ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS 2025:

BACKGROUND AND METHODS

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Table of Contents

GLOSSARY OF TERMS 4

GUIDE TO TIMEFRAMES 5

GUIDE TO TABLE/FIGURE NOTES 5

BACKGROUND 7

STUDY AIMS 7

METHODS 8

DATA CLEANING AND ANALYSIS 14

SAMPLE SIZE 15

LIMITATIONS 19

ADDITIONAL OUTPUTS 19

REFERENCES 20

Glossary of Terms

TERM	DEFINTION
Fraud	Acts involving fraud, including forging cheques, forging prescriptions, social security scams, using someone else's credit card
Incarceration	An occasion where a person has been convicted of an offence and sentenced to jail (excluding remand)
Injecting drug use	Intravenous injecting use of a substance
Jurisdiction	State or territory
New psychoactive substances (NPS)	Substances which do not fall under international drug control, but which may pose a public health threat, noting there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets
Non-prescribed use	Use of a prescribed medication which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name)
Online purchasing	Purchasing off darknet or surface net marketplaces
Overdose (stimulant)	Experience of symptoms such as nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium, that are outside the person's normal drug experience, or where professional assistance would have been helpful
Overdose (depressant)	Experience of symptoms such as reduced level of consciousness, respiratory depression, turning blue and collapsing, that are outside the person's normal drug experience, or where professional assistance would have been helpful
Over-the-counter	Availability of a medicine through a pharmacy without a doctor's prescription
Perceived availability	Participants are asked how easy it is to obtain a certain drug
Perceived potency	Participants are asked 'how potent would you say *drug* is at the moment?'
Perceived purity	Participants are asked 'how strong would you say *drug* is at the moment?'
Point	0.1 gram (although may also be used as a term referring to an amount for one injection)
Prescribed use	Use of a prescribed medication obtained by a prescription in the person's name
Property crime	Theft or destruction of someone else's property, including shoplifting, break and enter, stealing a car, receiving stolen goods
Selling drugs for cash profit	A person purchased drugs and on-sold them for a cash profit (more than the amount to cover personal use)
Session	A period of continuous use without sleeping
Smoking	Use of a substance via inhalation after it has been burned (this is distinct from vaping, which involves inhaling the vapours of a heated substance)

TERM	DEFINTION
Snorting	Use of a substance intranasally
Use	Use of a substance via any route of administration, including injecting, smoking, snorting/shelving/shafting, and/or swallowing
Vaping	Vaping is the inhalation of an aerosol (mist) created via the application of a non-combusting heat. There are a range of vaporisers that can be utilised for this purpose, including electronic cigarettes (e-cigarette, commonly used to inhale nicotine) and dried herb vaporisers (commonly used to inhale cannabis)
Violent Crime	Acts involving violence, including assault, violence in a robbery, armed robbery, sexual assault, breaking an apprehended violence order

Guide to Timeframes

Lifetime use	Use on one or more occasion in their lifetime
Recent use	Use on one or more occasion in the past six months
180 days of use	Use daily in the past six months
90 days of use	Use every second day in the preceding six months
24 days of use	Use weekly in the past six months
12 days of use	Use fortnightly (i.e., every two weeks) in the past six months
6 days of use	Use monthly in the past six months

Guide to Table/Figure Notes

	Empty cell(s) indicates question not asked in respective year or n≤5 answered the question (for figures)
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for figures and tables)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2024 and 2025
Syd	Sydney
Can	Canberra
Mel	Melbourne
Hob	Hobart

Ade	Adelaide
Per	Perth
Dar	Darwin
Bri/GC	Brisbane and the Gold Coast (and the Sunshine Coast 2014-16)

Background

The Ecstasy and Related Drugs Reporting System (EDRS) is the most comprehensive and detailed study of ecstasy and related drug use, market features, and harms in Australia.

