EDRS

ECSTASY AND RELATED DRUGS REPORTING SYSTEM
DRUG TRENDS BULLETIN
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An overview of the 2013 Ecstasy and Related Drugs Reporting System

UNSW THE UNIVERSITY OF NEW SOUTH WALES

Authors: Natasha Sindicich and Lucy Burns
National Drug and Alcohol Research Centre, The University of New South Wales

Faculty of Medicine | National Drug and Alcohol Research Centre

KEY FINDINGS

- 686 participants took part in the EDRS in 2013. Criteria was broadened for all states to include regular (six separate occasions of use) of any psychostimulant to recruit regular psychostimulant users (RPU) rather than the previous EDRS criteria of regular ecstasy user (REU). Participants were primarily recruited through word-of-mouth and street press.
- Preference for ecstasy has stabilised with 2012 figures. Cocaine significantly decreased in relation to preference.
- Whilst the most popular form of ecstasy consumed on a regular basis is pills (tablet form), there has been an increasing trend in the use of capsules and MDMA crystal.
- Methamphetamine recent use saw a significant decrease in use across all forms (speed, base and ice/crystal), with no definitive market changes to explain this.
- Hallucinogen LSD and ketamine has significantly increased in recent use in 2013.
- Cannabis and tobacco were two of the most used drugs in the sample. Daily tobacco use saw a significant decrease in proportion.
- EPS use continues to grow as a class of drug, with 2CB and 2CI seeing significant increases in use. However, frequency of use of this class remains at low levels.

INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of ecstasy and related drug markets in Australia. The EDRS uses a similar methodology to the Illicit Drug Reporting System (IDRS). The EDRS monitors the price, purity and availability of 'ecstasy' (MDMA) and other related drugs such as methamphetamine, cocaine, GHB, ketamine and more recently emerging psychoactive substances (EPS). It also examines trends in the use and harms of these drugs. The data collection includes: a) surveys with regular ecstasy users (REU); b) surveys with key experts who have contact with regular ecstasy users through the nature of their work; and c) the analysis of existing data sources that contain information on ecstasy and other drugs.

REU have primarily been recruited as the sentinel group as they were able to provide information on trends both in ecstasy and related drug use and related harms. The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population-REU (Topp & Darke, 2001). However in 2013, due to the history of smaller jurisdictions having experienced difficulty with recruitment in recent years (NT and WA) using REU criteria all jurisdictions had criteria broadened to include regular (i.e. at least monthly use or six separate occasions) of any psychostimulant including ecstasy (e.g. MDA, cocaine, methamphetaime, ketamine, LSD, or emerging psychoactive substances (EPS) such as mephedrone, 2C-B, 2C-I) over the previous six month period. These users were termed regular psychostimulant users (RPU). The information from the RPU survey is therefore not representative of illicit drug use in the general population, and is not representative of other illicit drug users (e.g. in other geographical areas, occasional users, etc), but it is indicative of emerging trends that may warrant further monitoring and/or investigation.

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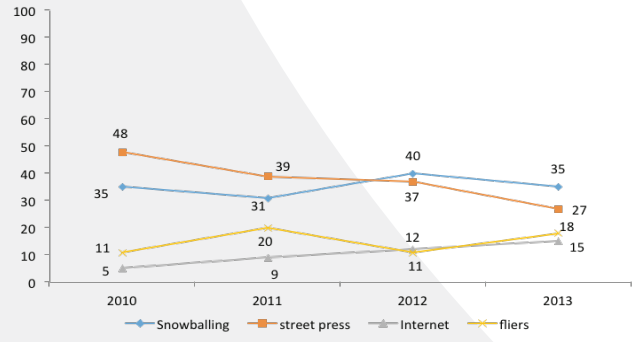
Drug trends in this publication are cited by state/territory, although they represent trends in the capital city of each jurisdiction. Further details, including key expert and indicator data, will be published in the national and jurisdictional EDRS Drug Trends annual reports, which will be available through NDARC in April 2013. Previous years' findings are available in national and jurisdictional reports on the NDARC website, www.ndarc.med.unsw.edu.au (click on 'Drug Trends').

