

# Research briefing



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## Key Findings from the 2005 Illicit Drug Monitoring System (IDMS)

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### Introduction

This research briefing presents the key trends in illicit drug use in New Zealand from the combined samples of the 2005 Illicit Drug Monitoring System (IDMS). The aim of the IDMS is to provide timely information on trends in illicit drug use and drug related harm in New Zealand. This is the first year that the IDMS has been conducted, with future waves planned annually from this point on. The findings presented in this report focus on the key trends in illicit drug prices, availability and perceptions of risk. The IDMS consists of three modules based on the type of frequent illicit drug user interviewed: (i) the Methamphetamine Module, which interviews frequent methamphetamine users; (ii) the Hallucinogen Module, which interviews frequent ecstasy (MDMA) and LSD users; and (iii) the Cannabis Module, which interviews frequent cannabis users. The detailed findings for each of these three modules are presented in separate reports.

Each module of the IDMS draws on three types of data: (1) interviews with frequent drug users; (2) interviews with key experts (KE) who have regular contact with drug users through their work; and (3) the collation and examination of secondary data sources on drug trends. The combined information from these three sources is used to identify emerging trends in drug use and drug related harm. Frequent drug users are considered a sentinel group who can provide accurate information on patterns of drug use and trends in illicit drug markets. The validity of the IDMS comes from the 'expert' status of the people interviewed, and hence the high quality of information they can provide, rather than from the statistical rigour of the sampling methodology. The survey of frequent drug users is not intended to be statistically representative of drug use in the general population.

### Method

A total of 181 frequent drug users were interviewed for the three modules of the IDMS. Interviewing took place in five sites nationwide from April to August 2005. The five interview sites were Whangarei, Auckland, Hamilton, Wellington and Christchurch. Participants were recruited through purposive sampling and 'snowballing' (Biernacki and Waldorf, 1981, Watters and Biernacki, 1989). To be eligible to be interviewed a participant had to be 16 years or older, to have used methamphetamine, ecstasy (MDMA), or LSD monthly or more often, or have used cannabis weekly or more often, in the six months preceding the interview, and to

## Key Points

The drug types which the largest proportion of frequent drug users considered to be 'very easy' to obtain at the moment were cannabis, methamphetamine and opiates

Methamphetamine was reported to be well established in the illicit drug market place with high levels of availability and innovative marketing techniques being employed to encourage use

There is evidence of strong demand for ecstasy, with falling prices and participants perceiving ecstasy to be less of a health risk and less risky to purchase than methamphetamine

LSD appears to be in decline, with half of the frequent drug users interviewed describing it as 'difficult' to obtain at the moment, and three out of 10 saying it had become 'more difficult' to obtain in the preceding six months

Cannabis was considered widely available but prices and numbers of users were reported to be stable

The use and supply of cocaine, ketamine and GHB was found to be low level and stable

have resided in the site location for the past 12 months. To place the information provided by the frequent drug users in greater context, thirty-six KE who had regular contact with frequent drug users through their work were also interviewed. KE included those working in alcohol and drug treatment agencies, Maori alcohol and drug treatment agencies, St. John ambulance, hospital emergency departments, youth services, City missions, medical centres, nightclubs (as door staff), prisons and pharmacies. Finally, secondary data sources on drug use were collated from a range of government and non government sources including national household drug survey data, arrest and seizure data, hospital admissions data, and calls to the alcohol and drug help-line. The information provided by the frequent drug users, KE and secondary data sources was triangulated to identify valid trends in drug use in New Zealand. The frequent drug users were interviewed about all the different drug types they had used and purchased in the last six months, and about any other drug types they had good knowledge of, about which they could comment on the prices, potency and availability in the preceding six months. The number of frequent drug users answering a question about a particular drug type can vary depending on the level of experience and knowledge of the drug type.

