

EXAMINING TRENDS IN PARTY DRUG USE AND HARMS IN AUSTRALIA

Louisa Degenhardt

National Drug and Alcohol Research Centre, Australia

Firstly I would just like to say thanks for the opportunity to be able to present these results. This is from the first year of something that we have called 'The Party Drugs Initiative'. I would just like to start off by thanking everyone from around the country; this project actually involves people from eight research centres around the country. Doing a national study like this, it is very easy for me to get up and give the results, but basically it would never have been done if we did not have people working around the country to make sure that this research was completed. And also thanks to the other people at NDARC who run this study, Courtney Breen and Bethany White because they coordinate the study and also run the New South Wales arm of it. I would also like to thank the party drug users, just before we get started, for participating in the study, because it is in large part the information that they give us that can give us the detailed results that I can present today. Also thank you to the key informants who agreed to be interviewed, many of whom had not been involved in a study like this before. I will go through in a bit more detail who these people are later.

Firstly, what are 'party drugs'? I thought it might be useful just to give a brief explanation of why we call them party drugs and what they might be. We call them party drugs because they are invariably used to party, to have a good time and to enhance people's enjoyment of different situations. This does not only occur in night clubs, it does not only occur at dance parties, but it is occurring in an increasing range of contexts, and I will go into this a bit more detail later on in the talk. That term can actually refer to a wide range of drugs that are used in this context and it was flagged yesterday afternoon, that alcohol is a drug that can be used to party, so it is important to remember that and that alcohol is commonly used in these settings.

In Australia and probably around the world, there is relatively very little research on these sorts of drugs. This is probably because it is recently that there has been an increase in use, but also because it has not been the case that a lot of harm has been documented related to these drugs. This does not mean that harm does not occur, but it just has not been documented in routine monitoring systems.

As I said before, these are the results of the study that we ran last year. It is the first national study that has been conducted in Australia, looking at trends in party drug use. It involves three sources of information: one, a sample of regular ecstasy users, who we identified as a sentinel group of party drug users, that we would be able to obtain good information on, about party drug use, and party drug markets. Interviews with key informants and indicated data, which can include data on drug seizures, police arrests, and also treatment episodes etc. I have seen mentioned a couple of other systems that have been set up to monitor party drug use, but there is really not the same number of systems that have been set up to monitor drugs like heroin, for party drugs around the world.

So a bit of detail on the components that I will be drawing from in this talk: Firstly is the party drug user sample or the PDU sample. We recruited about 100 in each of the

jurisdictions, or 809 around the country. For them to be included in the study, they needed to have used ecstasy at least once a month, in the past six months, and they needed to have been in the city for the whole year, so that they could provide us with information on trends in party drug markets, in that city, with good validity. The way that we recruited these people was through a range of methods, looking at street press, music and clothing shops - leaving fliers in those, there was advertisements on the internet, fliers at universities and also snowballing, which is when you complete an interview with someone and you let them know that if their friends would be interested in being interviewed, they should give you a call.

(Referring to screen) This is an overview of who these people were; slightly more likely to be male than female and the average age was 25 years. Most of them had completed year 12, nearly half of them had completed tertiary or post-secondary qualifications, and just over half of them nominated ecstasy as their drug of choice, not that surprising given that they were all ecstasy users. The most commonly other reported drugs were cannabis and other stimulant drugs. So if you are looking at this sample, very few of them had been in drug treatment in their life and very few of them had been in prison, so really if you were comparing this group for example to a group of injecting drug users, they had very little demographically in common.

The key informants that we interviewed were professionals who had regular contact with different groups of party drug users. We were getting detailed information from one group of party drug users, but we wanted to get some idea that the trends that we were seeing, from those users, were actually occurring among groups that we did not get to interview. The sorts of people we interviewed were DJs, night club owners, night club managers, health promotion workers, we also interviewed some people who involved with drug distribution, first aid medical officers, youth workers and law enforcement personnel. The idea of that was to really get hold of different groups of people, and different groups of users in the market - we interviewed 140 around the country. As I said before, the indicator data that we collected was data that already existed on illicit drugs. For some of the drugs, for example GHB and ketamine, they haven't been used, apparently, for as long as some of the other drug types, so it was actually quite difficult to collect data on those sorts of drugs, but we did what we could.

