

DRUG INFORMATION NEEDS, SOURCES AND CREDIBILITY AMONG 'PARTY DRUG' USERS

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I am here to talk about drug information needs, sources and credibility among 'party drug' users. This is a Commonwealth, Government and Australian Department of Health and Ageing study.

What we know about where people get information about drugs is that they start off by getting it from their peers. As they get older, they move away from the school-based friends that they had and move to other areas. And what we know at the moment, anecdotally, is that the Internet has become a very accessible and, we believed, a very credible source of information as they get older and start particularly in the club drug scene. (Referring to screen) Now this very quickly just shows you a study that we conducted a couple of years ago with a group of high-school cannabis users. Basically **yellow** means: where did you get the information from? And **red** is: how believable did you think the information was that you obtained?

Now as you can see by this, the most popular source of information for young cannabis users was from friends. That was the most popular. There is some good news and bad news there. The good news is – 'friends' was the most popular category. The **bad** news is that they were getting it from their friends. The **good** news is they did not really believe it very much. Schoolteachers did incredibly well around cannabis use. They were actually getting their information from teachers and they actually thought it was pretty believable.

(Referring to screen) If we go down across to the other end and we see doctors and counselling lines, the two sources of information that were seen as 100% believable were doctors and drug counselling lines. Now that is pretty scary I think, particularly around the doctors, because I do not know if in other countries if GPs know very much about cannabis but in Australia GPs know **nothing** about cannabis. The good news about it was that not many people actually went to a doctor for the information, they saw it as a believable source but they did not go there. But drug counselling lines - that is great news for us because you know they do have the information, unfortunately, they were not utilised.

When we got this information we thought it was really, really interesting and we wanted to see what 'party drug' users (in this case cannabis users) like. So, we got some money from the Commonwealth to examine the drug information needs for this group of people. We wanted to examine the range of sources of information and work out how accessible and how credible they believed that source was. We also added a component into this; we wanted to know how comfortable people felt going to that source. And most interestingly, particularly for our funding source, we wanted to find out which sources users thought lacked credibility.

It was quite a large sample - 216 people. The average age was 26 years. We called them 'young party drug users' and the range was 19 – 39. It was a pretty typical ecstasy sample, with just over half being male. English was the preferred language, they were a reasonably well-educated group, and in terms of average age of first use of ecstasy - around that 19/20 age and they had been using ecstasy for an average of 7 years.

The negative physical effects (Referring to screen): I think one of the interesting things we did with this study, unlike any other one that we have ever done at the centre that I know of, is that we actually asked them first off: "What are some of the negative side effects that you have experienced with ecstasy?" And we pretty well received a standard answer: "we do not

have any.” It was not until we actually showed them the list, that we actually had people identify them. So of actually self-reporting, there was not very much. When we actually said: “Do you ever experience any of these?” they showed up.

It was very different for psychological effects. These were ones that were very much at the forefront of their minds. If you said to them: “what negative psychological effects do you experience” we had all of these: “definitely depression, paranoia, anxiety, panic attacks” those sorts of things and “suicidal thoughts and suicide attempts” even came up. So that really has not got much to do with what I am talking about today, but I think it demonstrates that psychological effects are something that we do not talk enough about in terms of negative consequence of ecstasy use.

So, how did we do this rating of information sources? They were asked to rate how accessible they believed each source to be, how comfortable they would be receiving information from that source and how credible they believed that information to be. They had to rank it from a scale of 1 – 5, with 1 representing very difficult or very incredible and 5 representing very easy or very credible. The most popular sources of information overall were friends and dealers, which does not come as any great surprise. But if we look at accessibility of information, once again, not really a great surprise with the first two, friends being the most accessible and hotlines you can just get onto the phone and that was not too bad. What did surprise us was that doctors came up very highly, just at the same levels of dealers, which I am sure doctors are going to be extremely pleased about. So accessibility - no great surprise there. In terms of accessibility of media information, once again no major surprise. Definitely the Internet was the number 1 most accessible. Really we are talking about a group of technophiles here. In fact, a large part of our recruiting strategy was through the Internet.

In terms of how comfortable did they feel getting information from that source - this was a big surprise. 'Friends', of course, was a category way up there which was no surprise at all, but coming equal second was dealers, hotlines and doctors. And I think that is a great surprise that a group of 'party drug' users actually believed they felt comfortable going to doctors for information; something that we did not expect at all. We did not ask for comfort about media of course, because really there is no one on one there, so that was missed.

Credibility. How credible was that information? Well, friends dipped here a bit, and hotlines were number 1, and I think that is something we have to take away with us. Every single state and territory in Australia has a hotline and which have trained counsellors 24 hours a day to deal with any issue that may arise; they are just not utilised. But people believe them and see them as a good source of information; we really need to get those numbers out and get people to use them. Friends were second, but the big surprise was that doctors were third. As I said with cannabis, this is mighty frightening information. As someone who goes around the country and speaks to GPs and trains them on 'party drug' information, they know nothing about this area, absolutely nothing.

