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Key findings

- Twenty two percent of regular ecstasy users (REUs) had a history of injecting and over a third of lifetime injectors had injected in the last six months.
- Males were significantly more likely to have injected in the last six months than females.
- Older REUs were significantly more likely than young REUs to have ever injected heroin or cocaine.
- The majority (93%) of participants reported penetrative sex in the six months preceding interview.
- Nearly a quarter (20%) of those who reported penetrative sex in the preceding six months had had anal sex.
- The majority (79%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months.
- Females were significantly more likely than males to have penetrative sex while the influence of drugs.
- Older REUs (26%) were significantly more likely than younger REUs (14%) to be engaged in anal sex and to have had penetrative sex while under the influence of drugs.
- Sixty percent of REUs had driven within one hour of taking a drug.
- Males (64%) were significantly more likely than females (53%) to drive soon after taking a drug, in particular cannabis.
- Sixty five percent of the older REUs reported that they had driven soon after taking a drug compared to 54% of the younger REUs.

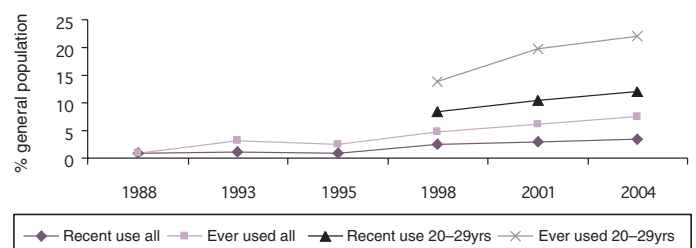
Examining injecting, sexual and driving risk behaviours among regular ecstasy users in Australia by gender and age

Introduction

The Party Drugs Initiative (PDI) is a national monitoring system of ecstasy and related drugs that is designed to investigate emerging trends of local and national interest in ecstasy and related drug markets. The PDI was conducted across Australia for the first time in 2003. The PDI involves interviews with regular ecstasy users; interviews with key experts that have contact with users; and analysis of existing data sources to monitor emerging issues in the ecstasy and related drug markets. Detailed results of the PDI are presented in individual jurisdiction and national reports (<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS>).

Ecstasy is the third most widely used illicit drug after cannabis and amphetamines, with one in eight (12.0%) of 20-29 year olds and 4.3% of 14-19 year olds reporting past year ecstasy use in the 2004 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2005). Recent (12 months) and lifetime use (ever used) of ecstasy data collected from the NDSHS between 1988 and 2004 is presented in Figure 1. Prior to 2004 ecstasy included substances termed party drugs. Since 1995, there has been a steady increase in the number of people who report lifetime and recent use of ecstasy. Ecstasy use is most common among those aged 20 to 29 years, with the number of people reporting lifetime and recent use increasing.

Figure 1:
Prevalence of ecstasy use (14 years and over) in Australia, 1988 to 2004



Source: National Drug Strategy Household Surveys 1988-2004

Note: Recent use is in the last 12 months. Prior to 2004 substances known as 'designer drugs' were reported as 'ecstasy'.

The main focus of this bulletin is on the three risk behaviours – injecting, sexual and driving among the 852 REUs interviewed for the 2004 PDI. Further analysis was completed focusing on gender and age. The sample was divided into two age groups based on the median age of the national sample (23 years). The younger group comprised of REUs aged between 16-22 years and the older group between 23-60 years.

Demographics

The national PDI sample was predominantly male, with a mean age of 24 years, first using ecstasy at a mean age of 18 years. The REUs interviewed were well educated (mean of 12 years of education); half with tertiary qualifications. Over half of the national sample was employed or full time students. Few of the REUs interviewed had a criminal history or were involved in drug treatment.

Half the sample reported ecstasy as their drug of choice, using one tablet a mean of 18 days in the last six months. The mean number of ecstasy tablets taken in a 'typical' or 'average' use episode among the national sample in the preceding six months was two tablets and four tablets during their 'heaviest' use episode. Over a third (38%) of the national sample reported bingeing on ecstasy within the past six months. Bingeing was defined as using the drug on a continuous basis for more than 48 hours without sleep.

Injecting risk behaviour

In 2004, REUs were asked about their injecting risk behaviours. Tables 1 and 2 present injecting risk behaviour data by gender and age. Of the national sample 22% of REUs had a history of injecting. Among this group, speed was reported as the main drug that had ever been injected. Over a third of REUs had injected in the last six months; methamphetamine was the most common injected drug in the preceding six months with almost two thirds reporting the recent injection of speed (60%) or base (60%).