## Demographic characteristics of the frequent drug users

Seven out of 10 (71%) of the sample of frequent drug users were male with a median age of 26 years old (range 16-56 years). Two thirds (68%) of the sample were European and approximately one in five (21%) were Maori. Half of the sample were employed (51%), one in five (23%) were students and one in five (20%) were government income support recipients. A quarter (24%) of the frequent drug users had no school qualifications, while half (54%) had some kind of post secondary school qualification. One in 11 (9%) of the frequent drug users lived in Whangarei, four out of 10 (40%) lived in Auckland, one in 10 (10%) lived in Hamilton, one in six (17%) lived in Wellington and one in four (24%) lived in Christchurch. One in seven (15%) of the sample were currently in some kind of drug treatment.

## Prices of different drug types

### Current prices

The different drug types came in a range of saleable forms and quantities and there were large differences in the prices commonly paid for different drug types (Table 1). Methamphetamine and crystal methamphetamine were some of the most expensive drugs, costing approximately \$100 for 0.1 of a gram (known as a 'point'). A single tab of LSD was reported to cost \$35 and a single pill of ecstasy (MDMA) was reported to cost \$60. Fewer of the frequent drug users felt confident enough to comment on the price of cocaine, ketamine, Gamma-hydroxybutyric acid (GHB) and opiates, and this reflects the lower level of use of these drug types in New Zealand.

**Table 1: Price paid for different drug types by frequent users**

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=75	n=44	n=135	n=69	n=86	n=18	n=9	n=20	n=18
Median price (\$)	\$100 point	\$100 point	\$20 foil	\$35 tab	\$60 pill	\$300 gram	\$150 gram	\$5.50 millilitre	\$100 100mg

### Change in prices in last six months

The drug type for which the greatest proportion of frequent drug users indicated an 'increase' in the price in the previous six months was GHB (68%) (Table 2). The drug types for which the greatest proportion of users indicated a 'decrease' in price were ecstasy (41%) and opiates (32%). Nearly a quarter (23%) of frequent drug users said the price of methamphetamine had decreased in the last six months. The most stable drug prices were those for cannabis (69%), cocaine (79%) and ketamine (69%).

**Table 2: Change in prices paid for different drug types in the last six months**

	Methamphetamine	Crystal Methamphetamine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=94	n=49	n=156	n=74	n=91	n=14	n=13	n=25	n=25
Increase (%)	12	16	7	14	5	0	23	68	4
Stable (%)	54	61	69	65	38	79	69	24	60
Decrease (%)	23	16	12	11	41	0	0	0	32
Fluctuates (%)	11	6	13	11	15	21	8	8	4

## Availability of different drug types

### Current availability

The drug types which the largest proportion of frequent drug users considered to be 'very easy' to obtain were cannabis (64%), methamphetamine (51%) and opiates (41%) (Table 3). Half of the frequent drug users said crystal methamphetamine (50%) and ecstasy (50%) were 'easy' to get at present. The drug types which the largest proportion of frequent drug users considered to be 'very difficult' to obtain at the moment were cocaine (50%) and ketamine (25%). Just over half of the frequent drug users thought LSD (54%) was 'difficult' to get at the moment.

**Table 3: Current availability of different drug types**

	Methamphetamine	Crystal Methamphetamine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=98	n=55	n=164	n=79	n=93	n=21	n=16	n=25	n=24
Very easy (%)	51	36	64	8	28	0	6	8	41
Easy (%)	38	50	34	29	50	17	25	44	30
Difficult (%)	10	14	2	54	21	33	44	36	19
Very difficult (%)	2	0	0	10	1	50	25	12	11

### Change in availability in the last six months

The drug types which the greatest proportion of frequent drug users indicated had become 'easier' to obtain in the last six months, were methamphetamine (29%), ecstasy (26%), crystal methamphetamine (25%) and opiates (25%) (Table 4). Results were very close for this question, with similar proportions of frequent drug users also indicating that GHB (20%) and cannabis (20%) had become 'easier' to get in the preceding six months. The drug types for which the greatest proportion of frequent drug users indicated that availability had become 'more difficult' in the last six months were ketamine (50%), cocaine (33%), GHB (28%) and LSD (27%). Approximately three out of 10 (28%) frequent drug users said the availability of LSD had 'fluctuated' in the preceding six months.

