Key findings from the 2018 Western Australia Ecstasy and Related Drug Reporting System

Funded by the Australian Government under the Drug and Alcohol Program
Nationally Co-ordinated by The National Drug and Alcohol Research Centre (NDARC), UNSW Australia

Acknowledgments

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2018:

- Ms Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
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We would like to thank past and present members of the research team.

Participants

We would like to thank all the participants who were interviewed for the EDRS participant survey component of the present and previous years of the EDRS.

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level.

What is the EDRS?

- The sister project to the IDRS.
- Conducted annually since 2003.
- The most comprehensive study of ecstasy and related drug use, market features, and harms in Australia.
- Captures self-report information about drugs routinely used in the context of entertainment venues and other recreational locations.
- Focused on ecstasy, cocaine, LSD, ketamine, cannabis, GHB, methamphetamine, MDA and new psychoactive substances.

EDRS Methods, WA, 2018

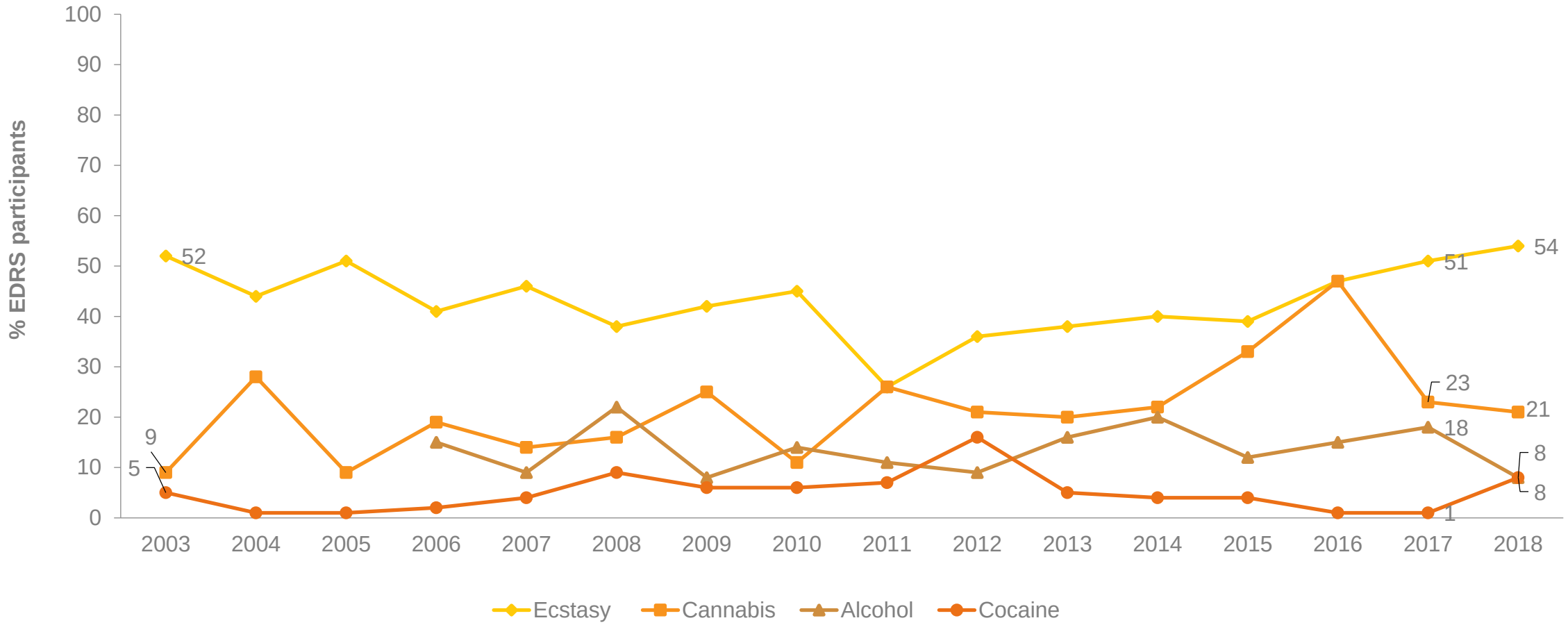
- Recruited 100 participants via paid Facebook advertising and snowballing (Apr-Jun, 2018)
- Eligibility criteria:
    1) at least 16 years of age;
    2) used ecstasy on at least six occasions during the preceding six months; and
    3) a resident of Perth for the past 12 months.
- Conducted in coffee shops, 40-60 minutes
- Reimbursed $40
- Full details of the methods are available for download: https://ndarc.med.unsw.edu.au/resource/australian-drug-trends-2018-key-findings-national-ecstasy-and-related-drugs-reporting

Table 1: Sample characteristics, WA, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	N=100	*N*=100	*N*=28	*N*=90	*N*=100	*N*=100	*N*=100	*N*=100	*N*=100	*N*=100
Median age (years; IQR)	21 (19-25)	22 (19-26)	25 (20-30)	23 (20-25)	20 (18-21)	21 (18-22)	20 (19-23)	20 (19-23)	19 (18-21)	20* (18-22)
% Male	65	48	68	60	63	69	64	73	69	52*
% Aboriginal and/or Torres Strait Islander	-	-	-	-	-	-	-	-	-	-
% Heterosexual	84	86	100	96	90	93	95	95	87	94
Mean years of school education	11.5	11.7	11.4	11.6	11.6	11.9	11.8	11.7	11.7	11.8
% Post-school qualification(s)^	46	48	36	67	32	29	38	40	30	36
% Employment										
Employed full-time	22	31	14	28	16	23	22	29	24	22
Students#	40	25	25	27	31	43	12	47	40	19*
Unemployed	15	13	25	21	20	16	12	10	8	16
Median weekly income $ (IQR)	(*n*=76) $325 (150-600)	(*n*=31) $400 (150-600)	(*n*=13) $500 (270-588)	(*n*=86) $450 (250-885)	(*n*=96) $367 (200-700)	(*n*=97) $500 (264-750)	(*n*=94) $367 (243-650)	(*n*=90) $500 (250-800)	(*n*=95) $350 (144-700)	(*n*=95) $400 (200-800)
% Accommodation										
Own house/flat	8	7	-	-	-	8	-	-	-	-
Rented house/flat	45	45	64	48	28	18	41	26	26	33
Family home	44	44	29	35	66	73	53	69	71	61
% Currently in drug treatment	-	-	7	-	-	-	-	-	-	-