In terms of credibility of media information: print media and the internet came out at the top, but not as high as you would think, particularly with a group of, as I said, technophiles, you would have thought the credibility would have been higher, but we will get back to that in a moment.

(Referring to screen) These were the sites. The interesting thing about when they spoke about the Internet and we actually asked them: “what internet sites do you use?” 70% of those people who reported use of the Internet talked about either pillreport.com or bluelight.nu. This was most popular. When it comes to the Internet, they wanted purity information - they wanted to know how good their drugs were. (Referring to screen) This is bluelight, which was an incredibly popular site amongst the sample that we interviewed.

(Referring to screen) So, if you look at access and credibility and do a comparison here, the purple lines down are how accessible it was and credibility is the red line. You can see that some sites did incredibly well on accessibility but dropped in credibility, so you have got friends, dealers, parents and teachers, and the internet all dropped in terms of credibility; they were not as credible as they were accessible. But there were a few that actually were more credible and less accessible, and those were hotlines, counsellors and doctors. And what we are drawing from that I think is the issue of confidentiality. If you look at the groups that are seen as being more credible, it is those groups and professional groups. I think that is the other issue. We really do need to think about that doctor issue though.

(Referring to screen) What sort of information was obtained from these sources? And I think this is really interesting. There are general effects, which are just what does a drug do - ecstasy makes you feel good, that sort of information. Side effects – what can happen to you when you use a drug in terms of negative consequences. Purity and quality, and in this last issue was safety. As you can see here, general side effects – parents, teachers and doctors are the people that they get their information from. But in terms of purity or quality, the dealer wins out, which I find absolutely unbelievable. If you really wanted to go and say: “well, how good are your drugs?” The drug dealer is not going to turn round and say: “they are of really poor quality”. It does not quite make sense. The interesting thing about this is that the Internet is fairly constant. On everything we see, every single one, it is fairly constant. Others have huge peaks and troughs but the Internet remains a constant one.

So, we have talked about accessibility, comfort and credibility. Where have they gone for information? (Referring to screen) You can see here the yellow is “ever” and the red is “usually”. And you can see that friends and the Internet do the best. That is really where people are going for information. With all of that other information that we collected – that is what they are really doing. And I think this has a lot of implications for particularly policy, and I think when we deliver this to the government, it is going to be interesting to see how they respond, because of the next component of this, which I think is incredibly important.

We asked them, and this is the first time this has been asked to my knowledge: “whom do you not believe? And dealers were number 1, which when you actually think that they were all asking them how pure the drugs are, it does not really quite make sense. But the interesting thing here is how badly, and we did not actually have a list of things that you had to tick the box for. What we actually had was they just told us whom they do not believe. It was an open-ended question. (Referring to screen) And you could see here that the police and government came out number 1. And if you think about it, where do all of our messages come from around drug issues – it is from police and government. And so we really have to consider this. You can see government are next, police are after that, so if you actually add up all of those together, it is a pretty high group. So there are some questions to be asked.

So what comes out of this study? I think there are some really, really important things to take away from it. The first thing is that friends are the most common source of drug information. Peer education is a key here, we need to give more peer education, use people to share information. We have got to get that information to those peer groups but it is important. I think the finding of dealer credibility is something that needs further investigation because, although a substantial group of people said they did not believe dealers, there was also the other group who were actually going to dealers for information. So there was a very interesting project that was going to be conducted in Sydney, which was about actually training dealers up in harm-minimisation. It was going to be done over the Internet and getting information through dealer networks. It got stopped very, very quickly and de-funded because someone found out and the *Daily Telegraph* was going to run a story on it (which is our tabloid newspaper.) But I think we do need to actually do some more work in that area.

The whole issue of how we disseminate our information in this country, this study draws that into question. The fact that we actually keep putting information out through government campaigns and through police alerts, people do not believe it. It is the one source of information they do not believe, so we have to actually look for alternatives.

And finally, I think this is an incredibly important area that we are now going to start getting funding for. Doctors are showing up as incredibly powerful people in this area. They are seen as accessible, they are seen as somewhere that people feel comfortable to go, and they are credible. Realistically we need to actually start using club-friendly doctors to actually start disseminating information. My partner said to me that this all made sense to him, because if you think about any Australian in here would know Dr. Wright, Dr. James Wright, who is some sort of a television doctor who in the '70s and '80s used to actually deliver a whole wealth of health information out to the general public. We now have Dr. Karl who is another example. It is the word doctor on the front, which all of a sudden lifts you in credibility status, and the club drug scene has not utilised that, and I think we have to.

Thank you very much for your attention.