

## **ENHANCED INTEGRATED MONITORING OF PARTY DRUG AND PSYCHOSTIMULANT TRENDS IN MELBOURNE, VICTORIA**

**Jennifer Johnston**

Turning Point Alcohol and drug Centre, Victoria, Australia

I am going to be talking today about a programme of research that we have recently been conducting here in Melbourne, examining trends in party drug and psychostimulant use. There is evidence of increasing levels of use, both internationally and here in Australia, of party drugs and psycho-stimulants. Given the demonstrated potentials for harms associated with the use of these drugs, there is an imperative to facilitate more sensitive mechanisms for detecting trends in this area. It appears that the greatest opportunity for achieving this is by extending current monitoring studies to new sentinel groups and settings, and developing new methods of recruitment of data collection.

I am going to be talking today about the findings of two studies we have recently conducted. I will not be elaborating on the methods, but I am happy to answer any questions you have later.

*The Party Drug Initiative (PDI)* is the national study examining trends in party drug use, and several of my inter-state colleagues have already spoken about some of the findings from this research. *Turning Point* conducted the Melbourne arm of the research in 2003, and this was the first time that it had been conducted in Melbourne. We use three sources of information for the PDI: we interview regular ecstasy users, we interview key informants (that is people who through the course of their work contact with ecstasy users) and we analyse indicated data. I will be reporting today on the findings from the interviews with ecstasy users.

In addition to the PDI, Turning Point was funded to conduct the Victorian Psychostimulant Monitoring Project (PMP). Whereas the sentinel group for the PDI study were regular ecstasy users, for the PMP study we recruited regular methamphetamine and cocaine users, and key informants were people who had contact with these users.

In addition to the three types of data sources that are used in the PDI, we also developed a web-based survey and attempted to collect primary data through Direct Line, which is the telephone counselling service that is part of Turning Point. I will be reporting today on the findings of the face to face and web based surveys. Undertaking the PMP alongside the PDI provided an opportunity to trial the comprehensive approach to monitoring trends in party drugs and psychostimulant use in Victoria.

Before I start talking about the demographic characteristics of the samples, I will just note that the web-based survey was a pilot study so we did not ask all of the questions that the face-to-face participants were asked. From this table (refers to screen) you can see that all of the participants, in terms of mean age, were in their twenties, although the web based sample were younger and the PMP sample were a little bit older. Pretty even male to female ratio in the PMP and PDI samples, with about two-thirds in the web based sample being male. Pretty consistent findings in terms of the

mean number of school years being completed, with tertiary qualifications held by a substantial proportion of the samples, which is consistent with most of the other findings being presented at the conference. The majority of the samples were either currently studying or employed, though it is interesting to note that the web-based sample had slightly high rates of both of these. Generally low rates of current drug treatment and low rates of previous convictions although both of these were a little higher with the PMP sample.

In terms of patterns of drug use, poly-drug use was the norm and the PMP sample reported using a mean of thirteen drugs ever, a little higher than the other samples, and this is also reflected in their reporting a mean of nine drugs recently used (meaning in the last six months.) We had quite high levels of injecting, both ever and recently, within the PMP and PDI samples, and much lower rates within the web-based samples. So this is beginning to indicate that we are accessing different sub groups of party drug and psychostimulant users along with the differences in demographic characteristics. And bingeing appears to be quite common among both of the samples here.

We asked participants what their main drug of choice was - unsurprisingly for the PDI sample the largest proportion reported that ecstasy was their main drug of choice. This was similar to the web based sample, and what is interesting here is the range of different drugs of choice that were reported by the PMP sample, with reasonably similar proportions reporting ecstasy, speed and crystal meth as their main drug of choice. It is also interesting to note that 10% of our party drug sample reported that heroin was their drug of choice. This indicates that there are some market intersections where we have perhaps traditionally thought that the markets were more distinct from each other.

In terms of recent drug use, unsurprisingly they are pretty consistent with the eligibility criteria for the various studies. So the PMP sample participants are reporting high levels of ecstasy, speed, crystal meth use, and the same with the PDI sample. The drugs most commonly injected by the PMP and PDI samples were speed, crystal meth and heroin. The PMP sample reported high levels of recent injecting.

We asked participants about the benefits that they perceived with the use of the various types of drugs. We asked this question of the PMP and the PDI samples and their responses were pretty consistent. With ecstasy, the perceived benefits were things like enhanced mood, enhanced bonding, enhanced communication and sociability, increased confidence and drug effects – referring to things like hallucinations, increased creativity and heightened senses. In terms of methamphetamines, it is all quite unsurprising - increased energy, the ability to stay awake and enhanced communication and sociability. And the benefits perceived to be associated with cocaine use were increased confidence and enhanced mood.

We also asked about the risks the participants perceived to be associated with the use of the drugs. Psychological harm in terms of ecstasy referred to things like cognitive impairment, brain damage, memory loss, depression and general mood impairment. The acute health related problems were things like dehydration and heart problems. A substantial proportion of the samples commented on the risks associated with not

knowing what is in ecstasy pills, so unknown drug content. In terms of methamphetamines, psychological harms were things like developing psychosis, paranoia, cognitive impairment and also the risk of developing an addiction or dependence to Meth. Acute health problems were sleep deprivation, weight loss, heart problems, and there were some risks associated with route of administration - a lot of crystal meth users commented on the problems with smoking crystal meth. For cocaine, perceived psychological harms again were the potential for addiction or dependence and mood swings. People also talked about the problem of becoming too confident, and also comments about harms associated with snorting and damage to nasal passages.

Participants were asked whether they had experienced harms associated with their drug use. The findings were pretty consistent for the PMP and PDI samples. Approximately one third of each reported experiencing occupational or study, relationship, social or financial problems with a much smaller proportion reporting legal or police problems. It is interesting to note that the web based sample reported lower levels of all of these problems, so again, evidence that we are contacting different people through these recruitment methods.

This table (refers to screen) brings together the findings to summarise the differences between the samples. So the PMP sample tended to be older and had more experience with drug treatment and previous convictions. The web-based sample were younger and more likely to be male, they had high levels of employment and current studying, and the PDI sample had low treatment and low previous convictions. Bingeing was pretty consistent, with the highest level of injecting among the PMP sample and a very low level in the web based sample.

It seems from the findings that I have presented that the different recruitment methods used in the PDI and PMP samples were successful in accessing different sections of the party drug and psychostimulant using population. For example, the findings demonstrate the diversity of this population in terms of demographic characteristics. It has previously been difficult to get reliable information on groups of younger users, and the findings of the web survey suggest that the Internet may be an appropriate method for getting more data on younger users. The findings also illustrate the wide range of drug use patterns within the party drug and psychostimulant populations. I should have mentioned before that there web-based sample had high levels of cocaine use and cocaine users have traditionally been quite hard to access in Melbourne, so that holds promise for further studies in cocaine use in Melbourne.

Different levels of harm were reported by the samples, so that has implications for harm reduction strategies. And particularly interesting to me were the different routes of administration reported by the samples. This has implications for health promotion methods and certainly further monitoring of injecting practices and associated harms is warranted. There is a lack of data regarding blood borne virus transmission risk in this population, and the level of awareness of associated harm reduction strategies is largely unknown. It is important that this be investigated further and appropriate harm minimisation messages are carefully tailored for the diverse population.

Thank you.

