

New South Wales

Courtney O'Donnell and Julia Uporova

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

Australian Drug Trends Series No. 191

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**NEW SOUTH WALES
TRENDS IN ECSTASY-AND-RELATED-
DRUG MARKETS
2017**



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

Courtney O'Donnell and Julia Uporova

National Drug and Alcohol Research Centre
University of New South Wales

Australian Drug Trends Series No. 191

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ABBREVIATIONS

1,4-B	1,4-butanediol
25I-NBOMe	2-4-iodo-2,5-dimethoxyphenyl- <i>N</i> -2-methoxyphenylmethylethanamine
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2,5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
5-IAI	5-Iodo-2-aminoindane
5-MeO-DMT	5-methoxy-dimethyltryptamine
ACPR	Australasian Centre for Policing Research
Health	Australian Government Department of Health
ATSI	Aboriginal and/or Torres Strait Islander
AUDIT	Alcohol Use Disorders Identification Test
BZP	1-benzylpiperazine
CNS	Central nervous system
DASSA	Drug and Alcohol Services South Australia
DMT	Dimethyl tryptamine
DOI	Death on impact; 2,5-dimethoxy-4-iodoamphetamine
DXM	Dextromethorphan
EDRS	Ecstasy and Related Drug Reporting System
ERD	Ecstasy and related drugs
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General practitioner
IDRS	Illicit-Drug Reporting System
K10	Kessler Psychological Distress Scale
LSD	<i>l</i> -lysergic acid diethylamide
Md	Median
MDA	3,4-methylenedioxyamphetamine
MDEA	3,4-methylenedioxyethylamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	3,4-methylenedioxypyrovalerone; ivory wave
MXE	Methoxetamine
N	(or n) Number of participants
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NPS	New psychoactive substances
NSW	New South Wales
OCD	Obsessive compulsive disorder
OTC	Over the counter
PDI	Party Drugs Initiative
PIED	Performance and image enhancing drugs
PMA	Para-methoxyamphetamine
PPA	Price, purity and availability
ROA	Route of administration
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences

STI
THC
WHO

Sexually transmitted infection(s)
Delta-9-tetrahydro-cannabinol
World Health Organisation

GLOSSARY OF TERMS

25I-NBOMe	A psychedelic drug and derivative of the substituted phenethylamine psychedelic 2C-I
2C-B	Street term for 4-bromo-2,5-dimethoxyphenethylamine. It is a synthetic psychedelic of moderate duration
2C-I	Street term for 2,5-dimethoxy-4-iodophenethylamine. It is a short-acting synthetic psychedelic
Binge	Use over 48 hours without sleep
Bump	A bump refers to a small amount of powder, typically measured and snorted from the end of a key, the corner of a plastic card or a 'bumper'
Cap	Capsule
Cocaine	A central nervous system stimulant, obtained from the cocoa plant. Cocaine hydrochloride, the salt, is the more common form used in Australia. The freebase form is called 'crack'; little or no crack is available or used in Australia
Crystal	Street term for crystal methamphetamine, a potent form of methamphetamine. Also known as 'ice'
Daily use	Use occurring on each day in the past six months, based on a maximum of 180 days
Ecstasy	Street term for MDMA (3,4-methylenedioxymethamphetamine), which may contain a range of other substances. It is a hallucinogenic amphetamine
GBL	Acronym for gamma-butyrolactone. It is a GHB precursor and substitute, which metabolises into GHB in the stomach
GHB	Acronym for gamma-hydroxybutyrate. It is a central nervous system depressant. Other known terms include 'GBH' and 'liquid ecstasy'; however, the latter is misleading as GHB is a depressant, not a stimulant
Illicit	Illicit refers to pharmaceuticals obtained from a prescription in someone else's name (e.g. through buying them from a dealer or obtaining them from a friend or partner)
Ketamine	It is a dissociative psychedelic used as a veterinary and human anaesthetic
Licit	Licit refers to pharmaceuticals (e.g. benzodiazepines, antidepressants and opioids such as methadone, buprenorphine, morphine and oxycodone) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: inject; smoke; snort; swallow; and/or shaft/shelve
LSD	Acronym for <i>d</i> -lysergic acid diethylamide. It is a powerful hallucinogen
MDA	Acronym for 3,4-methylenedioxyamphetamine. It is classed as a stimulant hallucinogen. It is closely related to MDMA (and is sometimes found in ecstasy pills); however, its effects are said to be slightly more psychedelic

Melanotan	Brand name for a synthetic analogue of the peptide hormone α -MSH. Melanotan increases the body's production of skin-darkening pigments and is marketed as a drug that darkens users' skin when exposed to ultraviolet (UV) rays.
Mephedrone	Mephedrone (2-methylamino-1-p-tolylpropane-1-one), also known as 4-methylmethcathinone (4-MMC) or 4-methylephedrone, is a stimulant and entactogen drug of the amphetamine and cathinone classes
Methamphetamine	An analogue of amphetamine, it is a central nervous system stimulant. The three main forms of methamphetamine in Australia are methamphetamine powder ('speed'), methamphetamine base ('base') and crystalline methamphetamine ('crystal', 'ice')
Opiates	Opiates are derived directly from the opium poppy by extracting and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way (e.g. heroin is an opioid but not an opiate, morphine is both an opiate and opioid)
PMA	Acronym for para-methoxyamphetamine. It is an amphetamine-type drug with both stimulant and hallucinogenic properties
Point	0.1 gram although may also be used as a term referring to an amount for one injection
Recent injection	Injection (typically intravenous) in the last six months
Recent use	Use in the last six months via one or more of the following routes of administration: inject; smoke; snort; swallow; and/or shaft/shelve
Session	A period of continuous use without sleeping in between
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; shafting/shelving and/or swallowing

Guide to days of use

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

EXECUTIVE SUMMARY

The 2017 NSW Trends in Ecstasy and related Drug Markets report represents the eighteenth year in which data has been collected in NSW on the markets for ecstasy and related drugs (ERD). The Ecstasy and related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of ERD markets in NSW.

Using a similar methodology to the Illicit Drug Reporting System (IDRS), the EDRS monitors the price, purity and availability of 'ecstasy' (3,4-methylenedioxymethamphetamine; MDMA) and other related drugs such as methamphetamine, cocaine, gamma-hydroxybutyrate (GHB), d-lysergic acid diethylamide (LSD) and ketamine. It also examines trends in the use and harms of these drugs. It utilises data from one main source: surveys with people who regularly use stimulants. People who use stimulants regularly are recruited because they are considered a sentinel group to detect illicit drug trends. The information from these participants is, therefore, not representative of ecstasy and other drug users in the general population, but is indicative of emerging trends that may warrant further monitoring.

The findings from each year not only provide a snapshot of the drug markets in NSW, but also help to provide an evidence base for policy decisions, inform harm reduction messages, and provide directions for further investigation when issues of concern are detected. Continued monitoring of the ERD markets in NSW will help add to our understanding of the use of these drugs; the price, purity and availability of these drugs and how these may impact on each other; and the associated harms which may stem from the use of these drugs.

Executive Summary Snapshot

Demographics

- 100 participants were sampled in the 2017 EDRS (69 males, 29 females and 2 transgender).
- Participants were young (mean age=21 years), predominantly male (69%) and heterosexual (81%).
- One-third (37%) of the sample interviewed reported holding a tertiary qualification and 15% were current students.
- These demographics have remained relatively stable over time, with the exception of an increase in the percentage of participants with part-time/casual employment and a decrease in the number of participants involved in full-time study.

Drug use history and current drug use

- Participants had experience with a wide range of drugs, having used a median of 12 different drug types during their lifetime and nine different drug types in the past six months.
- Ecstasy (32%), cannabis (31%) and LSD (13%) were the main drugs of choice among the NSW EDRS participants. There were significantly less participants reporting alcohol as their drug of choice in 2017 (5%) compared to 2016 (19%, $p<0.01$).
- In 2017, there was significant increase in the lifetime use of ecstasy powder, ecstasy capsules and MDA and significant decrease in the use of amyl nitrite, antipsychotics 'other' opiates and over-the-counter codeine. In addition, recent use of antipsychotics and amyl nitrate had also significantly reduced.
- Nine percent reported having ever injected a drug.
- Thirty-three percent of the group had recently binged on ERD. Those who had recently binged had done so on a median of 2.5 times in the past six months.

Ecstasy use

- Ecstasy was used on a median of ten days over the past six months (i.e. less than fortnightly but more than monthly).
- Significantly more participants reported lifetime use of ecstasy powder and ecstasy capsules in 2017 compared to 2016.
- Participants reported using a median of two pills, 0.75 grams of ecstasy powder, two crystal MDMA caps or three non-descriptive ecstasy caps during a 'typical' occasion of use.
- Swallowing was the most commonly reported route of administration (ROA) for pills (98%), capsules (99%) and crystal MDMA (88%). Snorting was the most commonly reported ROA for powder (71%).
- Over half of the participants reported using ecstasy in a public location compared to a private venue.

Methamphetamine use

Speed

- Fifty-three percent of the participants had ever used speed and 18% had done so recently.
- Speed was used on a median of two days over the preceding six months and was snorted (61%) or swallowed (50%).

Base

- Nineteen participants (19%) in the sample had ever used base and five percent used in the preceding six months.
- Base was used on a median of two days over the preceding six months.

Crystal

- One-fifth (21%) of the sample had ever used crystal and 12% had done so recently.
- Crystal methamphetamine was used on a median of two days over the preceding six months, a significant decrease from ten days in 2016.
- Crystal methamphetamine was primarily smoked (83%, n=10).

Cocaine use

- The majority of the group (84%) had tried cocaine at least once, and 62% had used it recently.
- Cocaine was used on a median of three days over the preceding six months and the main ROA was snorting (92%).

LSD use

- Ninety-one percent of the sample had tried LSD at least once and 73% had used it recently.
- LSD was used on a median of three days over the preceding six months.

Ketamine use

- Sixty-seven percent of the sample had tried ketamine during their lifetime and half (50%) had used it recently.
- Ketamine was used on a median of three days over the preceding six months with snorting reported as the most common ROA (92%).

GHB use

- Twenty-four percent of the sample had tried GHB at least once and 12% had used it recently, stable since 2012.

- GHB was used on a median of 1.5 days over the preceding six months, a significant decrease from six days in 2016.

Cannabis use

- Almost every participant had tried cannabis at least once during their lifetime (99%) and the vast majority (93%) had used it recently.
- Cannabis was used on a median of 60 days in the past six months, a significant increase from 24 days reported in 2016.
- The lifetime use of cannabis among the participants remained stable over time with recent use being more sporadic.
- Nearly two-thirds, (69%) of users reported weekly or more frequent use with 18% reporting daily cannabis use.

Other drug use

Alcohol

- The vast majority of the sample reported lifetime (99%) and recent (97%) use of alcohol.
- In 2017, there was a significant increase in median days of tobacco use from 48 days in 2016 to 95 days ($p < 0.05$).

Tobacco

- Ninety-eight percent of participants had used tobacco at least once in their lifetime and 86% had smoked within the past six months.

E-cigarettes

- Fifty-nine percent of participants had used e-cigarettes at least once in their lifetime and 25% had used within the past six months.

Inhalants

- Amyl nitrite had been used by 62% the sample in their lifetime and 39% in the past six months, both which had significantly decreased in 2017.
- Nitrous oxide had been used by 72% in their lifetime and 55% reported recent use.

Heroin and other opiates

- Eleven participants reported lifetime use of heroin and one reported recent use. 12 participants reported recent use of illicitly-obtained other opiates, and eight participants reported recent use of licitly-obtained other opiates.
- There was a significant decrease of those reporting lifetime use of both illicit and licit forms of other opiates.

Pharmaceutical stimulants

- Seventy percent of the sample reported using illicitly-obtained pharmaceutical stimulants in their lifetime and 43% reported doing so recently.
- Fourteen percent of the sample reported using licitly-obtained pharmaceutical stimulants in their lifetime and six percent reported doing so recently.

Over the counter drugs

- Eight participants reported recent use of over the counter stimulants (non-medicinal use) and 20% reported using over the counter codeine recently (non-medicinal use).

Benzodiazepines

- Forty-four percent of participants had recently used benzodiazepines. Illicit use (recent use, n= 37) was more common than licit use (recent use, n=12).

Antidepressants

- In 2017 participants were only asked about illicit antidepressant use. Seven participants reported ever using illicitly and two recently.

Psilocybin mushrooms

- Sixty-seven percent of the sample reported using mushrooms ever and 36% had done so recently.

MDA

- Forty-one percent of the sample reported using MDA ever (significant increase from 20% in 2016), and 11% in the past six months.

Capsules contents unknown

- Twenty percent of the sample reported using a capsule with unknown contents ever and eight percent in the past six months.

New psychoactive substance (NPS) use

- In 2017, 36% of EDRS participants reported recent use of 'any' NPS.
- The most commonly used psychoactive substances were DMT, 2C-B and methyldone.

Ecstasy price, perceived purity and availability (PPA)

Ecstasy pills

- *Price*: \$25 per pill and stable.
- *Perceived purity*: Currently fluctuating and stable. In 2017, significantly less participants reported perceived purity as being low (12%) compared to 2016 (40%, p<0.01).
- *Availability*: Currently easy to very easy to obtain and stable.

Ecstasy capsules

- *Price*: \$25 per cap and stable.
- *Perceived purity*: Currently fluctuating and stable.
- *Availability*: Currently very easy to easy to obtain and stable.

Ecstasy powder

- Ecstasy powder not reported as numbers were too small (n<10).

Crystal MDMA

- *Price*: \$180 per gram and stable.
- *Perceived purity*: Currently fluctuating–high and stable.
- *Availability*: Currently very easy to easy to obtain and stable.

Methamphetamine PPA

- Small numbers (n<10) commented on the price, purity and availability of all forms of methamphetamine

Cocaine PPA

- *Price*: \$300 per gram, stable.
- *Perceived purity*: Currently low and stable.
- *Availability*: Mostly easy to very easy and stable.

LSD PPA

- *Price*: \$20 per tab, stable.
- *Perceived purity*: Mostly high, stable.

- *Availability*: Variable reports and stable.

Ketamine PPA

- *Price*: \$180 per gram and stable.
- *Perceived purity*: Currently high and stable.
- *Availability*: Easy to very easy to obtain and stable.

GHB PPA

- There was no reliable data reported on the price, purity or availability of GHB for 2017.

Cannabis PPA

Hydro

- *Price*: \$20 per gram; \$280 per ounce, stable.
- *Perceived potency*: Currently high, stable.
- *Availability*: Currently very easy to obtain, stable.

Bush

- *Price*: \$20 per gram; \$250 per ounce, stable.
- *Perceived potency*: Currently low-medium, stable.
- *Availability*: Variable reports.

Health-related issues

Stimulant dependence

- One-quarter (25%) of the sample scored 3 or above on the ecstasy severity of dependence scale (SDS), indicative of problematic dependent ecstasy use.
- Four participants obtained a score of 4 or above indicative of methamphetamine dependence.

Overdoses

- A third (32%) of participants reported having overdosed on a stimulant drug within the preceding 12 months.
- A quarter (28%) reported having ever overdosed on a depressant drug, significantly lower reports than 45% in 2016 and eighteen participants reported having overdosed within the year preceding the interview.

Service usage

- Nearly two-fifths (39%) of respondents reported that they had at least one visit to a health service related to drug use in the past six months. Psychologists, GPs and medical tents at festival visits were the main services accessed.

Mental health

- Forty-eight percent of the sample had recently experienced a mental health problem, higher than general population estimates. Mood and anxiety disorders were most commonly reported.
- Thirty-nine percent of the group reported high to very high psychological distress as measured by the Kessler Psychological Distress Scale (K10), higher than population norms (15%).

Risk behaviour

- Seventy-four percent of the sample reported that they had driven a vehicle in the preceding six months, and of these, 28% had driven while over the blood alcohol content limit.
- Among those who had driven recently, 49% had done so within three hours of consuming an illicit substance.
- Nine participants had ever injected a drug and one had done so recently.
- Three-quarters (75%) of the sample had recently had penetrative sex with a casual partner, which was a significant increase since 2016. Fifty-two percent of participants did not use a sexual barrier on the last occasion, when intoxicated, and 45% did not when sober.
- The majority (68%) of participants reported harmful alcohol consumption as measured by the Alcohol Use Disorders Identification Test (AUDIT).

Law enforcement-related issues

- Forty-one percent of the sample had committed a crime within the past month; most commonly drug dealing and property crimes.
- Nine participants had reportedly been arrested over the past year.
- In 2017, three percent of the sample reported to have a lifetime prison history.

Special topic of interest

Online purchasing

- Twenty-five percent of the NSW sample reported that in their lifetime, they had purchased an illicit drug online, with 18% having done so in the previous 12 months.
- Sixty-seven percent of those who commented reported that less than 25% of their drugs were purchased online. No participants reported purchasing all of their drugs online.
- Six participants purchased drugs online for the purpose of supplying to friends and two participants intended to supply the drugs to friends and to make a profit.
- Purchases of illicit drugs were primarily made from the 'dark web' marketplaces.
- Fifteen participants reported buying traditional illicit substances online; of these, ten participants reported buying LSD and eight participants reported buying any form of ecstasy.
- When asked about their level of knowledge regarding 'dark net' and online marketplaces, the majority of participants (n=37) reported that they had obtained drugs through a friend, who purchased them from the dark net.

INTRODUCTION

The Ecstasy and Related Drugs Reporting System (EDRS) is an ongoing monitoring system funded in 2017 by the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. It utilises a similar methodology to the Illicit Drug Reporting System (IDRS), an ongoing data collection system monitoring of the markets of heroin, methamphetamine, cannabis and cocaine. It was identified that the IDRS did not capture the use of ecstasy and related drugs, as these were used infrequently among the target population of the IDRS – people who inject drugs (PWID).

In June 2000, the National Drug Law Enforcement Research Fund (NDLERF), administered by the Australasian Centre for Policing Research (ACPR), funded a two-year, two state trial in New South Wales (NSW) and Queensland (QLD) of the feasibility of monitoring emerging trends in the markets for ecstasy and other related drugs using the extant IDRS methodology. In addition, Drug and Alcohol Services South Australia (DASSA) (formerly known as the Drug and Alcohol Services Council) agreed to provide funding for two years to allow the trial to proceed in this state. The results of this trial are presented elsewhere (see Topp et al., 2004). In 2002, the National Drug and Alcohol Research Centre (NDARC) provided funding for the Party Drugs Module to be conducted in NSW, as did DASSA in South Australia. In 2003, NDLERF provided funding for it to be conducted in all jurisdictions across Australia, under the title of the Party Drugs Initiative (PDI), representing the first year that data for this project had been collected nationally. Funding was again provided by NDLERF in 2004. In 2005, the Australian Government Department of Health (AGDH) and the Ministerial Council on Drug Strategy provided funding, as a project under the cost shared funding arrangement. In 2006, the AGDH provided funding for the project to be continued nationally. In 2006, the PDI was renamed the Ecstasy and Related Drugs Reporting System (EDRS) and has been conducted annually across capital cities in Australia since.

The term ‘ecstasy and related drugs’ or ‘psychostimulants’ includes drugs routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy, methamphetamine, cocaine, LSD, ketamine, GHB and MDA. People who regularly use ecstasy and/or psychostimulants were identified as an appropriate sentinel population to investigate ERD markets, as they are likely to be aware of trends in illicit drug markets.

Historically, the EDRS has involved the collection and analysis of interviews with people who regularly use ecstasy and/or other stimulant drugs; (b) interviews with professionals who have regular contact with people who use ecstasy and/or stimulants regularly (key experts, or KE); and (c) the analysis of secondary indicator data sources, such as existing databases of customs seizures, police drug-related arrests, and drug information telephone services. However, in 2017, KE surveys were not conducted and indicator data has not be presented. The 2017 NSW Trends in Ecstasy and Related Drug Markets report provides information regarding ecstasy and related drug trends in Sydney.

Aims

The aims of the 2017 NSW EDRS were to:

1. Describe the demographic characteristics of a sample of people who use stimulants regularly, interviewed in Sydney in 2017;
2. Examine the patterns of ERD use of this sample, including lifetime and recent use of over 20 licit and illicit drugs;
3. Document the current price, purity and availability of ERD in Sydney, including locations and persons scored from and locations of use;
4. Examine the incidence and nature of ecstasy and other drug-related harms, including physical and mental health-related harms, stimulant and depressant overdose rates and sexual risk behaviours;
5. Identify emerging trends in the ERD market that may require further investigation; and
6. Compare key findings of this study with those reported in previous years.

METHOD

The 2017, the main source of information used to document trends were face-to-face interviews, conducted in Sydney, with people who use stimulant drugs.

Survey of NSW EDRS participants

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of 'ecstasy' or related drugs. Ecstasy is considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis, and methamphetamine, with 2.2% of the population aged 14 years or older reporting past-year use of ecstasy in the 2016 *National Drug Strategy Household Survey* (Australian Institute of Health and Welfare 2017).

The ecstasy (pills/powder/capsules sold purporting to contain MDMA) market has existed in Australia for more than two decades. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. MDA), have fluctuated widely in availability (e.g. ketamine and LSD), or are relatively new in the market and are not as widely used as ecstasy (e.g. GHB). It has been suggested that it would be difficult to identify a regular user of GHB or ketamine who was not also an experienced user of ecstasy, whereas the reverse will often be the case (Topp and Darke 2001).

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 (people who use ecstasy regularly) (Topp and Darke 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial, and was able to provide the data that were sought. However, as will become evident in this report, it is apparent that the ecstasy market and the regularity of its consumption and type of consumers may be changing. More discussion on this issue is in section 2.10: New psychoactive substance use. Beginning in 2012, due to difficulty in smaller jurisdictions in recruiting of people who use ecstasy regularly, people who regularly use other stimulants (e.g. cocaine) were also recruited to provide information on ERD markets. In 2013, the updated criteria were adopted for all states. Interestingly, the whole NSW 2017 sample had used ecstasy in the six months prior to survey and the vast majority (72%) had used ecstasy regularly (6 times; roughly monthly usage or more), indicating the NSW EDRS results comprise a large amount of data from those who use ecstasy regularly.

A total of 100 participants residing in the Sydney metropolitan region were interviewed for the 2017 NSW EDRS. Participants were recruited through a purposive sampling strategy (Kerlinger 1986), which included advertisements in university campuses, social media, interviewer contacts, and 'snowball' procedures (Biernacki and Waldorf 1981). 'Snowballing' is a means of sampling 'hidden' populations which relies on peer referral, and is widely used to access illicit drug users both in Australian (Solowij, Hall et al. 1992, Ovendon and Loxley 1996, Boys, Lenton et al. 1997) and international studies (Dalgarno and Shewan 1996, Forsyth 1996, Peters, Davies et al. 1997). Initial contact was established through social media advertisements or interviewer contacts. On completion of the interview, participants were encouraged to mention the study to friends who might be willing and able to participate. Participants were also handed cards containing the researcher's contact details to distribute to their peers.

Procedure

Participants contacted the researchers by telephone and were screened for eligibility. To meet entry criteria, they had to be at least 17 years of age (due to ethical constraints), have used stimulants at least six times during the preceding six months, and have been a resident of the Sydney metropolitan region for the past 12 months.

Participants were informed that all information provided was confidential and anonymous, and that the study would involve a face-to-face interview that would take approximately one hour. All respondents were volunteers who were reimbursed \$40 for their participation. Interviews took place in a location negotiated with participants, predominantly at the National Drug and Alcohol Research Centre (NDARC) or in coffee shops or other discrete public places, and were conducted by the NSW coordinator and a small group of casual interviewers. The nature and purpose of the study was explained to participants before informed consent was obtained.

Measures

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

- demographic characteristics;
- patterns of ERD use, including frequency and quantity of use and ROA;
- drug market characteristics: the price, purity and availability;
- risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- help-seeking behaviour;
- mental and physical health, personal health and wellbeing;
- self-reported criminal activity;
- general trends in ERD markets, such as new drug types and new drug users; and
- areas of special interest including online marketplaces and purchasing patterns.

Data Analyses

For continuous, normally distributed variables, *t*-tests were employed and means reported. Where continuous variables were skewed, medians were reported and the Mann-Whitney *U*-test, a non-parametric analogue of the *t*-test (Siegel and Castellan 1988), was employed. Categorical variables were analysed using χ^2 . All analyses were conducted using SPSS for Windows, Version 24.0 (SPSS inc. 2016). More detailed analyses on specific issues may be found in other literature, including quarterly bulletins and peer-reviewed articles produced by the project, details of which may be found on the Drug Trends and NDARC websites:

<http://www.drugtrends.org.au/>

<https://ndarc.med.unsw.edu.au/program/drug-trends>

1 DEMOGRAPHICS

Key points

- 100 people participated in the 2017 EDRS survey (69 males, 29 females and 2 transgender).
- Participants were young (mean age = 21 years), predominantly male (69%) and heterosexual (81%).
- One-third (35%) of the sample interviewed reported holding a tertiary qualification and 15% were current students.
- These demographics have remained relatively stable over time, with the exception of an increase of the percentage of participants with part-time/casual employment and a decrease in the number of participants involved in full-time study.

1.1 Overview of the EDRS participant sample

There were 100 participants sampled in the 2017 NSW EDRS. Table 1 presents the demographics of the sample across time. The mean age of the 2017 sample was 21 years (median 20, range 17–36). A majority (69%, $n=69$) of the participants interviewed were male; there were no significant differences in age when comparing males and females.

The vast majority (96%, $n=96$) spoke English as their first language and were born in Australia (84%, $n=84$). A minority (1%, $n=1$) identified as being of Aboriginal and/or Torres Strait Islander (ATSI) descent. Most participants identified as heterosexual (81%, $n=81$), followed by 11% bisexual ($n=11$) and 5% homosexual ($n=5$). Most participants reported being currently single (61%, $n=61$) and were residing in their parents' or family's house (58%, $n=58$), or rental accommodation (38%, $n=38$).

The mean number of years of school education completed was 12 years (range 10–12), and 78% ($n=78$) had completed high school education (year 12 or above). Many had completed either a trade or technical qualification (16%, $n=16$) or a university or college degree (19%, $n=19$), and 15% ($n=15$) were currently engaged in some form of study (i.e. full-time student, work and study, part-time student). One-fifth (19%, $n=19$) of the sample reported being currently employed on a full-time basis, and 13% ($n=13$) of participants were currently unemployed. The median weekly income for this group was \$450 per week (range \$25–\$2,100), and wage or salary was reported as the main source of income in the last month for the majority of participants 82%, $n=82$). Three percent ($n=3$) of participants in 2017 reported that they were currently in some form of drug treatment.

Significant differences in demographics from 2016 to 2017 were:

- Increase in the percentage of participants with part-time/casual employment (24% to 52%; $p<.001$; 95% CI: 0.14, 0.39).
- This difference is consistent with a decrease in the number of participants involved in full-time study (33% to 6%; $p<.001$; 95% CI: 0.37 – 0.16).

