EDRS
ecstasy and related drug trends
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bulletin

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Key findings

- Data from the EDRS and other Australian surveys suggest that Ecstasy is declining in popularity among recreational drug users.
- Data also suggests declining prevalence of ecstasy use in the UK and other European countries.
- There has been a reduction in the price, purity and availability of ecstasy in Australia.
- There appear to be few MDMA-producing clandestine laboratories and falling numbers and amounts of MDMA border detections in Australia.
- It is concluded that there appears to be declining use and availability of ecstasy among Australian recreational drug users. Possible future outcomes are explored.

Acronyms

- REU - regular ecstasy users
- ERD - Ecstasy and related drugs

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Has ecstasy peaked?

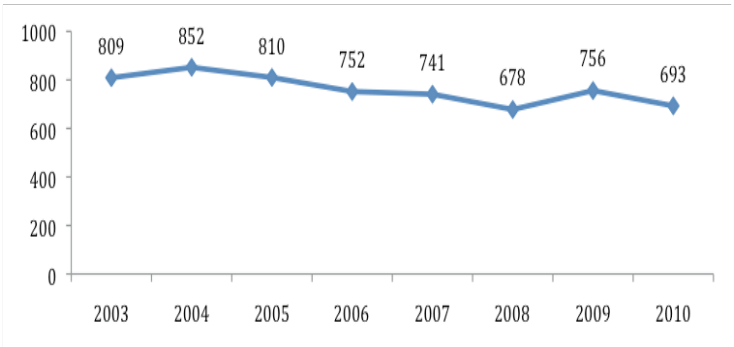
A look at the Australian ecstasy market over the past eight years.

Over the past two decades, ecstasy has been one of the most widely used recreational drugs in Australia. However, data collected by the EDRS appears to indicate declining interest in ecstasy among ecstasy and related drug (ERD) users. This bulletin examines local and global trends in the use of ecstasy in order to ascertain whether interest in the drug has indeed peaked in the Australian market.

The use of ERDs in Australia over time

Studies of the Australian ERD markets conducted in 2000 concluded that the entrenchment of ecstasy in Australia's illicit drug markets at the time, relative to other related drugs (such as ketamine and GHB), indicated that regular use of ecstasy could be considered the defining characteristic of a target population which would be able to provide information on the ERD markets in Australia (Topp and Darke 2001). However, the EDRS has demonstrated slowly declining rates of participation from approximately 2004 (N=852) to 2010 (N=693) (Figure 1). Additionally, several state coordinators of the EDRS have reported increasing difficulty finding participants who meet the criteria of having used ecstasy on a monthly basis over the preceding six months.

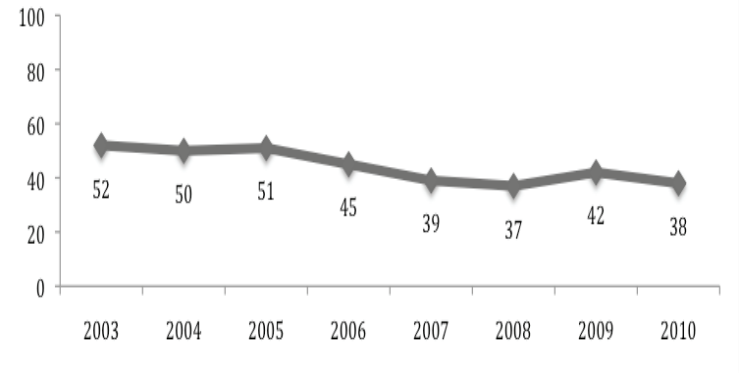
Figure 1: Total number of participants, EDRS, Australia, 2003-2010



Source: EDRS REU interviews, 2003-2010

From 2003 to 2005 half of the sample consistently reported that ecstasy was their favourite or preferred drug. However, from approximately 2005 onward, this proportion has been declining (Figure 2).

Figure 2: Drug of choice, Ecstasy, Australia, 2003-2010



Source: EDRS REU interviews, 2003-2010

Figure 3 presents the proportions of REU reporting weekly use of ecstasy. In 2004 almost two-fifths (37%) of the national sample reported weekly use of ecstasy over the preceding six months. This number fell to just over one-fifth (23%) in 2010.