Notes on interpretation:

- ''Recent use' data in this bulletin refers to the proportion of participants who had used the drug on at least one occasion in the last six months
- 'Frequency' data refer to the number of days on which those participants had recently used the drug.
- 'Lifetime' refers to ever having used a drug
- ↑ Significant increase ($p<0.05$) from previous year (2012) compared with current year (2013)
- ↓ Significant decrease ($p<0.05$) from previous year (2012) compared with current year (2013)

This bulletin contains a summary of the key findings from the psychostimulant user survey component of the 2013 national EDRS, in which 686 participants were recruited, of which n=100 were from NSW, VIC, SA and WA, n=88 from QLD, n=77 from the ACT, n=76 from TAS and n=45 from the NT. This represents the eleventh year in which the study was conducted nationally. Participants in 2013 were recruited primarily from word-of-mouth (35%) followed by street press magazines (27%). Other methods growing in utilization for this sample are internet postings (drug-related forums and websites and social mediums) and street fliers. Overtime it appears that recruiting methods for this group have changed with significantly more participants being recruited through the internet (2010: 5% vs. 2013: 15%; $p<0.05$) and significantly less being recruited by more traditional study methods of street press (2010: 48% vs. 2013: 27%; $p<0.05$) (see figure 1).

Figure 1: National overview of recruitment, 2010-2013



Source: EDRS interviews

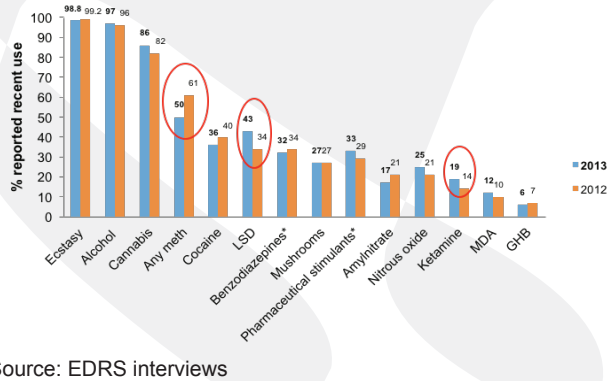
Demographics of EDRS participants

In 2013, EDRS demographic characteristics remained generally consistent across jurisdictions and are similar to those collected over previous years. The mean age of participants was 23 years (range 16-53), and a higher proportion of the sample were male (67%). Participants generally reported being of an English speaking background 97% with most (82%) born in Australia. The majority reported being heterosexual (88%) and over half of single status (60%). Two-fifths (44%) were tertiary educated, with two-fifths reporting either full (26%) or part-time employment (24%). Main source of income for this sample was wages or salary (64%) followed by government benefits (22%), parental allowance (6%), criminal activity (1.5%), other means (3%) and no income (3%). Mean weekly income nationally was $550 with variations across jurisdictions. In terms of living situation, most reported renting (51%) or living in the family home (41%) with small proportions reporting no fixed address (i.e. homeless 'sleeping rough') or boarding/at a hostel (3.5%). As experienced in previous years, a small percentage (3%) reported being in drug treatment mainly drug counseling.

National Snapshot Overview

In terms of recent use, ecstasy was reportedly used by nearly all participants except n=8. Alcohol was the second most reported substance consumed recently by 97% of participants, followed by cannabis (86%). All forms of methamphetamine (including speed, base and ice/crystal) reported a significant decrease in recent use from 2012 (61% vs. 50%; $p<0.05$). LSD and ketamine reported a significant increase from 2012 to 2013. Most other drug classes remained at a stable level of use (see figure 2). Of note is that while prevalence of recent use is reported in the figure below, frequency of use of these drugs must also be considered and is discussed by drug type later in the bulletin.

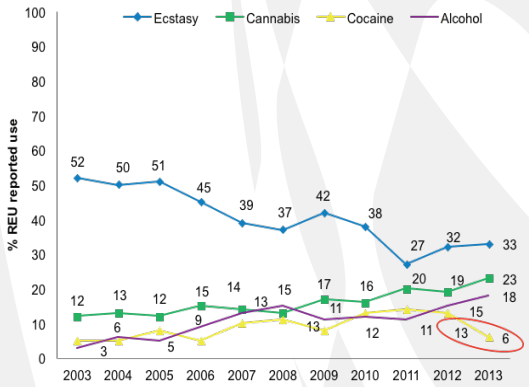
Figure 2: National overview of recent EDRS participant use, 2012-2013



