

# What's behind the common risk-taking practices and help-seeking behaviours of regular ecstasy users

Ms Sheena Arora, Ms Natasha Sindicich  
and Dr Lucy Burns

National Drug and Alcohol Research  
Centre  
University of New South Wales  
Funded by the Australian Government  
Department of Health and Ageing

# Acknowledgements

- Study participants, key experts, and agencies providing indicator data
- Other researchers involved in the study
- The Funders – Australian Government  
Department of Health & Ageing

# Overview

- The study and the participants
- Risk taking practices
- Health and other problems
- Help seeking behaviour
- What does it all mean?

# Background

- Regular use of club drugs by youth: associated with acute and long term negative health consequences
- Polydrug use has been linked to psychological and physical risks
- Regular users of these drugs are typically a difficult group to engage in treatment and health initiatives

# Methodology

## EDRS = Ecstasy & Related Drugs Reporting System

1

- Face-to-face interviews with n=100 current Regular Ecstasy Users (REU) for the EDRS or regular injectors (IDU) for the IDRS recruited in each capital city across Australia.

2

- Face-to-face and telephone interviews with Key Experts (KE) who through their work have regular contact with REU or IDU

3

- Analysis and synthesis of population indicator data sources such as the National Drug Strategy Household Surveys, Customs seizures, Ambulance attendance data

# Methodology

- Inclusion criteria:  $\geq$  monthly ecstasy use in the past 6mths, in the market for 12mths, over 17
- 693 face to face interviews
- Motivations for continued use of ERDs, the mental, physical and social problems experienced by this group and help seeking behaviours

# Who is this group?

REU sample	2010
Age (mean)	24
% Male	58
% Heterosexual	86
Mean years school education (n)	12
% Tertiary	47
Mean weekly income(\$)	\$566
% Currently in drug treatment	4
% Previous prison history	4

# What drugs are they using?

Drug	Recent use %	Approximate frequency
Ecstasy	100	Fortnightly
Speed powder	47	Every 2 months
Ice	17	Less than monthly
Cocaine	48	Every 2 months
Ketamine	12	Sporadic
GHB	6	Sporadic
LSD	38	Every 2 months
Mushrooms	18	Sporadic
Mephedrone	16	N/A
Cannabis	80	Weekly

# What drugs are they using?

## Emerging psychoactive substances?

	Nati- onal	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2CI	6	4	4	4	15	4	9	4	1
2CB	9	16	10	9	6	15	5	4	5
2CE	3	2	8	4	5	2	0	4	2
DMT	7	7	4	15	7	3	8	0	4
Mephedrone	16	4	1	28	42	9	16	4	13
BZP	5	0	3	1	2	0	25	0	2

# Drug taking behaviours

- Polydrug use
  - 82% used other drugs with ecstasy
- Bingeing
  - 34% on a median of 2 occasions
- Ecstasy and alcohol
  - 22% drank more alcohol than usual the last time they took ecstasy



# Risk taking practices

## Alcohol consumption



- Audit questionnaire
  - Mean score of 14.75
  - Scored 8 or more = 85%

Zone	Score	% REU
Low risk	0-7	16%
Moderate risk of harm	8-15	39%
Harmful/hazardous	16-19	20%
Dependent	20-40	26%

# Risk taking practices

## Sexual practices

- Casual sex
  - 61%
- Use of protection during casual sex
  - 35% every time, 19% never, 39% often, sometimes or rarely
- Casual sex whilst using drugs
  - 50%

# Risk taking practices

## Driving Risk

- Driven under the influence of alcohol
  - 64%
- Driven while over the legal limit
  - 45%
- Driven within 1 hour of taking drugs
  - 56%



# Risk taking practices

## Energy drinks

*‘Mixing energy drinks and alcohol - worse hang over, can't sleep, fuzzy vision (see lights when you close your eyes)’*