**Table 4: Change in availability of different drug types in the last six months**

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=98	n=55	n=164	n=79	n=93	n=21	n=16	n=25	n=24
Easier (%)	29	25	20	11	26	5	0	20	25
Stable (%)	51	55	49	34	43	43	44	32	63
More difficult(%)	12	11	11	27	13	33	50	28	13
Fluctuates (%)	8	9	20	28	18	19	6	20	0

### Perceptions of change in the number of people using different drugs

The drug types which the greatest proportion of frequent drug users thought 'more' of the people they know were using, were crystal methamphetamine (48%), methamphetamine (42%) and ecstasy (35%) (Table 5). The drug types which the greatest proportion of frequent drug users perceived that 'less' of the people they know were using were opiates (35%) and LSD (30%). The drug types which the greatest proportion of frequent drug users thought the 'same' number of their friends were using were cannabis (66%) and cocaine (61%).

**Table 5: Users' perceptions of the change in the number of people using different drugs in the last six months**

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)	Cocaine	Ketamine	GHB	Opiates
No. who commented	n=106	n=42	n=140	n=67	n=80	n=18	n=13	n=17	n=20
More (%)	42	48	21	25	35	11	15	18	25
Same (%)	37	38	66	45	48	61	54	53	40
Less (%)	20	12	13	30	18	17	23	24	35
No friends use	1	2	0	0	0	11	8	6	0

### Trends in population level drug use in New Zealand

National household drug surveys of the general population aged 15-45 years old conducted in 1998, 2001 and 2003, indicate that there was a statistically significant increase in amphetamine use in 2001 compared to 1998 (Wilkins et al., 2002), followed by a levelling out of use in 2003. Similarly to amphetamine, ecstasy use significantly increased in 2001 compared to 1998 (Wilkins et al., 2003), but had stabilised in 2003. Levels of crystal methamphetamine use appeared to have increased in 2001 compared to 1998 and then did not significantly change in 2003. The population level use of cannabis remained stable in all three waves of household drug surveying, with approximately one in five people aged 15-45 years old having used it in the previous 12 months. There were statistically significant falls in the recent use of LSD in 2003 compared to 2001. There was no statistically significant change in the population level use of ketamine, cocaine, GHB or opiates.

### Trends in drug seizures

Detections of clandestine amphetamine laboratories fell for the first time in 2004 after a number of years of large increases. Seizures of LSD fell quite dramatically around 1999, and were much reduced in subsequent years. Seizures of ecstasy have increased considerably each year from 2000 onwards, but were down in 2004. Seizures of cocaine have increased in the last two years, but in the years previous to that were low level and variable. There was a fairly large quantity of GHB seized in 2004, but in the years previous to that seizures were low level. Heroin seizures continue to be spasmodic.

## Characteristics of the black market

### Types of sellers

The frequent drug users had purchased drugs from a range of different people with friends, partners and family members often playing a major selling role. Nearly nine out of 10 (86%) of the frequent drug users who had purchased cannabis in the last six months had done so from 'friends' (Table 6). Only small proportions of frequent drug users purchased drugs from 'gang members or associates'. The notable exception was methamphetamine where one in five (20%) of the frequent drug users who had purchased this drug in the last six months had done so from a 'gang member'.

**Table 6: Percentage of respondents purchasing different drugs from different sellers in the last six months**

	Meth amphet amine	Crystal Meth amphet amine	Cannabis	LSD	Ecstasy (MDMA)
No. who commented	n=60	n=27	n=125	n=55	n=69
Friends (%)	73	70	86	71	74
Acquaintances(%)	25	26	24	13	26
Drug dealer(%)	43	37	36	43	36
Gang Member (%)	20	7	4	2	3

### Venues where illicit drugs were purchased

The frequent drug users had purchased drugs from a range of different venues in the preceding six months. Private houses were often the most popular venues for drug transactions (Table 7). Approximately half of the frequent drug users (47%) who had purchased methamphetamine in the last six months had done so from a 'friend's home'. One in six (16%) of those who had purchased ecstasy in the last six months had done so from a 'nightclub'. Cannabis was, by far, the drug type most often purchased from a 'tinny house' (17%). Methamphetamine was the only other drug the frequent drug users reported purchasing from a 'tinny' house (2%) in the previous six months. 'Agreed public locations' were fairly commonly used as places to buy drugs and this was particularly the case when buying methamphetamine (19%) and ecstasy (19%). Only a small proportion of frequent drug users purchased drugs on the street. Cannabis was the drug most often purchased from the streets.