Source: EDRS interviews
* includes licit and illicit use

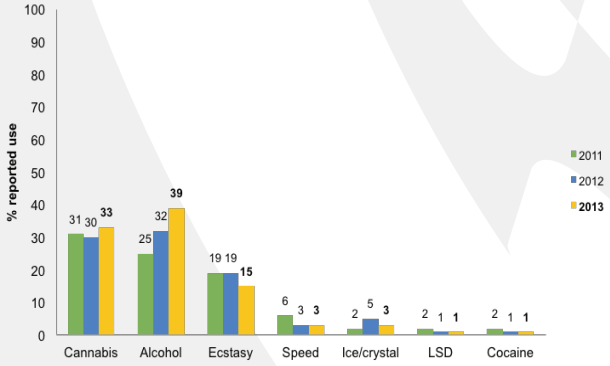
Preference for ecstasy as the participants' drug of choice (i.e. preferred drug) continues to steady at 33%, see figure 2). In 2013, the second most frequently nominated drug of choice was cannabis (23%), followed by alcohol (18%). Cocaine, which is the fourth most endorsed drug in terms of preference, has significantly decreased from last year (2012: 13% vs. 2013: 6%; p<0.05) (see figure 3). In 2013, participants were asked which drug they had used most often in the month prior to interview (see figure 4). Of those who reported ecstasy as their drug of choice and a different drug for the drug they had used most often in the past month, the most common reasons given for the discrepancy were: lack of availability of ecstasy (22%), use in social situations (21%), price (16%), impact on daily functioning (14%), health effects (10%), and other (9%).

Figure 3: Drug of choice trends EDRS participants, 2003-2013



Source: EDRS interviews

Figure 4: Drug used most often in month prior to interview, 2011-2013



Source: EDRS interviews

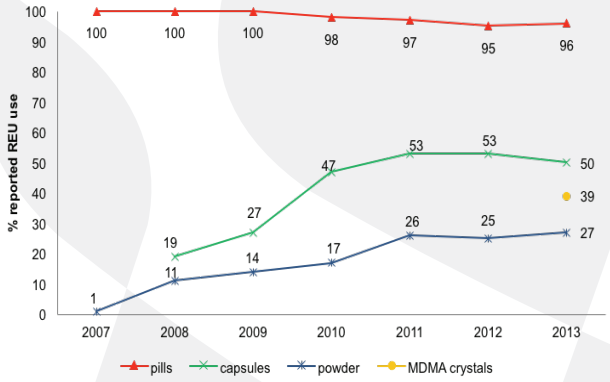
Ecstasy

Consumption patterns

Nationally, ecstasy (all forms of pills, powder and capsules) was used on a median of 12 days in the six months prior to interview (approximately once per fortnight; range 1-180 days). No differences were found in frequency of using ecstasy, with most use falling in the monthly to fortnightly category (47%). Participants reported using a median of two ecstasy tablets in a typical session of use, of which almost one-third (29%) reported use of more than two tablets in a typical session. In terms of the average amount used in a session of 'other forms' of ecstasy use, the regular user reported using a median of 0.5 grams (range 0.05-3 grams) of powder in a typical session and a median of 1.5 capsules (range 0.25-10 capsules) in a typical session.

A fifth (19%) reported using ecstasy pills as a form only, implying that most of the participants that reported ecstasy use are using a variation of the other forms. In recent years the other forms of powder and particularly capsules have become a common form of consumption for the drug (see figure 5). In 2012, a new form of ecstasy termed 'MDMA crystal/rock' had been reported by 2% (n=11) of the national sample mostly in VIC, NSW and QLD, in 2013 that figure rose to 39%. Overall, the main route of administration for any form of ecstasy was swallowing (86%) followed by snorting (13%).

Figure 5: Forms of ecstasy used, 2007-2013



Source: EDRS interviews
Note: capsules were only included in the EDRS survey in 2008

Market characteristics

The national price of ecstasy pills remained consistent with previous years at $25 per pill. Price of ecstasy pills in 2012 has remained generally similar across jurisdictions (ranging from $20 in SA to $35 in the NT). Last price paid per gram of ecstasy powder nationally was $250 (range $ 20-$400), per gram of MDMA crystals the price nationally was $260 (range $30-450) and for capsules the last price paid was $30 (range $15 to $60). In terms of price changes, the lack of change from last year is reflected in the results of price change perception whereby less participants reported the price of ecstasy to have increased (16% in 2012 vs. 12% in 2013; p<0.05) and more participants reported that the price was stable (63% in 2012 vs. 71% in 2013;

p<0.05). Lower prices reported in the range are most likely due to purchases being made in bulk.

