



# **ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS: BACKGROUND AND METHODS**

Last updated: October, 2018



**Suggested citation:** Peacock, A., Gibbs, D., Karlsson, A., Uporova, J., Sutherland, R., Bruno, R., Dietze, P., Lenton, S., Alati, R., Degenhardt, L., & Farrell, M. (2018). Ecstasy and Related Drugs Reporting System (EDRS) Interviews: Background and Methods. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

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## Glossary of Terms

<b>TERM</b>	<b>DEFINTION</b>
<b>Availability</b>	Participants are asked how easy it is to obtain a certain drug
<b>Casual sex</b>	Penetrative sex with someone who is not a regular partner
<b>Drug dealing</b>	Sale of drugs for cash profit, where a person purchased drugs and on-sold them for a cash profit (more than the amount to cover personal use)
<b>Fraud</b>	Acts involving fraud, including forging cheques, forging prescriptions, social security scams, using someone else's credit card
<b>Incarceration</b>	An occasion where a person has been convicted of an offence and sentenced to jail (excluding remand)
<b>Injection</b>	Injection (typically intravenous) of a substance
<b>Jurisdiction</b>	State or territory
<b>New psychoactive substances</b>	Substances which are sometimes referred to as research chemicals, analogues, legal highs, herbal highs, synthetic drugs, designer drugs or bath salts, and often mimic the effects of traditional illicit drugs
<b>Non-prescribed use</b>	Use of a prescribed medication obtained by a prescription in someone else's name
<b>Overdose (stimulant)</b>	Experience of symptoms such as nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium, that are outside the person's normal drug experience, or where professional assistance would have been helpful
<b>Overdose (depressant)</b>	Experience of symptoms such as reduced level of consciousness, respiratory depression, turning blue and collapsing, that are outside the person's normal drug experience, or where professional assistance would have been helpful
<b>Over-the-counter</b>	Availability of a medicine through a pharmacy without a doctor's prescription
<b>Penetrative sex</b>	Penetration by penis or hand of the vagina or anus
<b>Point</b>	0.1 gram (although may also be used as a term referring to an amount for one injection)
<b>Prescribed use</b>	Use of a prescribed medication obtained by a prescription in the person's name
<b>Property crime</b>	Theft or destruction of someone else's property, including shoplifting, break and enter, stealing a car, receiving stolen goods
<b>Protective barrier (penetrative sex)</b>	Use of a 'condom/glove/dam' during penetrative sex
<b>Purity</b>	Participants are asked 'how strong would you say *drug* is at the moment?'
<b>Session</b>	A period of continuous use without sleeping

<b>TERM</b>	<b>DEFINTION</b>
<b>Shelving/shafting</b>	Use via insertion into vagina (shelving) or the rectum (shafting)
<b>Smoking</b>	Use of a substance via inhalation/vaping
<b>Snorting</b>	Use of a substance intranasally
<b>Use</b>	Use of a substance via any route of administration, including injecting, smoking, snorting/shelving/shafting, and/or swallowing
<b>Violent Crime</b>	Acts involving violence, including assault, violence in a robbery, armed robbery, sexual assault, breaking an apprehended violence order

## Guide to Timeframes

<b>Lifetime use</b>	Use on one or more occasion in their lifetime
<b>Recent use</b>	Use on one or more occasion in the past six months
<b>180 days of use</b>	Use daily in the past six months
<b>90 days of use</b>	Use every second day in the preceding six months
<b>24 days of use</b>	Use weekly in the past six months
<b>12 days of use</b>	Use fortnightly (i.e., every two weeks) in the past six months
<b>6 days of use</b>	Use fortnightly (i.e., every two weeks) in the past six months

## Background

The [Ecstasy and Related Drugs Reporting System \(EDRS\)](#) is the most comprehensive and detailed study of ecstasy and related drug use, market features, and harms in Australia.

The EDRS evolved from the [Illicit Drug Reporting System \(IDRS\)](#), a monitoring system identifying trends in illicit drug markets that has been conducted in all states and territories of Australia since 2000. In June 2000, a trial was conducted in New South Wales, Queensland and South Australia to examine the feasibility of monitoring emerging trends in the ecstasy and related drugs market using the extant IDRS methodology. 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 Party Drugs Module was conducted in NSW and SA respectively. In 2003, a feasibility trial was 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. The project has since been conducted annually across capital cities in Australia and renamed the Ecstasy and Related Drugs Reporting System (EDRS) in 2006.

The trends identified in outputs have been extrapolated from interviews with people who use ecstasy and other stimulant drugs regularly, as well as other routinely collected indicator data sources. The EDRS interviews capture self-report information about drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. This includes ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine), new psychoactive substances (NPS; e.g. 2C-B, DMT, synthetic cannabis) and GHB (gamma-hydroxybutyrate).