Figure 3: Proportions of REU using ecstasy on a weekly basis, Australia, 2003-2010

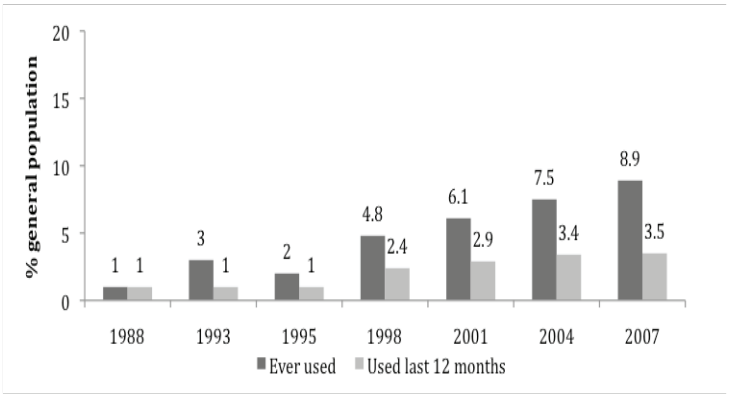
Source: EDRS REU interviews, 2003-2010

These data suggest that frequent, regular use of ecstasy is declining among Australian users.

Data from other Australian surveys

Data from the National Drug Strategy Household Survey (NDSHS) from 1988 to 2007 is presented below (Figure 4). Over this time, the reported lifetime prevalence of ecstasy use among the general Australian population (aged 14 years and over) increased from 1% in 1988 to 8.9% in 2007. The proportions reporting past-year use of ecstasy also increased over time from 1% in 1988 to 3.5% in 2007 (Australian Institute of Health and Welfare 2008). However, this growth appears to be decreasing (with a 0.1% increase between the 2004 and 2007 surveys compared with a 2.3% increase between 1995 and 1998). Furthermore, this is a population survey which may be less adept at identifying trends among regular drug users due to the wider range of quantities and frequencies used by respondents.

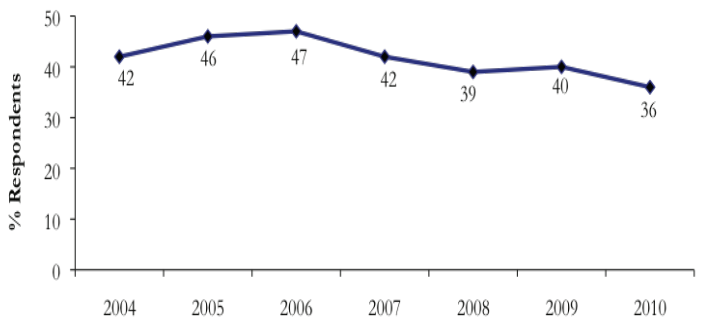
Figure 4: Prevalence of ecstasy use in Australia, 1988-2007



Source: NDSHS 1988-2007 (Commonwealth Department of Community Services and Health 1988; Commonwealth Department of Health 1993; 1996; Australian Institute of Health and Welfare 2002; 2005; 2008). Note: Data from 2010 was not available at the time of printing.

The Sydney Gay Community Periodic Survey is a biannual cross-sectional survey of gay and homosexually active men. The most recently published survey was completed in February 2010 with 2719 men participating. In this survey, approximately one-third (36%) of the sample reported having recently used ecstasy (Figure 5). The authors report that, since the previous survey, there has been a significant decline in the reported use of ecstasy; which is continuing a generally declining trend from 2004 (42%) (Lee, Holt et al. 2010). The group which is measured via this survey is likely to be more similar to the EDRS sample than the general population survey, and this is reflected in the similar trend patterns observed.

Figure 5: Proportion of gay men in Sydney reporting recent ecstasy use, 2004-2010.



Source: Sydney Gay Community Periodic Survey, 2010.

Global trends in the prevalence of Ecstasy use

Declining use of ecstasy has also been observed in the UK and other European countries. The 2009/10 British Crime Survey examined the prevalence of ERD use among young adults (16-24 year olds) in the UK (Hoare and Moon (Eds) 2010). This survey reported significant reductions in the use of ecstasy and hallucinogens (among others) and significant increases in the use of cocaine (specifically in powder rather than crack cocaine) from 1996 to 2009/10. Furthermore, there appears to be an increasing trend in the use of ketamine from 2005/06 to 2009/10. In Sweden, the prevalence of ecstasy use has been declining slowly since 2000, in Spain since 2001, in Germany, Hungary and Estonia since 2003 and in the Czeck republic (which reports the highest rates of recent use among young people throughout Europe) this figure stabilised in 2004 (EMCDDA 2010).