*‘Mixing energy drinks with ecstasy only - anxious’*

*‘Mixing all three - fuzziness and funny lights when close eyes, worse hangover’*

# Risk taking practices

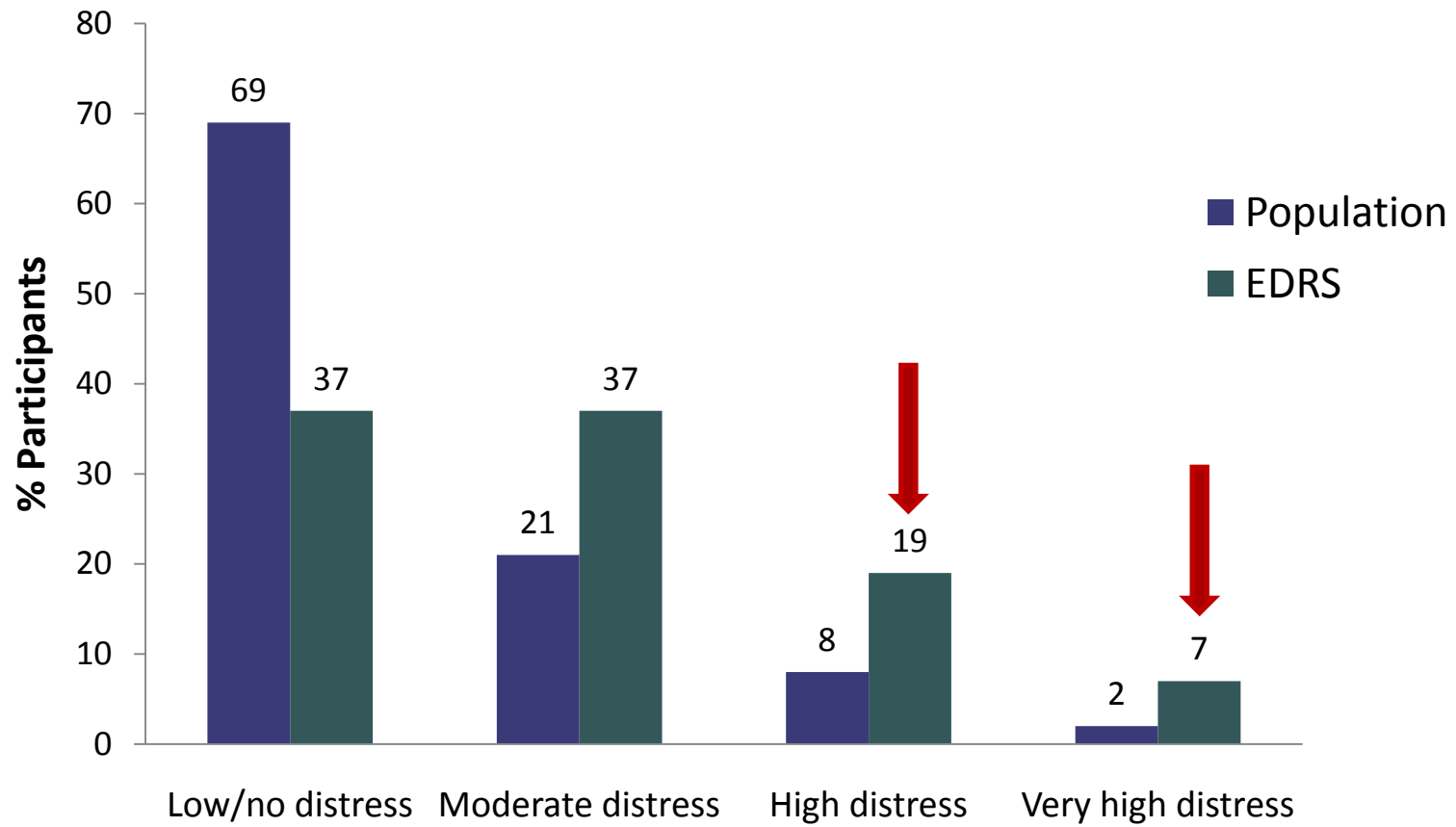
## Energy drinks

- Consumed energy drinks with alcohol
  - 70%
- Consumed energy drinks with ecstasy
  - 57%
- Experienced negative effects from consuming energy drinks with alcohol or ecstasy
  - 62%



