

# Research briefing



Massey University



www.shore.ac.nz

## Key Findings from the Hallucinogen Module of the 2005 Illicit Drug Monitoring System (IDMS)

This research briefing was prepared by **Dr. Chris Wilkins and Paul Sweetsur**

**Report Authors** Dr. Chris Wilkins, Melissa Girling, Paul Sweetsur and Rachael Butler

### Introduction

This research briefing presents findings on recent trends in ecstasy and LSD and other illicit drug use in New Zealand from the 2005 Illicit Drug Monitoring System (IDMS). The principal aim of the IDMS is to provide timely information on trends in illicit drug use and drug related harm in New Zealand. This is the first year that the IDMS has been conducted, with future waves planned annually from this point on. The findings presented in this report are from the Hallucinogen Module of the IDMS, which interviews frequent ecstasy and LSD users and addresses recent trends in these and other illicit drugs in New Zealand. Two other modules are produced from the IDMS: the Methamphetamine Module, which interviews frequent methamphetamine users; and the Cannabis Module, which interviews frequent cannabis users. The findings from these two modules are presented in separate reports.

Frequent drug users are considered a sentinel group who can provide accurate information on patterns of drug use and trends in illicit drug markets. The validity of the IDMS comes from the 'expert' status of the people interviewed, and hence the high quality of information they can provide, rather than from the statistical rigour of the sampling methodology. The survey of frequent drug users is not intended to be statistically representative of drug use in the general population.

### Method

A total of 34 frequent hallucinogen users (28 ecstasy and 6 LSD users) were interviewed in five sites nationwide for the study. Interviewing took place from April to August 2005. The five interview sites were Whangarei, Auckland, Hamilton, Wellington and Christchurch. Participants were recruited through purposive sampling and 'snowballing'. To be eligible to be interviewed a participant had to have used ecstasy or LSD monthly or more often in the last six months, be 16 years or older, and to have resided in the site location for the past 12 months. To place the information provided by the frequent hallucinogen users in greater context, five key experts (KE) who had regular contact with frequent hallucinogen users through their work were interviewed. The KE interviewed for the Hallucinogen Module included a nightclub promoter, legal party pill seller, member of the Door

## Key Points

**The frequent hallucinogen users reported decreasing prices and increasing availability of ecstasy (MDMA)**

**LSD was reported to be in decline with half of the frequent hallucinogen users describing it as 'difficult' to obtain and one in five saying it had become 'more difficult' to obtain in the previous six months**

**The frequent hallucinogen users were less likely than the frequent methamphetamine users interviewed to be in drug treatment, to have accessed medical services, to have self reported committing a crime, and to have been arrested in the last 12 months**

**Frequent ecstasy users reported a range of psychological problems related to their ecstasy use including 'depression', 'short temper', 'anxiety' and 'suicidal thoughts'**

**None of the frequent hallucinogen users interviewed had injected a drug or used heroin or opiates in the previous six months**

**The frequent hallucinogen users had high levels of use of legal dance party pills and nitrous oxide**

Staff Association, St John ambulance officer and a drug enforcement officer. Finally, secondary data sources on drug use were collated from a range of government and non government sources including national household drug survey data, arrest and seizure data, hospital admissions data, drug treatment statistics and calls to the alcohol and drug help-line. The information provided by the frequent drug users, KE and secondary data sources was triangulated to identify valid trends in drug use in New Zealand.

## Demographic characteristics of the frequent hallucinogen users

Eight out of 10 (82%) of the sample of frequent hallucinogen users were male with a median age of 24 years old (range 17-52 years). Eight out of 10 (81%) of the frequent hallucinogen users were European and one in six (18%) were Maori. Six out of 10 (62%) of the frequent hallucinogen users were in paid employment, a quarter (25%) were students and one in 17 (6%) were recipients of government income support. Nearly three out of 10 (28%) of the sample had a university degree. Only one participant (3%) was currently in some kind of drug treatment. One in eight (12%) of the frequent hallucinogen users had been arrested in the last 12 months. A quarter (24%) of the frequent hallucinogen users lived in Auckland, three out of 10 (29%) lived in Christchurch, a quarter (24%) lived in Wellington, one in seven (15%) lived in Hamilton and one in 11 (9%) lived in Whangarei.