**Table 7: Percentage of respondents purchasing different drugs from different venues in the last six months**

	Meth amphet amine n=58	Crystal Meth amphet amine n=27	Cannabis n=123	LSD n=54	Ecstasy (MDMA) n=69
No. who commented	n=58	n=27	n=123	n=54	n=69
Friends homes(%)	47	52	63	50	43
Nightclubs(%)	9	4	2	4	16
Tinny house (%)	2	0	17	0	0
Agreed public location (%)	19	11	8	13	19
Street (%)	5	7	11	4	1

### Time taken to purchase different illicit drugs

The frequent drug users reported taking different lengths of time to purchase different drug types. The drug types which the greatest proportion of frequent drug users could purchase in 'less than 20 minutes' were cannabis (36%) and crystal methamphetamine (23%) (Table 8). Approximately half of the frequent drug users could purchase methamphetamine (57%) and crystal methamphetamine (54%) in 'hours'. The drug types which the greatest proportion of participants could only purchase in 'days' were LSD (63%) and ecstasy (51%).

**Table 8: Time taken to purchase different drug types**

	Meth amphet amine n=61	Crystal Meth amphet amine n=26	Cannabis n=127	LSD n=52	Ecstasy (MDMA) n=70
No. who commented	n=61	n=26	n=127	n=52	n=70
Weeks (%)	7	0	2	17	6
Days (%)	21	23	19	63	51
Hours (%)	57	54	43	10	30
Less than 20 mins (%)	15	23	36	10	13

## New drug trends

### New drug types

The frequent drug users noted the introduction of more potent legal dance party pills, such as 'Hummer'. KE and several frequent drug users reported increased use of 'P' (methamphetamine) and imported crystal methamphetamine, known as 'ice'. A number of frequent drug users mentioned a new drug they had seen in the previous six months, which they called 'Tryptomine', and described as 'pure MDMA'. This could refer to the potent hallucinogen, Dimethyltryptamine or DMT. Respondents could not provide a more specific technical term. The frequent drug users also reported a range of new drugs of the '2C' variety, such as '2CI' (2,5-dimethoxy-4-iodophenethylamine), '2CE', '2CP' and '2CF'. These were described as a mix between 'LSD and ecstasy'. One frequent drug user indicated more use of 'rinse' or GHB. Another frequent drug user reported a new amphetamine they had come across called PMA [paramethoxyamphetamine], which is a hallucinogenic amphetamine with effects similar to ecstasy (MDMA). Several frequent drug users noted younger users and more young people using drugs intravenously.

### New drug selling methods

Several frequent drug users reported the selling of small amounts of new drugs, such as methamphetamine, ketamine and ecstasy in 'starter packs', to encourage people to try a drug. They also reported the selling of drug 'cocktails' made up of combinations of drugs such as methamphetamine, ecstasy, ketamine and GHB. A number of frequent drug users observed increased marketing efforts related to methamphetamine, such as reduced prices, larger quantities provided for the same price, and the selling of smaller more affordable quantities. One frequent drug user explained that you could now buy methamphetamine in '\$50 rather than \$100 bags'. Another said that they could now buy methamphetamine for '\$80 a point'. One frequent drug user observed that more users were 'making their own methamphetamine'. Frequent drug users also observed there was now a 'greater variety' of illicit drugs being sold in New Zealand. Several frequent drug users reported more 'injecting' of methamphetamine. One frequent drug user reported young people getting 'IV kits for speed', that is the paraphernalia required to inject methamphetamine intravenously. Several frequent drug users mentioned it was now easier to 'score off the streets' and that there were more 'tinny' houses. A number of frequent drug users and KE noted the increased selling of drugs by heavy drug users to cover the cost of the users' own drug consumption.