Availability for ecstasy appeared to be stable with 2012 results with the majority reporting it was 'easy to very easy' to obtain (86%). In relation to purity, results indicated an increase in purity, whereby more participants reported purity to be medium (35% in 2012 vs. 42% in 2013; p<0.05) and fewer participants reported purity to be low (27% in 2012 vs. 20% in 2013; p<0.05). In terms of perception of how purity had changed over the previous six months, the picture painted was that a significantly less number participants reported that purity was increasing (23% in 2012 vs. 13% in 2013; p<0.05), and significantly more participants reported that purity had fluctuated (24% in 2012 vs. 31% in 2013; p<0.05).

Emerging psychoactive substances (EPS) use

This class of drug known as emerging psychoactive substances (EPS) or by law enforcement termed 'analogues and other synthetic drugs' have been present in Australia and on the international market since the mid 2000's, however in Australia have gained popularity by way of media coverage, reported recent use, and customs detections only in recent years. EPS are available within the illicit drug market and are variants or mimic a parent compound which is usually a prohibited or scheduled drug e.g. cocaine or MDMA. In recent years, this class of drug has begun being sought out rather than used as a substitute however prevalence in the EDRS remains moderate however frequency of use remains low indicating more sporadic use in comparison to the more established class of illicit drugs that this group use.

These classes of drugs were initially investigated by the EDRS in 2010. In 2013, the number of EDRS participants that had consumed an EPS in the previous 6 month period continued to climb from 28% in 2011 to 37% in 2013 (see figure 14). However, frequency of use for separate EPS remains low at 1-2 days over the last six months (i.e. equating to sporadic use). A sub-group in this class that continues to receive considerable attention include: particularly the Phenethylamines group which includes sub-classes of the '2C-x family' e.g. 2C-B, 2C-I; 'Beta-ketones' e.g. cathinones like mephedrone, MDVP. Particular EPS that did see an increase in use were 2CB and 2CI (see table 1 below).

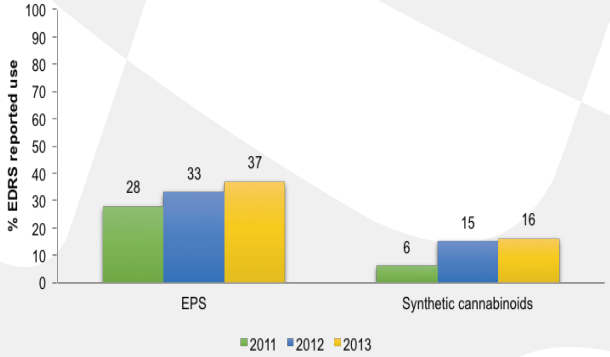
Table 1: Recent use of EPS, 2011-2013

(%)	National 2013 N=686	National 2012 N=607	National 2011 N=574
Phenethylamines (2C-x Class)			
2CB	**14** ↑	9	8
2CI	**8** ↑	2	4
2CE	**1**	3	3
Phenethylamines (Beta-ketones)			
Mephedrone	**6**	5	13
Methylone/bk MDMA	**3**	5	5
Ivory Wave/MDPV	**1**	2.5	1
Phenethylamines (Amphetamine-based)			
DMT	**14**	12	13
Benzo Fury (6-APB)	**<1**	<1	n.a
(Dissociative)			
DXM (Cough syrup)	**4**	2.5	5
Methoxetamine (MXE)	**2**	1	n.a

Source: EDRS interviews

Cannabimimetics or synthetic cannabinoids of which many traditionally contain synthetic chemicals which mimic the effects of the main psychoactive component of cannabis tetrahydrocannabioid (THC) has also been linked to this EPS class of drugs. The figure for synthetic cannabinoids in 2013 is stable at 16% of the EDRS sample, and frequency of use remains low at 2 days; for Kronic and K2/Spice (see figure 6).

