (1-15)	2 (1-5)	2 (1-30)	2 (1-12)	1 (1-10)	2 (0.5-5)
MDMA crystal/ rock – caps	2 (0.1–9)	**2 (0.5-20)**	2 (0.5-8)	2 (1-4)	- -	- -	- -	2 (1-10)	1.25 (0.5-4)	2 (0.5-3)
Median amount used in a heavy session (range):										
Ecstasy pills	4 (0.5–40)	**4 (0.5-42)**	3 (1-22)	2 (0.5-40)	3 (1-32)	3 (1-20)	5 (1-42)	6 (1-40)	3 (1-16)	4 (1-15)
Ecstasy powder – grams	1 (0.1–6)	**1 (0.1-38)**	- -	1 (0.5-38)	1 (0.3-2)	- -	1 (0.2-15)	1 (0.1-12)	0.5 (0.2-2.5)	- -
Ecstasy capsules	3 (1–30)	**3 (0.5-40)**	4 (1-40)	3 (0.5-20)	4 (1-25)	2 (1-14)	4 (1-36)	3 (1-17)	2 (1-20)	3 (1-12)
MDMA crystal/ rock – caps	3 (0.3–30)	**3 (0.5-30)**	4 (0.5-25)	4 (1-24)	- -	- -	- -	3 (1-12)	2 (1-8)	2 (1-8)

Source: EDRS participant interviews
– Data not published due to small numbers reporting (n<10)

Table 11: Main route of administration of ecstasy in the last six months, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Pills	(n=655)	**(n=610)**	n=40	n=79	n=83	n=93	n=71	n=93	n=73	n=78
Swallowed	97	**98**	98	95	99	98	99	99	100	96
Snorted	43	**43**	43	29	16	56	51	63	38	46
Injected	<1	**<1**	0	0	0	1	0	0	0	0
Smoked	2	**1**	3	0	1	0	3	1	1	3
Shelved/shafted	4	**4**	5	5	2	1	7	5	3	3
% Capsules	(n=470)	**(n=550)**	n=75	n=67	n=90	n=59	n=81	n=60	n=47	n=71
Swallowed	95	**95**	99	99	96	86	98	93	100	90
Snorted	37	**32**	39	24	33	46	40	32	19	23
Injected	<1	**<1**	0	0	0	2	0	0	0	0
Smoked	2	**<1**	1	0	1	0	0	0	0	0
Shelved/shafted	2	**2**	7	2	1	0	0	2	0	0
% Powder	(n=169)	**(n=235)**	n=21	n=32	n=34	n=23	n=44	n=36	n=17	n=28
Swallowed	55	**49**	48	47	44	52	68	42	29	43
Snorted	76	**80**	71	81	88	83	75	83	88	75
Injected	<1	**<1**	0	0	0	4	0	0	0	0
Smoked	<1	**3**	5	3	6	0	5	0	0	4
Shelved/shafted	0	**2**	0	6	3	0	0	3	0	0
% MDMA crystal/rock	(n=455)	**(n=522)**	n=75	n=75	n=43	n=47	n=69	n=75	n=60	n=78
Swallowed	85	**82**	88	85	56	72	87	83	85	83
Snorted	58	**60**	60	53	79	57	73	50	63	51
Injected	1	**<1**	0	0	0	2	0	0	0	0
Smoked	4	**4**	7	1	7	4	3	0	8	3
Shelved/shafted	2	**2**	5	5	0	0	3	0	0	3

Source: EDRS participant interviews

As ecstasy is considered to be a drug that is used in the company of others, usually at a public location where there is music, participants were asked what percentage of their friends also used ecstasy (Table 12). Almost half (47%) reported that 'most' of their friends used ecstasy. Smaller percentages reported that all (10%) or a few (16%) of their friends used ecstasy. There was little variation in reports of percentages of friends that use ecstasy from 2016 to 2017.

Table 12: Percentages of friends that use ecstasy, 2017

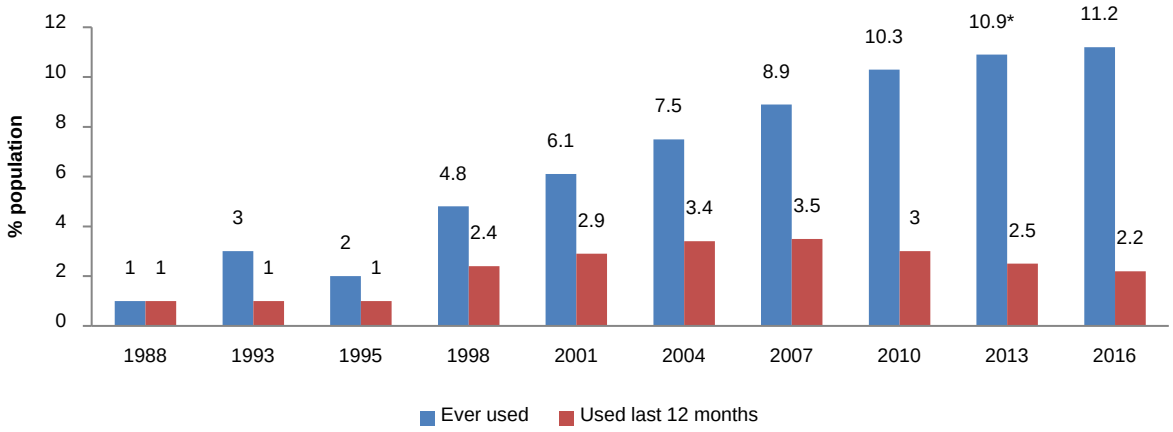
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% All friends	10	**10**	7	8	15	6	7	15	12	12
% Most friends	44	**47**	50	39	46	41	53	56	45	46
% About half	27	**27**	25	29	25	30	29	20	28	28
% A few	18	**16**	17	24	14	23	11	9	15	14
% None	<1	**<1**	1	0	0	0	0	0	0	0

Source: EDRS participant interviews

4.2.4 Use of ecstasy in the general population

Since ecstasy was first included in the NDSHS in 1988, reported lifetime prevalence of ecstasy use among the general population aged 14 years and above has gradually increased from one per cent in 1988 to 11.2% in 2016. In regard to past 12-month use, prevalence gradually increased from one per cent in 1988, stabilised in 2007 (3.5%) and has declined in recent years (2.2% in 2016; Figure 1). In 2016, ecstasy dropped to the third most commonly used illicit drug in Australia (after cannabis and methamphetamine; Australian Institute of Health and Welfare, 2017).

Figure 1: Prevalence of ecstasy use in Australia, 1988–2016



Source: NDSHS 1988–2016 (Australian Institute of Health and Welfare, 1999, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 2017, Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993)
Note: In the 2001 and earlier surveys, ecstasy was analysed as ecstasy/designer drugs, the term 'designer drugs' not being defined in the survey. The 2004 survey separated out ecstasy, ketamine and GHB and did not cover any other 'designer drugs'.
* significant increase between 2010 and 2013 (p<0.05)

4.3 Methamphetamine use

Key points

- There was a significant decline in the percentage of the sample who reported recent use of 'any' methamphetamine (31% vs. 38% in 2016, $p<0.01$).
- Frequency of use was sporadic (median 3 days), and daily use uncommon (n=2).
- The most common form used in the preceding six months was speed (22%), followed by crystal (13%; 19% in 2016; $p<0.01$) and base (3%).
- Smoking was the main route of administration for crystal (90%) and base (55%), while snorting was the main route of administration for speed (69%).
- Median use in a typical session for speed, crystal and base was 0.5 grams, one point and two points, respectively.
- Median use in the heaviest session for speed, crystal and base was one gram, two points and two points, respectively.

4.3.1 Methamphetamine use among EDRS participants

Fifty-four per cent of the national sample reported having used one or more forms of methamphetamine (speed, base and/or crystal) at some stage during their lifetime (Table 13). Almost one-third (31%) of the national sample reported use during the preceding six months, a significant decrease from 2016 (38%; $p<0.01$), with the highest use reported in VIC (46%) and the lowest in WA (12%). See Appendix B, Figure B4, Figure B5 and Figure B6 for recent methamphetamine use over time.

Frequency of use among recent consumers was sporadic at a median of three days (range 1-180 days; Table 13). Almost two-thirds (65%) reported less than monthly use, 16% used between monthly and fortnightly, seven per cent used more than fortnightly (but less than weekly), and 12% used weekly or more. Daily use of methamphetamine was uncommon in this group with only two participants in the national sample reporting daily use.

Table 13: Patterns of methamphetamine (any form) use among the national EDRS sample, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	67	**54**	59	56	73	66	56	25	67	34
% Used last six months	38	**31****	30	32	46	40	37	12	35	14
Median days used^ last six months (n; range)	4 (1–180)	**3 (1-180)**	2 (1-28)	2 (1-60)	3 (1-180)	2 (1-140)	5 (1-96)	1 (1-72)	4 (1-180)	6 (1-76)

Source: EDRS participant interviews
^Among those who had used recently.
Note: Includes speed, base and crystal. Medians may be rounded to nearest whole number.
**$p<0.01$

4.3.2 Methamphetamine powder (speed)

Under half (47%) of the participants in the 2017 national sample reported lifetime speed use and 22% had used speed in the preceding six months (Table 14). Those who had used speed recently reported first use at a median age of 18 years (range: 10–32 years).

The most common ROA for speed was snorting (69%), followed by swallowing (37%), and smoking (15%) (Table 14). Of those who recently used speed (n=171), the median days of use was two (range: 1-180 days). The majority of recent consumers (78%) used speed less than once a month, 15% used speed between monthly and fortnightly, four per cent used more than fortnightly (but less than weekly) and four per cent used speed weekly or more.

Participants who reported recently using speed used a median of half a gram in an average (typical) session of use (range: 0.1–14 grams) and one gram in the heaviest recent session of use (range: 0.1–21 grams) (Table 14).

Table 14: Patterns of methamphetamine powder (speed) use among national sample, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	59	**47**	53	54	70	62	41	16	59	24
% Used last six months	25	**22**	18	32	43	29	19	7	20	9
Route of administration:	n=201	**n=172**	n=18	n=31	n=43	n=29	n=19	n=7	n=16	n=9
% Snorted	73	**69**	61	61	88	59	68	-	50	-
% Swallowed	35	**37**	50	55	19	52	16	-	44	-
% Injected	5	**5**	6	0	2	14	0	-	6	-
% Smoked	8	**15**	0	19	9	0	37	-	31	-
Median days used last six months (n; range)	2 (1–180)	**2 (1-180)**	1 (1-12)	2.5 (1-26)	3 (1-180)	2 (1-30)	2 (1-21)	- -	2 (1-14)	- -
Average grams used (median; range)^	0.5 (0.01–3)	**0.5 (0.1-14)**	- -	0.75 (0.1-3)	- -	- -	- -	- -	- -	- -
Heaviest grams used (median; range)^	1 (0.01–5)	**1 (0.1-21)**	- -	1.38 (0.1-7)	- -	- -	- -	- -	- -	- -

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (n<10)

4.3.3 Methamphetamine base

Fourteen per cent of the national sample reported lifetime use of base and three per cent had used it in the six months preceding interview (Table 15). The median age of first use (among those who had recently used base) was 18 years (range: 10–40 years).

Participants who had recently used base (n=22) reported smoking (55%), followed by swallowing (46%), as the most common ROAs. The median number of days used was two (range 1-90 days), indicating sporadic use (Table 15). The majority of those who had recently used base (68%) had used less than monthly.

People who had recently used base reported using a median of two points in a typical session of use (range: 1–3 points) and two points again in the heaviest recent session of use (range: 1–4.5 points).

Table 15: Patterns of methamphetamine base use among national sample, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	21	**14*** **	19	10	14	15	24	6	15	7
% Used last six months	4	**3**	5	1	0	1	11	2	1	1
Route of administration:	n=33	**n=22**	n=5	n=1	n=1	n=1	n=11	n=2	n=1	n=1
% Swallowed	46	**46**	-	-	-	-	0	-	-	-
% Smoked	36	**55**	-	-	-	-	100	-	-	-
% Snorted	24	**14**	-	-	-	-	9	-	-	-
% Injected	24	**0***	-	-	-	-	0	-	-	-
Median days used last six months (n; range)	2 (1–96)	**2 (1-90)**	- -	- -	- -	- -	7 (1-90)	- -	- -	- -
Average points used (median; range)^	1 (0.4–4)	**2 (1-3)**	- -	- -	- -	- -	- -	- -	- -	- -
Heaviest points used (median; range)^	1 (0.4–10)	**2 (1-4.5)**	- -	- -	- -	- -	- -	- -	- -	- -

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (n<10)
*p<0.05; ***p<0.001

4.3.4 Crystalline methamphetamine (crystal)

One-quarter (25%) of the national sample reported having ever used crystal and 13% had used crystal in the six months preceding interview, a significant decrease from 2016 (19%; $p<0.01$) (Table 16). The median age of first use among those who reported using crystal recently was 19 years (range: 10–38 years).

Of those who reported recent use of crystal, the most common ROA was smoking (90%), 12% reported injecting and nine per cent reported snorting crystal in the past six months, which was a significant decrease from 2016 (22%; $p<0.01$). Eight per cent of participants reported recently swallowing crystal.

Of those who reported recent use of crystal (n=102), the median number of days used was four days, ranging from having used once in the preceding six months to daily (180 days) (Table 16). There was no significant difference in median days use of crystal in 2017 compared with 2016. Over half (55%) the participants who recently consumed crystal reported using less than monthly, 22% between monthly and fortnightly, four participants reported more than fortnightly (but less than weekly use) and 20% of participants reported using more than weekly. One participant reported daily crystal use in 2017.

The median amount of crystal used in a typical or average use episode in the preceding six months was one point (range: 0.05–15 points). Participants who had recently used crystal reported using a median of two points (range: 0.05–15 points) during the heaviest recent use episode.

Table 16: Patterns of crystalline methamphetamine (crystal) use among national sample, 2017

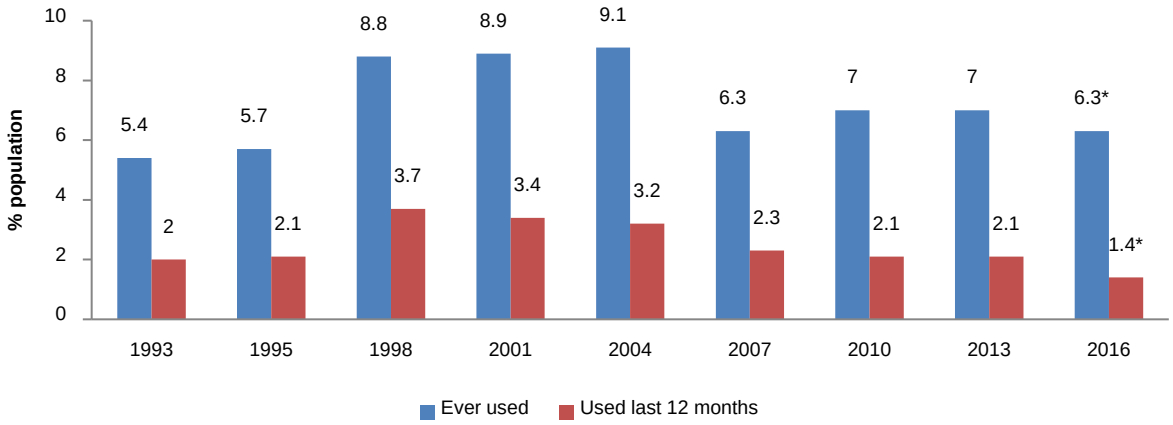
%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	34	**25**	21	16	18	27	37	15	48	20
% Used last six months	19	**13****	12	8	10	14	26	6	24	7
Route of administration:	n=153	**n=101**	n=12	n=8	n=10	n=14	n=26	n=6	n=18	n=7
% Snorted	22	**9****	17	-	10	0	12	-	0	-
% Swallowed	12	**8**	8	-	10	7	4	-	6	-
% Injected	20	**12**	8	-	10	50	0	-	6	-
% Smoked	85	**90**	83	-	90	79	96	-	100	-
Median days used^ last six months (n; range)	8 (1–180)	**4 (1-180)**	2 (1-15)	- -	2.5 (1-100)	5.5 (1-140)	6.5 (1-48)	- -	5 (1-180)	- -
Average points used (median; range)^	1.5 (0.05–8)	**1 (0.05-15)**	- -	- -	- -	- -	- -	- -	- -	- -
Heaviest points used (median; range)^	2 (0.05–11)	**2 (0.05-15)**	- -	- -	- -	- -	2 (0.5-7)	- -	- -	- -

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (n<10)
**$p<0.01$

4.3.5 Methamphetamine use in the general population

Figure 2 presents the percentage of the Australian general population who have ever used methamphetamine as well as the percentage that have used the drug in the past 12 months. In 2016, there were significant decreases in both lifetime and past year use of methamphetamine. Crystal methamphetamine remained the predominant form being used, increasing from 22% of past year meth/amphetamine consumers in 2010 to 50% in 2013 and to 57% in 2016. Conversely, the percentage of past year methamphetamine consumers using the powder form decreased from 29% in 2013 to 20% in 2016 (Australian Institute of Health and Welfare, 2017).

Figure 2: Prevalence of methamphetamine use in Australia, 1993–2016



Source: NDSHS 1993–2016 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Commonwealth Department of Community Services and Health, 1988, Australian Institute of Health and Welfare, 2011a, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 1999, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2017).
*significant decrease between 2013 and 2016 (p<0.05)

4.4 Cocaine use

Key points

- Cocaine remained the second most commonly used stimulant drug (48% reporting recent use), although use varied substantially by jurisdiction (24% in TAS vs. 62% in NSW and 60% in SA).
- Cocaine use was sporadic (median 3 days in the past six months), with no reports of daily use.
- Among participants who had recently used cocaine, it had typically been snorted (97%), or swallowed (14%).
- The median amount used in a typical and heavy session was 0.5 grams and 1 gram, respectively.

4.4.1 Cocaine use among EDRS participants

Over two-thirds of the national sample (68%) reported having ever used cocaine, significantly less than in 2016 (74%; $p<0.01$). Nearly half (48%) had used cocaine in the six months preceding interview (Table 17). Reports of recent use were particularly high in NSW (62%), SA (60%) and NT (57%), and low in WA (31%) and TAS (24%). The median age of first use among those who reported having used cocaine recently was 19 years (range: 13–45 years).

Of those who had used cocaine, the median number of days of use was three (range: 1–120 days) (Table 17). The majority (76%) had used less than monthly; 15% had used between monthly and fortnightly; three per cent reported using more than fortnightly (less than weekly) and six per cent had used cocaine weekly or more frequently. There was no reported daily use of cocaine.

Cocaine was predominantly snorted (97%), with a smaller percentage also reporting swallowing (14%).

The median amount of cocaine used in a typical or average use episode in the preceding six months was half a gram (range: 0.1–3.5 grams). Participants who had recently used cocaine reported using a median of one gram (range: 0.1–11 grams) during the heaviest use episode in the last six months (Table 17).

See Appendix B, Figure B7 and Figure B8 for cocaine use over time.

Table 17: Patterns of cocaine use, 2017

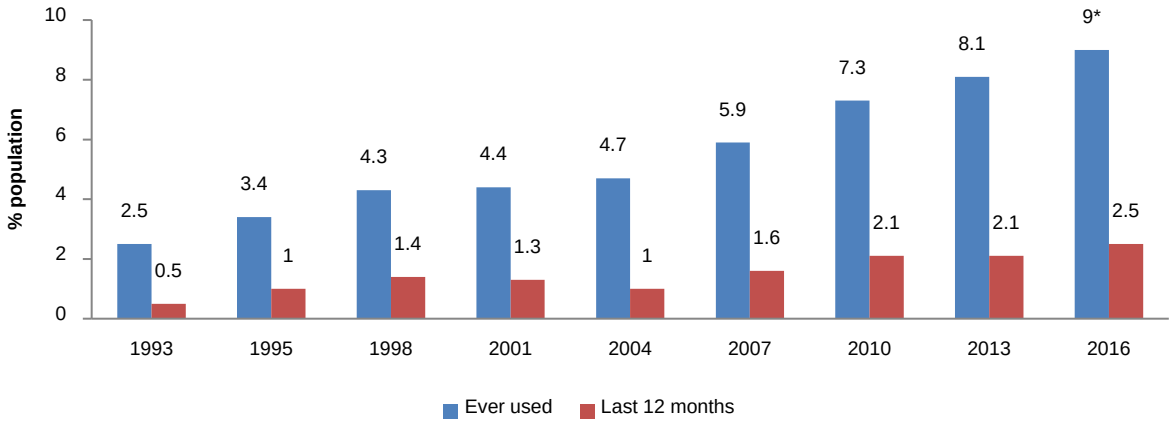
%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	74	**68****	84	67	70	49	77	52	77	68
% Used last six months	47	**48**	62	48	53	24	60	31	57	50
Route of administration:	n=370	**n=376**	n=62	n=48	n=53	n=24	n=60	n=31	n=48	n=50
% Snorted^	98	**97**	92	98	100	96	100	94	96	98
% Swallowed^	9	**14**	13	13	8	13	22	16	19	6
% Injected^	<1	**0**	0	0	0	0	0	0	0	0
% Smoked^	1	**1**	3	0	0	0	2	0	0	0
Median days used^ last six months (n; range)	3 (1–72)	**3 (1-120)**	3 (1-35)	4 (1-90)	3 (1-20)	2 (1-20)	3.5 (1-72)	2 (1-48)	2 (1-40)	2 (1-50)
Average grams used (median; range)^	0.5 (0.05–2)	**0.5 (0.1-3.5)**	0.5 (0.2-2)	0.5 (0.25-3)	0.5 (0.1-2)	1 (0.15-3)	0.8 (0.25-2)	0.5 (0.13-3.5)	0.5 (0.1-1)	0.5 (0.15-3)
Heaviest grams used (median; range)^	1 (0.1–7)	**1 (0.1-11)**	1 (0.2-11)	0.9 (0.25-10)	1 (0.2-2.50)	2 (0.15-4)	1.5 (0.25-3)	1 (0.13-5)	0.5 (0.1-2)	1 (0.15-3.5)

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented
***p*<0.01

4.4.2 Use of cocaine in the general population

Reports of lifetime cocaine use among the Australian general population has been gradually increasing since 2001 (with a significant increase observed in 2016; Australian Institute of Health and Welfare, 2017), however, annual use has remained consistent since 2007 (Figure 3).

Figure 3: Prevalence of cocaine use in Australia, 1993–2016



Source: NDSHS 1993–2016 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Commonwealth Department of Community Services and Health, 1988, Australian Institute of Health and Welfare, 2011a, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 1999, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2017).
*significant increase between 2013 and 2016 (p<0.05)

4.5 Ketamine use

Key points

- Recent ketamine use increased significantly in 2017 (37% vs. 26% in 2016; *p*<0.001), with use highest in VIC (80%).
- Frequency of use remained low, at a median of three days in the past six months.
- Among participants who had recently used ketamine, the majority (93%) had snorted it and 10% had swallowed it.
- Median use was 0.5 grams in typical and heaviest episodes of use, respectively.

4.5.1 Ketamine use among EDRS participants

Fifty per cent of the 2017 national sample reported lifetime use of ketamine (42% in 2016; *p*<0.01) and 37% had used it in the six months preceding interview (26% in 2016; *p*<0.001; Table 18). Recent use was highest in VIC (80%).

In the six months preceding interview, snorting (93%) was the most common ROA of ketamine, followed by swallowing (10%). Small numbers reported smoking and injecting ketamine.

Of those who had used ketamine (n=289), the median number of days used was three (range: 1–60 days) (Table 18). The majority (69%) had used less than monthly; 20% had used between monthly and fortnightly; seven per cent used more than fortnightly (but less than weekly). Five per cent of participants reported more than weekly use, yet no participants reported daily use.

Ketamine use was commonly quantified in 'bumps'. A bump refers to a small amount of powder, typically measured and snorted through a bumper. A bumper is a small glass nasal inhaler that is used to store and administer powdered substances in a measured dose. The median amount of ketamine used was two bumps (range: 0.5–25 bumps) for a typical use episode and three bumps (range: 0.5–25 bumps) for the heaviest recent episode of use.

Ketamine use was also quantified in lines and grams. The average or typical number of lines in a session among those who commented (n=50) was two (range: 1–6 lines) and the heaviest recent session of use was two lines (range: 1–7 lines). The average or typical amount of grams used in a session among those who commented (n=51) was half a gram (range: 0.1–3 grams) and a heavy session consisted of half a gram (range: 0.2–6 grams).

See Appendix B, Figure B7 and Figure B8 for ketamine use over time.

Table 18: Patterns of ketamine use among EDRS participants, 2017

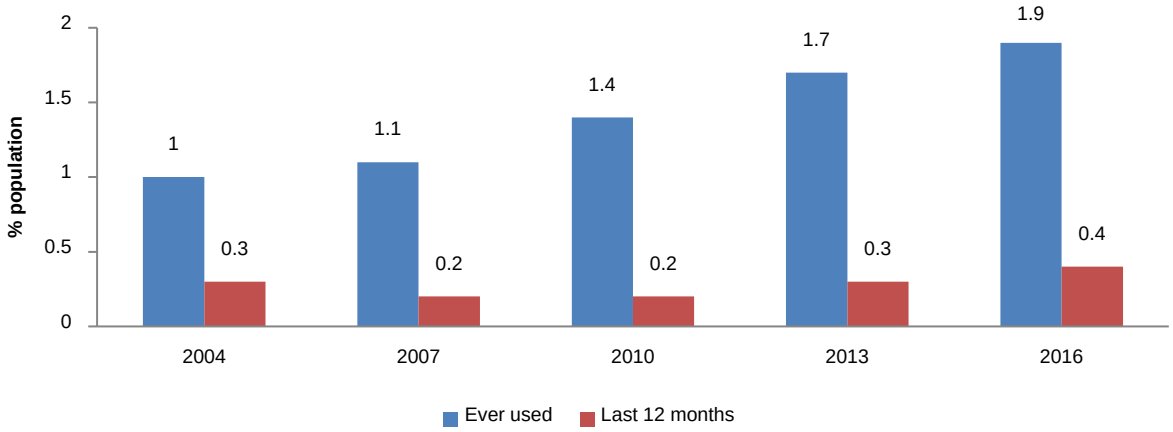
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Ever used	42	**50****	67	59	83	40	60	21	33	33
% Used last six months	26	**37*****	50	49	80	17	48	16	11	21
Route of administration:	n=210	**n=289**	n=50	n=49	n=80	n=17	n=48	n=15	n=9	n=21
% Snorted^	91	**93**	92	94	99	71	92	93	78	95
% Swallowed^	12	**10**	0	14	8	12	15	20	22	14
% Injected^	<1	**2**	2	0	0	24	2	0	0	0
% Smoked^	2	**2**	0	0	3	0	0	0	22	5
Median days used* last six months (n; range)	3 (1–72)	**3 (1-60)**	3 (1-50)	2 (1-50)	5 (1-60)	2 (1-7)	2 (1-48)	2.5 (1-12)	1 (1-13)	2 (1-54)
Average bumps used (median; range)^	2 (0.5–10)	**2 (0.5-25)**	2 (1-5)	1 (0.5-4)	2 (1-25)	2 (1-3)	2 (1-10)	1.5 (1-3)	1	3 (1-10)
Most bumps used heavy session (median; range)^	3 (1–20)	**3 (0.5-25)**	3 (1-13)	2 (0.5-10)	3 (1-25)	2 (1-3)	3 (1-12)	2 (1-6)	1	3 (1-10)

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (n<10)
***p*<0.01; ****p*<0.001

4.5.2 Ketamine in the general population

The prevalence of ketamine use in the general population was first reported in the 2004 NDSHS and has remained low and stable. In 2016, 1.9% of the Australian population aged 14 years and above reported lifetime use of ketamine and 0.4% reported use in the past year (Australian Institute of Health and Welfare, 2017).

Figure 4: Prevalence of ketamine use in Australia, 2004–2016



Source: NDSHS 2004–2016 (Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 2017)

4.6 GHB use

Key points

- Seven per cent reported recent use, with use highest in VIC (15%) and NSW (12%).
- Recent use occurred on a median of two days.
- GHB was consumed orally by those who reported recent use.
- Median use was 2.5mls and 4mls in typical and heaviest episodes of use, respectively.

4.6.1 GHB use among EDRS participants

Thirteen per cent of the 2017 national sample reported lifetime use of GHB, a significant decline from 17% in 2016 ($p<0.05$), and seven per cent had used it in the six months preceding interview (Table 19). NSW (12%) and VIC (15%) reported the highest percentage of recent use.

All participants who recently used GHB reported swallowing GHB. No other ROA were reported.

Of those who used GHB in the six months preceding interview, the median number of days used was two (range: 1-100) (Table 19). Seventy-five per cent of those who commented (n=43) reported using less than monthly; five participants reported using between monthly and fortnightly; one participant reported using more than fortnightly (but less than weekly) and eight participants reported using weekly or more. No participants reported using GHB daily.

GHB use was typically quantified in millilitres (ml). The median amount used in a typical or average use episode in the preceding six months was 2.5mls (range: 0.15–40mls). Participants who recently used GHB reported using a median of 4mls (range: 0.15–60mls) during the heaviest recent use episode.

See Appendix B, Figure B7 and Figure B8 for GHB use over time.

Table 19: Patterns of GHB use among EDRS participants, 2017

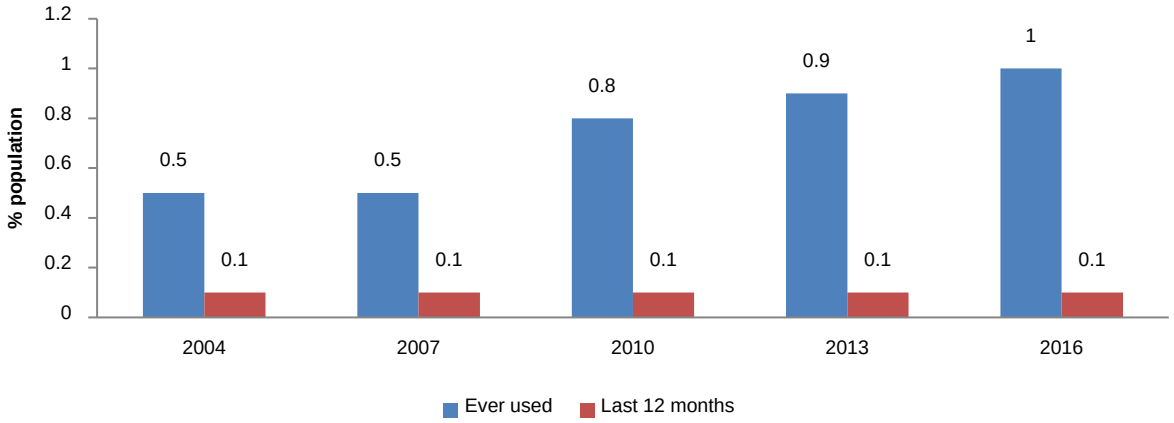
%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Ever used	17	**13***	24	10	17	5	20	5	15	9
% Used last six months	8	**7**	12	5	15	3	9	3	7	4
Median days Used^ last six months (n; range)	3 (1–80)	**2 (1-100)**	1.5 (1-52)	- -	5 (1-100)	- -	- -	- -	- -	- -
Average mls used (median; range)^	4 (0.5–30)	**2.5* (0.15-40)**	2 (0.5-10)	- -	2.75 (2-40)	- -	- -	- -	- -	- -
Heaviest mls used (median; range)^	5.5 (0.5–60)	**4 (0.15-60)**	5 (0.5-15)	- -	4 (2-60)	- -	- -	- -	- -	- -

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented
– Data not published due to small numbers commenting (n<10)
*$p<0.05$

4.6.2 GHB use in the general population

The prevalence of GHB use in the general population was first reported in the 2004 NDSHS and has remained low and stable. In 2016, results were similar to those reported in the 2013 NDSHS. Use of GHB among those aged 14 years and above was low: only one per cent had ever used GHB, and 0.1% had used GHB in the past year (Australian Institute of Health and Welfare, 2017) (Figure 5).

Figure 5: Prevalence of GHB use in Australia, 2004–2016



Source: NDSHS 2004–2016 (Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 2017)

4.7 LSD use

Key points

- Half (50%) the sample reported recent LSD use, with use highest in NSW (73%) and lowest in WA (33%).
- Frequency of use remained low, at a median of three days.
- LSD was almost always consumed orally (99% of consumers).
- Median use was one and two tabs in a typical and heaviest session, respectively.

4.7.1 LSD use among EDRS participants

In 2017, 70% of the national sample reported lifetime use of LSD and 50% had used it in the six months preceding interview (Table 20). Both lifetime and recent use remained stable from 2016 (71% and 45%, respectively).

Among those who commented (n=387), the primary ROA was oral ingestion (99%). Three participants snorted LSD and one participant reported having shelved/shafted LSD in the last six months.

Of those who had used LSD in the six months preceding interview (n=388), the median number of days used was three (range: 1-180 days). The majority (73%) had used less than monthly; 20% had used between monthly and fortnightly; three per cent had used more than fortnightly (but less than weekly); and four per cent of participants had used LSD weekly or more.

The median amount of LSD used in a typical or average use episode in the preceding six months was one tab (range: 0.1-10 tabs). The median amount used in the heaviest recent session was two tabs (range: 0.25–12 tabs).

See Appendix B, Figure B7 and Figure B8 for LSD use over time.

Table 20: LSD use among EDRS participants, 2017

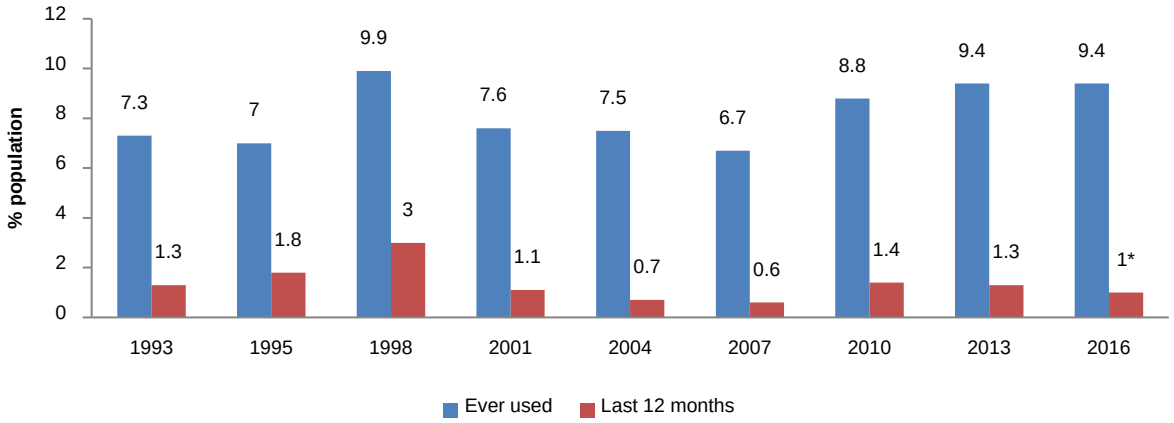
%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	71	**70**	91	77	72	68	56	53	76	68
% Used last six months	45	**50**	73	64	52	39	36	33	47	52
Median days used* last six months (n; range)	3 (1–60)	**3 (1-180)**	3 (1-60)	3 (1-35)	3 (1-180)	2 (1-26)	3 (1-33)	3 (1-48)	2 (1-48)	3 (1-30)
Average tabs used (n; range)^	1 (0.25–6)	**1 (0.1-10)**	1 (0.5-4)	1 (0.5-2.5)	1 (0.1-10)	1 (0.5-3)	1 (1-5)	1 (0.5-9)	1 (0.5-3)	1.5 (0.5-8)
Heaviest tabs used (n; range)^	1.5 (0.3–11)	**2 (0.25-12)**	1.5 (0.5-5)	1.5 (0.5-10)	1 (0.25-8)	2 (0.5-6)	2 (1-8)	1.5 (0.5-12)	1.5 (0.5-8)	2 (0.5-8)

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented

4.7.2 Hallucinogen use in the general population

Figure 6 presents the trends in lifetime and past-year use of hallucinogens in the Australian general population aged 14 years and above. In 2016, lifetime use of hallucinogens remained stable at 9.4%, whilst past year use declined significantly from 1.3% in 2013 to one per cent (Australian Institute of Health and Welfare, 2017).

Figure 6: Prevalence of hallucinogen use in Australia, 1993–2016



Source: NDSHS 1993–2016 (Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Commonwealth Department of Community Services and Health, 1988, Australian Institute of Health and Welfare, 2011a, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 1999, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2017).
*significant decrease between 2013 and 2016 ($p<0.05$)

4.8 Cannabis use

Key points

- Cannabis was the second most common recently used illicit drug (89%).
- Frequency of use remained stable at a median of 60 days during the last six months (i.e. approximately 2.5 times per week). Reported daily use also remained stable at 24%.
- Cannabis was typically smoked by those reporting recent use (98%).
- The median amount used on the last occasion of use in the preceding six months was three cones.

4.8.1 Cannabis use among EDRS participants

Almost all (98%) of the 2017 national sample reported lifetime use of cannabis, with the majority (89%) of the sample having used cannabis in the six months prior to interview. The median age of first use was 15 years (range: 7-29 years).

Almost all (98%) of those who had recently used cannabis had smoked it, 27% had recently swallowed it and 21% had inhaled/vaped it. Cannabis had been used on median of 60 days (range: 1–180 days) in the six months preceding interview (Table 21).

Among participants who had recently used cannabis (n=697), 12% reported using cannabis less than once per month; 13% reported using between monthly and fortnightly; seven per cent reported using more than fortnightly (but less than weekly) and 68% reported using weekly or more. Twenty-four per cent of those who had recently used cannabis reported daily use.

Cones (n=282) and joints (n=196) were the main measures in which cannabis was used. The median amount used on the last occasion of use in the preceding six months was three cones (range: 0.5-30 cones). For those who reported using cannabis daily, participants reported using a median of five cones (range: 1-30 cones) per day.

Refer to Appendix B, Figure B9 for cannabis use over time.

Table 21: Patterns of cannabis use among EDRS participants, 2017

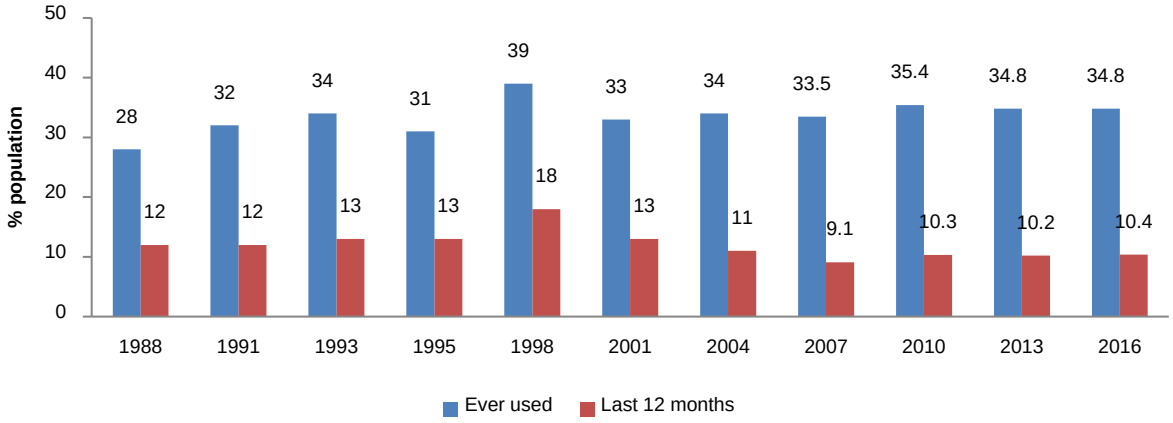
%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	99	**98**	99	99	98	99	100	95	97	97
% Used last six months	86	**89**	93	95	88	84	89	82	88	93
Route of administration:	n=678	**n=698**	n=93	n=95	n=88	n=84	n=89	n=81	n=75	n=93
% Smoked*	97	**98**	95	97	99	99	98	100	99	96
% Swallowed*	22	**27**	38	20	19	39	47	16	13	18
% Inhaled	22	**21**	31	16	15	21	43	5	13	22
Median days used last six months (n; range)^	49 (1–180)	**60 (1-180)**	60 (1-180)	50 (2-180	30 (1-180)	60 (2-180)	72 (1-180)	48 (1-180)	96 (1-180)	87.5 (1-180)

Source: EDRS participant interviews
^Of those who used in the six months preceding interview and commented

4.8.2 Cannabis use in the general population

As can be seen in Figure 7, the prevalence of lifetime and past year cannabis use in the Australian general population aged 14 years and above has remained relatively stable over time. The most recent survey was conducted in 2016 and found that one-third (34.8%) of the Australian population aged 14 years and above had ever used cannabis, and 10.4% had used cannabis in the 12 months prior to interview (Australian Institute of Health and Welfare, 2017).

