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An overview of the 2014 Ecstasy and Related Drugs Reporting System

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KEY FINDINGS

- 800 participants took part in the EDRS in 2014. RPU were primarily recruited through the internet and word-of-mouth
- Preference for ecstasy has stabilised with 2013 figures. Alcohol has significantly decreased in relation to preference.
- Whilst the most popular form of ecstasy consumed on a regular basis is pills (tablet form), there has been an increasing trend in the use of MDMA crystal with 2014 being the first year of market characteristics collected. This form was to be considered a much more potent form of ecstasy with 58% of MDMA crystal/rock users reporting it being of 'high' purity compared to 21% of those reporting pills, powder and caps purity form being 'high'.
- Speed powder remained the form of methamphetamine most used. No changes in consumption or market characteristics were detected for speed, base or ice/crystal meth.
- Cocaine significantly increased in recent use from 36% to 44% in 2014, however, days of use remained low and sporadic.
- NPS recent use remained steady at 37% in 2014 (36% in 2013). Frequency of use remains low 1-2 days. Particular NPS that were reportedly most used included: 2C-B, DMT and NBOME. In relation to being sought, 50% of users of NPS reported they sought a particular NPS substance whereas 58% of users reported it was offered to them.
- Synthetic cannabis saw a decline in recent use from 16% to 7% particularly the brand/form Kronic.
- LSD, ketamine and GHB showed stable recent use from 2013 to 2014. Mushrooms significantly decreased from 27% to 21%.
- Cannabis, tobacco, alcohol and other drugs all showed similar rates to recent use to last year.
- Six-and-a-half percent purchased any drug online (including NPS).

INTRODUCTION

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

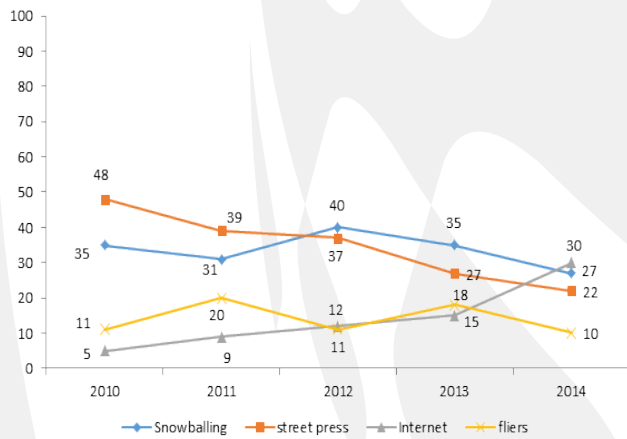
Drug trends in this publication are cited by state/territory, although they represent trends in the capital city of each jurisdiction. Further details, including key expert and indicator data, will be published in the national and jurisdictional EDRS *Drug Trends* annual reports, which will be available through NDARC in April 2015. Previous years' findings are available in national and jurisdictional reports on the NDARC website, www.ndarc.med.unsw.edu.au (click on 'Drug Trends').

Notes on interpretation:

- 'Recent use' data in this bulletin refers to the proportion of participants who had used the drug on at least one occasion in the last six months.
- 'Frequency' data refer to the number of days on which those participants had recently used the drug.
- 'Lifetime' refers to ever having used a drug.
- ↑ Significant increase ($p < 0.05$) from previous year (2013) compared with current year (2014)
- ↓ Significant decrease ($p < 0.05$) from previous year (2013) compared with current year (2014)

This bulletin contains a summary of the key findings from the psychostimulant user survey component of the 2014 national EDRS, in which 800 participants were recruited, of which n=100 were from every capital city and territory across Australia. This represents the twelfth year in which the study was conducted nationally. Participants in 2014 were recruited primarily from the internet (30%) followed by word-of mouth (27%). This is the first year whereby the internet has been the method the highest proportion of RPU have been recruited (see figure 1). The internet as a form of recruitment doubled in proportion from 15% in 2013 to 30% in 2014 ($p=0.000$).