## Patterns of drug use

The frequent hallucinogen users interviewed had high levels of other drug use. Participants had used an average of eight drug types in the previous six months (range 2-13). The drug types most often used in the last six months were alcohol (94%), cannabis (91%), ecstasy (91%), tobacco (74%), legal dance party pills (74%), nitrous oxide (71%), and LSD (62%). None of the frequent hallucinogen users interviewed had injected a drug or used heroin or opiates in the previous six months. Half (53%) of the frequent hallucinogen users had binged on a drug in the last six months, defined as using a drug for more than 48 hours continuously without sleep.

## Prices of different drug types

### Current prices

Table 1 presents the prices paid for all the drug types the frequent hallucinogen users had used in the last six months. There were a number of drug types which only a very few frequent hallucinogen users could comment on, but given the universal nature of prices their information was considered to be worth including. A pill of ecstasy was reported to commonly cost about \$60 and a tab of LSD reported to commonly cost \$35.

Table 1: Price paid for different drug types by frequent cannabis users

|                   | Ecstasy<br>(MDMA) | Meth<br>amphet<br>amine | Crystal<br>Meth<br>amphet<br>amine | Cannabis | LSD  | Cocaine | Ketamine | GHB        |
|-------------------|-------------------|-------------------------|------------------------------------|----------|------|---------|----------|------------|
| No. who commented | n=29              | n=11                    | n=4                                | n=26     | n=19 | n=3     | n=3      | n=4        |
| Median price (\$) | \$60              | \$100                   | \$110                              | \$20     | \$35 | \$300   | \$150    | \$5        |
|                   | pill              | point                   | point                              | foil     | tab  | gram    | gram     | millilitre |

### Change in prices in last six months

Table 2 presents the frequent hallucinogen users' perceptions of how the price of the four drug types they most knew about had changed in the preceding six months. Very few frequent hallucinogen users indicated there had been any increase in the price of these four drug types. The drug types for which the greatest proportion of frequent hallucinogen users indicated a 'decrease' in price were ecstasy (40%) and methamphetamine (25%).

Table 2: Change in prices paid for different drug types in the last six months

|                   | Ecstasy<br>(MDMA) | Meth<br>amphet<br>amine | Cannabis | LSD  |
|-------------------|-------------------|-------------------------|----------|------|
| No. who commented | n=31              | n=12                    | n=29     | n=22 |
| Increase (%)      | 0                 | 0                       | 10       | 5    |
| Stable (%)        | 42                | 67                      | 62       | 59   |
| Decrease (%)      | 40                | 25                      | 14       | 18   |
| Fluctuates (%)    | 19                | 8                       | 14       | 18   |

## Availability of different drug types

### Current availability

The drug types which the largest proportion of frequent hallucinogen users considered to be 'very easy' to obtain at the moment were cannabis (60%) and methamphetamine (40%) (Table 3). Just over half (55%) of the frequent hallucinogen users said ecstasy was 'easy' to get at present. The drug type which the largest proportion of frequent hallucinogen users considered to be 'very difficult' to obtain at the moment was LSD (21%). A fairly large proportion of frequent hallucinogen users thought LSD (46%) and ecstasy (20%) were 'difficult' to get at the moment.

Table 3: Current availability of different drug types

|                    | Ecstasy<br>(MDMA) | Meth<br>amphet<br>amine | Cannabis | LSD  |
|--------------------|-------------------|-------------------------|----------|------|
| No. who commented  | n=31              | n=15                    | n=30     | n=24 |
| Very easy (%)      | 26                | 40                      | 60       | 8    |
| Easy (%)           | 55                | 47                      | 40       | 25   |
| Difficult (%)      | 20                | 7                       | 0        | 46   |
| Very difficult (%) | 0                 | 7                       | 0        | 21   |

### Change in availability in the last six months

The drug type which the greatest proportion of frequent hallucinogen users indicated had become 'easier' to obtain in the last six months was ecstasy (26%) (Table 4). The drug type for which the greatest proportion of participants indicated that availability had become 'more difficult' in the last six months was LSD (21%). Fairly sizable proportions of frequent hallucinogen users said the availability of cannabis (37%), LSD (33%) and ecstasy (29%) had 'fluctuated' in the preceding six months.