Table 1: Demographic characteristics of EDRS participants, NSW 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Mean age (years)	25	23	24	23	21	21
% Male	64	75	71	71	68	69
% English speaking background	98	96	97	96	98	96
% Aboriginal and/or Torres Strait Islander	2	1	2	2	1	1
% Sexual Identity						
Heterosexual	82	78	85	78	79	81
Gay male	8	10	6	11	7	5
Lesbian	5	1	2	2	1	–
Bisexual	4	9	7	6	12	11
Other	1	2	–	3	2	3
Mean years of school education	12	12	12	12	12	12
% Tertiary qualifications	39	33	39	50	34	35
% Employment						
Full-time	27	19	21	24	24	19
Part-time/casual	21	19	22	27	24	52*
Full-time student	10	40	38	20	33	6*
Part-time student	2	4	1	2	2	1
Work and Study	22	1	12	18	8	8
No income	–	1	–	1	1	2
Not employed	17	16	6	8	7	13
Median weekly income (\$)	350 (0–1,700)	300 (0–2,500)	400 (0–2,500)	500 (10–4,500)	400 (15–1,731)	450 (25–2,100)
% Accommodation						
Own house/flat	4	3	5	2	2	1
Rented house/flat	49	40	38	41	34	38
Family home	45	54	53	52	62	58
Boarding house/hostel	1	–	1	2	–	1
Shelter/refuge	1	1	–	1	–	–
Other	–	2	3	2	2	2
% Currently in drug treatment	3	1	3	–	1	3

Source: NSW EDRS interviews 2012–2017

* $p < 0.05$ between 2016 and 2017

2 CONSUMPTION PATTERN RESULTS

Key points

- Participants had experience with a wide range of drugs, having used a median of 12 different drug types during their lifetime and 9 different drug types in the past six months.
- Ecstasy (32%), cannabis (31%) and LSD (13%) were the main drugs of choice among the NSW EDRS participants. There were significantly less participants reporting alcohol as their drug of choice in 2017 (5%) compared to 2016 (19%, $p<0.01$).
- In 2017, there was significant increase in the lifetime use of ecstasy powder, ecstasy capsules and MDA and significant decrease in the lifetime use of amyl nitrite, antipsychotics 'other' opiates and over-the-counter codeine. In addition, recent use of antipsychotics and amyl nitrate had also significantly reduced.
- Nine percent reported having ever injected a drug.
- Thirty-three percent of the group had recently binged on ERD. Those who had recently binged had done so on a median of 2.5 times in the past six months.

2.1 Drug use history and current drug use

Participants of the NSW 2017 sample were asked about their lifetime (i.e. having ever used) and recent use (i.e. use in the last six months) of a broad range of illicit drugs, alcohol, and tobacco (Table 2).

The drugs most likely to have 'ever' been used and to have been used in the preceding six months were alcohol (lifetime 99%, recent 97%), cannabis (lifetime 99%, recent 93%), tobacco (lifetime 98%, recent 86%), ecstasy pills (lifetime 89%, recent 42%) and ecstasy capsules (lifetime 89%, recent 76%).

Polydrug use is common in the EDRS sample. Participants reported having used a wide range of substances at least once in their lifetime (Median [*Md*] = 12 range = 6–35) and a large number of drug types recently (*Md*=9 range = 3–24).

In 2017, there were a number of significant changes from 2016 in the lifetime and recent use of certain drugs. In regard to lifetime use, there was a significant increase in the use of ecstasy powder ($p<0.001$), ecstasy capsules ($p=0.038$) and MDA ($p=0.002$). There was a significant decrease in the lifetime use of amyl nitrite ($p=0.033$), antipsychotics ($p=0.01$) and 'other' opiates (not including heroin, methadone or buprenorphine, $p=0.025$). Lifetime use of ketamine, although not significantly different from 2016, was used by the highest percentage of participants to be seen in recent years (67%). In regard to recent use, there were significant decreases from 2016 to 2017 in the use of antipsychotic medication ($p=0.019$) and amyl nitrite ($p=0.007$).

Table 2: Lifetime and recent (last six month) use and frequency of drug use for EDRS participants, NSW 2012–2017

Variable	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Median no. drug types ever used	12	10	10	11	12	12
Median no. drug types used recently	7	7	7	8	10	9
% Ever injected a drug	20	8	11	8	3	9
% Injected drug recently	13	6	5	5	0	1
Alcohol						
% ever used	98	100	100	100	100	99
% recent use	95	94	100	96	100	97
Days recent use (Md; range)	48 (2–180)	43 (1–180)	48 (1–174)	39 (2–180)	48 (2–160)	30 (1–180)
Cannabis						
% ever used	99	97	98	100	99	99
% recent use	86	90	85	91	85	93
Days recent use (Md; range)	48 (1–180)	40 (1–180)	30 (1–180)	48 (1–180)	24 (1–180)	60 (1–180)
Tobacco						
% ever used	96	95	92	96	97	98
% recent use	91	84	80	85	87	86
Days recent use (Md; range)	180 (4–180)	72 (1–180)	78 (1–180)	90 (1–180)	48 (1–180)	95* (1–180)
E-cigarettes						
% ever used	Data not available until 2014	Data not available until 2014	48	64	61	59
% recent use	Data not available until 2014	Data not available until 2014	34	41	38	25
Days recent use (Md; range)	Data not available until 2014	Data not available until 2014	3 (1–180)	3 (1–180)	2 (1–180)	2 (1–180)
Ecstasy pills						
% ever used	100	100	100	96	88	89
% recent use	99	99	89	69	52	42
Days recent use (Md; range)	12 (3–120)	12 (2–50)	9 (1–50)	9 (1–48)	3 (1–48)	2.5 (1–90)
Ecstasy powder						
% ever used	42	42	27	33	24	48*
% recent use	20	29	15	19	15	21
Days recent use (Md; range)	5 (1–24)	2 (1–12)	4 (2–72)	3 (1–24)	4 (1–72)	2 (1–20)
Ecstasy caps						
% ever used	78	73	86	77	77	89*
% recent use	57	59	76	64	68	76
Days recent use (Md; range)	4 (1–24)	3 (1–30)	5 (1–53)	6 (1–24)	9.5 (1–48)	6 (1–72)
Crystal MDMA						
% ever used	Data not available until 2013	37	69	75	83	87
% recent use	Data not available until 2013	28	61	68	81	75
Days recent use (Md; range)	Data not available until 2013	1 (1–12)	5 (1–70)	7 (1–52)	7 (1–96)	5 (1–90)

Table 2: Lifetime and recent (last six month) use and frequency of drug use for EDRS participants, NSW 2012–2017 (cont.)

Variable	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
<i>Methamphetamine powder (speed)</i>						
% ever used						
% recent use	67	56	48	54	49	53
Days recent use	31	25	21	27	18	18
(<i>Md</i> , range)	2 (1–180)	2 (1–12)	2 (1–15)	3 (1–15)	2 (1–24)	2 (1–12)
<i>Methamphetamine base</i>						
% ever used	38	21	25	25	21	19
% recent use	9	4	6	4	5	5
Days recent use	2	1	4.5	3.5	1	2
(<i>Md</i> , range)	(1–30)	(1–5)	(1–10)	(1–9)	(1–2)	(1–5)
<i>Methamphetamine crystal (ice)</i>						
% ever used	32	21	23	25	22	21
% recent use	18	11	13	12	15	12
Days recent use	8	4	10	3.5	10	2
(<i>Md</i> , range)	(1–96)	(1–48)	(1–150)	(1–96)	(1–100)	(1–15)
<i>Cocaine</i>						
% ever used	81	64	89	85	82	84
% recent use	57	42	67	61	70	62
Days recent use	3	2	3	4	3	3
(<i>Md</i> , range)	(1–90)	(1–10)	(1–60)	(1–50)	(1–72)	(1–35)
<i>LSD</i>						
% ever used	84	71	67	77	81	91
% recent use	43	51	43	60↑	65	73
Days recent use	3	2	2	2	3	3
(<i>Md</i> , range)	(1–24)	(1–24)	(1–50)	(1–20)	(1–48)	(1–60)
<i>Mushrooms</i>						
% ever used	57	48	48	67↑	60	67
% recent use	21	25	21	37↑	36	36
Days recent use	2	2	2	1	2	2
(<i>Md</i> , range)	(1–5)	(1–7)	(1–20)	(1–10)	(1–6)	(1–7)
<i>MDA</i>						
% ever used	28	28	21	28	20	41*
% recent use	16	23	12	15	12	11
Days recent use	3	3	3	1	2	2
(<i>Md</i> , range)	(1–24)	(1–15)	(1–30)	(1–3)	(1–7)	(1–10)
<i>Ketamine</i>						
% ever used	48	36	43	47	57	67
% recent use	24	24	23	24	50	50
Days recent use	3	2	2	1.5	3	3
(<i>Md</i> , range)	(1–12)	(1–10)	(1–32)	(1–8)	(1–72)	(1–50)

Table 2: Lifetime and recent (last six month) use and frequency of drug use for EDRS participants, NSW 2012–2017 (cont.)

Variable	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
GHB						
% ever used	22	21	23	22	27	24
% recent use	11	11	12	11	20	12
Days recent use (Md; range)	2 (1–90)	1 (1–30)	1.5 (1–10)	3 (1–24)	6 (1–80)	1.5 (1–52)
Amyl nitrite						
% ever used	70	64	65	72	77	62*
% recent use	37	45	46	50	59	39*
Days recent use (Md; range)	3 (1–180)	5 (1–160)	3 (1–30)	4 (1–48)	2 (1–90)	5 (1–60)
Nitrous oxide						
% ever used	46	38	43	50	70	72
% recent use	12	20	26	37	56	55
Days recent use (Md; range)	4 (1–21)	3 (1–20)	3 (1–30)	3 (1–60)	5 (1–30)	5 (1–70)
Benzodiazepines*						
% ever used	57	45	50	58	66	52
% recent use	30	25	35	35	48	44
Days recent use (Md; range)	6 (1–180)	3 (1–30)	3 (1–49)	2 (1–24)	5 (1–109)	4 (1–104)
Antidepressants**						
% ever used	24	19	20	22	4	7
% recent use	11	9	8	10	1	2
Days recent use (Md; range)	60 (1–180)	3 (1–180)	180 (1–50)	120 (2–180)	5 (5)	Np Np
Antipsychotics (illicit)						
% ever used	Data not available	6	8	11	15	4*
% recent use	until	2	1	3	13	3*
Days recent use (Md; range)	2013.	12 (1–22)	7 (7)	1 (1)	2 (1–180)	Np Np
Pharmaceutical stimulants*						
% ever used	62	59	54	62	71	74
% recent use	25	35	24	39↑	50	46
Days recent use (Md; range)	2 (1–102)	4 (1–180)	3 (1–180)	3 (1–48)	6 (1–180)	5 (1–180)
Heroin						
% ever used	14	9	8	8	8	11
% recent use	9	3	2	2	4	1
Days recent use (Md; range)	53 (2–180)	12 (2–24)	5 (2–8)	1 (1)	1.5 (1–10)	Np Np
Methadone						
% ever used	11	6	2	2	1	2
% recent use	8	4	–	–	–	–
Days recent use (Md; range)	53 (2–180)	7 (1–24)	–	–	–	–

Table 2: Lifetime and recent (last six month) use and frequency of drug use for EDRS participants, NSW 2012–2017 (cont.)

Variable	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Buprenorphine						
% ever used	4	2	2	3	3	2
% recent use	2	1	1	–	1	–
Days recent use (Md; range)	11 (6–15)	30 (30)	80 (80)	– –	4 (4)	– –
OTC codeine^{&}						
% ever used	26	18	19	27	37	33
% recent use	12	9	11	17	26	20
Days recent use (Md; range)	5 (2–15)	1 (1–30)	1 (1–20)	2 (1–30)	2 (1–30)	3 (1–36)
OTC stimulants^{&}						
% ever used	18	12	6	16	14	17
% recent use	4	3	2	6	9	8
Days recent use (Md; range)	5 (2–15)	11 (4–11)	3 (2–3)	3 (1–5)	3 (1–14)	5 (2–14)
Other opiates[*]						
% ever used	17	26	25	29	42	26*
% recent use	5	11	12	14	28	18
Days recent use (Md; range)	12 (1–30)	5 (1–180)	2 (2–3)	1 (1–3)	2.5 (1–20)	3.5 (1–180)
DXM						
% ever used	10	11	1	13	20	22
% recent use	2	7	–	8	12	10
Days recent use (Md; range)	– –	– –	– –	– –	1 (1–10)	2 (1–16)
Capsule (contents unknown)						
% ever used	14	27	14	16	24	20
% recent use	8	9	5	4	15	8
Days recent use (Md; range)	– –	– –	– –	– –	1 (1–10)	– –
Steroids						
% ever used	1	4	6	8	1	4
% recent use	–	1	2	3	–	2
Days recent use (Md; range)	– –	20 (20)	102 (24–180)	48 (6–48)	– –	Np Np

Source: NSW EDRS interviews 2012–2017

Note: OTC – ‘over the counter’

^{*} Includes licitly and illicitly obtained

^{**} 2011–2015 data includes both licit and illicit antidepressants, 2016 and 2017 data only includes illicit antidepressant use

[&] Non-medicinal/non-pain use

Np: data not reported (n<5)

*p<0.05 between 2016 and 2017

2.1.1 Drug of choice and drug used most often

Participants were asked their drug of choice (i.e. their favourite or preferred drug). Percentages in 2016 remained similar to 2017 for ecstasy, with nearly one third reporting ecstasy (32%) as their preferred substance. However, a larger percentage of participants reported cannabis as their main drug of choice (31% from 23% in 2016) and LSD was nominated by 13% of participants (compared to 11% in 2016). In addition, significantly less participants reported alcohol as their drug of choice in 2017 (5% vs. 19% in 2016, $p<0.01$). Smaller percentages of the sample nominated other drugs such as cocaine and mushrooms (6% and 4% respectively) as their drug of choice.

Participants were also asked what drug they used most often in the last month. These results were noticeably different to drug of choice with 49% ($n=49$) reporting cannabis, 21% ($n=21$) reporting ecstasy and 18% ($n=18$) reporting alcohol as the drug used most often in the last month. Smaller percentages of the sample nominated cocaine (6%, $n=6$) and LSD (3%, $n=3$). Compared to 2016 there was significantly less nomination of alcohol as the drug used most often (18% vs. 41% in 2016, $p<0.01$) and significantly more nomination of cannabis as the drug used most often (49% vs. 26% in 2016, $p<0.01$) in 2017.

2.1.2 Bingeing Behaviour

The EDRS defines bingeing as the use of one or more drugs for 48 hours or more, on a continuous basis without sleep. Thirty-three percent ($n=33$) of the NSW sample reported bingeing on stimulants in the last six months and had done so on a median of 2.5 occasions during that time period (range 1–22). The median length of the longest binge was 60 hours (range 48–360). Among participants who reported bingeing, the majority had used ecstasy (72%, $n=23$), tobacco, (72%, $n=23$), cannabis (63%, $n=20$) and/or more than 5 standard drinks of alcohol (59%, $n=19$). Nearly a third reported using cocaine in their most recent binge session (31%, $n=10$). Other drug-use during binge episodes included crystal methamphetamine (28%, $n=9$), LSD (22%, $n=7$), ketamine (22%, $n=7$), GHB (12.5%, $n=4$), speed (16%, $n=5$) and nitrous oxide (16%, $n=5$).

2.1.3 Injecting Drug Use

Three percent of the sample ($n=3$) reported having ever injected a drug, one of whom (11%) had injected in the last month. Further information about intravenous use of drugs in the current sample can be found in Section 5.2: Injecting risk behaviour.

2.1.4 New Psychoactive Substance Use

A significant percentage of participants reported using drugs from the class of 'new psychoactive substances' such as 2C-B (4-bromo-2,5-dimethoxyphenethylamine), DMT (dimethyl tryptamine) and synthetic cannabinoids. First included in 2010 and continued in 2017, the EDRS included a separate section that investigated the consumption of these substances in this sample. Results can be found in section 2.10: New psychoactive substance (NPS) use.

2.2 Ecstasy use

Key points

- Ecstasy was used on a median of 10 days over the past six months (i.e. less than fortnightly but more than monthly).
- Significantly more participants reported lifetime use of ecstasy powder and ecstasy capsules in 2017 compared to 2016.
- Participants reported using a median of two pills, 0.75 grams of ecstasy powder, two crystal MDMA caps or three non-descriptive ecstasy caps during a ‘typical’ occasion of use.
- Swallowing was the most commonly reported ROA for pills (98%), capsules (99%) and crystal MDMA (88%). Snorting was the most commonly reported ROA for powder (71%).
- Over half of the NSW EDRS participants reported using ecstasy in a public location compared to a private venue.

‘Ecstasy’ is the name often used for 3,4-methylenedioxyamphetamine (MDMA). MDMA is classed as a hallucinogenic amphetamine intended to produce euphoric and empathogenic effects. The results presented in this section relate to the participants’ use and knowledge of ‘ecstasy’ or MDMA. Participants were asked about their use of a range of forms of ecstasy including; ecstasy pills (pills sold purporting to contain MDMA), ecstasy capsules (capsules sold purporting to contain MDMA), ecstasy powder (often sold in sachets) and crystal ecstasy (Table 3). Although ecstasy users generally prefer/ intend to obtain MDMA, the pills/tablets, powder, and caps sold as ecstasy may contain a range of substances that do not include MDMA. They may contain methamphetamine, perhaps in combination with a hallucinogenic such as ketamine; they may also contain illegal chemicals like 3,4-methylenedioxyamphetamine (MDA), para-methoxyamphetamine (PMA) or 3,4-methylenedioxyethylamphetamine (MDEA) or substances such as caffeine, paracetamol or nothing at all.

Table 3: The four forms of ecstasy reported in the EDRS

Pills	Ecstasy powder pressed into a tablet form, often with a logo or picture imprint on one or both sides.
Powder	Loose powder MDMA or similar substances.
Crystal	The crystalline form of MDMA, which is considered more potent and ‘cleaner’ than pills or powder.
Caps	Hard-shelled capsules containing ecstasy powder or crystal MDMA.

2.2.1 Ecstasy use among NSW EDRS participants

Table 4 outlines the use of ‘any’ ecstasy among NSW EDRS participants. All participants in the 2017 NSW EDRS sample had used ecstasy in their lifetime and in the six months preceding the survey. The clear majority (72%, n=72) had used ecstasy regularly (i.e. 6 times indicating monthly use) in the prior six months. Participants first used ecstasy pills at the median age of 17, powder at the median age of 18, capsules at the median age of 17 and crystal at the median age of 17.

Ecstasy was used on a median of 10 days (range 1–90) over the preceding six months. Twenty-eight percent (n=28) of those who reported using ecstasy had done so less than monthly, 30% (n=30) reported using ecstasy between monthly and fortnightly, 15% (n=15) between fortnightly and weekly and 27% (n=27) had used weekly or more over the preceding six months.

Table 4: General patterns of ecstasy use among EDRS participants, NSW 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Median age first used ecstasy	17	18	18	18	17	18
Median days used ecstasy last 6 mths	12.5	13	16	12	13	10
Use ecstasy weekly or more (%)	18	21	26	22	20	27
Ecstasy 'favourite' drug (%)	38	34	39	34	29	32
Recently binged on ecstasy (%)	24	25	14	23	32	23

Source: NSW EDRS interviews 2012–2017

Seven percent (n=7) reported that all of their friends had used ecstasy recently. Fifty percent (n=50) reported that most of their friends had used ecstasy recently, 25% (n=25) reported that about half of their friends used ecstasy and 17% (n=17) reported that 'a few' of their friends used ecstasy. One participant reported having 'no friends' who had used ecstasy in the last 6 months.

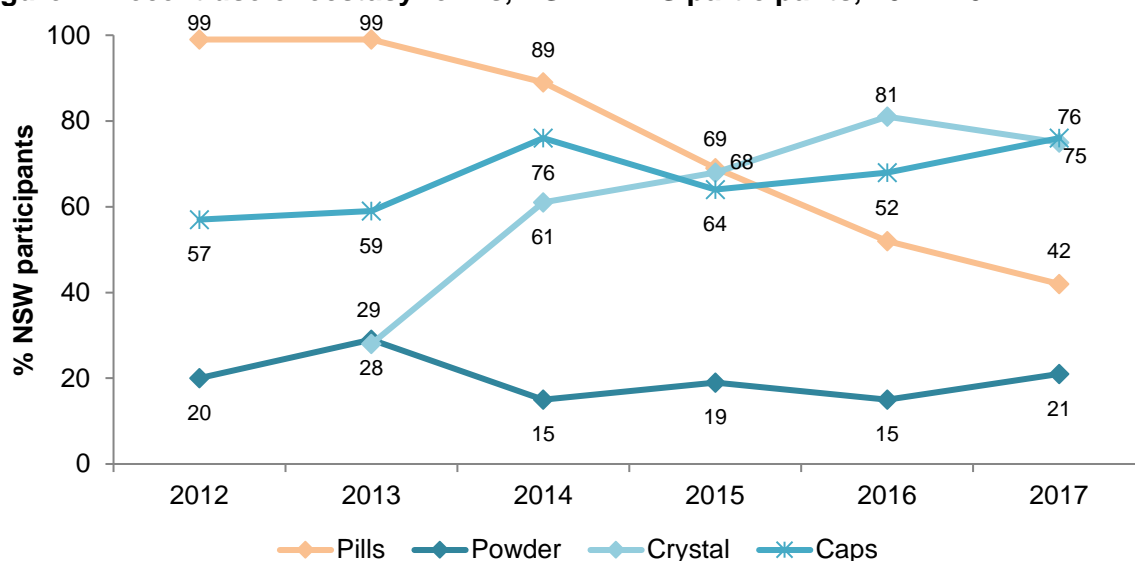
Forms of ecstasy

Participants were asked about their use of the different forms of ecstasy (pills, powder, capsules and crystals (Figure 1). Since 2013 there have been changes in the patterns of use of the different forms.

From 2016 (24%) to 2017 (48%), there has been a significant increase in the percent of participants having ever used ecstasy powder ($p<0.01$, CI 95% 0.12, 0.37). There was also a significant increase in reports of having ever used ecstasy capsules in 2017 (89%) compared to 2016 (77%; $p<0.05$, 95% CI 0.04, 0.25).

Since the introduction of questions on crystal MDMA in the 2013 survey, there has been a significant increase in participants having ever used crystal MDMA from 2013 (37%) to 2017 (87%) ($p<0.01$, 95% CI -0.60, -0.37). There is also a significant increase in recent use from 2013 (28%) to 2017 (75%) ($p<0.01$, 95% CI -0.58, -0.34). The percent having ever used or recently used crystal MDMA remained stable from 2016 to 2017.

Figure 1: Recent use of ecstasy forms, NSW EDRS participants, 2012–2017



Source: NSW EDRS interviews 2012–2017

Ecstasy pills

Table 5 provides data for the use of ecstasy pills in the sample. The data between 2016 and 2017 has remained relatively stable, however, over time the recent use of ecstasy pills has more than halved. The most commonly reported ROA of ecstasy pills was swallowing (98%), followed by snorting (43%) with 5% reporting they had shelved or shafted ecstasy in the past six months.

Table 5: Ecstasy pill use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	100	100	100	96	88	89
Age of initiation (<i>Md</i>)	17	18	18	18	17	17
% used recently	99	99	89	69	52	42
Days recent use (<i>Md</i> ; range)	12 (3–120)	12 (2–50)	9 (1–50)	9 (1–48)	3 (1–48)	2.5 (1–90)
Pills used in an average session (<i>Md</i> ; range)	2 (1–15)	2 (1–6)	2 (1–8)	2 (0.5–11)	2 (0.5–9)	2 (1–12)
Pills used in a heavy session (<i>Md</i> ; range)	4 (1–20)	4 (1–12)	4 (1–15)	4 (1–20)	3 (0.5–40)	3 (1–22)

Source: NSW EDRS interviews 2012–2017

Ecstasy powder

Table 6 provides data for the use of ecstasy powder in NSW. Nearly double the amount of participants reported to have used ecstasy powder in 2017 (48%) compared to 2016 (24%). This difference was significant ($p < 0.01$, CI 95% 0.12, 0.37). The median age of first use was 18 years. Participants had used on a median of two days in the past six months (range 1–20 days). Among those who recently used ecstasy powder ($n = 21$), the most commonly reported ROA was snorting (71%), followed by swallowing (48%).

Table 6: Ecstasy powder use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	42	42	27	33	24	48*
Age of initiation (<i>Md</i>)	20	19	20	20	18	18
% used recently	20	29	15	19	15	21
Days recent use (<i>Md</i> ; range)	5 (1–24)	2 (1–12)	4 (2–72)	3 (1–24)	4 (1–72)	2 (1–20)
Grams used in an average session (<i>Md</i> ; range)	–	0.5 (0.1–3)	0.65 [^] (0.1–2)	0.35 [^] (0.1–3)	0.88 [^] (0.3–1.5)	0.75[^] (0.2–1)
Grams used in a heavy session (<i>Md</i> ; range)	–	0.5 (0.25–4.5)	1 [^] (0.2–4)	0.5 [^] (0.2–5)	1 [^] (0.8–3)	1[^] (0.3–4.0)

Source: NSW EDRS interviews 2012–2017

[^] n<10 interpret with caution

* Significant increase ($p < .05$)

Crystal MDMA

Table 7 provides data for the use of crystal MDMA in NSW. Since the addition of questions on crystal MDMA in the 2013 survey, there has been a notable increase in both the lifetime and recent use of crystal MDMA. The majority (88%) of crystal MDMA users reported swallowing crystal MDMA and 60% reported snorting it. Four participants (4%) reported shelving or shafting ecstasy crystals in the past six months and five participants (5%) reported smoking it.

Table 7: Crystal MDMA/Ecstasy Rock use among EDRS participants, NSW, 2013–2017

	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	37	69	75	83	87
Age of initiation (<i>Md</i>)	20	20	19	18	17
% used recently	28	61	68	81	75
Days recent use (<i>Md</i> ; range)	1 (1–12)	5 (1–70)	7 (1–52)	7 (1–96)	5 (1–90)
Caps used in an average session (<i>Md</i> ; range)	1 (1–2)	2 (0.1–4)	2.5 (1–9)	2 (0.5–9)	2 (0.5–8)
Caps used in a heavy session (<i>Md</i> ; range)	2 (1–2)	2.5 (0.1–9)	4 (1–18)	3 (1–30)	4 (0.5–25)
Grams used in an average session (<i>Md</i> ; range)	0.5 [^] (0.15–1)	0.35 (0.1–1)	0.45 (0.1–3.5)	0.45 (0.1–2.0)	0.5 (0.2–3.0)
Grams used in a heavy session (<i>Md</i> ; range)	0.5 [^] (0.15–2)	0.7 (0.2–1.5)	0.85 (0.2–6)	1.00 (0.2–3.50)	1.00 (0.04–4)

Source: NSW EDRS interviews 2013–2017

[^] n<10 interpret with caution

Note: Data not available until 2013

Ecstasy capsules

Table 8 provides data for the use of ecstasy capsules in NSW. Significantly more participants reported to have ever used ecstasy capsules in 2017 (89%) compared to 2016 (77%; $p < 0.05$, 95% CI 0.04, 0.25). The vast majority of users (99%) reported swallowing capsules in the past six months and over a third (39%) reported snorting. Five participants (5%) reported shelving or shafting ecstasy capsules and one participant (1%) reported smoking.

Table 8: Ecstasy capsule use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	78	73	86	77	77	89*
Age of initiation (<i>Md</i>)	19	19	19	19	18	17
% used recently	57	59	76	64	68	76
Days recent use (<i>Md</i> ; range)	4 (1–24)	3 (1–30)	5 (1–53)	6 (1–24)	9.5 (1–48)	6 (1–72)
Capsules used in an average session (<i>Md</i> ; range)	1 (0.5–6)	1 (1–4)	2 (0.75–5)	2 (1–5)	2 (1–10)	3 (1–10)
Capsules used in a heavy session (<i>Md</i> ; range)	2 (1–9)	2 (1–5)	2 (1–8)	3 (1–30)	4 (1–30)	4 (1–40)

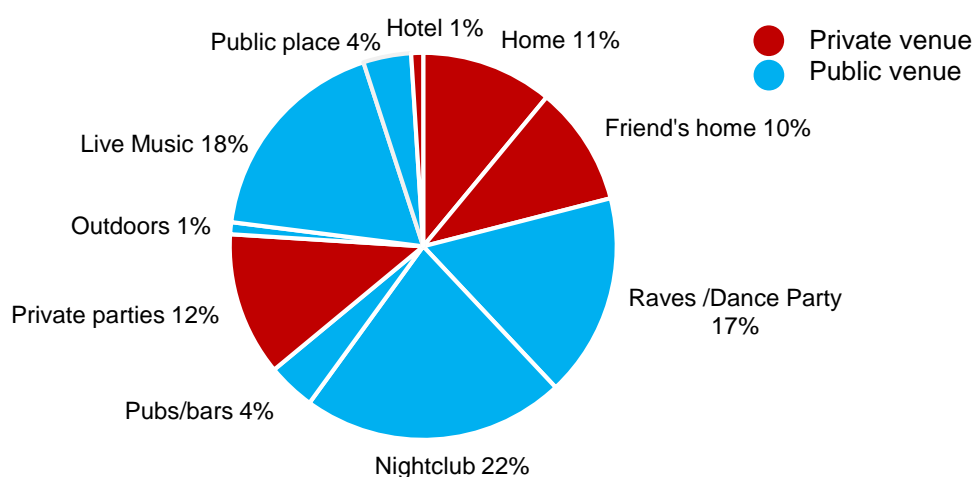
Source: NSW EDRS interviews 2012–2017

* Significant increase ($p < .05$)

2.2.2 Locations of ecstasy use

All participants were asked where they spent the most time while intoxicated the last time they used ecstasy pills, powder, capsules or crystals (Figure 2). The most popular venues were nightclubs (22%, $n=22$), live music events (18%, $n=18$), raves/doofs/dance parties (17%, $n=17$) and private parties (12%, $n=12$). Well over half of the NSW EDRS participants (66%, $n=66$) reported using in a public location compared to a private venue (44%, $n=44$).

