
What's Behind the Risk-Taking Behaviours of Ecstasy Users?

Sheena Arora

National Drug and Alcohol Research Centre, University of New South Wales

The Ecstasy and Related Drugs Reporting System has surveyed regular users of illicit drugs to build up a picture of their risk-taking behaviours and the consequences they have faced.

The chemical MDMA was first discovered in 1912 by the pharmaceutical company Merck, which synthesised MDMA as an intermediate chemical to be used in the production of blood-clotting agents. It was not until the 1970s that MDMA was used as a recreational drug, mainly in the United States. In the 1980s it began to be known as ecstasy, and its popularity soared. In the 1990s, ecstasy became synonymous with

raves and dance parties.

Since this time, the use of ecstasy has become more widespread, and is used across a wide range of age groups and demographics. This may be because of a more widespread acceptance of the drug in today's society.

In reality, there is still not enough research available assessing the link between ecstasy use and long-term adverse health outcomes.

In Australia, ecstasy remains one of the most widely used illicit drugs, and is the second most commonly used illicit drug after cannabis. A recent survey indicated that one in 10 Australians had used ecstasy at least once in their lives, and 3% of Australians had used ecstasy in the previous 12 months. The same survey indicated that use was highest amongst those aged 20–29 years old.

Professor David Nutt, former chairman of the

UK Advisory Council on the Misuse of Drugs, famously asserted that taking ecstasy is no more dangerous than horse riding. One of the reasons for the widespread use of ecstasy is the perception held by many that it is a relatively safe drug.

On the other hand, the media have reported a number of ecstasy-related deaths, and there is some evidence linking ecstasy use to neurotoxicity (damage to the nervous system and/or brain) and impaired memory and cognitive ability.

In reality, there is still not enough research available assessing the link between ecstasy use and long-term adverse health outcomes.

Ecstasy, Poly-drug Use and Other Risky Behaviours

To get a better picture of what is going on amongst those who regularly use ecstasy, the National Drug and Alcohol Research Centre set up a sentinel survey known as the Ecstasy and Related Drugs Reporting System (EDRS). The EDRS runs every year in every capital city in Australia and involves researchers going out and talking to people who regularly use ecstasy. It also involves talking to people who have regular contact with this group, such as drug treatment staff, youth workers and party promoters, and collecting secondary information like hospital admissions.

The 2010 EDRS asked participants about their use of a wide range of licit and illicit drugs. The results showed that the regular ecstasy users surveyed also commonly used a wide range of other drugs. Importantly, 82% of the sample used other drugs at the same time as ecstasy on their last occasion of use. This is what's known as poly-drug use.

Sometimes, people combine drugs in order to enhance their effects. In other cases, people combine drugs to alleviate the side-effects of the primary drug. The thing about poly-drug use is that often the drug synergies can lead to side-effects that seem unpredictable to the user. For example, mixing a stimulant drug with a depressant drug (e.g. alcohol with ecstasy) can lead to unpredictable effects as both drugs are essentially competing with each other within the body. Mixing two depressant drugs (e.g. benzodiazepines with heroin) leads to an increased risk of overdose as both drugs are suppressing the central nervous system. Mixing two stimulant drugs (e.g. ecstasy with cocaine) places a greater strain on the body, in particular the heart.

Poly-drug use has also been linked to long-term psychological and physical risks. Increased risk of drug dependence, decreased cognitive functioning, psychiatric disorders, criminal activity, violence and overdose have all been linked to poly-drug use. Despite these risks, regular users of these drugs are typically a difficult group to engage in treatment and health initiatives, and very rarely seek help for problems associated with their drug use.

To increase engagement with this group, it is important to better understand the problems that are occurring, what sorts of behaviour are potentially placing them at risk and what sorts of services they are most likely to engage with.

Alcohol

Participants in the EDRS were asked to complete the Alcohol Use Disorders Identification Test (AUDIT), which was designed by the World Health Organization as a screening tool for hazardous/harmful patterns of drinking across three conceptual domains: alcohol intake, dependence and adverse consequences. Amongst our sample of regular ecstasy users, 84% scored in the range that places them at risk of hazardous drinking. Further, over one-quarter (26%) of participants

About MDMA

COMMON NAMES

Ecstasy, E, XTC, pills, X, eckys, biccies, biscuits

CHEMICAL NAME

3,4-methylenedioxyamphetamine

WHAT IS IT?

Ecstasy is a synthetic drug usually sold in the form of pills/tablets, but can also be bought as powder or as capsules. Pills are usually small in size and come in varying colours.