The EDRS evolved from the Illicit Drug Reporting System (IDRS), a monitoring system identifying trends in illicit drug markets that has been conducted in all capital cities of Australia since 2000. In June 2000, a trial was conducted in Sydney, New South Wales (NSW), Brisbane and the Gold Coast, Queensland (QLD) and Adelaide, South Australia (SA) to examine the feasibility of monitoring emerging trends in the ecstasy and related drugs market using the extant IDRS methodology. This component of the IDRS was known as the Party Drugs Module and the term 'party drug' included any drug that was routinely used in the context of entertainment venues such as nightclubs or dance parties, and by a population of people different to those surveyed by the main IDRS which focuses on injecting drug use.

In 2002, the Party Drugs Module was conducted in Sydney, NSW and Adelaide, SA, respectively. In 2003, a feasibility trial was conducted in all capital cities across Australia, under the title of the Party Drugs Initiative (PDI), representing the first year that data for this project had been collected nationally. The project has since been conducted annually across capital cities in Australia and was renamed the Ecstasy and Related Drugs Reporting System (EDRS) in 2006.

The trends identified in outputs have been obtained from interviews with people who use ecstasy and/or other illicit stimulant drugs regularly, as well as other routinely collected indicator data sources. The EDRS interviews capture self-report information about drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. This includes ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine), new psychoactive substances (NPS; e.g., mephedrone, synthetic cannabis) and GHB (gamma-hydroxybutyrate). The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

The focus is on the capital city in each state/territory because trends in illicit drug markets are more likely to emerge in large cities rather than regional centres or rural areas. The exception to this is QLD, where data are collected in Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016).

Study Aims

The aims of the EDRS interview component are to:

1. Describe the characteristics of a sample of people who regularly use ecstasy and/or other illicit stimulants interviewed in each capital city of Australia;
2. Examine the patterns of ecstasy and other drug use among this sample;

3. Document the current price, perceived purity and perceived availability of ecstasy and other illicit drugs in the capital cities of Australia;

4. Examine participants' reports of drug-related behaviours (e.g., harm reduction behaviours) and harm, including physical, psychological, occupational, social and legal harms; and

5. Identify trends in the ecstasy and related drugs market that may require further investigation.

Methods

Since 2003, the sentinel population chosen has consisted of people who engage in the regular use of the drug sold as 'ecstasy'. Ecstasy is considered one of the main illicit drugs used in Australia. It is the fourth most widely used illicit drug, after cannabis, cocaine and hallucinogens, with two per cent of the population aged 14 years or older reporting past year use of ecstasy in the Australian Institute of Health and Welfare's National Drug Strategy Household Survey (Australian Institute of Health and Welfare, 2024).

National ethics approval was obtained from the UNSW Human Research Ethics Committee (HREC). In jurisdictions where the UNSW HREC application and approval was not accepted under the national mutual acceptance scheme, approval was obtained from the appropriate Ethics Committee in that jurisdiction.

In 2025, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government Department of Health, Disability and Ageing under the Drug and Alcohol Program.

Recruitment

EDRS 2003-2025

Participants are recruited through a purposive sampling strategy (Kerlinger, 1986), which includes advertisements primarily via internet websites (including drug information sites and forums as well as social media), as well as fliers and print advertisements primarily at university campuses. Interviewer contacts and 'snowball' procedures (Biernacki & Waldorf, 1981) are also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug consumers both in Australian (Boys, Lenton, & Norcoss, 1997; Ovendon & Loxley, 1996; Solowij, Hall, & Lee, 1992) and international (Dalgarno & Shewan, 1996; Forsyth, 1996; Peters, Davies, & Richardson, 1997; Solowij et al., 1992) studies. On completion of the interview, participants are asked if they would be willing to discuss the study with friends who might be willing and able to participate.