Figure 7: Lifetime and past year prevalence of cannabis use in Australia,1988–2016



Source: NDSHS 1988–2016 (Australian Institute of Health and Welfare, 1999, Australian Institute of Health and Welfare, 2002, Australian Institute of Health and Welfare, 2005, Australian Institute of Health and Welfare, 2008, Australian Institute of Health and Welfare, 2011b, Australian Institute of Health and Welfare, 2014, Australian Institute of Health and Welfare, 2017, Commonwealth Department of Community Services and Health, 1988, Commonwealth Department of Health and Family Services, 1996, Commonwealth Department of Health, 1993)

4.9 Other drug use

Key points

- Over one-tenth (14%) reported recent use of **MDA** at a median frequency of two days.
- The majority (97%) reported recent **alcohol** use at a median frequency of 40 days (i.e. less than twice weekly), with three per cent of consumers reporting daily drinking.
- The majority (87%) reported recent **tobacco** use (increase relative to 2016; 83%, $p<0.05$) at a median frequency of 144 days, with 43% of consumers reporting daily use.
- Over one-quarter (28%) reported recent use of **e-cigarettes** at a median frequency of three days.
- Two-fifths (37%) reported recent use of **illicit benzodiazepines** at a median frequency of four days.
- Three per cent reported recent use of **illicit antidepressants** at a median frequency of three days.
- Five per cent of the sample reported recent use of **illicit antipsychotics** on a median of two days.
- One-fifth (21%) reported recent use of **OTC codeine** (for non-pain use) at a median frequency of three days.
- Over two-fifths (42%) reported recent **nitrous oxide** use (increase relative to 2016; 36%, $p<0.01$) at a median frequency of five days.
- Recent use of **amyl nitrite** was reported by 25% of the sample, with use being occasional (median three days).
- Twenty-seven per cent reported recent **magic mushroom** use (increase from 2016; 22%, $p<0.05$) at a median frequency of two days.
- One-fifth (20%) reported recent use of **capsules with unknown contents** (increase from 2016; 14%, $p<0.01$) at a median frequency of one day.
- **Other drugs** discussed in this section include **heroin** and **other opiates**, **methadone**, **buprenorphine**, **pharmaceutical stimulants**, **OTC stimulants** and **steroid use**.

4.9.1 MDA use

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

Twenty-seven per cent of the national sample reported the lifetime use of MDA, a significant increase from 23% in 2016 ($p<0.05$). Fourteen per cent of the national sample reported using it in the six months preceding interview (stable relative to 2016; 11%). Reports of recent use were highest in WA (24%). In the national sample, use occurred on a median of two days (range: 1–27 days). Among those who recently used MDA (n=106), swallowing (87%) was the most frequently nominated ROA, followed by snorting (26%). One participant reported shelving/shafting MDA in the last six months.

A median of two capsules (range: 1-8 capsules) were used on both a typical session of use and on the heaviest session of use over the preceding six months.

4.9.2 Alcohol

Almost the entire national sample reported that they had used alcohol in their lifetime (99%) and in the six months preceding interview (97%, Table 3). The median age of first use was 14 years (range: 3–28 years).

Among those who had used alcohol, use had occurred on a median of 40 days (approximately twice weekly use) in the past six months (range: 1–180 days). Seventy-six per cent of participants who had recently consumed alcohol (n=581) reported drinking alcohol more than once per week. Three per cent of those who had recently consumed alcohol reported daily use (consistent with 2016 data; 3%).

The Alcohol Use Disorders Identification Test (AUDIT) was administered to participants. Detailed information regarding the AUDIT in the 2017 EDRS can be found in chapter 7: *Risk Behaviour*.

4.9.3 Tobacco

Ninety-four per cent of the national sample reported that they had used tobacco in their lifetime and 87% had used tobacco in the six months prior to interview, significantly more than in 2016 (83%; $p<0.05$). Tobacco was first used at a median age of 15 years (range: 4–29 years). Median days of use in the last six months was reported at 144 days (i.e. almost daily; range: 1–180 days). Forty-three per cent of those who reported recent tobacco use (n=679) were daily smokers.

4.9.4 E-cigarettes

Fifty-six per cent of the national sample reported that they had used e-cigarettes in their lifetime and 28% had used e-cigarettes in the six months prior to interview. Median days of use was reported at three days (i.e. sporadically; range:1–180 days). Median age of first use was 18 years (range: 13–48 years). When asked what substance the e-cigarette contained, 76% of those who responded (n=208) reported nicotine and 16% reported cannabis. Twenty-one per cent of respondents reported that they used e-cigarettes as a smoking cessation tool.

4.9.5 Benzodiazepines

Over half (53%) of the 2017 sample reported lifetime use of any benzodiazepine. Over two-fifths (42%) reported recent use of any benzodiazepine on a median of five days (i.e. approximately monthly) (range: 1-180 days). Seven participants reported daily benzodiazepine use. Since 2007, a distinction was also made between benzodiazepines that were licitly and illicitly obtained (see below).

4.9.4.1 Licitly obtained (prescribed) benzodiazepines

Fifteen per cent of the 2017 sample reported having ever used licitly obtained benzodiazepines and 11% reported their use in the six months preceding interview, a significant increase from seven per cent in 2016 ($p<0.05$). Licit benzodiazepines had been used on a median of 14 days (range: 1–180 days) in the preceding six months. Seven participants reported using licitly obtained benzodiazepines daily. The majority (98%) of participants who had recently used licit benzodiazepines (n=84) reported swallowing in the preceding six months, with one participant reporting snorting benzodiazepines. The main types of benzodiazepines used were diazepam and temazepam.

4.9.4.2 Illicitly obtained (non-prescribed) benzodiazepines

Nearly half (48%) of the 2017 sample reported having ever used illicitly obtained benzodiazepines and over one-third (37%) reported their use in the six months preceding interview. Illicit benzodiazepines had been used on a median of four days (range: 1–180 days) in the preceding six months (Table 22). Among participants who had recently used illicitly obtained benzodiazepines (n=291), one participant reported daily use. Swallowing was the most common ROA in the six months preceding interview (97%), with smaller percentages reporting snorting (5%), smoking (<1%) and injecting (<1%). The main types of benzodiazepines used were diazepam and alprazolam.

Table 22: Use of illicitly obtained benzodiazepines, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Ever used	47	**48**	45	41	56	48	66	38	37	53
% Used last 6 months	34	**37**	37	32	43	35	48	33	18	48
Median days use^ (n; range)	4 (1–90)	**4 (1-180)**	3 (1-90)	4.5 (1-30)	5 (1-170)	4 (1-60)	4 (1-180)	5 (1-90)	4 (1-10)	3 (1-16)

Source: EDRS participant interviews
^Of those who had used illicit benzodiazepines in the past six months

4.9.6 Illicit antidepressants

Seven per cent of the national sample reported using illicit antidepressants in their lifetime and three per cent reported recent use. The median days of use was three (approximately monthly; range: 1–72 days) among those who recently used illicit antidepressants (n=23). No participants reported daily illicit use. The main ROA was swallowing (96%) and one participant reported smoking illicit antidepressants.

4.9.7 Illicit antipsychotics

The lifetime use of illicit antipsychotics use was reported by eight per cent of the national sample. Five per cent reported using illicit antipsychotics in the last six months on a median of two days (range: 1–72 days).

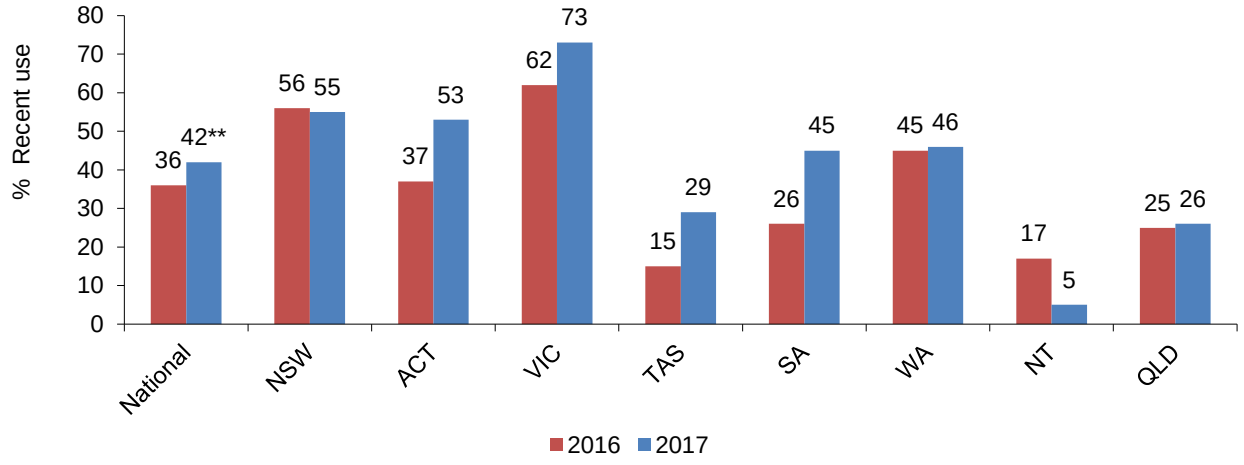
4.9.8 Inhalants use

4.9.8.1 Nitrous oxide

Fifty-eight per cent of the national sample reported lifetime use of nitrous oxide and over two-fifths (42%) had used nitrous oxide in the six months preceding interview, a significant increase from 36% in 2016 (p<0.01) (Figure 8). VIC continued to be the state with the highest recent use reported (73%).

Nitrous oxide was used on a median of five days in the preceding six months (range: 1–180 days). Fifty-seven per cent of those who had recently used nitrous oxide (n=330) reported using less than once per month in the preceding six months. The average number of bulbs consumed in an average or typical session was six (range: 0.5–180) and the most number of bulbs consumed in a heavy session was 11.5 (range: 1–400).

Figure 8: Recent use of nitrous oxide, 2016–2017



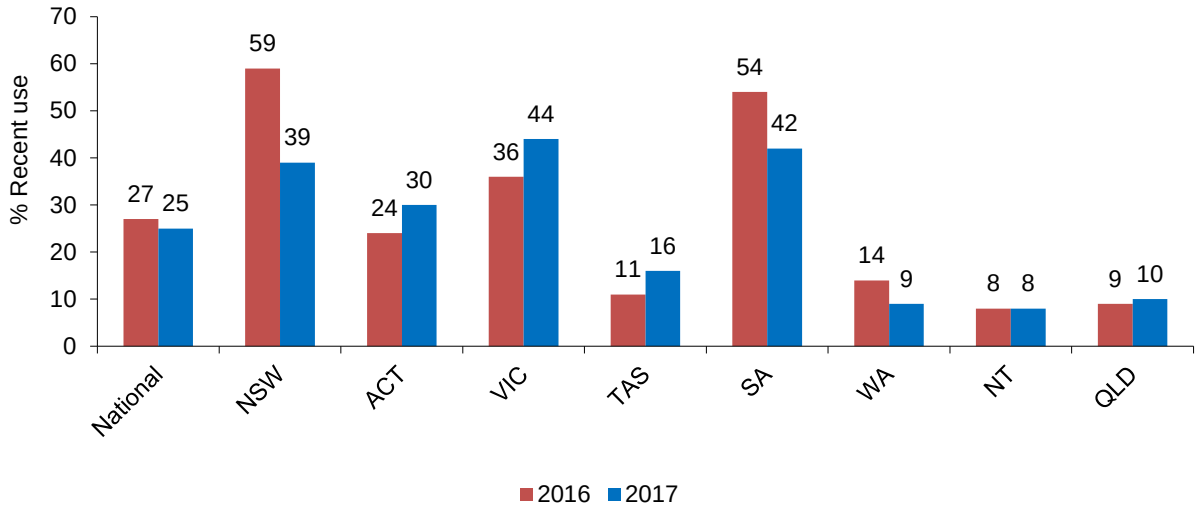
Source: EDRS participant interviews
**p<0.01

4.9.8.2 Amyl nitrite

Thirty-nine per cent of the sample reported having used amyl nitrite (a vasodilator) in their lifetime and 25% had used amyl nitrite in the six months preceding interview (Figure 9). VIC had the highest recent amyl nitrite use (44%).

Frequency of amyl nitrite use was generally low, with participants reporting a median of three days of use in the last six months (range: 1–100 days). Over two-thirds (68%) of participants who had recently used amyl nitrate (n=197) had used less than once per month in the preceding six months. No participants reported daily use.

Figure 9: Recent use of amyl nitrite, 2016–2017



Source: EDRS participant interviews

4.9.8.3 Psilocybin Mushrooms (i.e. magic mushrooms)

Just under three-fifths of the national sample (59%) reported lifetime use of magic mushrooms and 27% reported use in the six months preceding interview, a significant increase from 22% in 2016 ($p<0.05$). Recent use was highest in the ACT (38%), followed by NSW and VIC (36%, respectively) (Table 3). Of those who had used magic mushrooms in the preceding six months (n=212), oral consumption was the most common ROA (99%). Two participants reported smoking and one participant reported snorting mushrooms. Magic mushrooms were used on a median of two days (range: 1–24 days) indicating sporadic or very occasional use. The majority of all recent magic mushroom consumers (90%) had used them less than monthly.

4.9.9 Heroin

Seven per cent reported that they had used heroin in their lifetime. Two per cent of the sample reported using heroin in the six months prior to interview (Table 3). Heroin had been used on a median of two days (range: 1–180 days) in the preceding six months (n=14). Among those who had recently used heroin, 71% had used less than monthly. Forty-three per cent of those who had recently used heroin had smoked and snorted it n in the preceding six months (n=6, respectively), with smaller percentages reporting injecting (n=5, 36%) and swallowing (n=1, 7%) heroin during this time.

4.9.10 Methadone (licit and illicit)

Methadone is a medication used for the treatment of opioid dependence and had been used by three per cent of the national sample in their lifetime and one per cent (n=10) had used methadone in the last six months (Table 3). The majority of participants reported oral ingestion as the main ROA (n=9, 90%), and one participant reported injecting methadone (10%) in the previous six months. Methadone was used on a median of three days (i.e. sporadically; range: 1–180 days) in the six months preceding interview among those who had recently used methadone (n=10). Two participants reported daily methadone use.

4.9.11 Buprenorphine (licit and illicit)

Two per cent of the national sample had used buprenorphine in their lifetime, another medication registered for the treatment of opioid dependence. Five participants reported recent use of buprenorphine (Table 3).

4.9.12 Other opioids

The lifetime use of (any) ‘other’ opioids (i.e. excluding heroin, methadone, buprenorphine, OTC codeine), was reported by 39% of the national sample. Twenty-four per cent reported using (any) ‘other’ opioids recently. The median days of use was five days (range: 1–180 days) among those who recently

used ‘other’ opioids (n=186). Seventy-six per cent of those who recently used (any) ‘other’ opioids reported using monthly or less.

4.9.12.1 Licitly obtained (prescribed) other opioids

Lifetime use of licit ‘other’ opioids was 20% of the national sample and 10% had used at least once in the last six months prior to interview, a significant increase from seven per cent in 2016 (p<0.05) (Table 23). Among those who had recently used licit ‘other’ opioids (n=82), the median days of use was six (range: 1–180 days) (Table 3). ROA was mainly swallowing (92%), with eight reports of injecting and four reports of snorting. The main brands specified were Endone® (n=31, 44%) and Panadeine Forte® (n=18, 25%).

Table 23: Use of licit ‘other’ opioids, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Ever used	16	**20**	13	13	22	24	33	6	18	27
% Used last 6 months	7	**10***	8	6	12	10	20	5	9	13

Source: EDRS participant interviews
*p<0.05

4.9.12.2 Illicitly obtained (non-prescribed) other opioids

Lifetime use of illicit ‘other’ opioids was reported by 27% of the national sample. Sixteen per cent of the national sample had used ‘other’ illicit opioids in the previous six months prior to interview (Table 24). Among those who had recently used illicit ‘other’ opioids (n=129), the median days of illicit opioid use was three days (range: 1–105 days). The main ROA was swallowing (95%), followed by snorting (7%), injecting (4%) and smoking (2%). Similar to licit ‘other’ opioids, the main brands specified were Endone® (n=46, 38%) and Panadeine Forte® (n=19, 16%).

Table 24: Use of illicit ‘other’ opioids, 2017

%	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=786	n=100	n=100	n=100	n=100	n=100	n=100	n=86	n=100
	2016	**2017**								
% Ever used	27	**27**	18	26	23	39	47	12	19	34
% Used last 6 months	15	**16**	12	13	12	24	32	3	7	27

Source: EDRS participant interviews

4.9.13 Pharmaceutical stimulants

The lifetime use of any pharmaceutical stimulants was reported by 61% of the national sample. Forty-four per cent reported using any pharmaceutical stimulant recently, which was a significant increase from 2016 (37%; p<0.01). The median days of use was six days (range: 1–180 days) among those who recently used pharmaceutical stimulants.

4.9.13.1 Licitly obtained (prescribed) pharmaceutical stimulants

Nine per cent of the national sample reported lifetime use of licit pharmaceutical stimulants and four per cent reported recent use (Table 25). The median days of use was 67.5 days (range: 1–180 days) among those who had recently used (n=29). Swallowing was the ROA reported by most participants (93%) who had recently used, with small percentages reporting snorting (n=4, 14%) and injecting (n=1, 3%). The median amount used in an average session was three tablets (range: 1–9 tablets) and five tablets (range: 1–30 tablets) in a heavy session. Seventy-nine per cent (n=23) of those who had recently used licit pharmaceutical stimulants reported taking their medication as prescribed, and the main forms recently used were Dexamphetamine (n=14, 50%), followed by Ritalin® (n=13, 46%).

Table 25: Use of licit (prescribed) pharmaceutical stimulants, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	8	**9**	14	15	8	6	5	6	7	9
% Used last 6 months	3	**4**	6	6	2	1	2	4	2	6

Source: EDRS participant interviews

4.9.13.2 Illicitly obtained (non-prescribed) pharmaceutical stimulants

Over half (58%) of the national sample reported lifetime use of illicit pharmaceutical stimulants and 42% reported recent use, a significant increase from 35% in 2016 ($p<0.01$) (Table 26). Among those who had recently used illicit pharmaceutical stimulants (n=331), the median days of use was five days (sporadic use; range: 1–180 days) (Table 3). Swallowing was the ROA reported by most participants (91%), followed by snorting (29%) and smaller numbers reported injecting (n=3) and smoking (n=1). The median amount used in an average session was two tablets (range: 0.25–23 tablets) and two tablets (range: 0.5-35 tablets) in a heavy session. Similar to licit pharmaceutical opioids, the main forms recently used were Dexamphetamine (n=163, 51%), followed by Ritalin® (n=96, 30%). Nineteen per cent (n=60) reported using Modafinil®.

Table 26: Use of illicit pharmaceutical stimulants, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	55	**58**	70	49	42	53	64	82	33	68
% Used last 6 months	35	**42****	43	38	24	35	45	76	14	58

Source: EDRS participant interviews
**$p<0.01$

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

Over one-third (35%) of the 2017 sample reported lifetime use of over the counter codeine for non-pain use, a significant increase from 28% in 2016 ($p<0.01$), and 21% reported recent use (Table 27). Among those who had recently used (n=166), the median days of OTC codeine use for purposes unrelated to pain (i.e. recreational use) was three days in the previous six months (range: 1–50 days) (Table 3). Swallowing was the most common ROA reported by participants who had recently used OTC codeine (96%), with snorting (n=5, 9%) and smoking (n=3, 2%) reported by fewer participants.

Table 27: Use of OTC codeine, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever used	28	**35****	33	42	29	39	41	34	27	36
% Used last 6 months	18	**21**	20	25	13	27	24	20	13	26

Source: EDRS participant interviews
**$p<0.01$

4.9.15 Over the counter (OTC) stimulants

Thirteen per cent of the 2017 sample reported the lifetime use of OTC stimulants (e.g. Sudafed, Codral) for non-medicinal use and six per cent reported recent use. Among those who had recently used (n=44), the median days of use of OTC stimulants was three (range: 1–21 days), with the majority (79%) reporting monthly or less use. Swallowing was the most commonly reported ROA (93%), with four reports of snorting and one report of shelving.

4.9.16 Steroid use

Three per cent of the 2017 sample reported the lifetime use of steroids and one per cent (n=8) reported using steroids recently (Table 3). Of those who had used steroids recently, 75% had swallowed steroids and 38% reported injecting steroids. No other ROA was reported.

4.9.17 Capsules contents unknown

Thirty-five per cent of the national sample reported the lifetime use of a capsule with unknown contents and 20% reported use in the six months preceding interview, a significant increase from 14% in 2016 (p<0.01). Recent use was highest in QLD (31%) followed by TAS (25%). Of those who had used capsules of unknown content in the preceding six months (n=156), oral consumption was the most common ROA (92%). Capsules of unknown content were used on a median of one day (range: 1–5 days) indicating sporadic or very occasional use. The majority of participants who had recently used capsules of unknown content (94%) had used them monthly or less.

The median amount used in a typical or average episode in the preceding six months was one capsule (range: 1–5 capsules); the 'most' amount used in a heavy session was also one capsule (range: 1–14 capsules).

4.10 New psychoactive substance use

Key points

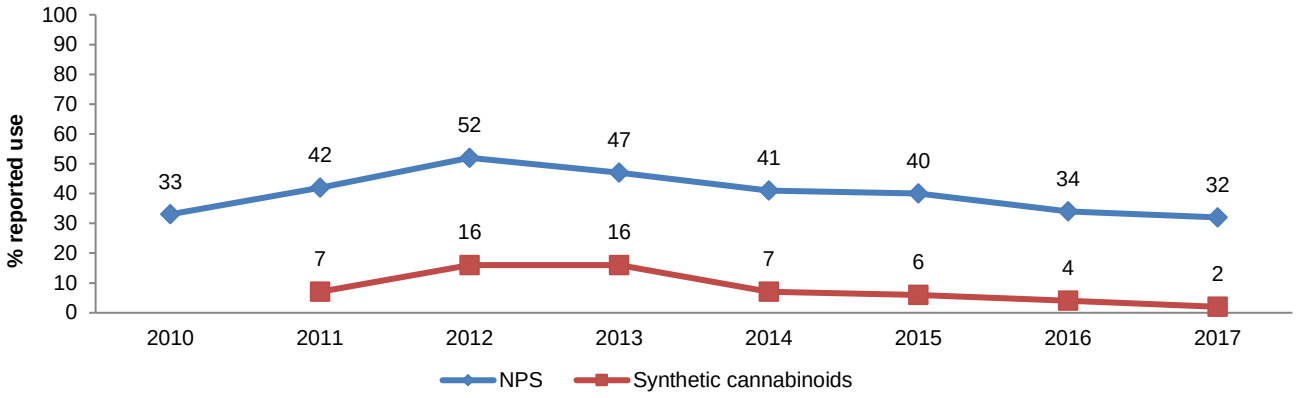
- In 2017, one-third (33%) of the sample had consumed NPS in the previous six months.
- The most commonly used NPS were DMT (18%) and 2C-x (9%).
- NPS use was infrequent, with participants reporting use on a median of 1-2 days in the past six months.
- Synthetic cannabinoid use remained low at two per cent. Despite an increase in the percentage reporting cannabis as their drug of choice, there has been no attendant increase in synthetic cannabinoid use.

Over the past decade, the number and range of substances collectively referred to as 'new psychoactive substances' (NPS) has increased dramatically. NPS are defined by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) as substances which do not fall under international drug controls but which may pose a public health threat (European Monitoring Centre for Drugs and Drug Addiction, 2016). However, there is no universally accepted definition for NPS, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets or which have little literature relating to them (e.g. 2C-B, DMT). Questions regarding the use of NPS have been included in the EDRS survey from 2010 onwards (see Appendix J for a brief description of the main NPS included).

Population estimates from the NDSHS indicate that, in 2016, 0.3% of the population had used synthetic cannabinoids in the last 12 months (a significant decrease from 2013; 1.2%), and 0.3% had used another NPS such as mephedrone (Australian Institute of Health and Welfare, 2017).

However, as is evident in Figure 10, rates of NPS use are much higher among the EDRS sample with 33% reporting use of 'any' NPS in the six months preceding interview (stable from 2016). Synthetic cannabinoid use has declined over time, from 16% in 2013 to two per cent in 2017, an all-time low.

Figure 10: Recent use of NPS and synthetic cannabinoids by EDRS participants, 2011–2017



Source: EDRS participant interviews
Note: Synthetic cannabinoids first asked about in 2011

As can be seen in Table 28, NPS use is spread across jurisdictions, with recent use of 'any' NPS highest in VIC and QLD (38% respectively) and use of synthetic cannabis highest in the NT (6%).

Table 28: Recent use of NPS and synthetic cannabis, 2017

%	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
Used an NPS (excluding synthetic cannabinoid)	34	**32**	36	34	38	17	37	32	25	38
Used an NPS (including synthetic cannabinoid)	36	**33**	36	35	38	17	38	32	29	38
Synthetic cannabinoids	4	**2**	2	2	1	3	4	0	6	1

Source: EDRS participant interviews

As can be seen in Table 29, N,N-Dimethyltryptamine (DMT) and 2C-x were the most commonly used NPS in the six months preceding interview (18% and 9%, respectively). Frequency of use was low across all substances.

Table 29: Use of NPS classes in the six months prior to interview, 2017

%	National N=795	National N=785		NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	2017									
	%	%	Median days used last six months (range)	%	%	%	%	%	%	%	%
Phenethylamines											
Any 2C substance (2CB, 2CI, 2CE or other)	11	9	n/a	12	14	9	10	9	8	1	10
NBOMe	4	5	1 (1-14)	4	4	5	6	8	6	2	1
Mescaline	2	3	1 (1-120 days)	1	2	6	2	6	1	0	2
DO-x	0	1	-	2	0	1	2	3	0	0	0
4-FA	<1	<1	-	0	0	2	0	0	0	0	0
PMA	2	2	1 (1-6)	2	0	7	0	3	3	0	2
Tryptamines											
DMT	15	18	2 (1-48)	20	21	23	4	22	23	13	18
5-MeO-DMT	<1	1	-	2	2	2	0	0	1	0	1
4-AcO-DMT	<1	<1	-	1	0	0	0	1	1	0	0
Synthetic cathinones											
Mephedrone	<1	<1	-	0	1	1	1	0	1	1	2
Methylone/bk MDMA	2	4	2 (1-50)	5	3	2	2	5	2	5	7
MDPV/Ivory wave	0	<1	-	0	0	1	2	0	0	0	0
Alpha PVP	<1	<1	-	0	0	0	0	0	0	0	1
Other substituted cathinone	0	<1	-	0	0	1	0	0	0	0	0
Piperazines											
BZP	0	<1	-	0	0	0	0	0	1	0	0
Dissociatives											
Methoxetamine (MXE)	3	2	2 (1-26)	3	0	5	1	2	0	0	1
Plant-based NPS											
Ayahuasca	<1	<1	-	2	0	1	0	1	1	1	1
Mescaline	2	3	1 (1-120)	1	2	6	2	6	1	0	2
Salvia	2	2	1 (1-3)	2	3	0	1	4	1	0	3
Benzodiazepines											
Etizolam	<1	1	-	2	1	1	2	1	0	0	2
Synthetic cannabinoids	4	2	1 (1-86)	2	2	1	3	4	0	6	1
Synthetic opioids	n/a	<1	-	0	1	1	0	1	0	0	0
Herbal high#	4	2	4.5 (1-50)	3	2	4	1	2	0	2	3

Source: EDRS participant interviews
n.a. not available
* The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis, but are not covered by current drug law scheduling or legislation.
- not reported, due to small numbers (n<10)

5 DRUG MARKETS: PRICE, PERCEIVED PURITY, AVAILABILITY & SUPPLY

5.1 Ecstasy

Key points

- The median price of an ecstasy tablet and capsule was $25, whilst ecstasy powder and MDMA crystal/rock was $200 per gram or $25 per point. Price was mostly reported to have remained 'stable' in the preceding six months, however, there were significant decreases in the percentage of participants who reported that the price of pills had 'decreased' (12% vs. 19% in 2016; $p<0.01$) and in those who reported that the price of ecstasy capsules had 'fluctuated' (9% vs. 16% in 2016; $p<0.01$) in the past six months.
- Fewer participants reported the purity of pills to be 'high' (18%) compared to MDMA crystal/rock (50%), ecstasy capsules (34%) and ecstasy powder (27%).
- All ecstasy forms were considered to be 'very easy' to 'easy' to obtain; however, the percentage reporting access as 'very easy' declined for pills (50% vs. 57% in 2016; $p<0.05$) and powder (30% vs. 61% in 2016; $p<0.01$). In addition, there was a significant increase in reports of ecstasy powder (27% vs. 3% in 2016; $p<0.01$) and ecstasy capsules (13% vs. 7% in 2016; $p<0.05$) being 'difficult' to obtain. The majority reported that availability had remained 'stable' in the preceding six months.
- These indicators potentially support the idea of a diversifying ecstasy market, with more potent forms becoming more readily available and consumed.

This section contains information about market characteristics of ecstasy (including price, perceived purity, availability and purchasing patterns). In 2017, participants were able to comment on the different forms of ecstasy (pills, powder, capsules and MDMA crystal/rock) separately. Below are the results. Findings from previous years on price, availability and perceived purity are shown in Appendix C.

5.1.1 Price of ecstasy

The median price of ecstasy pills nationally was $25 (range: 0-$60) ranging from $15 in SA to $35 in the NT (Table 30). The median price of ecstasy powder was $200 per gram (range: $25-$350) and $25 per point (range: $10-$180). Ecstasy capsules were reported to cost a median price of $25 per capsule (range: 0-$50) and the median price of MDMA crystal/rock per gram was $200 (range: $16-$800) and $25 per point (range: $7-$350).

The price of all four forms of ecstasy was largely reported to have remained 'stable' in the six months preceding interview (Table 30), however there were significant decreases in the percentage of the sample who reported that the price of ecstasy pills had 'decreased' (12% vs. 19% in 2016; $p<0.01$) and in those who reported that the price of ecstasy caps had 'fluctuated' (9% vs. 16% in 2016; $p<0.01$).

Table 30: Median price of ecstasy, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Median Price ($) Pills										
Per pill	25	**25**	25	25	20	30	15	20	35	20
Median Price ($) Powder										
Per gram	200	**200**	-	-	-	-	190	150	-	-
Per point	27.5	**25**	-	-	-	-	-	-	-	20
Median Price ($) Capsule										
Per capsule	25	**25**	25	25	20	30	20	25	35	25
Median Price ($) MDMA crystal										
Per gram	200	**200**	180	170	150	225	200	200	300	150
Per point	30	**25**	22.5	25	20	30	20	20	37.5	25
Price changes										
% Pills (n)	(n=451)	**(n=558)**	(n=40)	(n=67)	(n=55)	(n=91)	(n=61)	(n=94)	(n=71)	(n=79)
Increased	7	**9**	10	15	4	9	12	3	11	8
Stable	59	**61**	65	64	62	65	49	56	63	61
Decreased	19	**12****	5	5	22	8	16	20	10	11
Fluctuated	15	**19**	20	16	13	19	23	20	16	20
% Powder (n)	(n=30)	**(n=102)**	(n=6)	(n=14)	(n=7)	(n=13)	(n=18)	(n=22)	(n=6)	(n=16)
Increased	7	**6**	-	14	-	8	0	5	-	6
Stable	67	**80**	-	79	-	92	61	82	-	88
Decreased	20	**7**	-	0	-	0	22	5	-	6
Fluctuated	7	**7**	-	7	-	0	17	9	-	0
% Capsules (n)	(n=216)	**(n=546)**	(n=69)	(n=78)	(n=72)	(n=57)	(n=75)	(n=71)	(n=48)	(n=76)
Increased	5	**8**	9	8	11	9	5	6	4	12
Stable	63	**68**	67	71	68	75	61	68	69	70
Decreased	16	**15**	16	13	21	5	21	17	13	11
Fluctuated	16	**9****	9	9	0	11	12	10	15	8
% MDMA crystal (n)	(n=307)	**(n=383)**	(n=52)	(n=54)	(n=19)	(n=28)	(n=57)	(n=62)	(n=50)	(n=61)
Increased	7	**10**	6	17	16	11	9	5	10	10
Stable	64	**66**	69	65	63	71	60	68	70	66
Decreased	18	**16**	19	11	21	11	23	15	12	18
Fluctuated	11	**8**	6	7	0	7	9	13	8	7

Source: EDRS participant interviews. Note: The response option 'Don't know' was excluded from analysis
– Data not published due to small numbers commenting (n<10); ***p*<0.01

5.1.2 Perceived purity of ecstasy

Of those who commented, over one-third (37%) of participants in the EDRS sample perceived ecstasy pills to be of 'medium' purity. Twenty-eight per cent reported that purity 'fluctuates', 18% believed purity to be 'high' and a further 17% believed purity to be 'low'. This remained stable from 2016.

The largest percentage of those able to answer (35%) reported that the purity of ecstasy pills had remained 'stable' in the six months preceding interview, however there was a significant increase in those reporting that purity had 'decreased' (23% vs. 16% in 2016; $p<0.05$). Inversely, there was a significant decrease in the percentage of the sample reporting that purity had 'fluctuated' over the past six months (29% vs. 38% in 2016; $p<0.001$).

Over half (51%) of the participants who commented reported that ecstasy powder was of 'medium' purity and just over one-quarter (27%) reported purity to be 'high'. Among those able to answer, approximately two-thirds (65%) reported that the purity of ecstasy powder had remained 'stable' in the last six months, which was a significant increase from 2016 (37%; $p<0.05$). Conversely, there was a significant decrease in the percentage of those answering who reported that purity had 'fluctuated' over the past six months (11% vs. 33% in 2016; $p<0.01$).

Over one-third of participants reported ecstasy capsules to be of 'medium' or 'high' purity (37% and 34%, respectively), which was stable from 2016. Among those able to answer, the largest percentage

reported that the purity of ecstasy capsules had remained 'stable' over the last six months (53%), which was a significant increase from 2016 (39%; $p<0.001$; Table 31). Conversely, there was a significant decrease in the percentage of those answering who reported that purity had 'fluctuated' over the past six months (19% vs. 32% in 2016; $p<0.001$).

Half (50%) of the participants who commented reported MDMA crystal/rock to be of 'high' purity, with nearly one-third (30%) reporting purity as 'medium'. Fifty-nine per cent of those who commented reported that the purity of MDMA crystal/rock had remained 'stable' over the last six months (Table 31), with a significant decrease in those reporting that it had 'fluctuated' (15% vs. 22% in 2016; $p<0.05$).

Table 31: Participant reports of perceived purity of ecstasy, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Current Purity										
% Pills (n)	(n=470)	**(n=566)**	(n=43)	(n=69)	(n=54)	(n=91)	(n=65)	(n=95)	(n=71)	(n=78)
Low	17	**17**	12	13	13	19	35	15	14	14
Medium	34	**37**	23	38	37	39	34	28	41	50
High	19	**18**	14	29	22	4	14	21	31	13
Fluctuates	31	**28**	51	20	28	39	17	36	14	23
% Powder (n)	(n=30)	**(n=122)**	(n=8)	(n=14)	(n=7)	(n=16)	(n=26)	(n=26)	(n=7)	(n=18)
Low	0	**14**	-	14	-	19	8	15	-	11
Medium	33	**51**	-	64	-	69	58	42	-	33
High	47	**27**	-	21	-	6	31	31	-	39
Fluctuates	20	**8**	-	0	-	6	4	12	-	17
% Capsules (n)	(n=215)	**(n=563)**	(n=74)	(n=77)	(n=73)	(n=58)	(n=77)	(n=72)	(n=54)	(n=78)
Low	10	**11**	14	16	18	19	1	7	9	8
Medium	31	**37**	30	46	27	47	31	36	41	39
High	34	**34**	15	25	27	19	56	44	43	42
Fluctuates	25	**18**	42	14	27	16	12	13	7	12
% MDMA crystal (n)	(n=349)	**(n=430)**	(n=61)	(n=61)	(n=21)	(n=35)	(n=63)	(n=65)	(n=62)	(n=62)
Low	3	**5**	5	5	19	3	3	6	0	5
Medium	29	**30**	26	46	29	20	24	22	36	34
High	54	**50**	30	39	43	63	60	60	61	45
Fluctuates	14	**15**	39	10	10	14	13	12	3	16
Purity changes										
% Pills (n)	(n=450)	**(n=524)**	(n=33)	(n=61)	(n=53)	(n=89)	(n=59)	(n=93)	(n=64)	(n=72)
Increasing	14	**12**	12	12	11	8	10	18	13	14
Stable	32	**35**	42	44	45	27	27	31	33	40
Decreasing	16	**23***	12	23	15	21	37	23	28	22
Fluctuating	38	**29****	33	21	28	44	25	28	27	24
% Powder (n)	(n=30)	**(n=108)**	(n=6)	(n=14)	(n=7)	(n=14)	(n=23)	(n=24)	(n=6)	(n=14)
Increasing	**20**	**9**	-	7	-	0	17	8	-	14
Stable	**37**	**65***	-	64	-	71	61	71	-	43
Decreasing	**10**	**15**	-	21	-	14	9	13	-	14
% Capsules (n)	(n=205)	**(n=533)**	(n=70)	(n=75)	(n=72)	(n=54)	(n=75)	(n=69)	(n=48)	(n=70)
Increasing	18	**12***	6	8	11	9	17	17	15	10
Stable	39	**53*****	43	53	46	48	59	48	65	64
Decreasing	11	**16**	27	23	19	13	8	20	6	9
Fluctuating	32	**19*****	24	16	24	30	16	15	15	17
% MDMA crystal (n)	(n=317)	**(n=398)**	(n=56)	(n=58)	(n=19)	(n=31)	(n=61)	(n=62)	(n=54)	(n=57)
Increasing	12	**14**	9	3	32	10	25	13	17	16
Stable	58	**59**	57	62	47	65	51	65	65	56
Decreasing	8	**12**	16	16	16	7	8	10	9	14
Fluctuating	22	**15***	18	19	5	19	16	13	9	14

Source: EDRS participant interviews. Note: The response option 'Don't know' was excluded from analysis
– Data not published due to small numbers commenting (n<10)
*$p<0.05$; **$p<0.01$; ***$p<0.001$

5.1.3 Availability – participant reports

The majority of the EDRS national sample reported ecstasy pills as being 'easy' to 'very easy' to obtain (88%). This was largely reported to have remained 'stable' in the six months preceding interview (60% vs. 66% in 2016; $p<0.05$), although there was a significant increase in the percentage who reported that ecstasy pills had become 'more difficult' to obtain (13% vs. 7% in 2016; $p<0.001$; Table 32).

Although the availability of ecstasy powder was reported to be 'easy' to 'very easy' by 70% of those who commented, there was a significant decrease in the percentage of the sample who reported that it was 'very easy' to obtain (30% vs. 61% in 2016; $p<0.01$). Conversely, there was a significant increase in the percentage of the sample who reported that ecstasy powder was 'difficult' to obtain (27% vs. 3% in 2016; $p<0.01$).

The majority of those able to answer reported that the availability of ecstasy powder had remained 'stable' in the six months preceding interview (78%), with a significant decrease in those who reported that it had become 'easier' to obtain (11% vs. 32% in 2016; $p<0.01$).

The majority (86%) of the EDRS sample who commented reported that ecstasy capsules were 'easy' to 'very easy' to obtain, although there was a significant increase in those who reported that they were 'difficult' to obtain (13% vs. 7% in 2016; $p<0.05$). About two-thirds (66%) reported that the availabilty of ecstasy capsules had remained 'stable' over the last six months, with a significant decrease in those reporting that it had become 'easier' to obtain (17% vs. 24% in 2016; $p<0.05$).

The majority (78%) of the EDRS participants who commented reported that MDMA crystal/rock was 'easy' to 'very easy' to obtain, and this was largely reported to have remained 'stable' in the six months preceding interview (67%).

