

# **Ecstasy use in Australia: Trends and Implications for Policy Makers**

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# Media reports

## World's biggest ecstasy

### Perth leads speed, ecstasy binge DYLAN WELCH POLICE REPORTER June 11, 2009



### Drug deterrent message not getting through

# Ecstasy use shoots up across the city



By LEESHA MCKENNY

THE use of ecstasy in Sydney has skyrocketed by as much as 112 per cent in the past two years, highlighting the ineffectiveness of deterrent strategies such as sniffer dogs, a drug expert has said.

Figures from the Bureau of Crime Statistics revealed instances involving the use or possession of ecstasy (MDMA) in inner Sydney rose from 240 to 511 in the 24 months to September last year.

This contributed to a 55 per cent increase across the state in the same period—the highest increase in any category of illicit drug use, including cocaine.

The commander of the state's drug squad, Detective Superintendent Nick Bingham, said that the increase was due in part to a greater supply of MDMA nationally and greater acceptance of the drug among young people, including at music

## POLICE SNIFFER DOGS DETECT DRUGS AT GOOD VIBRATIONS



TICKET-HOLDERS were warned not to bring drugs to the Good Vibrations festival in Centennial Park yesterday but within minutes it was clear not everyone had paid attention.

About 10 people were taken away by police in the first half hour after they were singled out by three drug-detection dogs patrolling the entrance. But some of the hundreds more filing past the very visible police said they thought that if you planned to take drugs at the event you would have no trouble getting them in.

"I don't think they work, to be honest," said Jade, 20. "I've walked past the dogs [with drugs] a few times."

Tim, 24, didn't mind the dogs, adding that if he ever got caught with drugs he deserved it—he just never had been.

Nick, 19, said last year at the Future Music Festival he was sniffed by a police dog and was taken away to be searched, even though he had no drugs. "I got patted down heaps of

# Teen dead after suspected ecstasy overdose at Big Day Out

2nd February 2009, 16:45 WST

A 17-year-old girl who died in hospital after collapsing at Perth's Big Day Out is believed to have swallowed three ecstasy pills before entering the event yesterday.

## Dying in ecstasy as drug busts show high usage

sider...  
vidually," he said.

# Overview

- Is the concern about ecstasy warranted?
- Are we asking the right questions?
- Dilemmas for policy makers



# Prevalence in Australia + other regions, as % of pop aged 15-64, (UNODC, 2008)

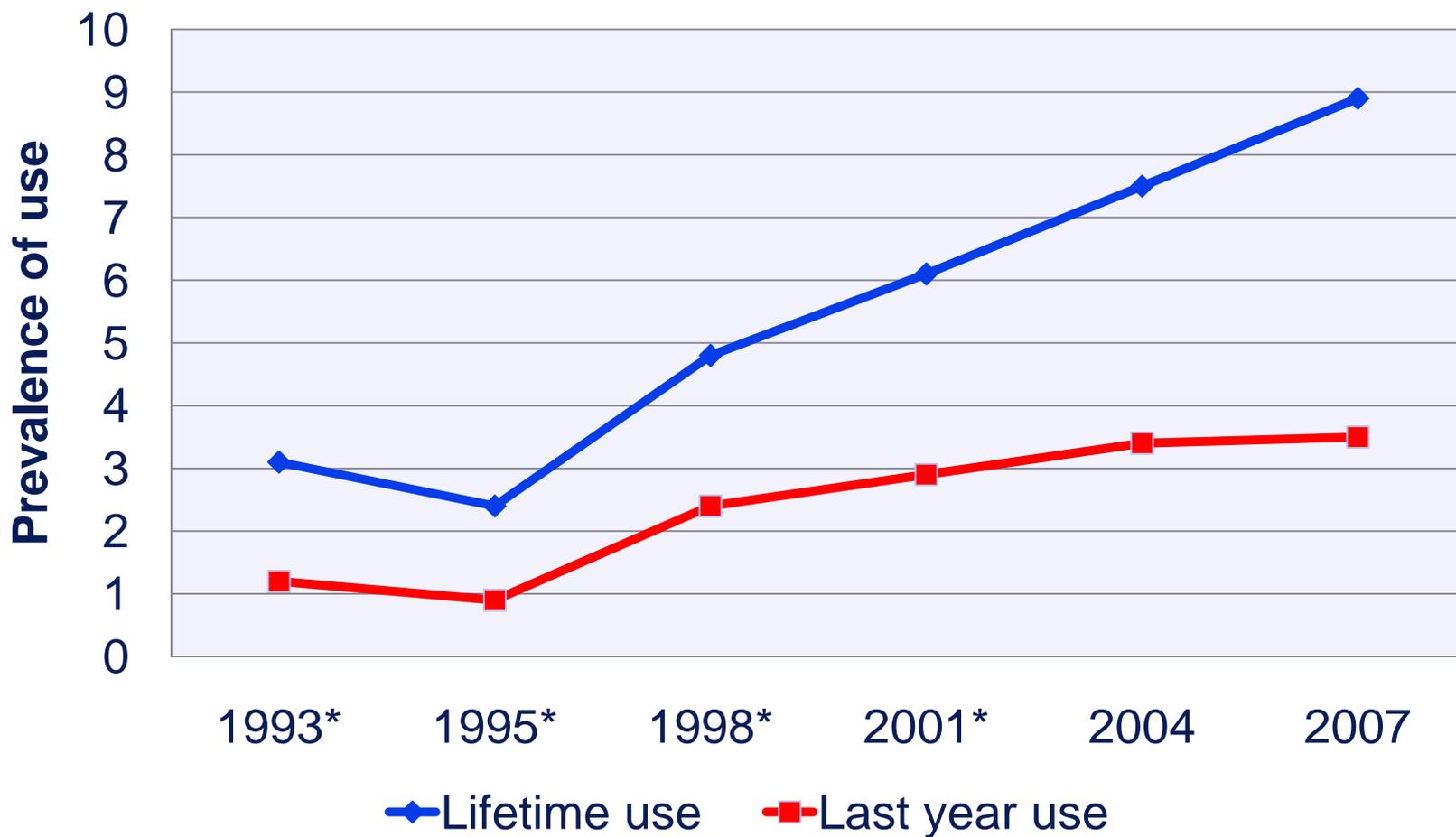
Region/Country	Prevalence in 2007 or last reported year
Oceania	3.21
Australia	4.4
New Zealand	2.6
Europe	0.54
Czech Republic	3.4
England and Wales	1.8
Estonia	1.7
Netherlands	1.2
Germany	0.4
Americas	0.53
Canada	1.3
USA	1.0
Africa	0.08
Asia	0.04
Global	0.21