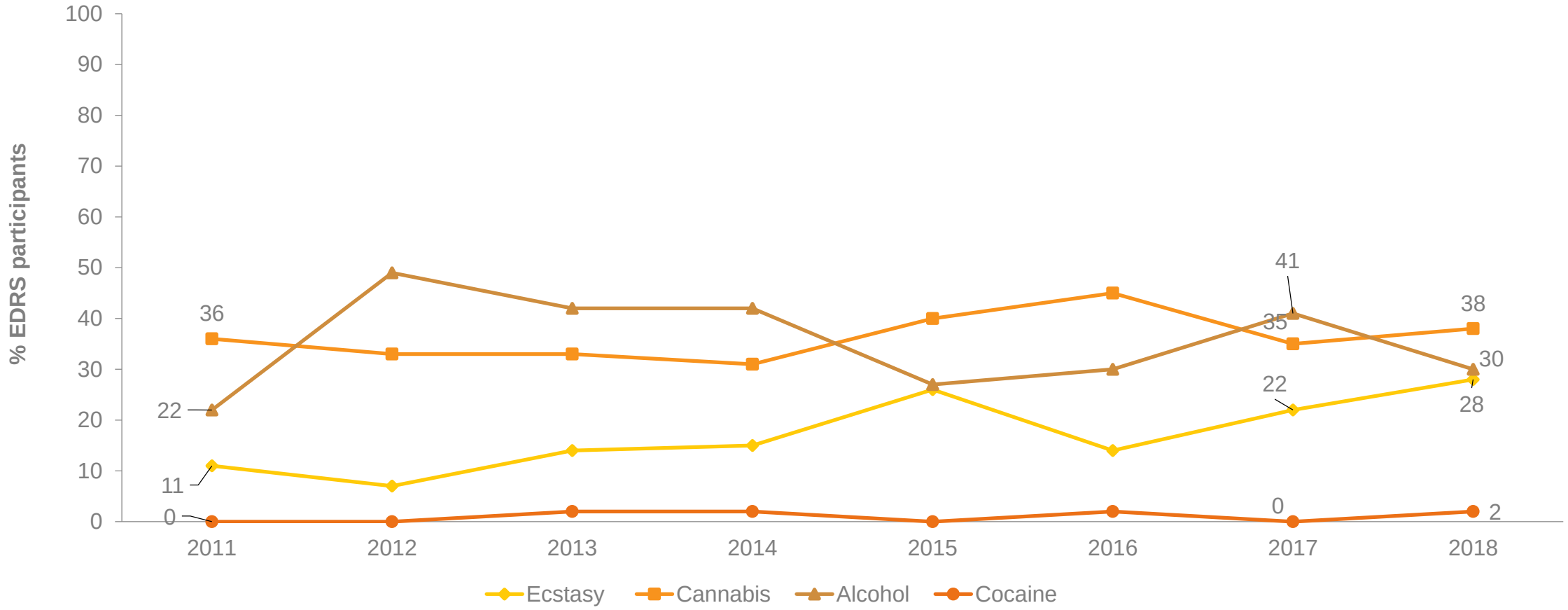
Note. ^Includes trade/technical and university qualifications. #Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.05; **p<0.01; *** p<0.001 for 2017 versus 2018.

Figure 1: Drug of choice, WA, 2003-2018



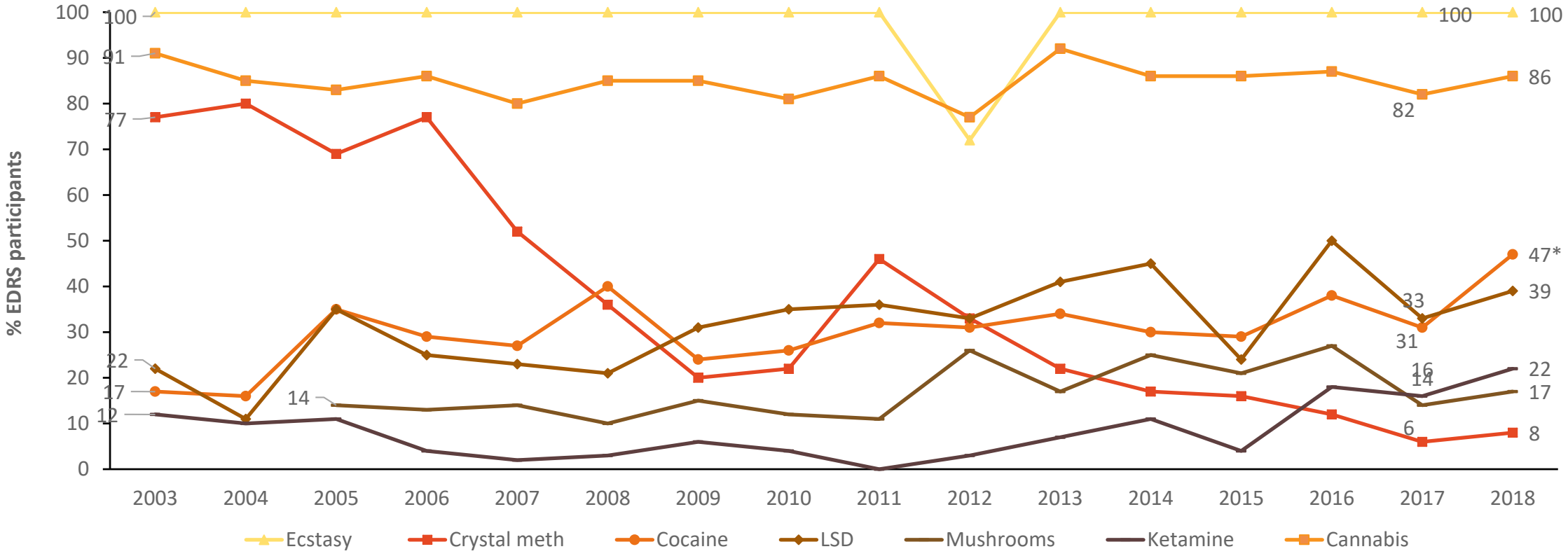
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 2: Drug used most in the past month, WA, 2011-2018



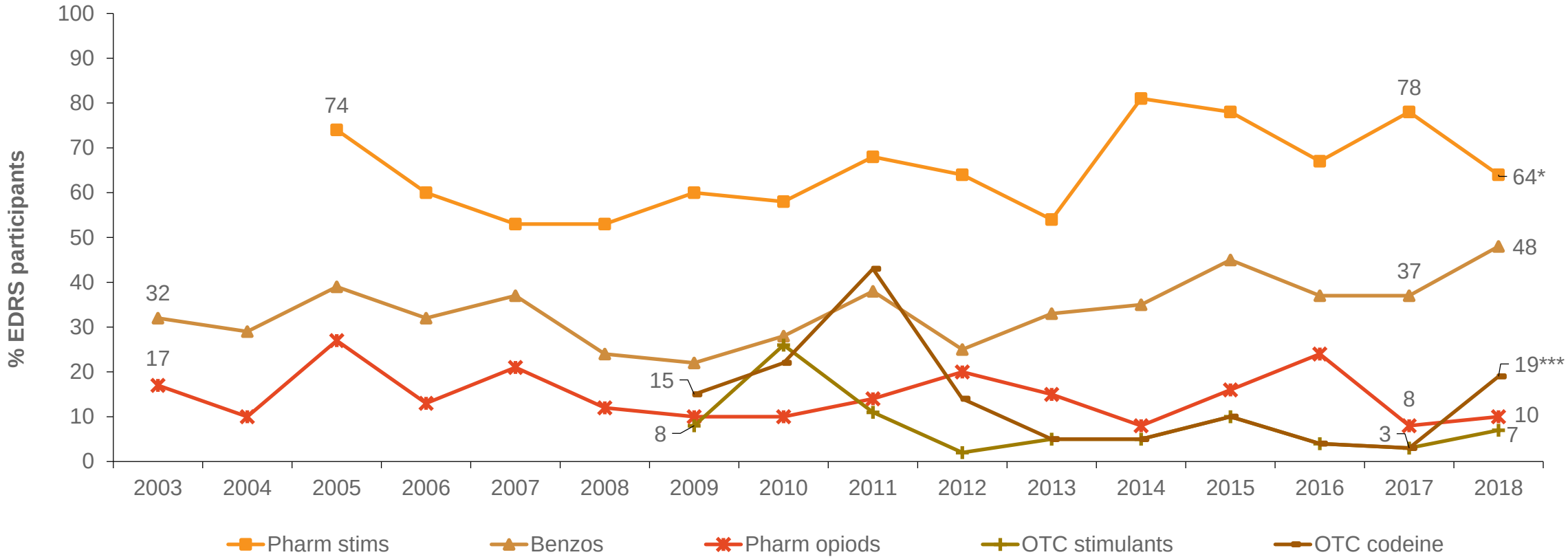
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 3: Recent use of illicit drugs, WA, 2003-2018