Table 32: EDRS reports of availability of ecstasy in the preceding six months, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Availability										
% Pills (n)	(n=472)	**(n=576)**	(n=42)	(n=70)	(n=55)	(n=96)	(n=66)	(n=95)	(n=73)	(n=79)
Very easy	57	**50***	31	51	58	46	58	58	43	51
Easy	36	**38**	36	34	33	43	38	38	40	42
Difficult	7	**10**	26	13	9	12	5	3	16	8
Very difficult	<1	**1**	7	1	0	0	0	1	1	0
% Powder (n)	(n=31)	**(n=122)**	(n=9)	(n=14)	(n=7)	(n=15)	(n=27)	(n=25)	(n=7)	(n=18)
Very easy	61	**30****	-	36	-	20	41	32	-	28
Easy	36	**40**	-	43	-	53	26	36	-	40
Difficult	3	**27****	-	14	-	27	30	28	-	27
Very difficult	0	**3**	-	7	-	0	4	4	-	3
% Capsules (n)	(n=223)	**(n=567)**	(n=76)	(n=79)	(n=73)	(n=60)	(n=76)	(n=72)	(n=53)	(n=78)
Very easy	49	**43**	63	52	44	20	50	25	32	45
Easy	44	**43**	28	41	47	55	32	58	51	42
Difficult	7	**13***	9	6	10	23	17	15	15	12
Very difficult	0	**1**	0	1	0	2	1	1	2	1
% MDMA rock (n)	(n=353)	**(n=433)**	(n=61)	(n=60)	(n=21)	(n=37)	(n=64)	(n=65)	(n=62)	(n=63)
Very easy	36	**38**	48	35	33	14	48	43	34	33
Easy	47	**40**	41	57	33	41	31	35	39	43
Difficult	16	**20**	12	8	29	35	19	22	23	22
Very difficult	1	**2**	0	0	5	11	2	0	5	2
Availability changes										
% Pills (n)	(n=462)	**(n=563)**	(n=38)	(n=67)	(n=54)	(n=94)	(n=66)	(n=93)	(n=73)	(n=78)
More difficult	7	**13****	32	13	9	14	11	11	14	9
Stable	66	**60***	53	60	69	54	58	66	52	71
Easier	22	**21**	11	22	19	25	23	20	27	14
Fluctuates	4	**6**	5	5	4	7	9	3	7	6
% Powder (n)	(n=31)	**(n=113)**	(n=9)	(n=14)	(n=7)	(n=14)	(n=25)	(n=23)	(n=6)	(n=15)
More difficult	0	**11**	-	14	-	0	20	9	-	20
Stable	65	**78**	-	86	-	93	60	91	-	53
Easier	32	**11****	-	0	-	7	20	0	-	20
Fluctuates	3	**1**	-	0	-	0	0	0	-	7
% Capsules (n)	(n=219)	**(n=554)**	(n=74)	(n=79)	(n=73)	(n=56)	(n=76)	(n=69)	(n=50)	(n=77)
More difficult	12	**14**	8	17	22	20	9	13	12	10
Stable	62	**66**	70	66	59	63	62	70	66	71
Easier	24	**17***	20	14	18	14	25	16	12	14
Fluctuates	2	**3**	1	4	1	4	4	1	10	4
% MDMA rock (n)	(n=343)	**(n=418)**	(n=61)	(n=60)	(n=19)	(n=34)	(n=63)	(n=63)	(n=59)	(n=59)
More difficult	10	**12**	3	12	16	12	16	8	14	15
Stable	63	**67**	69	73	84	71	57	76	53	64
Easier	21	**17**	26	12	0	12	22	16	22	12
Fluctuates	6	**5**	2	3	0	6	5	0	12	9

Source: EDRS participant interviews
– Data not published due to small numbers commenting (n<10)
*p<0.05; **p<0.01
Note: The response option 'Don't know' was excluded from analysis

5.1.4 Purchasing patterns and locations of use of ecstasy

Ecstasy pills, powder, capsules and MDMA crystal/rock were purchased from a range of sources and from a variety of public and private locations, with the most common source at the national level reported to be friends (56%). The most common location for purchasing ecstasy was private locations such as a friend's home (23%), followed by public locations such as a nightclub (17%). Over two-fifths (42%) reported that the last venue they had used ecstasy was a nightclub (Table 33).

Table 33: Last source, purchase location and use location of all forms of ecstasy, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Purchased from[#] (n)	(n=468)	**(n=776)**	(n=100)	(n=100)	(n=96)	(n=100)	(n=99)	(n=100)	(n=84)	(n=97)
Friends	59	**56**	44	53	65	66	52	65	62	43
Known dealers	20	**25**	35	29	18	20	22	23	20	32
Workmates	2	**1**	0	1	1	2	0	2	1	1
Acquaintances	9	**8**	7	7	9	8	11	6	8	10
Unknown dealers	5	**5**	12	3	5	3	3	0	5	7
Street dealer	1	**1**	1	2	0	1	4	1	0	0
Mobile dealers	<1	**<1**	0	0	0	0	0	1	1	1
Relatives	1	**<1**	0	0	0	0	0	0	1	1
Online (darknet)	3	**3**	1	5	2	0	6	2	1	4
Online (social networking sites)	n.a.	**<1**	0	0	0	0	1	0	0	0
% Most recent purchase place [#] (n)	(n=467)	**(n=776)**	(n=100)	(n=100)	(n=96)	(n=100)	(n=99)	(n=100)	(n=84)	(n=97)
Home delivery	15	**14**	15	11	10	19	12	9	17	20
Dealer's home	9	**12**	18	13	7	5	12	14	10	18
Friend's home	24	**23**	21	20	23	23	20	37	20	21
Raves^	2	**3**	6	3	5	2	2	2	1	3
Nightclubs	17	**17**	7	12	30	21	22	13	18	9
Pubs/bars	7	**3**	2	3	1	12	3	1	4	1
Private parties	6	**5**	11	2	6	7	0	3	4	7
Street market	2	**3**	1	4	3	1	8	1	6	3
Agreed public location	11	**11**	8	16	9	8	9	14	12	11
Work	1	**<1**	0	0	1	0	0	0	0	0
Education institute	<1	**<1**	0	2	0	0	0	0	0	0
Acquaintance's home	1	**1**	0	2	0	0	1	2	1	2
Live music event	3	**3**	6	2	2	2	3	3	5	0
Online/posted	2	**2**	0	4	1	0	5	1	1	4
Other	1	**2**	5	6	0	0	2	0	2	1
% Last use venue [#] (n)	(n=468)	**(n=777)**	(n=100)	(n=99)	(n=97)	(n=100)	(n=99)	(n=100)	(n=84)	(n=98)
Home	10	**10**	11	11	8	7	9	9	14	11
Friend's home	9	**10**	10	11	4	13	8	14	13	10
Raves^	3	**7**	17	8	9	4	4	4	1	5
Nightclubs	45	**42**	22	39	60	39	58	35	37	45
Pubs/bars	9	**6**	4	5	0	16	6	5	5	5
Private parties	11	**7**	12	5	9	11	4	4	4	6
Public place	1	**2**	4	2	2	1	1	1	2	1
Car	<1	**<1**	0	0	0	0	0	0	1	0
Outdoors[@]	2	**2**	1	2	0	1	6	1	5	2
Live music event	8	**13**	18	12	6	7	4	26	13	13
Acquaintance home	1	**<1**	0	1	0	0	0	0	0	0
Other	1	**1**	1	3	1	1	0	1	4	0

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
^ Includes 'doofs' and dance parties
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping

5.2 Methamphetamine

Key points

Speed powder

- The median price of a gram of speed was $180, with 69% reporting that prices were 'stable'.
- The purity of speed was largely perceived as 'high' (45%), and 'stable' (58%) in the past six months.
- Speed was considered 'easy' or 'very easy' to obtain (65%), and this was reported to have remained 'stable' (60%) over the past six months.

Base

- Few participants were able to report on the price of base methamphetamine.
- Perceived purity was reported to be 'high' (40%), with almost equal percentages reporting that this had remained 'stable' (33%) or had 'decreased' (27%) over the last six months.
- Base was considered 'easy' or 'very easy' to obtain (74%), and this was reported to have remained 'stable' (74%) over the past six months.

Crystal

- The median price of crystal was $50 per point, with most participants (53%) reporting that prices were 'stable'.
- The largest percentage of those able to answer reported that the perceived purity of crystal was 'high' (45%), although there was a significant increase in the percentage of participants who perceived purity as 'low' (18% vs. 2% in 2016; $p<0.01$).
- Crystal was considered 'easy' or 'very easy' to obtain (90%), and this was reported to have remained 'stable' (61%) over the past six months.

This section contains information about market characteristics of methamphetamine (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix D.

5.2.1 Price of methamphetamine

Participants were asked to comment on the price of all three forms of methamphetamine and whether these had changed over the six months preceding interview. Data is not reported when fewer than 10 participants in a jurisdiction reported on recent purchase of different forms of methamphetamine. The median prices, by jurisdiction and perceptions of price changes are shown in Table 34.

The price of speed was recorded in terms of a gram and a point (0.1 gram). The median price of a gram of speed nationally was $180, and $32.5 per point. Prices reported were considered to have remained 'stable' (69%) over the six months prior to interview by the majority of participants who commented (Table 34).

Few participants were able to comment on base (n=19 nationally). Sixty-three per cent of those commenting in the national sample reported that the price of base had remained 'stable' in the six months prior to interview (Table 34).

The median price for a point of crystal nationally was $50, and $400 for a gram of crystal. Participants reported that the price had remained 'stable' (53%) in the six months prior to interview (Table 34).

Table 34: Median price of methamphetamine by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Price ($) Speed										
Per point	50	**32.5**	–	–	–	40	–	–	–	–
Per gram	200	**180**	–	–	–	–	–	–	–	–
Price ($) Base										
Per point	72.5	–	–	–	–	–	–	–	–	–
Price ($) Crystal										
Per point	75	**50**	–	–	–	–	50	–	100	–
Per gram	400	**400**	–	–	–	–	400	–	–	–
Price changes										
% Methamphetamine powder (n) (speed)	(n=82)	**(n=71)**	(n=5)	(n=10)	(n=12)	(n=18)	(n=6)	(n=4)	(n=9)	(n=7)
Increased	9	**13**	–	0	8	11	–	–	–	–
Stable	71	**69**	–	70	83	78	–	–	–	–
Decreased	13	**14**	–	20	0	11	–	–	–	–
Fluctuated	7	**4**	–	10	8	0	–	–	–	–
% Methamphetamine base (n) (base)	(n=17)	**(n=16)**	(n=2)	(n=2)	(n=1)	(n=2)	(n=8)	(n=0)	(n=0)	(n=1)
Increased	18	**19**	–	–	–	–	–	–	–	–
Stable	41	**63**	–	–	–	–	–	–	–	–
Decreased	29	**19**	–	–	–	–	–	–	–	–
Fluctuated	12	**0**	–	–	–	–	–	–	–	–
% Crystal methamphetamine (n) (crystal)	(n=108)	**(n=89)**	(n=5)	(n=7)	(n=4)	(n=14)	(n=20)	(n=5)	(n=20)	(n=14)
Increased	10	**16**	–	–	–	7	15	–	10	29
Stable	44	**53**	–	–	–	79	35	–	60	43
Decreased	30	**27**	–	–	–	14	35	–	25	29
Fluctuated	17	**5**	–	–	–	0	15	–	5	0

Source: EDRS participant interviews
– Data not published due to small number commenting (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.2.2 Perceived purity of methamphetamine

Participants were asked about their perceptions of speed, base and crystal purity currently and, also, whether this had changed over the last six months. Speed, base and crystal were most commonly perceived to be of 'high' purity (45%, 40%, and 45%, respectively) and this was largely reported to have remained 'stable' over the preceding six months (58%, 33%, and 48%, respectively; Table 35).

Table 35: Perceived purity of methamphetamine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Current purity										
% Powder (n)	(n=99)	**(n=82)**	(n=8)	(n=13)	(n=13)	(n=19)	(n=6)	(n=5)	(n=10)	(n=8)
Low	19	**20**	–	15	23	16	–	–	20	–
Medium	42	**32**	–	31	46	26	–	–	30	–
High	34	**45**	–	46	23	58	–	–	50	–
Fluctuates	4	**4**	–	8	8	0	–	–	0	–
% Base (n)	(n=20)	**(n=15)**	(n=3)	(n=2)	(n=0)	(n=2)	(n=7)	(n=0)	(n=0)	(n=1)
Low	10	**20**	–	–	–	–	–	–	–	–
Medium	25	**33**	–	–	–	–	–	–	–	–
High	45	**40**	–	–	–	–	–	–	–	–
Fluctuates	20	**7**	–	–	–	–	–	–	–	–
% Crystal (n)	(n=113)	**(n=91)**	(n=6)	(n=8)	(n=4)	(n=14)	(n=19)	(n=5)	(n=19)	(n=16)
Low	2	**18****	–	–	–	7	16	–	11	13
Medium	35	**25**	–	–	–	14	21	–	47	25
High	50	**45**	–	–	–	57	53	–	32	50
Fluctuates	13	**12**	–	–	–	21	11	–	11	13
Purity changes										
% Powder (n)	(n=86)	**(n=64)**	(n=5)	(n=11)	(n=12)	(n=16)	(n=5)	(n=2)	(n=6)	(n=7)
Increasing	14	**17**	–	27	0	6	–	–	–	–
Stable	67	**58**	–	64	75	63	–	–	–	–
Decreasing	7	**14**	–	0	25	0	–	–	–	–
Fluctuates	12	**11**	–	9	0	31	–	–	–	–
% Base (n)	(n=14)	**(n=15)**								
Increasing	36	**20**	–	–	–	–	–	–	–	–
Stable	29	**33**	–	–	–	–	–	–	–	–
Decreasing	14	**27**	–	–	–	–	–	–	–	–
Fluctuates	21	**20**	–	–	–	–	–	–	–	–
% Crystal (n)	(n=108)	**(n=81)**	(n=5)	(n=5)	(n=4)	(n=13)	(n=20)	(n=4)	(n=17)	(n=13)
Increasing	14	**14**	–	–	–	0	20	–	12	15
Stable	40	**48**	–	–	–	62	40	–	41	54
Decreasing	7	**20**	–	–	–	8	25	–	18	15
Fluctuates	39	**19**	–	–	–	31	15	–	29	15

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis
***p*<0.01

5.2.4 Perceived availability of methamphetamine

As can be seen in Table 36, speed, base and crystal were considered to be 'easy' or 'very easy' to obtain (65%, 74%, and 90%, respectively) and this was largely reported to have remained 'stable' over the preceding six months (60%, 74%, and 61%, respectively).

Table 36: Availability of methamphetamine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Availability										
% Speed (n)	(n=102)	**(n=93)**	(n=11)	(n=15)	(n=13)	(n=26)	(n=6)	(n=5)	(n=10)	(n=7)
Very easy	18	**26**	9	7	8	35	–	–	30	–
Easy	42	**39**	55	60	23	35	–	–	60	–
Difficult	28	**30**	36	33	62	15	–	–	10	–
Very difficult	12	**5**	0	0	8	15	–	–	0	–
% Base (n)	(n=19)	**(n=19)**	(n=3)	(n=3)	(n=1)	(n=2)	(n=9)	(n=0)	(n=0)	(n=1)
Very easy	32	**32**	–	–	–	–	–	–	–	–
Easy	32	**42**	–	–	–	–	–	–	–	–
Difficult	32	**21**	–	–	–	–	–	–	–	–
Very difficult	5	**5**	–	–	–	–	–	–	–	–
% Crystal (n)	(n=120)	**(n=100)**	(n=9)	(n=8)	(n=5)	(n=15)	(n=20)	(n=5)	(n=21)	(n=17)
Very easy	63	**56**	–	–	–	60	75	–	62	47
Easy	29	**34**	–	–	–	33	25	–	33	35
Difficult	8	**10**	–	–	–	7	0	–	5	18
Very difficult	0	**0**	–	–	–	0	0	–	0	0
Availability changes										
% Speed (n)	(n=93)	**(n=87)**	(n=7)	(n=14)	(n=12)	(n=25)	(n=6)	(n=5)	(n=11)	(n=7)
More difficult	15	**21**	–	14	33	16	–	–	9	–
Stable	73	**60**	–	50	67	76	–	–	64	–
Easier	10	**13**	–	29	0	4	–	–	9	–
Fluctuates	2	**7**	–	7	0	4	–	–	18	–
% Base (n)	(n=14)	**(n=19)**	(n=3)	(n=3)	(n=1)	(n=2)	(n=9)	(n=0)	(n=0)	(n=1)
More difficult	21	**16**	–	–	–	–	–	–	–	–
Stable	43	**74**	–	–	–	–	–	–	–	–
Easier	36	**11**	–	–	–	–	–	–	–	–
Fluctuates	0	**0**	–	–	–	–	–	–	–	–
% Crystal (n)	(n=115)	**(n=92)**	(n=8)	(n=8)	(n=4)	(n=14)	(n=20)	(n=4)	(n=20)	(n=14)
More difficult	5	**10**	–	–	–	0	0	–	15	7
Stable	62	**61**	–	–	–	86	80	–	45	57
Easier	29	**24**	–	–	–	7	20	–	30	29
Fluctuates	4	**5**	–	–	–	7	0	–	10	7

Source: IDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis
– Not published due to small numbers reported (n<10)

5.2.5 Purchasing patterns and locations of use of methamphetamines

Methamphetamine powder was most commonly reported to have been bought from friends (54%) and known dealers (25%), obtained from a private home (own, friend's or dealer's home; 53%), and used at home (25%) or in nightclubs (21%; Table 37).

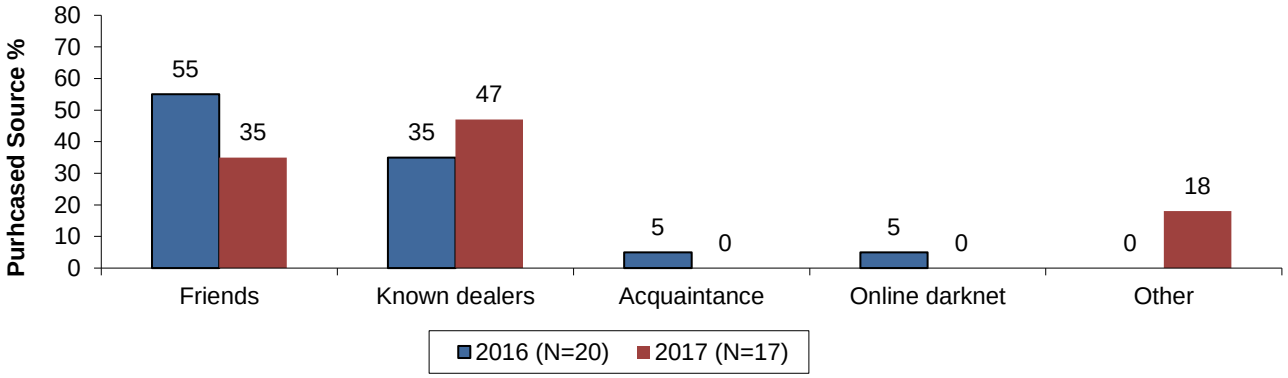
Table 37: Last source, purchase location and use location of methamphetamine powder (speed), 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Purchased from[#] (n)	(n=96)	**(n=84)**	(n=10)	(n=13)	(n=12)	(n=23)	(n=6)	(n=4)	(n=8)	(n=8)
Friends	64	**54**	50	77	67	39	–	–	–	–
Known dealers	19	**25**	30	8	17	35	–	–	–	–
Workmates	0	**1**	0	0	0	4	–	–	–	–
Acquaintances	5	**4**	10	8	0	4	–	–	–	–
Unknown dealers	5	**8**	10	0	17	4	–	–	–	–
Mobile dealers	1	**0**	0	0	0	0	–	–	–	–
Street dealer	0	**2**	0	8	0	4	–	–	–	–
Relative	3	**1**	0	0	0	0	–	–	–	–
Online (darknet)	3	**4**	0	0	0	9	–	–	–	–
Online (social networking sites)	0	**1**	0	0	0	0	–	–	–	–
% Locations obtained [#] (n)	(n=95)	**(n=84)**	(n=10)	(n=13)	(n=12)	(n=23)	(n=6)	(n=4)	(n=8)	(n=8)
Friend's home	32	**21**	10	46	17	9	–	–	–	–
Dealer's home	8	**16**	0	8	17	26	–	–	–	–
Home delivered	20	**16**	0	23	0	22	–	–	–	–
Acquaintance's house	3	**0**	0	0	0	0	–	–	–	–
Nightclub	7	**10**	10	0	33	13	–	–	–	–
Agreed public location	7	**18**	50	8	25	9	–	–	–	–
Raves*	2	**1**	0	0	0	4	–	–	–	–
Private party	4	**8**	10	8	8	9	–	–	–	–
Pubs/Bars	7	**1**	0	0	0	4	–	–	–	–
Day clubs	1	**0**	0	0	0	0	–	–	–	–
Street market	0	**2**	0	0	0	0	–	–	–	–
Live music events	3	**2**	10	8	0	0	–	–	–	–
Online/posted	2	**2**	0	0	0	0	–	–	–	–
Other	2	**2**	10	0	0	4	–	–	–	–
% Last use venue[#] (n)	(n=94)	**(n=84)**	(n=10)	(n=14)	(n=12)	(n=23)	(n=5)	(n=4)	(n=8)	(n=8)
Nightclub	22	**21**	10	14	58	22	–	–	–	–
Home	22	**25**	10	29	8	13	–	–	–	–
Friend's home	19	**13**	10	21	17	13	–	–	–	–
Dealer's home	0	**1**	0	0	0	0	–	–	–	–
Private party	9	**14**	20	21	0	17	–	–	–	–
Live music event	7	**8**	10	7	0	13	–	–	–	–
Raves*	3	**6**	10	0	8	9	–	–	–	–
Pubs	9	**6**	30	0	0	9	–	–	–	–
Work	4	**0**	0	0	0	0	–	–	–	–
Outdoors[@]	2	**2**	0	7	0	4	–	–	–	–
Public place	1	**1**	0	0	8	0	–	–	–	–
Other	1	**1**	0	0	0	0	–	–	–	–

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
* Includes 'doofs' and dance parties
– Not published due to small numbers reported (n<10)
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping

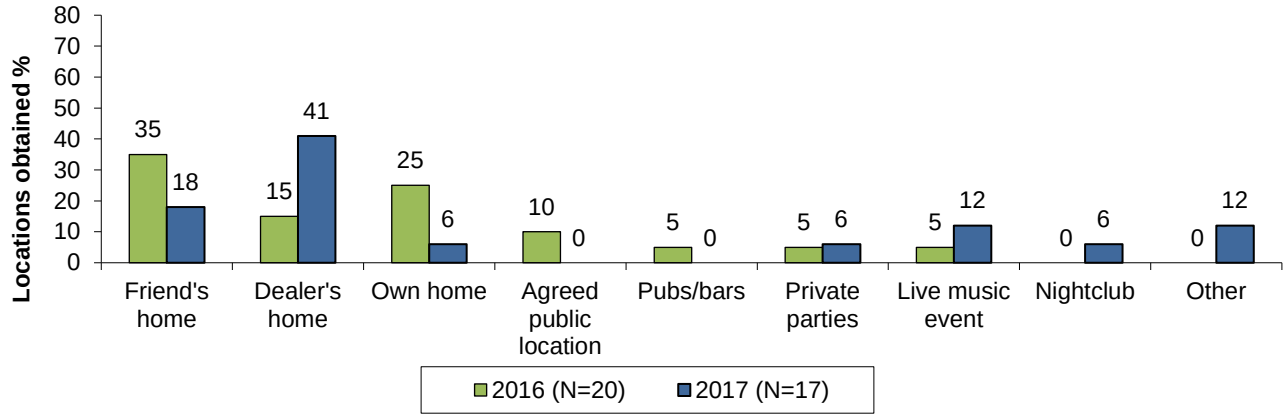
Base was most commonly reported to have been bought from a known dealer (47%; Figure 11) and was most commonly obtained from a dealer's home (41%; Figure 12). Base continued to be most commonly used in private locations (53% own home or friend's home; Figure 13). Jurisdictional data is not presented for methamphetamine base due to < 10 participants commenting.

Figure 11: Last source for methamphetamine base in the last six months, nationally, 2016–2017



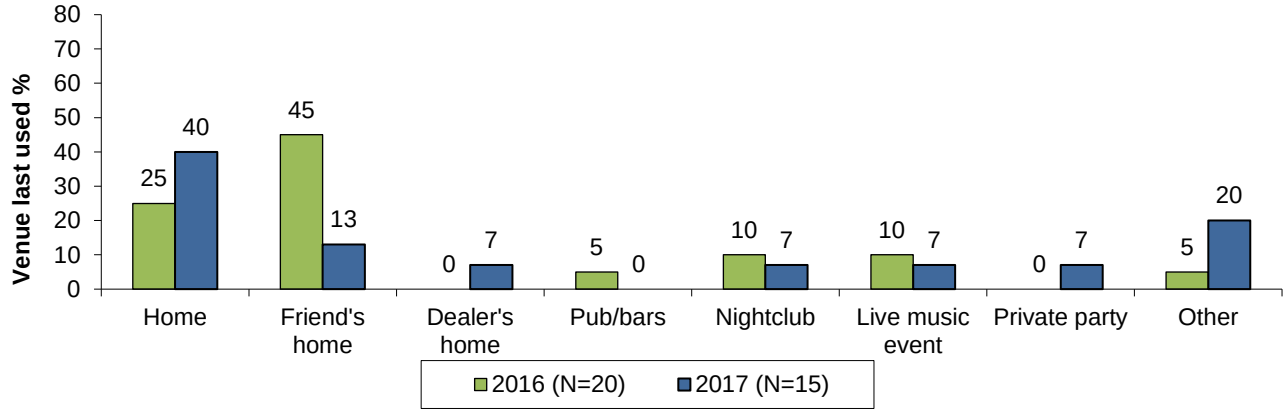
Source: EDRS participant interviews

Figure 12: Last location obtained methamphetamine base last six months, nationally, 2016–2017



Source: EDRS participant interviews

Figure 13: Venue last used methamphetamine base last six months, nationally, 2016–2017



Source: EDRS participant interviews

As with the other forms of methamphetamine, known dealers (40%) and friends (36%) were the most common sources for participants obtaining crystal. It was most commonly obtained and used in private locations, including at a friend's home, dealer's home and at the participant's own home (see Table 38).

Table 38: Last source, purchase location and use location of crystalline methamphetamine (crystal), 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from[#] (n)	(n=115)	**(n=89)**	(n=8)	(n=8)	(n=5)	(n=10)	(n=20)	(n=5)	(n=19)	(n=14)
Friends	50	**36**	–	–	–	30	40	–	32	29
Known dealers	31	**40**	–	–	–	60	45	–	37	50
Acquaintances	9	**7**	–	–	–	0	0	–	16	7
Unknown dealers	4	**5**	–	–	–	10	0	–	5	0
Street dealers	1	**5**	–	–	–	0	5	–	0	7
Other	5	**8**	–	–	–	0	10	–	11	7
% Last location obtained [#] (n)	(n=114)	**(n=89)**	(n=8)	(n=8)	(n=5)	(n=10)	(n=20)	(n=5)	(n=19)	(n=14)
Friend's home	38	**27**	–	–	–	10	20	–	37	29
Dealer's home	25	**30**	–	–	–	20	45	–	26	21
Own home	18	**18**	–	–	–	40	30	–	11	7
Acquaintance's home	0	**5**	–	–	–	0	0	–	5	0
Agreed public location	12	**11**	–	–	–	20	5	–	16	21
Nightclub	2	**1**	–	–	–	10	0	–	0	0
Private parties	2	**0**	–	–	–	0	0	–	0	0
Pubs/bars	1	**3**	–	–	–	0	0	–	5	7
Other	3	**4**	–	–	–	0	0	–	0	14
% Last use venue[#] (n)	(n=115)	**(n=87)**	(n=8)	(n=7)	(n=5)	(n=10)	(n=20)	(n=4)	(n=19)	(n=14)
Home	38	**47**	–	–	–	60	65	–	26	29
Friend's home	28	**26**	–	–	–	10	20	–	32	43
Nightclub	7	**2**	–	–	–	10	0	–	0	0
Dealer's home	4	**7**	–	–	–	0	5	–	16	7
Acquaintance's house	4	**1**	–	–	–	0	0	–	0	0
Private party	4	**2**	–	–	–	10	5	–	0	0
Raves*	1	**0**	–	–	–	0	0	–	0	0
Outdoors[@]	4	**2**	–	–	–	0	0	–	0	7
Live music event	3	**2**	–	–	–	0	0	–	0	7
Pub/Bars	2	**5**	–	–	–	0	0	–	16	7
Other	8	**5**	–	–	–	10	5	–	10	0

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
* Includes 'doofs' and dance parties
– Not published due to small numbers reported (n<10)
[#] Only one response allowed
[@] Examples include at a beach, bushwalking, camping

5.3 Cocaine

Key points

- The price of cocaine remained 'stable' at $300 per gram.
- Reports of perceived cocaine purity were mixed, with 38% reporting perceived purity as 'medium', 30% reporting it as 'low' and 24% reporting it as 'high'. Purity was reported to have remained 'stable' over the preceding six months (57%).
- Cocaine was considered 'easy' or 'very easy' to obtain (55%), although one-third (34%) reported that it was 'difficult' to obtain. Most (61%) reported that availability had remained 'stable'.

This section contains information about market characteristics of cocaine (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix E.

5.3.1 Price of cocaine

The median price of a gram of cocaine nationally was $300, with some variation across jurisdictions (up to $350 in VIC, WA and the NT; Table 39).

Most of those commenting on cocaine considered that the price had remained 'stable' over the preceding six months (63%; Table 39).

Table 39: Median price per gram of cocaine, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Median price ($) per gram	300	**300**	300	300	350	–	300	350	350	300
% Price changes (n)	(n=158)	**(n=204)**	(n=38)	(n=32)	(n=20)	(n=19)	(n=27)	(n=15)	(n=27)	(n=26)
Increased	6	**16**	8	13	10	47	19	7	19	15
Stable	72	**63**	79	66	75	26	52	67	59	69
Decreased	5	**12**	13	9	15	16	19	13	11	4
Fluctuated	17	**8**	0	13	0	11	11	13	11	12

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.3.2 Perceived purity of cocaine

Participants were asked about the perceived purity of cocaine and if this had changed in the six months preceding interview (Table 40). Of those who commented, responses were mixed, with 38% reporting perceived purity as 'medium', 30% reporting it as 'low' and 24% reporting it as 'high'.

Of those who commented on whether the purity of cocaine had changed in the six months preceding interview, the majority (57%) reported that it had remained 'stable' (Table 40).

Table 40: Perceived purity of cocaine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current purity (n)	(n=176)	**(n=236)**	(n=40)	(n=36)	(n=21)	(n=21)	(n=33)	(n=19)	(n=32)	(n=34)
Low	31	**30**	43	22	43	38	18	26	25	29
Medium	39	**38**	23	44	38	33	49	32	47	38
High	16	**24**	10	28	14	29	27	26	28	29
Fluctuates	13	**8**	25	6	5	0	6	16	0	3
% Purity changes (n)	(n=158)	**(n=206)**	(n=34)	(n=33)	(n=21)	(n=18)	(n=31)	(n=14)	(n=27)	(n=28)
Increasing	6	**14**	9	15	5	0	29	36	7	11
Stable	53	**57**	59	52	71	78	48	50	56	54
Decreasing	18	**18**	24	21	19	22	13	0	19	21
Fluctuating	23	**11**	9	12	5	0	10	14	19	14

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

5.3.5 Availability of cocaine

Cocaine was reported to be 'easy' to 'very easy' to obtain by over half (55%) of those able to answer, although one-third (34%) reported it as 'difficult' to obtain. Most participants considered the ease of access to cocaine to have remained 'stable' (61%) in the six months prior to interview (Table 41).

Table 41: Availability of cocaine, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=187)	**(n=255)**	(n=45)	(n=38)	(n=24)	(n=21)	(n=34)	(n=19)	(n=37)	(n=37)
Very easy	14	**17**	24	21	4	0	32	16	16	5
Easy	41	**38**	51	47	29	19	44	37	32	27
Difficult	37	**34**	22	26	46	48	18	37	30	57
Very difficult	8	**12**	2	5	21	33	6	11	22	11
% Availability changes (n)	(n=173)	**(n=235)**	(n=41)	(n=36)	(n=24)	(n=21)	(n=33)	(n=15)	(n=33)	(n=32)
More difficult	13	**14**	15	8	13	19	12	7	12	25
Stable	65	**61**	66	67	83	52	39	67	58	59
Easier	15	**23**	20	25	4	19	49	20	24	13
Fluctuates	7	**3**	0	0	0	10	0	7	6	3

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

5.3.6 Purchasing patterns and locations of use of cocaine

Cocaine was most commonly acquired through friends (54%). It was most commonly obtained in private locations (friend's home, dealer's home and/or participant's own home; 53%) and used equally in public locations (nightclubs, pubs, live music events and raves; 50%) and private locations (homes and parties; 42%) (Table 42).

Table 42: Last source, purchase location and use location of cocaine, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from[#] (n)	(n=187)	**(n=238)**	(n=45)	(n=37)	(n=21)	(n=16)	(n=33)	(n=18)	(n=33)	(n=35)
Friends	55	**54**	49	46	76	44	52	56	55	60
Known dealers	22	**26**	24	32	14	25	33	33	18	23
Workmates	4	**3**	4	5	0	13	0	0	3	0
Acquaintances	8	**4**	2	5	0	6	3	0	12	3
Unknown dealers	7	**7**	16	5	5	13	3	0	9	0
Street or mobile dealer	0	**1**	2	3	0	0	0	0	0	3
Relative	2	**3**	2	0	5	0	3	6	3	3
Online (darknet)	2	**1**	0	0	0	0	0	6	0	3
Online (surface web)	<1	**<1**	0	0	0	0	3	0	0	0
Online (social networking sites)	0	**<1**	0	0	0	0	0	0	0	3
Other	<1	**1**	0	3	0	0	3	0	0	3
% Last location obtained [#] (n)	(n=186)	**(n=237)**	(n=45)	(n=37)	(n=21)	(n=15)	(n=33)	(n=18)	(n=33)	(n=35)
Friend's home	26	**28**	27	24	19	33	18	33	39	31
Dealer's home	9	**13**	7	14	5	7	12	33	12	17
Own home	15	**12**	11	8	10	7	24	0	18	9
Agreed public location	10	**8**	20	11	10	0	6	6	0	6
Acquaintance's home	1	**<1**	0	0	0	0	0	6	0	0
Private party	8	**8**	4	0	24	13	6	6	6	11
Nightclub	13	**9**	4	11	24	20	9	6	6	6
Pubs/bars	7	**7**	2	14	0	13	6	0	12	6
Day club	0	**<1**	2	0	0	0	0	0	0	0
Live music event	3	**3**	0	3	10	7	3	0	3	0
Raves*	2	**1**	0	0	0	0	3	6	0	3
Work	2	**2**	2	3	0	0	3	0	0	3
Online/posted	1	**1**	0	0	0	0	0	6	0	6
Other	4	**8**	20	14	0	0	9	0	3	3
% Last use venue[#] (n)	(n=186)	**(n=239)**	(n=45)	(n=37)	(n=22)	(n=16)	(n=33)	(n=18)	(n=33)	(n=35)
Nightclub	31	**29**	11	30	41	25	36	44	24	31
Friends home	17	**16**	18	11	18	13	18	6	24	14
Private party	19	**14**	20	8	23	25	12	11	6	14
Home	10	**12**	18	8	9	13	9	0	18	11
Raves*	2	**3**	9	0	0	0	3	6	0	3
Pub/bars	9	**12**	7	19	0	13	12	6	21	11
Live music event	5	**6**	2	8	9	13	3	22	3	0
Public place (street/park)	<1	**0**	0	0	0	0	0	0	0	0
Other	6	**9**	15	15	0	0	6	5	3	14

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
* Includes 'doofs' and dance parties
[#] Only one response allowed

5.4 Ketamine

Key points

- The price of ketamine remained 'stable' at $200 per gram.
- The perceived purity of ketamine continued to be reported as 'high' (58%), with a significant decrease in those reporting the purity as 'fluctuating' (7% vs. 20% in 2016; $p<0.05$). This was reported to have remained 'stable' by the majority that commented (71%).
- Ketamine was considered 'very easy' or 'easy' to obtain (64%), and this was reported to have remained 'stable' (60%) in the preceding six months.

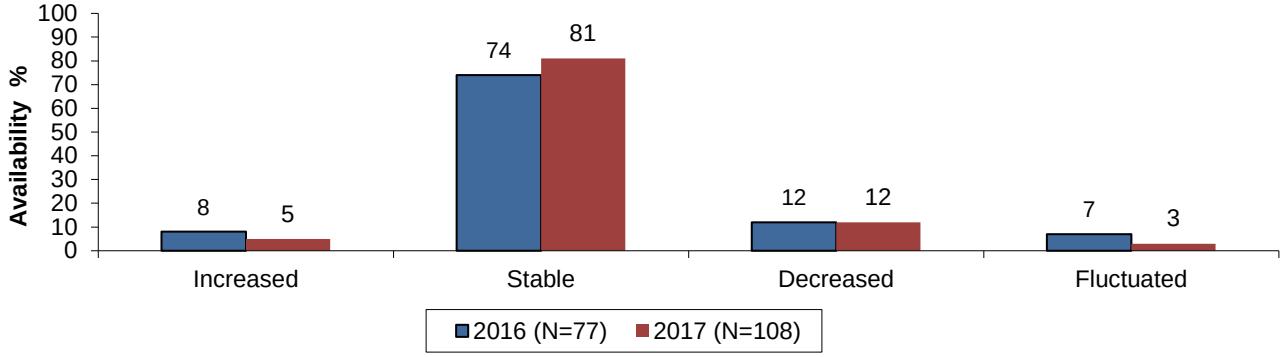
This section contains information about market characteristics of ketamine (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix F.

5.4.1 Price of ketamine

Nine per cent of the national EDRS sample (n=71) was able to comment on the price of a gram of ketamine. The median last price paid for a gram of ketamine nationally was $200. Only small numbers (n<10) in some jurisdictions were able to comment, hence jurisdictional data is not presented.

The majority (81%) of participants commenting reported that the price had remained 'stable' (Figure 14).

Figure 14: Price changes of ketamine, nationally, 2016–2017



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

5.4.2 Perceived purity of ketamine

Participants were asked what the current perceived purity or strength of ketamine was, and if the purity had changed in the six months preceding interview. Among those who were able to comment, the majority (58%) reported ketamine purity to be 'high' and this was reported to have remained 'stable' (71%) in the six months preceding interview (Table 43).

Table 43: Perceived purity of ketamine, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current purity (n)	(n=98)	**(n=136)**	(n=28)	(n=27)	(n=38)	(n=7)	(n=22)	(n=5)	(n=1)	(n=8)
Low	4	**3**	0	4	5	–	0	–	–	–
Medium	21	**29**	21	30	32	–	41	–	–	–
High	54	**58**	57	67	50	–	59	–	–	–
Fluctuates	20	**10***	21	0	13	–	0	–	–	–
% Purity changes (n)	(n=91)	**(n=108)**	(n=21)	(n=23)	(n=33)	(n=6)	(n=14)	(n=3)	(n=0)	(n=8)
Increasing	13	**15**	19	13	18	–	14	–	–	–
Stable	62	**71**	76	70	64	–	79	–	–	–
Decreasing	6	**7**	5	13	3	–	7	–	–	–
Fluctuating	20	**7***	0	4	15	–	0	–	–	–

Source: EDRS participant interviews
*p<0.05
– Not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.4.3 Availability of ketamine

The majority (64%) of those able to comment reported that ketamine was 'easy' to 'very easy' to obtain, with 30% reporting that it was 'difficult' to obtain (Table 44).

Of those who commented on recent changes in availability, three-fifths (60%) reported that the availability of ketamine had remained 'stable' over the preceding six months (Table 44).

Table 44: Availability of ketamine, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=101)	**(n=145)**	(n=31)	(n=27)	(n=38)	(n=8)	(n=25)	(n=6)	(n=1)	(n=9)
Very easy	26	**22**	16	19	40	–	8	–	–	–
Easy	38	**42**	45	37	47	–	44	–	–	–
Difficult	33	**30**	36	37	11	–	32	–	–	–
Very difficult	4	**6**	3	7	3	–	16	–	–	–
% Availability changes (n)	(n=94)	**(n=132)**	(n=27)	(n=26)	(n=36)	(n=8)	(n=19)	(n=6)	(n=1)	(n=9)
More difficult	7	**6**	4	4	8	–	5	–	–	–
Stable	65	**60**	59	69	67	–	47	–	–	–
Easier	20	**33**	37	27	25	–	42	–	–	–
Fluctuates	7	**1**	0	0	0	–	5	–	–	–

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10)
Note: The response option 'Don't know' was excluded from analysis

5.4.4 Purchasing patterns and locations of use of ketamine

Ketamine was predominantly obtained from friends (58%) and from private locations, such as friend's home (29%), own home (13%), private party (8%) and dealer's home (6%). Reports of the venue where participants reported last use of ketamine were mixed including private venues (friend's home: 19%; private parties: 18%) and public venues (nightclubs: 23%; live music events: 12%) (see Table 45).