# But does this mean Australia has the most use/harm?



- Not necessarily - may be indication of:
    - lack of comparability of data reporting
    - comparative differences in drug epidemics
  - Evidence suggests Australia does *not* have the most harmful patterns of use
    - UK – regular users typically use 4 pills per session and heavy use has been increasing in frequency
    - Aust – regular users typical use 2 pills per session and heavy use has been declining in frequency
- Source: Degenhardt and Sindicich, 2009

# Trends in ecstasy use – national (NDSHS 1993 – 2007)



\* Between 1993-2001 NDSHS categorised ecstasy and designer drugs in the one category. Ecstasy was given its own category in 2004-2007.

# Effects associated with use – short term

- Predominantly euphoria and short term (24 hour) after effects e.g. moodiness
- 2.9 – 11 cases per 10,000 exposures result in ER presentations (Baggott, Stuart and Jerome, 2001)
- 1 in 1.8 million tablets results in death (Advisory Council on the Misuse of Drugs, 2009)
- Australia: 11 direct and 17 indirect deaths per year (Fowler, Kinner et al. 2007)

# Effects associated with use – long term

- 4% recent users report ecstasy leads to serious problems at home, work or school and 1% to problems with the law (Wu, Ringwalt et al. 2008)

For regular users (monthly or more frequent users):

- *Possible* neuronal damage and low level cognitive deficits e.g. Green (2004), Montaya et al. (2002)
- Elevated incidence of mental health effects - depression, anxiety, psychotic symptoms e.g. NDSHS 2004 and 2007
- 38-42% experience work/ study problems (Black et al. 2008, Topp et al. 1998)
- 25-40% report relationship problems (abid)
- 38% report financial problems (abid)
- 16-22% become “dependent”