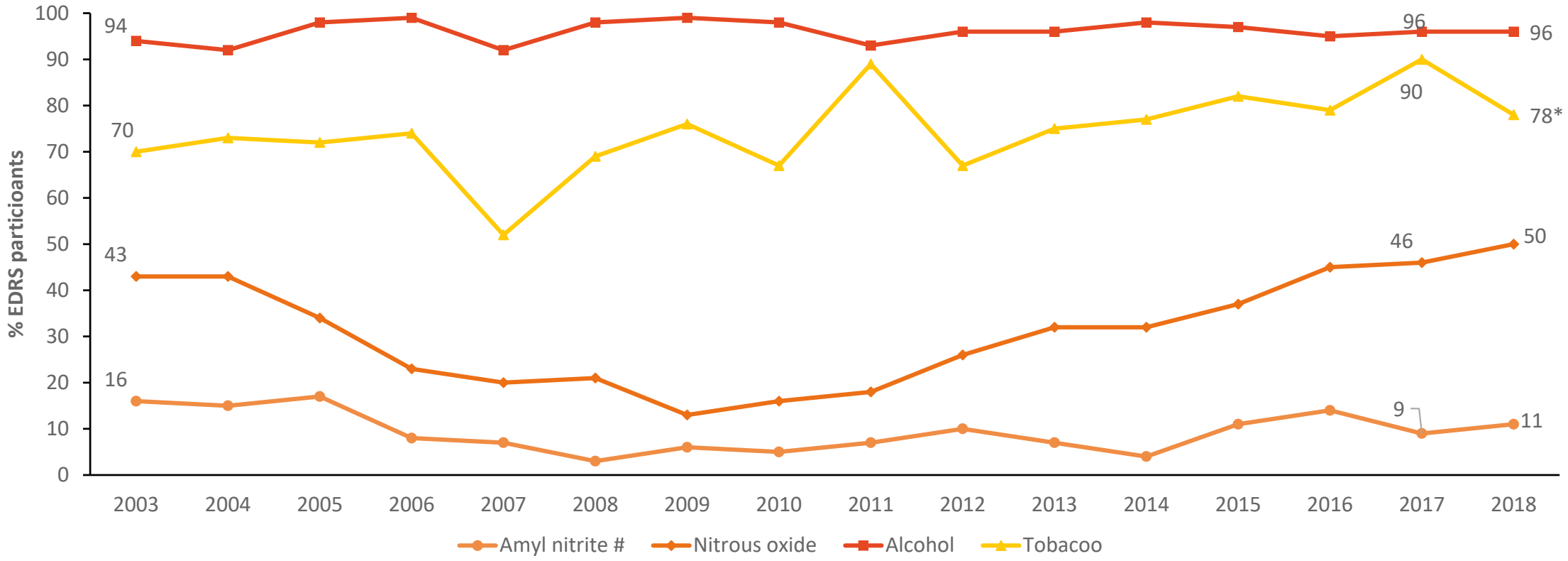
Note. In response to recruitment difficulties in 2011 (likely due to a global MDMA drought), in 2012 the participant eligibility was expanded to broader illicit stimulant use. Drugs with $n \leq 5$ were excluded from this figure (e.g. GHB and heroin). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Figure 4: Recent use of pharmaceuticals, WA, 2003-2018



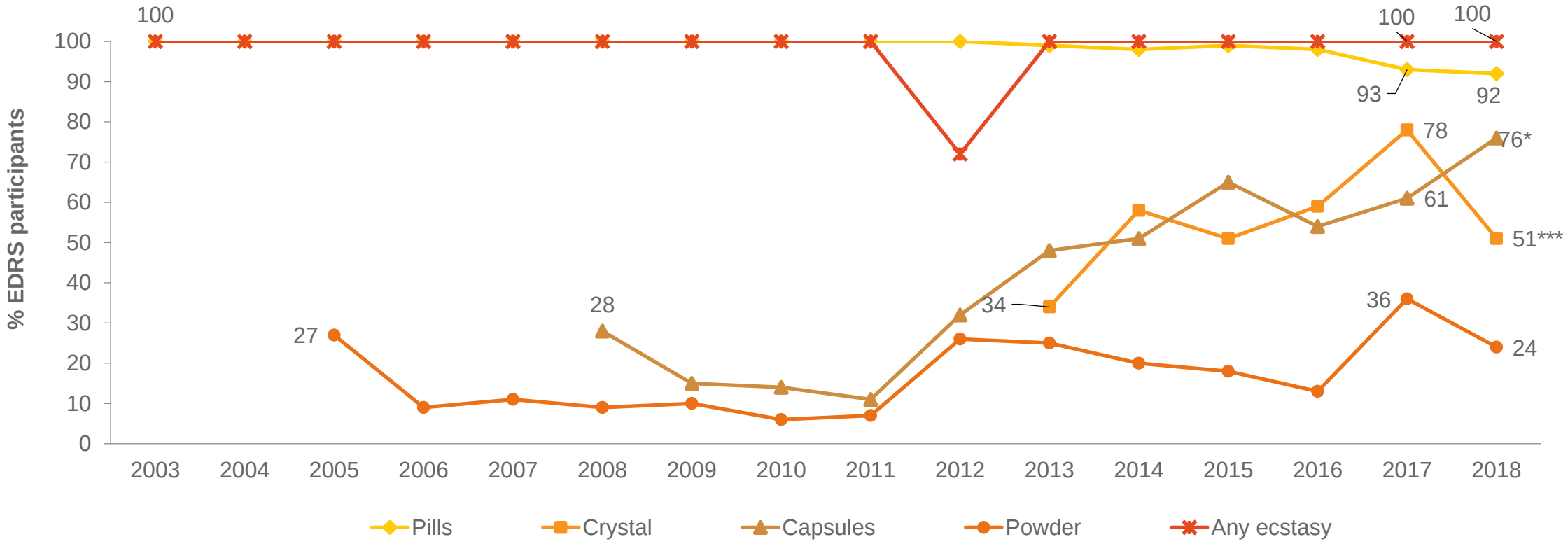
Note. Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter, while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access. Drugs with n≤5 were excluded from this figure (e.g. antidepressants). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 5: Recent (past six months) use of licit drugs, WA, 2003-2018