Table 4: Change in availability of different drug types in the last six months

|                    | <b>Ecstasy<br/>(MDMA)</b> | <b>Meth<br/>amphet<br/>amine</b> | <b>Cannabis</b> | <b>LSD</b> |
|--------------------|---------------------------|----------------------------------|-----------------|------------|
| No. who commented  | n=31                      | n=14                             | n=30            | n=24       |
| Easier (%)         | 26                        | 14                               | 13              | 17         |
| Stable (%)         | 42                        | 71                               | 43              | 29         |
| More difficult (%) | 3                         | 0                                | 7               | 21         |
| Fluctuates (%)     | 29                        | 14                               | 37              | 33         |

#### Perceptions of change in the number of people using different drugs

The drug type which the greatest proportion of frequent hallucinogen users thought 'more' of the people they know were using was ecstasy (41%) (Table 5). Approximately one-third of the frequent hallucinogen users said 'more' people they know were using LSD (36%) and methamphetamine (35%). Two thirds of participants (67%) reported that about the same number of people they know were using cannabis.

Table 5: Users' perceptions of change in the number of people using different drugs in the last six months

|                   | <b>Ecstasy<br/>(MDMA)</b> | <b>Meth<br/>amphet<br/>amine</b> | <b>Cannabis</b> | <b>LSD</b> |
|-------------------|---------------------------|----------------------------------|-----------------|------------|
| No. who commented | n=32                      | n=17                             | n=30            | n=22       |
| More (%)          | 41                        | 35                               | 10              | 36         |
| Same (%)          | 47                        | 53                               | 67              | 50         |
| Less (%)          | 13                        | 12                               | 23              | 14         |

#### Time taken to purchase different illicit drugs

The drug type which the greatest proportion of frequent hallucinogen users could purchase in 'less than 20 minutes' was cannabis (36%) (Table 6). Half of the frequent hallucinogen users said it would take them 'days' to purchase ecstasy (50%) or LSD (50%). One in five (22%) frequent hallucinogen users would take 'weeks' to purchase LSD.

Table 6: Time taken to purchase different drug types

|                       | <b>Ecstasy<br/>(MDMA)</b> | <b>Cannabis</b> | <b>LSD</b> |
|-----------------------|---------------------------|-----------------|------------|
| No. who commented     | n=30                      | n=25            | n=18       |
| Weeks (%)             | 10                        | 0               | 22         |
| Days (%)              | 50                        | 20              | 50         |
| Hours (%)             | 34                        | 44              | 17         |
| Less than 20 mins (%) | 7                         | 36              | 11         |

## New drug trends

### New drug types

A number of frequent hallucinogen users noted the increased use of legal dance party pills (ie. BZP), and the marketing of new more potent party pills, such as 'Hummer'. A number of new drugs were reported which were described verbally to interviewers as 'Tryptomine' or various combinations of '2C' type drugs. The substance referred to as 'Tryptomine' may be the potent hallucinogen, Dimethyltryptamine or DMT. DMT and the '2C' drugs are synthetic hallucinogens which are often falsely sold as 'ecstasy'.

### New drug selling methods

The frequent hallucinogen users reported the selling of 'starter packs' of drugs to get people to try new drug types, such as methamphetamine. Several participants indicated that methamphetamine was becoming 'cheaper and more widely available'. The frequent hallucinogen users also observed that more people they knew were selling drugs now.

## Harms from frequent ecstasy use

### Physical problems

The physical problems commonly reported from frequent ecstasy use were 'poor appetite' (71%), 'muscular aches' (54%), 'inability to urinate' (54%), 'heart palpitations' (43%), 'blurred vision' (36%), 'stomach pains' (36%), 'weight loss' (32%) and 'loss of energy' (32%).

### Psychological problems

The psychological problems commonly reported from frequent ecstasy use were 'trouble sleeping' (68%), 'depression' (54%), 'sound hallucinations' (50%), 'short temper' (46%), 'strange thoughts' (46%) and 'anxiety' (46%) (Table 7). One in six frequent ecstasy users experienced 'suicidal thoughts' (18%) and one in 14 (7%) 'suicide attempts' related to their ecstasy use.