Figure 1: National overview of recruitment, 2010-2014



Source: EDRS interviews

Demographics of EDRS participants

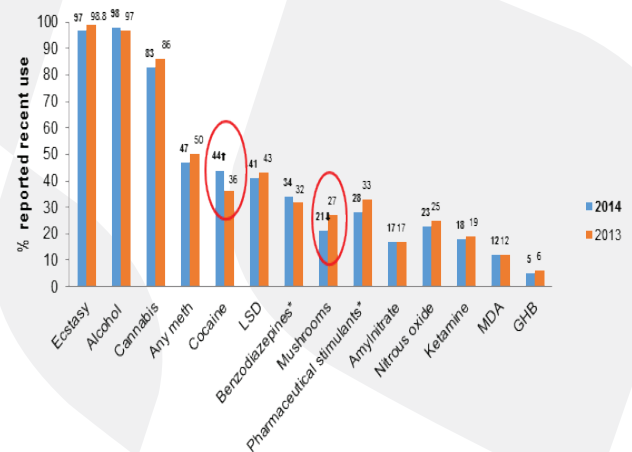
In 2014, EDRS demographic characteristics remained generally consistent across jurisdictions and are similar to those collected over previous years. The mean age of participants was 23 years (SD 6.03), and a higher proportion of the sample were male (66%). Participants generally reported being of an English speaking background 97% with most (84%) born in Australia. The majority reported being heterosexual (89%) and over half of single status (58%). Two-fifths (46%) were tertiary educated, with half reporting either full (25%) or part-time employment (26%). Main source of income for this sample was wages or salary (72%) followed by government benefits (19%), parental allowance (5%), criminal activity (2%), other means (<1%) and no income (3%). Mean weekly income nationally was \$601 with variations across jurisdictions. In terms of living situation, most reported renting (50%) or living in the family home (41%) with small proportions reporting no fixed address (i.e. homeless 'sleeping rough') or boarding/at a hostel (4%). As in previous years, a small

percentage (2%) reported being in drug treatment mainly drug counseling.

National Snapshot Overview

In terms of recent use, alcohol was the most reported substance consumed by 98% over the six month period. Ecstasy was reportedly used by nearly all participants (97%) except n=13. Third in line was cannabis (83%) followed by methamphetamine (47%) (including speed, base and ice/crystal). The only drug classes to see significant changes were cocaine with an increase from 36% to 44% and mushrooms with a decrease from 27% to 21% ($p<0.05$; see figure 2). Of note is that while prevalence of recent use is reported in the figure below, frequency of use of these drugs must also be considered and is discussed by drug type later in the bulletin.

Figure 2: National overview of recent EDRS participant use, 2013-2014

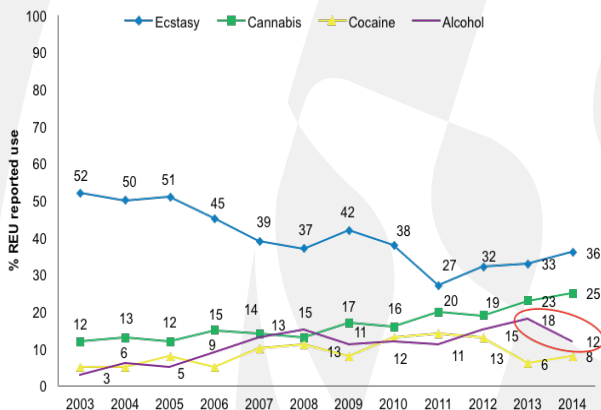


Source: EDRS interviews

* includes licit and illicit use

Preference for ecstasy as the participants' drug of choice (i.e. preferred drug) continues to steady at 36%, see figure 3). In 2014, the second most frequently nominated drug of choice was cannabis (25%), followed by alcohol (12%). In 2014, alcohol saw a decrease in preference from 2013 (18% vs. 12%, $p=0.001$). Cocaine (8%) was the fourth most endorsed drug in terms of preference (see figure 3). Participants were asked which drug they had used most often in the month prior to interview to which the trend was very similar to recent use and drug of choice which the highest proportion reported they had used cannabis (32%), followed by alcohol (31%) and ecstasy (25%).

