



Cocaine use among regular ecstasy users

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KEY FINDINGS

- Recent use of cocaine reported by 40% of REU
- Use remained rather sporadic
- No gender difference in use
- Recent cocaine use most commonly amongst older, employed REU
- Most recent cocaine experience was typically rated as quite pleasurable with little negative effect during the high or comedown, with most REU reporting they would be highly likely to use cocaine again

INTRODUCTION

The prominent use of cocaine in the USA, South America, and Western Europe (Bucello et al 2010) contributes to its status as a major illicit drug. Its use in Australia, however, has been less prevalent; although there are indications that this may be changing. The National Drug Household Study (AIHW 2011) reports an increase in recent cocaine use from 1.6% in 2007 to 2.1% in 2010 (390,000 people 14 years or older), which is in contrast with the decrease in recent ecstasy use from 3.5% in 2007 to 3% in 2010 (AIHW 2011).

It is unclear whether there has been a displacement from ecstasy to cocaine. It may be that more people who use ecstasy are also using cocaine. Cocaine and ecstasy are both referred to as 'club drugs' in the literature because of their popularity amongst patrons of nightclubs and similar venues (Ramo 2010; Moore 2013); and it is therefore not surprising that the popularity for both drugs is most common amongst people aged 20 to 29 years (AIHW 2011). There is an association of cocaine with affluence (AIHW 2011): two types of cocaine users have been identified in Australia, those who snort cocaine and come from higher socio-economic status; and those who inject cocaine who in contrast come from marginalised backgrounds (Shearer 2007; Hando, Flaherty & Rutter 1997).

Use of cocaine has varied across states and territories in Australia, with highest use reported in New South Wales and Victoria followed by Western Australia (AIHW 2011). There is evidence, however, that the higher level of supply of cocaine, typically seen in New South Wales, is extending to other states and territories (Hughes, Chalmers et al 2012). Overall there has been an increase in the number and weight of Australian border detections of cocaine in the last decade (ACC 2013)

In this Bulletin we examine the use of cocaine amongst people who regularly use ecstasy.

METHOD

Between April and June 2012, a total of 607 people were recruited for the Ecstasy and Related Drug Reporting System (EDRS) from the capital city of every state and territory of Australia. Face-to-face interviews were conducted in a public location and lasted about one hour. Written informed consent was obtained prior to the interview and all participation was voluntary and confidential. Participants were reimbursed \$40 for their time and expenses.

To be eligible, participants were aged 17 years and over, had used ecstasy at least six times in the previous six months, and had resided in the capital city of their state or territory for the past year.

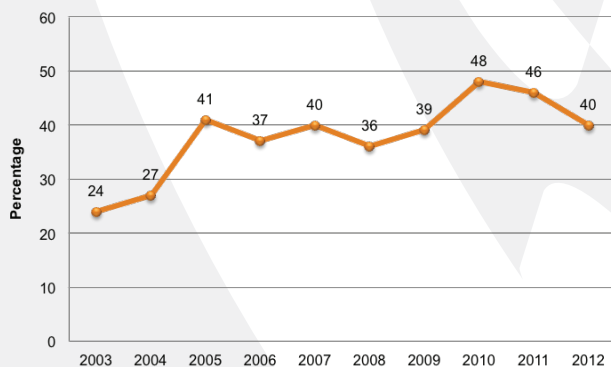
In addition, key experts from the health and law enforcement sector were interviewed between August and October 2012. These comments were obtained from jurisdictional reports from 2012.

Data was analyzed using IBM SPSS Statistics, version 21.

RESULTS

Figure 1 shows the lifetime and recent cocaine use among a national sample of regular ecstasy users (REU) from 2003 to 2012. Lifetime and recent cocaine use appear to follow a similar gradual upward trend over the last 10 years, though use appears to have declined slightly among regular ecstasy users in the last two years.