Table 7: Psychological problems from the frequent use of ecstasy

| Problem               | % experienced in last 6 months related to ecstasy | % ever experienced before started using ecstasy |
|-----------------------|---|---|
| Strange thoughts      | 46  | 25  |
| Short temper          | 46  | 32  |
| Visual hallucinations | 36  | 7   |
| Sound hallucinations  | 50  | 18  |
| Trouble sleeping      | 68  | 29  |
| Violent behaviour     | 7   | 4   |
| Anxiety               | 46  | 25  |
| Panic attacks         | 11  | 7   |
| Paranoia              | 36  | 29  |
| Depression            | 54  | 39  |
| Suicidal thoughts     | 18  | 14  |
| Suicide attempts      | 7   | 4   |

### **Drug use and driving**

Nearly four out of 10 (38%) of the frequent hallucinogen users had driven under the influence of alcohol in the last six months. Three-quarters (76%) of the frequent hallucinogen users had driven under the influence of drugs other than alcohol in the previous six months. The drug types which participants were most commonly under the influence of when driving were cannabis (81%), ecstasy (50%), LSD (35%), legal dance party pills (35%), methamphetamine (31%), nitrous oxide (15%), amphetamines (12%), and anti-depressants (8%).

### **Access to services**

One in 17 (6%) of the frequent hallucinogen users had accessed Accident and Emergency services and one in 34 (3%) had used an ambulance in relation to their drug use in the previous six months. None of the frequent hallucinogen users had been admitted into hospital in relation to their drug use in the last six months. One in 17 (6%) of the frequent hallucinogen users had accessed a drug and alcohol worker in the preceding six months.

## Criminal history

None of the frequent hallucinogen users interviewed reported they had committed a property crime or a fraud in the previous month. One third (35%) of the frequent hallucinogen users said they had sold illicit drugs in the previous month. One in 33 (3%) frequent hallucinogen users self reported they had committed a violent crime in the last month. One in eight (12%) of the frequent hallucinogen users had been arrested in the last 12 months. None of the frequent hallucinogen users had spent time in prison in the last year.

## Perceptions of police activity

Four out of 10 (45%) of the frequent hallucinogen users had noticed 'more' police activity against drug users in the last six months. One in eight (12%) frequent hallucinogen users had had 'more' of their friends arrested in the last six months. One in eight (12%) of the frequent hallucinogen users said that police operations had made it 'more difficult' to obtain drugs in the preceding six months.

## Conclusion

The Hallucinogen Module interviewed fewer frequent drug users than the other two modules of the 2005 IDMS. As a consequence, some questions had low numbers of respondents and the results for these questions should be treated with some caution. The low number of frequent hallucinogen users interviewed was in part a function of the relatively low frequency of use of ecstasy and LSD compared to other drugs such as methamphetamine and cannabis, where daily and near daily use is more common. Many of the frequent drug users who contacted us to participate in the study did not use ecstasy or LSD frequently enough to be eligible as at least monthly users. The trends found from the interview of the frequent hallucinogen users can be further validated through comparison with the trends previously identified by the frequent methamphetamine users in the Methamphetamine Module.

It is important to persist with the distinction between hallucinogen users and methamphetamine users as these groups did appear to be genuinely separate groups of drug users with some important demographic differences. The frequent hallucinogen users were more likely than the frequent methamphetamine users to be European (81% vs. 64%), to be students (25% vs. 19%), and to hold some

kind of tertiary qualification (63% vs. 48%), including a university degree (28% vs. 14%). The frequent hallucinogen users were less likely than the frequent methamphetamine users to be in drug treatment (3% vs. 27%) and to have been arrested in the last 12 months (12% vs. 31%). The frequent hallucinogen users also reported lower levels of criminality than the frequent methamphetamine users. However, despite the differences in the demographic characteristics of the two samples of frequent drug users they often reported remarkably similar trends in regard to the same illicit drug markets.

In the Methamphetamine Module it was concluded that ecstasy may be the drug type most 'on the move'. The frequent hallucinogen users appear to concur with this assessment. Four out of 10 (40%) of the frequent hallucinogen users indicated the price of ecstasy had 'decreased' in the last six months. A remarkably similar proportion (42%) of frequent methamphetamine users also said the price of ecstasy had fallen in the last six months. A similar proportion of both frequent hallucinogen users (55%) and frequent methamphetamine users (45%) described the current availability of ecstasy as 'easy'. Similar proportions of both frequent hallucinogen users (26%) and frequent methamphetamine users (23%) described the availability of ecstasy as becoming 'easier' in the preceding six months. The establishment of domestic manufacture of ecstasy would further facilitate the availability of ecstasy in New Zealand and may also result in lower prices. It is also worth reflecting on the extent to which the substances sold as 'ecstasy' in New Zealand are actually MDMA and not some of the other substances talked about in the interviews, such as the '2C' group of drugs, ketamine or even BZP. If this is the case then the growing availability of these drug types may explain the reports of the growing availability of 'ecstasy'.