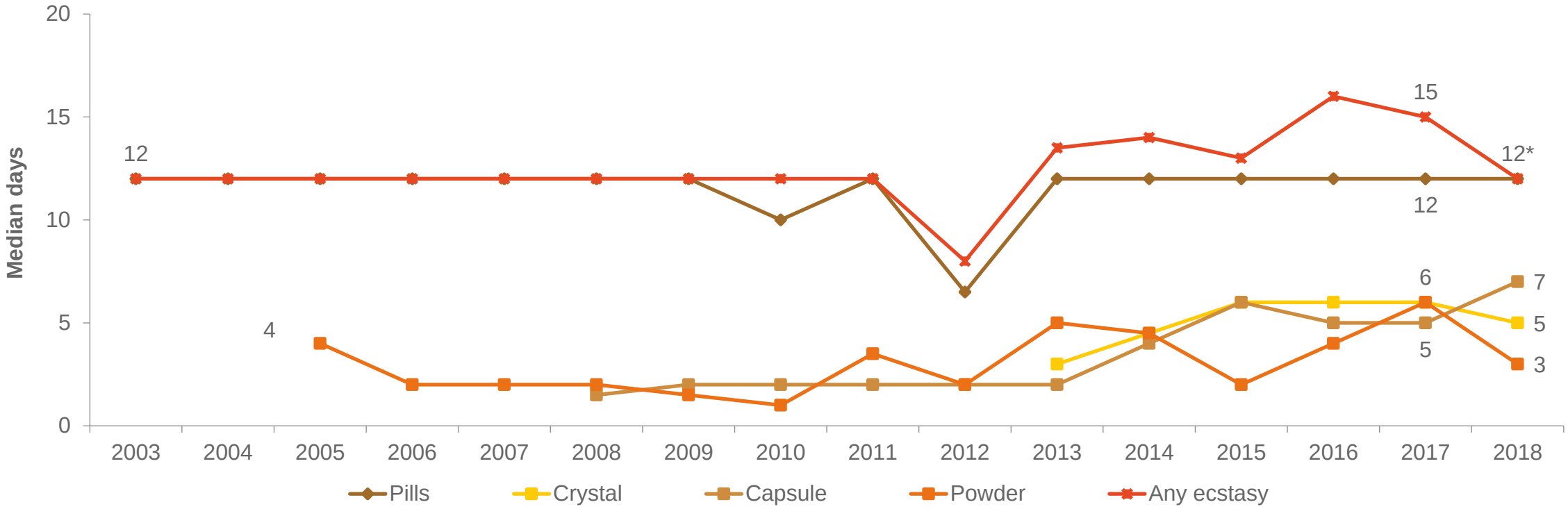
Note. # Amyl nitrite is an inhalant listed as a Schedule 4 substance in Australia (i.e. available only with prescription), yet is often sold under-the-counter in sex shops. Drugs with $n \leq 5$ were excluded from this figure. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Figure 6: Recent use of any ecstasy, and different forms of ecstasy, WA, 2003-2018



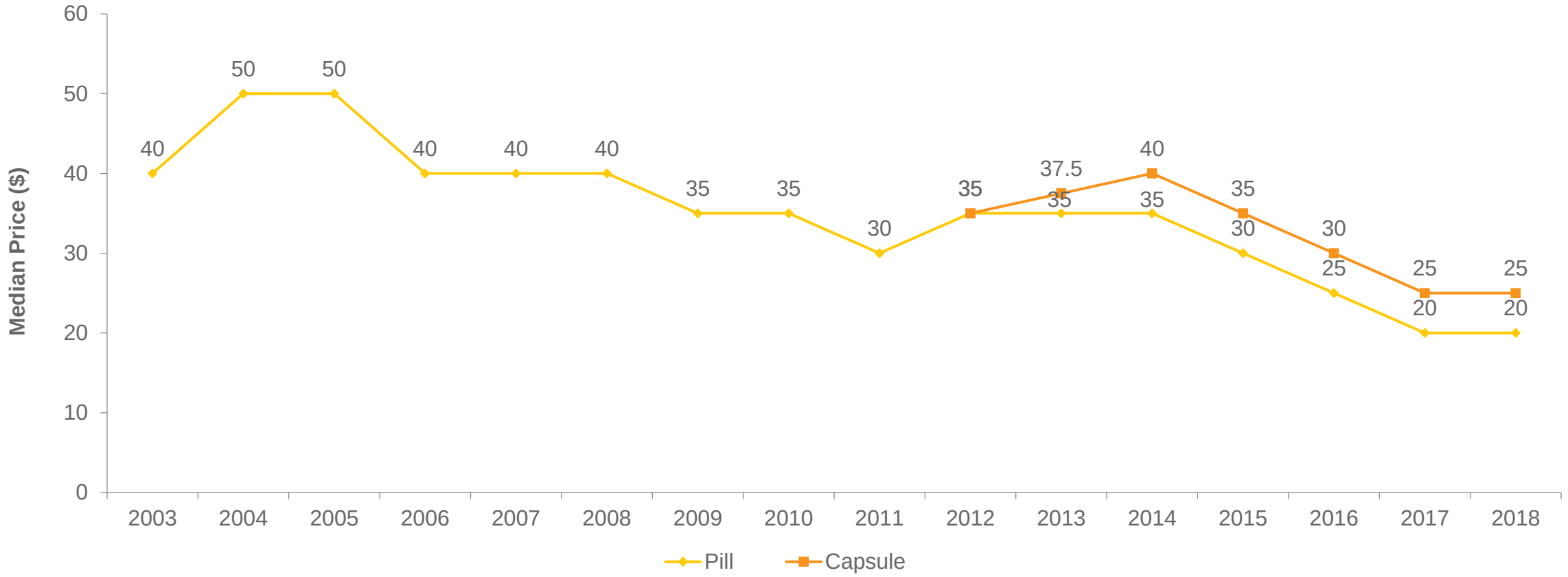
Note. In response to recruitment difficulties in 2011 (most likely due to an international MDMA drought), in 2012 the participant eligibility was expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and MDMA crystal in 2013. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 7: Median days of ecstasy use in the past six months, WA, 2003-2018