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.

## Study Aims

The aims of the EDRS interview component are to:

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

## Methods

Since 2003, the sentinel population chosen has consisted of people who engage in the regular use of the drug sold as 'ecstasy'. 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).

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

In 2018, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the [Drug Trends](#) program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

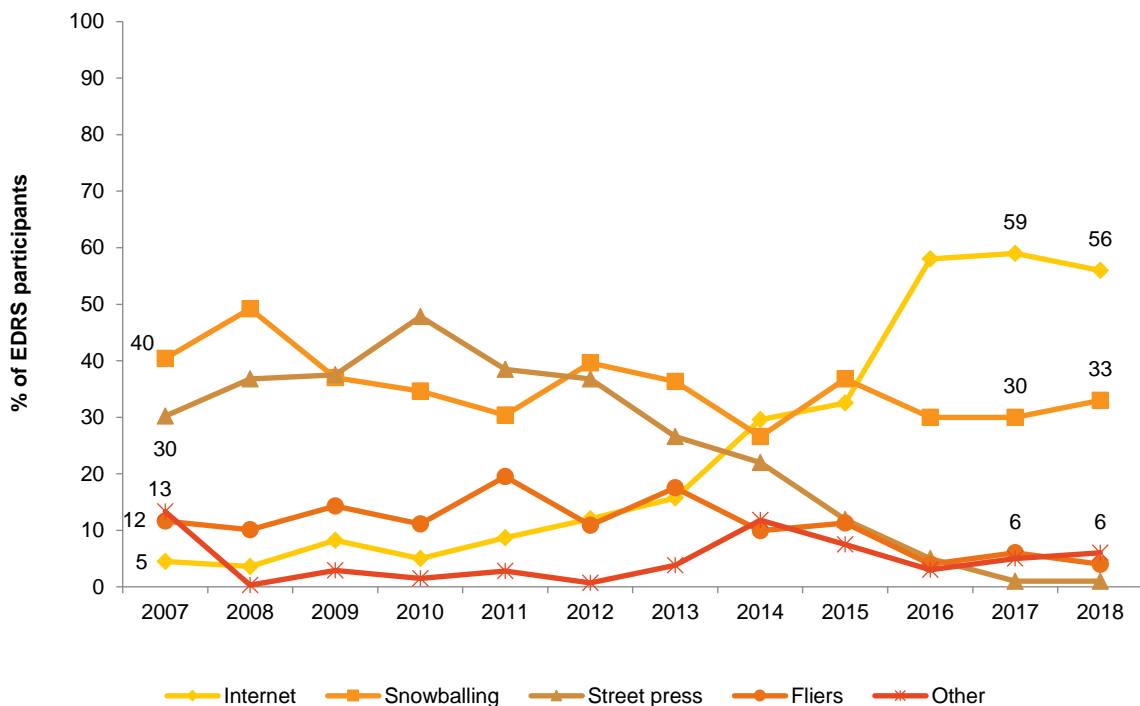
## Recruitment

Participants are recruited through a purposive sampling strategy (Kerlinger, 1986), which includes 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 & Waldorf, 1981) are 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, Lenton, & Norcross, 1997; Ovendon & Loxley, 1996; Solowij, Hall, & Lee, 1992) and international (Dalgarno & Shewan, 1996; Forsyth, 1996; Peters, Davies, & Richardson, 1997; Solowij et al., 1992) studies. On completion of the interview, participants are asked if they would be willing to discuss the study with friends who might be willing and able to participate.

The EDRS focuses on the recruitment of participants who reside in the capital city of each jurisdiction, because, given that the purpose of the study is to monitor emerging trends, these are likely to emerge in the main illicit drug markets rather than in regional or rural areas. In larger sites such as Sydney and Melbourne, participants can be recruited from areas where there are higher rates of illicit drug use, rather than sampling from every metropolitan region.

It is imperative that there is consistency in recruitment methods from year to year for comparison. In 2018, the internet was the medium by which most participants were recruited (56%), followed by word-of-mouth (33%), consistent with previous years (Figure 1).

Figure 1: Recruitment method of EDRS participants over time, nationally, 2007-2018



## Procedure

Participants who view the advertisements, and are interested in participating, contact the researchers by telephone (call or text) or email and are screened for eligibility.

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 ecstasy and other stimulants. Since 2013, this criterion was adopted for all jurisdictions.