The EDRS focuses on the recruitment of participants who reside in the capital city of each jurisdiction (Brisbane/Gold Coast in QLD). This is because the purpose of the study is to monitor trends, and these are likely to emerge in the main illicit drug markets rather than in regional or rural areas. In larger sites such as Sydney and Melbourne, participants can be

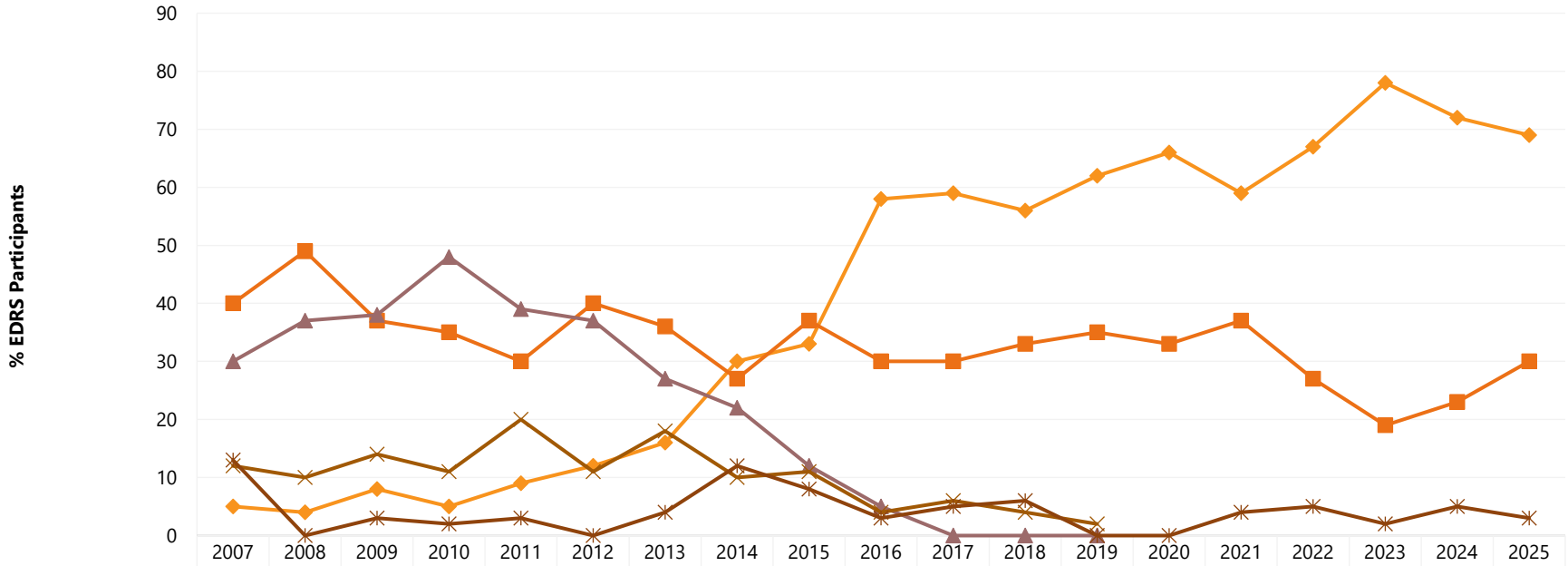
recruited from areas where there are higher rates of illicit drug use, rather than sampling from every metropolitan region.

It is imperative that there is consistency in recruitment methods from year to year for comparison. Testing for statistical significance was not possible when analysing recruitment methods in 2025 compared to 2024, however, the internet remained the medium by which most participants were recruited (69%; 72% in 2024), followed by word-of-mouth (30%; 23% in 2024) (Figure 1).

EDRS 2020-2025: COVID-19 Impacts on Recruitment

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), paper-based advertisements were not utilised for recruitment in 2020. Restrictions had eased by April 2021 (when recruitment for 2021 commenced), and so paper-based advertisements were reinstated, though the primary method of recruitment for all states continued to be online via social media platforms (primarily Facebook and Instagram).