Table 45: Last source, purchase location and use location of ketamine, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Purchased from[#] (n)	(n=103)	**(n=147)**	(n=33)	(n=27)	(n=38)	(n=8)	(n=25)	(n=6)	(n=1)	(n=9)
Friends	67	**58**	58	52	58	–	52	–	–	–
Known dealers	15	**19**	15	19	26	–	20	–	–	–
Acquaintances	4	**5**	3	11	3	–	8	–	–	–
Unknown dealers	9	**11**	12	7	13	–	12	–	–	–
Online (darknet)	5	**4**	0	7	0	–	8	–	–	–
Other	6	**3**	12	4	0	–	0	–	–	–
% Locations obtained [#] (n)	(n=103)	**(n=147)**	(n=33)	(n=27)	(n=38)	(n=8)	(n=25)	(n=6)	(n=1)	(n=9)
Friend's home	25	**29**	36	19	24	–	36	–	–	–
Nightclub	16	**11**	3	7	32	–	4	–	–	–
Dealer's home	5	**6**	3	4	3	–	12	–	–	–
Own home	14	**13**	9	11	13	–	24	–	–	–
Agreed public location	12	**11**	9	22	11	–	12	–	–	–
Private party	8	**8**	9	0	3	–	4	–	–	–
Pubs/bars	1	**1**	3	0	3	–	0	–	–	–
Live music event	15	**8**	12	11	5	–	4	–	–	–
Raves*	2	**5**	9	11	0	–	0	–	–	–
Online/posted	2	**3**	0	7	0	–	4	–	–	–
Other	0	**5**	6	7	8	–	0	–	–	–
% Last use venue[#] (n)	(n=102)	**(n=147)**	(n=33)	(n=27)	(n=38)	(n=8)	(n=25)	(n=6)	(n=1)	(n=9)
Home	15	**15**	12	30	5	–	24	–	–	–
Nightclub	22	**23**	15	7	55	–	8	–	–	–
Friends home	16	**19**	15	11	16	–	32	–	–	–
Private party	14	**18**	24	19	8	–	16	–	–	–
Pubs/bars	3	**1**	3	0	3	–	0	–	–	–
Live music event	21	**12**	12	19	8	–	12	–	–	–
Raves*	10	**10**	18	11	5	–	8	–	–	–
Others	0	**2**	0	4	0	–	0	–	–	–

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
– Not published due to small numbers reported (n<10)
* Includes 'doofs' and dance parties
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed

5.5 GHB

Key points

- Few participants could comment on the price of GHB.
- Perceived purity was reported as 'high' (61%), and was considered to have remained 'stable' (64%) in the past six months.
- Reports on availability were mixed, with 35% reporting that GHB was 'easy' to obtain and 29% reporting that it was 'difficult' to obtain. The majority (75%) of those able to answer reported that the availability of GHB had remained 'stable' in the six months preceding interview.

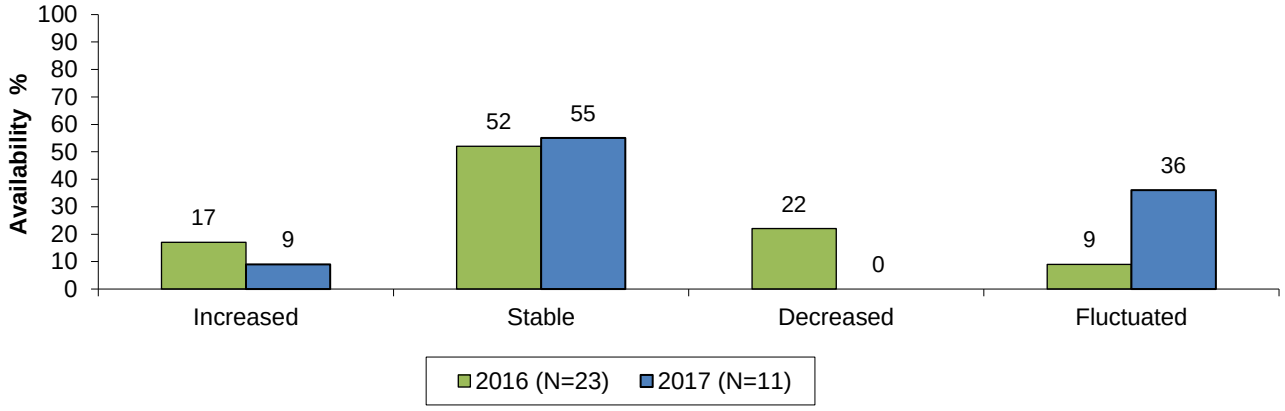
This section contains information about market characteristics of GHB (including price, perceived purity, availability and purchasing patterns). Jurisdictional data is not presented due to small numbers (n<10) commenting. Comparable findings from previous years on price, availability and perceived purity are shown in Appendix G.

5.5.1 Price of GHB

Only one per cent of the national sample (n=8) were able to comment on the current price per millilitre of GHB, and hence data for this question has not been presented.

Around half (55%) of those who were able to comment reported that the price of GHB had remained 'stable' over the preceding six months (Figure 15).

Figure 15: Price changes of GHB, nationally, 2016–2017

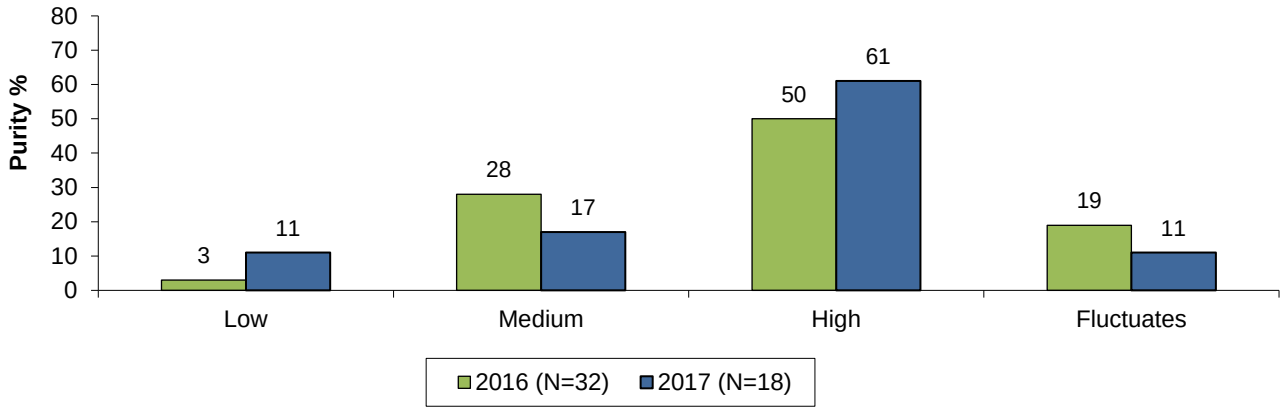


Source: EDRS participant interviews
Note: The response option 'Don't know' was excluded from analysis

5.5.2 Perceived purity of GHB

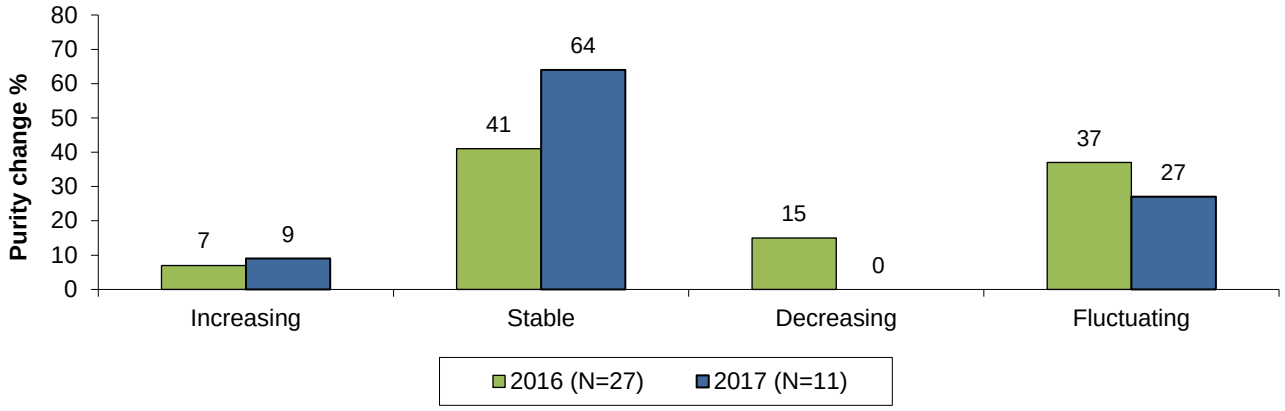
Participants were asked what the current perceived purity or strength of GHB was, and if the purity had changed in the six months preceding interview. Among those who were able to comment, the majority (61%) reported the current purity of GHB to be 'high' (Figure 16), and this was reported to have remained 'stable' over the preceding six months (64%; Figure 17).

Figure 16: Perceived purity of GHB last six months, nationally, 2016–2017



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

Figure 17: Purity change of GHB last six months, nationally, 2016–2017

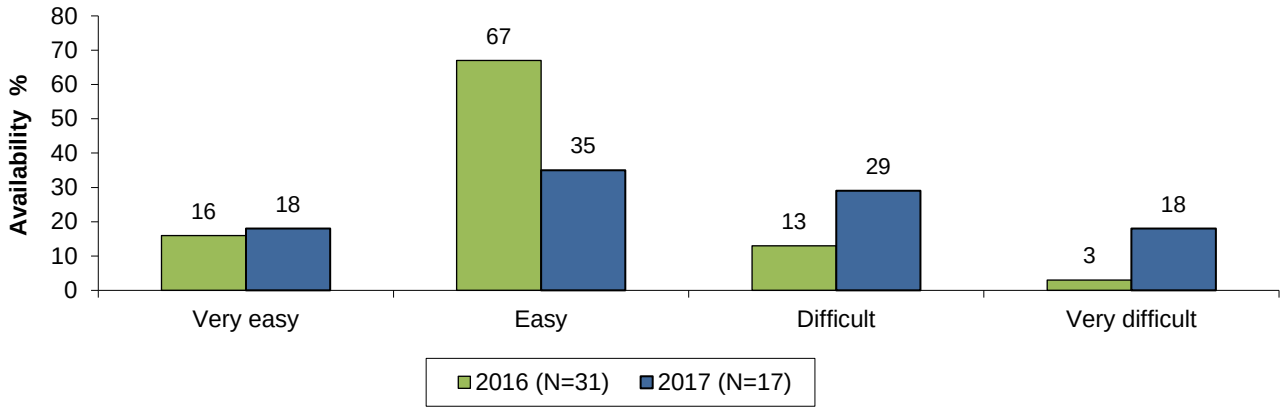


Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis

5.5.3 Availability of GHB

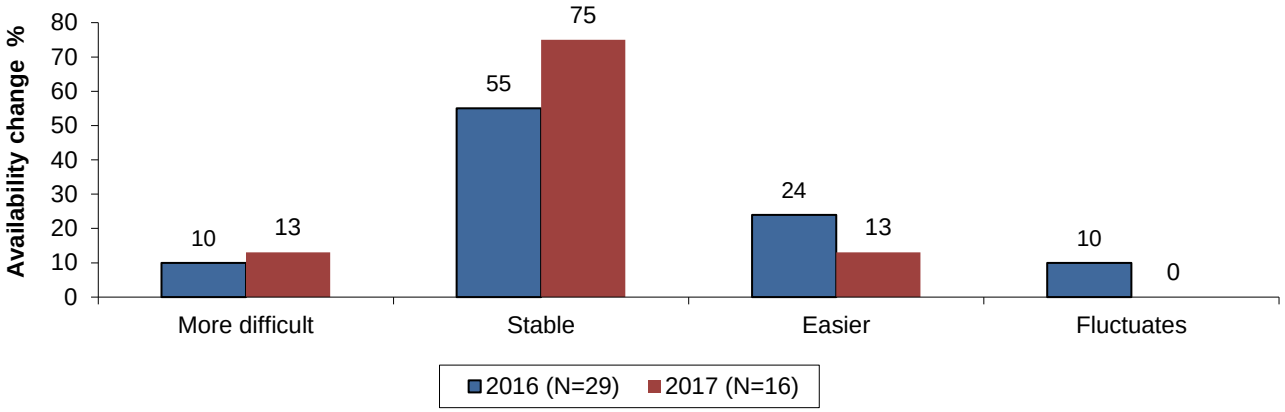
Nationally, reports on availability of GHB were mixed, with 35% reporting that GHB was 'easy' to obtain and 29% reporting that it was 'difficult' to obtain (Figure 18). The majority (75%) reported that availability of GHB had remained 'stable' in the six months preceding interview (Figure 19).

Figure 18: Perceived availability of GHB last six months, nationally, 2016–2017



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

Figure 19: Availability changes of GHB last six months, nationally, 2016–2017

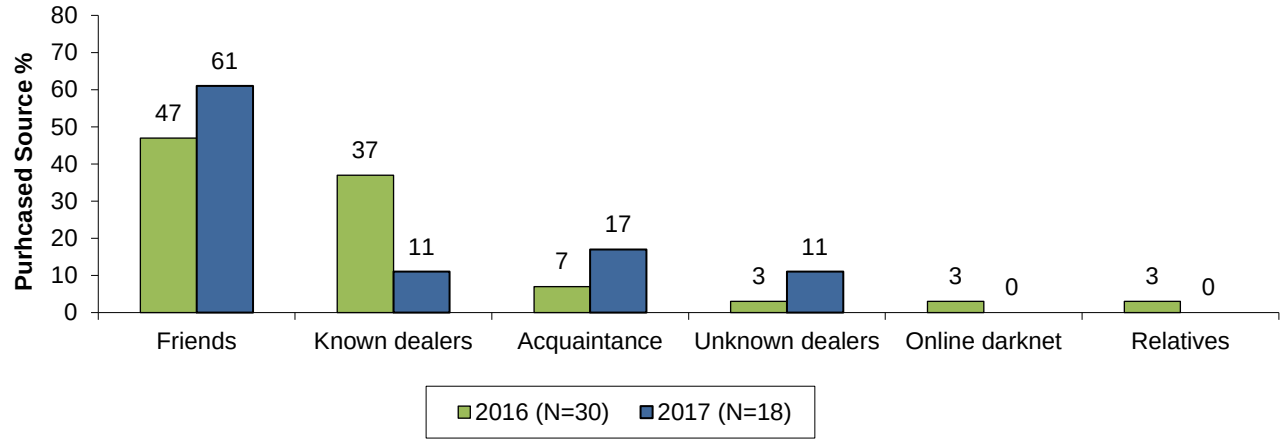


Source: EDRS participant interviews
Note: The response option 'don't know' was excluded from analysis

5.5.4 Purchasing patterns and locations of use of GHB

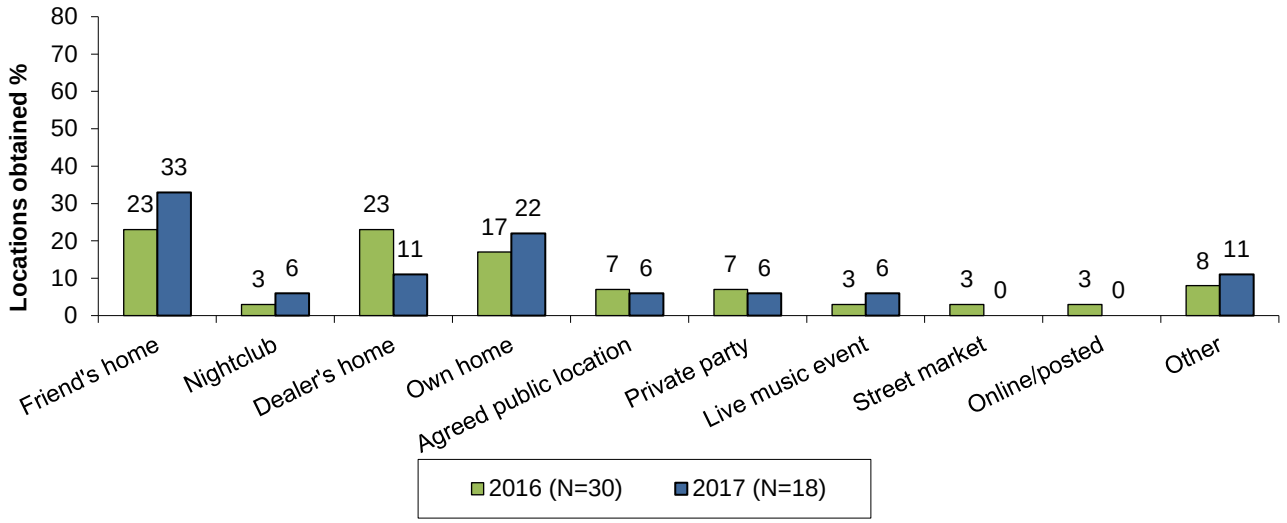
GHB was mainly obtained from friends (61%; Figure 20), and from a private venue (friend's home: 33%; own home: 22%; Figure 21). The last venue of use was most commonly the participant's own home (28%), followed by a nightclub (22%) (Figure 22).

Figure 20: Purchase source for GHB in the last six months, nationally, 2016–2017



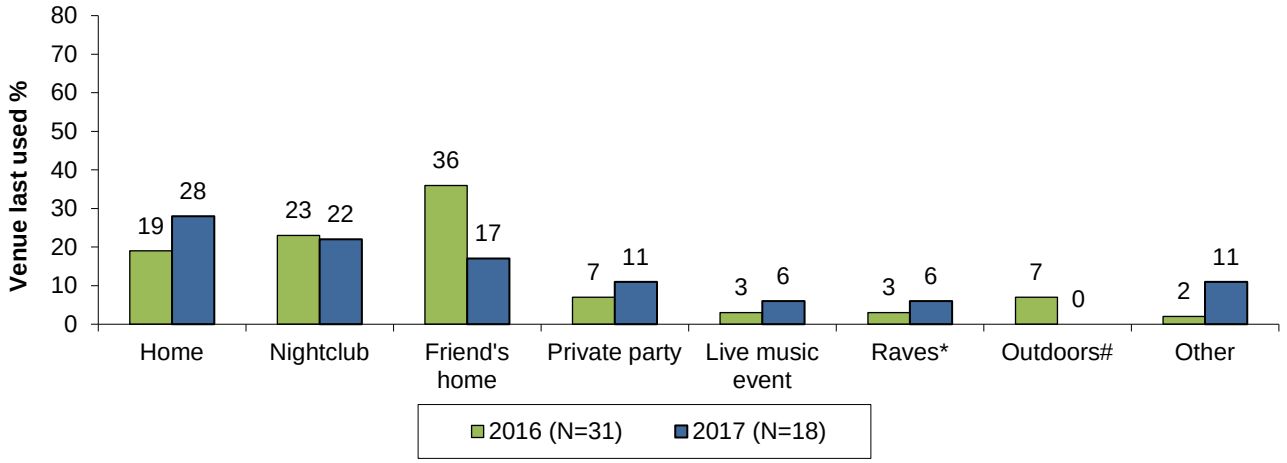
Source: EDRS participant interviews

Figure 21: Locations obtained GHB last six months, nationally, 2016–2017



Source: EDRS participant interviews

Figure 22: Venue last used GHB last six months, nationally, 2016–2017



Source: EDRS participant interviews
* Includes 'doofs' and dance parties# Examples include at a beach, bushwalking, camping

5.6 LSD

Key points

- The median price per tab of LSD was $20, with 68% of those who were able to comment reporting that this had remained 'stable' in the six months prior to interview.
- Around half (54%) reported that the current purity of LSD was 'high', with 60% reporting that purity had remained 'stable' in the six months preceding interview.
- LSD was considered 'very easy' or 'easy' (62%) to obtain and this was reported to have remained 'stable' (62%) in the last six months.

This section contains information about market characteristics of LSD (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix H.

5.6.1 Price of LSD

Forty-one per cent of the national sample commented on the price of a tab of LSD. The national median price of a tab of LSD was $20, and this was considered to have remained 'stable' (68%) in the six months preceding interview (Table 46).

Table 46: Median price per tab of LSD, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Median price ($) per tablet	20	**20**	20	20	15	15	20	25	25	20
% Price changes (n)	(n=271)	**(n=316)**	(n=55)	(n=58)	(n=27)	(n=39)	(n=23)	(n=38)	(n=30)	(n=46)
Increased	7	**10**	15	9	0	5	4	8	13	17
Stable	66	**68**	76	66	67	64	70	82	63	57
Decreased	13	**11**	2	10	26	13	9	8	17	13
Fluctuated	14	**11**	7	16	7	18	17	3	7	13

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

5.6.2 Perceived purity of LSD

In 2017, the majority of those able to answer reported that LSD purity was 'high' (54%), and this was reported to have remained 'stable' (60%) in the six months preceding interview (Table 47).

Table 47: Perceived purity of LSD, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current purity (n)	(n=286)	**(n=338)**	(n=62)	(n=59)	(n=27)	(n=42)	(n=25)	(n=38)	(n=35)	(n=50)
Low	5	**3**	0	0	0	7	4	3	6	8
Medium	33	**28**	19	29	15	31	32	29	31	40
High	48	**54**	52	58	74	45	44	63	57	44
Fluctuates	15	**15**	29	14	11	17	20	5	6	8
% Purity changes (n)	(n=261)	**(n=301)**	(n=54)	(n=58)	(n=25)	(n=35)	(n=22)	(n=34)	(n=27)	(n=46)
Increasing	12	**13**	13	19	20	9	5	18	11	4
Stable	56	**60**	69	57	64	60	59	56	67	50
Decreasing	8	**10**	6	9	8	3	9	9	15	24
Fluctuating	24	**17**	13	16	8	29	27	18	7	22

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

5.6.3 Availability of LSD

Among those able to answer, three-fifths (62%) reported that LSD was 'easy' to 'very easy' to obtain, and this was reported to have remained 'stable' (62%) in the six months preceding interview (Table 48).

Table 48: Availability of LSD, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=297)	**(n=344)**	(n=65)	(n=61)	(n=28)	(n=42)	(n=25)	(n=38)	(n=33)	(n=52)
Very easy	30	**23**	25	30	25	19	16	37	18	10
Easy	39	**39**	29	38	43	48	48	24	39	50
Difficult	25	**33**	39	33	21	26	24	37	33	37
Very difficult	6	**6**	8	0	11	7	12	3	9	4
% Availability changes (n)	(n=277)	**(n=329)**	(n=65)	(n=58)	(n=28)	(n=38)	(n=24)	(n=38)	(n=30)	(n=48)
More difficult	9	**15**	12	16	4	16	13	11	23	21
Stable	63	**62**	71	62	75	58	50	66	57	52
Easier	23	**18**	12	17	21	24	29	16	10	19
Fluctuates	5	**6**	5	5	0	3	8	8	10	8

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

5.6.4 Purchasing patterns and locations of use of LSD

LSD had mostly been obtained from friends (58%), followed by known dealers (21%). LSD was last sourced from private locations such as friends' homes (30%), own home (13%) and dealer's home (9%). LSD was last used in both private (e.g., own home: 24%; friend's home: 19%) and public (e.g., live music event: 14%; outdoors: 14%) locations (Table 49).

Table 49: Last source, purchase location and use location of LSD, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Last purchased from[#] (n)	(n=293)	**(n=341)**	(n=66)	(n=61)	(n=28)	(n=40)	(n=24)	(n=38)	(n=33)	(n=51)
Friends	59	**58**	49	57	64	68	67	66	61	51
Known dealers	16	**21**	33	25	14	13	13	13	18	24
Workmates	0	**1**	0	0	4	3	0	0	0	0
Acquaintances	9	**4**	5	3	7	3	0	8	9	2
Unknown dealers	7	**7**	6	5	7	0	4	5	9	14
Online (darknet)	8	**7**	6	3	4	13	17	5	3	10
Online (surface web)	<1	**0**	0	0	0	0	0	0	0	0
Online (social networking sites)	<1	**<1**	0	0	0	0	0	3	0	0
Other	0	**2**	2	7	0	3	0	0	0	0
% Last location obtained [#] (n)	(n=293)	**(n=340)**	(n=66)	(n=61)	(n=28)	(n=40)	(n=24)	(n=37)	(n=33)	(n=51)
Friend's home	30	**30**	24	26	32	30	38	30	39	33
Own home	17	**13**	12	10	14	23	13	8	18	10
Dealer's home	9	**9**	8	13	7	5	13	8	6	14
Raves*	5	**4**	5	7	4	3	8	0	0	6
Agreed public location	8	**15**	18	15	25	3	0	35	6	16
Private party	4	**2**	3	2	0	0	0	3	3	0
Nightclub	1	**2**	2	3	4	8	0	0	3	0
Pubs/bars	4	**2**	0	0	0	10	0	0	6	0
Live music event	8	**7**	14	3	7	5	4	5	12	6
Online/posted	6	**4**	2	7	4	0	13	5	0	8
Other	8	**11**	14	15	4	15	13	5	6	8
% Last use venue[#] (n)	(n=291)	**(n=341)**	(n=66)	(n=61)	(n=28)	(n=40)	(n=24)	(n=38)	(n=33)	(n=51)
Own home	20	**24**	20	16	29	33	29	18	30	29
Friend's home	18	**19**	11	12	21	18	21	34	30	22
Live music event	14	**14**	20	13	18	15	17	8	12	10
Raves*	8	**8**	11	10	7	3	13	5	0	10
Outdoors[@]	17	**14**	12	23	7	18	4	21	3	12
Private party	8	**3**	8	7	0	3	0	0	0	0
Public place	6	**5**	9	5	4	3	4	3	6	6
Nightclub	5	**7**	5	8	14	3	4	5	12	4
Pub/bars	2	2	2	0	0	5	0	0	0	4
Other	2	**5**	5	7	0	3	8	5	6	4

Source: EDRS participant interviews. Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
* Includes 'doofs' and dance parties; [@] Examples include at a beach, bushwalking, camping; [#] Only one response allowed

5.7 Cannabis

Key points

- The majority of respondents were able to differentiate between hydro and bush cannabis when asked about cannabis market characteristics.
- The median last price for an ounce of cannabis was $280 for hydro and $250 for bush, and prices had remained 'stable' for both forms (75% and 79%) over the preceding six months.
- The perceived potency of hydro was 'high' (52%), with a significant decrease in those reporting it to be of 'medium' potency (27% vs. 39% in 2016; $p<0.01$); the perceived potency of bush was 'medium' (52%). The potency for both forms was reported to have remained 'stable' over the last six months (55% and 72%).
- Hydro and bush were considered 'easy' or 'very easy' to obtain (94% and 76%), and the availability of both forms was reported to have remained 'stable' (80% and 76%).

This section contains information about market characteristics of cannabis (including price, perceived purity, availability and purchasing patterns). Comparable findings from previous years on price, availability and perceived purity are shown in Appendix I.

5.7.1 Price of cannabis

Prices in Table 50 represent the median last price paid for the most commonly reported purchase amounts (grams and ounces) of bush and hydro by jurisdiction. Nationally, 217 and 152 participants reported having purchased an ounce of hydro and bush in the preceding six months, respectively, while 150 and 122 participants reported purchasing a gram of hydro and bush, respectively. The median last price for a gram of hydro nationally was $20 and $18 for bush. The median last price paid per ounce of hydro nationally was $280 and $250 for bush (Table 50). Prices for both were largely reported to have remained 'stable' over the preceding six months (hydro: 75% and bush: 79%) (Table 50).

Table 50: Median price of cannabis and price changes, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
Price ($) HYDRO										
Per gram	20	**20**	20	15	15	20	-	-	30	15
Per ounce	280	**280**	280	250	240	300	220	330	400	275
Price ($) BUSH										
Per gram	20	**18**	20	15	15	12.5	-	-	30	10
Per ounce	240	**250**	250	250	-	250	220	300	350	250
Price changes										
% HYDRO (n)	(n=354)	**(n=374)**	(n=47)	(n=41)	(n=22)	(n=62)	(n=39)	(n=42)	(n=56)	(n=65)
Increased	6	**8**	6	12	9	5	5	2	5	14
Stable	81	**75**	83	76	77	82	69	86	73	62
Decreased	5	**9**	2	10	5	5	13	7	11	17
Fluctuated	8	**8**	9	2	9	8	13	5	11	8
% BUSH (n)	(n=266)	**(n=309)**	(n=29)	(n=45)	(n=20)	(n=50)	(n=38)	(n=39)	(n=32)	(n=56)
Increased	6	**5**	0	4	0	4	11	3	9	5
Stable	79	**79**	83	78	75	86	74	82	78	75
Decreased	6	**8**	14	9	10	6	8	10	6	5
Fluctuated	9	**8**	3	9	15	4	8	5	6	14

Source: EDRS participant interviews
– Not published due to small numbers reported (n<10); Note: The response option 'Don't know' was excluded from analysis

5.7.2 Perceived potency of cannabis

Of those who commented, over half of the participants reported that the current potency of hydro cannabis was 'high' (52%) followed by 27% who reported that the current potency was 'medium', a significant decrease relative to 2016 (39%; $p<0.01$) (Table 51). In contrast to hydro, bush cannabis was reported to be of 'medium' potency by half of the participants (52%) (Table 52).

Reports on whether potency had changed were dominated by those reporting that it had remained 'stable' for both hydro and bush in the preceding six months (55% and 72%, respectively; Table 51 and Table 52).

Table 51: Perceived potency of hydroponic cannabis, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current Potency (n)	(n=359)	**(n=379)**	(n=46)	(n=42)	(n=22)	(n=63)	(n=41)	(n=42)	(n=57)	(n=66)
Low	3	**6**	4	12	18	0	10	0	9	5
Medium	39	**27****	22	29	32	25	12	33	19	42
High	47	**52**	48	45	46	60	49	60	62	41
Fluctuates	11	**15**	26	14	5	14	29	7	11	12
% Potency changes (n)	(n=350)	**(n=374)**	(n=47)	(n=42)	(n=22)	(n=62)	(n=39)	(n=42)	(n=57)	(n=63)
Increasing	12	**15**	21	24	18	8	3	14	14	18
Stable	55	**55**	57	48	64	60	44	69	47	54
Decreasing	7	**8**	6	12	9	8	8	5	7	11
Fluctuating	25	**22**	15	17	9	24	46	12	32	18

Source: EDRS participant interviews
**$p<0.01$
Note: The response option 'Don't know' was excluded from analysis

Table 52: Perceived potency of 'bush' cannabis, by jurisdiction, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Current Potency (n)	(n=280)	**(n=334)**	(n=33)	(n=44)	(n=20)	(n=52)	(n=39)	(n=42)	(n=42)	(n=62)
Low	23	**25**	39	25	10	23	13	19	57	16
Medium	50	**52**	36	50	40	64	51	64	31	61
High	19	**18**	18	25	50	12	21	14	12	11
Fluctuates	8	**5**	6	0	0	2	15	2	0	11
% Potency changes (n)	(n=267)	**(n=321)**	(n=30)	(n=44)	(n=19)	(n=52)	(n=39)	(n=41)	(n=37)	(n=59)
Increasing	6	**9**	10	7	11	6	8	15	11	7
Stable	68	**72**	77	73	84	77	54	68	73	75
Decreasing	7	**7**	10	7	0	4	13	7	5	5
Fluctuating	18	**13**	3	14	5	14	26	10	11	14

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

5.7.3 Availability of cannabis

Participants were asked to comment on the current availability of hydro, and whether this had changed in the six months preceding interview. Hydro was commonly reported to be 'easy' or 'very easy' to obtain (94%). The majority of the sample that commented reported access to hydro cannabis had remained 'stable' (80%, Table 53).

Table 53: Availability of hydro, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=360)	**(n=382)**	(n=47)	(n=43)	(n=22)	(n=64)	(n=41)	(n=43)	(n=57)	(n=65)
Very easy	67	**70**	64	79	77	59	68	72	83	66
Easy	26	**24**	30	9	18	36	22	26	12	31
Difficult	7	**5**	6	9	5	5	7	2	5	3
Very difficult	1	**1**	0	2	0	0	2	0	0	0
% Availability changes (n)	(n=357)	**(n=380)**	(n=47)	(n=43)	(n=22)	(n=62)	(n=40)	(n=43)	(n=58)	(n=65)
More difficult	7	**7**	11	9	9	3	3	7	9	5
Stable	80	**80**	72	77	86	86	80	81	78	80
Easier	6	**10**	13	14	5	7	8	7	9	12
Fluctuates	7	**4**	4	0	0	5	10	5	5	3

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

Reports of bush availability also indicated that bush tended to be 'easy' or 'very easy' to obtain (76%), with one-fifth (21%) of the sample considering it to be 'difficult' to obtain. NSW had the highest percentage (35%) of participants who reported bush as being 'difficult' to obtain, consistent with 2016 reports. Availability was most commonly reported to have remained 'stable' in the past six months by the national sample (76%; Table 54).

Table 54: Availability of bush, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Availability (n)	(n=284)	**(n=332)**	(n=34)	(n=43)	(n=20)	(n=53)	(n=39)	(n=43)	(n=39)	(n=61)
Very easy	51	**45**	32	40	60	57	49	42	44	39
Easy	30	**31**	29	28	10	25	33	47	26	36
Difficult	18	**21**	35	30	30	15	10	9	26	21
Very difficult	1	**4**	3	2	0	4	8	2	5	3
% Availability changes (n)	(n=281)	**(n=326)**	(n=34)	(n=43)	(n=20)	(n=52)	(n=38)	(n=42)	(n=38)	(n=59)
More difficult	8	**11**	15	16	5	6	16	2	11	14
Stable	75	**76**	68	74	85	73	74	93	84	64
Easier	10	**9**	12	5	10	12	11	2	5	15
Fluctuates	7	**4**	6	5	0	10	0	2	0	7

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

5.7.4 Purchasing patterns and locations of use of cannabis

Hydro was most commonly reported to have been obtained from friends (48%) and known dealers (42%) and reported to have been obtained at friend's (32%), dealer's (30%) and own (21%) home. In 2017, there was a significant increase in those who reported obtaining hydro at a dealer's home compared to 2016 (30% vs. 22%, $p<0.05$). Participants' own home (68%) and friend's homes (25%) were most frequently reported as last locations of use (Table 55).

Table 55: Last source person and purchase locations and use locations of hydro, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Purchased from[#] (n)	(n=357)	**(n=380)**	(n=47)	(n=43)	(n=22)	(n=62)	(n=41)	(n=42)	(n=57)	(n=66)
Friends	50	**48**	49	56	50	37	34	71	51	42
Known dealers	35	**42**	43	26	41	52	56	19	39	53
Acquaintances	7	**3**	0	9	9	5	0	5	0	0
Unknown dealers	3	**2**	6	0	0	0	0	0	7	2
Street dealer	1	**<1**	0	2	0	0	0	0	0	0
Relatives	1	**1**	0	2	0	7	0	0	0	0
Workmates	1	**1**	0	2	0	0	2	2	0	0
Other	2	**<1**	0	2	0	0	0	0	0	0
% Locations obtained [#] (n)	(n=357)	**(n=380)**	(n=47)	(n=43)	(n=22)	(n=62)	(n=41)	(n=42)	(n=57)	(n=66)
Friend's home	35	**32**	26	33	27	27	20	52	35	35
Dealer's home	22	**30***	30	21	27	44	42	17	25	29
Home (delivered)	21	**21**	19	19	18	19	29	14	23	21
Agreed public location	15	**9**	13	12	18	5	7	12	5	9
Acquaintance's home	1	**1**	0	2	5	3	0	2	0	0
Work	1	**<1**	0	0	5	0	0	0	0	0
Street market	2	**1**	0	0	0	0	0	2	2	2
Pubs/Bars	1	**1**	0	5	0	0	0	0	4	0
Other	2	**3**	13	9	0	0	0	0	2	2
% Last use venue[#] (n)	(n=356)	**(n=378)**	(n=47)	(n=43)	(n=22)	(n=61)	(n=41)	(n=42)	(n=56)	(n=66)
Friend's home	20	**25**	30	19	5	20	27	48	21	23
Own home	71	**68**	60	72	73	77	73	41	68	73
Dealer's home	<1	**1**	0	2	0	0	0	5	0	3
Public place	2	**1**	2	0	14	0	0	0	0	2
Pub/bars	<1	**1**	0	0	0	0	0	0	4	0
Outdoors[@]	3	**1**	0	2	5	0	0	7	0	0
Raves*	<1	**0**	0	0	0	0	0	0	0	0
Private party	<1	**1**	6	0	0	3	0	0	0	0
Other	1	**1**	2	2	0	0	0	0	5	0

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
* Includes 'doofs' and dance parties
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed
*$p<0.05$

EDRS participants most commonly reported obtaining bush from friends (52%) and known dealers (35%) and this most commonly occurred in private locations (friend's homes: 36%; dealer's home: 27%; own home: 20%). In 2017, there was a significant increase in those who reported obtaining bush at a dealer's home compared to 2016 (27% vs. 14%, $p<0.01$). Participants' own homes (59%) followed by friend's homes (29%) were most commonly reported as the last use location of spending most time being intoxicated (Table 56).

Table 56: Last source person, purchase location and use location of bush, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2016	**2017**								
% Purchased from[#] (n)	(n=283)	**(n=332)**	(n=33)	(n=44)	(n=20)	(n=51)	(n=39)	(n=42)	(n=39)	(n=64)
Friends	59	**52**	34	55	65	51	31	67	67	38
Known dealers	24	**35**	33	30	20	35	51	24	21	50
Acquaintances	5	**2**	0	0	5	4	3	2	0	2
Unknown dealers	3	**4**	3	5	0	2	3	0	10	5
Street dealer	2	**1**	0	0	10	0	0	0	0	2
Relatives	4	**4**	0	7	0	8	8	2	3	3
Workmates	1	**<1**	0	2	0	0	0	0	0	0
Other	2	**<1**	0	2	0	0	0	0	0	0
% Locations obtained [#] (n)	(n=281)	**(n=331)**	(n=33)	(n=44)	(n=20)	(n=51)	(n=39)	(n=41)	(n=39)	(n=64)
Friend's home	42	**36**	27	46	35	33	23	42	56	30
Dealer's home	14	**27****	27	11	35	31	41	24	18	28
Home (delivered)	23	**20**	21	23	10	22	26	17	13	22
Agreed public location	11	**10**	3	21	15	10	5	10	5	13
Acquaintance's home	2	**1**	0	0	5	0	0	2	0	0
Work	1	**0**	0	0	0	0	0	0	0	0
Street market	3	**2**	6	0	0	0	0	2	0	5
Pubs/Bars	1	**1**	0	0	0	0	3	0	5	0
Other	3	**1**	3	0	0	2	3	0	3	0
% Last use venue[#] (n)	(n=283)	**(n=331)**	(n=33)	(n=44)	(n=20)	(n=50)	(n=39)	(n=42)	(n=39)	(n=64)
Friend's home	26	**29**	18	27	30	26	18	48	46	22
Own home	60	**59**	58	64	55	64	74	41	41	69
Dealer's home	1	**1**	3	0	0	0	3	0	0	2
Public place	2	**2**	0	0	15	2	0	0	5	2
Outdoors[@]	6	**4**	3	5	0	6	3	5	3	3
Private party	3	**1**	3	0	0	0	0	2	0	3
Other	2	**2**	6	2	0	0	3	0	3	0

Source: EDRS participant interviews
Note: the same response options are provided for all drug types. If a particular response option is not reported here, it is because no participants endorsed it.
[@] Examples include at a beach, bushwalking, camping
[#] Only one response allowed
**$p<0.01$

6 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

Key points

Overdose

- One-quarter (26%) of the sample had overdosed on a stimulant drug in the preceding 12 months (a significant increase from 19% in 2016; $p<0.01$). Most participants attributed their most recent stimulant overdose in the past 12 months to ecstasy (58%), typically occurring in nightclubs (24%) and at home (23%). One-third (36%) reported no medical treatment or assistance.
- Seventeen percent of the sample reported a past 12 month overdose on a depressant drug. The majority of participants attributed their most recent depressant overdose in the past 12 months to alcohol (77%), typically occurring in private locations such as their own home (29%) or at a friend's home (29%), and with most participants (71%) monitored by friends.

Help-seeking behaviour

- One-quarter (24%) reported recently accessing a medical or health service regarding their drug and/or alcohol use, and 19% had thought about accessing help.
- Eighty-seven percent of the sample had accessed help for any reason in the preceding six months, with significant reductions in those who reported to have accessed a GP (71%) and 'other health professional' (13%), compared to 2016 (87% and 20%, $p<0.01$, respectively). In addition, there was a significant increase in reports of psychologist visits in 2017 (22%) compared to 2016 (16%; $p<0.01$).

Mental health problems

- A substantial percentage of participants were classified as currently experiencing 'high' (24%) or 'very high' (14%) psychological distress on the Kessler Psychological Distress Scale (K10), the latter percentage representing a significant increase relative to 2016 (9%; $p<0.01$).
- Almost half (46%) of the sample reported experiencing a mental health problem in the preceding six months, a significant increase from 38% in 2016 ($p<0.01$). Anxiety (33%) and depression (31%) were the most commonly reported and were both significantly higher than in 2016 (25% and 24%, $p<0.01$, respectively). Twenty-eight per cent reported visiting a mental health professional for a mental health problem in the last six months which was also significantly higher than 22% in 2016 ($p<0.05$).

6.1 Overdose

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

6.1.1 Non-fatal stimulant overdose among EDRS participants

Thirty-three per cent of the national sample reported having ever overdosed on a stimulant drug on a median of two occasions (range: 1-70 occasions). Twenty-six per cent of the sample reported they had experienced a stimulant overdose in the last 12 months, significantly higher than the percentage in the 2016 sample (19%, $p<0.01$).

Participants reporting an overdose in the last 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose. The most commonly reported main drug was ecstasy (58%), with small percentages nominating crystal methamphetamine (8%), LSD (6%) and cocaine (6%) (Table 57). Polydrug use was common, with 88% reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last overdose. These were typically alcohol (70%) and cannabis (39%), with smaller numbers

reporting crystal, speed, cocaine and LSD. Nightclubs (24%) and their own home (23%) were the venues that most people reported their last stimulant overdose had occurred (Table 57).