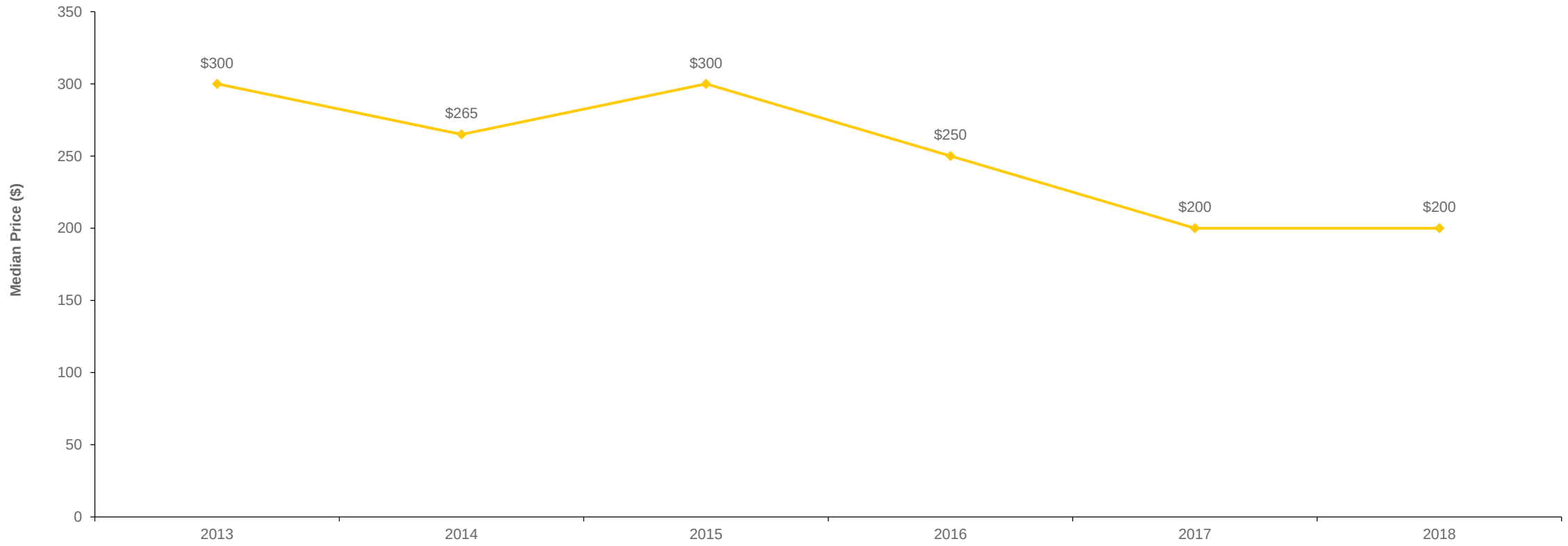
Note. In 2012 participant eligibility was expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and MDMA crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 8: Median price of ecstasy pills and capsules, WA, 2003-2018



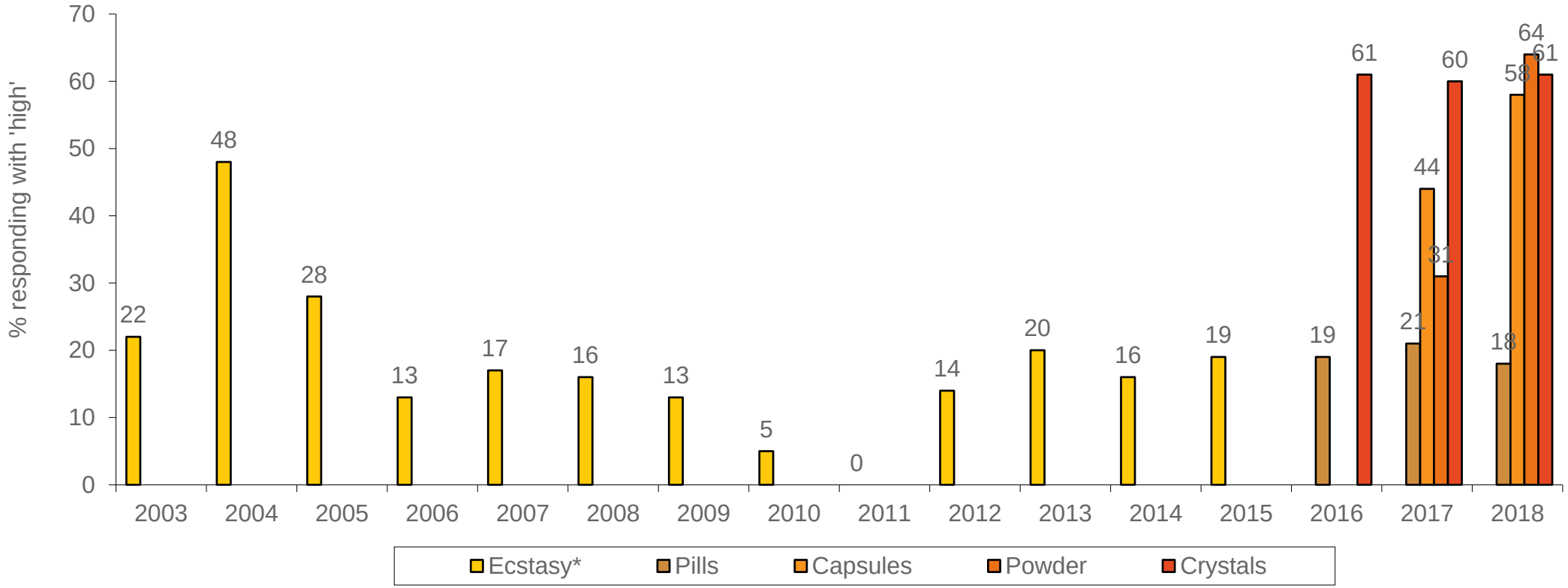
Note. Among those who commented. Data collection for the price of ecstasy capsules started in 2008, but due to low numbers commenting, have been reported from 2012.

Figure 9: Median price per gram of ecstasy crystals, WA, 2013-2018



Note. Among those who commented. Data collection for price of ecstasy crystal started in 2013.

Figure 10: Proportions who rated as ecstasy as 'high' potency, 2003-2018



* From 2003-2015, the survey asked about the strength of ecstasy generally (i.e. did not specify pills, powder, crystals or capsules). Then, in 2016, once non-pill forms were more established in the Australian market, the survey asked participants to comment on pills, powder or caps, and then crystals separately. However, due to low numbers nominating to comment on capsules and powder in 2016, these forms are excluded from the figure. From 2017, all forms were asked about separately.

Table 2: Summary of recent trends in other drugs (consumption and market trends), WA, 2017-2018

Drug	Recent (past 6m) %		Median days used (IQR)		Quantity typical		Median price $ (IQR)		Potency		Availability	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Crystal meth	6	8	3 (1-30)	4 (1-25)	-	-	-	-	-	-	-	-
Cocaine	31	47*	2 (1-6)	2 (1-5)	0.3g (.1-1) (*n*=21)	0.4g (.3-1) (*n*=12)	$350/g (300-400) (*n*=11)	$350/g (350-410) (*n*=18)	mixed, 32% med (*n*=19)	mixed, 38% med (*n*=24)	53% easy / very easy (*n*=19)	64% easy / very easy (*n*=22)
Cannabis	82	86	48 (12-98)	25 (5-117)	4 cones (2-7) (*n*=40)	3 cones* (2-5) (*n*=47)	$330/oz. (300-350) (*n*=22)#	$350/oz. (300-360) (*n*=11)#	60% high, 33% med (*n*=42)#	45% high, 31% med (*n*=42)#	98% easy/very easy (*n*=43)#	86% easy / very easy (*n*=22)#
LSD	33	39	3 (1-6)	2 (1-4)	1.5 tabs (1-3) (*n*=24)	1 tab (1-3) (*n*=35)	$25/tab 20-25 (*n*=38)	$25/tab 20-25 (*n*=29)	63% high, 29% med (*n*=38)	60% high, 30% med (*n*=32)	mixed, 60% easy/very easy (*n*=38)	mixed, 54% difficult / very difficult (*n*=35)
Ketamine	16	22	2.5 (1-6) (*n*=16)	2 (1-4) (*n*=22)	-	0.5g (.1-.6) (*n*=6)	-	$150/g (100-280) (*n*=7)	-	75% high (*n*=12)	mixed, 33% difficult (*n*=6)	75% difficult / very difficult (*n*=12)