Trends in Australian ERD market indicators

As well as monitoring ecstasy user patterns, the EDRS has also been monitoring the price, purity and availability of ecstasy, nationally, since 2003. These data are presented below along with other data obtained from law enforcement agencies also monitoring these trends.

Ecstasy price

The price change over time for a single ecstasy tablet in New South Wales (NSW), Victoria (VIC) and Queensland (QLD) is presented in Figure 6. The price of ecstasy has steadily declined across time within the three largest jurisdictions in Australia. For NSW this figure has fallen $10 over the past eight years.

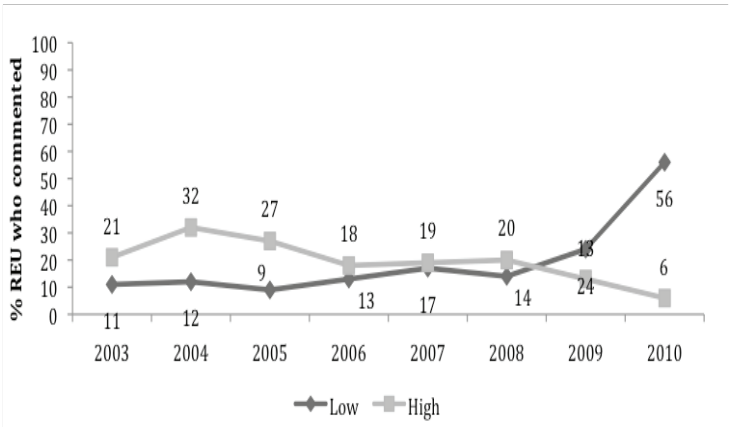
Figure 6: Price of ecstasy per pill, NSW, VIC & QLD, 2003-2010

Source: EDRS REU interviews, 2003-2010
*** Data values for NSW are shown.**

Ecstasy purity

Among the national EDRS sample, there have been declining proportions of REU reporting that ecstasy was currently of high purity from 2004 onward (32% in 2004 vs. 6% in 2010). Conversely, the proportions reporting that ecstasy was currently of low purity have been increasing from approximately 2005 onward (9% in 2005 vs. 56% in 2010).

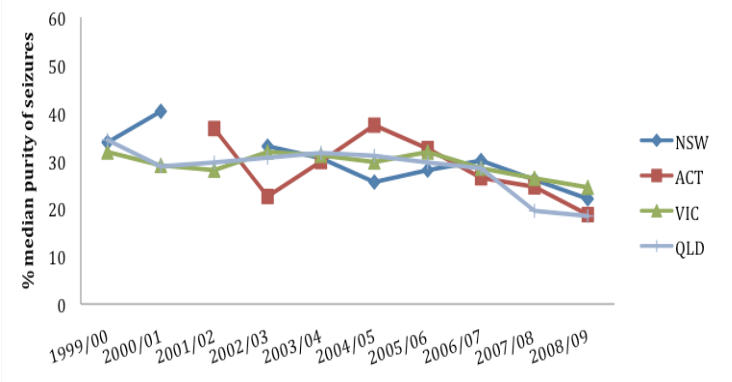
Figure 7: REU reports of the current purity of ecstasy, Australia, 2003-2010.



Source: EDRS REU interviews 2003-2010

These user report data are also in agreement with data collected by toxicological analyses. The median purity of the police seizures submitted for toxicological analysis in the eastern states of Australia has been gradually declining over time across all states (Figure 8). In 2008/09, the median purity of tablets analysed in NSW was 22% MDMA. However, it should be noted that a significant number of tablets which were sold as ecstasy, contained no MDMA at all (Australian Crime Commission 2010).