Table 57: Stimulant overdose in the last twelve months among EDRS participants, 2017

%	National N=795	National N=785	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=85	QLD n=100
	2016	**2017**								
% Ever overdosed on stimulant drug	29	**33**	40	27	23	26	49	25	42	34
Median number times ever overdosed^ (n)	2	**2**	2	2	2	3	2	1	2	2
% Overdosed last 12 months	19	**26****	32	21	20	19	40	20	33	25
% Main drug^^	(n=147)	**(n=202)**	(n=32)	(n=22)	(n=19)	(n=20)	(n=40)	(n=19)	(n=25)	(n=25)
Ecstasy	61	**58**	50	46	42	70	53	74	72	64
Crystal	9	**8**	0	5	16	5	18	5	4	12
Speed	4	**3**	0	0	11	5	0	0	0	8
Cocaine	4	**6**	13	9	0	0	13	0	8	0
LSD	5	**6**	9	14	0	0	5	0	16	4
Pharmaceutical stimulants	4	**4**	9	0	5	0	0	11	0	4
Ketamine	5	**4**	3	9	11	0	5	0	0	0
Other	8	**9**	16	18	5	20	0	11	0	8
% More than one drug in last OD^^	84	**88**	91	77	90	95	88	79	84	96
% Last OD location^^	(n=149)	**(n=205)**	(n=32)	(n=23)	(n=21)	(n=19)	(n=40)	(n=20)	(n=25)	(n=25)
Nightclub	28	**24**	9	9	38	37	30	25	20	28
Own home	14	**23**	22	30	24	32	28	5	20	20
Friend's home	20	**15**	19	13	14	5	23	5	24	8
Outdoors	5	**3**	3	4	5	5	3	0	0	4
Live music event	17	**19**	34	26	5	5	8	45	16	12
Rave/dance party	1	**5**	9	4	10	0	3	5	0	8
Private party	8	**5**	0	9	5	5	5	5	4	12
Public place	2	**1**	0	0	0	5	0	0	0	4
Other	5	**2**	3	4	0	0	0	0	8	4

Source: EDRS participant interviews
^ Of those who ever overdosed
^^ Of those who had overdosed in the past 12 months
– Data not published due to small numbers commenting (n<10)
***p*<0.01

Among participants who commented (n=202), the main symptoms reported on their last stimulant overdose occasion (if it occurred within the last 12 months) were vomiting (19%), extreme anxiety (10%), increased heart rate (9%), hallucinations (visual) (6%), nausea (6%), chest pain (5%), paranoia (5%), passed-out (5%), tremors (5%) and increased body temperature (5%). These symptoms were experienced outside the 'normal experience' of the drug.

On their last stimulant overdose occasion (of those who had overdosed in the preceding 12 months; n=205), 36% did not receive any treatment or assistance. Of those that did receive treatment or assistance (n=132), small numbers reported the following forms of medical treatment: ambulance attendance (11%); emergency department attendance (8%); received oxygen (3%); GP attendance (2%); and attended a drug health service (1%). Seventy-four per cent reported another form of non-medical treatment/assistance, such as being monitored by friends.

6.1.2 Non-fatal depressant overdose among EDRS participants

Twenty-seven per cent of the national sample reported having ever overdosed on a depressant drug on a median of three occasions (range: 1–150 occasions). Seventeen per cent reported that their last depressant overdose had occurred in the last 12 months (Table 58).

Participants were asked to report the main drug to which they attributed their last depressant overdose. The majority reported alcohol (77%); smaller percentages reported benzodiazepines (8%). Polydrug use was common, with nearly three-quarters (72%) reporting that they had been under the influence of one or more other drugs (stimulants or depressants) in addition to the 'main' drug at the time of last depressant overdose. These were typically cannabis (48%), ecstasy (19%), alcohol (24%), cocaine

(5%), ketamine (5%), benzodiazepines (3%) and crystal methamphetamine (3%), with smaller numbers reporting magic mushrooms, nitrous oxide, GHB, LSD, antidepressants and pharmaceutical stimulants.

As with stimulant overdose, of those that had experienced a depressant overdose in the past twelve months (n=135), locations of last overdose reported were mixed between private and public locations such as one's own home (29%), friend's home (29%), private party (12%), and nightclubs (13%). Symptoms which participants reported on their last overdose occasion included losing consciousness (44%) and vomiting (40%) (Table 58).

At their last depressant overdose occasion in the preceding 12 months (n=134), 48% reported that there was a sober person who was able to assist at the time. On the last occasion of depressant overdose, the main immediate attention/care reported was being monitored by friends (71%), emergency department attendance (14%) and ambulance attendance (13%).

Table 58: Depressant overdose in the last 12 months among EDRS participants, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=785	n=100	n=100	n=100	n=100	n=100	n=100	n=85	n=100
	2016	**2017**								
% Ever overdosed on depressant drug	27	**27**	28	33	19	33	32	18	29	22
Median number times ever overdosed* (n)	3	**3**	2	4.5	4	3	3.5	2	5	2
% Overdosed last 12 months	17	**17**	18	24	12	20	20	14	18	12
% Main drug^^	(n=135)	**(n=135)**	(n=18)	(n=25)	(n=12)	(n=21)	(n=20)	(n=13)	(n=13)	(n=13)
Alcohol	79	**77**	83	80	58	81	65	77	85	85
Heroin	2	**1**	0	0	8	0	0	0	0	0
GHB	8	**2**	0	0	17	0	5	0	0	0
Benzodiazepines	4	**8**	0	8	0	10	10	23	8	8
Other opiates	3	**5**	11	0	0	5	20	0	0	0
Other	5	**7**	6	12	17	5	0	0	8	8
% Last OD location^^	(n=132)	**(n=135)**	(n=18)	(n=25)	(n=12)	(n=21)	(n=20)	(n=13)	(n=13)	(n=13)
Friends home	18	**29**	22	32	33	14	30	39	31	39
Own home	32	**29**	17	24	17	43	45	15	23	39
Nightclub	14	**13**	17	16	8	5	15	15	23	8
Private party	14	**12**	11	16	0	10	10	15	15	15
Pub	7	**5**	17	4	17	0	0	8	0	0
Public place (street/park)	5	**3**	6	0	0	14	0	0	0	0
Outdoors	3	**2**	11	0	0	0	0	0	0	0
Car/other passenger or driver	2	**0**	0	0	0	0	0	0	0	0
Other	5	**2**	0	8	0	0	0	0	8	0
% More than one drug in last OD^^	62	**72**	82	64	82	76	65	62	62	92
% Symptoms experienced last OD^^	(n=135)	**(n=135)**	(n=18)	(n=25)	(n=12)	(n=21)	(n=20)	(n=13)	(n=13)	(n=13)
Vomiting	48	**40**	56	44	25	48	30	31	46	31
Losing consciousness	33	**44**	22	48	67	43	55	54	23	39
Collapsing	9	**5**	6	0	8	5	5	8	0	15
Suppressed breathing	3	**3**	0	0	0	5	5	8	8	0
Other	7	**8**	17	8	0	0	5	0	23	15

Source: EDRS participant interviews
^ Of those who ever overdosed
^^ Of those who had overdosed in the past 12 months
– Data not published due to small numbers commenting (n<10)

6.2 Help-seeking behaviour among national EDRS participants

The majority (87%) of participants had accessed any medical or health service in the last six months for any reason. Of those who commented (n=782), doctors (GPs) were seen by the majority of the sample (71%), a decrease relative to 2016 (87%, $p<0.01$). Smaller percentages of the sample reported attending dentists (32%) and psychologists (22%), the latter representing an increase relative to 2016 (16%, $p<0.01$; Table 59).

Twenty-four per cent of the sample reported to have accessed these services for alcohol and/or drug support in the last six months. In addition, 19% 'thought about' contacting a service or health professional in the last six months for any issues related to drug and/or alcohol use but had not done so.

Table 59: Percentage of EDRS participants who accessed a medical or health service, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=782	n=100	n=100	n=100	n=100	n=100	n=98	n=85	n=99
	2016	**2017**								
% Accessed any service	85	**87**	92	88	80	87	86	89	79	94
Service accessed										
% Doctor (GP)	87	**71****	72	62	66	72	72	70	64	89
% Dentist	37	**32**	29	32	33	33	35	35	14	41
% Other health professional	20	**13****	12	19	12	11	17	14	2	18
% Emergency Department	18	**17**	17	18	16	21	11	21	18	11
% Psychologist	16	**22****	27	26	24	14	23	20	14	22
% Specialist doctors (not psychiatrists)	12	**7**	16	5	10	6	7	3	2	8
% Social Welfare workers	4	**5**	5	10	3	8	4	6	2	4
% Hospital admissions	9	**8**	12	8	6	6	6	7	14	9
% Medical tent	6	**8**	16	7	11	10	7	10	1	4
% Outpatient	7	**6**	12	4	6	8	4	3	4	4
% Psychiatrist	7	**9**	9	11	7	10	11	7	5	13
% Drug and alcohol counsellor	4	**5**	6	7	1	11	6	3	5	4
% Ambulance attendence	5	**6**	12	4	7	8	4	3	2	5

Source: EDRS participant interviews
***p*<0.01

6.3 Mental health problems

6.3.1 Mental health problems and psychological distress (K10)

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

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem (Andrews and Slade, 2001, Furukawa et al., 2003), and research suggests that those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder[3]. Fourteen per cent of the EDRS participants had a score of 30 or more (Table 60) which was significantly higher than nine per cent in 2016 (*p*<0.01).

The 2016 NDSHS (Australian Institute of Health and Welfare, 2017) and the 2014–15 National Health Survey (Australian Bureau of Statistics, 2015b) provides the most recent Australian population data available for the K10, and used four categories to describe degrees of distress: scores from 10–15 were considered to be 'low'; 16–21 as 'moderate'; 22–29 as 'high'; and 30–50 as 'very high'. Using these categories, EDRS participants reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Table 60). People reporting 'very high' levels of distress have been identified as possibly requiring clinical assistance.

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

Table 60: K10 scores by jurisdiction (method used in National Drug Strategy Household Survey and National Health Survey), 2017

K10 category	National Drug Strategy Household Survey 2016 (%)	National Health Survey 2014–2015 (%)	EDRS (%)									
			National N=785	National N=774	NSW n=100	ACT n=97	VIC n=98	TAS n=99	SA n=100	WA n=100	NT n=85	QLD n=95
			2016	**2017**								
No or low distress (score 10–15)	68	68	35	**30**	30	33	27	31	19	24	37	37
Moderate distress (score 16–21)	21	20	32	**32**	31	26	42	30	26	37	33	33
High distress (score 22–29)	8	8	25	**24**	27	22	24	23	33	27	16	16
Very high distress (score 30–50)	3	4	9	**14****	12	20	8	15	22	12	15	15

Source: EDRS participant interviews; NDSHS and NHS (Australian Bureau of Statistics, 2015a, Australian Institute of Health and Welfare, 2017)
Note: The extent to which cut–offs derived from population samples can be applied to the EDRS sample is yet to be established and, therefore, these findings should be taken as a guide only.
***p*<0.01

Participants were also asked if the feelings experienced in this four-week period were usual or experienced more or less often. The highest percentage reported that these feelings of psychological distress were the same as experienced usually (55%), followed by more often than usual (23%) and less often than usual (19%).

6.3.2 Self-reported mental problems and medication

Almost half (46%) of the national sample reported experiencing a mental health problem in the six months preceding interview, significantly higher than in 2016 (38%, *p*<0.01). The primary issue of concern was anxiety (33%) and depression (31%), both of which had significantly increased in 2017 compared to 2016 (25% and 24%; respectively; *p*<0.01). A smaller percentage reported experiencing Attention Deficit Hyperactivity Disorder (ADHD) (5%), panic (4%), paranoia (4%), post-traumatic stress disorder (4%) and bipolar/manic-depression (3%) (Table 61).

Table 61: Self-reported mental health problem in the last six months, 2017

%	National N=795	National N=784	NSW n=100	ACT n=99	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=85	QLD n=100
	2016	**2017**								
% Self-reported mental health problem in the last six months	38	**46****	48	43	45	47	58	38	41	43
Depression	24	**31****	31	31	32	34	37	25	28	32
Anxiety	25	**33****	35	30	29	35	40	28	34	34
Panic	2	**4**	1	3	0	11	7	0	4	6
Paranoia	3	**4**	0	2	1	10	6	1	2	7
Bipolar/Manic-Depression	2	**3**	2	3	2	5	3	1	0	5
ADHD	3	**5**	4	5	3	2	4	6	2	9
Post-traumatic stress disorder	2	**4**	0	5	3	5	8	2	1	6
% Attended a mental health professional	22	**28***	29	29	26	27	32	23	26	29

Source: EDRS participant interviews
Other mental health issues: OCD (1%), mania (<1%), any personality disorder (<1%), schizophrenia (<1%), drug-induced psychosis (<1%), other psychosis (<1%), other mental health problem (4%)
**p*<0.05; ***p*<0.01

Participants were also asked whether they had visited a mental health professional for a mental health problem in the last six months, and 28% of participants reported doing so (61% of those who reported a mental health problem). Fifteen percent (n=116) of the sample reported that they had been prescribed medication for a mental health problem in the six months preceding interview (33% of those with a mental health problem), most commonly antidepressants (11%), with smaller numbers reporting that they had been prescribed benzodiazepines (6%), antipsychotics (4%), pharmaceutical stimulants (1%) and mood stabilisers (1%).

7 RISK BEHAVIOUR

Key points

Injecting risk behaviour

- Eight per cent of the sample reported having ever injected drugs, and two per cent reported injecting in the last month.

Sexual risk behaviour

- Seventy per cent of participants reported engaging in penetrative sex in the six months preceding interview with at least one casual partner.
- The majority (90%) of these participants had casual sex while under the influence of drugs (namely alcohol, ecstasy and cannabis) and 51% did not use a barrier for safe sex during their last casual sexual encounter while under the influence of drugs and/or alcohol
- Just over half (51%) of the national sample reported having a sexual health check up in the last year, with a small percentage receiving a positive diagnosis for a STI in the past year (8%).

Driving risk behaviours

- The majority (81%) of the sample had recently driven a vehicle; 37% of these participants reported driving while over the legal limit of alcohol and 52% reported driving within three hours of consuming an illicit substance.

The Alcohol Use Disorders Identification Test

- Seventy-seven percent of alcohol consumers obtained a score of eight or higher on the AUDIT, indicative of hazardous alcohol use.

Ecstasy and methamphetamine dependence

- Of those who recently used ecstasy, 20% scored three or higher on the SDS (indicating possible dependence), a significant reduction relative to 2016 (26%).
- Of those who recently used methamphetamine, 20% scored four or higher on the SDS (indicating possible dependence).

7.1 Injecting risk behaviour

As in previous years, the EDRS asked participants about injecting and associated risk behaviours. In 2017, eight per cent of the national sample reported having injected at some point in their lifetime and two per cent reported injecting in the last month preceding interview (Table 62). The median age of first injection was 19 years (range: 14-29 years) and the drugs reported to be first injected were speed (24%), crystal (19%), other opiates (13%), heroin (11%), and steroids (11%).

The majority (83%) of this sample reported that they had not used a needle after somebody else. Thirty-three per cent reported that they had injected a partner/friends with a new needle in the last month and 22% reported that somebody had injected them with a new needle in the last month.

Table 62: Injecting risk behaviour among EDRS participants, 2017

	National N=795	National N=786	NSW **n=100**	**ACT n=100**	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Ever injected a drug	10	**8**	9	4	3	16	10	4	14	7
% Injected in the last month	4	**2**	1	0	2	8	2	1	4	1
Median age first injected (range)#	19 (12–46)	**19 (14–29)**	18 (17–22)	18 (18–24)	24 (14–29)	21 (17–28)	19 (17–26)	17 (17–18)	18 (14–26)	20 (15–22)

Source: EDRS participant interviews
Among those who had ever injected

7.1.2 Injecting drug use in the general population

It has been estimated that a very low percentage of the Australian general population aged 14 years and over have injected drugs, either in their lifetime or in the past twelve months. In 2016, 1.6% of the population had ever injected a drug (1.5% in 2016), with 0.3% having injected a drug in the past year (0.3% in 2013) (Australian Institute of Health and Welfare, 2017).

7.2 Sexual risk behaviour

7.2.1 Recent sexual activity

Seventy per cent of the national EDRS sample reported having sex with at least one casual partner in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire. Nineteen per cent reported having one casual partner, and 51% reported having more than one partner (Table 63).

Table 63: Number of casual sexual partners in the preceding six months, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=793	N=784	n=100	n=100	n=100	n=100	n=100	n=99	n=85	n=100
	2016	**2017**								
% Sex with at least one casual partner	64	**70**	**75**	**66**	**65**	**61**	**69**	**74**	**75**	**76**
% No. of casual sexual partners	(N=793)	**(N=784)**	(n=100)	(n=100)	(n=100)	(n=100)	(n=100)	(n=99)	(n=85)	(n=100)
No casual partner	36	**30**	25	34	35	39	31	26	25	24
1 casual partner	17	**19**	28	19	16	14	16	12	25	20
2 casual partners	13	**15**	15	15	14	14	9	22	13	16
3–5 casual partners	23	**21**	13	21	17	24	26	23	24	22
6–10 casual partners	8	**10**	12	7	12	6	15	11	6	13
10 or more casual partners	4	**5**	7	4	6	3	3	5	8	5

Source: EDRS participant interviews

7.2.2 Drug use during sex

The majority (90%) of those reporting recent penetrative sex with a casual partner (n=549) reported using drugs during sex in the previous six months. The largest percentage of participants reported that drug use during sex with a casual partner had occurred between three and five times (35%).

The most commonly used drugs used during sex were alcohol (79%), ecstasy (50%) and cannabis (47%); the latter significantly increased in 2017 compared to 2016 (35%, $p<0.01$). Other drugs nominated are presented in Table 64.

Table 64: Drug use during sex with a casual partner in the preceding six months, 2017

%	National n=512	National n=549	NSW n=75	ACT n=66	VIC n=65	TAS n=61	SA n=69	WA n=73	NT n=64	QLD n=76
	2016	**2017**								
% Penetrative sex with casual partner while on drugs*	86	**90**	89	92	86	86	94	86	88	92
% No. times had sex while on drugs with casual partner#	(n=440)	**(n=490)**	(n=66)	(n=61)	(n=56)	(n=53)	(n=65)	(n=63)	(n=56)	(n=70)
Once	13	**12**	11	15	9	9	11	11	23	7
Twice	16	**17**	11	25	21	13	15	22	14	16
3–5 times	32	**35**	42	30	32	38	37	43	27	30
6–10 times	15	**15**	15	15	16	15	14	11	11	23
10+ times	25	**21**	21	16	21	25	23	13	25	24
% Drug used last time#	(n=438)	**(n=491)**	(n=66)	(n=61)	(n=56)	(n=54)	(n=65)	(n=63)	(n=56)	(n=70)
Ecstasy	51	**50**	49	43	38	32	48	68	54	61
Alcohol	81	**79**	74	71	68	91	80	84	84	79
Cannabis	35	**47****	55	49	30	40	37	49	45	64
Speed	3	**2**	6	2	4	0	0	2	0	3
Crystal	9	**7**	15	3	4	6	3	3	18	4
Cocaine	10	**11**	21	18	4	2	11	3	16	10
LSD	6	**9**	17	8	11	7	8	13	2	4
Ketamine	5	**4**	12	5	7	0	3	3	0	3
GHB	4	**2**	6	0	7	0	0	0	2	1
Pharmaceutical stimulants	3	**3**	6	0	2	0	3	10	0	4

Source: EDRS participant interviews
* Of those who had a casual partner
# Among those who had had penetrative sex with a casual partner whilst under the influence of drugs and/or alcohol
Other drugs include: Amyl nitrate (1%), benzodiazepines (1%), MDA (1%), magic mushrooms (1%), base (<1%), other opiates (<1%), heroin (no reports in 2016), methadone (no reports in 2016) and nitrous oxide (no reports in 2016).
***p*<0.01

7.2.3 Protection during last sexual encounter

Half (51% of n=490) of those reporting casual sex under the influence of drugs and/or alcohol had not used a barrier for safe sex during their last sexual encounter of this type, a significant increase from 2016 (44%, $p<0.05$). Response options reported for not using a barrier on this occasion (n=249) were: 'using the pill' (30%), 'we agreed not to use any' (19%)', 'it was not mentioned' (15%), 'I did not wish to use it' (14%), 'we were too intoxicated' (9%), 'lack of availability' (9%), 'my partner did not wish to use' (2%)' and 'other' (2%).

Two-fifths of participants had not used any form of protection/barrier the last time they had sex with a casual partner when they were sober. The main reasons for not using a barrier among this group (n=220) were: 'using the pill' (39%), 'we agreed not to' (23%), 'I didn't wish to use' (17%), 'it wasn't mentioned' (12%), 'lack of availability' (3%) 'my partner didn't wish to use' (2%) and 'other' (3%).

7.2.4 Sexual Health check up

Just over half (51%) of the national sample reported having a sexual health check up in the last year, 15% reported they had done so more than one year ago, and 35% reported that they had never had a sexual health check-up. The majority of the sample (86%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI). A small percentage (8%) reported that they had received a positive diagnosis for a STI in the past year and six per cent reported that they had received a positive diagnosis for a STI over a year ago.

7.3 Driving risk behaviour

Of the national sample, the majority (81%) had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven recently (n=631), 37% reported driving while over the perceived legal limit of alcohol and 52% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (Table 65).

Table 65: EDRS participants reports of driving behaviour in the last six months, by jurisdiction, 2017

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=795	N=785	n=100	n=100	n=100	n=100	n=100	n=100	n=85	n=100
	2016	**2017**								
% Driven in the last six months	78	**81**	74	89	67	79	81	89	88	82
Driven last six months:	(n=623)	**(n=631)**	(n=74)	(n=89)	(n=67)	(n=79)	(n=81)	(n=89)	(n=75)	(n=88)
% Driven over the legal alcohol limit in the last six months	36	**37**	28	51	22	34	34	38	52	29
% Driven within three hours of consuming illicit drug(s) last six months	54	**52**	49	61	31	43	53	57	71	50

Source: EDRS participant interviews

7.4 The Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) (Saunders et al., 1993) was completed by the national EDRS participants. The AUDIT was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen, 2002). Total scores of eight or higher are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor et al., 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; and may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle, 2000).

The overall mean score on the AUDIT was 12.4 (SD 6.5). Seventy-seven per cent of the national sample obtained a score of eight or more; these are levels at which alcohol intake may be considered hazardous (Table 66).

The total AUDIT score enables categorisation into one of four 'zones' or risk levels. At a national level, 23% per cent in 2017 scored in Zone 1 (low-risk drinking or abstinence), 48% scored in Zone 2 (alcohol use in excess of low-risk guidelines), 14% scored in Zone 3 (harmful or hazardous drinking) and 15% scored in Zone 4 (those in this zone may be referred to evaluation and possible treatment for alcohol dependence). Jurisdictional data for the four zones are presented in Table 66.

Table 66: AUDIT total scores and percentage of EDRS participants scoring above recommended levels indicative of hazardous alcohol intake, 2017

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=792	N=785	n=100	n=100	n=100	n=100	n=100	n=99	n=86	n=100
	2016	**2017**								
Mean AUDIT total score	12.3	**12.4**	11.9	11.8	10.2	14	12.8	12	13.1	13.4
SD	6.8	**6.5**	7.4	6.2	6.6	6.4	6.2	5.3	5.7	7.1
(range)	(0–37)	**(0-34)**	(0-31)	(0-31)	(0-31)	(0-30)	(0-30)	(0-30)	(0-29)	(0-34)
Score 8 or above %	73	**77**	68	74	60	83	83	86	88	76
Zone 1	27	**23**	32	26	40	17	17	14	12	24
Zone 2	43	**48**	42	49	42	42	51	65	55	43
Zone 3	15	**14**	10	13	7	22	18	12	17	12
Zone 4	15	**15**	16	12	11	19	14	9	16	21

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

7.5 Ecstasy and methamphetamine dependence

In 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. The SDS is a reliable measure of the dependence construct with demonstrated psychometric properties for heroin, cocaine, amphetamine and methadone maintenance patients (Dawe et al., 2002). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno et al., 2011). Twenty per cent of the national sample who commented (n=775) recorded a score of three and above (significant decrease from 26% in 2016, $p<0.01$). The median ecstasy SDS score was one (range: 0–13). Nearly half of the participants (47%) obtained a score of zero on the ecstasy SDS and a further 20% obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use.

To assess methamphetamine dependence, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence (Bruno et al., 2009, Topp and Mattick, 1997). Of the 244 participants nationally who completed this section, 20% scored four or above. The majority of participants who scored four or more (n=49) were male (57%). The median methamphetamine SDS score was zero (range: 0–14). Over half the participants (60%) obtained a score of zero on the methamphetamine SDS and a further eight per cent obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to methamphetamine use.

8 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

Key points

Criminal activity

- Over two-fifths (43%) of the sample reported engaging in some form of criminal activity in the month prior to interview.
- Drug dealing (34%) and property crime (17%) were again the most common crimes reported across all jurisdictions, with an increase in the former relative to 2016 (27%; $p<0.05$).
- Smaller percentages reported having committed fraud (2%) or a violent crime (3%) in the last month.

Arrests

- Ten per cent of the sample had been arrested in the past year, mainly for use/possession of drugs, property crime and violent offences.

8.1 Reports of criminal activity among participants

Over two-fifths (43%) of the national sample reported engaging in some form of criminal activity in the month prior to interview (Table 67). Over one-third (34%) of the national sample reported drug dealing in the last month, a significant increase from 2016 (27%; $p<0.05$). Of those who reported dealing drugs in the past month, one-fifth (20%) reported doing so less than once per week, five per cent once per week, four per cent more than once per week but less than daily, and two per cent reported dealing on a daily basis. Seventeen per cent of the national sample reported engaging in property crime in the last month, three per cent reported violent crime in the last month and two per cent reported fraud in the last month (Table 67).

Table 67: Criminal activity among the national sample, 2017

	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Crime last month										
Drug dealing	27	**34***	30	38	24	26	42	41	30	37
Property crime	13	**17**	18	24	21	20	10	13	8	19
Violent crime	4	**3**	3	6	1	3	2	2	7	4
Fraud	3	**2**	0	1	3	2	1	1	1	3
% Any crime	36	**43**	41	50	39	41	43	48	37	45

Source: EDRS participant interviews
*$p<0.05$

Ten per cent of the national EDRS 2017 sample reported that they had been arrested in the past year, stable from 2016. Of those arrested in the past year, the charges most commonly reported in this sample were use/possession of drugs (38%), violent crime and property crime (18%, respectively) and public order (13%) (Table 68). Nationally, no significant differences were found for the main reasons for arrest between 2016 and 2017.

Table 68: Main reasons for arrest in the last 12 months, by jurisdiction, 2017

	National N=795	National N=786	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=100	NT n=86	QLD n=100
	2016	**2017**								
% Arrested last 12 months	10	**10**	9	11	9	12	4	8	13	12
% Reason for arrest* (n)	(n=83)	**(n=76)**								
Use/Possession drugs	31	**38**	-	46	-	42	-	-	9	58
Public order* (drunk and disorderly)	15	**13**	-	9	-	25	-	-	18	17
Property crime	12	**18**	-	9	-	8	-	-	18	8
Violent crime	17	**18**	-	27	-	17	-	-	46	17
Alcohol and driving offence	17	**12**	-	18	-	25	-	-	27	8
Use/possession of weapons	1	**8**	-	18	-	8	-	-	9	8
Dealing	6	**3**	-	0	-	8	-	-	0	0
Other drugs and driving	5	**4**	-	9	-	8	-	-	0	0
Other driving offence	4	**1**	-	0	-	0	-	-	0	0
Other offences	12	**13**	-	0	-	17	-	-	9	25

Source: EDRS participant interviews
* 'Public orders' included: (failure to vacate premises, failure to dispose of needles, public urination)
– Data not published due to small numbers commenting (n<10)

9 SPECIAL TOPICS OF INTEREST

Key points

Online purchasing

- Twenty-two per cent of the sample reported ever purchasing an illicit drug online; 16% had done so in the previous year.
- Over half (53%) reported that less than 25% of their drugs were purchased online, with three per cent reporting that all of their drugs were purchased online.
- Of those purchasing from the internet, 29% were purchasing for the purposes of supplying to friends.
- Purchases were primarily made from international webstores or darknet marketplaces similar to the now-closed Silk Road.
- Sixteen per cent of the sample reported buying traditional illicit substances online in the past year (mainly ecstasy and LSD), while two per cent reported purchasing NPS (mainly 2C-x and DMT).

9.1 Online purchasing

In 2017, the EDRS continued to investigate and monitor the practice of purchasing drugs online among recreational drug consumers in Australia. Of particular interest was the use of darknet market places that are only accessible using a specially routed, anonymous connection, making it possible for people around the world to get illicit drugs like MDMA and cocaine delivered to their door (Burns and Van Buskirk, 2013). There is particular focus, given the changes in legislation and negative effects of particular NPS (such as NBOMe and synthetic cannabis), on the attainment of NPS online. The EDRS collected data to obtain: (1) percentages reporting online drug purchasing; (2) patterns of online drug purchasing; and (3) familiarity with the internet as an avenue for purchasing of illicit substances.

In 2017, 22% of national EDRS participants reported that they had ever purchased an illicit drug online, with 16% having done so in the previous year (2016: 18% lifetime and 14% in the past year). Of those who reported purchasing online in the past year, one-quarter (24%) had done so once and just over half (53%) had done so three or more times in the past 12 months (Table 69).

Table 69: Number of times recently purchased illicit drugs online, 2017

	National
% How many online purchases of illicit drugs in the past 12 months?	**% (n=128)**
Once	24
Twice	23
3–5 times	22
More than 5 times	31

Source: EDRS participant interviews

The majority (53%) of participants who had purchased drugs online in the last year reported that less than 25% of their drugs were purchased online, with around three per cent reporting that all of their drugs were purchased online (Table 70).

Table 70: What percentage of drugs were purchased online, 2017

	National
% What percentage of all purchased drugs was purchased online?	**% (n=127)**
Less than 25%	53
Between 25% and 49%	19
Between 50% and 74%	15
Between 75% and 99%	10
All (100%)	3

Source: EDRS participant interviews

Of those purchasing from the internet, 29% (n=37) reported that they were purchasing for the purposes of supplying to friends, nine per cent (n=11) for the purposes of selling for a profit and 17% (n=21) for both supply to friends and for profit.

Purchases of illicit drugs by this group (n=128) were primarily made from either international webstores (on the 'surface web'; 20%, n=25) or darknet marketplaces similar to the now-closed Silk Road (81%). If participants had purchased from a darknet marketplace, they were asked to specify whether the retailer/s they purchased from were Australian (40%, n=39), international (36%, n=35) or both (25%, n=24). Those who had purchased illicit drugs online mainly bought ecstasy (59%) and LSD (45%; Table 71).

Table 71: Illicit substances reportedly purchased online recently, 2017

Online substance purchased	National
% Traditional illicit substances	**% (n=128)**
Ecstasy (any form)	59
LSD	45
Cannabis	26
Benzodiazepines	13
Ketamine	16
Methamphetamine (any form)	7
Magic mushrooms	9
Cocaine	14
% NPS illicit substances	**(n=12)**
2C-x family	58^
DMT	58^
NBOMe	17^
Mephedrone	8^
MXE	0^
Methylone	8^
5-MeO-DMT	0^

Source: EDRS participant interviews
^ Small numbers interpret with caution

All EDRS participants were asked about their level of knowledge of, and familiarity with, the darknet marketplaces, such as the now-closed Silk Road. Almost all participants (93%) reported that they had heard about the darknet. The largest percentage reported that they had obtained drugs though a friend who purchased them from the darknet (28%, an increase from 13% in 2016, $p<0.01$), followed by 26% who reported that they had only heard of the darknet but had never accessed it (Table 72). In 2017, there was a significant decrease in those who reported that they had never heard of the darknet (7% vs. 15% in 2016, $p<0.01$) and a significant decrease in those who reported that they only heard of the darknet but never accessed it (26% vs. 39% in 2016, $p<0.01$).

Table 72: Familiarity with the darknet, 2017

	National N=788	National N=783	NSW n=100	ACT n=100	VIC n=100	TAS n=100	SA n=100	WA n=98	NT n=85	QLD n=100
% Level of knowledge of the darknet:	2016	**2017**								
Never heard of the darknet	15	**7****	3	7	5	10	7	5	12	4
Only heard of the darknet but never accessed it	39	**26****	14	17	33	26	20	30	46	27
Researched the darknet but never accessed it	8	**9**	9	11	11	11	4	6	7	10
Accessed darknet marketplaces but never purchased from them	12	**15**	19	18	20	12	10	15	8	16
Obtained drugs through a friend who purchased them from the darknet	13	**28****	37	29	23	26	39	31	15	23
Purchased drugs from darknet marketplaces	14	**16**	18	18	8	15	20	13	12	20

Source: EDRS participant interviews
***p*<0.01

REFERENCES

ANDREWS, G. & SLADE, T. 2001. Interpreting scores on the Kessler Psychological Distress Scale (K10). *Australian and New Zealand Journal of Public Health,* 25**,** 494-497.

AUSTRALIAN BUREAU OF STATISTICS 2015a. National Health Survey: First Results, 2014-15 Australia. Canberra: Australian Bureau of Statistics.

AUSTRALIAN BUREAU OF STATISTICS 2015b. National Health Survey: First Results, 2014-2015. Canberra: Australian Bureau of Statistics.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 1999. 1998 National Drug Strategy Household Survey: First Results. Canberra: Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2002. 2001 National Drug Strategy Household Survey: Detailed findings. Canberra: Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2005. National Drug Strategy Household Survey 2004 - detailed findings. Canberra: Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2008. 2007 National Drug Strategy Household Survey: detailed findings. *Drug statistics series no. 22. Cat. no. PHE 107.* Canberra: Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2011a. 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25. Cat. no. PHE 145.* Canberra: Australian Institute of Health and Welfare.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2011b. 2010 National Drug Strategy Household Survey report. *Drug statistics series no. 25.* Department of Health and Ageing Canberra.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2014. National Drug Strategy Household Survey detailed report 2013. . *Drug statistics series no. 28. Cat. no. PHE 183.* Canberra: AIWH.

AUSTRALIAN INSTITUTE OF HEALTH AND WELFARE 2017. National Drug Strategy Household Survey 2016: detailed findings. *Drug Statistics series no. 31.* Canberra.

BABOR, T., DE LA FLUENTE, J., SAUNDERS, J. & GRANT, M. 1992. The Alcohol Use Disorders Identification Test: Guidelines for use in Primary Health Care.

BABOR, T. & HIGGINS-BIDDLE, J. 2000. Alcohol screening and brief intervention: Dissemination strategies for medical practice and public health. *Addiction,* 95**,** 677-86.

BIERNACKI, P. & WALDORF, D. 1981. Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods for Research,* 10**,** 141-163.

BOYS, A., LENTON, S. & NORCOSS, K. 1997. Polydrug use at raves by a Western Australian sample. *Drug and Alcohol Review,* 16**,** 227-234.

BRUNO, R., GOMEZ, R. & MATTHEWS, A. 2011. Choosing a cut-off on the Severity of Dependence Scale for Ecstasy use. *The Open Addiction Journal,* 4**,** 13-14.

BRUNO, R., MATTHEWS, A., TOPP, L., DEGENHARDT, L., GOMEZ, R. & DUNN, M. 2009. Can the Severity of Dependence Scale be usefully applied to 'ecstasy'? . *Neuropsychobiology***,** 137-147.

BURNS, L. & VAN BUSKIRK, J. 2013. Shedding light on online stores for illicit and synthetic drugs Available: http://theconversation.com/shedding-light-on-online-stores-for-illicit-and-synthetic-drugs-16580 [Accessed 20/02/2014].

COMMONWEALTH DEPARTMENT OF COMMUNITY SERVICES AND HEALTH 1988. Statistics on Drug Abuse in Australia 1988: An information document for use in association with the National Campaign Against Drug Abuse. Canberra: Australian Government Publishing Service.

COMMONWEALTH DEPARTMENT OF HEALTH AND FAMILY SERVICES 1996. 1995 National Drug Strategy Household Survey: Survey Results. Canberra: Commonwealth Department of Health and Family Services.

COMMONWEALTH DEPARTMENT OF HEALTH, H., LOCAL GOVERNMENT AND COMMUNITY SERVICES, 1993. 1993 National Drug Household Survey. Canberra: Commonwealth Department of Health, Housing, Local Government and Community Services.

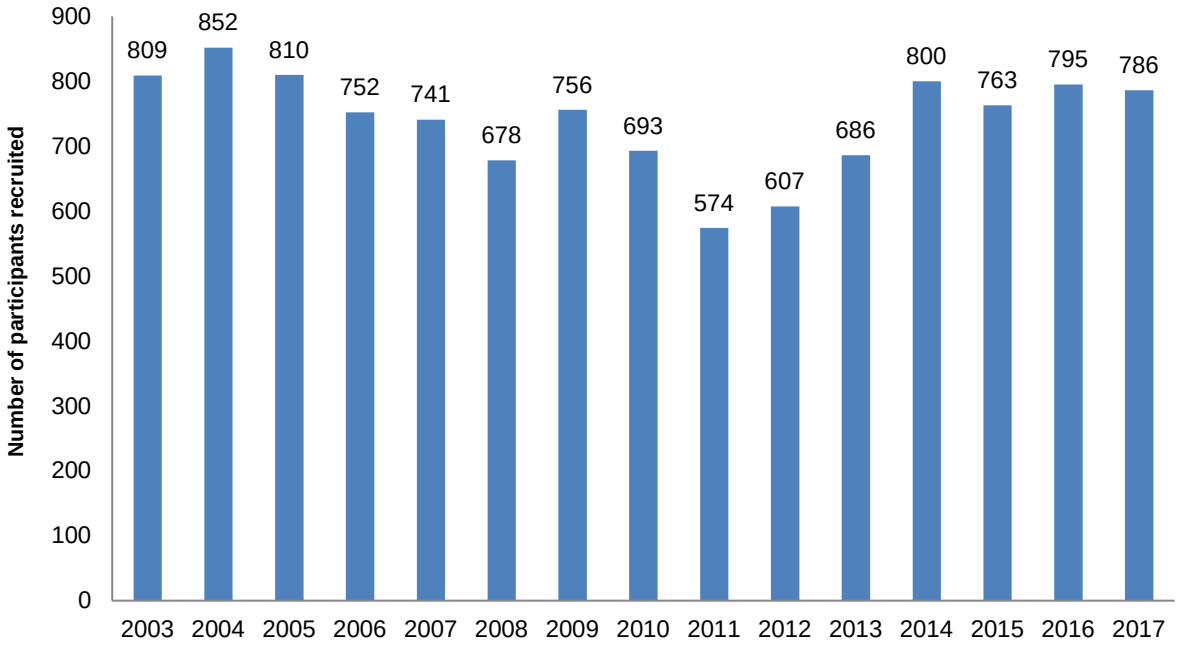
DALGARNO, P. J. & SHEWAN, D. 1996. Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs,* 28**,** 191-199.