# Health and other problems

## Kessler 10



# Health and other problems

## Other problems

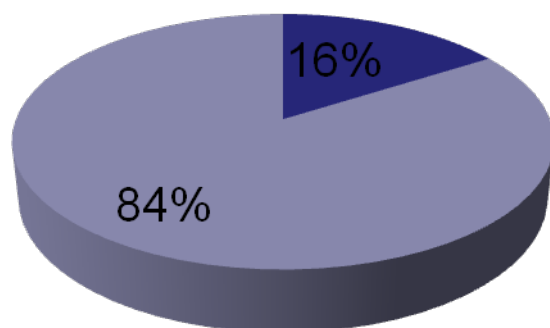
Self-reported problems	% REU
Relationship problems	20%
Legal problems	5%
Risk problems	38%
Responsibility problems	39%

# Help seeking behaviour

## Accessing services

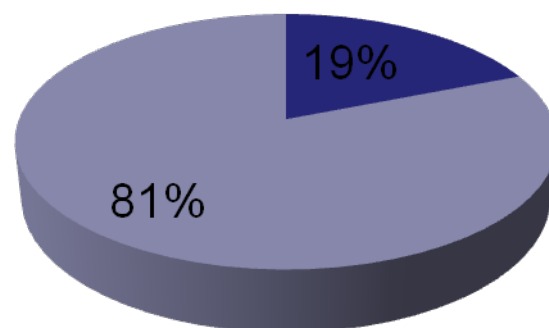
2008

- access service
- no service access



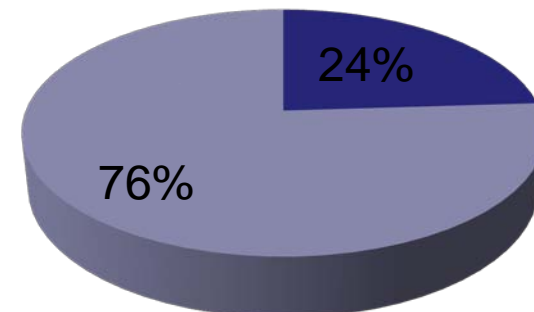
2009

- access service
- no service access



2010

- access service
- no service access



# Help seeking behaviour

## Accessing Services - Acute Issues

Service	%	Main drugs	Main reasons
Emergency	5	Alcohol, ecstasy	Overdose
First aid	4	Ecstasy, alcohol	Acute physical problem
Ambulance	3	Alcohol, heroin	Overdose
Hospital	2	Alcohol	Overdose

# Help seeking behaviour

## Accessing Services – Long-term Issues

Service	%	Main drugs	Main reasons
GP	11%	Alcohol, ecstasy	Dependence, anxiety, depression
Psychologist/ psychiatrist	8%	Cannabis	Dependence
Counsellor	5%	Cannabis, heroin, ecstasy	Dependence, anxiety, depression
Drug & alcohol worker	5%	Ecstasy, heroin, cannabis, alcohol	Dependence
Social worker	1%	Alcohol	N/A

# Help seeking behaviour

Worrying comment.....

*‘would like to see someone or be prescribed something to get off drugs/cannabis, but there is no help out here’*

# Implications

- Prevalence of problematic behaviours and other health issues in this group
- Despite problems, few seek help
- Why are this group not accessing services?

# Contact details

NDARC website for further information:

<http://ndarc.med.unsw.edu.au/>

Contact details:

Sheena Arora, ACT Coordinator, EDRS and IDRS

[s.arora@unsw.edu.au](mailto:s.arora@unsw.edu.au)