Figure 1. National recent cocaine use among regular ecstasy users, 2003-2012



Socio-demographics

In 2012, 607 REU completed the survey. Of these 65% were male, 20% were teenagers (i.e. 17 to 19 years old), and 67% currently had a job (i.e. full time, part time or work, and study).

Ecstasy use

Nationally, 27% of REU used ecstasy weekly or more. Ecstasy use tended to be fortnightly, with two pills being the average amount used in one session. Among REU, the median age of first use of ecstasy was 17 years. When asked how they mainly used ecstasy, the most common route of administration was swallowing (88%), followed by snorting (11%).

Cocaine use

Among REU (n=607), cocaine was the fourth ranked main drug of choice nationally (13%) after ecstasy (32%), cannabis (19%) and alcohol (15%), though it tied as first drug of choice with ecstasy in Queensland (21%).

In 2012, 73% of REU reported lifetime use of cocaine, with 40% reporting recent use in the last six months. Among those who reported recent use, the median number of days used in the last six months was three (N=239; range 1—100 days). The median age of first use was 20 years (n=442; range 15—47 years). The median amount of cocaine used in a typical session of use was half a gram (n=154; range 0.1—3.0 grams) and in a heavy session it was one gram (n=162; range 0.1—8.0 grams).

Of the 91% of REU who reported using another drug with ecstasy the most recent time they used ecstasy, 6% reported cocaine was the other drug. Among those who used cocaine in the last six months (n=241), snorting was the most common route of administration (97%), followed by swallowing (31%), then smoking (5%) and injecting (3%).

Figure 2. Recent cocaine use among regular ecstasy users across Australian jurisdictions in 2012

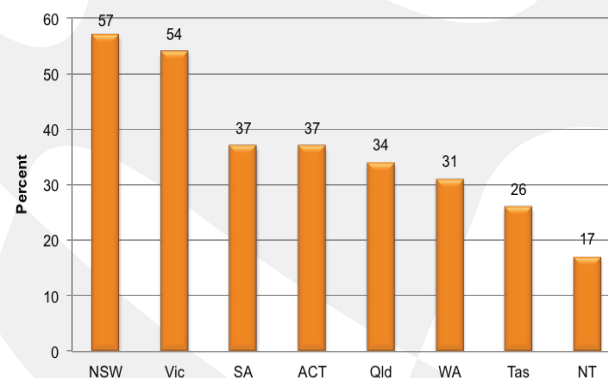


Figure 2 shows that New South Wales and Victoria, followed by South Australia and the Australian Capital Territory were the jurisdictions with the highest percentage of recent cocaine use among REU in 2012.

Recent cocaine use by covariates

Table 1 compares recent cocaine use with selected socio-demographic characteristics and drug related indicators. There appeared to be no gender difference in recent cocaine use among the sample. Older REU, who were no longer teenagers (i.e. 20 years and older), were more likely to have used cocaine recently, as were REU who were currently employed (i.e. full-time, part-time, or working and studying). REU who nominated cocaine as their drug of choice were also more likely to have used cocaine in the last six months. REU who used ecstasy more frequently (i.e. weekly or more) were also more likely to have used cocaine recently. Recent cocaine use was higher among REU who reported that half or more of their peers had used ecstasy.

Table 1. Recent cocaine use by socio-demographic characteristics and drug related indicators

	Use cocaine in last six months	Did not use cocaine in the last six months
Gender		
% Male (n=394)	41	59
% Female (n=211)	38	62
Age**		
% 17 to 19 years old (n=119)	28	72
% 20 years or older (n=487)	43	57
Employment status**		
% Currently employed fulltime/part time/work and study (n=406)	46	54
% Currently not employed/studying only/other (n=201)	28	72
Main drug of choice***		
% Cocaine (n=76)	59	41
% Other (n=514)	37	63
Frequency of ecstasy use*		
% Weekly or more (n=166)	46	54
% Less than weekly (n=441)	37	63
Proportion of friends/acquaintances who have used ecstasy*		
% Half or more (n=491)	42	58
% A few or non (n=113)	28	72