Figure 2: Location of last ecstasy use among EDRS participants, NSW 2017



Source: NSW EDRS interviews 2017

2.3 Methamphetamine use

Key points

Speed

- Fifty-three percent of the participants had ever used speed and 18% had done so recently.
- Speed was used on a median of two days over the preceding six months and was primarily either snorted (61%) or swallowed (50%).

Base

- Nineteen participants (19%) in the sample had ever used base and five percent used it in the preceding six months.
- Base was used on a median of two days in the past six-month period.

Crystal

- Twenty-one percent of the sample had ever used crystal and 12% had done so recently.
- Crystal was used on a median of two days over the preceding six months, a significant decrease from ten days in 2017.
- It was reported that crystal methamphetamine was primarily smoked (83%, n=10)

Amphetamine is a potent central nervous system stimulant that is sometimes used as a cognitive enhancer, a recreational stimulant or for the treatment of attention deficit hyperactivity disorder (ADHD), narcolepsy and obesity. Common physiological effects of amphetamines include confidence, alertness, euphoria and excitability, as well as restlessness and sometimes aggression.

Chemically, methamphetamine is structurally similar but unique to amphetamine. Amphetamine is a phenethylamine molecule with an added methyl group; methamphetamine has an additional methyl group to amphetamine. It is this 'double-methylation'- a result of its manufacturing process – that gives methamphetamine its stronger physiological effects.

In the EDRS and in this report, the term “methamphetamine” is used synonymously with “amphetamine”. Methamphetamine can be found in a variety of forms; the most common being speed, base and crystal methamphetamine (Table 9).

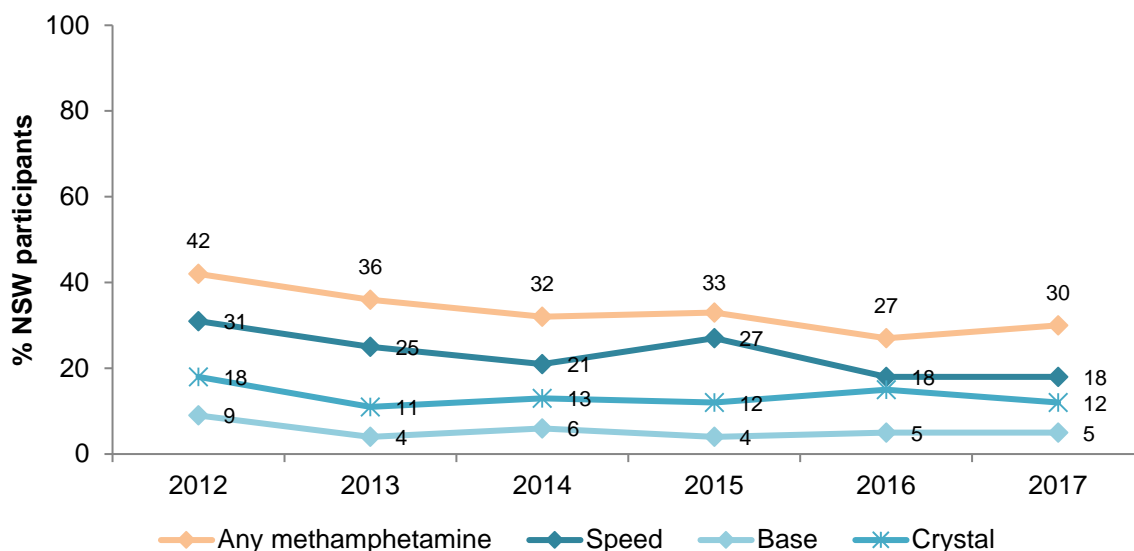
Table 9: The three forms of methamphetamine reported in the EDRS

Speed	Usually found as white powder but can be bought as pills. Most frequently snorted or swallowed.
Base	A brown oily or gluggy-like substance more pure than powder. Mainly used for swallowing or injecting.
Crystal	The crystalline form of methamphetamine and the most potent. Most commonly smoked or injected.

2.3.1 Methamphetamine use among NSW EDRS participants

Over time, the use of all forms of methamphetamine has remained relatively stable. Participants report speed to be the most commonly used form, followed by crystal then base (Figure 3).

Figure 3: Recent use of methamphetamine forms, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Methamphetamine powder (speed)

Table 10 provides data for the use of speed in the EDRS NSW sample from 2012–2017. The percent of participants reporting lifetime use of speed has decreased from 67% in 2012 to 53% in 2017. The percentage reporting recent use was 18% in 2017. The age at which participants first used speed was 18 years. Of those reporting recent use also reported using speed on a median of two days in the last six months (range 1– 12); the majority (78%) reported using speed less than monthly, and the remainder (22%) reported using between fortnightly and weekly.

The two most common ROA for speed users in the preceding six months was snorting (61%, n=11) and swallowing (50%, n=9).

Table 10: Methamphetamine powder use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	67	56	48	54	49	53
Age of initiation (<i>Md</i>)	18	18	19	18	19	18
% used recently	31	25	21	27	18	18
Days recent use (<i>Md</i> ; range)	2 (1–180)	2 (1–12)	2 (1–15)	3 (1–15)	2 (1–24)	2 (1–12)
Grams used in an average session (<i>Md</i> ; range)	1 (0.25–2)	0.5 [^] (0.05–1)	1 [^] (0.25–2)	1.5 [^] (0.2–3)	0.5 [^] (0.2–1)	1.25[^] (0.5–2.0)
Grams used in a heavy session (<i>Md</i> ; range)	1.25 (0.25–4)	1 [^] (0.5–3)	2 [^] (0.25–3.5)	0.5 (0.2–5.5)	0.75 (0.2–1)	1.0[^] (0.70–2.50)

Source: NSW EDRS interviews 2012–2017

[^] n<10 interpret with caution

Methamphetamine base

Table 11 provides data for the use of base in the EDRS NSW samples from 2012–2017. Between 2010 (53%) (data not presented in table) to 2013 (21%) there was a substantial decline in the percent of participants reporting lifetime use of base. This figure has remained relatively stable since this time, with 19% reporting lifetime use in 2017.

Table 11: Methamphetamine base use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	38	21	25	25	21	19
Age of initiation (<i>Md</i>)	20	21	19	19	17	18
% used recently	9	4	6	4	5	5
Days recent use (<i>Md</i> ; range)	2 [^] (1–30)	1 [^] (1–5)	4.5 [^] (1–10)	3.5 [^] (1–9)	1 [^] (1–2)	2[^] (1–5)
Points used in an average session (<i>Md</i> ; range)	1 [^] (0.1–2)	N/A*	N/A*	N/A*	N/A*	N/A*
Points used in a heavy session (<i>Md</i> ; range)	2 [^] (0.5–3)	N/A*	N/A*	N/A*	N/A*	N/A*

Source: NSW EDRS interviews 2012–2017

[^] n<10 interpret with caution

*Data not reported as n<5.

Crystal methamphetamine

Table 12 provides data for the use of crystal methamphetamine in the EDRS NSW sample from 2012–2017. The percent of participants reporting lifetime use of crystal methamphetamine decreased from 32% in 2012 to approximately one-fifth (21%) in 2013. This has remained relatively stable since this time, with 21% reporting lifetime use in 2017.

Of those who recently used (n=12), participants reported using crystal methamphetamine on a median of two days in the past six months (range 1–15), a significant decrease from 10 days in 2016 ($p < 0.05$).

The majority of recent users quantified their ‘typical’ use in terms of ‘points’ (n=9). The median amount used in a typical or average use episode in the preceding six months was two points (range 0.5–3). Nine users quantified their ‘heavy’ use in ‘points’, with the median amount used in the heaviest-use episode being two points (range 0.5–5). The most common ROA for crystal methamphetamine users in the preceding six months was smoking (83%; n=10).

Table 12: Crystal methamphetamine use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	32	21	23	25	22	21
Age of initiation (<i>Md</i>)	22	24	20	19	20	19
% used recently	18	11	13	12	15	12
Days recent use (<i>Md</i> ; range)	8 (1–96)	4 (1–48)	10 (1–150)	3.5 (1–96)	10 (1–100)	2* (1–15)
Points used in an average session (<i>Md</i> ; range)	1.25 (0.25–3)	2 (0.5–4)	1 (0.4–2)	2^ (1–3)	1.75 (0.25–3)	2^ (0.5–3)
Points used in a heavy session (<i>Md</i> ; range)	3 (0.3–5)	2 (0.5–4)	2^ (0.5–5)	2^ (0.5–3)	3 (0.25–5)	2^ (0.5–5)

Source: NSW EDRS interviews 2012–2017

^ n<10 interpret with caution

* Significant decrease ($p < .05$)

2.3.2 Locations of methamphetamine use

Participants were asked in what type of venue they spent most of their time intoxicated during the last session of use. Of the ten participants who commented on the most recent location in which they used methamphetamine powder (speed), the largest percentage (30%) reported pubs/bars, followed by private parties (20%). Data was not sufficient to draw conclusions as to the locations in which methamphetamine base and crystal were used in the preceding six months.

2.4 Cocaine use

Key points

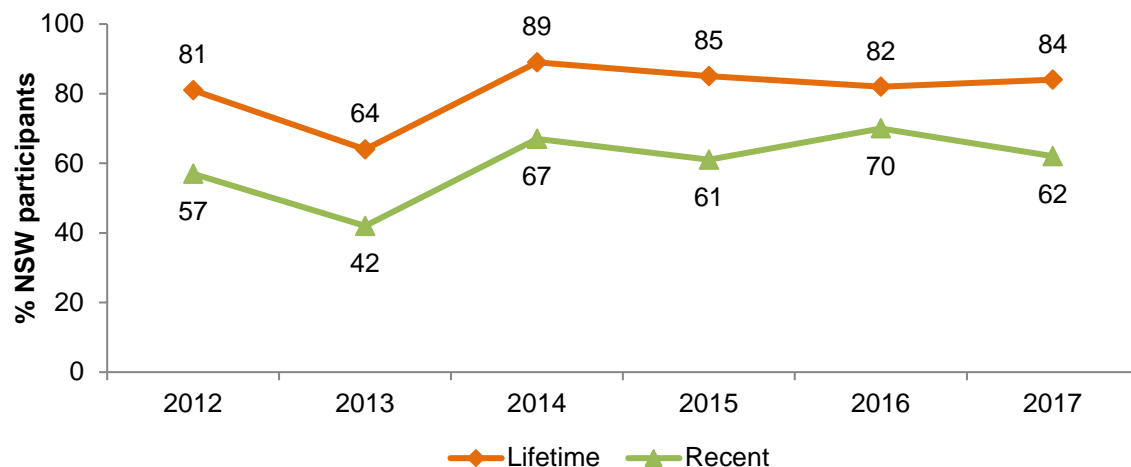
- The majority of the participants (84%) had tried cocaine at least once, and 62% had used it recently.
- Cocaine was used on a median of three days over the preceding six months and the main ROA was snorting (92%).

Cocaine is a colourless or white crystalline alkaloid which (similar to methamphetamine) acts as a stimulant. Cocaine hydrochloride, a salt derived from the cocoa plant, is the most common form of cocaine available in Australia. 'Crack' is a form of freebase cocaine (hydrochloride removed) which is particularly pure; however, it is infrequently encountered in this country (Australian Crime Commission, 2015).

2.4.1 Cocaine use among NSW EDRS participants

The majority (84%) of the NSW participants in 2017 report having used cocaine in their lifetime, with 62% reporting recent use (Figure 4).

Figure 4: Lifetime and recent use of cocaine, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Table 13 provides data for the use of cocaine in the EDRS NSW samples from 2012–2017. The age at which participants first used cocaine has remained stable at a median of 18 years in 2017. Those who had used cocaine over the preceding six months had done so on a median of 3 days (range 1–35); 71% reported using cocaine less than monthly, 13% had done so between monthly and fortnightly, 8% had done so between fortnightly and weekly, and the remaining five participants (8%) had used cocaine more than weekly. None of the participants in the 2017 NSW EDRS survey reported daily use.

Most recent users quantified their 'typical' use in terms of 'lines' (n=26) or 'grams' (n=25). The median amount used in a typical or average use episode in the preceding six months was either three lines (range 1–8) or half a gram (range 0.2–2). Thirty-three users quantified their 'heavy' use in 'grams' and twenty-one in 'lines'. The median amount used in the heaviest use episode was either one gram (range 0.20–11) or three lines (range 1–8). The most common ROA was snorting (92%).

Table 13: Cocaine use among EDRS participants, NSW, 2012–2017

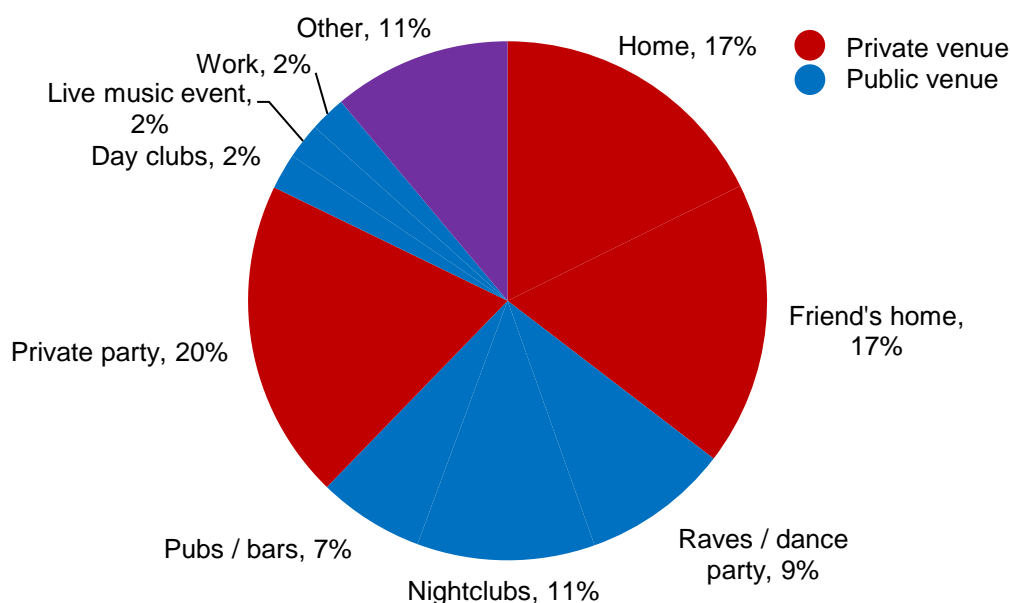
	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	81	64	89	85	82	84
Age of initiation (<i>Md</i>)	19	19	19	19	18	18
% used recently	57	42	67	61	70	62
Days recent use (<i>Md</i> ; range)	3 (1–90)	2 (1–10)	3 (1–60)	4 (1–50)	3.5 (1–72)	3 (1–35)
Grams used in an average session (<i>Md</i> ; range)	0.5 (0.1–1)	0.5 (0.1–2)	0.65 (0.05–1.5)	0.5 (0.12–4)	0.5 (0.2–2)	0.5 (0.2–2)
Grams used in a heavy session (<i>Md</i> ; range)	1 (0.1–5)	0.5 (0.1–6)	1 (0.05–4)	1 (0.25–4)	1 (0.20–7)	1 (0.2–11)

Source: NSW EDRS interviews 2012–2017

2.4.2 Locations of cocaine use

Participants were asked where they spent the most time while intoxicated the last time they used cocaine (Figure 5).

Figure 5: Location of last cocaine use among EDRS participants, NSW 2017



Source: NSW EDRS interviews 2017

Venues where people spent the most time when last intoxicated included 'private parties' (20%, n=9), 'home' (17%, n=8), 'friend's homes' (17%, n=8) and 'nightclubs' (11%, n=5).

A marginally larger percentage of participants (54%, n=25) had used cocaine in private venues compared to public venues (33%, n=15).

2.5 LSD use

Key points

- Ninety-one percent of the sample had tried LSD at least once and 73% had used it recently.
- LSD was used on a median of three days in the preceding six months.
- 2017 saw the highest percent of recent LSD users since the EDRS commenced.

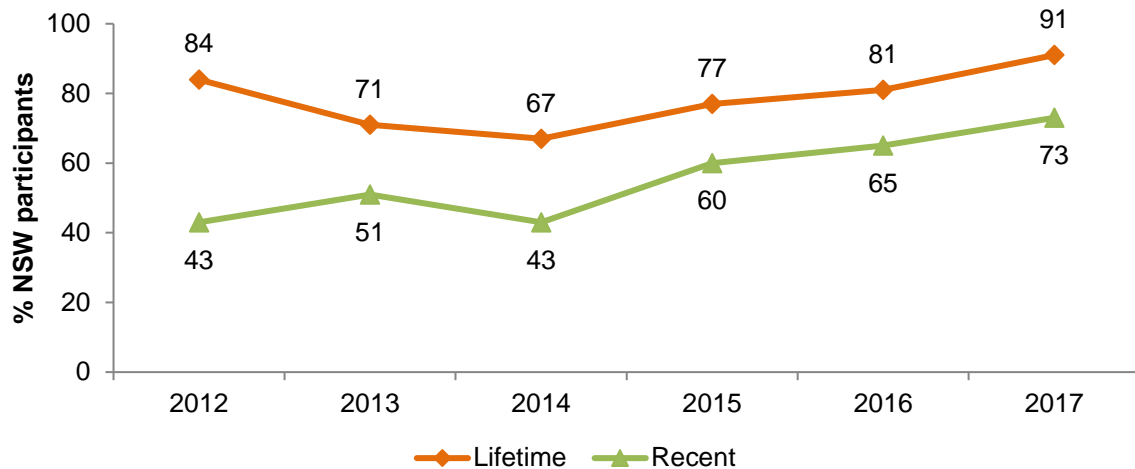
Lysergic acid diethylamide is commonly known as LSD, 'trips' or 'acid'. It is a powerful hallucinogen which can produce significant changes in perception, mood and thought. Only a small amount is needed to cause visual hallucinations and distortions. These experiences are known as 'trips'. Unpleasant reactions to LSD include fear, anxiety and depression. LSD is manufactured in illicit laboratories and the majority of LSD is believed to be imported from overseas.

LSD is usually adhered to perforated sheets. Small paper squares ('tabs') are detached from these sheets and usually decorated with designs, which can often be culturally specific to user groups. LSD is potent, so tabs are often cut into halves or quarters and shared with others.

2.5.1 LSD use among EDRS participants

The percent of recent users was relatively stable from 2012 (43%) to 2014 (43%). In 2015, this percentage increased significantly from the previous years to 60% ($p < .05$). To date, 2017 saw the highest percent of recent LSD users (73%) since the EDRS commenced (Figure 6).

Figure 6: Lifetime and recent use of LSD, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Table 14 provides data for the use of LSD in the EDRS NSW samples from 2012–2017. The age at which participants first used LSD has remained stable at a median of 17 years in 2017. Those who had used LSD over the preceding six months had done so on a median of 3 days (range 1–60). Nearly three quarters (71%) of recent LSD users reported using less than monthly, 21% ($n=15$) reported using between monthly and fortnightly, 4% reported using between fortnightly and weekly, and one participant reported using weekly or more often.

Eighty-four percent of recent user quantified their 'typical' use in terms of 'tabs' ($n=52$). The median amount used in a typical or average use episode in the preceding six months was one tab (range 0.5–4). Eighty-two percent ($n=55$) of recent users quantified their 'heavy' use in 'tabs'. The median amount used in the heaviest use episode was one and a half tabs (range 0.5–5). Swallowing was reported to be the ROA for all recent LSD consumers.

Table 14: LSD use among EDRS participants, NSW, 2012–2017

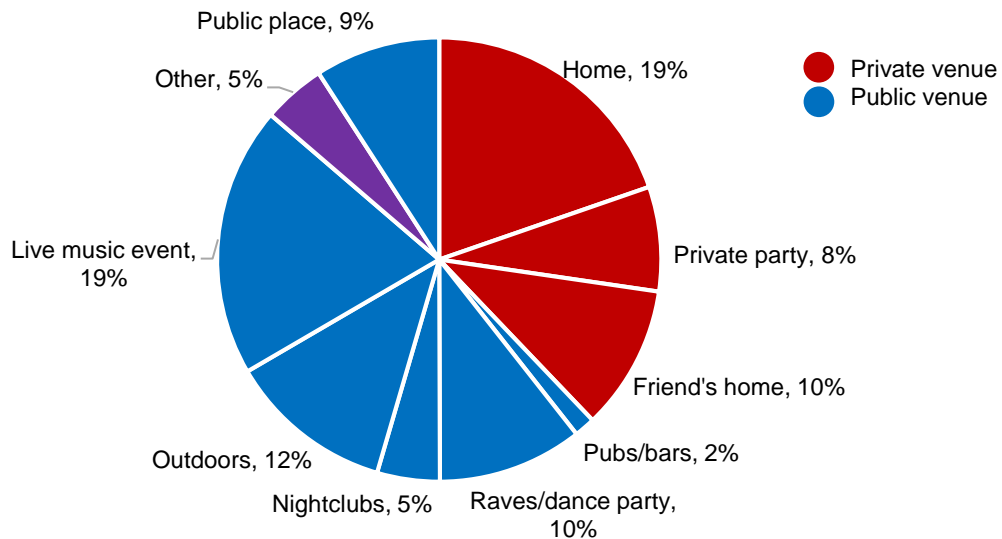
	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	84	71	67	77	81	91
Age of initiation (<i>Md</i>)	18	18	19	18	18	17
% used recently	43	51	43	60	65	73
Days recent use (<i>Md</i> ; range)	3 (1–24)	2 (1–24)	2 (1–50)	2 (1–20)	3 (1–48)	3 (1–60)
Tabs used in an average session (<i>Md</i> ; range)	1 (0.5–2)	1 (0.25–7.5)	1 (0.5–4)	1 (0.25–3)	1 (0.25–4)	1 (0.50–4.0)
Tabs used in a heavy session (<i>Md</i> ; range)	1 (0.5–5)	1.5 (0.5–10)	1 (0.5–5)	1 (0.5–5)	2 (0.30–10)	1.5 (0.5–5)

Source: NSW EDRS interviews 2012–2017

2.5.2 Locations of LSD use

Participants were asked where they spent the most time while intoxicated the last time they used LSD (Figure 7). Sixty-seven participants responded to this question. Nearly two-thirds (57%, n=38) had used LSD in a public venue and 37% (n=25) in a private venue.

Figure 7: Location of last LSD use among EDRS participants, NSW 2017



Source: NSW EDRS interviews 2017

2.6 Ketamine use

Key points

- Sixty-seven percent of the sample had tried ketamine during their lifetime, which is significantly higher than in previous years (2012-2015) and half (50%) had used it recently.
- Ketamine was used on a median of 3 days over the preceding six months, with snorting reported as the most common ROA (92%).

Ketamine is a rapid acting, dissociative anaesthetic that is used in veterinary surgery and less commonly in human surgery. It is a liquid that can be injected for legitimate use. When used recreationally, it is typically converted into a fine powder through evaporation, and snorted. Ketamine can also be made into tablets, capsules and tabs (liquid-soaked blotter paper), which are usually swallowed. Common names for ketamine include “K”, “Special K” or “Vitamin K”.

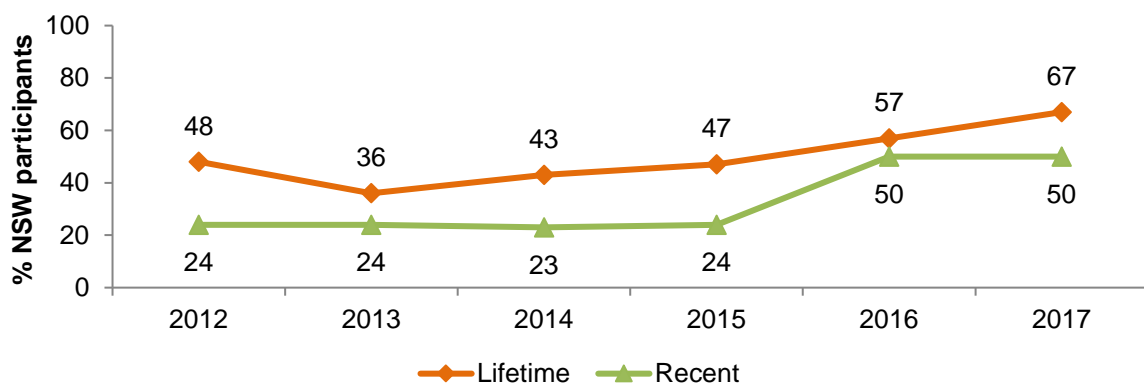
Ketamine produces a dissociative state in the user, commonly eliciting an “out-of-body” experience. The drug has a combination of stimulant, depressant, hallucinogenic and analgesic properties. Too much ketamine can result in users becoming tranquilised or falling into a ‘K hole’.

As ketamine is complicated to manufacture, and precursor chemicals are difficult to obtain, it is unlikely that it is produced in clandestine laboratories. The majority of ketamine used by the participants is probably diverted from veterinary sources or imported from overseas, making supply irregular compared with other illicit substances (Australian Crime Commission 2008, 2009, 2010).

2.6.1 Ketamine use among NSW participants

Figure 8 shows the lifetime and recent use of ketamine during this period. As can be seen, lifetime use of ketamine has trended upward from 2013. In 2017, lifetime use of ketamine was reported by 67% of the sample, which is significantly higher than in previous years (2012-2015). Recent use was relatively stable from 2012 to 2015, however in 2016 there was a significant increase in recent use ($p < 0.05$, 95% CI 0.11, 0.37) which was sustained into 2017.

Figure 8: Lifetime and recent use of ketamine, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Table 15 provides data for the use of ketamine in the EDRS NSW samples from 2012–2017. Those who had used ketamine in the preceding six months had done so on a median of 3 days (range 1–50); a clear majority (68%; n=34) had used less than monthly, with smaller percentages reporting between fortnightly and monthly use (22%, n=11), weekly to fortnightly (8%, n=4) and greater than weekly (2%, n=1).

Most recent users quantified their ‘typical’ use in terms of ‘lines’ (n=13), bumps (n=11) or ‘grams’ (n= 11). The median amount used in a typical or average use episode in the preceding six months was either two lines (range 1–5), two bumps (range 1-5) or 0.3 grams (range 0.2–0.5). Almost the same number of participants reported their ‘heavy’ use in lines (n=13), bumps (n=10) and grams (n=11). The median amount used in the heaviest use episode was either three lines (range 1–7), three bumps (range 1-13) or half a gram (range 0.2-1). The most commonly reported ROA for ketamine was snorting (92%, n=46).