Figure 3: Drug of choice trends EDRS participants, 2003-2014



Source: EDRS interviews

Ecstasy

Consumption patterns

Nationally, ecstasy (all forms of pills, powder, capsules and crystals/rock) was used on a median of 13 days in the six months prior to interview (approximately once per fortnight; range 1-180 days). No differences were found in frequency of using ecstasy, with most use falling in the monthly to fortnightly category (51%). Participants reported using a median of two ecstasy tablets in a typical session of use, of which almost one-third (28%) reported use of more than two tablets in a typical session. In terms of the average amount used in a session of 'other forms' of ecstasy use, the regular user reported using a median of 0.5 grams (range 0.1-10 grams) of powder in a typical session and a median of 2 capsules of MDMA crystal (range 0.1-7 capsules) in a typical session.

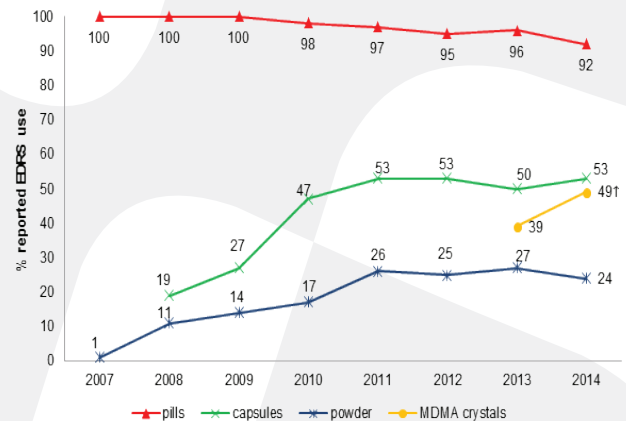
A fifth (19%) reported using only ecstasy pills, implying that most of the participants that reported ecstasy use are using a variation of the other forms. In recent years the other forms of powder and particularly capsules have become a common form of consumption for the drug (see figure 4). In 2012, a new form of ecstasy termed 'MDMA crystal/rock' had been reported by 2% (n=11) of the national sample mostly in VIC, NSW and QLD, in 2013 that figure rose to 39% and in 2014 it was reported by almost half of the entire sample (49%, a significant increase from 2013). Interestingly however, the delivery method of the crystalline form of ecstasy can be in capsules or in the crystalline rock form measured in caps and grams. Overall, the main route of administration for any form of ecstasy was swallowing (87%) followed by snorting (13%).

In relation to location, ecstasy remained a drug that was taken primarily in social settings with 70% of participants reporting that they consumed ecstasy on

the last occasion in a public place (nightclubs 40%, live music event 15%, raves 5%, pub 7%, outdoors 2% and other public place 1%).

This year the practice of bingeing (using drugs for 48 hours or more without sleep) specifically on ecstasy and using other drugs with ecstasy experienced a significant decline in reports (binge 31% in 2013 vs. 24% in 2014, $p=0.002$; drugs used with ecstasy 91% in 2013 vs. 84% in 2014, $p=0.000$).

Figure 4: Forms of ecstasy used, 2007-2014



Source: EDRS interviews

Note: capsules were only included in the EDRS survey in 2008, crystals were only included in 2013

Market characteristics

The national price of ecstasy pills remained consistent with previous years at \$25 per pill. Price of ecstasy pills in 2014 has remained generally similar across jurisdictions (ranging from \$20 in SA to \$40 in the NT). Last price paid per gram of ecstasy powder nationally was \$250 (range \$ 25-\$600), and for capsules the last price paid was \$30 (range \$10 to \$70). In terms of price changes for pills, powder and capsules, the highest proportion of participants reported the price was stable which was reflected in the figures reported by the last price paid for each form. Lower prices reported in the range are most likely due to purchases being made in bulk.

Availability for ecstasy pills, powder and capsules appeared to have significantly increased from 2013 with a higher proportion reporting that it was 'easy to very easy' to obtain (89% vs. 86%, $p=0.004$). In relation to purity, results were consistent with last year with 36% reporting that it was 'medium', 21% reporting that it was 'low', 19% reported that it was 'high' and 23% reported that it 'fluctuated'.