WHAT DOES IT DO?

Ecstasy is often referred to as the "love drug", and gives users a warm fuzzy feeling. It works by stimulating the central nervous system, providing a sense of euphoria, general well-being and a sense of closeness with others. Other short-term effects include teeth grinding, increased body temperature, nausea, anxiety, sweating and an inability to sleep.

Ecstasy sold on the black market is sold to consumers under the assumption that it contains MDMA. In reality the content of drugs sold as ecstasy varies widely and often contains little or even no MDMA.

scored in the range placing them at risk of possible alcohol dependence (requiring evaluation and possible treatment for alcohol dependence).

Sexual Behaviours

The EDRS also explores patterns of sexual behaviour amongst regular ecstasy users, in particular behaviours around casual sex (sex with someone other than a regular partner) as well as the use of sexual protection. We found that well over half of our ecstasy users (62%) had practised casual sex in the previous six months. We also found that of those that had practised casual sex, only 35% always used protection.

Driving Behaviours

Are regular ecstasy users more likely to have exhibited risky driving behaviours? The contribution of alcohol to road accidents is something that continues to be of concern amongst the community. As we learn more about the impact of illicit drugs on driving

ability, the prevalence of drug driving has also increasingly become of concern.

When asked about their experience of drink/drug driving, the results were startling. Almost half (46%) admitted to driving whilst over the legal limit of alcohol, and more than half (56%) said they had driven within one hour of taking an illicit drug. This suggests that either there is a lack of awareness around the effects of alcohol and drugs on driving ability and/or this group are likely to be risk-takers.

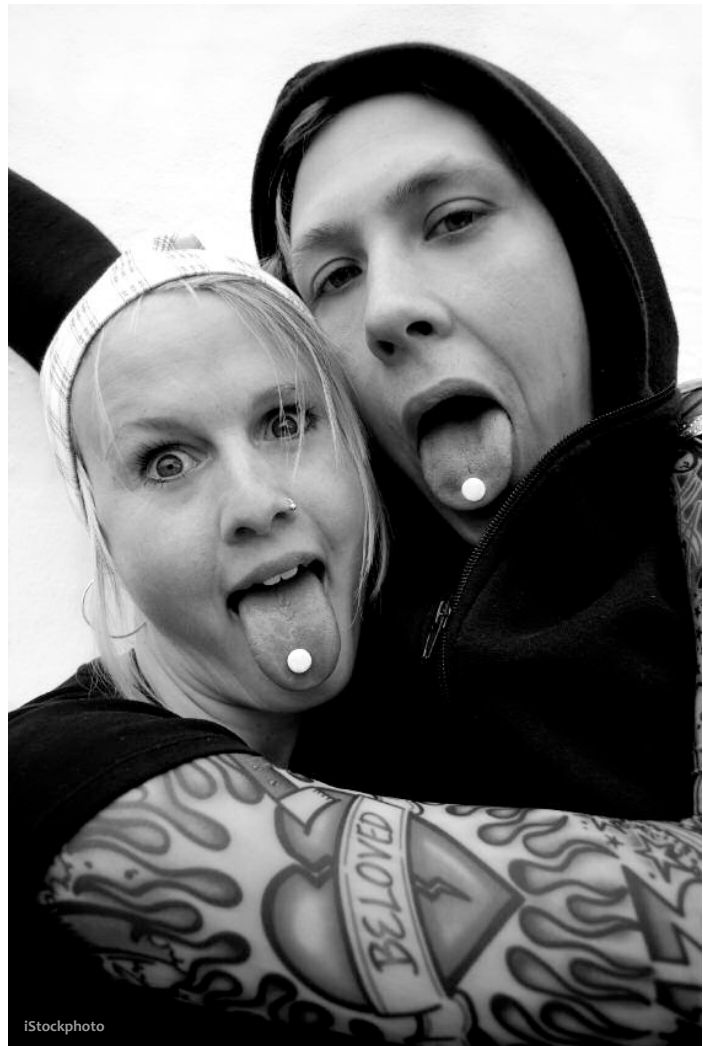
Energy Drinks

The combination of energy drinks with alcohol and/or ecstasy remains a source of controversy amongst the community. Many are calling for tighter regulations around the sale of energy drinks, including the Australian Medical Association, which has called for a ban on the sale of pre-packaged alcoholic energy drinks. Concerns relating to energy drinks are based on research indicating that energy drinks enable people to drink for longer (and therefore drink more) and also that they mask the effects of intoxication (also leading to people drinking more). Research also indicates that consuming the high levels of caffeine contained in energy drinks along with ecstasy increases risks of overheating and dehydration.