Figure 8: Median purity of state police phenethylamine seizures, eastern jurisdictions (Australia), 1999/00 2008/09

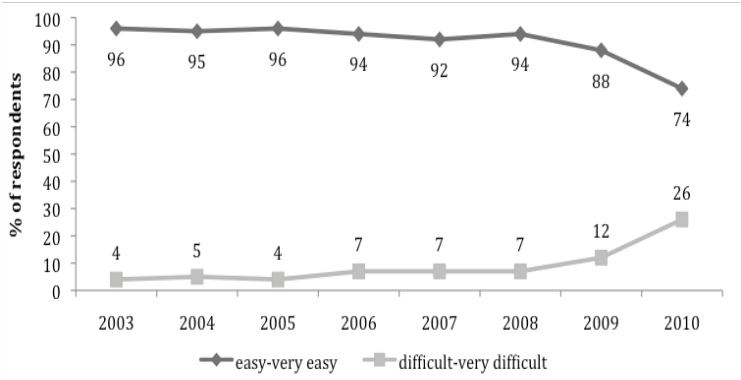


Source: (Australian Bureau of Criminal Intelligence 2000; 2001; 2002; Australian Crime Commission 2003; 2004; 2005; 2006; 2007; 2008; 2009) Note: Data for 2009/10 were not available at time of publication.

Ecstasy Availability

Between 2003 and 2005 the vast majority of REU reported that ecstasy was either easy or very easy to obtain (Figure 9). However, these proportions have been steadily declining from 2005 to 2010 and the converse is true of those reporting that ecstasy was difficult to obtain. In 2010, only 74% of REU reported that ecstasy was easy or very easy to obtain compared with 96% in 2005.

Figure 9: REU reports of the current availability of ecstasy, nationally, 2003-2010



Source: EDRS REU interviews 2003-2010

Changes in manufacture of Ecstasy and availability of precursors

Understanding global trends in the manufacture and trafficking of MDMA and other synthetic compounds is key to interpreting local trends in use.

Manufacture

MDMA is able to be manufactured geographically independently of its precursor chemicals (unlike heroin for example, which requires access to opium poppies). As a result, it tends to be manufactured close to points of distribution/use (UNODC 2010). While the Netherlands and Belgium remain the world's largest producers of MDMA, production has reportedly been spreading geographically since 1990 (EMCDDA 2010; UNODC 2010). According to the World Drug Report (UNODC 2010), significant ecstasy production can now be found in East Asia, South-East Asia and North America; and there is also evidence of growing manufacture in Latin America and West Africa.

Precursor Availability

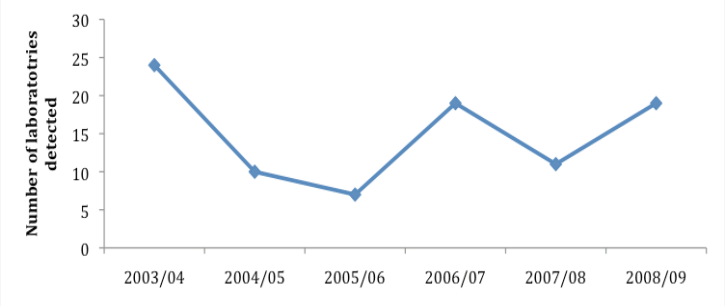
MDMA production is heavily reliant on the availability of precursor chemicals. The most common chemical used by European manufacturers is PMK (piperonal-methyl-ketone) which has traditionally been accessed via diversion from Chinese companies (SOCA 2010). However, in 2009, China entered an agreement with the European Union to strengthen the control of drug precursors in international trade, effectively reducing the amount of precursors available to MDMA manufacturers globally. Other precursors, such as safrole-rich oils, are typically sourced from South-East Asia (UNODC 2010). Although they are less commonly used than PMK, there is growing evidence of their use among European and other clandestine laboratories globally (EMCDDA 2010; UNODC 2010).

While the availability of precursors has gradually tightened, the demand for ecstasy has remained high. In order to meet market demand, many European manufacturers began introducing other synthetic compounds (such as piperazines) into drugs sold as 'ecstasy' (UNODC 2010). Some of these compounds, piperazines in particular, are reported to cause very unpleasant side- and after-effects (Thompson, Williams et al. 2006).

The manufacture and importation of MDMA in Australia

Unlike other ATS markets in Australia, the MDMA market appears to be largely supplied by international importation (IDDR 08/09). The majority of clandestine laboratories in Australia produce amphetamine and/or methamphetamine (Australian Crime Commission 2009). MDMA is considered more difficult to manufacture due to the greater knowledge of chemistry required and the use of precursors which are more difficult to obtain. The number of MDMA-producing clandestine laboratories detected in Australia has been fluctuating over time. In 2010, the IDDR report included a breakdown of laboratories according to category[1]. In 2008/09 approximately half of all ATS laboratories detected were category C – stored/unused. Active laboratories only accounted for 6.2% of laboratories detected.