DARKE, S., COHEN, J., ROSS, J., HANDO, J. & HALL, W. 1994. Transitions between routes of administration of regular amphetamine users. *Addiction,* 89**,** 1077-1083.
DAWE, S., LOXTON, N. J., HIDES, L., KAVANAGH, D. J. & MATTICK, R. P. 2002. Review of diagnoistic screening instruments for alcohol and other drug use and other psychiatric disorders. Canberra: Commonwealth Department of Health and Ageing.
EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION 2016. Health responses to new psychoactive substances. Luxembourg: Publications Office of the European Union.
FORSYTH, A. J. M. 1996. Places and patterns of drug use in the Scottish dance scene. *Addiction,* 91**,** 511-521.
FURUKAWA, T. A., KESSLER, R. C., SLADE, T. & ANDREWS, G. 2003. The performance of the K6 and K10 screening scales for psychological distress in the Australian National Survey of Mental Health and Well-being. *Psychological Medicine,* 33**,** 357-362.
HANDO, J. & HALL, W. 1993. Amphetamine use among young adults in Sydney, Australia. Sydney: NSW Health Department.
HANDO, J., TOPP, L. & HALL, W. 1997. Amphetamine-related harms and treatment preferences of regular amphetamine users in Sydney, Australia. *Drug and Alcohol Dependence,* 46**,** 105-113.
IBM 2016. SPSS for Windows Version 24.0. 24.0 ed. New York.
KARLSSON, A. & BURNS, L. 2018. Australian Drug Trends 2017: Findings from the Illicit Drug Reporting System (IDRS). *Australian Drug Trends Series. no. 127.* Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
KERLINGER, F. N. 1986. *Foundations of Behavioral Research,* Japan, CBS Publishing Limited.
KESSLER, R. C., ANDREWS, G., COLPE, L.J., HIRIPI, E., MROCZEK, D.K., NORMAND, S-L.T., WALTERS, E.E. & ZASLAVSKY, A.M. 2002. Short screening scales to monitor population prevalences and trends in non-specific psychological distress. *Psychological Medicine,* 32**,** 959-976.
NEWCOMBE, R., G 1998. Interval Estimation for the Difference Between Independent Proportions: Comparison of Eleven Methods. *Statisitics in Medicine,* 17**,** 873-890.
OVENDON, C. & LOXLEY, W. 1996. Bingeing on psychostimulants in Australia: Do we know what it means (and does it matter)? *Addiction Research,* 4**,** 33-43.
PETERS, A., DAVIES, T. & RICHARDSON, A. 1997. Increasing popularity of injection as the route of administration of amphetamine in Edinburgh. *Drug and Alcohol Dependence,* 48**,** 227-237.
REINERT, D. F. & ALLEN, J. P. 2002. The Alcohol Use Disorders Identification Test (AUDIT): A review of the recent research. *Alcoholism: Clinical & Experimental Research,* 26**,** 272-279.
SAUNDERS, J. B., AASLAND, O. G., BABOR, T. F., DE LA FUENTE, J. R. & GRANT, M. 1993. Development of the Alcohol Use Disorders Identification Test (AUDIT): WHO collaborative project on early detection of persons with harmful alcohol consumption. *Addiction,* 88**,** 791-804.
SOLOWIJ, N., HALL, W. & LEE, N. 1992. Recreational MDMA use in Sydney: A profile of 'Ecstasy' users and their experiences with the drug. *British Journal of Addiction,* 87**,** 1161-1172.
TANDBERG, D. Improved confidence intervals for the difference between two proportions and number needed to treat (NNT). 1.49 ed.
TOPP, L., BREEN, C., KAYE, S. & DARKE, S. 2004. Adapting the Illicit Drug Reporting System (IDRS) to examine the feasibility of monitoring trends in the markets for 'party drugs'. *Drug & Alcohol Dependence,* 73**,** 189-197.
TOPP, L., HANDO, J., DEGENHARDT, L., DILLON, P., ROCHE, A. & SOLOWIJ, N. 1998. Ecstasy Use in Australia. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
TOPP, L., HANDO, J., DILLON, P., ROCHE, A. & SOLOWIJ, N. 2000. Ecstasy use in Australia: Patterns of use and associated harms. *Drug and Alcohol Dependence,* 55**,** 105-115.
TOPP, L. & MATTICK, R. 1997. Choosing a cut-off on the Severity of Dependence Scale (SDS) for amphetamine users. *Addiction,* 92**,** 839-845.

APPENDICES

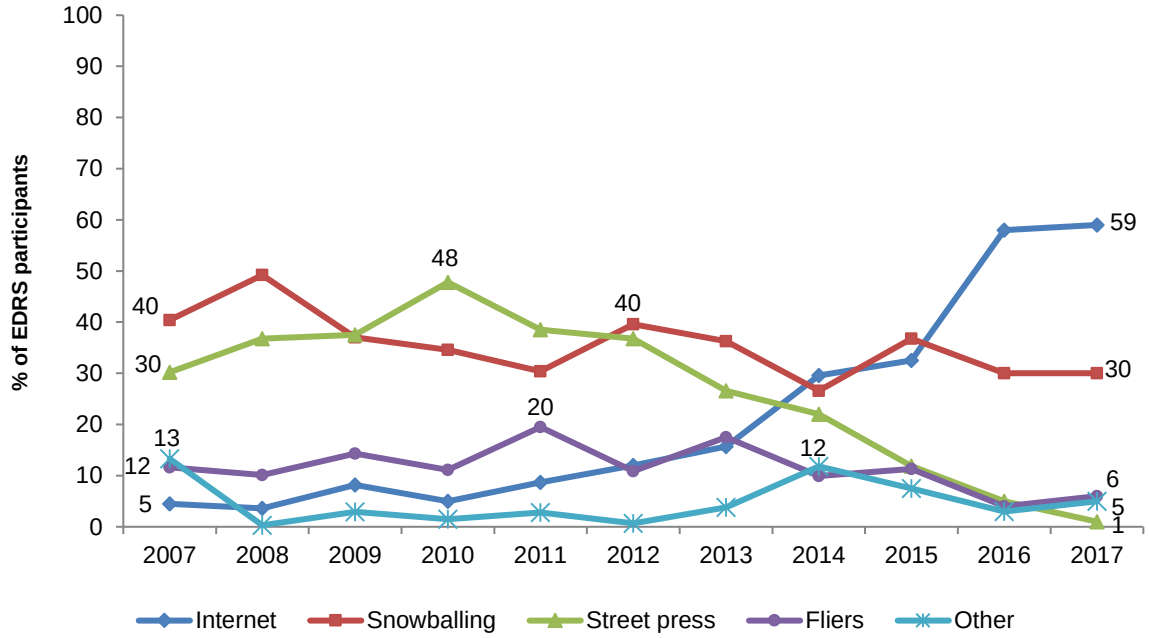
Appendix A: Recruitment and demographics of EDRS participants over time, 2003–2017

Figure A1: Recruitment of EDRS participants over time, nationally, 2003–2017



Source: EDRS participant interviews

Figure A2: Recruitment method of EDRS participants over time, nationally, 2007–2017



Source: EDRS participant interviews

Table A1: Demographic characteristics of the EDRS national sample, 2003–2017

%	2003 N=809	2004 N=852	2005 N=810	2006 N=752	2007 N=741	2008 N=678	2009 N=756	2010 N=693	2011 N=574	2012 N=607	2013 N=686	2014 N=800	2015 N=763	2016 N=795	2017 N=786
Mean age (n; range)	25 (16–59)	24 (16–61)	24 (16–61)	25 (16–71)	25 (16–54)	25 (17–59)	24 (16–54)	24 (16–59)	24 (16–57)	25 (17–57)	23 (16–53)	23 (16–64)	23 (16–55)	23 (17–54)	**21 (16–50)**
% Male	60	62	59	63	58	57	64	58	69	65	67	66	62	61	**64**
% English speaking background	98	98	98	98	98	98	98	98	98	98	97	97	96	96	**97**
% Heterosexual	82	83	84	84	81	81	86	86	88	87	88	89	87	88	**84**
% Tertiary qualifications	46	50	50	45	56	53	43	47	46	50	44	46	46	44	**36**
% Employed full time	30	37	35	37	33	41	29	29	25	27	26	25	24	24	**19**
% Unemployed	25	16	14	16	16	11	18	14	22	16	16	15	12	11	**13**
% Prison history	8	7	8	7	6	4	6	4	n.a.	5	3	4	3	4	**2**
% Currently in drug treatment	6	3	3	4	4	3	3	4	5	5	3	2	2	2	**3**

Source: EDRS participant interviews

Appendix B: Lifetime and recent drug use, 2003–2017

Table B1: Lifetime and recent (last six months) drug use among EDRS, nationally, 2003–2017

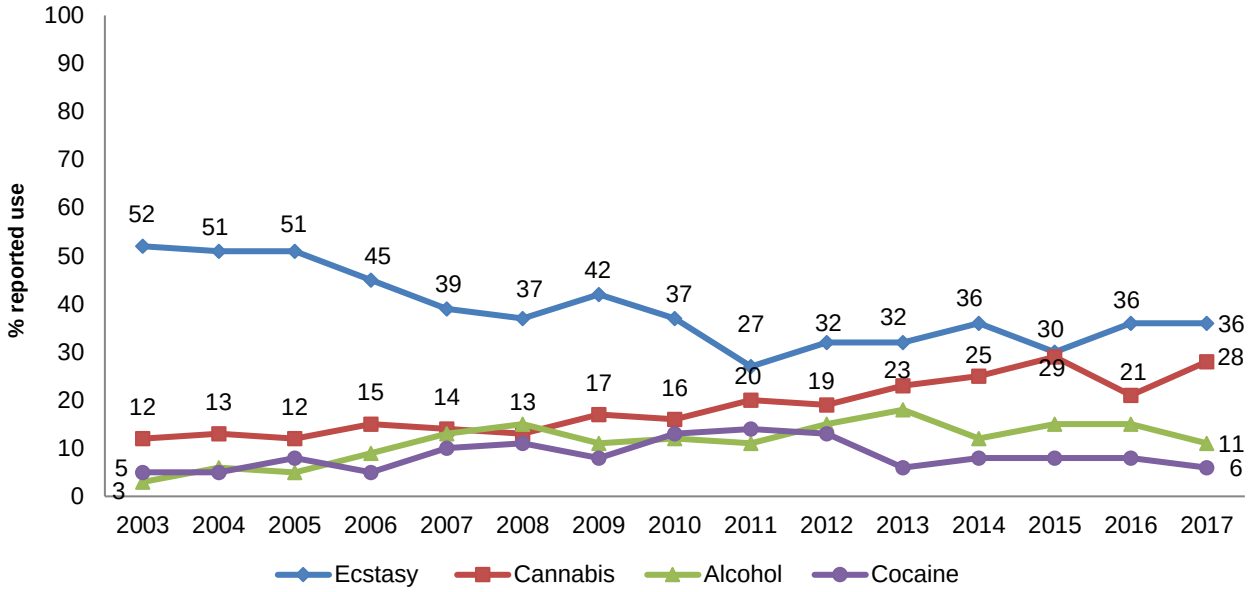
%	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Alcohol															
% ever used	98	99	99	99	100	99	99	99	100	99	99.9	99	99.6	99.6	**99**
% used last six months	93	95	97	96	98	97	97	97	98	96	97	98	97	97	**97**
Cannabis															
% ever used	96	96	97	98	100	97	98	99	98	98	97	99	98	99	**98**
% used last six months	85	81	84	83	87	76	82	80	85	82	85	83	87	86	**89**
Meth. powder (speed)															
% ever used	87	85	89	86	82	77	74	76	77	76	63	62	52	59	**47**
% used last six months	73	68	74	64	57	46	45	47	49	48	37	36	25	25	**22**
Meth. base															
% ever used	51	53	52	52	45	39	33	30	36	32	20	19	18	21	**14**
% used last six months	36	39	38	34	26	18	15	13	16	15	6	8	3	4	**3**
Crystal meth. (crystal)															
% ever used	63	63	60	65	54	47	36	38	43	48	35	32	31	34	**25**
% used last six months	52	45	38	49	33	24	15	17	26	29	24	20	19	19	**13**
Meth. (any form) ^															
% ever used	92	91	94	93	89	83	79	81	83	84	70	68	63	67	**54**
% used last six months	84	83	84	82	71	59	54	56	60	61	49	47	38	38	**31**
Cocaine															
% ever used	54	54	61	63	66	68	63	73	79	73	62	72	67	74	**68**
% used last six months	24	27	41	37	40	36	39	48	46	40	36	44	42	47	**48**
LSD															
% ever used	65	60	64	61	61	58	61	63	73	68	70	66	66	71	**70**
% used last six months	29	26	32	29	28	30	34	38	46	34	43	41	40	45	**50**
MDA															
% Ever used	33	32	20	23	24	21	14	17	25	25	20	22	24	23	**27**
% Used last six months	19	15	9	7	6	4	5	7	12	10	12	12	13	11	**14**
Ketamine															
% Ever used	40	40	38	35	39	35	29	36	42	39	36	36	34	42	**50**
% Used last six months	26	23	21	14	16	12	10	12	16	14	19	18	15	26	**37**
GHB+															
% Ever used	22	23	21	20	20	17	14	18	22	21	14	14	12	17	**13**
% Used last six months	11	11	10	9	7	7	4	6	7	7	6	5	5	8	**7**

Source: EDRS participant interviews

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

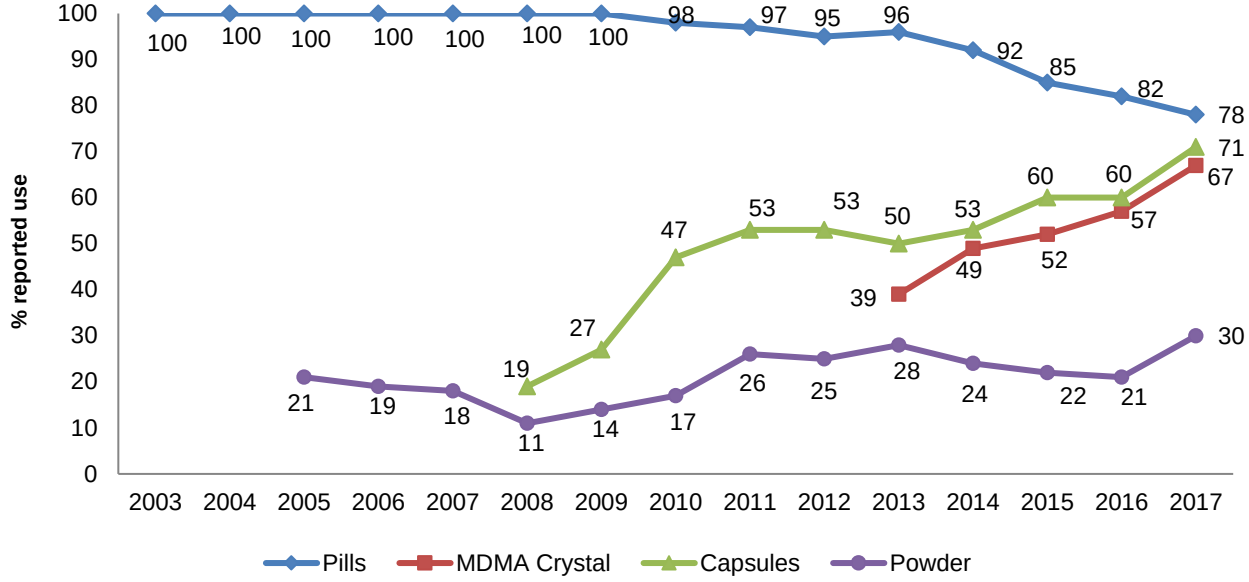
[^] Refers to participants who nominated one or more of the following drugs: speed, base and/or crystal

Figure B1: Drug of choice for EDRS participants, nationally, 2003–2017



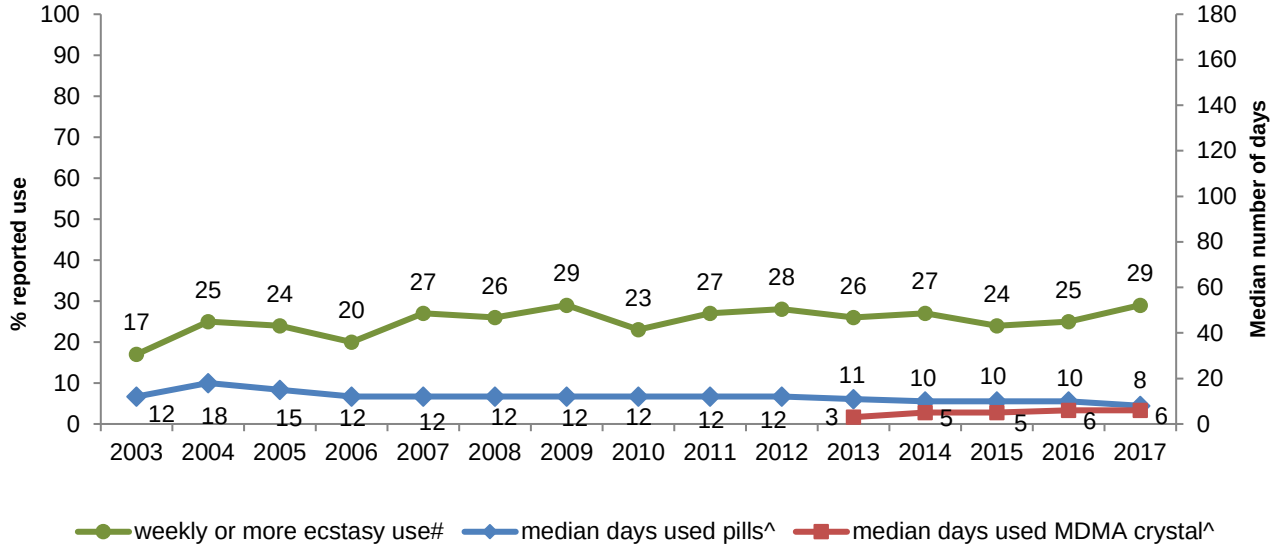
Source: EDRS participant interviews

Figure B2: Forms of ecstasy used in the last six months, nationally, 2003–2017



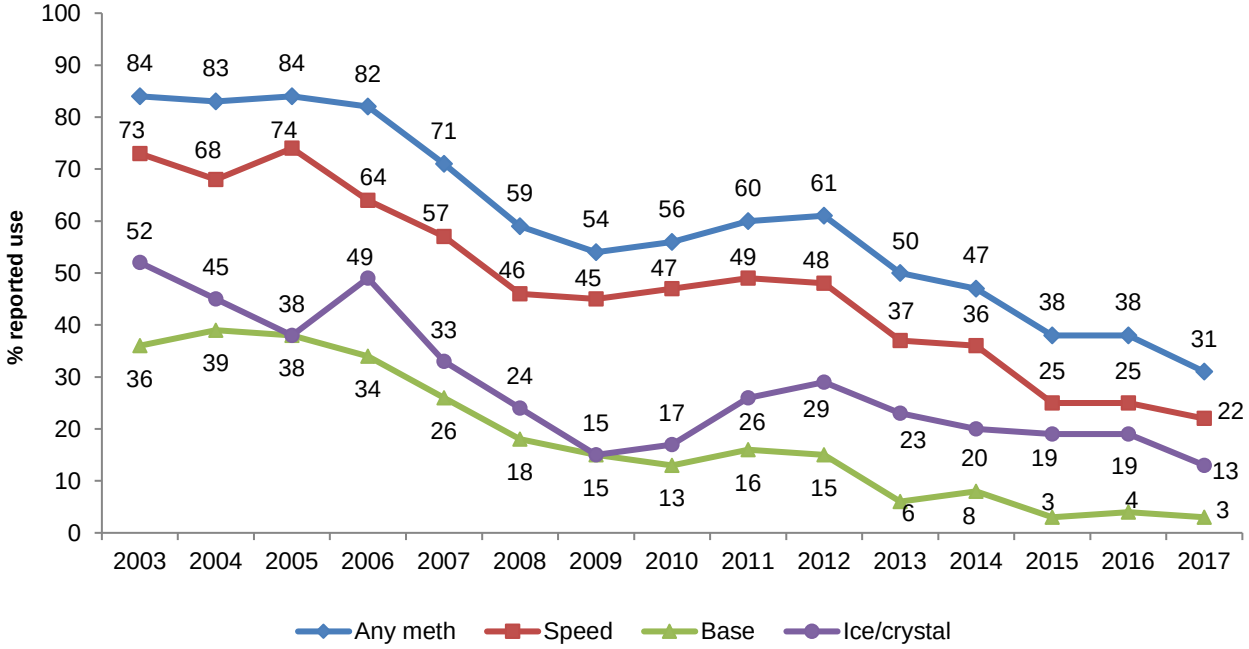
Source: EDRS participant interviews
Note: Data collection for powder started in 2005, capsules in 2008 and MDMA crystal in 2013

Figure B3: Frequency of ecstasy use (in the last six months), nationally, 2003–2017



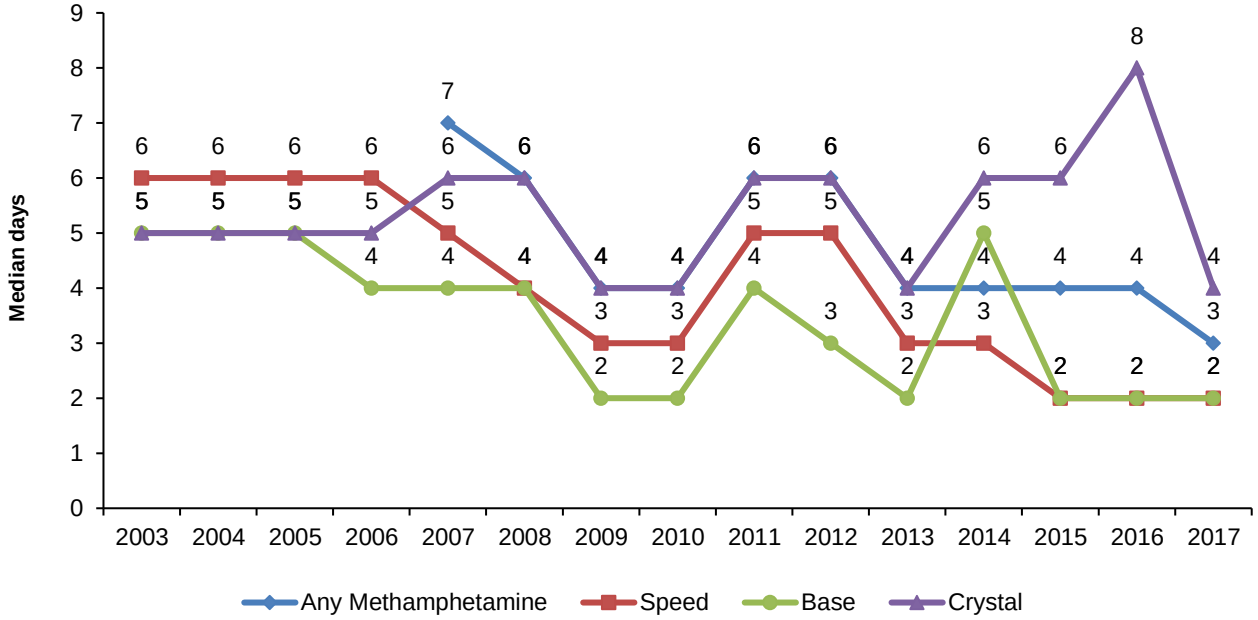
Source: EDRS participant interviews
[#] Includes ecstasy pills and powder in 2007. Includes ecstasy pills, powder and capsules between 2008 and 2012 and MDMA crystals from 2013 onwards
^ Among those who had used in the last six months

Figure B4: Recent any methamphetamine, speed powder, base and crystal methamphetamine use, nationally, 2003–2017



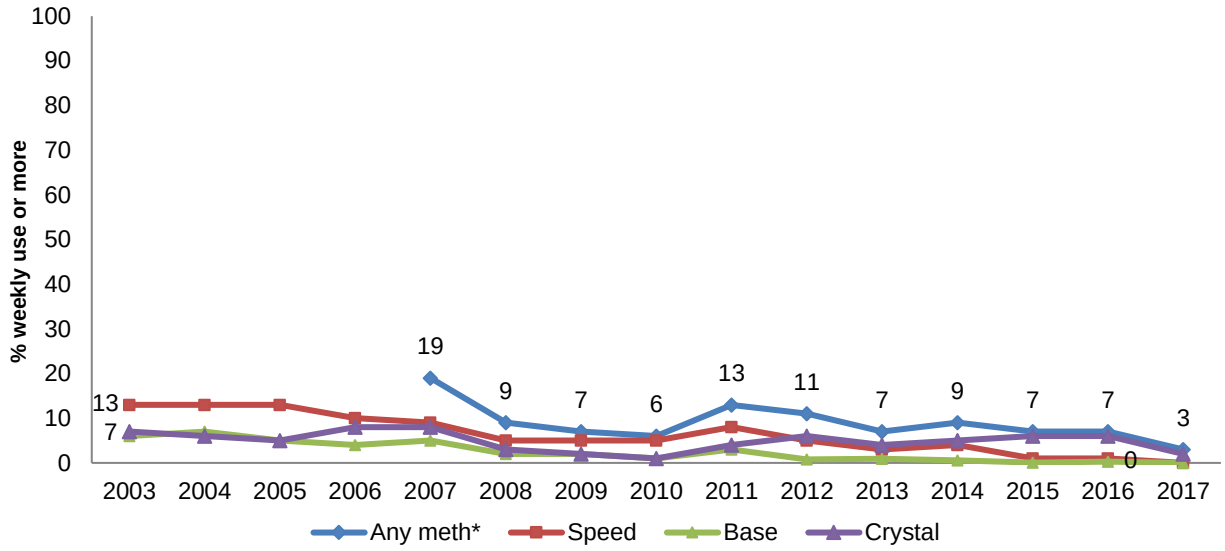
Source: EDRS participant interviews

Figure B5: Median days of any methamphetamine, speed powder, base and crystal (in the last six months), nationally, 2003–2017



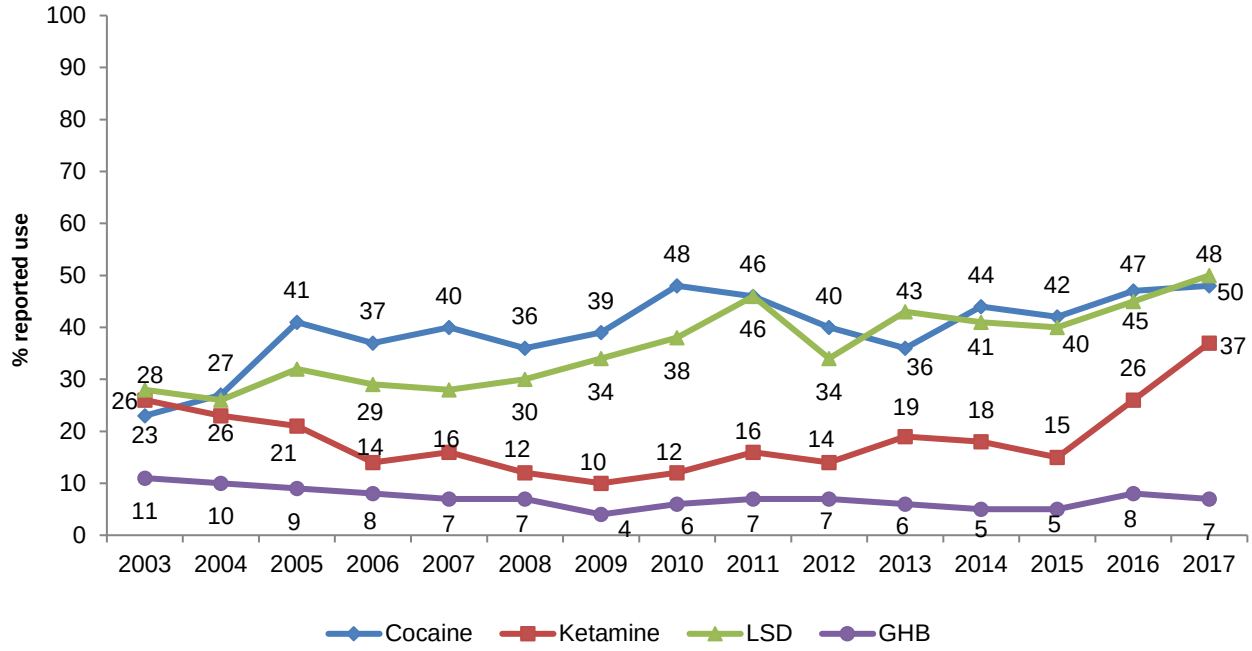
Source: EDRS participant interviews

Figure B6: 'Weekly or more but not daily' methamphetamine use (in the last six months), nationally, 2003–2017



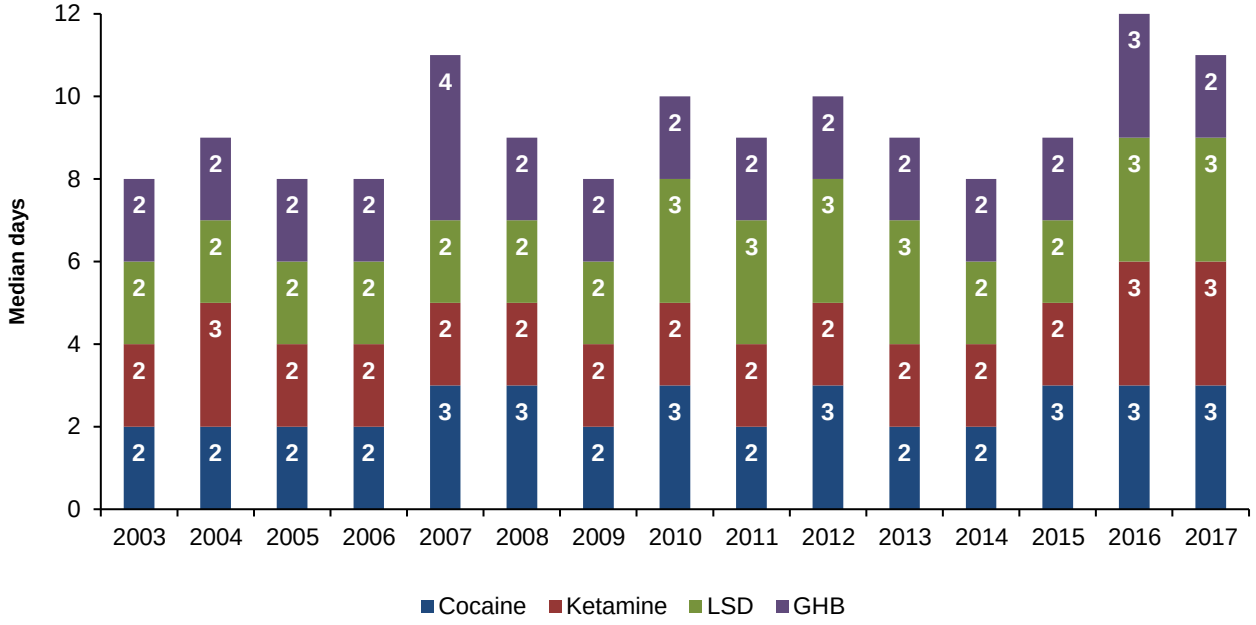
Source: EDRS participant interviews
* Includes speed, base and crystal

Figure B7: Recent use of cocaine, ketamine, GHB and LSD, nationally, 2003–2017



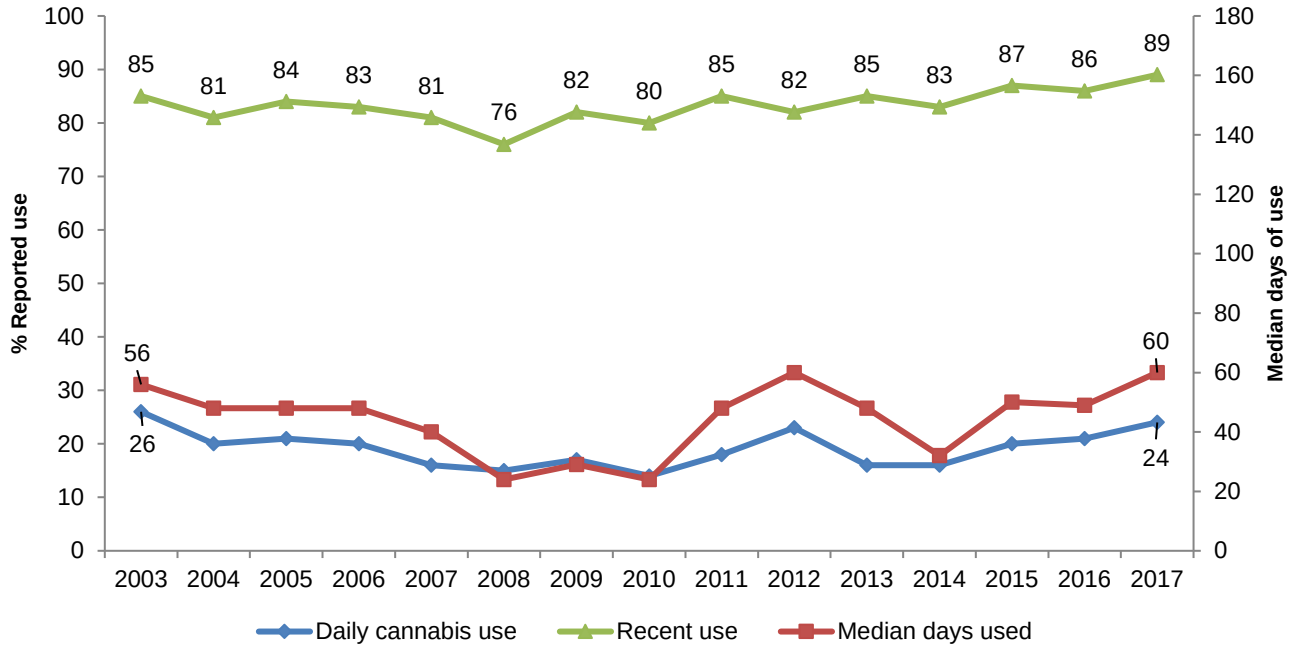
Source: EDRS participant interviews

Figure B8: Median days of cocaine, ketamine, GHB and LSD (in the last six months) use, nationally, 2003–2017



Source: EDRS participant interviews

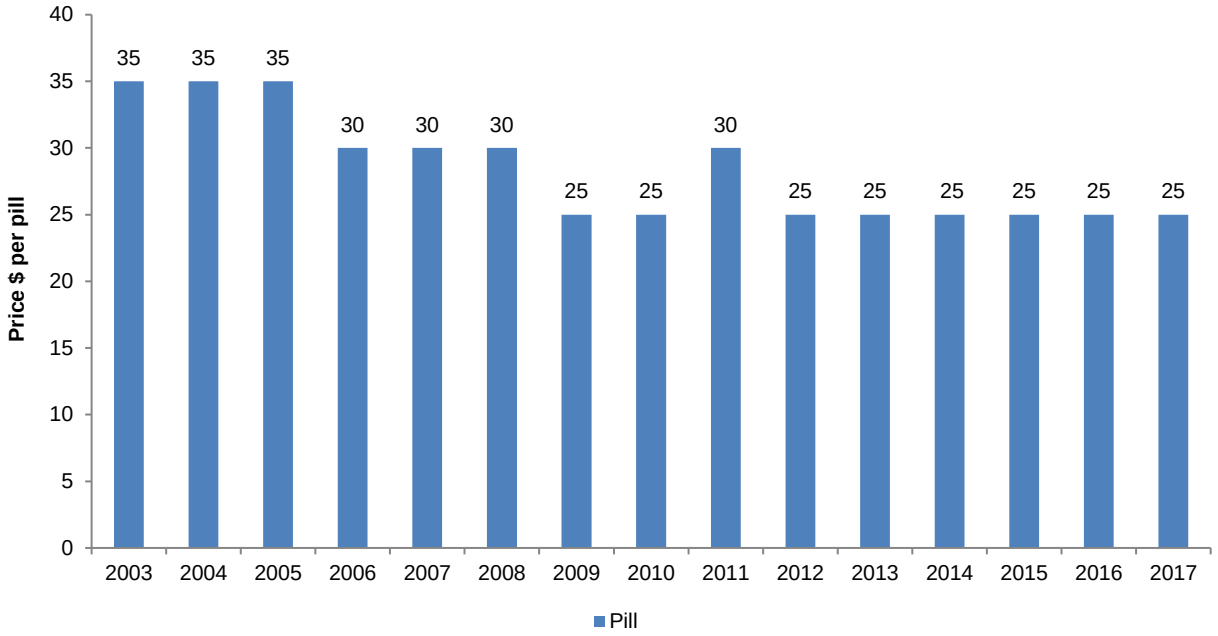
Figure B9: Patterns of recent use, median days of use and daily cannabis use among EDRS participants, nationally, 2003–2017



Source: EDRS participant interviews

Appendix C: Ecstasy price, perceived purity and availability, 2003–2017

Figure C1: Median price of an ecstasy pill, nationally, 2003–2017



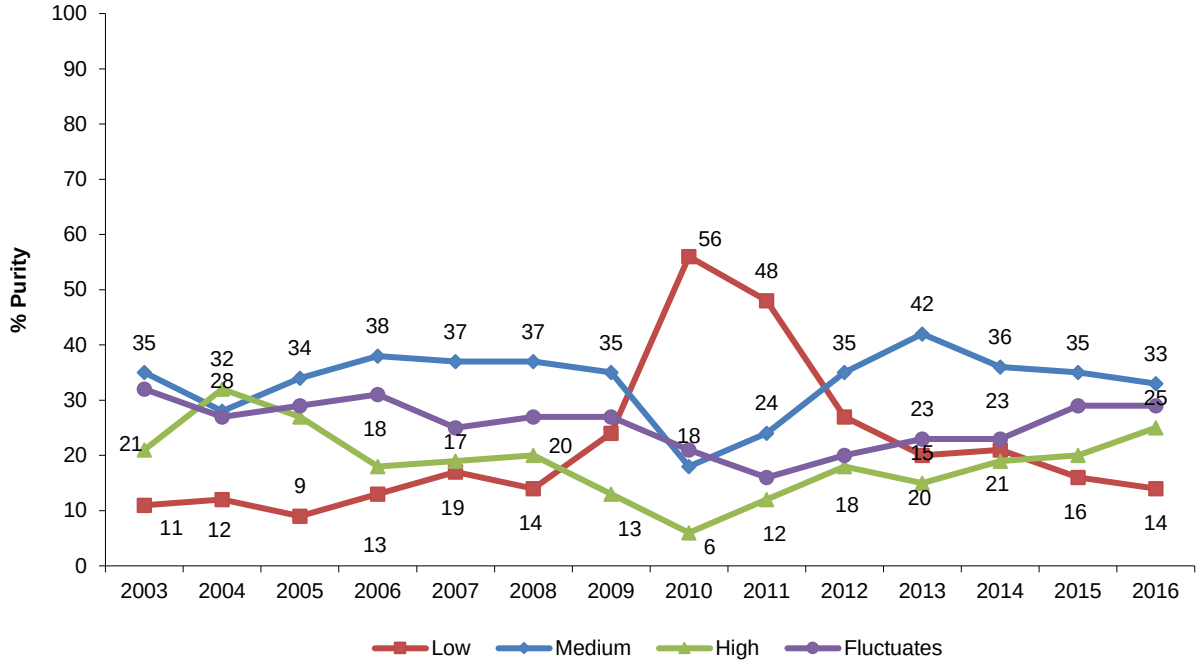
Source: EDRS participant interviews, 2003–2017
Note: Among those who commented.

Table C1: Median price of ecstasy per pill, by jurisdiction, 2003–2017

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	35	35	30	50	35	40	50	35
2004	35	35	30	40	35	50	50	32
2005	30	35	30	45	30	40	50	32
2006	30	35	30	40	30	40	50	30
2007	30	30	30	40	30	40	50	30
2008	30	30	27.50	35	25	40	50	25
2009	20	25	25	35	20	35	50	20
2010	25	25	25	35	23	35	35	25
2011	25	30	25	30	20	30	35	25
2012	25	25	30	30	20	35	40	25
2013	25	25	25	30	20	35	35	25
2014	25	25	25	30	20	35	40	25
2015	25	25	25	35	20	30	40	25
2016	25	25	22	30	15	25	35	25
2017	**25**	**25**	**20**	**30**	**15**	**20**	**35**	**20**

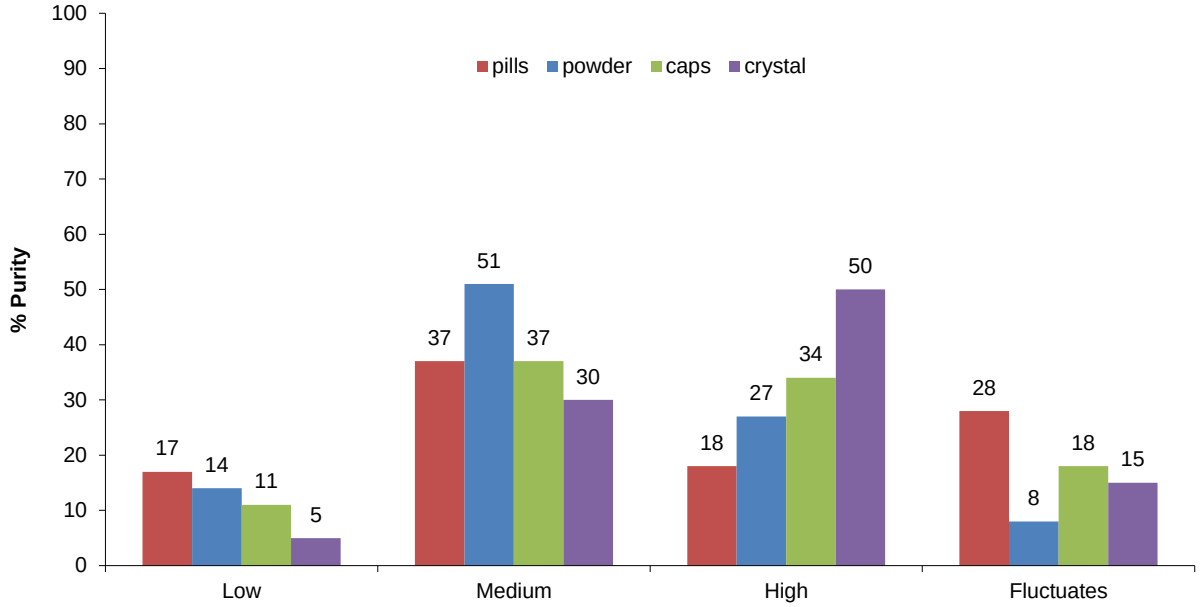
Source: EDRS participant interviews
Note: Among those who commented. From 2009, participants reported last price paid for ecstasy tablet not market price

Figure C2: National EDRS reports of perceived current ecstasy purity, 2003–2016



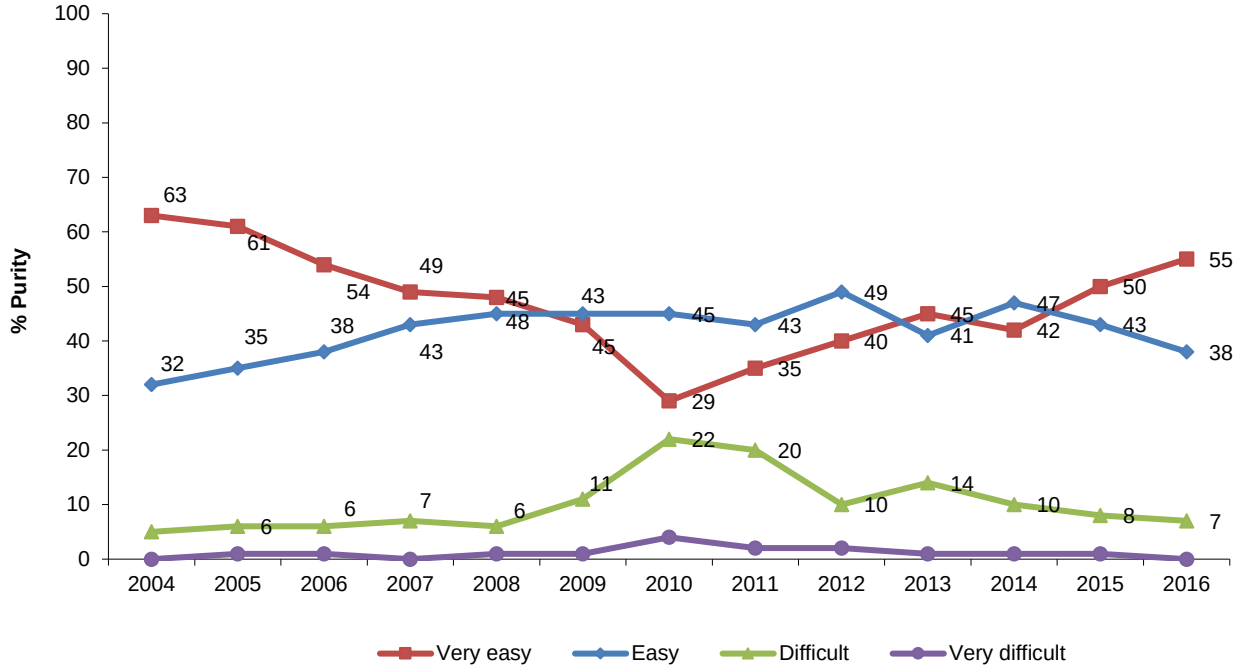
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.
Includes all form of Ecstasy between 2003 and 2012. Includes pills, powder and capsules from 2013 onwards. MDMA crystal/rock not included from 2013 onwards.