Table 15: Ketamine use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	48	36	43	47	57	67
Age of initiation (<i>Med</i>)	20	21	20	19	∞	∞
% used recently	24	24	23	24	50	50
Days recent use (<i>Med</i> ; range)	3 (1–12)	2 (1–10)	2 (1–32)	1.5 (1–8)	3 (1–72)	3 (1–50)
Bumps used in an average session (<i>Med</i> ; range)	2 (1–10)	2 (1–5)	2 (1–5)	1 (0.1–5.5)	2 (0.5–10)	2 (1–5)
Bumps used in a heavy session (<i>Med</i> ; range)	2 (1–12)	2 (1–10)	2 (1–6)	2 (0.25–10)	3 (1–15)	3 (1–13)

Source: NSW EDRS interviews 2012–2017

∞Data not collected in the 2017 survey

2.6.2 Locations of ketamine use

Thirty-three participants reported the venue in which they most recently spent the most time intoxicated by ketamine. Reports were mixed, and included venues such as private parties (24%, n=8), raves/doofs/dance parties (18%, n=6), friend’s home (15%, n=5) and nightclubs (15%, n=5), among others.

2.7 GHB use

Key points

- Twenty-four percent of the sample had tried GHB at least once and 12% had used it recently, stable since 2012.
- GHB was used on a median of 1.5 days in the preceding six months, a significant decrease from six days in 2016.

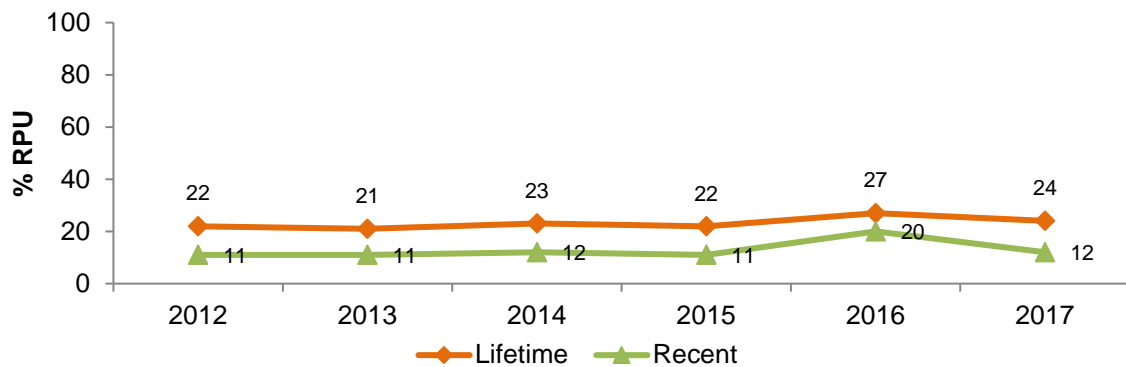
Gamma-hydroxybutyrate (GHB) has been used for a number of clinical purposes including as an anaesthetic (Kam & Yoong, 1998; Nicholson & Balster, 2001). In 1964, GHB was introduced in Europe as an anaesthetic agent particularly for children (Laborit, 1964; Vickers, 1968) but was not widely used due to the incidence of vomiting and seizures (Hunter, Long & Ryrie, 1971). Research has also examined the effectiveness of GHB as a treatment for narcolepsy (Chin, Kreutzer & Dyer, 1992; Mack, 1993; Mamelak, 1989) and for alcohol dependence and opioid withdrawal (Kam & Yoong, 1998; Nicholson & Balster, 2001).

In Australia, common street names for GHB include 'liquid ecstasy', 'fantasy', 'GBH', 'grievous bodily harm' and 'blue nitro'. Following restrictions on the availability of GHB, there have been reports of the production of GHB from its precursor, gamma-butyrolactone (GBL). The use of GBL, and a similar chemical, 1,4-butanediol (1,4-B), has also been documented (Ingels et al., 2000). GBL and 1,4-B are metabolised into GHB in the body. They may be used as substitutes for GHB, but are known to be pharmacologically different.

2.7.1 GHB use among NSW EDRS participants

From 2012 to 2017, lifetime and recent use of GHB has remained relatively stable with 24% of the NSW sample reporting lifetime use and 12% reporting recent use (Figure 9).

Figure 9: Lifetime and recent use of GHB among EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Table 16 provides data for the use of GHB in the EDRS NSW samples from 2012–2017. Recent users (12%, n=12) reported using on a median of 1.5 days (range 1–52) in the previous 6 months, a significant decrease from six days in 2016. Fifty-two percent of users (n=11) used GHB less than monthly, 19% reported using GHB between fortnightly and monthly, 10% between weekly and fortnightly and 19% greater than weekly.

Eleven participants quantified their ‘average’ and ‘heavy’ use in terms of millilitres. The median amount used in a typical or average use episode in the preceding six months was 2ml (range 0.5–10) and the median amount used in a heavy use episode was 5mls (range 0.5-15).

Table 16: GHB use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	22	21	23	22	27	24
Age of initiation (<i>Med</i>)	26	21	24	22	∞	∞
% used recently	11	11	12	11	20	12
Days recent use (<i>Med</i> ; range)	2 (1–90)	1 (1–30)	1.5 (1–10)	3 (1–24)	6 (1–80)	1.5* (1–52)
ml used in an average session (<i>Med</i> ; range)	2 [^] (2–30)	4 [^] (2–8)	2 [^] (1–5)	4 [^] (1.2–5)	5.5 (1–100)	2 (0.5-10)
ml used in a heavy session (<i>Med</i> ; range)	4.5 [^] (2–80)	4.5 [^] (2–10)	2 [^] (1.5–6)	4 [^] (1.2–8)	8.5 (1–100)	5 (0.5-15)

Source: NSW EDRS interviews 2012–2017

[^] n<10 interpret with caution

∞Data not collected in the survey

* Significant decrease ($p < 0.05$)

2.7.2 Locations of GHB use

Data were not sufficient to comment on the venues in which users most commonly used GHB.

2.8 Cannabis Use

Key points

- Almost every participant had tried cannabis at least once during their lifetime (99%) and the vast majority (93%) had used it recently.
- Cannabis was used on a median of 60 days in the past six months, a significant increase from 24 days reported in 2016 ($p<0.05$).
- The lifetime use of cannabis among the participants remained stable over time with recent use being more sporadic.
- Nearly two-thirds (69%) of users reported weekly or more frequent use with 18% reporting daily cannabis use.

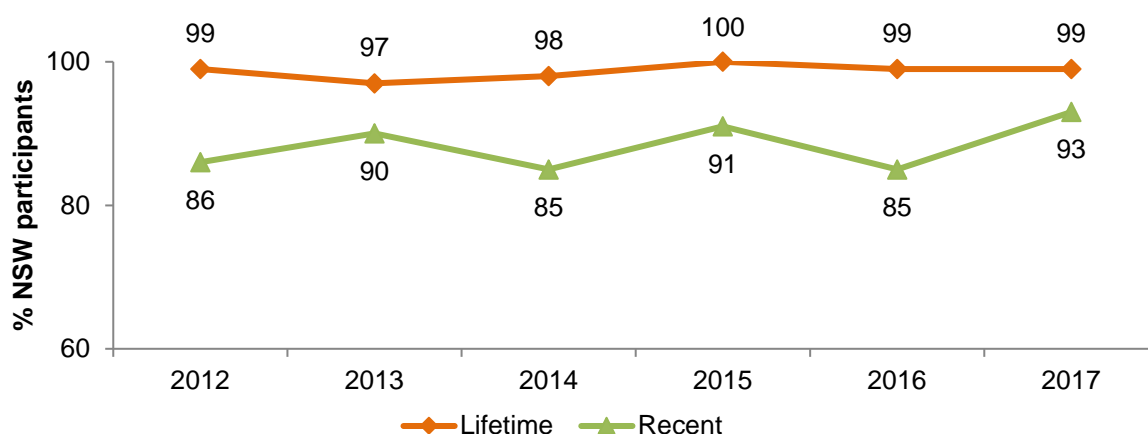
The most commonly recognised active chemicals found in cannabis are delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD); however, according to Russo (2013), 483 active substances have been identified from the cannabis plant.

Cannabis in Australia is mainly harvested from two common types of plant, *Cannabis sativa* and *Cannabis Indica* (Australian Crime Commission, 2015). While cannabis can be grown in almost any climate, it is being increasingly cultivated by means of indoor hydroponic technology. In Australia the most commonly used form of cannabis is marijuana: hydroponic (hydro) and bush-grown (bush) plants. Other forms of cannabis include hashish (hash) and hash oil (National Drug and Alcohol Research Centre, 2008), although, these are less widely used. Cannabis remains the dominant illicit drug in Australia in terms of arrests, seizures and use (Australian Crime Commission, 2015).

2.8.1 Cannabis use among NSW EDRS participants

The lifetime use of cannabis has remained high and stable from 2012 to 2017; recent use has, however, been more sporadic across the years (Figure 10). In 2017, 99% (n=99) of participants reported lifetime use and 93% (n=93) reported using cannabis in the last 6 months. In 2017, nearly a third of participants (31%) reported cannabis as their drug of choice.

Figure 10: Lifetime and last six-month use of cannabis, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Table 17 provides data for the use of cannabis in the EDRS NSW samples from 2012–2017. The age at which participants first used cannabis has remained stable at a median of 15 years in 2017. Those who had used cannabis over the preceding six months had done so on a median of 60 days (range 1–180), a significant increase compared to 24 days reported in 2016 ($p < 0.05$). Of those who reported recent use: 95% ($n=88$) reported smoking, 38% ($n=35$) reported swallowing, and 31% ($n=29$) reported inhaling / vaporising the cannabis.

In terms of frequency of use, 14% ($n=13$) of recent cannabis users reported using less than monthly, 10% ($n=8$) reported using between monthly and fortnightly, 7.5% ($n=7$) reported using between fortnightly and weekly. Most participants who used cannabis 69% ($n=64$) used more than weekly, while 18% ($n=17$) reported daily use of cannabis.

Participants were asked how much they smoked in their last episode of use. Thirty-two participants quantified their use in terms of cones, 30 in terms of grams and 28 in terms of joints. The median amount used in the last episode was either three cones (range 1–20), one joint (range 0.33–2) or one gram (range 0.1–4).

Of the 32 participants who reported that they binged on a drug/s (i.e. used a stimulant or related drug for 48 hours or more with no sleep), 63% ($n=20$) reported cannabis to be one of the drugs included in the binge.

Table 17: Cannabis use among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
% ever used	99	97	98	100	99	99
Age of initiation (<i>Med</i>)	15	15	16	16	15	15
% used recently	86	90	85	91	85	93
Days recent use (<i>Med</i> ; range)	48 (1–180)	40 (1–180)	30 (1–180)	48 (1–180)	24 (1–180)	60* (1-180)
Cones used in last session (<i>Med</i> ; range)	5 (1–30)	4 (1–35)	2 (1–40)	3 (0.5–12)	2 (0.50–20)	3 (1-20)
Joints used in last session (<i>Med</i> ; range)	1 (0.25–5)	1 (0.25–7)	1 (0.5–4)	1 (0.25–4)	1 (0.50–4)	1 (0.33-2)
Grams used in last session (<i>Med</i> ; range)	Data not available until 2013		1 (0.1–4)	1 (0.1–4)	1 (0.20–3)	1 (0.1-4)

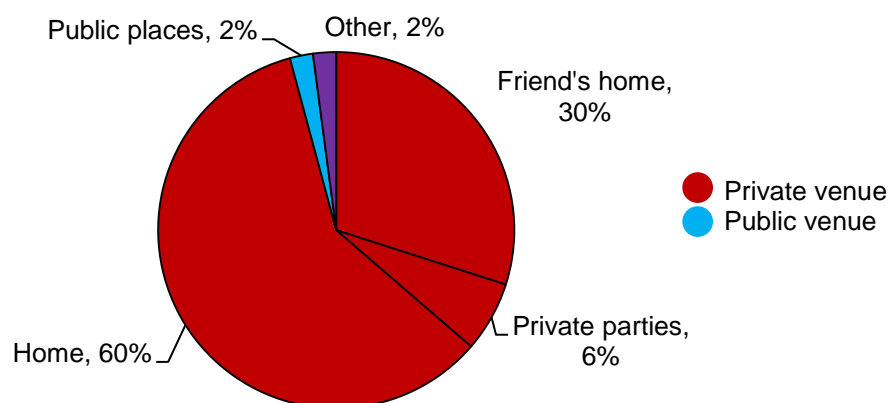
Source: NSW EDRS interviews 2012–2017

* Significant increase ($p < 0.05$)

2.8.2 Locations of cannabis use

Participants were asked where they spent the most time while intoxicated the last time they used cannabis, separated into hydroponic (Figure 11) and bush-grown (Figure 12) cannabis.

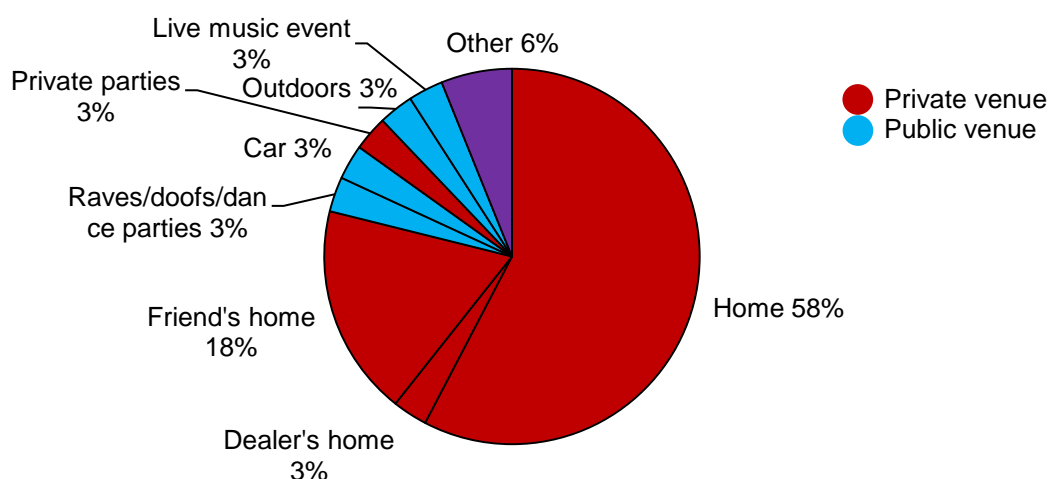
Figure 11: Location of last hydroponic cannabis use among EDRS participants, NSW, 2017



Source: NSW EDRS interviews 2017

Of those who reported (n=47) on the 'venue' where they spent the most time intoxicated when they last used hydro, 60% (n=28) reported being at 'home' and 30% (n=14) at a 'friend's home'. A small number of participants reported other locations including public spaces and private parties. Overall, considerable more participants reported the last venue where they were intoxicated to be private (96%) rather than a public location (2%).

Figure 12: Location of last bush-grown cannabis use among EDRS participants, NSW, 2017



Source: NSW EDRS interviews 2017

Of those who reported (n=33) on the venue where they spent the most time intoxicated when they last used bush, the majority 58% (n=19) reported being at 'home'. Other reported venues included friend's homes, private parties, raves/doofs/dance parties and outdoors. The majority of the NSW sample had reported to have used bush-grown cannabis in private settings (82%) compared to public venues (12%).

2.9 Other drug use

Key points

Alcohol

- The vast majority of the sample reported lifetime (99%) and recent (97%) use of alcohol.

Tobacco

- Ninety-eight percent of participants had used tobacco at least once in their lifetime and 86% had smoked within the past six months.
- In 2017, there was a significant increase in median days of tobacco use from 48 days in 2016 to 95 days ($p<0.05$).

E-cigarettes

- Fifty-nine percent of participants had used e-cigarettes at least once in their lifetime and 25% had used within the past six months.

Inhalants

- Amyl nitrite had been used by 62% the sample in their lifetime and 39% in the past six months, both which had significantly decreased in 2017.
- Nitrous oxide had been used by 72% in their lifetime and 55% reported recent use.

Heroin and other opiates

- Eleven participants reported lifetime use of heroin and one reported recent use. Twelve participants reported recent use of illicitly-obtained other opiates, and eight participants reported recent use of licitly-obtained other opiates.
- When combining both illicit and licit use of other opiates a significant decrease emerges in reports of lifetime use from 42% in 2016 to 26% in 2017 ($p<0.05$).

Pharmaceutical stimulants

- Seventy percent of the sample reported using illicitly-obtained pharmaceutical stimulants in their lifetime and 43% reported doing so recently.
- Fourteen percent of the sample reported using licitly-obtained pharmaceutical stimulants in their lifetime and six percent reported doing so recently.

Over the counter drugs

- Eight participants reported recent use of over the counter stimulants (non-medicinal use) and 20% reported using over the counter codeine recently (non-medicinal use).

Benzodiazepines

- Forty-four percent of participants had recently used benzodiazepines. Illicit use (recent use, $n=37$) was more common than licit use (recent use, $n=12$).

Antidepressants

- In 2017 participants were only asked about illicit antidepressant use. Seven participants reported ever using illicitly and two recently.

Psilocybin mushrooms

- Sixty-seven percent of the sample reported using mushrooms ever and 36% had done so recently.

MDA

- Forty-one percent of the sample reported using MDA ever (significant increase from 20% in 2016), and 11% in the past six months.

Capsules contents unknown

- Twenty percent of the sample reported using a capsule with unknown contents ever and eight percent in the past six months.

2.9.1 Licit drug use

Alcohol

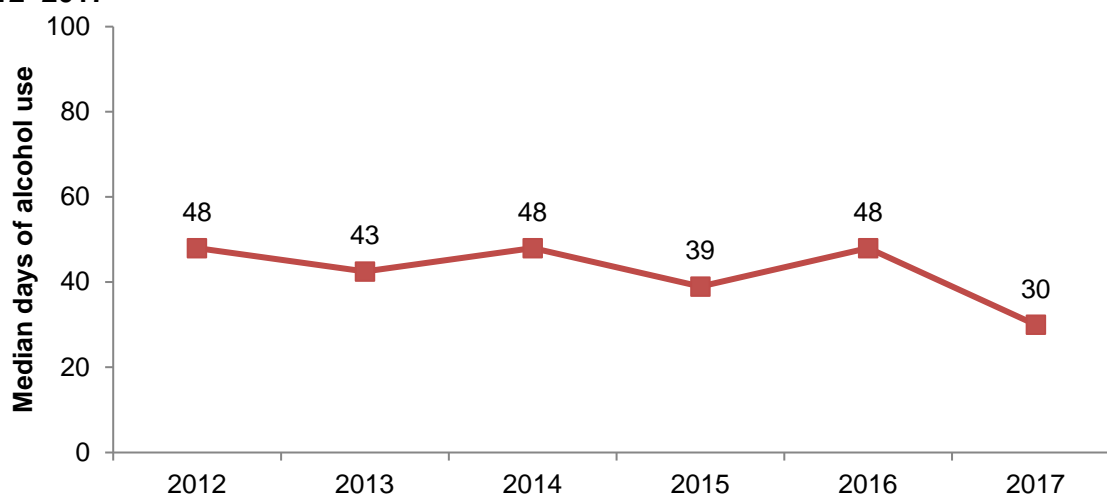
All but one participant in the 2017 EDRS NSW sample reported lifetime alcohol use (n=99) and 97% reported recent use.

Participants had first used alcohol at a median age of 14 years (range 3–28). The median number of days participants reported using alcohol in the last six months was 30 days (range 1–180; Figure 13). More than two-thirds (69%) of participants who reported recent use of alcohol used weekly or more.

Thirty-two percent (n=32) of the participants reporting having binged on stimulant or related drugs in the last 6 months. Of these 32 participants, seven (22%) reported including less than five standard drinks of alcohol and a further 19 (59%) reported having more than five standard drinks in their most recent binge session.

See section 5.4: Problematic alcohol use among NSW EDRS participants, for a discussion of harmful alcohol use among people who use stimulants in NSW.

Figure 13: Median days of alcohol use in the last six months, EDRS participants, NSW, 2012–2017

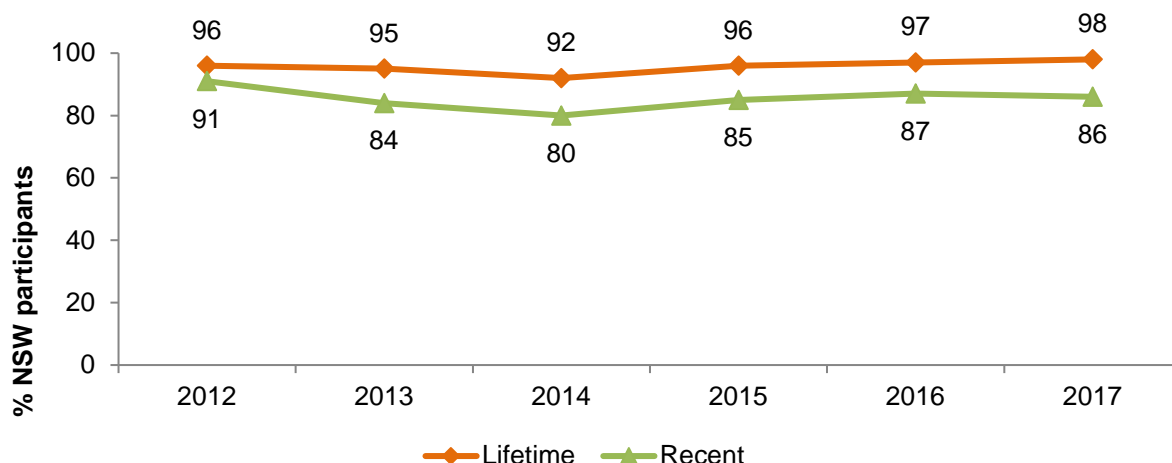


Source: NSW EDRS interviews 2012–2017

Tobacco

The vast majority (98%; n=98) of NSW participants interviewed in 2017 reported lifetime tobacco use and most (86%, n=86) reported recent use. Tobacco was first used at a median age of 15 (range 7–29). Tobacco had been used on a median of 95 days (range 1–180) over the preceding six months, a significant increase from 48 days reported in 2016 ($p<0.05$) and 35% (n=30) were daily smokers. The percent of the sample using tobacco in their lifetime has remained relatively stable over time (see Figure 14).

Figure 14: Lifetime and last six-month use of tobacco, EDRS participants, NSW, 2012–2017

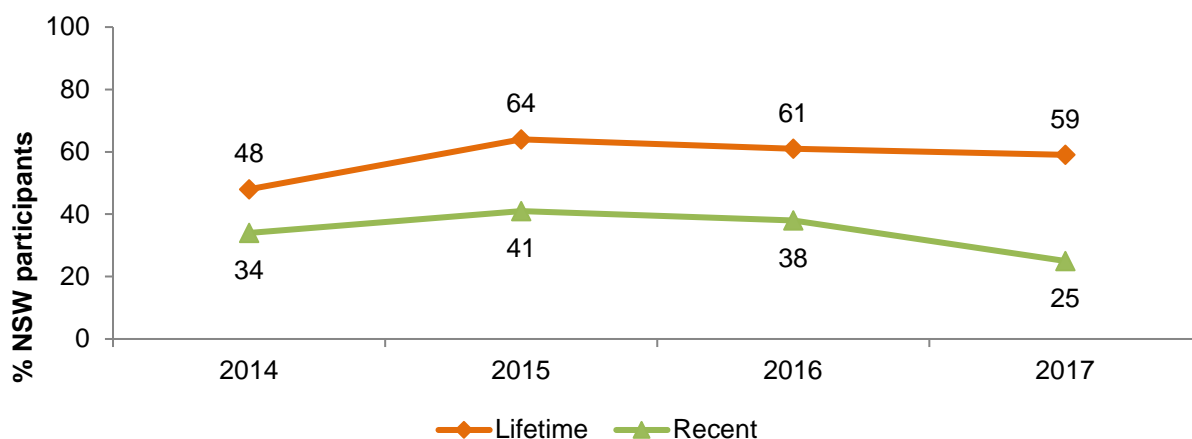


Source: NSW EDRS interviews 2012–2017

E-cigarettes

Over half (59%; n=59) of the sample interviewed in 2017 reported having used an e-cigarette in their lifetime. One quarter had used an e-cigarette in the last 6 months (25%, n=25). In the last 6 months, e-cigarettes were used for a median of 2 days (range 1–180). Questions on e-cigarettes have been included in the EDRS survey since 2014 and since 2015 both lifetime and recent use has had a very slight downward trend (see Figure 15).

Figure 15: Lifetime and last six-month use of e-cigarettes, EDRS participants, NSW, 2014–2017



Source: NSW EDRS interviews 2014–2017

2.9.2 Inhalants

Amyl nitrite

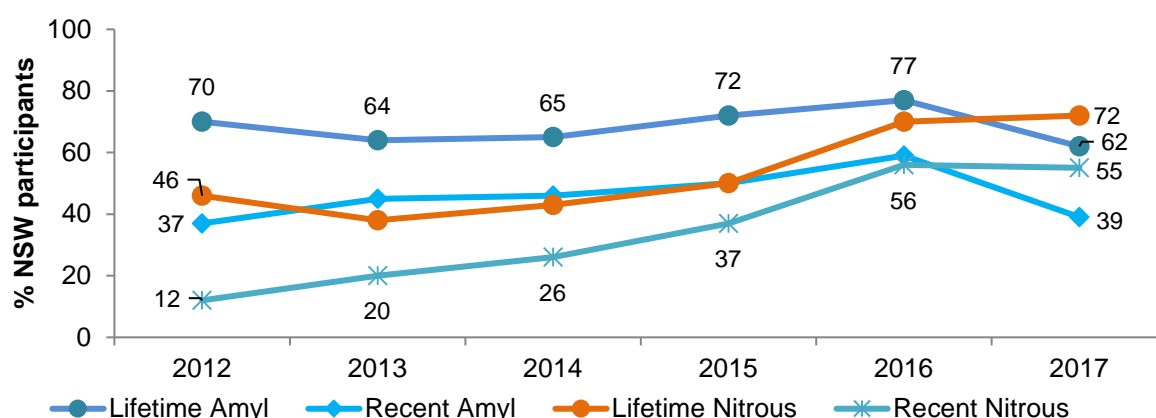
Sixty-two percent of the sample (n=62) interviewed had ever used amyl nitrite and 39% (n=39) of the sample had used it over the preceding six months, both of which had had significantly declined compared to 2016 (77% and 59%, respectively, $p < 0.05$ and $p < 0.01$). Those who had recently used it had done so on a median of five days (range 1–60) over the preceding six months.

Nitrous oxide

Seventy-two percent of the 2017 sample (n=72) reported having ever used nitrous oxide and 55% reported recent use, stable to 2016. Among those who had used it over the last six months, nitrous oxide had been used on a median of 5 days (range 1–70) during this time. On an average occasion of use, participants (n=50) reported using a median of five bulbs (range 1–60) and on the occasion where they had used the most in the past six months, they (n=50) reported using a median of ten bulbs (range 1–150).

Figure 16 shows an upward trend of nitrous oxide between 2012 to 2016; in 2017 however, it has remained stable.

Figure 16: Lifetime and last six-month use of amyl nitrite and nitrous oxide, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

2.9.3 Heroin and other opiates

Heroin

Eleven participants reported that they had ever used heroin and one reported using it in the preceding six months.

Methadone and buprenorphine

Two participants reported lifetime use of methadone, but none reported recent use. Similarly, two participants reported lifetime use of buprenorphine but not recently.

Other opiates

Thirteen percent of respondents (n=13) had ever used licitly-obtained opioids (other than methadone and buprenorphine), and eight of these participants reported recent use. Endone was the main brand used (n=4). The median number of days used in the last six months was 8.5 days (range 1–180).

Eighteen percent (n=18) of the sample reported having ever used other illicitly obtained opioids and 12% had used them over the six months prior to the interview. Those who had used illicit opioids over the preceding six months had done so on a median of 2.5 days (range 1–10). Among those who reported their ROA for other illicit opioids in the preceding six months (n=10), swallowing (90%, n=9) was the most common response.