Figure 10: Clandestine laboratory detections, MDMA, 2003/04 - 2008/09

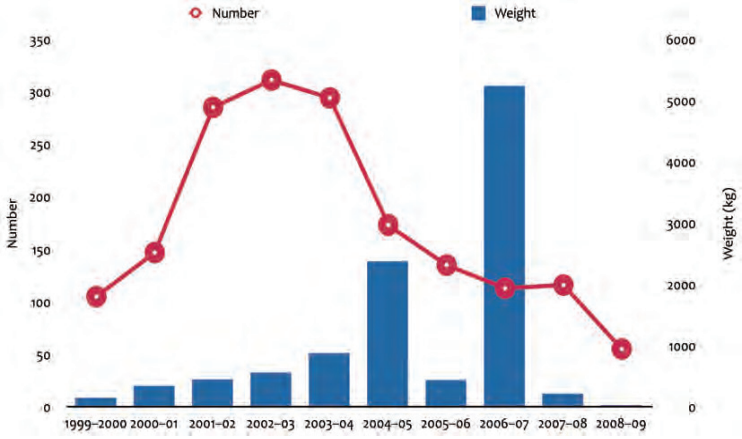


Source: (Australian Crime Commission 2004; 2005; 2006; 2007; 2008; 2009; 2010)

1 Category A = active, B= stored/used, C=stored/unused, D=historic

The number of MDMA seizures by customs officials at Australian borders has been declining since 2002/03 (Figure 11). Both the number and the weight of MDMA seizures were at the lowest in 2008/09 that they have been over the past ten years.

Figure 11: Number and weight of MDMA detections at the Australians border, 1999/2000 - 2008/09



Source: (Australian Crime Commission 2010)

While Ireland was the embarkation point for the largest number of border detections of MDMA in 2008/09, Canada was the largest by weight, accounting for over 60% of the bulk of MDMA seized at Australian borders over this period (Australian Crime Commission 2009). The Netherlands, China and Malaysia were the next major embarkation points for MDMA detections according to weight.

Conclusions

The aim of this bulletin was to investigate whether there was evidence that ecstasy is declining in popularity among Australian ERD users. Several different data support this, including: i) declining rates of participation in the EDRS; ii) declining proportions of REU reporting that ecstasy is their drug of choice; iii) declining rates of frequent, regular use of ecstasy; and iv) declining price, purity and availability of the drug. There is also support from both a general- and a specific-population drug use survey indicating diminishing interest in ecstasy use. These declining rates of use of ecstasy do not appear specific to Australian users since the same trends are evident in the UK and throughout many other European countries.

Globally, efforts to reduce the availability of precursors appears to be shifting the distribution and nature of MDMA/ecstasy production; with European manufacturers starting to introduce other drugs such as BZP into pills sold as ecstasy. Locally, there appear to be comparatively few MDMA-producing clandestine laboratories in Australia. Furthermore, declining numbers and weight of border seizures suggest that the rate of importation of MDMA to Australia is also declining.

These data taken together indicate that the availability and use of MDMA is diminishing in Australia. With the ecstasy market becoming increasingly unstable, it is difficult to predict how the other ERD markets will react. Multiple scenarios are possible. One outcome could be that the demand for MDMA may begin to recede as users either focus more on other available ERDs (such as cocaine, GHB and hallucinogens) or become accustomed to new and different synthetic compounds. If this were to occur, we could expect to see an increase in both the availability and use of an increasingly diverse range of synthetic chemicals. The sheer rate at which new chemicals could be synthesised and distributed would present a significant challenge to the provision of timely responses by governments and their health, law enforcement and research organisations.

Another outcome could be that the demand for MDMA will continue to exist and users will reject poor substitutes with excessive negative after effects. This could reduce the price per pill, thereby slimming manufacturers' profit margins. If this latter situation eventuates, we may expect to see greater emphasis placed on sourcing alternative precursors for MDMA production. This may in turn impact on the geographical location and size of clandestine laboratories. In addition, there may be changes in drug market characteristics such as increasing price of MDMA, the acceptance of alternative forms of MDMA in common use (i.e. powder, rock and liquid form rather than the traditional tablet form) and changing attitudes toward ecstasy use.

Given the potential impacts on policy, law enforcement strategies and health care provision, ongoing monitoring of the Australian ERD markets will be essential to making informed decisions and taking appropriate action to prevent harm.

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