Figure C2a: National EDRS reports of perceived current ecstasy purity, 2017



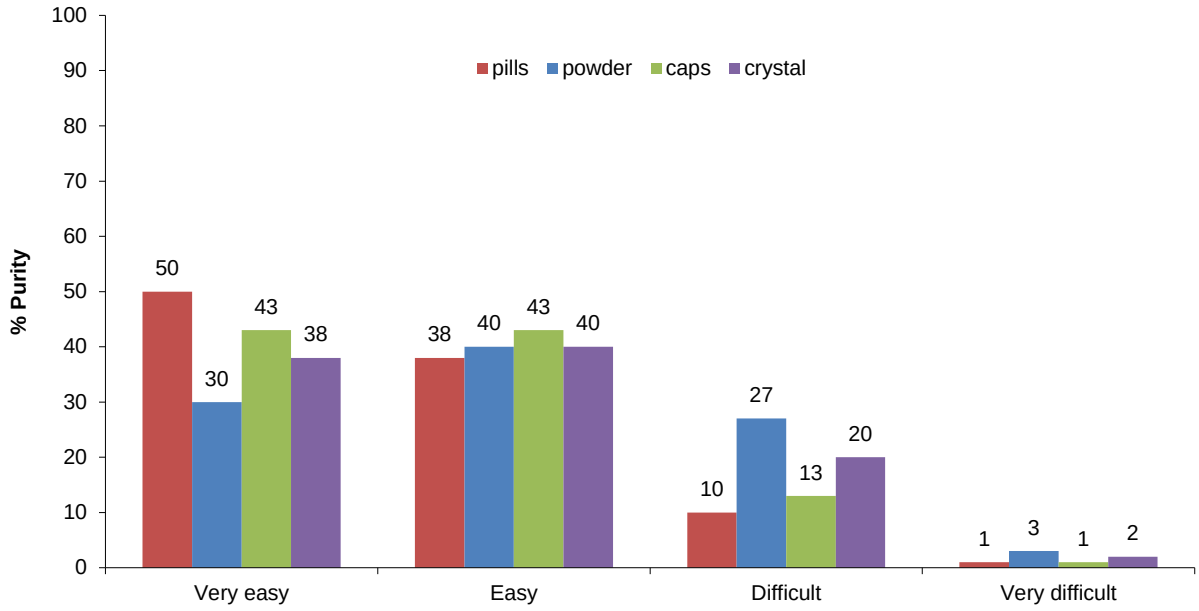
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis.
In 2017, for the first time, the perceived purity was asked about separately for all four forms of ecstasy.

Figure C3: National EDRS reports of current ecstasy availability, 2004–2016



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented. Includes all form of ecstasy between 2010 and 2012. Includes pills, powder and capsules from 2013 onwards. MDMA crystal/rock not included from 2013 onwards.

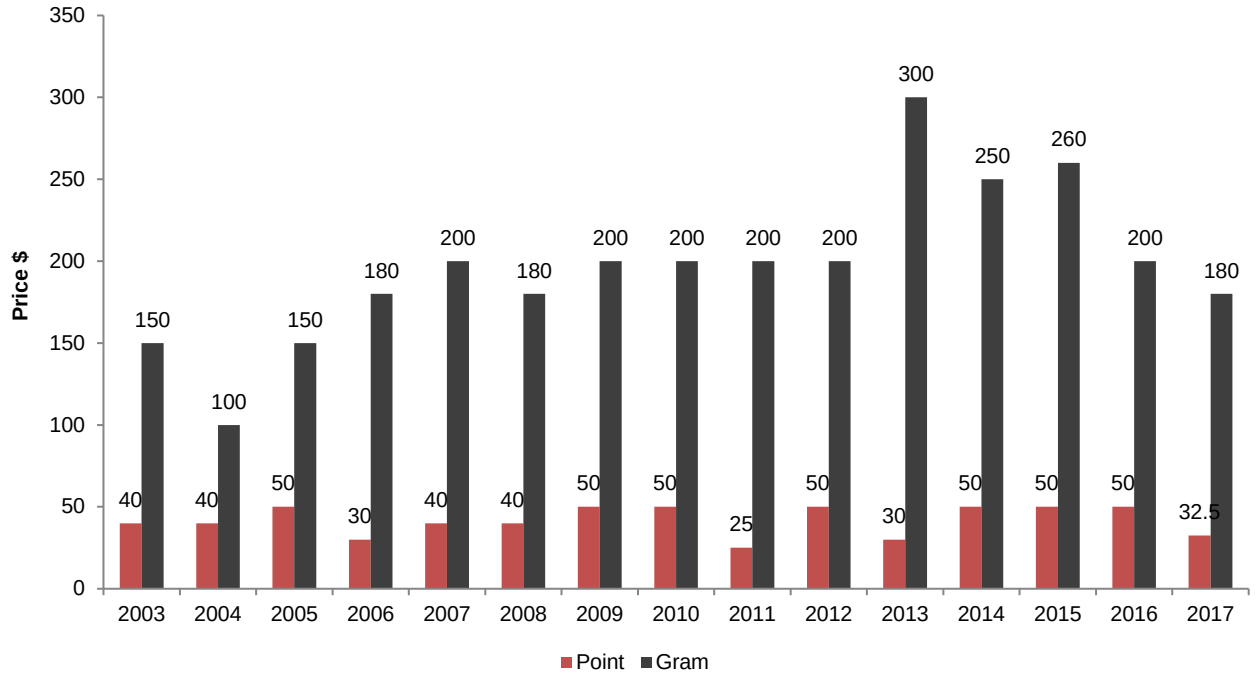
Figure C3a: National EDRS reports of perceived current ecstasy availability, 2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis.
In 2017, for the first time, the perceived availability was asked about separately for all four forms of ecstasy.

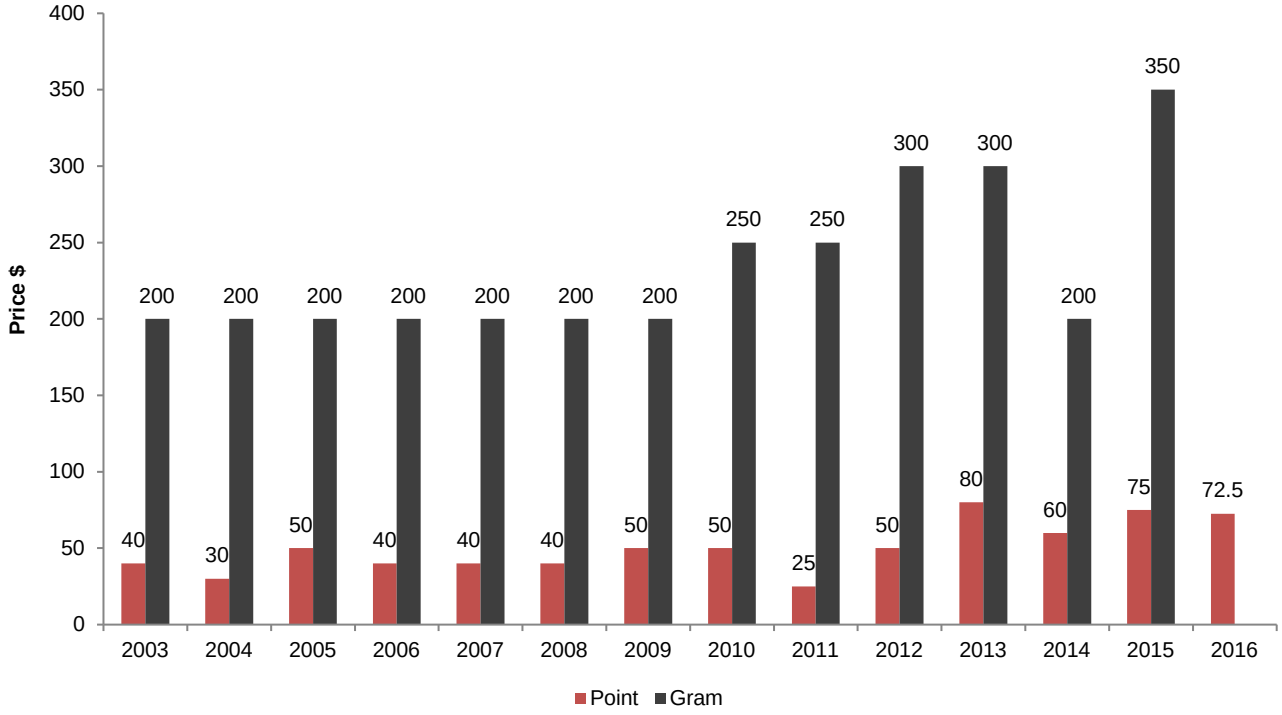
Appendix D: Methamphetamine price, perceived purity and availability, 2003–2017

Figure D1: Median price of methamphetamine powder (speed), nationally, 2003–2017



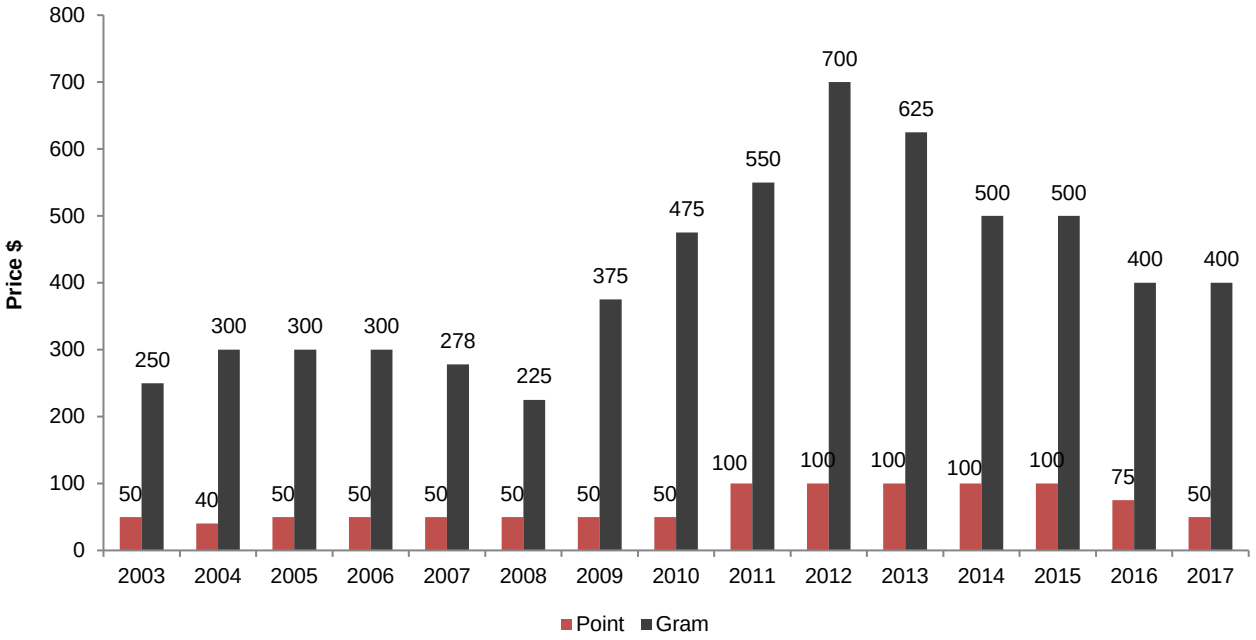
Source: EDRS participant interviews
Note: Among those who commented.

Figure D2: Median price of methamphetamine base, nationally, 2003–2016*



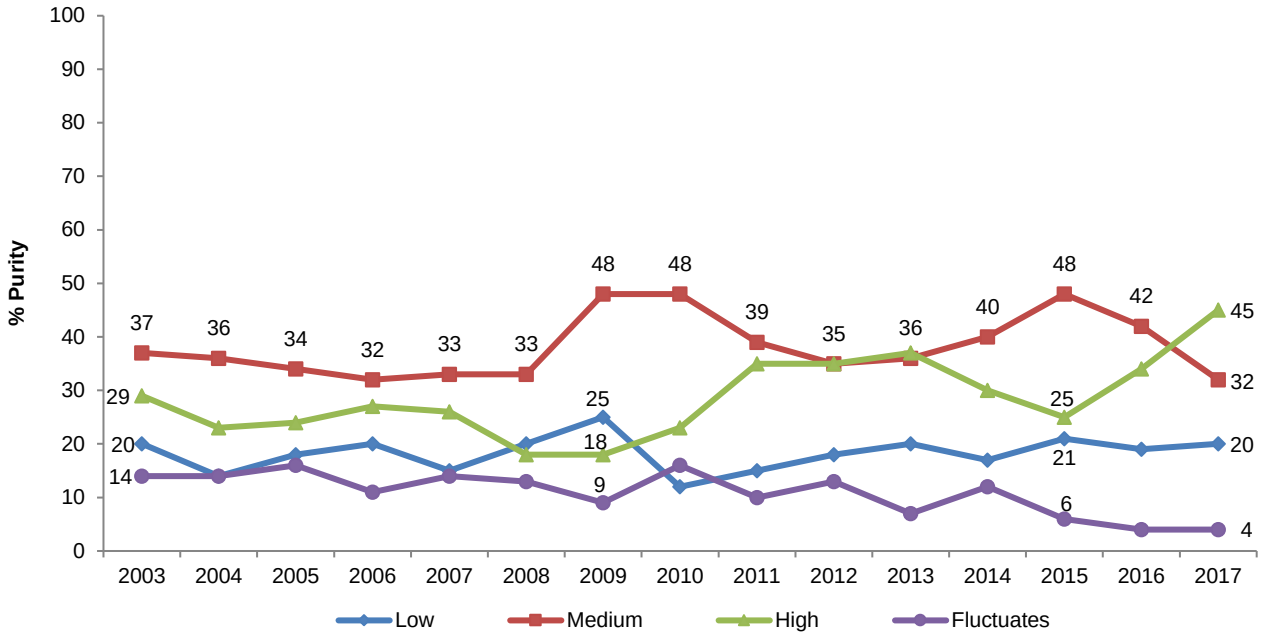
Source: EDRS participant interviews
Note: *Grams not reported in 2016 and 2017 and points not reported in 2017 due to small numbers commenting (n<10)
Note: Among those who commented.

Figure D3: Median price of crystalline methamphetamine (crystal), nationally, 2003–2017



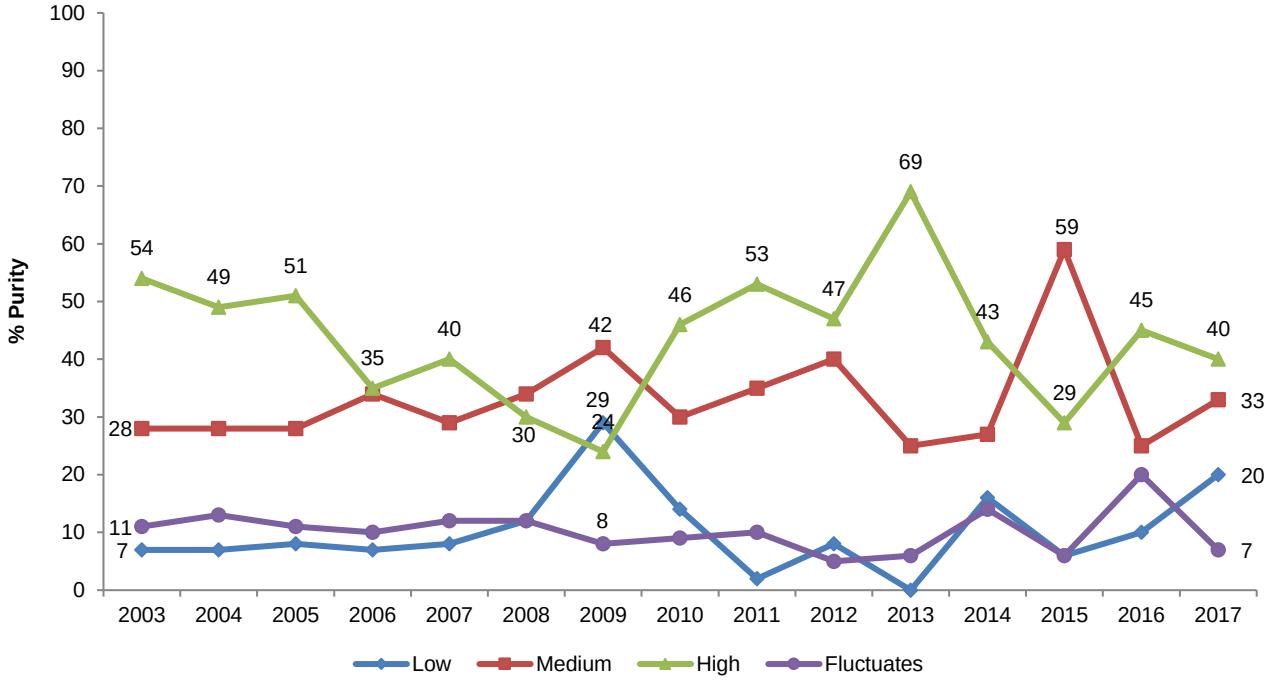
Source: EDRS participant interviews
Note: Among those who commented.

Figure D4: National EDRS reports of perceived current methamphetamine powder (speed) purity, 2003–2017



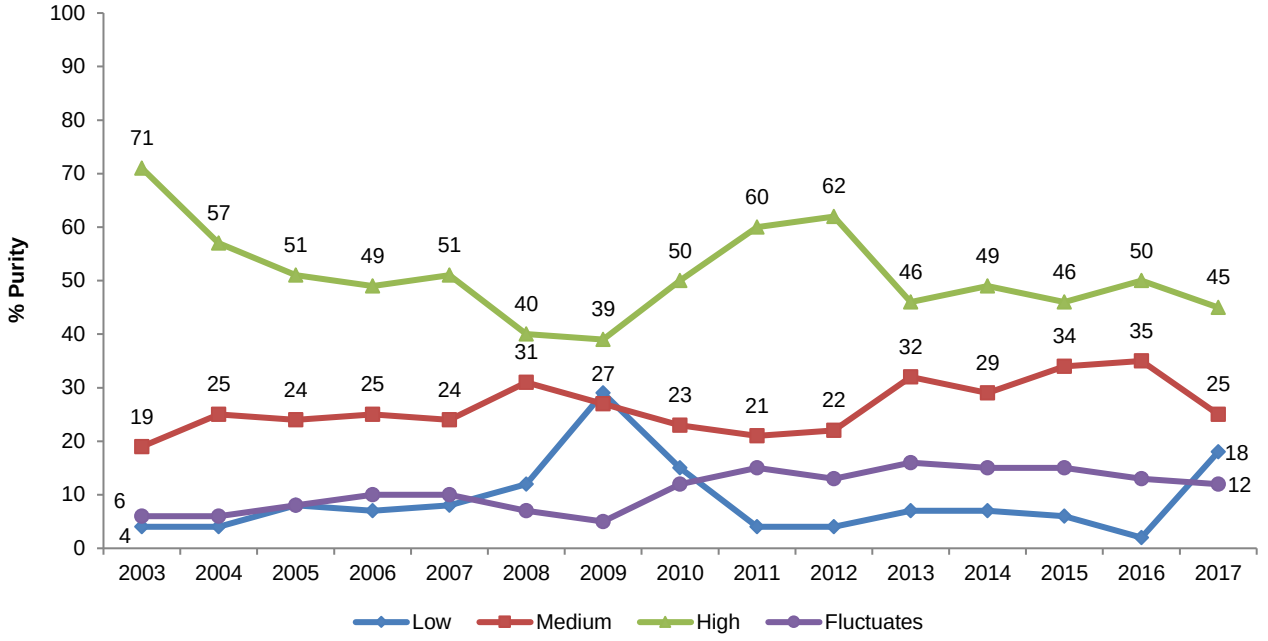
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure D5: National EDRS reports of perceived current methamphetamine base purity, 2003–2017



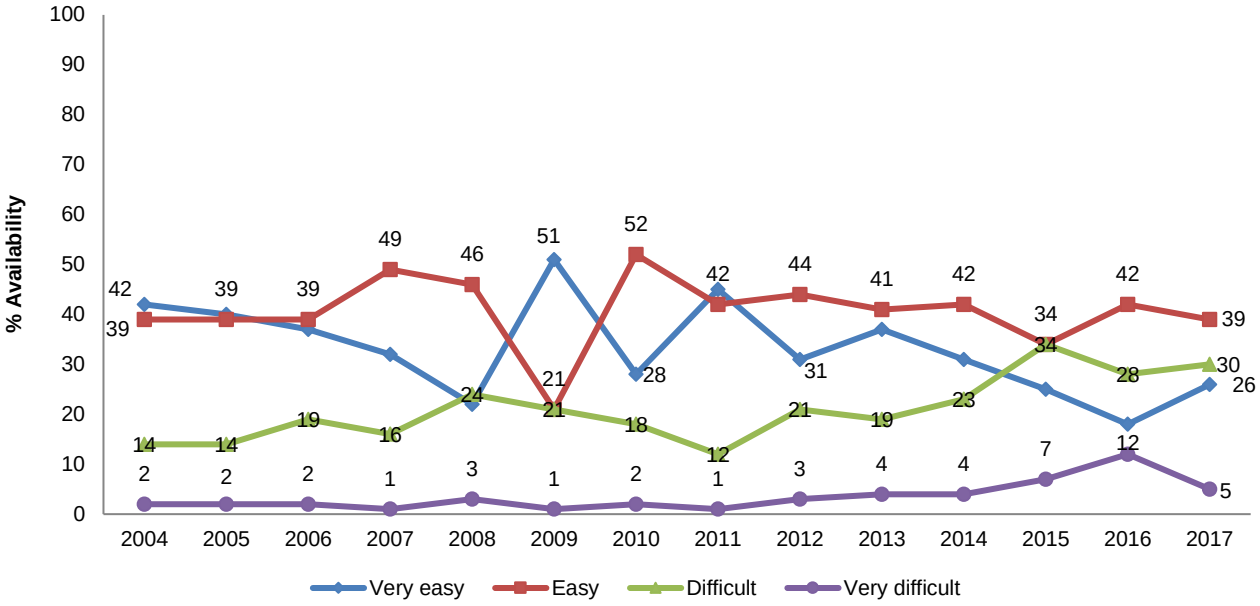
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure D6: National EDRS reports of perceived current crystalline methamphetamine (crystal) purity, 2003–2017



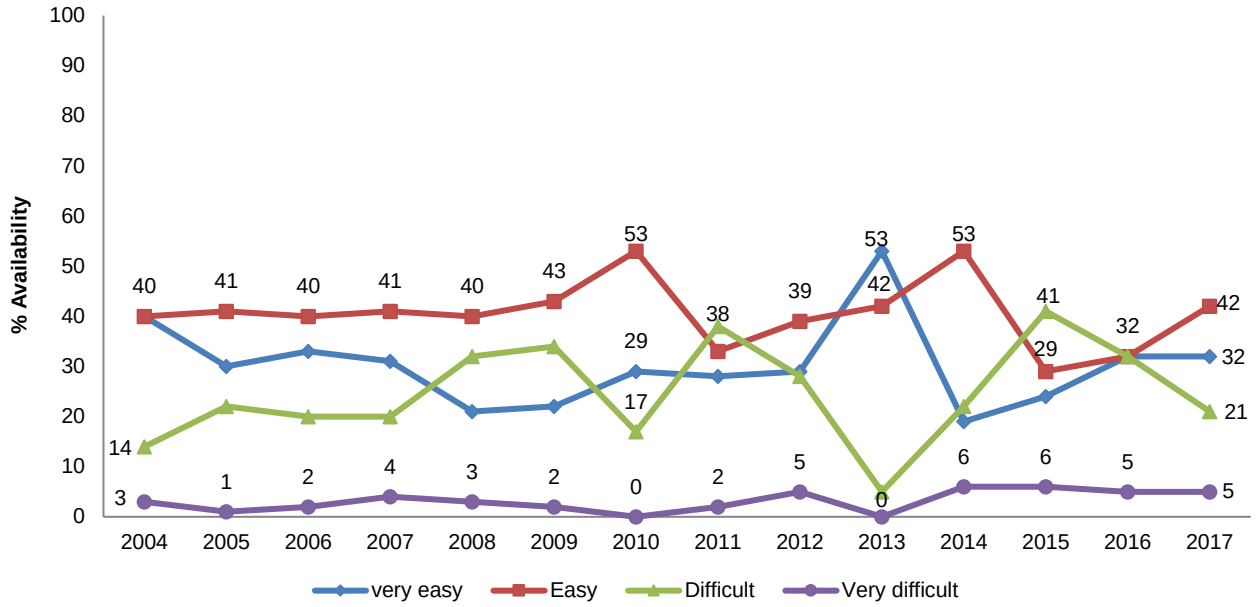
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure D7: National EDRS reports of perceived current methamphetamine powder (speed) availability, 2004–2017



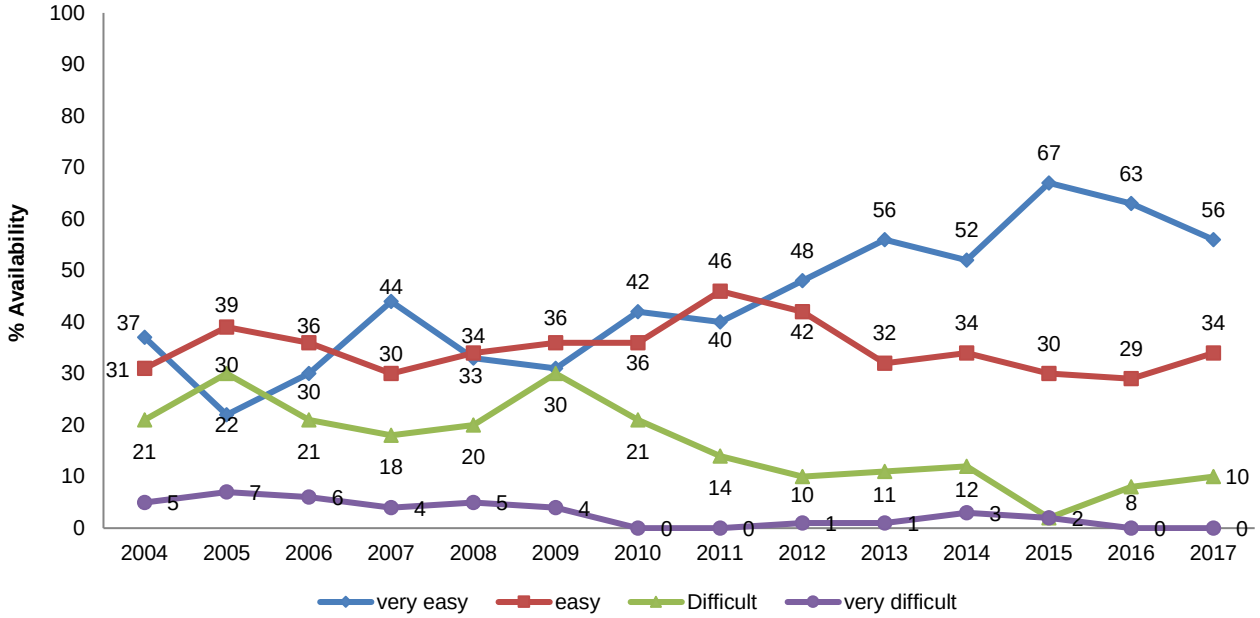
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

Figure D8: National EDRS reports of perceived current methamphetamine base availability, 2004–2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

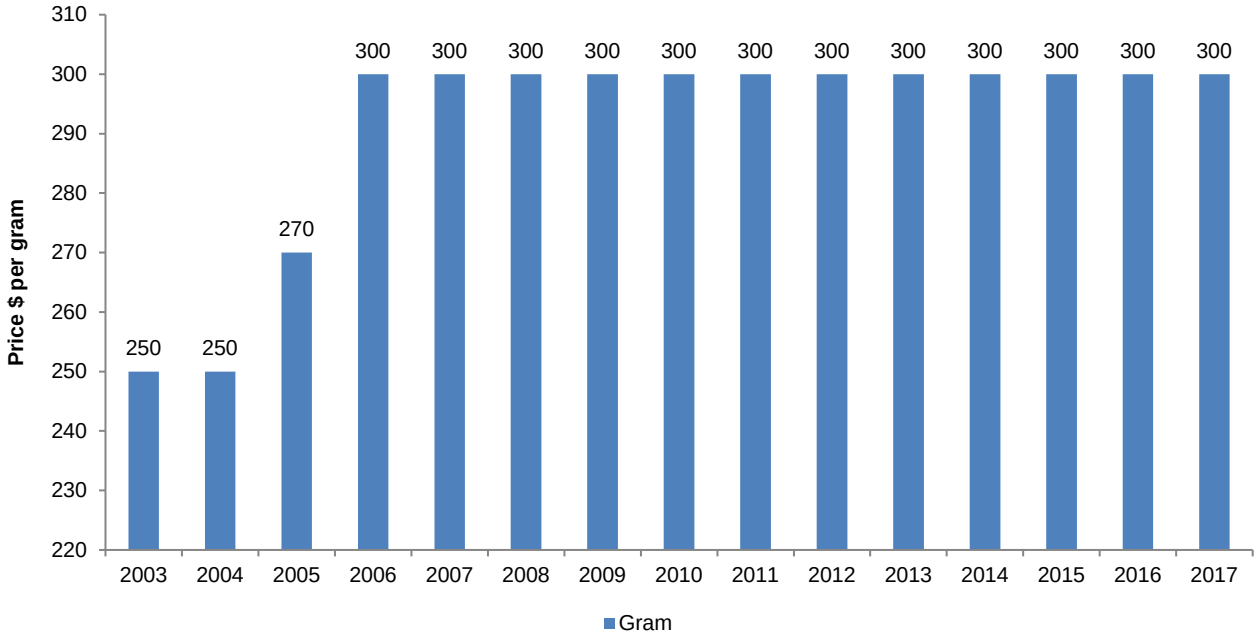
Figure D9: National EDRS reports of perceived current crystalline methamphetamine (crystal) availability, 2004–2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

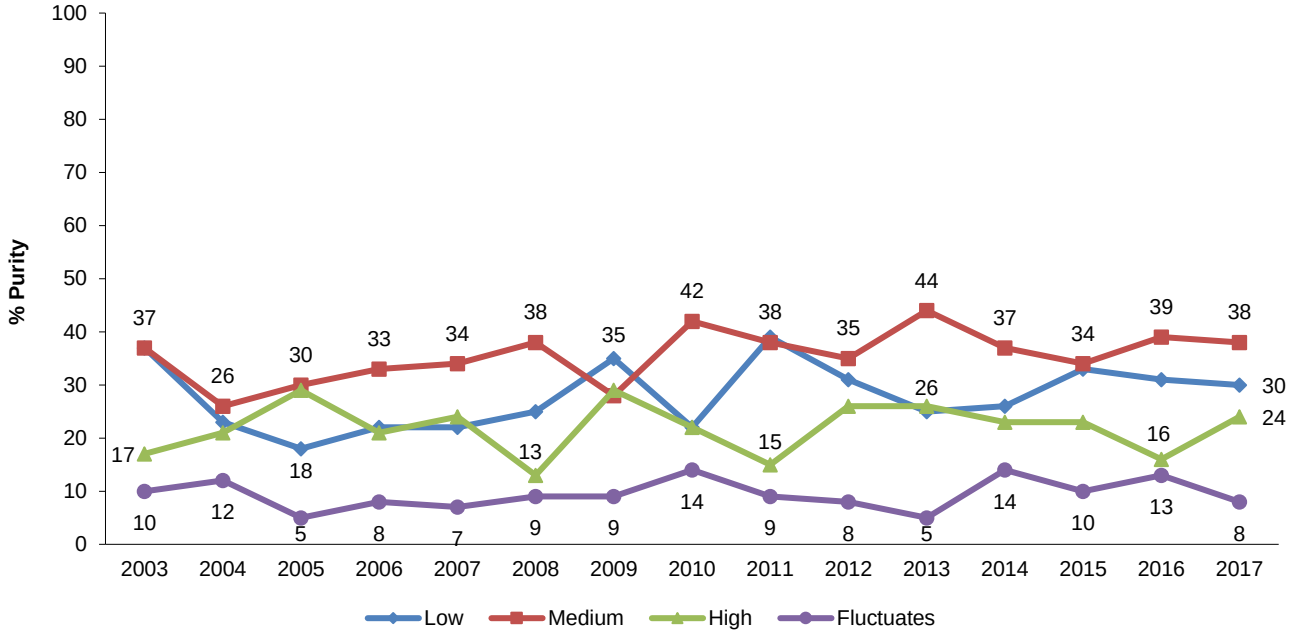
Appendix E: Cocaine price, perceived purity and availability, 2003–2017

Figure E1: Median price of cocaine per gram, nationally, 2003–2017



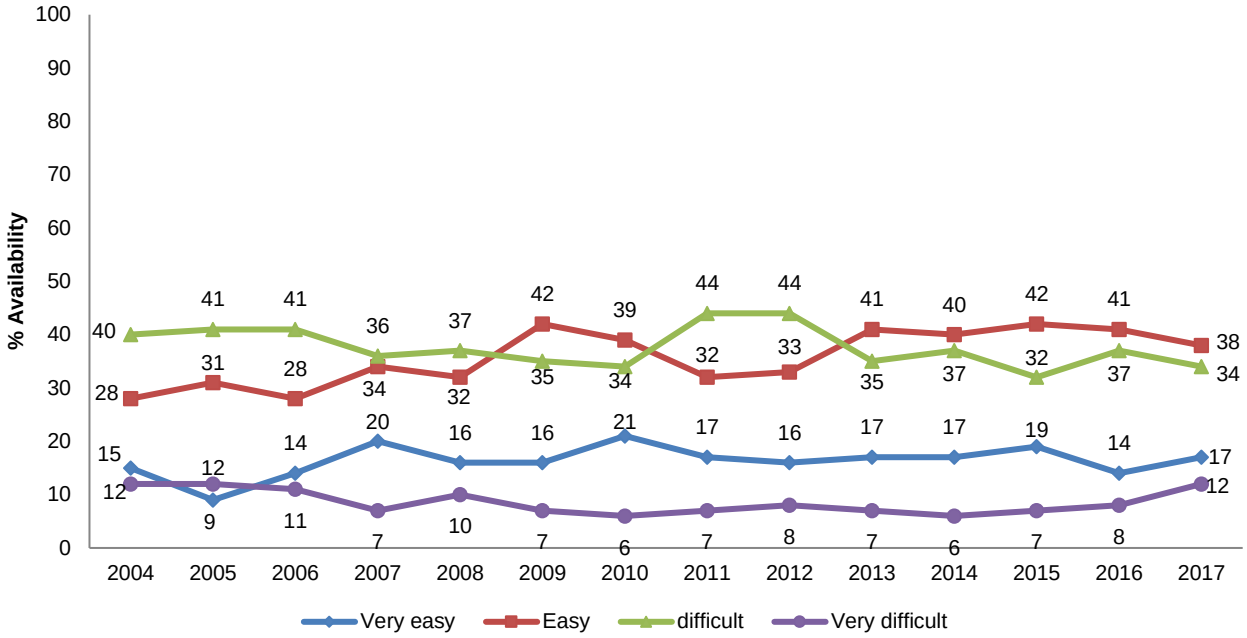
Source: EDRS participant interviews
Note: Among those who commented

Figure E2: National EDRS reports of perceived current cocaine purity, 2003–2017



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

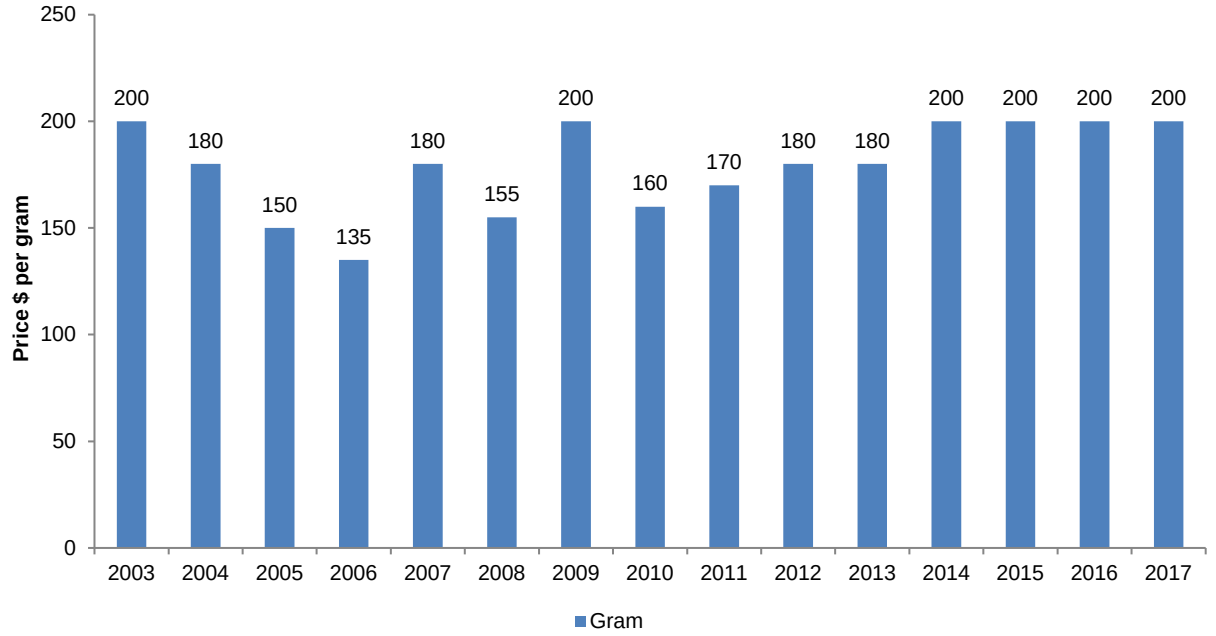
Figure E3: National EDRS reports of perceived current cocaine availability, 2004–2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

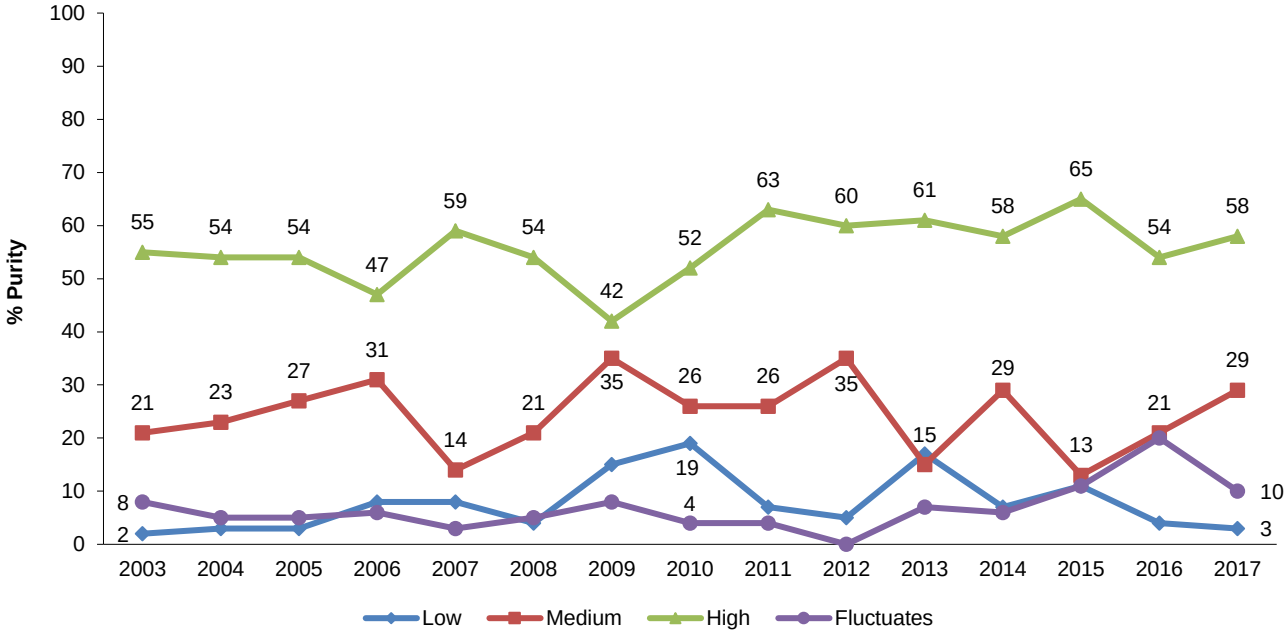
Appendix F: Ketamine price, perceived purity and availability, 2003–2017

Figure F1: Median price of ketamine per gram, nationally, 2003–2017



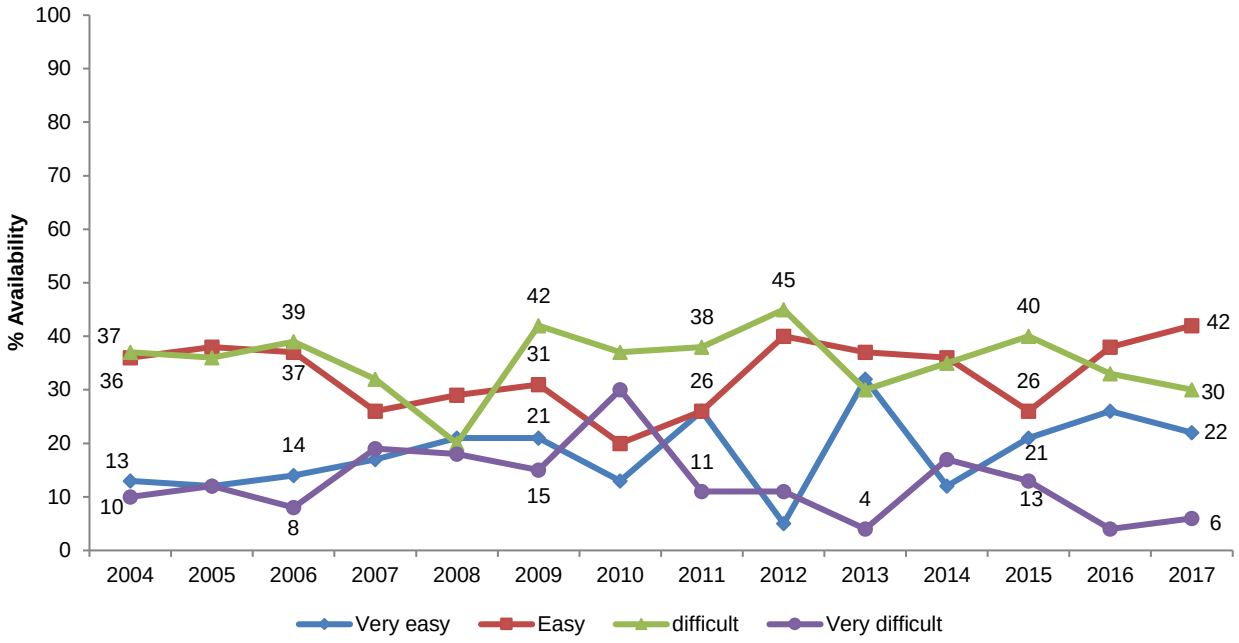
Source: EDRS participant interviews
Note: Among those who commented.