Figure 1: Recruitment method of EDRS participants over time, nationally, 2007-2025



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Internet	5	4	8	5	9	12	16	30	33	58	59	56	62	66	59	67	78	72	69
Snowballing	40	49	37	35	30	40	36	27	37	30	30	33	35	33	37	27	19	23	30
Street press	30	37	38	48	39	37	27	22	12	5	-	-	-						
Fliers	12	10	14	11	20	11	18	10	11	4	6	4	2						
Other	13	0	3	2	3	-	4	12	8	3	5	6	-	-	4	5	2	5	3

Note. From 2020 onwards, street press and fliers were not included as response options due to low numbers. - Labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Procedure

EDRS 2003-2025

Participants who viewed the advertisements and were interested in participating contacted the researchers by telephone (call or text), Facebook/Instagram Messenger or email and, following informed consent, were screened for eligibility via telephone.

Due to difficulty in smaller capital cities in recruiting people who regularly use ecstasy, the eligibility criterion was expanded from 2012 to include people who regularly use ecstasy and/or other illicit stimulants. Since 2013, this criterion was adopted for all capital cities.

To meet entry criteria, participants had to:

- be at least 18 years of age (due to ethical constraints; note that prior to 2020, the age criterion was 17 years or older in all capital cities except for Perth, Western Australia (WA) where it was 16 years of age);
- have used ecstasy and/or other illicit stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS, non-prescribed pharmaceutical stimulants) at least six times during the preceding six months (equating to monthly use); and
- have been a resident of the capital city in which the interview took place for at least ten of the past 12 months.

The nature and purpose of the study were explained to participants before informed consent to participate was obtained. The study involved one face-to-face interview that took approximately 45–60 minutes to complete. Participants were informed that all information they provided would be de-identified and would remain confidential and anonymous. Interviews took place in varied locations negotiated with participants, including research institutions, coffee shops or parks, and were conducted by interviewers trained in the administration of the interview schedule. From 2018, data were collected using the software package REDCap (Research Electronic Data Capture) on laptops or tablets. All respondents were reimbursed $40 for time and expenses incurred.

EDRS 2020-2025: COVID-19 Impacts on Procedure

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020. If participants opted for a telephone interview, interviewers arranged an appropriate time to contact the participant using a dedicated study mobile or landline, thus ensuring any costs of contact was incurred by the research team rather than the participant. If participants elected for a videoconference interview, the program 'Cisco Webex' or Zoom was utilised, whereby participants were not required to set up an account or provide any personally

identifying information. Interviews conducted via 'Cisco Webex' and Zoom comprised end-to-end encryption and the capacity for the interviewer or participant to record the interview was disabled. Three quarters (74%) of participants in 2020 completed the interview via telephone, with 26% doing so via videoconference;

2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview (historically, written consent was obtained). Verbal consent was marked in REDCap: 'I (name of interviewer) have read the above information statement to the participant and the participant has freely agreed to participate in this research study as described';

3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of four methods, comprising bank transfer, PAYID, Australia Post Domestic money order or gift voucher (formerly cash reimbursement). Personal information was stored in a secure location accessible only to those who were named on the ethics application and who were allocated to undertake participant payments. These data were destroyed seven days following reimbursement (72 hours following in the event of bank transfer); and

4. Additional interview content: The interview was shortened to ease the load on participants completing the interview, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health.

Following completion of the interview, participants were asked whether they would like to be sent specific documents relevant to the study, comprising the participant information sheet, contact details if the participant had any questions or complaints and a participant withdrawal form (prior to 2020, these forms were handed to participants for their records). If the participant expressed that they would like a copy of these forms, the researcher would note down the participants' e-mail address in a separate password-protected document with a 'Yes/No' field next to the documents which would be e-mailed.

From 2021 onwards, a hybrid approach was undertaken with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone/videoconference interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants, regardless of whether interviews were conducted face-to-face or via telephone/videoconference.

Almost all jurisdictions had trouble recruiting in 2021, particularly in Hobart, Tasmania (TAS) and Darwin, Northern Territory (NT). While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, including the cancellation of many music festivals

and events in 2020-21. The recruitment period was therefore extended until 13 August, 2021. Further, in some jurisdictions, there was an increase in people not meeting the residency criteria (i.e., residence in the capital city in which the interview took place for at least ten out of the past twelve months), and this criterion was eased mid-way through data collection to include residency for six out of the past twelve months, with the full residency criteria reinstated in 2022.