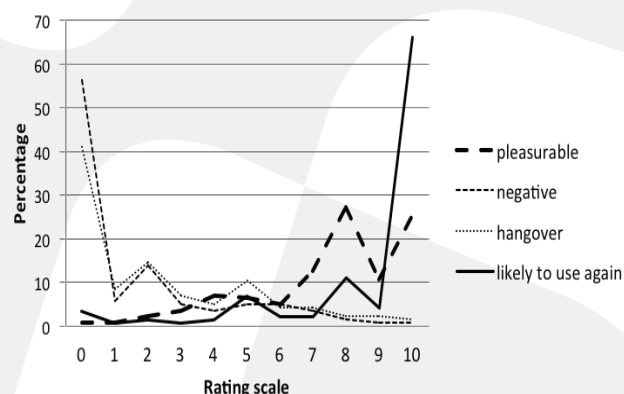
*P<.05 significance; ** P<.005; ***P<.001

Rating the effects of the most recent cocaine experience

In 2012, 144 REU answered questions about their experience the most recent time they used cocaine (Figure 3). First, they were asked to rate the pleasurable effects on a scale of 0 to 10 (0 being no effect, 10 being best ever), which received a median score of 8, corresponding to quite pleasurable. They were then asked to rate the negative effects on a scale of 0 to

10 (0 being no effect, 10 being worst ever) and the median was 0, corresponding to no negative effects. When asked to rate the hangover the following days after use (0 being no effect, 10 being worst ever), the median score was 2, which corresponds to low levels of negative effects during the hangover. Finally when asked how likely they would be to take cocaine again if offered (0 being definitely not, 10 being definitely yes), the median score was 10 (with two-thirds reporting 'definitely yes!').

Figure 3. Most recent cocaine experience among regular ecstasy users

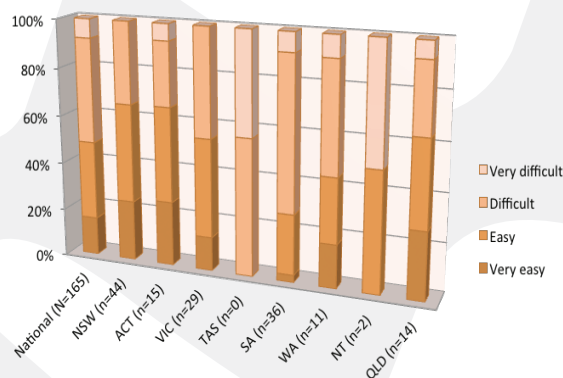


Market trends

In 2012, 180 REU were able to answer on the price, purity and availability of cocaine.

The price of cocaine appeared to remain stable, median price per gram the most recent cocaine purchase was \$300 per gram in NSW, ACT, VIC, TAS and QLD, and slightly higher at \$325 in NT and WA.

Figure 4. Perceptions of recent availability of cocaine among regular ecstasy users, 2012



Nationally, about half of REU (49%) who commented reported cocaine to be easy or very easy to access (Figure 4). More than half reported it to be easy or very easy in NSW, ACT, Queensland and Victoria, though cocaine appeared to be more difficult to obtain in Tasmania, Western Australia, the Northern Territory and South Australia (Figure 3). Availability was

reported as stable by 73% of those who commented nationally.

The purity of cocaine was reported to be stable, at either medium (35%) or low (31%).

Among those who commented about the most recent time they used cocaine in the last six months, (n=175), friends were reported to be the most common source person (52%), followed by known dealers (15%). Private homes were the most common locations of purchase (47%), and nightclubs and friend's houses were the most common locations of use (26% and 20% respectively).

Of those who commented on recent cocaine use, 17% said they used but did not purchase cocaine in the last six months.