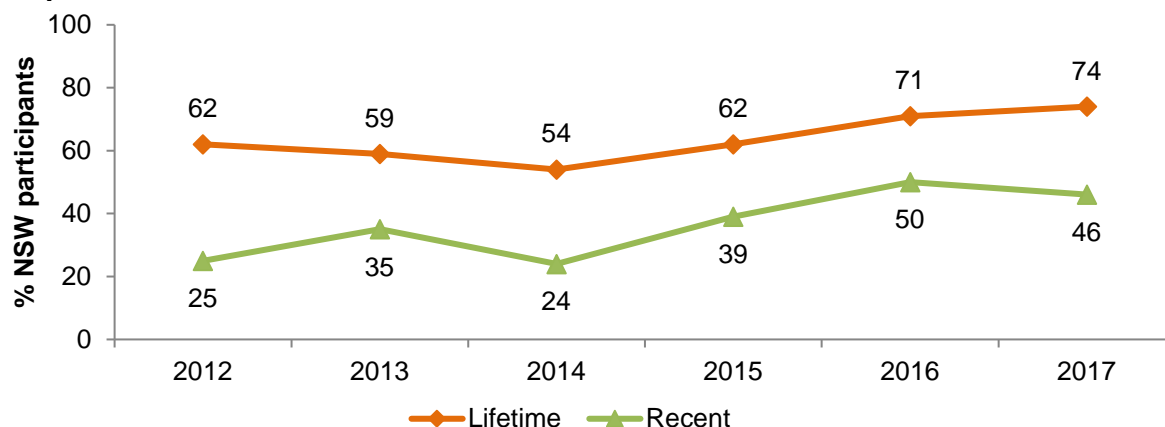
When combining both illicit and licit use of other opiates a significant decrease emerges in reports of lifetime use from 42% in 2016 to 26% in 2017 ($p<0.05$).

2.9.4 Pharmaceutical drugs

Prescription pharmaceutical stimulants

Seventy-four percent of participants ($n=74$) in 2017 reported having ever used pharmaceutical stimulants and 46% ($n=46$) had done so within the six months preceding the interview.

Figure 17: Lifetime and last 6-month use of pharmaceutical stimulants, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Licit pharmaceutical stimulants

Fourteen participants (14%) reported using licitly obtained pharmaceutical stimulants in their lifetime and six had done so in the last six months. Those who had recently used them had done so on a median of 30 days (range 1–180) over the preceding six months.

Illicit pharmaceutical stimulants

Seventy percent of participants ($n=70$) had ever used illicitly obtained pharmaceuticals and 43% ($n=43$) had done so over the preceding six months. Those who had recently used them had done so on a median of five days (range 1–30) over the preceding six months. The most popular ROA among this group was swallowing (86%), followed by snorting (52%).

Over the counter stimulants (non-medicinal use only)

Seventeen participants reported having ever used over the counter stimulants (such as Sudafed and Codral) for non-medicinal use and only eight participants had used them recently. Over the last six months, the median days of use was five (range 2–14). For all who reported recent use ($n=8$) they all reported swallowing, with one person also reporting shelving/shafting. As recent use numbers are based on $n<10$ any interpretation needs to be made with caution.

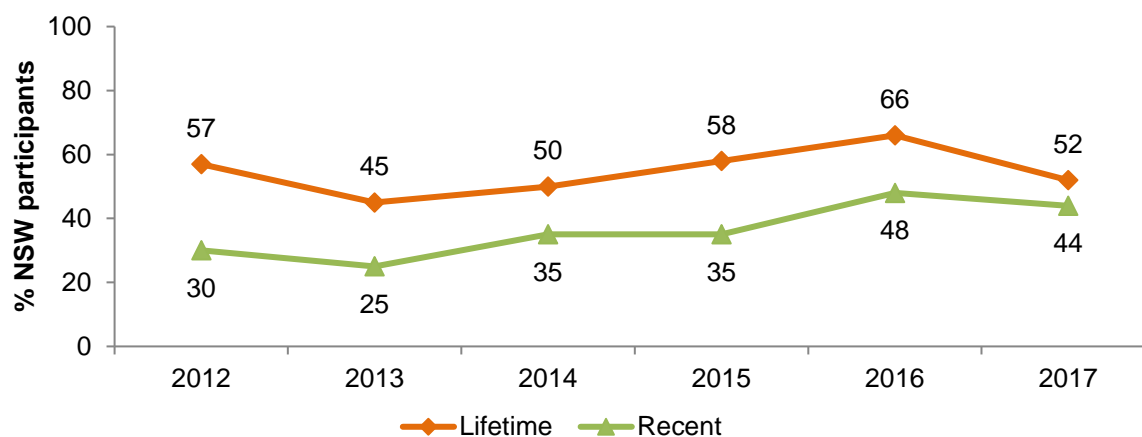
Over the counter codeine (non-pain use)

Thirty-three percent of the sample ($n=33$) reported having ever used over the counter codeine-containing products for non-pain use and 20% ($n=20$) reported having done so over the preceding six months. For those who had used in the past six months, they reported using for a median of three days (range 1–36) over this period and 'swallowing' was the only reported ROA.

Benzodiazepines

Fifty-two percent (n=52) of the sample reported having ever used any benzodiazepines and 44% (n=44) reported having done so recently, stable to 2016 (see Figure 18). Recent users reported using for a median of four days (range 1–104) in the past six months.

Figure 18: Lifetime and last 6-month use of benzodiazepines, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Licit benzodiazepines

Seventeen percent of the sample (n=17) reported having ever used licitly obtained benzodiazepines and 12% (n=12) had done so recently. Recent users had used on a median of nine days (range 1–52) in the past six months. Swallowing was the only reported ROA for licit benzodiazepines (n=11).

Illicit benzodiazepines

Forty-five percent of the sample (n=45) had ever used illicitly obtained benzodiazepines and 37% (n=37) had done so over the preceding six months. In comparison to the 2016 sample, there has been a significant decrease in the percent of the sample who reported lifetime use of illicit benzodiazepines (45% vs. 62%, $p < 0.01$ 95% CI -0.30, -0.03). The vast majority (95%) of participants who had recently used illicit benzodiazepines reported swallowing as the ROA and one participant reported snorting in the past six months. Illicit benzodiazepines had been used on a median of three days (range 1–90) over the past six months by recent users. The main benzodiazepine used illicitly was alprazolam (36%, n=12).

Antidepressants

In the 2017 survey, NSW EDRS participants were no longer asked to report on licit antidepressant use. They were only asked about illicit use.

Illicit antidepressants

Seven participants reported having ever used illicit antidepressants and two reported having used them over the past six months.

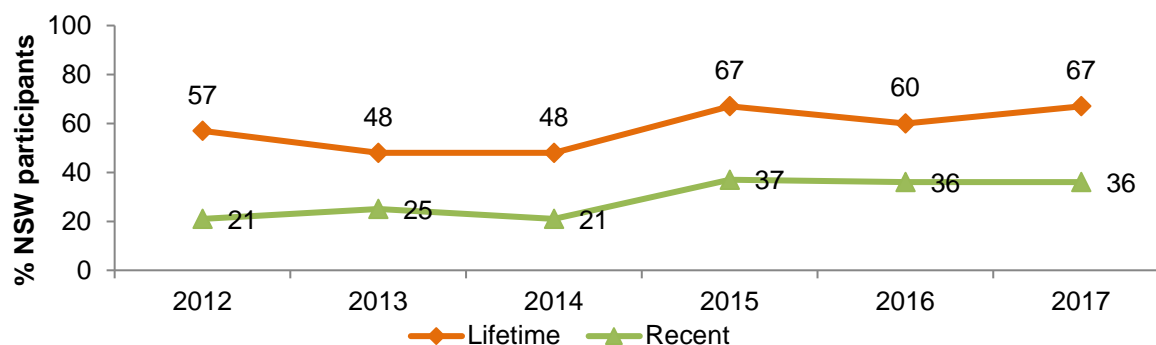
2.9.5 Other illicit drugs

Psilocybin mushrooms

Sixty-seven percent (n=67) of participants interviewed in NSW in 2017 reported having ever used mushrooms and 36% (n=36) had done so over the preceding six months;

For those who had used recently, the median number of days they used in the last six months was two (range 1–7). Nearly all (97%) recent users reported swallowing the psilocybin mushrooms and one participant reported snorting.

Figure 19: Lifetime and past 6-month use of psilocybin mushrooms, EDRS participants, NSW, 2012–2017

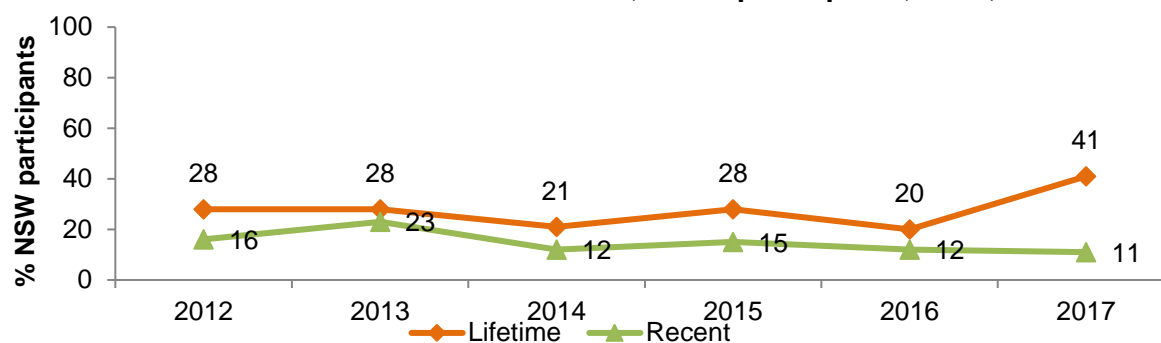


Source: NSW EDRS interviews 2012–2017

MDA

Forty-one percent (n=41) of participants in the 2017 EDRS reported having ever used MDA (a significant increase from 20% in 2016, $p < 0.01$), and 11% (n=11) reported they had used it over the preceding six months. Recent users reported using MDA on a median of two days (range 1–10). Ninety-one percent of recent users (n=10) reported swallowing as ROA in the past six months, with 9% (n=1) reporting having snorted.

Figure 20: Lifetime and last 6-month use of MDA, EDRS participants, NSW, 2012–2017



Source: NSW EDRS interviews 2012–2017

Performance and image enhancing drugs (PIEDs)

In the 2017 NSW EDRS sample, four participants reported having ever used steroids and two participants had used in the past six months.

2.9.6 Capsules contents unknown

Twenty percent (n=20) of participants reported lifetime use of a capsule with unknown contents and eight percent reported use in the six months preceding interview. All of those who reported recent use of capsules of unknown contents reported swallowing as ROA in the past six months.

2.10 New psychoactive substance (NPS) use

Key points

- In 2017, 36% of EDRS participants reported recent use of 'any' NPS.
- The most commonly used psychoactive substances were DMT, 2C-B and methydone.

From 2010 onward, the EDRS began to systematically investigate a group of drugs known as 'new psychoactive substances' (NPS; also known as research chemicals, analogues, legal highs, herbal highs, party pills). This class of drugs includes illegally synthesised chemicals, pharmaceuticals, naturally occurring chemicals, plant-based substances, and synthetic cannabinoids. Although the term 'new' is used to define this group of drugs, they are more so non-traditional or non-established substances. These drugs can be classified as outlined in Figure 21. The 'class' the individual drugs belong to can be difficult to label, hence for clarity they have been grouped by either chemical structure or effect class.

Figure 21: New psychoactive substances investigated by the EDRS

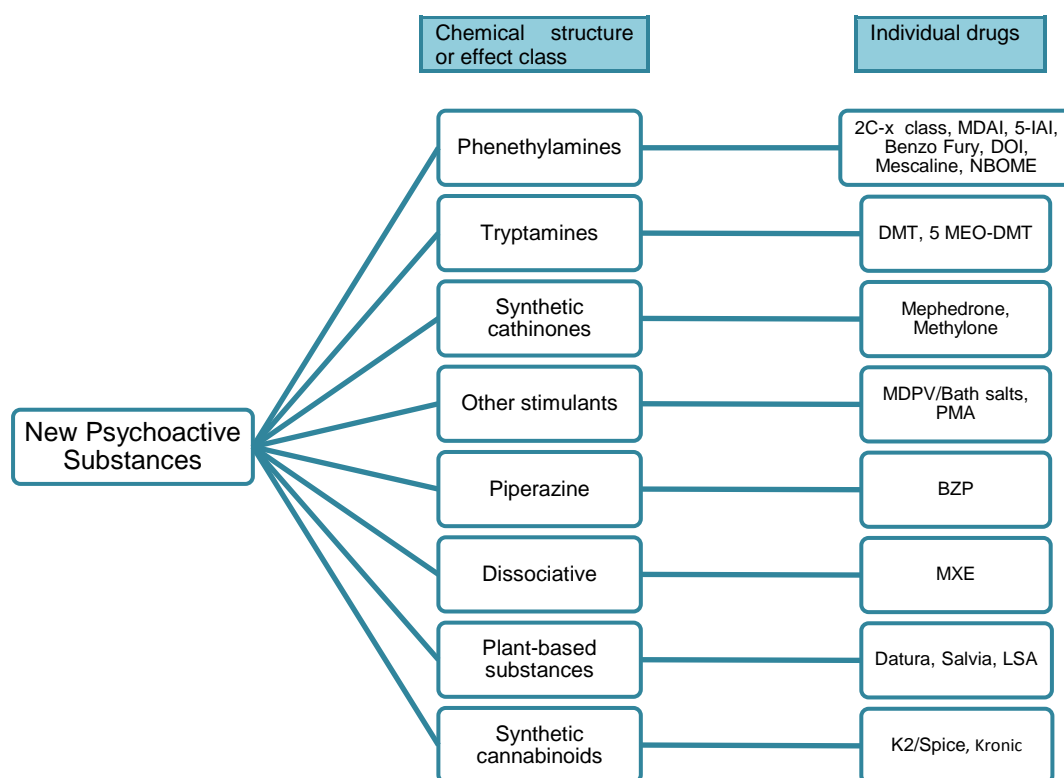


Table 18 provides a very brief introduction to these drugs. Interested readers are directed toward online sources such as Erowid (<http://www.erowid.org/splash.php>) and Drugscope (<http://www.drugscope.org.uk/>) for more comprehensive information on these drugs.

Table 18: An introduction to new psychoactive substances reported in the EDRS

Street name	Chemical name	Information on drug	Information on use and effects
<i>Phenethylamines</i>			
2C-I	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B. A standard oral dose of 2C-I is between 10–25mg.
2C-B	4-Bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2C-B is sold as a white powder sometimes pressed in tablets or gel caps. The dosage range is listed as 16–24mg. Commonly taken orally but can also be snorted.
2C-E	2,5-dimethoxy-4-ethylphenethylamine	A psychedelic drug with stimulant effects	Mostly taken orally and is highly dose-sensitive. 2C-E is commonly active in the 10–20mg range.
NBOMe	2,5-dimethoxy-N-2-methoxybenzylphenethylamine	A psychedelic drug with stimulant effects. Similar to the 2C-X family, NBOMe has common variants including 25I-, 25B- and 25C-.	Chemically related to 2C-I, 25I-NBOMe is a potent psychedelic available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic drug with stimulant effects	Requires only very small doses to produce full effects. It is uncommon as a substance for human ingestion but common in research. Has been found on blotting paper and may be sold as LSD.
Mescaline	3,4,5-trimethoxyphenethylamine	A hallucinogenic alkaloid	First isolated in 1896 from the peyote cactus of northern Mexico. A standard dose for oral mescaline use ranges from 200–500mg.
5-IAI	5-iodo-2-aminoindan	A psychedelic drug with stimulant effects	Not much is known about 5-IAI other than it is a substitute for MDMA.
Benzo Fury	6-2-aminopropylbenzofuran; 1-1-benzofuran-6-ylpropan-2-amine	A psychedelic drug with stimulant effects	6-APB is a synthetic chemical that became available via online vendors in 2010. Little is known about its effects, which are presumed to include stimulation and euphoria, though not enough reliable human data has been recorded to say much with certainty.

Tryptamines

DMT	Dimethyl tryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD, though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form.
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the <i>Bufo alvarius</i> toad	5-MeO-DMT is comparable in effects to DMT; however, it is substantially more potent. It can be injected, smoked or sniffed and the effects rarely last more than two hours. 5-MeO-DMT is mostly seen in crystalline form but has been reportedly sold in powder form.

Synthetic cathinones

Mephedrone	4-methylmethcathinone	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form. Mephedrone is probably the most well known of a group of drugs derived from cathinone (a chemical found in the plant called khat).
Methylone	3,4-methylenedioxy-N-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine, and cathinone classes	Reported dosages range from 100–250mg orally. Effects are primarily psychostimulant in nature.

Other stimulants

Ivory wave/MDPV	Methylenedioxy pyrovalerone (3,4-methylenedioxy)	A cathinone derivative	More potent than other cathinones. Lidocaine (a common local anesthetic) is frequently used as a cutting agent, to give users the numbing sensation in the mouth or nose which is associated with drugs of high purity (e.g. high-purity cocaine).
PMA	Paramethoxyamphetamine; 4-methoxyamphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of less than 50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses over 50mg are considered potentially lethal (due to the risk of overheating). Pure PMA is a white powder, but street products can also be beige, pink or yellowish. Today it is usually made into pressed pills.

Piperazine

BZP	1-benzylpiperazine	A piperazine; a CNS stimulant	Gained popularity in some countries in the early 2000s as a legal alternative to amphetamines and ecstasy. One of the more common piperazines, providing stimulant effects which people describe as noticeably different than those of amphetamines. Not particularly popular as many people find that it has more unpleasant side effects than amphetamines. BZP is used orally at doses of between 70–150mg and effects are reported to last 6–8 hours.
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Dissociative

MXE	Methoxetamine	Chemical analog of ketamine. Dissociative with sedative properties	The use of methoxetamine was first publicly reported in 2010. Its effects are described by some as similar to ketamine or high-dose DXM while others report not finding it similar to those substances.
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Plant based substances

Datura	Commonly <i>Datura innoxia</i> and <i>Datura stramonium</i> . Contains Atropine and Scopolamine. Also known as Angel's Trumpet	Atropine is a potent anticholinergic agent. Scopolamine is a CNS depressant and has antimuscarinic properties	The plant's effects make the user feel drowsy, drunk-like and detached from things around them. They can also bring on hallucinations. Doses are difficult to judge and can cause unconsciousness and death.
Salvia	<i>Salvia divinorum</i> (contains Salvinorin A)	Salvia is derived from the American plant <i>Salvia divinorum</i> , a member of the mint family	At low doses (200–500mcg) salvia produces profound hallucinations that last from 30 minutes to an hour or so. In higher doses the hallucinations last longer and are more intense.
LSA	<i>d</i> -lysergic acid amide	A naturally occurring psychedelic found in plants such as Morning Glory and Hawaiian Baby Woodrose seeds	LSA has some similarities in effect to LSD, but is generally considered much less stimulating and can be sedating in larger doses.

Synthetic cannabinoids

Kronic	Synthetic cannabinoid	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)	A psychoactive herbal and chemical product that, when consumed, mimics the effects of cannabis.
K2/Spice	Synthetic cannabinoid	Usually sold as loose, generic plant material with a mix of chemicals on it (containing synthetic cannabinoids)	A psychoactive herbal and chemical product that, when consumed, mimics the effects of cannabis.

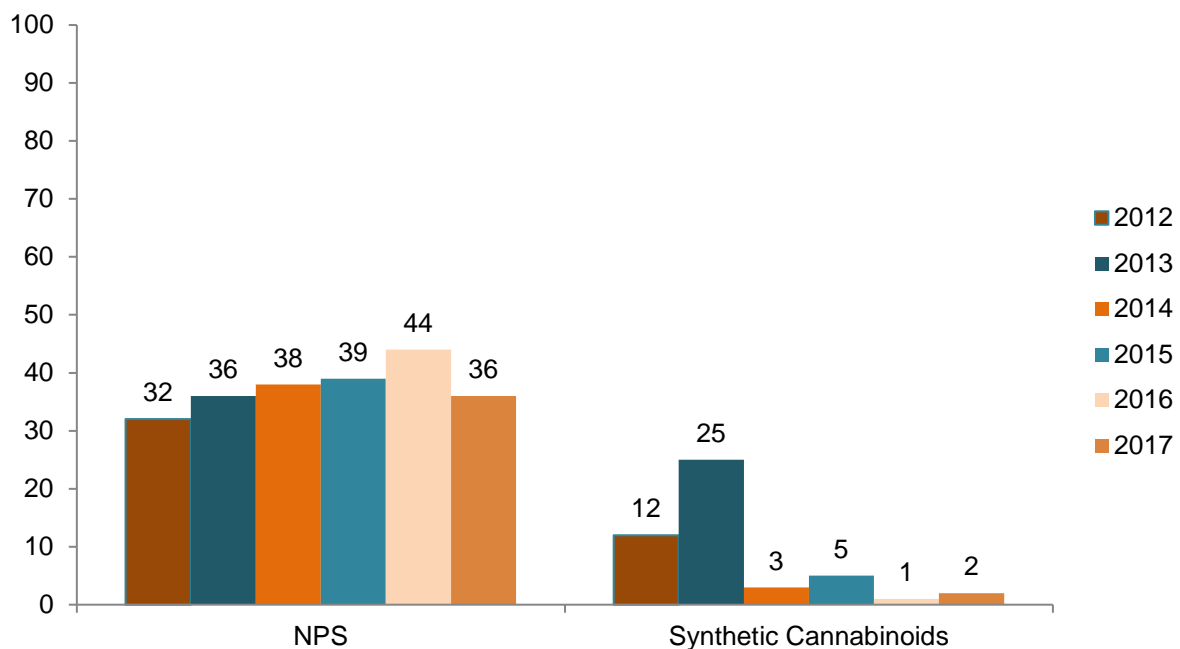
Note: the information contained in the above table was sourced from <http://www.erowid.org/splash.php> and <http://www.drugscope.org.uk/>

2.10.1 NPS use among NSW EDRS participants

Among the 2017 NSW EDRS sample, 70% (n=70) reported having ever used NPS and 22% (n=22) reported having ever used a synthetic cannabinoid. Figure 22 shows the recent use of NPS and synthetic cannabinoids across the last six years. Just over a third of the sample (36%, n=36) reported using NPS in the last six months, which has remained stable since 2012. Only 2% (n=2) reported using synthetic cannabinoids in the last six months.

The most common psychoactive substances used among NSW participants in the preceding six months were DMT (20%, n=20), 2C-B (11%, n=11) and methylene (5%, n=5).

Figure 22: Last six-month use of NPS and synthetic cannabinoids, 2012–2017



Source: NSW EDRS interviews 2012–2017

Table 19 presents the percent of the sample reporting lifetime and recent NPS use across time.

Table 19: New psychoactive substance use among EDRS participants, NSW, 2012–2017

New psychoactive substances	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
2C-I % ever used % recent use	4 1	11 6	9 3	9 4	6 0	9 1
2C-B % ever used % recent use	35 17	37 25	40 21	31 13	32 18	28 11
2C-E & 2C-other[^] % ever used % recent use	2 2	3 1	6 1	7 4	3 1	10 [^] 2 [^]
NBOMe % ever used % recent use	Data not available until 2013	5 4	10 9	20 6	13 6	16 4
Mescaline % ever used % recent use	8 1	10 2	4 –	4 1	4 –	6 1
4-FA % ever used % recent use	Data not available until 2016				3 3	0 0

Table 19: New psychoactive substance use among EDRS participants, NSW, 2012–2017 (cont.)

New psychoactive substances cont.	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
<i>Tryptamines</i>						
DMT						
% ever used	15	16	21	22	26	40
% recent use	11	9	11	10	15	20
5-MeO-DMT						
% ever used	–	2	1	3	5	4
% recent use	–	1	1	1	5	2
4-AcO-DMT						
% ever used	Data not available until 2016				1	1
% recent use					1	1
<i>Synthetic cathinones</i>						
Mephedrone						
% ever used	4	11	7	12	5	5
% recent use	–	1	–	2	–	0
Methylone						
% ever used	10	3	8	3	3	7
% recent use	8	1	3	1	1	5
<i>Other stimulants</i>						
MDPV / Ivory Wave						
% ever used	–	1	1	–	–	1
% recent use	–	–	1	–	–	0
PMA						
% ever used	3	2	4	4	3	9
% recent use	–	–	3	3	1	2
<i>Piperazine</i>						
BZP						
% ever used	4	5	–	–	2	0
% recent use	–	–	–	–	–	0
<i>Dissociatives</i>						
Methoxetamine / MXE						
% ever used	2	–	1	3	7	5
% recent use	2	–	–	2	6	3

Table 19: New psychoactive substance use among EDRS participants, NSW, 2012–2017 (cont.)

New psychoactive substances cont.	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
<i>Plant-based substances</i>						
Salvia						
% ever used	10	7	5	6	9	10
% recent use	1	1	–	2	5	2
Ayahuasca	Data not available until 2016					
% ever used					2	3
% recent use					1	2
<i>Synthetic cannabinoids</i>						
Kronic						
% ever used		19	14	17	Data not available	Data not available
% recent use		8	2	2		
K2 / Spice						
% ever used	Data not available	17	9	10	Data not available	Data not available
% recent use		8	1	2		
Other synthetic cannabinoids						
% ever used	23	46	12	19	21	22
% recent use	12	25	–	2	1	2
<i>Synthetic Benzodiazepines</i>						
Etizolam						
% ever used	Data not available until 2016				4	7
% recent use					3	2
<i>Other</i>						
Herbal high						
% ever used	26	35	16	25	21	9
% recent use	13	13	4	8	5	3

Source: NSW EDRS interviews 2012–2017

* Numbers of NBOMe in 2013 were tallied from individuals who marked NBOMe in the 'other' NPS category. NBOMe was introduced as a separate category in the 2014 survey.

^ In 2017, 2C-other was incorporated.

Synthetic cannabiniods, K2 / Spice and Kronic

- In 2012, 'synthetic cannabinoids' incorporated both 'K2 / Spice' and 'Other synthetic cannabinoids' categories.
- In 2013, 'Synthetic cannabinoids' incorporated 'Kronic', 'K2 / Spice' and 'Other synthetic cannabinoids' categories. Kronic and K2 / Spice were coded separately in 2013.
- In 2016 other synthetic cannabinoids included Kronic, K2/Spice.
- In 2017 'Synthetic cannabinoids' incorporated 'Kronic', 'K2 / Spice' and 'Other synthetic cannabinoids' categories.

3 DRUG MARKET: PRICE, PERCEIVED PURITY, AVAILABILITY AND SUPPLY

3.1 Ecstasy/MDMA

Key points

Ecstasy pills

Price: \$25 per pill, stable.

Perceived Purity: Currently fluctuating, stable. In 2017, significantly less participants reported perceived purity as being low (12%) compared to 2016 (40%, $p<0.01$).

Availability: Currently easy to very easy, stable.

Ecstasy capsules

Price: 25 per cap, stable.

Perceived Purity: Currently fluctuating-medium, stable.

Availability: Currently very easy to easy, stable.

Ecstasy powder

Ecstasy powder not reported as numbers were too small ($n<10$).

MDMA crystal

Price: 180 per gram, stable.

Perceived Purity: Currently fluctuating-high, stable.

Availability: Currently very easy to easy, stable.

3.1.1 Price

Ecstasy pills, powder, caps and MDMA crystal

The prices of ecstasy pills, capsules, powder and MDMA crystal are reported in Table 20 and were found to be stable between 2016 and 2017.