In 2022, 2023, and 2025, there was considerable difficulty in recruiting participants from Darwin, NT, despite extensive recruitment efforts and screening of interested people. Whilst it is difficult to provide a definitive reason for this, it seems that this was reflective of a disruption to drug markets in that jurisdiction, and a subsequent reduction in the frequency of ecstasy and other illicit stimulant use. Data from the NT EDRS are included in the national estimates but are not presented specific to jurisdiction for 2022, 2023 and 2025 (and 2010-2013) due to small numbers (n<50) reporting.

Measures

EDRS 2003-2025

Participants are administered a structured interview schedule based on a national study of people who use ecstasy conducted by NDARC in 1997 (Topp et al., 1998; Topp, Hando, Dillon, Roche, & Solowij, 2000), which incorporated items from a number of previous NDARC studies of people who use ecstasy (Solowij et al., 1992) and powder amphetamine/methamphetamine (Darke, Cohen, Ross, Hando, & Hall, 1994; Hando & Hall, 1993; Hando, Topp, & Hall, 1997). The interview focuses primarily on the preceding six months, and assesses various domains, including:

- demographic characteristics;
- patterns of drug use, including frequency, routes of administration and quantity of use;
- drug market characteristics (i.e., price, perceived purity and perceived availability of substances);
- risk behaviours (such as injecting and sexual risk behaviours);
- harm reduction behaviours (such as drug treatment and drug checking);
- non-fatal overdose;
- mental and physical health;
- driving behaviours;
- self-reported criminal activity;
- modes of purchasing illicit or non-prescribed drugs; and
- general trends in drug markets, such as new drug types and new drug consumers.

It is important to note that in 2020, all measures were similar to previous years as detailed above, though questions specific to COVID-19 and impacts of restrictions were included to capture changes in drug purchasing, use and harm reduction behaviours.

Data Cleaning and Analysis

Participant responses were checked to ensure that: eligibility criteria were met; responses were consistent across the interview; valid responses were given to items where there were minimum and maximum possible values (e.g., frequency of use in last six months does not exceed 180 days); and that responses falling under 'other' were not more accurately captured under existing response options.

Data were cleaned using the IBM SPSS Statistical Package for Windows, Version 27.0 (IBM, 2019) and Stata 18 (StataCorp, 2023) and analysed using R version 4.3.2 (The R Foundation for Statistical Computing). Percentages were calculated for categorical data (valid percent where data were missing); mean and standard deviation for continuous data; and median and interquartile range for skewed or count data.

Between-group comparisons of categorical variables (e.g., percentage endorsing past six month use of cocaine in the most recent and previous year samples) were analysed using the Chi-squared test, or Fisher's exact test when any cell size was less than 5. In previous years, categorical variables with more than two response options (e.g., perceived purity and availability) were analysed as separate binary variables (e.g., 'high' versus not high; 'medium' versus not medium; 'low' versus not low). Due to concerns about Type 1 error, these variables were analysed as single variables from 2021 onwards – where a significant overall difference was identified, changes in response options were described descriptively. The Mann-Whitney U test was run to identify differences between the most recent and preceding year for count data. Because the Mann-Whitney U test compares the *sample distributions* of two independent samples that are not normally distributed, significant differences may be detected even when median days or median price are the same across years. No corrections for multiple comparisons and risk of Type 1 error were made and thus comparisons should be treated with caution. Values where cell sizes were ≤5 are suppressed with corresponding notation (zero values are reported). All figures were generated in Microsoft Word, with the exception of Figure 47, which was created using the 'UpSetR' package for R.