## User perceptions of different drug types

### Health risk from regular use

The drug types which the greatest proportion of frequent drug users thought the regular use of posed an 'extreme health risk' were methamphetamine (52%) and crystal methamphetamine (56%) (Table 9). Approximately four out of 10 frequent drug users considered the regular use of opiates (43%), ketamine (41%) and GHB (41%) to pose an 'extreme health risk'. The drug types which the greatest proportion of frequent drug users thought the regular use of posed 'no health risk' were 'legal dance party pills' (16%) and 'cannabis' (13%). Approximately one third of the frequent drug users felt that the regular use of cannabis (37%) or legal dance party pills (28%) posed only a 'slight health risk'.

**Table 9: Perceptions of the health risk of regular use of different drug types**

Drug type	No. of respondents	Level of health risk from regular use				
		No risk (%)	Slight risk (%)	Moderate risk (%)	Great risk (%)	Extreme risk (%)
Cannabis	n=177	13	37	38	9	3
LSD	n=169	7	9	30	29	25
Ecstasy	n=166	7	12	32	34	15
Methamphetamine	n=172	5	1	18	24	52
Crystal meth	n=153	3	3	14	24	56
Amphetamine	n=164	4	6	27	33	29
Ketamine	n=104	7	6	20	26	41
GHB	n=110	5	8	15	31	41
Opiates	n=142	6	5	13	33	43
Legal dance party pills	n=160	16	28	28	21	8

**Risk of purchasing**

The drug types which the greatest proportion of frequent drug users thought were an 'extreme risk' to purchase were crystal methamphetamine (27%), opiates (24%) and methamphetamine (23%) (Table 10). The drug type which the greatest proportion of frequent drug users thought was 'no risk' to purchase was 'cannabis' (31%). Half (49%) of the frequent drug users felt that purchasing cannabis was only a 'slight risk'. A third of the frequent drug users believed that purchasing LSD (34%) and ecstasy (30%) was only a 'slight risk'. As might be expected, the majority of frequent drug users thought there was no risk involved in buying 'legal dance party pills'. The risk some users perceived in regard to purchasing legal dance party pills may relate to the buyer's need to circumvent age restrictions at legal selling premises, the time and venue of purchase (ie. purchasing late at night in 'bad' neighbourhoods), or in cases where they were buying these products from illicit drug dealers.

**Table 10: Perceptions of the risk of purchasing different drug types**

Drug type	No. of respondents	Level of risk to buy				
		No risk (%)	Slight risk (%)	Moderate risk (%)	Great risk (%)	Extreme risk (%)
Cannabis	n=175	31	49	12	5	3
LSD	n=163	14	34	28	15	9
Ecstasy	n=164	14	30	32	15	9
Methamphetamine	n=164	7	18	27	26	23
Crystal meth	n=153	7	17	25	24	27
Amphetamine	n=157	13	22	29	22	14
Ketamine	n=115	12	25	28	17	17
GHB	n=119	16	23	29	16	16
Opiates	n=139	10	19	27	19	24
Legal dance party pills	n=169	88	7	2	1	2

## Harms from frequent drug use

### **Harm to different areas of life**

Four out of 10 (40%) of the frequent drug users had experienced harm to their relationships or social life due to their drug use in the last six months. One in 10 (10%) of those harmed in this way had been 'kicked out of home' and one in five (21%) had 'ended a relationship'. Three out of 10 (32%) frequent drug users had experienced harm to the work/study area of their life. One in 11 (9%) of those experiencing harm in this area had been 'sacked/quit' their job, 'lost their business' or been 'kicked off/quit' their course. A third (35%) of the frequent drug users had experienced harm to their financial situation as a result of their drug use. A third (33%) of those harmed in this way reported having 'no money for food/rent'. One in seven (15%) frequent drug users had experienced legal/police problems related to their drug use. A third (32%) of those experiencing these problems had been 'convicted of a crime'.

### **Drug use and driving**

One-third (34%) of the frequent drug users had driven under the influence of alcohol in the last six months. Three-quarters (75%) of the frequent drug users had driven under the influence of drugs other than alcohol in the previous six months. The drug types which the frequent drug users were most commonly under the influence of when driving were cannabis (81%), methamphetamine (37%), legal dance party pills (25%), ecstasy (24%) and amphetamines (19%).