Note: This is a summary of key findings; however, additional data on consumption and market characteristics was collected. #data reported for hydro cannabis. - Data has been supressed where n≤5. Statistical analyses for 2017 compared to 2018 were not performed where n≤5. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 3: Summary of recent trends in other drugs (consumption only), WA, 2017-2018

Drug	Recent (past 6m) %		Median days used (IQR)	
	2017	2018	2017	2018
Alcohol	96	96	48 (24-39)	30 (20-53)
Tobacco	90	78*	90 (24-180)	48 (12-180)
Mushrooms	14	17	2 (1-4)	1 (1-2)
Nitrous oxide	46	50	6 (2-12)	3 (1-10)
Amyl nitrite	9	11	3 (1-10)	3 (1-7)
GHB/GBL	-	-	-	-
Pharm stims (non-prescribed)	76	62*	6 (2-15)	5 (2-11)
Benzodiazepines (non-prescribed)	33	41	5 (1-12)	5 (1-10)
E-cigarettes	24	28	5.5 (2-21)	5 (3-12)

Note: This is a summary of key findings; however, additional data on consumption and market characteristics was collected. -Data has been supressed where n≤5. Statistical analysis comparisons were not performed where n<5. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 11: Recent (past six months) use of any new psychoactive substance, WA, 2010-2018

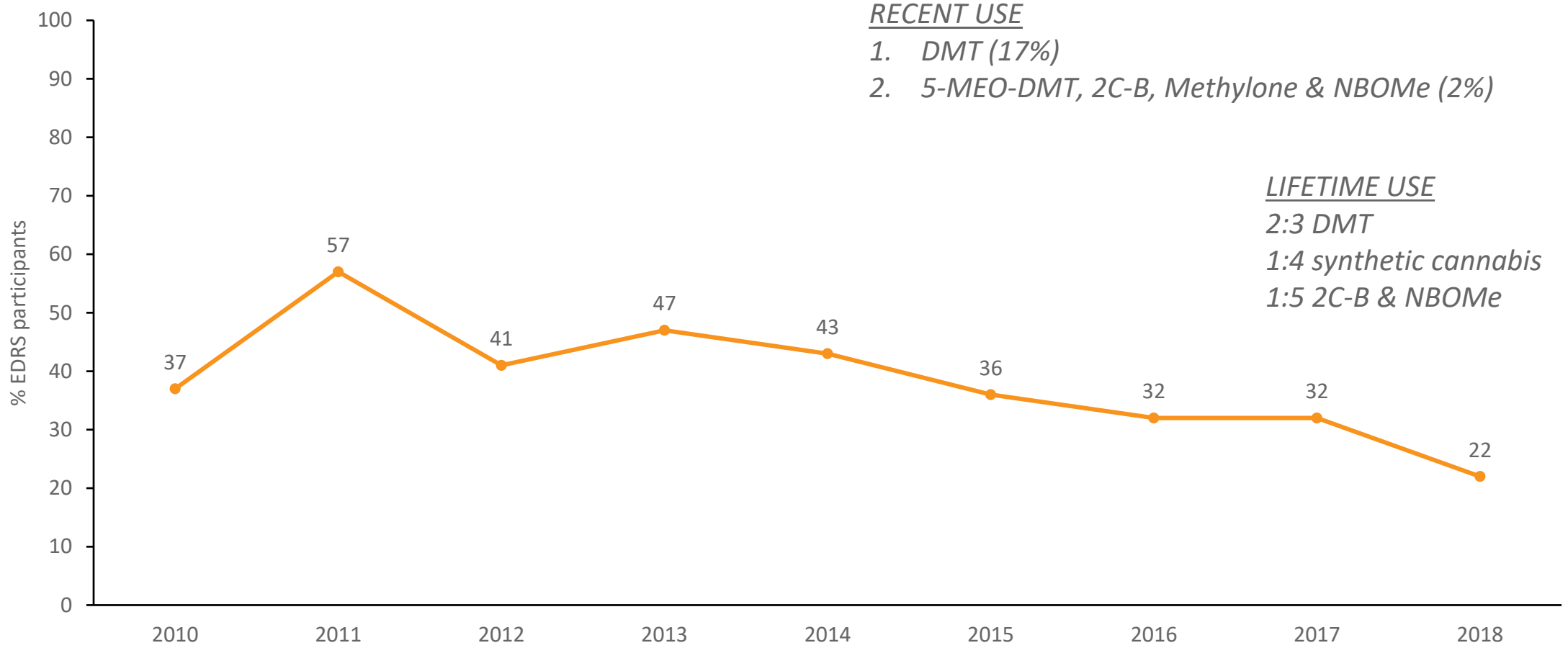
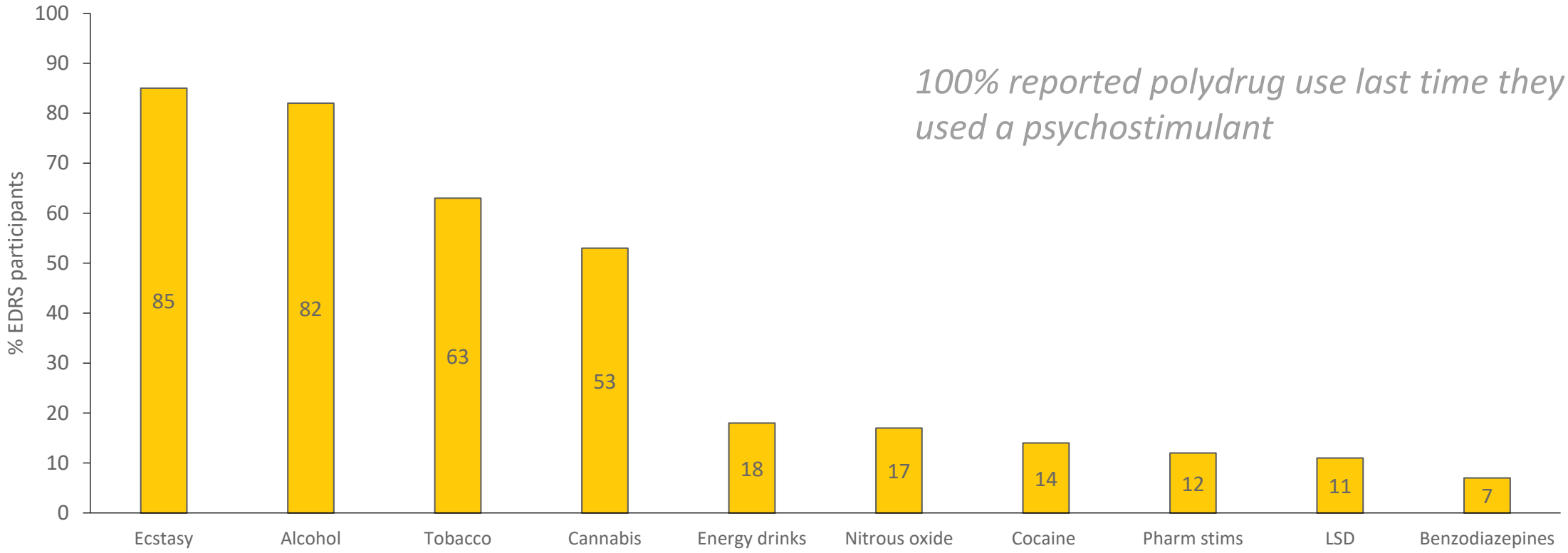