To meet entry criteria, participants have to:

- be at least 16 years of age (due to ethical constraints)<sup>1</sup>;
- 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 involves a face-to-face interview that takes approximately 45–60 minutes. All participants are assured that all information they provide will remain confidential and anonymous. The nature and purpose of the study are explained to participants before informed consent is obtained. Interviews take place in varied locations negotiated with participants, including the research institutions, coffee shops or parks, and are conducted by interviewers trained in the administration of the interview schedule. In 2018, data were collected via REDCap (Research Electronic Data Capture) on laptops or tablets. All respondents are reimbursed \$40 for time and expenses incurred.

<sup>1</sup> In all states with the exception of WA, the age for eligibility is 17 years of age or older.



## Measures

Participants are administered a structured interview schedule based on a national study of ecstasy consumers conducted by NDARC in 1997 (Topp et al., 1998; Topp, Hando, Dillon, Roche, & Solowij, 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, Cohen, Ross, Hando, & Hall, 1994; Hando & Hall, 1993; Hando, Topp, & Hall, 1997). The interview focuses primarily on the preceding six months, and assesses various domains, including:

- demographic characteristics;
- patterns of drug use, including frequency and quantity of use and routes of administration;
- drug market characteristics (i.e., price, perceived purity and perceived availability of substances);
- risk behaviours (such as injecting and sexual behaviour);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity; and
- general trends in drug markets, such as new drug types and new drug consumers.

## Data cleaning and analysis

Participant responses are checked to ensure eligibility criteria are met; that responses are consistent across the interview; that valid responses are given to items where there are minimum and maximum possible values (e.g., frequency of use in last 6 months does not exceed 180 days); and that responses falling under 'other' are not more accurately captured under existing response options.

Unless indicated otherwise, data are analysed using the IBM SPSS Statistical Package for Windows, Version 24.0 (IBM, 2016) or Stata 15 (StataCorp, 2017). Percentages are calculated for categorical data (valid per cent 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., percentage endorsing past six month use of cocaine in the 2017 and 2018 samples) are analysed using the *csti* command in Stata 15 (StataCorp, 2017). The Mann-Whitney U test is run to identify differences between 2016 and 2017 for count data. No corrections for multiple comparisons and risk of Type 1 error are made and thus comparisons should be treated with caution. Values where cell sizes are  $\leq 5$  are suppressed with corresponding notation (zero values are reported).

Participation in previous years' EDRS interview is infrequently reported (14% previous participation in 2018). Participants can consent to the provision of a unique identifier but not all do so, meaning complete identification of repeat participation via this method is not possible, and thus analyses are typically conducted with the total sample. Responses from the repeat participants will likely be correlated over time. Analyses have shown that, when analysing the national sample, the impacts of excluding from the analysis subjects who self-report previous participation are minimal (Slade, 2011). Point-prevalence and effect estimation without correction for the lack of independence in observations is unlikely to seriously affect population inference (Agius et al., 2018).

## Sample size

Intended sample size for each Australian capital city is a minimum of 100 participants per year, typically collected between April-June each year. Figure 2 and Table 1 overview national and jurisdictional sample sizes over the course of monitoring.