Figure F2: National EDRS reports of perceived current ketamine purity, 2003–2017



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

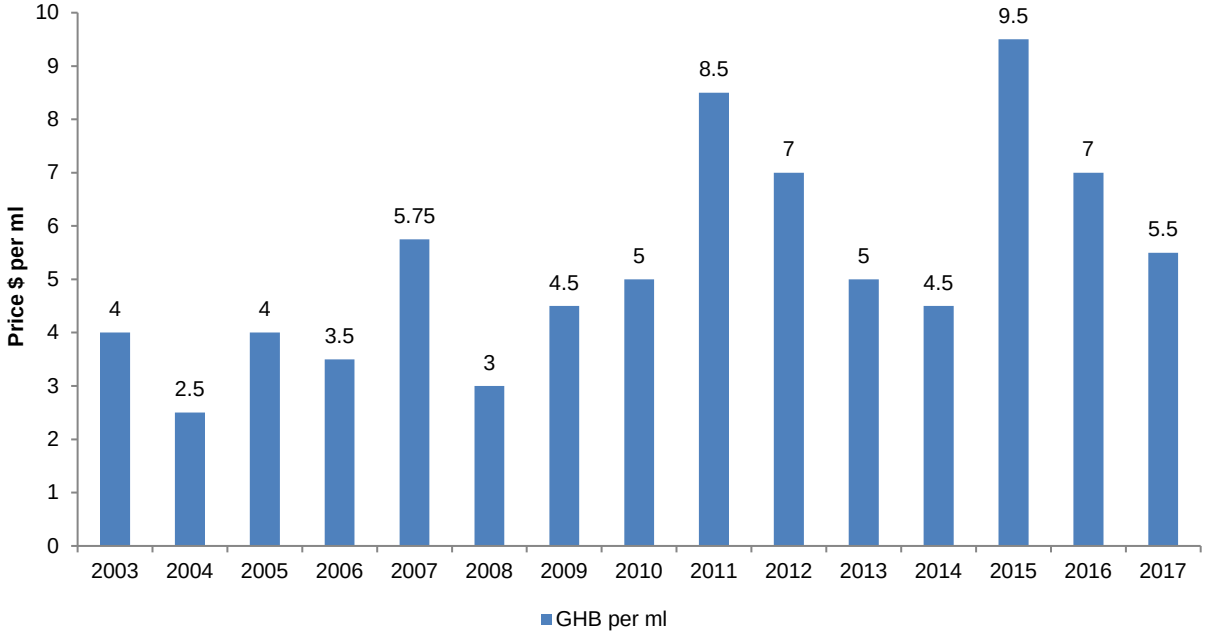
Figure F3: National EDRS reports of perceived current ketamine availability, 2004–2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

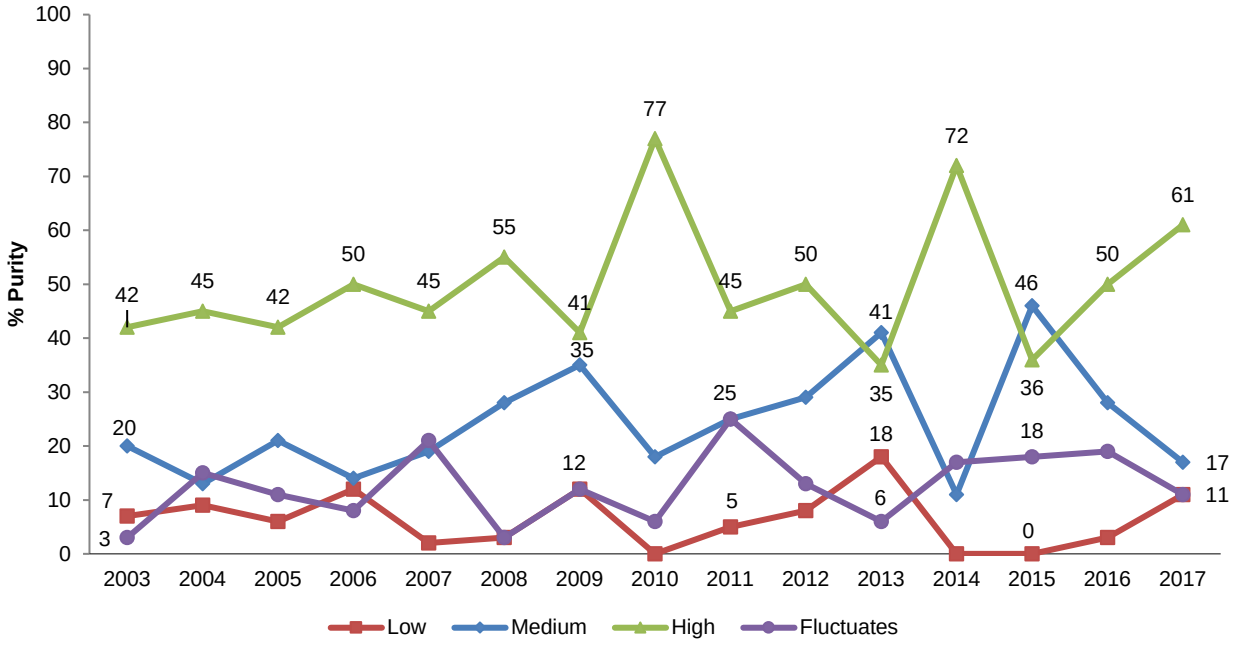
Appendix G: GHB price, perceived purity and availability, 2003–2017

Figure G1: Median price of GHB per ml, nationally, 2003–2017*



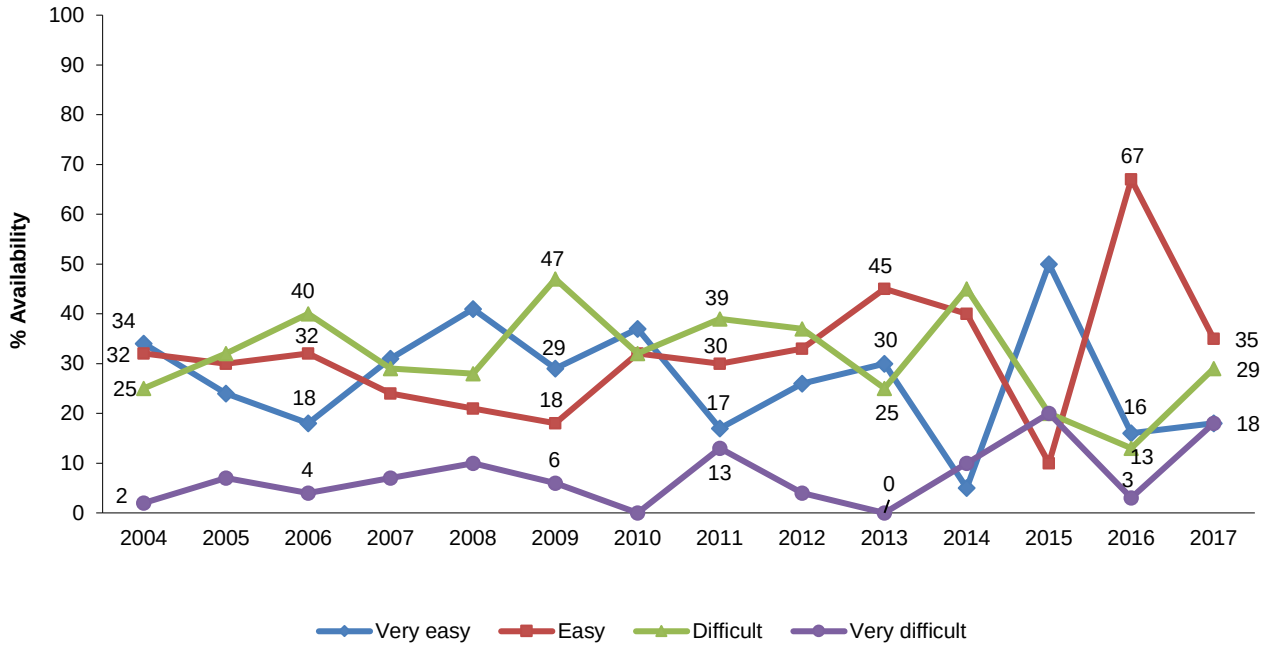
Source: EDRS participant interviews
Note: Among those who commented.
* Between 2003 and 2017 small numbers commented on the price of GHB per ml (ranging from 8 to 24 participants). Interrupt with caution.

Figure G2: National EDRS reports of perceived current GHB purity, 2003–2017



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

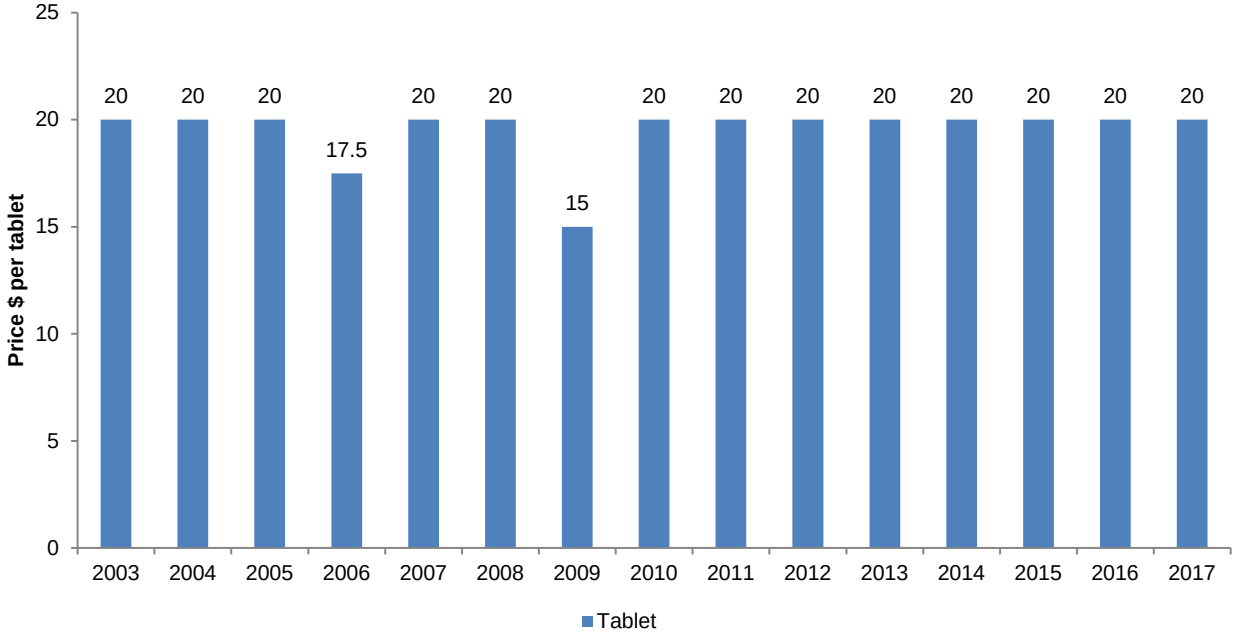
Figure G3: National EDRS reports of perceived current GHB availability, 2004–2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

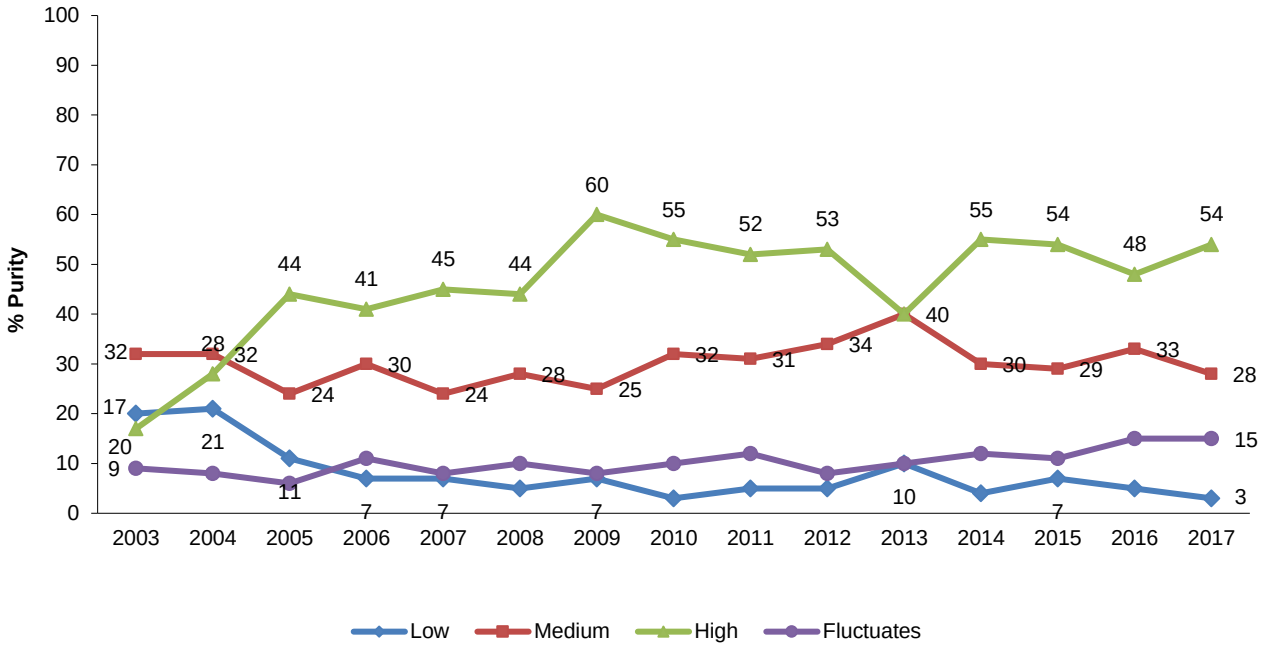
Appendix H: LSD price, perceived purity and availability, 2003–2017

Figure H1: Median price of LSD per tablet, nationally, 2003–2017



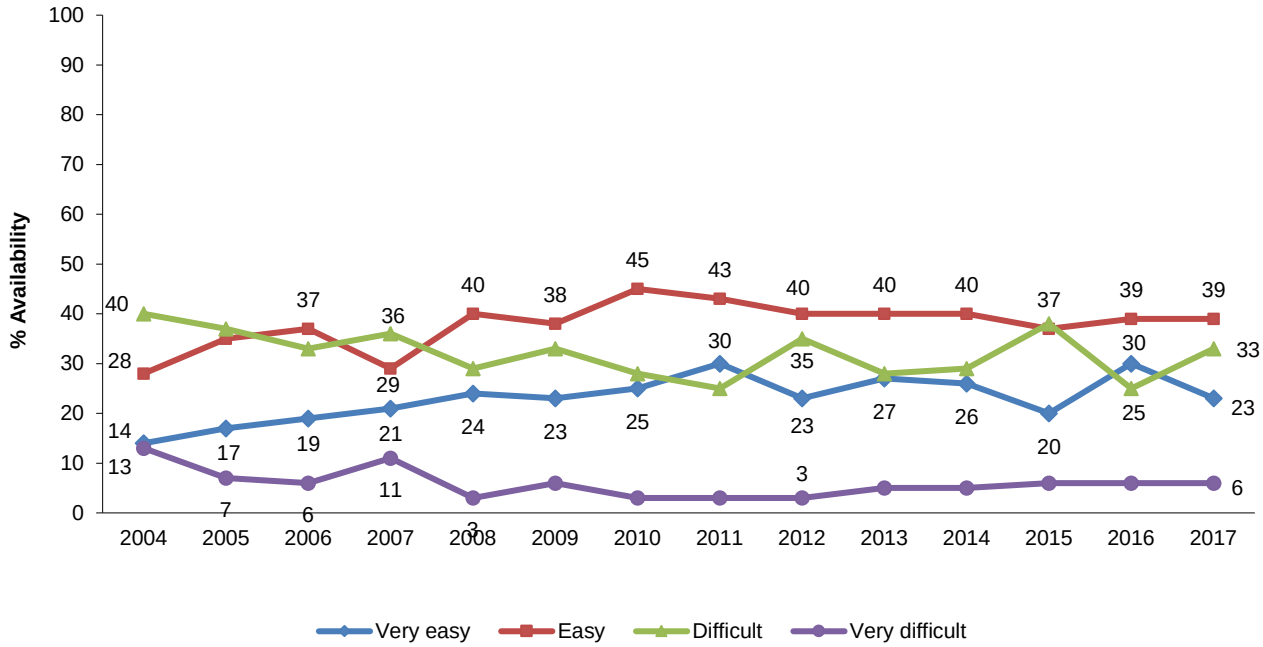
Source: EDRS participant interviews
Note: Among those who commented.

Figure H2: National EDRS reports of perceived current LSD purity, 2003–2017



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

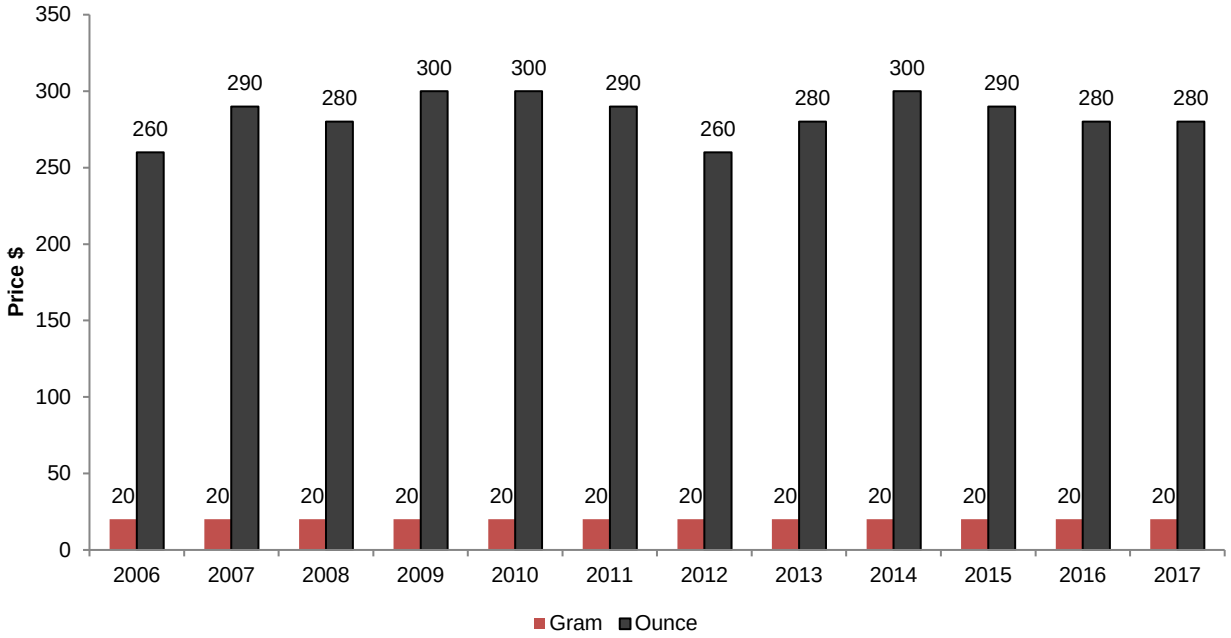
Figure H3: National EDRS reports of perceived current LSD availability, 2004–2017



Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards. Data collected differently in 2003 so data not presented.

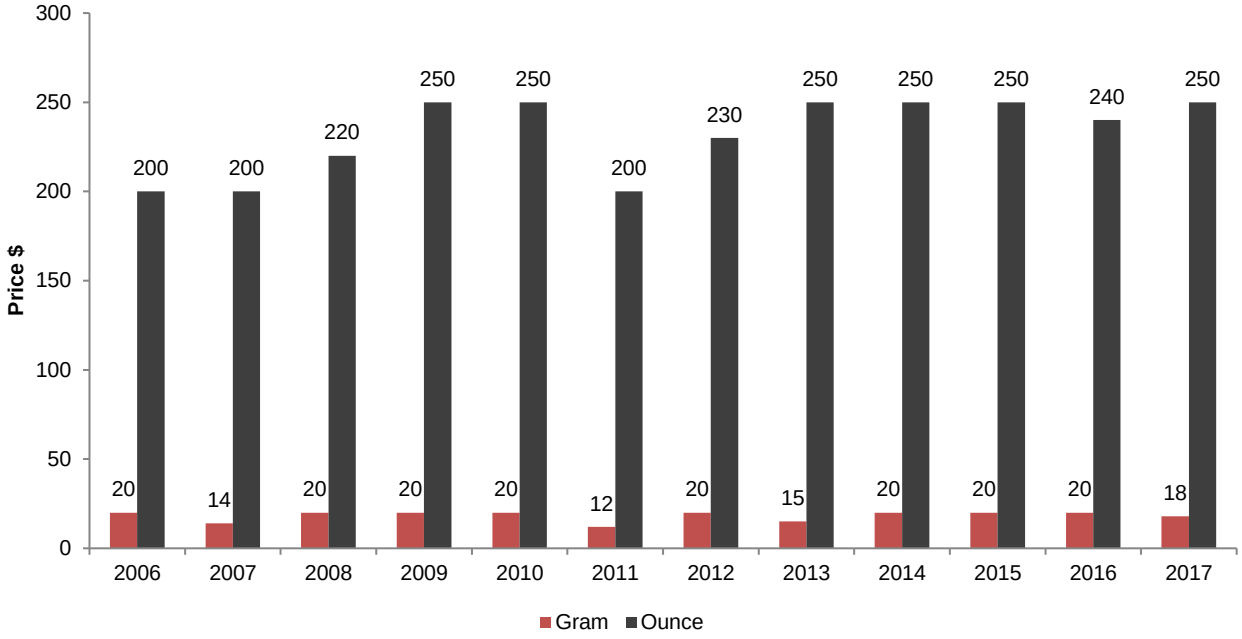
Appendix I: Cannabis price, perceived purity and availability, 2006–2017

Figure I1: Median price of hydroponic cannabis, nationally, 2006–2017



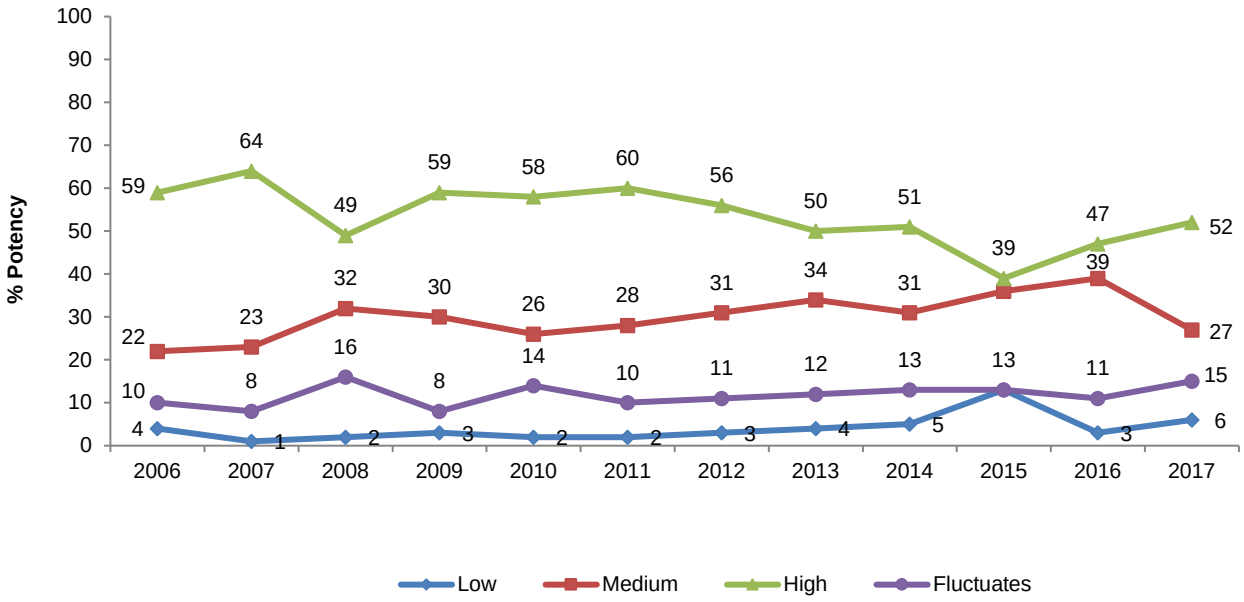
Source: EDRS participant interviews
Note: Among those who commented

Figure I2: Median price of bush cannabis, nationally, 2006–2017



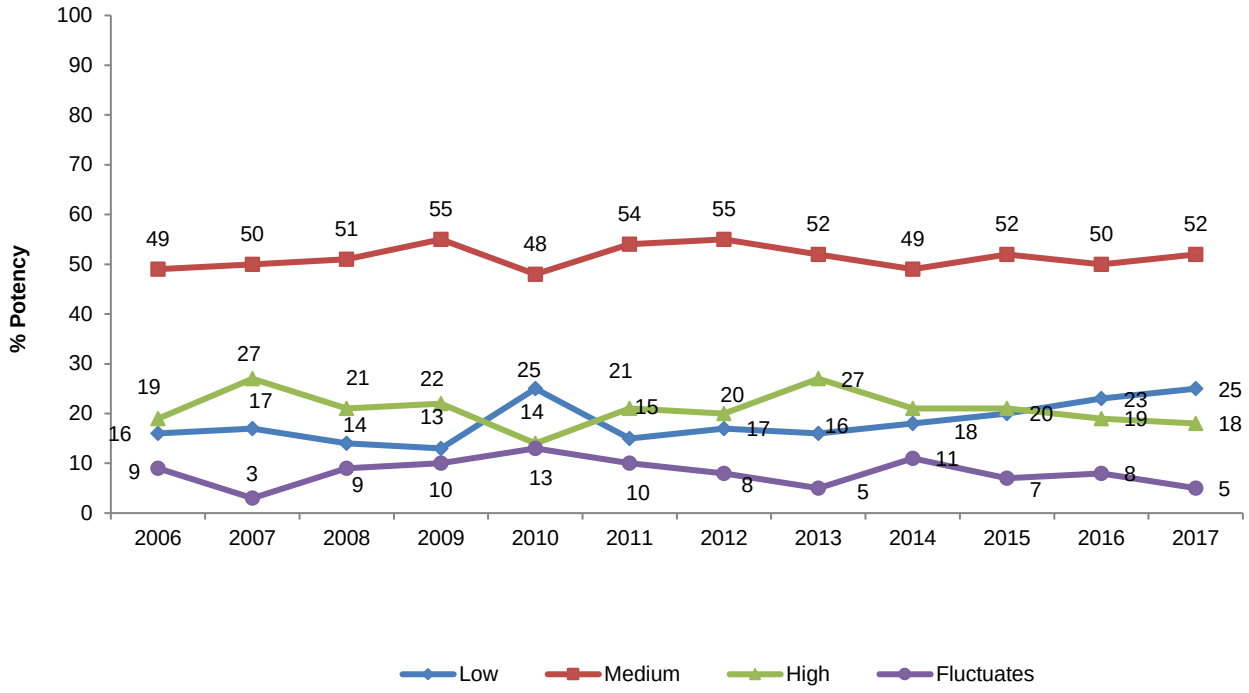
Source: EDRS participant interviews
Note: Among those who commented

Figure I3: National EDRS reports of perceived current hydroponic cannabis potency, 2006–2017



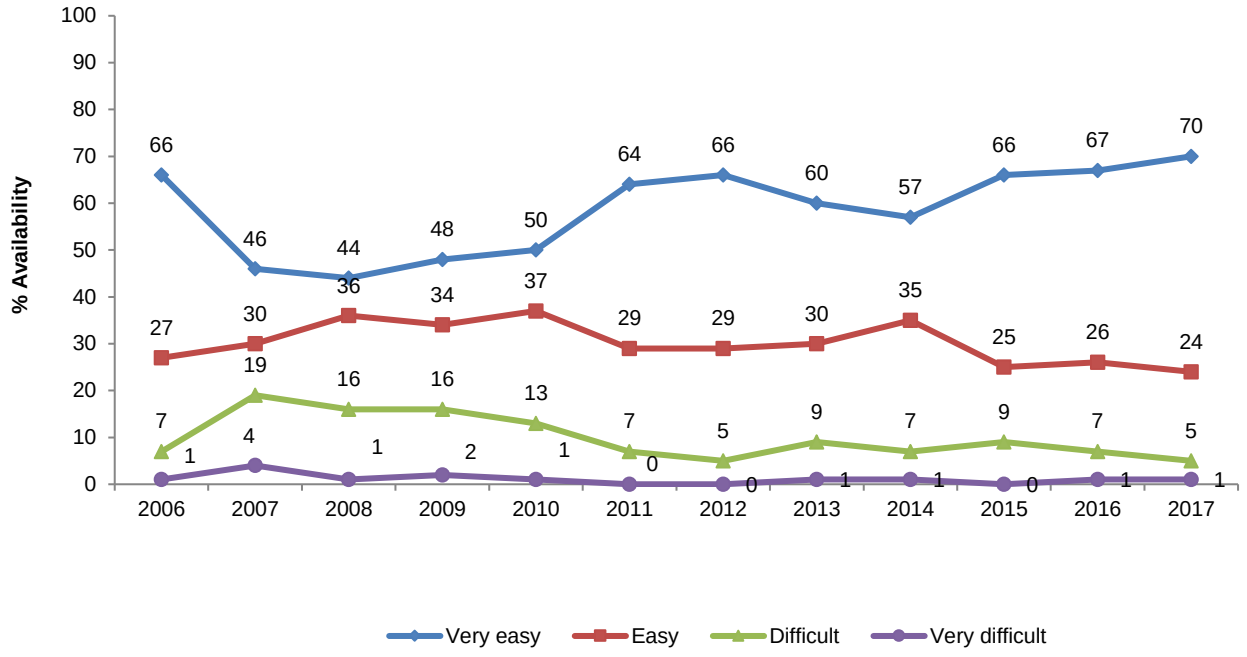
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure I4: National EDRS reports of perceived current bush cannabis potency, 2006–2017



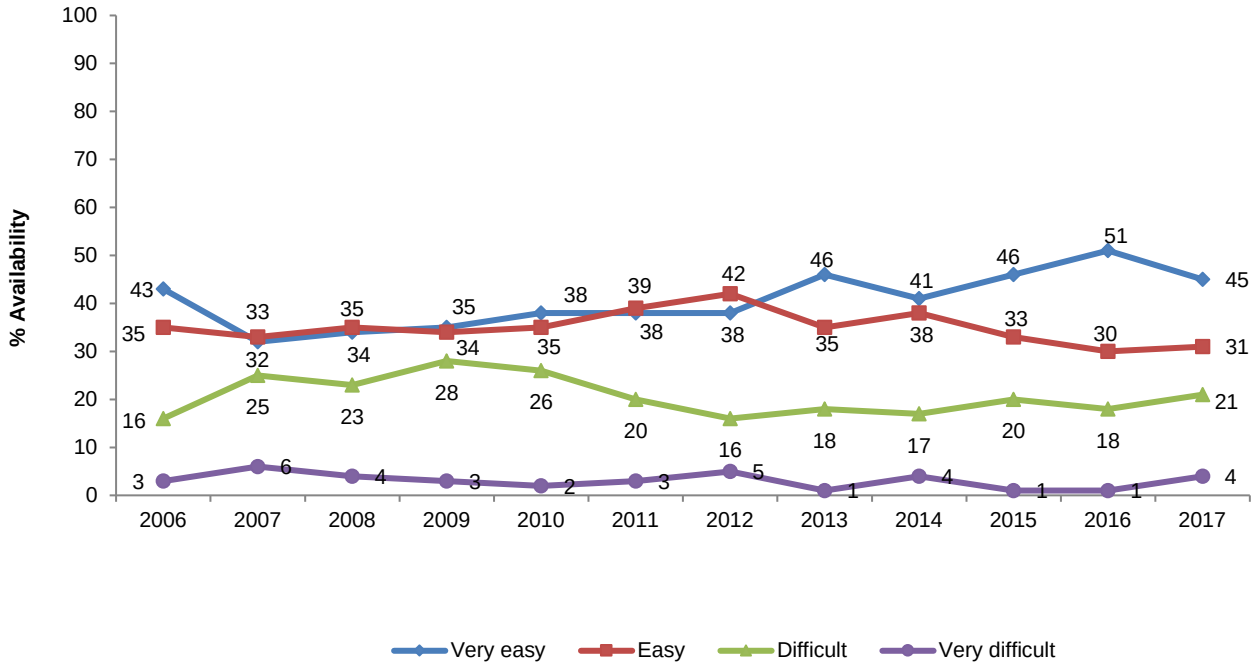
Source: EDRS participant interviews
Note: Among those who commented. The response option 'don't know' was excluded from analysis from 2009 onwards.

Figure I5: National EDRS reports of perceived current hydroponic cannabis availability, 2006–2017



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

Figure I6: National EDRS reports of perceived current bush cannabis availability, 2006–2017



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

Appendix J: New Psychoactive Substances

Table J1: New psychoactive substances

Street name	Chemical name	Information on drug	Information on use and effects
Phenethylamines			
2C-I	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B.
2C-B	4-bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2CB is sold as a white powder sometimes pressed in tablets or gel caps. Commonly taken orally but can also be snorted.
2C-E	2,5-dimethoxy-4-ethylphenethyl-amine	A psychedelic drug with stimulant effects	Commonly taken orally and highly dose-sensitive.
NBOMe	N-methoxybenzyl	Psychedelic drugs with stimulant effects	NBOMe includes a series of drugs that contain an N-methoxybenzyl group. The most common NBOMes that are used recreationally are extensions of the 2C family of phenethylamine psychedelics, and include 25B-NBOMe, 25I-NBOMe and 25C-NBOMe. Available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic phenethylamine	Requires only very small doses to produce full effects. Has been found on blotting paper and may be sold as LSD.[4]
PMA	Paramethoxyamphetamine; 4-methoxy-amphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of <50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses >50mg are considered potentially lethal (due to the risk of overheating).
Tryptamines			
DMT	Dimethyltryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form.[5]
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad	5-MeO-DMT is comparable in effects to DMT; however, it is substantially more potent. 5-MeO-DMT is mostly seen in crystalline form[6] but has been reportedly sold in powder form.
Synthetic cathinones			
Mephedrone	4-methyl-methcathin-one	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form.
Methylone	3,4-methylenedioxy-*N*-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes	Effects are primarily psychostimulant in nature.

[4] Erowid: http://www.erowid.org/chemicals/doi/doi.shtml

[5] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt

[6] Erowid: http://www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml

Table J1: New psychoactive substances (continued)

Street name	Chemical name	Information on drug	Information on use and effects
Ivory wave/MDPV	Methylenedioxypyrovalerone (3,4-methylenedioxy)	A cathinone derivative	More potent than other cathinones. Lidocaine (a common local anaesthetic) is frequently used as a cutting agent, to give consumers the numbing sensation in the mouth or nose which is associated with drugs of high purity (e.g. high-purity cocaine).[7]
Piperazines			
BZP	Benzylpiperazine	A piperazine; a CNS stimulant	Gained popularity in some countries in the early 2000s as a legal alternative to amphetamines and ecstasy. One of the more common piperazines, providing stimulant effects which people describe as noticeably different than those of amphetamines. Not particularly popular as many people find that it has more unpleasant side effects than amphetamines.
Dissociative			
DXM	Dextromethorphan	A semisynthetic opiate derivative which is legally available over the counter in the US	Commonly found in cough suppressants, especially those with 'DM' or 'Tuss' in their names. It is a dissociative drug that is almost always used orally, although pure DXM powder is occasionally snorted.
Naturally occurring substances			
Datura	Commonly *Datura inoxia* and *Datura strammonium.* Contains Atropine and Scopolamine. Also known as Angel's Trumpet	Atropine is a potent anticholinergic agent. Scopolamine is a CNS depressant and has antimuscarinic properties	The plant's effects make the consumer 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.[8]
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.[9]
LSA	*d*-lysergic acid amide	A naturally occurring psychedelic found in plants such as Morning Glory and Hawaiian Baby Woodrose seeds	LSA has some similarities in effect to LSD, but is generally considered much less stimulating and can be sedating in larger doses.
Mescaline[#]	3,4,5-trimethoxyphene-thylamine	A hallucinogenic alkaloid	First isolated in 1896 from the peyote cactus of northern Mexico.
Synthetic cannabis			
K2/Spice	Synthetic cannabinoid	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)	A psychoactive herbal and chemical product that, when consumed, mimics the effects of cannabis.

[7] Drugscope: http://www.drugscope.org.uk/Media/Press+office/pressreleases/ivory_wave_MDPV

[8] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/datura

[9] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/salvia

[#]Mescaline is a naturally occurring phenethylamine, so could also be classified under the phenethylamine heading