Table 20: Price of ecstasy purchased by EDRS participants, NSW, 2016-2017

	2016 (n=103)	2017 (n=100)
Median price \$ (range)		
Per pill	25 (20-60), n=50	25 (15-60, n=35)
Per gram powder	^^	^^
Per capsule	25 (14-40, n=44)	25 (10-40, n=65)
Per gram MDMA crystal	190 (120-300, n=66)	180 (40-400, n=35)

Source: NSW EDRS interviews 2012–2017

Note: Response option 'don't know' was removed from analyses

^^ Too small numbers ($n<10$) to be reported

Pills

Thirty-five per cent ($n=35$) of the sample commented on the price of ecstasy pills in Sydney. The median price was reported by users to be \$25 per tablet (range \$15–\$60). Of those who could report on price variability ($n=40$), the majority (65%, $n=26$) reported that the price of pills had remained stable, with smaller percentages reporting an increase (10%, $n=4$), or a fluctuating (20%, $n=8$) market. Two participants (5%) had experienced a decrease in price (Figure 23).

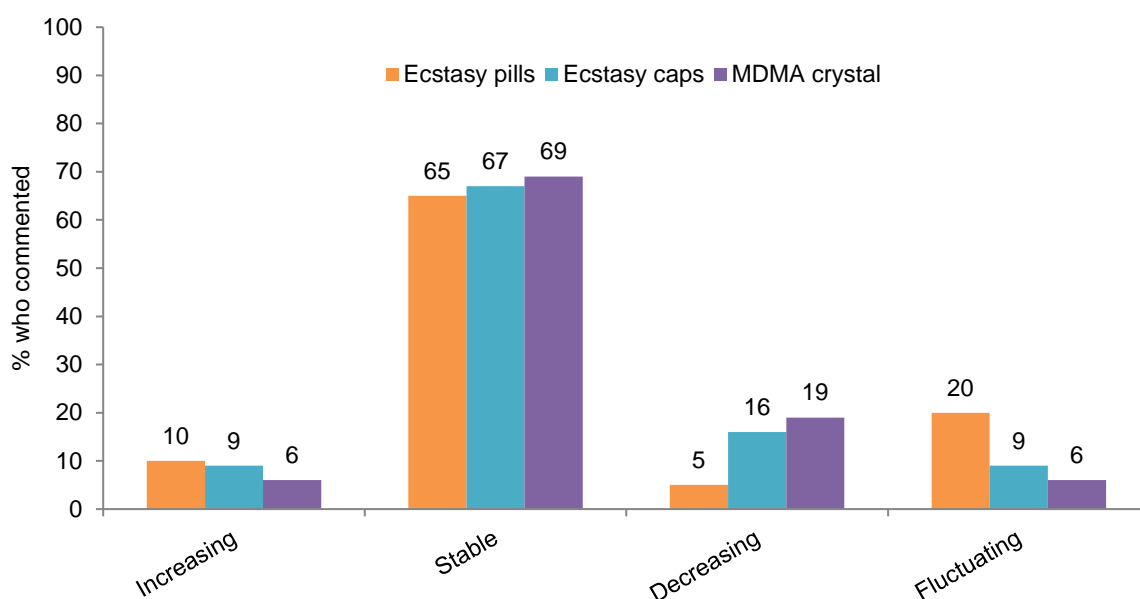
Capsules

Sixty-five percent (n=65) of the sample was able to comment on the price of ecstasy capsules (commonly referred to as “caps”). The median price of caps reported was \$25 each (range \$10–40). Consistent with reported pill prices, the majority of participants (67%, n=46) who could report on capsule price variations (n=69) reported that the price had remained stable (Figure 23).

MDMA Crystal

Approximately one-third of participants (35%, n=35) were able to comment on the price of MDMA crystal in Sydney. The median price was reported by users to be \$180 per gram (range \$40–400; n=35). Sixty-nine percent (n=36) reported that the price of crystal MDMA had remained stable (Figure 23).

Figure 23: Changes in price in the past six months, EDRS participants, NSW, 2017



Source: NSW EDRS interviews 2017

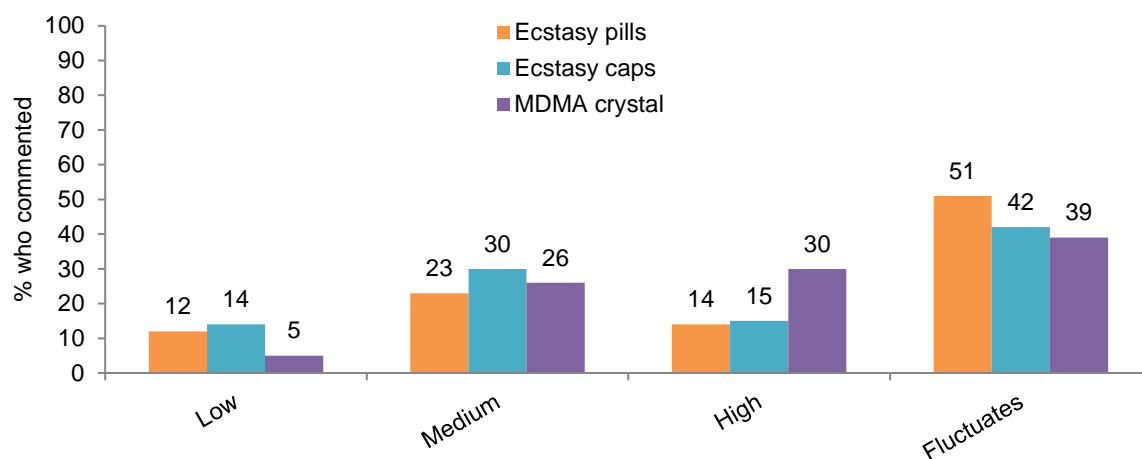
Note: Response option ‘don’t know’ was removed from analyses
Ecstasy powder not reported as numbers were too small (n<10).

3.1.2 Perceived purity

Ecstasy pills, powder, caps and MDMA crystal

Figure 24 presents participants' reports of purity of three forms of ecstasy. Unlike other years, in 2017 participants were asked to report on the purity of ecstasy pills, powder, crystal and capsules separately. These are reported below the figure.

Figure 24: EDRS participants reports of current purity of ecstasy, NSW, 2017



Source: NSW EDRS interviews 2017

Note: Response option 'don't know' was removed from analyses
Ecstasy powder not reported as numbers were too small ($n < 10$).

Pills

In 2017, the majority of participants who reported on the purity of ecstasy pills reported that pills had fluctuated in purity in the past six months ($n=22$, 51%) or that the purity of ecstasy pills was "medium" ($n=10$, 23%). Only 12% ($n=5$) reported that purity of ecstasy pills was low, while a similar percentage reported that purity was high (14%, $n=6$). Significantly less participants reported ecstasy pills as being low in 2017 (12%) compared to 2016 (40%, $p < 0.01$).

Caps

In 2017, 76 participants reported on the purity of ecstasy capsules. The largest percentage (42%) reported that purity fluctuated in the preceding six months, while 30% reported that the purity was 'medium'. Fourteen percent ($n=10$) reported that the purity was low and 15% ($n=11$) reported that the purity was high. The perceived purity remained stable since 2016.

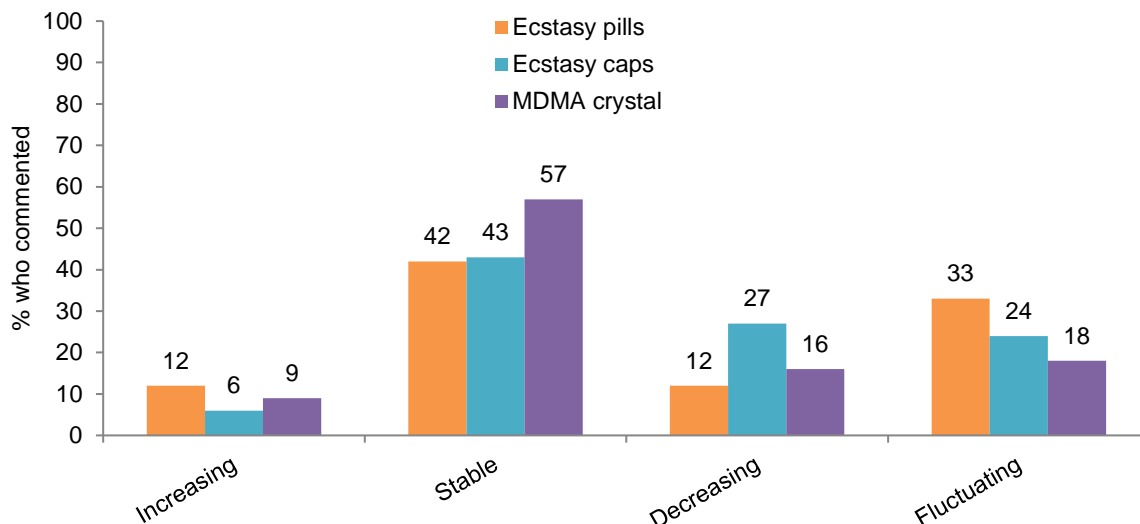
Crystal

In 2017, sixty-one participants were able to answer about current purity of ecstasy crystal. Of these, the largest percentage (39%) reported that purity was fluctuating. Thirty percent reported that purity was "high", while 26% and 5% reported that purity was 'medium' and 'low', respectively. The perceived purity remained stable since 2016.

3.1.3 Change of perceived purity

Figure 25 presents the participants reports of 'perceived' changes in the purity of ecstasy over the six months prior to the interview.

Figure 25: EDRS participants reports of change in purity of ecstasy, NSW, 2017



Source: NSW EDRS interviews 2017

Note: Response option 'don't know' was removed from analyses
Ecstasy powder not reported as numbers were too small ($n < 10$).

Pills

Of the sample who reported on purity changes of ecstasy pills in the past six months ($n=33$), the largest percentage (42%, $n=14$) reported that the purity of ecstasy pills had remained stable. Thirty-three percent ($n=11$) reported that the purity of ecstasy had fluctuated, and 12% ($n=4$) reported it had increased. The remaining 12% ($n=4$) reported that purity of ecstasy had decreased (Figure 25).

Caps

Of the sample who reported on purity changes of ecstasy caps in the past six months ($n=60$), the largest percentage (43%, $n=30$) reported that the purity of ecstasy caps had remained stable. Twenty-seven percent ($n=19$) reported that the purity had decreased, 24% ($n=17$) reported that the purity had fluctuated, and 6% ($n=4$) reported that it had increased (Figure 25).

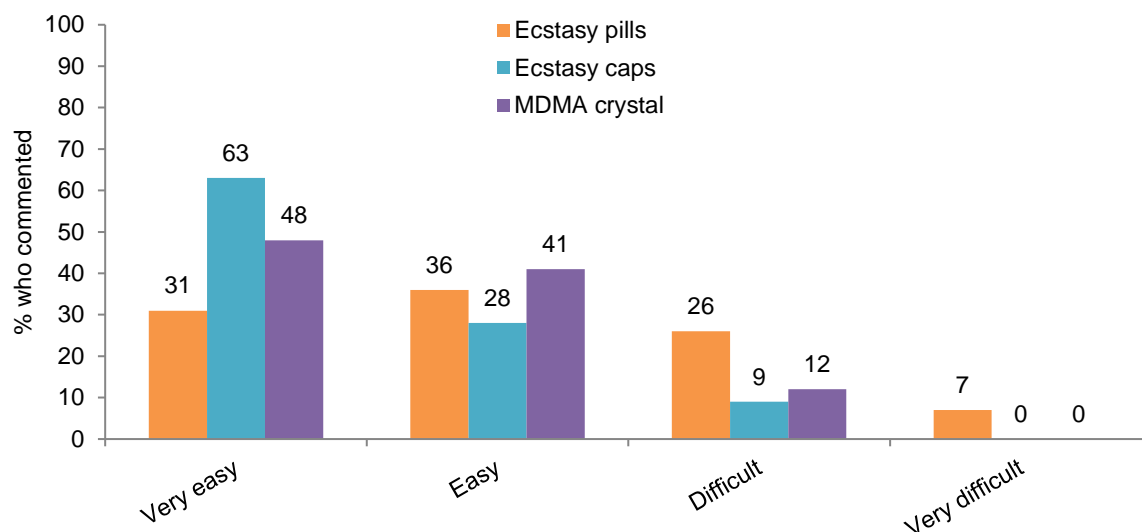
Crystal/Rock MDMA

Fifty-six participants commented on the change of crystal MDMA purity over the six months prior to interview. Of these, 57% ($n=32$) reported the purity as remaining 'stable' and 18% ($n=10$) reported it as 'fluctuating', with a further 9% ($n=5$) reporting it had increased and 16% ($n=9$) reporting a decrease (Figure 25).

3.1.4 Availability

Ecstasy pills, powder, capsules and MDMA crystal

Figure 26: EDRS participants reports on availability of ecstasy, NSW, 2017



Source: NSW EDRS interviews 2017

Note: Response option 'don't know' was removed from analyses
Ecstasy powder not reported as numbers were too small (n<10).

Pills

Of those who commented on the current availability of ecstasy pills (n=42), a majority (67%) reported that pills were 'easy' (36%, n=15) or 'very easy' (31%, n=13) to obtain (Figure 26). Twenty-six per cent (n=11) of participants reported they found ecstasy pills 'difficult' to obtain, and the remainder of the sample reported it to be "very difficult" (7%). Of those who could comment on the changing availability of ecstasy pills (n=38) in the preceding six months, more than half (53%, n=20) thought the ease of access had remained 'stable', a further 32% (n=12) reported it was 'more difficult', with very few reporting access as 'easier' (n=4) or 'fluctuating' (n=2) (Figure 27).

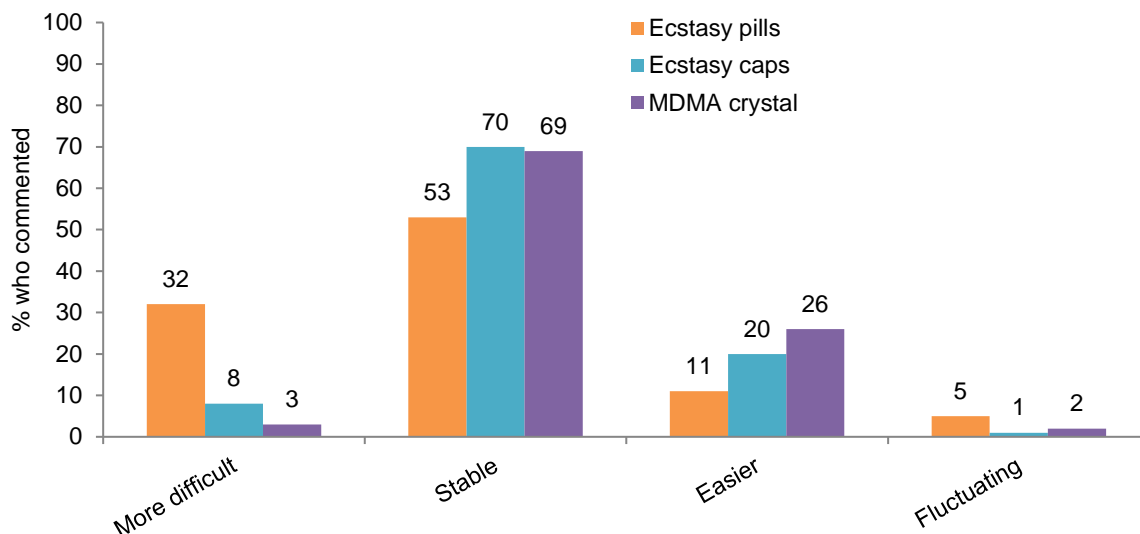
Caps

Of those who commented on the current availability of ecstasy caps (n=76), a majority (90%, n=69) reported that caps were 'easy' (28%, n=21) or 'very easy' (63%, n=48) to obtain (Figure 26). Nine percent (n=7) of participants reported they found ecstasy caps 'difficult' to obtain. Of those who could comment on the changing availability of ecstasy caps (n=74) in the preceding six months, more than two-thirds (70%, n=52) thought the ease of access had remained 'stable', a further 20% (n=15) reported it was 'easier' with very few reporting access as 'more difficult' (n=6) or 'fluctuating' (n=1) (Figure 27).

Crystal/MDMA Rock

Of those who commented on the current availability of crystal MDMA (n=61), almost all (89%, n=54) reported that crystal MDMA was either 'easy' (41%) or 'very easy' (48%) to obtain (Figure 26). Of those who could comment on the changing availability of crystal MDMA (n=61) in the last six months, more than two-thirds (69%, n=42) thought the ease of access was 'stable', a further 26% (n=16) reported it was 'easier', with very few reporting access as 'more difficult' (n=2) or 'fluctuating' (n=1) (Figure 27).

Figure 27: EDRS participants reports on changes in availability of ecstasy, NSW, 2017



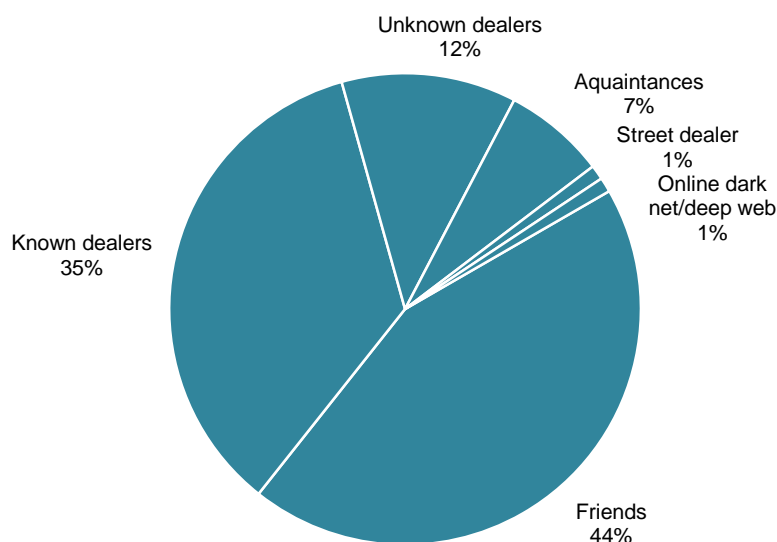
Source: NSW EDRS interviews 2017

Note: Response option 'don't know' was removed from analyses
Ecstasy powder not reported as numbers were too small (n<10).

3.1.5 Purchase of ecstasy

Participants were asked to nominate the source from which they last obtained ecstasy. Of the 100 participants who reported obtaining ecstasy pills, powder, caps or crystal the most common source was a “friend” (44%, n=44), followed by a dealer who was known to the participant (35%, n=35) (Figure 28).

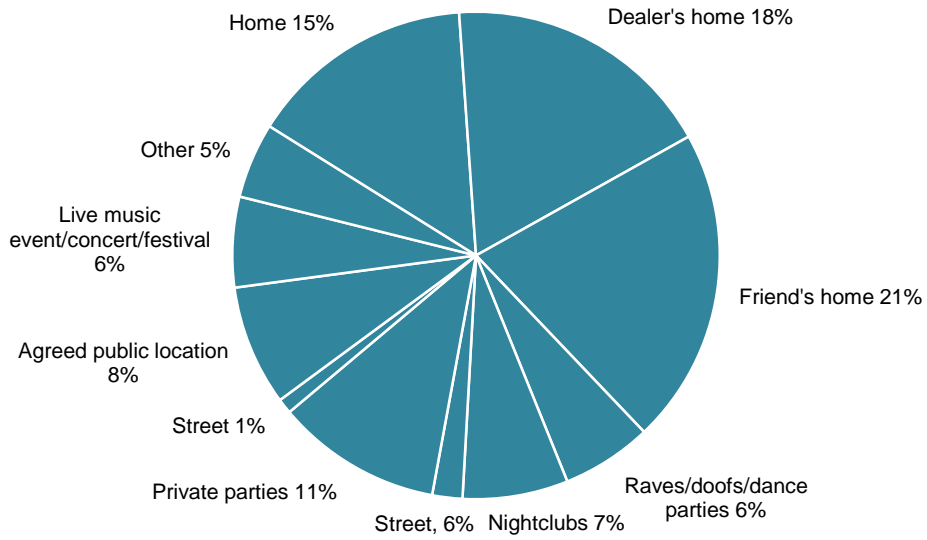
Figure 28: Sources of most recently purchased ecstasy among the sample, NSW 2017



Source: NSW EDRS interviews 2017

Participants were asked to nominate the venue or location of their last ecstasy purchase (see Figure 29). The most common venues in which participants obtained ecstasy were a 'friend's home' (21%), a 'dealer's home' 18% or their 'home (delivered)' (15%).

Figure 29: Locations at which ecstasy was last purchased among the sample, NSW 2017



Source: NSW EDRS interviews 2017

3.2 Methamphetamine

Key points

Small number of participants (n<10) could report on the price, purity and availability of all forms of methamphetamine.

Fewer than ten participants were able to report on the price, perceived purity and availability of speed, base and crystal methamphetamine in the 2017 EDRS sample. As such, results are not reported here; please refer to the national report for more information (www.drugtrends.org.au/reports).

3.3 Cocaine

Key points

- *Price*: \$300 per gram, stable.
- *Perceived purity*: Currently low and stable
- *Availability*: A majority of participants reported cocaine as 'easy' or 'very easy' to obtain and stable.

3.3.1 Price

Forty-six participants were able to comment on the price of cocaine. The median price per gram was \$300 (range \$180–\$300). This figure has continued to remain stable for the past six years (Table 21).

Seventy-nine percent (n=30) of those who commented (n=38) on the price of cocaine believed it had remained stable over the preceding six months. Five participants (13%) reported the price had decreased and three participants reported an increase in price (8%). This stability (of cocaine prices) has been reported by the majority of participants over the past 6 years.

Table 21: Price of cocaine purchased by EDRS participant, NSW, 2012–2017

	2012 (n=36)	2013 (n=28)	2014 (n=39)	2015 (n=38)	2016 (n=42)	2017 (n=46)
Med price per gram (\$) (range)	300 (220–350)	300 (200–370)	300 (40–400)	300 (200–450)	300 (30–400)	300 (180–300)
Price change (%) :						
Increased	14	–	15	6	7	8
Stable	70	91	69	66	79	79
Decreased	8	5	5	16	7	13
Fluctuated	8	5	10	13	7	0

Source: NSW EDRS interviews 2012–2017

3.3.2 Perceived purity

Forty participants were able to comment on the purity of cocaine (Table 23). Reports on current purity were varied, with 43% (n=17) reporting 'low' purity, 23% (n=9) reporting 'medium' purity, 10% (n=4) reporting 'high' and 25% (n=10) reporting 'fluctuating' purity.

Table 22: EDRS reports of perceived cocaine purity, NSW, 2012–2017

	2012 (N=46)	2013 (N=29)	2014 (N=49)	2015 (n=32)	2016 (n=44)	2017 (n=40)
Current purity (%) :						
Low	26	20	26	31	46	43
Medium	35	52	32	19	25	23
High	28	16	21	33	16	10
Fluctuates	11	12	21	17	14	25
Purity change (%) :						
Increased	12	5	6	17	5	9
Stable	61	52	45	43	53	59
Decreased	15	19	16	13	18	24
Fluctuated	12	24	32	27	24	9

Source: NSW EDRS interviews 2012–2017

Ratings of the change in cocaine purity over the preceding six months show that 59% (n=20) of participants reported the purity to be 'stable' over the past 6 months. A further 24% (n=8) reported 'decreased' purity, 9% (n=3) reported 'fluctuating' purity and 9% (n=3) an 'increase' in purity.

3.3.3 Availability

Forty-five participants were able to comment on the availability of cocaine (Table 24). Of these, the majority (75%) believed cocaine was currently either 'easy' or 'very easy' to obtain. Nearly one-quarter (24%), however, reported that it was currently 'difficult' or 'very difficult' to obtain. These figures are comparable with those from 2016.

A majority (66%, n=27) of those who commented on cocaine availability stated that the availability of cocaine had remained 'stable' over the preceding six months, with 20% reporting it had become 'more difficult' (n=8) and 15% reporting it had become 'easier' (n=6).

Table 23: EDRS reports of cocaine availability, NSW, 2012–2017

	2012 (N=44)	2013 (N=29)	2014 (N=44)	2015 (N=36)	2016 (N=46)	2017 (N=45)
Current availability:						
Very easy (%)	25	21	30	30	11	24
Easy (%)	41	52	55	43	59	51
Difficult (%)	34	28	14	27	28	22
Very difficult (%)	–	–	2	–	2	2
Availability change:						
Easier (%)	21	22	16	31	12	15
Stable (%)	69	61	66	51	74	66
More difficult (%)	10	17	13	11	12	20
Fluctuated (%)	–	–	5	6	2	0

Source: NSW EDRS interviews 2012–2017

3.3.4 Supply

Of those who commented on purchasing cocaine over the preceding six months (n=45), the most commonly reported source was a 'friend' (49%, n=22) or a 'known dealer' (24%, n=11). Smaller percentages reported sourcing the cocaine from an 'unknown dealer' (16%, n=7) and 'workmates' (4%, n=2). Single participants reported purchasing from 'relatives', 'acquaintances', 'street dealers' and others.

The most common location of last purchase was at a 'friend's home' (27%, n=12), followed by an 'agreed public location' (20%, n=9), their 'own home' (11%, n=5), a 'dealer's home' (7%, n=3) and 'private parties' (4%, n=2). Single participants also reported 'pubs/bars', 'day clubs', 'work' and others.

3.4 LSD

Key points

- *Price*: \$20 per tab, stable.
- *Perceived purity*: Mostly high, stable.
- *Availability*: Variable reports: 54% reported LSD as 'easy' or 'very easy' to obtain, whilst 46% reported it as 'difficult' or 'very difficult'.

3.4.1 Price

Sixty-seven participants reported on the price of LSD (Table 25). The median price last paid for a tab of LSD was \$20 (range \$8–30), which has remained stable over the last six years. The majority of those who commented (76%, n=42) reported that the price had remained stable over the preceding six months, with only a small portion reporting that the price was 'increasing' (15%, n=8), 'decreasing' (2%, n=1), or 'fluctuating' (7%, n=4). Significantly fewer participants reported a decrease in price in 2017 (2%) compared to 17% in 2016 ($p < 0.01$).

Table 24: Price of LSD purchased by EDRS participants, NSW, 2012–2017

	2012 (n=37)	2013 (n=52)	2014 (n=38)	2015 (n=36)	2016 (n=53)	2017 (n=67)
Med price per tab (\$) (range)	20 (12–40)	20 (8–50)	25 (8–40)	25 (5–100)	20 (10–40)	20 (8–30)
Price change (%) :						
Increased	5	9	21	3	8	15
Stable	86	76	71	74	64	76
Decreased	5	13	4	10	17	2*
Fluctuated	3	2	4	13	12	7

Source: NSW EDRS interviews 2012–2017

* Significant decrease ($p < .01$)

3.4.2 Perceived purity

Sixty-two participants commented on the current purity of LSD (see Table 26). The largest percentage of participants (52%; n=32) reported that LSD was currently of 'high' purity. There was a significant reduction in those that reported current purity as 'medium' in 2017 (19%) compared to 2016 (39%, $p < 0.01$).

Participants who commented on the change in LSD purity over the last 6 months reported similar responses to previous years with the majority (69%) reporting a 'stable' purity and smaller numbers reporting LSD purity as 'increasing' (13%), 'decreasing' (6%), or 'fluctuating' (13%).

Table 25: EDRS reports of LSD purity, NSW, 2012–2017

	2012 (n=42)	2013 (n=46)	2014 (n=34)	2015 (n=32)	2016 (n=52)	2017 (n=62)
Current purity (%) :						
Low	2	11	3	12	6	0
Medium	38	39	21	27	39	19*
High	50	33	65	48	44	52
Fluctuates	10	33	12	12	12	29
Purity change (%) :						
Increased	11	9	18	8	11	13
Stable	64	44	54	52	58	69
Decreased	8	16	14	12	11	6
Fluctuated	17	30	14	28	20	13

Source: NSW EDRS interviews 2012–2017

* Significant decrease ($p < .01$)

3.4.3 Availability

Sixty-five participants commented on the availability of LSD (Table 27). Although 54% (n=35) reported that LSD was either 'very easy' or 'easy' to obtain, a substantial percentage (46%, n=30) also reported it was 'difficult' or 'very difficult' to access.