e.g. Fowler, Kinner et al. 2007

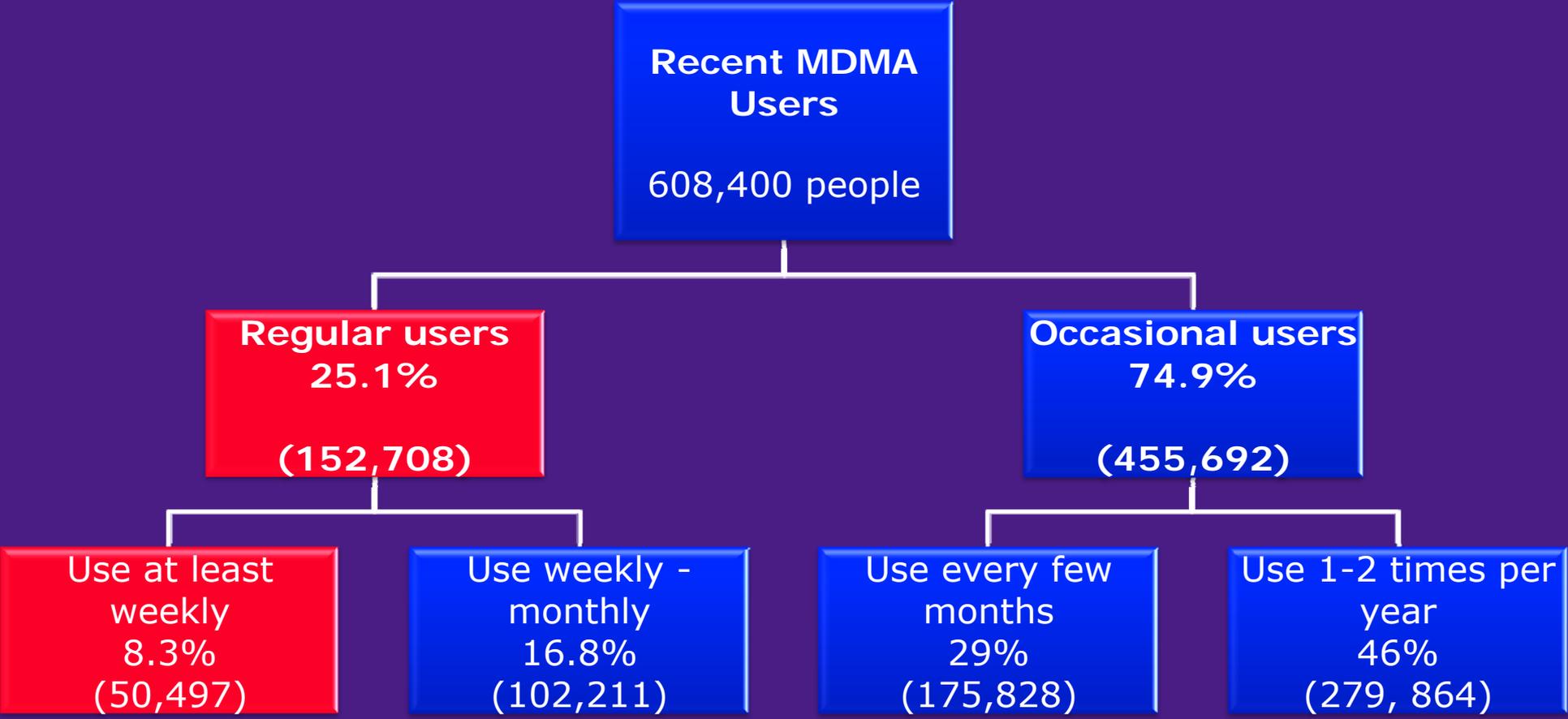


# Differential patterns of ecstasy use (Topp et al. 2004)

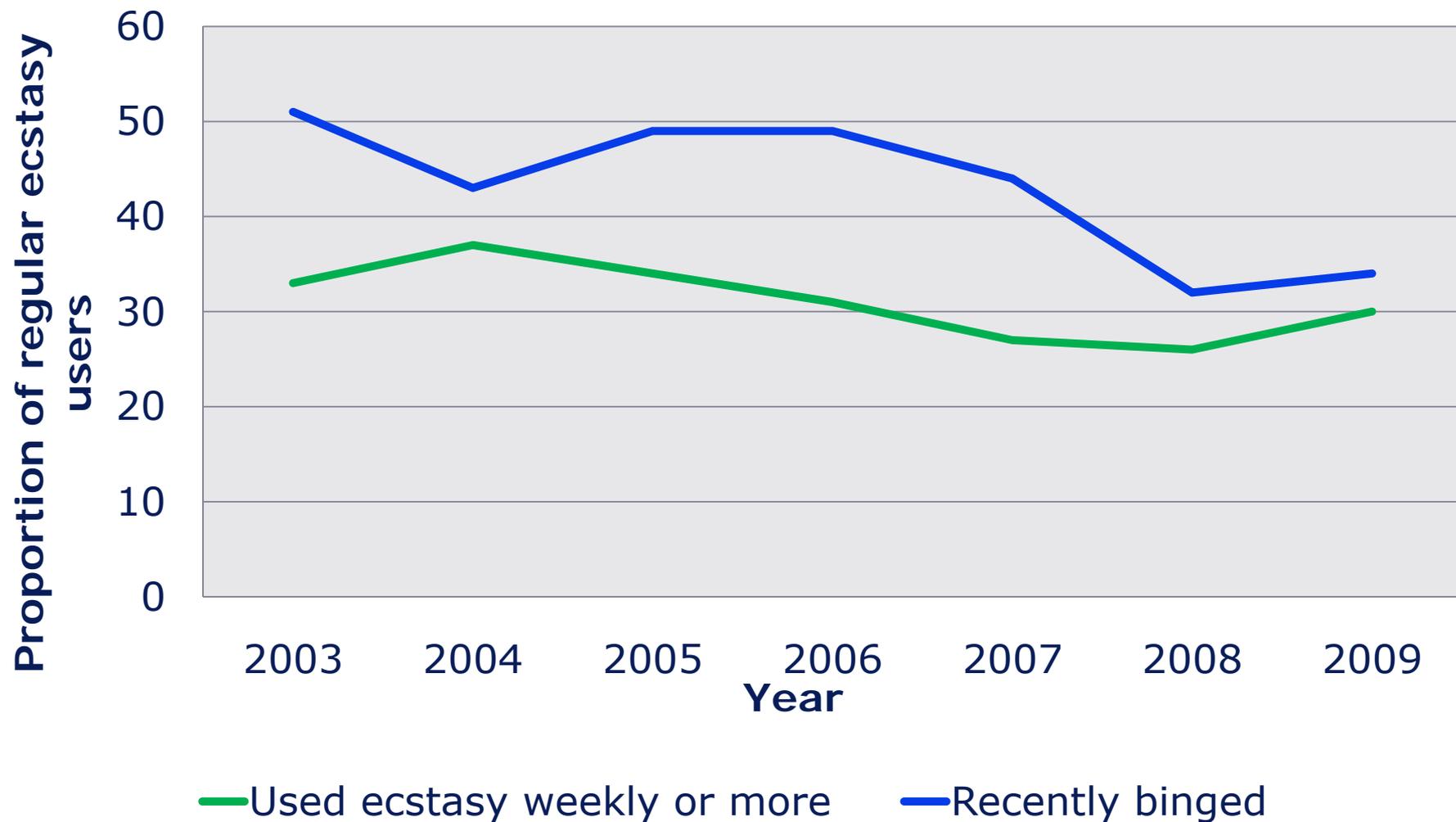
	Occasional (NDSHS survey)	Regular (NDSHS survey)	Regular (EDRS survey)
Frequency of recent use	5% < weekly 19% < monthly 76% > monthly	20% < weekly 80% < monthly	45% < weekly 55% < monthly
Typically use more than one pill	30%	58%	62%
Typical dose	1.4 pills	1.9 pills	1.9 pills
Length of use	Transient e.g. 1-2 years	Longer term e.g. 4-6 years	Longer term e.g. 4-6 years