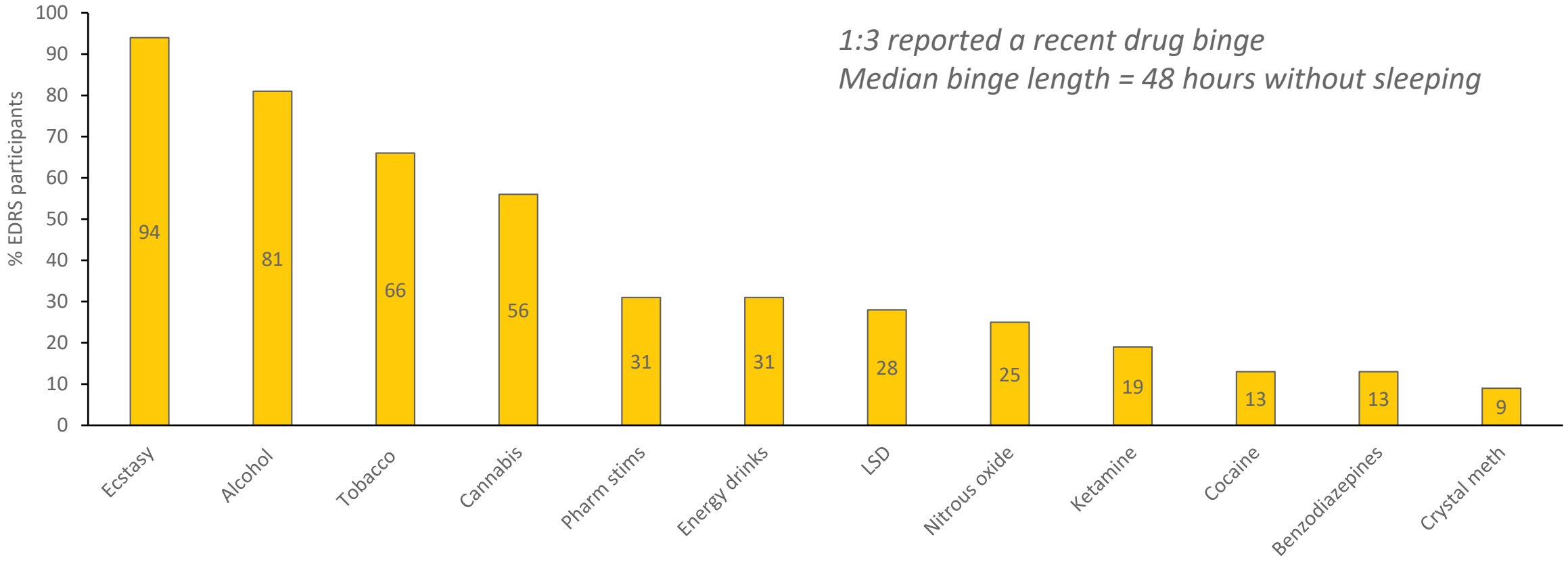
Figure 12: Polydrug use on the last occasion of psychostimulant use, WA, 2018



100% reported polydrug use last time they used a psychostimulant

Note. Data has been supressed for drugs where n≤5.

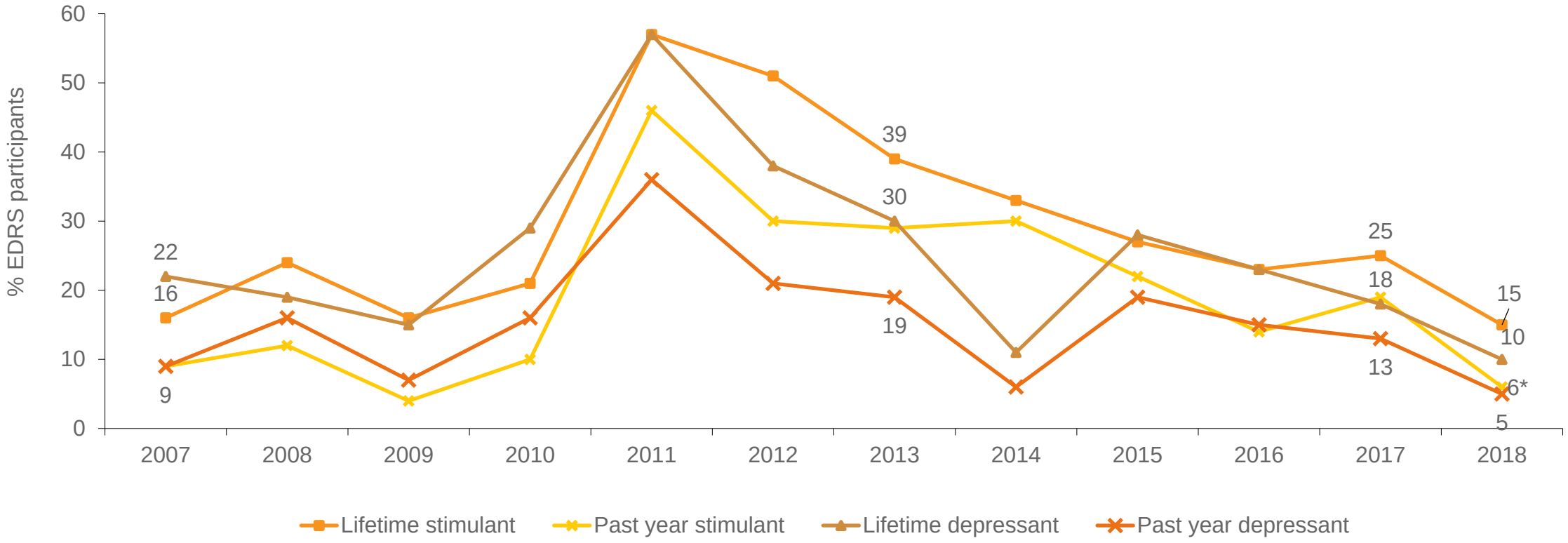
Figure 13: Drugs involved in recent (past six months) binges, WA, 2018