Figure 6: Recent use of EPS and synthetic cannabinoids, nationally, 2011-2013



Source: EDRS interviews

Many countries continue to face the challenge of identifying an ever-increasing range of substances in a rapidly changing market. Europe continues to report an increase in this class of drug with 166 new synthetic psychoactive substances reported to the European Early Warning System in 2009 and 251 by mid 2012 (EMCDDA, 2013). For the first time, these EPS substances actually exceed the total number of substances under international control (234). In

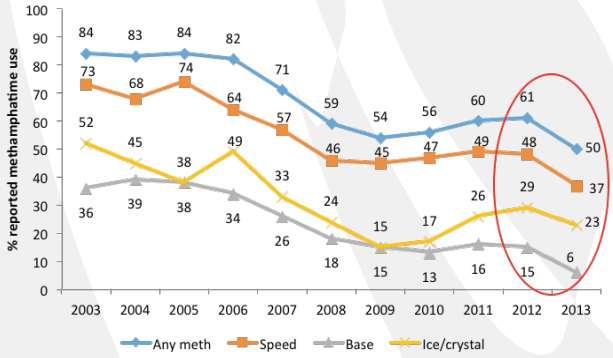
Australia, the EDRS is a major source in providing sample prevalence estimates on the use of these drugs. Data at a population level at this point in time is still being investigated, though given prevalence in our sample of regular recreational drug users is low, it would be thought to be extremely low in the population.

Methamphetamine

Consumption patterns

The EDRS distinguishes between the three forms of methamphetamine – methamphetamine powder ('speed'); methamphetamine base ('base'); and crystalline methamphetamine, ('crystal' or 'ice'). All three forms were found to have decreased at a significant level compared to 2012 (see figure 7). Base was particularly low, reported at the lowest level since monitoring began. Frequency of use was also reported at lower levels to 2012 and across jurisdictions; (nationally speed: 3 days in 2013 and 5 days in 2012, base: 2 days in 2013 and 2 days in 2012; ice/ crystal: 4 days in 2013 and 6 days 2012; and any form methamphetamine: 4 days in 2013 and 4 days 2012 i.e. approximately monthly use).

Figure 7: Prevalence of recent use of methamphetamine, by EDRS participants, Australia, 2003-2013



Source: EDRS interviews

Market characteristics

The price of a gram of speed varied, with the median price nationally at $200 ranging from $150 in NSW to $700 in WA (small numbers reporting in NSW and WA). The median price nationally for a point of ice/ crystal was $100 and varied this year from $50 in NSW to $200 in the NT (small numbers in the NT).

Interestingly there were no significant differences in relation to ease of availability of any of the forms of methamphetamine, which may help explain the decline in use. All forms were reported by the majority as 'easy-to- very easy' to obtain. The change to purity reported was for ice/crystal with a significant decline in those reporting purity as 'high' (62% in 2012 to 46% in 2013; p<0.05). Speed was considered 'high to medium' purity and base was considered 'high' purity.

Cocaine

Consumption patterns

In 2013, cocaine use was reported to similar levels as those reported in 2012 (36% in 2013 from 40% in 2012, p<0.05). Frequency of use remained low at 2 days (sporadic use) nationally and across most jurisdictions.

Market characteristics

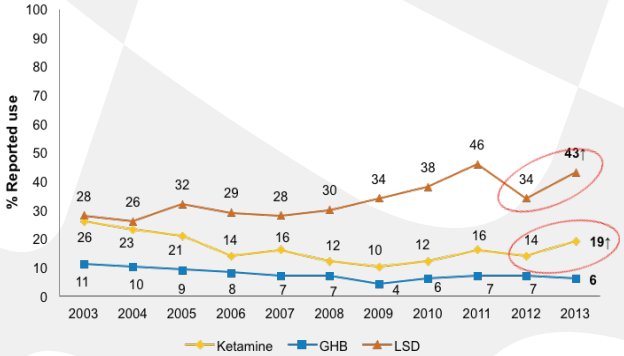
The price per gram of cocaine nationally was $300, ranging from $300 in NSW, ACT, VIC, TAS and QLD to $400 in WA. There were no changes reported in terms of availability with over half (59%) of the sample reporting it was 'easy to very easy' to access cocaine. Purity remained similar to 2012 results with the greatest proportion endorsing cocaine purity to be 'medium' (44%).