Gender

Similar patterns were observed between gender with nearly a quarter of males (24%) and females (21%) reporting a history of injecting. Speed was reported as the main drug ever injected by both males and females. Males were significantly more likely to have injected in the last six months than females (Table 1). No significant difference was found between gender for the mean number of drug types ever injected or injected the last six months. Eighty one percent of females and 73% of males had injected while under the influence of drugs.

Table 1:
Injecting risk behaviour among REUs by gender, 2004

	Males n=524	Females n=328
Ever injected (%)	24	21
Drugs ever injected# (%)	n=122	n=69
Speed	75	75
Base	65	58
Crystal	61	49
Ecstasy	54	65
Heroin	49	51
Cocaine	32	29
Benzodiazepines	23	21
Ketamine	22	13
MDA	11	15
LSD***	18	6
Injected last 6 months (%)**	74	59
Drugs injected in the last 6 months## (%)	n=90	n=41
Speed	60	59
Base	60	59
Crystal	50	44
Ecstasy	36	34
Heroin	30	34
Cocaine	10	15
Benzodiazepines	9	8
Ketamine	18	7
MDA	6	2
LSD	1	2
Mean no. of drug types ever injected#	3.8	3.5
Mean no. of drug types injected last 6 months#	1.7	1.3
Injected under the influence of drugs in the last 6 months## (%)	73	81

Source: PDI interviews

among those who had ever injected ## among those who injected last 6 mths

* significant at $p < 0.001$ ** significant at $p < 0.01$ *** significant at $p < 0.05$

Age

The national sample was divided into 'young' and 'old' age groups. As expected there was a significant difference between age, lifetime injecting and the mean number of drug types ever injected. Older REUs were significantly more likely than young REUs to have ever injected heroin or cocaine. No other significant differences were found between the groups.

Table 2:
Injecting risk behaviour among REUs by age, 2004

	Young n=425	Old n=427
Ever injected (%)*	11	25
Drugs ever injected# (%)	n=45	n=148
Speed	64	78
Base	56	64
Crystal	53	59
Ecstasy	53	60
Heroin**	31	55
Cocaine***	18	35
Benzodiazepines	16	24
Ketamine	18	19
MDA	7	14
LSD	20	12
Injected last 6 months (%)	77	66
Drugs injected in the last 6 months## (%)	n=34	n=97
Speed	59	60
Base	56	61
Crystal	56	45
Ecstasy	35	35
Heroin	24	34
Cocaine	9	12
Benzodiazepines	9	8
Ketamine	15	14
MDA	0	6
LSD	3	1
Mean no. of drug types ever injected#***	2.9	3.9
Mean no. of drug types injected last 6 months#	1.6	1.6
Injected under the influence of drugs in the last 6 months## (%)	77	75

Source: PDI interviews

among those who had ever injected ## among those who injected last 6 mths

* significant at $p < 0.001$ ** significant at $p < 0.01$ *** significant at $p < 0.05$

Sexual risk behaviour

As expected among a sample of young adults, the majority (93%) of participants reported penetrative sex in the six months preceding interview. Penetrative sex was defined as "penetration with penis or fist, of the vagina or anus". Of those who reported penetrative sex in the preceding six months, the majority (84%) reported having sex with a regular partner and half (59%) reported sex with a casual partner. Participants were asked about the use "protective barriers" which were defined as "condoms, dams or gloves" with each partner type. The prevalence of using any barrier *every time (always)* was higher with casual (56%) compared to regular (26%) partners. One in five (20%) of those who reported penetrative sex in the preceding six months had had anal sex. The majority (79%) of those reporting recent penetrative sex reported using drugs during sex in the previous six months. The most commonly used drugs used during sex were ecstasy (84%), alcohol (46%) and cannabis (36%).

Gender

Little difference was observed between gender and sexual risk behaviours (Table 3). The only significant difference found was that males were more likely than females to be engaged in anal sex which is expected given the percentage of homo/bisexual men. Males (29%) were more likely to use protection every time (always) during penetrative sex with a regular partner than females (21%). No difference was found between gender for protection during sex with casual partners. Females were significantly more likely than males to have penetrative sex while the influence of drugs.

Table 3:
Sexual risk behaviour among REUs by gender, 2004

	Males n=524	Females n=328
Penetrative sex (%)	93	94
Always use protection with regular partner# (%)***	29	21
Always use protection with casual partner ## (%)	20	19
Anal sex (%)***	22	16
Penetrative sex while on drugs (%)*	76	82
Drugs used while having penetrative sex (%)	n=370	n=250
Ecstasy	84	84
Cannabis	38	33
Alcohol	45	47
Speed	23	26
Base	11	12
Ice	13	15
Cocaine	5	7
Ketamine	3	3
GHB	3	4

Source: PDI interviews

among those who had a regular partner ## among those who had casual partners

* significant at $p < 0.001$ ** significant at $p < 0.01$ *** significant at $p < 0.05$

Age

A number of differences were observed between younger and older REUs in relation to sexual risk behaviours. While young and older equally reported penetrative sex in the last six months, older REUs (26%) were significantly more likely than younger REUs (14%) to have engaged in anal sex and to have had penetrative sex while under the influence of drugs. Ecstasy was the main drug reported by the older and younger REUs as the drug used while having sex. Older REUs were significantly more likely to report ecstasy, speed and base compared to the young REUs. No difference was found between gender or age and using protection every time (always) during penetrative sex with a regular or casual partner.