### **Drug treatment**

The number of people presenting to drug treatment services with amphetamine related problems has increased steadily over the last five years. Somewhere between 10%-20% of clients now present to drug treatment services with amphetamine as their primary drug problem. This has made amphetamine the third most common drug problem seen by drug treatment services in New Zealand. However alcohol, and to a lesser degree cannabis, remain the most common types of drug problems presenting to drug treatment services. Ecstasy and LSD were rarely nominated as a primary drug problem by those presenting to drug treatment services.

## Criminal history

One in 15 (7%) of the frequent drug users self reported they had committed a property crime in the previous month. Four out of 10 (38%) of the frequent drug users self reported they had sold an illicit drug in the previous month. One in 25 (4%) of the frequent drug users had committed fraud in the preceding month. One in 50 (2%) self reported they had committed a violent crime in the last month.

One in five (22%) frequent drug users had been arrested in the last 12 months. One in 20 (5%) had spent some time in prison in the last year. A third (34%) of the frequent drug users had been convicted of a criminal offence, and one in seven (14%) had spent time in prison, in their lifetimes.

## Perceptions of police activity

Four out of 10 (42%) of the frequent drug users had noticed 'more' police activity against drug users in the last six months. One in five (20%) frequent drug users had had 'more' of their friends arrested in the last six months. One in seven (15%) frequent drug users said that police operations had made it 'more difficult' to obtain drugs in the preceding six months.

## Conclusion

The findings from the 2005 IDMS describe a dynamic drug environment in New Zealand, with new illicit and licit drug types emerging on the market and new innovative marketing techniques being employed by drug dealers to attract users. The results of the IDMS confirm that methamphetamine is well established in the illicit drug market place. Half of the participants described the availability of methamphetamine as 'very easy' and a quarter said the price had 'decreased' in the previous six months. Indeed, it may be the case that there is now a glut in the methamphetamine market with a number of participants mentioning greater competition and falling prices, and special marketing techniques being employed to attract new users.

The frequent drug users indicated a high level of awareness concerning the health risks of regular methamphetamine use, which may signal a declining image for the drug. Over half of the frequent drug users interviewed considered the regular use of methamphetamine to be an 'extreme health risk'. In the Methamphetamine Module, frequent methamphetamine users reported a range of serious physical and psychological problems which they attributed to their methamphetamine use. It remains to be seen to what extent this awareness of the health risks of methamphetamine use translates into reduced demand. The reports of increased drug selling by heavy methamphetamine users may indicate that a new stage in the epidemic's life cycle has been reached, as some existing users seek to sustain heavier use via drug dealing. The likely decline of these heavy methamphetamine users into addiction may provide further negative role models to those seeking to begin use, and in the longer term create a momentum toward declining use overall. In the short term, we may experience a stabilisation of the number of people using methamphetamine, but with larger associated social costs as a larger proportion of existing users become problematic dependent users.

The reports from the frequent drug users concerning police activity and arrests indicate ongoing police successes in disrupting the local drug market. The sustained increase in the number of clandestine methamphetamine laboratories detected by the police, in the context of a levelling out of the population use of amphetamine, suggests increasing law enforcement effectiveness in this area. These efficiency gains in enforcement activity are likely to be the result of 'learning by doing', as police gain more experience of amphetamine manufacture and the local amphetamine market.

The frequent methamphetamine users and frequent cannabis users were both found to have fairly high contact with the criminal justice system. This underlines the rationale for offering drug treatment services to arrestees in these institutional contexts.

The findings from the 2005 IDMS suggest that ecstasy (MDMA) may be the drug which goes on to exhibit the most persistent demand in the long term. The frequent drug users reported declining prices and high availability in relation to ecstasy. Ecstasy was perceived by the frequent drug users to be less of a health risk and less risky to purchase than either methamphetamine or crystal methamphetamine. The possibility of the establishment of domestic manufacture of ecstasy would provide further impetus to its spread in New Zealand. Greater dissemination of the problems experienced by frequent ecstasy users within the 'at risk' social population may raise awareness of the health risks of this drug, with positive impacts on reducing demand. The Hallucinogen Module of the IDMS could be a source of

information for such an educational resource. There is emerging research suggesting long term cognitive and behavioural harms associated with ecstasy use. (McCann et al., 1999; McCann et al., 1998).