Source: Topp et al. (2004) based on analysis of NDSHS 2001 and EDRS 2001

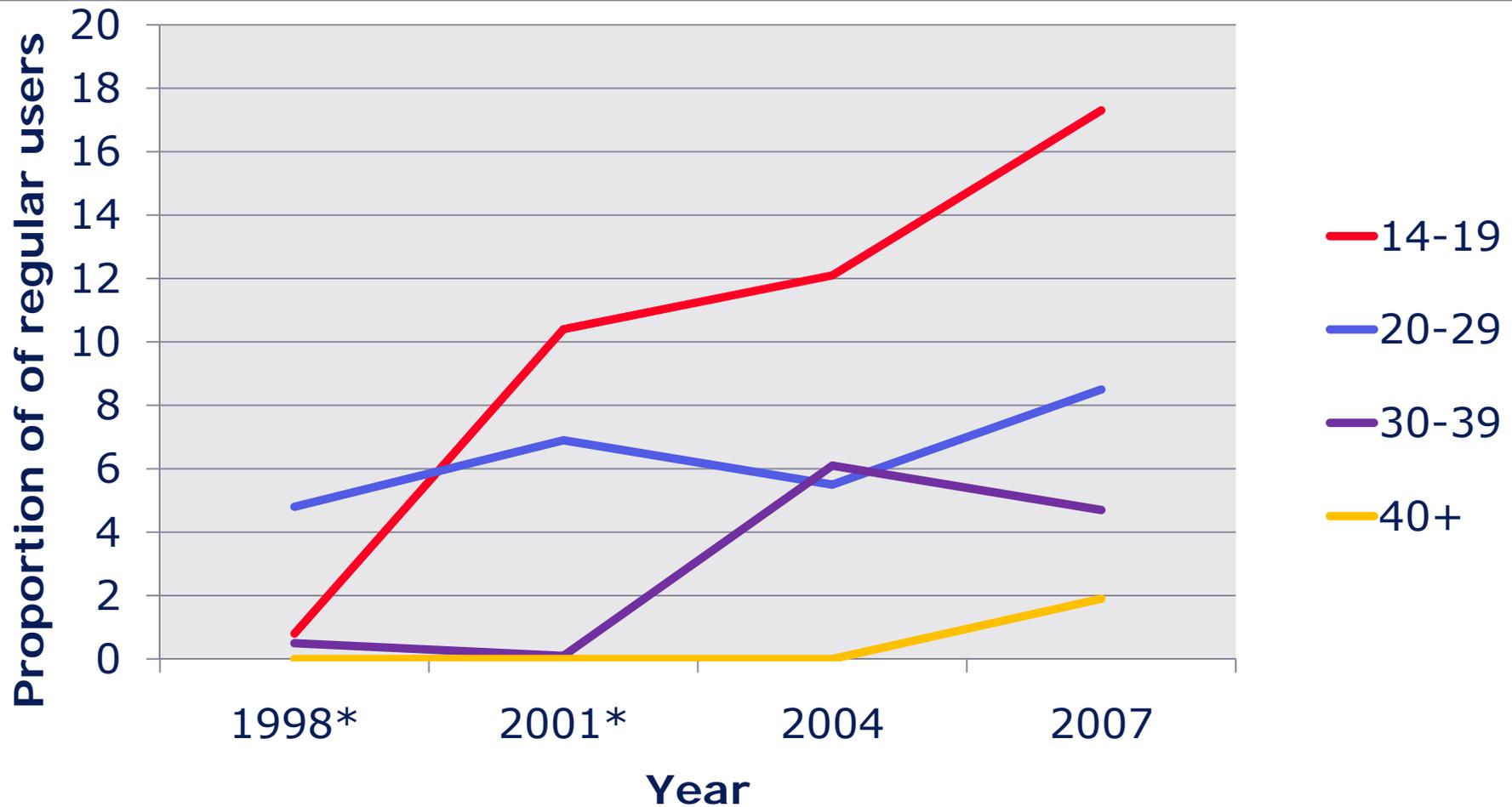
# Patterns of use amongst *recent* ecstasy users in Australia, aged 14+ (NDSHS, 2007)



# Trends in Ecstasy and related Drug Reporting System (EDRS) (sentinel survey of regular users) 2003-2009



# Proportion of regular users engaging in weekly or more frequent use, by age (NDSHS, 1998-2007)



\* Between 1993-2001 NDSHS categorised ecstasy and designer drugs in the one category.

## Key messages re trends

- Australia has highest *reported prevalence* of use but may be an artifact of data
- No evidence to suggest that Australia has the highest *harms* associated with use
- Harmful patterns of use appear stable in most populations
- Exception is young users

# Dilemmas for policy makers

- Understanding/describing the problem
- The dominant focus of the public/ media is on *prevalence of use*, yet the real indicator of concern is the *harm* from use.
  - How do we /should we shift the focus?
- Prevention
- Most ecstasy users will never experience harms from their use (for example the likelihood of fatal overdose is less than 1 in 48,000 uses)
  - How should we build effective and credible prevention messages?

# Dilemmas for policy makers

- Treatment
- Most reasons for ecstasy cessation are not controllable e.g. dislike of the drug, conflict with new interests, growing up.
  - How do/can we encourage quitting?
- New evidence suggests there may be an ecstasy “dependence” syndrome, where dependence is associated with the desire to have fun.
  - How/what role can treatment play?

# Dilemmas for policy makers

- Law enforcement
- Ecstasy use tends to be a transient behaviour which leads to minimal long term effects yet early intervention and/or even fear of police intervention (e..g Big Day Out) can lead to deleterious consequences
  - How do we balance the need for a hands off approach with the desire to deter non users?

# Dilemmas for policy makers



- Relative mix
- Sniffer dogs, drug driving tests and workplace drug testing have become increasingly popular in Australia
  - What is the relative mix of interventions we *should* be devising for ecstasy?
- New research
- Many new studies suggest the harms from ecstasy use are at least partly reversible
  - If true, do our policy maker really want proof of this?

## Conclusions

1. Fear/hype regarding ecstasy use in Australia may be overrated
2. Preoccupation with prevalence is misleading and taking attention from real issue: harm
3. Given the complexity of this drug – infrequency of harms – policy making will continue to be a challenge

**Thank You!**

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