MDMA crystal/rock

This is the first year in which specific market characteristics were collected for this form. Often sold in capsules (caps) MDMA crystal is a new form, considered of a higher purity than the other forms of ecstasy. Price is approximately \$250 per gram of MDMA crystals (range \$30-600), per point the median national price was \$30 (range \$20-\$350). Price is considered to have remained stable (68%) over the past six month period. Interestingly in comparison to the other forms of ecstasy, 58% reported purity of MDMA crystal to be 'high', 26% 'medium', 9% is 'low' and 8% has 'fluctuated'. Over half the sample (54%) that used MDMA crystal reported this purity level to have been stable over the past six months. Sixty-eight percent reported that MDMA crystal was 'easy' to 'very easy' to obtain.

New psychoactive substances (NPS) use

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

These classes of drugs were initially investigated by the EDRS in 2010. In 2014, the number of EDRS participants that had consumed an NPS in the previous 6 month period remained steady at 36% from 37% in 2013 (see figure 5). Frequency of use for separate NPS remains low at 1-2 days over the last six months (i.e. equating to sporadic use). Particular NPS that remained more frequently reported in use were DMT, 2CB and NBOMe (see table 1). This year participants were asked specifically if they sought out NPS specifically or if it was offered to them to which there was an almost comparable proportion reporting that they sought out NPS specifically (50% of those that used an NPS recently) versus it being offered to them (58% of those that used an NPS recently).

Table 1: Recent use of NPS, Nationally, 2011-2014

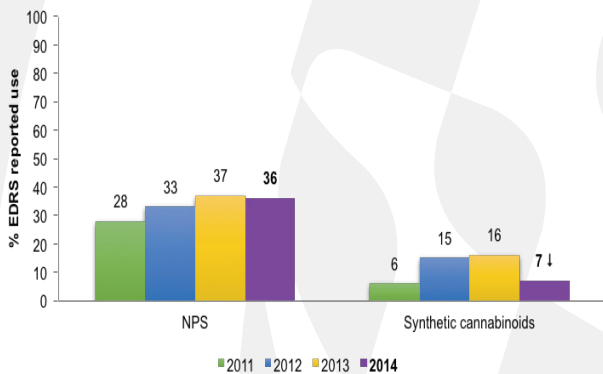
(%)	2014 N=800	2013 N=686	2012 N=607	2011 N=574
Phenethylamines (2C-x Class)				
2CB	12	14	9	8
2CI	6	8	2	4
2CE	<1	1	3	3
NBOMe	9	n.a	n.a	n.a
Synthetic canthinones				
Mephedrone	5	6	5	13
Methylone/bk MDMA	3	3	5	5
Ivory Wave/MDPV/ Bath salts	<1	1	2.5	1
Tryptamines				
DMT	14	14	12	13
Dissociative				
DXM (Cough syrup)	3	4	2.5	5
Methoxetamine (MXE)	2	2	1	n.a

Source: EDRS participant interviews

Note: n.a means data was not available that year

Cannabimimetics or synthetic cannabinoids of which many traditionally contain synthetic chemicals which mimic the effects of the main psychoactive component of cannabis tetrahydrocannabinoid (THC) has also been linked to this NPS class of drugs. The figure for synthetic cannabinoids in 2014 has significantly decreased from 16% in 2013 to 7% in 2014 ($p=0.000$) (see figure 5). Particularly, the brand of Kronik has decreased from 8% in 2013 to 3% in 2014 ($p=0.000$). K2/Spice brand of synthetic cannabinoids has remained stable, 'other synthetic cannabinoids' reported category has also had a significant decrease in those reporting recent use (6% in 2013 vs. 3% in 2014, $p=0.001$). Frequency of use remains low at 1-2.5 days. This decrease in recent use of synthetic cannabinoids is consistent with the low and negative ratings from EDRS participants in relation to the effects of the high, the comedown effects and whether they would take synthetic cannabinoids again (for more information see: Sindicich & Burns, 2014).

NPS are now found in most of Europe and a North America, as well as Oceania, Asia and South America and a in a number of African countries. The number of novel NPS to enter the global market more than doubled over the period 2009-2013, with 348 substances in total up from 251 substances in July 2012 (UNODC, World Drug Report 2014). Australia is now one of the few countries that can now offer population estimates on NPS recent use (0.4%) and synthetic cannabis recent use (1.2%) (AIHW, 2014).