The frequent hallucinogen users also seemed to concur with the frequent methamphetamine users that LSD was in decline in New Zealand. Two thirds of the frequent hallucinogen users (67%) described the current availability of LSD to be either 'difficult' or 'very difficult'. This assessment is consistent with the views of the frequent methamphetamine users from the Methamphetamine Module, and the findings from the recent national household drug surveys. Over half of both samples of frequent drug users said that the availability of LSD had 'fluctuated' or become 'more difficult' in the last six months.

Approximately three quarters of the frequent hallucinogen users (72%) and the frequent methamphetamine users (77%) reported it would take them 'days' or 'weeks' to purchase LSD. The popularity of LSD may have suffered from the recent emergence of ecstasy and methamphetamine in New Zealand. However, the market for LSD remains and it may be re-energised if there is a shift in preference away from the present popularity of synthetic amphetamines. As evidence of this risk of renewed demand, a third (36%) of the frequent hallucinogen users indicated that 'more' of their friends were using LSD compared to six months ago.

The frequent hallucinogen users also confirmed that methamphetamine is well established in the New Zealand drug market place with high levels of availability. Four out of 10 (40%) of the frequent hallucinogen users described the current availability of methamphetamine as 'very easy' and a quarter (25%) said the price had 'decreased' in the previous six months. Similarly, over half (52%) of the frequent methamphetamine users described the current availability of methamphetamine as 'very easy' and a quarter (25%) said the price had 'decreased' in the preceding six months. Also consistent with the frequent methamphetamine users, a number of frequent hallucinogen users commented that there was now 'greater competition and falling prices for methamphetamine', and that new innovative marketing techniques, such as 'starter packs', were being employed to attract new users.

The frequent hallucinogen users had high levels of use of legal dance party pills (ie. Benzylpiperazine and Trifluoromethylphenylpiperazine) and nitrous oxide. Approximately seven out of 10 of the frequent hallucinogen users had used these legal drugs in the last six months. The level of use of these substances by the frequent hallucinogen users was even higher than that found among the frequent methamphetamine users, who had levels of recent use closer to half of the sample. The relationship between these so called legal highs and illegal drugs deserves research attention. The high levels of use of these legal substances by both samples of frequent drug users in the IDMS may suggest they are not viewed as vastly inferior to the illicit substances available.

## Acknowledgements

This research was funded by the New Zealand Police for use by a number of government agencies concerned with drug issues, including the Ministry of Health, New Zealand Customs Service, Ministry of Justice, Ministry of Youth Development, Ministry of Pacific Island Affairs and Te Puni Kokiri. We gratefully acknowledge the support provided by these government agencies during the course of the research. The protocols and procedures used to collect and store the data for the project were approved by the Massey University Human Subjects Ethics Committee. No data was collected on specific people, places, times or events. All the information provided is strictly confidential and anonymous, and only disseminated in aggregate. The project was designed so that no individual participant could be identified at a later date. The completed questionnaires and project database is held at the SHORE offices and is not shared with any external person or organisation. We would like to thank Dr. Louisa Degenhardt and other researchers at the National Drug and Alcohol Research Centre (NDARC) in Australia for their assistance and materials provided during the development of the IDMS. We would like to thank all the key informants who offered their expert opinion for the project and who received no compensation for their time. We would also like to thank the following agencies and organisations who provided secondary data sources on drug use in New Zealand:

- Alcohol Drug Association New Zealand (ADA)
- Community Alcohol and Drug Services (CADS), Auckland
- Ministry of Health
- National Addiction Centre (NAC), Christchurch, Otago School of Medicine
- National Drug Intelligence Bureau (NDIB)
- New Zealand Police
- New Zealand Customs Service
- New Zealand Health Information Service (NZHIS)
- Odyssey House, Auckland

We acknowledge the support provided by the Needle Exchange New Zealand and the New Zealand Drug Foundation. Last, but by no means least, we would like to thank all the interviewers who worked with us on the project and the frequent drug users who agreed to be interviewed for the study.

### Correspondence

Dr Chris Wilkins, Centre for Social and Health Outcomes Research and Evaluation (SHORE), Massey University, PO Box 6137, Wellesley Street, Auckland, New Zealand, tel. 00 64 9 366 6136, email: c.wilkins@massey.ac.nz