1:3 reported a recent drug binge
Median binge length = 48 hours without sleeping

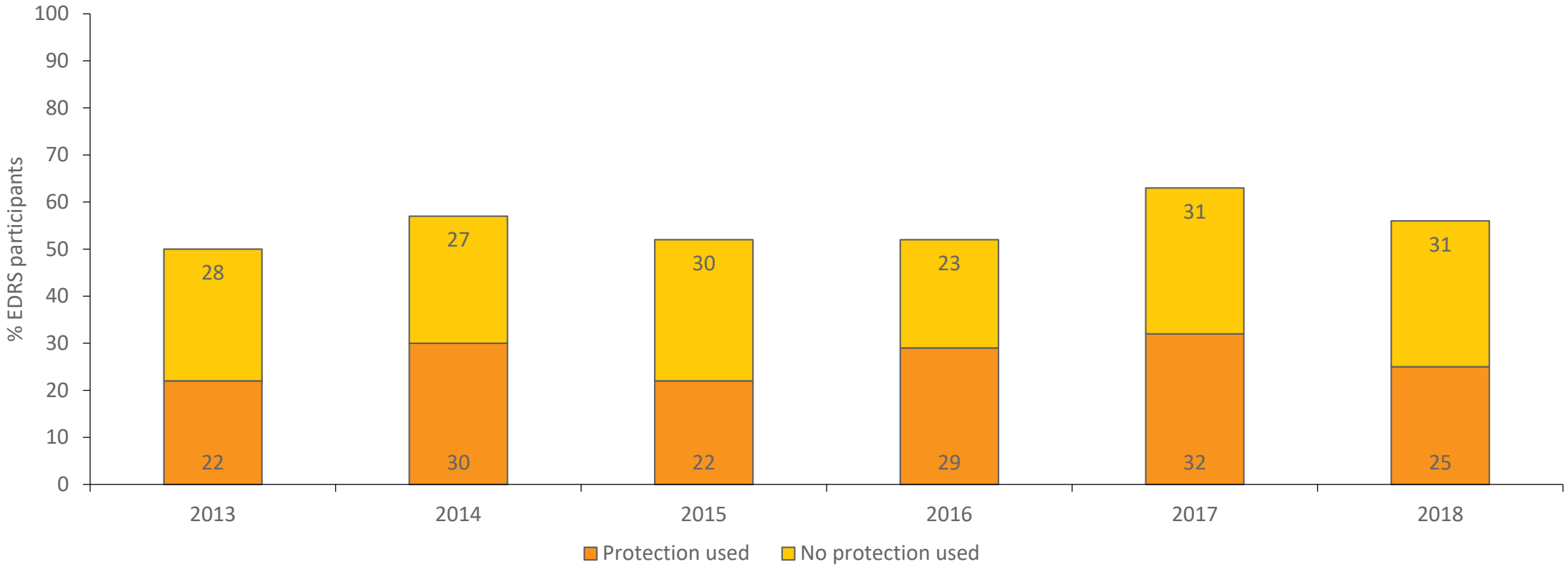
Note. Data has been supressed for drugs where n≤5.

Figure 14: Lifetime and past year non-fatal stimulant and depressant overdoses, WA, 2007-2018



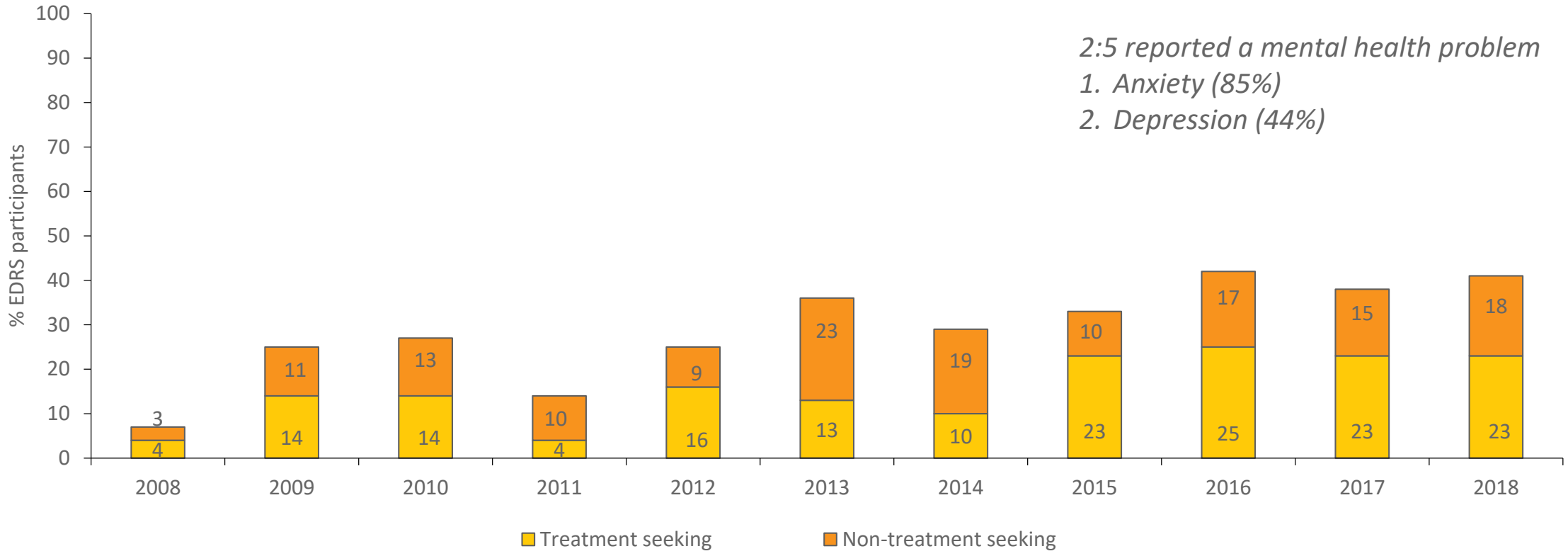
Note. WA experienced recruitment difficulties in 2011 (n=28), likely due to international declines in ecstasy availability and purity. Thus, in 2012 the selection criteria was expanded to wider stimulant use (n=90). The 2011/12 sampling differences should be considered when interpreting this figure. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 15: Sex with a casual partner while using drugs in the past six months and use of any protection/barrier on the last occasion, WA, 2013-2018



Note. Don't know and did not respond responses excluded. Given some participants skipped questions, the percentage who report protection used and no protection used may not equal the percent who reported penetrative sex with a causal partner in the past six months. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 16: Self-reported mental health problems and treatment seeking in the past six months, 2008-2018



Note. Questions regarding mental health problems were included for the first time in the 2008 EDRS.

Figure 17: Purchased drugs from someone who purchased them from the darknet (ever and in the past 12 months), WA, 2018

SUMMARY: MAJOR TRENDS

- The demographic characteristics of the sample are largely unchanged, although we observe fluctuations in the gender breakdown across years.
- Following significant ecstasy shortages around 2011, the ecstasy market has gradually made a full resurgence and there are indications it's stronger than ever. 2018 observed record highs in the popularity of the drug and perceptions of purity, coupled with record lows in price.
- The market has also significantly diversified and now features a variety of different forms of ecstasy, all of which are perceived by most as easy to access, particularly pills and capsules.

SUMMARY: MAJOR TRENDS

- Despite record low prices, current data do not show an increasing trend in frequency of use. Although, use of capsule forms may be increasing.
- In contrast to national trends, reports of non-fatal stimulant overdoses in the Perth sample have been decreasing since about 2011.
- Drugs which have been increasing over time include cocaine, benzodiazepines, ketamine and nitrous oxide (all drugs observed record highs in 2018).
- The data suggest the darknet may now play a significant role in the supply of ecstasy and related drugs within WA.

Interested in further information?

Outputs available to download…

Jurisdictional reports of key findings:

https://ndarc.med.unsw.edu.au/resource-type/drug-trends-jurisdictional-reports

The more comprehensive national report:

https://ndarc.med.unsw.edu.au/resource-type/drug-trends-national-reports

Upcoming WA outputs…

Bulletin 1 – available early March

'Shifting trends in the Perth ecstasy market: Implications for harm reduction'

Bulletin 2 – available late march

'Correlates of stimulant overdose: Implications for harm reduction'

Thank you for listening!

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