Table 4:
Sexual risk behaviour among REUs by age, 2004

	Young n=425	Old n=427
Penetrative sex (%)	93	94
Always use protection with regular partner# (%)	29	23
Always use protection with casual partner## (%)	21	18
Anal sex (%)*	14	26
Penetrative sex while on drugs (%)*	77	81
Drugs used while having penetrative sex (%)	n=370	n=250
Ecstasy***	80	88
Cannabis	33	40
Alcohol	45	46
Speed***	21	28
Base**	7	14
Ice	12	16
Cocaine	5	7
Ketamine	2	4
GHB	5	2

Source: PDI interviews

among those who had a regular partner ## among those who had casual partners

* significant at $p < 0.001$ * significant at $p < 0.01$ *** significant at $p < 0.05$

Driving risk behaviour

For the first time in 2004, the PDI asked participants about driving soon after taking a drug (within one hour). Of the national sample 60% had driven within one hour of taking a drug. The drug most commonly taken was ecstasy (69%) followed by cannabis (57%), alcohol (52%) and speed (41%).

Gender

In Table 5, males (64%) were significantly more likely than females (53%) to drive soon after taking a drug, in particular cannabis. Ecstasy was the drug most likely reported by REUs and there was no significant difference across gender. Cannabis and alcohol were the next most likely drugs used while driving.

Table 5:
Driving risk behaviours among REUs by gender, 2004

	Males n=524	Females n=328
Driven soon after taking a drug (%)**	64	53
Drugs used before driving (%)	n=333	n=172
Ecstasy	69	70
Cannabis**	62	41
Alcohol	55	47
Speed	41	40
Base	26	19
Ice	25	22
Cocaine	6	11
Ketamine	4	3
LSD	5	6
Heroin	4	2

Source: PDI interviews

* significant at $p < 0.001$ ** significant at $p < 0.01$ *** significant at $p < 0.05$

Age

There was a significant difference between age and driving risk behaviours, with 65% of the older REUs reporting that they had driven soon after taking a drug compared to 54% of the younger REUs. Over two thirds of the younger and older REUs reported using ecstasy while driving. The older REUs (29%) were significantly more likely to have used base while driving than the younger REUs (18%).

Table 6:
Driving risk behaviours among REUs by age, 2004

	Young n=425	Old n=427
Driven soon after taking a drug (%)**	54	65
Drugs used before driving (%)	n=228	n=277
Ecstasy	68	70
Cannabis	58	56
Alcohol	50	54
Speed	43	39
Base**	18	29
Ice	24	25
Cocaine	6	9
Ketamine	4	4
LSD	7	4
Heroin	2	4

Source: PDI interviews

* significant at $p < 0.001$ ** significant at $p < 0.01$ *** significant at $p < 0.05$

Conclusion

For the first time in 2004, REUs interviewed for the PDI were asked about injecting, sexual and driving risk behaviours. While the PDI is not directed towards monitoring IDU, small proportions of the REUs interviewed had injected drugs. Similar patterns were observed between gender, however males reported injecting more so than females in the preceding six months. As expected older REUs were more likely to report lifetime injection of drugs in particular heroin and cocaine as well as reporting a larger number of drug types ever used and in the last six months.

PDI data indicated that the majority of the participants were engaged in penetrative sex in the six months preceding interview, nearly a quarter reported anal sex and a large proportion reported penetrative sex while under the influence of drugs in particular ecstasy. Females and older REUs were more likely than males and younger REUs to have had penetrative sex while under the influence of drugs. Unprotected sex was also common among this group. Like injecting, unprotected sex raises concerns about blood borne virus infections and sexually transmitted infections. Ongoing monitoring of injecting and sexual risk behaviours is required.

The reports of users driving under the influence of drugs is a concerning finding in this year's PDI where nearly two thirds of the sample had driven a car within one hour of taking a drug. The older REUs were more likely to report driving under the influence than younger REUs and males reported driving soon after taking cannabis more so than females. Therefore it is important to disseminate information to users about the effects of different drug types upon driving ability.

References

Australian Institute of Health and Welfare (2005). *2004 National Drug Strategy Household Survey: First results*. Canberra: Australian Institute of Health and Welfare.