Comments from key experts

Figure 5 shows comments from key experts (KE) working in the drug field. KE appeared to agree that regular ecstasy users did not represent the majority of regular cocaine users. Cocaine users were perceived

to be older and more affluent, due to the higher price of the drug. There seemed to be a heavy concentration of cocaine use, reports of higher purity and increased availability in New South Wales, yet other jurisdictions tended to report low purity and intermittent availability. In New South Wales, KE expressed concerns about an increase in cocaine related health problems and limited treatment knowledge among regular cocaine users. Note: no key experts were interviewed in the Northern Territory due to small numbers of regular ecstasy users in that jurisdiction.

DISCUSSION

Though recent use of cocaine was reported by 40% of REU, frequency of use remained rather sporadic. Among REU, females were as likely to have recently used cocaine as males. Typically, cocaine had recently been used by older and employed REU, which supports previous Australian research (AIHW 2011; Shearer 2007).

REU who used ecstasy weekly or more, and REU who reported half or more of their peers had used ecstasy, were more likely to have used cocaine recently. Friends

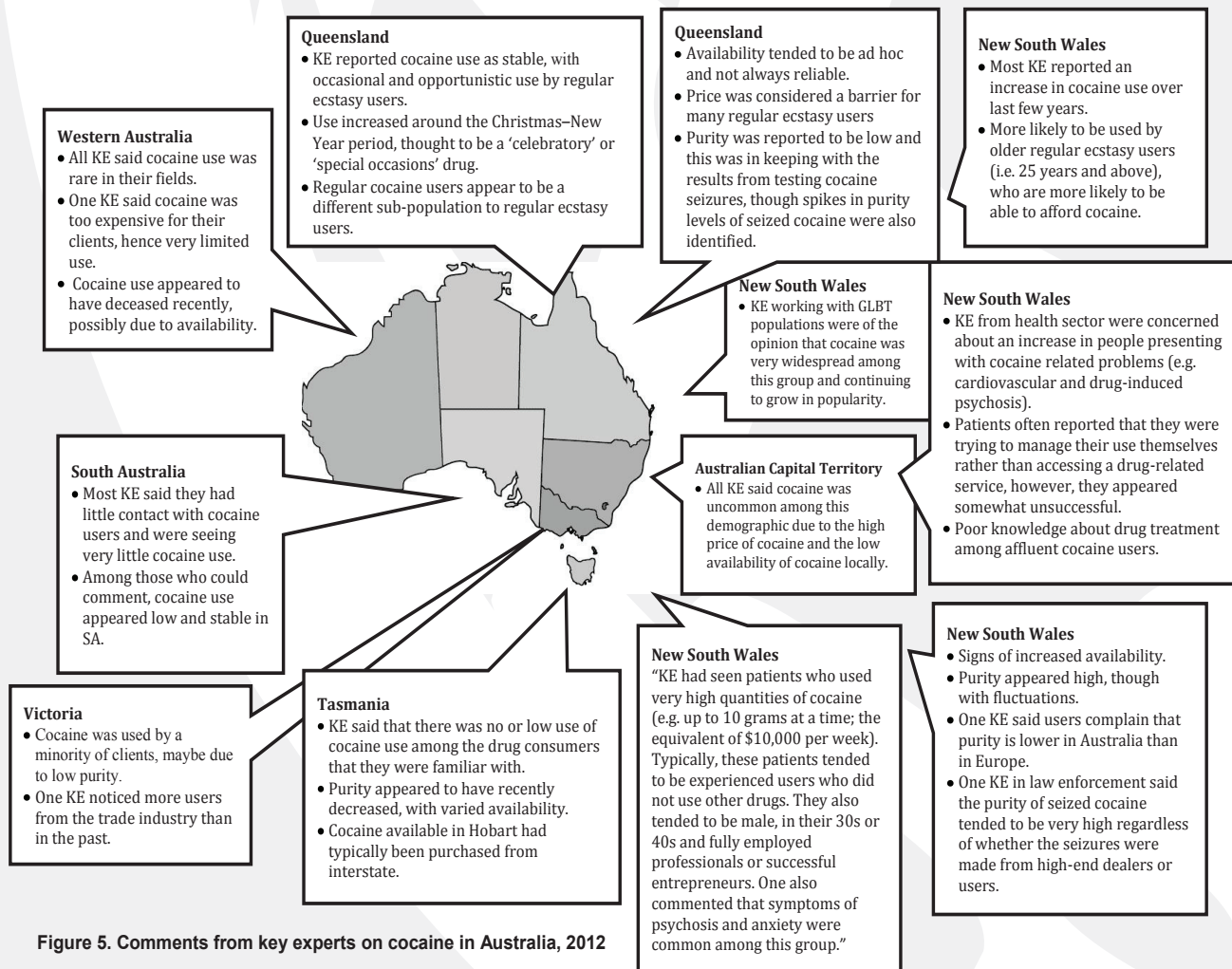


Figure 5. Comments from key experts on cocaine in Australia, 2012

were a popular source person, and use most often occurred in social environments (e.g. friend's house, nightclubs). This suggests that use of cocaine amongst REU is common amongst people enmeshed in a social drug-taking culture.

REU who selected cocaine as their main drug of choice were more likely to have recently used cocaine. Considering the highly rated pleasurable effects of the most recent time participants used cocaine and the minimal negative effects during and after use, it is unsurprising that REU reported they would use cocaine again if offered.

KE comments indicate that due to the high price of cocaine, it was likely that regular cocaine users fit a different profile to that of regular ecstasy users, and were not necessarily represented in this sample. Given concerns about an increase in cocaine related health problems and limited knowledge about drug treatment and services available, further research targeting regular cocaine users is needed.