Figure 5: Recent use of NPS and synthetic cannabinoids, nationally, 2011-2014


Source: EDRS participant interviews

Methamphetamine

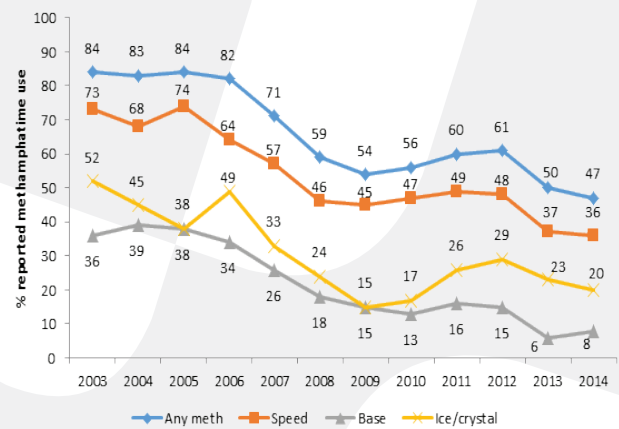
Consumption patterns

The EDRS distinguishes between the three forms of methamphetamine – methamphetamine powder ('speed'); methamphetamine base ('base'); and crystalline methamphetamine, ('crystal' or 'ice'). All three forms were found to have stabilized with figures from 2013 (see figure 6). Speed remained the form most used by this group. Base remained particularly low, ice/crystal was proportionately lower across most states with VIC reporting the highest use. Frequency of use was stable across the forms (nationally speed: 3 days, base: 5 days, ice/crystal: 6 day; and any form methamphetamine: 4 days i.e. approximately monthly use).

Market characteristics

The price of a gram of speed increased with median price nationally at \$250 in 2014 (from \$200 in 2013), variance was reported across states. The median price nationally for a point of ice/crystal was \$100 and varied this year from \$50 in NSW to \$150 in the NT.

There were no significant differences in relation to ease of availability of any of the forms of methamphetamine or in relation to reported purity. All forms were reported by the majority as 'easy-to- very easy' to obtain and speed was considered 'medium' purity whilst base and ice/crystal were considered to be of 'high' purity.

Figure 6: Prevalence of recent use of methamphetamine, by EDRS participants, Australia, 2003-2014


Source: EDRS participant interviews

Cocaine

Consumption patterns

In 2014, cocaine use significantly increased nationally from 36% in 2013 to 44% in 2014 ($p=0.002$). Proportionately, all states reported an increase in recent cocaine use except for WA. Frequency of use remained low at 2-3 days (sporadic use) nationally and across most jurisdictions, except for ACT where it was 6 days (approximately monthly).

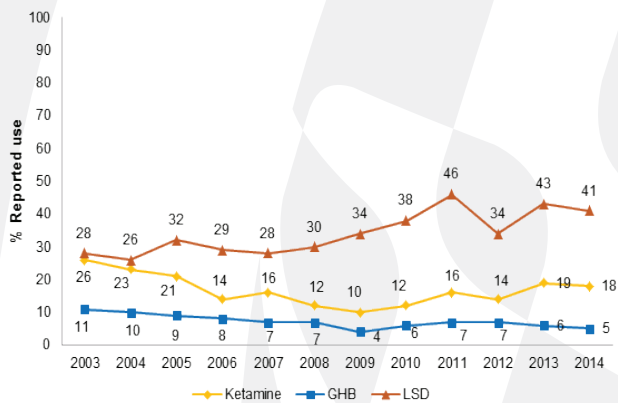
Market characteristics

The price per gram of cocaine nationally was \$300, ranging from \$300 in NSW, ACT, VIC, SA and QLD to \$400 in WA. There were no changes reported in terms of availability with over half (57%) of the sample reporting it was 'easy to very easy' to access cocaine. Purity remained similar to 2013 results with the greatest proportion endorsing cocaine purity to be 'medium' (37%).