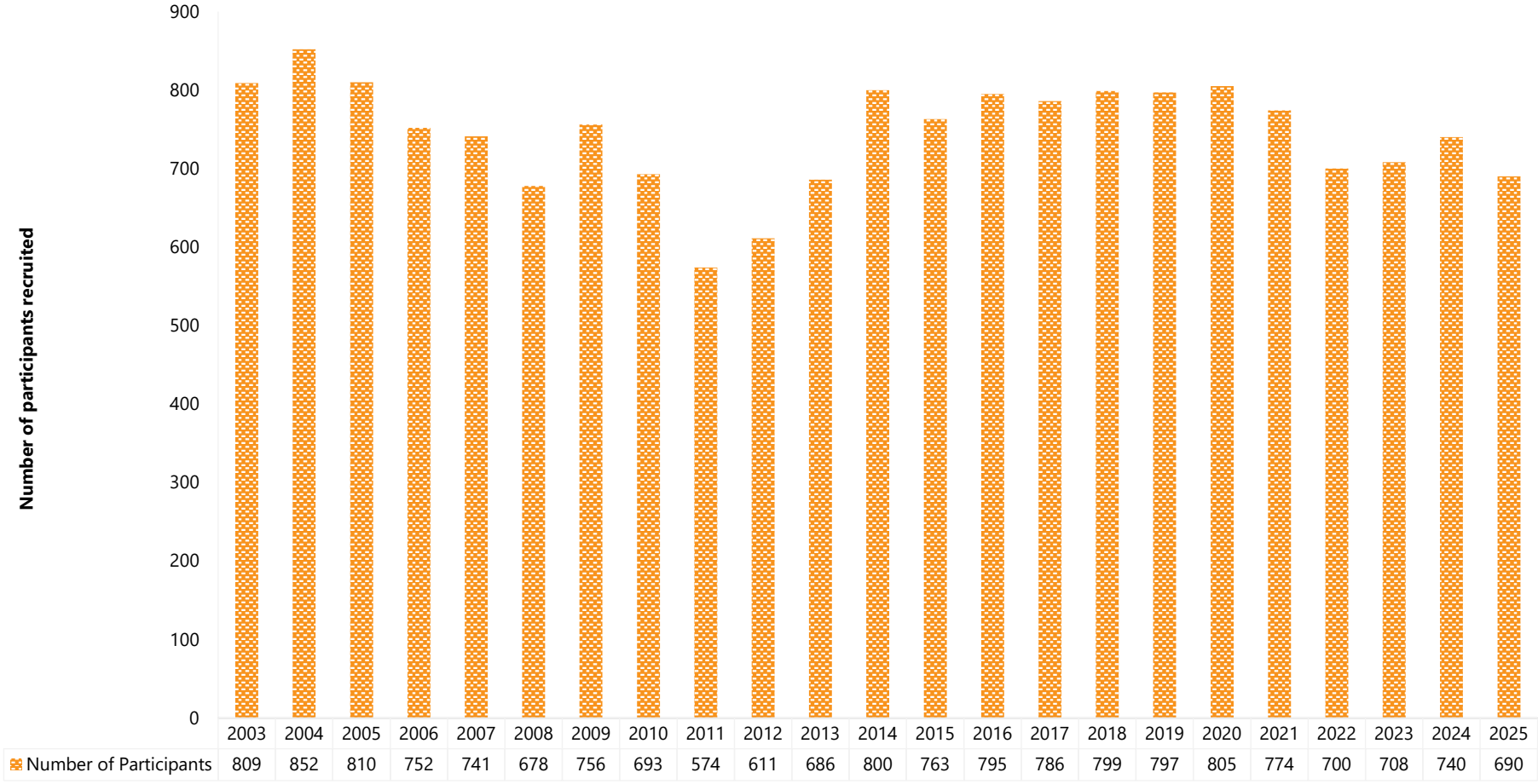
Participation in annual EDRS interviews in previous years by current participants remains infrequently reported (10% of 2025 participants reported completing the EDRS interview in 2024; for comparison, 7% of 2024 participants reported previous completion of the EDRS interview in 2023; p=0.048). Up until 2022, participants could consent to the provision of a unique identifier but not all did so, and this was removed in 2023, meaning complete identification of repeat participation via this method is not possible. Thus, analyses are typically conducted with the total sample. Responses from the repeat participants will likely be correlated over time. Analyses have shown that, when analysing the national sample, the impacts of excluding from the analysis subjects who self-report previous participation are minimal (Slade, 2011). Point-prevalence and effect estimation without correction for the lack of independence in observations is unlikely to seriously affect population inference (Agius et al., 2018).