Despite this, the policy response from government has been limited and research into the area continues. Over two-thirds (70%) of EDRS respondents consumed energy drinks with alcohol, and 57% consumed energy drinks with ecstasy. Many of these (62%) reported experiencing negative effects from drinking energy drinks with alcohol or ecstasy. One respondent said of mixing energy drinks, alcohol and ecstasy: "Fuzziness and funny lights when I close my eyes – worse hangover".

Psychological Distress

Prior research has shown that there is a relationship between mental health and ecstasy



use. The EDRS supports these findings, with 26% of participants experiencing high or very high levels of psychological distress. This compares with 10% of the general Australian population. However, it may not be the ecstasy use itself that is associated with psychological distress, but a combination of other factors including other drug-use patterns or demographic characteristics.

Help-seeking Behaviours

The EDRS shows that it is common for regular ecstasy users to engage in risky and problematic behaviours. Despite this, they are a group that is typically difficult to engage with and unlikely to seek treatment. One-quarter of the sample (24%) had accessed a service for their drug use in the previous 12 months. This includes seeking treatment for both acute issues

such as overdose and also long-term issues such as dependence. The drugs most often described as being involved were alcohol and ecstasy. One participant said that they “would like to see someone or be prescribed something to get off drugs/cannabis, but there is no help out there”. There seems to be a worrying disconnect between the services available and those in need of treatment and/or support.

... more than half (56%) said they had driven within one hour of taking an illicit drug. This suggests that either there is a lack of awareness around the effects of alcohol and drugs on driving ability and/or this group are likely to be risk-takers.

engaging this group with treatment and other health services, there is a need for policy-makers, researchers and health professionals to think about how to better stage treatment, prevention and education initiatives that target the venues this group is likely to engage with.

Headspace (headspace.org.au) is one initiative that has been successful in engaging young people who are going through a tough time. Headspace provides holistic treatment and education

services to young people across a range of issues, including mental health and alcohol and other drug issues.

Looking to programs and initiatives that have been successful may help in finding new ways to better engage this group.

So What?

There are clearly a number of risk behaviours associated with and problems experienced by regular ecstasy users. Given the difficulty in

WATCHKEEPER FATIGUE A SIGNIFICANT SAFETY RISK ON SHIPS

Ship operators need to ensure that they have an appropriate process in place to properly manage the level of crew fatigue, according to the Australian Transport Safety Bureau (ATSB).

The advice is a result of the ATSB's investigation into the 3 April 2010 grounding of Chinese bulk carrier *Shen Neng 1* on Douglas Shoal, off the coast of Queensland near Gladstone.

In its final investigation report, released in April 2011, the ATSB found that the chief mate was affected by fatigue and this resulted in a decreased level of performance while he was monitoring *Shen Neng 1*'s position. The report found that the ship did not have an effective fatigue management system in place to ensure that the bridge watchkeeper was fit to stand a navigational watch. (A watchkeeper is responsible for navigating the ship.)

ATSB Chief Commissioner, Mr Martin Dolan, said *Shen Neng 1*'s grounding provides an important safety lesson for all sea-going vessels.

"Fatigue is one of the key safety risks facing seafarers, and watchkeepers in particular. Failure to manage fatigue can lead to loss of life, damage to property and damage to the environment," Mr Dolan said.

"The ATSB urges ship operators to comply with international requirements that ensure operators properly manage the hours

of work and rest of watchkeepers."

The report also identifies several other safety issues relating to the accident:

- The ship's safety management system did not contain procedures or guidance in relation to the proper use of passage plans, including electronic route plans.
- In the 30 minutes leading up to the grounding, there were no visual cues to warn either the chief mate or the seaman on lookout duty as to the underwater navigation hazards directly ahead of the ship.
- At the time of the grounding, the protections afforded by the requirement for compulsory pilotage and active monitoring of ships by the Great Barrier Reef and Torres Strait Vessel Traffic Service (REEFVTS) were not in place in the sea area off Gladstone.

The report contains two safety recommendations addressed to *Shen Neng 1*'s management company regarding the safety issues associated with fatigue management and passage planning. The report also acknowledges the safety action taken by the Australian Maritime Safety Authority in relation to the extension of REEFVTS coverage to include the waters off Gladstone.

Source: Australian Transport Safety Bureau