So to give you an overview of what we found, with respect to ecstasy use: on average people reported that they had first used when they were 18 years old; in the past 6 months they had used it once every two weeks – for a medium amount. One third of the sample used ecstasy every week, so there was a significant minority who were using it quite regularly. On average people were using one and half tablets per session, and most of the were swallowing it, but significant proportions reported that they had snorted ecstasy at some point, injected it and used it in other ways as well. When you asked people how they usually used it though, most of them said swallowed, because it really seems to be the nicest way to use this drug. Half of them reported they had recently binged on ecstasy in the last 6 months, (bingeing was defined as using it continuously, without sleep, for 48 hours or more.) So half of the sample is going out and using ecstasy, along with other drugs, for a significant period of time. One in five reported that they had wanted to cut down on ecstasy, at some point, but found that they could not.

Just to give an idea of trends that we have seen in ecstasy in the country: since the mid 90s we have seen a consistent increase in the amount of ecstasy and in the number of seizures of ecstasy that have been made at the border of Australia, which is consistent with what we have been hearing, that ecstasy seems to be increasing, in Australia. (Referring to screen) This is data that is only from New South Wales, but it basically shows an increase in both calls to a telephone help line, where people were saying “I am worried about my own or somebody else’s ecstasy use”, and also increases in police incidents where they were recording people as possessing ecstasy or dealing or trafficking ecstasy.

And this finally is data from the *National Drugs Strategy Household Survey*, which is conducted around every three years in Australia. (Referring to screen) Since 1988 you can see an increase, up until 2001, in the proportion of people who say that they have ever or in the past year used ecstasy. So basically these indicators are suggesting that the scale of the ecstasy market has increased, consistently, over the past ten years. And among regular ecstasy users, you are seeing patterns of episodic, but probably binge use. Having said that, these ecstasy users are not primarily, or even usually, using ecstasy on their own. This is a poly-drug using group, who is using a wide range of drugs, and in the past six months they had used an average of 7 drugs out of a choice of 19 that we gave them. So they are experimenting and using a wide range of different drugs and half of them had binged on any one of these drugs in the past six months.

I am just going to briefly go over some of the drug types, before I go into some other aspects of the study that we collected information on. Firstly, methamphetamine: there has been a lot of talk in recent years, about increases in methamphetamine use in Australia. Traditionally we had speed or methamphetamine powder, that was the predominate form of methamphetamine used around the country. But increasingly we have been hearing about what is called ‘base methamphetamine’, which is a gluggy substance, sometimes brown in colour and also ‘crystal methamphetamine’ or ‘ice’. (Referring to screen) Among the regular ecstasy users that we interviewed across the country, you can see the results of how many people were reporting the use of those different forms of methamphetamine, in the past six months; you have about 70% saying that they had used speed, about half saying that they had used crystal and 40% saying that they had used base. And consistent with the reports that crystal methamphetamine is increasing, we have actually been monitoring this group since 2000 in New South Wales and you can see increases in reports of crystal meth use, both life time and in the past six months, among New South Wales regular ecstasy users.

In terms of patterns of use, what I guess is notable here is, use is not very regular and it is not very heavy. When people are using crystal meth or speed or base, they are not necessarily using it every day, or even every week, it is more like once a month is the average. They are typically using half a gram of speed and a point of base or ice. There were clear differences in how people were using them, the different forms - speed powder was being snorted primarily, base was primarily being swallowed and ice was primarily being smoked.

Looking at cocaine use, when we asked people if they had used cocaine in the past six months, just over half said yes. Now this is in sharp contrast to the results that you

would find if you were talking to injecting drug users in Australia, and it is pretty consistent with what we thought, which is that cocaine is a drug that is being used by a very distinct group from injecting drug users in this country. Use was very sporadic, at two days in the past six months, which was not surprising given that availability of cocaine was not deemed to be very high by this group. Most people were saying that they snorted it. (Referring to screen) And you can see there, an increase in the amount of seizures of cocaine that dropped quite markedly last year, suggesting a decrease in availability, which would be consistent with that.

I will just give you a quick overview of the recent use of other drug types by this group. It is notable that alcohol, cannabis and tobacco are by far the most commonly used other drug. I think people focus quite often on the newer drugs like GHB and ketamine, but for this group, as for many groups of drug users, those three drug types are the most commonly used drugs; for alcohol, people were usually drinking at least two days a week. Minorities are reporting the use of ketamine, the use of LSD and the use of GHB, less than a third of each. What we have seen in New South Wales though, is that that proportion has increased for GHB, quite significantly since 2000; we are getting basically 1% of people saying that they have used GHB in the past six months back in 2000, and that was up to just over 20% last year. Similar patterns are seen for ketamine. So really the anecdotal reports, which were also borne out by the key informants, were really supported by looking at these trends over time.