Sample Size

The intended sample size for each Australian capital city is a minimum of 100 participants per year, typically collected between April-July each year (the exception being 2021, as noted above). Figure 2 and Table 1 overview national and jurisdictional sample sizes over the course of monitoring.

Interviews for EDRS 2025 were undertaken from 1 April to 15 July 2025. In keeping with the aim of recruiting a sentinel population of similar profile each year, Table 2 displays the demographic profile of the sentinel sample recruited each year.

Figure 2: Recruitment of EDRS participants over time, nationally, 2003-2025



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Number of Participants	809	852	810	752	741	678	756	693	574	611	686	800	763	795	786	799	797	805	774	700	708	740	690

Table 1: Recruitment of EDRS participants over time, by capital city, 2003-2025

Year	Sydney	Canberra	Melbourne	Hobart	Adelaide	Perth	Darwin	Brisbane/Gold Coast
2003	102	66	100	100	101	100	104	136
2004	104	116	100	100	100	100	71	161
2005	101	126	100	100	100	100	82	101
2006	100	100	100	100	101	100	51	100
2007	100	74	100	100	100	100	66	101
2008	100	83	100	100	74	58	55	108
2009	100	101	100	100	100	100	67	88
2010	100	73	100	100	92	100	27	101
2011	100	80	101	75	76	28	11	103
2012	100	51	100	100	92	90	12	62
2013	100	77	100	75	100	100	45	88
2014	100	100	100	100	100	100	100	100
2015	100	99	100	78	100	100	101	85
2016	103	100	100	100	100	100	100	92
2017	100	100	100	100	100	100	86	100
2018	100	100	100	100	100	100	99	100
2019	100	100	99	98	100	100	100	100
2020	103	101	100	100	101	100	100	100
2021	99	100	100	102	100	100	100	73
2022	100	100	100	72	104	100	22	102
2023	100	100	100	65	101	100	40	102
2024	100	100	100	87	101	100	51	101
2025	**101**	**100**	**100**	**68**	**100**	**100**	**20**	**101**

Note. Brisbane/Gold Coast includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016).