Of these same participants, a majority (71%, n=46) thought the availability of LSD over this time period had been stable, with fewer participants reporting it had become easier (12%), more difficult (12%) or fluctuated (5%). These percentages are similar to 2016 data.

Table 26: EDRS reports of LSD availability, NSW, 2012–2017

	2012 (n=45)	2013 (n=51)	2014 (n=40)	2015 (n=34)	2016 (n=56)	2017 (n=65)
Current availability:						
Very easy (%)	22	14	20	18	29	25
Easy (%)	38	49	40	24	29	29
Difficult (%)	38	29	33	56	35	39
Very difficult (%)	2	8	8	3	7	8
Availability change:						
Easier (%)	15	11	10	21	23	12
Stable (%)	61	58	67	45	62	71
More difficult (%)	20	31	20	21	12	12
Fluctuated (%)	5	–	3	12	4	5

Source: NSW EDRS interviews 2012–2017

3.4.4 Supply

Of those who commented on purchasing LSD over the preceding six months (n=66), the majority had purchased it from a friend (49%, n=32) or a dealer who was known to them (33%, n=22). Smaller percentages reported sourcing the LSD from an 'acquaintance' (5%, n=3), 'unknown dealer' (6%, n=4), 'mobile dealer' (2%, n=1) or the 'online dark net/deep web' (6%, n=4).

The most commonly reported location of last purchase was at a 'friend's home' (24%, n=16), followed by an 'agreed public location' (18%, n=12) and their 'own home' (12%, n=8). Participants also reported being at 'raves/doofs/dance parties' (5%, n=3), a 'dealer's home' (8%, n=5) and at a 'live music event' (14%, n=9) among other venues when most recently obtaining LSD.

3.5 Ketamine

Key points

- *Price*: \$180 per gram and stable.
- *Perceived purity*: High and stable.
- *Availability*: Easy to very easy, stable.

3.5.1 Price

Twenty-two participants reported on the price of ketamine, of which the median was \$180 per gram (range \$100–\$250; Table 28). Twenty-five participants commented on the change in ketamine price. Of these, 72% (n=18) reported the price as having remained ‘stable’ over the preceding six months, 24% (n=6) reported the price to have ‘decreased’, and one participant (4%) reported an increase in ketamine price.

Table 27: Price of ketamine purchased by EDRS participants, NSW, 2012–2017

	2012 (n=8) [^]	2013 (n=5) [^]	2014 (n=7) [^]	2015 (n=3) [^]	2016 (n=23)	2017 (n=22)
<i>Md</i> price per gram (\$) (range)	150 [^] (20–180)	200 [^] (15–200)	180 [^] (10–230)	220 [^] (180–250)	200 (100–250)	180 (100-250)

Source: NSW EDRS interviews 2012–2017

[^]n<10 interpret with caution

3.5.2 Perceived purity

Twenty-eight participants commented on current ketamine purity. Over half of this sample (57%, n=16) reported the purity to be ‘high’. Smaller numbers of these participants reported the purity to be ‘medium’ (21%, n=6) or ‘fluctuating’ (21%, n=6).

Twenty-one participants commented on the change in purity over the past six months. The majority (76%, n=16) reported purity to have remained ‘stable’ over this time. Nineteen percent (n=4) reported an increase, while 5% (n=1) reported a decrease in purity.

3.5.3 Availability

Of the thirty-one participants who commented on the availability of ketamine, 61% (n=19) reported it to be ‘very easy’ (n=5) or ‘easy’ (n=14) to obtain and 39% (n=12) reported it to be ‘difficult’ (n=11) or ‘very difficult’ (n=1) to obtain.

Fifty-nine percent (n=16) of the participants who reported on changes in availability (n=27) reported the availability to be ‘stable’. Thirty-seven percent (n=10) believed it was ‘easier’ to access ketamine. A small percentage of participants reported it to be ‘more difficult’ (4%, n=1). These numbers are similar to 2016 data.

3.5.4 Supply

Thirty-three participants reported who they obtained ketamine from at the time of their last purchase. The majority obtained ketamine from a 'friend' (58%, n=19). Participants also reported obtaining ketamine from a 'known dealer' (15%, n=5) or an 'unknown dealer' (12%, n=4), among others.

There was greater variation regarding the venue in which participants obtained ketamine most recently. Of the thirty-three participants who commented, 36% reported obtaining ketamine at a 'friend's home' (n=12), 12% (n=4) obtained it at a 'live music event/concert/festival', 9% (n=3) obtained it at an 'agreed public location', 9% (n=3) obtained it at 'private parties', 9% (n=3) obtained it at a 'rave/doof/dance party and a further 9% (n=3) obtained it at 'home'. Smaller numbers (n=1) reported to have obtained it at a 'dealer's home', 'nightclubs' and 'pub/bars', respectively. Two participants had obtained it from 'other' sources.

3.6 GHB

Key points

- There was no reliable data reported on the price, purity or availability of GHB for 2017.

3.6.1 Price

Fewer than ten participants were able to report on the price, perceived purity and availability of GHB in the 2017 EDRS sample. As such, results are not reported here; please refer to the national EDRS 2017 report for more information (www.drugtrends.org.au/reports).

3.7 Cannabis

Key points

Hydro

- *Price*: \$20 per gram; \$280 per ounce, stable.
- *Perceived potency*: Currently high, stable.
- *Availability*: Currently very easy to obtain, stable.

Bush

- *Price*: \$20 per gram; \$250 per ounce, stable.
- *Perceived potency*: Currently low to medium, stable.
- *Availability*: Variable reports.

From 2006, the EDRS included a more detailed section about cannabis and made a distinction between indoor-cultivated 'hydroponic' cannabis (hydro) and outdoor-cultivated 'bush' cannabis for price, potency and availability. In 2017, only participants who were able to distinguish between hydro and bush provided information about the price, potency and availability of cannabis.

3.7.1 Price

Table 30 presents the reported price for one ounce and one gram of hydro and bush cannabis. As can be seen, prices for hydro and bush remained relatively stable across years.

Table 28: Price of hydroponic- and bush-grown cannabis purchased by EDRS participants, NSW, 2012–2017

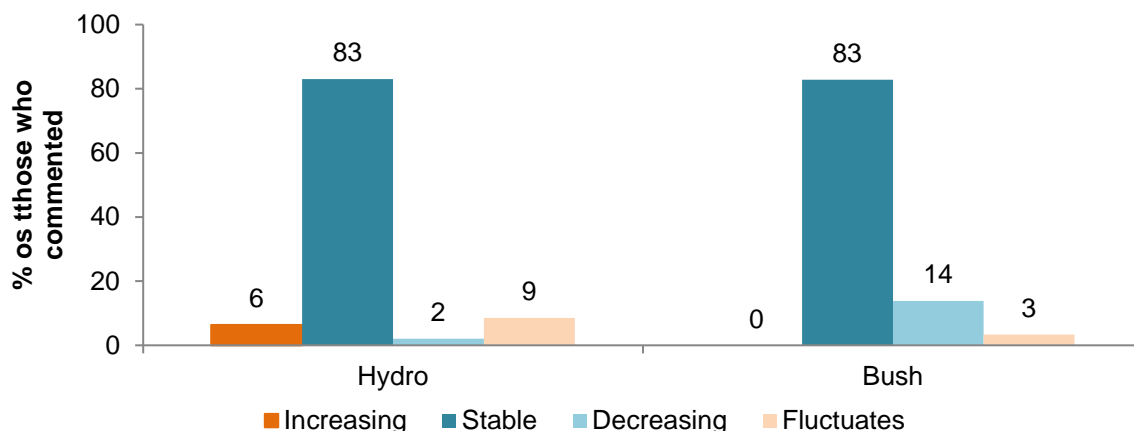
	2012	2013	2014	2015	2016	2017
Hydro	n=39	n=37	n=31	n=24	n=20	n=25
<i>Md</i> price per ounce (\$) (range)	290 (160–350)	300 (250–450)	300 (250–320)	300 (250–350)	300 (100–360)	280 (200-250)
<i>Md</i> price per gram (\$) (range)	20 (10–25)	20 (10–100)	20 (10–20)	20 (5–20)	20 (15–25)	20 (15-30)
Bush	n=27	n=16	n=29	n=16	n=9	n=17
<i>Md</i> price per ounce (\$) (range)	265^ (150–300)	300 (200–400)	280 (200–360)	280 (200–350)	280 (220–350)	250 (120-330)
<i>Md</i> price per gram (\$) (range)	20 (10–20)	20 (10–25)	20 (10–25)	20 (10–20)	20 (10–20)	20 (10-20)

Source: NSW EDRS interviews 2012–2017

^ Small numbers, interpret with caution

Participants were asked about changes to the price of hydro and bush over the preceding six months (see Figure 31). The majority reported that it had been 'stable' both for hydro (83%) and bush (83%).

Figure 30: EDRS reports of the price change of hydro and bush cannabis, NSW, 2017



Source: NSW EDRS interviews 2017

Note: Of those who commented: n=47 for hydro, n=29 for bush.

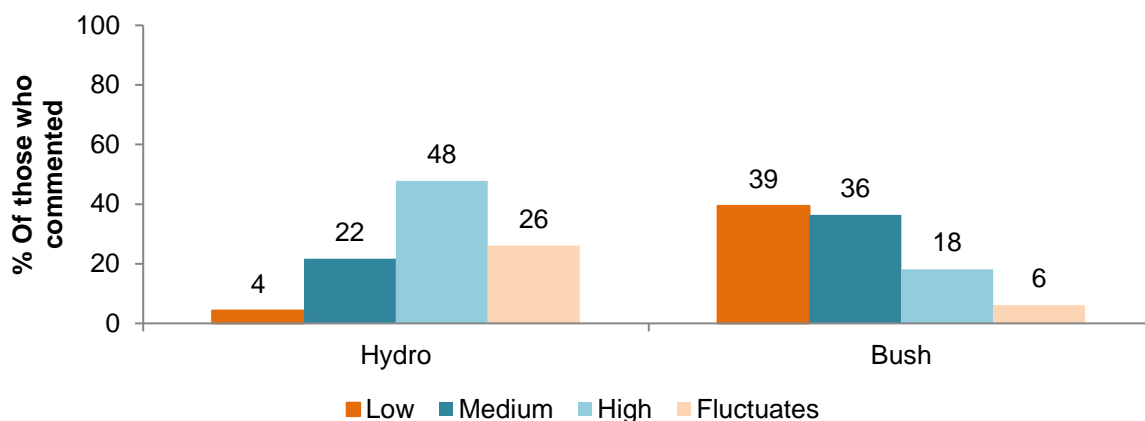
3.7.2 Perceived potency

Figure 32 presents participants' perceptions of the current potency of hydro and bush cannabis. Forty-eight per cent (n=22) of those participants who commented (n=46), reported hydro was currently of 'high' potency. Twenty-six per cent (n=12) reported the potency to be 'fluctuating', with fewer participants reporting the potency to be 'medium' (22%, n=10) or 'low' (4%, n=2).

Thirty-nine per cent (n=13) of those who commented on the potency of bush cannabis in 2017 (n=33) reported it to be of 'low' strength. Over one-third (36%, n=12) reported it to be 'medium' potency. Six participants reported the potency of bush cannabis as high (18%) and two participants reported fluctuating potency (6%).

Although there were no significant differences between 2016 and 2017, the majority of the participants in 2016 reported hydro to be of 'medium' potency as opposed to 'high' in 2017. In addition, the majority of 2016 participants reported that bush was of 'medium' purity in 2016, whereas in 2017 the largest percentage reported 'low' potency, closely followed by 'medium'.

Figure 31: EDRS reports of current potency of hydro and bush cannabis, NSW, 2017



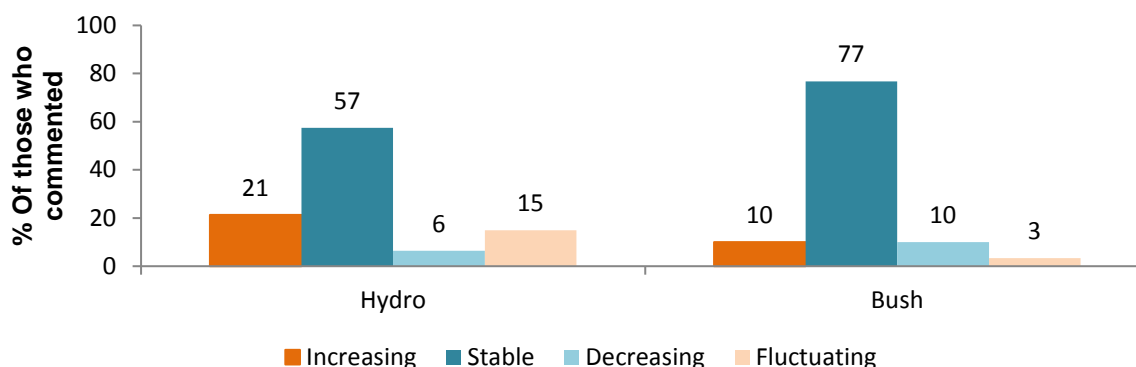
Source: NSW EDRS interviews 2017

Note: Of those who commented: n=46 for hydro, n=33 for bush.

Figure 33 presents participants' perceptions of the change in potency of hydro and bush cannabis over the last six months. Fifty-seven per cent (n=27) of those who commented, reported that hydro potency was 'stable' (77% in 2016) and 21% reported it was 'increasing' (n=10). Fewer participants reported the potency as 'decreasing' (6%, n=3) or 'fluctuating' (15%, n=7).

The vast majority (77%, n=23) of participants who felt confident commenting on changes in the potency of bush (n=30), reported the potency to be 'stable'. Ten per cent (n=3) reported bush cannabis to have increased in purity, 10% (n=3) reported it to have decreased and 3% (n=1) reported fluctuation in purity.

Figure 32: EDRS reports of change in potency of hydro and bush cannabis over the last six months, NSW, 2017



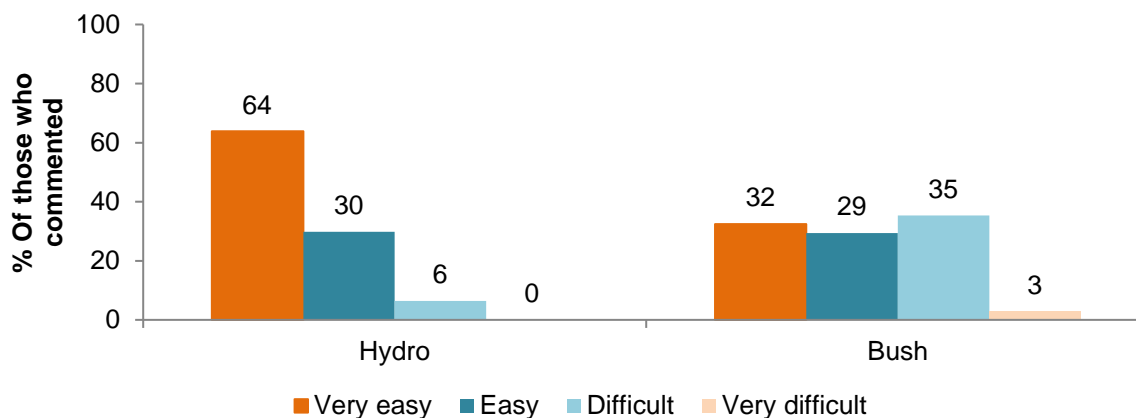
Source: NSW EDRS interviews 2017

Note: Of those who commented: n=47 for hydro, n=30 for bush.

3.7.3 Availability

Figure 34 shows perceptions of current hydro and bush availability among those participants who could comment; these perceptions are similar to 2016. Ninety-four per cent (n=44) of the sample reported hydro as 'very easy' (64%) or 'easy' (30%) to obtain. A small number reported it to be 'difficult' (6%, n=3). In relation to the availability of bush cannabis in 2017, 32% (n=11) reported it to be 'very easy', 29% (n=10) 'easy', 35% (n=12) 'difficult' and 3% (n=1) 'very difficult'. This data is stable from 2016.

Figure 33: EDRS reports of current availability of hydro and bush cannabis, NSW, 2017

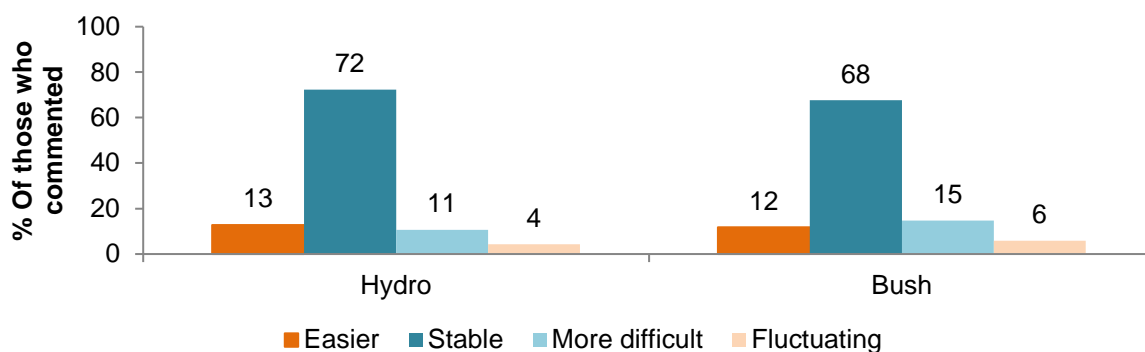


Source: NSW EDRS interviews 2017

Note: Of those who commented: n=47 for hydro, n=34 for bush.

Reports on the change in cannabis availability in 2017 were similar to previous years. Most participants who commented reported both hydro (72%) and bush (68%) availability as stable over the last six months (see Figure 35).

Figure 34: EDRS reports of change in availability of hydro and bush cannabis over the last six months, NSW, 2017



Source: NSW EDRS interviews 2017

Note: Of those who commented: n=47 for hydro, n=34 for bush.

3.7.4 Supply

Hydroponic

Most individuals who reported purchasing hydro in the last six months obtained it from either 'friends' (49%, n=23) or a 'known dealer' (43%, n=20). Smaller percentages reported sourcing it from 'unknown dealers' (6%, n=3) and 'mobile dealers' (2%, n=1).

Forty-seven participants reported on the location where they last bought hydroponic cannabis. The majority either bought at a 'dealer's home' (30%, n=14), 'friend's home' (26%, n=12) or had their cannabis 'home-delivered' (19%, n=9). Thirteen per cent of participants (n=6) reported obtaining hydroponic cannabis in an 'agreed public location', while other reported venues included an 'art gallery' (n=1) and 'farm' (n=1).

Bush

Thirty-three participants reported the source of their most recent purchase of bush cannabis. Of these, 64% (n=21) obtained cannabis from 'friends', 33% (n=11) reported obtaining it from a 'known dealer' and the remaining 3% (n=1) reported sourcing it from an 'unknown dealer'.

Thirty-three participants also reported on the location where they last bought bush cannabis. The majority either bought at a 'friend's house' (27%, n=9), 'dealer's home' (27%, n=9) or had it 'home delivered' (21%, n=7). Smaller numbers obtained it at a 'street market' (6%, n=3) or 'private parties' (6%, n=2). Single participants reported obtaining bush cannabis in 'a car, at an 'educational institution', at an 'agreed public location' and at a 'rave/doof/dance party'.

4 HEALTH-RELATED TRENDS ASSOCIATED WITH ERD USE

Key points

Stimulant dependence

- One-quarter (25%) of the sample scored 3 or above on the ecstasy severity of dependence scale (SDS), indicative of problematic dependent ecstasy use.
- Four participants obtained a score of 4 or above indicative of methamphetamine dependence.

Overdoses

- A third (32%) of participants reported having overdosed on a stimulant drug within the preceding 12 months.
- A quarter (28%) reported having ever overdosed on a depressant drug, significantly lower reports than 45% in 2016 and eighteen participants reported having overdosed within the year preceding the interview.

Service usage

- Nearly two-fifths (39%) of respondents reported that they had at least one visit to a health service related to drug use in the past six months. Psychologists, GPs and medical tents at festival visits were the main services accessed.

Mental health

- Forty-eight percent of the sample had recently experienced a mental health problem, higher than general population estimates. Mood and anxiety disorders were most commonly reported.
- Thirty-nine percent of the group reported high to very high psychological distress as measured by the Kessler Psychological Distress Scale (K10), higher than population norms (15%).

4.1 Stimulant dependence

It has been traditionally believed that dependence on MDMA (the active ingredient in ecstasy) is unlikely given the relatively infrequent use patterns exhibited by ecstasy users (i.e. fortnightly or weekly). There is evidence from animal research of a dependence potential for MDMA which is relatively attenuated and displays unique characteristics compared with other drugs. Little work has been done to characterise a dependence syndrome among ecstasy users (Bruno et al., 2009).

Up until 2014, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine and methadone maintenance patients across five samples in Sydney and London (Dawe et al., 2002). A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

Since 2015, participants were asked two separate SDS scales, to provide information on ecstasy and methamphetamine dependence separately. This provided data on methamphetamine dependence among people who use stimulants regularly to complement dependence data obtained in the Illicit Drug Reporting System (IDRS: <http://ndarc.med.unsw.edu.au/project/illegal-drug-reporting-system-idrs>).

4.1.1 Ecstasy dependence

Two cut-off scores are presented. A cut-off score of 3 or more was used as these scores have been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use (Bruno, Gomez & Matthews, 2011). Twenty-five per cent of participants (n=25) recorded a score of 3 and above. The cut-off of 4 and above is a more conservative estimate, which has been used previously in the literature as a validated cut-off for methamphetamine dependence (Topp & Mattick, 1997; Bruno et al., 2009). Fifteen per cent (n=15) of EDRS participants scored 4 or above.

Of those who answered the ecstasy SDS (n=100), the median SDS score was 1 (range 0–12). Forty-one percent (n=41) of participants obtained a score of zero on the SDS and 17% (n=17) obtained a score of 1 on the scale; that is, over half (58%, n=58) of the respondents reported no or few symptoms of dependence in relation to ecstasy use. These findings are supported by responses of the majority of these participants (68%, n=68) reporting ‘never or almost never’ thinking that their use of ecstasy was out of control and 84% (n=84) reporting that they would find it ‘not difficult to stop or miss a prospective dose of ecstasy’.

4.1.2 Methamphetamine dependence

Twenty-nine percent (n=29) of the sample answered the SDS for methamphetamine dependence. A cut-off score of 4 or more has been shown to be a good indicator of methamphetamine dependence as defined by the DSM-IV (Topp & Mattick, 1997). Of the twenty-nine participants who answered the questions in relation to methamphetamine, four participants reported a cut-off score of 4 or more.

The median methamphetamine SDS score was zero (range 0–7). Seventeen (59%) of the 29 participants obtained a score of zero on the SDS and eight (28%) obtained a score of one, two or three. Consistent with the low level of dependence scores, when asked if they thought their use of methamphetamine was out of control, 83% (n=26) reported ‘never or almost never’ and 90% (n=26) answered that they would not find it difficult to ‘stop or miss a prospective methamphetamine dose’.

4.2 Overdose and drug-related fatalities

Participants were asked if they had ever overdosed on a stimulant drug or a depressant drug. In both instances, ‘overdose’ was defined as presenting with symptoms consistent with either stimulant toxicity (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, anxiety, panic or agitation, hallucinations, excited delirium) or symptoms consistent with a depressant overdose (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing). As such, the following sections are based on participants’ understanding of these definitions and their opinions as to whether they had overdosed.

4.2.1 Stimulant overdose

Forty per cent (n=40) of participants reported having overdosed on a stimulant drug in their lifetime. Participants reported having experienced a median of two overdoses (range 1–70). Thirty-two (32%) participants reported having overdosed on a stimulant drug within the preceding 12 months.

Thirty-two participants reported on the location of their last stimulant overdose. Locations varied and included at ‘home’ (22%, n=7), ‘live music event/concert/festivals’ (35%, n=11), ‘friend’s home’ (19%, n=6), ‘nightclubs’ (9%, n=3), or ‘raves/doofs/dance parties’ (9%, n=3). Smaller numbers of participants reported being ‘outdoors’ (3%, n=1) or at a ‘hotel’ (3%, n=1).

Overall, 56% of participants' most recent stimulant overdoses occurred in 'public' settings, while the remaining 44% occurred in private settings. Nearly half of participants who recently overdosed (44%, n=14) reported having a sober person present to assist them the last time they overdosed on a stimulant drug.

Those who had overdosed recently (i.e. within the last year) were asked to identify the main drug to which they attributed their last overdose and to identify other drugs they had used. Ecstasy was the drug reported by half the sample to have caused the overdose (50%, n=16), with smaller percentages reporting cocaine (12.5%, n=4), pharmaceutical stimulants (10%, n=3), LSD (10%, n=3), ketamine (3%, n=1) and various NPS (15%, n=5). Most participants (94%, n=30) who had recently experienced a stimulant overdose had been using multiple drugs on that occasion. The most common additional drug used was alcohol (n=21), followed by ecstasy (n=10) and cannabis (n=7).

Vomiting was the main symptom experienced (38%) during the most recent stimulant overdose among those who had overdosed in the preceding year. In addition to the main symptom they experienced, participants reported having increased heart rate (75%, n=24), increased body temperature (69%, n=22) and tremors (66%, n=21), among others.

Nine of the 32 participants (28%) who had recently overdosed on a stimulant drug did not receive any treatment. Of the other 23 participants who reported overdose, 75% (n=18) were watched by friends, 13% (n=3) were attended to by an ambulance, 8% (n=2) attended an emergency department and 8% (n=2) received treatment at a festival medical tent. One participant reported 'receiving oxygen' (4%).

4.2.2 Depressant overdose

Twenty-eight percent (n=28) of the 2017 NSW EDRS sample reported having ever overdosed on a depressant drug, which is a significant decrease from 2016 (45%, $p<0.05$). Those who had overdosed had done so on a median of two occasions (range 1–50). Eighteen participants reported having overdosed on a depressant drug within the year preceding the interview, with four participants reporting an overdose in the month preceding the interview.

Of those who overdosed on a depressant drug within the 12 months prior to being interviewed, fifteen participants (83%) attributed their most recent overdose to alcohol, one participant (6%) attributed it to GHB, and the remaining two participants (11%) to opiates. Over three-quarters (82%, n=14) who reported a recent overdose reported having used other drugs on that occasion; five participants (n=36%) reported cannabis use, two participants (14%) reported using cocaine and two participants reported the concurrent use of ketamine (14%). Single participants reported the use of nitrous oxide, opiates, speed and tobacco.