Looking at what users typically said that they used with ecstasy, I think it was over 95% of this group said that they typically used other drugs when they were using ecstasy; this is not a group that just takes pills when they go out, they use other drugs typically in combination. Not surprisingly since most of them used those three other drug types, alcohol, cannabis and tobacco were the most commonly reported other drugs that were used. And about two thirds of the people who said that they drank alcohol were drinking more than 5 drinks when they drank.

Just going into some of the harms that were reported by users: we asked them if they had experienced any work or study problems, any relationship or social problems, financial or legal problems, that they associated with their drug use. Just about all of these people who said yes, thought that ecstasy was the primary drug that was related to these problems; you have about a third reporting each of those (the first three) types of problems, but they were generally relatively minor, in terms of not having enough money to do other things instead of going and taking ecstasy, so it was an either or thing. The relationship or social problems were generally arguments or fights related to their drug use.

We ask people about police activity (referring to screen). Generally people thought that police activity related to drugs, was either stable or increasing, but few of them reported that they thought it have made it anymore difficult for them to score drugs. So it seemed to be that although there might have been increases in police activity that was not necessarily affecting this group, in terms of their ability to obtain these drug types.

In terms of acute harms I would say that this is probably the area that this group faces the most; they are not using drugs very heavily, they are not using every day or even every week, but they are generally using more than one drug at a time, a lot of them

are at least once in the past six months, going out for two days or more, up to about seven days I think was the most; so it is probably harms related to the period when they are using these drugs, that they are facing the most problems.

There is not a standardised system of collecting data on, for example, GHB overdose presentations to emergency departments in Australia. But there are a lot of anecdotal reports and a lot of case reports of overdoses, some of which you will have seen in the media in recent weeks, in Australia, of people overdosing and requiring medical attention. There was one report that there were perhaps 150 so far this year in one Sydney hospital alone. One thing that also happens is that there are reports of multiple overdoses on one night. That is also consistent with the experience in other countries.

In terms of long term harms, as I said earlier, about 20% did report that they had wanted to cut down on ecstasy but found that they could not, and that does suggest some impairment of their ability to control their ecstasy use. Dependence on ecstasy, ketamine and GHB, have all been reported in the literature, although some of those reports have been more contentious than others, I think there is an increasing push to recognise that dependence upon these drug types can occur. And consistent with that we looked at New South Wales data on treatment episodes and we did find a small number of treatment episodes where people were being primarily treated for ecstasy, GHB and ketamine use; very small numbers, but they were definitely being recorded, so it was suggesting that some people are developing problematic use and also asking for assistance. So I think this needs to be both considered in terms of how could effective treatments be offered to this group and also checking to see whether or not these numbers increase in the future.

I am going to talk about where people say they are using these drugs, where they are getting them from and where they are taking them. I guess you could ask “why would you bother looking at this?” First of all, it is interesting from the point of view of how are these drug markets functioning? How is the drug distribution network functioning for these drugs that are not obviously for the same people as, for example, heroin users? Related to that is: are these methods of distribution going to infer greater risk, or additional risk on users? Are they, for example, going to be meeting people that they do not know, in a situation where they might experience risk and that is an additional harm that they could face? And also in terms of understanding where people use these drugs. Different contexts of use will infer different risks; using a drug in a nightclub, for example, is very different to using a drug in a private setting like a home. We also wanted to look at, is the use of these drugs really concentrated in the venues that people traditionally think of, or is it occurring across a wider number of setting.

(Refers to the screen) I know that this is a really busy slide, but basically the left hand group (I have just chosen 7 drug types) is saying, “Where do you get your drugs from?” And people are saying “from my friends”, the second group is “from my dealer”, “from an acquaintance” and then unknown. Basically, the majority of people said “I get my drugs from my friends”, very few people did not know the people that they were getting their drugs from, and you have the dealer somewhere in the middle; so there does not seem to be a strict user-dealer association as there is for drugs like heroin, it seems to be quite different here.

(Refers to the screen) What I have done for the next four slides is: firstly I have looked at public locations of purchase and use, and then private locations. I have picked out here night clubs, dance parties and raves; they are obviously the focus for most of the work here at this conference, but I have also looked at peoples own houses, their friends houses and their dealers house, to see if there are any differences across public and private locations about where people are purchasing and using these drugs. The reason that I thought this could be interesting is, that a lot of attention is given to, for example, police raids of night clubs, because they are interested in targeting suppliers, in night clubs.