LSD, Ketamine and GHB

Consumption patterns

Recent use of LSD has increased from 34% in 2012 to 43% in 2013 (p<0.05). Ketamine recent use has also reported an increase (14% in 2012 to 19% in 2013). GHB use was stable (see figure 8) at 6% nationally. Days of use remained low (sporadic) at 3 days for LSD and 2 days nationally for ketamine and GHB.

Figure 8: Prevalence of use of LSD, Ketamine and GHB, 2003-2013



Source: EDRS interviews

Cannabis, tobacco, alcohol and other drugs

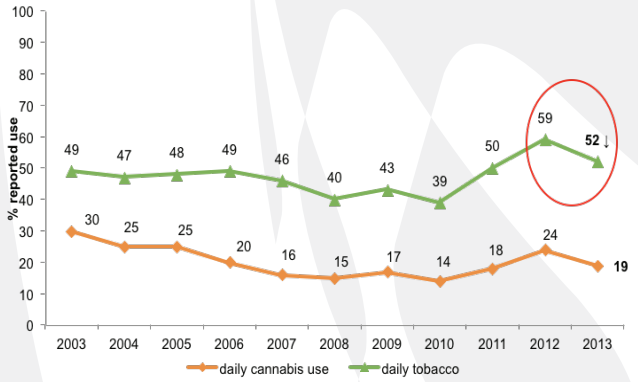
Consumption patterns

Reported recent use of cannabis remained stable from 2012 to 2013 (82% in 2012 vs. 86% in 2013). Daily use of cannabis approached significance to suggest a decrease (24% in 2012 vs. 19% in 2013; p=0.054). Recent use of tobacco significantly decreased in 2013 (83% in 2012 vs. 79% in 2013, p<0.05). Daily use of

tobacco significantly decreased from 59% in 2012 to 52% in 2013 (see figure 9 below).

Alcohol is the drug most used by this sample over a six month period with almost all participants (97%) reporting recent use. Median days of use is 48 (approximately twice weekly), with 6% of the sample reporting daily drinking. Use of alcohol in this group is an issue that warrants further monitoring. Alcohol is the drug nominated as most typically used with ecstasy (70%), followed by cannabis (53%) and tobacco (43%). Alcohol is this year the drug most often used in the month prior to interview before cannabis, and remains at an increased preference as a drug of choice behind ecstasy and cannabis and is the drug most reported (68%) to be used in a binge session.

Figure 9: Proportion of daily cannabis and tobacco smokers in EDRS sample, 2003-2013



Source: EDRS interviews
Note: * includes licit and illicit use

Most other drugs were reported at similar levels to those reported in 2012 (see table 2).

Table 2: Use of other drugs in the six months prior to interview, 2013

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=607	N=686	n=100	n=77	n=100	n=76	n=100	n=100	n=45	n=88
	2012	**2103**								
Alcohol	96	**97**	94	96	93	100	97	96	96	99
Tobacco	83	**77 ↓**	84	74	82	76	75	75	58	83
Pharmaceutical stimulants*	29	**33**	35	21	30	20	25	64	2	42
Amyl nitrate	21	**17**	45	9	23	9	14	7	11	8
Nitrous oxide	21	**25**	20	26	48	9	17	32	9	28
Heroin	5	**4**	3	1	10	5	3	2	0	3
Methadone*	3	**2**	4	1	4	1	0	0	0	0
Buprenorphine*	3	**1**	1	1	3	4	0	0	0	1
Other opiates*	13	**14**	11	17	21	11	10	15	2	17
Anti depressants*	11	**11**	9	9	10	9	9	18	7	15
Benzodiazepines*	34	**32**	25	21	53	34	29	33	11	38
Mushrooms	27	**27**	25	47	38	15	19	17	11	38
MDA	10	**12**	23	10	13	8	3	12	5	16
Steroids	<1	**<1**	1	1	0	0	0	1	0	2

Source: EDRS interviews
Note: * includes licit and illicit use

For further information:

For further jurisdictional information on any information reported above visit www.ndarc.med.unsw.edu.au , click on 'Drug Trends logo', and see: 2012 Drug Trends Conference: 'Key Findings of the 2013 EDRS (15th October 2013)'.

Participating researchers and research centres

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