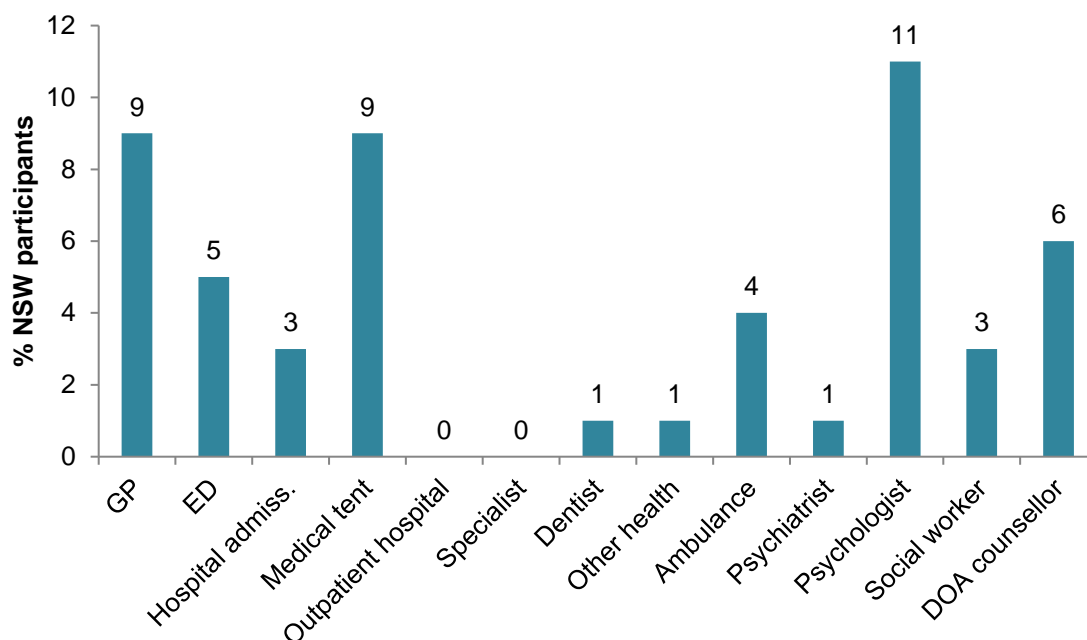
Participants were asked where they were when they last overdosed within the past 12 months. Participants had overdosed at a 'friend's home' (22%, n=4), 'home' (17%, n=3), 'pub' (17%, n=3), 'nightclub' (17%, n=3), 'private party' (11%, n=2), 'outdoors' (11%, n=2) or 'public place' (6%, n=1). Half of those who overdosed in the 12 months preceding the interview did so in a 'public setting' (50%) while the other half reported overdosing in a 'private setting' (50%). Nine of the 18 participants (50%) who reported recently overdosing on a depressant drug had a sober person able to assist them.

The most commonly reported symptoms of a depressant overdose among this group were vomiting (56%, n=10) and losing consciousness (22%, n=4). A single participant also reported 'collapsing' as their main symptom. Most of the participants (77%, n=13) who recently experienced a depressant overdose received treatment or care on the last occasion. Those who had received assistance were monitored or watched by friends (69%, n=9), visited a GP (8%, n=1), were administered oxygen (8%, n=1) treated at a hospital emergency department (8%, n=1) and/or were attended to by ambulance (8%, n=1).

4.3 Help-seeking behaviour

Ninety-two percent of the sample had accessed a health service for any reason in the last 6 months (most commonly a GP), and 39% had accessed a health service for a reason related to their drug and/or alcohol use (most commonly a psychologist, GP or medical tent; Figure 37).

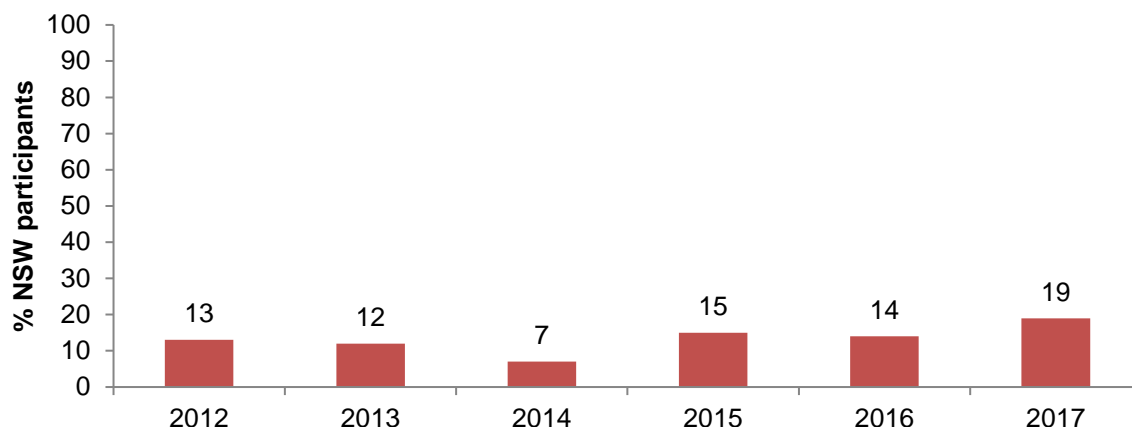
Figure 35: The percentage of the NSW EDRS 2017 sample who have received a drug related service from health service providers in preceding six months.



Source: EDRS interviews 2017

An additional 19% of the sample had thought about seeking help for ‘issues related to drug and/or alcohol use’ (Figure 36); this has remained relatively stable over time.

Figure 36: Percent of EDRS participants who recently thought about seeking help for an alcohol or drug-related problem in the preceding six month period, NSW 2012–2017



Source: EDRS interviews 2012–2017

4.4 Mental health and psychological distress

4.4.1 Self-reported mental health

Participants were asked whether they had experienced any mental health problems over the previous six months (Table 31). Forty-eight percent (n=48) of the group had recently experienced a mental health problem, a figure which is higher than that recorded among the general population of a similar age range (26.4% for individuals aged 16–24) (Slade, Johnston et al. 2009). Mood and anxiety disorders were those most commonly reported. Sixty percent (n=29) of those who experienced a mental health problem sought assistance from a health professional, and of those, more than half (59%, n=17) were then prescribed medication. The most commonly prescribed drugs were antidepressants (n=10). Six participants were prescribed anti-psychotic drugs, six were prescribed benzodiazepines, three were prescribed pharmaceutical stimulants and one was prescribed benzodiazepines.

Trends over time in self-reported mental health problems and help-seeking behaviours are presented in Table 31. Overall, these figures appear relatively stable from 2016 to 2017. However, over recent years, there has been a gradual increase in the percent of respondents reporting having a mental health problem in the last 6 months.

Table 29: Mental health problems among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Any mental health problem recently (%)	30	30	29	35	44	48
Of these (%):[^]						
Depression	53	67	69	66	67	65
Anxiety	47	70	79	49	56	73
Panic	7	10	–	6	2	2
Bipolar	7	–	–	6	4	4
Mania	7	–	–	3	2	–
Paranoia	3	23	7	–	2	–
Personality disorder	3	–	–	–	–	–
Schizophrenia	–	–	–	–	–	2
Drug-induced psychosis	–	3	–	3	2	2
OCD	–	–	3	3	2	2
ADHD	–	–	–	–	20	8
PTSD	–	–	–	–	4	–
Sought help from health professional [^] (%)	67	63	55	77	60	60
Prescribed medication [∞] (%)	73	32	38	34	37	59

Source: EDRS interviews 2012–2017

[^]Percentage of all those who had recently experienced a mental health problem

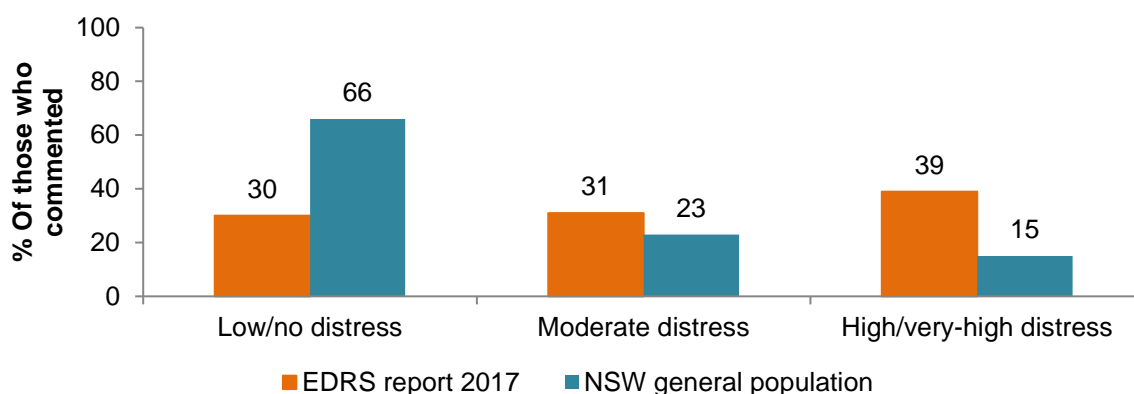
[∞]Percentage of those who sought help from a mental health professional

4.4.2 Kessler Psychological Distress Scale (K10)

From 2006, the EDRS has included the 10-item Kessler Psychological Distress Scale (K10; Kessler et al., 2002), which is a questionnaire designed for the general population to measure the level of distress and severity associated with psychological symptoms. The minimum score is 10 and the maximum is 50. Scores ranging from 10–15 are classified as ‘low/no distress’, 16–21 ‘moderate distress’, 22–29 ‘high distress’ and 30–50 ‘very high distress’ (Australian Bureau of Statistics, 2012).

The median score for participants was 18 (range 10–39). Approximately equal percentages of participants reported scores indicative of ‘low or no distress’ (30%, n=30), ‘moderate distress’ (31%, n=31) and ‘high distress’ (27%, n=27). Few participant’s scores were indicative of ‘very high distress’ (12%, n=12). The percentage of the sample experiencing ‘high’ to ‘very high’ distress (39%, n=39) is substantially higher than the percentage of 18–24 year olds in NSW. Results from the National Health Survey for 2014–2015 indicated that 15.4% of 18–24 year olds in NSW scored high or very high on the Kessler Psychological Distress Scale (Australian Bureau of Statistics 2016) and 19.4% in Australia (Australian Bureau of Statistics 2015). This difference between the sample and a representative sample of 18–24 year olds from the general population in NSW can be seen in Figure 38. Overall, EDRS participants also appear to experience a higher level of psychological distress than the wider Australian public (Australian Bureau of Statistics 2016).

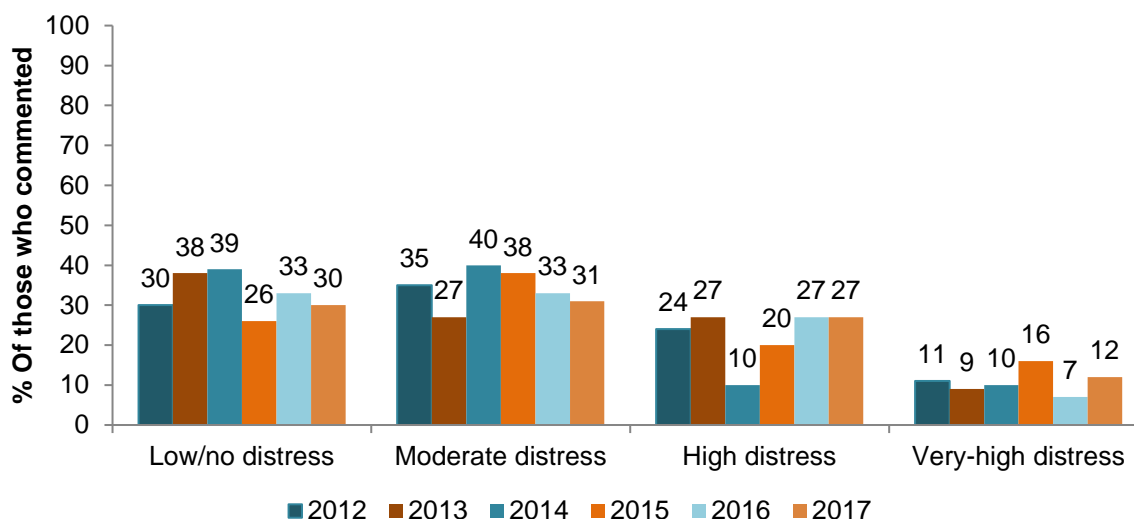
Figure 37: K10 scores for EDRS participants compared with the general population (aged 18-24), NSW, 2017



Source: EDRS interviews 2017; Australian Bureau of Statistics (2016)

Figure 39 presents data across time on the percentages of the EDRS sample, from 2012 to 2017, that fell into each distress category.

Figure 38: K10 scores across time for EDRS participants, NSW 2012–2017



Source: EDRS interviews 2012–2017

5 RISK BEHAVIOUR

Key points

- Seventy-four percent of the sample reported that they had driven a vehicle in the preceding six months, and of these, 28% had driven while over the blood alcohol content limit.
- Among those who had driven recently, 49% had done so within three hours of consuming an illicit substance.
- Nine participants had ever injected a drug and one had done so recently.
- Three-quarters (75%) of the sample had recently had penetrative sex with a casual partner, which was a significant increase since 2016. Fifty-two percent of participants did not use a sexual barrier on the last occasion, when intoxicated, and 45% did not when sober. The main reasons were: they did not want to use a barrier or they were using a contraceptive pill.
- The majority (68%) of participants reported harmful alcohol consumption as measured by the Alcohol Use Disorders Identification Test (AUDIT).

5.1 Driving risk behaviour

Seventy-four percent (n=74) of the NSW sample reported having driven a vehicle in the six months preceding interview. Of these, 28% (n=21) reported that they had driven while over the legal limit of alcohol. These participants reported driving over the legal limit of alcohol on a median of two days (range 1-72) in the preceding six months. These statistics have remained stable from 2016 (Table 32). Of those participants who had driven in the preceding six months (n=74), a majority were not breath tested for alcohol in that period (68%, n=50), while 13% of participants had been breath tested just once (n=9) and 20% of participants had been breath tested more than once (n=15).

Table 30: EDRS reports of alcohol and other drug driving risk behaviour in the last six months, NSW, 2013-2017

	2013 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Driven a vehicle in the last six months	62	78	74	74
Driven over limit of alcohol (%)	n=62 24	n=76 32	n=75 27	n=74 28
Median number of times driven over limit of alcohol (<i>Med</i> ; range)	2 (1-10)	2 (1-10)	NC	2 (1-72)
Driven soon after taking an illicit drug (%)	n=62 45	n=76 57	n=75 51	n=74 49

Source: EDRS interviews 2013, 2015, 2016 and 2017

NC: this data was not collected in the 2016 survey

Data not collected in 2014

Just under half (49%, n=36) of those who had driven in the previous six months had driven on at least one occasion within three hours of taking an illicit drug, which is relatively similar to 2016 figures. These participants reported driving within three hours of taking an illicit drug on a median of 5.5 days in the past six months (range 1-180); the majority reported using cannabis within three hours of driving on at least one occasion (n=30, 83%), while smaller numbers reported using pharmaceutical stimulants (n=8, 22%), ecstasy (n=7, 19%), cocaine (n=6, 17%), LSD (n=2, 6%), benzodiazepines (n=1, 3%), speed (3%, n=1), mushrooms (3%, n=1) and ketamine (3%, n=1) prior to driving.

5.2 Injecting risk behaviour

In the 2017 EDRS sample, nine participants had ever injected a drug. Of these, one participant reported injecting in the month preceding the interview.

Table 31: Injecting risk behaviour among EDRS participants, NSW, 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Ever injected (%)	20	8	11	8	3	9
Injected last 6 months (%)	13	6	5	5	N/A	N/A
Injected in the last month (%)	N/A	N/A	N/A	N/A	0	1

Source: EDRS interviews 2012–2017

N/A: this data was not collected in the survey

5.2.1 Lifetime injectors

The median age of initiation for respondents who had ever injected was 18 (range 17–22); this is based on nine participants and caution should be taken in making any interpretation based on this small sample. Three participants reported that the first drug they injected was heroin, while the remaining six participants reported first injecting either “other opiates”, crystal methamphetamine, ketamine, steroids, benzodiazepines or “melanotan”.

5.3 Sexual risk behaviour

Participants were asked questions about their recent sexual activity, particularly with regards to penetrative sex. This was defined as ‘penetration by penis / hand / toy of the vagina or anus’. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the questionnaire.

Three-quarters of the sample (75%, n=75) reported having had penetrative sex with at least one casual partner (i.e. someone who was not a regular partner) over the preceding six months, significantly higher than 59% in 2016 ($p<0.05$). Of the 75 participants who reported penetrative sex with a casual partner, 67 participants (89%) reported having done so, on at least one occasion, while under the influence of alcohol or drugs (Table 34). Of those who had penetrative sex in the last six months while under the influence of drugs, 11% (n=7) reported this occurring once, 11% (n=7) reported it occurring twice, 42% (n=28) reported ‘3–5 times’, 15% (n=10) reported ‘6–10 times’ and 7% (n=21) reported ‘more than 10 times’ in the last 6 months. The drugs most commonly used were alcohol (74%, n=49), cannabis (55%, n=36), ecstasy (49%, n=32) and cocaine (21%, n=14).

Table 32: Trends in sexual activity with casual partners in the past six months among EDRS participants, NSW 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
Casual penetrative sex (%)	71	57	52	61	59	75*
<i>No. of sexual partners[^] (%)</i>						
1 person	19	30	27	23	30	28
2 people	17	18	35	21	18	15
3–5 people	24	33	21	34	18	13
6–10 people	7	16	13	18	10	12
10+ people	4	4	4	3	3	7
Penetrative sex with casual partner while on drugs	n=65	n=46	n=45	n=55	n=56	n=67
<i>Drugs used (%)^{^^}</i>						
Ecstasy	63	63	44	40	34	49
Alcohol	48	57	78	71	86	74
Cannabis	43	35	24	40	21	55
Cocaine	17	9	18	7	20	21
Crystal meth	9	–	7	4	11	15
LSD	3	11	–	–	9	17
Amyl nitrite	6	13	4	2	2	9
Ketamine	6	4	2	2	11	12
Speed	6	2	9	–	–	6
GHB	5	2	–	4	13	6
Base	–	–	2	–	–	2
Benzodiazepines	5	–	2	4	2	6
Pharmaceutical stimulants	5	–	2	2	–	6
Heroin	2	–	–	–	–	2

Source: NSW EDRS interviews 2012–2017

[^] Of those who had penetrative sex in the last 6 months

^{^^} Of those who had penetrative sex with casual partners while on drugs in the last 6 months

* Significant increase ($p < .05$)

The participants who had penetrative sex with a casual partner on at least one occasion in the last six months (n=75), were asked on the last occasion they were ‘sober’ or ‘under the influence’ whether they had used a protective sexual barrier. Forty-eight per cent (n=36) reported having used a protective barrier on the last occasion they were sober. Forty-five per cent (n=34) reported they had not used a protective barrier on the last ‘sober’ occasion. Seven per cent (n=5) reported that they had not had sex with a casual partner in the past 6 months when they were ‘sober’. For those who had not used a protective barrier on the last occasion when ‘sober’, the reason they didn’t was varied and included: ‘using contraceptive pill’ (41%, n=14), ‘we agreed not to’ (24%, n=8), ‘I didn’t wish to use’ (18%, n=6), ‘it wasn’t mentioned’ (9%, n=3), ‘lack of availability’ (3%, n=1), ‘we were too intoxicated’ (3%, n=1) and ‘my partner didn’t wish to’ (3%, n=1).

Of the group who had penetrative sex with a casual partner under the influence of drugs on at least one occasion in the last six months (n=66), on the last occasion when they were ‘intoxicated’, under half (49%, n=32) reported using a protective barrier. Fifty-two per cent (n=34) reported they did not use a protective barrier on the last occasion. The reasons for not using a protective barrier on the last occasion they were intoxicated were varied and included: ‘using contraceptive pill’ (32%, n=11), ‘I didn’t wish to use’ (21%, n=7), ‘lack of availability’ (12%, n=4), ‘we agreed not to use’ (12%, n=4), ‘it wasn’t mentioned’ (9%, n=3), ‘we were too intoxicated’ (9%, n=3) and ‘my partner didn’t wish to use’ (6%, n=2).

5.3.1 Sexual health check-up and sexually transmitted infection (STI)

All participants in the NSW EDRS 2017 sample (n=100) were asked if they had ever had a sexual health check-up. Fifty-two percent (n=52) reported they had been tested in the last year, 12% (n=12) reported being tested more than a year ago and 36% (n=36) reported never having had a sexual health check-up.

The majority of participants (84%, n=84) reported that they had never been diagnosed with an STI. Sixteen participants (16%) had been positively diagnosed with an STI in their lifetime, nine in the last year and the remaining seven, more than one year ago.

5.4 Problematic alcohol use among NSW EDRS participants

5.4.1 Alcohol Use Disorders Identification Test (AUDIT)

The Alcohol Use Disorders Identification Test (AUDIT; Saunders et al., 1993) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert & Allen, 2002).

Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use, as well as possible alcohol dependence (Babor et al. 1992). Higher scores indicate greater likelihood of hazardous and harmful drinking; higher scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment.

The mean score on the AUDIT for the NSW 2017 sample was 11.9 (SD 7.4). The majority (68%) of participants scored in the harmful range (i.e. total score of 8 or more). There was no significant difference between male and female mean scores. The AUDIT guidelines (Babor et al., 2001) indicate four 'zones' into which total scores on the test can be divided. In the current sample (see Table 35), 32% (n=32) scored in zone 1 (low risk drinking or abstinence), 42% (n=42) scored in zone 2 (alcohol in excess of low-risk guidelines), 10% (n=10) scored in zone 3 (harmful or hazardous drinking) and the remaining 16% (n=16) scored in zone 4 (possible alcohol dependence and may require referral for evaluation and possible treatment). These numbers are similar to those in 2016.

Table 33: AUDIT total scores and percent of participants scoring above recommended levels indicative of hazardous alcohol intake, NSW 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (n=103)	2017 (n=100)
Mean AUDIT total score (SD)	13.3 (7.2)	10.6 (6.1)	11.6 (6.4)	11.3 (6.0)	12.5 (7.3)	11.9 (7.4)
Score 8 or above (%)	78	66	69	70	70	68
Zone 1	21	34	31	30	30	32
Zone 2	42	48	42	42	36	42
Zone 3	19	10	14	19	18	10
Zone 4	17	8	13	9	17	16

Source: NSW EDRS interviews 2012–2017

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

6 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH ERD USE

Key points

- Forty-one percent of the sample had committed a crime within the past month; most commonly drug dealing and property crimes.
- Nine participants had reportedly been arrested over the past year.
- In 2017, three percent of the sample reported to have a lifetime prison history.

6.1 Reports of criminal activity among NSW EDRS participants

Nine participants (9%) interviewed in 2017 had reportedly been arrested over the preceding 12 months. Reasons for arrest varied and included 'use/possession of drugs' (n=6), 'property crime' (n=1), 'violent crime' (n=1), 'grievous bodily harm' (n=1) and/or 'armed with intent' (n=1). Three participants reported having been to prison in their lifetime.

Forty-one percent (n=41) of the sample reported involvement in criminal activity over the last month. More than one-quarter (30%, n=30) of all participants reported drug dealing in the month leading up to the interview. Of these, the majority of respondents (n=21) had done so less than once a week. Eighteen per cent of the entire sample (n=18) had committed a property crime in the preceding month; again, mostly less than once per week (n=15). Three participants reported committing a crime involving violence in the last month, all of whom reported doing so less than weekly. No participants in the sample reported committing fraud in the preceding month.

Table 36 presents data across time on self-reported criminal activity and arrests among EDRS samples. Consistent with previous years (with the exception of 2013), drug dealing has been the most commonly reported crime followed by property crime. In 2017, three percent of the sample reported to have a lifetime prison history.

Table 34: Criminal activity reported by EDRS participants, NSW 2012–2017

	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=103)	2017 (N=100)
<i>Any criminal activity in the last month</i>	33	27	37	36	39	41
Drug dealing	20	18	29	33	26	30
Property crime	18	22	12	14	20	18
Fraud	4	–	4	1	2	0
Violent crime	4	3	2	4	5	3
<i>Arrested last 12 months</i>	14	8	11	8	17	9
% Prison history	4	1	3	2	2	3

Source: NSW EDRS interviews 2012–2017

7 SPECIAL TOPICS OF INTEREST

Key points

Online purchasing

- Twenty-five percent of the NSW sample reported that in their lifetime, they had purchased an illicit drug online, with 18% having done so in the previous 12 months.
- Sixty-seven percent of those who commented reported that less than 25% of their drugs were purchased online. No participants reported purchasing all of their drugs online.
- Six participants purchased drugs online for the purpose of supplying to friends and two participants intended to supply the drugs to friends and to make a profit.
- Purchases of illicit drugs were primarily made from the 'dark web' marketplaces.
- Fifteen participants reported buying traditional illicit substances online; of these, ten participants reported buying LSD and eight participants reported buying any form of ecstasy.
- When asked about their level of knowledge regarding 'dark net' and online marketplaces, the majority of participants (n=37) reported that they had obtained drugs through a friend, who purchased them from the dark net.

7.1 Online purchasing

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

In 2017, 25% (n=25) of NSW EDRS participants reported that they had ever purchased an illicit drug online, with 18% (n=18) having done so in the previous year. The frequency of these recent purchases occurred between once and more than five times (Table 37).

Table 35: Number of times recently purchased illicit drugs online reported by EDRS participants in NSW, 2017

% How many online purchases of illicit drugs in the past 12 months:	NSW (N=18)
% Once	22 (n=4)
% Twice	39 (n=7)
% 3–5 times	28 (n=5)
% More than 5 times	11 (n=2)

Source: NSW EDRS interviews

Participants were asked what percentage of their drugs were purchased online. The majority (67%, n=12) reported that less than 25% of their drugs were purchased online, with fewer participants purchasing between 25%-49% and 50-100% of their drugs online (17%, n=3 respectively). Results are summarised in Table 38.

Table 36: What percent of drugs were purchased online by EDRS participants in NSW, 2017

% What percent of all purchased drugs was purchased online?	NSW (N=18)
Less than 25%	67 (n=12)
Between 25% and 49%	17 (n=3)
Between 50% and 74%	11 (n=2)
Between 75% and 99%	5 (n=1)
All (100%)	0

Source: NSW EDRS interviews

The EDRS participants who had purchased online (n=18), were asked if in the past 12 months they had purchased any substance from the internet for the purpose of supplying or selling to others. Thirty-three per cent (n=6) reported that they had purchased drugs online solely for the purpose of supplying to friends, 11% (n=2) for both the purposes of supplying to friends and for profit, and 56% were neither buying for the purpose of selling or supplying to others.

Purchases of illicit drugs were primarily made from the 'dark web' marketplaces (78%, n=14) and international webstores 'surface web' (28%, n=5). The specific 'dark web' marketplaces EDRS participants reported using included Agora, AlphaBay, Atlantis, Dream, Hamster and Nebraxis. If participants had purchased from a dark net marketplace in the past year, they were asked to specify whether the retailers they purchased from were Australian (40%, n=6), International (27%, n=4) or both (33%, n=5).

Illicit substances recently purchased online were specified, see Table 39. Fifteen participants reported buying traditional illicit substance/s online. Of these, most reported purchasing LSD (56%), ecstasy (44%), benzodiazepines (22%) and/or cocaine (21%). Note that the sample size is small, and numbers should be interpreted with caution.

Table 37: Illicit substances reportedly purchased online in the past year by NSW EDRS participants, 2017

Online substance purchased	NSW
% Traditional illicit substances	(N=15)
Ecstasy (any form)	44 (n=8)
LSD	56 (n=10)
Cannabis	17 (n=3 [^])
Benzodiazepines	22 (n=4 [^])
Ketamine	11 (n=3 [^])
Methamphetamine (any form)	6 (n=1 [^])
Mushrooms	7 (n=1 [^])
Cocaine	21 (n=3 [^])
Pharmaceutical stimulants	11 (n=2 [^])
Pharmaceutical opioids	–
% NPS illicit substances	(N=3[^])
2C-x family	1 [^]
DMT	2 [^]
NBOMe	–
Mephedrone	–
MXE	–
Methylone	–
5-MeO-DMT	–
Synthetic cannabinoids	–
Etizolam	–
Other	1 [^]

Source: NSW EDRS interviews

Note: [^] = small numbers interpret with caution

All EDRS participants were asked about their level of knowledge of, and familiarity with, the 'dark net' marketplaces. Results are outlined in Table 40.

Table 38: EDRS sample's familiarity with the 'dark net' for NSW EDRS participants, 2017

Level of knowledge of the dark net	NSW
	(N=100)
% Never heard of the 'dark net'	3
% Only heard of the 'dark net' online but never accessed it	14
% Researched the dark net but never accessed it	9
% Obtained drugs through a friend who purchased them from dark	37
% Accessed dark net marketplaces but never purchased from them	19
% Purchased drugs from 'dark net' market places	18

Source: NSW EDRS interviews

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