Table 2: Demographic characteristics of the sample, nationally, 2005-2025

	2005 N=810	2006 N=752	2007 N=741	2008 N=678	2009 N=756	2010 N=693	2011 N=574	2012 N=611	2013 N=686	2014 N=800	2015 N=763	2016 N=795	2017 N=786	2018 N=799	2019 N=797	2020 N=805	2021 N=774	2022 N=700	2023 N=708	2024 N=740	2025 N=690
Median age in years (IQR)^	22 (20-26)	23 (20-27)	24 (20-28)	23 (21-28)	22 (20-26)	22 (20-27)	22 (20-27)	23 (20-26)	21 (19-25)	22 (19-25)	21 (19-24)	21 (19-24)	20 (18-23)	21 (19-24)	22 (19-26)	22 (19-27)	24 (21-29)	25 (21-30)	25 (21-32)	23 (20-32)	**26 (20-34)**
% Male	59	63	58	57	64	58	69	65	67	66	62	61	64	59	60	61	63	56	58	55	**57**
% Aboriginal and/or Torres Strait Islander (ATSI)	3	2	2	2	2	2	1	2	2	2	2	4	3	6	5	4	6	5	4	9	**8**
% Sexual identity~																					
Heterosexual	84	84	81	81	86	86	88	87	88	89	87	88	84	84	81	83	73	71	71	69	**72**
Gay male	6	7	8	9	6	5	4	4	4	3	3	2	2	2	5	3	4	5	8	7	**6**
Lesbian	1	2	2	3	2	3	2	2	2	2	2	1	-	1							
Bisexual	8	7	8	6	6	6	5	6	7	6	7	8	12	10	12	10	14	17	16	17	**17**
Queer	/	/	/	/	/	/	/	/	/	/	/	/	/	/	2	3	6	6	4	4	**4**
Other	-	-	-	1	-	-	-	2	-	1	1	1	1	2	3	5	2	2	1	3	**2**
Mean years school education (range)	12 (6-13)	12 (7-13)	12 (6-13)	12 (8-12)	11 (7-12)	12 (7-12)	12 (7-12)	12 (6-12)	12 (7-12)	12 (0-12)	12 (3-12)	12 (0-12)	12 (7-12)	12 (8-12)	12 (8-12)	12 (7-12)	12 (6-12)	12 (6-12)	12 (5-12)	12 (7-12)	**12 (7-12)**
% Completed trade/technical qualification	30	26	27	24	24	25	22	27	23	27	27	26	24	26	33	29	28	31	33	30	**33**
% Completed university/college	20	19	28	30	19	23	24	23	21	20	20	18	13	16	26	25	35	33	31	28	**33**
% Accommodation																					
Own home *(incl. renting)*	68	68	70	73	63	63	65	62	55	55	54	54	49	47	52	55	66	71	67	58	**63**
Parents'/family home	27	27	24	25	34	34	29	35	41	41	42	41	47	48	40	40	26	23	26	34	**26**
Boarding house/hostel	2	2	3	1	2	2	3	1	1	3	5	2	1	1	5	2	4	2	2	1	**1**
Shelter/refuge	0	-	-	0	-	0	-	-	-	0	-	0	-	-	-	2	4	-	0	0	**-**
No fixed address +	0	1	1	-	-	-	-	-	2	1	-	1	-	1	1	1	2	2	1	2	**2**
Other	2	2	2	1	-	-	2	-	1	-	1	3	2	1	3	0	1	1	1	1	**2**
% Unemployed	14	16	16	11	18	14	22	16	16	15	12	11	13	20	27	35	22	19	19	23	**28**
% Prison history	5	7	6	4	6	4	/	5	3	4	3	4	2	4	5	2	4	6	5	6	**7**
% Currently in drug treatment	3	4	4	3	3	4	5	5	3	2	2	2	3	4	6	3	3	5	6	6	**4**

Note: Due to space constraints, data for 2003 and 2004 is not shown. Please refer to 2024 Background and Methods document for these data. ~ From 2019 onwards, 'gay male' and 'lesbian' combined to form 'homosexual'. / not asked. + From 2020, no fixed address included 'couch surfing' and 'rough sleeping' or 'squatting'. – Per cent suppressed due to small cell size (n≤5 but not 0).

Limitations

There are various limitations to these data; key caveats are noted here.

As people who regularly use drugs are deliberately recruited for their ability to report on drug markets, findings from the EDRS interviews cannot provide information on general population levels of use or use by all people who use ecstasy or other illicit stimulants. For this same reason, findings from the EDRS interviews cannot be used to identify changes in the size of drug markets. The EDRS interviews cannot provide information about trends in places outside of the capital cities (Brisbane/Gold Coast in QLD) from which people who regularly use ecstasy and other stimulants are recruited.

It should also be noted that participants are asked to report according to what they believed the substance was when they obtained it, and thus will not capture unwitting consumption of a different substance(s). Other possible limitations of retrospective self-report may apply (e.g., recall bias), although evidence suggests sufficient reliability and validity of self-report to provide descriptions of drug use and drug-related problems (Bharat et al., 2023).

Differences in the methodology, and the events of 2020-2025, must be taken into consideration when comparing 2020-2025 data to previous years, and treated with caution.

Additional Outputs

There are a range of outputs from the EDRS triangulating key findings from the annual interview and other data sources, including national reports, jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs via injecting.

Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

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