CONCLUSIONS AND IMPLICATIONS

Cocaine use amongst REU remains quite common; however, use is infrequent. A major deterrent to more frequent use is undoubtedly price. Because of its desirability amongst REU who have recently used cocaine, this is a market that needs to be closely monitored.

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REFERENCES

- Australian Crime Commission 2013. 2011-12 Illicit Drug Data Report. Canberra: ACC.
- Australian Institute of Health and Welfare 2011. 2010 National Drug Strategy Household Survey report. Drug statistics series no. 25. Cat. no. PHE 145. Canberra: AIHW.
- Bucello C, Degenhardt L, Calabria B, Nelson, Roberts A, Medina-Mora ME & Compton WM. 2010. What do we know about the extent of cocaine use and dependence? Results of a global systematic review. NDARC Technical Report No . 308. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Hando J, Flaherty B, Rutter S. 1997 An Australian profile on the use of cocaine. *Addiction*, 92(2):173-82
- Hughes CE, Chalmers J, Bright DA, Matthew-Simmons F, Sindicich N. 2012 Examining supply changes in Australia's cocaine market. *Drug and Alcohol Review*, 31(3):263-272.
- Moore K, Dargan P I, Wood D M, Measham F. 2013 Do novel psychoactive substances displace established club drugs, supplement them or act as drugs of initiation? The relationship between Mephedrone, Ecstasy and Cocaine. *Eur Addict Res*, 19:276–282.
- Phillips B & Burns L. 2011 Eleven years of cocaine trends among people who inject drugs in Sydney: price, purity and availability 2000-2010. *Drug Trends Bulletin*, April 2011. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.
- Ramo DE, Christian Grov C, Delucchia K, Brian C. Kelly BC, Parsons JT. 2010 Typology of club drug use among young adults recruited using time-space sampling. *Drug Alcohol Depend*. 2010 March 1; 107(2-3): 119.
- Shearer J, Johnston J, Fry CL, Kaye S, Dillon P, Dietze P, Collins L. 2007 Contemporary cocaine use patterns and associated harms in Melbourne and Sydney, Australia. *Drug and Alcohol Review*, 26:537-543
- Hickey, S., McIlwraith, F., & Alati, R. (2013). Cocaine use among regular ecstasy users. *Ecstasy and Related Drug Trends Bulletin*, July 2013. Sydney: National Drug and Alcohol Research Centre, University of New South Wales.