The information provided by the frequent drug users in the 2005 IDMS suggests that LSD has been in decline in recent times. Three out of 10 frequent drug users thought that 'less' of the people they know were using LSD compared to six months ago. Half of the frequent drug users described the current availability of LSD as 'difficult' and nearly three out of 10 said availability had become 'more difficult' in the last six months. The frequent drug users who had recently purchased LSD reported that LSD was relatively difficult to obtain and it would often take them 'days' or 'weeks' to purchase it. These reports are supported by national household drug survey findings for LSD and recent seizure statistics for LSD which also suggest declining use. Demand for and supply of LSD in New Zealand may have suffered from the emergence of ecstasy and methamphetamine. The market for LSD remains however, and it may be re-energised if there is a shift in preference away from the present popularity of synthetic amphetamines. LSD is relatively inexpensive compared to methamphetamine and ecstasy and is not considered addictive. However, many users perceived LSD as a relatively serious health risk which may impede its return to popularity.

Cannabis remains a staple illicit drug in New Zealand and the frequent drug users considered it widely available. Six out of 10 of the frequent drug users described the current availability of cannabis as 'very easy'. There appeared to be an extensive black market for cannabis, with the drug sold from public selling points such as 'tinny' houses and the 'street'. A previous secondary analysis of New Zealand national household drug survey findings found that adolescents aged 15-17 years old were more likely to purchase their cannabis from 'tinny' houses than older groups (Wilkins et al., 2005). However, the frequent drug users in the 2005 IDMS indicated that the prices and the availability of cannabis were generally stable.

Cannabis was perceived by the frequent drug users to have a low health risk and to be not very risky to purchase, suggesting ongoing high demand. However, rather paradoxically in light of this view, quite high proportions of the frequent cannabis users interviewed for the Cannabis Module self-reported a range of psychological problems related to their cannabis use. These included 'strange thoughts', 'anxiety', 'short temper', 'paranoia', and 'depression'. This suggests that cannabis users' perceptions concerning the low health risk of their frequent cannabis use does not match their own self reported experience.

The cocaine market appears stable with high prices and low availability. There was little evidence found that this is changing. Ketamine also appears fairly stable. The frequent drug users reported experiencing increasing prices and declining availability for ketamine. Similarly, GHB is reported to be increasing in price although some participants considered availability to be increasing. GHB was perceived by the participants to be a fairly high health risk. This may reflect awareness of the high risk of fatal overdose from GHB use. It would be interesting to know to what extent occasional drug users are aware of these risks.

The use of legal dance party pills and nitrous oxide by the frequent drug users was found to be surprisingly high. The frequent cannabis users reported high levels of recent use of legal dance party pills (62%) and nitrous oxide (36%), as did the frequent drug users in the other modules of the 2005

IDMS. The high levels of use of these legal substances by the frequent illicit drug users may suggest they are not viewed as vastly inferior to the illicit substances available. An important research question is the extent to which these substances tend to promote or facilitate the use of other 'harder' drug types. Alternatively, it has been suggested by some commentators that these substance may act as 'safe' legal alternatives to 'hard' drugs and criminality, both for adolescents with no history of drug use and for established illicit drug users seeking an exit from the illicit drug lifestyle. The level of use of these new legal intoxicants among the frequent drug users interviewed for the 2005 IDMS indicates that this issue requires investigation and clarification to inform the ongoing policy response.

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- Community Alcohol and Drug Services (CADS), Auckland
- Ministry of Health
- National Addiction Centre (NAC), Christchurch, Otago School of Medicine
- National Drug Intelligence Bureau (NDIB)
- New Zealand Police
- New Zealand Customs Service
- New Zealand Health Information Service (NZHIS)
- Odyssey House, Auckland

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