(Referring to screen) what you can see here is I have got ecstasy, cocaine, speed, base, crystal, GHB and ketamine; and with the exception of ecstasy, you have got about 10-15% of each of them, saying that they purchase that drug in a night club, at a dance party or a rave. A slightly higher proportion for the ecstasy users, but that reflected the fact that they were more likely to be getting ecstasy in a wide number of contexts. So even though you are seeing reports of people buying it in these locations, as you can tell, it is by far the minority. People are using these drugs in these locations, so immediately what you are seeing is quite a big distinction between where people are purchasing and where people are using these drugs. If you wanted to be targeting users for whatever intervention in this location - probably be good idea; probably not such a good idea if you wanted to target distribution, because it does not seem to be occurring to the same extent.

Moving now to private locations of purchase and use, (refers to the screen) you have got much larger proportions saying that they are buying in these private locations, the most common one being the friends home, which is consistent with most people saying they got their drugs from their friends; and next being the dealers home. But I guess the important thing is that, there seems to be a distinction between the public and private locations, with people on the whole preferring private distribution rather than public.

(Referring to screen) What you can see here is a distinction that people are not going to be using the drugs that they are purchasing at the dealer's house, they obviously don not necessarily want to have a good time there, they just want to get the drugs. But people are going to be using their drugs at their friend's home and at their own home. So in considering the last four slides, it does seem to be that drug distribution is going on in private locations, use goes on in both private and public.

We looked at age differences, among the party drug users, to see if there was any differences between those who were in the young group of ecstasy users, which was the bottom half, and the less young, which was the top half. The young group was the 15-22 years and the less young group was the 23-59. When we looked at it, they had similar rates of recent use of most drugs; there did not seem to be a big distinction in drug types, with the exception of LSD use, which was being used more, and more of the younger users were saying that they were using LSD; and that is pretty consistent with what we have found previously, which seems that people having either grown out of LSD use, or they simply try it and move on.

The two groups also had similar patterns of ecstasy use, they were using just as frequently on the whole, using it as much when they used it, and similar proportions reporting problems related to their use; so that did not distinguish them. What did distinguish the two groups were differences in the locations where they were saying they used ecstasy, and also the sources that they were saying that they got their ecstasy from. (Refers to the screen) the yellow bars are the 15-22 year group. What you can basically see is that the younger group, the more likely they are to be using in the rave situation, and I think they were more likely to be using at a dance party. No differences between the two groups in the proportions saying 'in the night club', and the more mature users were more likely to use at home. I think there are probably obvious reasons why those differences might exist: raves can go on for quite a while and I guess older people get tired sooner.

In terms of sources of ecstasy, these differences do not look dramatic (referring to screen), but they were significant when we conducted tests on them, and I think it was more likely that younger people said they got ecstasy from their friend or from an acquaintance. You could nominate more than one option (obviously, because they do not add to a hundred), but I guess what it suggests, remembering that these groups have the same frequency and the same amount of ecstasy that they use when they are using it; the younger group is getting it from a wider number of people. Now what this says about the sorts of groups and the distribution methods is that younger group are using, I do not know, because that is all we asked about. But it does suggest that there is a difference between the two groups and how they are choosing to get their ecstasy.

So in summary, to recap on the method that we used, we could recruit regular party drug users around the country. Overall they were young adults, slightly more likely to be male (than the general population), generally well educated, often employed or studying, quite distinct from a group of injecting drug users, which is the other group that we have been monitoring for some years. This is a poly drug-using group and while we identify them for their ecstasy use, ecstasy is by no means the only drug type that they use; 7 out of 19 drugs in the past six months.

They are not very regular illicit drug users. Use of all of these drugs is generally less than monthly, with the exception of drugs like cannabis, alcohol, and tobacco; which suggests that the risks associated with their use, given that a lot of them are going to be bingeing when they are using, and combining drugs, is going to be in the acute sense. Because they are occasional users, their use may be planned more so than being opportunistic. I think because of that, or maybe unrelated to that, purchase occurs largely in private settings, even though some public purchase does occur, I think what it says is: that distribution of these drug types is a very hidden activity. Now remembering that this group also does not necessarily stand out from a similar group in the Australian population, this sort of drug distribution is probably not obvious to everyone.

Given the recent increases in the use of GHB, and of crystal methamphetamine, it is probably a good idea to monitor this in the future, given the harms that have been associated with the use of these drugs, both acute and longer term in the case of the development of problematic use of crystal methamphetamine.

Thank you.