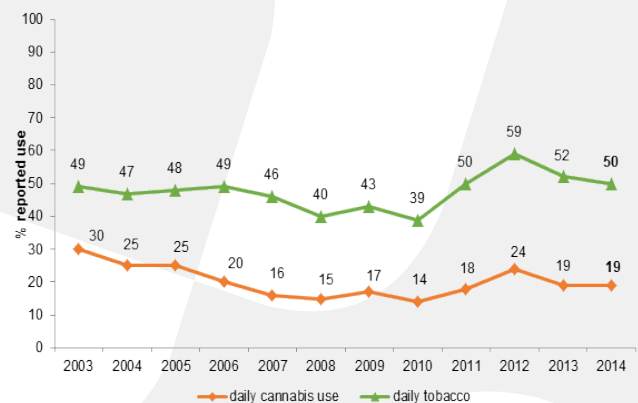
Hallucinogens (LSD and mushrooms), Ketamine and GHB

Consumption patterns

Recent use of LSD remained stable at 41% in 2014, while recent mushroom use saw a significant decrease from 27% in 2013 to 21% in 2014 ($p=0.01$). Ketamine recent use has remained stable at 18% (19% in 2013). GHB use was stable (see figure 7) at 5% nationally. Days of use remained low (sporadic) at 2 days nationally for LSD, Ketamine and GHB.

Figure 7: Prevalence of use of LSD, Ketamine and GHB, 2003-2014


Source: EDRS interviews

Figure 8: Proportion of daily cannabis and tobacco smokers in EDRS sample, 2003-2014


Source: EDRS interviews

Note: * includes licit and illicit use

Cannabis, tobacco, alcohol and other drugs

Consumption patterns

Reported recent use of cannabis remained stable in 2014 (86% in 2013 vs. 83% in 2014). Daily use of cannabis was stable at 19% in 2014 (19% also in 2013). Recent use of tobacco was stable with figures in 2013 (77% in 2014 vs. 77% in 2013). Daily use of tobacco was stable at 50% from 52% in 2013 (see figure 8).

Alcohol is the drug most used by this sample over a six month period with almost all participants (98%) reporting recent use. Median days of use is 48 (approximately twice weekly), with 5% of the sample reporting daily drinking. Use of alcohol in this group is an issue that warrants further monitoring.

Most other drugs were reported at similar levels to those reported in 2013 (see table 2).

Online purchasing patterns

The internet is stable as a source of obtaining drugs. In 2014 6.5% (6% in 2013) of all drugs including NPS, were reportedly purchased online. In relation to the NPS category, 4.4% (4% in 2013) were purchased online and for the traditional drug classes of ecstasy, methamphetamine etc. 4% (3% in 2013) were purchased online. In 2014 a module was included which explored online purchasing patterns of RPU, for more information please consult the 2014 national EDRS report or '[Key Findings of the 2014 EDRS \(20th October 2014\)](#)'.

Table 2: Use of other drugs in the six months prior to interview, 2014

(%)	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=686	N=800	n=100	n=100	n=100	n=100	n=100	n=100	n=100	n=100
Alcohol	97	98	100	95	99	97	100	98	96	97
Tobacco	77	77	80	76	83	82	82	77	68	71
Pharmaceutical stimulants [#]	33	28	24	11	32	18	22	81	13	22
Amyl nitrate	17	17	46	17	34	12	7	4	6	6
Nitrous oxide	25	23	26	15	53	17	8	32	10	26
Heroin	4	2	2	3	6	2	2	0	1	3
Methadone [#]	2	1	0	0	1	3	1	2	0	2
Buprenorphine [#]	1	1	1	0	1	2	3	0	0	2
Other opiates [#]	14	14	12	9	27	15	11	8	3	25
Antidepressants [#]	11	8	8	9	7	5	6	6	7	16
Benzodiazepines [#]	32	34	35	13	59	40	22	35	17	49
Mushrooms	27	21 ↓	21	17	25	21	22	25	11	25
MDA	12	12	12	10	21	6	3	13	13	17
Steroids	<1	2	2	0	2	0	3	1	4	3

Source: EDRS interviews

For further information:

For further jurisdictional information on any information reported above visit www.ndarc.med.unsw.edu.au, click on 'Drug Trends logo', and see: 2014 Drug Trends Conference: '[Key Findings of the 2014 EDRS \(20th October 2014\)](#)'.

Participating researchers and research centres

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