Figure 2: Recruitment of EDRS participants over time, nationally, 2003-2018

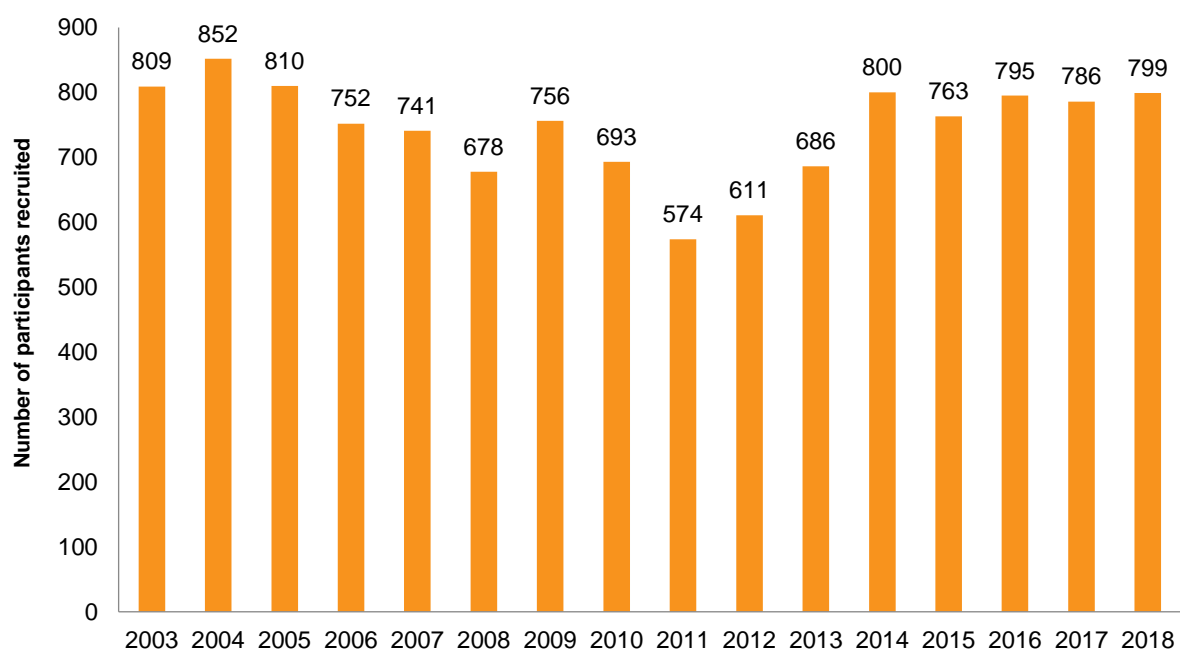


Table 1: Recruitment of EDRS participants over time, by jurisdiction, 2003-2018

N	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	102	66	100	100	101	100	104	136
2004	104	116	100	100	100	100	71	161
2005	101	126	100	100	100	10082	82	101
2006	100	100	100	100	101	100	51	100
2007	100	74	100	100	100	100	66	101
2008	100	83	100	100	74	58	55	108
2009	100	101	100	100	100	100	67	88
2010	100	73	100	100	92	100	27	101
2011	100	80	101	75	76	28	11	103
2012	100	51	100	100	92	90	12	62
2013	100	77	100	75	100	100	45	88
2014	100	100	100	100	100	100	100	100
2015	100	99	100	78	100	100	101	85
2016	103	100	100	100	100	100	100	92
2017	100	100	100	100	100	100	86	100
<b>2018</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>99</b>	<b>100</b>

## Limitations

There are various limitations to these data; key caveats are noted here.

As people who regularly use drugs are deliberately recruited for their ability to report on drug markets, findings from the EDRS interviews cannot provide information on general population levels of use, or use patterns and harms associated with more occasional drug use. For this same reason, findings from the EDRS interviews cannot be used to identify changes in the size of drug markets. The EDRS interviews cannot provide information about trends in places outside of the capital cities from which people who regularly use ecstasy and other stimulants are recruited.

It also should be noted that participants are asked to report according to what they believed the substance was when they obtained it, and thus will not capture unwitting consumption of a different substance(s). Other possible limitations of retrospective self-report may apply (e.g., recall bias), although evidence suggests sufficient reliability and validity of self-report to provide descriptions of drug use and drug-related problems (Darke, 1998).

## Additional Outputs

There are a range of outputs from the EDRS triangulating key findings from the annual interview and other data sources, including [national reports](#), [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from [Illicit Drug Reporting System \(IDRS\)](#), which focuses more so on the use of illicit drugs, including intravenous drug use.

Please contact the research team at [drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au) with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

## References

- Australian Institute of Health and Welfare. (2017). *National Drug Strategy Household Survey 2016: detailed findings*. Retrieved from Canberra:
- Biernacki, P., & Waldorf, D. (1981). Snowball sampling: Problems, techniques and chain referral sampling. *Sociological Methods for Research, 10*, 141-163.
- Boys, A., Lenton, S., & Norcross, K. (1997). Polydrug use at raves by a Western Australian sample. *Drug and Alcohol Review, 16*, 227-234.
- Dalgarno, P. J., & Shewan, D. (1996). Illicit use of ketamine in Scotland. *Journal of Psychoactive Drugs, 28*, 191-199.
- Darke, S. (1998). Self-report among injecting drug users: a review. *Drug and Alcohol Dependence, 51*(3), 253-263.
- Darke, S., Cohen, J., Ross, J., Hando, J., & Hall, W. (1994). Transitions between routes of administration of regular amphetamine users. *Addiction, 89*, 1077-1083.
- Forsyth, A. J. M. (1996). Places and patterns of drug use in the Scottish dance scene. *Addiction, 91*, 511-521.
- Hando, J., & Hall, W. (1993). *Amphetamine use among young adults in Sydney, Australia* (NSW Health Department Drug and Alcohol Directorate Research Grant Report Series, B93/2). Retrieved from Sydney:
- 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.
- Kerlinger, F. N. (1986). *Foundations of Behavioral Research* (3rd edition ed.). Japan: CBS Publishing Limited.
- 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.
- 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.
- Topp, L., Hando, J., Degenhardt, L., Dillon, P., Roche, A., & Solowij, N. (1998). *Ecstasy Use in Australia* (NDARC Monograph No. 39). Retrieved from Sydney:
- 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.